NHS
Blood and Transplant

Minutes of the One Hundred and Thirty-Third Public Board Meeting of NHS Blood and Transplant (NHSBT), held at the Scottish National Blood Transfusion Service, The Jack Copland Centre, Heriot-Watt Research Park, EH14 4BE & MS Teams
Tuesday, 29 September 2026, 13:00 – 14:45

Present		
Voting Members		
	Peter Wyman	Chair
	Charles Craddock	Non-Executive Director
	Penny McIntyre	Non-Executive Director
	Ian Murphy	Non-Executive Director
Virtual	Rachel Jones	Non-Executive Director
	Jayan Parameshwar	Non-Executive Director
	Frances O'Callaghan	Chief Executive Officer
	Carl Vincent	Chief Financial Officer
	Anthony Clarkson	Director of Organ and Tissue Donation and Transplantation
	Gerry Gogarty	Director of Blood Supply
Non-Voting Members		
	Nicola Yates	Associate Non-Executive Director
	Helen Gillan	Director of Quality and Governance
	Rebecca Tinker	Chief Digital and Information Officer
	Julie Pinder	Chief People Officer
	Mark Chambers	Donor Experience Director
	Mick Burton	Interim Director of Clinical Services
	Kate Thomas	Assistant Director – Corporate Communications
In attendance		
	Silena Dominy	Company Secretary
	Claire Williment	Chief of Staff
	Omolola Majolagbe	Corporate Governance Officer (Minutes)
	Vicky Peake	Business and Admin Services Manager
Virtual	Donna Mcleod	Scotland (UK Health Department)
Virtual	Janice Sheppey	Northern Ireland (UK Health Department)
	Susan Miller	Patient (item 2.1)
Observing		
Virtual	Naomi Jones	Head of Policy and Engagement
Apologies		
	Caroline Serfass	Non-Executive Director
	Stephen Powis	Non-Executive Director
	Rommel Ravanan	Chief Medical Officer

1.0	**Opening Administration**	**Action**
1.1	**Welcome and apologies**	
	The Chair welcomed attendees to the 133rd public meeting of the NHS Blood and Transplant (NHSBT) Board and reflected on the Board's visits in Scotland the previous day. He thanked colleagues at the Queen Elizabeth University Hospital Transplant Unit in Glasgow, the Royal Infirmary of Edinburgh Transplant Unit and the Scottish National Blood Transfusion Service for their hospitality and the valuable insights provided during the visits. The Board noted apologies from Caroline Serfass and Rommel Ravanan. The Chair also noted that Natalie Walker, Catherine Cody and Joan Hardy, representing the health departments of England, Wales and Northern Ireland respectively, were unable to attend. Donna MacLeod joined remotely from Scotland and was welcomed to the meeting, alongside Janice Sheppey from Belfast, Northern Ireland.	
1.2	**Conflicts of Interests**	
	No conflicts of interest were declared in relation to the business of the meeting.	
1.3	**Minutes of the previous meeting held on 21 July 2026**	
	The Board **APPROVED** the minutes of the meeting held on 21 July 2026 as a true and accurate record.	
1.4	**Action log and matters arising from the previous meeting**	
	The Board reviewed the action log, noting that action PB15/26 had been completed. Action PB14/26 was expected to be completed during the meeting, while action PB17/26 remained on track for delivery. Actions PB18/26 and PB19/26 were not yet due and remained within their agreed timescales.	
2.0	**PATIENT STORY**	
2.1	**Patient Story:**	
	Anthony Clarkson, Director of Organ and Tissue Donation and Transplantation, introduced Susan Miller, who shared her personal experience of liver transplantation and demonstrated the life-changing impact of organ donation. The Board heard that Susan had received a liver transplant in April 2025 following polycystic liver and kidney disease. She described the significant impact her condition had on her quality of life and the challenges she experienced in securing referral to specialist transplant services despite her liver remaining functional. Susan provided feedback from a patient perspective, reflecting positively on the care and support she received throughout her transplant journey. She described the substantial benefits transplantation had brought to her health, independence and wellbeing, enabling her to return to activities she enjoys and regain a positive quality of life. She also spoke about maintaining contact with her donor's family and the lasting impact of their decision to support organ donation. The Board welcomed Susan's contribution, thanked her for sharing her experiences and noted the valuable insight her story provided into the patient journey and the transformative impact of transplantation. **The Board noted the Patient Story.**	

3. 0	**FOR ASSURANCE**	
3.1	**Chief Executive's Report**	
	Frances O'Callaghan, Chief Executive, presented the CEO's report. She highlighted the continued balance between strategic and operational leadership amid national discussions on transplantation, research and organisational resilience. Members also noted strong engagement with patients and donors, including over 1,000 responses to a patient and donor survey. The Chief Executive informed the Board that this would be Carl Vincent's final Board meeting as Chief Financial Officer. On behalf of the Board, she expressed sincere thanks for his leadership, support and significant contribution to NHSBT over recent years. The Board noted the significant efforts that had resulted in blood stocks and service resilience during five successive summer heatwaves and heard that future planning would take account of increasingly frequent extreme weather events. The Board heard that blood stocks had declined from previously above-target levels following the summer heatwaves, with particular concern regarding the availability of Ro blood. Members were advised that increased investment, targeted activity and a formal programme of engagement with Black heritage communities would be required to meet growing demand. Further updates included the opening of a new red cell exchange service in Milton Keynes for patients with sickle cell disease, successful digital enhancements to the National Liver Offering Scheme, and ongoing work to review learning from the Ockenden Report and strengthen clinical governance arrangements. The Board noted the submission of major research bids to the Defence Medical Rehabilitation Centre and National Institute for Health and Care Research (NIHR), participation in the Department of Health and Social Care's stem cell review, and continued partnership work through campaigns such as Missing Type. Members welcomed the launch of the Our Voice staff survey, plans for a staff conference in Bristol and the appointment of a Chief Strategy and Transformation Officer. The Board also noted the launch of a 90-day action plan to address declining organ donation consent rates and transplantation activity. Organ Donation Week had generated a significant increase in Organ Donor Register sign-ups, demonstrating the impact of focused engagement activity. The Board discussed the success of Organ Donation Week and explored how its impact could be sustained throughout the year. Members noted that while additional campaign weeks could be beneficial, the challenge was to maintain increased levels of activity and engagement on a continuous basis rather than through isolated events. It was reported that NHSBT had moved into a more sustained campaigning approach, supported by ongoing communications, stakeholder engagement and other awareness events. The Board noted early indications that increased public campaigning may have contributed to higher donor registrations, consent rates and cornea donations during Organ Donation Week. Members also emphasised the importance of supporting clinical teams alongside public-facing campaigns, recognising that greater public awareness and societal support can help facilitate conversations with families about donation. The Board welcomed the positive results achieved to date and noted that work would now focus on embedding and sustaining momentum through a longer-term strategic approach. Members heard that initiatives to make joining the Organ Donor Register easier, including integration with GP registration processes, were expected to further improve registration rates. The discussion highlighted the growing importance of digital and social media platforms, with members recognising the potential of channels such as	

	TikTok, Instagram and YouTube to broaden reach, increase public awareness and drive engagement beyond traditional media campaigns. **The Board noted the report**	
3.2	**NHSBT Performance and Risk Report**	
	Carl Vincent, Chief Financial Officer, presented the Performance and Risk Report, highlighting that NHSBT continued to deliver its core services, with blood stocks increasing, whole blood collections remaining above target, continued delivery across Clinical Services. He also referenced the publication of the Net Zero Strategy and progress across key transformation programmes. The Board noted that blood stock resilience had been maintained through a challenging summer period and welcomed the improvement in blood stocks, particularly the healthy position of O Negative stocks. Members discussed opportunities to further strengthen stocks ahead of the winter period, including reducing wastage, increasing collections, improving donor engagement, and encouraging greater donation from Black heritage communities to support growing demand for Ro blood used in red cell exchange treatments. The Board further noted the positive impact of providing priority donor access to appointments and welcomed evidence of increased booking activity following the expansion of the scheme. The Board emphasised the importance of community engagement and partnership working, particularly with communities affected by sickle cell disorder. Members noted the need for clearer objectives, closer alignment between marketing and collection activities, and continued executive focus to drive a step change in donor recruitment and retention. It was suggested that greater use could be made of community networks, grant programmes and hospital partnerships to encourage donation among family, friends and wider support networks. Members received an update on progress towards improving data on blood utilisation across hospitals. The Board noted that enhanced data would support more informed conversations with hospitals, improve understanding of demand patterns, and help ensure that priority blood groups were being used appropriately. The Board noted that deceased organ donation performance and consent rates remained below target and welcomed the ongoing recovery programme aimed at improving donation activity, referral effectiveness and consent performance. Members also discussed organ donation and transplantation metrics, noting the complexity of measuring some aspects of the donation pathway. The Board noted the increase in near-miss reporting and welcomed the organisation's continued focus on learning and safety culture. Members suggested that performance measures and targets could be reviewed as part of the wider strategy refresh to ensure they remained sufficiently ambitious and continued to support harm prevention. **The Board noted the report.**	
3.3	**Financial Performance Report**	
	Carl Vincent, Chief Financial Officer, introduced the report, noting that NHSBT remained in a positive financial position at month 5, with income and expenditure performing £5.9m favourable to plan and all divisions operating at or above target. Members noted that year-to-date performance remained ahead of plan, reflecting strong financial control across the organisation.	

	The Board noted a forecast £1.0m adverse position at Quarter 1, driven by reduced blood demand and a non-cash capital adjustment, although this was expected to improve following revised demand assumptions. Members were advised that NHSBT continued to face challenges in delivering the full Cost Improvement Programme, with some savings opportunities still to be secured. While confidence remained that delivery would be achieved by year-end, it was noted that some savings may not be recurrent in nature. The Board discussed the organisation's cash position and noted that, although cash levels had been below expectations, this had been addressed through funding received from DHSC, resulting in an improved position. Members noted that capital funding of £35m had been confirmed by DHSC, with plans in place to fully utilise the allocation, while work continued with DHSC to manage cash flow and programme funding requirements. The Board also noted wider risks arising from geopolitical uncertainty and the potential impact on supply chains and programme delivery. In discussing transformation activity, members emphasised the importance of maintaining focus on NHSBT's core priorities when considering future financial performance and investment decisions. The Board encouraged continued scrutiny of transformation programmes to ensure resources remained aligned to organisational objectives and delivery of the business plan. **The Board noted:** • **That blood component demand had been reforecast at a significantly higher level than assumed in the Quarter 1 forecast, resulting in an improved income and expenditure position.** • **Continued positive engagement across the organisation in delivering the Cost Improvement Programme, although a residual savings gap of approximately £7m to £9m remained and was subject to ongoing management action.**	
4.0	**FOR APPROVAL**	
4.1	**Active Blood Donor Definition: Adoption of a 24-Month Measure**	
	Mark Chambers, Director of Donor Services, presented a proposal to revise NHSBT's definition of an active blood donor. The Board noted that analysis demonstrated a 24-month measure would provide a more meaningful assessment of donor engagement, resilience and future donation potential than the current 12-month measure, while better reflecting donor behaviour across different donor groups. Members noted that the proposal related solely to the measurement and monitoring of the donor population and would not result in any changes to operational policy or donor engagement activities. The Board considered the proposed introduction of the 24-month active donor measure alongside the existing 12-month measure during a transitional period. Members heard that the revised measure would provide a more representative view of donor behaviour, enabling NHSBT to better understand engagement patterns, identify emerging risks earlier and support more proactive donor management. The Board noted that the new approach formed the first phase of a broader programme to improve understanding of donor behaviours, moving beyond donor numbers alone to provide greater insight into repeat donation, responsiveness to communications and ongoing engagement.	

	Members discussed the opportunity to use enhanced donor insights to develop more personalised approaches to donor communication and engagement, enabling NHSBT to better understand how different donor groups respond to outreach activity and tailor communications accordingly. It was noted that these insights could support efforts to strengthen donor retention and improve responsiveness across the donor base. The Board emphasised that the ultimate measure of success remained NHSBT's ability to meet clinical demand and reduce health inequalities through a diverse and sustainable donor base. Members discussed the importance of ensuring that future measures and targets continued to reflect patient needs and supported the delivery of a resilient blood supply. Assurance was provided that the 12-month measure would continue to be reported in parallel until March 2027 and would thereafter be retained for external benchmarking purposes. The Board welcomed the introduction of a new mobile donor collection unit, which was due to become operational, noting its potential to increase donation activity, improve accessibility and raise public awareness of NHSBT's work within local communities. Members also noted ongoing work to explore additional mobile collection capacity, including options for a double-decker donor centre in the Midlands, and welcomed plans to use the mobile units to support donor recruitment campaigns, particularly for Ro donors. **The Board:** • **APPROVED the adoption of a 24-month active blood donor measure as part of NHSBT's strategic performance framework.** • **APPROVED the parallel reporting of both the 12-month and 24-month active donor measures until March 2027 to support transition and comparison.** • **APPROVED the replacement of the current strategic donor measure with the 24-month active donor measure from April 2027.**	
4.2	**NHSBT Modern Slavery Statement & Modern Slavery Policy (Supply Chain)**	
	Carl Vincent, Chief Financial Officer, presented the report seeking approval of the updated Modern Slavery Policy, which sets out NHSBT's approach to identifying, assessing and mitigating modern slavery risks across its supply chains. The Board noted that the policy had undergone its annual review and that only minor amendments had been made. Members heard that the changes principally strengthened the policy wording and further refined the risk-based approach to the assessment and management of modern slavery risks within NHSBT's procurement and supply chain activities. The Board was advised that the policy had been reviewed and endorsed by the Executive Team and had also been scrutinised by the Audit and Risk Assurance Committee. Members welcomed the continued focus on safeguarding ethical standards within NHSBT's supply chains and supporting compliance with statutory and regulatory requirements. The ongoing arrangements for monitoring modern slavery risks were noted and the Board received assurance that the policy remained fit for purpose. **The Board APPROVED the NHSBT Modern Slavery Statement & Modern Slavery Policy (Supply Chain) policy.**	

5.0	**GOVERNANCE**	
5.1	**Governance Update**	
	Silena Dominy, Company Secretary, presented the Governance update. In particular, the Board noted the resignation of Rachel Jones from her role as Non-Executive Director with effect from 30 September 2026 due to personal circumstances. • A proposal that Non-Executive Director, Jayan Parameshwar, join the People Committee with effect from 1 October 2026 was considered. • The Board noted that annual checks in compliance with the Fit and Proper Person Regulations for all Board members had been completed, with the Chair and Senior Independent Director providing assurance that the requirements of the Fit and Proper Persons Testing Framework had been met. **The Board noted the report and approved the appointment of Dr Jayan Parameshwar to the People Board Committee with effect from 1 October 2026.**	
5.1.1	**Research & Innovation Board Sub Committee Terms of Reference**	
	Silena Dominy, Company Secretary, presented the proposed Terms of Reference for a new Research & Innovation Board Committee for approval. The Board welcomed the establishment of the Committee, noting that it would address a significant gap in Board oversight and strengthen NHSBT's strategic focus on research, innovation and data-driven improvement. Members highlighted NHSBT's unique contribution to advancing patient and donor outcomes through high-quality data, clinical research and innovation, citing the organisation's role in supporting internationally significant studies and advancements in areas such as stem cell transplantation. Members discussed the importance of ensuring that the Committee's remit reflected the full breadth of NHSBT's research and innovation activity. It was suggested that future versions of the Terms of Reference should explicitly reference clinical trials, strategic partnerships and the commissioning of studies aligned to NHSBT's long-term strategic objectives. The Board also noted the value of leveraging organisational datasets to support research and innovation, alongside opportunities to secure academic, public and commercial funding where appropriate. The Board emphasised that the Committee should consider innovation beyond traditional academic research, including service improvement, operational innovation and the use of data to improve outcomes for patients and donors. Members agreed that collaboration with a broad range of partners would be important in supporting NHSBT's research ambitions and strategic development. It was agreed that the Research & Innovation Board Committee should convene a meeting prior to the next Board meeting to review and agree any amendments to the Terms of Reference beyond those discussed, as above. Any recommended amendments would then be brought back to the Board for final consideration and approval in December 2026.	

	ACTION PB20/26: • **Members of the Research and Innovation Board Sub-Committee to convene a meeting prior to the December 2026 Board meeting to review and agree the draft Terms of Reference**.	**SP/RR/SD Dec 2026**
5.2	**Committee Meeting Reports**	
5.2.1	**Audit, Risk and Governance Committee meeting 23-07-2026**	
	Ian Murphy, Audit, Risk and Governance Committee Chair, presented the update from the ARGC Committee and noted progress in incorporating the requirements of the UK Corporate Governance Code into NHSBT's governance framework, including arrangements relating to the effectiveness of material controls. Members also noted ongoing oversight of transformation programmes, with a continued focus on strengthening reporting and identifying risks at an earlier stage. The Board heard that NHSBT had achieved a "Standards Met" rating and substantial assurance through the Data Security and Protection Toolkit independent audit, reflecting significant progress in information governance and cyber security arrangements. Members also noted the Committee's continued oversight of internal and external audit activity, financial performance monitoring and modern slavery compliance. The Committee Chair recorded thanks to Carl Vincent for his support and contribution to the Committee during his tenure. **The Board noted the Committee report.**	
5.2.2	**People Committee meeting 13-08- 2026**	
	Penny McIntyre, People Committee Chair, presented the update from the People Committee and noted good progress in workforce planning, with an increasingly strategic approach being taken to workforce sustainability, succession planning and organisational capability. Members welcomed improvements in apprenticeship activity and noted its contribution to long-term workforce resilience and talent development. The Board also noted that the Committee had undertaken its annual review of executive remuneration and was assured that decisions had been made in accordance with the relevant DHSC framework and governance requirements. Members welcomed the progress reported and noted the Committee's continued focus on workforce wellbeing, capability and future workforce challenges. **The Board noted the report for assurance.**	
5.2.3	**NHSBT Charity Committee meeting, 10-09-2026**	
	Carl Vincent, The Chief Financial Officer and NHSBT Charity Executive Lead, presented the update from the Charity Committee in the Committee Chair's absence. It was noted that the NHSBT Charity continued to perform well and remained broadly on plan against its budget. Members noted a number of positive developments, including the incorporation of benefits in kind within charity reporting for the first time, with significant support received through promotional activity linked to external partners, and the inclusion of Gift Aid functionality within online donations. The Committee had also reviewed the Charity's strategy and concluded that it remained appropriate. Members recognised that building the Charity's profile and income base would take time and require sustained, incremental growth. It was	

	noted that encouraging progress had been made in a relatively short period, supported by strong leadership and effective fundraising initiatives. The Board discussed the Charity's grant-making activities, which currently focus primarily on smaller-scale research projects and supporting early-career researchers. Members reflected on opportunities to increase impact through targeted investment in key clinical and research areas and noted additional initiatives aimed at supporting donor families and strengthening engagement with the wider transplant community. **The Board noted the Committee report.**	
6.0	**FOR REPORT**	
6.1	**Scottish Donation and Transplant Group Update**	
	Donna McLeod provided an update on organ donation and transplantation activity in Scotland. The Board noted good progress against Scotland's action plan, with 19 of 21 actions completed, while recognising that work remained to address current performance challenges. Members heard that discussions had focused on how to accelerate delivery, strengthen prioritisation and align activity across the system. The Board noted increased ministerial engagement and public awareness activity, including a high-profile blood donation campaign involving Scotland's First Minister, and the use of lived-experience stories during Organ Donation Week to promote organ donation and transplantation. Members heard that these personal stories had been particularly effective in communicating the importance and benefits of donation. Members noted the clear commitment from Scottish Government ministers and the Chief Medical Officer to maintain focus on organ donation and blood supply resilience. The Board welcomed Scotland's support for wider system review and improvement work and noted the importance of continued collaboration across the four nations to share learning, align priorities and drive improvements in donation and transplantation outcomes. **The Board noted the report.**	
6.2	**Reports from UK Health Departments:**	
6.2.1	**Scotland**	
	No further report was received from the Scottish Health Department.	
6.2.2	**England**	
	The Board received a written update from Natalie Walker on behalf of the Department of Health and Social Care (DHSC). **The Board noted the report.**	
6.2.3	**Northern Ireland (NI)**	
	Janice Sheppey presented the Northern Ireland report, highlighting successful Organ Donation Week activities, including a well-attended public awareness event in Belfast and a positive media campaign. Members noted the strong support received from stakeholders, clinical leaders and the Northern Ireland Chief Medical Officer, as well as ongoing advocacy to promote organ and tissue donation, including corneal transplantation.	

	The Board welcomed the positive engagement with government representatives, patient organisations and other partners, noting continued collaboration to support organ donation awareness and increase donor numbers. Members recognised the value of sustained partnership working and public engagement in delivering these objectives. **The Board noted the report.**	
6.2.4	**Wales**	
	There were no matters of policy to update the Board on.	
6.3	**Board Forward Plan**	
	The Board noted the Forward Plan.	
7.0	**CLOSING ADMINISTRATION**	
7.1	**Any Other Business**	
	The Board received an update that the Organ Donor Register functionality had successfully gone live through online GP registration services across England. Members heard that the service was available through approximately 98% of GP practices and could reach around three million people registering with a GP online each year. The Board noted the significant potential of the initiative to increase Organ Donor Register sign-ups and welcomed its implementation following a lengthy development process. The Board expressed their sincere thanks to Carl Vincent for his outstanding contribution as Chief Financial Officer, recognising his leadership, expertise and support to the organisation over recent years. Members also thanked Rachel Jones, who was attending her final meeting as a Non-Executive Director, for her valued contribution to the work of the Board and its committees, and for her commitment and support both within and beyond the Board room. The Board wished them both every success for the future.	
7.2	**Close of Meeting**	
	The Chair thanked all attendees and the meeting ended at 14:45pm	
7.3	**Date of Next Meeting** 30 November / 1 December 2026, NHSBT Filton.	