NHS Blood and Transplant

Board Meeting in Public

Tuesday, 01 December 2026

Title of Report	Board Skills, Capability and Diversity Review	**Agenda No.**	5.2.2
Nature of Report	☒ Official	☐ Official Sensitive	
Author(s)	Silena Dominy, Company Secretary		
Lead Executive	Helen Gillan, Director of Quality and Governance		
Non-Executive Director Sponsor	Peter Wyman, NHSBT Chairman		
Presenter(s) at Meeting	Silena Dominy, Company Secretary		
Presented for	☐ Approval ☒ Assurance	☒ Information ☐ Update	
Is there a plan to communicate this to the organisation?	☐ Yes ☐ No ☒ Yet to be determined		

Purpose of the report and key issues

In line with the agreed process set out in the Board Skills and Capability Framework, a skills and capability assessment was recently undertaken. This report presents the findings of the self-assessments completed and discusses matters of succession planning for the Board.

The level of proficiency and expertise on the Board generally allows support and constructive challenge. Inclusion of non-voting members within the Board can be seen to increase the level of skill and experience across a number of capabilities. Activity to build the knowledge of the Board during the last year has helped to do so, and continuation of this approach is recommended.

The assessment against the NHS Leadership Competency Domains found that in the main the Board were demonstrating the six domains almost always or frequently. Likewise, the review against desired attributes for Board members found that most directors were demonstrating these consistently or variably. There were a few directors identifying an opportunity to improve.

Board Committees were found to have appropriate mixes of expertise and proficiency.

It should be noted that the review of skills, capabilities and attributes is based on self-assessment by the Directors, the results should therefore be considered to be an indicative view of the collective skills of the Board rather than an absolute record.

The diversity profile of the Board can be seen in Appendix 5. The inclusion of Non-voting members of the Board helps to provide greater diversity.

Previously Considered by

NHSBT Board Chair and Chief Executive.
People Committee (12/11/2026)

Recommendation

The Board is asked to note the report and the areas of potential future Board knowledge development that will be considered for the Board Knowledge Development Plan for 2027.

Risk(s) identified (Link to Board Assurance Framework Risks)

Strategic Objective(s) this paper relates to:

☐ Modernising One NHSBT ☐ Optimising Donor Experience and Meeting Demand
☐ Campaigning & Identity ☐ Data, AI and Interoperability ☐ New Treatments

Appendices:	Appendix 1: NHSBT Board Skills and Capability Analysis Appendix 2: NHSBT Board Committee Skills and Capability Analysis Appendix 3: NHSBT NHS Leadership Competency Domains Analysis Appendix 4: NHSBT Board Personal Attributes Analysis Appendix 5: NHSBT Board Diversity Profile

1. Background

In April 2025, the Board reviewed the Board Skills and Capability Framework (the framework) that guides the Board as to the skills, knowledge, experience, personal attributes, diversity and other criteria that NHSBT should target for their Board.

The framework sets out twenty-two identified capabilities. Twenty of these were determined to be essential for the effective operation of the Board (Tier One) and fall into five categories:

- Clinical and Quality
- Commercial: Procurement, Logistics and Supply Chains (including Sustainability)
- Data, Digital and Technology
- Governance, Finance, Risk Management and Strategy
- People, Culture and Engagement

Two further capabilities have been identified as being desirable, but not essential, (Tier Two) and are:

- Estates / Infrastructure
- Research and Development.

On an annual basis an assessment against the framework is undertaken with the intent that the findings can assist in the following areas:

- Group knowledge development and awareness **-** Identification of knowledge gaps which may be filled by group knowledge development sessions,
- Appointments - Identification of knowledge/experience or diversity gaps that the Board may consider filling through the appointment of Executive Directors, Associate NED positions, or independent members of Board committees,
- Personal Development Plans - Identification of individual knowledge and experience gaps for discussion in appraisal/coaching sessions and self-management,
- Board Committee appointments - Identification of knowledge and experience relevant to the remit of Board Committees to assist in decisions on Board appointments and the approach of Committees to knowledge development,
- Chair/DHSC Succession planning discussions - Inform discussions between the NHSBT Chair and the DHSC Sponsor Team in relation to succession planning where vacancies arise or are anticipated.

2. Review Process

Board members were asked to self-assess their level of skills, experience and knowledge against the 22 capabilities, selecting their level as expert, proficient, competent or little or no knowledge. Each of the four levels were described to guide directors when self-assessing themselves, and to seek some consistency. In addition, the Company Secretary and Chairman have reviewed the results of the self-assessments to provide a level of verification to the views provided. A summary of the findings can be found in Appendix 1 in relation to the Board as a whole, and in Appendix 2 in relation to Board Committees.

The review also included an assessment against the NHS Leadership Competency Domains. Board members were asked to self-assess the frequency in which they demonstrate the competencies (almost always, frequently, occasionally, rarely, never or no chance to demonstrate).

In addition to the above, directors were asked to self-assess themselves for the personal attributes of strategic thinking and decision making, constructive challenge, financial and numeracy skills, leadership, collaboration, influencing and negotiating, independent judgement and integrity, communication, interpersonal skills and commitment to role. Directors were asked to state whether they demonstrated the attributes consistently, variably or not at all. Each level was described to seek to achieve some consistency. A summary of the findings can be found in Appendix 4.

Directors were also asked to complete a diversity form in order that the diversity profile of the Board could be assessed. The Diversity profile of the Board can be found in Appendix 5.

3. Summary of Analyses

Skills and Capabilities

A summary of the Board skills and capabilities is provided in Appendix 1. From this the following can be noted:

- At least two non-executive directors are considered to be proficient or expert in each of the 22 capabilities except for procurement/contract management and estates/infrastructure. Generally non-executives are therefore able to support and constructively challenge executive members across their areas of proficiency/expertise. The make-up of the Non-Executive Director cohort has changed in the year with two leaving and the appointment of two new NEDs. The clinical experience has been bolstered, and with the exception of the areas noted above the commercial experience maintained. That said there is expertise and proficiency in the areas noted from one NED.

- At least two executive directors are considered to be proficient or expert in each of the 22 capabilities, with the exception being in relation to cyber security and sustainability. In general opportunities for peer support and challenge from an executive perspective therefore exist, however for evolving and technical specialties external support may be required to test thinking. 2026 has seen a number of changes to the Executive Team with members leaving the organisation and new appointment made.

- Inclusion of non-voting members within the Board can be seen to increase the level of skill and experience across all capabilities except for sustainability and estates/infrastructure. There is some proficiency/expertise in these areas among voting members of the Board, however.

NHS Leadership Competency Domains

Directors completed their self-assessment against the competency domains of:

- Driving high-quality and sustainable outcomes
- Setting strategy and delivering long-term transformation
- Promoting equality and inclusion, and reducing health and workforce inequalities
- Providing robust governance and assurance
- Creating a compassionate, just and positive culture
- Building a trusted relationship with partners and communities

Executive Directors assessed that they either almost always or frequently demonstrated all of the competency domains, except for one Director whose assessment indicated that they only occasionally set strategy and delivered long-term transformation and provided robust governance and assurance. Being that this Director was new to the Board in 2026 this is not a concern. Areas of strength were identified alongside opportunities to increase impact and effectiveness, and these will be discussed through Personal Development and Performance Reviews.

Non-executive directors in the main assessed that they either almost always or frequently demonstrated the leadership competency domains. There were two non-executive Directors identifying areas in which they occasionally demonstrated the competency domain, and one Director who felt that they rarely drove high quality and sustainable outcomes. Areas of strength were identified alongside opportunities to increase impact and effectiveness and the Directors are encouraged to consider how they may increase the frequency in the future.

Attributes

The ten attributes self-assessed within the review are important for members of the Board to demonstrate. All Directors assessed themselves as demonstrating the required attributes either consistently or variably, except for one director who identified that they did not currently demonstrate financial and numeracy skills. This was not their area of expertise and having joined the Board in 2026 opportunity for this to increase in the future will undoubtedly exist. Where Directors have self-assessed variable demonstration of attributes there may be areas of personal development that Directors could reflect upon. The most common attributes variably demonstrated were leadership, influencing and negotiating, constructive challenge and financial and numeracy skills. Individually three Directors identified opportunities to improve their strategic thinking and decision making, communication and time commitment to the role.

Group Knowledge Building

Past Skills and Capability reviews in 2024 and 2025 identified a number of areas in which continuing group knowledge building may be beneficial. The 2026 review has reinforced that these areas are still relevant for continued discussion/learning. Building on sessions held in 2025, the following activity has taken place since the last review:

Capability	Session
Blood supply, organ and tissue donation and transplantation, and/or stem cell transplantation and cellular therapies	• Health of the Donor Bases discussions, 2 December 2025 • Advanced Therapies seminar session, 2 February 2026 • Assessment and Recovery Centres seminar session and technology demonstration, 2 February 2026 • Organ Transplant Commissioning seminar session, 23 March 2026 • Plasma Strategic Growth seminar session, 23 March 2026 • Cell and Gene Therapy Growth and Commercial Opportunities seminar session, 23 March 2026 • Cell, Apheresis and Gene Therapies Strategic Update Board discussion, 21 July 2026 • Organ and Tissue Donation Transformation Programme – Cornea Donation and Marketing, Communications and Engagement Strategy – Board discussion, 21 July 2026 • Visit to Queen Elizabeth University Hospital Transplant Unit in Glasgow, 28 September 2026 • Visit to Edinburgh Transplant Unit or Scottish National Blood Transfusion Service, 28 September 2026 • Solid Organ Transplantation: A State of the Nation Report Board discussion, 29 September 2026
Manufacturing	No specific discussions

Sustainability	• NHSBT Net Zero Strategy discussion, 18 May 2026
Digital. AI and Cyber Security	• Artificial Intelligence Strategy, Governance and Framework Board discussion, 3 February 2026 • National Cyber Security Briefing, 29 September 2026
Donor and patient Experience/Stakeholder Engagement	• Blood Donor Mobilisation Board discussion, 24 March 2026
Quality and Clinical Governance	• Patient Safety seminar session, 1 September 2026
Procurement/Contract Management and Supply Chain	Consideration of specific contract renewals and business cases but not overall process
Estates/infrastructure and Resilience	• Estates Infrastructure Board discussion, 21 July 2026 • Estates Location Strategy Board discussion, 29 September 2026
Emergency Planning and Resilience	• Blood Supply Resilience seminar session, 23 March 2026
Research and Development	• Research and Development seminar session, 20 July 2026

Further knowledge builds on the above areas will be considered for the Board Knowledge Development Plan for 2027.

Board Committees

A view of the skills and capabilities held by each Board Committee can be found in Appendix 2. The capabilities most closely aligned to the remit of the committees are shown in green text.

Audit, Risk and Governance Committee

Two members of the Committee have recently left, therefore the skills and capabilities have been assessed on the basis of the composition of the Committee planned from 1 January 2027. From this date there will be three Non-Executive Director members of the Committee, plus additional expertise from an Associate Non-executive Director.

The current composition of the ARGC provides two or three members who are proficient or expert in the capabilities most closely aligned to the remit of the Committee and an opportunity for newer members to develop their capabilities. A decision on whether to replace the Independent Member on the Committee following their recent departure will be made in the future.

Clinical Governance Committee

The membership of the Clinical Governance Committee has recently been strengthened with the addition of a third Non-Executive Director with a clinical background. Recent changes have included a change of Chair, two new Non-Executive Directors members following the departure of one from the Board, and a new Chief Medical Officer appointment. The Executive Lead for the Committee has also changed. Recent changes provide an opportunity for a reset of the Committee to ensure that it functions effectively as an assurance Committee. The timing of this aligns well with the organisation's clinical governance review which will report its findings in the near future.

The current composition of the CGC provides a robust level of skills and experience across the capabilities most aligned to its remit. A seminar session on patient safety was recently held and future knowledge builds on clinical governance are planned.

The addition of a third NED on the Committee provides greater protection for achieving a quorum at meetings.

People Committee

There has recently been a change to one member of the People Committee. Considering the new composition there is a good level of expertise and proficiency across the capabilities most aligned to its remit.

Due to the number of members achieving a quorum can be a challenge and ideally an additional non-executive director would be appointed however due to the size of the Board and time available from members this may not be achievable. The terms of reference allow decisions to be made via email in between meetings where urgent and allow for views to be provided and decisions to be confirmed via email where there are quorum challenges.

NHSBT Charity Committee

A broad range of skill and experience is appropriate to the NHSBT Charity Committee. Membership of the Committee currently provides expertise and proficiency across the capabilities most aligned to the Committee with the exception for clinical governance. Due to the size of the Board and the need for clinically experienced Non-Executive Directors to sit on other Committees it is unlikely that this gap would be filled by a NED appointment. A decision was made in 2026 to identify a regular attendee with clinical experience to join the Committee. The Assistant Director Organ Direction therefore now attends to bring a clinical perspective to the Committee. There is currently an imbalance of Executive members to Non-Executive Member which should ideally be addressed.

Personal Development Plans

It is not a surprise that some newer members of the Board have assessed themselves as having little or no knowledge for some capabilities. Where group training and knowledge builds do not cover areas of training which would be desirable, the opportunity can be taken to discuss activities to build such knowledge, where appropriate, within the annual appraisal process or coaching reviews.

Where Directors have included narratives related to their developmental needs these will be discussed with the Chair/line manager as appropriate. These have not been included in the report.

Chair/DHSC Succession Planning Discussions

The appointment of the Chair and Non-Executive Directors is the responsibility of DHSC. Discussions between the NHSBT Chair and DHSC Sponsor Team determine future need and identify opportunities for committee membership. Succession planning is ultimately undertaken by DHSC. DHSC have confirmed a number of re-appointments during the year and have made two appointments of Non-Executive Directors with clinical backgrounds. There are no terms of office of non-executive directors due to expire in 2026 or 2027. The terms of office of the NHSBT Chair and the Senior Independent Director expire in the first half of 2028.

4. Conclusion

It should be noted that the review of skills, capabilities and attributes is based on self-assessment by the Directors, the results should therefore be considered to be an indicative view of the collective skills of the Board rather than an absolute record.

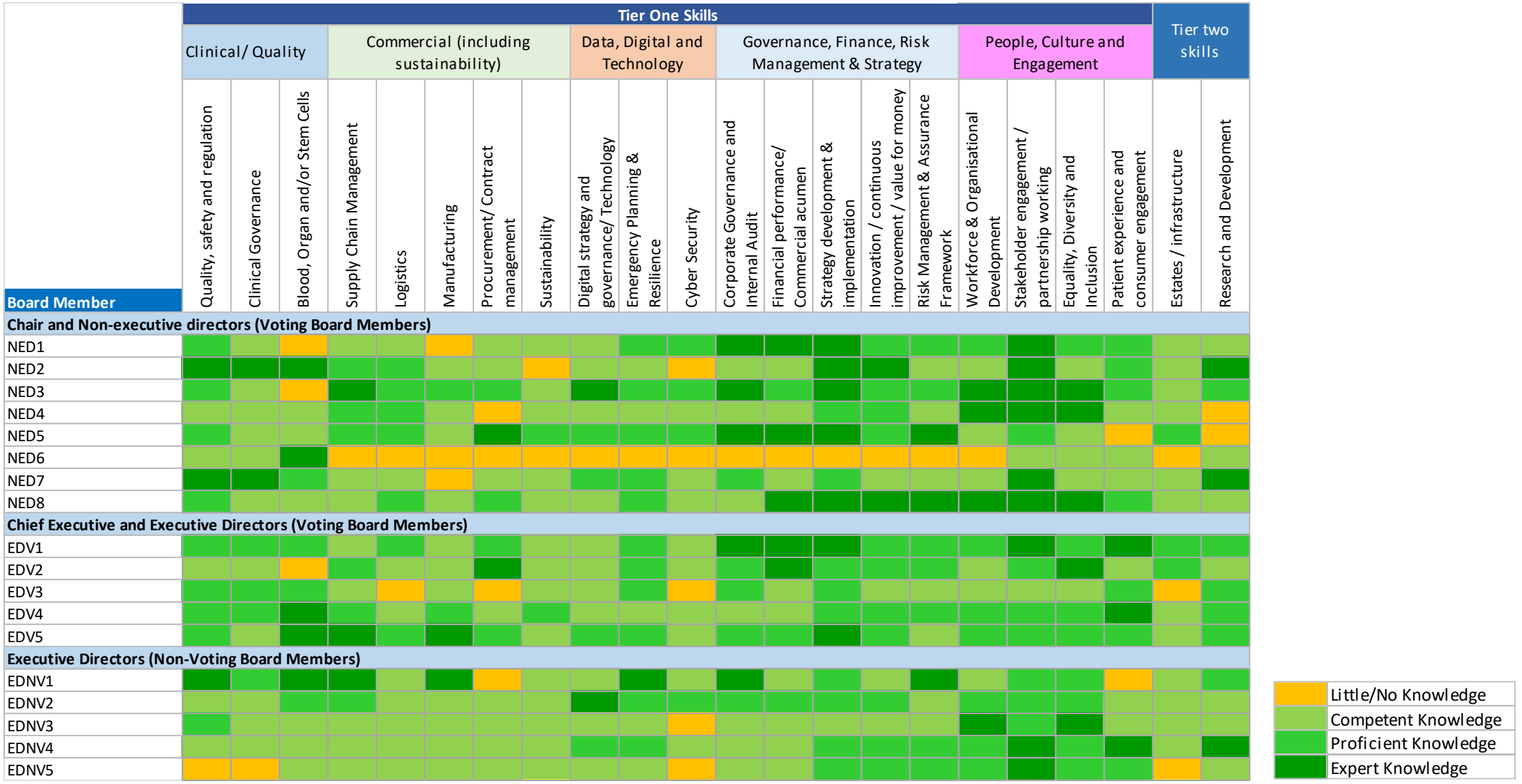
The Board is asked to note the report and the areas of potential future Board knowledge development that will be considered for the Board Knowledge Development Plan for 2027.

Each Board Committee will consider the skills and capabilities of their membership at their next meeting and determine whether any knowledge development or changes to membership would be desirable.

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Appendix 1

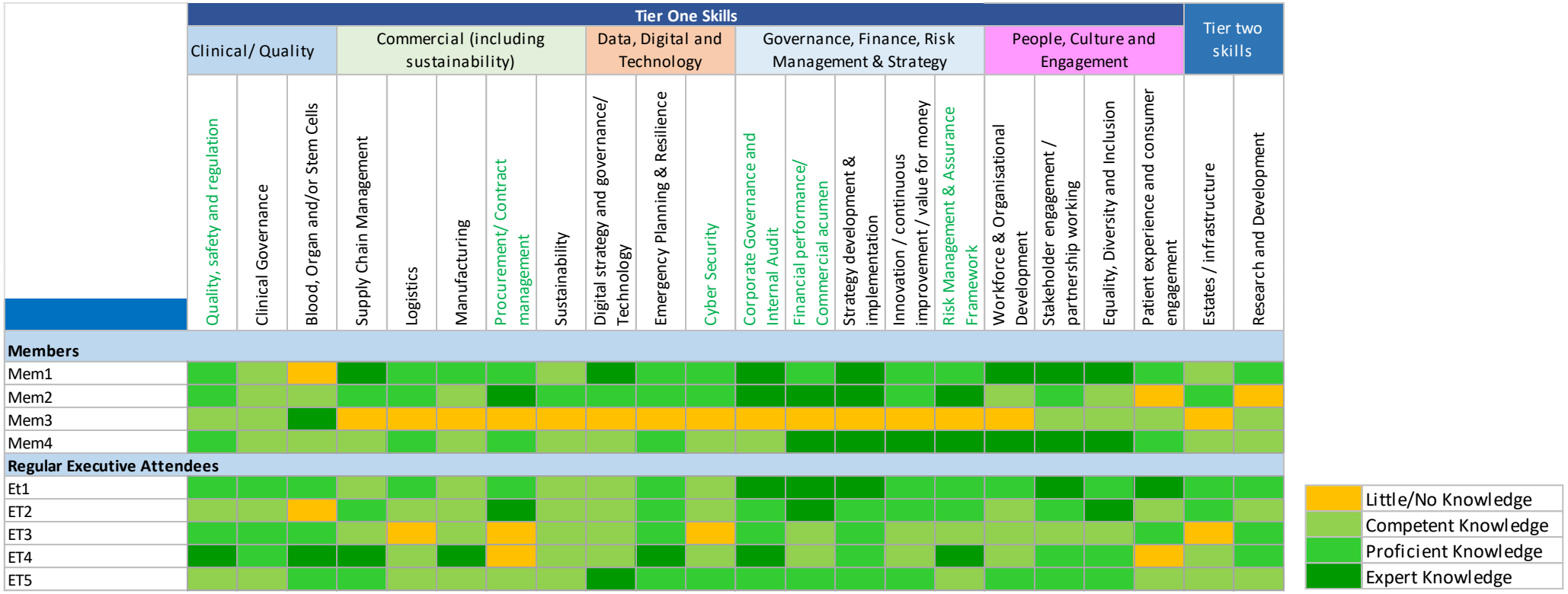
NHSBT Board Skills and Capability Analysis



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Appendix 2

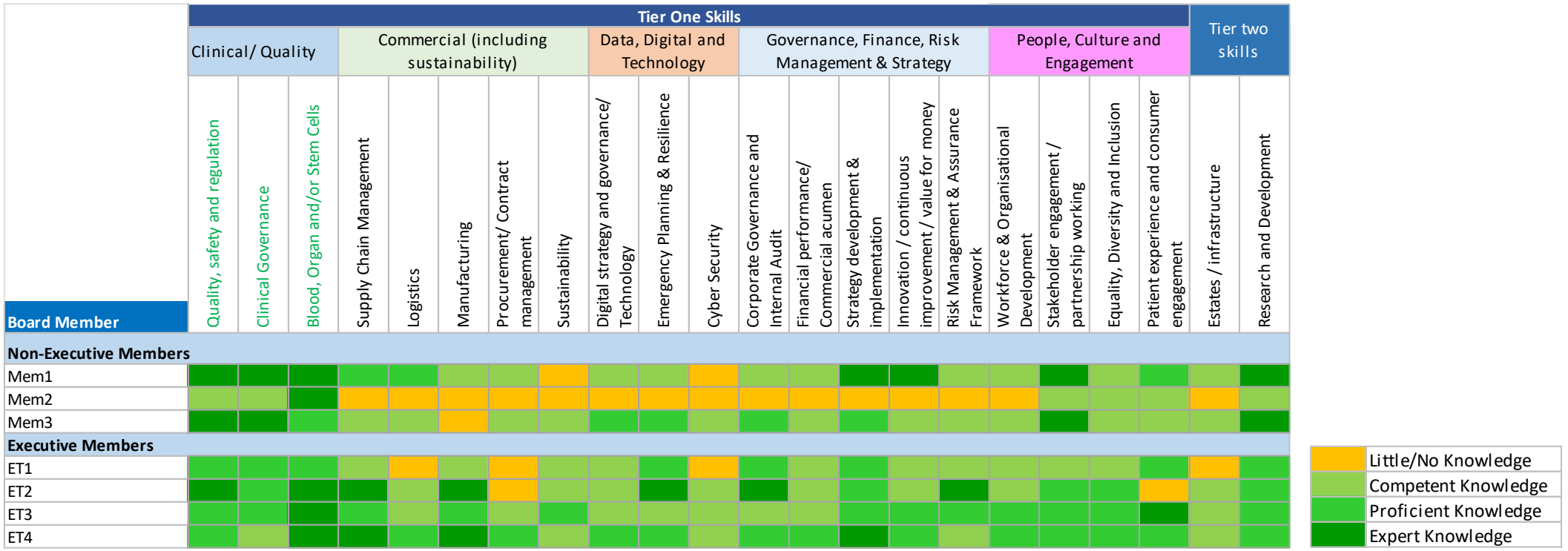
Audit Risk and Governance Committee



The capabilities most closely aligned to the remit of the Audit, Risk and Governance Committee are shown in green text.

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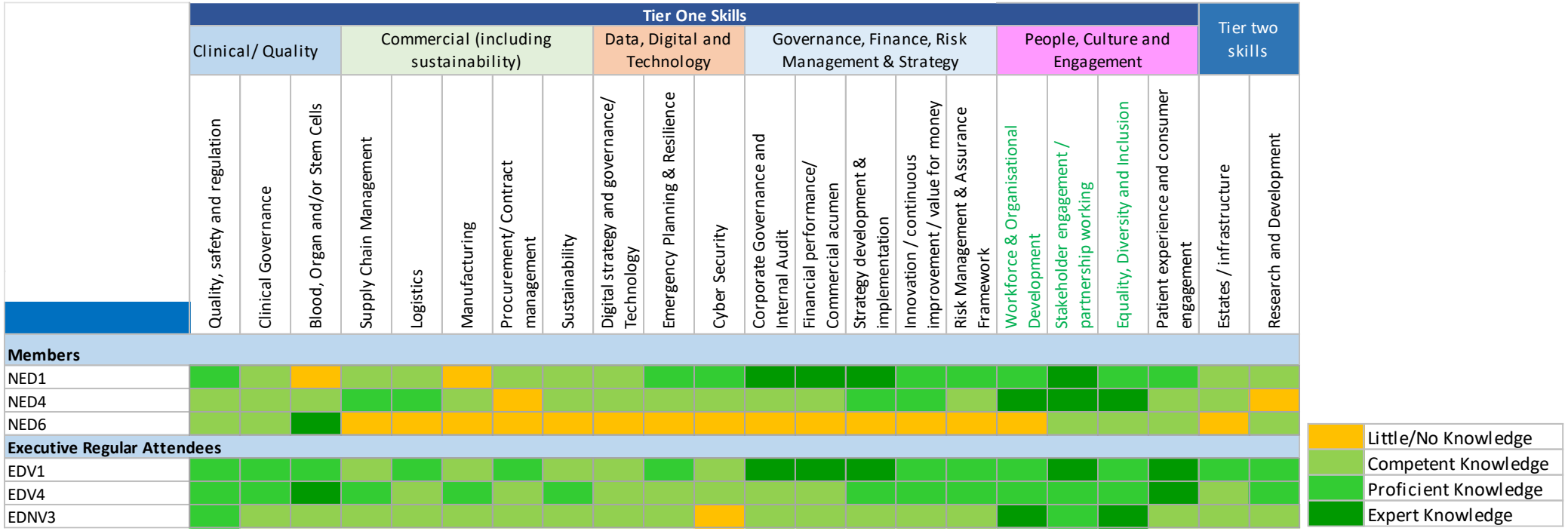
Clinical Governance Committee



The capabilities most closely aligned to the remit of the Clinical Governance Committee are shown in green text.

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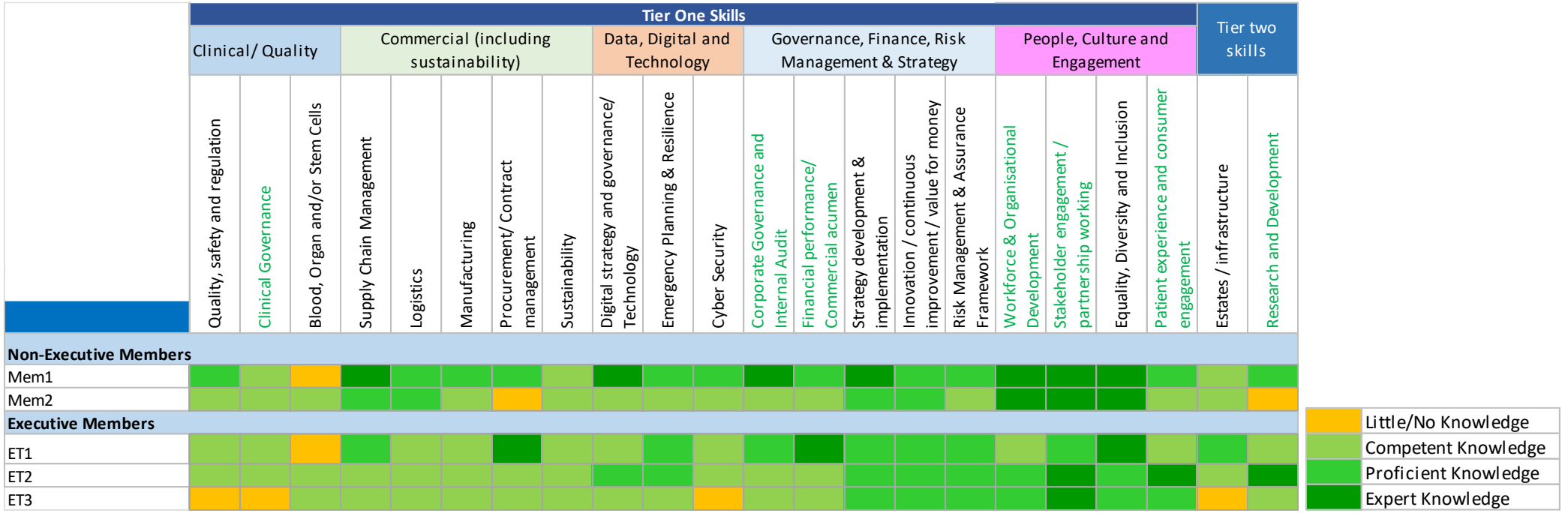
People Committee



The capabilities most closely aligned to the remit of the People Committee are shown in green text.

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NHSBT Charity Committee



The capabilities most closely aligned to the remit of the Trust Fund Committee are shown in green text.

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Appendix 3
NHS Leadership Competency Domains

Board Member	NHS Leadership Competency Domains					
	Driving high-quality and sustainable outcomes	Setting strategy and delivering long-term transformation	Promoting equality and inclusion, and reducing health and workforce inequalities	Providing robust governance and assurance	Creating a compassionate, just and positive culture	Building a trusted relationship with partners and communities
Chair and Non-executive directors (Voting Board Members)						
NED1						
NED2						
NED3						
NED4						
NED5						
NED6						
NED7						
NED8						
Chief Executive and Executive Directors (Voting Board Members)						
EDV1						
EDV2						
EDV3						
EDV4						
EDV5						
Executive Directors (Non-Voting Board Members)						
EDNV1						
EDNV2						
EDNV3						
EDNV4						
EDNV5						

	No Chance to Demonstrate
	Rarely or Never
	Occasionally
	Frequently
	Almost Always

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Appendix 4

NHSBT Board Personal Attributes

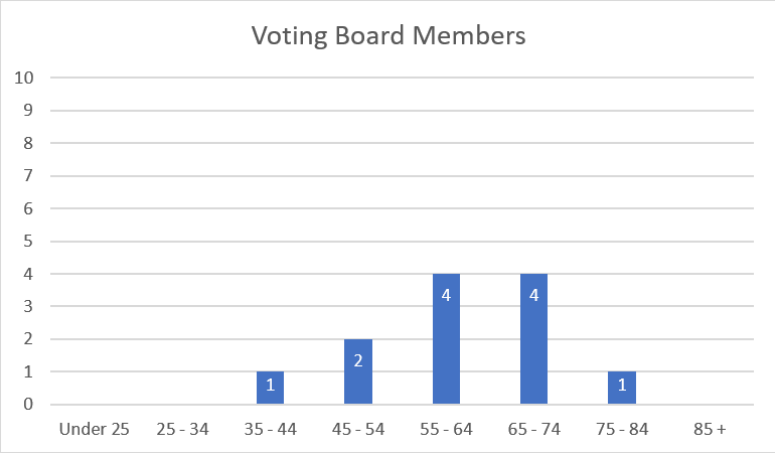
Board Member	Strategic Thinking and Decision Making	Constructive Challenge	Financial and Numeracy Skills	Leadership	Collaboration	Influencing and Negotiating	Independent Judgement and Integrity	Communication	Interpersonal skills	Commitment to role
Chair and Non-executive directors (Voting Board Members)										
NED1										
NED2										
NED3										
NED4										
NED5										
NED6										
NED7										
ANED1										
Chief Executive and Executive Directors (Voting Board Members)										
EDV1										
EDV2										
EDV3										
EDV4										
EDV5										
Executive Directors (Non-Voting Board Members)										
EDNV1										
EDNV2										
EDNV3										
EDNV4										
EDNV5										

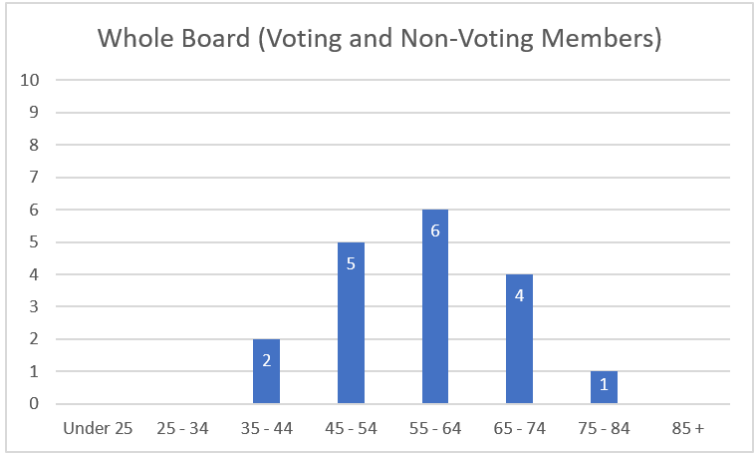
	Not Demonstrated
	Demonstrates Variably
	Demonstrates Consistently

Appendix 5

NHSBT BOARD DIVERSITY PROFILE

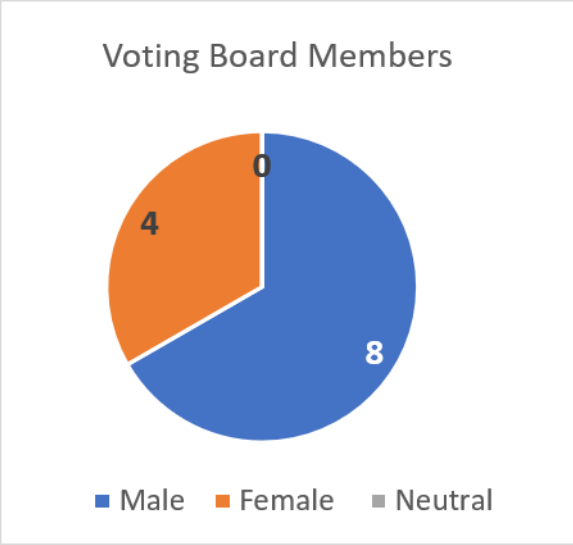
AGE

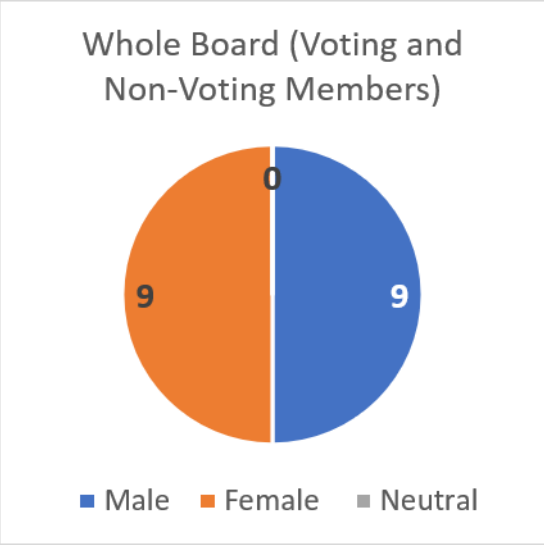




The inclusion of an Associate NED and the wider Executive Team on the Board as non-voting members has widened the age diversity of the Board in terms of younger members.

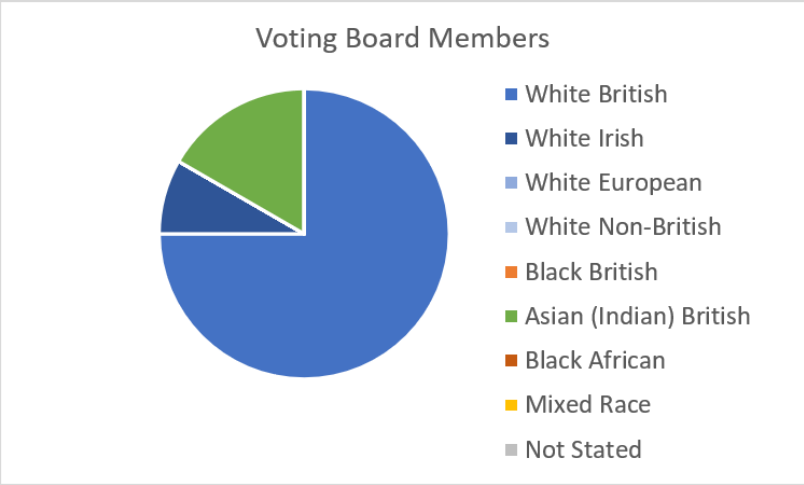
GENDER

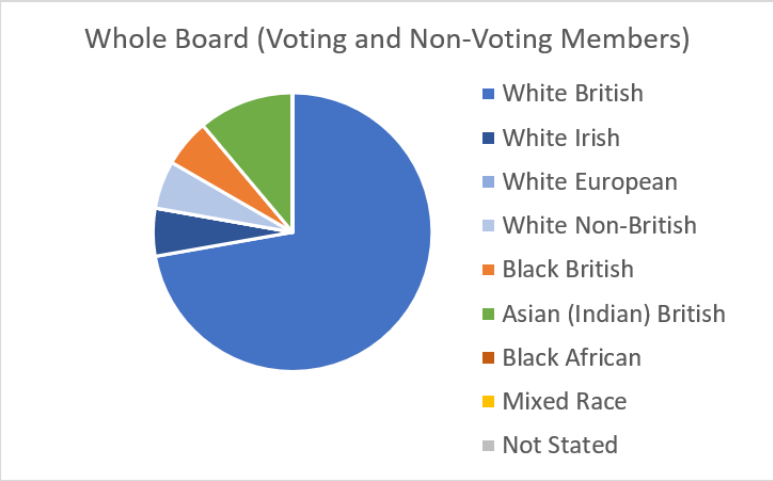




The balance of male and female members on the Board is helped by the inclusion of an Associate NED and the wider Executive Team on the Board.

ETHNICITY





The inclusion of an Associate NED and the wider Executive Team on the Board as non-voting members has broadened the range of ethnicity within the Board, although of those stating their ethnicity 72% are White British. The Board's engagement with the Group for Racial Equality (GRacE) remains important in increasing awareness of the views from as wide a range of ethnic communities as possible.

DISABILITY

Two Board Members have stated that they have a disability. These Board Members will be able to bring their own lived experience to discussions, however the Board's engagement with the Disability and Wellbeing Network (DAWN) also helps to ensure that the perspectives of staff with one or more disabilities are heard.

SEXUAL ORIENTATION

There is no confirmed level of diversity on the Board related to sexual orientation. The Board's engagement with the LGBT+ Network is therefore important to ensure that perspectives from the LGBT+ community are considered.

RELIGIOUS BELIEFS

There are a mix of religious beliefs among the Board members including Christianity, Catholicism and Hinduism. There are also members who have no religious beliefs or hold atheist views, and one holds values based beliefs.