

**Minutes of the One Hundred and Twenty-Third Public Board Meeting of
NHSBT, held in London and via MS Teams
Tuesday, 21 January 2025, 12:45 - 15:45**

Present		
Voting Members		
	Peter Wyman	Chair
	Piers White	Non-Executive Director
	Charles Craddock	Non-Executive Director
	Caroline Serfass	Non-Executive Director
	Lorna Marson	Non-Executive Director
	Jo Farrar	Chief Executive Officer
	Wendy Clark	Deputy Chief Executive and Chief Operations Officer
	Carl Vincent	Chief Financial Officer
	Anthony Clarkson	Director of Organ and Tissue Donation and Transplantation
	Denise Thiruchelvam	Chief Nursing Officer
Non-Voting Members		
	Stephanie Itimi	Associate Non-Executive Director
	Gerry Gogarty	Director of Plasma for Medicines, Interim Director of Blood Supply
	Rebecca Tinker	Chief Digital and Information Officer
	Mark Chambers	Donor Experience Director
	Julie Pinder	Chief People Officer
	Antony Tiernan	Director of Communications and Engagement
In attendance		
	Silena Dominy	Company Secretary
	Louise Espley	Corporate Governance Manager (minutes)
	Jo Dobie	Executive Assistant to the Chair
	Claire Williment	Chief of Staff
	Abisola Babalola	Head of Policy and Engagement
	Helen McDaniel	DHSC (UK Health Department)
Virtual	Samantha West	DHSC (UK Health Department)
Virtual	James How	Scotland (UK Health Department)
Virtual	Sara Wright	Consultant Clinical Scientist – Red Cell Immunohaematology (RCI) (Item 2.1)
Virtual	Akua Nyarko Marfo	Reference Laboratory Manager (Item 2.1)
Virtual	Tom Bullock	Interim Chief Scientific Officer (Items 2.1 and 3.5)
	Mark Taylor	Assistant Finance Director, Performance and Planning (Item 3.3)
	Rachel May	Freedom to Speak Up Guardian (Item 3.4)
Virtual	Duncan Boud	Assistant Director, Financial Control and Operations (Item 4.1)
Apologies		
	Rachel Jones	Non-Executive Director
	Penny McIntyre	Non-Executive Director
	Ian Murphy	Non-Executive Director
	Nicola Yates	Associate Non-Executive Director
	Helen Gillan	Director of Quality and Governance
	Gail Mifflin	Chief Medical Officer and Director of Clinical Services
	Joan Hardy	Northern Ireland (UK Health Department)
	Anthony Davies	Wales (UK Health Department)

Blood and Transplant

1.0	Opening Administration	Action
1.1	Welcome and apologies	
	<p>The Chair welcomed everyone to the 123rd NHS Blood and Transplant (NHSBT) Board meeting in public.</p> <p>Peter Wyman, NHSBT Chair, extended the Board's congratulations to Gail Mifflin on the recent award of her OBE for services to blood and plasma services.</p>	
1.2	Register of Interests	
	No declarations were made, and no conflicts of interests were declared in respect of the items on the agenda.	
1.3	Minutes of the previous meeting	
	The Board APPROVED the minutes of the meeting held on 26 November 2024 as a true and accurate record.	
1.4	Action log and matters arising from the previous meeting	
	The Board noted the action log which included one open action (B24-02) which was scheduled for completion in May 2025.	
2.0	BOARD STORY	
2.1	London cyber attack and the role of the RCI team	
	<p>Sara Wright, Clinical Scientist, RCI was welcomed and invited to present the Board story.</p> <p>On 3 June 2024, a critical incident was declared at several South London hospitals following a cyber-attack on their laboratory information systems. This attack resulted in the loss of all historic laboratory data and severed communication with analysers and electronic blood tracking systems. Consequently, all patient samples had to be processed manually, and selecting and matching safe blood required trained Biomedical Scientific staff.</p> <p>As part of the NHS Blood and Transplant (NHSBT) response, several groups were set up to establish how the organisation could support the wider NHS. NHSBT were also represented at several external meetings, from local discussions regarding pathology provision, to national NHS England response meetings. The incident proved to be particularly challenging as it lasted for a period of four months.</p> <p>A presentation followed, which highlighted NHSBT's involvement in four primary areas of support: blood supply, Haemoglobinopathy patients, crossmatching support and organ donation support.</p> <p>What initially appeared to be an insurmountable challenge became a testament to teamwork, adaptability, and commitment across the whole of NHSBT. The RCI team ensured patients received critical treatments without delay, supported accurate organ allocation and maintained routine services throughout the crisis.</p> <p>Learning from the events that had changed practice included, better use of automation to improve workflow and resilience. The event had also provided confidence in business continuity plans.</p> <p>The Chairman shared an email from Kings College Hospital expressing their gratitude for the support provided by NHSBT colleagues.</p>	

	The Board noted the Board Story.	
3.0	FOR ASSURANCE	
3.1	Chief Executive's Report	
	<p>Dr Jo Farrar presented the Chief Executive Report and highlighted the following:</p> <ul style="list-style-type: none"> a) The Brixton donor centre opened on 16 December 2024, with the official opening taking place on 22 January 2025. Professor Dame Elizabeth Anionwu OM will attend and be honoured with a plaque recognising her lifelong commitment to improving the care of people living with sickle cell disease and thalassaemia. The centre has been branded and designed in collaboration with our donors and the wider Brixton community. Since opening, the centre has welcomed over 1,200 donors and collected over 900 donations, of which a third has been from new donors. b) The Casualty Christmas Special, featuring blood donation had resulted in 5,000 new donors registered in England in the first two days following broadcast and an additional 10,000 appointments booked. c) Marketing activity through November and December 2024, including advertising on bus stops, shopping centres, radio adverts, and social media, supported filling daytime weekday appointments in selected whole blood donor centres. Awareness of NHSBT's key message, that the NHS needs more donors of Black heritage had risen from 55% to 59%. Across November and December 2024, new donor attendance numbers exceeded the previous year's levels by 36%. d) NHSBTs collaboration with Disney and 'Ironheart', which would be released later in 2025 was spotlighted. e) Marketing activity for organ donation continues to increase opt-in registrations, with circa 500,000 opt-in registrations in the current financial year (to 30 November 2024). A report on ethnic differences in organ donation was published in November 2024 with regional and national media coverage. Stem cell awareness week resulted in a 131% rise in donors. f) On 4 December 2024 NHSBT held an organ donation event in the House of Commons with Kidney Care UK. 66 MPs and four peers attended with many pledging to be NHSBT champions and promoting organ donation on social media. Engagement with the Government and new/returning MPs has led to lots of interest in visiting NHSBT facilities. In December 2024, Shadow Minister Dr Ben Spencer donated plasma in Twickenham and Defence Minister, Maria Eagle visited Speke. Several more visits are planned for early 2025. A 'know your blood type' event would take place on 23 January 2025 in Parliament, to raise awareness around donation. g) Work continues with the Department of Health and Social Care (DHSC) and NHS England (NHSE) regarding the implementation of the recommendations from the Infected Blood Inquiry (IBI). h) The NHSBT annual Staff Forward Together awards would take place in February 2025. The event provides an opportunity to recognise and celebrate the achievements of NHSBTs teams in saving and improving lives. <p>Board members welcomed the increase in donor numbers registering for organ donation and stem cell donation. Efforts to take the opportunity to increase registrations whilst people are in transaction mode, for example, when renewing passports or driving licences were proving successful.</p> <p>The NHSBT organ and donation marketing strategy for 2025/26 is currently in development and will aim to clarify public messaging regarding consent and the organ donor register. It was acknowledged that, at the time of donation, families find reassurance and certainty in knowing their loved one has opted in on the organ donation register.</p> <p>The Board noted the report.</p>	

3.2	Board Performance and Risk Report	
	<p>Jo Farrar presented the performance and risk report, highlighting the following:</p> <ul style="list-style-type: none"> a) Red cell stocks averaged at target levels during December 2024 but entered January 2025 at circa five days of stock (vs >5.5 days target), with O neg and B neg stocks oscillating between circa 2-3 days post-Christmas. A red cell 'amber' stock alert remains in place and is subject to regular review with the Department of Health and Social Care (DHSC) and NHS England (NHSE). Platelet stocks also entered 'amber' for a 12-day period immediately after Christmas but have subsequently recovered. Workforce and donor base resiliency remain the prime supply continuity challenges. b) The total blood products donor base remained broadly flat in December 2024, with both the O neg and Ro donor bases also remaining at similar levels to last month. The plasma base is circa 22% below plan. c) Deceased Organ Donation rates continue to trend below target. The number of deceased donors and transplants was below the level expected in December 2024 and the pool of potential donors continues to reduce. NHSBT has submitted a response to the Government's consultation on its 10 Year Health Plan that seeks to improve organ donation rates. d) Productivity remains a focus, with strong operational performance in some areas and the introduction of new capabilities in Donor Experience. <p>A discussion centered on initiatives aimed at increasing donations from the Black heritage community. In response, the Board was informed that significant efforts are ongoing to target Black heritage donors, with particular focus on London, where both the population and potential donor capacity are substantial. Community engagement is a central element of this strategy, and NHSBT has a dedicated team that works to tailor messaging for different communities. Additionally, the Ironheart (Disney) Netflix series features a black heritage donor, with links to sickle cell disease. Reference was made to the workshop that had taken place in partnership with the National Black and Minority Community Transplant Alliance (MBTA) which resulted in a ten-point plan to tailor messaging to different communities.</p> <p>The inclusion of a metric related to waste was suggested as an addition to the performance report. The Director of Plasma for Medicines, was able to share data on waste in his response and advised that waste metrics feature in the blood supply scorecard.</p> <p>A question was raised regarding strategies to improve outcomes after solid organ transplantation. In response, whilst accepting that there is always scope for improvement, the national transplant registry holds excellent outcome data re: one, five and ten-year graft survival. A limitation of the registry currently is understanding the patient, experience and journey. To this end, a patient experience measure is being developed. It was noted that there is the ability to provide a platform to incorporate clinical trials. Additionally, NHSBT is involved in an ongoing international study on giving Simvastatin to donors to promote longevity of organs.</p> <p>It was suggested that the data presented to the British Transplant Society (BTS) NHSBT conference in March 2025 be shared with board members for information. The NHSBT statistics teams were commended for their work, which is recognised nationally and internationally as an exemplar.</p> <p>The Board noted the report. Action: B24/03 - BTS NHSBT data report to be shared with Board members when available.</p>	<p>AC (March 25)</p>

3.3	Finance Performance Report	
	<p>Carl Vincent, Chief Financial Officer and Mark Taylor, Assistant Finance Director, Performance and Planning presented the report.</p> <p>It was reported that during 2024/25 NHSBT had faced higher costs than anticipated across the blood supply chain in order to maintain resilience. Pressure increased from Summer 2024 when the amber alert for blood supply was put in place.</p> <p>The overall income and expenditure year to date position (at month eight) was reporting £10.1m better than plan. This was driven by a combination of unexpectedly lower activity with organ donation and transplantation, improved contributions from tissue and eye services and re-profiled transformation costs. Much of the underspend was ringfenced, hence to need to address the underlying blood position.</p> <p>The full year forecast was an adverse variance of £0.5m (versus £19.4m deficit budget). Overspends were within blood supply and marketing (£11m) and clinical services (£0.6m).</p> <p>The latest position suggested that the mitigations agreed may not crystallise. Specifically, there is increasing risk from i) the demand reduction reserve (DRR) rebate being significantly lower, based on the latest red cell performance, and ii) continued reliance on DHSC to fund Future Proofing Blood (FPB)/Winter contingency. Confirmation would be sought from DHSC about whether the Winter contingency and Future Proofing Blood will be funded prior to quarter three reporting.</p> <p>At month nine (quarter three), higher and unplanned income for plasma and diagnostics had been received and had been coupled with lower spending on transformation to circa £8m. This would offset higher spending in the blood supply chain and ensure that there would be no ongoing financial impact on 2025/26.</p> <p>The Board was informed that most of the unplanned income was one-off in nature. While there may be some ongoing benefits, they are unlikely to be on the same scale as those seen in 2024/25.</p> <p>In response to a query about spending less on transformation, it was explained that delays had occurred due to some implementation timelines taking longer than initially anticipated.</p> <p>The Board noted the report and specifically, options one to four described regarding restoration of the financial position.</p>	
3.4	Freedom to Speak Up (FTSU) Annual Report	
	<p>Rachel May, Freedom to Speak Up Guardian presented the annual report. The report provided information about the extent to which staff are willing and able to raise concerns that impact their ability to perform their roles effectively and safely, and the extent to which there are any barriers to patient, donor and staff safety. The report also included a review of the first five years of the FTSU service since it was introduced into the organisation in September 2019.</p> <p>A key aspect of the report was its identification of challenges, including barriers to speaking up, such as fear of reprisal and a lack of confidence that raised concerns would be addressed. The report sought to provide an honest and transparent account of the obstacles faced by individuals when speaking up.</p>	

	<p>The Freedom to Speak Up Guardian felt confident that whilst the report revealed challenges, the outcomes were more positive than reported in many other NHS organisations. There was confidence that the NHSBT Board were willing to listen to concerns raised and the FTSU Guardian confirmed she had direct access to the Chair as and when required.</p> <p>The importance of active engagement from the senior leadership team was recognised as crucial to the effective operation of the service. It was confirmed that Ian Murphy, who was to become Chair of the Audit, Risk and Governance Committee is the non-executive director linked to FTSU. Additionally, it was highlighted that making information readily accessible about what the service does and doesn't provide was essential.</p> <p>The Board welcomed the report, recognising it as a valuable source of insights. When combined with other data points, it would help identify key areas for action, such as engaging with underrepresented groups and improving how managers respond to concerns.</p> <p>The Board received the report and supported the recommendations as detailed in the report.</p>	
3.5	Five-year NHSBT Research and Development Activities Review	
	<p>Tom Bullock, Interim Chief Scientific Officer presented the report which, provided a detailed review of NHSBT Research activities over the last five years.</p> <p>The review had been undertaken by an international expert panel with the aim of assessing and evaluating the quality of recent and current research, assessing the relevance of research to the core purpose of NHSBT and to donor and patient care, and to identify recommendations to inform future research.</p> <p>The outcome of the review was very positive, with NHSBT commended for its exceptional research. Several recommendations to further strengthen and align research activity to NHSBTs priorities were highlighted and work was underway to address those recommendations, including a review of research priorities.</p> <p>Overall, the expert review panel were highly complimentary about the research that NHSBT funds and enables. The panel were impressed with what they had read in the briefing paper and seen presented. Some comments heard on both days included 'quite incredible', 'remarkable, extraordinary, patient focused', 'world class', 'amazing collaboration' and 'an example to the rest of medicine'. The conclusion being that NHSBT researchers, scientists and clinicians were generating and delivering exceptional research.</p> <p>An overview of the findings and recommendations was included as an appendix to the report. The report also highlighted areas where research could be enhanced to ensure it meets the highest standards of quality and aligns closely with organisational priorities.</p> <p>The report had been shared with internal and external colleagues. The updated research priorities and questions, informed by the review's findings and recommendations, were used to initiate a funding call. This funding opportunity, open to both NHSBT and non-NHSBT researchers, was aimed at supporting projects starting from April 2025.</p>	

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	<p>The Executive Team and Clinical Governance Committee had agreed on several actions, which were outlined in the report. They included initiatives aimed at enhancing public and patient involvement in research and development, participating in the upcoming Alliance of Blood Operators (ABO) benchmarking review of research and development, and organising an Executive level Scientific Advisory Committee meeting in early 2025 (to which Lorna Marson and Charlie Craddock, non-executive directors would be invited). Board members requested sight of appendix C of the report.</p> <p>It was suggested that information related to clinical trials was lacking. Additionally, there was a need to place greater emphasis on the 'development' aspect of research and development, particularly in terms of its link to education and its relevance to business proposals.</p> <p>Reference was made to the National Institute for Health and Care Research (NIHR) Blood and Transplant Research Units (BTRUs) funding. NHSBT will provide evidence to inform the mid-term review of the current units, to clarify the impact they are having on operations. The review will also determine what NHSBT would like to see from any future units and define ongoing support and strategic priorities.</p> <p>The Board noted the report.</p> <p><i>Post meeting note: It was confirmed that Appendix C of the report was available to Board members in the review room.</i></p>	
4.0	FOR APPROVAL	
4.1	Anti-fraud, bribery and corruption policy	
	<p>Carl Vincent, Chief Financial Officer, and Duncan Boud, Assistant Director Financial Control and Operations, presented the policy for approval.</p> <p>The Anti-Fraud, Bribery and Corruption Policy had been updated to the correct Board Level Policy format and reviewed to ensure that it remains current.</p> <p>The minor changes to the policy were tracked in purple text in the document for ease of reference. The reference to the Government Counter Fraud Function Health Peer Review Group' had been removed as the DHSC Anti-Fraud Unit are now leading on this work.</p> <p>The Board approved the Policy.</p>	
5.0	GOVERNANCE	
5.1	Governance Update	
	<p>Silena Dominy, Company Secretary, presented the Governance update.</p> <p>Since the Board meeting in November 2024, BDO LLP has been conducting a Board effectiveness review, which is set to conclude in March 2025. Earlier today, the Board had the opportunity to discuss emerging themes during a seminar session. BDO will attend the Board meeting on April 1, 2025, to present their final report.</p> <p>The imminent departure of Piers White, non-executive director, had prompted a review of the non-executive membership of Board committees. The following changes were proposed for approval.</p>	

	<p>Changes to take effect from 18 February 2025: Charlie Craddock would cease to be the Chair of the Clinical Governance Committee, although would remain a member of the Committee. Charlie would be appointed as the Senior Independent Director.</p> <p>Lorna Marson would be appointed as Chair of the Clinical Governance Committee.</p> <p>Changes to take effect from 1 April 2025: Caroline Serfass would become a member of the Audit, Risk and Governance Committee, and cease to be the Chair of the People Committee, although would remain as a member of the Committee until 2 May 2025. Caroline would be appointed as Chair of the Trust Fund Committee.</p> <p>Penny McIntyre would cease to be the Chair of the Trust Fund Committee, although remaining a member of the Committee. Penny would be appointed as Chair of the People Committee.</p> <p>The Board approved the changes proposed to Committee appointments.</p>	
5.2	Committee Assurance Reports	
5.2.1	People Committee	
	<p>Caroline Serfass, Committee Chair, presented the People Committee's report from the meeting held on 02 December 2024, highlighting the following:</p> <ul style="list-style-type: none"> a) The Committee received an update on development of NHSBT's succession plan and talent management programme. A further report following an Executive workshop in December 2024 would be presented to the Committee in February 2025. <p>The Board noted the People Committee report.</p>	
5.2.2	Trust Fund Committee	
	<p>In the Trust Fund Committee Chair's absence, Carl Vincent presented the report of the Trust Fund Committee meeting held on 16 December 2024 and highlighted the following:</p> <ul style="list-style-type: none"> a) During the first half of 2024/25 the Trust Fund had received £44k in unrestricted donations. The total of unrestricted funds available was £77.5k. b) Progress was being made in identifying schemes for the £61.8k restricted to the Royal Devon and Exeter Trust. c) Successful recruitment to the role of Head of the Charity was reported, with the candidate planned to commence in the role in March 2025. d) The Trust Fund Annual Report and Accounts had been approved and submitted to the Charities Commission. e) All members of the Committee had agreed to undertake the 'Essential Trustee' training offered by the Charities Commission. <p>In discussion, it was agreed that NHSBT has significant opportunities to increase fundraising. This would be accelerated when the Head of Charity is in post.</p> <p>The Board noted the Trust Fund Committee report.</p>	

5.2.3	Audit, Risk and Governance Committee	
	<p>Piers White, Committee Chair, presented the report of the Audit, Risk and Governance Committee (ARGC) meeting held on 06 January 2025 and highlighted the following:</p> <ul style="list-style-type: none"> a) Piers White and Ian Murphy were working closely together to ensure a smooth handover of the ARGC Committee Chair role to Ian. b) In line with best practice the Committee had reviewed the Board Assurance Framework (BAF) and the outputs from the Board risk workshop, noting that the wording of all principal risks would be reviewed to ensure clarity and consistency of risk levels. The ambition being for each Committee to receive risks relevant to them at their next Committee meeting. c) The Committee received an update on NHSBT's progress against the Data Security Protection Toolkit Improvement Plan, and the interim submission status against the new Cyber Assessment Framework. The Committee noted significant progress in closing outstanding audit actions from Government Internal Audit Agency internal audit. Work to continually improve NHSBT's protections continues. d) The Infected Blood Inquiry had placed a hold on NHSBT's requirement to implement modern records management practices. Following the lifting of the restrictions in May 2024 plans in relation to data retention and records management have been considered. The Committee considered the risks associated with such, and the steps required to mitigate the risks. e) <p>The Board noted the Audit, Risk and Governance Committee report.</p>	
5.2.4	Clinical Governance Committee	
	<p>Charlie Craddock, Committee Chair, presented the Clinical Governance Committee's report from the meeting held on 09 January 2025, highlighting the following:</p> <ul style="list-style-type: none"> a) Agenda planning continued to focus on ensuring there is time for discussion of audit reports and key agenda items related to patient safety. b) Patient and donor safety representatives had joined the Committee from January 2025 and were a welcome addition to discussions. c) The Committee continues to receive updates on implementation of the Infected Blood Inquiry (IBI) recommendations. In December 2024 the Government published its response to the IBI recommendations, some of which would require additional funding. d) Committee members received the Organ and Tissue Donation and Transplantation (OTDT) biovigilance annual report, which provided opportunities for learning. <p>The Board noted the Clinical Governance Committee report.</p>	
6.0	FOR REPORT	
6.1	NHSBT Submission to 10 Year Health Plan for England	
	<p>Antony Tiernan, Director of Communications and Engagement, presented the report. NHSBT had submitted a response to the Government's 10 Year Health Plan.</p> <p>In addition to submitting a response via the official channels, NHSBT had written to the co-chairs of each of the 11 working groups, the Minister and Secretary of State for Health and Social Care, Amanda Pritchard, NHS England Chief Executive and Professor Sir Stephen Powis, National Medical Director, NHS England.</p>	

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	<p>A briefing session with key stakeholders and members of NHSBT's senior leadership team would take place in January 2025 to ask people to use their contacts and opportunities to amplify the asks in the NHSBT submission.</p> <p>NHSBT will utilise all touch points with MPs and influencers to promote the submission, such as including it in the quarterly MP and stakeholder bulletin, talking about it at Parliamentary events and including it in briefings for Executive Team members to talk about in meetings and visits.</p> <p>Additionally, the submission has been published on the NHSBT website, promoted on LinkedIn and opportunities taken to talk about it in the media in the run up the publication on the final 10 Year Health Plan.</p> <p>The Board noted the final version of the submission.</p>	
6.2	Reports from the UK Health Departments	
6.2.1	England	
	<p>Helen McDaniel presented the report from the Department of Health and Social Care (England), highlighting the following:</p> <ul style="list-style-type: none"> a) Discussions regarding the 2025/26 budget allocation, including for organ and tissue donation and transplantation were ongoing but are due to conclude imminently. b) Many of the Organ Utilisation Group recommendations were being taken forward by sub-groups to the central Implementation Steering Group. The Histocompatibility and Immunogenetics sub-group and the Assessment and Recovery Centre sub-group presented their recommendations to the Implementation Steering Group for Organ Utilisation (ISOU) members when they met on 5 December 2024. The group also heard feedback from the Organ Transplantation Commissioning Symposium that took place on 6 November 2024. NHSBT and NHSE are now considering how recommendations from these groups are taken forward. Reports will be presented to Ministers imminently and published (subject to Ministerial approval) on the ISOU website. c) DHSC published an initial response to the Infected Blood Inquiry recommendations in December 2024. <p>The Board noted the report.</p>	
6.2.2	Northern Ireland	
	The Board noted the written report.	
6.2.3	Scotland	
	<p>James How presented the Scottish Government report, highlighting the following:</p> <ul style="list-style-type: none"> a) 14 of the 21 recommendations in the Donation and Transplantation Plan for Scotland 2021-2026 were complete. b) In order to understand whether existing aftercare services were meeting the needs of solid organ transplant recipients in Scotland a transplant patient survey had been conducted over a 14-week period. The survey had resulted in positive feedback and also provided the opportunity to identify areas where action was needed to address patient need. The survey results would be published imminently. c) The Renal Education and Choices at Home (REACH Transplant) is a Scotland-wide home-based patient education initiative for patients with end stage kidney disease and has been in operation since January 2023. REACH 	

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	<p>Transplant nurse specialist(s) are employed in each of the nine Scottish renal units and work in collaboration with the Multi-Disciplinary Teams in each renal unit to identify patients who would benefit from a home visit. The total number of potential recipients who have received home visits since January 2023 was 582.</p> <p>d) As of 5 December 2024, over half of the population of Scotland (56.9%) had recorded their donation decision on the NHS Organ Donor Register. Of the 56.9%, 53.5% recorded a decision to be a donor, with 3.4% choosing to opt out.</p> <p>e) Scotland had faced blood supply challenges in recent weeks and expressed gratitude to NHSBT for their support in assisting with the supply.</p> <p>The Board noted the report.</p>	
6.2.4	Wales	
	There were no policy matters to report.	
6.3	Board Forward Plan	
	The Board noted the Forward Plan.	
7.0	CLOSING ADMINISTRATION	
7.1	Any Other Business	
	<p>Peter Wyman expressed the Board's sincere gratitude to Piers White, who would be stepping down after a six-year term as non-executive director. Peter acknowledged the significant contribution Piers had made, both as a valued Board member and as Chair of the Audit, Risk, and Governance Committee. Over the past year, Piers also served as Senior Independent Director (SID) and dedicated a great deal of time to activities such as consultant interviews. His contributions to both the Board and the organisation were acknowledged.</p> <p>Piers, in turn, shared his enjoyment of non-executive director work, highlighting that his time at NHSBT had been a fascinating experience. He expressed excitement about the organisation's future opportunities for transformation. Piers thanked all Board colleagues for their support throughout his tenure.</p>	
7.2	Close of Meeting	
	The Chair thanked everyone for their attendance and contributions to the meeting.	
7.3	Date of Next Meeting - 1 April 2025, Manchester	