

**Minutes of the One Hundred and Twenty-Fourth Public Board Meeting of
NHSBT, held in Manchester and via MS Teams
Tuesday, 1 April 2025, 13:15 - 16:30**

Present		
Voting Members		
	Peter Wyman	Chair
	Caroline Serfass	Non-Executive Director
	Lorna Marson	Non-Executive Director
Virtual	Rachel Jones	Non-Executive Director
	Penny McIntyre	Non-Executive Director
	Ian Murphy	Non-Executive Director
	Jo Farrar	Chief Executive Officer
	Wendy Clark	Deputy Chief Executive
	Gail Mifflin	Chief Medical Officer and Director of Clinical Services
	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
	Nicola Yates	Associate Non-Executive Director
	Helen Gillan	Director of Quality and Governance
	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
	Bekki Jeffs	Women's Network, Co-Chair
Virtual	Abisola Babalola	Head of Policy and Engagement
	Helen McDaniel	DHSC (UK Health Department)
Virtual	Caitlin Cocoran	DHSC (UK Health Department)
Virtual	Joan Hardy	Northern Ireland (UK Health Department)
Virtual	James How	Scotland (UK Health Department)
Virtual	Catherine Cody	Wales (UK Health Department) (present until 2pm)
	Mark Taylor	Assistant Finance Director, Performance and Planning (item 3.3)
	Dean Neill	Strategy and Transformation Director (item 3.4)
	Danielle Pettitt	Strategic Lead – DX and Community Management (item 3.4)
Virtual	Phil Chatterton	Deputy Chief Information Officer (item 4.4)
Virtual	Sarah Hillary	BDO LLP (item 5.1)
Virtual	Paul Wilczycki	BDO LLP (item 5.1)
Apologies		
	Charles Craddock	Non-Executive Director

1.0	Opening Administration	Action
1.1	Welcome and apologies	
	The Chair welcomed everyone to the 124 th NHS Blood and Transplant (NHSBT) Board meeting in public. A welcome was extended to Bekki Jeffs, Co-Chair of the Women's Network.	

1.2	Register of Interests	
	No conflicts of interest 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 21 January 2025 as a true and accurate record.	
1.4	Action log and matters arising from the previous meeting	
	The Board noted the action log and agreed to close action B24-03, following the sharing of reports via the review room. One action remains open (B24-02) and is scheduled for completion in May 2025.	
2.0	PATIENT STORY	
2.1	NHSBT Community Grants Programme and partnership with British Islamic Medical Association	
	This item was deferred to a future meeting.	
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) On 22 January 2025 the opening of the Brixton Donor Centre was celebrated. Brixton is home to one of the highest concentrations of people of Black heritage in England and Wales, with Lambeth's population being 24%, compared to just 4% nationwide. Dame Elizabeth Anionwu, the UK's first sickle cell nurse counsellor, officially opened the centre. The Brixton centre currently offers approximately 1,100 appointments per week, with six donation chairs running for eight hours a day. b) Blood supply is showing improved stability, and discussions are ongoing to determine the appropriate time to lift the blood amber alert. c) On 6 March 2025, NHSBT reached a significant milestone with the successful transfusion of the first UK-produced plasma-derived medicines. d) An Organ Donation and Transplantation (ODT) Joint Working Group in collaboration with the Department of Health and Social Care (DHSC) has been established to focus on improving the donor pool and consent rates, gathering data and liaising with colleagues both in the UK and internationally. A major event in June 2025 will assess current practices and explore additional steps. The insights from this work will inform the next phase of the ODT strategy. e) In relation to the government 10-year health plan, NHSBT held a stakeholder briefing to raise awareness of our response to the plan. During the briefing, stakeholders were asked to help NHSBT engage with key decision makers. <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) The first patients have received UK plasma derived medicines for the first time in over 25 years. 	

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- b) Overall red cell stocks averaged at target levels in February 2025 (5.5 days of stock). O negative and B negative stocks ended the month at 5.4 and 5.5 days respectively, but O negative has since fallen to 5.0 days (March 2025). A red cell 'amber' stock alert remains in place and is subject to regular review with DHSC and NHS England (NHSE).
- c) The total blood products and O negative donor bases fell further behind target in February 2025, with the Ro donor base remaining at a similar level as last month. The plasma base is c24% below plan.
- d) Deceased organ donation rates continue to trend below target. February saw a strong transplants-per-donor rate. Consent challenges persist alongside a shrinking donor pool.
- e) Productivity remains an organisational performance focus, with strong operational performance in some areas but blood collection productivity remaining below target.

Positive progress was noted, especially in improved blood stock levels and fewer cancelled appointments—though cancellations remain above target. A "back to green" plan was requested to address the 18% of donors unable to donate at their appointments. Haemoglobin-related deferrals were highlighted as a key concern, with ongoing work and a trial intervention underway to address this. The board acknowledged this as a priority area for improvement.

Collection productivity remains a concern due to a continued downward trend, despite increased staffing. It was noted that collection targets have not been consistently met for 22–24 months. New centres in Brighton and Southampton are planned for 2025/26, and productivity is expected to improve as transformation initiatives take effect, though this will take time.

The board also discussed a rising trend in harm incidents. A deep dive and further team-level analysis are in progress, with ongoing actions aimed at reducing incident rates and enhancing near-miss reporting. A question was raised about whether the current harm target influences staff behaviour and if a zero-harm target might be more appropriate. It was clarified that targets are intended to be realistic and aligned with health and safety best practices.

A question was raised regarding whether the Clinical Biotechnology Centre's (CBC) income, currently underperforming, remains aligned with the original business case. It was confirmed that income is falling short of projections. Contributing factors include the lasting effects of the pandemic and delays in accessing funding through the LifeArc Gene Therapy Innovation Fund. Additionally, it was acknowledged that NHSBT's business development function requires further development and scaling to support long-term growth.

The Board noted positive performance in cornea donation. A programme in partnership with NHSE is underway to establish ten dedicated eye donation sites; the first three have launched and are already exceeding targets. However, the number of potential organ donors continues to decline. Targeted work to address this trend is planned for Summer 2025.

	<p>The Board was also informed that the Audit, Risk and Governance Committee has committed to allocating more time for in-depth reviews of principal risks. The Board was assured that all amber and red-rated performance metrics are receiving appropriate attention either at Board or Committee level.</p> <p>The Board noted the report.</p>	
3.3	Financial Performance Report	
	<p>Carl Vincent, Chief Financial Officer and Mark Taylor, Assistant Finance Director, Performance and Planning presented the report.</p> <p>As outlined throughout the year, higher costs within the Blood Supply chain have been reported to maintain service continuity and blood stock resilience. The Q3 forecast confirmed that the unfunded gap in the Blood Supply, estimated at around £10-11m, still requires remediation.</p> <p>Earlier in the year, several mitigating actions were proposed, each rated as green, amber, or red (with green indicating the least potential for service disruption). It was agreed that a combination of the green and amber options would likely be needed to restore the financial position. Consequently, no further commitments will be made regarding these options until the final financial position for 2024/25 is confirmed, at which point a decision will be made on which actions to implement.</p> <p>Despite the overspends in the Blood Supply, the overall income and expenditure position year-to-date (APM11) is reporting a £16.2m improvement compared to plan. This positive variance is primarily driven by lower activity in Organ Donation and Transplantation (ODT), stronger contributions from Plasma and Tissue and Eye Services (TES), and re-profiled transformation costs (shifted into the following year). While the year-to-date position and high-level forecast show a favourable trend against the plan, many of these underspends are earmarked for specific purposes, meaning the underlying Blood Supply position still needs to be addressed, particularly in restoring financial balance.</p> <p>The cash balance at the end of February 2025 stood at £73m, with the Q3 year-end position projected to be £46m by the end of March 2025, although a significant portion of this is ring-fenced. The lower projected year-end balance reflects planned and specifically profiled payments, such as capital charge pay-overs, March pension and national insurance contributions, and back-loaded capital spending. This approach aligns with the need to meet ongoing commitments into the new year. It's also expected that further improvements in the M11 forecast will result in a higher cash balance at the end of the year, potentially around £50m - £55m.</p> <p>Capital expenditure year-to-date stands at £12.6m. At APM11, the latest plan indicates that the most likely outturn will be £16m, compared to the £21m full allocation provided by DHSC.</p> <p>It was noted that year-to-date performance is £16 million ahead of budget, while the variance for the Q3 forecast stands at £10 million. Clarification was sought as to whether this implied that the final month would be over budget. It was confirmed that this is not the case.</p> <p>The Board noted:</p>	

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	<p>a) That DHSC had confirmed the full remittance for their remaining programme funding e.g. overheads £10.7m and AfC headroom £1.3m (ref in the forecast position).</p> <p>The Board agreed:</p> <p>b) That all options rated as green and amber will be ring fenced with no further commitments through to year-end. A final decision will be taken closer to the end of the year on precisely which of these will be deployed (additional detail was included in the report).</p>	
3.4	Health of the Organ, Blood Product and Stem Cell Donor Bases	
	<p>Wendy Clark, Deputy Chief Executive, Dean Neil, Strategy and Transformation Director, Danielle Pettit, Strategic Lead – DX and Community Management and Mark Chambers, Donor Experience Director presented the report.</p> <p>Growing and diversifying the donor base and registers is one of NHSBT's five strategic priorities and requires a coordinated, whole-system approach. The paper presented was described as the first instalment, setting out the strategic interventions and tactical actions needed to drive growth, reduce health inequalities, and strengthen system resilience. While it provides a high-level overview across all donor types and registers, it includes a focused deep dive into blood donation.</p> <p>At the core of this strategy is donor enrolment and engagement. However, for these efforts to succeed, three key strategic levers must also be addressed: managing demand, ensuring operational stability, and driving broader societal and policy change.</p> <p>In terms of blood donation, the last year, has seen positive growth in the blood donor base, particularly in whole blood donors. A 0.7% overall increase is expected, with O Positive donations projected to grow by 3.1% and O Negative by 2.5%. Reactivation of lapsed donors has improved alongside a rise in new donor registrations.</p> <p>While red cell demand remains broadly stable, there is growing need for Ro blood, highlighting the importance of expanding both the Ro and O Negative donor bases. To support this, increased donation capacity and improved accessibility will be required.</p> <p>Strategic interventions to enhance appointment availability and reduce cancellations form part of the wider transformation portfolio and will be critical to long-term success. In addition, several tactical interventions have been identified for implementation in 2025/26, supported by up to £1.5 million in planned investment for that year.</p> <p>Board discussion focused on the definition of "active donors" and how this impacts performance reporting. It was agreed that further consideration is needed to explore how best to engage donors who fall outside the current definition—specifically, those who have not donated within the past 12 months.</p> <p>Board members welcomed the strategic approach being taken to assess and strengthen the health of the donor base. A specific question was raised about the potential for a cure for sickle cell disease. It was explained that while promising new treatments are emerging, they are not expected to significantly reduce the need for blood in the short term.</p>	

In response to a further question, the concept of the reserve donor pool was outlined. This "reserve ready" pool involves engaging potential donors through blood typing and providing them with information about how and when they may be called upon to donate. The "Donor Network Design" project aims to develop a strategic model to guide decisions on the placement of collection teams and maximise operational efficiency. The 'Know Your Blood Type' initiative plays a key role in building the reserve donor pool. It was acknowledged that related actions were not fully captured in the current report. Additionally, it was noted that the *Our Future Health* programme includes blood testing and typing, and NHSBT is working in collaboration with the programme. This presents a valuable opportunity to advance discussions and strengthen alignment.

Further discussion explored how NHSBT identifies and tracks the most effective donor segments, ensuring that strategies are appropriately targeted. It was explained that the *Future-Proofing Blood* business case includes clear growth targets and defined actions to achieve and monitor progress. Consideration will be given to improving the visibility of these elements in future reports.

In terms of ambition and scale, several opportunities were highlighted—including the potential use of the NHS App to support NHSBT's priorities. It was emphasised that normalising donation will require a cultural shift, beginning with early education and fostering a lifelong societal commitment to donation. The idea of a "contract with society" was raised, where conversations about donation begin with children and continue throughout their education.

A step change was suggested around the concept of express consent to help grow the organ donation register. It was noted that engaging younger audiences will require the use of trusted, appropriate communication channels to improve reach and resonance.

In response to a challenge regarding the depth of short, medium, and long-term planning, it was confirmed that detailed plans are in place for the next 12 months. Looking further ahead, NHSBT is actively identifying and collaborating with key partners such as the DVLA and DWP to help promote public engagement around donation. This work is being aligned with NHSBT's response to the Government's 10-year plan, which provides a strategic platform to drive the step change needed in public attitudes and behaviours.

The Board:

- a) Noted that meeting donor targets requires a whole system response and added that NHSBT must lead this and develop an action plan**
- b) Provided assurance that whole blood donor base targets are reasonable and that conclusions on key priorities are supported by evidence**
- c) Noted that delivery is dependent on approval of the NHSBT budget, business plan and portfolio which will commit funding for strategic and tactical interventions**
- d) Confirmed the need for future reports as the work described develops.**

ACTION:

MC

	PB 01/25 The Executive Team to further develop the approach to blood related actions and other donor bases and registers, ahead of Board seminar sessions being held for each. Non-Executive Directors to be engaged through the process.	
4.0	FOR APPROVAL	
4.1	DHSC/NHSBT Framework Agreement	
	<p>Silena Dominy, Company Secretary presented the framework agreement for approval.</p> <p>In accordance with HM Treasury's handbook, Managing Public Money, the Department of Health and Social Care and NHSBT are required to agree a document that sets out the broad governance framework within which they operate.</p> <p>The Framework Agreement sets out NHSBT's core responsibilities, describes the governance and accountability framework that applies between the roles of the DHSC, NHSBT, and sets out how the day-to-day relationship works in practice, including in relation to governance and financial matters.</p> <p>The last agreement was approved in 2014, and its review is overdue. The Framework Agreement should be reviewed and updated at least every three years.</p> <p>The updated version presented had been drafted in collaboration with DHSC. The HM Treasury template was used as the base of this with amendment only where necessary to reflect specific circumstances of NHSBT. In particular the pay and conditions of service and pensions, redundancy and compensation sections were significantly amended to accurately reflect the position for NHSBT.</p> <p>The Board approved the revised Framework Agreement subject to the wording on the composition of the Board being amended to accurately reflect the position set out in The NHSBT Establishment and Constitution Order 2005. It was noted that the Agreement is subject to Ministerial approval.</p>	
4.2	Standing Orders	
	<p>Silena Dominy, Company Secretary presented the revised Standing Orders for approval.</p> <p>The Standing Orders are written rules which set out the composition and role of the Board, clarifies key responsibilities and those matters reserved to the Board. It sets out the overarching rules for delegation of authority and the rules in relation to how meetings will be governed and how conflicts of interest will be managed and standards of conduct maintained.</p> <p>The Standing Orders were last reviewed in July 2024. To align future reviews with other key governance documents, annual reviews will be undertaken each March, or as and when a requirement arises.</p> <p>The current review of the Standing Orders has found them to remain fit for the purpose for which they are intended and therefore no significant amendments are proposed with the exception of to clause 8.17 which has been amended to reflect that guidance on declarations of/conflicts of interest can be obtained from the Company Secretary rather than the Finance Director.</p> <p>The Board approved the revisions to the Standing Orders, subject to the following changes also being incorporated:</p>	

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	<p>a) Ensure consistency across all key governance documents in respect of the composition of the Board and in particular the roles of the Finance Director (i.e. Chief Financial Officer) and Medical Director (i.e. Chief Medical Officer) being voting members of the Board as set out by statute,</p> <p>b) Ensure that patient/donor safety is adequately represented.</p> <p>An updated version will be circulated following the meeting.</p>	
4.3	Scheme of Delegations and Standing Financial Instructions	
	<p>Silena Dominy, Company Secretary presented the revised Scheme of Delegations and Standing Financial Instructions.</p> <p>The Scheme of Delegations and Standing Financial Instructions are key governance documents and are reviewed and updated annually. The last annual review was undertaken in March 2024. The Scheme of Delegation s10 was last reviewed, updated and approved in September 2024, due to updated delegations being received from DHSC.</p> <p>The Audit, Risk and Governance Committee reviewed the proposed changes and subject to addressing language to ensure gender neutrality, agreed to recommend the changes to the Board for approval. These additional amendments have been included within the documents presented for approval.</p> <p>The Board approved the updated Standing Financial Instructions. The Board approved the updated Scheme of Delegations subject to additional content to reflect the role of the Clinical Governance Committee in providing assurance to the Board in relation to patient/donor safety.</p>	
4.4	Confidentiality and Data Protection Policy	
	<p>Rebecca Tinker, Chief Digital Information Officer and Phil Chatterton, Deputy Chief Information Officer presented the revised Confidentiality and Data Protection policy for approval.</p> <p>The following were highlighted as key changes to the policy:</p> <ul style="list-style-type: none"> a) Amended from POL2 to BLD9 to reflect policy position as Board level Policy b) Scope of policy amended to encompass any individuals with access to NHSBT data c) Section 3, Individual Rights, Rights in relation to automated decision making and profiling updated to outline the requirement to report use of algorithmic tools to the Algorithmic Transparency Recording Standard (ATRS). d) New sections added as required for a board level policy. <p>Discussion followed about the use of artificial intelligence (AI) by NHSBT staff and whether there was a policy in place re: AI use. In response, Board members were advised that NHSBT staff have been issued with guidance produced for the civil service, ahead of specific NHSBT policies on AI being developed.</p> <p>The Board approved BLP/9 – Confidentiality and Data Protection Policy.</p> <p>ACTION:</p>	

	<ul style="list-style-type: none"> • PB 02/25 An AI policy will be added to the Board Forward Plan for discussion in approximately 8–9 months' time. • PB 03/25 The roles of Caldicott Guardian and Data Protection Officer and reporting lines to the Board are to be confirmed by email following the meeting. 	RT
5.0	GOVERNANCE	
5.1	Board Effectiveness Review	
	<p>Sarah Hillary and Paul Wilcykski from BDO LLP presented the report, summarising the key themes arising from the Board Effectiveness Review and resulting recommendations.</p> <p>The aim of the review was to conduct an externally facilitated assessment of the NHSBT Board's performance. The review was undertaken using the guidance provided for Arms Length Bodies (ALBs), specifically, Corporate Governance in Central Government Departments: Code of Good Practice, HM Treasury and Cabinet Office Guidance (Chapter 4) (referred to as 'The Code'), and Board Effectiveness Reviews – Principles and Resources from ALBs and Sponsoring Departments.</p> <p>The review methodology involved:</p> <ol style="list-style-type: none"> a) A desktop assessment of key governance documents b) Observation of the November 2024 Board meeting and January 2025 Audit, Risk and Governance Committee c) Survey on Board effectiveness, including non-executive and Executive members of the Board and the Company Secretary d) Interviews with a sample of Board members including the Chair, CEO, and a cross-selection of non-executive directors and members of the of the executive board and wider executive team e) Benchmarking against 'Board Effectiveness Reviews – Principles and Resources from ALBs and Sponsoring Departments' and the 'Corporate Governance in Central Government Departments: Code of Good Practice, HM Treasury and Cabinet Office Guidance (Chapter 4)' <p>The review concluded that the structure, governance framework and arrangements in place at NHSBT support effective governance. The report noted that NHSBT had some significant challenges in this area historically and has worked diligently to effect the changes necessary to address prior governance weaknesses and issues. In some areas, these improvements are still maturing, but solid foundations have been established, and good progress towards improvement has been made.</p> <p>The assessment highlighted four key themes where further enhancements to approaches and thinking would be of benefit to the Board and, as a result, the organisation as a whole, strategy and ambition, succession planning and development, size of the Board and the way the Board operates across public and private meetings.</p>	

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	<p>The Board welcomed the findings of the review and agreed to further discuss the findings, outside of the meeting, with the goal of agreeing an action plan at the Board meeting in May.</p> <p>The Board noted the final report.</p>	
5.2	Governance Update	
	<p>Silena Dominy, Company Secretary, presented the report providing the Board with an update on corporate governance matters. In particular the report sought approval of the appointment of Mark Chambers as a formal Executive member of the Trust Fund Committee.</p> <p>The Board approved the appointment of Mark Chambers, Donor Experience Director as a member of the Trust Fund Committee, from 1 April 2025.</p>	
5.2.1	Skills and Capability Framework	
	<p>Silena Dominy, Company Secretary, presented the Skills and Capability framework.</p> <p>An initial Board Skills and Capability Framework was approved by the Board in July 2023. In revising the framework, efforts have been made to simplify it and clarify that not all capabilities need to be held by every Board member. The updated version incorporates findings from recent internal audits and the BDO Board Effectiveness Review. The latter highlighted the need for more general skills and competencies required of a director to be identified alongside the technical skills within the existing Framework. Whilst some general skills and competencies were included these have been enhanced. Additionally, NHS Leadership Competency Domains have been included in the framework, along with a method of assessment.</p> <p>It was noted that the annual review of Board skills and capability would be repeated in Autumn 2025.</p> <p>The inter-relationship between this framework and validation of performance was discussed. It was confirmed that this is an informal self-assessment but does have a role in feeding into the appraisal process.</p> <p>The Board approved the revised Board Skills and Capability Framework.</p>	
5.3	Committee Reports	
5.3.1	People Committee	
	<p>Caroline Serfass, Committee Chair, presented the People Committee's report from the meeting held on 3 February 2025, highlighting the following:</p> <ul style="list-style-type: none"> a) The Committee received the first iteration of the Workforce Dashboard, which will become a regular report to the Committee. b) The Committee received an update on the development of the succession plan and talent management programme. Committee members were assured that Executive Team emergency cover had been put in place and that work had begun to review and assess talent within the senior leadership community. <p>The Board noted the People Committee report.</p>	
5.3.2	Trust Fund Committee	

	<p>Penny McIntyre, Committee Chair presented the report from the Trust Fund Committee meeting held on 3 March 2025 and highlighted the following:</p> <ul style="list-style-type: none"> a) A Head of Charity has been appointed and will begin in the role in April 2025. This appointment presents a valuable opportunity to advance the work of the Trust Fund. b) Applications for Gift Aid and JustGiving have been submitted to support fundraising efforts. <p>The Board noted the Trust Fund Committee report.</p>	
5.3.3	Audit, Risk and Governance Committee	
	<p>Ian Murphy, Committee Chair, presented the report from the Audit, Risk and Governance Committee (ARGC) meeting held on 7 March 2025 and highlighted the following:</p> <ul style="list-style-type: none"> a) The Committee approved the schedule for presenting deep dives into principal risks to the Board Committees during 2025/26. It was also agreed that reputational risk would be incorporated into the deep dive process moving forward. b) The Committee received an update on NHSBT's Cyber Security position, which included an overview of the current threat environment, key areas of cyber risk, and the measures being taken to mitigate these risks. The Committee reviewed the developing Cyber Security Strategy, offering feedback and challenge ahead of its presentation to the Board. c) The Committee received an update from GIAA on the status of the audit plan, noting continued progress in delivering this year's audit programme. GIAA indicated that, based on significant progress made on management actions and assurance mapping over the past year, and the findings from the current audits, a 'moderate' end-of-year opinion is achievable, assuming no major adverse findings in the remaining audits. d) The Committee was provided with a progress update on the Corporate Governance Improvement Programme, noting that most objectives across the five workstreams have been completed. There was confidence that the remaining objectives will be achieved by the end of May 2025. <p>The Board noted the Audit, Risk and Governance Committee report.</p>	
6.0	FOR REPORT	
6.1	Reports from UK Health Departments	
6.1.1	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) Budget negotiations had concluded for 2025/26 and put NHSBT in a positive position to invest in organ donation and blood resilience. b) NHSBT has submitted bids for 2026/27, 2027/28 and 2028/29 (revenue) and for 2029/30 for capital, ahead of the 11 June Budget announcement. c) Following the announcement of NHSE's merger with DHSC, both organisations are in the initial stages of planning the integration. The potential 	

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	<p>implications and opportunities for NHSBT will become clearer as the process unfolds.</p> <p>The Board noted the report.</p>	
6.1.2	Northern Ireland	
	<p>The report from Northern Ireland presented by Joan Hardy highlighted key promotional activities, including details about the ongoing education and awareness program. It also outlined opportunities to develop partnerships aimed at enhancing promotion and education efforts.</p> <p>The Board noted the report.</p>	
6.1.3	Scotland	
	<p>James How presented the Scottish Government report, highlighting the following:</p> <ul style="list-style-type: none"> a) The Scottish Government will continue to fund a small grant with Kidney UK to run a peer educator programme to raise awareness of deceased and living organ and tissue donation and transplantation among South Asian communities. b) The Scottish Transplant Research Network (STRN) held a webinar on 28 February 2025 focused on “Normothermic Regional Perfusion (NRP): Advancing Techniques in Organ Preservation and Transplantation. Additionally, the Scottish Transplant Research Manager post has been funded for a further year so that the vital work around research on organ and tissue transplantation can continue. c) To mark World Kidney Day and the 65th anniversary of the UK’s first living kidney transplant which took place in Edinburgh in 1960, the Minister for Public Health & Women’s Health visited the Royal Infirmary of Edinburgh. d) Over half of the population of Scotland (57.1%) have recorded their donation decision on the NHS Organ Donor Register, as of February 2025. Of this total, 53.7% have recorded a decision to be a donor, with 3.4% choosing to opt out. e) The patient transplant survey has been published. The publication sets out the findings and recommendations of the organ transplant aftercare and support in Scotland patient survey, https://www.gov.scot/publications/organ-transplant-aftercare-support-scotland-transplant-patient-survey-report/ <p>The Board noted the report.</p>	
6.1.4	Wales	
	There were no policy matters to report.	
6.2	Board Forward Plan	
	The Board noted the Forward Plan.	
7.0	CLOSING ADMINISTRATION	
7.1	Any Other Business	
	The Chair thanked the members of the public for giving up their time to attend, particularly those that had travelled far and warmly welcomed their constructive and thoughtful comments which included, raising public awareness about NHSBT at	

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	community level, utilising artificial intelligence and opportunities provided by technology to reinvent ways to interact with the public.	
7.2	Close of Meeting	
	The Chair thanked everyone for their attendance and contributions to the meeting.	
7.3	Date of Next Meeting - 20 May 2025, Filton	