

NHSBT Executive Team & Board Performance & Risk Report

February 2025

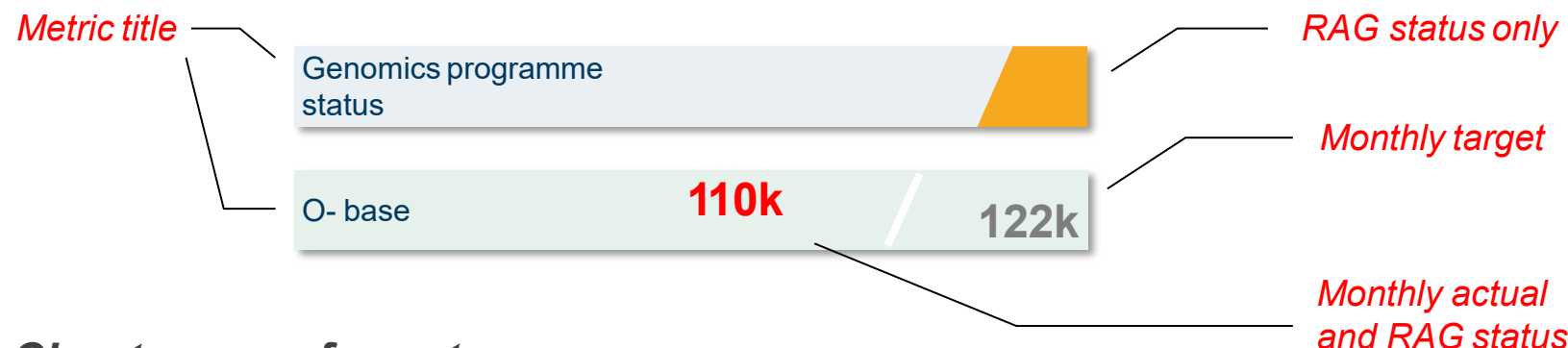
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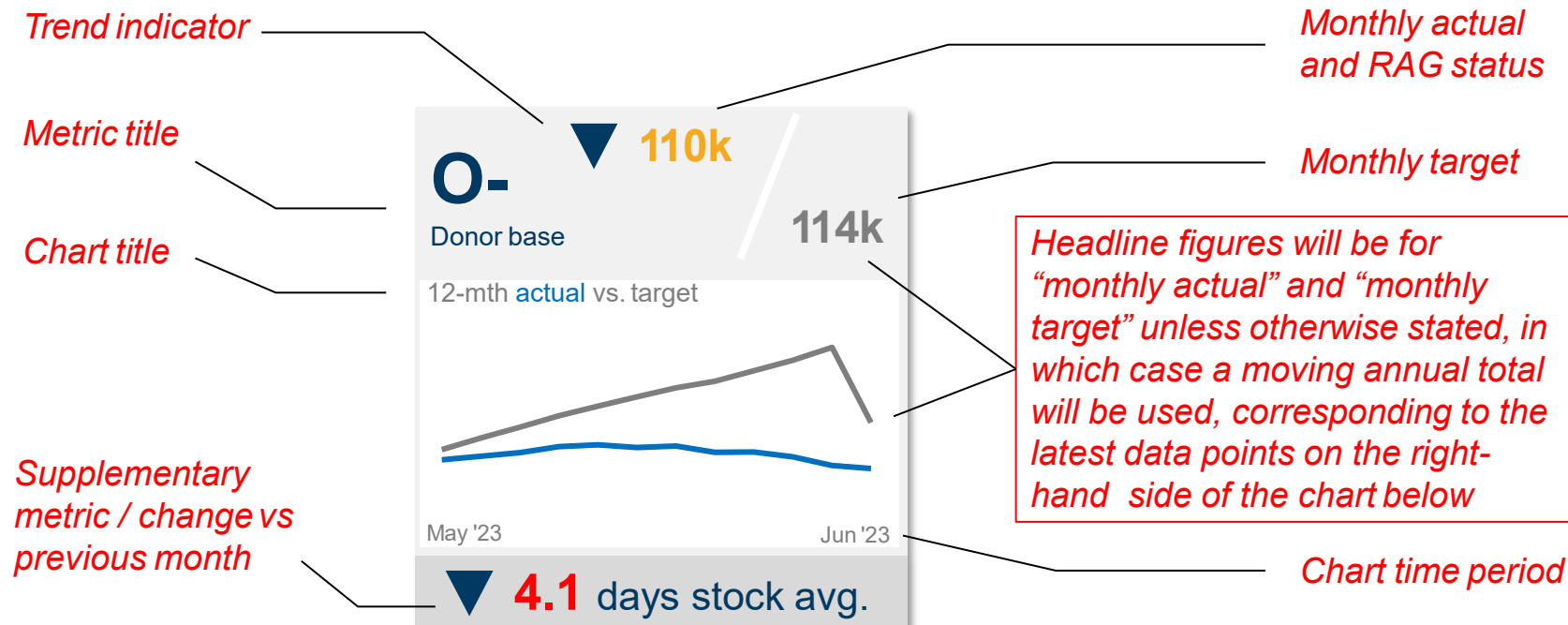
Blood and Transplant

How to read this report

Dashboard page format



Chapter page format



Points to note

- This Performance Report is designed to be user-friendly, using a clear, simple and consistent approach to the presentation of metrics and data
- The report is structured around the strategic priorities of the NHSBT Strategy
- The most common data presentations for the dashboard page and chapter pages are outlined here
- Unless stated otherwise, RAG status is **green** for at or above target, **amber** for within 5% below target, or **red** for >5% from target
- Wherever possible RAG status will be based on absolute numbers rather than percentage values
- Trend arrows reflect i) movement in variance between actual and target performance ii) change in RAG status
- Some metrics are expressed as a **Moving Annual Total (MAT)**. This provides a rolling 12-month total for performance data.
- Some metrics are reported **one month in arrears**. This is to ensure accuracy and completeness where data takes longer to collate e.g. living donor organ transplant numbers.
- Metrics measuring our progress in tackling Health Inequalities are marked with the icon

Performance Insights

1. UK Plasma Derived Medicines used by the NHS for the first time in over 25 years

The first patients have now received UK plasma derived medicines (PDMP) for the first time in over 25 years. This was celebrated widely with an in-depth multi organisational media plan running to maximise publicity of all products from Blood. This included statements from the Secretary of State and visits to hospitals to speak to patients receiving their plasma treatments. Since NHSBT pivoted the plasma collection infrastructure from convalescent plasma in 2021, over 2.2 million units of PFM have been recovered from whole blood and 43,000 litres of source plasma have been collected. In total, over 500,000 litres of plasma has been collected for fractionation to date.

2. Overall red cell stocks averaged at target levels in February at 5.5 days of stock (vs >5.5 days target). O neg and B neg stocks ended the month at 5.4 and 5.5 days, respectively, but O neg has since fallen to 5.0 days (18 March). A red cell 'amber' stock alert remains in place, subject to regular review with DHSC and NHSE. Workforce and donor base resiliency remain key supply continuity challenges.

O neg and B neg red cell stock levels improved to c.5.5 DOS in February. Whilst overall stock and B neg have remained stable, O neg has fallen in March. As of 18 March, O neg stock levels were at 5.0 dos, while B neg stocks were at 5.5 dos. Short Notice cancellation of appointments fell 1.1pp in February but remains above target, with 5.3% of booked appointments cancelled with <48 hours' notice (vs 4.5% target). Donor deferrals also remain at historically high levels, with c18% of donors attending an appointment not able to donate.

Back to Green Plan: Some tactical stock recovery actions remain in place, including media campaigns, increased contact centre activity and proactive demand management interventions. The strategic Joint Blood Stock Working Group has also been established, providing a regular senior forum for blood stock management interventions between NHSBT, DHSC and NHSE. Brixton donor centre also opened in late-December, creating 1,100 extra whole blood appointments per week. Brighton donor centre is scheduled to open in Q2 2025-26.

3. The total blood products and O negative donor bases fell further behind target in February, with the Ro donor base remaining at a similar level as last month. The plasma base is c24% below plan.

The Whole Blood Products donor base fell from 811k to 807k, the lowest position since July 2024. However, it remains 5k higher than the same time last year. Similarly, the O negative donor base fell from 111.8k to 111.3k yet remains 3k higher than in February 2024. After seven consecutive months of growth, the Black Heritage donor base fell to 20,110. This group now represents 2.56% of the overall donor base. A contributory factor is that bookable appointments fell to 184,290, in February, the lowest level in an individual month since October 2021. The plasma apheresis donor base remains 24% below target, although this is being mitigated by higher than planned plasma production from whole blood donations and high donation frequency among existing plasma donors.

Back to Green Plan: Additional capacity in Brixton Donor Centre (opened late-December) and the Brighton Donor Centre (due to open later in the year) will create additional opportunities to grow the whole blood donor base. Significant transformation investment in 2025-26 will deliver more strategic growth interventions, including new campaigns, retention/loyalty schemes and innovative partnerships. The return of plasma capacity from whole blood collection in Twickenham will create additional opportunities to increase the plasma base.

4. 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.












Deceased donor numbers fell 4 short in February (118 vs. 122 target), keeping the YTD status red (150, 10% behind target). However, living donor transplantations to January (one month in arrears) is now five transplants ahead of target YTD with 822 transplants. February saw a strong transplants-per-donor rate (2.64), achieving green status (312 vs. 297 target). Consent challenges persist alongside a shrinking donor pool. February marked the fourth consecutive month with the consent rate below 60%. Donation after Brain Death (DBD) consent decreased sharply by 11pp to 66%, whilst Donation after Circulatory Death (DCD) increased by 7pp to 54%.

Back to Green Plan: A group is working on operational actions to boost consent rates, with a focus on reversing the decline in Organ Donor Register sign-ups. New NHS data is being analysed to understand the shrinking donor pool. Key actions include supporting hospitals in improving neurological death testing (NDT) rates via a new code of practice. An April 2025 workshop will address pathway improvements, linking to efforts on consent rates, donor pool expansion, and public awareness.

5. Productivity remains an organisational performance focus, with strong operational performance in some areas but blood collection productivity remaining below target.

Our blood Manufacturing and Testing productivity continues to perform above target levels YTD and sit within top quartile levels compared to other European blood services. Blood collection productivity remains challenging, falling to c.8% below target YTD. This is largely a result of continued resiliency challenges, including unplanned closures of donor centres (e.g. Southampton), higher than planned sickness absence/staff turnover in some areas and donor base resiliency. Transformation programmes that will deliver improvements to collection productivity in the medium-term are beginning to mobilise, including Donor and Session Platform (DASP) with a Programme Director in post from February.

Performance summary against most important strategic targets

<div> Grow and diversify our donor base to meet clinical demand and reduce health inequalities</div>			<div> Modernise our operations to improve safety, resilience and efficiency</div>		
Size of Blood Product donor base	807k	▼ / 817k	Size of regular Plasma donor base (MAT) ¹	6,140	▼ / 8,105
Size of Ro blood donor base	 26.7k	= / 28.1k	Plasma collected (sourced & recovered), litres(YTD)	274k	▲ / 183k
Size of O- blood donor base	111k	▼ / 116k	No. of Organ transplants living & deceased ² (YTD)	 3,813	▲ / 3,997
Black Heritage representation in whole blood donor base	 2.56%	= / 3.1%	Organ consent rate (YTD)	 59%	= / 60%
Short notice cancellation of appointments	5.3%	▼ / 4.5%	Corneas Issued for Transplant (YTD)	3,610	▼ / 3,500
<div> Invest in people and culture to ensure a high-performing, inclusive organisation</div>			<div> Drive innovation to improve patient outcomes</div>		
% Minority Ethnic Employees at Band 8A-8C	15.8%	▲ / ---	No. of transplants per deceased organ donor YTD	2.58	▲ / 2.43
Employee Turnover	11.2%	▲ / 14%	Component Development Clinical Trials	Whole Blood (SWIFT)	= 
Recruitment Time to Offer (weeks)	12.3	▲ / 11			
Vacancy Fill Rate	93%	▲ / 88%			
Sickness absence rate	5.0%	▼ / 4%			
Harm Incident Rate NHSBT (Incident rate per 1000 employees)	8.3	▼ / 7.6			
			<div> Collaborate with partners to develop and scale new services for the NHS</div>		
			Clinical Biotechnology Centre (CBC) Income YTD	£2.55m	▼ / £4.7m
			Advanced Therapies Unit Income (YTD)	£1.18m	▼ / £1.6m
			No. of Therapeutic Apheresis Procedures YTD	11,928	▼ / 12,508
			Tissue & Eye Services YTD income	£21.1m	▲ / £19.9m
			Transfusion 2024 programme status	=	

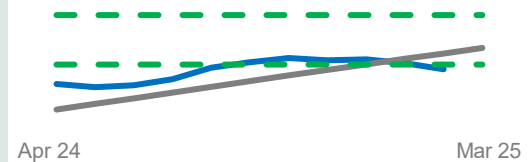
¹MAT = moving annual total² reported one month in arrears³ Replacing Serious Incidents Metric



Blood Product Donor base

807k / 817k

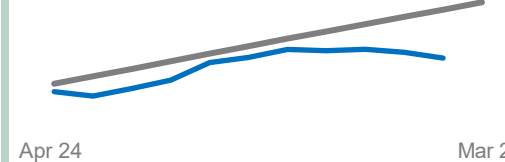
12-mth actual vs. projected target vs target range



O- Donor base

111k / 116k

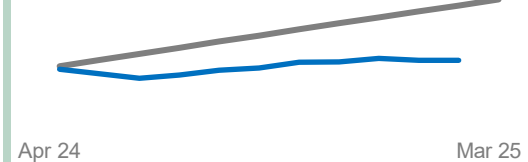
12-mth actual vs. projected target



Ro Donor base

26.7k / 28.1k

12-mth actual vs. projected target



Insight and Commentary

Blood Donor Base

- The blood products donor base fell for the second consecutive month, from 811k to 807k, reaching its lowest level since July 2024, with whole blood seeing the largest decline.
- The challenges in the donor base were driven by the shortage of available appointments. Bookable appointments fell to 184,290, in February, the lowest level in an individual month since October 2021.
- New donors donating (NDD) dropped from 11.9K in January to 10K in February. More notably the NDD figure was lower than in December 24. This is the first time the February NDD figure has been lower than the previous Christmas since 2017, highlighting difficulties in donor recruitment.. Reactivation levels also dropped this month from 14.5K to 13.1K.
- Donor deferrals remain at historically high levels, with c18% of donors attending an appointment not able to donate, compared with 16% in February 2024.
- After 7 consecutive months of growth there was a drop in the Black Heritage Donor Base this month from 20,232 to 20,180. At a group level, the O negative donor base fell for the second consecutive month from 111.8k to 111.3k. The Ro Donor Base remained flat.

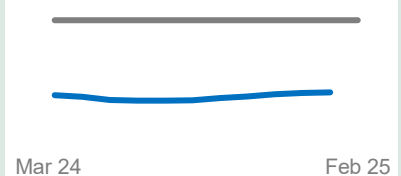
Plasma

- Total collection of PFM in February was 55% ahead of target (25,846 litres vs. 16,667 litres). Total collection of plasma year to date for fractionation is 274.5 kilolitres.
- The source plasma regular donor base grew slightly in February but remains behind target (6,140 donors vs target 8,105 donors) due to lower-than-expected new donor recruitment and donor base attrition.
- Back to Green Plan:** Actions are underway to maintain current new donor recruitment from whole blood switching, stabilise capacity and maximise the volume of source plasma collection from the three plasma donor centres, while continuing to support whole blood collection at Twickenham Donor Centre.
- Plasma for Medicine has dispatched 28 shipments (896 pallets, 287 KI equivalent to 1.25 million units of plasma) with 9 more ready. Validation of initial stock continues, with completion expected in mid-2025. A program to validate plasma at NHSBT manufacturing sites begins in April 2025, aiming to boost productivity and reduce costs. For the first time in 27 years, UK plasma derived medicines (PDMPs) have been used to treat patients.

Black Heritage Representation in donor base

2.56% / 3.1%

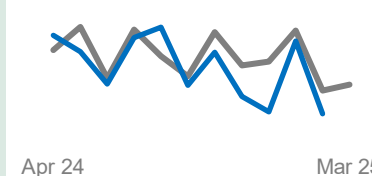
12-mth actual vs. target



Red Cell Units Collected

109k / 114k

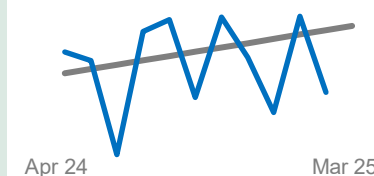
12-mth actual vs forecast target



Ro Units Collected

3,888 / 4,222

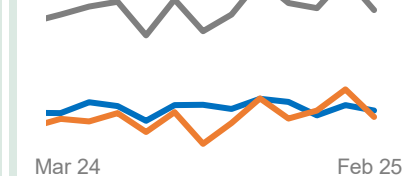
12-mth actual vs projected target



Ro Supply Demand Gap YTD

47.9% / ---

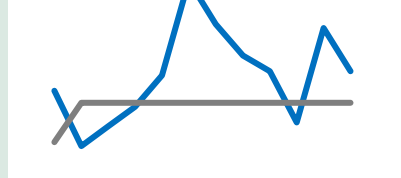
12-mth issued vs requested vs Ro gap



Short Notice Cancellation Of Appointments

5.3% / 4.5%

12-mth actual vs. target



Net Promoter Score

86.3 / 88

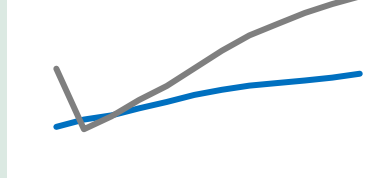
12-mth actual vs. target



Plasma Regular Donor Base

6,140 / 8,105

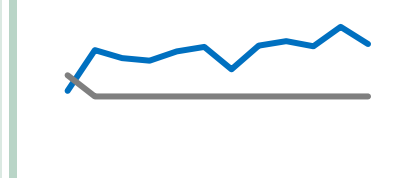
12-mth actual vs. target



Plasma Collections Source & Recovered YTD

274k / 183k

12-mth actual vs. target





Grow and diversify our donor base to meet clinical demand and reduce health inequalities

February 2025

NHS

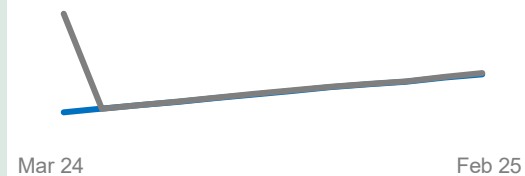
Blood and Transplant

Organ Donor Register¹
Opt-In Register - Total)

28.3m

28.4m

12-mth actual vs. target

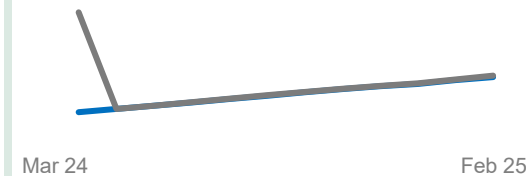


Organ Donor Register¹
(Opt-In Register Eng. & Wales)

24.2m

24.3m

12-mth actual vs. target

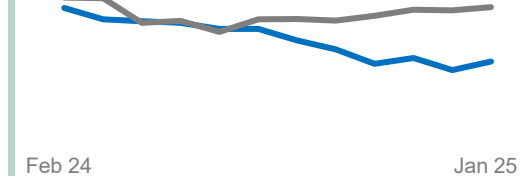


Living & Deceased Organ donor transplants
(YTD 1 month in arrears)

3,813

3,997

12-mth MAT actual vs. target

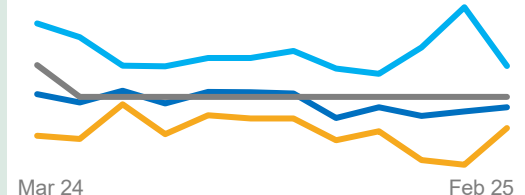


Organ Consent/Authorisation YTD

59%

60%

12-mth, Overall, DBD & DCD consent vs target

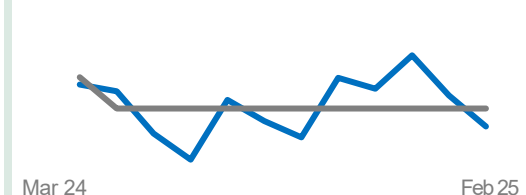


Minority Ethnic (ME) Organ Consent Rate YTD

33%

33%

12-mth actual vs. target

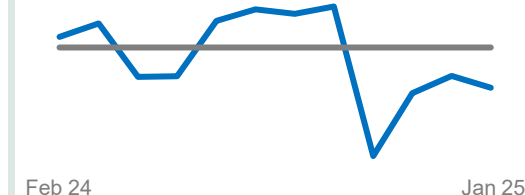


ME Recipients of Organ Transplants
(YTD 1 month in arrears)

25%

27%

12-mth actual vs. target

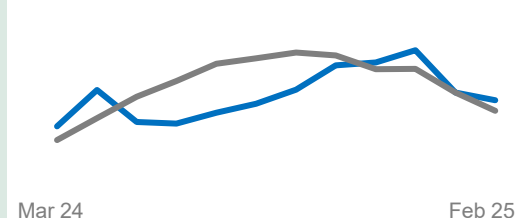


Corneas issued for transplant YTD

3,610

3,500

12-mth MAT actual vs. target

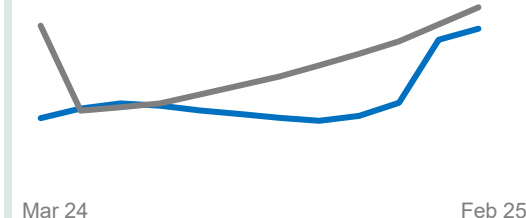


NHS Stem Cell Donor Registry Fit Panel Volume

124k

126k

12-mth actual vs. target

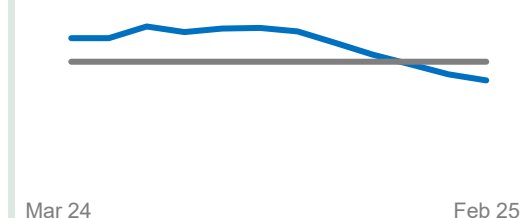


ME % of New NHS Stem Cell Door Registry Fit Panel MAT

17%

20%

12-mth MAT actual vs. target



Insight and Commentary Organs

- On average, there were 4.2 proceeding deceased donors per day in February; the highest daily rate YTD. At just four donors short (118 vs 122), this is the closest to achieving the monthly target since June 2024.
- Living donor transplantation is now five transplants ahead of target YTD (one month in arrears) with 822 transplants. Hospitals are still dealing with winter pressures, therefore the 100 living donor transplants performed in January was even more remarkable.
- February was another strong month for transplants per donor (2.64, green) with the number of organ transplants at green status at 15 ahead of target (312 vs 297). We remain amber YTD.
- Whilst the overall consent rate increased slightly in-month (58%), this was insufficient to maintain green YTD status. Consent rate for donors with suspected neurological death (DBD pathway), decreased sharply by 11 pp to 66% in February. Conversely, the consent rate for donors confirmed deceased using circulatory criteria (DCD pathway) increased by 7pp to 54%.
- Back to Green Plan:** A group is working on operational actions to boost consent rates, with a focus on reversing the decline in Organ Donor Register sign-ups. Actions include supporting hospitals in improving neurological death testing (NDT) rates via a new code of practice. An April 2025 workshop will address pathway improvements, linking to efforts on consent rates, donor pool expansion, and public awareness.

Ocular

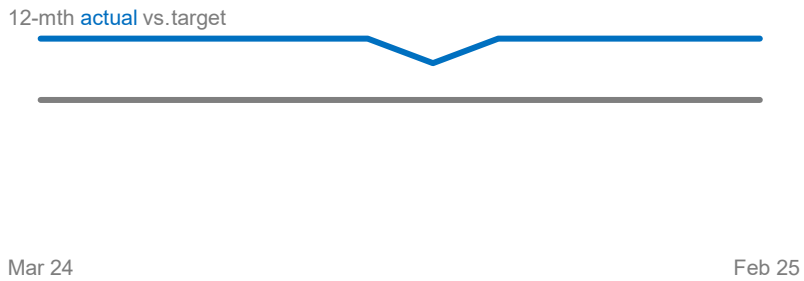
- The ocular donation rate maintained an average of 7 per day in February (198 donors), consistent with January's performance (217 donors). Ocular stock decreased to 213 at the end of February (vs, 300 target, January 254).
- A pilot to increase ocular donation from donors unsuitable for organ donation has now expanded to 3 regions including the Midlands region. Phase 3 of the hospice project is also progressing, with 5 of the planned 8 sites now having contracts in place to proceed.
- iORBiT project: Donation rates exceeded target in February at the initial two sites, however the project has encountered delays to further implementation, due to operational priorities in some Trusts.

Pathology

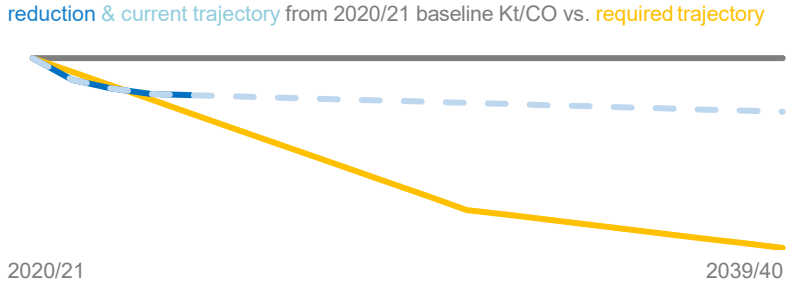
- Screen 25k blood donors for extended types and additional antigens:** Screening is now close to plan YTD (22.3k v 22.9k target) after additional fixed term (6m) resource was recruited to mitigate long term staff absence. Activity has exceeded plan in the last four months.



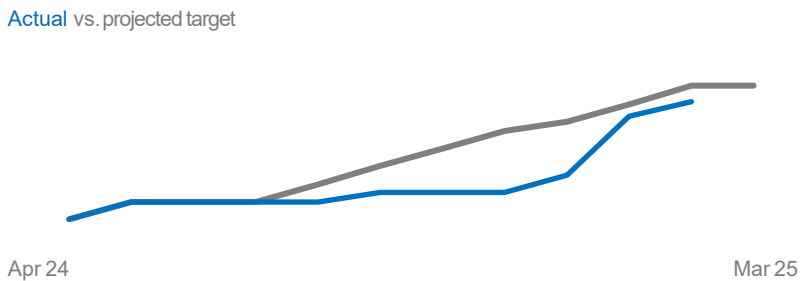
Overall Critical Infrastructure (CI) Availability = 100% / 99.95%



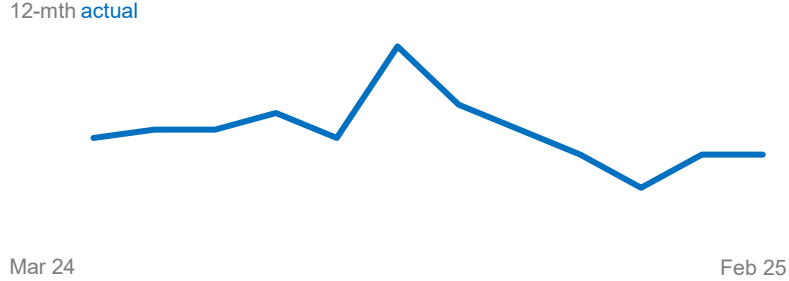
Reduction in scope 1&2 CO₂ emissions vs. 2020/21 baseline ▼ 19% / ---
(at end Q3 09/24; next update end Q4 01/25)



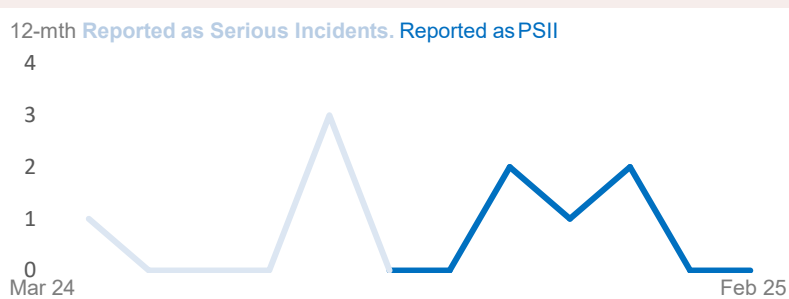
Business Continuity Plans Exercised YTD ▲ 88% / 100%



Overdue Internal Majors = 13 (+0) / 0



Patient Safety Incident Investigation (PSII)¹ 0 / ---
YTD = 8



External Regulatory Majors 0 / ---
YTD = 2



Insight and Commentary Quality

- The number of overdue internal majors has remained stable at 13. While the incident numbers and severity do not pose a significant risk to donor and patient safety, ongoing improvement initiatives will help ensure a proportionate response to managing these incidents. This, in turn, will optimise quality and operational capacity, allowing greater focus on preventive actions.
- Back to Green Plan:** The VSA (Value Stream Analysis) held in January looked at ways to improve the incident management process. The VSA identified 61 key problem statements, areas of good practice, principles and solution concepts aligned in a future state map. The team continue their efforts with the output from this session and will continue to plan for effective delivery.

Critical Infrastructure

- Critical Infrastructure (CI) met its availability target for February achieving 100% uptime across all critical services. CI availability has been above target for the last 16 consecutive months.
- On 19 February, Session Solution, the system used to manage donor sessions at both mobile and static donation centres, experienced an outage due to a technical issue which has now been fully resolved.
- There was no impact on donors or our ability to collect blood, and all sessions proceeded as planned. The organisation's ability to rapidly invoke and transition to business continuity processes at a national level ensured minimal operational disruption. A full post-incident review is underway.

Progress Towards Net Zero

- Progress towards achieving 80% reduction in CO₂ emissions vs. 2020/21 baseline by 2031/32 has slowed through 2023/24 and stalled in 2024/25 YTD. At current rates of progress, we are projecting a reduction of 19% in CO₂ emissions by 2039/2040 versus a target of 80%
- Back to Green Plan:** A new Net Zero strategy focussed on managing our Scope 1,2 and 3 emissions is currently being developed.

Business Continuity Plans Exercised

- With the successful completion of the Warehousing exercise, the Business Continuity exercise programme is at 88% completion, behind target of 100%.
- The outstanding exercises, will be prioritised within the 2025/26 exercise programme. Consequently, 2024/25 performance will remain at 88%

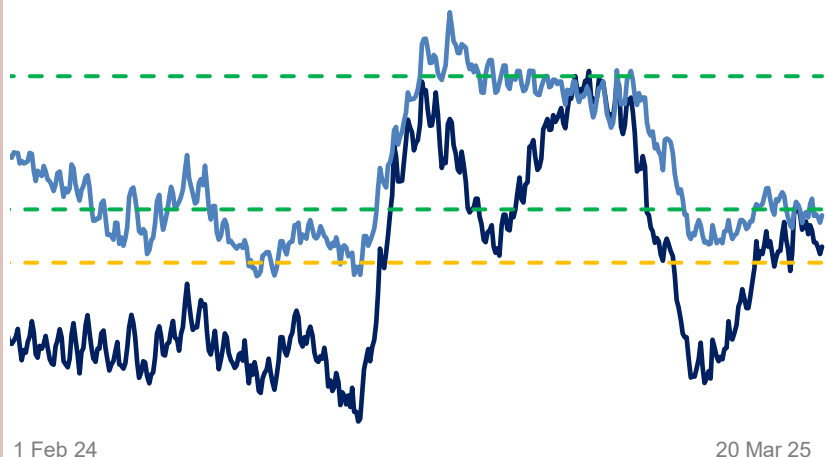


Blood stock stability

Average days of stock ▲ **5.5** Avg. Feb 25
Actual days of stock = **5.5** Actual 28/02

5.5 – 8.0
days

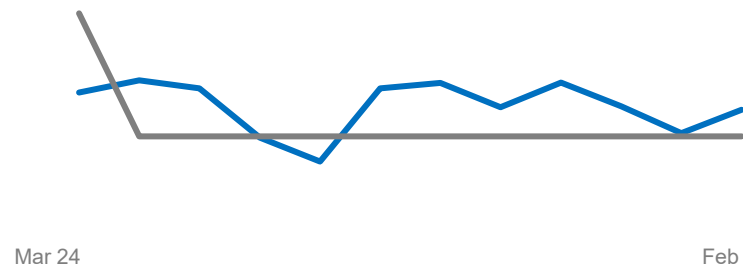
12-mth All Group Actual vs O Neg Actual vs. **4.5-day alert** and **5.5 – 8.0 target range**



On Time In Full

incl. Ro (YTD) = **96.6%** / **96.3%**

12-mth actual vs. target



Cost/Budget savings

full year forecast at Q3; next report end Q4 **£9.6m** / **£15.8m**

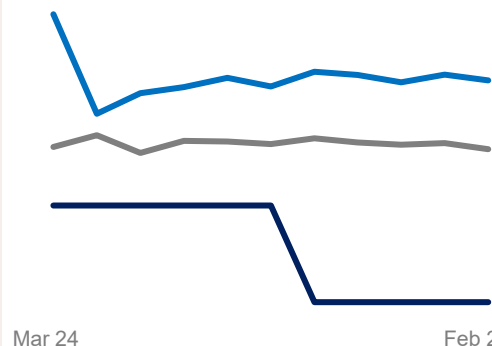
% Commercial Pipeline

Savings YTD at Q3; next report end Q4 **5%** / **1%**

Manufacturing Productivity

Annualised YTD ▼ **10,636** / **9,862**

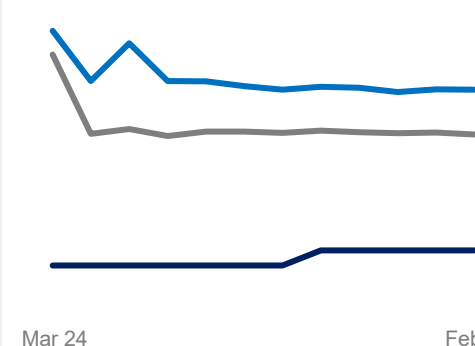
Ann.YTD Actual vs target vs EBA top quartile



Testing Productivity

Annualised YTD ▼ **29,606** / **25,839**

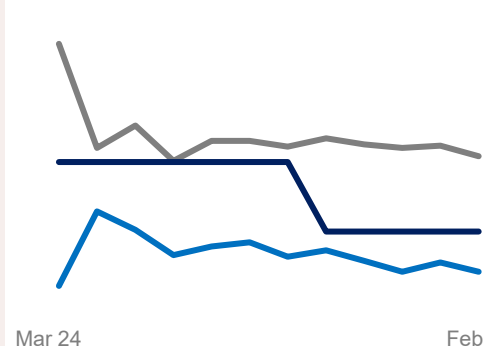
Ann. YTD Actual vs target vs EBA top quartile



Collection Productivity

Annualised YTD ▼ **1,150** / **1,248**

Ann YTD Actual vs target vs EBA top quartile



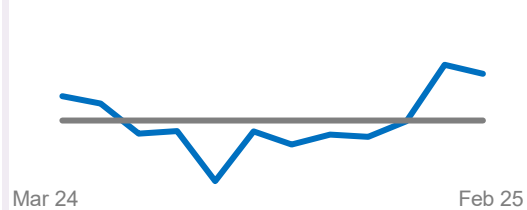
Insight and Commentary

- February 2025 red cell collections stood at 95.7% of business plan target, a 2.5pp decrease from collection performance seen in January. O Pos collection was challenging, with collections at 95.3% of requirement (-3.9pp lower than in January), leading to O Pos stock degradation of 0.9 DoS in month. Collection of B Neg and O Neg decreased slightly in month, but lower than forecast issues allowed for stock growth and relative stability in these groups.
- Ro Collections decreased sharply (-10.5pp), with collections below plan (-8.9pp). Ro collections across the financial year are 98.3% collection to target.
- Back to Green Plan:** Stock recovery is being managed through regular incident management meetings and a strategic oversight group. Along with tactical response meetings, these groups are overseeing the development and implementation of a long-term stock recovery and sustainability programme. Additional workstreams remain in place to meet short term group specific collection and stock challenges.
- On Time, In Full performance increased this month (+0.3pp) and stood at 96.6%, driven by increases in the 'In Full' element of the measure. Year to date performance remains stable at 96.6%.
- Sickness absence in Blood Supply increased in February by 0.3pp and now stands at 7%, with increased absence in both Blood Donation Collection and Manufacturing & Logistics teams. Whilst February saw a reduction in long term sickness (-0.6pp) to 2.3%, short-term sickness increased (+0.9pp), reaching its highest level of 4.7% year to date..
- Short notice cancellations decreased (-1.1%) to 5.3%. Over two thirds of short notice cancellations resulted from short term sickness (53%) or over running sessions (15%)
- 19 Blood Donation Collection teams are operating at reduced capacity, removing a total of 2,700 weekly appointments from the programme. Capacity reductions continue to be caused by a combination of long-term sickness, high attrition and challenging recruitment. 2 teams are planned to revert to a full programme by the end of March 2025, with a further 11 phasing to full capacity by the end of June 2025.



Time to Offer weeks **12.3** / **11.0**

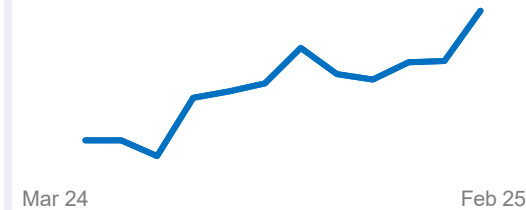
12-mth **actual** vs. **target**



Minority Ethnic Employees **15.8%** / **---**

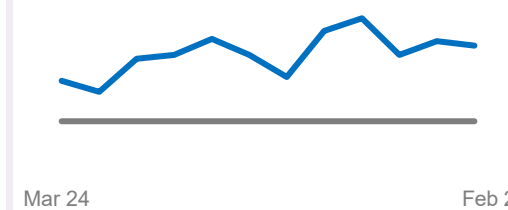
% Band 8A-8C

12-mth **actual**



Sickness Absence **5.0%** / **4%**

12-mth **actual** vs. **target**

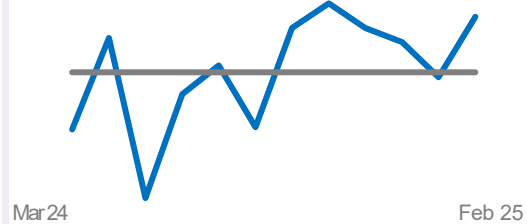


Insight and Commentary

- Recruitment: Time to offer exceeded the 11-week target for the second successive month and stands at 12.3 weeks (12.5 weeks in January). This is due to the delayed effect of high and volatile demand for vacancies from Q2 onwards, which places our fixed resource model under strain, as we protect front line recruitment. We are also experiencing sharp increases in applicant numbers leading to longer times to complete short listing.
- The vacancy fill rate improved in February to 93% (target 88%) after a brief drop in January. There are no significant patterns in the data, but this will be monitored by the People directorate over the coming months.
- Employee Turnover remains below target at 11.2% vs target of 14%, maintaining its lowest level post Covid-19 pandemic.
- PDPR compliance at 89.5% in February and red status from 89.7% in January after reaching 91% and amber status in December. **Back to Green Plan: April 2025 launch of amended PDPR approach includes new documentation and simplification of process. Roll out of Manager Assistant will be complete by end of April and will provide managers with data required to focus on areas where PDPR compliance gaps are, and action needed to close gaps.**
- Sickness across the organisation remains above the 4% target, decreasing by 0.1pp from 5.1% in January to 5.0% in February. This is higher than this time last year (4.8% February 2024). The main reasons for sickness are unchanged, being anxiety, stress and psychiatric, cough, cold and flu and musculoskeletal issues. **Back to Green Plan: Interventions to manage sickness absence include:**
 - Barnsley Stress Reporting Trial (Jan–March) continues and aims to reduce sickness absence by encouraging colleagues to seek early support for issues that might impact their ability to work.
 - Re-provision of Mental Health First Aid courses, with refresher sessions to keep those trained in 2022, up to date.
- Overall, harm incidence decreased to 8.3 in February (60 incidents) from 9.6 in January (73 incidents). Incidents are from various causes including hit by object, musculoskeletal injury, injury by a sharp object, trapping and contact with blood.
- Blood Supply harm Incidence rate also decreased, albeit remaining above target at 14.1 (51 incidents) from 16.8 in January. This compares with an incidence rate of 8.2 (30 harm incidents in February 2024). **Back to Green Plan: The HSW team has raised concerns of incomplete safety checks and risk identification and has requested discussion with Blood Supply regarding an accident reduction programme.**

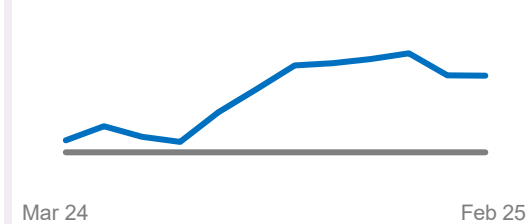
Vacancy Fill Rate % **93%** / **88%**

12-mth **actual** vs. **target**



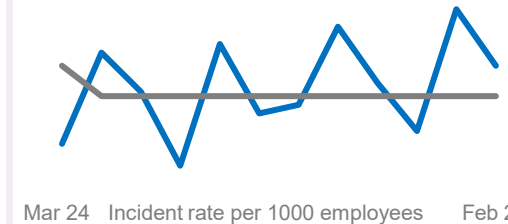
Mandatory Training compliance **96.5%** / **95%**

12-mth **actual** vs. **target**



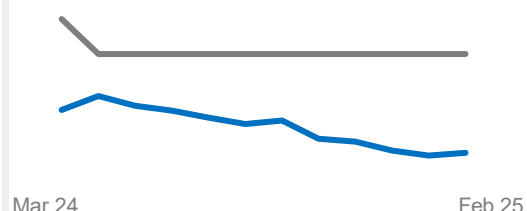
Harm Incident Rate NHSBT **8.3** / **7.6**

12-mth **actual** vs. **target**



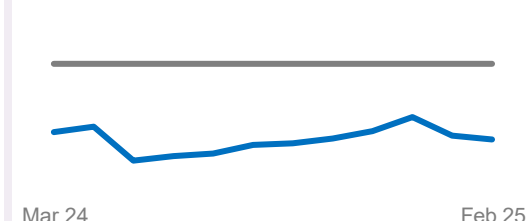
Employee Turnover % **11.2%** / **14%**

12-mth **actual** vs. **target**



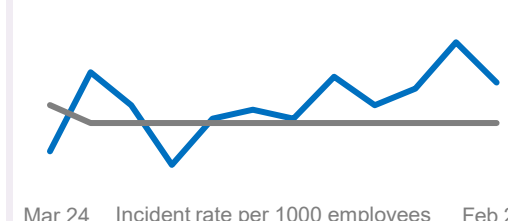
PDPR completion **89.5%** / **95%**

12-mth **actual** vs. **target**



Harm Incident Rate Blood Supply **14.1** / **11.4**

12-mth **actual** vs. **target**





Component development clinical trials

Whole blood use in trauma status (SWIFT)	
Universal plasma and universal platelets status	
Freeze Dried Plasma (MOD) status	
RESTORE clinical trial	
Platelets in PAS clinical trial/validation study	

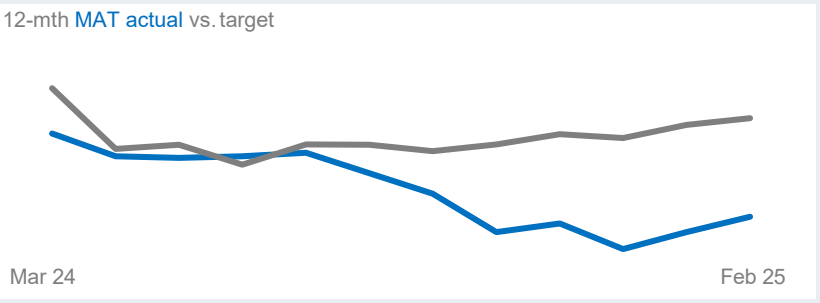
Patient Outcome datasets

Serum eyedrop – post treatment follow up data	Programme in development. Pilot phase launching in Q4	
Patient Outcomes Data	Approach and scope in development	

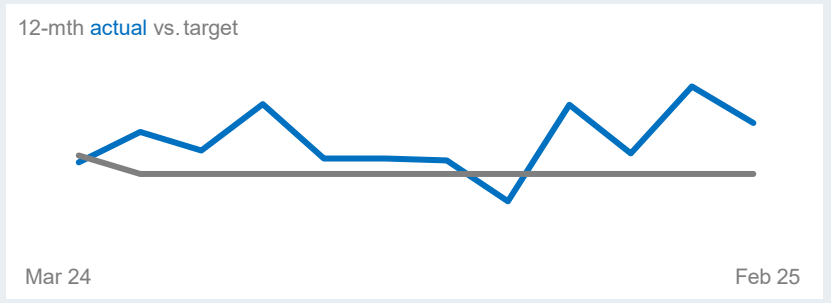
Insight and Commentary

- Component development clinical trials
- **SWIFT:** 10 trial sites (air ambulances) opened, with recruitment of 900 patients. Final participant follow up visits complete and data collection in progress. Amber status as one month behind National Major Trauma Registry timeline.
 - **Universal Plasma & Platelets:** The technology supplier withdrew, leading to Amber status. Project costs have been reprofiled over four years ending March 2027 and working to total business case value overall. New technology selected and cost benefit analysis underway. The Path to Green depends on a new contract being agreed.
 - **Dried Plasma:** Specialist equipment successfully delivered and installed; equipment user training has taken place. Validation has also now been completed and signed off with laboratory assessment started. Contracts in process for testing moisture content and quality parameters for dried plasma.
 - **RESTORE:** Clinical trial of in-person use of red cells manufactured from stem cells (mRBCs). Recruitment is complete, with 19 IMP doses given and 4 batches left to manufacture and administer to participants in 2025. The latest mRBCs manufacturing was completed successfully and given to a trial participant. Planning underway for the next manufacturing run.

No. of organ donor transplants
Deceased Donors YTD
3,303 / 3,477



No. of organ transplants per deceased donor YTD
2.58 / 2.43



Genomics

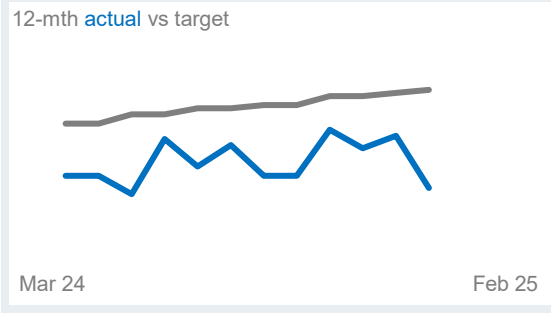
- **Strategies to Improve Donor Experiences (STRIDES):** All STRIDES donors now genotyped, with the confirmed number at 77,156. The final batch of samples ca 7k-10k sent to the Bioresource in February, with the last invoice issued.
- **Confirmatory Testing of ‘valuable’ / rare donors from STRIDES genotyped cohort:** Ca 32k donors identified as ‘valuable’ category 1 and 2 donors; ca 30k flagged in PULSE to enable retesting. Picking of samples commenced at the end of January. 4,600 donors planned to be tested in 2024/25.
- **NHSE funded project to genotype all sickle cell and thalassemia patients:** Amber status due to the high volume of referral rejections and delay in reporting genotyping results. MHRA EUA extension to August secured. 7,682 referrals received from 116 hospitals, 5,549 referrals accepted, and 2,133 referrals rejected. Detailed comms/engagement plan with hospitals to improve sample submission. 4,511 samples genotyped.

No. genotyped (STRIDES)
77,156 / ---

All STRIDES donors now genotyped.

Mar 24 Feb 25

No. recruited to SIGNET¹ Clinical Trial (OTDT) YTD
426 / 628



No. genotyped Sickle Cell & Thalassemia YTD
4,511 / ---

7,682 referrals received
5,549 referrals accepted
4,511 samples genotyped

Mar 24 Feb 25

Organ Transplant & Utilisation

- **Statins for Improving Organ Outcome in Transplantation (SIGNET):** The SIGNET trial is currently red. A proposal is in draft to request an extension from the NIHR, which may result in adjusted targets. Targets are currently based on pre-pandemic DBD donor numbers, which have since changed.

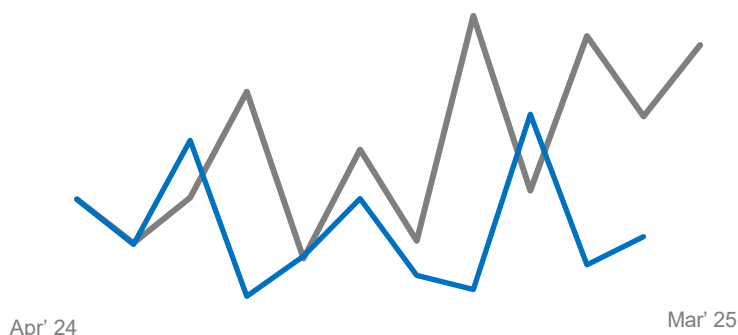


Transfusion 2024 programme status

Clinical Biotechnology Centre (CBC) income YTD

£2.55m / £4.7m

12-mth actual vs. projected target, £m



NHSBT Provided UK Stem Cell Donors YTD

7% / 7%

Next report – end Q4 2024/25

12-mth actual vs. target

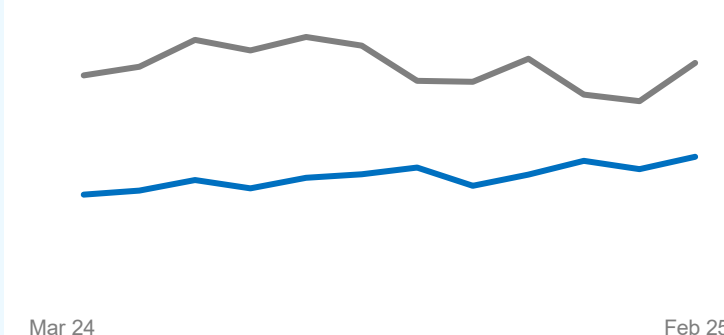


Fetal RHD electronic requesting & reporting status

Advanced Therapies Unit Income YTD

£1.18m / £1.6m

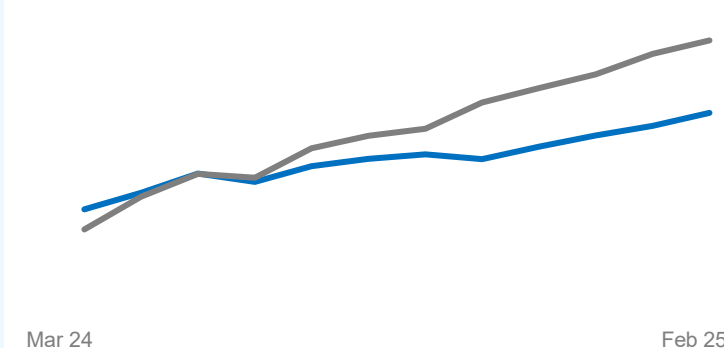
12-mth Moving Annual Total actual vs. target £m



Therapeutic Apheresis Services no. of procedures YTD

11,928 / 12,508

12-mth Moving Annual Total actual vs. target



Insight and Commentary

Transfusion 2024 Programme

- Overall programme at Amber RAG Status.
- **Fetal RHD electronic requesting and reporting:** 29 hospitals are live with the system, and the project is on track to meet the target of 30 hospitals by March 2025.
- **RCI Assist Referral Support Tool:** Eight hospitals participated in the pilot, after which a business case was approved for the referral support tool. Development of hospital training materials for roll out of the electronic tool is complete. February training sessions held and penetration (security) testing completed.
- **Connection to National Haemoglobinopathy Register (NHR):** Phase 1: Live - NHSBT red cell antibody data has been available in the NHR for transfusion labs since March. Phase 2: Phenotype and genotype data went live on 6 November. Phase 3: On hold pending a discussions with developer regarding costs. Possible change request April 2025.

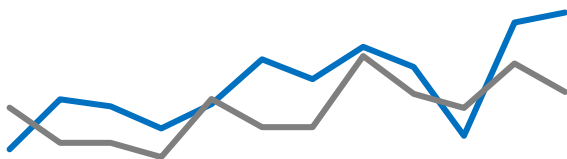
Cellular Apheresis and Gene Therapies (CAGT)

- **Therapeutic Apheresis Service (TAS)** procedure volumes are 4.6% below plan YTD but are 7.8% ahead of last year. The main drivers are a decrease in Extracorporeal photopheresis (ECP) procedures due to availability of a new Graft versus Host Disease (GvHD) treatment and revised clinical guidelines, although activity has improved in the second half of 24/25. The year-end forecast has been revised down from the original plan figure of 13,646 to 13,012, which would equal growth of 7.4% versus plan of 12.6%.
- **Clinical Biotechnology Centre (CBC) income** is £2.1m below plan YTD. The year-end forecast is £3.2m versus plan £5.4m (above last year £1.9m). This reflects changes in customers' in-year requirements, with some prospects not materialising and some delayed until next year. **Back to Green Plan:** The Business Development Team are working on new leads/requests, but they are unlikely to positively impact in this financial year. External support is being secured to assist with identifying opportunities in 2025.
- **Advanced Therapy Unit (ATU)** income is £0.3m behind plan YTD. Work is progressing with a new commercial customer (Galapagos) in support of CAR-T manufacture. Income is forecast to rise from £1.2m last year to £1.5m in 2024/25, £0.5m below plan. MHRA has advised Galapagos to introduce additional QC testing to their process, which has moved some of NHSBT's work (and income) into 2025/26.
- The NHS Stem Cell Donor Registry (SCDR) Fit panel ended the month 2.1% below the YTD target. Volumes increased in January with the addition of ~7k previously recruited, high-resolution typed female Caucasian donors after expanding the panel scope beyond male Caucasian and minority ethnic donors. Recruitment volumes have increased since the change, but the success in recruiting female Caucasian donors has lowered the proportion of minority ethnic donations to 17.3% YTD (vs 20% target)



Tissue & Eye Services (TES) income YTD **£21.1m** / **£19.9m**

12-mth **actual** vs. **target**



Mar 24

Feb 25

Donation & Transplantation Academy Implementation

=

Insight and Commentary

- Work to establish a Donation & Transplantation Academy with the University of Northumbria remains on track. A joint presentation will be given at the British Transplantation Society/NHSBT congress in March to launch the academy.

Insight and Commentary

TES Overall income

- The overall income for February was 14.8% (£276.4k) ahead of target. However, a large proportion of this was additional DHSC funding received for Skin Banking and National Insurance costs (211k)
- TES Sales income was 3.5% ahead of target (£64.9k), with Ocular and Tissue areas both exceeding target.

Tissue Income

- Tissue product income was ahead of target by £76.9k in month, with Demineralised Bone Matrix (DBM), Dcell Dermis and Cardiovascular finishing behind target. The Sales team are meeting with 2 prospective accounts with potential to generate additional tissues sales from March onwards, plus a further 2 prospects with potential for NHSBT to be the sole tissue provider.

Ocular income

- Ocular income was ahead of financial target by 3.5% in month (£19.7k).
- The pilot programme utilising referrals via the unsuitable for organs route is now including the Midlands region to improve ocular donation rates further.

Heart Valves

- Cardiovascular sales were behind target by £28.3k in month. There were 20 donations in February (target of 32), down from 22 in January. Data is being collated to establish whether current stock fulfils customer requirements re product size and inform planning to increase donation rates of heart valves.

Serum Eyedrops

- Serum Eyedrops were behind financial target in month (-£38.8k), mainly due to a reduction in the issue of products to new patients (the first batch includes an administration charge). The programme overall filled all available issue slots in Hospital Services (480 vs. target of 480).
- Work has continued to reduce the waiting list for new Serum Eyedrop patients, and we have experienced a drop in the waiting list in month.

Ref	Risk Title / Owner	Date of last change / last review	Appetite Category / Level	Risk Score against Appetite (I = Current Residual Score, j = Residual Score in previous report, where a change to the score is noted)																						
P-01	Donor & Patient Safety / Chief Nursing Officer	24 Nov 20023 / 03 Feb 2025	Clinical / Minimal	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>																						
P-02	Service Disruption / Director of Quality	23 July 2024/ 13 Feb 2025	Disruption / Minimal	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>																						
P-03	Service Disruption (Interruption of critical ICT) Chief Digital Officer	05 July 2024 / 12 Feb 2025	Disruption / Minimal	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>																						
P-04	Donor Numbers & Diversity / Director of Donor Experience	12 Aug 2024 / 06 Mar 2025	Disruption / Minimal	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>																						
P-05	Long term financial sustainability /Chief Financial Officer	21 Aug 2024 / 06 Mar 2025	Finance / Open	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>																						
P-06	Inability to access data sets / Chief Nursing Officer	06 Jun 2023 / 03 Feb 2025	Innovation / Open	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>																						

Ref	Risk Title / Owner	Date of last change / last review	Appetite Category / Level	Risk Score against Appetite (● = Current Residual Score, ○ = Residual Score in previous report, where a change to the score is noted)																								
P-07	Staff Capacity and Capability / Chief People Officer	28 May 2024 / 28 Feb 2025	People / Open	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>6</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div><div>14</div><div>15</div><div>16</div><div>17</div><div>18</div><div>19</div><div>20</div><div>21</div><div>22</div><div>23</div><div>24</div><div>25</div></div>																								
P-08	Managers Skills and Capability / Chief People Officer	18 Mar 2024 / 28 Feb 2025	People / Open	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>6</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div><div>14</div><div>15</div><div>16</div><div>17</div><div>18</div><div>19</div><div>20</div><div>21</div><div>22</div><div>23</div><div>24</div><div>25</div></div>																								
P-09	Regulatory Compliance / Director of Quality	10 July 2024 / 12 Feb 2025	Legal, Regulatory & Compliance / Cautious	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div><div>14</div><div>15</div><div>16</div><div>17</div><div>18</div><div>19</div><div>20</div><div>21</div><div>22</div><div>23</div><div>24</div><div>25</div></div>																								
P-10	Pace and Scale of Change / Deputy Chief Executive	04 April 2024 / 07 Mar 2025	Innovation / Open	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div><div>14</div><div>15</div><div>16</div><div>17</div><div>18</div><div>19</div><div>20</div><div>21</div><div>22</div><div>23</div><div>24</div><div>25</div></div>																								
P-11	Corporate Governance / Director of Quality	29 May 2024/ 03 Feb 2025	Governance / Minimal	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div>1</div><div>2</div><div>3</div><div>4</div><div>5</div><div>6</div><div>7</div><div>8</div><div>9</div><div>10</div><div>11</div><div>12</div><div>13</div><div>14</div><div>15</div><div>16</div><div>17</div><div>18</div><div>19</div><div>20</div><div>21</div><div>22</div><div>23</div><div>24</div><div>25</div></div>																								

Risk Summary continued

Risk movement

There has been no risk movement to any principal risk scores during the previous month.

Risks at Risk Limit. Three Principal Risk remain recorded at the risk limit. These risks are:

- Principal risk P-02 (Service Disruption). The residual score of this risk remains at $4 \times 4 = 16$. The contributory risk influencing P-02 continues to be risk BS-02 Shortage of Blood Components /Inability to meet hospital demand. The residual score of this risk remains at $4 \times 4 = 16$.
- Principal risk P-03 (loss of critical ICT). The residual score of this risk remains at $5 \times 4 = 20$. The contributory risks influencing this risk score is DDTS-08 Cyber Security. This contributory risk is scored $5 \times 4 = 20$.
- Principal risk P-04 (Donor numbers and diversity). The residual score of this risk remains at $4 \times 4 = 16$. The contributory risks influencing this risk score is DX-01. Failure to attract and retain donors. This contributory risk is scored $4 \times 4 = 16$.

Risk Updates.

Risk P-10, Pace and Scale of Change. The risk description and contributory risks have been updated following the Board risk workshop. The residual score of this risks remains the same at $4 \times 3 = 12$.

Appetite Levels

- Three principal risks are at the risk limit
- Three principal risks are recorded in the Judgement zone
- Four principal risks are at the tolerable risk level
- One principal risk is recorded at the Optimal risk level