

NHSBT Executive Team & Board Performance & Risk Report

April 2025

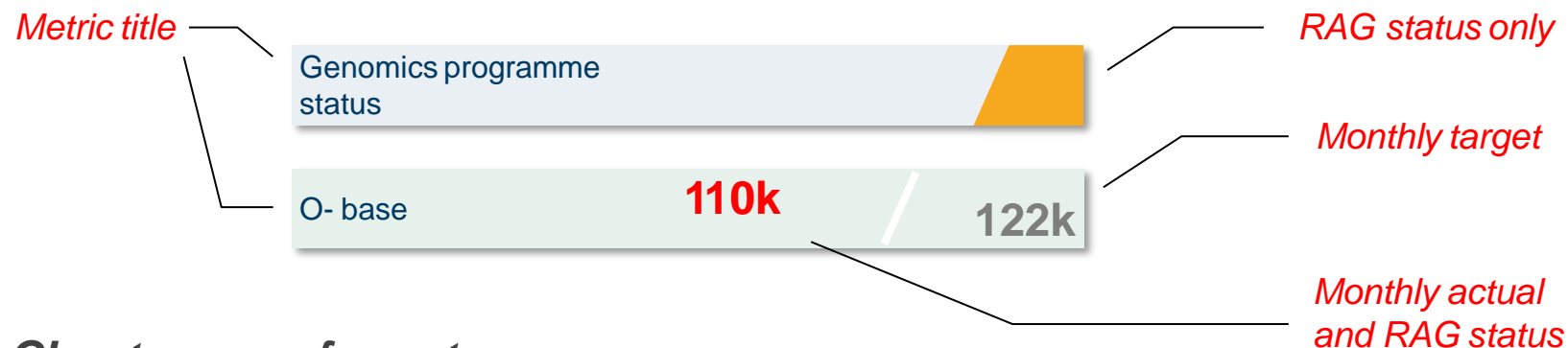
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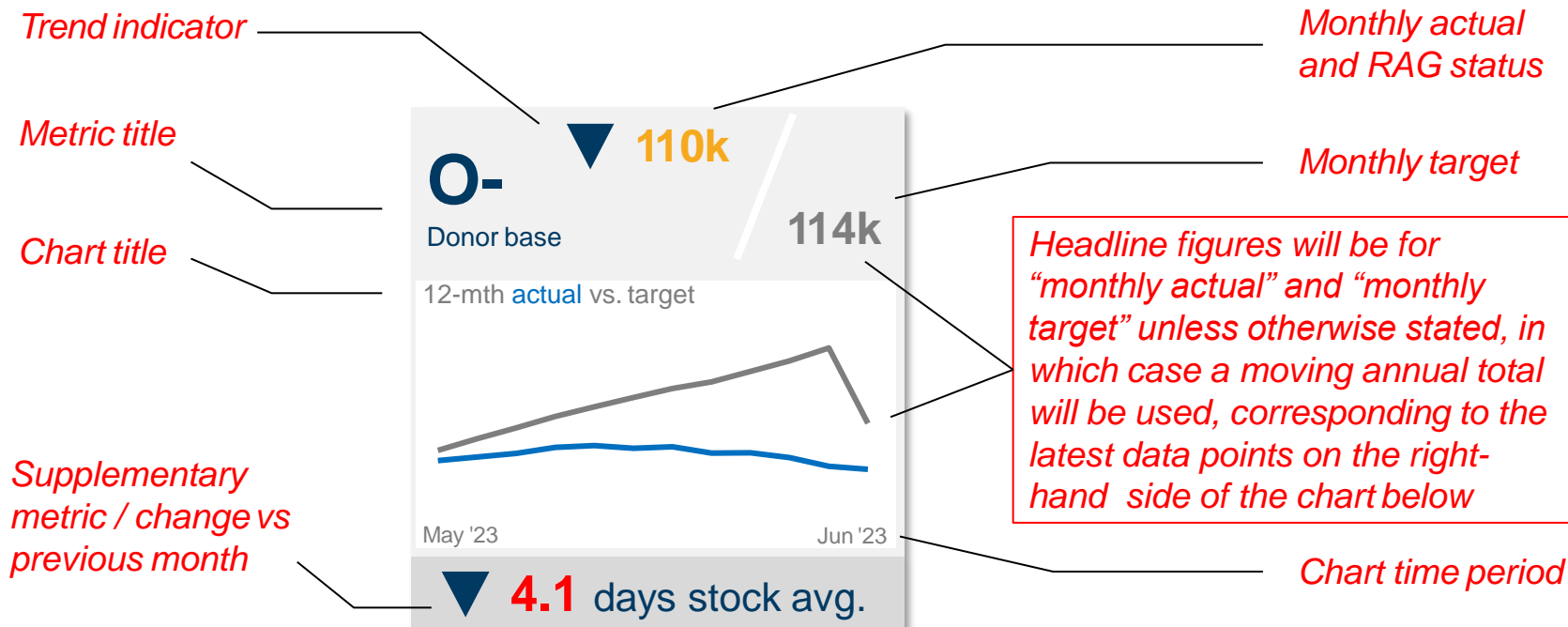
Blood and Transplant

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
- RAG criteria have been adjusted and applied from July 2023 reporting onwards
- 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
- Some metrics are expressed as a **Moving Annual Total (MAT)**. This provides a rolling 12-month total for performance data.
- Metrics measuring our progress in tackling Health Inequalities are marked with the icon

Performance Insights

1. Overall red cell stocks averaged below target levels in April at 5.2 days of stock (vs >5.5 days target). O neg and B neg stocks ended the month at 3.2 and 3.4 days. A red cell 'amber' stock alert remains in place, subject to regular review with DHSC and NHSE.

Stock declines remain driven by low collection performance; overall collections were 4.3% below target with B neg collections 11% below target and O neg 6% below. The main factors driving this under-collection are lower than planned appointment fill rates (87% vs 88% plan) and historically high donor deferrals, with c19% of donors attending an appointment not able to donate. Positively, short notice donor appointment cancellations fell by 1.5pp to 2.8% , the lowest level achieved since 2020.

Back to Green Plan: Some tactical stock recovery actions remain in place to boost appointment fill rates, including media campaigns and increased contact centre activity. Brixton donor centre also opened in late-December, creating 1,100 extra whole blood appointments per week and collections at the site continue to incrementally grow. A new Brighton donor centre is scheduled to open in Q2 2025-26, while the relocated Southampton site will also reopen ,in early June, to provide a further appointment capacity boost. The strategic Joint Blood Stock Working Group – chaired by the NHSBT CEO – continues to provide a regular senior forum for blood stock management interventions between NHSBT, DHSC and NHSE, which is helping mitigate collection challenges by keeping demand for O neg and B neg as low as possible. While the combination of these interventions is expected to help improve blood stock performance this year, fixing the root causes and stabilising blood resiliency on a sustainable basis requires more systemic change. We are therefore also mobilising our multi-year Donor and Session Platform (DASP) Programme, which aims to digitise and redesign the end-to-end donor journey. The programme will initially focus on piloting an electronic health check on a small number of teams over the Summer, with a view to eliminating avoidable on-session donor deferrals.

2. The total blood products and O negative donor bases fell behind target in April, with the Ro donor base remaining at a similar level as last month. The plasma base is c3% below plan.

The Whole Blood Products donor base fell from 804.9k to 799.7k in April. The biggest cause of the decline came from the Whole Blood Donor base which fell from 786k to 779.9k. This fall of 5,264 donors is the biggest individual donor base drop over a month since January 2021. Similarly, the O negative donor base fell from 110.9k to 110.2k yet remains 2k higher than in April 2024. Key challenges in the month were, high on-session deferrals, a decline in new donors attending to donate and reduced appointment availability due to Easter holidays. We have also changed how we plan appointments so these are released close to the appointment date, which is working to reduce short notice cancellations but could have had a knock-on impact on the availability of donors to book. The plasma donor base was c.3% 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: Spring marketing campaigns continue under the theme “What’s in your blood?” with May focusing on raising awareness of blood cancers and the importance of donation. As above, more appointment capacity will open during Q2 at the new Brighton donor centre and the relocated Southampton centre. These efforts lead into National Blood Week, starting 9 June, which will be supported by targeted marketing to boost registrations and summer donations. More strategically, during 2025-26 we will invest £1.5m extra in a Donor Base Resilience programme which will expand the donor base through targeted marketing, donor mobilisation and retention strategies. We are also strengthening partnerships across government and industry to increase donor registrations, working with employers to promote paid time off for donation and expanding school education programmes to inspire the next generation of donors.

Performance Insights

3. Deceased Organ Donation rates begin the year ahead of target. Consent challenges persist alongside a shrinking donor pool.

The 2025/26 year has started strongly, with 126 deceased organ donors recorded—well above the seasonal target of 110—and 317 deceased donor transplants delivered, also exceeding the target of 281. While improving on last month (2.42), organ utilisation was behind target (2.55) with 2.52 transplants per deceased donor. The overall consent/authorisation rate has shown slight improvement from last month, reaching 60%, which is amber against the annual target of 62%, though notably green for ethnic minority patients at 41% (against a 34% target). However, a shift in donor pathways continues, with 56% of donors proceeding via the Donation after Circulatory Death (DCD) route. This is partly due to the low neurological death testing rate, which remains at just 63%, reducing the number of Donation after Brain Death (DBD) donors—who have significantly higher consent rates (70%) compared to DCD donors (54%). This limits the pool of eligible donors and impacts overall transplant numbers.















Back to Green Plan: We are continuing our work to drive higher consent performance by ensuring best practice in timely referrals, maximising time spent in hospitals by Specialist Nurses and working with the National Organ Donation Committee to maximise potential donor referrals and registrations on the Organ Donor Register (ODR). An Organ Donation Joint Working Group has been established, Co-Chaired by the NHSBT CEO and Department of Health and Social Care, to identify opportunities to restore donation numbers to pre-pandemic levels and beyond to match international peer nations. The focus of this work is on examining the whole donation pathway including clinical practice, the family approach, marketing and societal support and maximising the potential from the legislative changes. We will also mobilise a multi-year programme to expand Assessment and Recovery Centres (ARCs), which will further increase organ transplants per donor. In line with our 10-year health plan submission, we are also strengthening partnerships across government and industry to increase registrations on the ODR.

4. Operational productivity in our Blood manufacturing and testing departments remains strong, but collection productivity remains below plan. We are working with third-party experts to enhance our insights into revenue growth opportunities in cellular and gene therapies.

Our Blood Manufacturing and Testing productivity continues to perform above target levels and sit within top quartile levels compared to other European blood services. Our blood collection productivity is also within the planned target range for the year, which is just below the top quartile of European services. Income in our Clinical Biotechnology Centre (CBC) and Advanced Therapies Unit (ATU) have started the year below plan at a combined £0.24m below income targets.

Back to Green Plan: Longer-term transformation through our multi-year Donor and Session Platform (DASP) programme is required to reduce on-session inefficiencies such as high donor deferrals and excessive paperwork, to enable us to reach top quartile collection productivity performance. In CBC and ATU, we have made good progress working with third-party expertise to enhance market insight and expand revenue opportunities.

Performance summary against most important strategic targets

 Grow and diversify our donor base to meet clinical demand and reduce health inequalities			 Modernise our operations to improve safety, resilience and efficiency		
Size of active Blood Product donor base	800k ▼ / 821k ⁴		Active Plasma Donor Base	11k / 11.3k	
Size of active Ro blood donor base	 26.7k = / 26.8k		Plasma collected (sourced & recovered), litres(YTD)	27.6k ▲ / 20k	
Size of active O-blood donor base	110.2k ▼ / 114.4k		No. of Organ transplants living & deceased ^{1 2}	 4,629 ▲ / 4,757	
RO Supply Demand Gap YTD	 52% ▲ / ---		Organ consent rate (YTD)	 60% ▲ / 62%	
Short notice cancellation of appointments	2.8% ▼ / 4.5%		Corneas Issued for Transplant (YTD)	345 ▼ / 348	
 Invest in people and culture to ensure a high-performing, inclusive organisation			 Drive innovation to improve patient outcomes		
% Minority Ethnic Employees at Band 8A-8C	16.2% ▲ / ---		No. of transplants per deceased organ donor YTD	2.52 ▲ / 2.55	
Employee Turnover	11% ▼ / 12%		Component Development Clinical Trials Whole Blood (SWIFT) =  Universal platelets & universal plasma =  Dried Plasma =  RESTORE = 	 Collaborate with partners to develop and scale new services for the NHS	
Recruitment Time to Offer (weeks)	11.8 ▼ / 11.0			Clinical Biotechnology Centre (CBC) Income YTD	£0.22m ▼ / £0.35m
Vacancy Fill Rate	90% ▼ / 88%			Advanced Therapies Unit Income (YTD)	£0.02m ▼ / £0.13m
Sickness absence rate	4.2% ▼ / 5.0%			No. of Therapeutic Apheresis Procedures YTD	1,134 ▲ / 1,125
Harm Incident Rate NHSBT (Incident rate per 1000 employees)	6.7 ▲ / 7.1			Tissue & Eye Services YTD income	£2.2m ▲ / £1.96m
				Transfusion 2024 programme status	= 

¹MAT = moving annual total

²Living Donors Forecasted

³Replacing Serious Incidents Metric

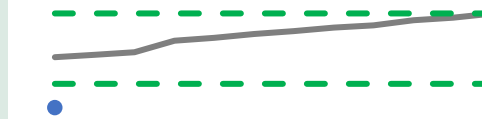
⁴Subject to revision once Health of Donor Base action plans are finalised



Size of active Blood Product Donor base

800k / 821k¹

12-mth actual vs. projected target vs Target Range



Apr 25

Mar 26

Active O- Donor base

110.2k / 111.4k

12-mth actual vs. projected target



Apr 25

Mar 26

Active Ro Donor base

26.7k / 26.8k

12-mth actual vs. projected target



Apr 25

Mar 26

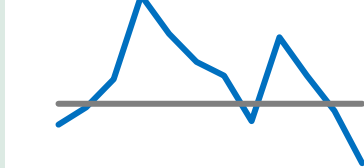
Insight and Commentary Blood Donor Base

- The total blood products donor base decreased from 804.9k in March to 799.7k in April. The biggest cause of the decline came from the Whole Blood Donor base which fell from 786k to 779.9k. This fall of 5,264 donors is the biggest individual donor base drop over a month since January 2021.
- On-session rejections remained a challenge in April, rising to 18.57% of appointments compared to 16.11% last year, partly due to warm weather late in the month. New Donors Donating (NDDs) dropped below 10,000 for the first time since May 2024, with total new and returning donors at 24,675, but inactivation's reached 30,009—the highest since November 2023.
- Online appointment booking completion held at 59%, indicating limited desirable slots. Easter reduced appointment availability compared to last year, with bookable slots down to 207K from 211.6K. Despite more available appointments than in February and March, NDDs remained low. Efforts to improve appointment availability, including opening Brighton DC and a new mobile team in the West Midlands (Q3), are ongoing.
- The Ro Donor base remained steady at 26.7k, while the O Neg donor Base dropped from 110.9k in March to 110.2k
- Since opening in December there have now been 6298 collections from Brixton Donor Centre (DC). 32.6% of these have been from new donors, compared to 15% of all DCs. 10.6% have been from Black Heritage donors compared to 4% at all DCs.

Short Notice Cancellation Of Appointments

2.8% / 4.5%

12-mth actual vs. target



May 24

Apr 25

Red Cell Units Collected

116k / 121k

12-mth actual vs forecast target



Apr 25

Mar 26

Ro Units Collected

4,048 / 4,493

12-mth actual vs projected target



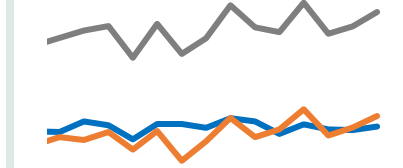
Apr 25

Mar 26

Ro Supply Demand Gap YTD

52% / ---

12-mth issued vs requested vs Ro gap



May 24

Apr 25

Active Plasma Donor Base

11k / 11.3k

12-mth actual vs. projected target



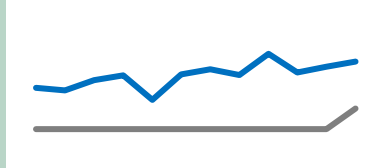
Apr 25

Mar 26

Plasma Collections Source & Recovered YTD

27.6k / 20k

12-mth actual vs. target



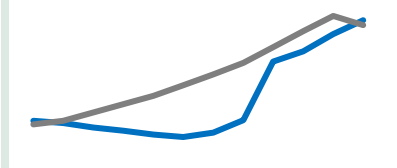
May 24

Apr 25

NHS Stem Cell Donor Registry Fit Panel Volume

127.8k / 127.2k

12-mth actual vs. target



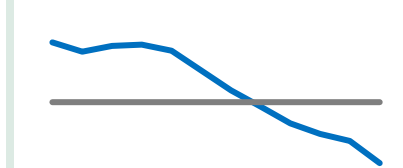
May 24

Apr 25

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

14.8% / 20%

12-mth actual vs. target



May 24

Apr 25

Plasma

- NHSBT, in collaboration with DHSC, NHSE, and Octapharma, continues to supply UK plasma-derived medicines. To date, 36 shipments (1,152 pallets/379,361 litres) have been dispatched, with 7 more ready. Launch stock validation completes by Oct 2025, with in-house plasma validation at NHSBT sites starting Q2 2025, boosting efficiency and reducing costs.
- Total collection of PFM in April was 37.9% ahead of target (27,591 Litres vs. 20,000 Litres) which is set at the minimum committed volume of plasma to the NHS during 25/26. The source plasma donor base grew in April though is behind target (11,064 donors vs target 11,280 donors). The 25/26 business plan for source plasma targets increased collection at the 3 centres while continuing to support whole blood collection at Twickenham Donor Centre.

¹ Subject to revision once Health of Donor Base action plans are finalised

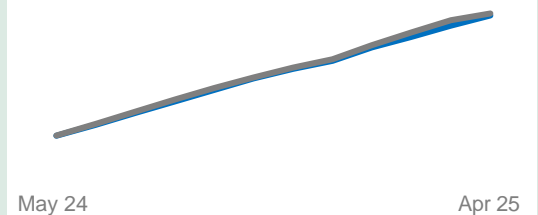


Organ Donor Register¹
Opt-In Register - Total

28.4m

28.4m

12-mth actual vs. target

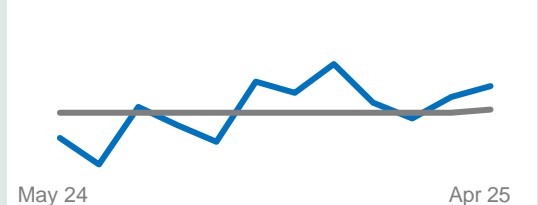


Minority Ethnic (ME) Organ Consent Rate YTD

41%

34%

12-mth actual vs. target

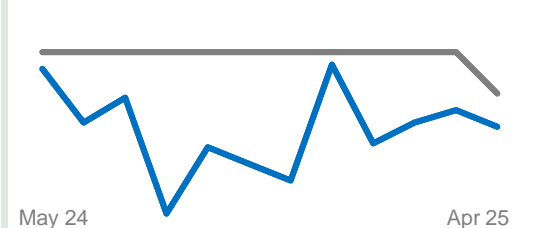


Net Promoter Score

86.2

87

12-mth actual vs. target

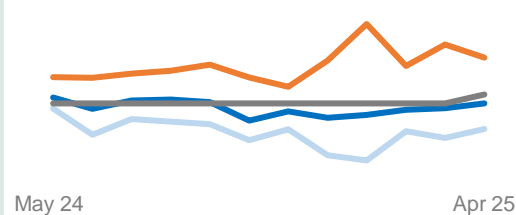


Organ Consent/Authorisation YTD

60%

62%

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

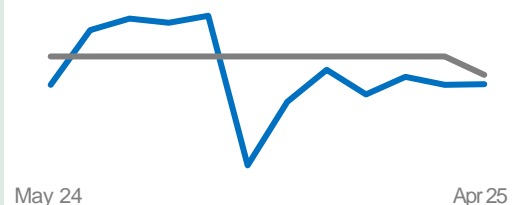


ME Recipients of Organ Transplants YTD¹

26%

26%

12-mth actual vs. target

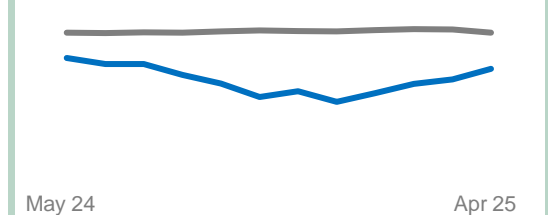


Living & Deceased Organ donor transplants MAT¹

4,629

4,757

12-mth MAT actual vs. target

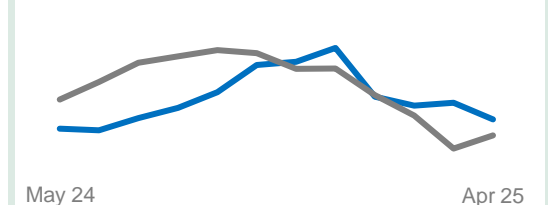


Corneas issued for transplant YTD

345

348

12-mth MAT actual vs. target



Insight and Commentary

Pathology

- **Screen 25k blood donors for extended types and additional antigens:** Screening ended the month equal to plan (2.1k v 2.1k).
- **Retest 20k STRIDES donors to enable clinical use:** The retesting of strides donors is now underway with 1.5k tested in-month.

NHS Stem Cell Donor Registry

- The NHS Stem Cell Donor Registry (SCDR) Fit panel volume ended April slightly above target (127.8k vs 127.2k), with consistently high recruitment since expanding the panel to include female Caucasian donors alongside male Caucasian and minority ethnic donors.
- The recent success in recruiting female Caucasian donors has continued to impact the percentage of donations from a minority ethnic background (14.8% 20.0% plan).

Insight and Commentary Organs

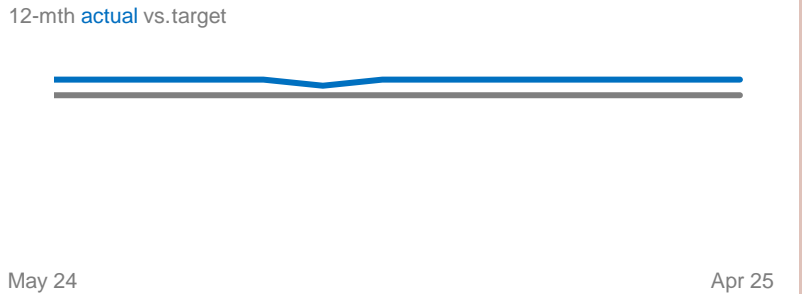
- 2025/26 began strongly, with 126 deceased organ donors registered—well above the seasonal target of 110—and 317 deceased donor transplants performed, surpassing the target of 281. An average of 2.52 transplants per deceased donor was achieved.
- The overall consent/authorisation rate stood at 60%, slightly below the 62% target (amber status). However, consent rates for ethnic minority patients reached 41%, exceeding the 34% target (green status). The neurological death testing rate remained low at 63%, limiting potential DBD donors and influencing the pool of eligible donors.
- Donation patterns continue to shift toward DCD (Donation after Circulatory Death), with 56% of proceeding donors in the current period coming from this pathway. This is significant because DCD donors have a lower consent rate (54%) compared to DBD donors (70%), which ultimately impacts the total number of successful transplants.
- For the full year 2024/25, there were 990 living donors (green vs 975 target), including 963 kidney and 27 liver transplants. Combined living and deceased donor transplants reached 4,591—96% of the 4,768 target (amber). Ethnic minority patients accounted for 26% of all transplant recipients, just under the 27% target (amber).
- **Back to Green Plan:** We're working to improve consent rates through timely referrals, greater Specialist Nurse presence in hospitals, and collaboration with the National Organ Donation Committee to boost donor referrals and ODR registrations. A new Joint Working Group, co-chaired by the NHSBT CEO and DHSC, is focused on restoring and growing donation numbers to match international peers by reviewing the entire donation pathway—from clinical practice to public engagement and legislative impact. We're also launching a multi-year programme to set the path to Assessment and Recovery Centres (ARCs) to increase transplants, while strengthening government and industry partnerships to drive ODR growth as part of our 10-year health plan.

Ocular

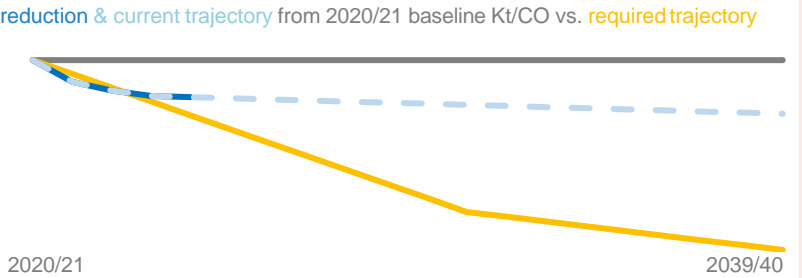
- The ocular donation rate in month was an average 7 donors a day, consistent with the levels seen in previous months. In April, ocular donors totalled 211 vs 221 in March.
- The ocular stock levels have increased to 248 at the end of April (target of 300, 264 in March).
- Due to current levels of ocular donation, it will be a challenge to meet income targets.



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



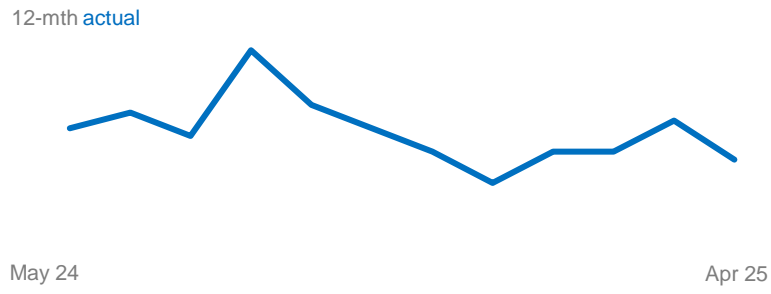
Reduction in scope 1&2 CO₂ emissions vs. 2020/21 baseline ▼ 19% / ---
(at end Q3 09/24; next update end Q4 05/25)



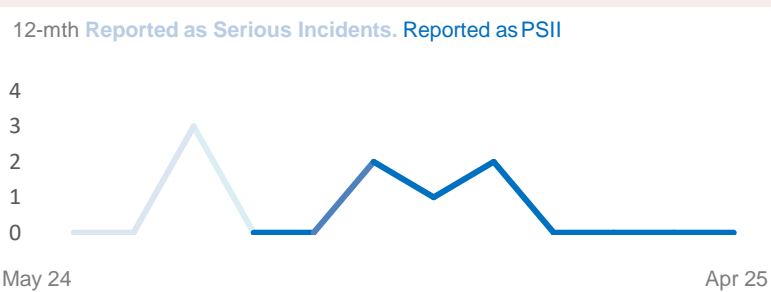
Cost/Budget savings --- / £16.6m
Next report – end of Q1 2025/26

% Commercial Pipeline Savings --- / 2.0%
Next report – end of Q1 2025/26

Overdue Internal Major Incidents ▼ 12 / (-5)



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



External Majors Incidents --- / YTD = 0
12-mth actual



Insight and Commentary
Quality

- The number of overdue internal majors has decreased to 12 in April (-5 from March).
- **Back to Green Plan:** A project lead has been identified to oversee the improvement initiatives. This should deliver a simplified process for effective incident management.

Critical Infrastructure

- Critical Infrastructure (CI) met availability target for April for the 18th consecutive month.
- There were no other significant outages this month, but DDTS remains focused on addressing past issues and reducing technical debt to support long-term stability.

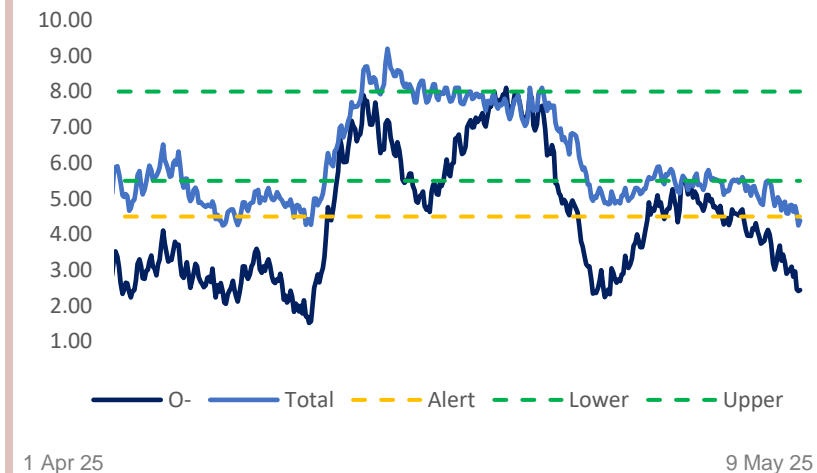
Progress Towards Net Zero

- 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.

Blood stock stability

Average days of stock ▼ **5.2** Avg. Apr 25
 Actual days of stock ▼ **4.9** Actual 30/04

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

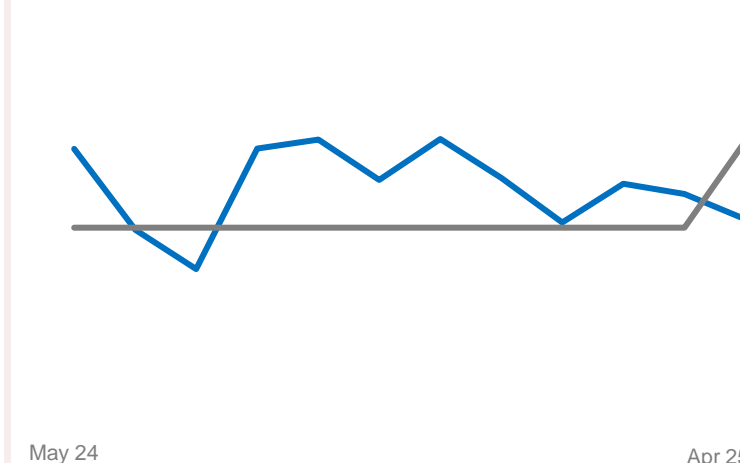
incl. Ro (YTD)



96.4%

96.9%

12-mth actual vs. target



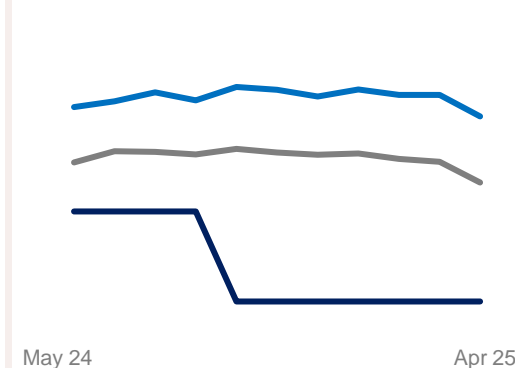
Insight and Commentary

- During April 2025 red cell collections stood at 95.7% of business plan target, a +1.5pp increase from the collection performance seen in the previous month. B Neg and O Neg Stocks saw degradation during the month, with B neg losing 1.0 DoS and O Neg losing 1.4 DoS because of under collection for both groups (88.7% B neg, 93.9% O Neg). To effectively manage stock, hospital customers agreed to accept O Neg units instead of B Neg issues for a number of substituted requests. Over the course of the month B Neg issues were 6.5% below forecast and O Neg issues in line with the forecast. O Neg units accounted for 15.3% of all issues (-0.3pp compared to March 2025).
- Ro Collection volume increased (+1.0pp) when compared to the previous month, however collections were 9.9% below requirement, with collection performance decreasing in all groups except for O Pos Ro. Over the course of the month 47.5% of Ro Demand was met, a 1.7pp decrease from March 2025.
- Back to Green Plan:** Tactical measures to boost blood stock recovery—such as media campaigns and increased contact centre activity—are ongoing, alongside expanded capacity from the new Brixton donor centre, which adds 1,100 whole blood appointments weekly. Further increases are expected with new centres opening in Brighton (Q2) and Southampton. The Joint Blood Stock Working Group, led by the NHSBT CEO, continues to coordinate efforts across NHSBT, DHSC, and NHSE to manage demand, particularly for O neg and B neg blood. While these actions support short-term performance, sustainable resilience requires systemic change. To this end, the Donor and Session Platform (DASP) Programme is being launched, with a Summer pilot of an electronic health check aimed at reducing on-session donor deferrals.
- On Time, In Full performance decreased slightly this month (-0.1pp) and stood at 96.4%, driven by decreased ‘In Full’ performance, with ‘On Time’ performance remaining stable. Performance remained above the 96.6% target.
- Sickness absence in Blood Supply has reduced to 5.1% (-1.7pp compared to March 2025); with reduced absence in both Manufacturing & Logistics teams to 5.4% (-1.3pp) and Blood Donation Teams to 4.8% (-1.1pp). Across Blood Supply there has been a reduction in short term sickness (-0.7pp) to 3.2%, whilst long term sickness has fallen by 2% to 1.9%.
- In this month NHSBT led cancellations have decreased to the lowest levels since Feb 2020 and stood at 5.8%; with relatively large decreases in both advanced cancellations (-1.4pp) and Short notice cancellations (-1.5pp). Two thirds of short notice cancellations resulted from short term sickness (51%) or over running sessions (13%).

Manufacturing Productivity

Annualised YTD ▲ **10,376** / **9,578**

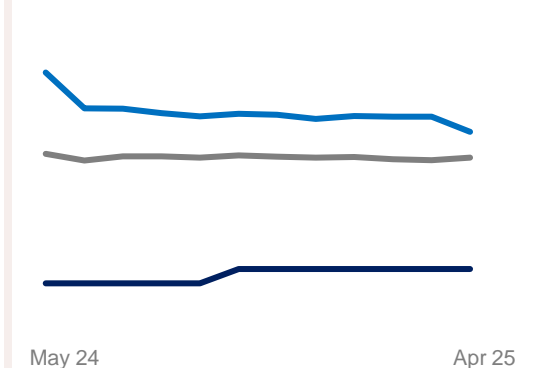
Ann.YTD Actual vs target vs EBA top quartile



Testing Productivity

Annualised YTD ▼ **28,261** / **25,974**

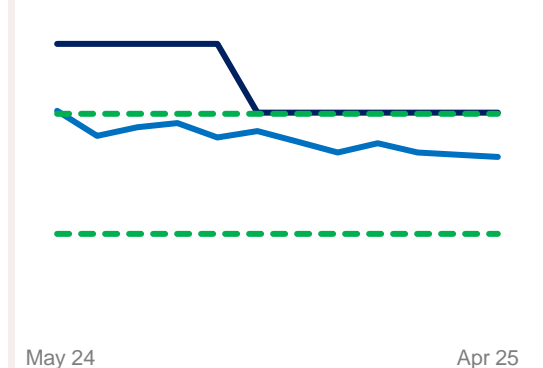
Ann. YTD Actual vs target vs EBA top quartile



Collection Productivity

Annualised YTD ▲ **1,146** / **1,080 to 1,183**

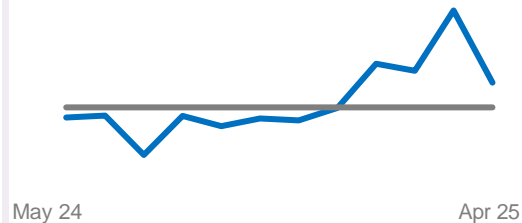
Ann YTD Actual vs EBA top quartile vs Target Range





Time to Offer weeks 11.8 / 11.0

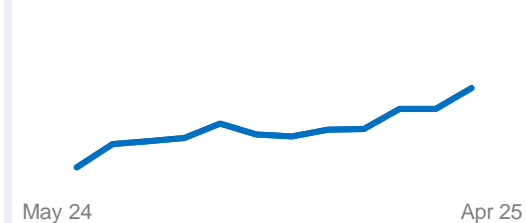
12-mth **actual** vs. **target**



Minority Ethnic Employees 16.2%

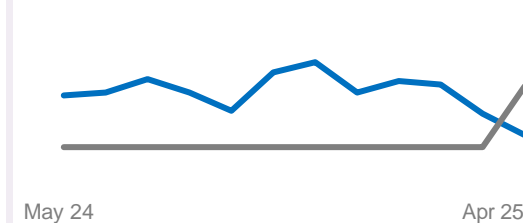
% Band 8A-8C

12-mth **actual**



Sickness Absence 4.2% / 5.0%

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

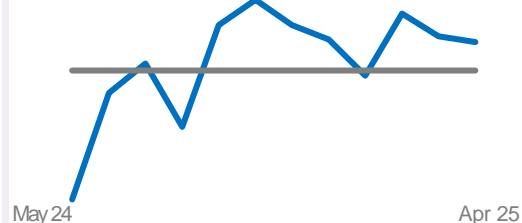


Insight and Commentary

- Recruitment: Time to offer reduced by 2.5 weeks during April, from 14.8 during March to 11. in April, albeit remaining above target. This reflects the Talent Acquisition and Recruitment (TAR) team's Back-to-Green plan, driven by data to reduce vacancies and support workload management. However, challenging conditions persist as new team members are trained and integrated.
- Back to Green Plan:** Additional Talent Acquisition and Recruitment (TAR) resources have been recruited, though challenges persist due to a high number of new joiners and wider deployment issues. A vacancy forecasting model is in development, and new mechanisms are supporting workload management and visibility of hot-spot vacancies.
- Employee Turnover remains below target at 11.2% vs a reduced target of 12%, maintaining its lowest level post Covid-19 pandemic.
- PDPR compliance remained at is at 89.9% in April and remains at red status . **Back to Green Plan:** Our new approach to PDPR has been well received, and we're actively supporting teams—especially in Blood Donation and Clinical Services—to drive improved compliance. Further analysis is underway to identify and address key influencing factors
- Following benchmarking with other NHS organisations, we've raised the sickness absence target to 5% for this financial year. April's rate of 4.2% is within this new threshold. April's figure is also the lowest since May 23.
- For this financial year we have decreased the harm incident target from 7.6 to 7.1. In April, the Harm Incident rate was 6.7, within the new target and in line with the previous month.
- The near miss incident rate, was behind target (14.7) at 11.4. Near miss reporting remains largely reactive, and we are encouraging directorate SLTs to prioritise it in their discussions. Approaches such as setting departmental targets, providing management assurance, and challenging colleagues to report more near misses have helped improve performance in some areas.

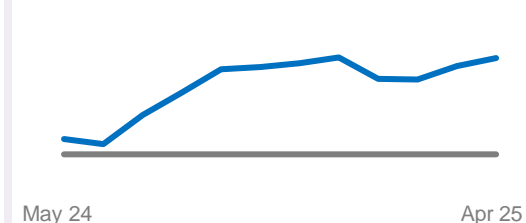
Vacancy Fill Rate % 90% / 88%

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



Mandatory Training compliance 97% / 95%

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



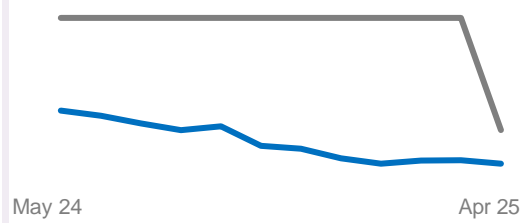
Harm Incident Rate NHSBT 6.7 / 7.1

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



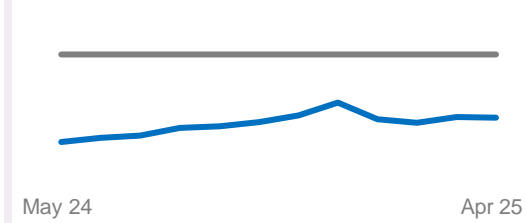
Employee Turnover % 11% / 12%

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



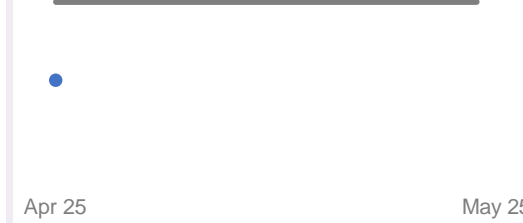
PDPR completion 89.9% / 95%

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



Near Miss Incident Rate 11.4 / 14.7

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



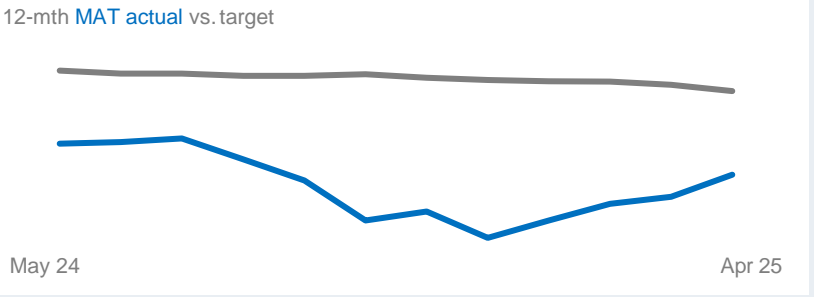


Component development clinical trials

Whole blood use in trauma status (SWIFT)	
Universal plasma and universal platelets status	
Freeze Dried Plasma (MOD) status	
RESTORE Clinical trial	

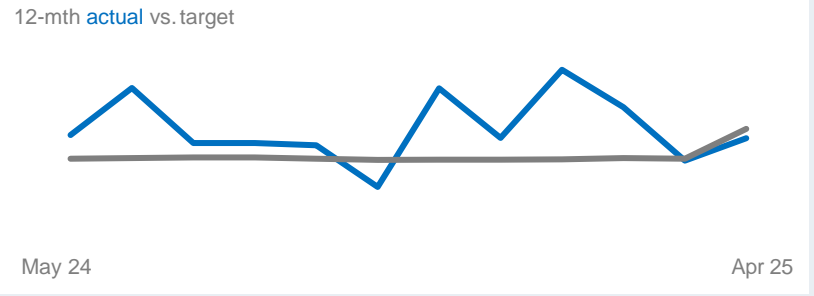
No. of organ donor transplants
Deceased Donors YTD

317 / 281



No. of organ transplants
per deceased donor
YTD

2.52 / 2.55

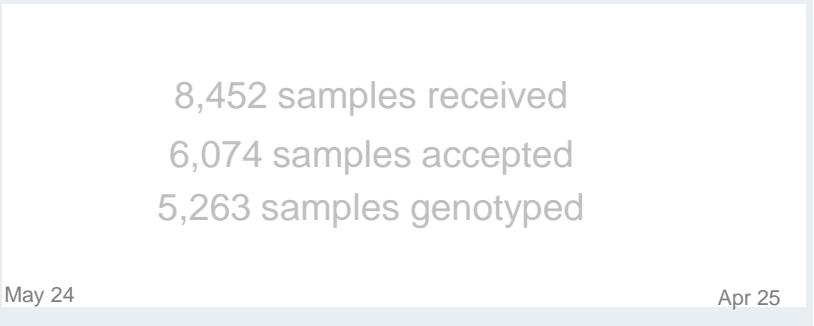


Health inequality & patient outcome datasets

Health Inequality Reporting	
Serum eyedrop – post treatment follow up data	
Support the implementation of Enhanced Recovery After Surgery (ERAS) in Transplantation for living donors	

No. of Sickle Cell & Thalassemia patients genotyped

5,263



TES product development

Alternative Amnion product	
Rectus Fascia product	

Insight and Commentary

Component development clinical trials

- **SWIFT:** 10 trial sites opened and 900 patients recruited ahead of schedule (Sept 2024). However, it remains at Amber status due to delays in the National Major Trauma Registry (NMTR) data collection, with the deadline extended to May 2025. No further extensions will be granted, and the database will be locked for analysis by June 2025.
- **Universal Plasma & Platelets:** A £1.6m project, extended to March 2027, remains within budget despite the original supplier withdrawing. A new technology has been selected, with contract talks in advanced stages (Path to Green). Patient survey analysis is complete, and further data collection is underway to support cost-benefit analysis.
- **Dried Plasma:** specialist equipment has been delivered and installed, user training completed, and validation signed off by QA. Laboratory assessment has started, and a survey to gather patient views on dried plasma has been sent out. Additional plasma units have been dried, and contracts for external testing are being finalized.
- **RESTORE:** Clinical trial of in-person use of red cells manufactured from stem cells (mRBCs). Recruitment complete, with 19 doses given and 4 batches left to manufacture and administer to participants in 2025.

Genomics

- **Our Future Health (OFH) recruitment:** 88,553 blood donors have consented to participate in OFH. 61,509 samples provided to date. Discussions ongoing on the return of data and the format required.
- **Confirmatory Testing of 'valuable' / rare donors from STRIDES genotyped cohort:** Ca 30k 'high-value' donors flagged in PULSE to enable retesting; plan to confirmatory test 20k. Agreement with NIHR to transfer STRIDES data to the computing platform at Cambridge University. Status to be reviewed once discussions on capacity to receipt and type have concluded.
- **NHSE funded project to genotype all sickle cell and thalassemia patients:** The project remains at Amber status due to slow referrals and genotyping delays. Of 8,452 samples received, 6,074 were accepted and 5,263 tested. Result reporting is nearly ready. Free hospital testing runs through Q1, with a funding case in progress to extend it to Q3 2025–26.

Organ Transplant & Utilisation

- **Organ Utilisation:** The ratio of DCD (circulatory criteria) to DBD (neurological death) donors has shifted further towards DCD, accounting for 56% of donors in-month. Due to its lower consent rate (DCD: 54%, DBD: 70%) and fewer transplants per donor, this shift contributed to a reduced transplant-per-donor rate in April (2.52), albeit up from 2.4 last month.



Transfusion 2024 programme status

Clinical Biotechnology Centre (CBC) income YTD

£0.22m

£0.35m

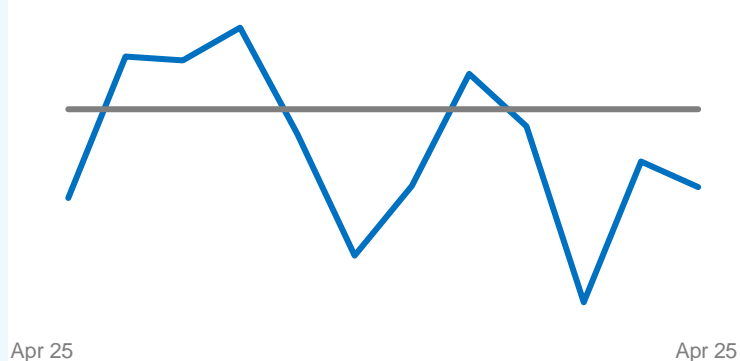
12-mth actual vs. projected target, £m



NHSBT Provided UK Stem Cell Donors YTD

Next report – end of Q1 2025/26

12-mth actual vs. target



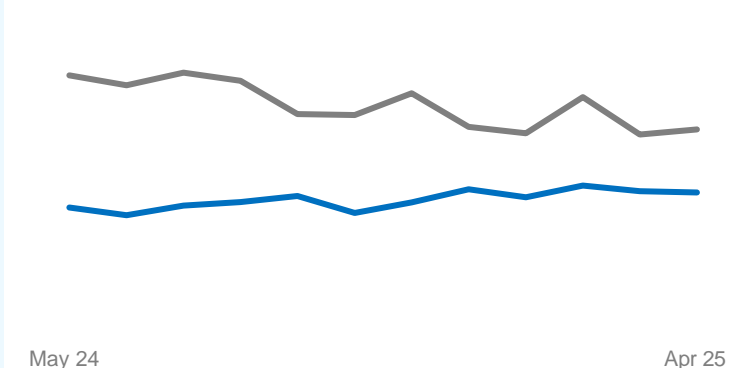
Samples ordered/referred electronically

Advanced Therapies Unit Income YTD

£0.02m

£0.13m

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

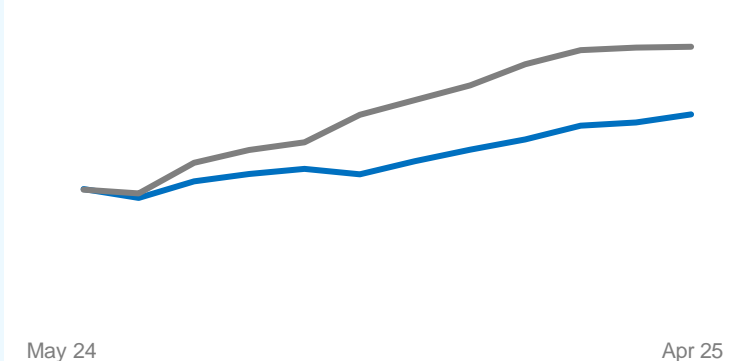


Therapeutic Apheresis Services no. of procedures YTD

1,134

1,125

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:** An additional 4 hospitals went live in April, bringing the total to 40; more are undergoing configuration and testing. Engagement with a new LIMS provider is underway to enable further adoption of the functionality. Pathology aims for 4% of hospital orders to be electronic by end of 2025/26; current rate is 1.96% (as of March), exceeding the 2024/25 plan target of 1%
- RCI Assist Referral Support Tool:** Eight hospitals participated in the pilot, leading to an approved business case for broader rollout. The original go-live was delayed due to a test/live environment issue with a weblink; the issue has now been resolved. Revised go-live for national rollout is scheduled for 12 May 2025.
- Connection to National Haemoglobinopathy Register (NHR):** Phase 1 (NHSBT red cell antibody data access for transfusion labs) went live in March 2024. Phase 2 (adding phenotype and genotype data) went live in November 2024. Phase 3 (NHSBT labs gaining NHR access) is under review, with discussions ongoing around what patient information NHSBT staff can access.
- Cellular Apheresis and Gene Therapies (CAGT)**
- Clinical Biotechnology Centre (CBC) income** was £0.22m in-month and £0.13m behind plan; forecast remains at £5.5m for the year.
- Back to Green Plan:** The Business Development Team have several prospects and booked slots for the year ahead and are working on the pipeline to ensure there is sufficient business coming through towards the end of the year.
- Therapeutic Apheresis Service (TAS)** procedure volumes ended the month at 1.13k, 0.8% above plan (1.12k) and 6.6% ahead of last year (1.06k). Growth across our Therapeutic Apheresis Service remains strong, with procedure volumes above plan in April (the plan assumes 10.9% growth on last year).
- Advanced Therapy Unit (ATU)** income was £0.02m in April, £0.11m behind plan; forecast remains at £2.4m. Work is progressing with a new commercial customer (Galapagos) in support of CAR-T manufacture. Manufacturing validation runs are ongoing in Barnsley ATU in anticipation of a clinical trial starting in Q3/Q4 2025/26.



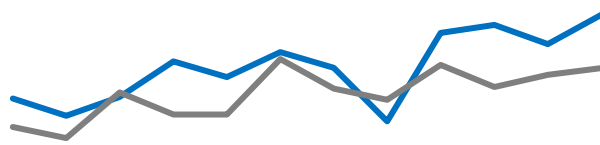
Tissue & Eye Services

(TES) income YTD

£2.2m

£1.96m

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



May 24

Apr 25

Insight and Commentary - Tissues

TES Overall income

- The combined sales position for April was 9.1% (£238k) ahead of target, with both Tears and Tissues exceeding income target, we are investigating this spike in sales to understand what the drivers are for it.

Tissue Income

- Tissue product income was ahead of target by £102k in month, with only dCELL finishing behind target. Bone stock is currently remaining static, due in part to lower than planned levels of donation and the Production Team not processing at full capacity.

Ocular income

- Ocular income was behind financial target by -0.2% in month (£1.5k). Meeting the ocular income target is reliant on donation levels, and work is ongoing to improve in this area.

Heart Valves

- Cardiovascular sales were ahead of target by £4.5k in month. There were 25 donations in April (target of 34), down slightly on 27 retrieved in March. Stock levels remain a concern for heart valves, and plans are being generated to improve this situation.

Serum Eyedrops

- Serum Eyedrops was ahead of target by £74.7k in month. The programme filled all 500 issue slots in Hospital Services and issued 37 ahead of target (500 vs target of 463).
- Work has continued to reduce the waiting list for new Serum Eyedrop patients, with 82 awaiting treatment at the end of April (down from 101 at the end of March), and 29 of those are waiting greater than 6 weeks (up from 20 at the end of March).

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-01	Donor & Patient Safety / Chief Nursing Officer	24 Nov 23 / 09 May 2025	Clinical / Minimal	●																								
				12	34	56	78	910	1112	1314	1516	1718	1920	2122	2324	25												
P-02	Service Disruption / Director of Quality	23 July 2024 / 09 Apr 2025	Disruption / Minimal	●																								
				12	34	56	78	910	1112	1314	1516	1718	1920	2122	2324	25												
P-03	Service Disruption (Interruption of critical ICT) Chief Digital Officer	05 July 2024 / 09 May 2025	Disruption / Minimal	●																								
				12	34	56	76	910	1112	1314	1516	1718	1920	2122	2324	25												
P-04	Donor Numbers & Diversity / Director of Donor Experience	12 Aug 2024 / 01 May 2025	Operational / Minimal	●																								
				12	34	56	76	910	1112	1314	1516	1718	1920	2122	2324	25												
P-05	Finance/Chief Finance Officer	21 Aug 2024 / 08 May 2025	Finance / Open	●																								
				12	34	56	76	910	1112	1314	1516	1718	1920	2122	2324	25												
P-06	Inability to access data sets / Chief Nursing Officer	06 Jun 23 / 09 May 2025	Innovation / Open	●																								
				12	34	56	76	910	1112	1314	1516	1718	1920	2122	2324	25												

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 / 11 Apr 2025	People / Open																									
				12345676910111213141516171819202122232425																								
P-08	Managers Skills and Capability / Chief People Officer	18 Mar 2024 / 16 Apr 2025	People / Open																									
				12345676910111213141516171819202122232425																								
P-09	Regulatory Compliance / Director of Quality	10 Jul 2024 / 09 Apr 2025	Legal, Regulatory & Compliance / Cautious																									
				12345678910111213141516171819202122232425																								
P-10	Pace & Scale of Transformational Change / Deputy Chief Executive	07 Mar 2025 / 17 Apr 2025	Programme / Open																									
				12345678910111213141516171819202122232425																								
P-11	Corporate Governance / Director of Quality	29 May 2024 / 08 May 2025	Governance / Minimal																									
				12345678910111213141516171819202122232425																								

Risk Summary continued

Risk movement

There are no changes to the risk scores since the last report.

Risk Limit

There continues to be three Principal Risk recorded at the risk limit:

- Principal risk P-02 (service disruption) The residual score of this risk continues at $4 \times 4 = 16$ and is therefore recorded in the Risk Limit. The high scoring contributory risk influencing this risk remains as BS-02 Shortage of Blood Components/Inability to meet hospital demand. BS-02 was last updated 26 March 2025.
- Principal risk P-03 (loss of critical ICT) The residual score of this risk remains at $5 \times 4 = 20$. The contributory risk influencing this risk score is DDTS-08 Cyber Security. DDTS-08 was last updated 15 April 2025.
- Principal risk P-04 (Donor numbers and diversity) The residual score of this risk remains at $4 \times 4 = 16$. The contributory risk influencing this risk score is DX-01 Failure to attract and retain donors. DX-01 was last updated 01 May 2025.

Risk Updates

Work continues to review and update the principal risks following on from the Board risk workshop.

Appetite Levels

Three principal risks are at the risk limit

Three principal risks are in the judgement zone

Four principal risks are at the tolerable risk level

One principal risk is recorded at the optimal risk level