

Board Meeting in Public

Tuesday, 20 May 2025

Title of Paper	End-Year Business Plan Review 2024-25	Agenda No.	3.2.2
Nature of Paper	<input type="checkbox"/> Official	<input checked="" type="checkbox"/> Official Sensitive	
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Presented for	<input type="checkbox"/> Approval <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Update		
Executive Summary			
<p>This paper provides an overview of our year-end performance against the 2024-25 Business Plan, including delivery of programmes and projects in our transformation portfolio. The purpose is to assure the Board of progress against our strategic priorities.</p> <p>In summary, our organisational performance across NHSBT is generally strong and improving vs the previous year. Where delivery is behind plan, interventions to return 'back-to-green' during 2025-26 are in place. Our transformation portfolio is healthy, and investment is being used to both maintain infrastructure (e.g. modernising the Colindale site), while also delivering new capabilities (e.g. automate blood donor marketing processes).</p>			
Previously Considered by			
Reviewed by Executive Team (May 2024).			
Recommendation	<p>(i) Review the key messages in the end-of-year year update, noting generally improving performance vs last year and new business capabilities delivered through the transformation portfolio</p> <p>(ii) Share insights the Board has on continuing to improve organisational performance and transformation into 2025-26 and beyond.</p>		
Risk(s) identified (Link to Board Assurance Framework Risks)			
The Business Plan mitigates Principal Risks across the Board Assurance Framework. An exercise to map Business Plan activities against the Principal Risks at risk limit is contained in section four of this paper and demonstrates a high degree of alignment between our plans and the risks we are seeking to mitigate.			
Strategic Objective(s) this paper relates to:			
<input checked="" type="checkbox"/> Collaborate with partners <input checked="" type="checkbox"/> Invest in people and culture <input checked="" type="checkbox"/> Drive innovation <input checked="" type="checkbox"/> Modernise our operations <input checked="" type="checkbox"/> Grow and diversify our donor base			
Appendices:	<p>Supplementary packs included in the Board 'Reading Room':</p> <ol style="list-style-type: none"> 1. Annual Performance Summary 2024-25 2. Investment Portfolio Summary 2024-25 		

NHSBT Board**End-Year Business Performance and Transformation Portfolio Review 2024-25**

20 May 2025

Status: Official Sensitive

1. Introduction

This paper provides a summary of NHSBT's performance against the 2024-25 Business Plan, following the close of the financial year. The 2024-25 plan set out how we intended to deliver on our strategic priorities and align operational activity with our long-term strategy.

Over the past year, enhancements in target-setting, governance and the delivery of the Business Plan (including our portfolio of programmes and projects) have contributed to stronger performance in many areas compared with recent previous years. Despite this progress, some persistent, systemic challenges remain, including the continued decline in organ donation rates and resiliency of blood supply and our donor bases.

To support ongoing improvement – as described in our Business Plan 2025-26 proposal approved by the Board in April – further refinements have been made to the planning process for 2025-26, with a focus on addressing these key issues more effectively.

2. Business Performance Key Messages

- There were some improvements in performance in the **Blood Supply Chain**, although work continues to increase donor and supply resiliency following some in-year challenges, particularly for O neg and Ro type red cells and to improve vulnerabilities in platelet stocks:
 - Our reliability as a supplier of blood to hospitals has remained generally strong and is reflected in our On Time, In Full (OTIF) performance at 96.6% vs target of 96.3%. However, our resiliency when responding to demand fluctuations resulted in two 'amber' stock alerts. The first occurred in Q2, driven by a sharp and sustained rise in O negative red cell demand following a cyber-attack on an external NHS Pathology provider. The second took place after Christmas 2024, when a spike in platelet demand – linked to increased organ transplant activity – coincided with reduced platelet production due to Bank Holiday staffing constraints. Additionally, meeting rising demand for the Ro subtype remains a persistent challenge, with 48% of Ro demand unfulfilled by Ro type supply.
 - The total Blood Product Donor Base has also grown in resiliency but fell short of target, reaching 804.9k active donors vs target of 820.1k. Our O neg and Ro donor bases remain below target by 4.7% and 5.7% respectively and – in line with the need to improve supply resiliency of these blood types – the targets have increased further for 2025-26, requiring renewed focus donor base growth.
 - NHSBT-led short-notice donor cancellations remained above target for much of the year the year, largely driven by high staff vacancies and sickness absence on some collection teams. However, performance began to improve towards end-of-year finishing below target in March (4.3% of donors with a booked appointment vs 4.5% target), with improvements expected to be sustained into 2025-26.

Plans to improve blood stock and donor base resiliency in 2025-26 include continued delivery of our Future Proofing Blood programme, which has already opened a new donor centre in Brixton and will deliver a further new centre in Brighton and other mobile community locations. The programme will also improve platelet resiliency by increasing weekend and Bank Holiday working to boost collection and production over these periods.

We are investing £1.5m extra in a Donor Base Resilience programme which will expand the donor base through targeted marketing, donor mobilisation and retention strategies. In addition, we are 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.

We also continue to work in partnership with DHSC and NHS England to agree a sustainable route out of the 'amber' stock alert, including through the establishment of a Joint Blood Stocks Working Group chaired by the NHSBT CEO.

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 will therefore also mobilise our multi-year Donor and Session Platform (DASP) Programme, which aims to redesign the end-to-end donor journey. This will improve collection productivity and help grow our donor base by removing inefficiencies such as avoidable donor deferrals through an online health check and reduced donor waiting times through simplified on-session processes.

- Our **Plasma for Medicines (PfM)** business is delivering above expectations and has enabled UK patients to receive plasma-derived medicines from English donors for the first time in 25 years:
 - Plasma collection ended the year c.50% above plan (301kl collected vs 200kl target), largely due to plasma recovered from whole blood being maximised sooner than scheduled.
 - Major regulatory, quality, technical and operational milestones have been delivered during 2024-25, including operationalisation of the fractionation agreement between NHSBT, NHS England and Octapharma.
 - These achievements are delivering above our targets for 23% UK self-sufficiency in immunoglobulin and 80% albumin supply.
 - However, the source plasma donor base is c.24% behind target (6,279 donors vs target 8,265 donors), largely due to organisational focus on blood stock resiliency.

Focus on growing the source plasma donor base for 2025-26 will include Twickenham returning plasma appointment capacity from supporting blood supply with whole blood collection, increased capacity (+3 chairs) in all three donor centres and increasing the retention and donation frequency of regular donors. Additionally, we will mobilise our Plasma Strategic Growth Programme to develop options for long-term expansion and increased national self-sufficiency.

- In **Organ and Tissue Donation and Transplantation (OTDT)** falling organ donor numbers were only partially offset by strong organ utilisation. Tissue and Eye Services (TES) performance is strong:
 - Patients receiving a deceased or living donor organ transplant was 3.9% below target (4,581 actual vs 4,768 target) over the year. Several factors contributed to this including a 7% reduction in the pool of medically suitable deceased donors when compared with 2023-24, a reduced ICU death rate, a reduction in

neurological death testing (NDT) and increase in the number of donors after circulatory death (DCD), who have a lower consent rate and can donate fewer organs. The overall consent rate is 59% (vs 60% target) due to an increase in opt-out registrations and more families saying no to organ donation.

- We have worked to partially offset the impact of these challenges by achieving higher than planned organ utilisation – transplants per donor ended the year at 2.56 (vs 2.43 target).
- We remain on track with the ethnic minority consent rate at 34% YTD (vs 33% target), however transplants going to ethnic minority patients fell slightly short of target at 26% (vs 27% target).
- Tissue and Eye Services (TES) income YTD is strong at £1,348k above plan and cornea issues ended the year at 3,929 (vs 3,816 target).

In 2025-26, 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). However, further systematic, and transformative intervention is needed. In addition to a Pathway Improvement Workshop held in April, 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.

- In **Clinical Services**, we are delivering solid growth despite some in-year challenges:
 - Clinical Biotechnology Centre (CBC) income grew by 64% vs previous year, to £3.18m (vs £1.94m last year). However, this is below our ambitious £5.4m target, reflecting changes in customers' in-year requirements, with some prospects not materialising and some delayed until next year.
 - Advanced Therapy Unit (ATU) income was £0.56m behind plan (£1.47m actual vs £2.03m target). A new contract supporting CAR-T manufacture was signed in-year, which will improve performance into 2025-26.
 - Therapeutic Apheresis Service (TAS) procedure volumes are 7.3% ahead of previous year but ended 2024-25 4.7% below plan. Growth has been slower than expected due to (i) a decrease in Extracorporeal Photopheresis (ECP) procedures due to availability of a new Graft versus Host Disease (GvHD) treatment, and (ii) a reduction in cell collections.
 - The stem cell registry has expanded to 125,930 donors, representing substantial progress toward our ambitious target of 128,404. While we fell slightly short of our goal, we have made meaningful progress, particularly in enhancing the diversity of the donor base. We recruited a total of 4,673 donors from minority ethnic backgrounds; however, the proportion currently stands at 17% of new donor recruitment, below the target of 20%. This is due to a significant rise in registrations from young Caucasian women, following recent changes to eligibility criteria, which has moderated the relative growth in minority ethnic representation.

- We have successfully delivered world-leading innovation, strengthening our capacity and capability to develop the next generation of lifesaving products and services. Our Genomics Programme is advancing genomic typing and new digital capabilities, while the Transfusion Programme is driving greater interoperability across the healthcare system and expanding research, education and training in transfusion practice. We are also at the forefront of groundbreaking clinical trials and new products, including:
 - SWiFT (Study of Whole Blood in Trauma) – investigating whole blood use in emergency care
 - RESTORE (Recovery and Survival of Stem Cell-Originated Red Cells) – pioneering lab-grown red cell research
 - Development of freeze-dried plasma – enhancing emergency and battlefield transfusion options
 - Research into ‘universal’ plasma and platelets – exploring innovations for cross-compatible transfusions

In 2025-26, we are accelerating our commercialisation strategy for Cellular and Gene Therapies, bringing in third-party expertise to enhance market insight and expand revenue opportunities. A recent stem cell registry rebranding and boost to our marketing activities is expected to accelerate donor base growth.

- Our **corporate Group Services** performance indicators demonstrated mixed, but generally improving, performance:
 - Most People and Culture metrics have demonstrated improvement, with mandatory training compliance (96.7%) and % Minority Ethnic employees at Band 8A-8C (15.8%) reaching their highest levels since tracking began. Employee turnover has decreased (11.2% vs target 14%), and the harm incidence rate has ended the year below target at 6.6 incidences per 1,000 employees (vs target 7.6). However, time-to-offer when vacancies do arise has deteriorated through Q4 (14.3 weeks vs target 11 weeks) and PDPR compliance remains below plan at 89.9% (vs 95% target).
 - The number of overdue internal ‘major’ incidents averages 16 per month (vs ambition of zero). We have also observed 2 external regulatory majors and 8 serious incidents/patient safety investigations.
 - Our critical infrastructure availability remains strong at 100% YTD.

In 2025-26, we will accelerate our progress on People and Culture, mobilising phase two of our Forward Together programme and tackling key estate challenges in Colindale, Southampton, and beyond, ensuring our teams have the physical environment they need to thrive. For internal quality incident management, we have commenced two parallel improvement initiatives that will result in the proportional closure of low-risk incidents (short-term) and deliver a simplified process for incident management (longer-term) following a value stream analysis (VSA). We have also increased executive oversight of overdue internal major events. Despite strong performance, we are avoiding complacency in infrastructure availability by investing more in technology and security, advancing key programmes such as the Donor and Session Platform (DASP) and Cyber Security II to modernise our services and safeguard our future operations.

3. Transformation Portfolio Performance Key Messages

Blood and Transplant

- Over 2024-25, we invested a total of £29.2m in programmes and projects across our transformation portfolio versus a budget of £35.1m. This compares to total investment of c.£23m in the previous year.
- We also redeployed £1.9m investment to unblock internal 'bottlenecks' slowing project delivery, including additional commercial support, dedicated project and programme management resource, and vital estates and digital expertise.
- Overall, good progress is being made against delivery of in-flight programmes/projects:
 - 'Green' Programmes/Projects: 41 (63%)
 - 'Amber' Programmes/Projects: 18 (29%)
 - 'Red' Programmes/Projects: 5 (8%).
- Strong governance in line with civil service functional standards is in place, giving us confidence over the accuracy of programme/project status reporting. The proportion of red and amber programmes in the portfolio is within a normal bandwidth for a portfolio of our size and complexity. 'Back-to-green' plans are in place for all 'amber' and 'red' status programmes/projects.
- Our transformation portfolio delivered some key new business capabilities within year:

Quarter	Business Capability	Programme/Project
Q1	<ul style="list-style-type: none"> ✓ More modern testing platforms to assure the continued safety of our blood supply. ✓ The Transfusion Training Hub went live, enabling us to continue driving transfusion standards, with over 20.5k hits so far. ✓ Legacy system decommissioned following go live of Transplant Path in March. ✓ Opening of HAV/B19 Testing Lab to enable release of plasma for fractionation, with over 1 million samples tested to date. 	Testing Development Transfusion 2024 Transplant Path Plasma Programme
Q2	<ul style="list-style-type: none"> ✓ Completed genotyping of c.80k donors for the NHS Bio-resource. MHRA Sickle Cell authorisation agreed, and testing commenced. Also completed HLA matched red cells pilot. ✓ Marketing authorisation licence and MHRA approval received for Octapharma to provide UK plasma derived medicines back to the NHS. First shipment of Plasma to the Fractionator dispatched. ✓ The clinical trial of whole blood use in Trauma (SWIFT) completed recruitment 3 months ahead of the planned date. ✓ The First Eye Retrieval Scheme went Live in September with a further 3 schemes planned by year-end. ✓ Deployed a further Pulse software release, taking code conversion completion to c.48% and delivering several business benefits, including enabling the bulk shipment of plasma for 	Genomics Programme Plasma Programme Blood Component Innovation iORBIT – Eye Retrieval Scheme Blood Tech Modernisation

	medicines and reducing wastage of high value Serology stock.	
Q3	<ul style="list-style-type: none"> ✓ Fetal RHD e-requesting/e-reporting live with 2 hospitals (another 5 planned). National haemoglobinopathy registry phase 2 also went live. ✓ Salesforce Marketing Cloud implemented which transforms our direct marketing, email and SMS communications, automating the donor invitation process and halving the time it takes to build and send email communications. ✓ RCI Manual and Automated Testing System to reduce the time-delay in data transmission from the new analysers to Hematos. ✓ Increased blood stock and donor base resiliency through the new Brixton donor centre (1,100 appointments per week) 	<p>Transfusion 2024</p> <p>Marketing Automation Tool</p> <p>Automated Results Transfer</p> <p>Future Proofing Blood</p>
Q4	<ul style="list-style-type: none"> ✓ Anti-racism framework launch alongside improved education across NHSBT. ✓ First Plasma derived medicines arrived in the UK and delivered to patients. There have been 32 fractionator shipments, containing 767 pallets of plasma ✓ New Managers Assistant people data dashboard delivered 	<p>Forward Together</p> <p>Plasma Programme</p> <p>Data Intelligence Programme</p>

4. Principal Risk Mitigation

At the end of year, three out of eleven Principal Risks in the Board Assurance Framework (BAF) are recorded at the risk limit, as follows:

1. Service Disruption (P-02): The residual score of this risk remains at $4 \times 4 = 16$, with the biggest contributory risk being 'Shortage of Blood Components/Inability to meet Hospital Demand'.
2. Loss of Critical ICT (P-03): The residual score of this risk remains at $5 \times 4 = 20$, with the biggest contributory risk being 'Cyber Security'.
3. Donor Numbers and Diversity (P-04): The residual score of this risk remains at $4 \times 4 = 16$, with the biggest contributory risk being 'Failure to attract and retain donors'.

We have mapped our performance metrics and transformation programmes/projects against the Principal Risks in the Board Assurance Framework for 2024-25. This exercise indicates a high degree of alignment between our Business Plan activities and the strategic risks we are seeking to mitigate, which offers assurance that our plans are focussed on mitigating these key risks. However, some of these metrics and programmes are reporting red status at the end of year, indicating that progress in reducing these risks has not always been to plan. The Executive Team therefore reviews metrics and programmes with a red status monthly, with a focus on delivering back-to-green activities and ongoing management of the impact on aligned Principal Risks.

Fig. 1 – Business Plan Metrics and Programmes/Projects Mapped against Principal Risks at Risk Limit

Risk	# Business Plan Metrics 2024-25	# Programmes and Projects 2024-25
Service Disruption (P-02)	Red: 10 Amber: 8 Green: 15 Total: 33	Red: 4 Amber: 3 Green: 10 Total: 17
Loss of Critical ICT (P-03)	Red: 2 Amber: 0 Green: 2 Total: 4	Red: 0 Amber: 4 Green: 6 Total: 10
Donor Numbers and Diversity (P-04):	Red: 8 Amber: 10 Green: 14 Total: 32	Red: 0 Amber: 2 Green: 10 Total: 12

5. Next Steps

Building on the progress made in 2024-25, we have further strengthened our business planning processes for 2025-26. These enhancements – focused on more robust target-setting, improved integration of transformation activities and clearer ownership of delivery – have already been incorporated into the 2025-26 Business Plan, which the Board approved in April.

Going forward, performance against the 2025–26 Business Plan will be monitored and reported through the Performance and Risk Report presented at each Board meeting. In addition, a mid-year review paper will be provided at the halfway point of the financial year, offering the Board a deeper assessment of progress and key risks.