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NHSBT is a unique organisation playing a critical infrastructure role in the UK healthcare system.

Formed in 2005 by bringing together the National Blood Service and UK Transplant, NHSBT is accountable for collecting, manufacturing and supplying blood to meet the needs of the NHS and for supplying organs, tissues and stem cells that save and improve the lives of patients. These are lifesaving products that can only be provided thanks to the generosity of donors and their families. We also provide a range of related diagnostic and therapeutic services. We employ over 6,400 people across the UK, with a total revenue of over £625 million.

We are a healthcare organisation within the NHS that has front-line services offering care for donors and patients. Thanks to the NHSBT team, which includes expert manufacturing and logistics capability, we provide a lifeline for patients who rely on us to deliver every day across the length and breadth of the UK.

Our 2025/26 Business Plan aligns with the DHSC Outcome Delivery Plan and the Secretary of State for Health and Social Care's priorities.

In 2025/26, NHSBT will play a vital role in

supporting reductions in waiting times for emergency, cancer and elective treatments through the provision of blood components underpinned by a stronger donor base and modernised operations. We remain committed to enhancing financial efficiency, supporting NHS provider organisations in meeting cost-saving and productivity targets.

We also have a role in transforming healthcare through Change NHS: helping to build a health service fit for the future

In October 2024, the Government launched a public engagement exercise asking people and organisations to share their experiences, views and ideas to help shape a 10 Year Health Plan for England. We aim to position ourselves at the heart of the government's thinking as a key enabler of the NHS's success. We are focussed on influencing these health plans in four key areas:

1. Systemic changes that shift the dial on reducing the organ and tissue transplant waiting list
2. A transformation in the way we speak to the public about donation
3. Support for more innovation – we can create new treatments and services at scale for NHS patients and help the UK to become more self-sufficient in blood and tissue products

4. NHS-wide interoperability on blood supply to increase efficiency, productivity, safety and resilience

You can read more about these plans in [our response to the 10-Year Health plan](#), which are aligned to our organisational Strategy and Business Plan for 2025/26.



We are guided by our values:

- We **care** about our donors, their families, the patients we serve, and our people
- We are **expert** at meeting the needs of those who use our service and those who operate it
- We provide **quality** products, services and experiences for donors, patients and colleagues

Looking ahead, NHS Blood and Transplant will continue to prioritise improving resilience in supply.

We are committed to building resilience in organ and blood supply. Too many patients still wait too long for an organ transplant and the on-going ‘amber alert’ blood shortage, triggered by a cyber-attack on NHS pathology services, was a stark reminder of the importance of ensuring greater supply resilience. Strengthening the sufficiency of our supply chains will be a key focus, ensuring that life-saving blood, plasma, stem cells and organs are available when patients need them.

Expanding our voluntary donor base – particularly increasing ethnic diversity – will be crucial to addressing these challenges and improving equitable access to treatment.

Over the past year, NHS Blood and Transplant has delivered landmark achievements that have saved and improved more lives.

Our Plasma for Medicines programme saw UK-donated plasma processed into life-saving treatments for the first time in 25 years – an essential step towards strengthening the UK’s self-sufficiency in plasma-derived medicinal products (PDMPs).

We also made progress in tackling health inequalities, with more donors of Black heritage joining our donor base than ever before, including at our brand-new donor centre in Brixton.

Advances in perfusion science have further increased the viability of donated organs, enabling an additional seven people to receive life-changing transplants for every 100 donor consents.

None of these achievements would be possible without our incredible workforce. Across NHSBT, we are fortunate to have dedicated, multi-disciplinary experts – including nurses, healthcare assistants, scientists, medics, drivers, managers and administrative teams – who work tirelessly to serve patients. Their expertise and commitment are the foundation of everything we do, and we remain focused on making NHSBT a place where people can *join, stay and thrive*. The publication of our People Plan and the launch of our first anti-racism framework reinforce our commitment to creating an inclusive, supportive and high-performing organisation.

We must also respond to the financial constraints facing the healthcare sector by delivering efficiencies that keep the cost of our products and services as low as possible for the NHS. This means further expanding Plasma for Medicines, Cell Apheresis and Gene Therapies, while also

pursuing new commercial opportunities that generate income to fund transformation and reduce costs. Another key priority will be achieving a minimum 2% cost improvement plan across the organisation, alongside a strong emphasis on improving operational productivity, ensuring we deliver even greater value.

At the same time, partnership and integration will be fundamental to the future of the NHS. To drive meaningful change, we must ensure that NHSBT is positioned at the heart of the health service, working collaboratively with key stakeholders across healthcare, civil service and industry. By strengthening these partnerships, we can improve efficiency, accelerate innovation and secure a more sustainable future for our products and services.

We will also continue to ambitiously evolve our digital infrastructure, progressing towards touchless supply chains where automation and advanced analytics reduce manual processes, enhance efficiency and improve patient outcomes. This transformation will help build a more resilient, responsive and modern organisation.

As we move forward, our ambition remains clear: to save and improve even more lives. By focusing on delivering our Business Plan we will work towards our vision of a world where every patient receives the donation they need.

Introduction: The NHSBT strategy sets out our vision and strategic priorities for the future

Our ambition is to save and improve even more lives

To deliver this we will:



Grow and diversify our donor base

to meet clinical demand and reduce health inequalities



Modernise our operations

to improve safety, resilience and efficiency



Invest in people and culture

to ensure a high performing, inclusive organisation



Drive innovation

to improve patient outcomes



Collaborate with partners

to develop and scale new services for the NHS

Our vision: a world where every patient receives the donation they need

NHSBT
Strategy

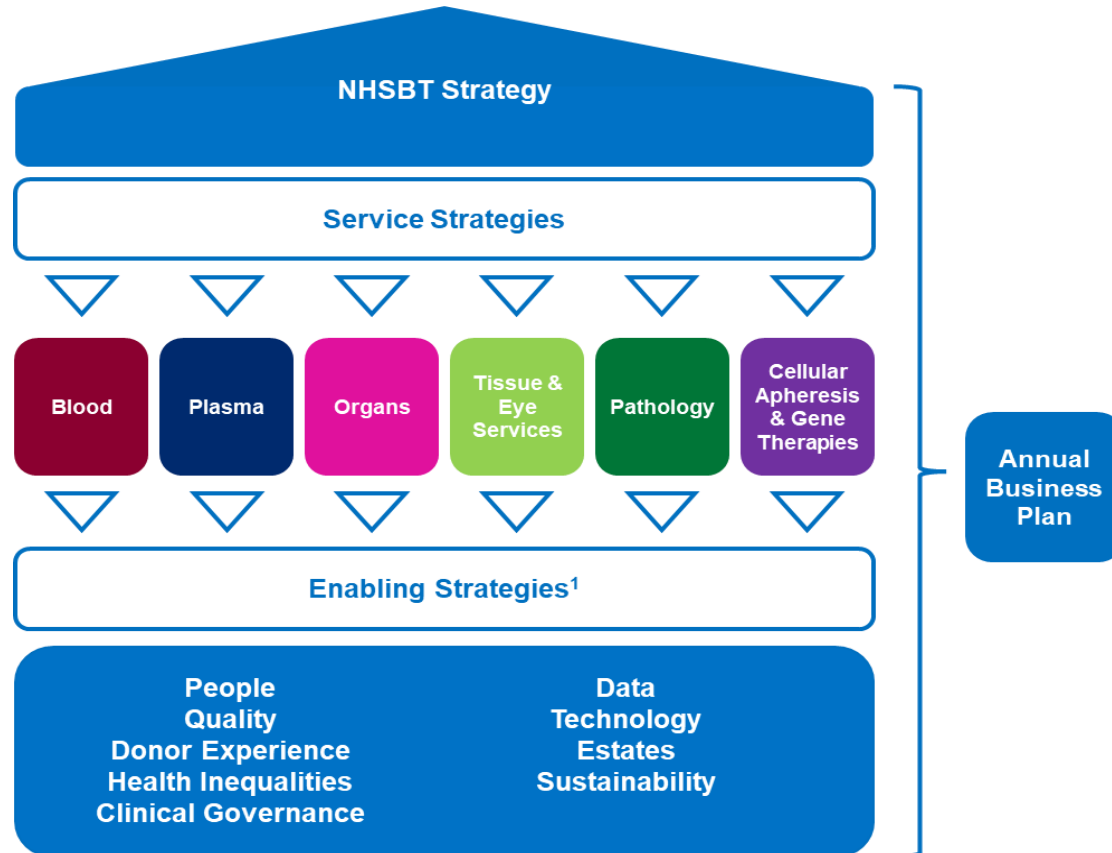
A world where every patient receives the donation they need



Updated March 2024

Read more about our strategy [here](#).

Introduction: The NHSBT Business Plan describes our targets and activities under each of the five strategic priorities of the overarching NHSBT strategy



Our annual business plan sets out what we will do to make progress against our strategic priorities, how we will organise ourselves, including how we make best use of public sector resources and ensure NHSBT is a great place to work, on our journey to deliver our strategic ambitions.

The annual business plan presents activity against each strategic priority, with targets for the year ahead as well as a four-to-five-year horizon.

Each strategic priority section describes:

- What success looks like
- How we'll measure success
- What specific targets we'll work towards
- The most important things we'll do to get there



We will know we have succeeded when

How we will measure success

Targets/Milestones in 2025/26

Target in 4-5 years¹

How we will deliver this in 2025/26

We have reduced the supply-demand gap for all products and services

Supply-demand gap²

- Blood: 1.45m units collected
- Blood: 54k Ro units collected
- Blood: 44% Ro Supply demand gap
- Plasma: 240,000 litres Plasma collected⁴
- Organs: 4,680 living & deceased transplants
- Corneas: 5,045 issued

- Blood: 1.45m units collected (2028/29)
- Blood: 58k Ro units collected (2028/29)
- Blood: 41% Ro Supply demand gap³ (2028/29)
- Plasma: 320,000 litres Plasma collected⁴
- Organs: 5,394 living & deceased donor transplants
- Corneas: 7,051 issued

- Futureproofing Blood Programme – Stabilise Plus: improving blood collection capacity to increase the size and diversity of donor bases.
- Increasing source plasma collection by optimising the Plasma operating model.
- iORbiT Project: introduce up to 10 additional eye retrieval schemes.
- Ro Supply demand gap targets will be refined as part of Donor Base Resilience programme.

We have reduced the disparity in supply for patients of different ethnicities

Supply-population gap by ethnicity

- 26% minority ethnic⁵ representation among organ transplant recipients
- Screen 25k blood donors for extended types and additional antigens
- Complete retest of 20k STRIDES⁷ donors to enable clinical use

- 28% minority ethnic⁵ representation among organ transplant recipients⁶
- Screen 75k blood donors for extended types and additional antigens (2027/28)

- Maximise the effectiveness of the UK Living Kidney Sharing Scheme (UKLSS) to benefit long-waiting patients.
- Genomics Programme: plan process to access and translate into blood groups/HLA⁸ types genotyped data from blood donors recruited to Our Future Health (OFH); agree process to approach valuable non-blood OFH participants to become blood donors.

We have reduced cancellations and provided more opportunities to welcome new donors

Number of donor appointment cancellations

- No more than 4.5% of booked appointments cancelled at short notice⁹ by NHSBT

- No more than 3% of booked appointments cancelled at short notice⁹ by NHSBT(2028/29)

- Optimisation of Blood Donation Operating model.
- Acceleration of Donor & Session Platform (DaSP) programme.

We have increased loyalty and advocacy

Donor satisfaction

- Net Promoter Score¹⁰ (NPS): 87

- Net Promoter Score¹⁰ (NPS): 90

- Implement Customer Voice survey for all donation pathways.
- Embed Marketing Automation, balancing donor preference with business need to deliver personalised, timely donor communication.

We have reduced disparity in consent rates between different ethnicities

Organ consent rate

- 62% overall organ donation consent rate
- 34% minority ethnic⁵ organ donation consent rate

- 63% overall organ consent rate

- Establish consent working group/ hold system-wide consent summit.
- Optimise Hospital Development to improve the DCD¹¹ Pathway.
- Implement 10-point action plan arising from joint NHSBT/NBTA¹² Conference.

Our active blood, platelets and plasma donor base is larger, more diverse and reflect demand

Volume and mix of active donors

- Blood product donor base size: 810k-840k¹³
- O Negative donor base size: 119k
- Ro donor base size: 29k¹⁴
- Plasma donor base size: 15k¹⁵

- Blood product donor base size: 872k (28/29)¹³
- O Negative donor base size: 122k (2028/29)
- Ro donor base size: 34k (28/29)¹⁴
- Plasma donor base size¹⁵ is dependent on future plasma strategy agreed with DHSC¹⁶

- Donor Base Resilience programme: delivering a mix of new donor marketing, existing donor mobilisation and donor retention pilots.

Organ and stem cell donor registries are larger and reflect the UK's diverse population

Volume and mix of registered donors

- Opt-In ODR¹⁷ UK: +750k-775k new registrations;
- Registered stem cell Fit Panel¹⁸ at 143k (+30k new donors less attrition 15k)¹⁹
- 20% of new stem cell registrations are from minority ethnic⁵ donors

- New opt in registrations on ODR¹⁷ of 1.5m p.a.
- 190k registered stem cell Fit Panel¹⁸ donors recruited (2026/27)¹⁹
- 20% of new stem cell registrations are from minority ethnic⁵ donors

- Prioritise development of new and existing (DWP²⁰, Home Office & OPG²¹) strategic partners to accelerate ODR¹⁷ opt-in registrations.
- Implement new marketing, recruitment and retention approach to securing Stem Cell Donor Registry (SCDR) donors.²²



We will know we have succeeded when

How we will measure success

Targets/Milestones in 2025/26

Target in 4-5 years¹

How we will deliver this in 2025/26

We have reduced harm to donors, patients and staff and improved regulatory compliance

Patient Safety Incident Investigations (PSII)
Significant internal and external regulatory non-compliance

- Track no. of Patient Safety Incident Investigations (PSII) raised²
- Zero significant non-compliance in external regulatory inspection²
- Zero overdue internal majors²

- Zero Patient Safety Incident Investigations (PSII) raised²
- Zero significant non-compliance in external regulatory inspection²
- Zero overdue internal majors²

- Implement Infected Blood Inquiry (IBI) recommendations.
- Scope and deliver phase 1 of a Clinical Governance review.
- Revise Incident Management process (including PSIRF³ interface) across NHSBT.
- Review risk appetite and introduction of proportionate response for internally raised non-conformances.

Services are not interrupted by failures in our supply chains, estates and technology

Service delivery
Stock Stability
System availability

- Blood: OTIF⁴ (inc. Ro) 96.9%
- Blood stock stability 5.5-8.0 days
- 99.95% system availability for Critical Infrastructure (CI)

- Blood: OTIF⁴ (inc./Ro) 97.7% (2028/29)
- Blood stock stability 5.5-8.0 days
- 99.95% availability for Critical Infrastructure (CI)

- Futureproofing Blood Programme – Stabilise Plus: additional blood collection capacity to increase the size and diversity of donor bases.
- Platelet Supply Resilience: commence implementation of project business case to reduce the mid-week platelet stock dip.
- Deliver digitisation/automation programmes/projects for Clinical Services: Therapeutic Apheresis Service Digitally Managed Services (TAS DMS) and Automated Results Transfer (ART) programme.
- Security and stabilisation of IT: Hematos to OCI⁵ migration, Cyber 2, Blood Technology Modernisation, Pulse Stabilise & Protect, ODT⁶ online replacement.

We benchmark well against our international peers

Benchmarking

- EBA⁷ top quartile in Blood Manufacturing, & Testing productivity
- EBA⁷ third quartile in Blood Collection productivity

- EBA⁷ top quartile in Blood Manufacturing, Testing and Collection productivity

- Assess the Blood Donation Operating Model programme trial.
- Completion of Donor & Session Platform (DaSP) scoping and strategic outline case by May 2025, to facilitate rapid deployment of programme and enable delivery of early benefits.
- Delivery of transformation programmes which drive efficiencies across the Blood/Plasma supply chain: Touchless Supply Chain, Donor & Session Platform, Donor Network Design, and Donor Centre programme.

We have freed up funds to invest in transformation and/or pricing

Cost/Efficiency savings

- £16.6m cost/efficiency savings
- 2% savings vs Commercial pipeline (against GCF⁸ savings methodology).

- Minimum 2% cost/efficiency savings

- Deliver the 2025/26 cost improvement and productivity plan.
- Develop and extend capability to a) forecast costs and b) forecast, track and realise benefits across investment portfolio.

We are on track to reach Net Zero by 2040

Reduction in CO₂ emissions vs 2020/21 baseline (kt)

- Reduction in Scope 1&2⁹ CO₂ emissions to 10.0kt.

- 70% reduction in Scope 1&2⁹ CO₂ emissions vs 2020/21 baseline (2029/30)

- Publish a new sustainability strategy by end 2025/26.
- Align Estates & Sustainability strategies with Net Zero 2040 goal.
- Drive the Infrastructure Upgrade project to enable the electrification of fleet and associated carbon reduction - 25/26 and 26/27.
- Establish baselines for reporting Scope 3¹⁰ CO₂ emissions.



We will know we have succeeded when

How we will measure success

Targets/Milestones in 2025/26

Target in 4-5 years¹

How we will deliver this in 2025/26

Our workforce feels motivated, valued and engaged	Induction Completion Training and PDPR Compliance 1-year turnover	<ul style="list-style-type: none"> 80% of new starters receive a corporate induction within 12 weeks 95% compliance for mandatory training (MT) 95% compliance for personal development & performance review (PDPR) 	<ul style="list-style-type: none"> 85% of new starters receive a corporate induction within 12 weeks Maintain 95% MT/PDPR compliance Reduce turnover of staff in first year of employment (target TBC) 	<ul style="list-style-type: none"> Business case approval for Phase 2 of Forward Together programme. Implementation of People Plan recommendations. Expand corporate induction to include a Senior Leadership offering. Procure and launch a new staff survey tool. Roll out simplified performance documentation and training and develop new performance management approach by March 2026.
Delivery is not constrained by a lack of skills or capacity	Recruitment Metrics Staff attrition Manager development uptake and confidence Succession pipeline	<ul style="list-style-type: none"> 88% vacancy fill rate 11 weeks' time to offer of employment 12% employee turnover 70% of managers' report increased confidence in performing their current role following formal development activity² 	<ul style="list-style-type: none"> 90% vacancy fill rate 10 weeks' time to offer of employment 11% employee turnover 80% managers reporting increased confidence following formal development activity 	<ul style="list-style-type: none"> Establish demand and capacity planning for recruitment activity. Develop and pilot a strategic workforce planning framework. Assess and implement an automated candidate sifting solution. Creation of Professions Network to identify roles, skills and knowledge that meet current and future business needs. Deliver Leadership and Management Strategy. Launch a Talent Management approach to managing succession. Design and pilot a new Job Architecture framework.
We have improved health, safety and wellbeing	Health & Safety Performance Sickness absence	<ul style="list-style-type: none"> 7.1 harm incidence rate NHSBT 14.7 near miss incidence rate NHSBT 5% sickness absence rate 	<ul style="list-style-type: none"> 6.5 harm incidence rate NHSBT (2026/27) 15.8 near miss rate NHSBT (2026/27) 4% sickness absence rate 77% employee satisfaction with disability workplace adjustments 	<ul style="list-style-type: none"> Approval of new Health, Safety & Wellbeing strategy (launch 2027/28). Trial stress reporting tool to enable earlier reporting and interventions. Develop metrics and targets for Workplace Adjustments reporting. Neurodiversity workplace needs assessment: Trial of new approach.
There is no difference in relative grievances and engagement for colleagues across any of the protected characteristics or salary bands	Informal resolution EDI ³ and Equality Standard action plan delivery Harassment, bullying, abuse, discrimination reporting	<ul style="list-style-type: none"> Reduction in the number of reported cases of bullying, discrimination or harassment of staff from baseline of 12.1% (2024 Our Voice score) Reduction in the number of reported cases of bullying, discrimination or harassment of LGBT⁴ and disabled colleagues, from baselines of 14.7% and 21.4% (2024 Our Voice scores). 	<ul style="list-style-type: none"> No disparity in incidence of bullying discrimination, harassment of staff with different protected characteristics 	<ul style="list-style-type: none"> Embed the Anti-Racism Framework across directorates. FTSU⁵ Service update. Launch accessible route to the service, improved case management system and improved reporting capability. Deliver information and training to support new Resolution policy. Launch Bullying and Harassment E-Learning Module.
At all levels, our workforce reflects the diversity of the population	Minority ethnic representation Recruitment & Pay Disparity	<ul style="list-style-type: none"> 16% minority ethnic⁶ representation at bands 8a-8c Reduce disparity in recruitment likelihood of minority ethnic⁶ candidates from baseline of 2.23 (2024/25) 	<ul style="list-style-type: none"> No difference in minority ethnic⁶ representation at bands 8a-8c versus representation in UK population⁷ End disparities in pay and recruitment likelihood for all protected characteristics 	<ul style="list-style-type: none"> Monitor disparity likelihood for minority ethnic⁶ staff. Deliver the transformative, Inclusive-Recruitment recommendations through Phase 2 Forward Together.



We will know we have succeeded when

How we will measure success

Targets/Milestones in 2025/26

Target in 4-5 years¹

How we will deliver this in 2025/26

We have the datasets to know our innovations have improved patient outcomes

New datasets to measure outcomes e.g. trauma, graft, alloimmunisation (patient benefit)

- Establish strategic position for datasets and their application.
 - ✓ Health inequality data
 - ✓ Patient outcomes data
- Establish and develop dataset of patient follow up data post treatment with Serum Eye Drops

- Key datasets and outcome tracking established for priority patient groups
- (For further consideration: extend health data modelling capability and percentage of patients' outcomes tracked)

- Complete year 2 of a 3-year project re stem cell transplant health inequality data (NIHR² grant funded clinical research fellow).
- Launch pilot of portal to receive patient follow up data following treatment with Serum Eyedrops.
- Support the implementation of Enhanced Recovery After Surgery (ERAS) in transplantation for living donors (kidneys).

More of our donors and patients are genotyped

Numbers of donors genotyped (capacity & infrastructure)

- Continue genotyping of UK sickle cell and thalassaemia patients (estimated to reach ca 9k-10k out of the ca 17k total)

- Future targets to be developed by 2027/28

- Deliver DHSC³ funded programme to genotype all consented sickle cell and thalassemia patients.
- On-board two additional pilot sites, secure business case approval for the national roll out for HLA⁴ selected red cells.
- Continue recruitment of blood donors as Our Future Health participants.
- Deliver the proof of concept/feasibility study to test the algorithm to improve matching (HaemMatch research & development project).
- Finalise the development of long read HLA⁴ typing based on Nanopore technology; start assessment on whether the solution should be rolled-out.

We have improved organ utilisation

Number of deceased donor transplants
Number of organ transplants per deceased donor

- 3,665 deceased donor transplants
- 2.55 organ transplants per deceased donor

- 4,144 deceased donor transplants
- 2.55 organ transplants/deceased donor

- Commence DCD⁵ Heart and ANRP⁶ as part of the NORS⁷ Retrieval Service. Deliver the prioritised recommendations of the Organ Utilisation Group as agreed with DHSC.³
- Develop Assessment & Recovery Centres (ARCs) project.

We have introduced new blood components and tissue products

New components transfused
No. products introduced to market

- Successful delivery trial of project milestones:
 - ✓ SWIFT⁸ clinical trial
 - ✓ Universal plasma and platelets
 - ✓ Freeze dried plasma
 - ✓ RESTORE⁹ clinical trial
- TES¹⁰ – develop two new tissue products

- Clinical trial of universal plasma and platelets in progress.
- Whole blood use in Trauma implemented (assuming positive SWIFT⁸ clinical trial)
- Viable freeze-dried plasma product
- Effective innovation framework and pipeline established
- TES¹⁰ product development – two new products per annum
- Additional fractions produced from UK plasma (2026-27)

- Implement new product & services incl. nDEHP¹¹ blood bags, HLA⁴ matched components, platelets in PAS.¹²
- Clinical Trial of Whole Blood use in Trauma (SWIFT): complete analysis and implement outcomes.
- Universal plasma and platelets project: appoint technology partner and complete cost benefit analysis.
- Freeze dried plasma project (MoD¹³ funded): authorisation to proceed to trial from JPAC¹⁴ partner to submit device CE¹⁵ marking.
- Complete the RESTORE⁹ clinical trial.
- Develop i) alternative amnion product and ii) rectus fascia product.
- Plasma Strategic Growth: feasibility and options analysis – collaboration between NHSBT, DHSC³ and plasma fractionator.



We will know we have succeeded when

How we will measure success

Targets/Milestones in 2025/26

Target in 4-5 years¹

How we will deliver this in 2025/26

Establish and build self-sufficiency in Immunoglobulins (IgG)

Self-sufficiency

- 25% self-sufficiency in Immunoglobulins (IgG) against 2023/24 baseline
- 80% self-sufficiency in Albumin against 2023/24 baseline

- 30%+ self-sufficiency in Immunoglobulins (IgG) (32/33) against 2023/24 baselines.

- Ongoing integration of processes with our plasma fractionator.
- Delivery of operational process enhancements to improve efficiency and safety.
- Plasma Strategic Growth: i) options analysis for increasing self-sufficiency in immunoglobulin beyond 2030 ii) to support NHS and UK government making strategic decisions for expansion of plasma-derived medicines in the UK.

We have reduced the supply-demand gap in key parts of the cellular therapy supply chain

CBC²/ATU³ Income growth
TAS⁴ Activity levels

- £5.5m CBC² income
- £2.4m ATU³ income
- 14.4k TAS⁴ procedures

- £9.78m CBC² income (2026/27)
- £2.70m ATU³ income in (2026/27)
- 14.1k TAS⁴ procedures (2026/27)

- Procurement of external consultants to review CAGT⁵ commercial opportunities
- Increase business development capabilities to develop a clear and joined-up offering and recognisable external brand.
- Utilise upscaled Clinical Biotechnology Centre (CBC) capacity to grow income.
- Expansion of novel cell therapy products for existing and new partners.
- Complete and review outcomes of pilot Therapeutic Apheresis plasma exchange service in SW England; consider scope for national commissioning.
- Collaborate with Trusts to meet demand for automated red cell exchange (MedTech Funding Mandate).

We have increased the national self-sufficiency of stem cells and tissues

% domestic stem cells transplanted
Tissues Income Growth
% demand met by domestic tissue

- 7% of total UK supply by NHSBT provided stem cell donors
- £24.7m Tissues income

- 15% of total UK supply by NHSBT provided stem cell donors (2026/27) aligned with shared output of UK Stem Cell Strategic Forum
- Future Tissues and Eye Services (TES) sales income dependent on i) successful delivery of the iOrbit project and ii) outcomes of TES commercial review.

- Implement new marketing, recruitment and retention approach to securing Stem Cell Donor Registry (SCDR) donors.
- Increase stem cell collection capacity with UK registries.
- Deliver the iORbit Project (introduce up to 10 new Eye Retrieval Schemes).
- Increase retrieval and processing of corneas from current and new pathways.
- Increase multi tissue donation to support the demand for heart valves, bone products and tendons.


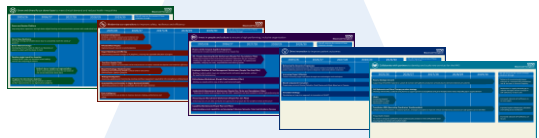
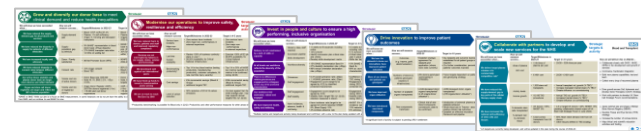



We have improved system-wide infrastructure, education and training across transfusion and transplantation

% total samples that hospitals order/refer electronically
NICE⁶ Transfusion Standard Adherence⁷
Transfusion Education and Training
Transplantation Education & Training

- 4% ordered/referred electronically by end 25/26
- Delivery of Transfusion 2024/Transfusion Transplantation implementation milestones

- 25% ordered/referred electronically by end 2027/28
- 20% increase in adherence to NICE⁶ transfusion standards⁷ (2026/27)
- 20% increase in transfusion education and training by 2026/27
- Transplantation Academy established and delivering courses

- Deliver the Transfusion Transformation programme:
- RCI⁸ Assist: national roll-out of the referral decision-making support tool to hospitals making it accessible free of charge via SPICE⁹ / OBOS¹⁰ link.
 - Continue roll out of e-requesting/e-reporting for Fetal RHD¹¹ customers.
 - Complete the proof-of-concept for the new integrated blood stocks data management approach; develop business case for roll out.
 - Produce Transfusion Practitioner Professional Development framework.
 - Scientific & technical education/training: continue strategy delivery through appropriate routes including securing DHSC¹² funding.
 - Commence roll out of a transfusion research network in England; secure funding for UK wide approach from 2026/27.
 - Work with partner university to establish donation & transplantation academy.

Level of accountability	Where activity & targets are stated	Scheduled output	Frequency	Level of review
NHSBT-wide (Executive Team [ET])	<p>NHSBT Strategy</p>  <p>Strategy Roadmap</p>  <p>NHSBT Business Plan</p>  <p>Transformation Portfolio</p>  <p>Budget</p> 	<ul style="list-style-type: none"> NHSBT Performance and Risk Report 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> ET monthly Board bi-monthly
		<ul style="list-style-type: none"> Business Plan Review 	<ul style="list-style-type: none"> Bi-annual 	<ul style="list-style-type: none"> ET & Board
		<ul style="list-style-type: none"> Transformation Portfolio Status Report 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> ET
		<ul style="list-style-type: none"> Financial Performance Report 	<ul style="list-style-type: none"> Monthly 	<ul style="list-style-type: none"> ET & Board – check if Board bi-monthly
Directorates (Executive Director)	<p>Directorate Business Plans</p> 	<ul style="list-style-type: none"> Directorate Performance Reviews 	<ul style="list-style-type: none"> Annual 	<ul style="list-style-type: none"> CEO & Deputy CEO

Department of Health and Social Care (DHSC) Annually Reported Metrics

Under our Framework Agreement with DHSC, NHSBT reports quarterly on five of our most strategically important performance metrics. A summary of our full-year performance for 2024/25 and the preceding three years is presented in the table below.

	Metric	2021/2022		2022/2023		2023/2024		2024/2025	
		Actual	Target	Actual	Target	Actual	Target	Actual	Target
1	Blood Stock Stability Average End of Year	6.0 5.1	5.5-8.0	5.5 5.8	5.5-8.0	6.6 5.7	5.5-8.0	6.2 5.5	5.5-8.0
2	Critical infrastructure availability	99.95%	99.95%	99.96%	99.95%	99.93%	99.95%	100%	99.95%
3	Number of Organ transplants, living and deceased (MAT). Note living donor transplants are forecast for March 2025.	4,356	5,352	4,561	4,937	4,679	4,750	4,581	4,764
4	Plasma collected (source & recovered plasma) kilolitres (kl) YTD	0	0	87,191	103,859	161,095	159,625	301,197	200,000
5	Size of Ro donor base	24,826	27,762	26,213	31,081	26,333	32,220	26,678	28,304

1 Forecast using March 2024 living donor data, as March 2025 actual data reported one month in arrears

2 This approach applies to the latest quarter reported. Historic data reports actual living donor data.

- We maintained strong overall **Blood Stock Stability** throughout the year, with average blood stock levels at 6.2 days and year-end levels at 5.5 days (vs target range of 5.5 to 8 days of stock), demonstrating our reliability as a supplier of life-saving blood products to the NHS. Our **Plasma Collected** was also strong and significantly exceeded expectations, with 301,197 kilolitres delivered for the manufacture of essential medicines, above our 200,000-kilolitre target. Our **Critical Infrastructure Availability** remained highly resilient, with 100% availability throughout the year – ensuring the stability of the core systems that underpin our vital work.
- However, the **Size of the Ro Donor Base**, critical for treating patients with sickle cell disease, ended the year at 26,678 blood donors – short of the 28,304 target – and has shown limited growth over the past three years. This shortfall, particularly among donors of Black heritage, continues to challenge our ability to meet growing clinical demand. The **Number of Organ Transplants (living and deceased)** also fell below target, with 4,581 transplants performed against a goal of 4,764. A smaller donor pool and declining rates of family consent are key factors affecting performance in this area.

Financial Plan

Income and Expenditure budget outcome

Income (£m)	2024/25 Forecast	2025/26 Budget	Movement: 2024/25 Forecast vs 2025/26 Budget
DHSC Programme Funding: Organ Donation and Transplantation	90.7	111.2	20.5
DHSC Programme Funding: Clinical Services Operations	4.2	5.2	1.0
DHSC Programme Funding: Plasma for Medicines	0.0	0.1	0.1
DHSC Programme Funding: Corporate	21.6	30.5	8.9
DHSC Programme Funding: Tissue and Eye Services	0.5	0.7	0.2
Ocular Income	6.2	9.3	3.1
Plasma Supply Agreement Income	19.1	24.2	5.1
Blood and Components Income	353.8	359.6	5.8
Blood Supply Other Income	6.1	6.8	0.8
Plasma for Medicines Income	6.1	0.5	(5.6)
Clinical Services Operations: Income	90.2	98.6	8.5
Medical and Scientific: Income	4.0	4.7	0.7
Stats and R&D: Income	2.4	2.9	0.5
Tissue and Eye Services Income	16.0	16.2	0.2
Organ Donation and Transplantation: Devolved Administrations	15.7	15.8	0.1
Organ Donation and Transplantation: Project income	0.5	0.2	(0.3)
Group Services Other Income	1.3	1.2	(0.1)
Total Income	638.2	687.8	49.6
Operating Costs			
Blood Supply Operating Expenditure	(204.8)	(214.5)	(9.7)
Clinical Services Operating Expenditure	(79.3)	(87.1)	(7.8)
Organ Donation and Transplantation Operating Expenditure	(87.0)	(91.3)	(4.3)
Tissue and Eye Services Operating Expenditure	(15.2)	(18.9)	(3.6)
Plasma for Medicine Operating Expenditure	(15.1)	(14.4)	0.7
Corporate Services	(147.5)	(156.3)	(8.8)
Other Group Service Expenditure	(80.0)	(79.8)	0.2
Total Operating Costs	(629.0)	(662.3)	(33.3)
Investment Portfolio			
Transformation Fund Blood / Group	(11.6)	(19.0)	(7.4)
Transformation Fund Plasma	(3.8)	(4.8)	(1.0)
Transformation Fund ODT	(0.3)	(11.5)	(11.2)
Transformation Fund Clinical Services	(2.8)	(3.0)	(0.2)
Net I&E Position	(9.3)	(12.8)	(3.5)

Operating Costs

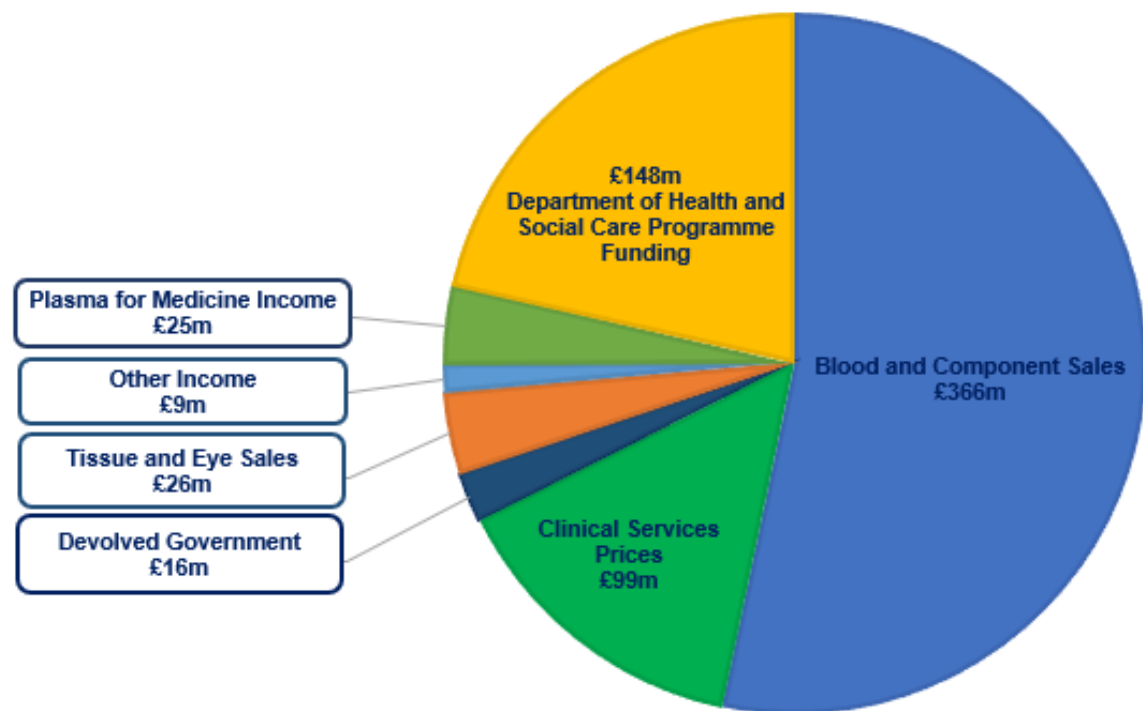
- Budget reflects inflationary pressures of c£26m
- It also includes £17m of funding for growth, investment and development supporting:
 - Collection of c240KI of plasma
 - 4,680 living and deceased donor transplants
 - Increase in cornea issues to NHS Trusts
 - Supply of £1.355m red cell units and increased stock resilience
 - Increased growth and resilience across Clinical Services

Provision of Product and Service Income

- Income reflects price uplifts accepted through the National Commissioning Group:
 - Blood +1.7%
 - Pathology +2.3%
 - CAGT +5.8%
 - Tissue and Eye Services +1.5%

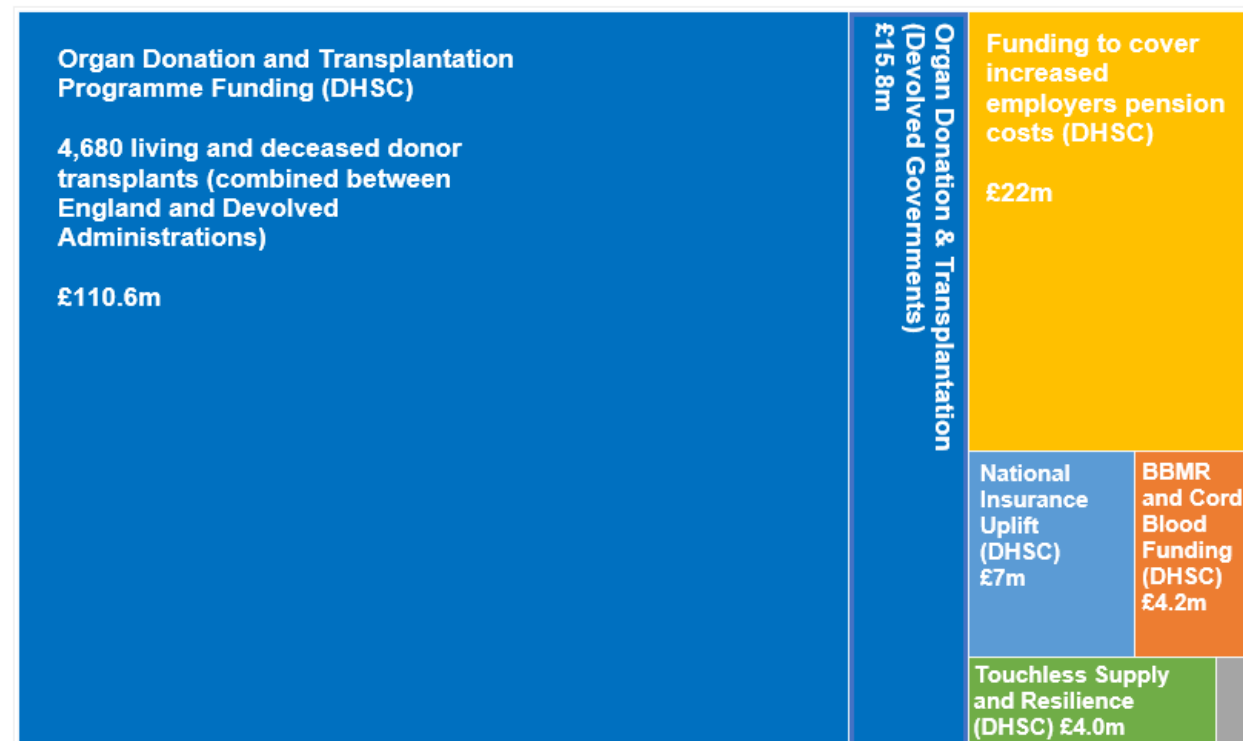
NHSBT 2025/26 forecast income by major source alongside a high-level breakdown of programme funding received

Major sources of income



'Other' income is made up from third party occupation of our estate and research grants

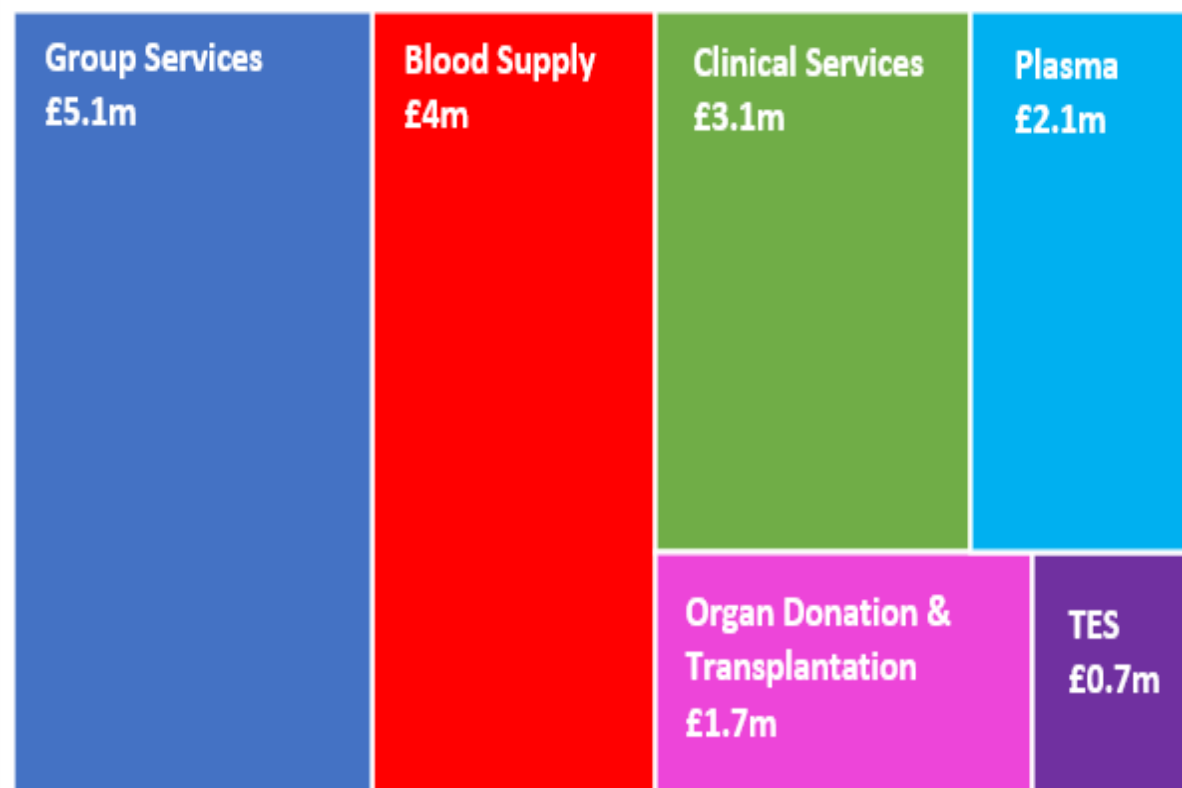
Breakdown of Programme Funding (DHSC & Devolved Administrations)



1.355 million units of red cells supplied to NHS Trusts £256m	253.5k units of platelet products supplied to NHS Trusts £71.1m		35% of NHS solid organ & stem cell transplants supported 32k tests to diagnose diseases linked to HLA 30k BBMR donors typed 7k platelet donors typed £22.0m	14.4k therapeutic apheresis procedures for NHS Trusts £18.5m
			57k complex investigations 26k antenatal tests for high risk pregnancies £21.0m	1,747 stem cell transplants supported for NHS Trusts including support to cell and gene therapy £18.2m
			240k litres of plasma collected £24.7m	10.8k Ophthalmic units 6.4k Sports & Orthopaedic units £24.7m
	380k units of plasma products supplied to NHS Trusts £18.2m	Emergency and click and collect deliveries £6.8m		
▪ Blood and Components ▪ Tissue and Eye Services ▪ Clinical Services ▪ Plasma				

NHSBT is committed to delivering a minimum 2% cash-releasing savings for each of the next five years.

Our target for 2025/26 is £16.6m: all parts of the organisation have been allocated a target to achieve.



We have developed plans to deliver these savings targets. Notable areas of savings include:

- **Reviewing our contractual arrangements to deliver value for money** e.g.
 - Nucleic Acid Amplification Testing
 - Ambient Tubes
- **Growing our business and delivering contribution improvements** within:
 - Clinical Services
 - Tissue & Eye Services
 - Plasma for Diagnostics
- **Optimising how we use our buildings:**
 - Fox Dean Road (Stoke Gifford)
- Improving our efficiency through **reviewing our budgets to eliminate waste.**
- Investing in organisation transformation to support programmes and projects that will release savings in future years, such as Donor & Session Platform (DASP) and Sustainability and Certainty in Organ Retrieval (SCORE)

Slide 6 Introduction: NHSBT Strategy

1. Enabling strategies listed include published strategies and strategies that are in development.

Slide 7 Grow & Diversify Our Donor Base to Meet Clinical Demand and Reduce Health Inequalities

1. The 4–5-year target time horizon is 2029/30. Some targets may be for shorter time horizons as indicated.
2. Supply-demand gap targets are based on volume (supply) as the most meaningful way approach to measure performance against the overall supply-demand gap metric.
3. Ro Supply demand gap - future targets currently based on meeting 59% of demand. This will be refined as part of Donor Base Resilience programme.
4. Plasma collection comprises source and recovered plasma
5. Minority ethnic donors/recipients are defined as minority ethnic groups excluding White minorities [Ethnicity - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk) & [Writing about ethnicity - GOV.UK \(ethnicity-facts-figures.service.gov.uk\)](https://gov.uk/ethnicity-facts-figures.service.gov.uk)
6. Minority Ethnic representation among organ transplant recipients – 4–5-year target is to match the ethnic profile of transplant waiting list, currently 28%; this will change in future.
7. STRIDES – Strategies to Improve Donor Experiences
8. HLA - Human Leukocyte Antigen
9. Cancellation at short notice is defined as cancellation within two days of booked appointment.
10. Net Promotor Score is calculated from a survey of donors who successfully donate blood, plasma or platelets.
11. DCD – organ donation after circulatory death
12. NBTA – National Black, Asian, Mixed Race & Minority Ethnic Transplant Alliance
13. Blood product donor base target is a combined range for Whole Blood, Source Plasma for Medicine and Platelets. The ability to switch donors between these groups as required provides additional resilience of supply.
14. Target reflects total Ro donor base i.e. black heritage and non-black heritage donors. This target is set to reduce, but not fully close the existing supply demand gap.
15. Plasma donor base - donors that have donated plasma at least once in the previous 12 months
16. DHSC – Department of Health & Social Care
17. ODR – Organ Donor Register
18. Fit panel donors are defined as: Caucasian male donors under 40 years of age; donors from black and minority ethnic heritage under 40 years of age; and Caucasian female donors under 30 years of age, who have been Human Leukocyte Antigen (HLA) typed at an allelic level.
19. Stem cell donor targets are contingent on marketing funding and may be adjusted to reflect this. Totals include an estimated attrition rate for donors reaching their respective age threshold (see 16 above).
20. DWP – Department of Work & Pensions
21. OPG – Office of the Public Guardian
22. Implementation of a new marketing, recruitment and retention approach to securing Stem Cell Donor Registry (SCDR) donors includes, ensuring that SCDR donor recruitment is established as part of unified recruitment campaigns; use of on-session event assistants, buccal swabs and extended recruitment criteria to include potential female donors.

Slide 8 Modernise Our Operations to Improve Safety, Resilience and Efficiency

1. The 4–5-year target time horizon is 2029/30. Some targets may be for shorter time horizons as indicated
2. Whilst we aspire to zero PSII incidents, external regulatory non-compliance and overdue internal majors, our primary aim is to proactively support best practice which reduces the likelihood of harm to donors and patients.
3. PSIRF – Patient Safety Incident Response Framework
4. Blood OTIF – Order delivered to customer On Time and In Full, inclusive of orders for Ro blood products
5. OCI – Oracle Cloud Infrastructure
6. ODT – Organ Donation & Transplant
7. EBA – European Blood Alliance
8. GCF – Government Commercial Function
9. Scope 1 emissions cover greenhouse gas emissions that an organisation makes directly; Scope 2 emissions are the emissions it makes indirectly e.g. energy bought for heating and cooling, being produced on its behalf.
10. Scope 3 emissions are all indirect emissions (not included in scope 2) that occur in the value chain of the reporting company, including both upstream and downstream emissions <https://ghgprotocol.org/sites/default/files/2022-12/FAQ.pdf>

Slide 9 Invest in Our People & Culture to Ensure A High Performing, Inclusive Culture

1. The 4–5-year target time horizon is 2029/30. Some targets may be for shorter time horizons where indicated.
2. Based on cohort of circa 200 managers, undertaking formal leadership and management training (reported quarterly).
3. EDI – Equality, Diversity & Inclusion
4. LGBT – Lesbian, Gay, Bisexual & Transgender
5. FTSU – Freedom to Speak Up
6. Minority ethnic colleagues are defined as from minority ethnic groups (excluding White minorities) [Ethnicity - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/ethnicity) & [Writing about ethnicity - GOV.UK \(ethnicity-facts-figures.service.gov.uk\)](https://gov.uk/ethnicity-facts-figures)
7. Minority ethnic representation in UK population currently 22% (source TBC)

Slide 10 Drive Innovation to Improve Patient Outcomes

1. The 4–5-year target time horizon is 2029/30. Some targets may be for shorter time horizons as indicated.
2. NIHR – National Institute of Health Research
3. DHSC – Department of Health & Social Care
4. HLA – Human Leukocyte Antigen
5. DCD – Organ donation after circulatory death
6. ANRP – Abdominal Normothermic Regional Perfusion
7. NORS – National Organ Retrieval Services
8. SWIFT – Whole blood use in trauma, clinical trial
9. RESTORE - Recovery and survival of stem cell originated red cells, clinical trial
10. TES – Tissue & Eye Services
11. nDEHP – non DEHP (DEHP is a softener for polyvinyl chloride (PVC), a plastic polymer)
12. PAS – Platelet additive solution
13. MoD – Ministry of Defence (UK)
14. JPAC – Joint United Kingdom (UK) Blood Transfusion & Tissue Transplantation Services Professional Advisory Committee
15. CE – Conformity with European health, safety and environmental protection standards

Slide 11 Collaborate With Partners to Develop and Scale New Services for the NHS

1. The 4–5-year target time horizon is 2029/2030. Some targets may be for shorter time horizons as indicated.
2. CBC – Clinical Biotechnology Centre
3. ATU – Advanced Therapies Unit
4. TAS – Therapeutic Apheresis Services
5. CAGT – Cellular & Gene Therapies
6. NICE – National Institute for Health & Care Excellence
7. NICE Transfusion Standard Adherence – the baseline for this measure is the outcome of the 2021 audit against the NICE Standards for Transfusion:
 - Patients who were known to have iron deficiency anaemia prior to being admitted for surgery were treated with iron before surgery – 2021 58.8% = 2027 target 70.6%
 - Patients undergoing surgery with expected moderate blood loss received tranexamic acid – 67.5% = 2027 target 81.0%
 - Patients receiving elective red blood cell transfusions had both their Hb checked and a clinical re-assessment after a unit of red cells was transfused – 58.2% = 2027 target 69.8%
 - Transfused patients had evidence of receiving both written and verbal information about the risks, benefits and alternatives to transfusion – 26% = 2027 target 31.2%
8. RCI – Red Cell Immunohaematology
9. SPICE – Specialist Services electronic reporting system
10. OBOS – Online Blood Ordering System
11. Fetal RHD – cell free fetal DNA screening for determination of fetal D blood group in D negative pregnant women
12. DHSC – Department of Health & Social Care

Slide 15: 2025/26 Forecast Volumes and Revenue.

1. Forecast 2025/26 volumes of products and services against expected revenue