

NHSBT Executive Team & Board Performance & Risk Report

June 2025

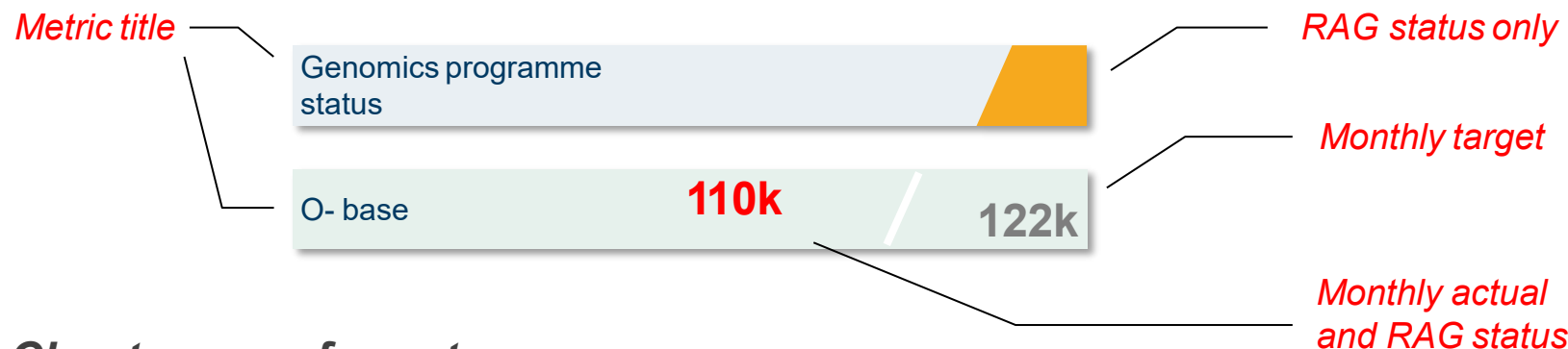
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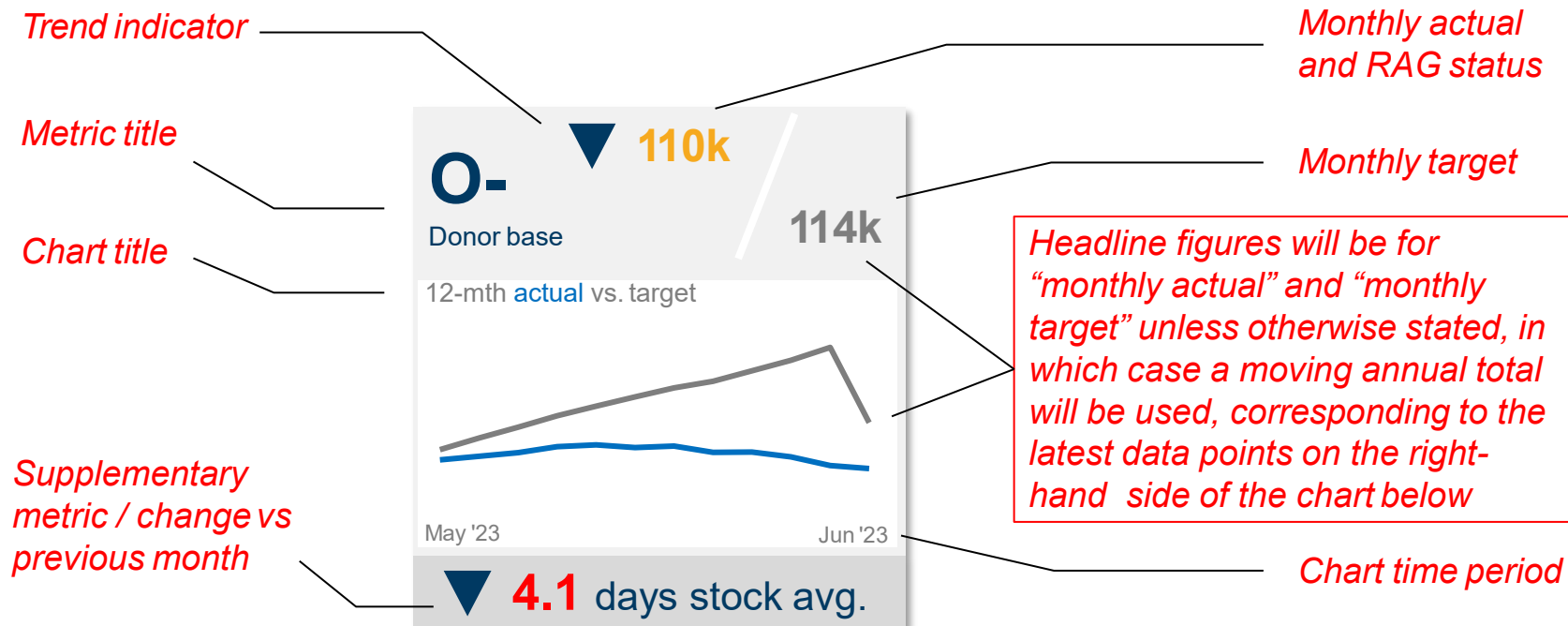
Blood and Transplant

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 June at 5.0 days of stock (vs >5.5 days target). A pos, O neg and B neg stocks ended the month at 4.2, 3.9 and 3.5 days. A red cell 'amber' stock alert remains in place, subject to regular review with DHSC and NHSE.

Overall stock levels increased to 5.3 days of stock (DoS) driven by improved collection performance and reduced demand; overall collections were 0.9pp below plan and red cell issues 3pp below forecast demand. At 207k appointment availability was comparable with May, however, with fill rate at 82%, from 78.5% in May, the number of donors donating increased by c. 4k to 120.9k in June. On-session rejections continues to challenge with deferrals reaching 19% in June compared with 17.8% in May, associated with warm weather throughout the month. Short notice donor appointment cancellations remain low at 3.7% (+1.0pp).

As of 11th July, red cell stocks stand at 6.1 days of stock (DoS) averaging 5.7 DoS. At a group level, stocks of A pos, O Neg and B neg have improved to 5.1 (+0.9), 4.1 (+0.2) and 4.7 (+1.2) DoS respectively, and remain below target levels (vs > 5.5 days target).

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 opened on 6 June, providing a further appointment capacity boost. During June, a new stock recovery and sustainability plan was agreed for implementation in July 2025, with the objective to recover stock to 7.0 DoS by the end of December 2025. In addition, the Donor and Session Platform (DASP) Programme is being launched, with a digital donor health questionnaire currently in development. Timeframes for testing, evaluation and scaling have been brought forward to Summer 2025.

2. The total blood products and Ro donor bases improved in June with new and returning donors combined at their highest level since September 2024. However, the O negative and plasma donor base fell further behind target in June.

The total blood products donor base increased through June from 797k to 798.5k, driven by an uplift in the whole Blood donor base from 776.9k to 778.3k, its first increase since December 2024. New and returning donors combined reached their highest level since September 2024 at 15.6% of total donors. The Ro donor base increased by c. 300 donors to c. 26.9k donors however the O Neg donor Base dropped from 109.6k in May to 109.3k in June, its lowest level since July 2024 and c. 800 donors lower than in June 2024. The plasma donor base gap to target increased to c 5% in June, 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: National Blood Week (NBW) w/c 9 June saw 28.8k registrations, 1.9k more than the equivalent week last year and the whole month saw 48.6K registrations. Also notable was the uplift in bookings with 109.3K made over the week (93.4K NBW 2024). As above, more appointment capacity will open during Q2 at the new Brighton donor centre and the relocated Southampton centre (opened 6 June). 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. Strong performance in both deceased donors and transplants through quarter 1, however consent rates remain a big challenge, with the active transplant waiting list at its highest recorded level (31 March 2025).

Strong performance in Q1 with YTD deceased donors (375v 354 target) and transplants (956 vs 904 target) at green status. Living donation (one month in arrears also remains green YTD (180 v 167 target). However, 8,096 patients including 276 children were on the active transplant waiting (31 March 2025), the highest number on record.

The consent/authorisation rate remains a huge challenge, alongside public attitude to organ donation and understanding of legislation. During June, 14% of all approaches regarding organ donation were for patients who had opted out. Despite another good month for the opt-in consent rate (90%), the overall consent rate was again amber in-month (58%) and remains amber YTD (59% vs. target of 62%). This is particularly prominent in the group of patients who met the deemed criteria and were confirmed deceased using circulatory criteria following treatment withdrawal (DCD pathway), with just 1 in 3 families saying yes in this circumstance during June.















Back to Green Plan: NHSBT and the Department of Health and Social Care (DHSC) held a jointly chaired 5-day International Donation Action Forum (IDAF) in June enabling discussion and sharing of best practice in organ donation with international colleagues, from Australia, Canada, USA, Spain and the Netherlands. The panel discussions covered topics such as operational & clinical practice, marketing & communications, family approach and legislation. IDAF is one of several activities being held as part of the NHSBT/DHSC Organ Donation Joint Working Group, seeking to maximise levels of donation, which includes staff and donor family surveys and discovery initiatives which focus on specific aspects of the donation process. The findings from these activities will form recommendations within a report for publication later in 2025.

4. Strong performance in Clinical Services through Q1. Full year CAGT forecast revised down due to loss of pipeline income, however overall forecast remains ahead of plan.

Clinical Services operations directorates (Cell, Apheresis & Gene Therapy (CAGT) and Pathology) are £1.1m better than the income and expenditure budget in the year to date (YTD). In CAGT, adverse income variances £0.3m (Stem Cell & Immunotherapy (SCI), Clinical Biotechnology Centre (CBC) and Advanced Therapies Unit (ATU)) have been offset by favourable income variances in Therapeutic Apheresis Services (TAS) and Stem Cell Donation & Transplant (SCDT) (£0.2m), plus underspends (£0.5m). Pathology is £0.7m better than plan, the main drivers being Red Cell Immunohaematology (RCI) and Histocompatibility and Immunogenetics (H&I) income above plan, plus underspends from vacant posts. Forecast has been set £0.1m better than budget at year-end (CAGT £1.3m adverse and Pathology at £1.4m favourable). CAGT's forecast has been revised down to include the impact of CBC and ATU income now forecast below plan. The year-end forecast has been reduced due to confirmation that CBC will not be the selected partner on one of the grant funded viral vector projects in the pipeline as we cannot manufacture the vector at the scale required.

Back to Green Plan: Recent joint work with Boston Consulting Group (BCG) on advanced therapeutic medicinal products (ATMP) commercialisation has recommended that we don't focus commercial activity on viral vector manufacturing given the very competitive market, and our lack of track record or unique selling point in this area. Both CBC and ATU income forecasts still include prospect income, and the BCG commercial review is clear that we need to invest in more commercial roles and expertise to meet income targets and develop our pipeline.

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	798.5k ▲ / 823.5k ¹		Active Plasma Donor Base	11,255 ▼ / 11,808	
Size of active Ro blood donor base	 26.95k ▲ / 27.2k		Plasma collected (sourced & recovered), litres(YTD)	83k ▲ / 60k	
Size of active O-blood donor base	109.3k ▲ / 112.7k		No. of Organ transplants living & deceased ^{2/3}	 4,644 ▼ / 4,785	
RO Supply Demand Gap YTD	 52% ▼ / ---		Organ consent rate (YTD)	 59% = / 62%	
Short notice cancellation of appointments	3.2% ▲ / 4.5%		Corneas Issued for Transplant (YTD)	1,006 ▼ / 1,086	
 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	16.3% ▲ / ---		No. of transplants per deceased organ donor YTD	2.55 ▼ / 2.55	
Employee Turnover	11% = / 12%		Component Development Clinical Trials <div> <div>Whole Blood (SWIFT)</div> <div>Universal platelets & universal plasma</div> <div>Dried Plasma</div> <div>RESTORE</div> </div> <div> <div>=</div> <div>=</div> <div>=</div> <div>=</div> </div> <div> <div></div> <div></div> <div></div> <div></div> </div>		
Recruitment Time to Offer (weeks)	9.7 ▼ / 11.0				
Vacancy Fill Rate	92% = / 88%				
Sickness absence rate	4.3% ▲ / 5.0%				
Harm Incident Rate NHSBT (Incident rate per 1000 employees)	6.3 ▼ / 7.1				
			 Collaborate with partners to develop and scale new services for the NHS		
			Clinical Biotechnology Centre (CBC) Income YTD	£0.87m ▲ / £0.76m	
			Advanced Therapies Unit Income (YTD)	£0.34m ▼ / £0.49m	
			No. of Therapeutic Apheresis Procedures YTD	3,391 ▲ / 3,432	
			Tissue & Eye Services YTD income	£6.3m ▼ / £6.16m	
			Transfusion 2024 programme status	= 	

¹ Subject to revision once Health of Donor Base action plans are finalised² MAT = moving annual total³ Forecast Living Donor Out-turn⁴ Replaces Serious Incidents Metric



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

June 2025

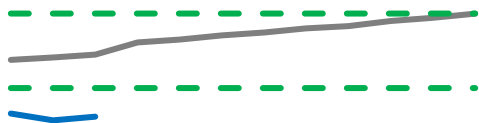


Blood and Transplant

Size of active Blood Product Donor base

798.5k / 823.5k

12-mth actual vs. projected target vs Target Range



Apr 25

Mar 26

Active O- Donor base

109.3k / 112.7k

12-mth actual vs. projected target



Apr 25

Mar 26

Active Ro Donor base

26.95k / 27.2k

12-mth actual vs. projected target



Apr 25

Mar 26

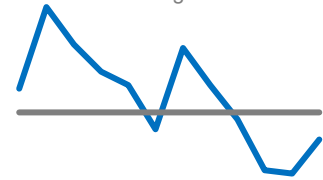
Insight and Commentary Blood Donor Base

- The total blood products donor base increased through June from 797k to 798.5k, driven by an uplift in the Whole Blood donor base for the first time since December 2024 from 776.9k in May to 778.3k in June. The Ro donor base increased by c. 300 donors to c. 26.9k donors however the O Neg donor Base dropped from 109.6k in May to 109.3k in June, its lowest level since July 2024.
- On-session rejections continues to challenge with deferrals reaching 19% in June compared with 17.8% in May, associated with warm weather throughout the month.
- At 207k bookable appointments were comparable with May, however, with fill rate at 82%, from 78.5% in May, the number of donors donating increased by c. 4k to 120.9k in June.
- June 2025 saw National Blood Week w/c 9th June. The week saw 28.8k registrations, 1.9k more than the equivalent week last year and the whole month saw 48.6K registrations. Also notable was the uplift in bookings with 109.3K made over the week (93.4K NBW 2024). This uplift was in part reflected in the new donors donating (NDD) figures (NDDs increasing from 10.2K in May to 13.2K in June), but also in maintaining regular donors with donor reactivations +1k and inactivation -0.2k.
- Efforts to improve appointment availability, including opening Brighton DC and a new mobile team in the West Midlands (Q3), are ongoing. Southampton Centre re-opened its doors on the 6th June and took 891 collections in its re-opening month.

Short Notice Cancellation Of Appointments

3.7% / 4.5%

12-mth actual vs. target



Jul 24

Jun 25

Red Cell Units Collected

121k / 122k

12-mth actual vs forecast target



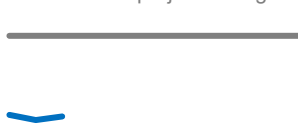
Apr 25

Mar 26

Ro Units Collected

4,040 / 4,493

12-mth actual vs projected target



Apr 25

Mar 26

Ro Supply Demand Gap YTD

52.2% / ---

12-mth issued vs requested vs Ro gap



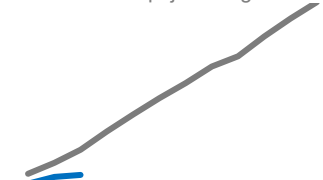
Jul 24

Jun 25

Active Plasma Donor Base

11.3k / 11.8k

12-mth actual vs. projected target



Apr 25

Mar 26

Plasma Collections Source & Recovered YTD

83k / 60k

12-mth actual vs. target



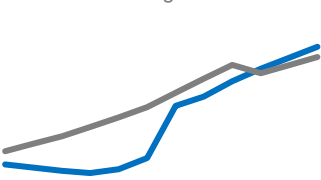
Jul 24

Jun 25

NHS Stem Cell Donor Registry Fit Panel Volume

131.2k / 129.6k

12-mth actual vs. target



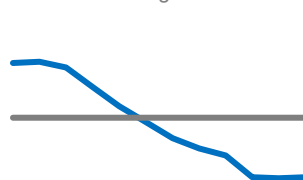
Jul 24

Jun 25

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

14.8% / 20%

12-mth actual vs. target



Jul 24

Jun 25

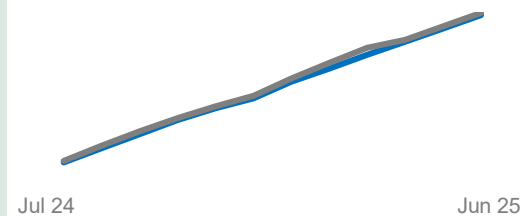
Plasma

- Patients receive UK plasma derived medicines (PDMP) with NHSBT working in collaboration with DHSC, NHSE and Octapharma to ensure a stable supply chain. 2025/26 shipment target is 450kl and we have dispatched 142 kl in 13 shipments to end June 25, with 6 more ready. Launch stock validation is close to completion with in-house plasma validation at NHSBT sites now taking place, boosting productivity and reducing stock in storage.
- Total collection of Plasma for Medicine (PfM) in June was 39% ahead of target (27,760 vs. 20,000 litre target). The source plasma donor base grew in June (+41), though remains behind target (11,255 vs 11,808 target). The 25/26 business plan for source plasma targets increased collection at 3 centres while continuing to support whole blood collection at Twickenham Donor Centre.



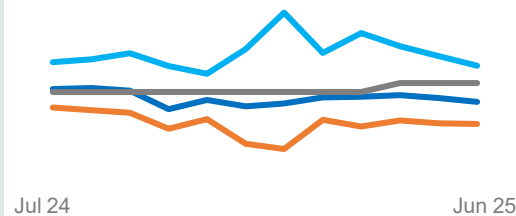
Organ Donor Register¹ **28.49m** / **28.5m**
Opt-In Register - Total

12-mth **actual** vs. target



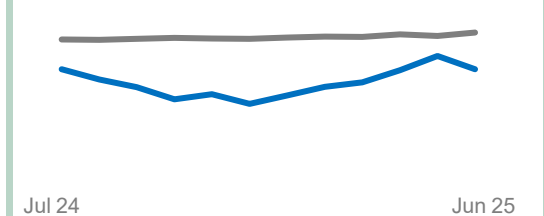
Organ Consent/Authorisation YTD **59%** / **62%**

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



Living & Deceased Organ donor transplants MAT¹ **4,644** / **4,785**

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

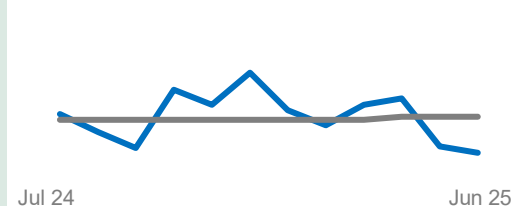


Insight and Commentary Organs

- Strong performance in Q1 with YTD deceased donors (375v 354 target) and transplants (956 vs 904 target) at green status. Living donation (one month in arrears also remains green YTD (180 v 167 target)). 8,096 patients including 276 children were on the active transplant waiting list as of 31 March 2025, the highest number on record.
- June started strongly, but activity slowed towards the end of the month. There were 117 deceased organ donors overall in June (amber against 120 seasonal target), 2.43 transplants per deceased donor (amber) and 284 deceased donor transplants (amber against 310 seasonal target).
- The consent/authorisation rate remains a huge challenge, alongside public attitude and understanding of legislation. During June, 14% of all approaches regarding organ donation were for patients who had opted out. Despite another good month for the opt-in consent rate (90%), the overall consent rate was again amber in-month (58%) and remains amber YTD (59% vs. target of 62%). This is particularly prominent in the group of patients who met the deemed criteria and were confirmed deceased using circulatory criteria following treatment withdrawal (DCD pathway), with just 1 in 3 families saying yes in this circumstance during June.
- The consent rate was again red for ethnic minority donors in-month (22%) and remains red YTD (29%). This is heavily influenced by the fact that 1 in 5 approaches where the patient was from an ethnic minority background YTD were opt-outs. The deemed consent rate is also very low for this group of patients (25%) However, where the patient has opted in, the consent rate is comparable with the national average opt-in consent rate, at 86% YTD.

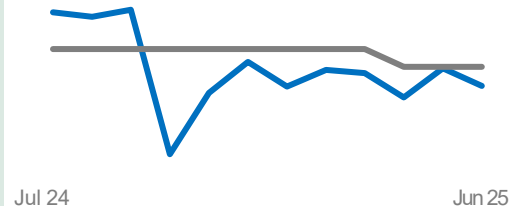
Minority Ethnic (ME) Organ Consent Rate YTD **29%** / **34%**

12-mth **actual** vs. target



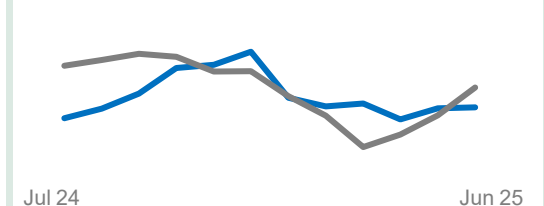
ME Recipients of Organ Transplants YTD¹ **25%** / **26%**

12-mth **actual** vs. target



Corneas issued for transplant YTD **1,006** / **1,086**

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



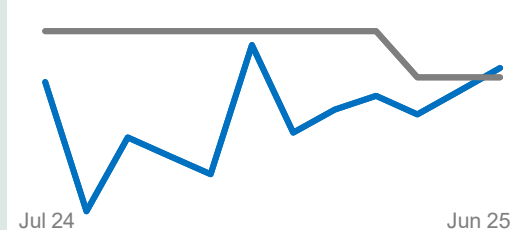
Ocular

- The ocular donation rate in month was an average 7 donors a day, consistent with the levels seen in previous months. In June, ocular donors totalled 199 vs 221 in May.
- Ocular stock levels (target 300) remain c. 230 at the end of June with orders/issues capped at 75 per week to maintain consistency of supply.
- Lower than planned levels of ocular donation are impacting income, with June seeing a £27k deficit to target (£113k deficit YTD). This potentially becomes more challenging in future months as income targets increase.

¹ Living Donors Forecast

Net Promoter Score **87.2** / **87**

12-mth **actual** vs. target



Pathology

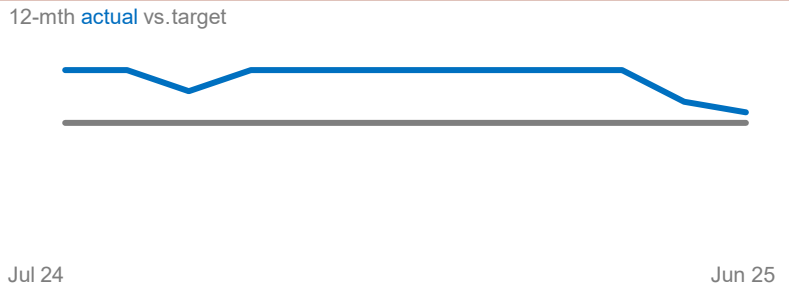
- **Screen 25k blood donors for extended types and additional antigens:** Screening ended the month behind plan (2.5k v 6.3k) having been paused in May/June due to vacancy and prioritisation of urgent RCI referrals. Vacancy appointed, with expected impact on screening levels in July 2025.
- **Retest 20k STRIDES donors to enable clinical use:** Retesting of STRIDES donors is now underway with 3.0k tested YTD. Working towards addition of DNA extraction capacity, allowing sample collection from Filton and Manchester to achieve 20k target (forecast position for 2025/26 under review).

NHS Stem Cell Donor Registry (SCDR)

- The NHS SCDR Fit panel volume ended Q1 to June 1.8% above target. Recruitment volumes have remained high since panel scope redefined to include female Caucasian donors as well as donors from a male Caucasian and minority ethnic background.
- Recent success in recruiting female Caucasian continues to impact the percentage of donations from a minority ethnic background (14.8% vs. 20.0% plan). Working on options to increase Male/ME donors.

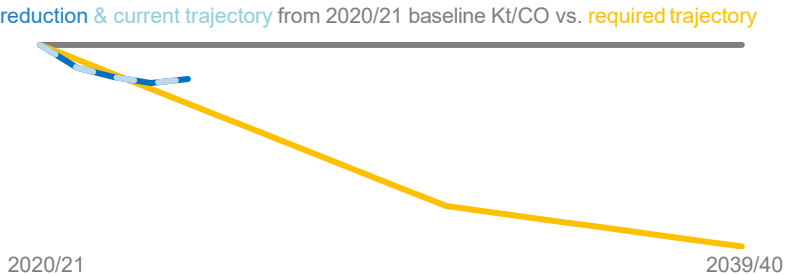


Overall Critical Infrastructure (CI) Availability **99.96%** / **99.95%**



Reduction in scope 1&2 CO₂ emissions vs. 2020/21 baseline **10,977** / **9,400** tCO₂e

(at end Q4 24/25; next update end Q1 25/26)



Cost/Efficiency savings **£16.6m** / **£16.6m**

Full Year forecast at end Q1 25/26

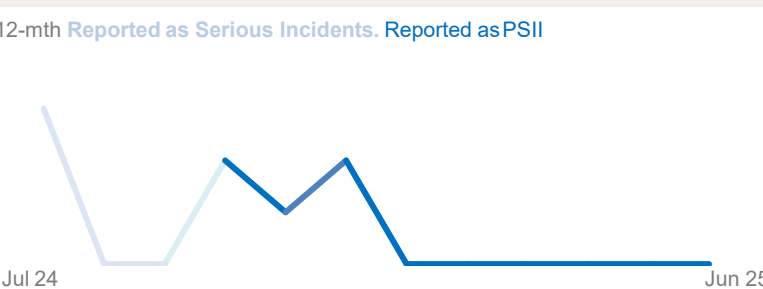
% Commercial Pipeline Savings **0.31%** / **2.0%**

Next report – end of Q2 2025/26

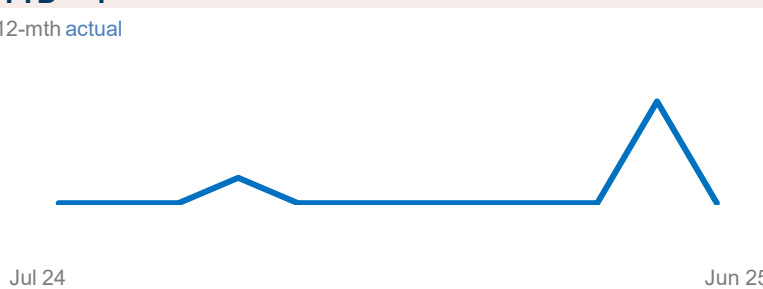
Overdue Internal Major Incidents **13** / **0** (+7)



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



External Majors Incidents **0** / **---** YTD = 4



Insight and Commentary

- Quality
- The number of overdue internal majors increased to 13 in June (+7 from May) and continues to exceed expectation.
 - **Back to Green Plan:** A project lead continues to oversee improvement initiatives to deliver a simplified process for effective incident management.
 - RCI Reagents have appointed a new EU Notified Body (BSI) and lodged a formal application for conformity assessment and CE certification. In a further project NHSBT Reagents products have been awarded the UKCA mark by our UK Approved Body (UL). These achievements mark the culmination of work between colleagues in Reagents and Quality Assurance and will help to secure the supply of these critical reagents to blood transfusion laboratories.

Critical Infrastructure

- Critical Infrastructure (CI) met availability target (99.95%) in June.
- Pulse experienced a period of degraded performance during the National Blood Campaign due to exceptionally high donor demand. This resulted in slower response times for some users for a time. The service remained available throughout and was remediated quickly to stabilise performance.

Progress Towards NetZero

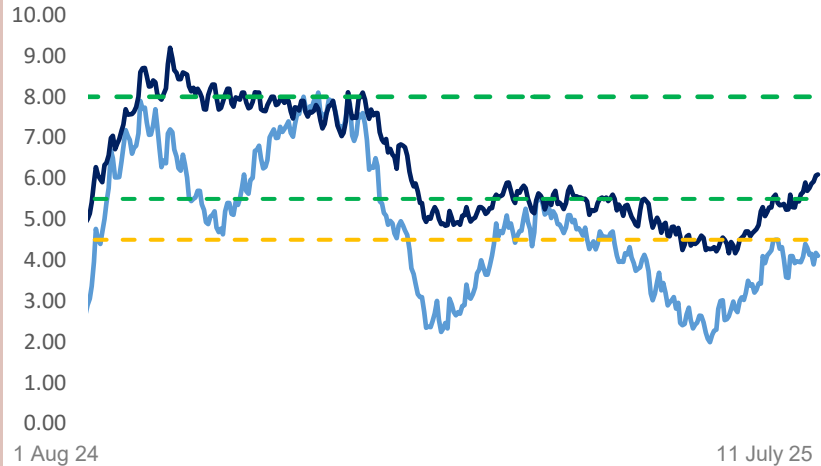
- 2024/25 emissions were 10,977 tCO₂e vs 9,400 target, a reduction against 2020/21 baseline of 17%
- This represents an increase of ca 300 tCO₂ emitted compared with c. 10,700 tCO₂e in 23/24, a reduction against 2020/21 baseline of 19%.
- **Back to Green Plan:** A new Net Zero strategy focussed on managing our Scope 1,2 and 3 emissions is currently being developed, for publication by November 2025.

Blood stock stability

Average days of stock ▼ **5.0** Avg. Jun 25

Actual days of stock ▼ **5.3** Actual 30/6

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

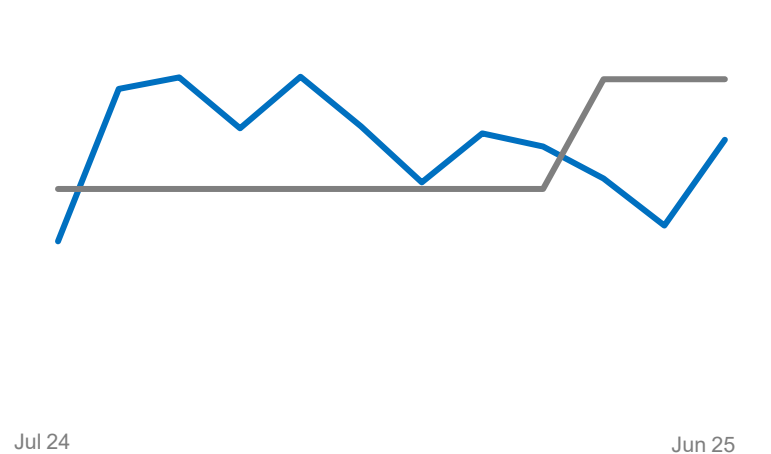
incl. Ro (YTD)



96.3%

96.9%

12-mth actual vs. target



Insight and Commentary

- At the end of June 25 overall red cell stocks stood at 5.3 days of stock (DoS), an increase of 0.9 DoS from the end of May 25. Acute challenges remain in both B neg (3.0 average Dos) and O neg ((3.7 Dos) despite the latter improving average Dos by +1.1 Dos through June.
- During June 2025 red cell collections stood at 99.1% of business plan target, a -4.1pp increase compared with May 2025. Whilst Ro Collection volume is steady at c4k collections remained 10.1% below requirement. Over the course of the month 49.4% of Ro Demand was met, a 3.0pp decrease from May 2025.
- Red cell issues decreased in volume when compared to the previous month (-2.4pp) and were -3.0pp below forecast demand. The volume of O neg issued as a percentage of all issues decreased slightly to 14.5% (-0.1pp compared to the previous month). Red cell units being issued as substituted products remained relatively stable at 4.0%.
- 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 (opened 6 June, 891 donations in month). During June, a new stock recovery and sustainability plan was agreed for implementation in July 2025, with the objective to recover stock to 7.0 DoS by the end of December 2025. In addition, 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 improved in June (+0.5pp) to 96.6%, driven by ‘On Time’ performance, with ‘In Full’ performance remaining stable. Both YTD (96.3%) and in month OTIF performance is below the 96.9% target (Amber).
- 13 Blood Donation collection teams are operating at reduced capacity, with a total of 1,700 weekly appointments being removed from the programme. These reductions continue to be caused by a combination of long-term sickness, high attrition and challenging recruitment. However, during June, 4 teams began to revert to a full collection programme with 7 more planning to revert by the end of September 25 (+ 800 weekly appointments into the collection programme)..
- NHSBT led cancellations increased in June (+1pp) to 3.7% from 2.7% in May albeit remaining below 4.5% target and have decreased further to 2.7% vs target of 4.5%.

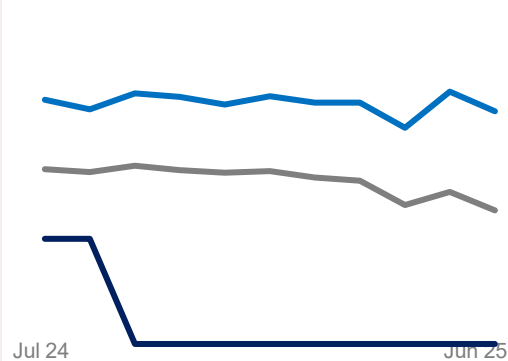
Manufacturing Productivity

10,546

9,715

Annualised YTD

Ann. YTD Actual vs target vs **EBA top quartile**



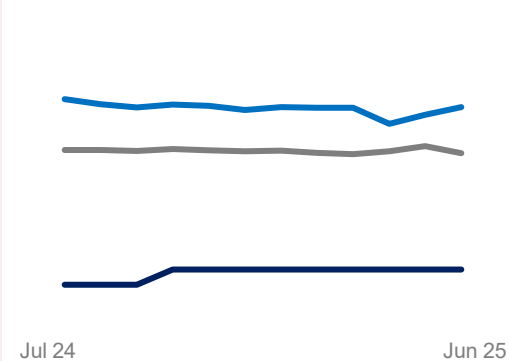
Testing Productivity

29,651

26,403

Annualised YTD

Ann. YTD Actual vs target vs **EBA top quartile**



Collection Productivity

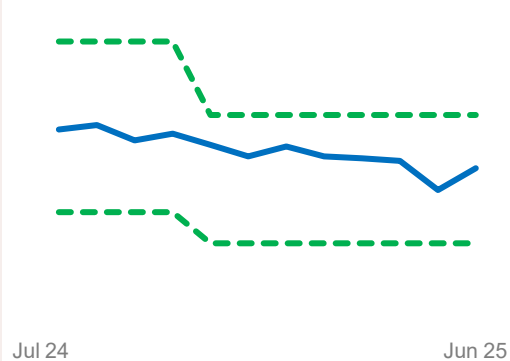
1,140

1,080

to 1,183

Annualised YTD

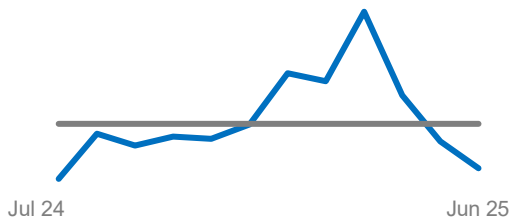
Ann YTD Actual vs **EBA 75% quartile limits**





Time to Offer weeks **9.7** / **11.0**

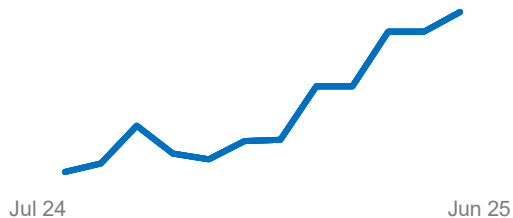
12-mth **actual** vs. **target**



Minority Ethnic Employees **16.3%**

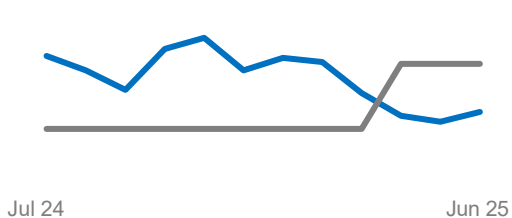
% Band 8A-8C

12-mth **actual**



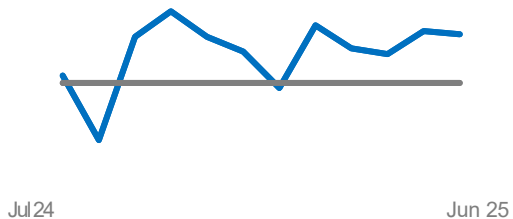
Sickness Absence **4.3%** / **5.0%**

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



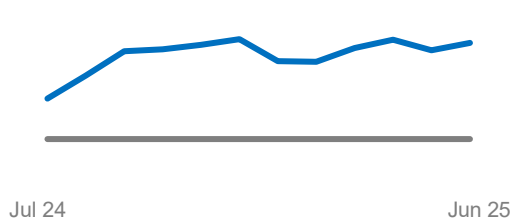
Vacancy Fill Rate % **92%** / **88%**

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



Mandatory Training compliance **97%** / **95%**

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



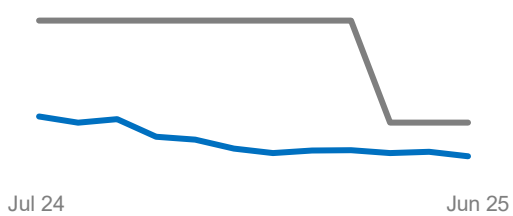
Harm Incident Rate NHSBT **6.3** / **7.1**

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



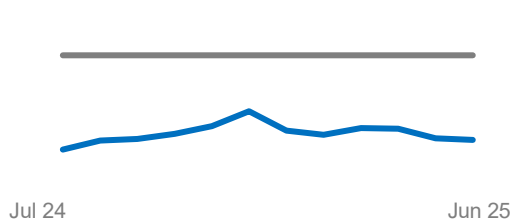
Employee Turnover % **11%** / **12%**

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



PDPR completion **89%** / **95%**

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



Near Miss Incident Rate **17.3** / **14.7**

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



Insight and Commentary

- Recruitment: Time to offer reduced by a further 6 days in June to 9.7 weeks from 10.5 weeks in May. The Talent Acquisition and Resourcing (TAR) team's targeted and structured approach, delivered through the Back-to-Green plan, is now embedded into business-as-usual activity following strong and sustained results.
- Vacancy demand and application volumes remained stable in June, whilst the number of appointments increased by 19%. Looking ahead, we continue to expect increased demand over the summer into autumn.
- To support longer-term operational resilience, TAR continues to focus on vacancy demand planning, the stabilisation of the resourcing model, and opportunities to enhance productivity.
- Employee Turnover is stable at 11% and below target of 12%.
- PDPR Compliance has stabilised at c.89% and remains at red RAG status. The new approach to PDPR conversations has been well received, however, this is not translating into improvement in compliance.
- Back to Green Plan:** People and Culture partners are working with business areas, particularly within Blood Supply, to identify and address barriers to PDPR compliance.
- Following benchmarking with other NHS organisations, the sickness absence target has increased to 5% for this financial year. In June overall sickness absence across NHSBT was 4.3%, (+0.2pp). Main reasons for sickness absence remain anxiety, stress and musculoskeletal issues.
- The Harm Incident rate decreased to 6.3 in June from 6.8 in May driven by harm reduction in Blood Supply. However, of 46 harm incidents in month, 37 occurred in Blood Supply. Most frequently reported harm incidents are musculoskeletal injuries largely occurring on session.
- The near miss incident rate increased to 17.3 from 12.8 in May and is now above target of 14.7. 33 near miss incidents were reported across the organisation in June, largely from Blood Supply chain operations.

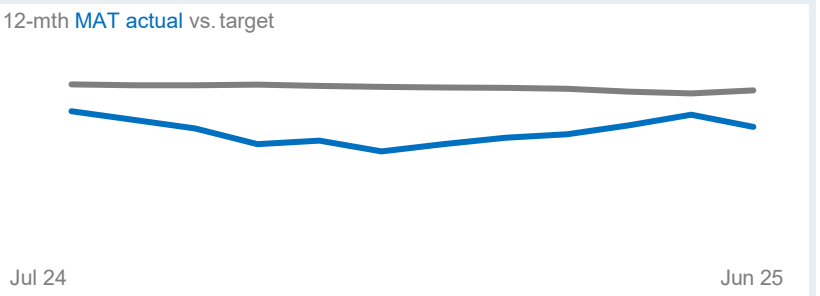


Component development clinical trials

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

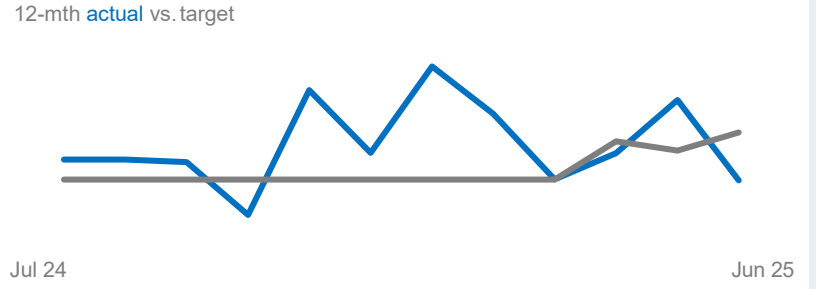
No. of organ donor transplants
Deceased Donors YTD

956 / 904



No. of organ transplants
per deceased donor
YTD

2.55 / 2.55



Health inequality & patient outcome datasets

Health Inequality Reporting Reporting Q1 25/26; next report end Q2 25/26	
Serum eyedrop – post treatment follow up data Project halted pending review.Scope/aims adjusted to mitigate weaknesses & revised project plan being developed.. Back to green plan initiated.	
Enhanced Recovery After Surgery (ERAS) in transplantation for living donors	

No. of Sickle Cell & Thalassemia patients genotyped

6,015

Target: 17,000 patients genotyped

To Date: 9,179 samples received

6,615 samples accepted

6,015 samples genotyped

TES product development

Alternative Amnion product Amniotic membrane grafts for medical applications, primarily in ophthalmology	
Rectus Fascia product Fascial covering of external oblique, internal oblique and transverse abdominal muscles	

Insight and Commentary

Component development clinical trials

- **SWIFT:** 10 trial sites opened, and 900 patients recruited ahead of schedule (Sept 2024). The project remains at Amber status due to delays in the National Major Trauma Registry (NMTR) data collection process. No further extensions allowed beyond May 2025 with database closed for analysis at end June 2025.
- **Universal Plasma & Platelets:** £1.6m project (3 years), extended to March 2027, remains within budget despite the original supplier withdrawing. Project costs reprofiled across four years (ending in March 2027) but still working to the total business case value overall. A new technology has been selected, with contract talks in advanced stages (Path to Green). Meetings held with BARDA (the US Biomedical Advanced Research and Development Authority) team to inform a funding application for a future clinical trial.
- **Dried Plasma:** £5m project ongoing. Additional funding £2.45m received in Q4 2024/25. Specialist equipment delivered, installed and validated with user training completed.
- **RESTORE:** Clinical trial of in-person use of red cells manufactured from stem cells (mRBCs). Recruitment complete, with 20 doses given to date. 2 standard RBC (sRBC) runs required to complete trial production. Planning for final sRBC runs and study completion.

Genomics Programme

- Overall programme RAG status is Amber
- **Our Future Health (OFH) recruitment:** 90,764 (+1,490) blood donors have consented to participate in OFH. 63,765 (+1,116) samples provided to date.
- **Confirmatory Testing of ‘valuable’ / rare donors from STRIDES (Strategies to Improve Donor Experience) genotyped cohort:** Ca 30k ‘high-value’ donors flagged in PULSE to enable retesting; plan to confirmatory test 20k. Retesting of Strides donors is now underway; 3.0k tested YTD. 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 the pace of patient referral and delay in reporting genotyped results. Ten initial typing reports for UCL hospital patients issued in June. Free of charge testing to hospitals available until end Q3 25/26 following business case approval for 141k funding from NHSE.

Organ Transplant & Utilisation

- **Organ Utilisation:** The ratio of DCD (circulatory criteria) to DBD (neurological death) donors reverted in favour of DCD donors (49 DBD: 51 DCD in month and YTD). Due to DCD’s lower consent rate (DBD: 66%; DCD: 53%), and lower transplants per donor, this shift contributed to a transplant-per-donor rate of 2.43 in June, down from 2.69 last month.



Transfusion 2024 programme status

Clinical Biotechnology Centre (CBC) income YTD

£0.87m

£0.76m

12-mth actual vs. projected target, £m



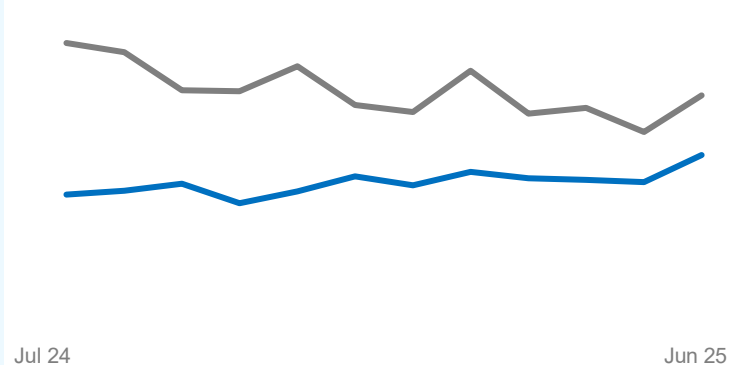
Samples ordered/referred electronically

Advanced Therapies Unit Income YTD

£0.34m

£0.49m

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



Insight and Commentary

Transfusion 2024 Programme

Overall, the programme remains at Green RAG status.

- Fetal RHD electronic requesting and reporting:** The total number of hospitals live is 42, with 2 live since last month. Pathology has a target of reaching 4% of hospital orders ordered/referred electronically by the end of 2025/26, with the actual at 3% (May 2025 data).
- RCI Assist Referral Support Tool:** RCI Assist went live on Sp-ICE (our test reporting system) on 12 May 2025 and then on our On-line Blood Ordering System (OBOS) on 23 June 2025. We have received >1,100 hits with 131 users since the launch.
- 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 (to provide NHSBT labs with NHR access) is underway.

Cellular Apheresis and Gene Therapies (CAGT)

- Clinical Biotechnology Centre (CBC) income** ended the period £0.1m better than plan due to one product batch being released in June rather than in April as planned. Forecast has been revised down to £4.45m, £1.05m adverse to 2025/26 plan, due to confirmation that CBC will not be the selected partner on one of the grant funded viral vector projects in its pipeline.
- Back to Green Plan:** The Business Development Team have several prospects and booked slots for the year ahead and are working to ensure there is sufficient business coming through towards the end of the year. An 8-week review of CAGT commercial opportunities, supported by external consultants, began in May, has concluded.
- Therapeutic Apheresis Service (TAS) procedure volumes** ended the month 1.2% below plan but 7.7% ahead of last year (2.17k). Forecast is close to plan at 14.3k v 14.4k, +10% growth on 24/25. Growth across the TAS service remains strong, with expansion of red cell exchange services in London and East of England.
- Advanced Therapy Unit (ATU) income** ended the period £0.15m behind plan due to customer amendments to the timing of billable activity during 2025/26. Having also received confirmation that one of the customers in our pipeline will not require manufacturing services in 2025/26, forecast has been revised down to £1.85m, £0.55m adverse to 25/26 plan.

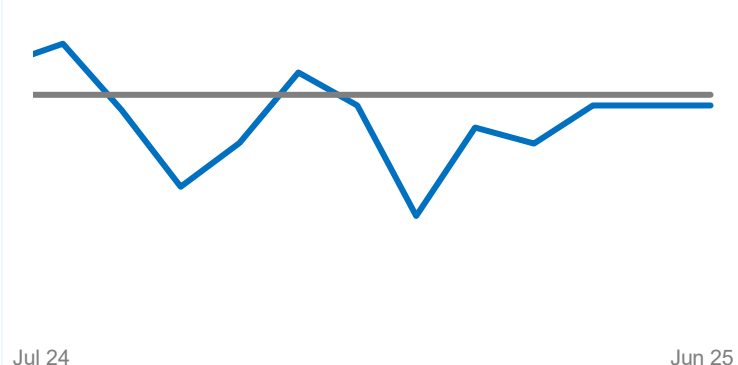
NHSBT Provided UK Stem Cell Donors YTD

6%

7%

Next update – end Q2 2025/26

12-mth actual vs. target



Therapeutic Apheresis Services no. of procedures YTD

3,391

3,432

12-mth Moving Annual Total actual vs. target



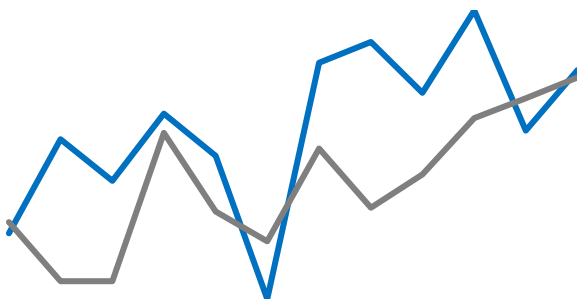


Tissue & Eye Services (TES) income YTD

£6.3m

£6.16m

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



Jul 24

Jun 25

Insight and Commentary

TES Overall income

- The combined sales position for June was +0.6% (+£11k) above target, with higher than planned activity in Serum Eyedrops (+£73k) offsetting Ocular/Corneas (-£27k) and Tissues (-£28k) income below target. Overall, year to date income is £138k ahead of target, driven by Serum Eyedrop sales.

Tissue Income

- Tissue product income was £27k below target in month with only Amnion, Femoral heads and Bone income above target. Bone stock whilst below plan has maintained stock levels in June ahead of a six-week shut down of irradiation in July/August

Ocular income

- Ocular income was behind financial target by £27k (-4%) in month. Meeting the ocular income target is reliant on sufficient levels of cornea donation, which continues to fall behind target. Work to increase cornea supply continues as part of the iORbiT project, currently at amber RAG status with an expected back to green date of March 2026.
- The pace of Trust activity is slower than planned, risking underachievement later this year. Key issues slowing the pace of iORbiT are: 1) training Trust staff in retrieval, 2) some Trusts struggling with recruitment, 3) mortuary access, and 4) the implementation of Trust IT solutions to support the scheme. We will continue to work with NHS England and Trusts to make progress.

Heart Valves

- Cardiovascular sales were behind target by £29k in month (-£55k YTD). There were 23 donations in June (vs target of 32), with year-to-date donations of 72 (vs target of 101). Despite additional retrieval capacity, stock levels remain a concern for heart valves, and plans are being generated to address the problem

Serum Eyedrops

- Serum Eyedrops income was ahead of target by £73k in month (+£201k YTD). The programme filled 499 of the 512 issue slots in Hospital Services, issuing 36 ahead of target (499 vs target of 463).
- Work to reduce the waiting list for new Serum Eyedrop patients continues, with 127 awaiting treatment at the end of June (up from 116 at the end of May) and 21 of those are waiting longer than 6 weeks (down from 57 at the end of May)

Risk Summary

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 / 30 June 2025	Clinical / Minimal	●																								
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
P-02	Service Disruption / Director of Quality	11 June 2025 / 02 July 2025	Disruption / Minimal	●																								
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
P-03	Service Disruption (Interruption of critical ICT) Chief Digital Officer	05 July 2024 / 11 June 2025	Disruption / Minimal	●																								
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
P-04	Donor Numbers & Diversity / Director of Donor Experience	12 Aug 2024 / 03 July 2025	Operational / Minimal	●																								
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
P-05	Finance/Chief Finance Officer	21 Aug 2024 / 01 July 2025	Finance / Open	●																								
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
P-06	Inability to access data sets / Chief Nursing Officer	06 Jun 23 / 30 June 2025	Innovation / Open	●																								
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25

Risk Summary continued

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 / 16 June 2025	People / Open	●																								
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
P-08	Managers Skills and Capability / Chief People Officer	14 Mar 2024 / 16 June 2025	People / Open	●																								
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
P-09	Regulatory Compliance / Director of Quality	10 Oct 2024 / 02 July 2025	Legal, Regulatory & Compliance / Cautious	●																								
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
P-10	Pace & Scale of Transformational Change / Deputy Chief Executive	07 Mar 2025 / 30 June 2025	Programme / Open	●																								
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
P-11	Corporate Governance / Director of Quality	25 June 2025 / 02 July 2025	Governance / Minimal	● ○																								
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25

Risk Summary continued

Risk movement

There has been a reduction to the residual risk score of the principal risk P-11, Corporate Governance. With all actions aligned to this risk completed, the residual risk score has reduced from $4 \times 3 = 12$ (Judgement Zone) to $4 \times 2 = 8$, which is within the Tolerable Level.

Risk Limit

Three principal risks remain at the risk limit. Contributory risks influencing these principal risks also remain unchanged.

- 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 17 June 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 11 June 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 assessed on 3 July 2025.

Risk Updates

Work continues to review and update the principal risks following 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