

Blood Supply update

22 July 2025

Caring Expert Quality

Blood Stocks Key Messages





O-group red Cell stocks have been under 'amber alert' since July 2024 due to ongoing collection challenges. There is a risk that these pressures will continue, with lower donor attendance and higher deferrals.



Over the past few years, we have implemented several initiatives to increase donation appointment capacity and stabilise the workforce. We now deploy c.50k appointments per week (vs c.43k pre-pandemic) and Blood Donation workforce turnover has reduced to a record-low of 12.6% (vs 27% at peak).



However, key structural challenges continue to prevent stock growth: a sustained increase in on-session donor deferrals; lower appointment fill rates, particularly in city donor centre locations; and insufficient donors of key blood groups. Whilst we have seen good progress with a reduction in short-notice cancellations, there is more to do to remove this source of frustration for donors.



In the short-term, we have mobilised an Incident Response team to oversee blood stocks through the challenging Summer period. This team will drive a strong performance focus, seeking to optimise delivery and mobilise some urgent interventions to reduce deferrals.



In the medium-term, we are making some big strategic investments to digitise the donor journey, including an online health check so donors can establish their eligibility to donate while booking an appointment. We are also investing in further increases to appointment availability and growing our donor base to ensure we can fill more of the appointments we deploy.

Demand

Blood and Transplant

1. Historical demand



2. Hospital stock levels





Key Insights:

- Red Cell Demand declined significantly during the Pandemic period. While this recovered by Summer 2021, it did not return to pre-pandemic levels.
- 21/22 and 22/23 Demand remained stable, however since then it has shown a slight decreasing trend with 23/24 and 24/25 showing a 1% reduction year on year.
- Red Cell Demand in FY 24/25 was 5.6% lower than in FY 18/19 (The last full year pre-pandemic)

- Since the amber alert in 2023, we have observed a reduction in stock holding by hospitals.
- We have been actively working with hospitals to champion demand reducing initiatives, such as the use of O-positive for male patients of unknown blood group and Patient blood management measures.
- We have established a Joint Blood Stocks working group to further support appropriate demand across hospital customers.

Blood stocks

NHS Blood and Transplant



- At an overall level, blood stocks have fluctuated over the past 3years.
- Overall stock, in the main has remained within our target banding.
- O-negative has proven harder to manage, with stock being below target levels through the period.
- O-negative is the universal group and in the past 12months, 14% (29k units) of Onegative has been issued as an RO substitution.

We are experiencing key structural challenges that are impacting blood stock performance **Blood and Transplant**





2. Sustained Decreases in Appointment Fill Rates



Key Insights:

- Deferrals occur when a donor attends their appointment but is clinically assessed as ineligible to donate.
- Deferrals have been increasing over recent years and have recently risen to 18% of donors attending (from low point of 8%), primarily due to low HB (haemoglobin) deferrals more than trebling.
- This increase accounts for c.3,000 missed collection opportunities each week.

- The appointment fill rate represents the % of available donation appointments that are booked by donors.
- Since 2023, we have observed a trend of declining donor appointment fill rates, particularly in donor centres located in city centres.
- Large campaign activity and national media coverage has helped temporarily boost bookings, but these interventions have not led to sustained improvement.

We are making positive progress on workforce challenges, leading to recent reductions in NHSBT-led cancellations







In the short-term, we have mobilised an incident response team tasked with managing Summer blood stocks



Incident Response Team Structure



- Based on initial analysis
 of the challenges
 contributing to low
 stocks, four taskforce
 groups are being
 established to manage
 stock recovery, reporting
 to the Incident Director.
- The objective of this taskforce is to avoid red alert and improve stocks over the Summer period and beyond to provide winter resilience.

Performing to plan

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Objective:

Return collection performance, consistently, to target levels.



Key Insights:

- Taskforce activities are unlikely to close the gap consistently. Particularly given that collection targets will need to be increased to support stock growth.
- Performance to plan will be reliant on other taskforces to develop initiatives to mitigate the system issues and increase the number of appointments that convert into donations.

Key activities:

- Revise collection plan, to increase blood stocks through the summer and autumn to support winder resilience.
- Maximise appointment availability within the mobile collection programme.
- Enhance marketing activities to improve appointment fill rates and conversion, whilst maximising opportunities for donor base growth.
- Enhance and evolve performance reporting, with clear lines of responsibility for KPIs.
- Oversee collection to plan through monitoring, deploying interventions as required.
- Interface with wider Blood programmes to support delivery and benefits realisation.

Reducing deferrals

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Objective:

Safely reduce on-session deferrals to deliver a significant boost to collection.

Status	Updated	Notes	Dependenci	PLAN START	PLAN DURATIO	ACTUAL STAR	FORECAST DURATION	PERCENT COMPLETE	unf 60 1	∾ 16 Jun	n n	un 07 Jul 25	3	2 3	04 Aug	11 Aug	11 18 Aug 25 11 25 Aug 25	01 Sep	08 Sep	15 Sep 22 Sep	29 Sep
Existing Study Teams Go Live - Capillary 1st Enter activity in column B, starting with cell B5		Bradford DC, Oxford DC and Cumbria Mobile		1	1	1	1														
Tranche 2 Teams Go Live - Capillary 1st/Venous hemocue 2nd		Brixton and Beckenham		2	1	2	1														
Tranche 3 Teams Go Live - Copper Sulphate 1st/Venous hemocue 2nd		West Mids, Kent and Lancs		8	1		1							- 11							
Tranche 4 Teams Go Live - Copper Sulphate 1st/Venous hemocue 2nd		NE&Cumbria, Central West, East Mids, Central South		8	1																
Tranche 5 Teams Go Live - Copper Sulphate 1st/Venous hemocue 2nd		South West,South Anglia, Sussex & Surrey		9	1																
Tranche 6 Teams Go Live - Copper Sulphate 1st/Venous hemocue 2nd		Sheffield South & Notts, North Anglia, South Mids,		11	1											1	11.				
Tranche 7 Teams Go Live - Copper Sulphate 1st/Venous hemocue 2nd		London, Cheshire Staff & Mersey, Solent, Yorks & Humber		13	1																
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Key activities:

- Implement changes to the Hb screening process, moving to venous sampling as the secondary test.
- Develop plan to roll-out changes to Blood Donation teams by end of Summer '25.
- Strengthen business continuity by implementing donation interval reduction process (6-month contingency measure)
- Develop plans to reduce all other reasons for deferral (working alongside other NHSBT programmes as appropriate)

Appointment availability

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1. Appointment deployment



2. Appointment glidepath



Key Insights:

- Total available appointments have risen in the past 5years from c.40k per week to c.50k
- Post-pandemic, mobile appointments rose to a level of around 35k per week in 2021 and have remained roughly at that level.
- Donor Centre appointments have increased steadily in recent years with increased capacity at West End DC and new sites at Stratford, Twickenham and Brixton.

- We have a series of initiatives in place to increase appointment availability.
- Locations have been identified as a good fit to support wider organisational strategic targets.
- Further assessment is being completed to understand how we can increase collection opportunity in key areas to support donor base growth.

Beyond this, we are transforming the donation experience through investment in a flagship digitisation programme



In the **Donor and Session Platform (DASP) Programme**, we will deliver:

- A modern, accessible platform for booking and managing donation appointments, increasing donor diversity and retention to enable more responsive, data-driven planning to better match blood and plasma collection with shifting demand.
- Smarter scheduling for clinically safer, more efficient sessions which will transform how we manage appointments and
 operationally deliver collection sessions to target.
- Fully digitised end-to-end blood collection that is staff- and donor-centred.
- Real-time insight on frontline operations and donors to improve quality, safety, and preparedness.
- Reduced reliance on PULSE as a single monolithic system of use for operational activity.

This will unlock several transformational benefits:

Patient Safety

Right product, right time,

are collecting to target.

fewer shortages – safer care

across NHS services as we

Experience

Personalised donor experience and improved trust through transparency and communication with donors provides a resilient younger donor base.

Workforce Support

Easing the admin burden so staff can focus on compassionate, highquality care, productivity and service resilience.

Health Equity

Improved engagement for underserved communities through digital inclusion and mobile-first booking, improving our ability to product match.

Data-Driven Improvement

Data to develop systemic evidence-based approaches for planning, clinical oversight and future service design.

Interventions to support donor base growth

An approach has been agreed to increase our donor base size through a blend of acquisition and retention activity that will span marketing, operational capacity and process improvements, with DX and Blood Supply working closely together to achieve the growth required. The Donor Base Resilience programme is in the early stages of mobilisation to deliver the growth required over the coming years with a £3m investment allocation from the B&G investment fund over FY25/26 – FY26/27.

Acquisition related – the "big bets" we will invest in to grow the "right" mix of donors. On top of our existing business-asusual work for example, in the black heritage community to drive Ro donation and our paid media activities aimed at younger donors and overall growth

- Paid, Owned and Earned Marketing Using a focused place-based approach to recruit target audience in key locations where we have a strong media landscape, more appointment capacity and room for growth in our current donor base size and shape (type, age), mainly centred around DC's.
- **Blood Typing** We recognise the importance of typing as many people as possible to identify our O-neg, B-neg and Ro priority groups given their low prevalence in the population so will be seeking to do this through a number of routes; through partners and directly with our teams.

Operational related – working in collaboration with Blood Supply to provide the best conditions for and to enable donor base growth

- **Delivery of Future Proofing Blood** By Q3 of this year, additional capacity will have been created in Brighton, the West Midlands area and the Hertfordshire area. These locations have been identified as having opportunity to grow both the O-negative and Ro donor bases.
- **Reducing impact of reduction plans** Continuing the trajectory now established into the future.
- **On session Hb deferral processes** Mitigations for the recent increases.
- **New donor sessions** (*idea being investigated*) A model to provide additional opportunities for new donors.