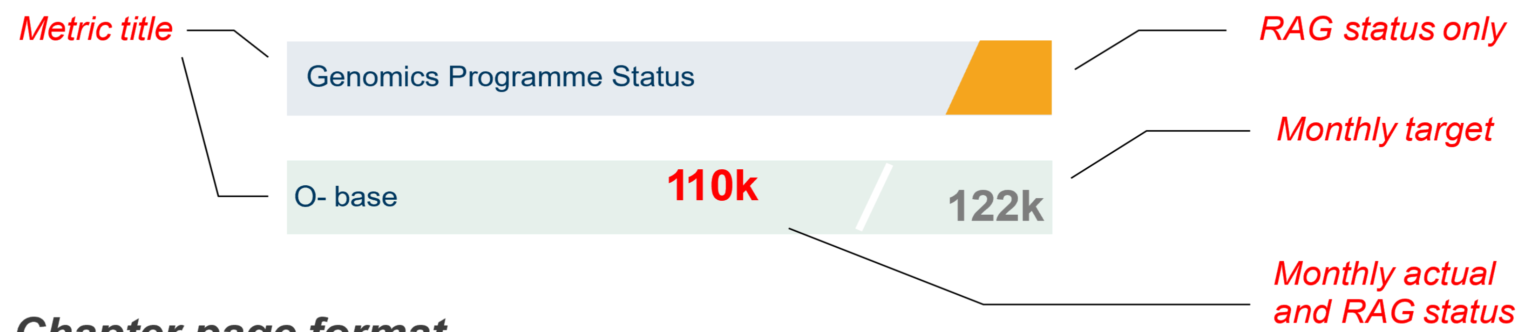
NHSBT Executive Team & Board Performance & Risk Report

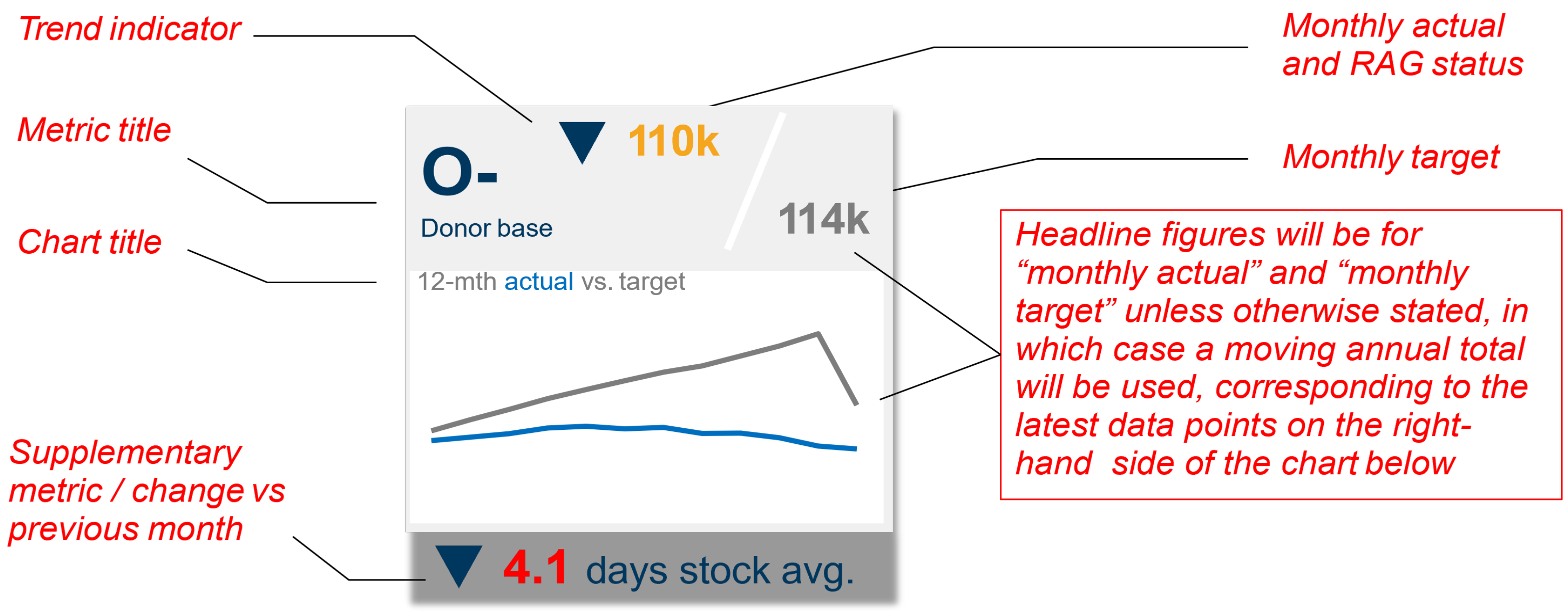
August 2025

How to read this report

Dashboard page format



Chapter page format



Headline figures will be for "monthly actual" and "monthly target" unless otherwise stated, in which case a moving annual total will be used, corresponding to the latest data points on the right-hand side of the chart below

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 ⚖

•Charts marked 12-mth actual vs projected target display April 2025 to March 2026 data

•All other charts display rolling 12 months data ending the current reporting month.

Executive Summary (1/2) - August 2025

Performance Insights

1. Overall red cell stocks averaged above target levels in August at 7.5 days of stock (vs >5.5 days target). Only O neg and B neg stocks ended the month below target at 3.3 and 3.9 days of stock . For the first time on record, overall blood stock levels have achieved growth over the Summer period, although increasing and maintaining O neg and B neg stocks continues to challenge.

Overall stock levels increased to 7.4 days of stock (DoS) at the end of August driven by improved collection performance and reduced demand. Strong performance in August was driven by the actions of the incident response team, whose targeted interventions helped stabilise collections.

A key success was the implementation of secondary haemoglobin (Hb) testing, which led to a reduction in low Hb deferrals , allowing more donors to successfully give blood. As a result, deferral levels reduced in month with total deferrals at 15.2% of donors attending from 17.6% (-1.6pp) in July. Short notice donor appointment cancellations, driven by sickness, over running sessions and implementation of new Hb screening practice increased to 5.1% (+0.7pp).

As of 11th September, red cell stocks stand at 7.6 days of stock (DoS). All ABO blood groups are above 4.5 DoS, except O neg and B neg at 3.4 and 4.3 DoS respectively. Unmet Ro demand accounts for an increasing proportion of the challenge, as O neg and B neg are issued as a substitute product. Ro supply met 46.6% of demand in August (down from 49.3%), with the Ro donor base behind target.

To stay at green stock, NHSBT is delivering tactical recovery measures, including media campaigns, increased contact centre outreach, and expanded donor capacity through new centres in Brixton, Southampton, and Brighton (opening in Q2).More strategically, the Donor and Session Platform (DASP) Programme is launching, with a fast-tracked digital health questionnaire now set for testing and rollout in Summer 2025. We anticipate that this will further reduce deferrals and increase opportunity to access appointments for donors.

2. The blood product donor base, O negative donor base and Ro donor base all decreased in August, falling further behind their respective targets. The plasma donor base improved in month but continues to fall further behind plan impacting risk and resilience.

After two consecutive months of growth the overall Blood Products donor base fell in August from 799.8k to 796.9k. With O groups most impacted, the O neg donor base fell by almost 1k to 107.9k (v target of 114.1k), its eighth consecutive month of decline. The Ro base fell for the first time since January, dropping by 90 donors to 26,891 active donors, albeit standing at 500 more donors than in August 2024.

The plasma donor base gap to target increased to 9.8% in August (+1.9pp), due to increased attrition and lower than expected numbers of new donors. 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: As above, new donor centres in Brighton, Brixton, and Southampton will boost appointment capacity in Q2. Strategically, NHSBT will invest £1.5m in 2025–26 to grow and retain the donor base through targeted marketing, mobilisation, and partnerships. Efforts include promoting paid time off for donation with employers and expanding school programmes to inspire future donors.To combat the decline in the O Neg donor base, NHSBT launched an urgent appeal and regional PR in September, with ongoing targeted communications through Christmas to boost bookings, maintain stock levels, and reduce donor inactivation.

Executive Summary (2/2) - August 2025

Performance Insights

3. Performance across People and Culture metrics has strengthened significantly to date this financial year particularly in recruitment related metrics. Key challenges remain with PDPR compliance and Harm Incidence rates.

Most People and Culture metrics continue to report at green status with further improvements in time to offer (8.6 weeks) and % Minority Ethnic employees at Band 8A-8C (16.9%) maintaining/surpassing previous highest levels of performance. The focus on PDPR compliance has started to translate into improved performance with compliance increasing by 3pp to 92% through July and August (vs 95% target). Harm incidence rates continue to fluctuate monthly, with little consistent trend emerging.

4. Consistently solid performance year to date in both deceased donors and transplants, however lower than planned consent rates remain the main challenge to achieving the levels of donation and transplantation required to significantly reduce the transplant waiting list.

Solid performance YTD with deceased donors (618 vs 581 target) and transplants (1,587 vs 1,485 target) at green status. Living donation (one month in arrears) also remains green YTD (343 v 313 target). Despite a strong month for all organ metrics, Q3 may bring challenges. Post-pandemic seasonal trends suggest potential dips in activity, and consent rates,though improving, are still below target year-to-date. With the transplant waiting list above 8,000, continued focus is needed to maintain momentum.

Back to Green Plan: In June, NHSBT and DHSC hosted the International Donation Action Forum (IDAF), a five-day event bringing together experts from Australia, Canada, the USA, Spain, and the Netherlands to share best practice in organ donation. Discussions covered clinical operations, communications, family engagement, and legislation. IDAF forms part of the wider NHSBT/DHSC Joint Working Group, which is focused on increasing donation levels through initiatives like staff and donor family surveys and targeted discovery work. Insights from these activities will inform a report due for publication later in 2025.

5. After a strong start to the year, Tissue & Eye Services income has fallen behind plan year to date. Lower than planned levels of cornea donation are impacting income, which overperformance in Serum Eyedrops is unable to offset. With income targets increasing through 2025/26, financial performance is becoming more challenging.

Work to increase cornea supply continues under the iORbiT project, currently rated amber with a target to return to green by March 2026. With regards to iORbiT, while donations are improving, slower-than-expected progress across NHS Trusts is affecting delivery milestones and beginning to impact cornea income. Key challenges include staff training, recruitment, mortuary access, and IT implementation. A recovery plan is being developed to address these issues and support both donation growth and income stability.

Back to Green Plan: Work to expand cornea supply through the iORbiT project continues with NHS England and 11 Trusts. A September workshop will review progress and explore new donation pathways. Phase 3 of the hospice initiative to increase ocular donation is advancing, with 5 of 8 sites contracted, plans have been agreed for Phase 4. Efforts are also underway at the National Referral Centre to improve referral efficiency and increase donation yield.

Performance summary against most important strategic targets

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

Size of Active Blood Product Donor Base	797K	↓	830K
Size of Active Ro Blood Donor Base	26.9K	↓	27.6K
Size of Active O- Blood Donor Base ⚖	108K	↓	114K
Ro Supply Demand Gap YTD ⚖	52%	↑	— — —
Short Notice cancellation of Appointments	5.1%	↑	4.5%
Active Plasma Donor Base	11,350	↑	12,577
Plasma Collected (Sourced & Recovered), Litres YTD	140K	↑	100K
No. of Organ Transplants Living & Deceased ⚖	4,752	↑	4,721
Organ Consent Rate YTD ⚖	60%	↑	62%
Corneas Issued for Transplant YTD	1,675	↑	1,885

Modernise our operations to improve safety, resilience and efficiency

Blood Stock Stability Average Days of Stock	7.5	↑	5.5 - 8.0
On Time In Full (OTIF) Including Ro YTD ⚖	96.4%	↓	96.9%
Critical Infrastructure Availability	100%	→	99.95%
Patient Safety Incident Investigation (PSII)	0	↓	— — —
Overdue Internal Major Incidents	15	↑	0

Invest in people and culture to ensure a high performing, inclusive organisation

% Minority Ethnic Employees at Band 8A-8C	16.9%	↑	— — —
Employee Turnover	10.6%	↓	12%
Recruitment Time to Offer (weeks)	8.6	↓	11.0
Vacancy Fill Rate	94%	↑	88%
Sickness Absence Rate	4.6%	↓	5.0%
Harm Incident Rate NHSBT (Incident rate per 1000 employees)	7.6	↓	7.1

Drive Innovation to improve patient outcomes

No. of Transplants Per Deceased Organ Donor YTD	2.57	↑	2.56

Component Development Clinical Trials

Whole Blood (SWIFT)	→	🟧
Universal Platelets & Universal Plasma	→	🟧
Dried Plasma	→	🟩
RESTORE	↑	🟩

Collaborate with partners to develop and scale new services for the NHS

Clinical Biotechnology Centre (CBC) Income YTD £	1.3M	↑	1.4M
Advanced Therapies Unit Income YTD £	0.56M	↑	0.69M
No. Of Therapeutic Apheresis Procedures YTD	5,571	↑	5,853
Tissue & Eye Services Income YTD £	10.5M	↑	10.5M
Transfusion 2024 Programme Status		→	🟩

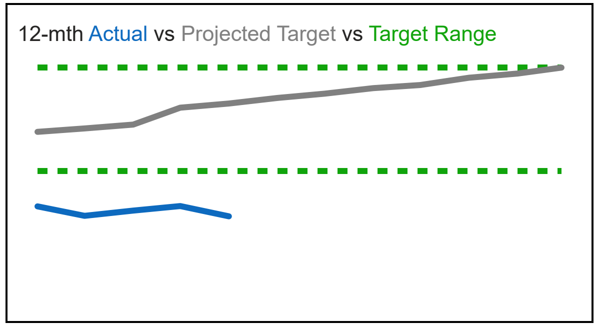
The 5 Metrics highlighted are reported to DHSC Quarterly

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

NHS
Blood and Transplant

Size of Active Blood Product Donor Base

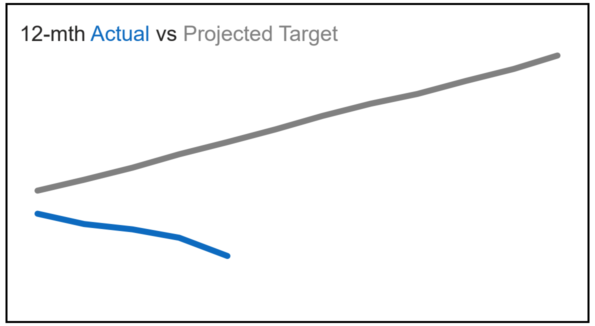
797K / 830K



12-mth Actual vs Projected Target vs Target Range

Active O- Donor Base

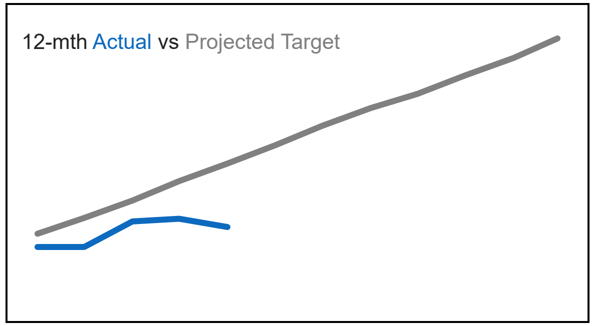
107.9K / 114....



12-mth Actual vs Projected Target

Active Ro Donor Base ⚖

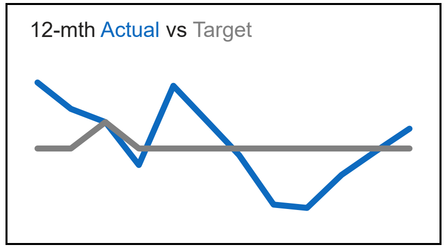
26.9K / 27.6K



12-mth Actual vs Projected Target

Short Notice Cancellation of Appointments

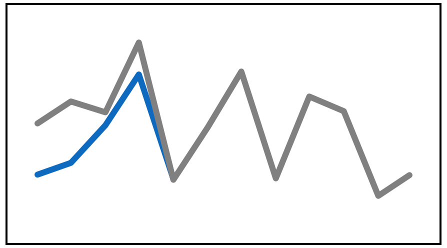
5.1% / 4.5%



12-mth Actual vs Target

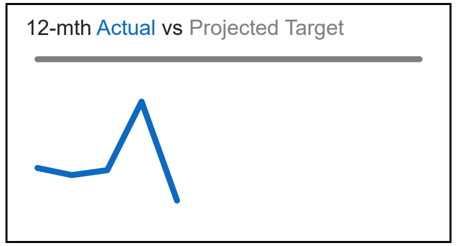
Red Cells Collected

115K / 115K



Ro Units Collected ⚖

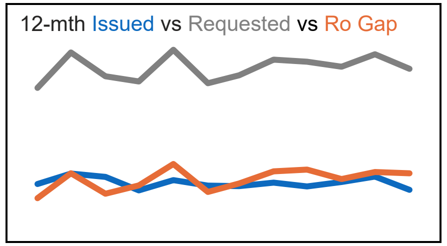
3,916 / 4,493



12-mth Actual vs Projected Target

Ro Supply Demand Gap YTD ⚖

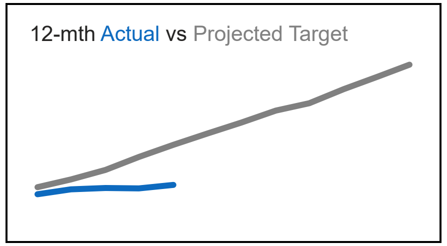
52.2% / – – –



12-mth Issued vs Requested vs Ro Gap

Active Plasma Donor Base

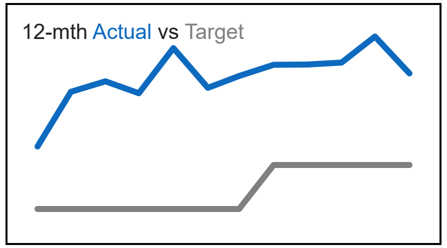
11.4K / 12.6K



12-mth Actual vs Projected Target

Plasma Collections Source & Recovered YTD

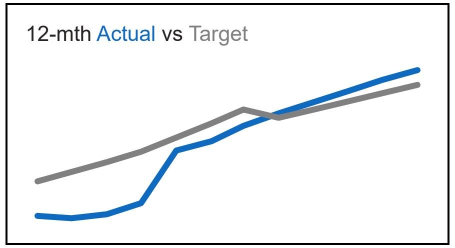
140K / 100K



12-mth Actual vs Target

NHS Stem Cell Donor Registry (SCDR)

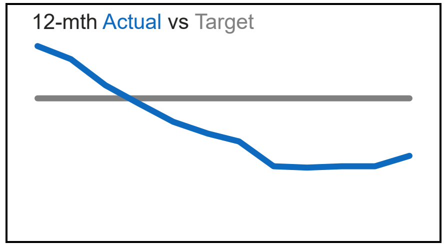
134.4K / 132K



12-mth Actual vs Target

%ME of New NHS SCDR Fit Panel

15.6% / 20%



12-mth Actual vs Target

Insight & Commentary

Blood Donor Base

- After 2 consecutive months of growth the Blood Products Donor Base fell this month from 799.8k to 796.9k. The Whole Blood donor base (WHB) was the biggest contributor to this decline falling from 779.5k to 776.3k., with O Pos seeing a drop of nearly 2k donors to 280.6k active donors and O Neg falling by almost 1k to 107.9k (v target of 114.1k).
- The Ro base fell for the first time since January, dropping by 90 donors to 26,891 active donors, 500 more than in August 2024. The B Neg Donor Base remained steady at 19.8k active donors.
- A drop in the number of active donors was expected this month given performance comparisons with August 2024. Donor activity was particularly high last August in response to the cyber attack impacting London hospitals and announcement of an amber alert, with 34.5k donors donating. Whilst August 2025 saw above average numbers of donors donating at 29.2k, this was insufficient to offset against last year. Donor inactivation reached 32.3k in August 2025, the highest level of donor 'drop-outs' seen post Covid-19 pandemic.
- Levels of on session rejection reduced in month with total deferrals at 15.2% from 17.6% (-1.6pp) and low Hb deferrals at 10% from 10.7% (-0.7pp) in July.
- There were c. 199k bookable appointments available in August, 18k lower than in July. With a drop in fill rate to 77.5% from 79.5% last month, the number of donors donating decreased by c. 11k to 115k in August.

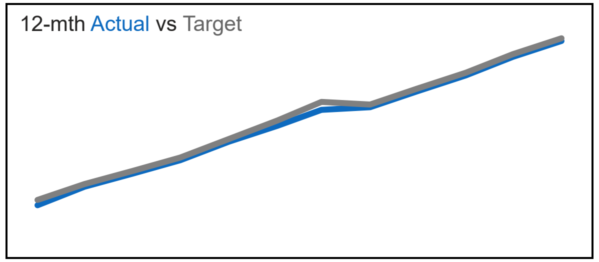
Plasma

- Patients receive UK plasma derived medicines (PDMP) with NHSBT working in collaboration with DHSC, NHSE and Octapharma to ensure a stable supply chain. Our 25/26 shipment target is 450kl with 241kl dispatched in 22 shipments by the end of August 25. Future shipments are ready for dispatch, ahead of 25/26 plan.
- Brixton blood donor centre is now MHRA approved to provide recovered plasma for fractionation, increasing total collection capacity.
- Total collection of Plasma for Medicine (PfM) in August was 35% ahead of target (26,935l vs. 20,000l). The source plasma donor remains below target at 11,350 vs 12,577 target due to increased attrition and lower than expected numbers of new donors. **Back to Green Plan:** Plans are underway to increase the available donor pool for recruitment and improve retention/combat attrition of regular donors.

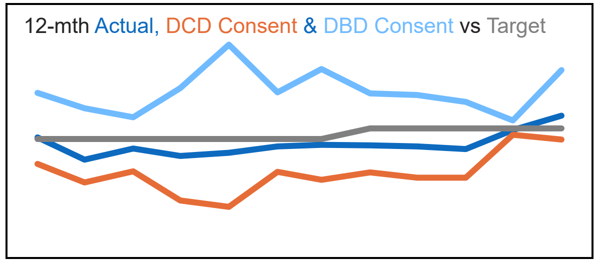
Grow and diversify our donor base to meet clinical demand and reduce health inequalities

NHS
Blood and Transplant

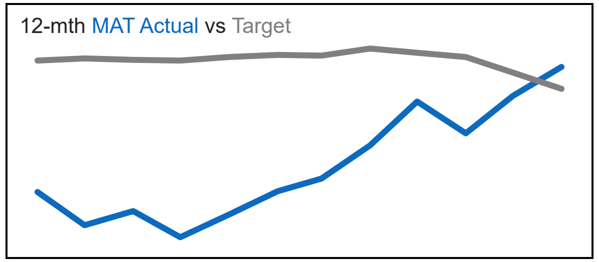
Organ Donor Register
Opt in- Total (Million)
28.57 / 28.58



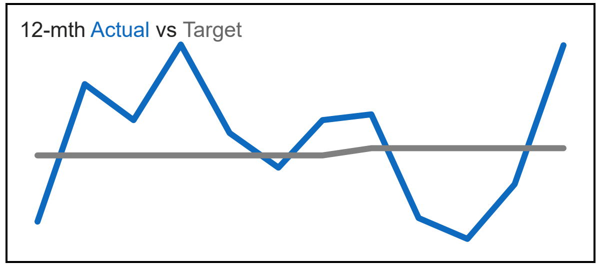
Organ Consent
YTD
60% / 62%



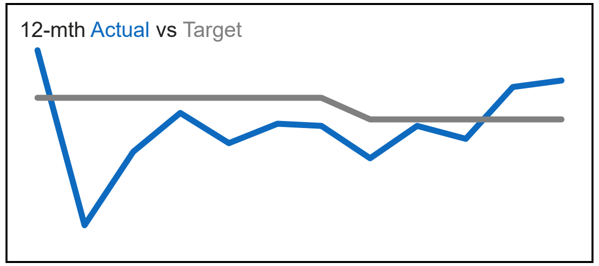
Living & Deceased Organ Donor Transplants
MAT ⚖
4,752 / 4,721



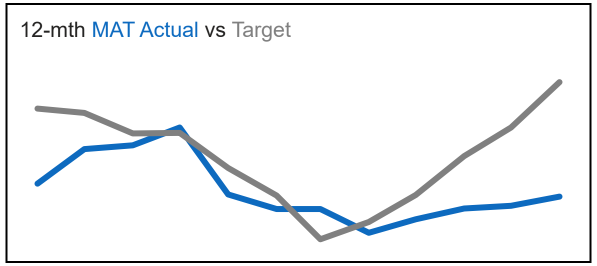
ME Organ Consent Rate
YTD ⚖
32% / 34%



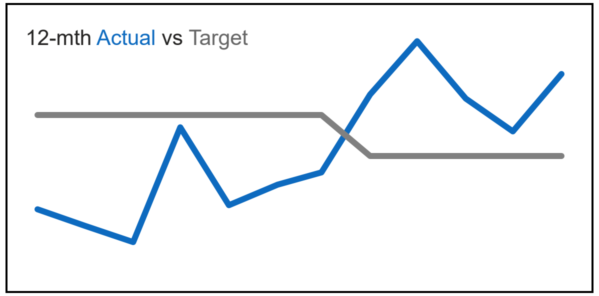
ME Recipients Of Organ Transplants
YTD ⚖
26% / 26%



Corneas Issued For Transplant
YTD
1,675 / 1,885



Net Promoter Score
89.0 / 87.0



Pathology

- **Screen 25k blood donors for extended types and additional antigens**: Screening remains behind plan (6.0k v 10.4k) due to a vacancy and prioritisation of urgent RCI referrals earlier in 25/26. Aiming to catch up testing before year end.
- **Retest 20k STRIDES (Strategies to Improve Donor Experiences) donors to enable clinical use:** Testing below plan with 4.5k tested YTD vs. 8.3k plan due to validation of liquid handling robots and staffing levels in Molecular Diagnostics in Filton. DNA extraction capacity now in place in both Filton & Manchester. Expect to achieve 20k target in Q1 2026/27.

NHS Stem Cell Donor Registry (SCDR)

- The NHS SCDR Fit panel volume is 1.7% above target, having grown by 8.5k YTD. Recruitment volumes are above plan (15.8k v 12.5k), remaining high since panel scope redefined to include female Caucasian donors as well as male Caucasian and minority ethnic (ME) heritage donors.
- Following this change the % of donations from a ME background has been below target (15.6% vs. 20.0% plan). **Back to Green Plan:** Shifting focus to monitoring of actual ME recruitment volumes which are are equal to plan at 2.5k YTD.

Insight & Commentary

Organs

- All strategic organ metrics were green during August, and the majority are green YTD excepting consent/authorisation rates (amber).
- The consent/authorisation rate continued to increase in August to 64% (green against 62% target), but the YTD rate remains at 60%. The consent/authorisation rate for ethnic minority donors also increased in August to 48% (green against 34% target) and increased to 32% YTD (moving from red to amber). Consent/authorisation remains a challenge, associated with public attitudes and understanding of donation. Actions continue to be developed to address this.
- Despite a strong month for all organ metrics, the number of people waiting on the active Transplant List exceeded 8,000 again during August and remained so at month-end (8,012).
- Living donation (one month in arrears) remains green YTD at 110% of target (343 vs 313).
- We also remain green YTD for deceased donors (618 vs 581) and transplants (1,587 vs 1,485). There were 119 deceased organ donors overall in August (green against the 111 seasonal target), 2.61 transplants per deceased donor (green against 2.58 target) and 310 deceased donor transplants (green against 286 seasonal target).
- The ethnic minority representation of deceased and living donor transplant recipients remains green YTD (26% of all transplants YTD and 28% in-month).

Ocular

- The ocular donation rate in month was an average 7.5 donors a day, up from 6.8 per day in July. The number of ocular donors also improved to 235 vs 211 in July.
- Ocular stock levels (target 300) remain c. 265 at the end of August from 235 for July. The cap on issues has increased to 80 per week for the majority of September. Imported corneas were issued in August.
- Lower than planned levels of ocular donation are impacting income levels, with July seeing a £72k deficit to target.
- With income targets phased to increase through 2025/26, maintaining financial performance is becoming more challenging.

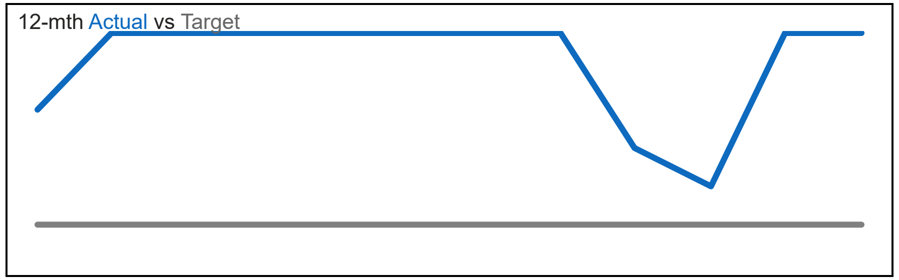
Modernise our operations to improve safety, resilience and efficiency

NHS
Blood and Transplant

Overall Critical Infrastructure (CI) Availability

100%

99.95%

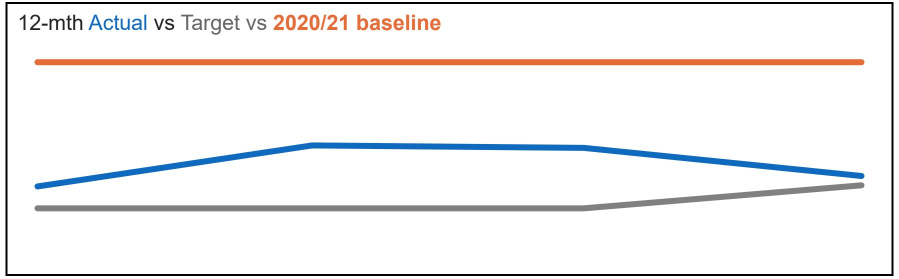


Scope 1&2 CO_2 Emissions vs 2020/21 baseline tCO_2

Full Year forecast at end Q1 25/26

10,244

10,000



Cost Efficiency Savings Q2

Full Year forecast at end Q2 25/26
Next report at end of Q3 25/26

16.6M

16.6M

% Commercial Pipeline Savings Q2

Performance at end Q2 25/26
Next report at end of Q3 25/26

7.8%

2.0%

Overdue Internal Major Incidents

15

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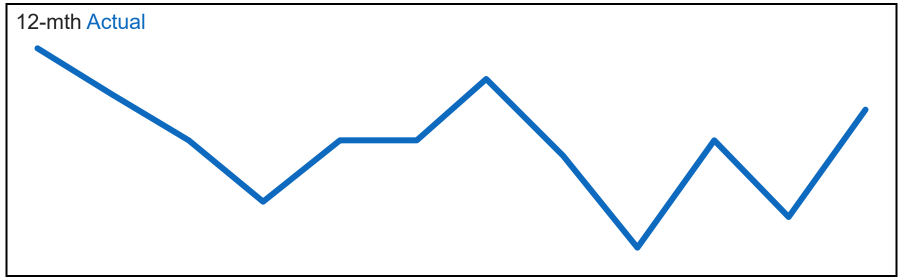

Patient Safety Incident Investigation (PSII)

0

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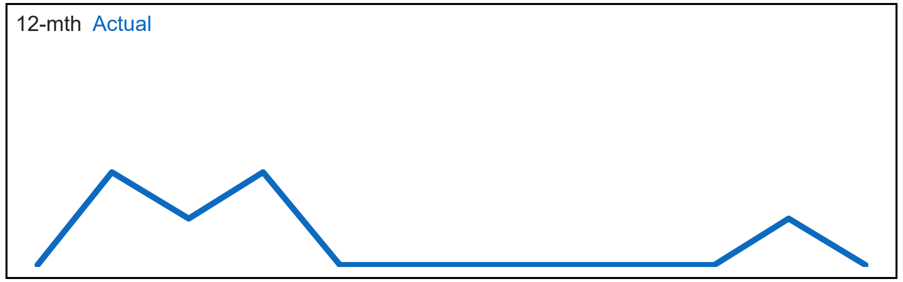

External Major Incidents

0

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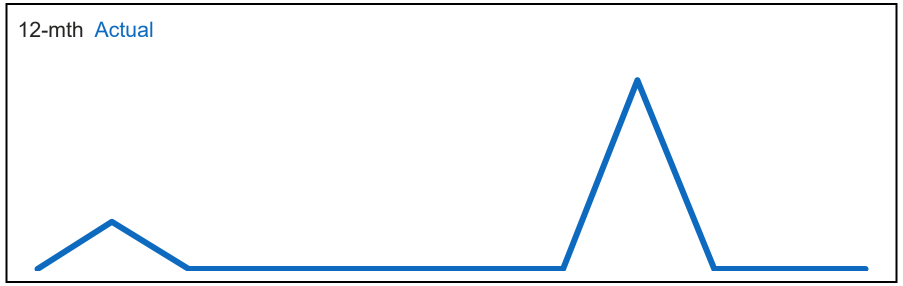


Insight & Commentary

Quality

- The number of overdue internal major increased to 15 in August (+7 from July).

- Comparative data from August 2024 reported 15 overdue internal majors, with 3 incidents that were over due between 30-90 days.

- This comparison demonstrates the impact of ongoing efforts in Quality & Governance, in collaboration with operational directorates to reduce the number of overdue major incidents.

- Exercise Pegasus (national level exercise) will take place between September and November 2025. The first of its kind for almost a decade, its purpose is to simulate a realistic pandemic scenario.

Critical Infrastructure

- Critical Infrastructure (CI) met availability targets for August. There were no major incidents or disruptions during the month and services remained stable throughout.

- This continues to reflect the strength and resilience of the live service estate and the ongoing efforts to maintain high levels of operational availability across all critical systems.

Progress Towards Net Zero

- 2024/25 emissions were 10,977 tCO2e vs 9,400 target, a reduction against 2020/21 baseline of 17%, albeit an increase of ca 300 tCO2 emitted compared with c. 10,700 tCO2e in 23/24.

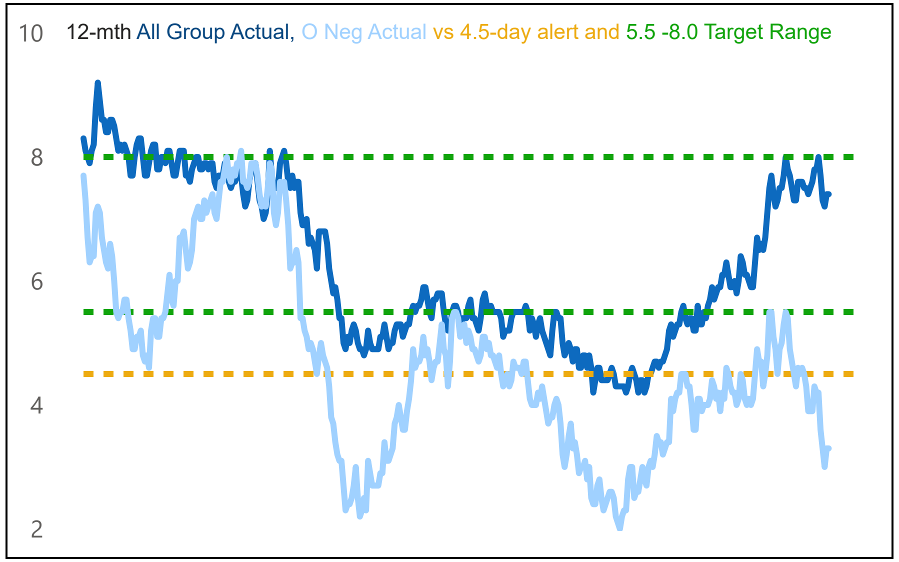
- Q1 2025/26 performance forecasts full year scope 1&2 emissions of c.10,200 tCO2e vs target of 10,000.

- **Back to Green Plan:** A new Net Zero strategy focussed on managing Scope 1, 2 & 3 emissions is scheduled for publication in Nov. 2025.

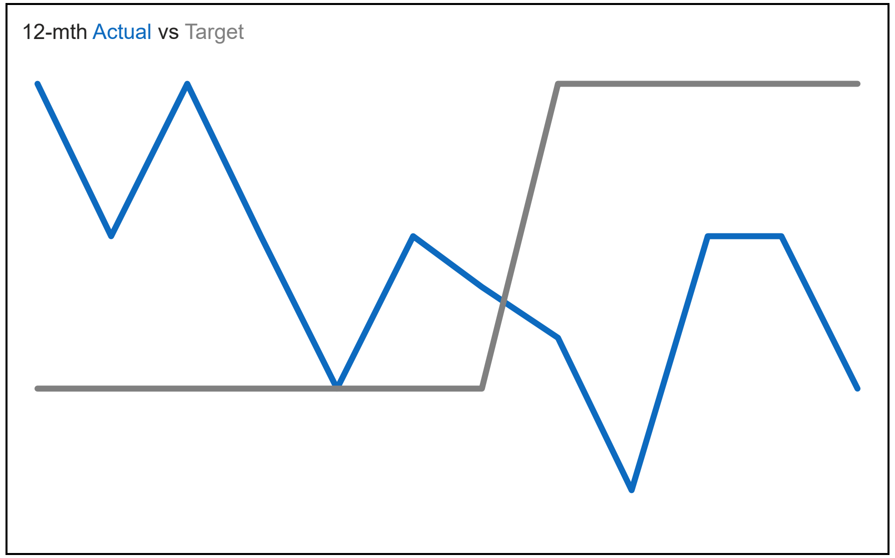
Modernise our operations to improve safety, resilience and efficiency

NHS
Blood and Transplant

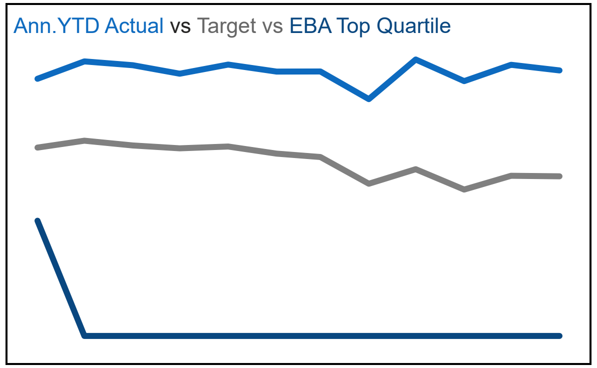
Blood Stock Stability
Average Days of Stock ↑ 7.5 / 5.5
Actual Days of Stock 7.4 / to 8.0


12-mth All Group Actual, O Neg Actual vs 4.5-day alert and 5.5 -8.0 Target Range

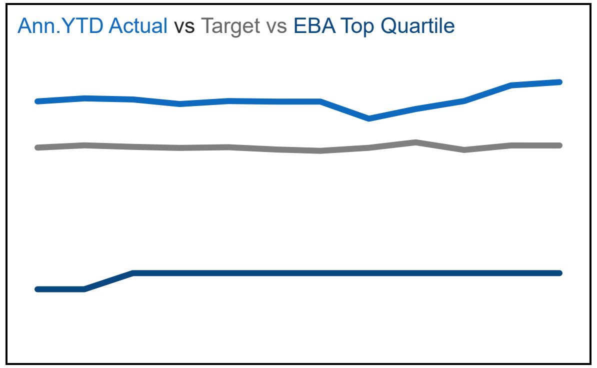
On Time in Full
incl. Ro (YTD) ⚖ 96.4% / 96.9%


12-mth Actual vs Target

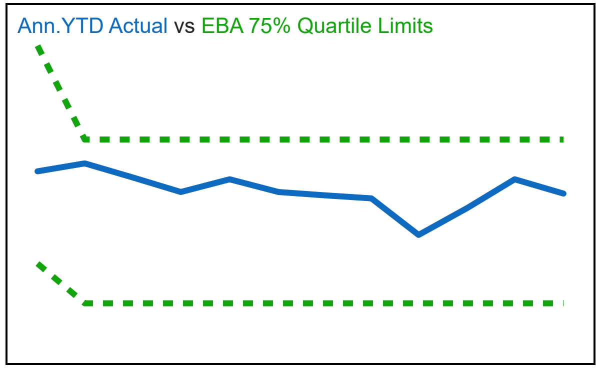
Manufacturing Productivity
Annualised YTD
10,647 / 9,648


Ann.YTD Actual vs Target vs EBA Top Quartile

Testing Productivity
Annualised YTD
31,138 / 26,158


Ann.YTD Actual vs Target vs EBA Top Quartile

Collection Productivity
Annualised YTD
1,149 / 1,080 to 1,183


Ann.YTD Actual vs EBA 75% Quartile Limits

Insight & Commentary

Blood Supply

- At the end of August overall red cell stocks stood at 7.4 days of stock (DoS), an increase of 0.7 DoS from July. Stock levels improved across most ABO groups, with only O neg (3.3 DoS) and B neg (3.9 DoS) ending the month below 4.5 DoS.

- Red cell collections stood at 98.9% of the new collection plan implemented in July, up from 97.5% in July. Ro Collection volume decreased (-9.4pp) ending the month 12.8% below requirement. During August only 46.6% of Ro demand was met, a 2.7pp decrease from July.

- Total Red cell issues decreased by 6.2pp compared with July and were 1.4pp below forecast demand. The volume of O neg issued as a percentage of all issues increased to 16% (+0.8pp), with O neg demand 6.5% above forecast. Red cell units being issued as substituted products rose to 4.2% (+0.2pp).

- On Time, In Full performance fell to 96.3% compared with 96.6% in July (-0.3pp), with YTD performance remaining at 96.4%. Both YTD and in month OTIF performance is below the 96.9% target (Amber).

- 13 Blood Donation collection teams are operating at reduced capacity, removing 1,700 weekly appointments from the collection programme. These reductions are caused by a combination of long-term sickness, high attrition and challenging recruitment. Six (6) teams are planning to revert by the end of September adding 870 appointments to the collection programme.

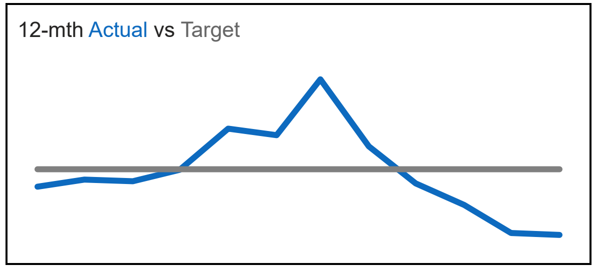
- NHSBT led cancellations increased to 8.3% (+1.6pp) driven by both an increase in short notice cancellations (+0.7pp) and advanced cancellations (+1.0pp). Whilst short notice cancellations remain driven by sickness (48%) or over running sessions (16%), implementation of a new Hb testing process through August has also impacted (10%).

- The remaining 40% of Collection teams are due to transition to secondary venous testing for Haemoglobin by mid-September. The project team are continuing to monitor performance and offer intervention and support where needed.

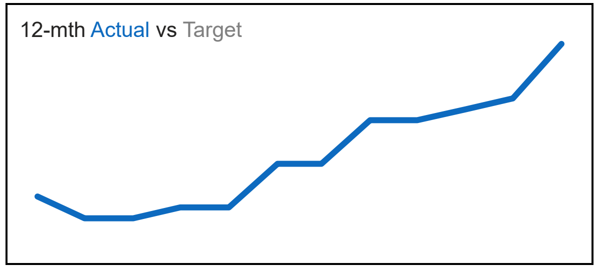
Invest in people and culture to ensure a high performing, inclusive organisation

NHS
Blood and Transplant

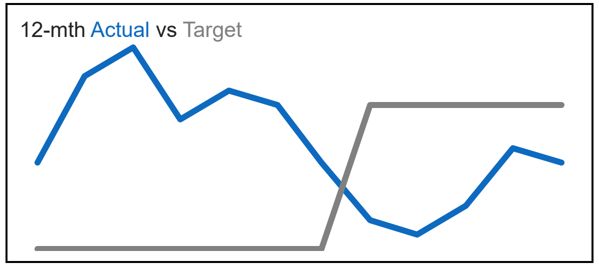
Time to Offer
Weeks
8.6
11.0


12-mth Actual vs Target

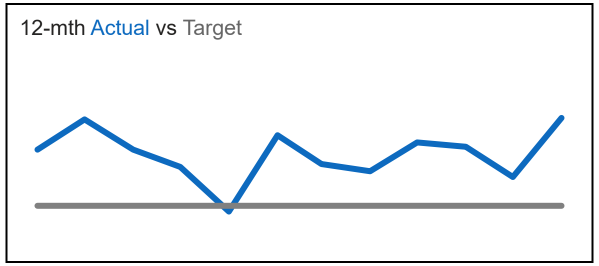
ME Employees
% Band 8A-8C
16.9%
— —


12-mth Actual vs Target

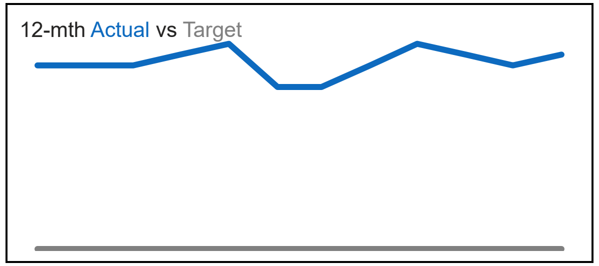
Sickness Absence
4.6%
5.0%


12-mth Actual vs Target

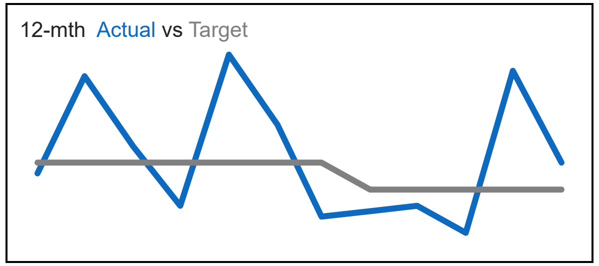
Vacancy Fill Rate %
94%
88%


12-mth Actual vs Target

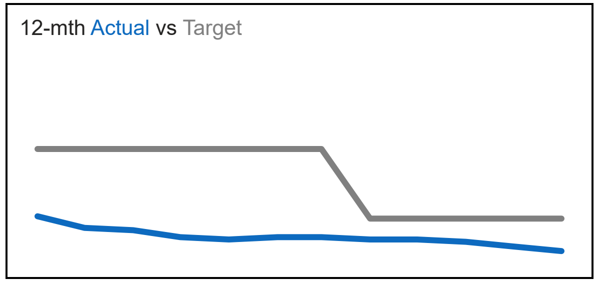
Mandatory Training Compliance
97%
95%


12-mth Actual vs Target

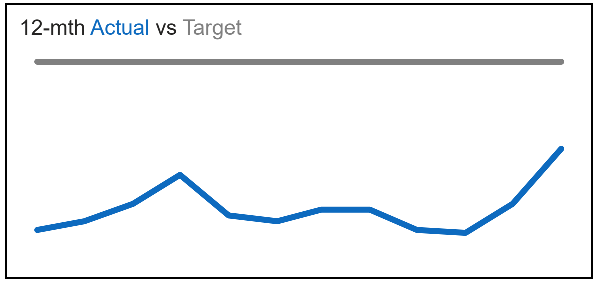
Harm Incident Rate NHSBT
7.6
7.1


12-mth Actual vs Target

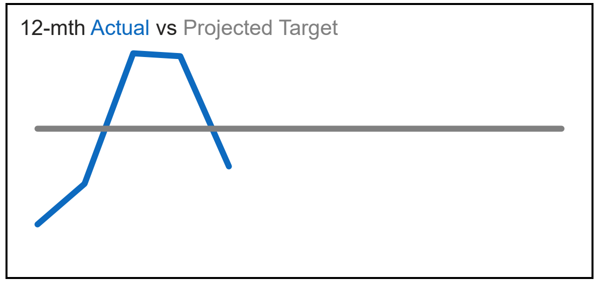
Employee Turnover %
10.6%
12%


12-mth Actual vs Target

PDPR Completion
92%
95%


12-mth Actual vs Target

Near Miss Incident Rate
13.4
14.7


12-mth Actual vs Projected Target

Insight & Commentary

•Recruitment: Time to offer reduced further to 8.6 days in August from 8.7 days in July. Vacancy fill rate has exceeded target for the last 7 months and reached its highest recorded level of 94%.

•To support longer-term operational resilience, Talent & Recruitment (TAR) continues to focus on improving vacancy demand planning, ensuring sufficient resource and resilience to deliver the service and identifying opportunities to enhance productivity.

•Vacancy demand and appointment volumes stable throughout the Summer bucking the trend of spikes in demand of previous years. Whilst greater collaboration between TAR and directorates has contributed towards a more consistent pattern of demand there is a precedent for demand to increase into Autumn (Q3).

•Employee Turnover fell 0.2pp in August to 10.6% vs 12% target reaching its lowest level since pre-Covid-19 pandemic.

•PDPR Compliance improved by 2pp to c.92% and is now at Amber RAG status. From August, a PDPR performance league table is being published to drive accountability across directorates. **Back to Green Plan:** People and Culture partners are providing targeted support to business areas with low PDPR compliance to identify and address barriers to compliance.

•Sickness absence across NHSBT was 4.6%, (-0.1pp) and below target. The main reasons for sickness absence remain anxiety, stress (36%) and musculoskeletal issues (11%). Circa 54% of absence is long term and 46% short term.

•The Harm Incident rate fell to 7.6 incidents per 1000 employees from 9.3 in July, exceeding target of 7.1. The top three frequently reported injuries relate to manual handling - hit by object, trapping and musculoskeletal injuries. The near miss incident rate fell to 13.4 reported near misses per 1000 employees from 17.2 in July.

Drive innovation to improve patient outcomes

NHS
Blood and Transplant

Component Development Clinical Trials

Whole Blood Use In Trauma Status (SWIFT) 🟧

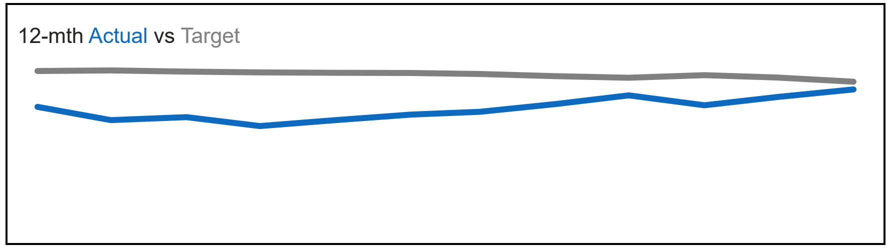
Universal Plasma and Universal Platelets Status 🟧

Freeze Dried Plasma (MOD) Status 🟩

RESTORE Clinical Trial 🟩

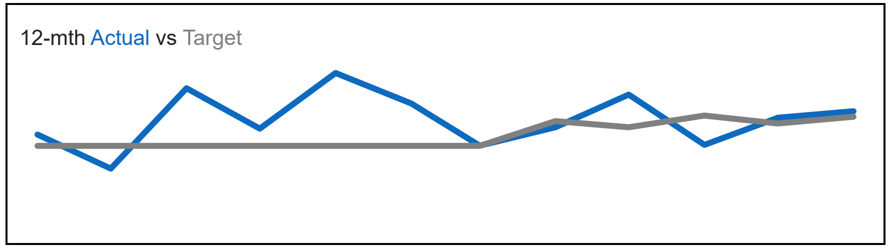
No. of Organ Donor Transplants
Deceased Donors YTD

1,587 / 1,485



No. of Organ Transplants Per Deceased Donor
YTD

2.57 / 2.56



Health Inequality & Patient Outcome Datasets

Health Inequality Reporting 🟧

Serum Eyedrop- Post Treatment Data Follow Up 🟧
Plan revised per QA Technical Assurance. Pilot delayed to Q4 2025/26

Support The Implementation of Enhanced Recovery After Surgery (ERAS) in Transplantation for Living Donors 🟩

No. of Sickle Cell & Thalassemia Patients Genotyped

6,767 / – – –

Target: 17,000 patients genotyped
To Date: 9,685 samples received (excluding duplicates)
7,281 samples accepted (40% of cohort)
6,767 samples genotyped
1,090 results issued

TES Product Development

Alternative Amnion Product 🟩
Amniotic membrane grafts for medical applications, primarily in ophthalmology. Assay development & validation completed to plan

Rectus Fascia Product 🟧
Fascial covering of external oblique, internal oblique and transverse abdominal muscles. Tendon validation commenced. Project on hold.

Insight & Commentary

Component development clinical trials

- SWIFT: The project remains at Amber status due to delays in the National Major Trauma Registry (NMTR) data collection process. Final data now received and project has moved to data analysis stage.
- Universal Plasma & Platelets: £1.6m project (3 years), extended to March 2027. Project costs reprofiled across four years (ending in March 2027). A new technology has been selected and evaluated, 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 £2.45m received in Q4 24/25. 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 21 doses given to date. 1 standard RBC (sRBC) runs required to complete trial production. Final sRBC runs delayed by provider, driving Amber RAG status and 2 month no cost extension (to February 2026).

Genomics Programme

- Overall programme RAG status is Amber
- Our Future Health (OFH) recruitment: 94,890 (+510) blood donors consented to participate in OFH. 68,724 (+945) samples provided to date.
- HLA matched red cells pilot for kidney transplant patients: 493 HLA matched red cells issued to 254 patients with 186 patients transfused at 2 sites. Third site in negotiation. FBC to secure funding and roll out service nationally in 26/27 & 27/28
- NHSE funded project to genotype all sickle cell and thalassemia patients: Project remains at Amber status due to pace of patient referral. Extension to February 2026.

Organ Transplant & Utilisation

- Organ Utilisation: The ratio of DCD (circulatory criteria) to DBD (neurological death) donors remained in favour of DCD donors in month and YTD. Despite DCD's lower consent rate (DBD: 73%; DCD: 60%,) and lower transplants per donor, the transplant-per-donor rate reached 2.61 in August and 2.57 YTD vs target of 2.56.

Collaborate with partners to develop and scale new services for the NHS

NHS Blood and Transplant

Transfusion 2024 Programme Status

🟩

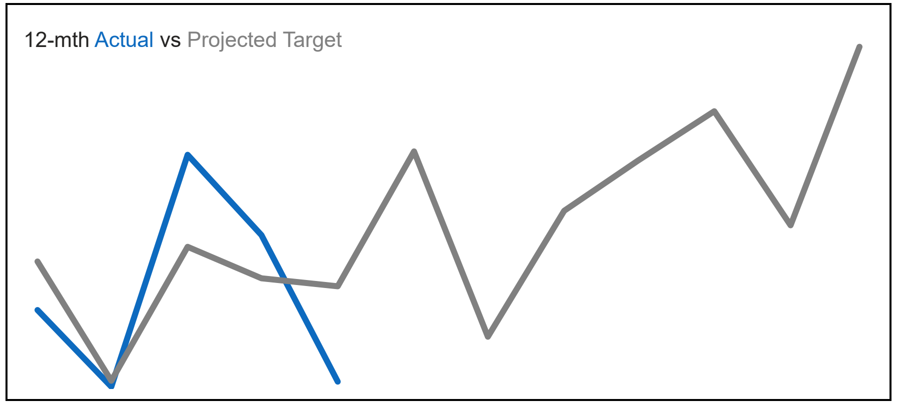
Samples Ordered/ Referred Electronically

🟩

Clinical Biotechnology Centre (CBC) Income

YTD £m

1.32M / 1.4M

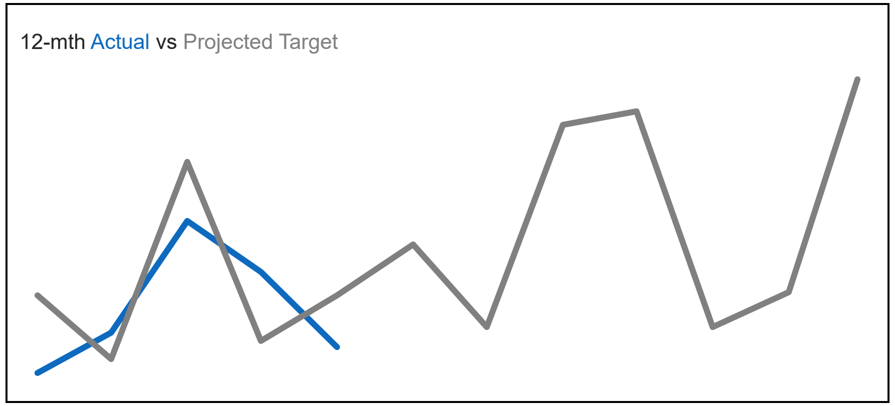


12-mth Actual vs Projected Target

Advanced Therapies Unit Income

YTD £m

0.56M / 0.69M



12-mth Actual vs Projected Target

NHSBT Provided UK Stem Cell Donors

YTD (at end of Q1 25/26)

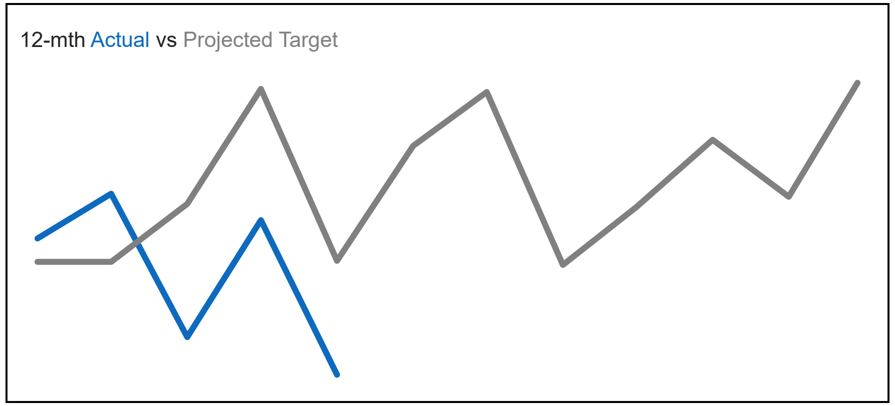
6% / 7%

12-mth Actual vs Target

Therapeutic Apheresis Services

No. of Procedures YTD

5,571 / 5,853



12-mth Actual vs Projected Target

Insight & 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 46. Pathology has a target of reaching 4% of hospital orders ordered/referred electronically by the end of 2025/26, with the actual at 3% (June 2025 data).
- RCI Assist Referral Support Tool: RCI Assist went live on our On-line Blood Ordering System (OBOS) in June 2025. It has been accessed >2,500 times with 310 hospital users since 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 staff with appropriate NHR access is underway.

Cellular Apheresis and Gene Therapies (CAGT)

- Clinical Biotechnology Centre (CBC) income is £0.04m behind plan YTD. Forecast remains at £4.45m, below plan (£5.55m), but ahead of last year (£3.18m). Forecast revision due to confirmation that CBC will not be the partner on a grant funded viral vector project as we cannot manufacture at the scale required. The recent BCG commercial review has recommended NHSBT does not focus commercial activity on viral vector manufacturing given the very competitive market, and our lack of track record.
- **Back to Green Plan:** CAGT will continue to pursue opportunities as they emerge. A recent grant award to UCL included £2.1m for CBC to manufacture an Adeno Associated viral vector and plasmids (impacting 26/27 onwards).
- Therapeutic Apheresis Service (TAS) procedure volumes are 4.8% below plan but 3.9% ahead of last year. Forecast is below plan at 14.0k v 14.4k, +8% on 24/25. Growth of the TAS service remains strong, with expansion of red cell exchange services in London and East of England, following Med Tech funding.
- Advanced Therapy Unit (ATU) income ended the period £0.13m behind plan due to customer amendments to the timing of billable activity during 2025/26. Forecast retained at £1.85m, below plan (£2.4m) but ahead of last year (£1.48m)

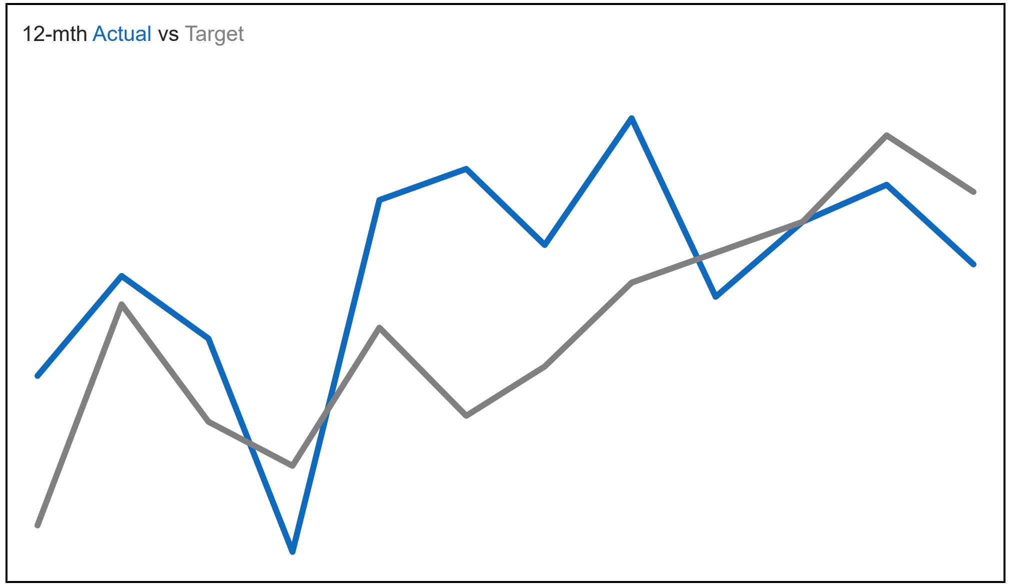
Collaborate with partners to develop and scale new services for the NHS

NHS
Blood and Transplant

Tissue & Eye Services (TES) Income
YTD £m

10.469M

10.471M



Insight & Commentary

TES Income

•The combined income position for August was -4.3% (-£87k) below target, with only Serum Eyedrop income positive to target (+ £57k). Junior doctors' strikes at the end of the month are likely to have impacted income levels, particularly tendon sales, with operating lists cancelled.

Tissue Income

•Tissue product income was £91k below target in month with only Amnion and DBM income performing above target.

Ocular income

•Ocular income was behind financial target by £72k (-9.7%) in month. Meeting the ocular income target is reliant on sufficient levels of cornea donation, which continues to fall behind target. YTD cornea issues are 11% behind plan at 1,675 issued vs 1,885 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

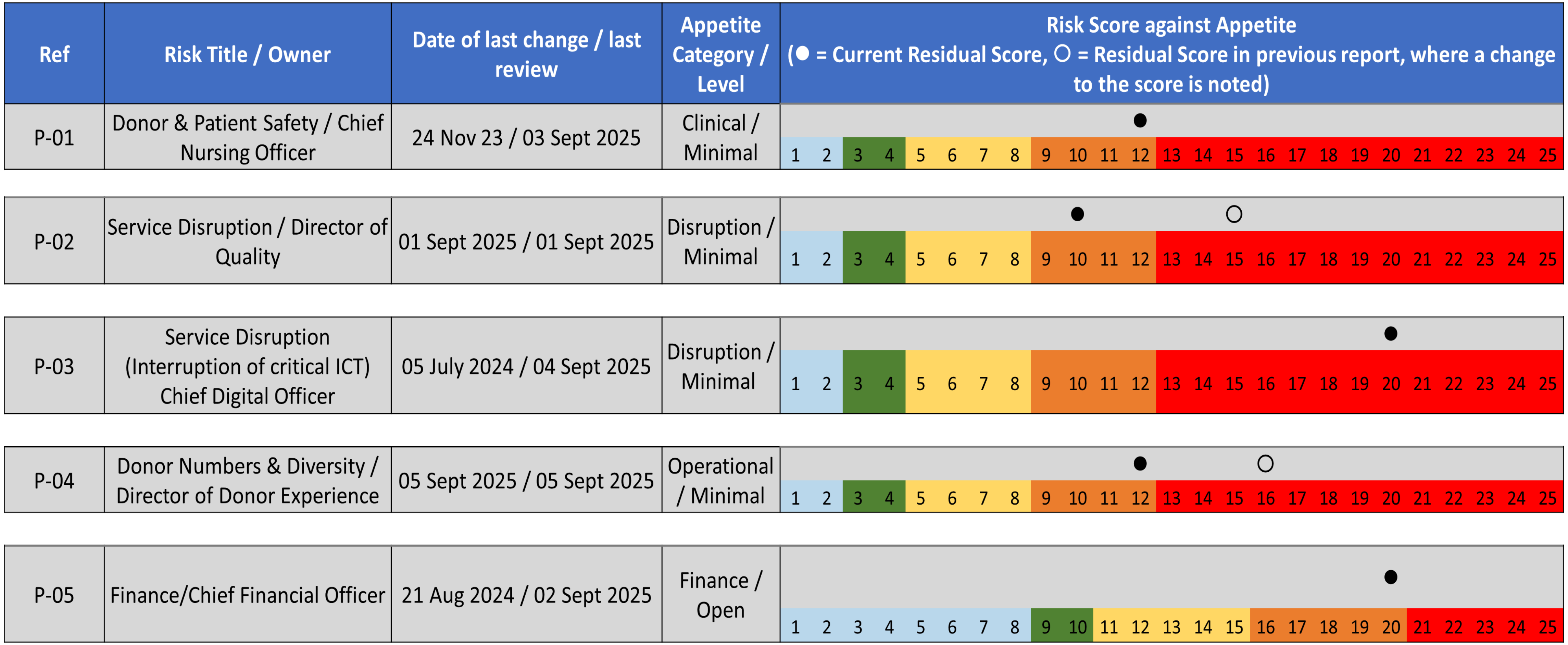
•Cardiovascular sales were behind target by £51k in month. The team expect a better performance in September as more valves have been pushed through processing and are ready for issue. There were 16 donations in August (vs target of 35), down on the 27 retrieved in July. Despite additional retrieval 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 £68k in month. The programme filled 500 of the 512 issue slots in Hospital Services, issuing 35 ahead of target (500 vs target of 465).

•Work continues to reduce the waiting list for new Serum Eyedrop patients continues, with 118 awaiting treatment at the end of August (down from 154 at the end of July).

Risk Summary (1/3)



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 / 03 Sept 2025	Clinical / Minimal	● 12
P-02	Service Disruption / Director of Quality	01 Sept 2025 / 01 Sept 2025	Disruption / Minimal	● 10 ○ 15
P-03	Service Disruption (Interruption of critical ICT) Chief Digital Officer	05 July 2024 / 04 Sept 2025	Disruption / Minimal	● 20
P-04	Donor Numbers & Diversity / Director of Donor Experience	05 Sept 2025 / 05 Sept 2025	Operational / Minimal	● 12 ○ 16
P-05	Finance/Chief Financial Officer	21 Aug 2024 / 02 Sept 2025	Finance / Open	● 20

Risk Summary (2/3)

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 / 26 Aug 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 / 26 Aug 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 / 04 Sept 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 / Chief Financial Officer	07 Mar 2025 / 21 Aug 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 / 04 Sept 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 (3/3)

Risk Summary - August 2025

Risk movement

There has been a reduction to the residual risk score of principal risks P-02, Service Disruption and P-04, Donor Numbers and Diversity.

Principal risk P-02 (Service Disruption): The residual score has reduced from 5x3=15 to 5x2=10. This reduction reflects a revision to guidance for scoring the impact of service disruption risks. As a result the principal risk is now recorded in the Judgement Zone (from at Risk Limit last month). The contributory risk influencing the score is risk BC-08 Adequacy of Response to Disruptive Events. This risk has a residual score of 5x2=10. This contributory risk was last reviewed 01 September 2025.

Principal risk P-04 (Donor numbers and Diversity): The residual score initially increased from 4x3=12 to 4x4=16 between July 2025 and current month reporting. Following a further review using revised scoring criteria, the risk has now been been re-evaluated and recorded in the Judgement Zone with an updated risk score of 3x4=12. The contributory risk influencing the score is DX-01 Failure to attract and retain donors. The residual score of risk DX-01 is 3x4=12. This contributory risk was last reviewed 05 September 2025.

Risk Limit

There is one Principal Risk recorded at the risk limit.

P-03 (Loss of critical ICT): The residual score of this risk remains at 5x4=20. The contributory risk influencing this risk score is DDTS-08 Cyber Security. DDTS-08 was last assessed 04 September 2025.