

## Board Meeting in Public

### Tuesday, 02 December 2025

<b>Title of Paper</b>	Mid-Year Business Performance and Transformation Portfolio Review 2025-26	<b>Agenda No.</b>	3.4
<b>Nature of Paper</b>	<input checked="" type="checkbox"/> Official <input type="checkbox"/> Official Sensitive		
<b>Author(s)</b>	Dean Neill, Strategy and Transformation Director Simi Randhawa, Assistant Director – Transformation Portfolio Lucy Osmond – Head of Performance Management		
<b>Lead Executive</b>	Carl Vincent, Chief Financial Office		
<b>Non-Executive Director Sponsor</b>	N/A		
<b>Presenter(s) at Meeting</b>	Simi Randhawa, Assistant Director – Transformation Portfolio		
<b>Presented for</b>	<input type="checkbox"/> Approval <input type="checkbox"/> Information <input checked="" type="checkbox"/> Assurance <input checked="" type="checkbox"/> Update		
<b>Is there a plan to communicate this to the organisation?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yet to be determined		
<b>Executive Summary</b>			
<p>At the mid-year point for 2025-26, this paper provides an overview of performance against our business plan and delivery of our transformation portfolio. The purpose is to assure the Board of progress being made and highlight key risks and issues to full-year delivery, including mitigating actions being taken. In summary:</p> <ul style="list-style-type: none"> <li>The organisation continues to reliably deliver its core products and services across Blood Supply, Plasma, Organ and Tissue Donation and Transplantation, Clinical Services, and corporate functions. However persistent fragilities including critical blood stock shortages, organ donation and consent gaps and health inequalities underscore the need for sustained transformation to secure long-term resilience.</li> <li>Overall, our transformation portfolio has performed strongly as of mid-year, with most programmes on track, robust governance and forecasting in place, and key capabilities being delivered. However, slower mobilisation of some initiatives is expected to delay full benefit realisation by year-end and risks resulting in year-end transformation underspend.</li> </ul>			
<b>Previously Considered by</b>			
Reviewed by the Executive Team, 18 November 2025			
<b>Recommendation</b>			
(i) Review the key messages in the end-of-year year update, noting key performance messages and new business capabilities delivered through the transformation portfolio (ii) Share insights the Board has on continuing to improve organisational performance and transformation throughout 2025-26 and beyond			
<b>Risk(s) identified (Link to Board Assurance Framework Risks)</b>			
Principal Risk P-10, Change Programme Scale and Pace			
<b>Strategic Objective(s) this paper relates to:</b>			
<input checked="" type="checkbox"/> Collaborate with partners <input checked="" type="checkbox"/> Invest in people and culture <input checked="" type="checkbox"/> Drive innovation <input checked="" type="checkbox"/> Modernise our operations <input checked="" type="checkbox"/> Grow and diversify our donor base			
<b>Appendices:</b>	Appendix A – Half Year Summary of Performance Appendix B – Half Year Summary of Portfolio		

## 1. Background

At the mid-year point for delivery of the 2025-26 Business Plan, this paper provides an overview of our performance and our transformation portfolio to date. Financial performance is covered in a separate Board paper.

## 2. Business Performance Key Messages

- In the **Blood Supply Chain**, while overall red cell stock levels have improved, performance remains fragile, and sustained transformation is required to modernise operations and address the underlying causes of overall supply instability, including continued pressures in O negative and Ro groups.
  - There has been some progress in stabilising overall red cell stocks so far this year, with the long-standing 'amber' stock alert lifted in July 2025 after nearly a year in place. This improvement reflects sustained efforts to strengthen supply resilience, with overall red cell stock levels averaging 6.6 days of stock (DOS) so far in 2025-26, within the target range of 5.5 to 8 DOS. Targeted interventions have been central to this progress, including changes to haemoglobin (Hb) testing that reduced donor deferrals and the expansion of appointment capacity through new donor centres such as Brighton.
  - However, O neg blood remains under significant pressure, with stocks averaging 4.6 DOS over the same period. The shortfall is largely driven by the need to issue O neg as a substitute product for unmet Ro blood demand, with 52% of this demand unfulfilled. This has in turn affected On Time, In Full (OTIF) performance, which stands below target at 96.4% (vs 96.9% target).
  - The total active donor base continues to decline, standing at 796.9k compared with a target of 831.1k. Both O neg and Ro donor groups also remain below target by 6% and 3% respectively, with very recent interventions not yet showing an impact. The O neg donor base has experienced nine consecutive months of decline, reaching its lowest point since May 2024. This decline is being largely driven by donor inactivation.
  - NHSBT-led short-notice cancellations have decreased year-on-year to 4.5% of booked donors (from a peak of c.7.5%), meeting the current tolerance level. High vacancy rates and staff sickness on some teams continue to drive most of these cancellations.

### Back-to-Green Plans:

- Shorter-term tactical interventions include focused collection campaigns, enhanced contact centre outreach, and a multidisciplinary working group to accelerate Ro collection and supply. Targeted activity to fill newly created capacity in the new Brighton, Brixton, and Southampton donor centres is also underway.
- However, the actions required to grow the O neg and Ro donor bases, and to address the inter-related demand challenge between these two critical groups, cannot be resolved through tactical measures alone. Sustained recovery requires strategic intervention, as the continued need to substitute O neg for unmet Ro demand is driving persistent pressure on O neg stocks and limiting our ability to return to stable OTIF performance.
- Strategic transformation will therefore be essential to grow the donor base, stabilise supply and improve operational efficiency. This includes a strengthened focus on the structural drivers of O neg and Ro fragility.

- There is a need for ambitious growth in the Black heritage donor base, as half of the Black heritage population are the Ro type. Meaningful Ro resilience will require substantial growth in this donor cohort. We will pursue new disruptive campaigns, strategic partnerships and retention and loyalty initiatives that increase both recruitment and return rates. Building on the opening of the new Brixton donor centre, we will also place additional capacity at convenient times in areas with high Black heritage populations to ensure that awareness and engagement translate into sustained donation. We have made some progress in safely reducing low haemoglobin deferrals but will also need continued interventions to further reduce deferrals among this donor group.
- In parallel, we will strengthen the O neg donor base, as Ro growth will take time to materialise. Targeted work to bring in more O neg donors is required to manage the high level of substitutions in the interim. Enhanced targeting, digital engagement and prioritised booking tools will support O neg resilience while the Ro donor base expands.
- Key interventions in our transformation portfolio include:
  - Donor and Session Platform (DASP) – a multi-year programme to digitise the donor management and session processes enabling transformation of our on-session operating model.
  - Donor Base Resilience Programme – a £3m investment over 2025-26 and 2026-27 to grow and retain donors through targeted marketing and partnerships. Additionally, development of a priority list feature in the donor app and website will allow O neg, B neg, and Ro donors to request preferred slots.
  - Donor Network Design – optimising our donation footprint to ensure we strategically locate our collection environments and drive improved appointment fill rates.
- Our **Plasma for Medicines (PfM)** business is delivering above expectations and has made progress towards improving UK self-sufficiency in immunoglobulins:
  - Plasma collection is c.39% above plan YTD (167kl collected vs 120kl target) as plasma recovered from whole blood has been maximised sooner than planned.
  - Major operational milestones have been delivered so far during 2025-26, with more than 575,000 litres of Plasma dispatched for fractionation and supply chain rationalisation delivering £1.6m savings per annum.
  - However, the source plasma donor base is c.14% behind target (11,087 donors vs target 12,928 donors), largely due to organisational focus on blood stock resilience and donor attrition.

Back-to-Green Plans: Focus on growing the source plasma donor base for the remainder of the year will focus on reactivation of lapsed donors. This is unlikely to return the donor base to target by year-end. The strategic interventions in place to grow the blood donor base will also contribute to longer-term plasma growth.

- In **Organ and Tissue Donation and Transplantation (OTDT)**, while transplant activity has achieved target, declining consent and donation rates, alongside shortfalls in tissue and ocular donation, expose some underlying fragilities and underscore the need for renewed focus and transformation to deliver sustainable improvement.

- Organ donation activity was 4% above target, with 725 deceased donors facilitated against a plan of 700, leading to 1,874 transplants. This growth has been driven primarily by a 13% increase in Donation after Circulatory Death (DCD) donors compared to the same period last year.
- However, this progress has been partly offset by a decline in Donation after Brain Death (DBD) activity, where both the consent rate and donor pool have fallen. Consent for DBD donors has reached a record low of 54%, and the DBD donor pool has reduced by 13% year-to-date, linked to a 10-percentage point decline in neurological death testing (now at 65%), higher opt-out rates, increased family refusals, and fewer deaths within intensive care units.
- The contraction in the donor pool has been partially mitigated through improved organ utilisation, which remains ahead of target at 2.58 organs per donor (vs 2.56 target). Overall consent rates stand at 59%, below the 62% target, highlighting an ongoing opportunity to strengthen public engagement and family consent processes.
- We are achieving our 26% target for all transplants (deceased and living) going to ethnic minority patients. However, the ethnic minority consent rate continues to lag at 30% compared with a 34% target.
- Within Tissue and Eye Services (TES), income of £12.7m year-to-date is on plan, supported by strong performance in Serum Eyedrop sales, which has offset lower-than-target income from other ocular and tissue products. Donation volumes remain below plan for corneas, where 2,032 donations have been achieved against a target of 2,299.

Back to Green Plan: The focus for performance recovery in organ donation is on reversing declines in consent and overall donation levels to secure sustained improvement. Central to this effort is the implementation of actions arising from the International Donation Action Forum (IDAF) held in June, which brought forward global best practice on clinical operations, family approach, and legislative frameworks. Insights from IDAF, combined with findings from staff and donor family surveys and a series of targeted discovery calls, have shaped a joint NHSBT/DHSC improvement plan that was endorsed by the Board in September. Longer-term, investment in the Assessment and Recovery Centres (ARCs) programme will further improve organ utilisation.

Within Tissue and Eye Services, a temporary performance initiative has led to improved cornea performance since October. The iOrbit project has expanded in scope to ensure that this uplift is sustained (c.70 per week). We are also working closely with NHS partners to ensure these extra donated corneas are accepted for transplant.

- **Clinical Services** continues to deliver incremental growth, despite a range of in-year challenges across its business units.
  - Clinical Biotechnology Centre (CBC) income is forecast to reach £3.29m by year-end, a 3.5% increase on last year, but below the ambitious £5.5m target, reflecting changes in customer requirements, delayed projects, and some prospects not materialising until next year. Similarly, the Advanced Therapy Unit (ATU) is £0.32m behind plan year-to-date, with restructuring of customer programmes impacting income, and a year-end forecast of £1.48m, broadly in line with last year.
  - The Therapeutic Apheresis Service (TAS) shows a mixed picture. Procedure volumes are 3.2% ahead of last year but 6.8% below plan due to lower-than-

expected Extracorporeal Photopheresis (ECP) procedures and reductions in cell collections, as hospitals adopt new treatments for GvHD, Myeloma, and Lymphoma. Positive developments include red cell exchange activity exceeding target, with new services launched at Whittington and Luton, and further expansions planned at Cambridge, Lewisham, and Croydon later in the year.

The stem cell registry remains strong at 134.7k donors (vs 133.4k target), though minority ethnic representation among new donors is 16%, below the 20% target.

**Back-to-Green Plan:** A review of the commercialisation of our Cell and Gene Therapies, supported by Boston Consulting Group (BCG), highlighted the need to invest in commercial capability to strengthen pipeline development and convert projects into income growth. A business case is therefore being developed to address this capability gap and enable accelerated revenue growth in CBC and ATU.

To improve minority ethnic stem cell registrant volumes, campaigns are underway to increase recruitment at community blood donation sessions and to target buccal swabs from existing minority ethnic donors.

- Our **corporate group services** have delivered positive performance across the portfolio of functions, with some areas for improvement.
  - People and Culture metrics show sustained improvement. Mandatory training compliance remains high at 96.5%, while the proportion of Minority Ethnic employees at Bands 8A–8C stands at 16.9%, both at their highest levels since tracking began. Employee turnover has decreased to 10.6% (vs target 12%), and time-to-offer for vacancies is strong at 8.2 weeks (target 11 weeks). Harm incidence remains below target at 7.0 per 1,000 employees, and sickness absence is on plan at 5.0%. While annual appraisal (PDPR) compliance has improved, it remains slightly below target at 91% (vs 95%).
  - Operationally, internal governance shows progress, with the number of overdue 'major' internal incidents averaging 10 per month, down from 16 per month in 2024-25. The organisation has received 4 major non-compliance findings from external regulatory inspections and raised 3 patient safety investigations.
  - Critical infrastructure availability remains strong at 99.97% year-to-date, enabling business continuity through core systems.
  - The £16.6m cost improvement/efficiency programme is forecast to be delivered by the end of 2025/26, with commercial pipeline savings performing ahead of plan at 7.8% (vs 2% target).

**Back-to-Green Plans:** Looking ahead to 2026-27, the cost improvement challenge is more significant. Current identified opportunities equate to approximately 1.2% (£8m), short of the indicative 2% (£13.3m) target. Divisions have been asked to develop plans incorporating a 3% target (2% base + 1% contingency), recognising the potential impact of an expected flat-cash price rise for NHS providers for the next three-years on NCG pricing. These measures will support continued financial discipline.

### 3. Transformation Portfolio Performance Key Messages

- We are planning investment of £51.0m on our transformation portfolio by 2025-26 year-end. This compares to total actual investment of c.£29m last year.
- This year we have continued our improved oversight and grip of portfolio forecasting and management through the cross-directorate forum, Strategy, Planning and Transformation Supergroup. Most significantly, we have enhanced programme/project benefit tracking.

- At the mid-year point, good progress was made against delivery of most in-flight programmes/projects:
  - 'Green' Programmes/Projects: 37 (55%)
  - 'Amber' Programmes/Projects: 27 (40%)
  - 'Red' Programmes/Projects: 3 (4%).
- Strong governance in line with civil service functional standards is in place, giving us confidence over the accuracy of programme/project status reporting. The proportion of red and amber programmes in the portfolio is within a normal bandwidth for a portfolio of our size and complexity. 'Back-to-green' plans are in place for all 'amber' and 'red' status programmes/projects.
- However, our enhanced forecasting is highlighting some anticipated challenges for the remainder of the year, including the slow mobilisation of some programmes, which could delay benefit realisation and result in investment underspend by year-end. In part, these delays reflect the need to prioritise recovery activities following the recent amber blood stock alert, which temporarily diverted capacity and resources. We recognise that these issues point to a broader need to strengthen our portfolio prioritisation process and programme and project delivery capabilities. Work is now underway to ensure we continue improving in these areas.
- Notwithstanding these challenges, our transformation portfolio continues to deliver some key business capabilities, taking us towards delivery of our strategy. Key capabilities landing this year include:

Quarter	Business Capability	Programme/Project
Q1 Delivered	Replaced phone calls and manual transcription with an electronic results transfer from Belfast, Bristol, Hammersmith and Manchester H&I laboratories to NHSBT	Donor Characterisation Electric Results Transfer (DCERT)
	Implemented Eye Retrieval Schemes in four NHS Trusts.	iORBiT
	Increased blood stock and donor base resiliency through the new Southampton Donor Centre.	Southampton Donor Centre
	Deployed a further Pulse software release to increase the code conversion percentage.	Blood Tech Modernisation
	Implementation of Red Cell Immunohaematology (RCI) electronic referral support tool and adoption of the tool by customer hospitals to reduce the number of inappropriate sample referrals to NHSBT.	Transfusion Transformation – RCI Assist
Q2 Delivered	Implemented Eye Retrieval Scheme in the NHS Foundation Trust Manchester University	iORBiT
	Functionality enabling the matching and offering of split livers to paediatric patients went live in August. It is anticipated this will significantly increase the number of split liver transplants.	Matching & Offering Programme
	Increased blood stock and donor base resiliency through the new Brighton Donor Centre.	Brighton Donor Centre



	New canteen opened to the Colindale community.	Colindale Programme
	Decommissioning of supply cell and rationalisation of Plasma Supply Chain saving c£540k per annum.	Plasma
	Testing HAV/B19 moving from gel tubes to ambient tubes saving c£1.06m per annum.	Plasma
	Delivered a new National Logistics Framework to co-ordinate the transport and storage of UK Plasma for fractionation. Scotland have come on-line and Wales and NI to follow suit - working with other blood organisations to delivery NHSE's ambition of self-sufficiency.	Plasma
Q3 Delivered / Planned	Replaced phone calls and manual transcription with an electronic results transfer from Royal Free, Oxford, Liverpool H&I laboratory to NHSBT via CareDX.	DCERT
	Staff intranet improvements implemented which will improve overall user experience and content governance processes.	Intranet Project
	Replacement of legacy switches and routers across the NHSBT estate completed, reducing network infrastructure risk, whilst delivering savings	Connectivity
	Capability to providing a cloud-based infrastructure for DNA-based data to undertake complex analytics for BAU testing and new tests being set up as part of the Genomics Programme.	Genomics – Digital Capability
	More of what's your blood type events through increasing community engagement team capacity Enhanced community grants partnerships (CGPs) and test using CGPs to run typing events on behalf of NHSBT Second phase of donor recognition scheme/ loyalty offer started Start suite of initiatives aimed at strengthening recruitment and retention of Ro donors Strengthen recruitment and retention of Black heritage donors at Brixton Centre	Donor Base Resilience
Q4 Planned	Implementation of Eye Retrieval Schemes in two further NHS Trusts.	IORBiT
	New National Contact Centre contract implemented supporting delivery of a high performing, value for money, contact centre service.	National Contact Centre
	Deployment of a further Pulse software increasing the code conversion percentage.	Blood Tech Modernisation
	Platform for secure data integrations fully implemented ensuring compliance with	Secure Data Integration (SDI)

	standards for secure data transfer with partner organisations.	
	Implementation of high quality and value for money replacement contract for a Bacterial Screening of Platelets.	Testing Development Programme
	Expansion of Hertfordshire mobile to team to deliver an increase of c.244 extra weekly appointments.	Future Proofing Blood Programme
	Complete research project to develop our capability to grow synthetic red blood cells in the laboratory, for future clinical use.	Restore
	Development of Transfusion Practitioner Professional Framework and e-learning content for undergraduate scientific courses to align with delivery of Infected Blood Inquiry recommendations.	Transfusion Transformation – Education & Training
	The benefit of splitting donor on-sessions between new/ returning donors and regular donors will have been tested	Donor and Session Programme
	Use of local PR agency to amplify local WYBT events Use of grassroots agency to support local recruitment and typing	Donor Base Resilience

#### 4. Principal Risk Mitigation

We have mapped our performance metrics and transformation programmes/projects against the Principal Risks in the Board Assurance Framework. This exercise indicates a high degree of alignment between our Business Plan activities and the strategic risks we are seeking to mitigate, which offers assurance that our plans are focussed on reducing risk.

Additionally, our improved grip on the transformation portfolio is reflected in the scoring of Principal Risk 10 ('Scale and Pace of Change') in the Board Assurance Framework, which remains below our risk tolerance level. Work is ongoing to mitigate this risk further, including through developing our reporting of programme benefit realisation. Other ongoing areas of focus are:

- **Principal Risk-02 (Service Disruption):** several "red" status programmes are mitigations to this risk (Donor Centre Programme, Colindale Investment Programme, Cyber 2 Programme). These programmes need to be brought back on track to reduce the score of this risk.
- **Principal Risk-04 (Donor Numbers & Diversity):** as noted above, performance across most of our donor bases remains below target. The Donor and Session Platform (DASP) programme has mobilised to mitigate this risk, while the Donor Network Design and Donor Base Resilience programmes are also mobilising.
- **Principal Risk-05 (Financial Sustainability):** With a challenging financial outlook, we are extending our Cost Improvement Programme (CIP) to identify and mobilise mid- to-long-term cost improvement opportunities.

#### 5. Next Steps



A full-year Business Performance and Transformation Portfolio Review 2025-26 will be presented to the NHSBT Board in June 2026 for assurance. In the meantime, assurance over progress is delivered through two primary routes:

1. The monthly Performance and Risk Report, which tracks progress against Business Plan metrics, will be reviewed at each Board meeting, and monthly by the Executive Team.
2. The monthly Portfolio Status Report, which tracks progress against Programme and Project delivery, will be reviewed at each ARGC meeting, and monthly by the Executive Team.