

NHSBT Public Board Meeting

24 March 2026

Chief Executive's Report

Status: Official

Since taking up the post of the Chief Executive Officer of NHS Blood and Transplant in February, I have spent time meeting teams, to gain greater insight and understanding about the organisation and the services we provide. I have been struck by the professionalism of everyone I have met and their commitment to saving and improving lives.

A particular highlight of the last month was the Together Awards ceremony, which provided a fantastic opportunity to thank our staff who go above and beyond to help save and improve lives. The event included presentations from people who had received blood transfusions and transplants. They spoke about the real impact our work had on their lives and it was both humbling and inspiring to hear their stories. I would like to congratulate all those who were nominated, shortlisted and the winners.

1. Service Delivery

Plasma

Since August 2024, NHSBT has delivered over 819,000 litres of plasma to NHSE to be fractionated into plasma derived medicines (Immunoglobulin and Albumin) and supplied to patients. From April 2025 to March 2026, we will ship 450,000 litres (420,000 to date). Plasma is recovered from all whole blood donations, and any not used for clinical purposes is sent for fractionation. We also collect plasma directly from donors in our 3 source plasma clinics. Over 278,000 litres of plasma has been collected in 2025/26 so far.

Recent focus has delivered a successful update to our key Quality Technical Agreements with NHS England and the Fractionator, which ensures we are delivering safe products. An agreed shipment schedule is in place to deliver the target volumes of plasma in 2026/27 and procurement activity is underway to look at new apheresis and other technology to improve volume collection.

Organ and Tissue Donation and Transplantation

The work to increase levels of ocular donation is continuing, with the University Hospitals of Liverpool becoming the seventh provider to sign a contract to become an Eye Retrieval Scheme. Our engagement work is also progressing with University Hospitals Birmingham NHS Foundation Trust, where we plan to embed two NHSBT specialist nurses within the Trust to focus on increase ocular donation rates.

We are committed to implementing the actions within the Organ Donation Joint Working Group report. Work is progressing on key actions including with the public engagement strategy being drafted. Improvements to the Organ Donor Register online registration journey go live in Spring. A review of the consent / authorisation and medical history forms is underway. A joint letter has been sent from all four UK Chief Medical Officers, endorsing timely neurological death testing as good clinical practice, and we have now updated the training for Specialist

Nurses in Organ Donation. Successful implementation of all recommendations will require a planned, coordinated and sustained change management approach, drawing on resources across the organisation and progress will rely on active and significant external engagement and support from the wider health system, regulators, community, third sector partners and many others. We are developing multi-year detailed plans, to ensure that we deliver the scale and pace of change required.

Donor Experience

The Whole blood donor base levels remain above the rates seen in November, with continued growth in B negative and Ro groups. Ro donors reached a record 27,440, 3% higher than a year earlier and a consistent and sustained area of progress. As anticipated, plasma and platelet donor numbers dipped slightly due to the high recruitment rates a year earlier. Nevertheless, A positive and AB negative platelet groups remained stable.

The Donor Base Resilience programme continues to expand donor typing and recruitment through mass blood-typing events, group bookings and enhanced digital communication. The coming year will place greater emphasis on donor retention, developing a refreshed loyalty offer and further improving donor experience.

The Donor Network Design team continues to provide data driven insights to support targeting areas of high potential Ro donors, optimise appointment capacity and strengthen donor-centre utilisation. Implementation of these actions will improve service efficiency, increase Ro collections toward self-sufficiency and enhance overall network resilience. This work, together with the establishment of a Ro Taskforce, will help improve Ro donor numbers, so that we are better able to meet the needs of sickle cell patients.

Quality and Governance

NHSBT has successfully been audited to ISO22301- the International Standard for Business Continuity. Three minor non-conformities were noted, and next year's audit is a recertification to the standard.

An updated risk assessment framework for incident management has been launched. The new matrix is expected to deliver improvements to donor and patient safety, through giving priority to incidents with the most learning and improvement opportunity and ensuring better resource management across operational and corporate functions.

2. Innovation

Organ Donation and Transplantation

The first Assessment and Recovery Centre (ARC) pilot site went live on 16th February at Royal Papworth Hospital. Initially for lungs, we will expand ARC pilots in the coming months at up to 12 further sites, to include livers and kidneys. Pilots will run throughout 2026/27 and are expected to result in 36 extra transplants, from organs that would have not previously been suitable for transplantation. The rollout of ARCs depends on the precious gift of organ donation and the readiness of NHS colleagues to staff facilities. We are now looking at how to speed up the implementation of our vision for ARCs.

Donor Experience

The Priority Appointment Requests approach continues to support access for Ro, O- and B- whole blood donors, generating 6.5k priority bookings to the end of February and contributing significantly to O- collections (4.8k bookings). Further development will broaden session availability and explore improved access for donors from under-represented ethnic groups. The transition to full implementation of Donor Ranking is progressing, enabling more

effective prioritisation of appointment slots based on donor need and operational requirements. Dynamic management of access remains in place during the transition period to protect capacity for priority groups.

Direct Marketing is advancing the rollout of new communication journeys using the Marketing Automation Tool. Following the successful launch of the revised appointment reminder journey in late 2025, development continues on deferred donor communications and a wider suite of retention messaging, with first elements expected to go live in early Q1 2026/27.

Quality & Governance

The Risk Management Team continues to be recognised in Government for its assurance mapping process and we continue to support other government departments and agencies as appropriate.

3. Donor and Patient Experience and Engagement Activity

Patient Safety

There are currently no Patient Safety Incident Investigations (PSIIs) open and responding to Patient Safety Incidents is moving to business as usual, as part of Incident Management. On closure, all action plans are monitored through directorate CARE meetings with learning shared and disseminated via the Safety Improvement and Insights Group meeting. The 2026/27 Patient Safety Incidence Response Plan is being drafted through the Safety Insight and Improvement group, this will use triangulated themes and trends from each directorate to formulate organisation wide priorities to ensure our responses to incidents, feedback and complaints are proportionate and responsive.

Infected Blood Inquiry

Sir Brian Langstaff has written to all Infected Blood Inquiry participants to say that the inquiry will close on 31 March 2026. He notes that the terms of reference of the inquiry are fulfilled and several important steps have been taken towards ensuring the greater involvement of people infected and affected and enabling their concerns to be aired and considered.

NHSBT has reviewed the internal governance of the IBI and will use the Transfusion Transformation Programme Board as the delivery model for implementation of the recommendations that fall to NHSBT to lead or support. The wider learning regarding a safety and learning culture will be managed via directorate CARE meetings, with assurance to the monthly Safety Improvement Insight Group and quarterly Clinical Quality and Safety Group, reporting up to Clinical Governance Committee and then Board. Responsibility for the NHSBT's role in the IBI will move formally to the CMO portfolio.

Donor Experience

Donor satisfaction remains strong and stable, with an Overall Experience score of 83.7% and improved satisfaction with appointment time and day choice during a period of lower fill rates.

Episode 2 of *Love is in the Blood* continues to outperform expectations, delivering 10.2 million views and 6.3 million bookings, with high engagement across YouTube and Instagram. Paid media activity remains effective in priority regions, supported by £117k in secured pro bono advertising.

Good progress is being made in helping donors switch to giving platelets, plasma, and stem cells. Our new approach to identifying suitable plasma donors is working better than older

methods, and we're developing similar tools for platelets and stem cells. We've also released a new stem cell animation to help donors understand the process.

Communication & Engagement

In February we supported Imperial College Healthcare NHS Trust to announce the first birth following a deceased womb transplant. Following the announcement of the first birth from a live transplant last April, we saw 3,000 people opt out of organ donation on the NHS Organ Donor Register (ODR). Our objective this year was to help the media, stakeholders and public understand womb transplants are a novel transplant and are not covered by the ODR. Over two days, the story generated 880 articles, delivering £1.7 million in Advertising Value Equivalent. Coverage was extensive across national broadcast, including the BBC, Good Morning Britain on ITV, and Sky News, alongside widespread online media. We also made informative content available on our social media channels. Only 315 opt outs were recorded – lower than the same time the previous week – and more than 1,000 people opted in.

We supported BBC Radio Somerset launch its first blood and organ donation week. Presenter (and B negative donor) Simon Parkin spoke about giving blood and visited Filton while we arranged a live broadcast from a Taunton community session with interviews from NHSBT staff and Laura Fricker whose baby received a transfusion while still in the womb.

Following our successful story last year appealing for heart valve donations, we invited heart valve recipient Poppy to tour the tissue bank at NHSBT Liverpool. The BBC covered the visit, which featured Poppy touring the unit, being interviewed, and two members of NHSBT being interviewed about the need for donors. It was featured on the lunchtime news and was the lead story on both the evening and late news.

In February we welcomed Brighton MP Sian Berry to our Brighton Donor Centre and DHSC Permanent Secretary Sam Jones to our Brixton Donor Centre. Following the visit Sam shared a blog with DHSC staff encouraging them to give blood.

4. People

National Apprenticeship Week provided a valuable opportunity to showcase the contribution apprenticeships make across NHSBT. Engagement remains strong across the organisation, with 166 active learners currently on programme and 48 successful completions in the past year. The programme featured apprentice stories, development workshops and provider-led insight sessions, demonstrating the breadth of learning and progression opportunities available. The week concluded with our Celebration Event, recognising outstanding learner achievement, including our Apprentice of the Year and Manager/Team of the Year awards, and reinforcing the critical role apprenticeships play in NHSBT's growth and development offer.

The People Committee have reviewed the proposal to adopt the *Sexual Safety in Healthcare – Organisational Charter*. It was recognised that signing the Charter would provide a clear and public commitment to zero tolerance of sexual misconduct, reinforcing ongoing work to strengthen organisational culture and NHSBT's response to concerns. Further work will continue to ensure alignment with the new requirements introduced under the Employment Rights Act. The Committee have agreed to recommend adoption and signature of the Charter to the Board.

Executive Team Recruitment

Last year, the NHSBT Chief Medical Officer, Gail Miflin, confirmed that she would be stepping down from her role after almost a decade in the role. As our CMO, Gail led the organisation through the pandemic, championed better equity in the provision of matched blood components for transfusion and supported the UK to launch our plasma for medicines programme which has now benefitted thousands of NHS patients. Recruitment to a new CMO is underway, with interviews planned for March.

The Chief Finance Officer, Carl Vincent, has also confirmed that he will be retiring in the summer. Carl has led his team to keep our finances on track and manage an ambitious transformation programme over the past four years. Subject to DHSC approval, we will be starting the recruitment process in the coming weeks.

The Chief Nursing Officer left the organisation on 9th March. Our nursing teams are vitally important to our services and I am working with Executive Team colleagues to identify the best approach for ensuring that they continue to be supported and led effectively. Interim arrangements are in place, with Directorate Chief nurses reporting into the operational directorates, and the corporate team and nursing business support team moving to the Quality and Governance Directorate. The organisation continues its commitment to clinically led delivery recognising the role of the range of professional groups across the organisation and the multidisciplinary nature of our work.

Forward Together Programme

The Forward Together Programme is progressing across multiple workstreams. This includes the HR Service Delivery (HRSD) programme, which is delivering enhanced and more consistent HR services through the ServiceNow platform. The programme remains on track for go-live on 18 March, with the team focused on structured testing and readiness activities to support stable launch. Training for key system users is underway and communications to colleagues will increase ahead of implementation. Both the Smart Candidate Sifting tool implementation and the Disability Inclusion Campaign are in progress. For Employee Relations Case Management, a centralised unit has been set up and related actions are being implemented including upskilling for HR and managers on investigations and case management, and for Workplace Adjustment, a diagnostic report with future operating model has been drafted. Under Colleague Development workstream, various development interventions have been launched including the Inclusion Essentials learning journey, Harassment Bullying and Abuse training module and under the Management & Leadership Development workstream, development pathway and pilot programme for supervisors and team leaders launched along with digital toolkits to support. HR Policy Governance Framework, HR impact assessment framework and best practice HR Policy Playbook/Toolkit will complete by the end of March.

5. Finance

As we approach the end of the financial year, our latest forecast shows a positive position compared with the original plan. This reflects higher operational activity across Pathology, Plasma, and Tissue and Eye Services, as well as acknowledging a number of corporate underspends. Within the plan there is a cost improvement programme, which we remain on track to deliver in full.

Looking forward to next year, and following an integrated business planning process, NHSBT has redeveloped its financial plan and budgets. In addition, capital expenditure continues to focus on essential national IT and estates infrastructure, along with the replacement of critical equipment. A four-year forward plan is also progressing well with the Department of Health and Social Care.

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Date: March 2026