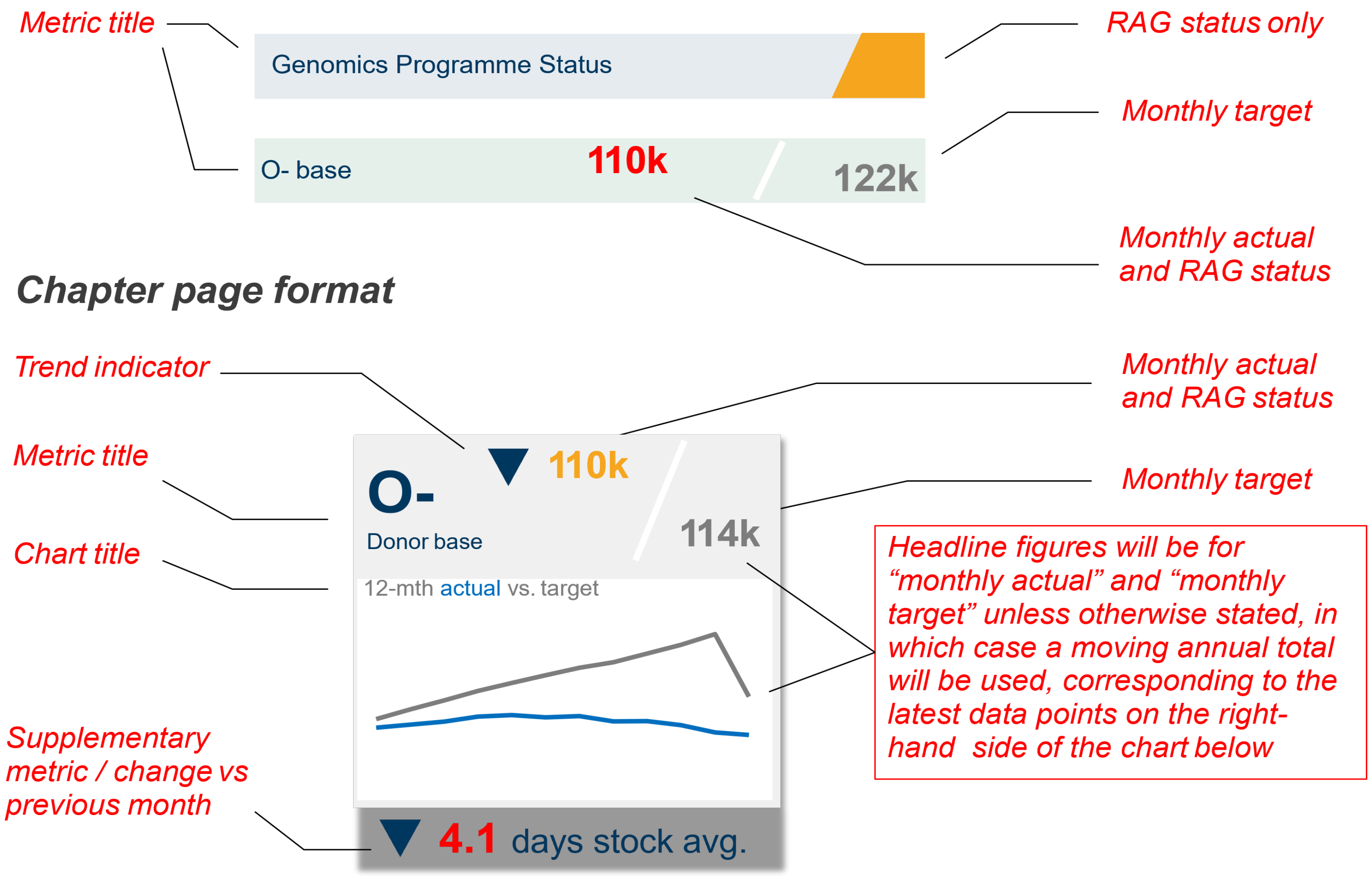
NHSBT Executive Team & Board Performance & Risk Report

February 2026

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 - February 2026

NHSBT continues to deliver its core services reliably across Blood Supply, Plasma for Medicines, Organs and Tissue Donation and Transplantation, Clinical Services, and corporate functions. February performance reflects sustained operational delivery, while highlighting several structural pressures that require continued strategic focus to ensure long-term resilience.

1. Strong operational performance has restored and sustained blood stock stability, though some challenges remain aligning donor base to demand

- Blood supply performance has remained strong over the past year. Red cell stocks have been maintained consistently above target for several consecutive months since exiting amber alert, supported by strong operational coordination across blood supply teams, improvements in donor experience, growth in O negative collections, and reductions in NHSBT-led donor cancellations.
- Progress has also been seen in priority donor groups, with the Ro donor base reaching its highest level on record and continued growth in donors from Black Heritage communities.
- However, structural challenges remain. The overall whole blood donor base declined, partly reflecting operational measures taken during the year to avoid excess stock growth. Demand for Ro blood continues to rise, driven by increasing numbers of patients requiring transfusion for conditions such as sickle cell disease and thalassaemia and evolving clinical practice including more frequent red cell exchange therapies. As a result, the Ro supply gap remains significant. In response, NHSBT has mobilised an Ro Taskforce to identify and implement measures to increase Ro donor recruitment and strengthen supply over the medium term.
- Plasma collection performance remains strong and domestic plasma now contributes around 23% of NHS immunoglobulin demand. However, the source plasma donor base continues to decline, and sustained donor growth will be required to meet longer-term self-sufficiency ambitions in the context of rising demand.

2. Specialised therapy services are adapting to pipeline and market shifts

- Performance across specialised therapy services remains mixed. Therapeutic Apheresis Services (TAS), the Clinical Biotechnology Centre (CBC) and the Advanced Therapy Unit (ATU) are currently performing below plan due to pipeline changes, evolving clinical demand and commercial market shifts.
- TAS activity has strengthened in some areas, particularly red cell exchange services, while CBC and ATU income remains below forecast following changes in customer pipelines and partnerships. Strategic initiatives are underway to expand TAS capacity, strengthen commercial capability and refocus the CBC and ATU pipeline.

3. Organ and tissue donation performance remains constrained by consent rates and donation variability

- Organ and tissue donation outcomes remain closely linked to hospital pathway performance, including referral timing, consent conversations and clinical processes such as neurological death testing. These factors sit partly outside NHSBT's direct operational control but have a significant impact on consent and authorisation rates and overall donation activity.
- Consent and authorisation rates remain below target, including among minority ethnic communities, constraining deceased and living donor activity. In response, NHSBT has established an Organ Donation Joint Working Group with the Department of Health and Social Care and NHS partners to identify system-wide actions to improve referral pathways, consent conversations and overall donation performance.

4. Geopolitical instability highlights the importance of strengthening organisational resilience

- Ongoing geopolitical instability continues to create volatility in global supply chains and logistics costs. This reinforces the importance of strengthening NHSBT's organisational resilience, including supply chain security for critical consumables, cyber security, preparedness for infrastructure disruption such as power outages, and the ability to increase collection activity rapidly should demand rise in response to major incidents or conflict. Work is also progressing on the development of novel products relevant to trauma and battlefield medicine.
- Critical digital infrastructure availability was slightly below target during the month due to short periods of downtime affecting the Pulse system and Donor Portal. Both incidents were resolved quickly, with follow-up actions underway to strengthen resilience.

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	↓	838K
Size of Active Ro Blood Donor Base	27.6K	↑	28.7K
Size of Active O- ⚖ Blood Donor Base	107K	↓	118K
Ro Supply Demand Gap YTD ⚖	51%	–	44%
Short Notice cancellation of Appointments	3.8%	↓	4.5%
Active Plasma Donor Base	10,551	↓	14,670
Plasma Collected (Sourced & Recovered), Litres YTD	304K	↑	220K
No. of Organ Transplants Living & Deceased ⚖	4,624	↓	4,690
Organ Consent Rate YTD ⚖	57%	↓	62%
Corneas Issued for Transplant YTD	4,092	↑	4,552

Modernise our operations to improve safety, resilience and efficiency

Blood Stock Stability Average Days of Stock	9.1	↑	5.5 - 8.0
On Time In Full (OTIF) Including Ro YTD ⚖	96.8%	↑	96.9%
Critical Infrastructure Availability	99.57%	↓	99.95%
Patient Safety Incident Investigation (PSII)	0	→	— — —
Overdue Internal Major Incidents	7	▾	0

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

% Minority Ethnic Employees at Band 8A-8C	16.1%	▾ ↓	— — —
Employee Turnover	10.4%	↓	12%
Recruitment Time to Offer (weeks)	7.6	↓	11.0
Vacancy Fill Rate	93%	→	88%
Sickness Absence Rate	5.5%	↑	5.0%
Harm Incident Rate NHSBT (Incident rate per 1000 employees)	7.2	↑	7.1

Drive Innovation to improve patient outcomes

No. of Transplants Per Deceased Organ Donor YTD	2.55	▾ ↑	2.56

Component Development Clinical Trials

(SWIFT) Whole Blood-Project Complete		🟦
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 £	2.8M	↑	4.5M
Advanced Therapies Unit Income YTD £	1.02M	↓	1.97M
No. Of Therapeutic Apheresis Procedures YTD	12,415	↓	13,119
Tissues and Eye Services (TES) Income	23.9M	↑	23.9M
Transfusion 2024 Programme Status		→	🟩

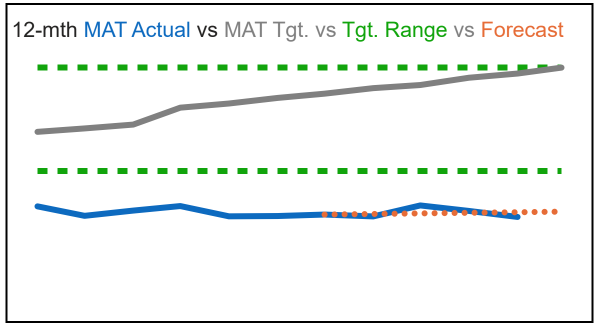
The 5 Metrics highlighted are reported to DHSC Quarterly

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

NHS
Blood and Transplant

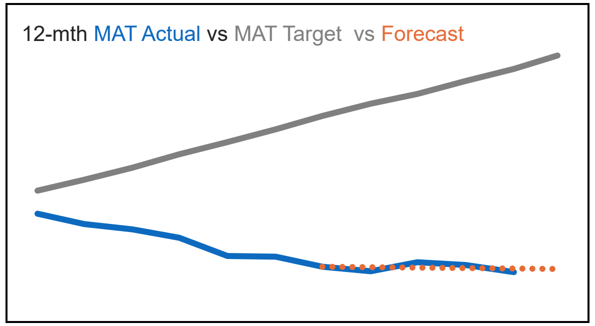
Size of Active Blood Product Donor Base

797K / 838K



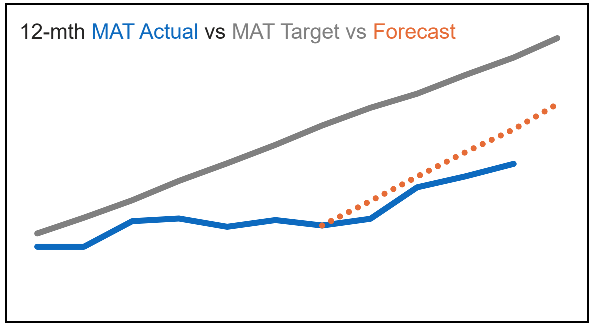
Active O- Donor Base

107.0K / 118.0K



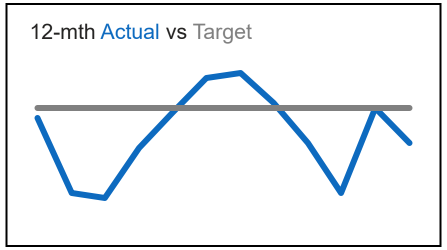
Active Ro Donor Base ⚖

27.6K / 28.7K



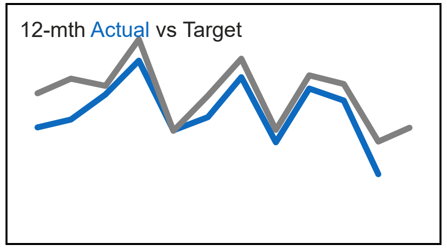
Short Notice Cancellation of Appointments

3.8% / 4.5%



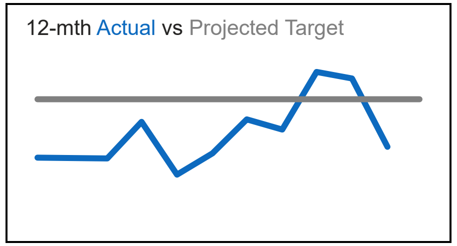
Red Cells Collected

109K / 114K



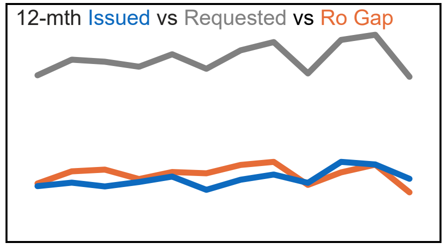
Ro Units Collected ⚖

4,129 / 4,493



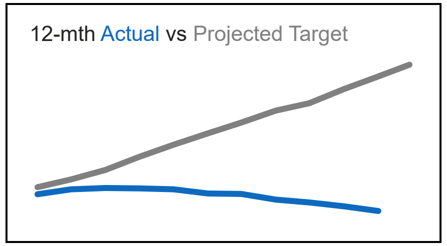
Ro Supply Demand Gap YTD ⚖

51% / 44%



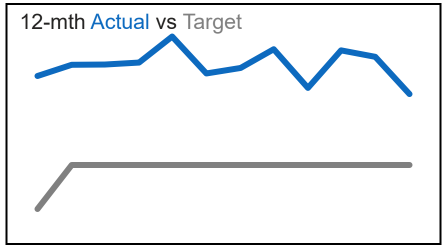
Active Plasma Donor Base

10.6K / 14.7K



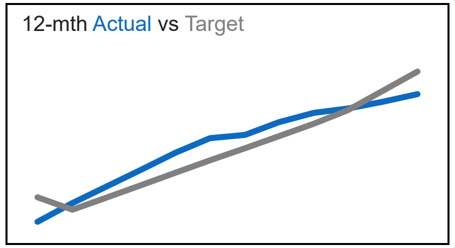
Plasma Collections Source & Recovered YTD

304K / 220K



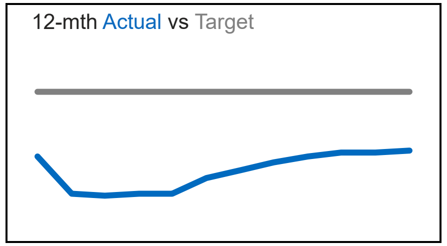
NHS Stem Cell Donor Registry (SCDR)

139K / 141K



%ME of New NHS SCDR Fit Panel

17.0% / 20%



Insight & Commentary

Blood Donor Base

- Blood Product Donor base down **1.7k to 796.7k**; all components declined. **Whole Blood Donations** fell to **776.4k** (-11k vs. Feb 2025). Reductions broadly spread across all groups, though O Pos and A Pos saw largest falls due to their size, **B Neg growth stalled** but remains above 20k donors.
- **Ro** donor base hit another record **27,575 (+136)**. **Black Heritage** donors rose **+100 to 21,228** reflecting ongoing Donor Base Resilience initiatives.
- **New Donors Donating** fell to 10,921 (~12k in January). A drop in reactivated donors to 12,455 (lowest since Feb 2018) was the main driver of the overall donor base fall. Donation frequency increased slightly over the last six months to 1.82 (+0.02), while rolling donations remained stable, highlighting focus on repeat donors as means of retaining stock.
- Only **B Neg has lower than target stock levels**. Manufacturing caps remained in place early in the month for ABO positive groups, limiting collections.
- Digital activity: **437k users generating 919k sessions** (-13%) with booking conversion at 50.1% (-2.1%); the largest drop-offs occurred at venue (22%) and time selection (21.6%). Intermittent downtime during February also impacted sign up, login, and booking activity.
- **Comms:** "The Giving Type - blood is needed every day" priority group campaign continues, alongside Donor Base Resilience initiatives. Roll out of the World Book Day "My Blood, Your Blood" sickle cell awareness book is progressing in Brixton, Birmingham and Manchester.

Plasma

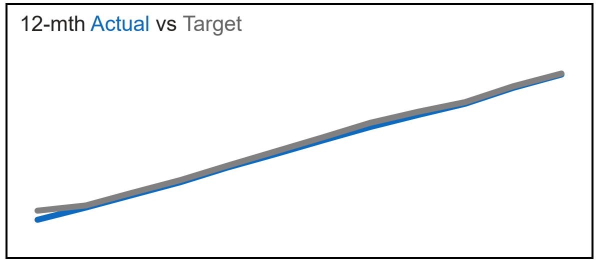
- NHSBT, DHSC, NHSE and Octapharma are maintaining UK plasma supply.
- **420,000 litres** dispatched across **39 shipments** toward **450,000 litres target.**
- Four shipments validated for dispatch, ahead of plan for 25/26. An extra shipment dispatched in February to complete shipment of launch stock.
- Progress being made on three **multi-product centres** to grow collection.
- February collections were **25,347 litres, 26.9% above the 20,000-litre** minimum, supporting self-sufficiency.
- The donor base fell to **10,551** (-144) due to attrition, reduced Reading capacity, and weaker new-donor flow from a shrinking whole-blood pool.
- Changes to appointment grids will **increase convenient slots** from March.
- 26/27 plan to stabilise **Birmingham** and **Twickenham** site collections and restore **Reading** productivity after Q2 relocation.
- March 2026 will see first anniversary of PfM prescribed to patients. **3,286 patients** have benefited from Gamten/Octalbin.

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

NHS
Blood and Transplant

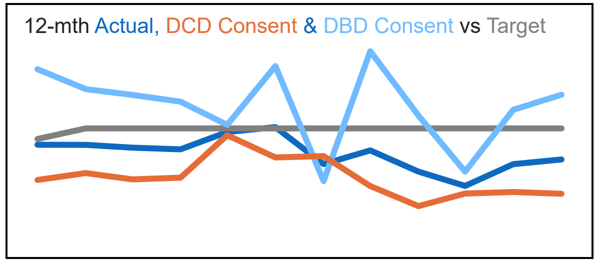
Organ Donor Register
Opt in- Total (Million)

28.804 / 28.81


12-mth Actual vs Target

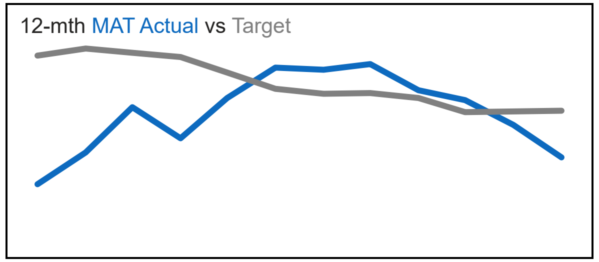
Organ Consent
YTD

57% / 62%


12-mth Actual, DCD Consent & DBD Consent vs Target

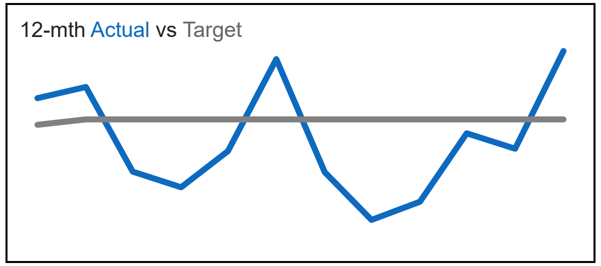
Living & Deceased Organ Donor Transplants
MAT ⚖

4,624 / 4,690


12-mth MAT Actual vs Target

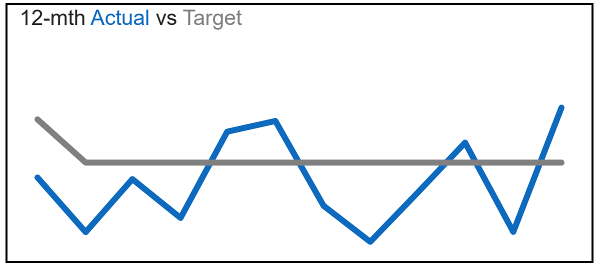
ME Organ Consent Rate
YTD ⚖

29% / 34%


12-mth Actual vs Target

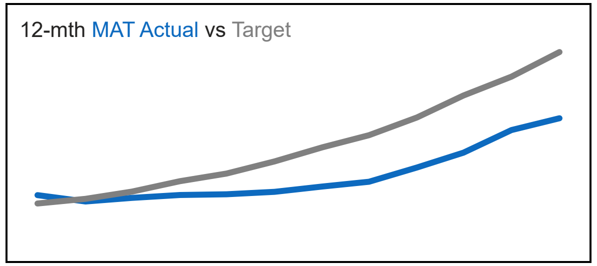
ME Recipients Of Organ Transplants
YTD ⚖

25.5% / 26%


12-mth Actual vs Target

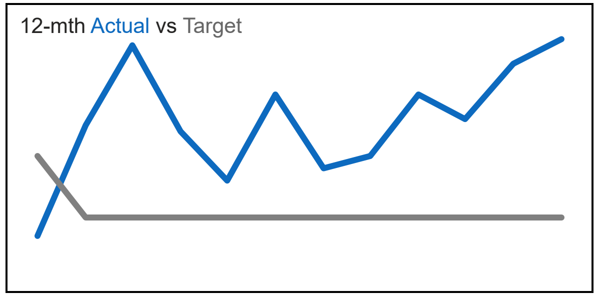
Corneas Issued For Transplant
YTD

4,092 / 4,552


12-mth MAT Actual vs Target

Net Promoter Score

89.9 / 87.0


12-mth Actual vs Target

Pathology

•**Screen 25k blood donors for extended types and additional antigens**: Screening is behind plan (**21.9k vs 22.9k**) due to a vacancy (now filled) and prioritising urgent RCI referrals earlier in the year. Testing above target over the last six months (**15.9k v 12.5k**).

•**Retest 20k STRIDES (Strategies to Improve Donor Experiences) donors to enable clinical use**: Below original plan with **8.6k tested YTD v plan 18.6k** (time to validate new liquid handling robots and staffing in MD in Filton). Change request approved to re-profile volume tested across 25/26 and 26/27, with approximately 25k forecast in total, increasing the volume of 'high-value' donors typed. The additional typing has been enabled through use of a smaller and cheaper typing array.

•**NHS Stem Cell Donor Registry (SCDR)** Fit panel volume is **2.3k** (**1.6%**) below target, but up **12.9k YTD**. Recruitment volumes are close to plan (**27.2k** vs **27.5k**) with female Caucasian donors now included; ME recruitment trails at **17% (4.6k vs 5.5k YTD; 6k/30k FY target)**. **Back to Green: ME outreach at blood donation community events and targeted buccal swab campaigns**. NHSBT provision to UK patients is **5.6% vs 7%** plan; UK-to-UK supply **24% vs 45%** ambition, constrained by donor availability and apheresis capacity.

Insight & Commentary

Organs

- **Deceased and living organ donation were both ~20 donors below the February in-month target**, compared with January when deceased donors met plan and living donors were slightly below. **YTD performance remains on track** with donors and transplants both within 1-2% of plan. However, **YTD gaps have widened slightly** since January, with 13 deceased donors, 14 living donors, and 35 deceased donor transplants short of target. Compared with February 2025, activity remains ahead (+21 deceased donors,+11 living, and +30 deceased donor transplants). All efforts are focused on maximising activity over the remainder of March to achieve 25/26 targets, requiring higher levels of deceased and living donation and transplantation.
- **Consent/authorisation rates remain 5% below target** overall and for ethnic minority groups. With one month left of 25/26, the annual targets of 62% and 34% respectively are no longer achievable. Greater focus is being given to local performance, alongside national and regional approaches to addressing consent rates.
- **Back to Green: Action continues at regional, national, and local levels to address consent and pathway performance.** The Memorandum of Understanding with donor hospitals is being revised to strengthen accountability across the deceased donation pathway, including timely referrals, Specialist Nurse presence, and neurological death testing. A new subgroup of the National Organ Donation Committee has been established to **address declining rates of neurological death testing**. Work also continues to address the recent reduction in living donation activity.

Ocular

- Ocular donation rate in month was an average **6.9 donors a day**, down from 8.8 in January. In February, ocular donors totaled **192 vs 273** in January.
- Work is underway to investigate February performance, but leading causes include fewer days in the month, school holidays, and low staffing levels at National Retrieval Centre due to churn from promotions.
- Stock levels were at **222 (target of 300)** by the end of February (down on 304 in January). A number of orders were cancelled due to low stock. Two corneas a week are currently being imported from Venice.
- The **cap on the number of corneas issued a week** is currently 80 from mid-March and 100 per week from start of April, subject to donation rates increasing again.

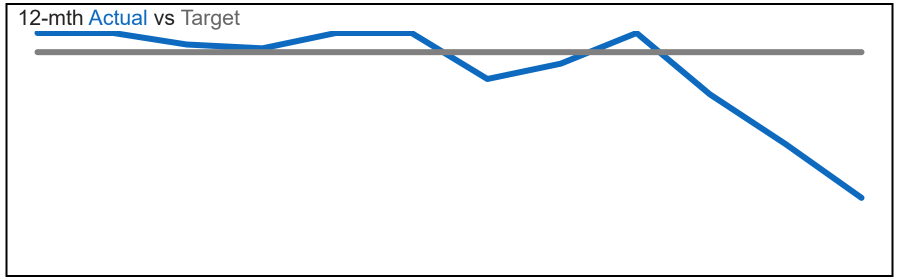
Modernise our operations to improve safety, resilience and efficiency

NHS
Blood and Transplant

Overall Critical Infrastructure (CI) Availability

99.57%

99.95%

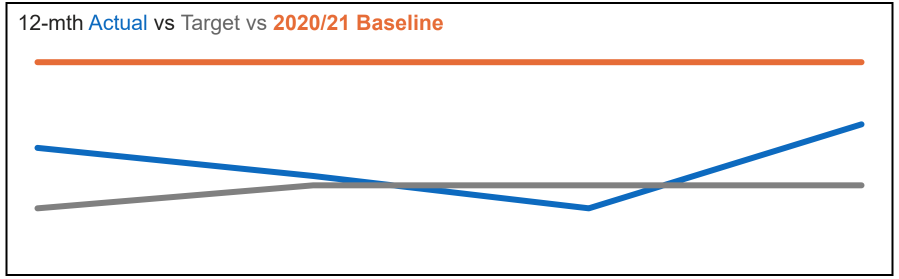

12-mth Actual vs Target

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

Full Year forecast at end Q3 25/26

11,591

10,000


12-mth Actual vs Target vs **2020/21 Baseline**

Cost Efficiency Savings Q2

Full Year forecast at end Q3 25/26
Next report at end of Q4 25/26

16.6M

16.6M

% Commercial Pipeline Savings Q3

Performance at end Q3 25/26
Next report at end of Q4 25/26

10%

2%

Overdue Major Incidents

7

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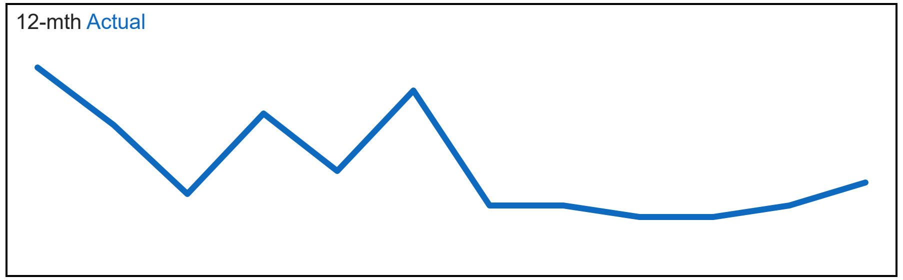
12-mth Actual

Patient Safety Incident Investigation (PSII)

0

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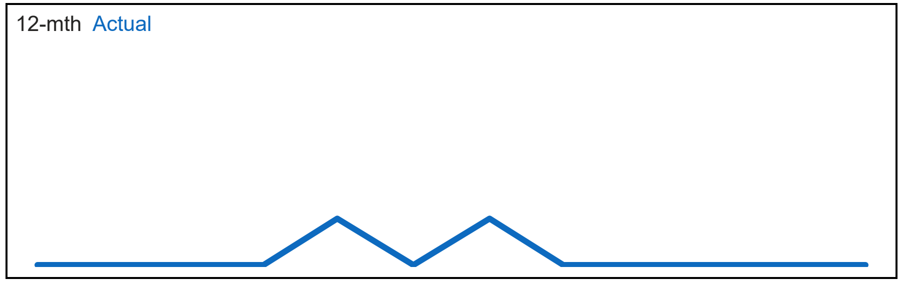
12-mth Actual

External Major Incidents

0

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12-mth Actual

Insight & Commentary

Quality

- In February there were **7 overdue major incidents**, longest open 62 days (now closed).
- There were **no Patient Safety Incident Investigations** (PSII) in February.
- On 11 February, QA began **closing historic, low-risk, no-harm incidents**. Of 526 identified cases, **over 300 have now been closed**, supporting a more proportionate, risk-based approach to incident management and improving the effectiveness of the QMS.

Critical Infrastructure

- Overall Critical Infrastructure (CI) availability **did not meet target** due to short disruptions to Pulse and Donor Portal.
- **Service disruptions to Pulse** temporarily affected processing across dependent services. A system change caused a short period of **disruption to the Donor Portal**.
- Both incidents were identified and resolved quickly, restoring normal service. Follow-up actions are being progressed with internal teams and external partners to strengthen service resilience.

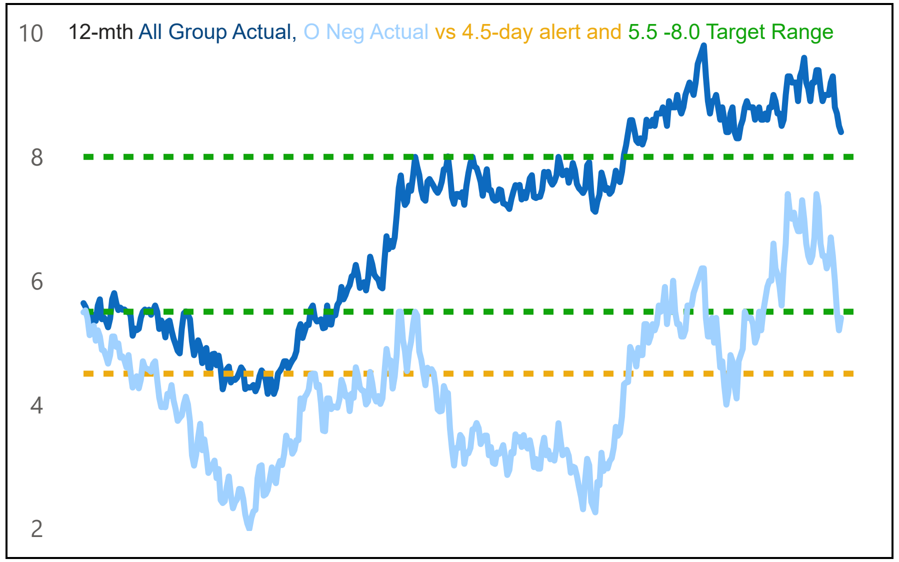
Progress Towards Net Zero: Strategy development

- Strategy development process is nearing completion.
- Commitment to net zero across operations and supply chain by 2040, aligned with Greener NHS plan and embedded in NHSBT priorities.
- A strategic roadmap with stepped carbon budgets, minimal carbon offsets, and front-loaded cost-saving actions is nearing completion.
- Four levers: data-led estates optimisation; electrifying heat and fleet; net-zero in business cases; supplier engagement to decarbonise procurement.
- Estates: adopt the Net Zero Building Standard, smarter controls and on-site renewables, scaling proven pilots.
- Transport: accelerate shift to a zero-emission fleet and optimise routes and behaviours.
- Procurement: apply net-zero specifications and weightings, targeting high-impact categories.
- People & governance: mandatory training and Net Zero Oversight Board.

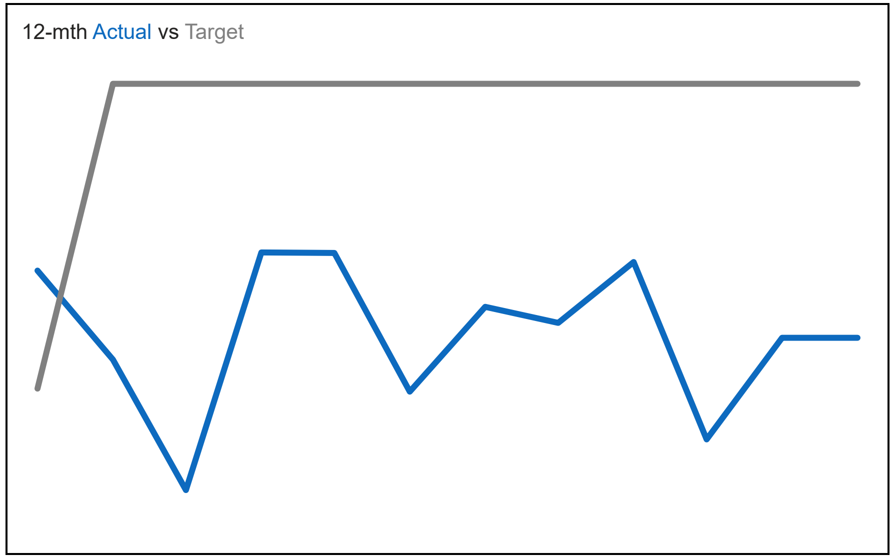
Modernise our operations to improve safety, resilience and efficiency

NHS
Blood and Transplant

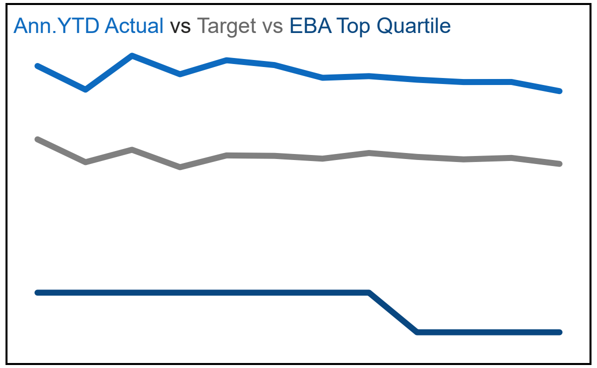
Blood Stock Stability
Average Days of Stock ↑ 9.1
Actual Days of Stock 8.8
5.5 to 8.0


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

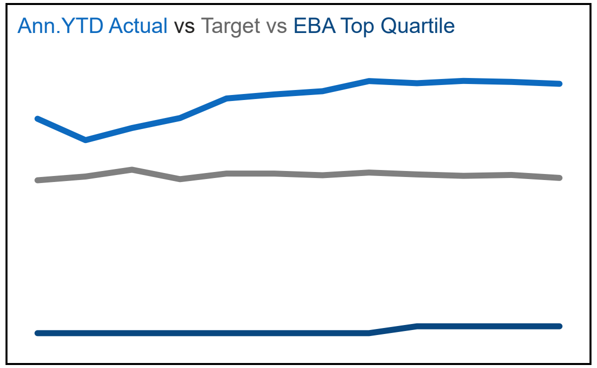
On Time in Full
incl. Ro (YTD)
96.8%
96.9%


12-mth Actual vs Target

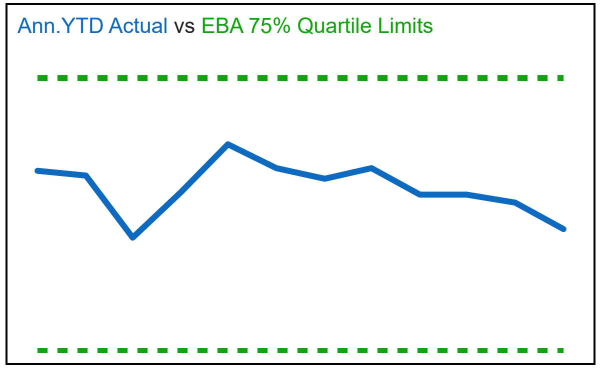
Manufacturing Productivity
Annualised YTD
10,360
9,560


Ann.YTD Actual vs Target vs EBA Top Quartile

Testing Productivity
Annualised YTD
31,804
25,885


Ann.YTD Actual vs Target vs EBA Top Quartile

Collection Productivity
Annualised YTD
1,126
1,080 to 1,183


Ann.YTD Actual vs EBA 75% Quartile Limits

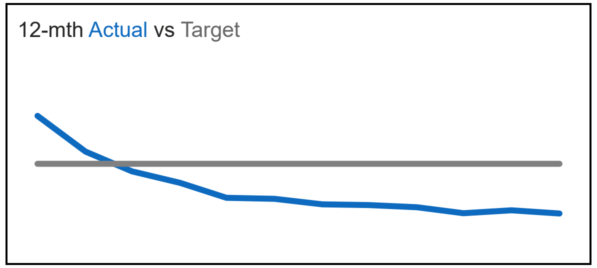
Insight & Commentary

Blood Supply

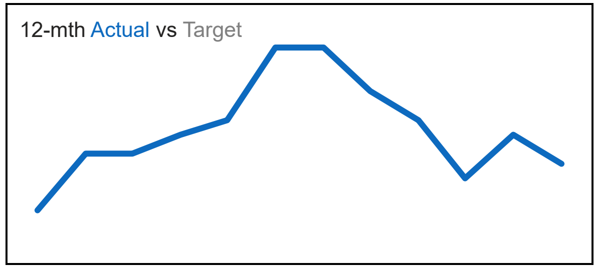
- Overall **stock levels increased** to av. 9.1 Days of Stock (DoS) in February (v.s 8.7 in Jan), largely due to demand being 6.0% below forecast.
- **B Neg stocks remained broadly stable** (av. 4.1 Dos vs. 3.8 in Jan) but ended lower at 3.8 DoS (vs. 4.4). Strong collections saw **improved O Neg stocks** (av. 6.6 DoS vs. 5.1 in Jan) ending the month at 6.3 DoS (vs. 6.0).
- **Whole blood collection reached 95.6% of target** (-1.4pp vs. Jan) partly reflecting continued **appointment capping** on positive ABO groups to increase collection capacity for O Neg, B Neg, and Ro. **O Neg collections exceeded target** (102.4%) while B Neg achieved 96.9% (-6.1pp vs Jan). Total collections across all groups were 108.6k, down 11.2k vs Jan due to fewer days in the period but broadly in line with February 2025 (108.7k).
- Overall red cell **demand was 6.0% below forecast**, the largest variance in the past year. B Neg issues remained in line with forecast (-0.2%) while O Neg issues were 1.6% above, demonstrating continued demand for these priority groups. As with collections, the volume of issues was reduced compared to January due to fewer days in the month. Compared to February 2025, total issues were 3.9% lower while O Neg (+2.2%) and B Neg (+10.3%) issues increased.
- **Ro demand fell 16% month-on-month**, owing to fewer days in the period, but grew by 2.1% in comparison to February 2025. Ro units issued were 5.7% higher year-on-year, resulting in a 1.5% increase in proportion of Ro demand met by Ro. The **proportion of O Neg and B Neg issues used to meet Ro demand fell** compared to last month at 11.5% (-2%) and 25.5% (-1.2%) respectively.
- **208k appointments were deployed in February**, averaging 52k per week, with 36.4k community and 15.6k Donor Centre appointments.
- **12 collection teams are currently running at reduced capacity** (vs. 10 reported in Jan) equating to an estimated loss of 1400 appointments per week. Four teams aim to revert back to full capacity by end March 2026.
- February **On Time In Full (OTIF) performance increased** to 96.8% (+0.4%) representing highest OTIF rate in the last year.

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

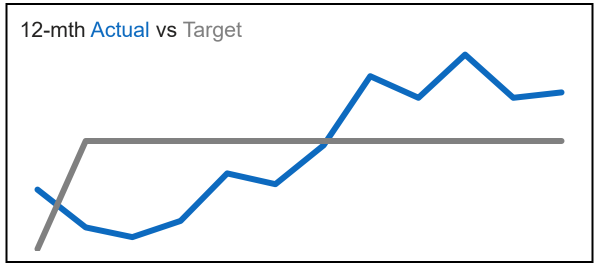
Time to Offer
Weeks
7.6
11.0



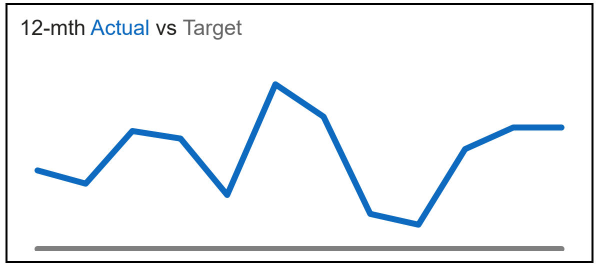
ME Employees
% Band 8A-8C
16.1%
– –



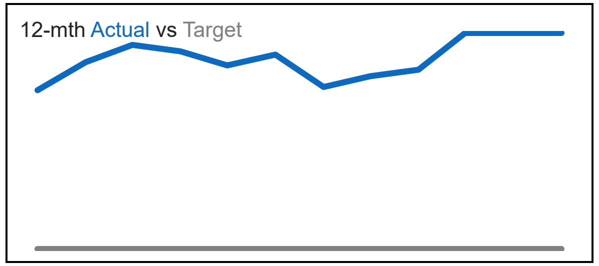
Sickness Absence
5.5%
5.0%



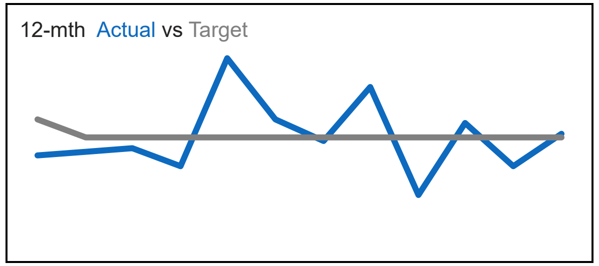
Vacancy Fill Rate %
93%
88%



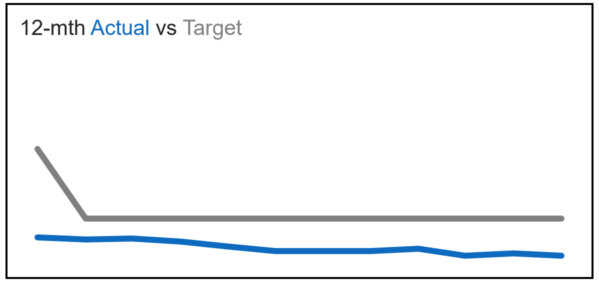
Mandatory Training Compliance
97%
95%



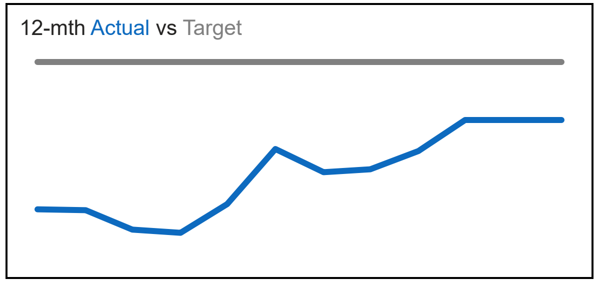
Harm Incident Rate NHSBT
7.2
7.1



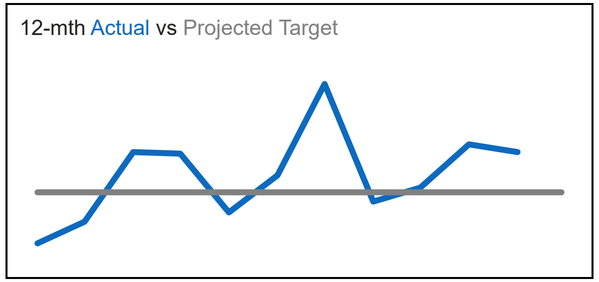
Employee Turnover %
10.4%
12%



PDPR Completion
93%
95%



Near Miss Incident Rate
17.3
14.7



Insight & Commentary

- **Recruitment:** Time to Offer remains **>3 weeks inside KPI**; vacancy fill has exceeded the **88%** target for **13 consecutive months**.
- **Market activity:** Vacancy levels recovering post-Christmas and finance approvals indicate increase in recruitment activity over March.
- **TAR focus:** Maintaining productivity gains and ensuring resourcing resilience to sustain performance as demand rises.
- **Turnover: 10.4%** (**-0.1**), within the **12% target**. Hotspots (annualised): CEO **26.5%**, Plasma **21.4%** (**+0.6**), Blood Donation **15.3%** (**-0.1**), People **13.9%** (**-0.7**), Finance **12.5%** (**-0.5**).
- **Inclusion (Band 8a–8c):** Minority ethnic representation **16.1%, a** 0.2pp decrease from January.
- **Compliance:** Mandatory Training **97%** (**>95%** target). PDPR remains **93%** (**<95%**); comms and process improvements launching to avoid year-end dip.
- **PDPR insights:** Variation persists (e.g. Blood Supply, Finance, People and Quality & Governance around 95%+, while Nursing, OTDT and Clinical remain below average). Band 8+ compliance is 94% overall.
- **Sickness absence: 5.45%** remains above **5%** target. Top reasons: anxiety/stress/psychiatric **28.1%**; colds/coughs/flu **8.6%** declining seasonally, **back problems increased** this month to 8.4%.
- **Long/Short term sickness profile:** LTS **51.3%**; ST **48.7%**. February actions—**58 LTS** opened; 57 **closed** (**49 returns**, **3 resignations**, **2 dismissals**, **1 retirement, 1 death in service, 1 transfer**). **169** cases with HR Direct.
- **Health, Safety & Wellbeing:** Harm incident rate missed target at **7.2/1,000ppl**; OTDT, Plasma, Clinical, Nursing, Donor Experience on target; Blood Supply and Group Services above. **2 HSE-reported incident**.
- **Near-miss reporting: 17.3/1,000** vs **14.7** target; **Blood Supply, OTDT and Group Services met targets**, while **Plasma, Clinical, Nursing and Donor Experience were below target**; **Nursing and Donor Experience reported no HSW events** in February.
- **Back to Green:** Sustain strong recruitment throughput ahead of rising demand; maintain targeted retention monitoring in hotspot areas; drive **PDPR ≥95%** through manager communications and training; monitor emerging **back-related sickness trend**; continue reducing harm while strengthening **near-miss reporting and learning**, particularly in areas with low reporting levels.

Drive innovation to improve patient outcomes

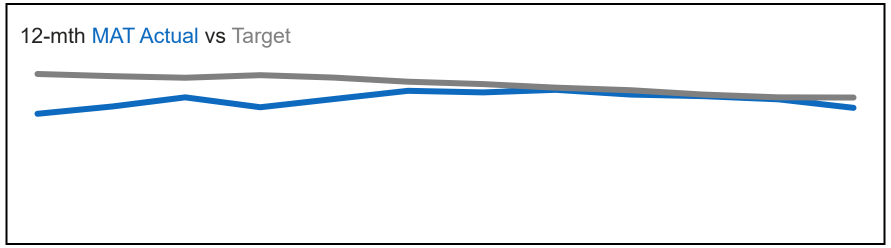
NHS
Blood and Transplant

Component Development Clinical Trials

Whole Blood Use In Trauma Status (SWIFT) - Complete	🟦
Universal Plasma and Universal Platelets Status	🟧
Freeze Dried Plasma (MOD) Status	🟩
RESTORE Clinical Trial - Complete	🟦

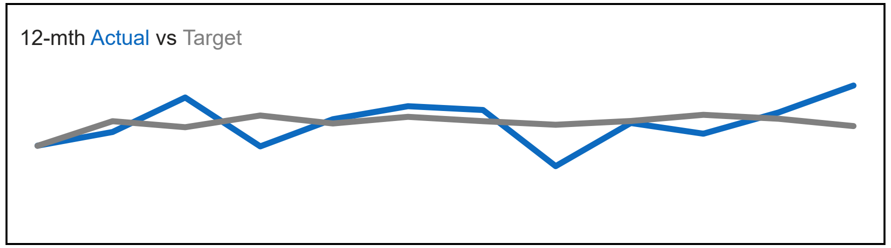
No. of Organ Donor Transplants
Deceased Donors YTD

3,323 / 3,358



No. of Organ Transplants Per Deceased Donor
YTD

2.55 / 2.56



Health Inequality & Patient Outcome Datasets

Health Inequality Reporting	🟧
Serum Eyedrop- Post Treatment Data Follow Up	🟩
Support The Implementation of Enhanced Recovery After Surgery (ERAS) in Transplantation for Living Donors	🟩

No. of Sickle Cell & Thalassemia Patients Genotyped

7,514 / — — —

Target: 17,000 patients genotyped
To Date: 13,389 samples received (includes duplicates)
9,683 samples accepted
7,514 samples genotyped
2,864 results issued

TES Product Development

Alternative Amnion Product Irradiated amnion is amber due to limited access to whole amnions for non-clinical use	🟧
Rectus Fascia Product Fascial covering of external oblique, internal oblique and transverse abdominal muscles. Tendon validation commenced.	🟩

Insight & Commentary

Component development clinical trials

- **SWIFT: Ten air-ambulance** trial sites opened; **900 patients recruited** by 09/2024. Project completed **15 months late**; now in write-up and publication phase.
- **Universal Plasma & Platelets**: £1.6m **business case (Feb 2023) progressing**; costs re-profiled to Mar 2027 after supplier exit. **New tech selected**; **Path to Green dependent on contract talks.**
- **Dried Plasma:** £7.45m MoD funded project to develop dried plasma product. Lab assessments for dried plasma/cryoprecipitate ongoing. Second dryer and sealer installed and undergoing validation. Following successful MHRA audit, a follow-up scheduled in March; Clinical study **protocol development** progressing.
- **RESTORE:** Recruitment completed; **22 IMP doses administered** (final in Oct 2025). Participant follow-up finished and **trial close-down underway**.

Genomics Programme

- **Our Future Health (OFH) recruitment: 107,695** blood donors have consented to participate. **76,502** have attended session and provided a sample.
- **HLA matched red cells pilot for kidney transplant patients: 707** HLA selected red cells issued; **363** patients referred; **248** named patients transfused. Live in 3/24 hospital sites; engagement to onboard Birmingham and Coventry next. Roll-out will continue across 2026/27 (**+12**) and 2027/28 (**+7**).
- **Genotyping sickle cell and thalassemia patients** - amber due to delays in testing and reporting, action plan to be agreed with heads of labs.
- **Genotyping of STRIDES donors (Strategies to Improve Donor Experiences)** All STRIDES donors genotyped (77,156). Project closure report is being drafted.

Organ Transplant & Utilisation

- The number of deceased donors was red in month, however, the number of deceased organ donor transplants remained amber due to a **high rate of transplants per donor** in February (2.7 vs. target of 2.5).
- While performance remains within 1-2% of target for donors, transplants, and transplants per donor, we are currently short of target by 35 deceased donor transplants.

TES Product Development

- Development of a new amnion initiative is amber due to issues obtaining whole donations retrieved specifically for **non-clinical use**. Investigations into achieving through the **Cord Blood Bank** as quicker route.

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

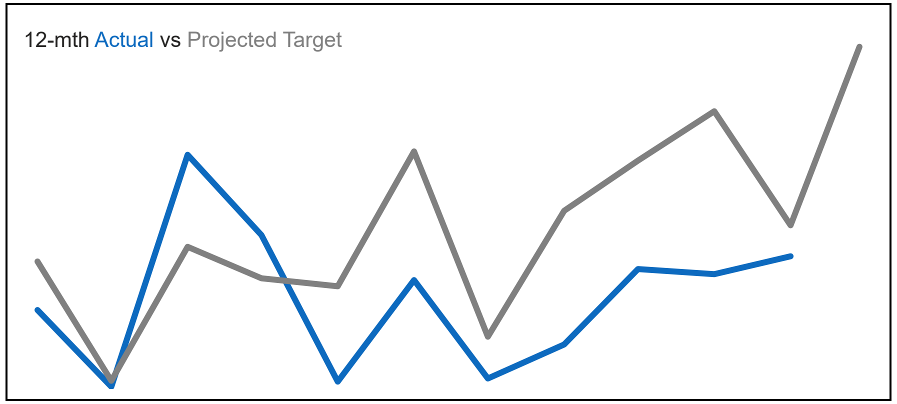
NHS
Blood and Transplant

Transfusion Transformation Programme Status 🟩

Clinical Biotechnology Centre (CBC) Income

YTD £m

2.79M / 4.5M

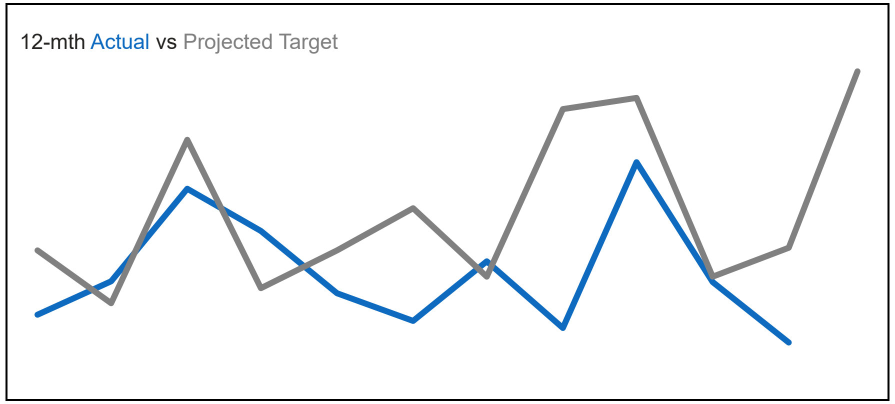


12-mth Actual vs Projected Target

Advanced Therapies Unit Income

YTD £m

1.02M / 1.97M

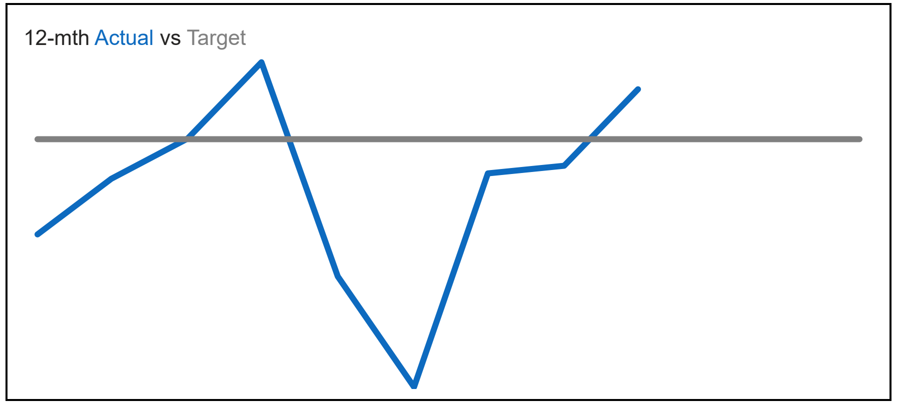


12-mth Actual vs Projected Target

NHSBT Provided UK Stem Cell Donors

YTD (at end of Q3 25/26)

4.6% / 7%

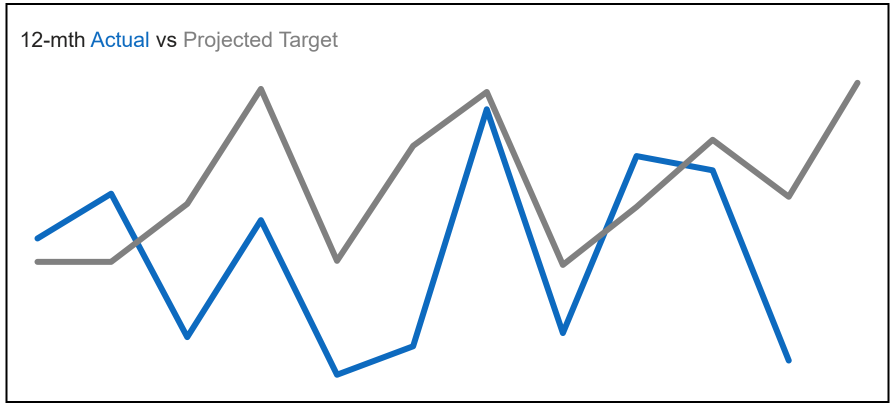


12-mth Actual vs Target

Therapeutic Apheresis Services

No. of Procedures YTD

12,415 / 13,119



12-mth Actual vs Projected Target

Insight & Commentary

Transfusion Transformation - Remains Green

- **Hospital Blood Data Integration**: Health and Social Care Network connectivity **issue resolved**; engagement with hospitals on next-steps including benefits data collection. Working to resolve challenges in moving hospital data to NHSBT data lake.
- **Electronic requesting/reporting**: Fetal RhD deployed to **43 hospitals**; MOD engagement started; pathology e-ordering at **4.3%** vs **4%** 2025/26 target.
- **RCI Assist live on SP-ICE and OBOS** (>4,000 accesses, >500 users); **project closed**, BAU promotion/training ongoing.
- **National Haemoglobinopathy Register connection**: Phase 1 live (Mar-24), Phase 2 live (Nov-24); Phase 3 behind plan, IT development enabling NHSBT access to NHR patient details completed.
- **Education**: **Transfusion Practitioner Professional Development Framework** consultation extended to clarify feedback; undergrad transfusion content survey findings published.
- **Research network**:Final preparations before website go-live. Paper on network benefits including health economics assessment underway.

Therapeutic Apheresis & Advanced Therapies

- **TAS activity:** YTD volumes -**5.4% vs plan**; FY forecast **13.6k** (**–5.9%** vs **14.4k** plan) but **+4.3% YoY**, reflecting continued post-pandemic recovery.
- **Red cell exchange: Ahead of target** and above last year; Med Tech funding enabling site growth: new **Middlesborough** service, expanded **Whittington**, new **Cambridge** unit for the East of England; first patient treated in **Basildon**; **Norfolk & Norwich** approved to proceed.
- **Cell collections:** Below plan, likely due to hospitals adopting new **myeloma/lymphoma** therapies; **Bristol TAS** expanding into Genesis Hospital space (handover by end-March) to add stem cell registry capacity.
- **Plasma exchange:** Behind plan yet volatile; new **South West peninsula** service live; activity **+11%** in December and **+13%** in January vs plan.
- **Outlook & strategy:** Long-term trend aligned to **2022 strategy**; **DHSC** apheresis working group (with NHSBT) reporting this year to inform capacity and future targets.
- **Commercials: CBC** forecast **£3.10m** and **ATU £1.47m** (both below plan) after pipeline changes and **Galapagos** exit; **UCL** grant includes **£2.1m** for CBC viral vector/plasmids, impacting mainly **2026/27**.

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

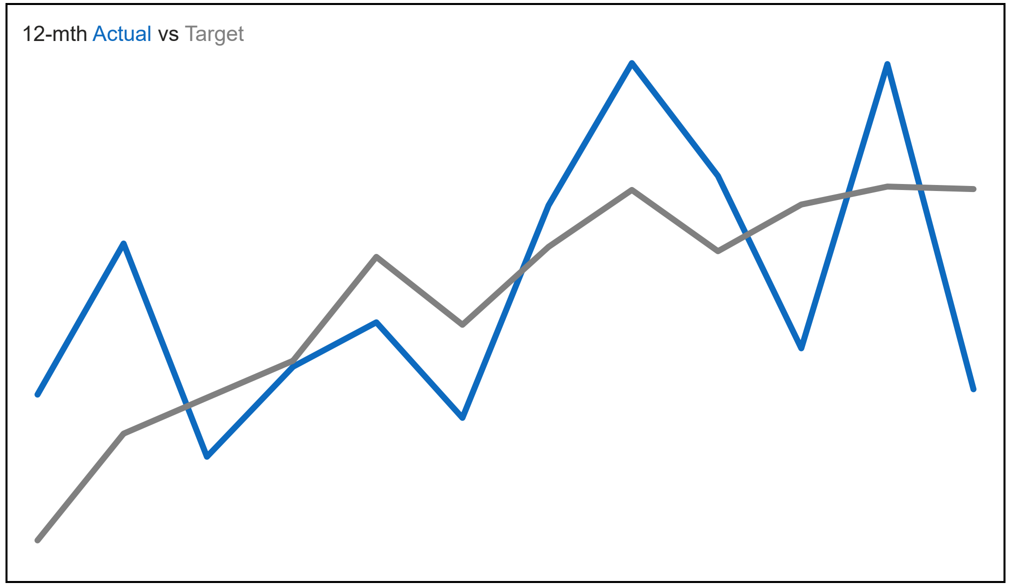
NHS
Blood and Transplant

Tissue & Eye Services (TES) Income

YTD £m

23.9M

23.9M



Insight & Commentary

TES Overall income

- Overall income position for February was -8.3% (-£186.7k) behind target, compared to a stronger January (4.7%, £105.4k ahead of target)
- Combined sales position for February was negative to plan by **-8.8%** (**£186.7k**) with only Serum Eyedrops positive to target.

Tissue Income,

- Tissue product income was negative to target by **-£108.6k** in month, with Femoral Heads (£10.1k) and DBM (£1.0k) ahead of target.

Ocular income

- Ocular income was behind the financial target by **-15.8%** in month (**-£138.8k**). A number of orders were cancelled due to low stock. Two corneas a week are currently being imported from Venice.

Heart Valves

- Cardiovascular sales were behind target in February (**-£56.3k**) compared to a stronger January (**+£5.2k**).
- There were **21** donations in February (**target of 32**), down on 24 in January, meeting **66%** of our monthly donation target.
- Stock levels continue to remain a concern for heart valves, with **only eight pulmonary valves available** for issue as of early March.

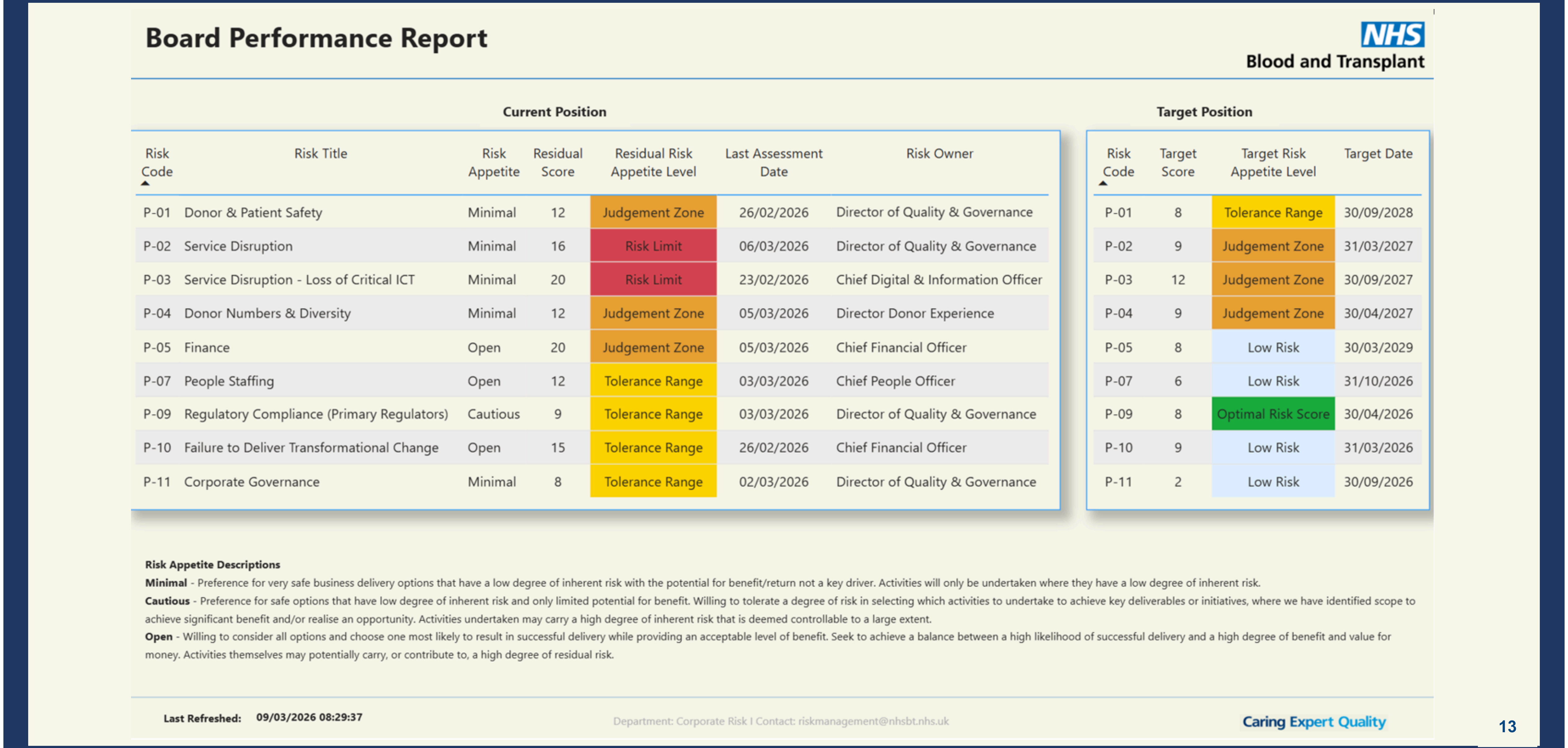
Serum Eyedrops

- Serum Eyedrops was ahead of target by **£75k** in month. The programme issued **42** batches ahead of target (**504** vs target of **462**).
- The waiting list for new Serum Eyedrop patients continues to grow and is now at **281** from **256** in January, with **183** of those patients waiting more than **6 weeks**. Actions are in train to address capacity issues including workforce, storage and estates.

Customer Satisfaction

- The latest customer satisfaction survey scored **83%** against a target of **80%.**
- Response rates to the survey were poor (**7%**) with a variety of suggestions on improvement, but the majority praise staff and the service provided.

Risk Summary (1/3)



Board Performance Report

NHS
Blood and Transplant

Current Position

Risk Code	Risk Title	Risk Appetite	Residual Score	Residual Risk Appetite Level	Last Assessment Date	Risk Owner
P-01	Donor & Patient Safety	Minimal	12	Judgement Zone	26/02/2026	Director of Quality & Governance
P-02	Service Disruption	Minimal	16	Risk Limit	06/03/2026	Director of Quality & Governance
P-03	Service Disruption - Loss of Critical ICT	Minimal	20	Risk Limit	23/02/2026	Chief Digital & Information Officer
P-04	Donor Numbers & Diversity	Minimal	12	Judgement Zone	05/03/2026	Director Donor Experience
P-05	Finance	Open	20	Judgement Zone	05/03/2026	Chief Financial Officer
P-07	People Staffing	Open	12	Tolerance Range	03/03/2026	Chief People Officer
P-09	Regulatory Compliance (Primary Regulators)	Cautious	9	Tolerance Range	03/03/2026	Director of Quality & Governance
P-10	Failure to Deliver Transformational Change	Open	15	Tolerance Range	26/02/2026	Chief Financial Officer
P-11	Corporate Governance	Minimal	8	Tolerance Range	02/03/2026	Director of Quality & Governance

Target Position

Risk Code	Target Score	Target Risk Appetite Level	Target Date
P-01	8	Tolerance Range	30/09/2028
P-02	9	Judgement Zone	31/03/2027
P-03	12	Judgement Zone	30/09/2027
P-04	9	Judgement Zone	30/04/2027
P-05	8	Low Risk	30/03/2029
P-07	6	Low Risk	31/10/2026
P-09	8	Optimal Risk Score	30/04/2026
P-10	9	Low Risk	31/03/2026
P-11	2	Low Risk	30/09/2026

Risk Appetite Descriptions

Minimal - Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.

Cautious - Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.

Open - Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.

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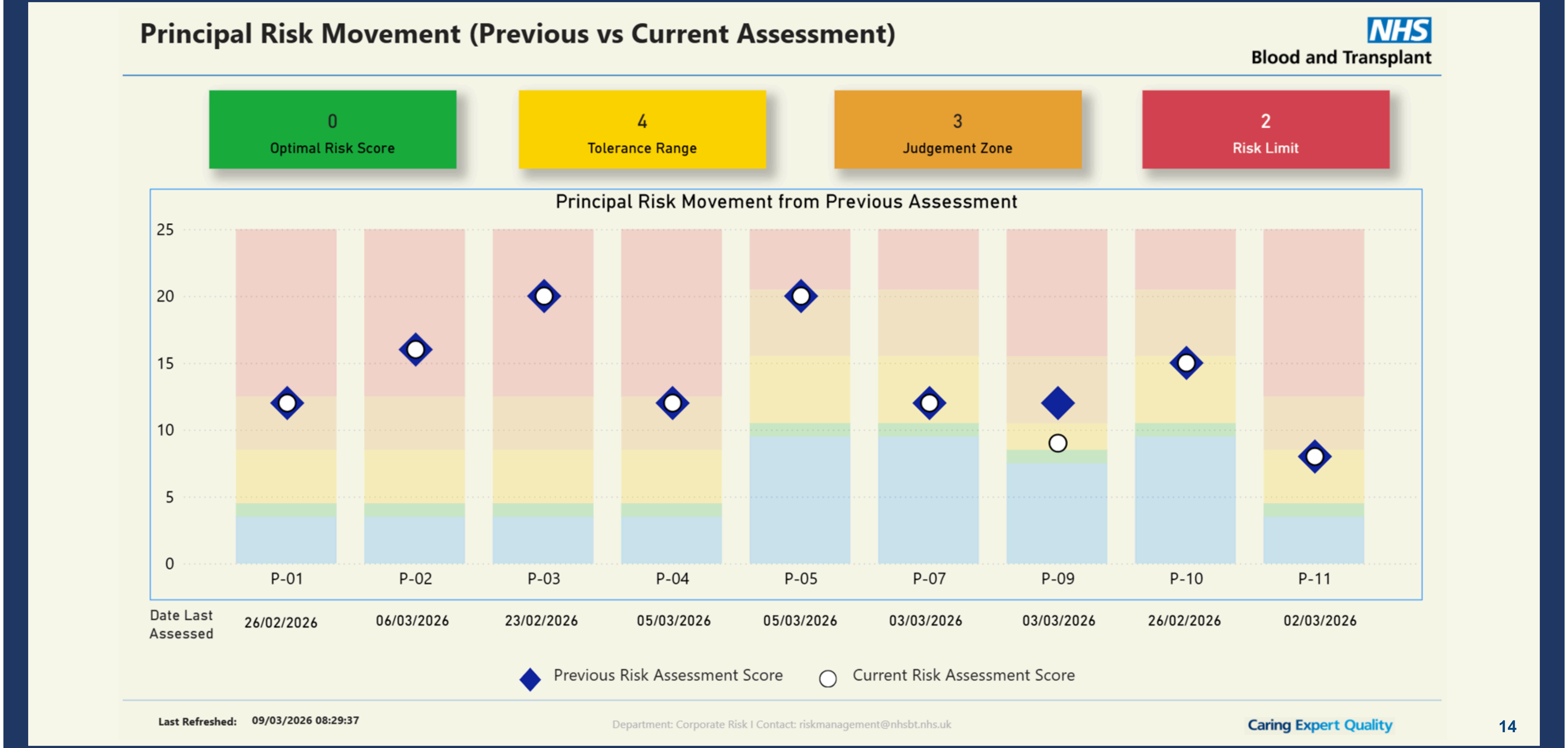
Department: Corporate Risk I Contact: riskmanagement@nhsbt.nhs.uk

Caring Expert Quality

Risk Summary (2/3)



Principal Risk Movement (Previous vs Current Assessment)

Blood and Transplant

0	4	3	2
Optimal Risk Score	Tolerance Range	Judgement Zone	Risk Limit

Principal Risk Movement from Previous Assessment

	P-01	P-02	P-03	P-04	P-05	P-07	P-09	P-10	P-11
Date Last Assessed	26/02/2026	06/03/2026	23/02/2026	05/03/2026	05/03/2026	03/03/2026	03/03/2026	26/02/2026	02/03/2026

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Department: Corporate Risk I Contact: riskmanagement@nhsbt.nhs.uk

Caring Expert Quality

Risk Summary (3/3)

Risk Limit

There are two risks recorded at Risk Limit:

1. Principal Risk P-02 (Service Disruption) maintained a residual risk score of 4x4=16, placing it at the risk limit threshold. The primary contributory risk is E&F-07: Infrastructure Failure. E&F-07 was last reviewed on the 05 March 2026.
2. Principal Risk P-03 (Loss of Critical ICT) remains recorded at the Risk Limit, with a residual score unchanged at 5×4=20. This position is driven by contributory risk DDTS-08: Cyber Security, which continues to influence the overall risk level. DDTS-08 was last assessed on 11 February 2026.

Risk movement

Principal risk P-09 (Regulatory Compliance) has seen a reduction in its residual risk score in February, decreasing from 4x3=12 to 2x2=9. As a result, it has transitioned out of the Judgement Zone into the Tolerance Range. Improvement is primarily driven by a reduction in the consequence rating of contributory risk QA-09: Quality Incident Management.

No other Principal risk scores have changed during this reporting period.

Appetite Ranges

- The are two Principal Risks at Risk Limit
- There are three Principal risks recorded in the Judgement Zone
- There are four Principal risks recorded in the Tolerance range