

## Board Meeting in Public

### Monday, 18 May 2026

<b>Title of Paper</b>	Corneal Donation – Update Report	<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>	John Richardson, Assistant Director – Organ & Tissue Donation Jackie Brander, Head of Operations – Donation Ian Taylor, Head of Strategy, Planning & Performance		
<b>Lead Executive</b>	Anthony Clarkson, Director of Organ & Tissue Donation & Transplantation		
<b>Non-Executive Director Sponsor</b>			
<b>Presenter(s) at Meeting</b>	John Richardson, Assistant Director – Organ & Tissue Donation		
<b>Presented for</b>	<input type="checkbox"/> Approval <input type="checkbox"/> Information <input 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yet to be determined		
<b>Executive Summary</b>			
<p>Work to meet patient need for corneal transplants in England has been undertaken in partnership with NHSE via the iORbIT (Increasing Ocular Referrals by Individual Trusts) project, delivered through 10 identified NHS Acute Trusts.</p> <p>While this has increased the availability of corneal tissue, the pace of delivery was slower than anticipated and it became clear we would be unable to increase corneal donation numbers at a sufficient rate to meet demand and ultimately patient need. In September 2025, we moved the position of corneal donation to an ‘urgent’ status in response. The ‘urgent’ status added several short and medium term initiatives to increase the rate of corneal availability, with the aim of achieving NHSE’s objective that no patients would wait longer than 12 months for their cornea transplant by April 2026.</p> <p>While this approach has seen an upward trajectory, we remain far off our aim of UK self-sufficiency. This paper outlines plans to further increase ocular donation numbers.</p>			
<b>Previously Considered by</b>			
NHSBT Executive Team and Board			
<b>Recommendation</b>			
The NHSBT Board is asked to note the progress and ongoing work to meet the need for the continued supply of corneas.			
<b>Risk(s) identified (Link to Board Assurance Framework Risks)</b>			
P-04 Donor Numbers and Diversity P-06 Clinical Outcomes and Health Inequalities			
<b>Strategic Objective(s) this paper relates to:</b>			
<input checked="" type="checkbox"/> Collaborate with partners <input type="checkbox"/> Invest in people and culture <input checked="" type="checkbox"/> Drive innovation <input type="checkbox"/> Modernise our operations <input checked="" type="checkbox"/> Grow and diversify our donor base			
<b>Appendices:</b>	None		

## Corneal Donation – Update Report

### Background

The UK has never had a reliable and sustainable supply of corneas for transplant and supply has always struggle to meet demand, with a reliance on imports from the USA. This was further exacerbated by the pandemic when cornea transplantation ceased, other than for urgent cases, significantly increasing the waiting list.

Furthermore, during this time many of the traditional referral pathways were removed or changed by hospitals i.e. face to face bereavement services, affecting the number and quality of the potential donors referred to us for cornea donation.

Due to corneal donation pathways not fully recovering post pandemic, the impact was that the supply prediction for 2023/24 was 3,800 corneas against an estimated need of 6,500.

### IORBIT (Increasing Ocular Referrals by Individual Trusts)

To address that situation, an Ocular Donation Summit was held in July 2023 with experts from donation and cornea transplantation along with colleagues from the wider health system. The key recommendation was to expand the Eye Donation Schemes (EDS), which then provided over 30% of eye donors.

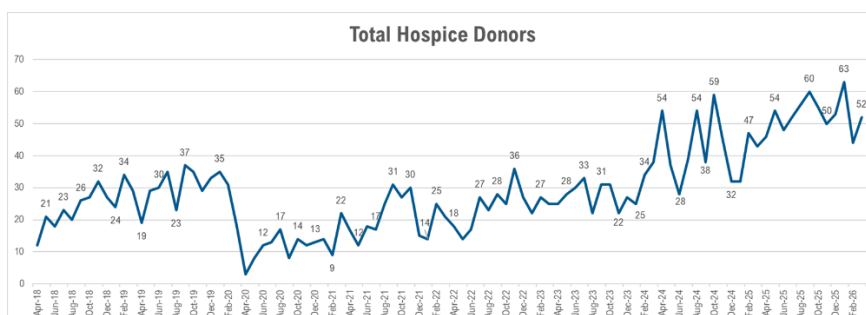
We launched the IORBIT project to establish up to 10 new EDS over two years, supported by £1.2m pump-priming funding from NHS England, aimed at reducing corneal transplant waits and building long-term supply. Implementation proved challenging, with delays due to Trust governance processes and competing pressures, recruitment constraints, and slower referral maturity impacting the rate of service development.

We commissioned Trusts (circa £100k) with high donation potential to join the EDS. They identify potential donors within the Trust, offer the option of cornea donation to their families and refer the potential donor to us to obtain formal consent and medical screening.

The IORBIT project closed in March 2026 having established 8 new EDS (one non-NHSE funded in Cardiff), contracts are signed with a further two EDS due to go-live in May / June 2026. Ongoing onboarding and performance management of all 16 EDS has been handed over to a substantive team established as part of the project.

Alongside EDS, the strategy expanded into hospice and palliative care settings, informed by the Eligibility for Eye Donation Assessment checklist (EEDAC) study undertaken by researchers from the University of Southampton and clinical partners, including NHSBT. To date, 28 hospice sites have been onboarded, with high donor conversion (~60%), and plans are in place to extend this model into community and hospital palliative care settings.

Chart 1 – Total Hospice Donors



**Urgent Status**

In response to the slow progress with the EDS and not seeing the increase in donations anticipated, we moved to an ‘urgent’ status with support from NHSE. This added several short and medium term initiatives into the programme to increase the rate of corneal availability, with the aim of achieving NHSE’s objective that no patients would wait longer than 12 months for their cornea transplant by April 2026.

The response also included key actions to bring all referral pathways under iORBIT governance, enabling faster, more coordinated action, and introduced a daily situation report meeting with senior colleagues, to address barriers in real time.

Since urgent measures began, weekly number of ocular donors rose from an average of 50 to 58, with significant gains in the Specialist Family Approach (SFA) pathway with family approaches increasing by ~60% and consents by 50% in March 2026.

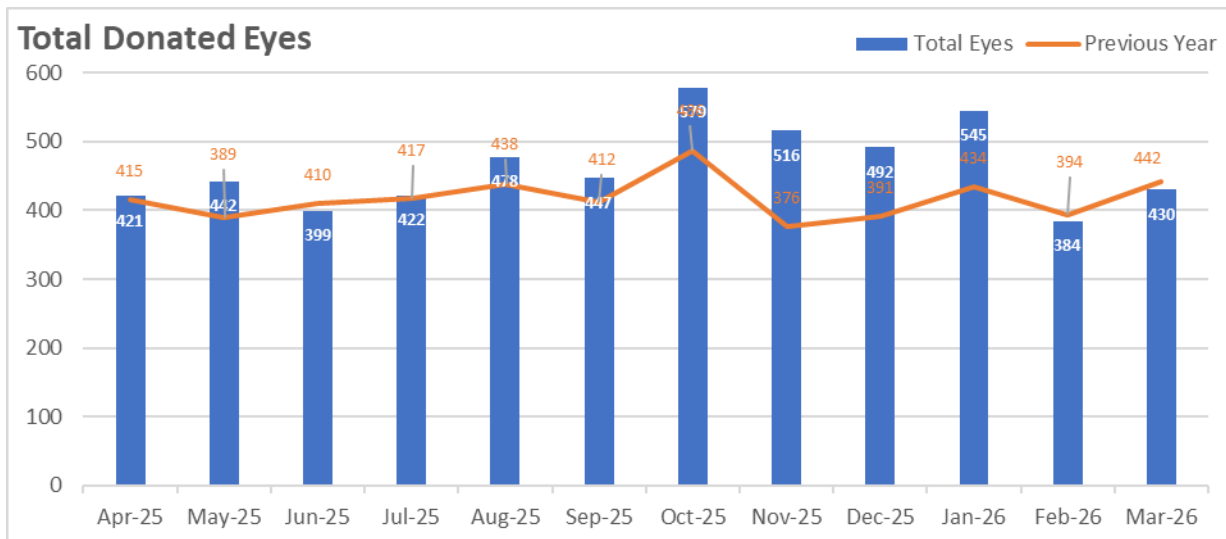
Additional resources are supporting hospice expansion, embedding eye donation in palliative care, increasing the number of SFA referrals and potentially piloting Routine Referral in Wales in collaboration with the Welsh Government.

Moving to the urgent status resulted in the highest number of ocular donations per quarter on record in Q3 2025/26 with 795 ocular donors.

**Impact on Patients waiting for a Corneal Transplant**

The increase in ocular activity in response to the urgent status enabled an increase in corneal tissue being available for transplant see Chart 1 below.

Chart 2 – Total Donated Corneas



Cornea availability increased significantly from autumn 2025, rising from an average of 75 corneas per week before October to 90 in October, 100+ from November, and over 140 in the first week of January. This increase primarily benefited group 3 and 4 patients, as NHSBT already met demand for group 1 (emergency) and group 2 (urgent) patients within required timeframes.

As a result, long waits reduced sharply: patients waiting over 52 weeks fell from 2,244 in August 2025 to 420 by February 2026, and further to 211 by April 2026, despite overall waiting list numbers exceeding 3,500. Some remaining delays are due to factors other than cornea availability, such as patient suitability for surgery and elective list management.

### A UK Position of Self Sufficiency

Progress has been made in reducing transplant waiting times, but the UK remains far from self-sufficient and still relies heavily on costly corneal imports. Review of the last 46 weeks ocular tissue requests indicates a demand for around 16 donors per day, 105 ocular donors per week equating to 5460 donors per year.

Based on achieving 2798 ocular donors this year (2025/26), the highest number of ocular donors since the pandemic there is still a significant gap to fill. To close this gap, NHSBT will continue expanding Eye Donation Schemes reaching a position of maturity whilst further embedding eye donation within hospice and palliative care settings. In 2025/26 the EDS pathway provided 39% of cornea donations (an increase from 30% previously) confirming this model has potential to significantly increase the number of ocular donations as schemes mature. Extension of ocular donation within hospice and palliative care settings further aligns with patient pathways as many patients weave between hospice, in-patient palliative care and community settings nearing the end of their life.

Dedicated work will continue to maximise direct notification of deaths to NHSBT which enable a Specialist Family Approach for ocular donation. Furthermore, piloting an in-hospital Routine Referral model in Wales will enable NHSBT to work with external stakeholders to design a referral model for the future, further enabling UK self-sufficiency. Referrals of patients immediately following their death is key to NHSBT being able to identify suitable ocular donors.

However, to achieve this step change and make the service sustainable for the long term a whole system approach is needed, built into the health system. Therefore, we will build cornea and tissue donation into the OTDT Donation Transformation Programme, in response to the Organ Donation Joint Working Group 2025 Report. UK Ocular self-sufficiency is a key driver, including digital operability, to review the operating model across OTDT enabling further integration across organ and tissue donation pathways.

Over time, these initiatives will increase capacity, reduce reliance on imports, and minimise the waiting list, provided the wider NHS can respond effectively to higher tissue availability.

### Growth Forecast

Our plan in 2026/27 is to facilitate 3,667 ocular donors, which linked to our donation expansion plan, will provide 5,678 corneas.

	Q1			Q2			Q3			Q4			Totals
	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	
Ocular Donors	301	311	301	311	311	301	311	301	311	311	281	311	3667
Corneas for Issue	467	482	467	482	482	467	482	467	482	482	436	482	5678

The plan includes all donation routes, based on when new services will come online

	Q1			Q2			Q3			Q4			Totals
	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	
<b>Donations</b>	284	283	285	305	306	299	321	328	327	336	331	336	3740
SNOD	56	55	51	49	50	43	42	48	47	45	40	45	571
ERS	119	119	124	134	134	134	146	146	146	151	151	151	1653
SFA	32	32	32	37	37	37	43	43	43	43	43	43	462
TRAD	19	19	19	19	19	19	19	19	19	19	19	19	223
Hospice	59	59	59	66	66	66	72	72	72	79	79	79	831

<b>Corneas for Issue</b>	Q1			Q2			Q3			Q4			Totals
	Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	
	440	439	441	472	473	463	497	507	506	520	512	520	5791

### Conclusion

The move to an urgent footing has delivered a clear improvement in ocular donation activity, making measurable progress in increasing corneal availability and reducing long waits for patients requiring transplantation.

While this progress demonstrates that optimising the current referral pathways and internal directorate structures has been effective, the EDS and other initiatives have not yet delivered the required step change in the quantity and quality of referrals and donations, and a substantial gap remains before the UK achieves self-sufficiency and fully meets patient demand.

Continued delivery of urgent measures, alongside the maturation of Eye Donation Schemes, expansion into hospice and palliative care, and development of Routine Referral through the Donation Transformation Programme will be critical to closing this gap, recognising that sustained focus and system-wide responsiveness will be required to secure long-term resilience in corneal supply.