

NHSBT Executive Team & Board Performance & Risk Report

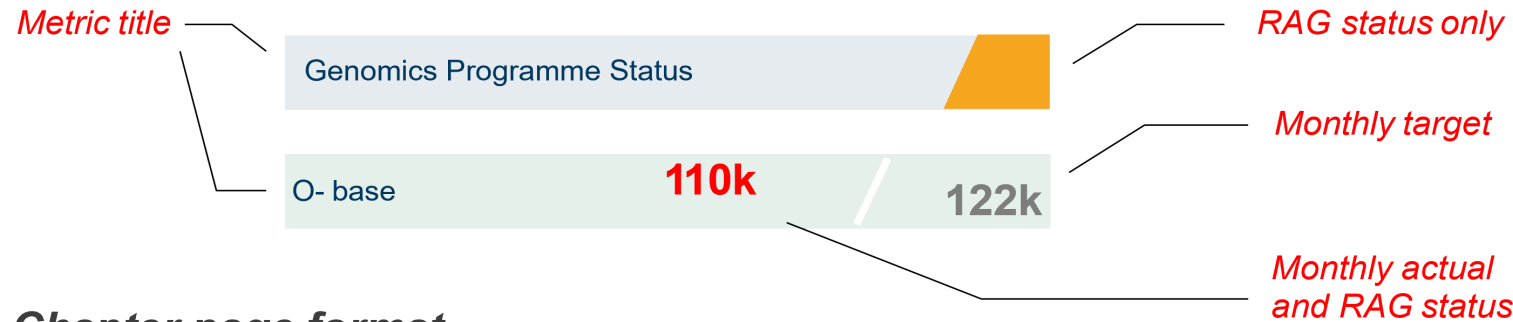
April 2026

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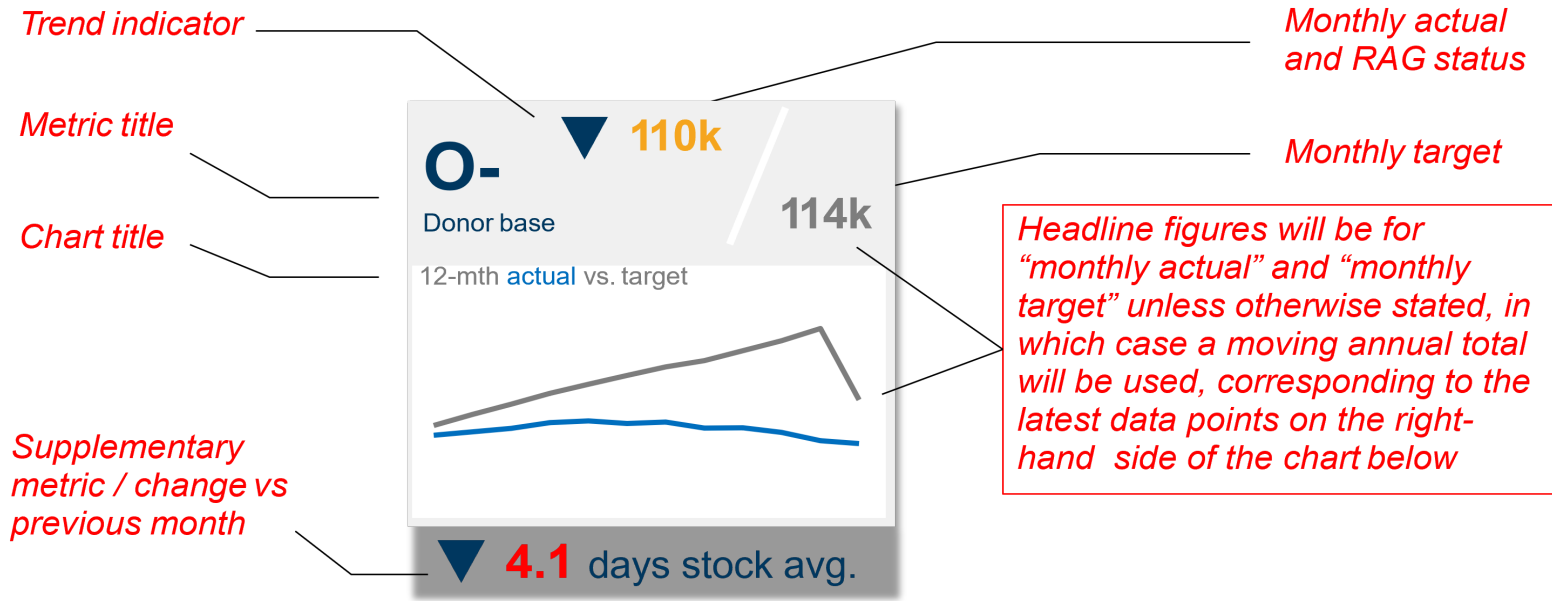


How to read this report

Dashboard page format



Chapter page format



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 2026 to March 2027 data
- All other charts display rolling 12 months data ending the current reporting month.

Executive Summary - April 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 delivery recruiting priority blood donors into Blood Supply chain offset by emerging pressures in donor base sustainability, activity volumes, overall donor recruitment and retention.

- April 2026 performance shows a mixed but broadly stable position, with strong operational delivery recruiting priority blood donors, offset by pressures in donor base sustainability and activity volumes.
- The blood donor base declined slightly to 794.6k, driven primarily by a reduction in O positive donors, although the rate of decline has slowed and remains partially mitigated by growth in key priority segments, including record increases in Black Heritage and Ro donors.
- Stock management actions have been effective, particularly improving B negative cover through substitution strategies, while new donor recruitment and reactivation levels remain encouraging despite ongoing inactivation pressures.
- Digital engagement softened slightly month-on-month, though conversion improved, indicating continued effectiveness of the booking journey.

2. Strong April performance across Blood Supply with improved stock resilience at group level and collection exceeding targets; demand volatility, substitution pressures and forecasting gaps strain the system.

- Blood Supply performance was strong overall with improved operational delivery and strengthened stock resilience. Total stock levels increased to an average of 8.4 days of stock, supported by strong whole blood collections which exceeded target (100.5%) for the first time in the past year, alongside lower-than-forecast demand. However demand pressures and forecasting gaps persist, impacting Ro blood groups (B Pos Ro), with substitution creating pressure on O Neg and B Neg stocks.
- Targeted stock management actions were effective, notably improving B negative availability while maintaining O negative resilience despite increased substitution usage. Service performance remained high, with 'On Time, In Full' improving to 96.4%, although pressures persist in Ro demand, which remained above forecast and continues as the main operational challenge.
- Workforce availability improved, with reduced sickness and fewer teams operating at reduced capacity driving fewer cancellations and increased appointment capacity.













3. Organ and tissue donation performance remains constrained by donation variability with capacity risks emerging

- Performance in April 2026 showed a positive start to the year, with consent/authorisation targets achieved—supported by strong DCD consent rates—but overall activity fell below plan due to fewer families being approached, higher-than-usual consent withdrawals linked to retrieval delays, and a lower proportion of DBD donors. This resulted in deceased donor and transplant volumes ending the month behind target, although transplant productivity per donor remained broadly in line with expectations and living donation performance was strong.
- Ocular donation and stock improved significantly, exceeding targets, while tissue services faced financial under performance across most product lines despite growing demand in areas such as serum eye drops. .
- A range of recovery actions are underway, including targeted performance management, stakeholder engagement, improvements to neurological death testing and consent processes, and system-level initiatives to strengthen the donation pathway, though capacity challenges, including fragility in the DCD heart service, remain a key risk to sustained delivery.

4. Good start to the year in Clinical Services with continued service growth and progress with innovation

- April 2026 performance was strong, with most activities meeting or exceeding plan.
- The screening of blood donors for extended types / additional antigens, and the re-testing of STRIDES donors to enable clinical use, both ran ahead of target, improving the availability of high-value donors.
- Transfusion Transformation remained on track with key infrastructure issues resolved and implementation of digital capabilities continuing, including further roll out of e-requesting/e-reporting for Fetal RHD testing and our first go-live of e-requesting for the Histocompatibility and Immunogenetics function.
- Therapeutic apheresis activity was broadly in line with forecast, with red cell exchange exceeding plan. Service expansion is ongoing, including new capacity in Bristol that will primarily add more stem cell registry collection capacity due to go-live towards the end of May.
- ATMP income performance was mixed in-month, with CBC income below plan due to phasing but a positive forward outlook supported by new grants and contracts, while ATU income exceeded plan and commercial capacity / capability investment is being progressed.
- Innovation programmes continue to move forward, though Genomics - sickle cell and thalassemia patient genotyping remains amber due to delays in testing and reporting, with recovery actions in place; meanwhile, research, development, and innovation initiatives, including Our Future Health recruitment, universal plasma, and dried plasma are all progressing.

Performance summary against most important strategic targets

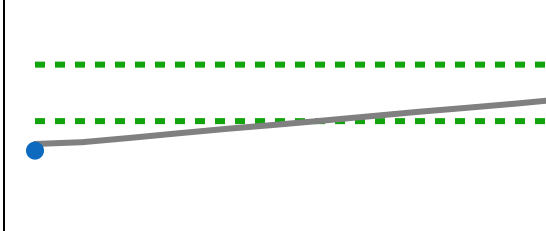
 Grow and diversify our donor base to meet clinical demand and reduce health inequalities		 Modernise our operations to improve safety, resilience and efficiency			
Active Blood Product Donor Base	795K ↑ / 797K	Active Plasma Donor Base	10,236 ↑ / 10,548	Blood Stock Stability Average Days of Stock	8.4 → / 5.5 - 8.0
Active Ro Blood Donor Base	28.0K ↑ / 27.3K	Plasma Collected Litres YTD	28K ↓ / 23K	On Time In Full (OTIF) Including Ro YTD 	96.4% → / 96.4%
Active O- Blood Donor Base 	107K ↑ / 107K	No. Organ Transplants Living & Deceased 	4,637 ↓ / 4,726	Critical Infrastructure Availability	100% ↑ / 99.95%
Ro Supply Demand Gap YTD 	51% ↑ / 47%	Organ Consent Rate YTD 	60% ↑ / 60%	Cost Efficiency Savings Next Report End Q1 26/27	--- / 22.0M
 Invest in people and culture to ensure a high performing, inclusive organisation		 Drive Innovation to improve patient outcomes		 Collaborate with partners to develop and scale new services for the NHS	
Employee Turnover	10.1% → / 12%	Transplants per Deceased Organ Donor YTD	2.60 ↓ / 2.62	Clinical Biotechnology Centre (CBC) Income YTD £	0.4M ↑ / 0.5M
Sickness Absence Rate	4.6% ↓ / 5.0%	Universal Plasma & Platelets	→ 	Advanced Therapies Unit Income YTD £	0.09M ↑ / 0.07M
Harm Incident Rate (Incident rate/ 1000 employees)	8.0 ↑ / 6.7	Dried Plasma	→ 	Tissues and Eye Services (TES) Income YTD £	2.0M ↓ / 2.2M

The 5 Metrics highlighted are reported to DHSC Quarterly



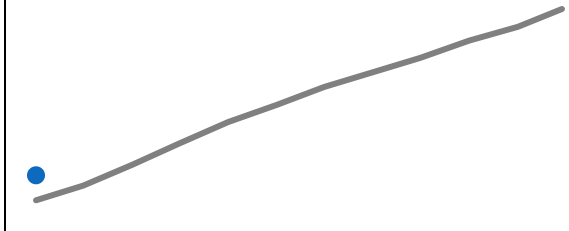
Active Blood Product Donor Base **795K** / 797K

12-mth **Actual** vs Projected Target vs **Tgt. Range**



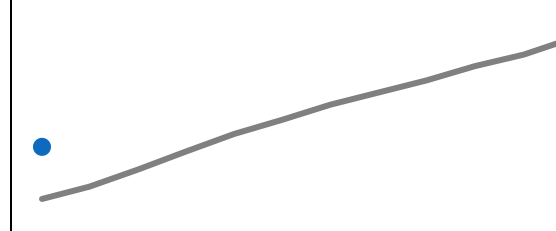
Active O-Blood Donor Base **107.2K** / 106.5K

12-mth **Actual** vs Projected Target



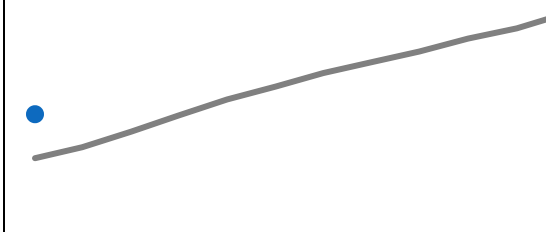
Active Ro Blood Donor Base **28.0K** / 27.3K

12-mth **Actual** vs Projected Target



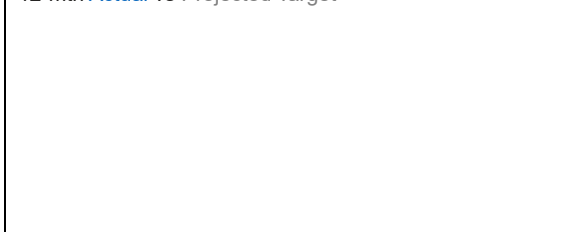
Active B-Blood Donor Base **30.5K** / 19.9K

12-mth **Actual** vs Projected Target



Active Platelet Donor Base **13.8K** / (TBC)

12-mth **Actual** vs Projected Target



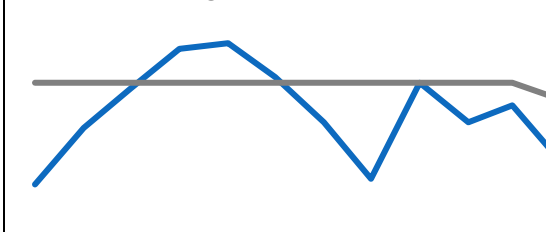
Ro Red Cell Units Collected **4,490** / 4,604

12-mth **Actual** vs Projected Target



Short Notice Cancellation of Appointments **3.1%** / 4.5%

12-mth **Actual** vs Target



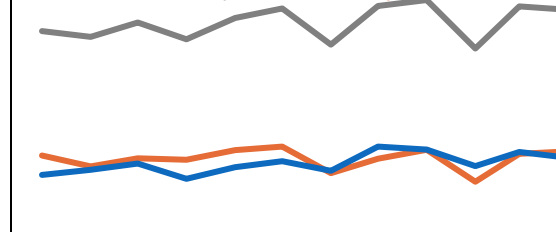
Red Cells Collected **121K** / 120K

12-mth **Actual** vs Projected Target



Ro Supply Demand Gap YTD **51%** / 47%

12-mth **Issued** vs Requested vs **Ro Gap**



Insight & Commentary Blood Donor Base

Total donor base declined driven by whole blood donors.

- Continuing a downward trend to **794.6k (from 795.3k)** and below target. First time below **775k WHB donors since May 2021**, but **rate of decline slowing**. Decline largely **driven by O Positive donors (-1k)**.
- Most other blood groups **stable or growing**: **B Neg: 20.2k (+112)**, highest level since 2024); **O Neg: 107.8k (+155)**; both above target.
- Diversity Growth: Black Heritage donors 21,507 (+141)**, now **2.8% of total donor base**. **Ro donors 27,971 (+158)**, **+1.3k YoY**

Stock management improved significantly, especially B Negative stock levels

- Shift in substitution strategy: Increased use of **O Neg instead of B Neg** for unmet demand (63%).
- B Neg stock improved from <4.5 days to 6.8 days**; **O Neg stock stable and forecast to grow in May**

Donor Activity signals improved retention, with more reactivated donors.

- 10,644 New donors donating (NDD)** (down from March); increase in **reactivated donors to 14,683** from March; **Inactivated donors stable overall at 25.9k**, but decreases across most groups offset by **rise in O Pos inactivation** where manufacturing caps remain.

Digital performance softened slightly, but conversion improved

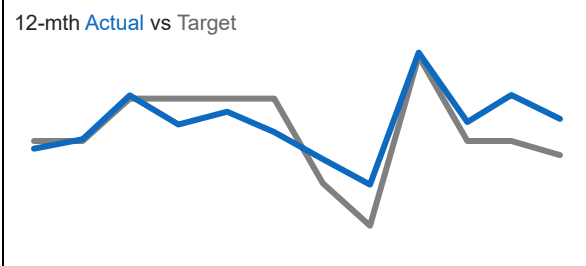
- 500k users/ 931k sessions** (down 7pp MoM);
- New users: 41%** (down 3pp MoM)
- Traffic mix: Direct dominant (72%)** with organic & email growing
- Booking conversion rate: 52%** (up 1.8pp MoM); key drop-offs at venue selection (20.5%) and time selection (19.6%)

Donor Engagement

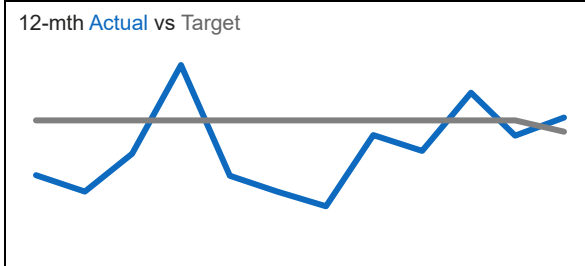
- Major events planned in May include **World Cancer Day** taking place on the 28th May supported with a **media partnership with BBC morning Live** promoting both Stem Cells and Platelets.
- Activity also includes several **Know Your Blood Type** events as well as **50k leaflet drops in Brixton**. Preparation for **National Blood Week 8-14th June**, a key period for recruitment in the calendar is ongoing.



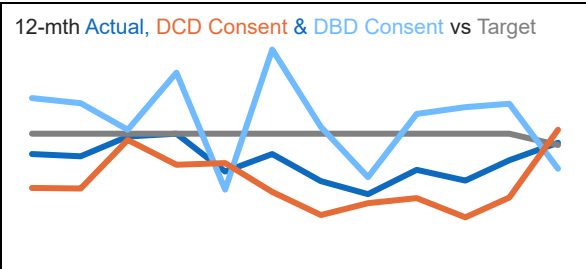
Organ Donor Register **63.9K** / 57.5K
New Registrations



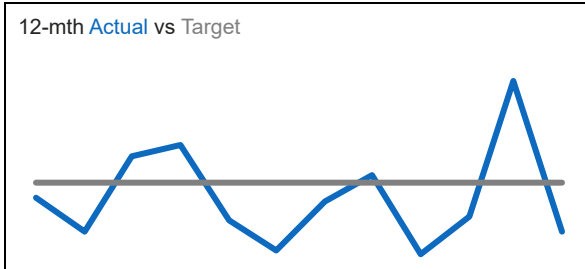
ME Organ Consent Rate YTD **35%** / 32%



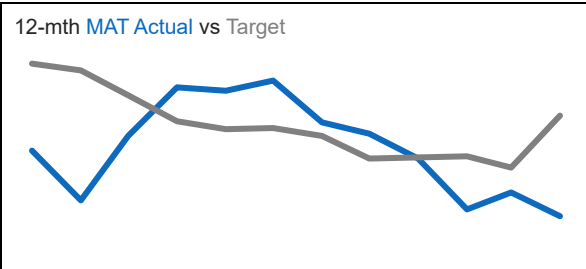
Organ Consent Overall YTD **60%** / 60%



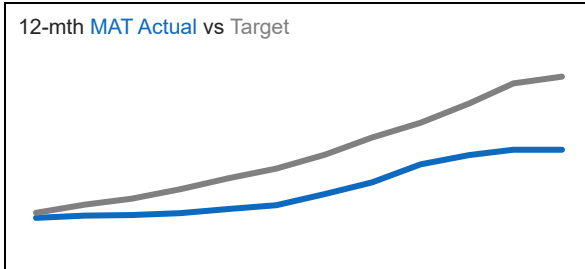
ME Recipients of Organ Transplants YTD **24.7%** / 26%



Living & Deceased Organ Donor Transplants MAT **4,637** / 4,726



Corneas Issued for Transplant YTD **345** / 408



Insight & Commentary Organs

- 2026/27 started positively with the overall and ethnic minority consent/authorisation rate targets being achieved in April, due to strong consent rates for deceased donors after circulatory death (DCD).
- However, fewer families were approached than anticipated (10% fewer than last April) despite a high approach rate of medically suitable eligible donors.
- There were also six family withdrawals of consent, much higher than the average of 1.8 per month last year, due to the impact of National Organ Retrieval Service (NORS) delays. This number may have been higher had it not been for Specialist Nurses turning around potential consent withdrawals.
- The balance of donor types was different from expected, with just 39% of proceeding donors dying from neurological death (DBD), in part due to a relatively low number of patients with suspected neurological death, and a low testing rate.
- Consequently, we ended the month four deceased donors and 12 transplants behind target, despite achieving the expected number of transplants per DBD and DCD donor.
- As living donation is reported a month in arrears, we now know that we ended 2026/27 six donors short of target, along with strong representation of ethnic minority patients receiving a deceased or living donor transplant (26%). These numbers are subject to change, due to time lags in reporting of living donation.

Ocular

- Ocular donation rate in month was an average 8.9 donors a day, up from 7.5 in March. In April ocular donors totalled 268 vs 232 in March. We equalled or exceeded the donation target of 10 a day on 15 days in the month.
- Stock levels were at 330 (target of 300) by the end of April (up on 229 in March).
- The cap on the number of corneas issued a week is currently 90, continuing through the majority of May.



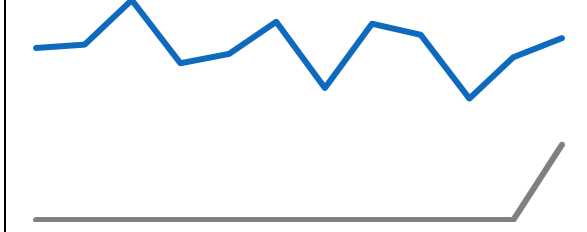
Active Plasma Donor Base **10.2K** / 10.5K

12-mth Actual vs Projected Target



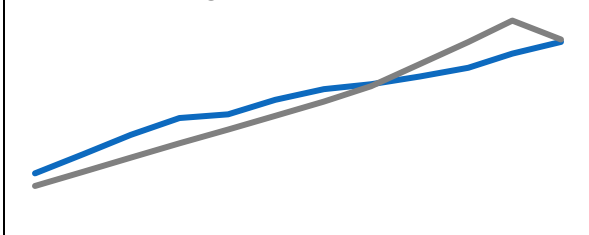
Plasma Collections Source & Recovered YTD **28.0K** / 23.3K

12-mth Actual vs Target



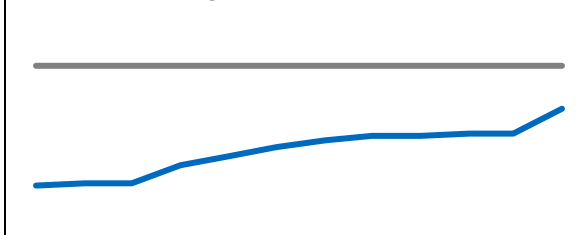
NHS Stem Cell Donor Registry (SCDR) **141.1K** / 141.3K

12-mth Actual vs Target



% ME of NHS SCDR Fit Panel **18.1%** / 20%

12-mth Actual vs Target



Net Promoter Score **88.4** / 87.0

12-mth Actual vs Target



Insight & Commentary

Plasma

- NHSBT, DHSC, NHSE and Octapharma are working together to maintain and develop UK plasma supply.
- Progress being made on three **multi-product centres** to expand collection of source Plasma.
- Collecting more plasma allows manufacture of more plasma derived medicines (PDMP), increasing UK self sufficiency and treating more patients.
- Collection of PFM in April was **20% ahead** of target (**28,048 litres** vs 23,333); 2026/27 target is 280,000 litres.
- The donor base fell to **10,236** (-315) due to attrition, reduced Reading capacity, and continued weakness in new donor numbers from a shrinking whole blood donor base.
- Changes to appointment grids will **increase convenient appointment slots** from March 2026 onwards.
- 26/27 plan to stabilise **Birmingham** and **Twickenham** site collections and restore **Reading** productivity after Q2 relocation.

Stem Cell Donor Registry

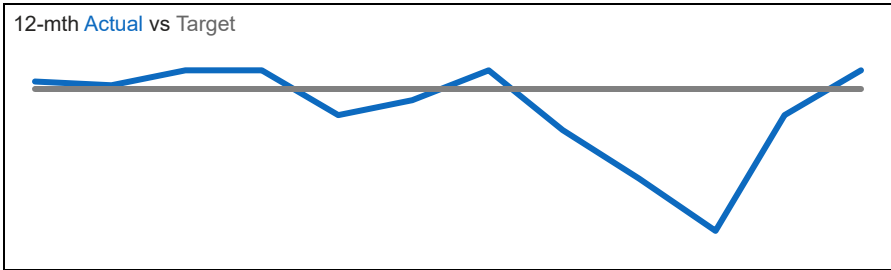
- The NHS Stem Cell Donor Registry (SCDR) Fit panel volume ended April very close to plan, growing by 1.0k in-month. **Recruitment volumes were above plan (3.0k v 2.5k)** creating a strong pipeline of future additions once typed.
- **Recruitment** was also above plan on the volume of donors recruited from a minority ethnic (ME) background at **547 v 500** target.
- **The percentage of donors recruited from an ME background** was below target at **18.1% v 20.0%**, with total recruitment proportionately more above plan than ME recruitment.
- **Ongoing plans** include recruiting ME donors at blood donation community events and continued targeted buccal swab campaigns from existing ME blood donors.

Pathology

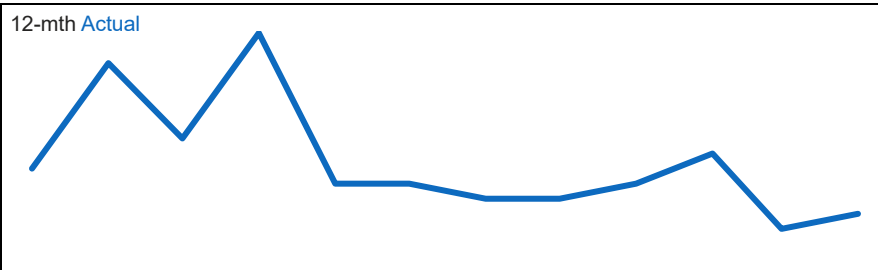
- **Screen 25k blood donors for extended types and additional antigens:** Screening ended the month above plan at 2.4k v 2.1k target. Testing above target over the last seven months (**18.3k v 14.6k**) to catch up on under performance early in the year (due to a vacancy, now filled, and prioritisation of urgent RCI referrals).
- **Retest 20k STRIDES (Strategies to Improve Donor Experiences) donors to enable clinical use:** 13.5k planned for 26/27k allowing confirmatory testing of 24k samples vs original plan of 20k (+25%), increasing the volume of 'high-value' donors typed. 11.2k v 10.9k target tested in April 2026.



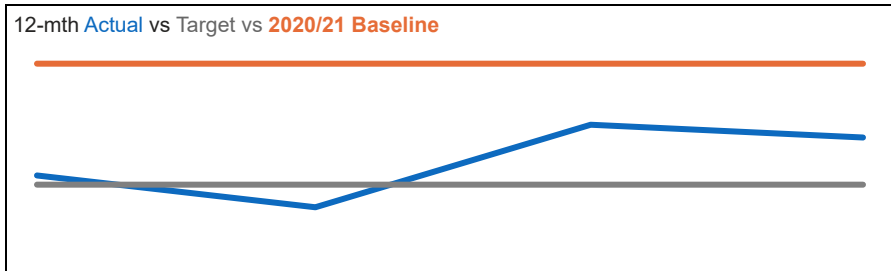
Critical Infrastructure Availability 100% / 99.95%



Overdue Major Incidents 3 / 0



Scope 1&2 CO₂ Emissions vs 2020/21 baseline tCO₂ 11,252 / 10,000
Full Year forecast at end Q4 25/26



Major Non Compliance External Regulatory Inspection 0 / ---



Cost Efficiency Programme Savings --- / 22.0M
Next report end Q1 26/27

Commercial Pipeline Savings 12% / 2%
Performance at end Q4 25/26
Next report at end of Q1 26/27

SCORE Programme Milestone

Insight & Commentary
Quality

- In April 2026 there were **3 overdue major incidents**; the oldest overdue major is **24 days overdue**.
- There was **1 Patient Safety Incident Investigations (PSII)** in April.
- The number of open Quality Incidents in the QMS remains lower than during the same reporting period last year, decreasing from **397 in April 2025 to 280 in April 2026**. This reflects improvements in risk assessment processes and more effective management of low and no-harm incidents.

Critical Infrastructure

- Critical Infrastructure (CI) **met availability targets** for April with availability reported at **100%** across all areas.
- In April, a **small number of service incidents were managed**, including short disruptions affecting the Cardio Thoracic matching list allocation (NTx on BPMS) and the Quality Monitoring Automation service (NWA QA). These were identified and resolved promptly, with limited operational impact.
- **The incidents did not affect overall availability performance for the month.** Follow-up actions are being progressed through established Problem Management processes to strengthen resilience and reduce the risk of recurrence.

Progress Towards Net Zero: Strategy development

- 2025/26 CO₂ emissions out-turn 11,252 tCO₂ vs 10,000 target.
- 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 Net Zero Building Standard, smarter controls and on-site renewables, scaling proven pilots.
- Transport: accelerate shift to zero-emission fleet; optimise routes and behaviours.
- Procurement: apply net-zero specifications, targeting high-impact categories.
- People & governance: mandatory training and Net Zero Oversight Board.



Blood Stock Stability

Average Days of Stock
Actual Days of Stock

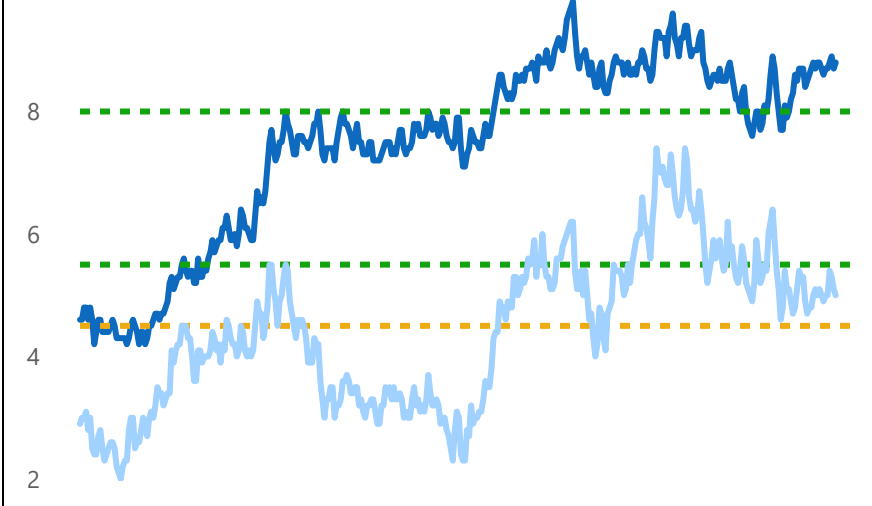


On Time in Full incl. Ro YTD

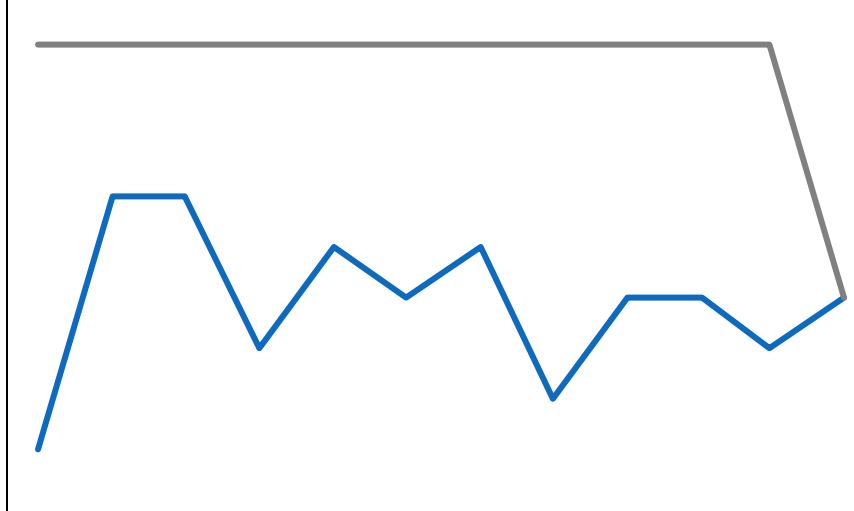
96.4%

96.4%

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



12-mth Actual vs Target



Insight & Commentary

Blood Supply

Stock position improved providing increased resilience.

- Overall stock averaged **8.4 Days of Stock (DoS)** (+1.0 DoS). Stock growth driven by strong collection performance and lower than forecast demand.
- **B Neg significantly improved** ending at 6.8 DoS (+1.8) driven by both increased collections and limiting the use of B Neg as a substitute for Ro.
- **O Neg resilient** despite higher substitution use (63%), ending at 5.0 DoS.

Collection strategy is working effectively and driving stock recovery.

- Collections **exceeded target (100.5%)**, for the first time in the past year.
- Collection volumes increased (+3.9k units) compared to the previous month.
- Strong performance for key groups (O Neg, B Neg ~100%)
- Ro collection to target decreased slightly to 97.5% (-3.8pp)
- reintroducing booking invites for +ve donors boost O Pos and A Pos collection

Demand pressures & forecasting gaps persist, impacting availability of blood types.

- Ro issues **-3.9pp** lower than March (-3.9pp), but demand +5.4pp >forecast.
- **Ro demand met fell to 48.9% (-1.4pp)** despite strong collection performance.
- Significant variance in demand across Ro groups **B Pos Ro (+13.8% above forecast)**, contributing to increased pressure on B Neg stocks as substitutions.

Issuing & usage trends improving.

- **Total red cell issues:** lower than in March (-3.2) and below forecast (-1.3) partly reflecting the impact of the junior doctor strikes and bank holidays.
- **B Neg usage reduced significantly (-20.9%)** driven by reducing the number of B Neg units used for Ro substitutions.

Service performance improving but Ro remains a weakness

- OTIF improved slightly to **96.4%** driven by an improvement in 'on time' performance; majority of failures are **Ro-related (80.2%)**

Workforce stability leading to improved operational efficiency and capacity

- **Sickness** across Blood Supply **reduced to 5.9% (-0.7)**; cancellations of sessions due to donor carer sickness down **30.3pp**
- Fewer collection teams operating below capacity (7 teams, ~550 appts/wk).
- One team planned to revert to a full collection programme in the next month.

Appointment capacity and reliability improving.

- ~51.5k weekly appointments available;
- reduction in short notice cancellations to **3.1% (lowest since Dec 2025)**

Manufacturing Productivity

10,249

Annualised YTD

9,240

Testing Productivity

31,859

Annualised YTD

25,408

Collection Productivity

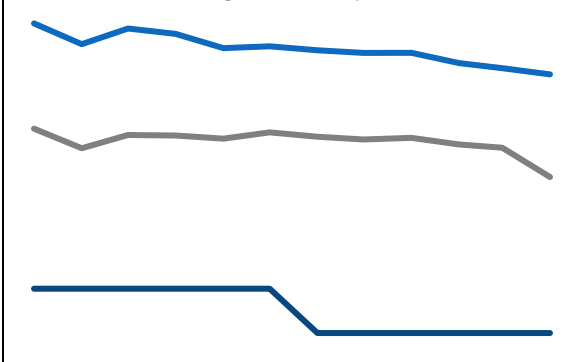
1,127

Annualised YTD

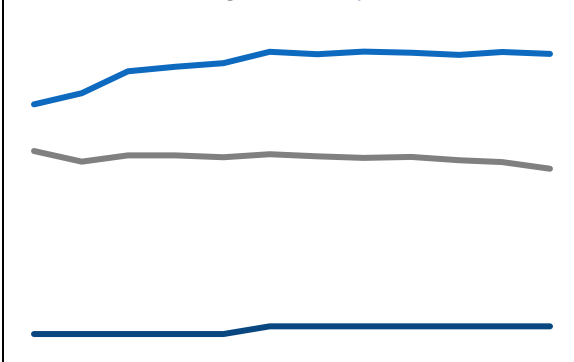
1,087

to 1,153

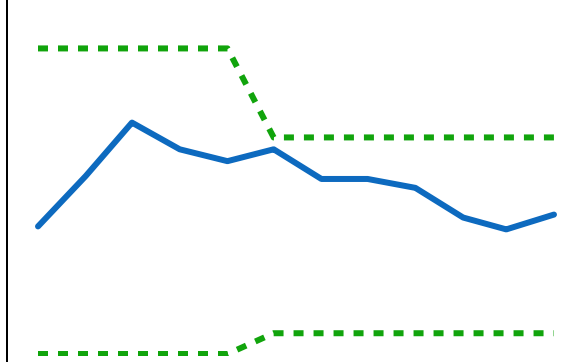
Ann.YTD Actual vs Target vs EBA Top Quartile

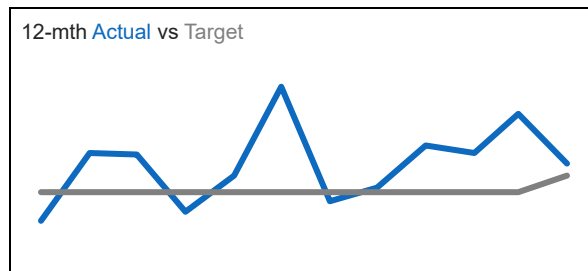
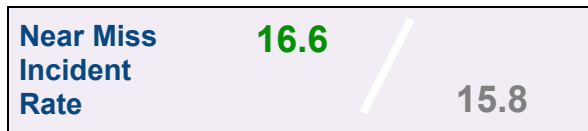
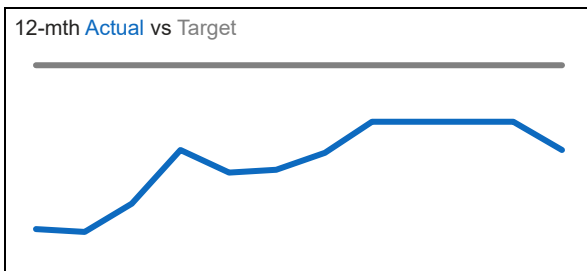
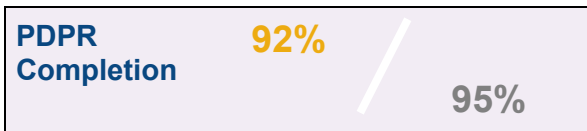
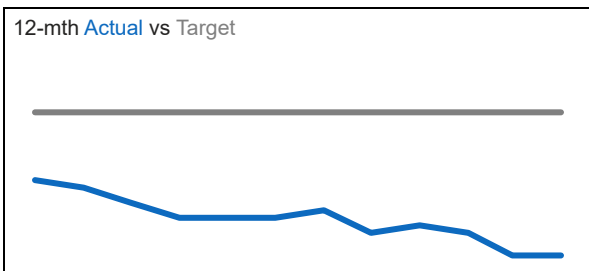
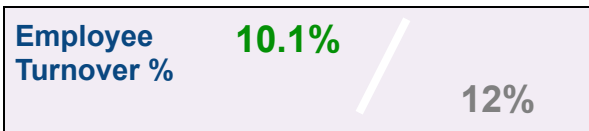
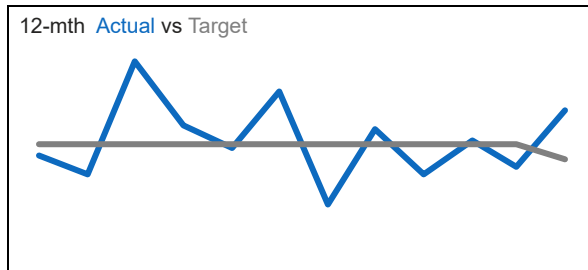
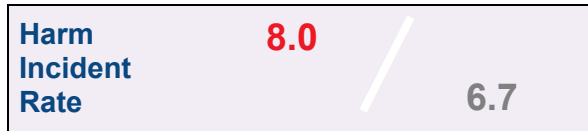
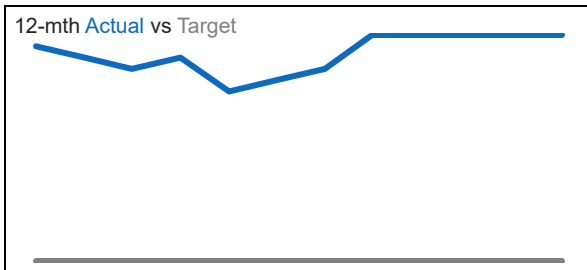
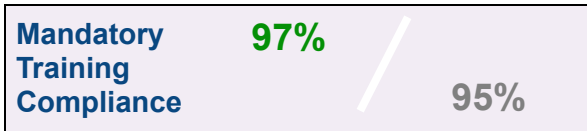
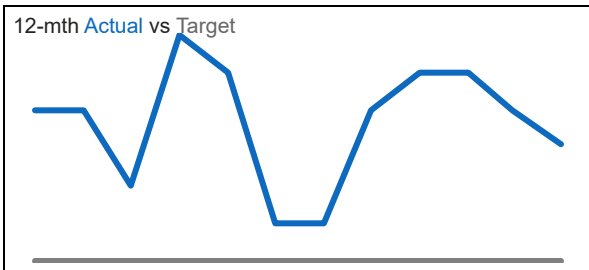
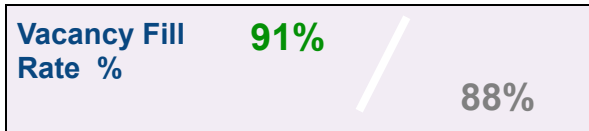
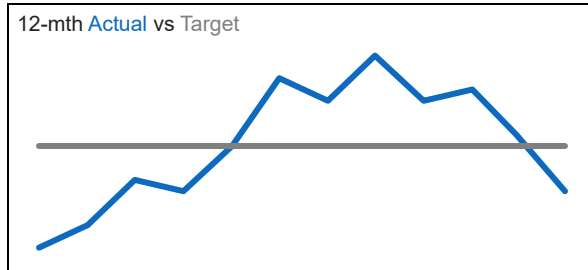
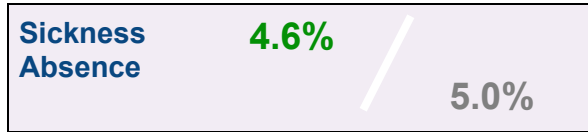
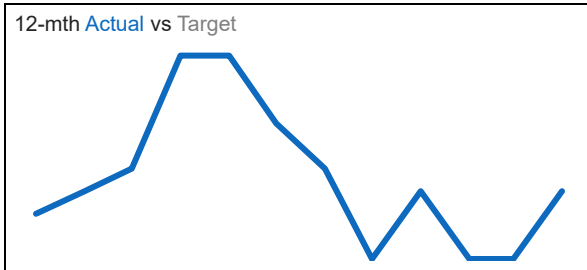
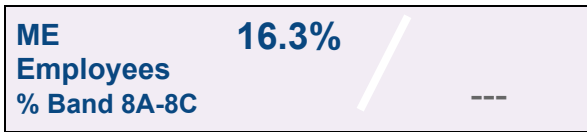
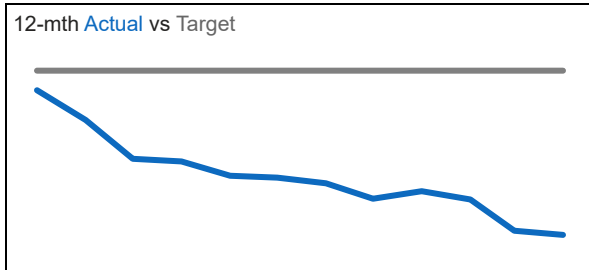
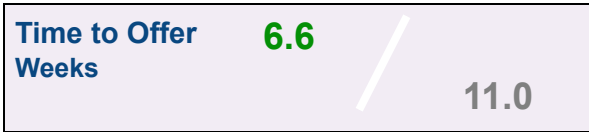


Ann.YTD Actual vs Target vs EBA Top Quartile



Ann.YTD Actual vs EBA 75% Quartile Limits





Insight & Commentary

- **Recruitment:** Time to Offer continues to perform strongly and is now >4 weeks inside KPI; vacancy fill rate has stabilised at a consistently high level exceeding the **88% target for 15 consecutive months**.
- **Market activity:** Whilst vacancy levels remain below average, the number of applications per vacancy have increased steadily since January 2026 with operational activity increasing in response.
- **TAR focus:** Maintaining productivity gains and ensuring resourcing is sufficiently resilient to sustain service delivery as demand rises.
- **Turnover:** stable at **10.1% (0)**, within the **12% target**. Hotspots (annualised): CEO **26.5%**, Plasma **21.4%** (+1.4), Blood Donation **14.4%** (+0.3), People **14.4%** (-0.6), Comms & Engagement 19.1% (+0.1), Nursing 44.4% (+3.0).
- **Inclusion (Band 8a-8c):** Minority ethnic representation **16.3%**, a 0.3pp increase from March.
- **Compliance:** Mandatory Training **97%** (>95% target); range 93-100%. PDPR down 1pp to **92%** (<95%); **Path to Green: comms launching to understand barriers to delivering improved PDPR compliance**.
- **PDPR insights:** Variation persists e.g. People 95%, Finance 87%, CEO 86%, majority 90-94%. Band 8+ compliance is 91% overall.
- **Sickness absence:** **4.6% (-0.4) vs 5% target**. Top reasons: anxiety, stress & psychiatric **26.9%** and musculo-skeletal **8.1%**. Colds, coughs & flu declining seasonally, falling out of the top 3 reasons for sickness.
- **Long/Short term sickness profile:** LTS 45.7%; ST 54.3%. Review of LT sickness absence reported to ET 28th April, returning in 3m with action plan.
- **Health, Safety & Wellbeing:** Harm incident rate missed target (6.7) at **8.0/1,000ppl**; OTDT, Plasma, Clinical, Donor Experience met target; Blood Supply and Group Services above. Increase from March linked to superficial harm events. **3 HSE-reported incidents**.
- **Near-miss reporting:** **16.6/1,000** vs 15.8 target; **OTDT and Clinical** met target, while **Blood Supply, Plasma, DX and Group** were below target; **Nursing and Donor Experience reported no HSW events** in February.
- **Wellbeing Interventions: Counselling:** 226 individuals supported in the 12-months to end of April 2026; utilisation rate of 34% across the last 12 months. **Top counselling call themes:** anxiety (26.1%), low mood (10.7%), bereavement (8.9%), bullying / harassment (8%), and depression (6.7%). **Top advice call themes:** employment (38.1%), divorce and separation (18.3%), civil (13.2%), motoring (5.6%) and Consumer (5.1%).



Component Development

Universal Plasma and Universal Platelets Status



Dried Plasma (MOD) Status



PfM Additional Fractions



TES Product Development

Irradiated Amnion Product



Rectus Fascia Product



Health Inequality & Patient Outcome Datasets

Health Inequality Reporting



Serum Eyedrop- Post Treatment Data Follow Up



Kidney ERAS Milestone



Liver ERAS Milestone



Data Intelligence Programme Phase 3



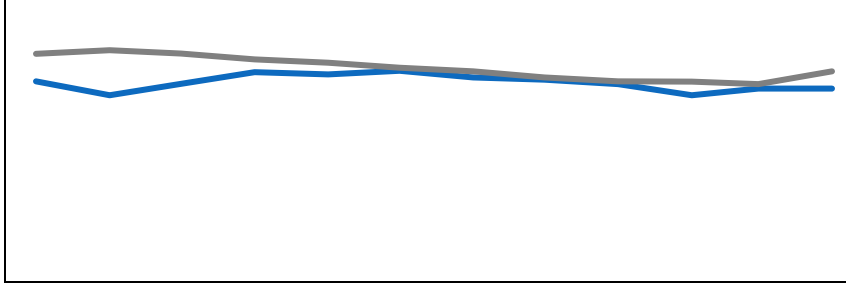
No. of Organ Donor Transplants

315

327

Deceased Donors YTD

12-mth MAT Actual vs Target



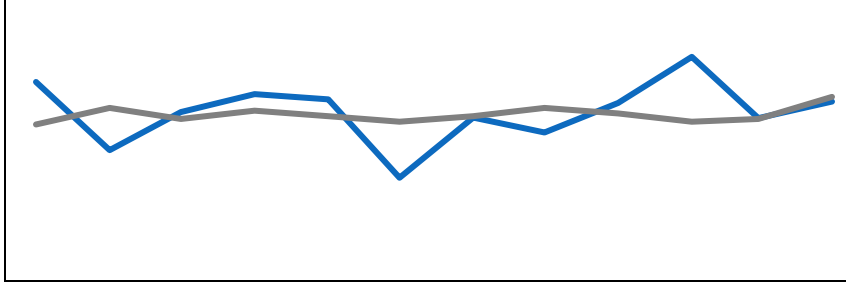
No. of Organ Transplants Per Deceased Donor

2.60

2.62

YTD

12-mth Actual vs Target



Organ Transplant & Utilisation

- There were 2.39 transplants per deceased donor after circulatory death (DCD) and 2.94 transplants per deceased donor after neurological death (DBD) in April. Due to the proportion of DBD donors being lower than expected (39%), the overall transplants per donor rate was affected (2.60), and amber against target of 2.62.
- The overall number of deceased donor transplants in April was behind target as a consequence of lower-than-expected proceeding donors.

Insight & Commentary

Component development clinical trials

- **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 being agreed with tech supplier. Talks at advanced stage.**
- **Dried Plasma:** £8.3m MoD funded project to develop dried plasma product. Lab assessments for dried plasma/cryoprecipitate ongoing. Second dryer and sealer installed and undergoing validation. Clinical study **protocol development** ongoing.

Genomics Programme - remains Amber

- **RAG remains Amber** due to STRIDES and Sickle projects affected by delays in testing & reporting; discussions around use of HLA results and ongoing negotiations with OFH regarding return of data.
- **Our Future Health (OFH) recruitment: 109,285** blood donors have consented to participate. **79,572** have attended session and provided a sample. **Path To Green: agreed proposals / timeframes for data return, data analysis and identification of 'valuable' donors.**
- **HLA matched red cells pilot for kidney transplant patients: 786** HLA selected red cells issued; **401** patients referred; **295** named patients transfused. Live in 3/24 hospital sites; engagement ongoing with 6 transplant centres incl. Birmingham & Coventry. Roll-out continuing in 26/27 and 27/28 to encompass all 24 centres.
- **Genotyping sickle cell and thalassemia patients** - amber due to delays in testing and reporting, action plan to recover delays 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 being drafted.
- **HaemMatch R&D:** Project **returned to green** after Research Ethics Committee (REC) approval in March. Non REC documentation being finalised. **Dry Run scheduled w/c 18 May 2026.**

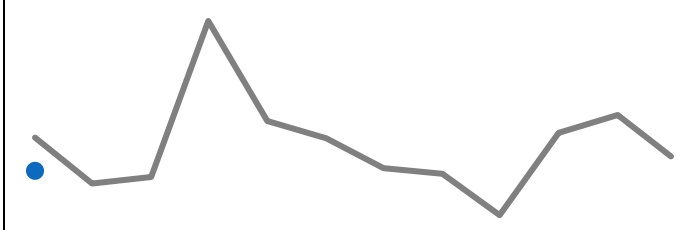
TES Product Development

- Development of a **new irradiated amnion product** is **red** due to issues obtaining whole donations retrieved specifically for **non-clinical use**. Investigations into achieving through the **Cord Blood Bank** as quicker route.
- **Serum Eyed Drop - Post Treatment Follow Up** is **red** with original project superseded by a project to develop a bespoke database.
- Potential development of a **Freeze dried amnion product** dependent on UK clinical requirement/need.



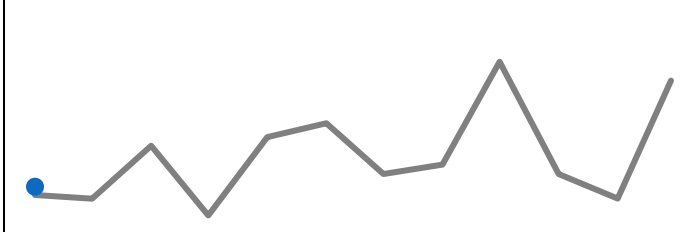
Clinical Biotechnology Centre (CBC) Income YTD £m **0.37M** / 0.5M

12-mth Actual vs Projected Target



Advanced Therapies Unit Income YTD £m **0.09M** / 0.07M

12-mth Actual vs Projected Target



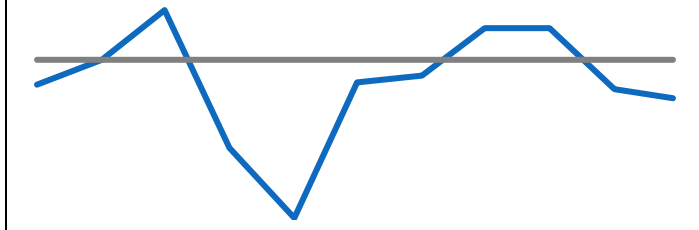
Therapeutic Apheresis Services No. of Procedures YTD **1,137** / 1,157

12-mth Actual vs Projected Target



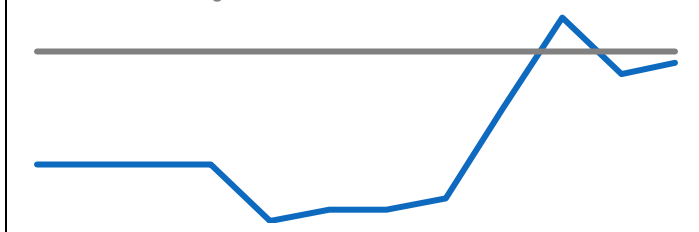
NHSBT Provided UK Stem Cell Donors at end of Q4 25/26 **5.8%** / 7%

12-mth Actual vs Target



Orders Referred Electronically reported in arrears **3.9%** / 4%

12-mth Actual vs Target



Transfusion Transformation Programme Status

ATMP Commercial Capacity Build:

- Strategic Outline Case approved securing £2.7m for scaling of cell and gene therapy activity, prior to Outline Business Case (OBC).
- OBC to include detailed operating model, workforce plan and delivery approach for growth. Recruitment in progress to ensure commercial and leadership capabilities are in place.
- Test & learn phase through 26/27 to build capability, shape culture and provide assurance ahead of a full business case for approval.

Insight & Commentary

Advance Therapy Medicinal Products (ATMP)

- **Commercials: Clinical Biotechnology Centre (CBC)** income was £0.11m below plan in April at £0.37m v £0.48m; forecast remains equal to budget at £5.50m (25/26 £3.11m).
- April variance is due to Plasmid income brought forward from delays in 25-26 being below the profiled budget.
- Current view of prospects for 26/27 positive with majority of plasmid slots filled for first half of the year.
- A grant has been awarded to UCL with £2.1m included for CBC to manufacture an Adeno Associated Viral vector and plasmids, which will begin later in 2026/27.
- A contract has been signed to enable delivery of CRM capability to support the unit.
- **Commercials: Advanced Therapy Unit (ATU)** income ended April above plan at £0.09m v £0.07m; forecast remains equal to budget at £2.08m (25/26 = £1.31m).

Therapeutic Apheresis & Advanced Therapies

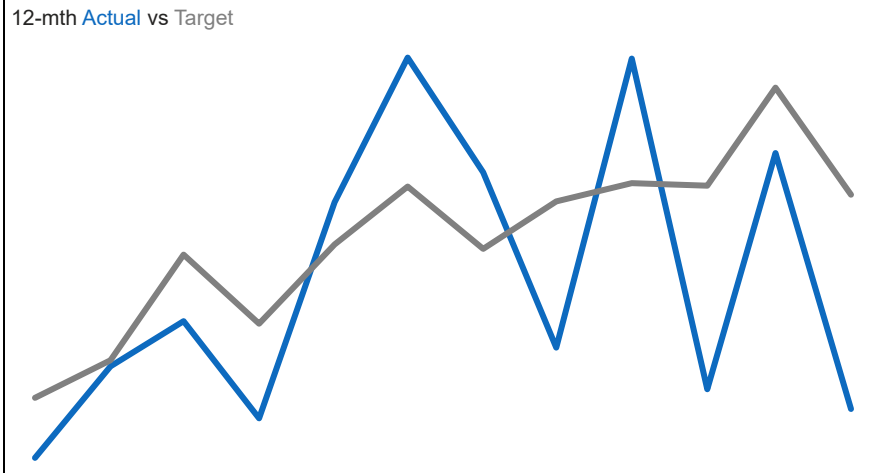
- **TAS activity:** April 26 volumes 1.1k vs plan of 1.2k; FY forecast remains equal to plan at 14.5k (+6.5% on 25/26).
- **Red cell exchange: Ahead of target** in month with good progress made in delivery of new services supported by Med Tech funding initiative. New service at Plymouth Derriford awaiting approval
- **Cell Collections:** The Bristol TAS unit expansion into the Genesis Hospital site is progressing. Opening planned for end of May, primarily adding more stem cell registry collection capacity.
- **Outlook & strategy:** Long-term trend aligned to **2022 strategy**; **DHSC** apheresis working group reported recently. Outcomes to inform apheresis capacity (England) and future targets/opportunities.

Transfusion Transformation - Remains Green

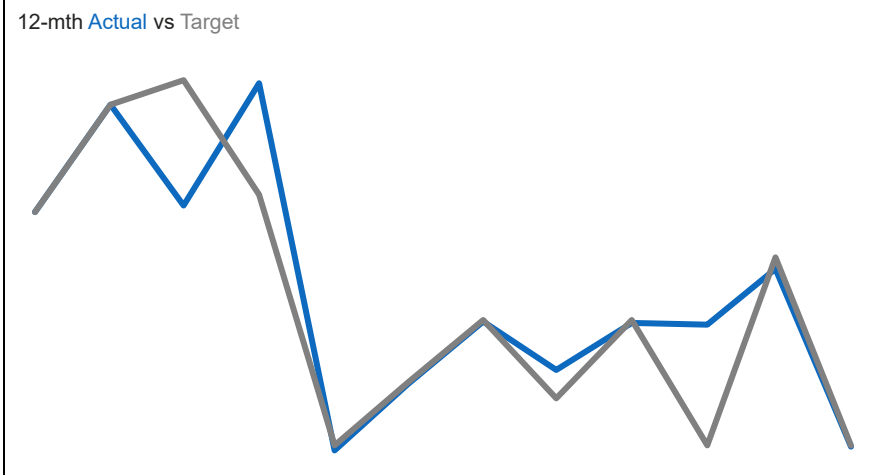
- **Hospital Blood Data Integration:** Health and Social Care Network connectivity **issue resolved**; engagement with hospitals on next-steps including benefits data collection. Ongoing work to bring hospital submitted data into the NHSBT data platform.
- **Electronic requesting/reporting: Fetal RhD capability** deployed at 87 hospital sites on 2 LIMS platforms, but only 45 actively referring and 40 in testing. **RCI & H&I e-requesting** progressing through test, live and go-live (Kings Mill, Derby & Chesterfield). Engagement with **MOD** contacts, project manager and software company re e-requesting & reporting commenced.
- **Education to Support Clinical Transfusion Practice:** implemented feedback into the Transfusion Practitioner Professional Framework which now includes an education section. Knowledge assessment prior to e-learning now with Patient Blood Management Team.
- **Scientific/Technical Education/Training:** Completed beta testing for e-learning modules with the Steering Group. All three e-learning modules sent to the Undergraduate Working Group with surveys for lecturers and students/trainees to capture feedback
- **Research network:** Transfusion Research network went live on 2 April 2026. Paper on network benefits including health economics assessment underway.



Tissue & Eye Services (TES) Income **2.0M** / **2.2M**
YTD £m



Plasma Shipped for Fractionation **22.4K** / **22.5K**
YTD



Insight & Commentary

Tissue & Eye Services

TES Overall income

- The overall income position for April was -8.8% (-£196.6k) behind target, with no TES product group exceeding income target in month.

Tissue Income

- Tissue product income was negative to target by -£64.2k in month, with only Skin (£8.6k) and dCELL (£3.1k) above target in April.

Ocular income

- Ocular income was behind the financial target by -14.5% in month (-£115.5k),

Heart Valves

- Cardiovascular sales were behind target by -£6.5k in month. There were 27 donations in April (target of 34), up by six on the number donated in March. Stock levels continue to remain a concern for heart valves, with nine pulmonary valves available for issue as of early May.

Serum Eyedrops

- Serum Eyedrops income was behind target by £7.6k in month, specifically due to the lower than forecast number of batches issued to new patients and which incur a higher charge. The programme issued 14 batches ahead of target (514 vs target of 500) overall. Demand continues to grow and the number of patients on the waiting list increased from 328 in March to 364 at the end of April, with 286 patients waiting more than 6 weeks. Supply chain capacity is planned to increase significantly from Q2.

Customer Satisfaction

- The latest customer satisfaction survey scored 83% against a target of 80% (up 3% on the previous survey). Response rates to the survey were low (7%) with a variety of suggestions on improvement, but the majority praise staff and the service provided. The next survey results are expected to be in next month's performance update.

Plasma Shipped for Fractionation

- Patients receive UK plasma derived medicines (PDMP) with NHSBT working in collaboration with DHSC, NHSE and Octapharma to ensure a stable supply chain.
- Plasma for Medicine dispatches plasma for fractionation to a regular schedule. The 2026/27 shipment target is 328,000 Ltrs and we have now dispatched 22,365 Ltrs in 2 shipments.
- Four future shipments (39,000 Ltrs) are validated and ready for dispatch. ahead of the shipping schedule.

Risk Summary (1/3)

Board Performance Report



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	07/05/2026	Director of Quality & Governance
P-02	Service Disruption	Minimal	16	Risk Limit	01/05/2026	Director of Quality & Governance
P-03	Service Disruption - Loss of Critical ICT	Minimal	20	Risk Limit	13/04/2026	Chief Digital & Information Officer
P-04	Donor Numbers & Diversity	Minimal	16	Risk Limit	07/05/2026	Director Donor Experience
P-05	Finance	Open	20	Judgement Zone	15/04/2026	Chief Financial Officer
P-07	People Staffing	Cautious	12	Judgement Zone	05/05/2026	Chief People Officer
P-09	Regulatory Compliance (Primary Regulators)	Cautious	9	Tolerance Range	01/05/2026	Director of Quality & Governance
P-10	Failure to Deliver Transformational Change	Open	15	Tolerance Range	28/04/2026	Chief Financial Officer
P-11	Corporate Governance	Minimal	8	Tolerance Range	01/05/2026	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	31/07/2026
P-10	9	Low Risk	31/12/2026
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.

Last Refreshed: 08/05/2026 08:05:30

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

Caring Expert Quality

Risk Summary (2/3)

Principal Risk Movement (Previous vs Current Assessment)



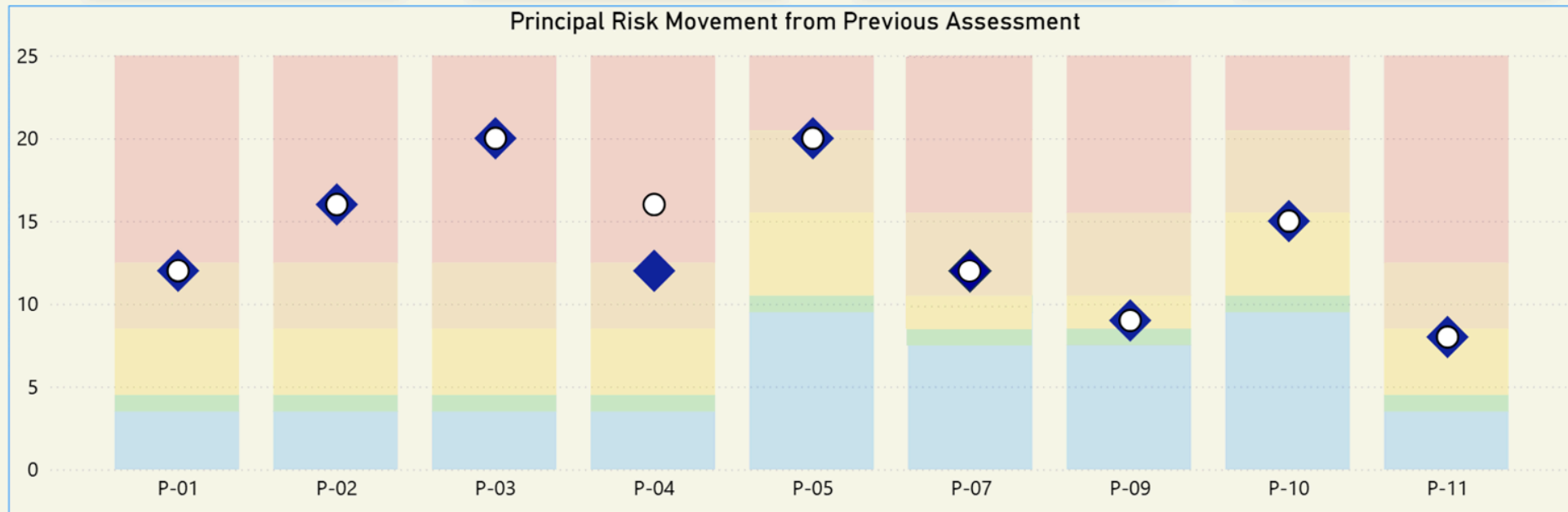
Blood and Transplant

0
Optimal Risk Score

4
Tolerance Range

2
Judgement Zone

3
Risk Limit



Date Last Assessed: P-01 (07/05/2026), P-02 (01/05/2026), P-03 (13/04/2026), P-04 (07/05/2026), P-05 (15/04/2026), P-07 (05/05/2026), P-09 (01/05/2026), P-10 (28/04/2026), P-11 (01/05/2026)

◆ Previous Risk Assessment Score ○ Current Risk Assessment Score

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

Caring Expert Quality

Risk Summary (3/3)

Risk Limit

Three Principal Risks are now recorded at the Risk Limit:

- 1.Principal Risk P-02 (Service Disruption). The residual risk score remains at 16 (4x4), which places it at the Risk Limit threshold. The primary contributory risk driving this assessment is E&F-07 - Infrastructure Failure. E&F-07 was last reviewed on 8th May 2026. A further contributory risk now also falls into the risk limit – BC-05 Disruptive Events. The residual score for this risk is 15 (5x3) and is based upon the current geo-political events.
- 2.Principal Risk P-03 (Loss of Critical ICT) remains at the Risk Limit, with the residual risk score unchanged at 20 (5x4). The current position continues to be driven predominantly by contributory risk DDTS-08: Cyber Security.DDTS-08 was last assessed on 8th April 2026.
- 3.Principal Risk P-04 (Donor Numbers & Diversity) moved into the Risk Limit on 7th May 2026 with the introduction of S&T-10 Donor and Session Programme (DASP) Affordability. This risk is scored at 16 (4x4) and was last assessed on 1st May 2026.

Risk movement

P-04 Donor Number and Diversity increased from a 12 (3x4) judgement zone to a 16 (4x4) Risk Limit

A change in appetite level from open to cautious was agreed at ARGC for Principal Risk 07 – People Staffing. This change moved the risk from the tolerance level to the judgement zone.

Appetite Ranges

The are three Principal Risks at Risk Limit

There are three Principal risks recorded in the Judgement Zone

There are three Principal risks recorded in the Tolerance range