NHS Blood and Transplant

Board Meeting in Public

Tuesday, 01 December 2026

Title of Paper	Corneal Donation – update report	**Agenda No.**	3.6
Nature of Paper	☒ Official	☐ Official Sensitive	
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Lead Executive	Anthony Clarkson, Director of OTDT		
Non-Executive Director Sponsor	N/A		
Presenter(s) at Meeting	Anthony Clarkson, Director of OTDT		
Presented for	☐ Approval ☐ Information ☐ Assurance ☒ Update		
Is there a plan to communicate this to the organisation?	☐ Yes ☐ No ☒ Yet to be determined		

Executive Summary

Corneal donation remains a strategic priority for NHSBT, reflecting the ongoing gap between UK demand and the supply of transplantable corneas. Despite significant progress since the 2023 Ocular Donation Summit, the UK continues to rely on imported tissue to meet transplant need.
Investment in expanding referral pathways has delivered measurable benefits. The number of UK Eye Donation Schemes has increased from five to fourteen, with hospice and palliative care referrals and the Specialist Family Approach pathways continuing to outperform expectations. These developments have contributed to sustained growth in ocular donation and a projected increase in corneal issues to approximately 4,600 in 2026/27.

However, overall donation performance remains below target, primarily due to underperformance within Eye Donation Schemes. Current projections indicate approximately 3,058 ocular donors against a target of 3,667 in 2026/27. While current supply levels mean that no patients are believed to be waiting longer than 12 months for transplantation due to tissue availability, NHSBT remains some distance from achieving UK self-sufficiency, with annual demand estimated at 8800 corneas.

To address this challenge, NHSBT is progressing the development of routine referral pathways in Wales and London and undertaking digital discovery work to simplify and automate referral processes. These initiatives, alongside future optimisation of referral, retrieval and operational capacity through the Donation Transformation Programme, will create the scale of referral growth required to move the UK towards long-term self-sufficiency in corneal transplantation.

Previously Considered by

Executive Team Meeting: 17th November 2026

Recommendation

The Board/Committee/ET is asked to note the progress and ongoing work to meet the need for the continued supply of corneas.

Risk(s) identified (Link to Board Assurance Framework Risks)

P-04 Donor Numbers and Diversity
P-06 Clinical Outcomes and Health Inequalities

Strategic Objective(s) this paper relates to:

☐ Modernising One NHSBT ☒ Optimising Donor Experience and Meeting Demand
☐ Campaigning & Identity ☐ Data, AI and Interoperability ☐ New Treatments

Appendices:	None

Corneal Donation – Update Report

Background

The UK has never achieved self-sufficiency in the supply of corneas for transplant and continues to have a reliance on international imports. During the pandemic this was exacerbated when cornea transplantation ceased, other than for urgent cases, leading to a significant increase in the waiting list. Post-pandemic several of the traditional referral pathways failed to fully recover due to changes in the delivery of bereavement services in Trusts and Health Boards.

Seeking to address the situation NHSBT hosted an Ocular Donation Summit in July 2023 resulting in a recommendation to expand the number of Eye Donation Schemes (EDS), which then provided over 30% of eye donors, from 5 to 15. The IORbIT (Increasing Ocular Referrals by Individual Trusts) project was launched to establish up to 10 new EDS over two years, supported by £1.2m pump-priming funding from NHS England. Implementation proved challenging, with delays due to Trust governance processes and competing pressures, recruitment constraints, and slower referral maturity impacting rate of service development. The project closed in March 2026 having established 8 new EDS and remaining activities were transitioned into business as usual. Since project closure one further EDS scheme has launched, and work continues to improve performance from the 14 UK EDS schemes.

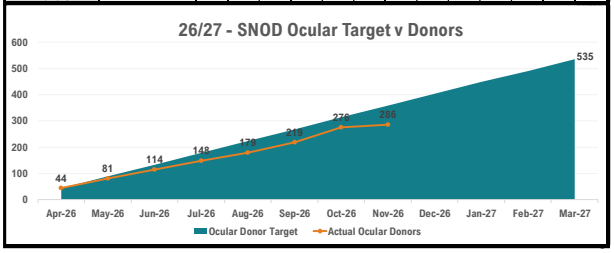
Due to continued below target progress corneal donation was moved to an 'urgent' status in Autumn 2025 with the addition of several short- and medium-term initiatives aimed at achieving NHSE's objective that no patients would wait longer than 12 months for their cornea transplant by April 2026. Currently, no patient is waiting more than 12-months for a corneal transplant due to the availability of tissue, however NHSE is no longer reporting this data to NHSBT weekly and have placed the emphasis on Trusts to actively manage their waiting lists. Since stepping down the 'urgent' status several initiatives, including a daily operational call and Specialist Family Approach (SFA) expansion scheme, have transitioned into business as usual.

At the Board meeting in July, we set out the four referral pathways we identified as the most effective in the longer term, and which we would focus our attention on.

Performance of current ocular referral pathways

Ocular Donation from Organ Donors

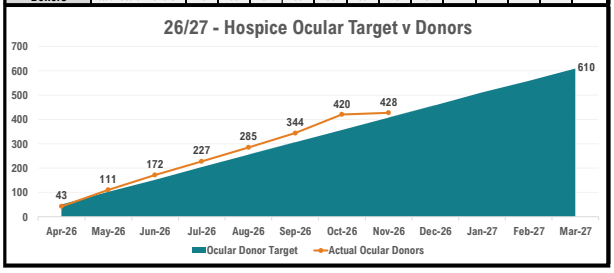
SNOD Dashboard Data Production Date:06/11/2026		Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Last 7 days Total
26/27 Ocular Donors	Ocular Donor Target	44	45	44	45	45	44	45	44	45	45	41	45	10
	Actual Ocular Donors	44	37	33	34	31	40	57	10					15



Ocular donation from organ donors is slightly below target, in part due to the reduction we have experienced in organ donors.
However, we have introduced a scheme to offer cornea donation to families of patients referred for organ donation who are unable to donate organs, and we have continued to see growth from those patients resulting in an additional 139 ocular donors (not shown on this chart).

Hospice & Palliative Care

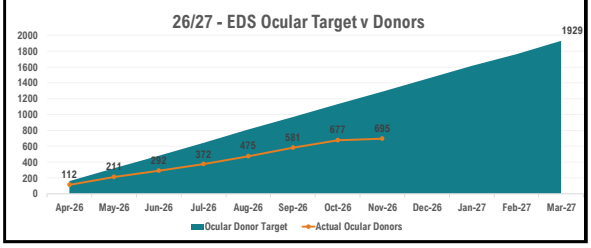
Hospice Dashboard Data Production Date:06/11/2026		Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Last 7 days Total
26/27 Ocular Donors	Ocular Donor Target	50	52	50	52	52	50	52	50	52	52	47	52	12
	Actual Ocular Donors	43	68	61	55	58	59	76	8					11



The hospice and palliative care project have successfully onboarded 38 sites with further expansion underway. We see both high patient suitability and conversion from referral to donation (~60%), which has led to an above target performance.
Due to financial difficulties hospices are providing more care in the patient's home rather than in the hospice which is challenging for retrieval. We will need to keep close to this change and pivot our practice if the trend continues.

Eye donation schemes

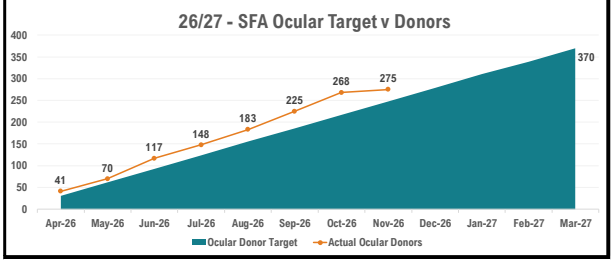
EDS Dashboard Data Production Date:06/11/2026		Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	26/27 Totals	Last 7 days Total
26/27 Ocular Donors	Ocular Donor Target	159	164	159	164	164	159	164	159	164	164	148	164	1929	37
	Actual Ocular Donors	112	99	81	80	103	106	96	18					695	24



Despite continued growth, eye donation schemes are performing below target in year. There are multiple factors contributing to this performance including patient suitability to donate, family consent and Trust / Health Board processes and staffing issues. New contracts have been issued, and schemes are being actively performance managed with targeted action plans and ongoing refinement of the ocular potential donor audit. Hospital deaths are changing both in rate and clinical diagnosis which is resulting in a reducing potential donor pool.

Specialist Family Approach (SFA)

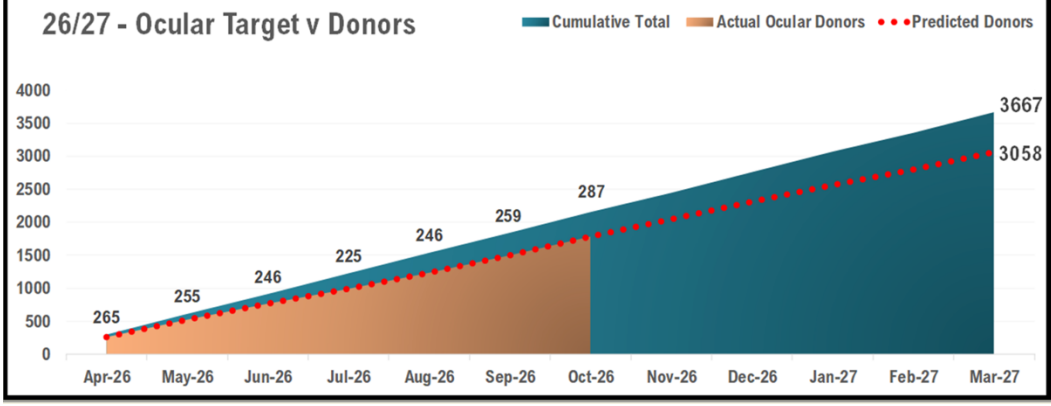
SFA Dashboard Data Production Date:06/11/2026		Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Last 7 days Total
26/27 Ocular Donors	Ocular Donor Target	30	31	30	31	31	30	31	30	31	31	28	31	7
	Actual Ocular Donors	41	29	47	31	35	42	43	7					10



SFA referrals are made to NHSBT by identified Trusts and Health Boards prior to any discussion of the potential to donate with the family. The approach to donate is made by an NHSBT Tissue Donation Nurse via a phone call. During the urgent status we invested in additional resource to increase the number of referrals and conversion rates resulting in above target performance. This is a precursor to the Routine Referral giving our Nurses the skills to directly approach a family about cornea donation. The success of this pathway is giving us increase confidence in the Routine Referral model.

Overall position to target and annual trend

TES Dashboard (SitRep Data) Data Production Date:06/11/2026		Apr-26	May-26	Jun-26	Jul-26	Aug-26	Sep-26	Oct-26	Nov-26	Dec-26	Jan-27	Feb-27	Mar-27	Last 7 days Total
26/27 Ocular Donations	Ocular Donor Target	301	311	301	311	311	301	311	301	311	311	281	311	70
	Actual Ocular Donors	265	255	246	225	246	259	287	45					62



Predicted Nov-26 Total
265

Target 26/27 Daily Rate
10.05

Current 26/27 Daily Rate
8.35

Required 26/27 Daily Rate
12.51

Predicted 26/27 Donor Total +/-
-609

October was the highest performance we've seen for 12 months with an average of 9.25 donors per day, despite this, largely due to the underperformance of the Eye Donation Schemes we are seeing below target performance, however overperformance in hospice and SFA pathways are limiting the impact. At current rates of donation, we are predicting 3058 donors against a target of 3667 in 2026/27. This doesn't include further growth planned for SFA referrals, with referral agreements being established with 20 additional Trusts or the impact of routine referral planned to commence in two Welsh Health Boards in Q4 2026/27.

	23/24	24/25	25/26	26/27 predicted
Cornea Issues	3826	3874	4457	4600

Corneal issues have increased year on year but remain some way off demand which is estimated at 8800 across the UK. While currently no patient is waiting more than 12-months for a corneal transplant due to the availability of tissue, in 2025/26 approximately 28% (n=1531) of transplants used tissue supplied by sources other than NHSBT, estimated at a cost of £1.5m to the NHS.

The path to UK self-sufficiency

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While the 14 UK eye donation schemes provide almost 40% of ocular donors it is unlikely, even with continued maturation, that they will enable us to reach the estimated demand of 8800 corneas annually. Changes in patient suitability and public support for donation mean that we need to significantly increase the number of referrals to NHSBT.

Work is well underway in Wales and at an early stage in London to establish programmes of routine referral whereby every death within a Trust or Health Board is reported to NHSBT prior to any approach to a family. With approximately 18,000 in-hospital deaths in Wales and 21,000 in London applying a 7% conversion rate which we see in SFA referrals equates to a potential 2730 additional ocular donors and 4368 corneas annually.

Following referral, the tissue donation nursing team undertake a rapid assessment of suitability, check the Organ Donor Register and approach families where donation is most likely to proceed. This builds on the successful SFA model. Currently referrals are made to NHSBT by phone or email following completion of a referral form which can be both time consuming and a potential disincentive to referral by the referring clinician. As referral isn't within our control and relies on

clinicians within Trusts and Health Boards, in addition to designing routine referral clinical pathways, we are shortly due to commence a digital discovery to understand if the referral can be digitally enabled, minimising clinical input at the point of care.

Following establishment of routine referral pathways and completion of the digital discovery further work will be required to optimise the National Referral Centre and retrieval pathways to ensure we have capacity to meet the demand of increased referrals. This will be incorporated into the Donation Transformation Programme.

Conclusion

NHSBT has made significant progress in strengthening ocular donation pathways and increasing the supply of corneas available for transplantation. The expansion of Eye Donation Schemes, growth in hospice and palliative care referrals, and sustained success of the Specialist Family Approach have all contributed to year-on-year improvements in donation and transplantation activity.

Whilst delivery remains below the ambitious targets required to achieve UK self-sufficiency, the organisation has stabilised supply sufficiently to support transplant activity and maintain waiting times within NHS England expectations. Nevertheless, continued reliance on imported tissue demonstrates that further transformation is required if we are to meet the estimated national demand for corneas.

The next phase of improvement will focus on increasing referral volumes through routine referral models, simplifying referral processes through digital solutions, and ensuring we have the operational capacity to respond to higher levels of donation activity. These developments, supported through the Donation Transformation Programme, represent the most credible route to achieving sustainable growth in donation and reducing dependence on overseas supply.

The Board is asked to note the progress made to date and the ongoing programme of work to secure a resilient and sustainable supply of corneas for patients across the UK.