

# NHSBT Board Performance Report

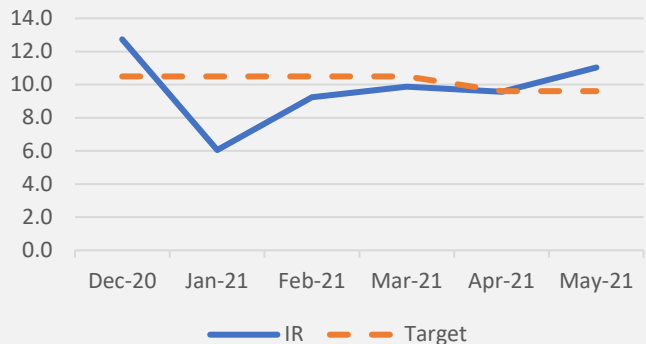
## June 2021

Contents	Page
1. Health, Safety & Wellbeing	2
2. Quality	3
3. Donor Experience	4
4. Blood Supply	5
5. Clinical Services	6
6. OTDT	7
7. People	8-9
8. DDTS	10

# HEALTH, SAFETY & WELL-BEING: Director Report – June 2021

## Safety and Wellbeing

### Harm



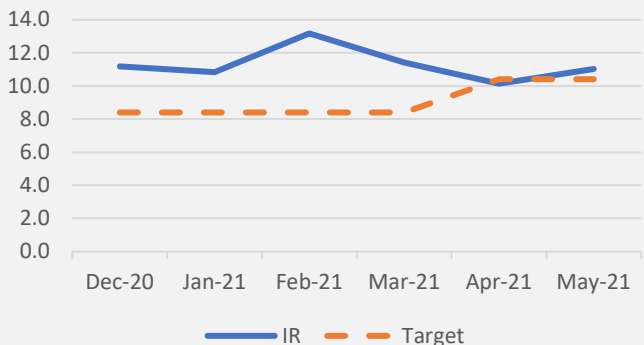
Harm IR - May 21  
(Target = 9.6 G= better than target, R = worse than target)

**11.0** ↑

- An increase in accidents in TES for April and May in Liverpool is being closely monitored by TES SMT
- Increase in accidents in BD in May is being reviewed by BD Assistant Directors
- Target change for new financial year

Harm is an unplanned event which resulted in injury or ill health to a person and/or property damage. Incidence rate for accidents and near misses is monthly number divided by total number of staff x by 1000

### Near Miss



Near Miss IR May 21  
(Target = 10.4 G= on or better than target, R= under target)

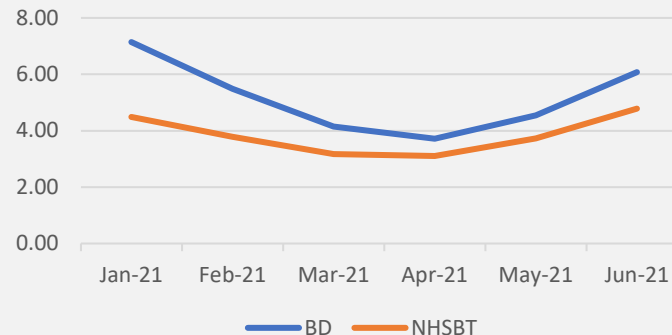
**11.0** ↑

- Near Misses have increased to better than target due to campaigns in OTDT and CS
- Target change for new financial year

Near miss is an unplanned event which could have resulted in injury or ill health to a person and/or property damage, but was avoided by good luck

**Reminder: H&S reported in arrears**

## Sickness Absence



NHSBT sickness absence % - 30/06/21

NHSBT Absence Target 4%  
G= <4, A = 4 – 4.5, R= >4.5%

**NHSBT 4.78%** ↑

BD Sickness Absence % 30/06/21

(Target = 5% G=5, A= 5-5.5, R = > 5.5%)

**BD 6.08%** ↑

- Absence levels increased by from 3.73 NHSBT and 4.55 BD back to levels seen in January. PPE Group has reformed and will monitor all absence levels as well as COVID-19, with particular focus on Blood Donation.
- Sickness Absence targets were set at 5% for Blood Donation (Pre pandemic)
- Definition of sickness absence is % of absence related to sickness of total number of employees

## COVID Vaccination

- COVID First vaccination rate is still increasing however the rate is slowing. Less focus on this due to successful Covax campaign.
- COVID Second vaccination rate is increasing; managers are being asked to encourage colleagues to report as vaccination rate likely to be under-reported.
- Vulnerable Colleagues (identified via HSW risk assessment) have all been asked if they have had the vaccine).
- Patient Facing Colleagues – covers colleague in ODT and TAS and is at a high level.

% of staff 1<sup>st</sup> COVAX Vaccination – 30/06/21

**86.4%**

% of staff 2<sup>nd</sup> COVAX Vaccination – 24/06/21

**63.7%**

% of vulnerable staff 1<sup>st</sup> COVAX Vaccination – 30/06/21

**91.9%**

% of patient facing staff 1<sup>st</sup> COVAX Vaccination – 30/06/21

**93.1%**

# QUALITY DIRECTORATE: Director Report – June 2021

## Key risks, issues and actions for attention:

- EU In-Vitro Device Regulations (IVDR) implementation - project status remains rated as 'amber' with late completion of some tasks due to resource issues, the Project Board has requested a re-baselined plan in July so risks to delivery can be fully assessed.
- Plasma for Medicines (PFM) – QMS requirements being determined to mitigate the risk of plasma not being accepted by a fractionator.
- Overdue Events – following a 21% decrease last month, June saw a 20% increase. CI activity has been increased, led by QA, and will need multi-directorate support to be effective.

### External Inspection Performance:

Barnsley MHRA BEA and WDA (H) – No Critical or Major events. 3 Others

### Upcoming Inspections:

Filton, Southampton and Liverpool - documents requested by MHRA submitted. Awaiting further information from regulators on inspection plans for 21/22.

External Majors  
(Target = 0)

Nil ↔

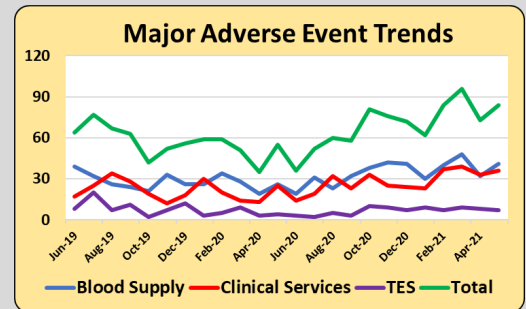
Y-T-D raised = 0

### Serious Incidents (SIs): Y-T-D = 2

- 0 SI events raised in June

### Major Adverse Events:

- There was an increase in Major adverse events (Quality Incidents and Complaints) raised this month in both Blood Supply and Clinical Services.
- The biggest increase was in M&L who saw a rise from 11 to 24. 5 of these were recall related, this cause is subject to ongoing CI. 4 are testing issues related to Syphilis – MSL investigating.



### Regulatory Radar:

- **EU In-Vitro Device Regulations (IVDR)** - Options are being sought for recruitment of additional resource to get the project back on track. Priority is being given to tasks that need to be completed by the date of application (26<sup>th</sup> May 2022) such as Post Market Surveillance, Vigilance and implementation of Unique Device Identification (UDI) which are mandatory under the EU IVDR. The project is being re-baselined this month.



### Licence Update:

No licence updates for June to report.

### Externally Reported Events:

#### (Serious Adverse Blood Reaction & Event / Serious Adverse Event & Reaction)

### SABRE: Y-T-D = 5

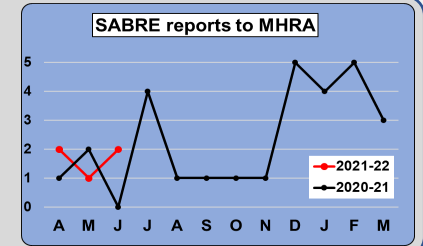
2 events in June

- 2 late recalls

Events being managed. No clinical impact.

SABRE events  
(Target <= 5)

2 ↑



### SAEAR: Y-T-D = 23

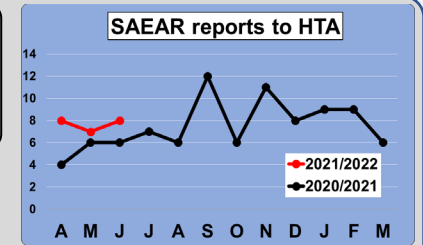
8 events in June

- 4 bacteriology positives
- 2 graft failures
- 1 transfusion reaction
- 1 testing – results unavailable

Events being managed appropriately

SAEARs events  
(Target TBA)

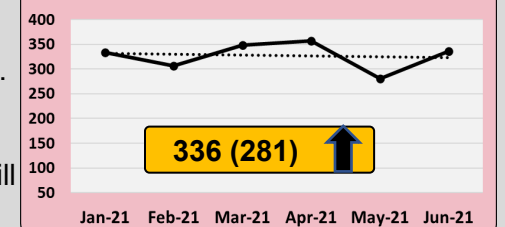
8 ↑



### Overdue Quality Management System Event Performance:

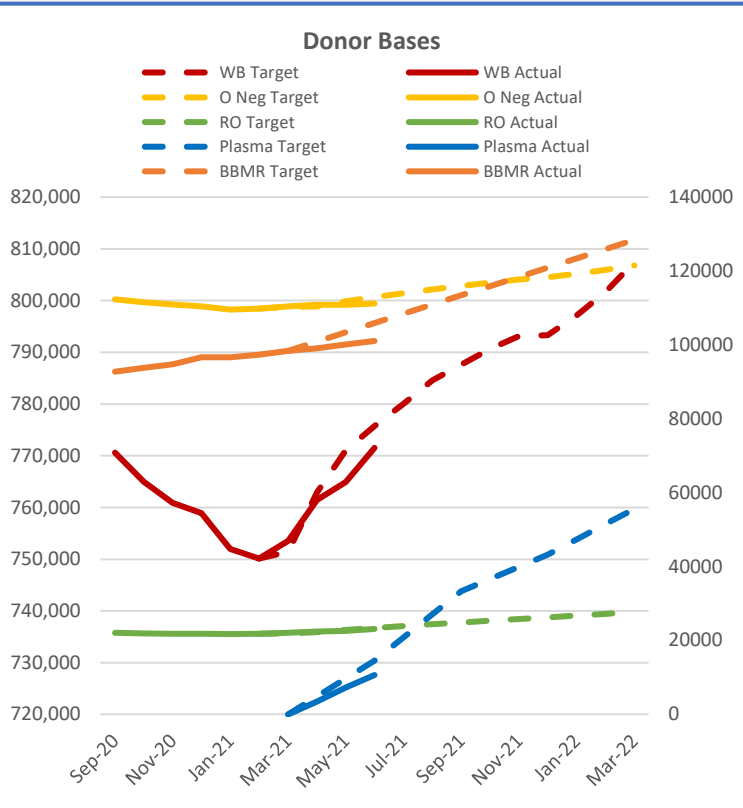
- 20% increase in overdue events in June.
- Weekly “Overdue Event” reviews by Senior Team and QA Direct established.
- New Incident Management process implemented on 1<sup>st</sup> June 2021.
- CI activity is underway led by QA and will need multi-directorate support to be effective.

#### Overdue Event Trend (Jan 21-June 21)



## Key Headlines, risks and mitigations

- The WB Blood donorbase continued to grow, reaching 4k below the original plan for end of June. The smaller base continued to be a residual effect from the removal of a large number of NDD opportunities in April. Rate of donorbase growth in June was 0.9% v 0.5% in May due to improved numbers of NDD, with contributions from the introduction of FAIR in National Blood Week and the United by Blood (UBB) Campaign. New Black Donor numbers were particularly strong thanks to the UBB Campaign. As demand for blood increased throughout the month an additional 5,600 appt slots were included in the programme to increase capacity and majority filled.
- Levels of Opting In to the ODR fell in June after a peak in May but still above target. Opt outs continued to rise, exceeding 36k driven by an further increase in NHS App users, equivalent to two thirds of all Opt Outs. It is anticipated these figures may continue to rise as long as the App is being used as a Covid-19 pass. We remain below the 8% predicted at the change of legislation with only 3.2% of the population opting out overall.
- WB Deferrals rose in June driven by an increase of HB deferrals during a spell of hot weather, changes to donor demographics e.g. male donors over 60 donating, increased new Black donors from the UBB



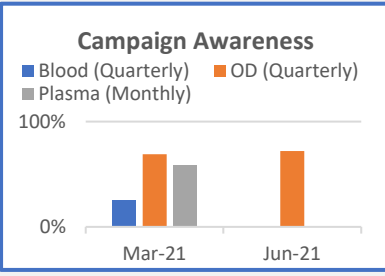
**WB 12M Donor Base**  
(FY22 Target = 807k  
Jun 21 Target = 776k)  
**772k**

**O neg Donor Base**  
(FY22 Target = 121k  
Jun 21 Target = 113k)  
**111k**

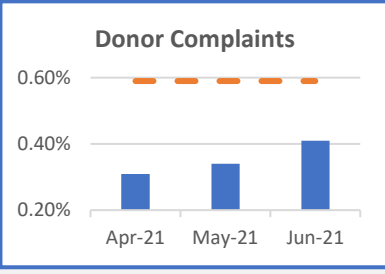
**Ro Donor Base**  
(FY22 Target = 28k  
Jun Target = 23.4k)  
**23.1k**

**Plasma Donor Base**  
(FY 22 Target = 55k TBC  
Jun 21 Target = 14.5k)  
**10.6k**

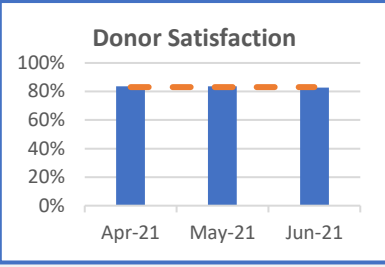
**BBMR Donors**  
(FY22 Target: = 130,000 tbc  
Jun 21 Target = 106k)  
**101k**



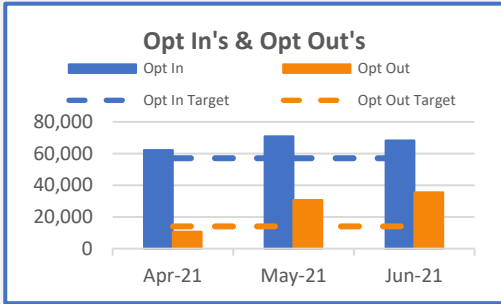
**% Plasma Awareness (FY22 Target TBC)**  
**Unavailable**



**% Donor Complaints (FY22 Target 0.59%)**  
**0.41%**



**Donor Satisfaction (FY22 Target 83%)**  
**83%**



**Organ Donation Opt In's (Monthly Target 57k)**  
**68k**

**Organ Donation Opt Out's (Monthly Target 14k)**  
**36k**

### Delivering the Volume of Donor

- The donorbase has expanded at an increased rate in June but remained under monthly target (99.5% of YTD). The highest NDD in over 2.5 years, together with meeting planned retention and improved numbers of donors returning, have contributed to the donorbase growth.

### Delivering the Mix of Donors

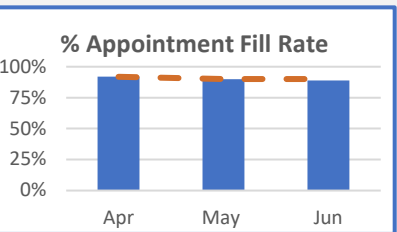
- The O-negative and Ro donorbases observed a 5<sup>th</sup> consecutive month of growth, now at 98.5% and 98.8% of their respective YTD targets.
- June's Ro NDD was the highest in over 5 years representing a 75% month-on-month increase. This excellent level of recruitment was aided by the 'United by Blood' activity/sessions.

### Improving our donors' experience

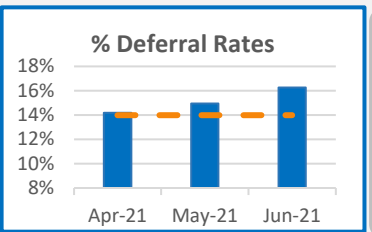
- Donor Satisfaction achieved target in June but fell slightly against May down to 83%. Possibly due to increased waiting times which dropped from 64% satisfaction to 59% in June. Complaints have risen for a second consecutive month.
- WB online booking rate remained stable but below target at 77%

### Building a plasma base for the future

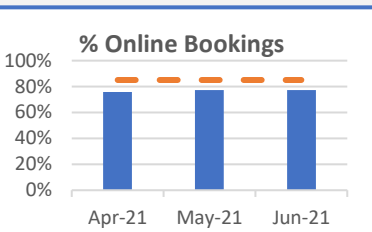
- The plasma for medicine donorbase continues to grow but currently sits at 73% of the YTD target.



**% Fill Rates (FY22 Target= 94% Jun 21= Target 90%)**  
**89%**



**% On-Session Deferral (FY22 Target 14%)**  
**16%**



**% Online WB Bookings (FY22 Target 85%)**  
**77%**

# BLOOD SUPPLY: Director Report – June 2021

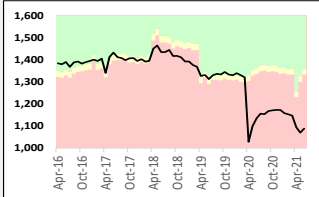
## Key risks, issues and actions for attention:

- Overall red cells stocks have averaged 5.5 days of stock (DOS) over June, which is at the lower end of the target range. O pos, O neg and B neg have been below target of minimum 5.5 DOS. While this does not present an immediate supply challenge and OTIF performance has remained strong, an increase in current levels of demand or reduction in recent collection levels may cause further stock decline. Actions to increase appointment capacity and increase donor bookings are being overseen by BOLT.

### Productivity

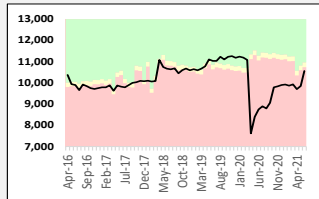
Collection Productivity  
YTD Target = 1,360

1,088 



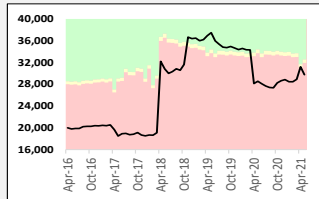
Processing Productivity  
YTD Target = 10,959

10,562 



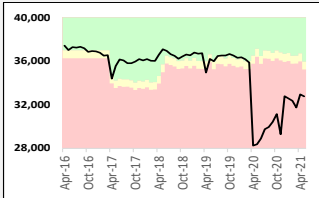
Testing Productivity  
YTD Target = 33,009

30,488 



Hospital Services Productivity  
YTD Target = 36,532

32,976 

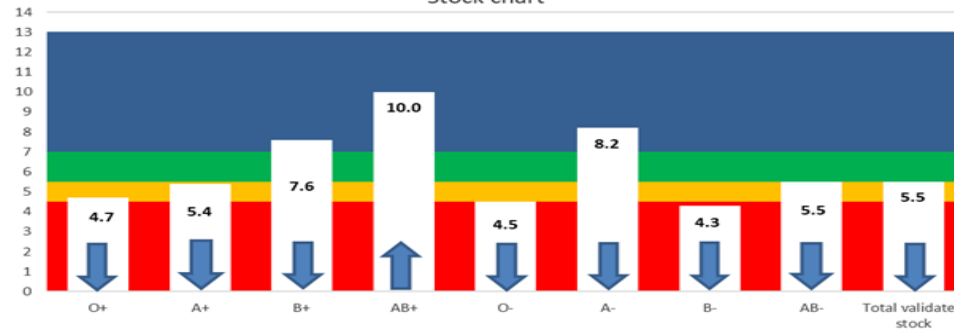


Collection and processing productivity increased vs. last month's performance as volumes in June increased to support lower stocks. Collection productivity remains c20% below target as a result of high agency and overtime spend to support COVID-secure measures in place on blood sessions.

### Collection Performance and Stock



### Stock chart



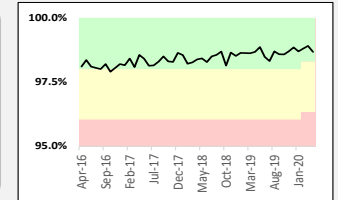
Red cell demand has been c2-3% above pre-COVID expectations for the period. A demand increase from June was anticipated in our demand forecast.

Collection levels have increased during June, but further action is required to return low stocks of some blood groups back to target levels. Over June, O pos, O neg and B neg have averaged below minimum target levels of 5.5 days of stock (DOS). Actions to increase appointment capacity and increase donor bookings are being overseen by BOLT.

### Service

OTIF Excl. Ro Fails  
YTD Target = 98.3%

98.7% 



OTIF performance remains above target levels.

# CLINICAL SERVICES: Director Report – June 2021

## Key risks, issues and actions for attention:

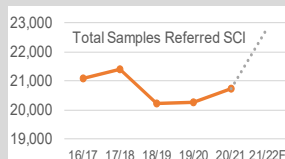
- Demand for Clinical Services products/services has improved during the year to date across most operational areas; no impact evident at this stage from the pandemic's third wave
- Ongoing issues relating to consumables supply, driven by suppliers supporting the pandemic response, continue to be managed

## Stem Cells and Therapeutics

- **Cellular and Molecular Therapies (CMT)** routine SCI service activity 15% above plan in the year to date (YTD), income 5% above
- The number of stem cell transplants supported YTD was 445 and above target of 422
- Clinical Biotechnology Centre income equal to plan YTD; forecast equal to budget, with the majority of income set to deliver later in the year
- **Stem Cell Donation and Transplantation (SCDT)** cord blood issues 2 above plan YTD
- International issues 3 below plan, UK issues 5 ahead; 14 units issued YTD compares to 13 issued at the same point last year
- British Bone Marrow Registry (BBMR) donor to patient matches above plan by 14 units
- International matches 9 ahead of plan; UK matches 5 ahead; 35 units issued YTD compares to 28 issued at this point in 2020
- SCDT total income 16% above plan YTD
- Donors recruited to the BBMR 'Fit panel' behind plan YTD; plans in place to improve recruitment
- **Therapeutic Apheresis Services (TAS)** overall activity above plan by ca 15% YTD driven by increased Plasma Exchange activity across multiple units; income 20% above plan

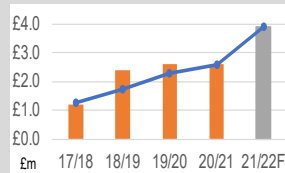
**SCI Service Activity YTD Target 4,829**

**5,540** ↔

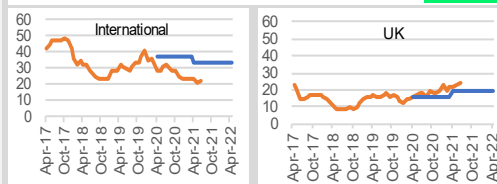


**CBC Sales YTD Target £0.37m**

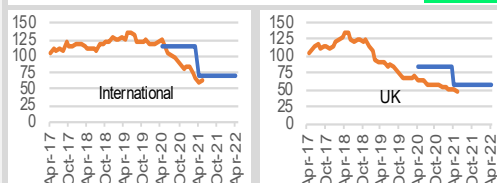
**£0.37m** ↔



**Cord Blood Issues YTD Plan = 12** 14 ↑

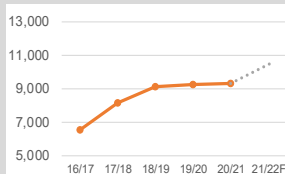


**BBMR Matches YTD Plan = 21** 35 ↔



**TAS Activity Volume YTD Target 2,207**

**2,541** ↔

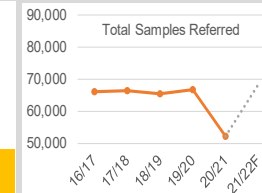


## Pathology Services

- **Histocompatibility and Immunogenetics (H&I)** total activity 3% above plan YTD and well above last years pandemic hit period
- However, solid organ (8%) and stem cell related investigations (29%) below plan; drives 4% adverse income variance YTD
- Sample turnaround times remain better than target
- **Red Cell Immunohaematology (RCI)** activity 7% above plan YTD (income 4% better than budget)
- Sample referrals also above comparative periods in 2019 and 2020
- Sample turnaround times remain better than plan
- **International Blood Group Reference Laboratory (IBGRL)** sample turnaround times above target for Fetal RhD and Patient Genotyping
- Ongoing consumable supplier issues continue to be managed across Pathology Services

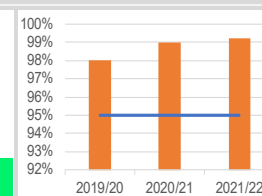
**H&I Service Activity YTD Plan 16,084**

**16,504** ↔



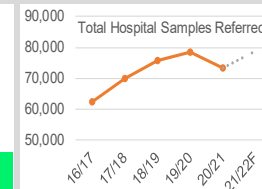
**H&I Turnaround Time YTD Plan 95%**

**99%** ↔



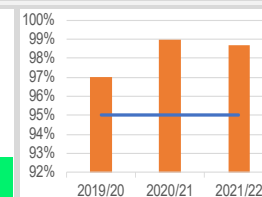
**RCI Service Activity YTD Plan 18,033**

**19,379** ↔



**RCI Turnaround Time YTD Plan 95%**

**99%** ↔



**IBGRL Fetal RhD Turnaround Time YTD Plan 98%**

**100%** ↔

**IBGRL Patient Genotype Turnaround Time YTD Plan 85%**

**100%** ↔

Note: blue lines on the charts = target; orange bars / lines = Annual Total / MAT; grey bars / lines = forecast

# OTDT: Director Report – June 2021

## Key risks, issues and actions for attention:

- Recovery towards pre-pandemic donation levels largely continued in June. However, we are not yet achieving all our new targets - to exceed best-ever performance in support of NHS system recovery. We continue to see increased demand for key tissue and eye products, sales, and a growing organ transplant list. Low ocular donation rate in-month expected to impact ocular sales, with expectation of some operations being cancelled.
- Consent/authorisation rates (in particular where deemed criteria applied) were short of our ambitious target in June – but proceeding deceased donors continued trending upwards in month and on a "Moving Annual Total" (MAT) basis. Transplants per deceased donor was very low in June but may be due to extracting data earlier than usual; we will know more next month. Living donation is being gradually re-established by NHS partners.
- We are continuing to learn from these experiences and to focus operational teams on the core drivers of more transplants, including deceased donation consent/authorisation rates and identifying more eye donors.

**Serious Incidents (Target 0)**

2

**Serious Incidents (SIs) related to OTDT**

- There were no SIs in June. The YTD total remains at 2 and will be red for the rest of the year.

**Consent/Authorisation (Target 74%)**

66%

**Organs**

**Donation**

Deceased donors trended up in-month and MAT.

- Referral and SN-OD presence remain strong at 95% and 93%, respectively.
- Low consent/authorisation rate in-month: 63% for both DBD and DCD (red). Continued slight downward trend MAT into the amber zone (69%). Deemed consent/authorisation rate was particularly low in-month at 54%.

**Deceased Donors (Target 404)**

358

**Transplants**

Deceased donor transplants trended down in month and the MAT trend is flat (but remains amber against the MAT target).

- 1,343 deceased donors MAT. Although still amber, the trajectory remains close to the green threshold. To return to green MAT we need at least 147 proceeding deceased donors in July.

**Deceased Transplants (Target 1,022)**

838

**Transplants**

Deceased donor transplants trended down in month and the MAT trend is flat (but remains amber against the MAT target).

- 3,254 deceased donor transplants MAT. To return to green MAT, we need at least 445 transplants in July (extremely unlikely).

**Living Transplants month in arrears**

139

**Transplants**

Deceased donor transplants trended down in month and the MAT trend is flat (but remains amber against the MAT target).

- 583 living donor transplants MAT. Trending up in-month and MAT.

**Active Transplant List**

5,790

**Transplant List**

- Further increase in active Transplant List, with an expectation that re-activations will continue.

**TES - Income (Target = 1,207k)**

£1,313k

**Tissues and Eyes**

**Donation**

- Ocular donations in June were down in-month.
- We are continuing to focus on increasing ocular donations further through Level 1 Organ-Donating Hospitals.
- Quality assurance and initial analysis of audit of ocular consent from organ donors has been completed. Initial finding is a high rate of ODR overrides. Of 250 expressed opt-in approaches for eyes, 71 (28%) were unsupported, c.f. 10% for solid organs.

**TES - Contribution (Target = £4,017k)**

TBC

**Issues / Income**

- TES income for June 2021 is £107k ahead of target (subject to confirmation).
- Low ocular donation rate in June expected to impact ocular sales in July, with expectation of some operations being cancelled.
- Hospitals reported that their elective capacity was c.90% in June, with an expectation to increase by 5% a month.
- Within a positive overall income position, some products (notably serum eyedrops) failed to reach target due to capacity issues – action plans are in place to recover production.

**Customer Satisfaction (Target = 80%)**

85%

**Cornea Donors (Target = 300)**

206

**Cornea Donors (Target = 300)**

206

**Cornea Issues for Transplant (Target = 280)**

382

**Cornea Issues for Transplant (Target = 280)**

382

**Key notes**

**Metric boxes:** YTD targets. RAG for YTD position. Arrow indicates month-on-month trend.

**Charts:** ODT & TES- Activity against Moving Annual Total (MAT) targets. (ODT&TES G≥98%, A<98%, R<90%)

**Transplant List:** Does not accurately reflect the need for an organ transplant due to the pandemic. Different practices established across the UK and organ groups with regards to list management.

# PEOPLE SERVICES: Director Report – June 2021

## Key risks, issues and actions for attention:

Collective Consultation on the new People Operating Model continues this month – it is expected that the collective phase will close and move to individual consultation in July.

Inclusive Leadership Programme in 'roll out' with 100 Blood Supply colleagues and wider access planned over the remainder of the year

Complex Case Unit currently handling 6 cases and work is now underway following release of funds by D&I Board to redesign policy, roll out investigator and panel training for managers, TU colleagues and HR

### Recruitment

- Time taken to recruit increased from 9.99 weeks to 10.97 weeks.
- Successful vacancies filled decreased slightly from 91% to 86% over this month.
- Turnover saw an increase to 12.48%.
- 85 new starters with 17 colleagues from an ethnic minority background. 60 leavers, 12 from an ethnic minority, representing a net increase of 5 ethnic minority colleagues.
- In Band 8 there were 6 leavers, 2 colleagues from an ethnic minority. 6 new Band 8 starters with 1 starter from an ethnic minority – a Net decrease of 1.

Monthly Net increase in BAME staff +/- for all staff (Band 8a plus in brackets)

**+5 (-1)**

% new starters who are BAME (and Number Band 8A & Above in bracket)

**20% (16%)**

Time to Recruit –Req to Start (G= <14, A= >14, <15, R= >15)

**10.97**

No of vacancies filled (G= >90, A = <90, >75, R= <75%)

**86.33%**

Turnover G= <12, A = 13-20, R = >20%

**12.48%**

### Leadership, Learning & Engagement

- PDPR up by 1% to 86%.
- 11 started leadership programmes, 2 in Inclusive leadership & 9 on the ALM
- 100 leaders in Blood Supply have commenced the Inclusive leadership programme, with Clinical Services starting their programme in July
- New style Peakon (People Survey) roll out Exec (Jul), SLT (Aug), whole organisation September

No. commencing leadership programmes

**11**

PDPR Compliance (G= >95, A= >80, <95, R= <80)

**86%**

MT Compliance (G = >95, A=>80, <90 R= <80%)

**91%**

NHSBT Engagement Score (n out of 10)

**7.8**

Course	BME	%	Not Stated	%	White	%	Total
Advanced Line Manager	2	22%	0	0%	7	78%	9
The Inclusive Leader	0	0%	0	0%	2	100%	2
Total Delegates (May)	<b>2</b>	<b>18%</b>	<b>0</b>	<b>0%</b>	<b>9</b>	<b>82%</b>	<b>11</b>

### Case Resolution

- Live cases at month end June = 18 cases. 14 in SLA.
- 4 cases over-running vs SLA. 1 in BS– M&L and 3 in BS– Blood Donation.
- 3 of over-running cases are DaW, all associated with the same BD team and 1 is a Collective in BS – M&L.
- 1 of the 4 over-running cases involve BAME colleagues
- A total of 3 Dignity at Work/Grievance or counter grievances are registered for one Blood Donation team.
- 10 new cases in June 2021 = 3 Disciplinary, 4 Grievance, 2 DAW and 1 Probation.
- 12 cases closed in June with an average case time-line of 72 calendar days (skewed by one long-running case of 256 days).

No. of new cases last period (last month in bracket)

**10 (3)**

No. of closed cases last period (G = 80%+, A = 70-80%, R= less than 70%)

**12 (83%)**

No. of live cases month end

**18**

Current live cases within SLA (G= 80% plus, A = 70-80%, R= less than 70%)

**14 (78%)**

Protected Characteristics Live Cases month end

**5 BAME (28%)** **1 Disability (6%)** **1 LGBT+ (6%)** **10 Female (56%)**

No. of new FTSU cases last period (last month in bracket)

**5 (7)**

No. of cases closed in month

**6**

Av days open in Q1

**23**

No of Live cases

**3**

### Freedom to Speak Up Themes

- 3x (unlinked) concerns about lack of supportive/safe working environment
- Concern around inclusive language
- Concern around support for a return to work

### Next Steps

- 'Speak Up' policy being updated.
- Permanent FTSU Guardian recruitment commenced.



## Cases Live at month end – June 2021

## Incidence Rates – June 2021

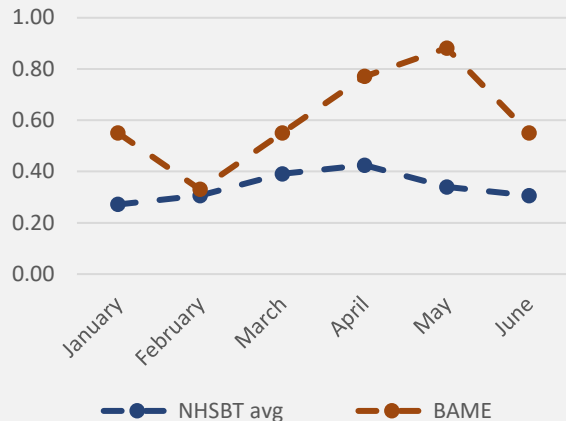
Headcount		Jan	Feb	March	April	May	June
2,051	BS - BD	8	7	9	12	9	7
1,212	BS - M&L	3	5	5	4	5	6
671	OTDT	0	1	1	0	1	1
1,016	CLINICAL	2	1	2	2	2	0
188	DEXP	2	1	2	2	1	1
749	GROUP	1	3	4	5	2	3
5,887	NHSBT	16	18	23	25	20	18
908	BAME	5	3	5	7	8	5
4,055	Female	9	9	12	13	10	10
1,832	Male	5	6	9	11	8	6

Headcount		Live Cases	Incidence Rate/100 Employees	Employees per Case
2,051	BS - BD	7	0.34	293
1,212	BS - M&L	6	0.5	202
671	OTDT	1	0.15	671
1,016	CLINICAL	0	0	N/A
188	DEXP	1	0.53	188
749	GROUP	3	0.4	250
5,887	NHSBT	18	0.31	327
908	BAME	5	0.55	182
4,055	Female	10	0.25	406
1,832	Male	6	0.33	305

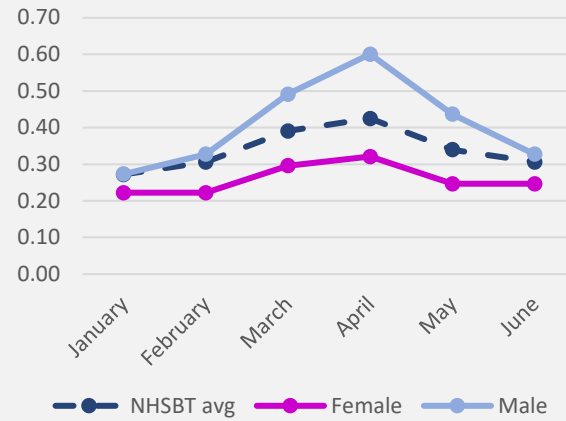
Data includes conflict resolution casework (disciplinary, grievance, dignity at work, capability, probation). Excludes other forms of casework undertaken by the HR function.

- Protected characteristic definitions based on categories recorded in the NHS Electronic Staff Record (ESR) system.
- Reporting is limited to the category definitions available.
- Data is shown as live cases as month end
- and a live case may take more than one month to be closed.

BAME - Live Cases at month end per 100 colleagues

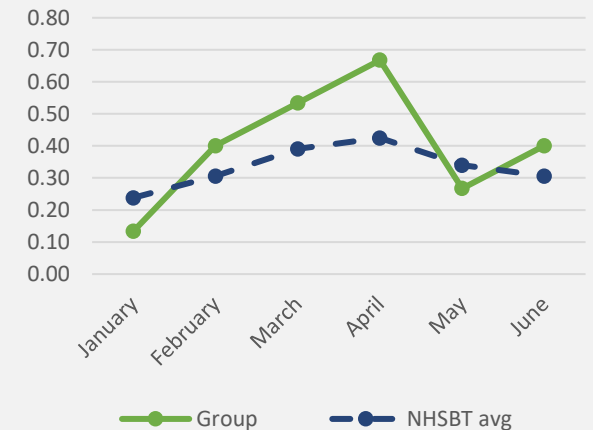


Male/Female - Live Cases at month end per 100 colleagues



**NB** – Directorate graphs showing the live cases at month end per 100 colleagues are available but not included due to space considerations – an example for Group Services is shown here – should these be included in future?

Group - Live Cases at month end per 100 colleagues



# DIGITAL, DATA AND TECHNOLOGY SERVICES: Director Report – June 2021

## Key DDTS Updates and Risks

- All key systems met their availability targets in June, but there was a service outage that caused business disruption within OTDT. Business continuity processes were implemented while the problem was resolved
- Strategic programmes remain on track, highlights include the Shared Server and Storage project migrating the first workloads successfully, Session Solution is moving into full implementation phase, the new Blood Donor app being prepared for launch into public beta in July and Blood Tech Modernisation delivering to plan.
- A first draft of a Data Strategy for NHSBT has been produced, reviewed with the Executives and is now being elaborated further with input from across all business areas
- A new release of capability to the Liver and Intestinal matching runs was delivered successfully and the monthly release of ServiceNow improved automation and implemented changes to the asset recovery processes
- DDTS and Donor Experience featured in Tech4Good magazine with a story and videos that will be used to support recruitment of donors and DDTS staff & our first 2 graduates were onboarded to the team.

## Key Systems Availability

### Critical National Infrastructure (CNI)

**Overall CNI Availability**

100.00%

**Pulse**  
(Target = 99.95%)

100%

**Hematos**  
(Target = 99.95%)

100%

**National Transplant Database (NTxD)**  
(Target = 99.95%)

100%

**Organ Donor Register (ODR)**  
(Target = 99.95%)

100%

### Key Public Systems (KPS)

**Overall KPS Availability**

100.00%

**Donor Portal**  
(Target = 99.90%)

100%

**Corporate Websites**  
(Target = 99.00%)

100%

### Key Hospital Systems (KHS)

**Overall KHS Availability**

100.00%

**Transport Mgt**  
(Target = 99.70%)

100%

**Online Blood Ordering System (OBOS)**  
(Target = 99.90%)

100%

**SO99**  
(Target = 99.90%)

100%

- All key services met their availability in June.
- A hardware failure affected Electronic Offering System (EOS) Web and Mobile services that are used to provide SNODs and Transplant Centres with core Donor Information and Medical and Social History information when offering organs. A standard workaround for EOS failures is for SNODS to contact the Organ Donation Hub and this workaround was implemented. ODT Online (Organ Donation Transplant Online Donor Registration system) was also affected, and recipient centres were not able to register new patients, update existing registrations or send patient follow-up and reverted to paper-based systems. Replacement of the hardware component restored service with additional hardware purchased to increase processing capacity with an anticipated July installation date.

## Cyber and Information Governance

**ICO Incidents (Target =<=5)**

3

**DPIAs subject to COPI**

24

**DSPT Mandatory Requirements (G = 100%; A = >90%; R = <90%)**

100%

- ICO Incidents:** Reportable Information Commissioner's Office (ICO) incidents from July 2020 until June 2021: there have been three reportable incidents. These are being actively managed by the Information Governance team in conjunction with the relevant affected Directorate. This metric is amber due to the long-running nature of one of the ICO incidents.
- DPIA's subject to COPI:** The Data Protection Impact Assessments (DPIA) subject to Control of Patient Information (COPI): 31 data flows were reliant upon the COPI notice of which seven have been converted to remove reliance on COPI. The master DPIA for the NHS Digital data set (that underpins a majority of the COPI notices data flows) has been signed-off which allows for an expedited conversion process of the remaining 24 COPI-reliant data flows.
- DSPT Mandatory Requirements:** The DSPT has seen a dramatic improvement on Training levels with a 99.2% compliance position for this category which is a marked improvement upon last years submission of 92.4%. NHSBT has met the minimum base-line standard for the DSPT return (i.e. mandatory requirement). Work over the current year will focus on strengthening the underlying capabilities and controls and satisfying the non-mandatory requirements.