

# NHSBT Board Performance Report

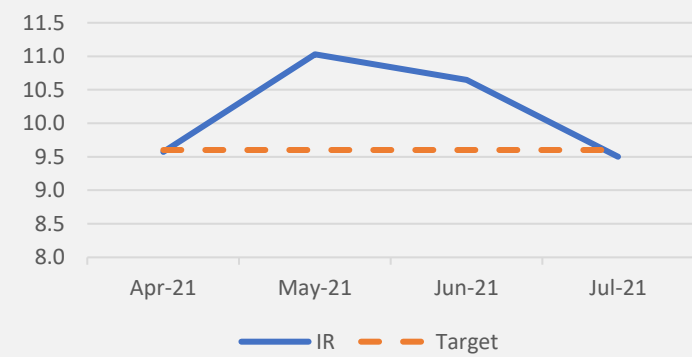
## August 2021

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# HEALTH, SAFETY & WELLBEING: Director Report – August 2021

## Safety and Wellbeing

### Harm



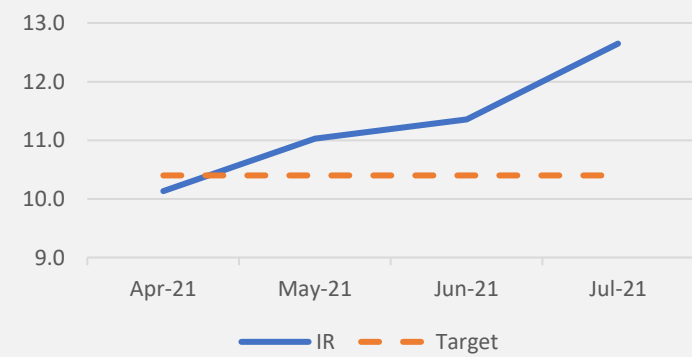
Harm IR - July 21  
(Target = 9.6 G= better than target,  
R = worse then target )

9.5

- Reduction in harm rates to better than target
- 3 HSE reported, all BS
- 11 Serious incidents, 7 dirty needlestick or scalpel injuries, 4 in BS, 2 in TES and 1 in TAS

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 July 21  
(Target = 10.4 G= on or better  
than target, R= under target )

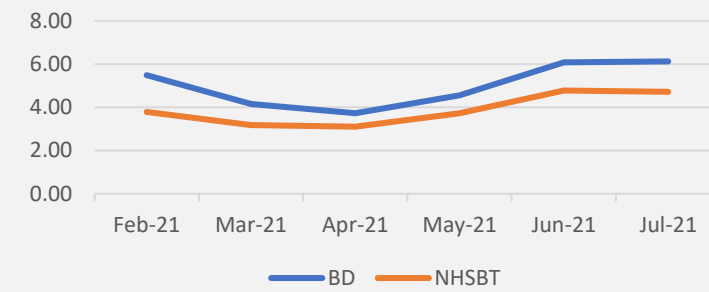
12.7

- Near Misses – increased in number during July
- 3 months in a row better than target

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 absence levels reduced slightly for the month overall and slightly up in Blood Donation
- Covid-19 absence for July is high for July in Blood Collections
- Covid-19 weekly absence is reducing and this will be seen in the August monthly figure
- Long term Covid-19 cases at 13 (staff with over 6 months absence), 29 (over 28 days absence)
- All areas reporting managing with absence levels

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

NHSBT 4.76%

NHSBT Covid - sickness absence  
and self-isolating % - 31/07/21

NHSBT 1.75%

BD Sickness Absence % 31/07/21  
(Target = 5% G=5, A= 5-5.5, R = > 5.5%)

BD 6.12%

BD Covid - Sickness Absence and  
self-isolating % 31/07/21

BD 2.46%

## COVID Vaccination

- COVID First vaccination rate is still increasing however the rate has slowed to approx. 1% each month since July 21.
- COVID Second vaccination rate is still increasing managers are being asked to encourage colleagues to report.
- No change to % of Vulnerable Colleagues figure.
- No change to Patient Facing Colleagues figure – covers colleague in ODT and TAS.

% of staff 1<sup>st</sup> COVAX Vaccination –  
25/08/21

88%

% of staff 2<sup>nd</sup> COVAX Vaccination –  
25/08/21

72%

% of vulnerable staff 1<sup>st</sup> COVAX  
Vaccination – 25/08/21

91.9%

% of patient facing staff 1<sup>st</sup> COVAX  
Vaccination – 25/08/21

93.2%

# QUALITY DIRECTORATE: Director Report – August 2021

## Key risks, issues and actions for attention:

- Plasma for Medicines – QMS requirements being determined and implemented to mitigate the risk of plasma not being accepted by a fractionator.
- Overdue Events – August saw an 18% decrease, but the long term trend is still upwards. Priority is being given to Major events which present highest risk from a patient and donor safety point of view. Without a sustainable improvement, there is also a risk that NHSBT may again be subject to increased regulatory scrutiny.
- ICCBBA ISBT (International labelling standard) – Information was submitted to JACIE in August as part of actions required to attain compliance with product labelling requirements. There is a risk that SCI sites will not maintain JACIE accreditation if actions are not progressed in a timely manner once a response is received from JACIE.

**External Inspection Performance:** None to report this month

**Upcoming Inspections:**  
UKAS visits scheduled for September (H&I and IBGRL), JACIE – Oxford SCI/TAS 5-6 October 2021, EFI inspection (H&I) scheduled for September, HTA Virtual Regulatory Assessments scheduled for 28-30<sup>th</sup> October 2021 at SCI Birmingham, Oxford, S’oton. On site assessments may then follow.

External Majors  
(Target = 0)

**Nil** ↔

Y-T-D raised = 0

- **Serious Incidents (SIs):** Y-T-D = 4      None raised in August

**Major Adverse Events:**

- There was **an overall decrease** in Major adverse events (Quality Incidents and Complaints) raised this month
- Blood Supply and Clinical Services showed a decrease, while TES showed a slight increase

**Major Adverse Event Trends**

**Regulatory Radar:**

- **EU In-Vitro Device Regulations (IVDR)** - additional resource has been put in place and is making good progress in developing a back to green plan, the Project Board will review this again in September. The project will remain 'amber' until this work has been fully completed.
- **ICCBBA ISBT** – Sustained progress needed to attain compliance with product labelling requirements. Risk that SCI sites will not maintain JACIE accreditation.

↔

**Licence Update:** **BEA:** Added Liverpool St Paul's Donor Centre, removed Liverpool Moorfields site, added 6 new hospital blood bank sites. **WDA (H):** Site contact changes and address updates

**Externally Reported Events:**  
(Serious Adverse Blood Reaction & Event / Serious Adverse Event & Reaction)

**SABRE: Y-T-D = 8**  
1 event in August

- Incorrect ABO group assigned to patient (manual grouping)
- **Event being managed – no patient**

SABRE events  
(Target <= 5)

**1** ↓

**SABRE reports to MHRA**

**SAEAR: Y-T-D = 35**  
4 events in August

- 1 failed stem cell graft
- 1 stem cell infusion reaction
- 2 unsuitable products (corneas)

**Events being managed appropriately**

SAEARs events  
(Target TBA)

**4** ↓

**SAEAR reports to HTA**

**Overdue Quality Management System Event Performance:**

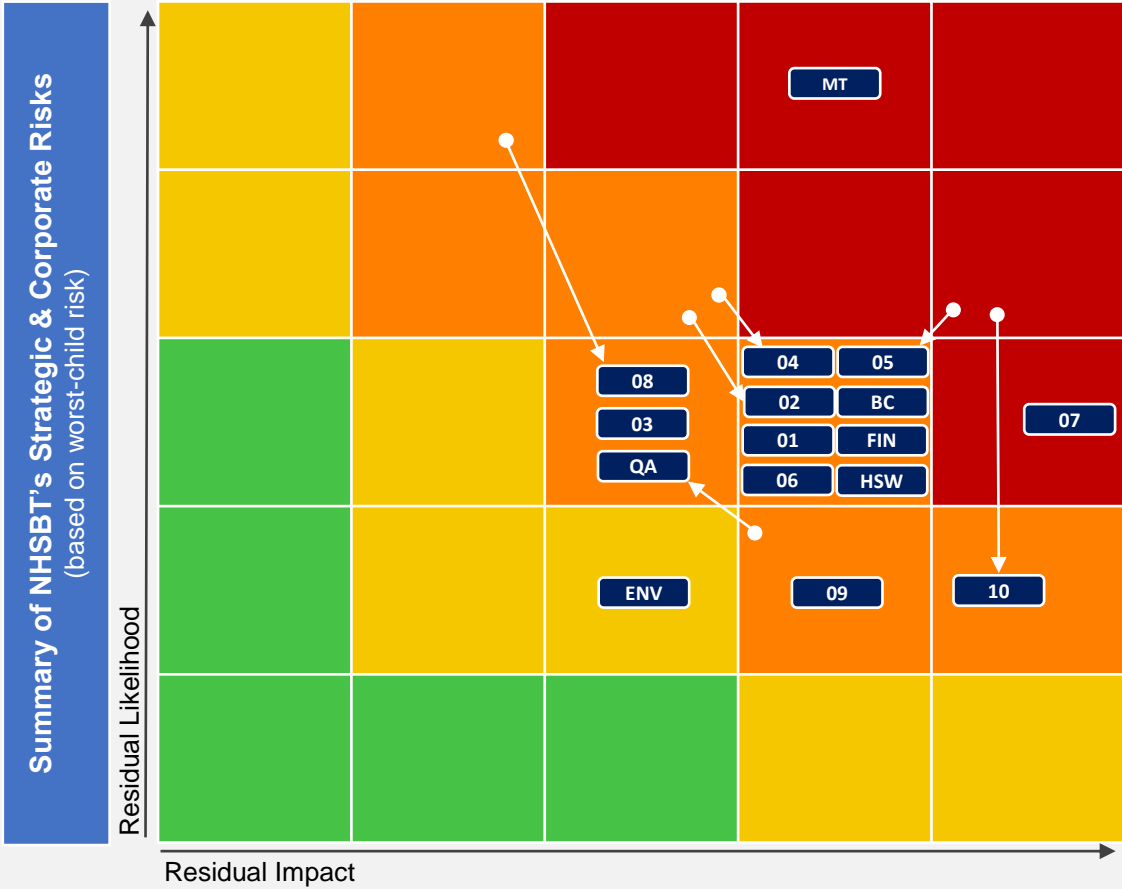
- **18% decrease** in overdue events in August.
- Weekly “Overdue Quality Incident” reviews being held by QA Senior Team and QA Direct
- CI activity underway with BD, M&L and TES, led by QA. These areas have the most open events, that may subsequently fall overdue.

**Overdue Event Trend (Mar 21- Aug 21)**

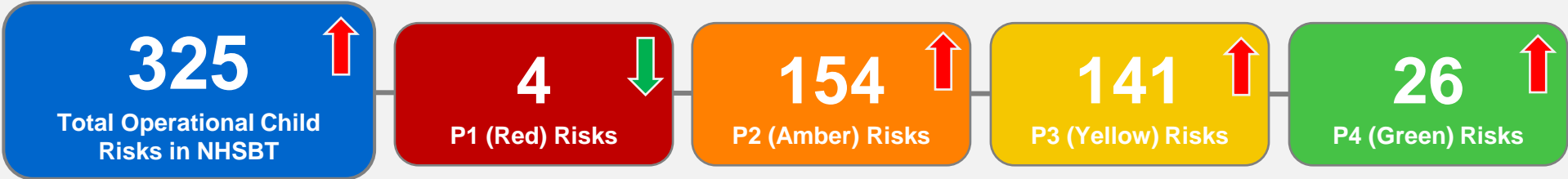
# CORPORATE RISK UPDATE: August 2021 (page 1 of 2)

## Key risks, issues and actions for attention:

As of 14<sup>th</sup> September 2021, there are four Priority 1 Red risks, one under the corporate responsibility for Mandatory Training, and three under the Strategic Risk NHSBT-07 Data Confidentiality, Accessibility and Integrity. **Note:** Following initial publication of this report and as of 20<sup>th</sup> September 2021, the new P1 Red risk around PREVENT requirements has been de-escalated to P2 Amber status as a number of action plans are now in place to address the issue. The previous P1 level risk around the Mercian labels has also been de-escalated following mitigations. Several risks have been reviewed following issues around blood stock shortages, none reaching the P1 Red level.



Key	Code	Strategic / Corporate Risk	Trend	Residual Score
01	NHSBT-01	Safety & Quality of Clinical Care	↔	12
02	NHSBT-02	Staff Establishment & Recruitment	↑	12
03	NHSBT-03	Provision of Blood & Blood Components	↔	9
04	NHSBT-04	Strategic Development Capacity	↑	12
05	NHSBT-05	Critical ICT Systems & Technology	↓	12
06	NHSBT-06	Suppliers of Critical Products	↔	12
07	NHSBT-07	Data Confidentiality, Accessibility & Integrity	↔	15
08	NHSBT-08	Loss of a Key Facility	↓	9
09	NHSBT-09	The Reputation of NHSBT	↔	8
10	NHSBT-10	Grant In Aid (GIA) Funding	↓	10
BC	CR-01	Business Continuity	↔	12
ENV	CR-02	Environmental	↔	6
FIN	CR-03	Finance	↔	12
HSW	CR-04	Health, Safety & Wellbeing	↔	12
QA	CR-05	Quality	↑	9
MT	CR-06	Mandatory Training	New	20



Summary Detail of Priority 1 (Red) Risks (residual score >= 15)							
Strategic / Corporate Parent	Risk Title	Trend	Residual Score	Target Score	Target Date	Owner	Summary Update
CR-06 Mandatory Training	MT Non-compliance with PREVENT Duty statutory requirements	↔	4x5 = 20	2x1 = 2	To be confirmed	Chief Nurse Blood Donation	No change since July's update: NHSBT is currently non-compliant with this statutory requirement. There are no current controls in place. (*Note, as of 17th September 2021, the risk was reduced to an Amber P2 level, as of 20th September 2021, action plans are in place and it is anticipated the risk will be reduced further by the end of April 2022).
NHSBT-07  Data Confidentiality, Accessibility & Integrity	DDTS-008 Information Security – Integrity	↔	5x3 = 15	4x2 = 8	30 Apr 2023	DDTS SMT	No change since July's update: Six out of nine current controls are partially effective. Three actions have been completed, eight actions are in progress with the final action to be completed by 31st March 2023 (Cyber Security Operations Centre).
	DDTS-009 Information Security – Confidentiality	↔	5x3 = 15	5x2 = 10	30 Apr 2023	DDTS SMT	No change since July's update: Six out of seven current controls are partially effective. Two actions have been completed, nine actions are in progress with the final action to be completed by 31st March 2023 (Cyber Security Operations Centre).
	DDTS-010 Information Security – Availability	↔	5x3 = 15	5x2 = 10	30 Apr 2023	DDTS SMT	No change since July's update: Five out of seven current controls are partially effective. Two actions have been completed, seven actions are in progress with the final action to be completed by 31st March 2023 (Cyber Security Operations Centre).

# DONOR EXPERIENCE: Director Report – August 2021

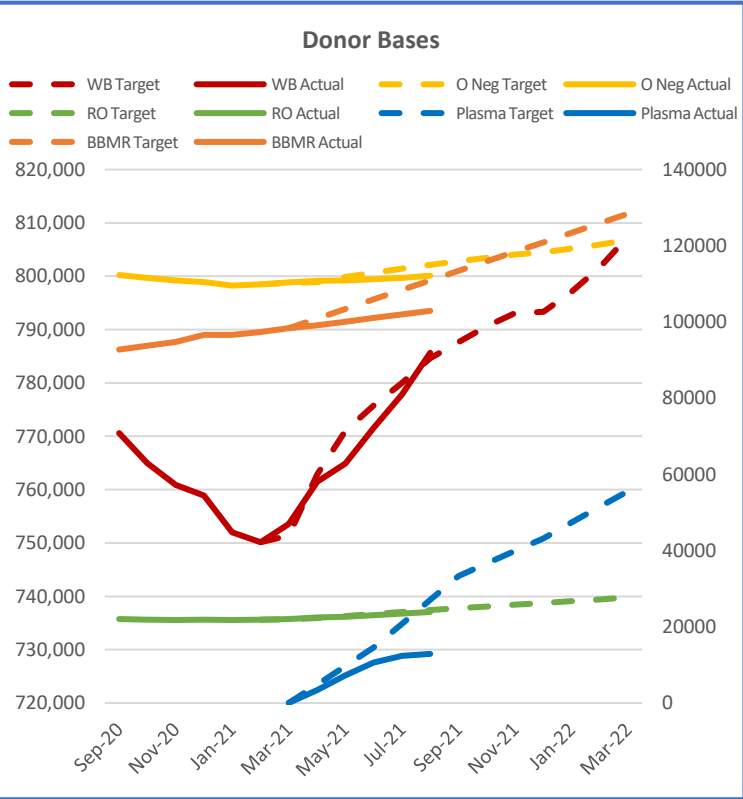
Key:

Current performance

FY22 target

## Key Headlines, risks and mitigations

- The WB Blood donorbase continued to expand, exceeding monthly target for the first time this financial year. Rate of donorbase growth accelerated in August to 1.0% (vs. 0.8% in July); this growth was driven largely by high numbers of donors returning (up 6.3% against July) and a continuation of higher retention rates; observed since April. Demand for blood has remained high throughout the summer but has been met through a combination of higher than planned donor frequency, special measures continuing to support stock recovery, including enhanced donor outreach via the NCC, and spare PFM capacity being utilised for WB collection
- Although overall fill rates are below target (88%), established mobiles and DCs account for over 90% of capacity and have an average 94% fill rate in these sites. Pop ups & PFM sites capacity utilisation is improving.
- There is a new email campaign being planned to increase signs ups of BBMR donors, this will be rolled out once the mailing house transition has been completed, there are also further DM assets in development
- Volumes of Opting in to the ODR increased 6% against July, up to 73k (remaining above target). Opt outs saw a month-on-month reduction, down 27k to 18k. New Opt Out targets have been agreed at (28k from 14k) as NHS App driving two thirds of all opt outs. There will continue be to analysis of the journey in the NHS App to mitigate the impact



WB 12M Donor Base

(FY22 Target = 807k)

Aug 21 Target = 785K

786k

O neg Donor Base

(FY22 Target = 121k)

Aug 21 Target = 115k )

112k

Ro Donor Base

(FY22 Target = 28k)

Aug Target = 24.3k )

23.8k

Plasma Donor Base

(FY 22 Target = 55k TBC)

Aug 21 Target = 27k)

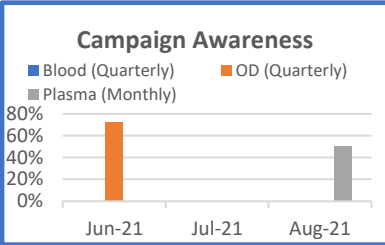
12.8k

BBMR Donors

(FY22 Target: = 130k tbc)

Aug 21 Target = 111k )

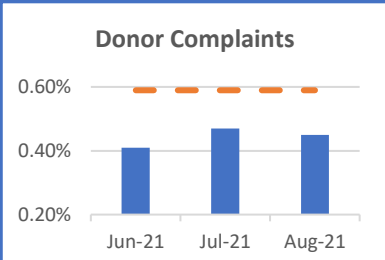
103k



% Plasma Awareness

(FY22 Target TBC)

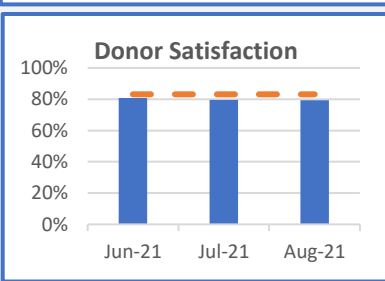
50%



% Donor Complaints

(FY22 Target 0.59%)

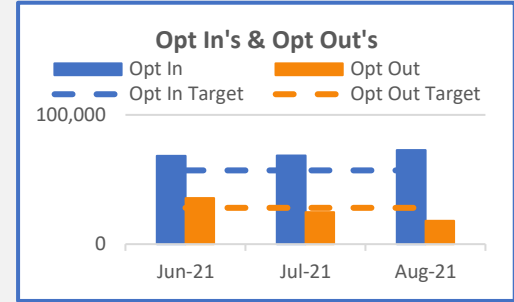
45%



Donor Satisfaction

(FY22 Target 83%)

79%



Organ Donation Opt In's

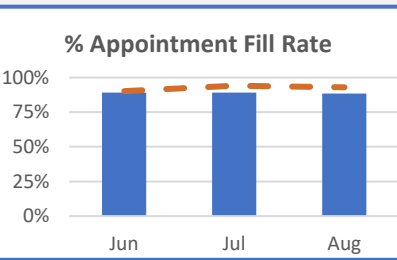
(Monthly Target 57k)

73k

Organ Donation Opt Out's

(Monthly Target 28k)

18k

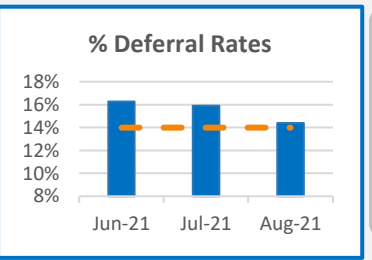


% Fill Rates

(FY22 Target= 94%)

Aug 21= Target 93%)

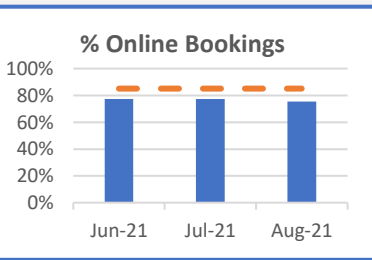
88%



% On-Session Deferral

(FY22 Target 14%)

14%



% Online WB Bookings

(FY22 Target 85%)

76%

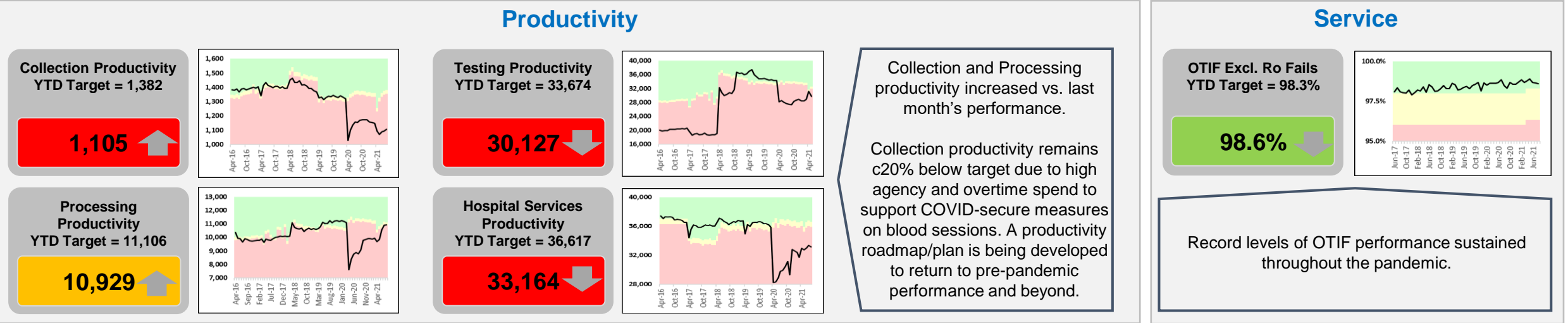
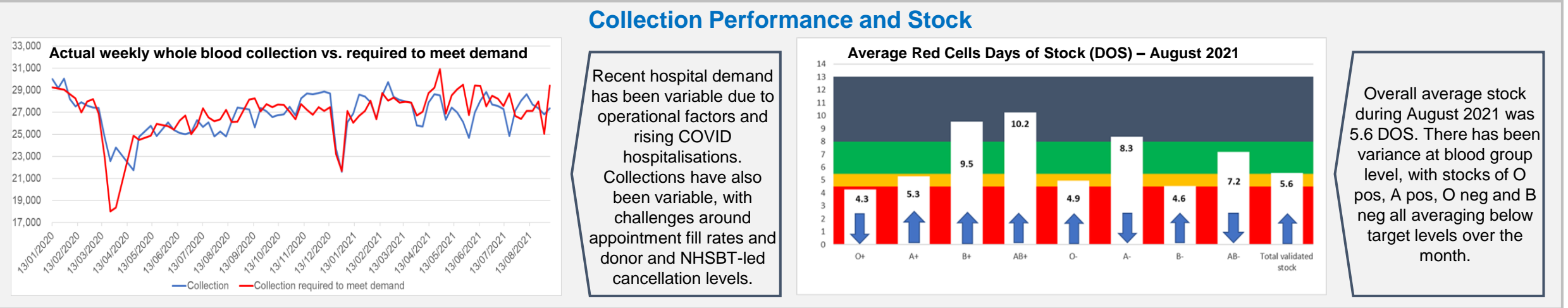
- ### Delivering the Volume of Donor
- Donorbase expansion was aided by the highest numbers of donors returning this FY and healthy levels of NDD despite falling 4.3% against July's numbers.
- ### Delivering the Mix of Donors
- The O-negative and Ro donorbases recorded a 7th consecutive month of expansion, now at 97.5% and 97.9% of their respective YTD targets. O-neg donorbase growth is slow compared to overall donorbase growth.
  - Ro NDD fell for a second month running but remains healthy following June's peak owing to UBB events. August saw a 13-month high in Ro donors returning (97.9% of monthly target).
- ### Improving our donors' experience
- Donor Satisfaction declined slightly to 79%, missing target. Complaints fell vs. July (now at 0.45%) the top complaints were cancellation and waiting times which might be behind the slight drop in satisfaction.
  - WB online booking rate also fell slightly to 76% the new app launch should help improve this figure
- ### Building a plasma base for the future
- The plasma for medicine donorbase continued to grow with 455 new donors in August; plasma donorbase is currently at 48% of YTD target.



# BLOOD SUPPLY: Director Report – August 2021

## Key risks, issues and actions for attention:

- Variability in weekly demand and supply continues to present challenges with keeping stocks at target levels. Overall red cell stocks over August have averaged at higher levels than July and OTIF performance has remained strong (>98.5%), however some blood groups have remained stubbornly below target, resulting in reduced resilience (e.g. if demand increased).
- Hospitals report that while their intention is to restore services and catch-up on postponed activity, their ability to do so has been constrained by both staffing levels and rising COVID-19 hospitalisations in some areas. It is therefore likely that demand will remain variable for the foreseeable future.
- While we have created extra temporary collection capacity to compensate for capacity lost due to social distancing, collection performance has been constrained by a combination of low appointment fill rates and higher donor-led and NHSBT-led cancellation levels. BOLT is continuing to meet weekly to identify mitigating actions and provide oversight of performance.



# CLINICAL SERVICES: Director Report – August 2021

## Key risks, issues and actions for attention:

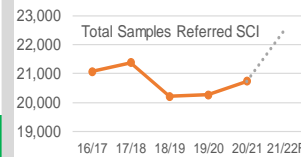
- Demand for Clinical Services products/services has improved during the year to date across most operational areas, with activity broadly in-line with pre-pandemic levels
- Ongoing issues relating to staff absence and consumables supply, driven by suppliers supporting the pandemic response, continue to be managed

## Cellular, Apheresis & Gene Therapies

- **Cellular and Molecular Therapies (CMT)** routine SCI service activity 13% above plan in the year to date (YTD), income 2% above
- The number of stem cell transplants supported YTD was 746, just below target of 748
- Clinical Biotechnology Centre income is behind plan YTD; forecast remains 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 below plan YTD
- International issues 5 below plan, UK issues 3 ahead; 20 units issued YTD is on a par with the units issued at the same point last year
- British Bone Marrow Registry (BBMR) donor to patient matches above plan by 32 units
- International matches 22 ahead of plan; UK matches 10 ahead; 71 units issued YTD compares to 46 issued at this point in 2020
- SCDD total income 19% 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 11% YTD driven by increased Plasma Exchange activity across multiple units; income 19% above plan

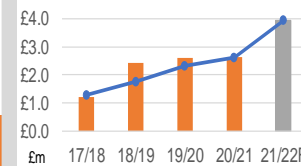
**SCI Service Activity YTD Target 8,233**

**9,275 ↔**



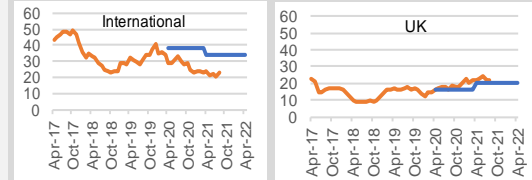
**CBC Sales YTD Target £0.58m**

**£0.47m ↔**



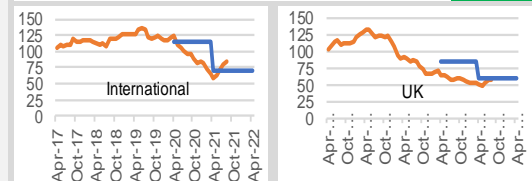
**Cord Blood Issues YTD Plan = 22**

**20 ↔**



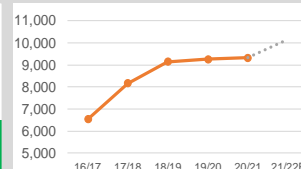
**BBMR Matches YTD Plan = 39**

**71 ↔**



**TAS Activity Volume YTD Target 3,813**

**4,227 ↔**

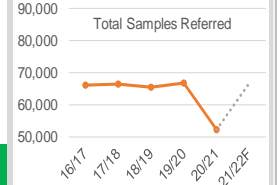


## Pathology Services

- **Histocompatibility and Immunogenetics (H&I)** total activity equal to plan YTD and well above last years pandemic hit period
- H&I service activity is 3% below plan, with Platelet and Granulocyte Immunology (PGI) 57% above target, driven by referrals for Vaccine Induced Thrombotic Thrombocytopenia (now beginning to reduce)
- Income close to plan YTD; sample turnaround times better than target
- **Red Cell Immunohaematology (RCI)** activity 3% above plan YTD (income 3% better than budget)
- Sample referrals above comparative periods in 2019 (4%) and 2020 (24%)
- 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

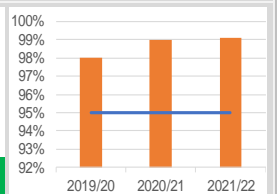
**H&I Service Activity YTD Plan 27,409**

**27,392 ↔**



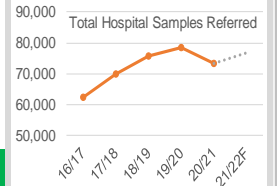
**H&I Turnaround Time YTD Plan 95%**

**99% ↔**



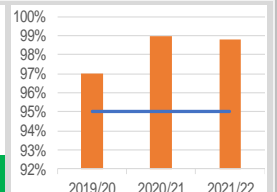
**RCI Service Activity YTD Plan 31,086**

**32,060 ↔**



**RCI Turnaround Time YTD Plan 95%**

**99% ↔**



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

**100% ↔**

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

**97% ↔**



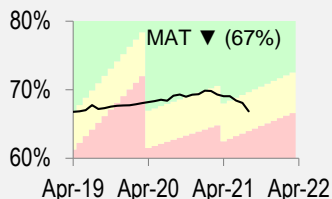
# OTDT: Director Report – August 2021

## Key risks, issues and actions for attention:

- While continuing to recover compared to 2020, organ donation and transplantation activity was lower than expected during August. We would normally anticipate an increase from the autumn onwards but we are now concerned that we will fall short of projections this year, unless two challenges are resolved. Similar trends are being reported internationally.
- The first challenge is maintaining consent / authorisation for deceased donation, which reflects support for organ donation in the wider community. Our pathway performance measures in the NHS are generally holding up; the central issue is getting families' commitment. Despite the change in law, many people are choosing to override it in England. We may need more help to promote societal recognition of the value of organ donation.
- Our second challenge is the continuing impact of the pandemic on NHS donation and transplantation communities. Ongoing pressures in hospitals are leading to missed opportunities for donation and transplantation.
- We are also working to improve our ocular donation rate, which has not grown as fast as demand since April. Levels of some stock, including eyes, has dropped as NHS tissue and eye demand has continued to recover.

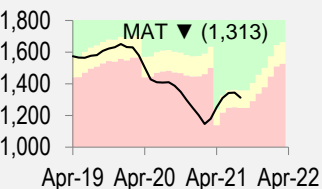
### Consent/Authorisation (Target 74% YTD)

**64% YTD** 57% in-mth ↓



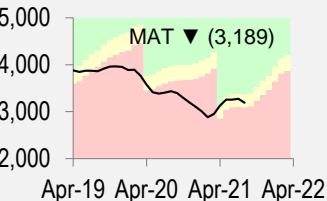
### Deceased Donors (Target 667 YTD)

**592 YTD** 105 in-mth ↓



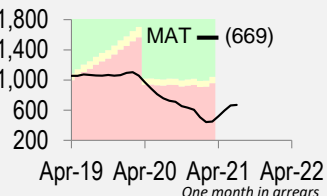
### Deceased Transplants (Target 1,688 YTD)

**1,440 YTD** 263 in-mth ↓



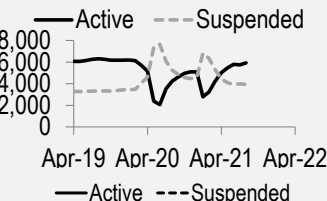
### Living Transplants month in arrears

**287 YTD** 44 in-mth ↓



### Active Transplant List last day of month

**5,934** ↑



## Organs

### Donation

Deceased donors trended down in-month (105, Red) and MAT (1,313, Amber). YTD we have returned to Red (592).

- NHS indicators - referral and SN-OD presence - remain strong (93%).
- However, the consent / authorisation rate was very low in-month (57%, Red) causing MAT to decline further to 67% (Amber) and YTD decreased to 64% (Red).

### Transplants

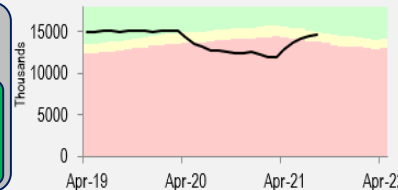
- Deceased donor transplants trended down in-month (263, Red) and MAT (3,189, Amber). YTD we remain Red (1,440).
- As we move into the autumn, the targets reflect higher activity expectations. Without a significant increase in deceased donors and transplants we expect to fall short on these MAT measures next month (even though transplants per donor is currently high).
- Living donor transplants trended down in-month (44) and the MAT is relatively flat (669). Ongoing late reporting for living donor transplants may mean activity is revised upwards.

### Transplant List

- Modest increase in the active Transplant List. We believe that further (re)activations are planned by transplant centres and that this remains an under-representation of transplant demand at present.

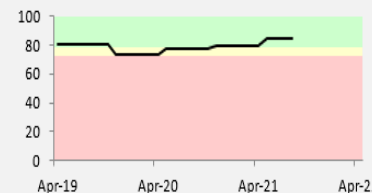
### TES – Income (Target £5,677k YTD)

**£6,553k** £1,336k in-mth ↑



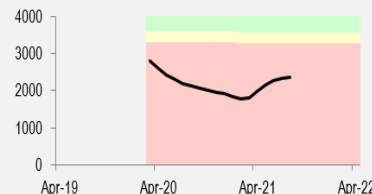
### Customer Satisfaction (Target 80% YTD)

**84% YTD** 85% in-mth ↔



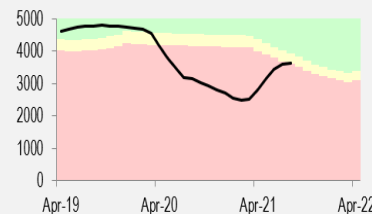
### Cornea Donors (Target = 1,530 YTD)

**1088 YTD** 201 in-mth ↓



### Cornea Issues for Transplant (Target = 1,304 YTD)

**1,711 YTD** 344 in-mth ↑



## Tissues and Eyes

### Donation

- Ocular donations continue to trend downward from April, despite increasing referral numbers.

### Issues / Income

- TES income for August is £149k ahead of target (subject to confirmation).
- Change in ocular ordering process allows customers to order further in advance.
- Hospitals reported that their elective capacity was c.95% to 100% in August, with some utilising overtime and weekends to reduce the backlog.
- Both Serum eye drops and Cardiovascular performed well in month following several months in deficit.
- Tendons expected to have an increase in sales in September as hospital focus on alternative operations.
- Concerns around DBM production during the first few weeks in September due to equipment failure.

## Key notes

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

**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 – August 2021

## Key risks, issues and actions for attention:

New Chief People Officer, Deb McKenzie has commenced in post. Induction and familiarisation is ongoing.

Appointments to the new People Structure has commenced and announcements will be made in the coming weeks.

We are experiencing a significant increase in recruitment activity – this has been a trend in June, July and August and is impacting delivery times. The work of the team is currently having to be prioritised and all non essential activity has ceased. .

### Recruitment

- Time taken to recruit also increased, now at 12.38 weeks, (11.07 previously).
- Numbers of requests continue to increase, 424 in July & August compared to 318 in the same period in 2020
- Turnover has also increased currently 13.79% (13.19% last month which is the 4<sup>th</sup> month of growth in turnover).
- In July there were 81 new starters with 18 colleagues being from an ethnic minority background. With 90 leavers of which 22 were from an ethnic minority, this represents a net decrease of 4 new ethnic minority colleagues. In Band 8 there were 5 leavers with 1 colleague(s) from an ethnic minority leaving. 4 new Band 8 starters commenced with 1 starter from an ethnic minority – a zero Net change.

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

- 4 (0)

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

22% (xx%)

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

12.38

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

88.21%

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

13.79%

### Leadership and Learning

- PDPR target = 95%. down by 3%.
- MT target = 95%, 90% down 1%.
- Inclusive leadership Blood Supply agreed to rollout out to a further 900 leaders from 1st November.
- New style Peakon (People Survey) rolled out to Senior Leadership team on 10th September, using learning to aid planning for rollout to whole organisation

Course	BME	%	Not Stated	%	White	%	Total
Advanced Line Manager	0	0%	0	0%	3	100%	3
The Inclusive Leader	12	18%	1	2%	52	80%	65
Total Delegates (May)	12	17%	1	1%	55	82%	68

No. commencing leadership programmes

68

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

81%

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

90%

NHSBT Engagement Score (n out of 10)

7.8

### Case Resolution

- 16 out of 23 live cases are on track within the 90-day SLA
- The over-running cases are 5 Grievances (registered with external consultants), 1 Collective grievance (M&L), 1 Dignity at Work. These are complex investigation cases.
- 4 out of the 7 over-running cases involve BAME colleagues..
- 4 new cases in August 2021 = 3 Disciplinary, 1 Dignity at Work.
- 3 off the new cases involving BAME colleagues in August (none are connected to the protected characteristic).
- 9 cases closed in August with an average case time-line of 94 calendar days. 7 cases were within the 90-day SLA (avg. 40 days), but 2 very long running Grievances impacted the overall average.

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

4 (15)

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

9 (78%)

No. of live cases month end

23

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

16 (70%)

Protected Characteristics Live Cases month end

11 BAME (48%)

1 Disability (4%)

0 LGBT+ (0%)

12 Female (52%)

### Freedom to Speak Up Themes

- 4 new cases are all unrelated themes.

### Next Steps

- Permanent FTSU Guardian appointment made.

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

4 (10)

No. of cases closed in month

3

Av days open in Q1

15

No of Live cases

5

# PEOPLE SERVICES: Case Incidence Rates – August 2021

## Cases Live at month end

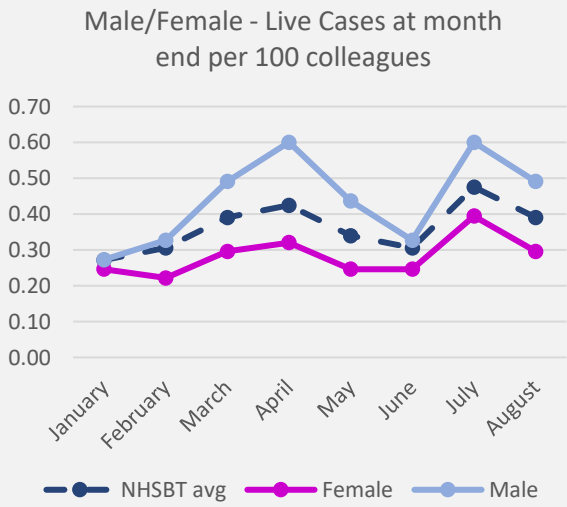
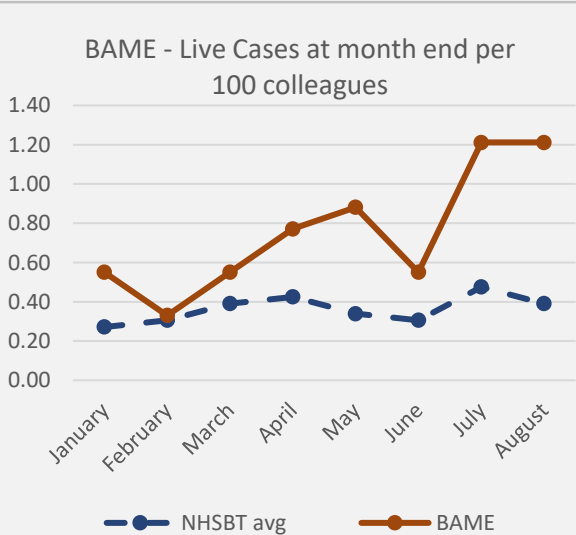
Headcount		April	May	June	July	August
2,051	BS - BD	12	9	7	8	5
1,212	BS - M&L	4	5	6	9	9
671	OTDT	0	1	1	1	1
1,016	Clinical	2	2	0	1	1
188	Donor Exp	2	1	1	1	1
749	Group	5	2	3	8	6
5,887	NHSBT	25	20	18	28	23
908	BAME	7	8	5	11	11
4,055	Female	13	10	10	16	12
1,832	Male	11	8	6	11	9
385	Disability	1	2	1	1	1
210	LGBT+	0	0	1	1	0

## Incidence Rates

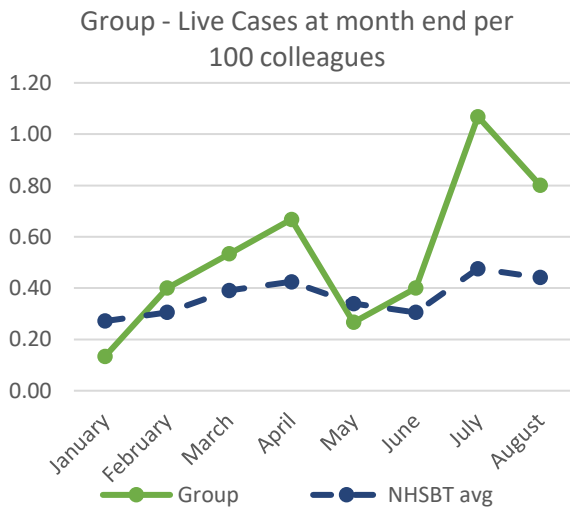
Headcount		Live Cases @ Month End	Incidence Rate/100 Employees	Employees per Case
2,051	BS - BD	5	0.24	410
1,212	BS - M&L	9	0.74	135
671	OTDT	1	0.15	671
1,016	Clinical	1	0.1	1,016
188	Donor Exp	1	0.53	188
749	Group	6	0.8	125
5,887	NHSBT	23	0.39	256
908	BAME	11	1.21	83
4,055	Female	12	0.3	338
1,832	Male	9	0.49	204
385	Disability	1	0.26	385
210	LGBT+	0	0	0

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.



**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 – these can be provided if required

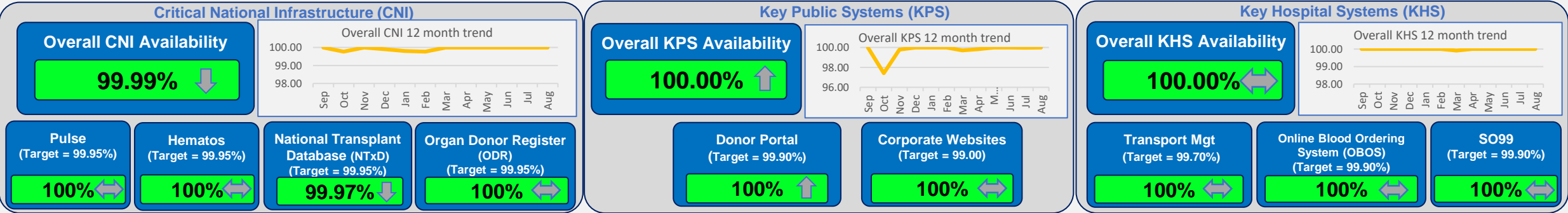


# DIGITAL, DATA AND TECHNOLOGY SERVICES: Director Report – August 2021

## Key DDTS Updates and Risks

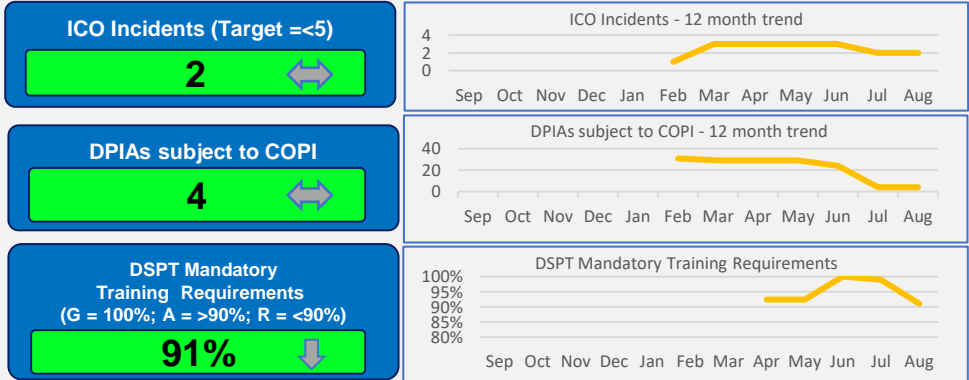
- All key systems met their availability targets in August.
- Strategic programmes remain on track, highlights include the migration of 87% of Shared Server and Storage environments with no downtime.
- New capabilities have been delivered to users:
  - The new Blood Donor app has been fully launched with more than 20,000 appointments booked and booking conversion has increased by 12%.
  - A new Blood Stock app has been launched providing a snapshot of red cell and platelet stock to the central planning team
  - 50% of donor teams are now using the mobile Session Solution application
- Mandatory training compliance has dropped during the holiday period, we will increase our focus on this during September with the aim of returning to our previous position

## Key Systems Availability



- Critical National Infrastructure, Key Public Systems and Key Hospital Systems met service targets in reporting period. Service interruptions are detailed below.
- NTxD and EOS (Electronic Offering Service) experienced a 15 minute outage following a hardware failure whilst transitioning the services to resilient infrastructure. ODT Online continued to be impacted for 6 hours 39 minutes, preventing Recipient Centres from registering/amending patients online, as resiliency for this service is currently in test phase which once completed will be scheduled for implementation.
- EMDIS (European Bone Marrow Registry) file transfer was impacted for a short period due to a configuration issue on the file transfer. A workaround restored service and a permanent fix is under development.
- SpICE (Specialist Services Electronic Reporting System) experienced two short outages following routine, planned maintenance. A workaround is in place pending transition to new, upgraded infrastructure in October.

## Cyber and Information Governance



- ICO Incidents:** Reportable Information Commissioner's Office (ICO) incidents from July 2020 until August 2021. Two are being actively managed - NHSBT has provided all information requested to date, however due to the significant back-log with the ICO, we are awaiting confirmation on their decision or of any further requests. Whilst the third has not formally closed, no correspondence has been received for 6 months so have deemed closed for reporting purposes.
- DPIA's subject to COPI:** The Data Protection Impact Assessments (DPIA) subject to Control of Patient Information (COPI): 31 data flows were undertake to support the pandemic, four of which are reliant on the COPI regulation. These are out for review with the business and are expected to be completed by the end of September.
- DSPT Mandatory Training Requirements:** Whilst training compliance has reduced since the DSPT submission in June (99.2%), this is as a result of the normal training cadence as staff are required to submit training on an annual basis and therefore compliance typically reduces in Q1/2 each year before staff submit their in year training.