

NHSBT ET & Board Performance Report

April 2022

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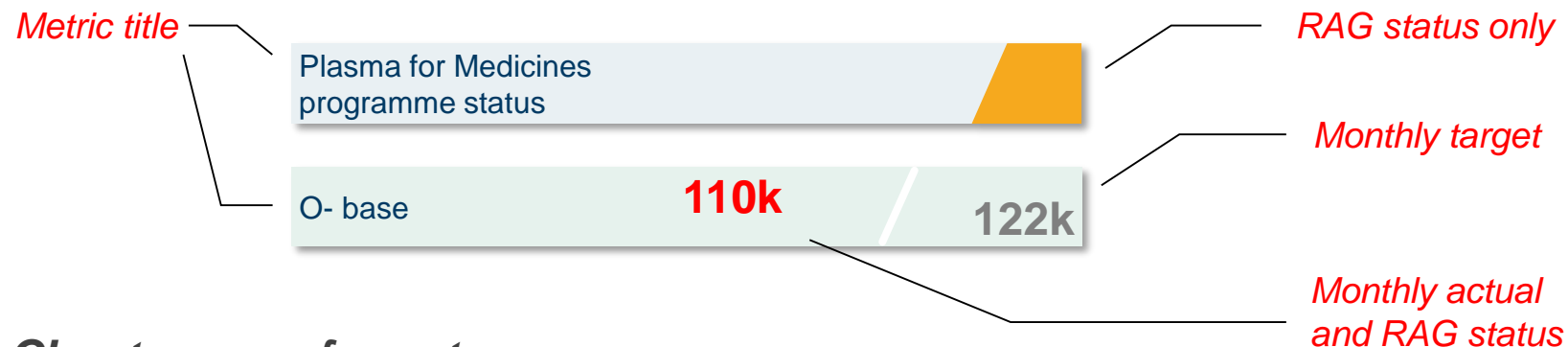


Blood and Transplant

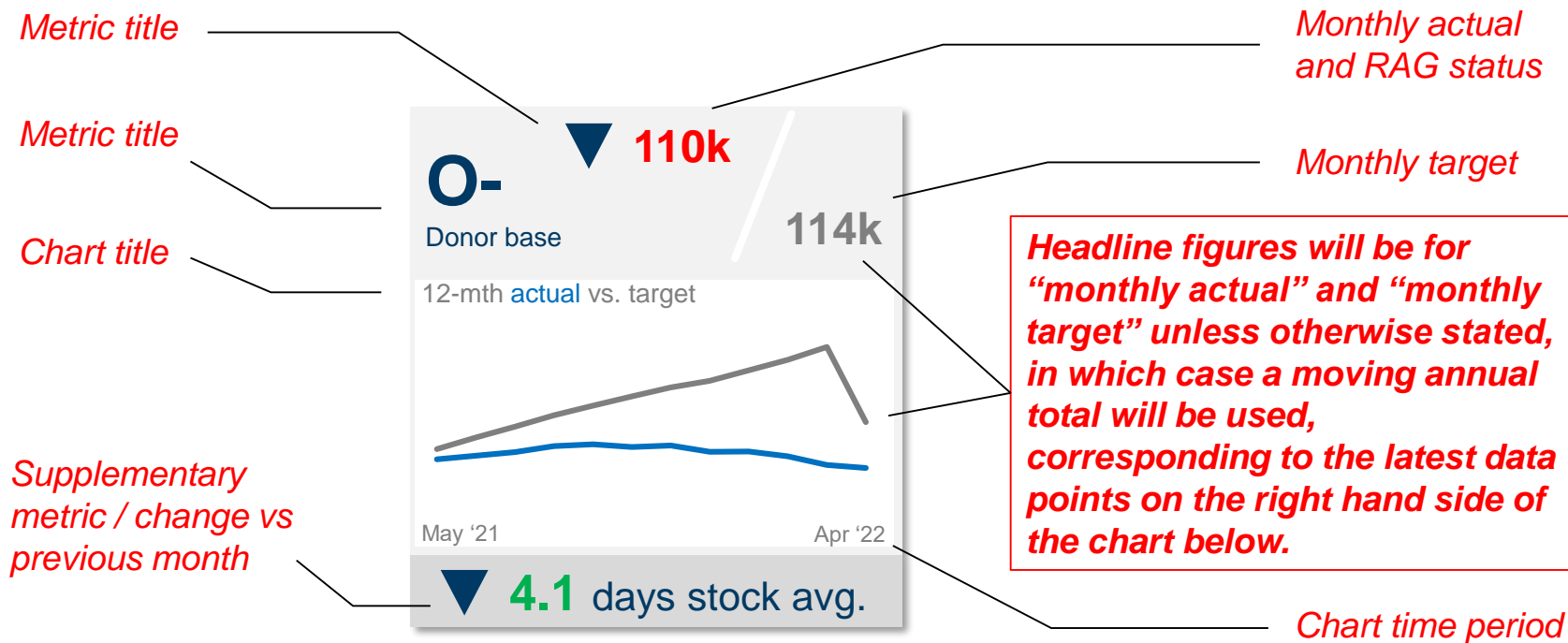


How to read this report

Dashboard page format



Chapter page format



Points to note

- This updated Performance Report has been designed to be more user-friendly, using a clearer, simpler and more consistent approach to the presentation of metrics and data
- The report is now structured around the Strategic Priorities set out in the NHSBT Strategy
- The most common data presentations for the dashboard page and chapter pages are outlined here
- Unless stated otherwise, RAG statuses are **green** for at or above target, **amber** for within 2% of target, or **red** for >2% from target
- Many metrics are given in the form of a **Moving Annual Total (MAT)**. This provides a rolling 12-mth total for performance to date, for actual and target data

Performance Summary

New issues summary

- Blood collections averaged 2% below target through April. This was caused by the highest peak in COVID-19 cases experienced during the pandemic so far during April.
- Overall blood stock has continued to decline, falling to 4.8 days of stock at end of April from 5.1 end of March, with O+, O- , A+ and B- particularly impacted.
- At the end of April O+, O- and A+ are at red status trending red, with B- amber trending red.
- The whole blood donor base continued to decline to 788k (-2k), however the rate of decline has begun to slow. The O- donor base also fell (-280). The Ro donor base remains flat.
- A critical incident occurred in mid-April due to ongoing blood stock issues.
- The donor cap has continued to limit ability to recruit new donors at the start of financial year 22/23. Donor registrations have been low throughout April, with a daily average of 573, compared with 838 this time last year.
- A busier Q1 marketing schedule aims to increase registration levels.
- High staff absence rates in Manufacturing & Hospital services have required plasma forecasts to be adjusted. Final target volumes are possible if resource issues are addressed to plan.
- One Serious Incident was raised in April, relating to an error recording ABO blood group of donated organs, leading to organs being offered to non-compatible patients. An investigation is ongoing.

Ongoing issues by Directorate

People

- Overall NHSBT sickness absence lower at 5.62% and trending downwards.
- Staff turnover continuing to rise to 18.1% from 17.1% in April (11.7% April 21).
- Volume of new starters up 80% at 187 in April.

Quality Assurance

- Analysis of incidents in Quality Management System to ensure focus of resource on addressing events posing the greatest risk to donors, patients, and products.

Blood

- Productivity measures ahead of target, excepting Blood Collection at 8% below.
- FY 22/23 productivity targets have been rebased to reflect the current operating environment and actions identified to drive future improvement.

OTDT

- Deceased organ donation referrals continued to be resilient to NHS pressures during April, despite a fall in consent rates to 62%.
- April income lower than plan by 2% driven by previous months low ocular donations causing supply issues.

Donor Experience

- Delivering the volume and mix of donors continues to be a challenge with All Group, Ro, O- BBMR and Plasma donor bases continuing at red status.

Clinical Services

- Activity levels continue to improved steadily across most operational areas, driving at or above target income levels across most service lines.
- Transformation projects largely early stage focussing on developing infrastructure, capacity and capability for future developments in products and services.

Performance summary against most important strategic targets

Grow and diversify our donor base to meet clinical demand and reduce health inequalities

Size of Whole Blood donor base	788k	810k	On Time In Full (OTIF) incl. Ro (YTD / 22/23)	96.8%	97.4%
O- base	110k	114k	Plasma vol. in stock (sourced), litres	345	616
Ro base	24.8k	26k	Plasma vol. in stock (recovered), litres	2,541	2,986
Blood donor mix: Black, Minority Ethnic (BME)	Coming Soon	---	Organ consent rate (total)	62.4%	72%
Sourced Plasma donor base	4.2k	5.1k	Organ consent Black, Asian, Minority Ethnic (BAME)	36%	43%
Net promoter score	85.9	86.0	Organ transplants – dec'd (moving annual total) ¹	3,423	3,478
			British Bone Marrow Registry (BBMR) Fit-Panel volume	95.4k	96.2k

Drive innovation to improve patient outcomes

Genomics programme status			Plasma for Medicines programme status		
No. of available organs transplanted (moving annual total)	3,423	3,478	Cellular, Apheresis and Gene Therapies income	£2.63m	£2.27m
Component Development Clinical Trials	Whole blood		Tissue & Eye Services income	£1.08m	£1.15m
	Universal platelets		Transfusion 2024 programme status [reporting to commence Q2 2022/23]		
	Universal plasma				
	Dried plasma				
Blood and Transplant Research Units	[TBC]		Education & training metric	[TBC]	

Modernise our operations to improve safety, resilience and efficiency

Serious Incidents	1	0
Blood stock stability Average days' stock	4.8	5.5 – 7.0
Critical National Infrastructure availability	99.73%	99.95%
Top quartile performance in key benchmarks	2	5
Incremental savings (Blood & Group)	£0.75m	£3.0m
Reduction in carbon emissions vs. 2014/15	49%	50%

Invest in people and culture to ensure a high-performing, inclusive organisation

Weeks taken to recruit	12.09	11
Staff turnover	18.06%	14%
Black, Asian, Minority Ethnic (BAME) Band 8+	14.36%	15%
Overall grievance rate	0.46%	-
Engagement score	7.5/10	8/10
Sickness absence rate	5.62%	4%
Harm Incident Rate NHSBT (harm to staff)	6.6	8.9

¹Organ Transplants deceased figures will change to a combined metric including living donor numbers from May 2022.



Grow and diversify our donor base to meet clinical demand and reduce health inequalities

April 2022

NHS

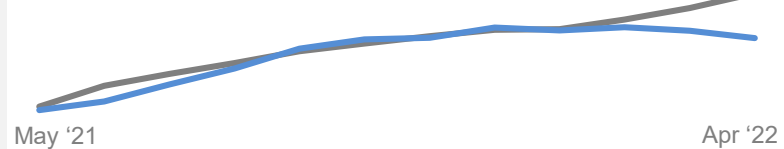
Blood and Transplant

Whole Blood Donor base

788k

810k

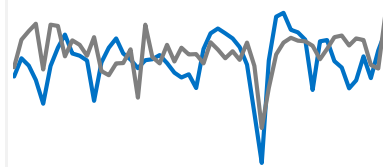
12-mth actual vs. target



▼ 4.8 days stock avg. vs. 5.5 - 7.0 target

Whole blood % issue demand met (total for mth.) 98.4%

12-mth actual collection vs. demand

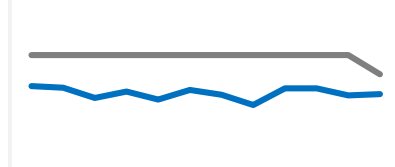


May '21 Apr '22

On Time In Full incl. Ro (YTD / 22/23) 96.8%

97.4%

12-mth actual vs. target



May '21 Apr '22

Insight and commentary

Blood

- The Whole Blood donor base has continued its decline, albeit at a slower rate, and starts of the year at 97.2% of April's target.
- With stock issues still occurring and a critical incident being announced, the new donor cap continued to limit the potential reach of the donor base as the year begins.
- O Neg registrations have been low throughout the period with daily average -30% vs April last year.
- A busier marketing schedule as we continue into Q1 should increase these registration levels.
- RO figures have gone against the grain of the declining donor base and have stayed at a flat level over the last month

Sourced Plasma

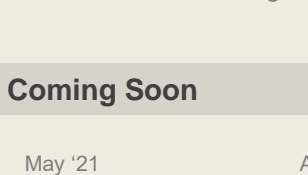
- Many of the key levers for growing Plasma collection are not yet at full potential or have not yet commenced
- Activity towards collection targets will ramp up in June 2022, and include paid and direct marketing and community engagement, as well as online booking improvements.

Recovered Plasma for Diagnostics

- Mechanical issues and licencing with freezers led to problems with scale-up (these have been resolved)
- High staff absence rates in Manufacturing & Hospital Services have required forecasts to be adjusted, although final target volumes are possible if resource issues are addressed to plan.

Male representation in donor base

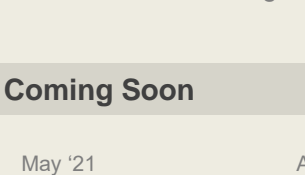
12-mth actual vs. target



▲ --- p.p.

BME representation in donor base

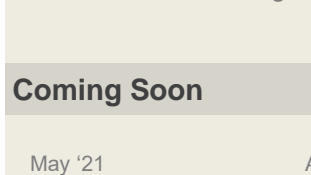
12-mth actual vs. target



▲ --- p.p.

<35 yo representation in donor base

12-mth actual vs. target



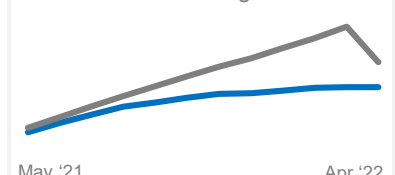
▲ --- p.p.

Ro Donor base

24.8k

26.0k

12-mth actual vs. target



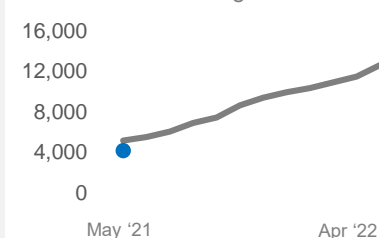
May '21 Apr '22

Sourced Plasma donor base

4.2k

5.1k

12-mth actual vs. target

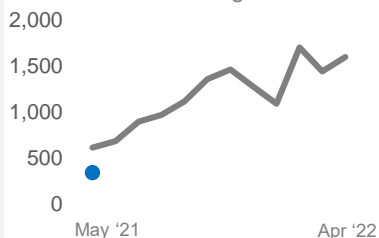


Sourced Plasma Vol. in stock, litres

345

616

12-mth actual vs. target

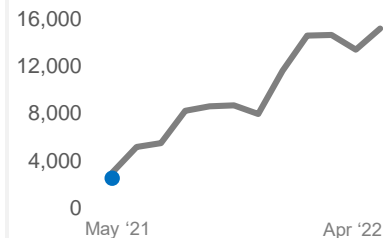


Recovered Plasma Vol. in stock, litres

2,541

2,986

12-mth actual vs. target

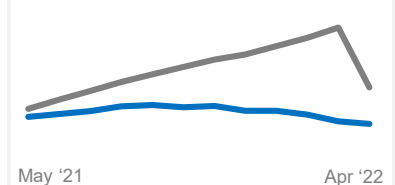


O- Donor base

110k

114k

12-mth actual vs. target



May '21 Apr '22

▼ 4.1 days stock avg.

RAG: Above Target, Within 2% of Target, More than 2% Below Target



Grow and diversify our donor base to meet clinical demand and reduce health inequalities

April 2022

NHS

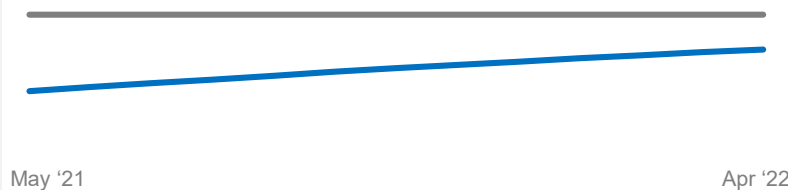
Blood and Transplant

Organ Donor Register (Opt-In Register)

27.82m

28.68m

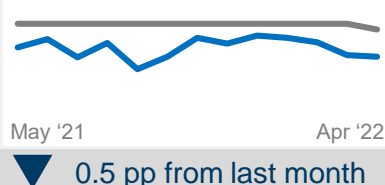
12-mth actual vs 22/23 year-end target



Consent/Authorisation 62.4%

72%

12-mth actual vs. target

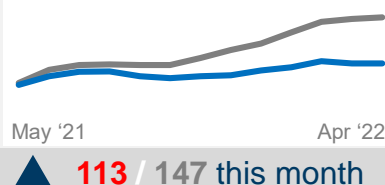


▼ 0.5 pp from last month

Deceased donors 1,398

1,707

Moving Annual Total actual vs. target



▲ 113 / 147 this month

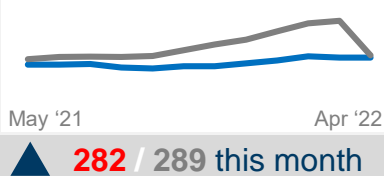
Insight and commentary

- After a dip in March the volumes opting into the Organ Donor Register returned to above level targets of 61.8K, starting the year out on a positive foot. In addition the monthly Opt-Outs stood at 9.1k, which was 4.9k below the monthly target.
- Deceased organ donation referrals continued to be resilient to NHS pressures during April. However, the overall consent/authorisation rate decreased for the fifth consecutive month, to 62% overall, although with a relatively strong donation after brainstem death (DBD) rate of 70%. This resulted in 114 proceeding donors overall, with a return to a more typical DBD to donation after circulatory death (DCD) ratio. Consequently, we saw a strong 2.47 transplants per deceased donor.
- The Black, Asian & Minority Ethnic groups consent/authorisation rate has a target of 43% in 2022/23, but we fell short at 36%. However, this rate fluctuates considerably due to small numbers. Another focus for this year is Black, Asian & Minority Ethnic representation of all deceased and living donor transplant recipients, which is currently strong at 29% vs. a 27% target.
- Ocular donation increased significantly in April after focused activity and initiatives made an impact. Weekly Senior Management Team (SMT) accountability and performance reviews, together with short- and medium-term action plans are in place to address all aspects of ocular referral, consent and retrieval.

Deceased donor transplants 3,423

3,478

Moving Annual Total actual vs. target



▲ 282 / 289 this month

Living donor transplants 877

one month in arrears

Moving Annual Total actual

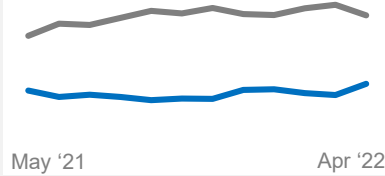


▼ 38 last month

Active transplant list 6,004

4,269 suspended

12-mth active vs suspended transplant list

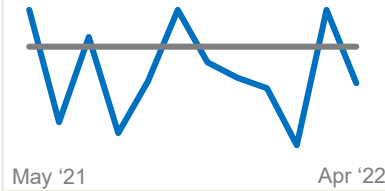


May '21 Apr '22

BAME organ consent rate 36%

43%

12-mth actual vs. target

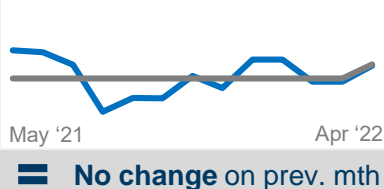


May '21 Apr '22

Net Promoter Score 85.9

86

12-mth actual vs. target

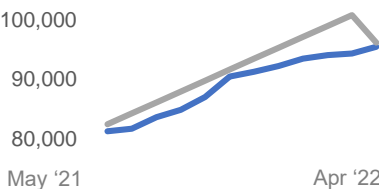


■ No change on prev. mth

British Bone Marrow Registry Fit-Panel volume (Moving Ann. Total) 95.4k

96.2k

12-mth Moving Annual Total actual vs. target

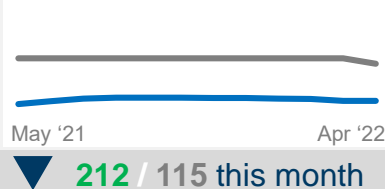


May '21 Apr '22

Cornea donors 2,265

3,465

Moving Annual Total actual vs. target

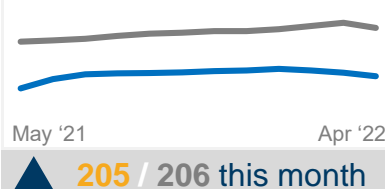


▼ 212 / 115 this month

Corneas issued for transplant 3,538

5,109

Moving Annual Total actual vs. target



▲ 205 / 206 this month

RAG: Above Target, Within 2% of Target, More than 2% Below Target



Serious Incidents

= 1

YTD: 1

0

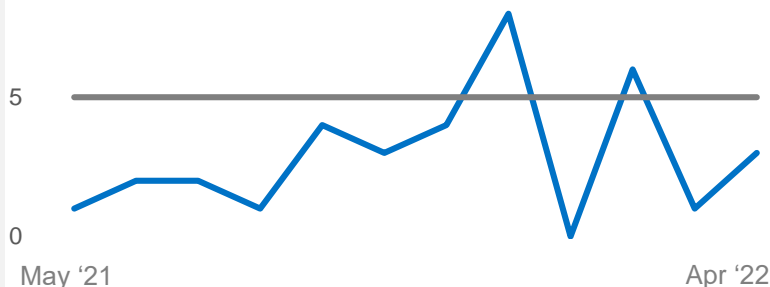
Serious Adverse Blood Reaction & Event (SABRE)

▲ 3

YTD: 3

≤5

SABRE reports to MHRA last 12 mths vs. target



External Majors

= 0

YTD: 0

0

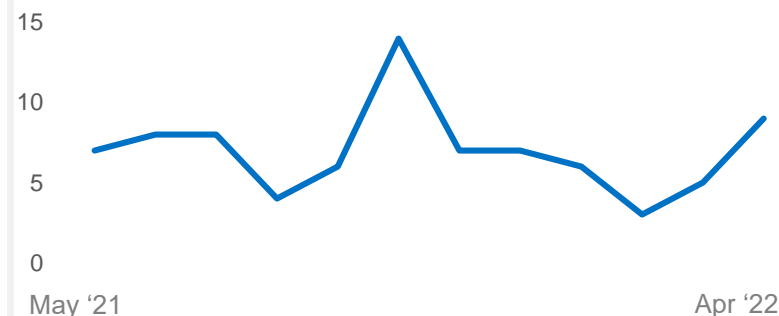
Serious Adverse Event & Reaction (SAEAR)

▲ 9

YTD: 9

No target

SAEAR reports to HTA last 12 mths

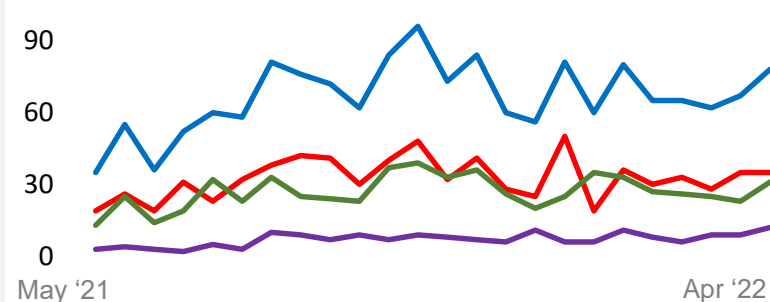


Major Adverse Events

(monthly across Blood Supply, Clinical Services, Tissue & Eye Services)

▲ 78

No. of MAEs; last 12 mths **Total**; Blood Supply, Clinical Services, Tissue & Eye Services



Quality Management System (QMS) Overdue Events

Documents overdue review

= 1.2%

<1%

Overdue majors

▲ 10

0

Overdue events (excl. documents)

▲ 210

<220

Insight and commentary

- Considerable progress has been made in the management of overdue events with continuous improvement activities across Blood Supply and OTDT.
- To maintain progress, sustained effort is required from Quality Management System (QMS) Champions and Quality Assurance Directorate to ensure that Directorates are appropriately managing QMS activities and focussing resource on addressing events posing the greatest risk to donors, patients, and products.
- One Serious Incident raised in April relating to—relates to an error recording ABO blood group of donated organs, leading to organs being offered to non-compatible patients. An investigation is ongoing.
- 0 overdue majors were achieved w/c 11 April. This number does fluctuate, and work is ongoing to maintain control over this number during the month.

Additional acronyms used

MHRA: Medicines and Healthcare products Regulatory Agency

HTA: Human Tissue Authority



Top quartile performance in 5 key benchmarks

Note: Of key benchmarks, full data only currently available for testing and manufacturing productivity

2 / 5

1. Fulfilment of orders* in full rate

▼ 99.4%

12-mth actual vs. target



May '21

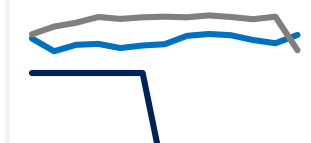
Apr '22

2. Testing productivity

Annualised YTD, April

▲ 31,618 / 29,850

Actual vs target vs EBA top quartile benchmark



May '21

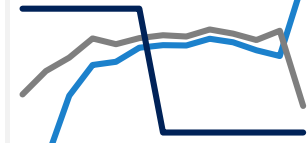
Apr '22

3. Manufacturing productivity

Annualised YTD, April

▲ 11,779 / 10,441

Actual vs target vs EBA top quartile benchmark



May '21

Apr '22

4. Hospital customer complaints

▼ ---

12-mth actual vs. target

[Coming soon]

May '21

Apr '22

5. Lost time injury incidents / severity

▼ ---

12-mth actual vs. target

[Coming soon]

May '21

Apr '22

Incremental savings YTD (Blood & Group)

£0.75m

£3.0m

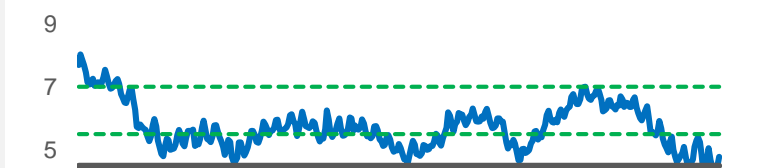
Blood stock stability

▼ 4.8

Average no. days stock

5.5 – 7.0

12-mth actual vs. 4.5 day lower limit (days of stock), with 5.5 – 7.0 target range



May '21

Apr '22

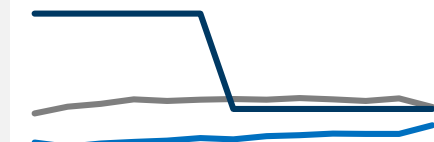
Collection productivity

Annualised YTD, April

▲ 1,190

1,291

Actual vs target vs EBA top quartile benchmark



May '21

Apr '22

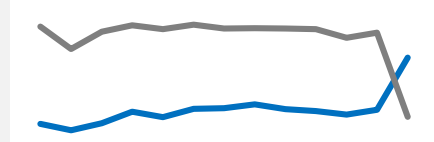
Hospital services productivity

Annualised YTD, April

▲ 35,674

33,709

Actual vs target



May '21

Apr '22

Insight and commentary

- Recent red cell stocks have been just below targeted levels at c5 days, with some blood groups including O negative closer to 3 days at their lowest points although this has not compromised hospital supply. This was due to a sustained period of low blood collections caused by the highest peak in COVID-19 cases experienced during the pandemic so far during April.
- Consistent with how we have approached previous periods of challenge in the last two years, a National Emergency Team (NET) was stood-up and is providing regular oversight of recovery activity, supported at Executive level by the Blood Operations Leadership Team (BOLT).
- COVID-19 cases have now reduced and to recover stocks we have increased appointment capacity to approximately 50,000 per week (vs 44-45k previously).
- Colleagues in Donor Experience are mobilising more existing and new donors through a combination of direct marketing, local press and national marketing activity.

* Orders for all blood products ordered by hospitals

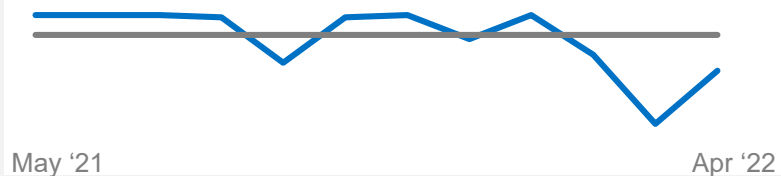


Overall Critical National Infrastructure (CNI) Availability

▼ 99.73%

99.95%

12-mth **actual** vs. target



May '21

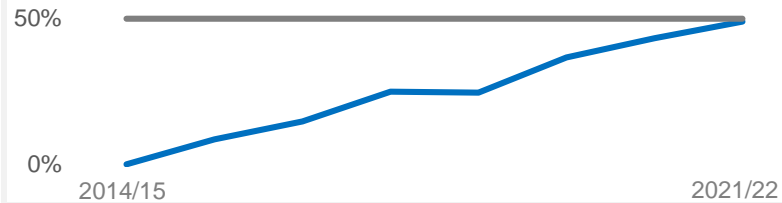
Apr '22

Reduction in carbon emissions vs. 2014/15

= 49%

50%

% **reduction** of 2014/15 baseline t/CO2 vs 50% target



2014/15

2021/22

Overall Key Hospital systems Availability

= 100%

99.83%

12-mth **actual** vs. target



May '21

Apr '22

Information Commissioner's Office Incidents

= 1

<5

12-mth **actual** vs. target



May '21

Apr '22

Overall Key Public Systems availability

▼ 100%

99.45%

12-mth **actual** vs. target



May '21

Apr '22

Business Continuity Plans Reviewed

0%

100%

Insight and commentary

- Critical National Infrastructure (CNI) availability target was impacted by connectivity issues with the national transplant database within our third-party delivery partner infrastructure. A server rebuild was completed, and the service loss linked to a global change within their infrastructure.
- Reportable Information Commissioner's Office (ICO) incidents as at April 22: 1 actively being managed. NHSBT has provided additional information in line with further questioning from the ICO in Jan 22, and is waiting a response.
- Carbon emissions targets for 2022 have largely been achieved. Reporting on the NET Zero 2040.



Genomics programme status

Strategies to Improve Donor Experiences (STRIDES) status

Our Future Health recruitment status

Blood Transfusion Genomics Consortium status

Nanopore status

Haem Match status

Component development clinical trials

Whole blood status

Universal platelets status

Universal plasma status

Dried plasma status

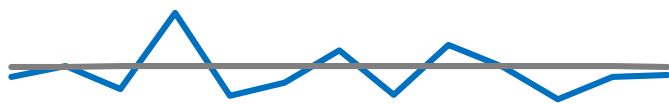
Available organs transplanted (dec'd)

282

In month

289

12-mth actual vs. target



May '21

Apr '22

▼ +2 vs last month

No. genotyped (STRIDES)

12-mth actual vs. target

Activity to start in Nov '22

Nov '22

Oct '23

No. recruited for Our Future Health programme

12-mth actual vs. target

Activity to start in Sept '22

Sept '22

Aug '23

Organ utilisation rate

2.5

2.1

12-mth actual vs. target



May '21

Apr '22

▲ No change vs last month

Insight and commentary

Genomics Programme

- Strategies to Improve Donor Experiences genotyping
 - Target is to test 20k samples in 2022/23
 - DNA extraction contract now signed with Bio-resource
 - Genotyping likely to start Q3 in line with plans
- Our Future Health (OFH) recruitment
 - Recruitment due to start mid-September; MOU being discussed with OFH
 - 2022/23 blood donors recruitment target to be agreed
 - Value for NHSBT is in the data received back to support improved matching; KPIs to be developed in due course
- Nanopore collaboration: Business case approved at ET
- Blood transfusion Genomics Consortium (BGC): first samples genotyped; working with ThermoFisher to troubleshoot array issues
- HaemMatch: NIHR AI grant started; staff recruitment ongoing

Component development clinical trials

- Universal Plasma: project re-baselined with funders
- Universal Platelets: delayed (COVID-19) & limited resource
- Whole Blood use in Trauma: on track
- Dried plasma: £5m project in initiation

Organ transplant and utilisation

- Deceased donor transplants also trended up slightly in-month, but also fell short of the 337 monthly target (282, Red). However, the number of transplants per deceased donor was slightly higher than target (2.47 vs 2.46).

Innovation metric for clinical trials / BTRUs in development



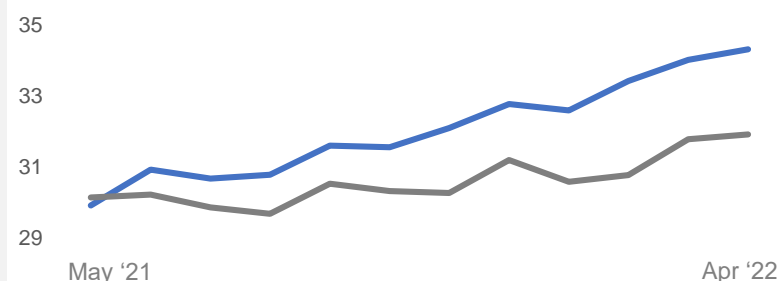
Plasma for medicines programme

Cellular Apheresis and Gene Therapies income
excl. DHSC Grant in Aid funding; 12-mth CAGR **14.7%**

£2.63m
in month

£2.27m

12-mth Moving Annual Total **actual** vs. **target**, £m



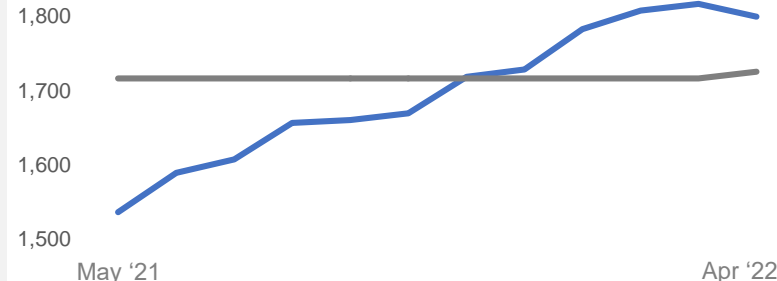
Transfusion 2024 programme status

Cellular & Molecular Therapies: stem cell transplants supported

148
in month

152

12-mth Moving Annual Total **actual** vs. **target**



Insight and commentary

Plasma for Medicines

- A robust cross-agency governance mechanism is in place for the overall DHSC-owned plasma business case. The weekly Plasma Board includes NHSBT, NHSEI, DHSC and MHRA and is supported by a Plasma Resolution Group focussing on activities such as procurement, policy and operations.
- A draft Heads of Terms for a funding mechanism after October 2023 has been agreed with NHSEI (when funding is expected from the fractionator).
- We are working with international and national stakeholders such as the European Blood Alliance (EBA), the International Plasma and Fractionation Association (IPFA), the Plasma Protein Therapeutics Association (PPTA) and the EU-UK Forum to advocate for UK plasma. This includes supporting a EBA/UK Forum plasma risk assessment

Transfusion 2024

- A programme strategic outline business case is being developed April - May, for ET approval in June 2022, which will formally establish the programme
- RAG status and updates to be reported in future reports

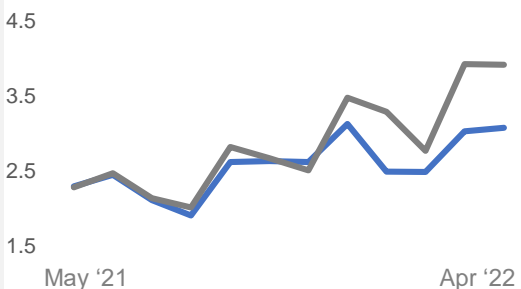
Clinical Biotechnology Centre income

£0.06m
in month

£0

12-mth CAGR **34.1%**

12-mth Moving Annual Total **actual** vs. **target**, £m

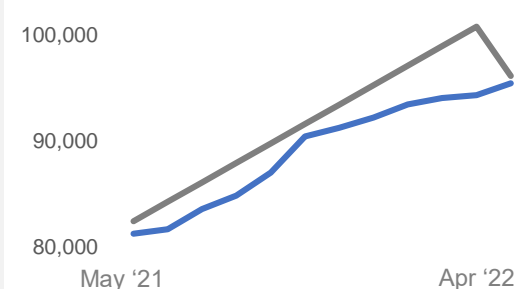


British Bone Marrow Registry Fit-Panel volume
(Moving Ann. Total)

95.4k

96.2k

12-mth Moving Annual Total **actual** vs. **target**

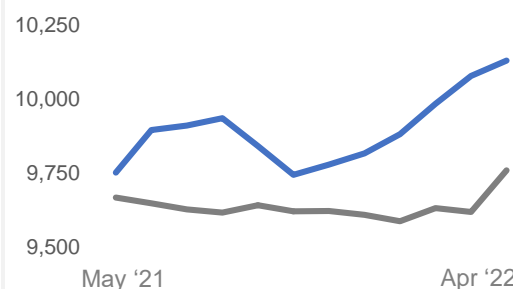


Therapeutic Apheresis Services no. of procedures

864
in month

820

12-mth Moving Annual Total **actual** vs. **target**, no. of procedures



Cellular Apheresis and Gene Therapies (CAGT)

- CAGT income was £0.36m better than plan in April, driven by Therapeutic Apheresis Services (TAS) activity (Plasma Exchange and Photopheresis)
- Stem cell transplants supported in Cellular & Molecular Therapies (CMT) are just below target, but monthly activity tends to fluctuate
- Clinical Biotechnology Centre (CBC) income is ahead of plan although the CBC project is at amber status, due to issues with door seals and delays to the plasmid process validation; it remains on target for November 2022
- Stem Cell Donation and Transplantation (SCDT) income was behind plan in April. British Bone Marrow Registry (BBMR) donor to patient matches were 6 below target and cord blood issues were 1 below.
- A KPI on NHSBT's share of domestic UK stem cell transplants will be reported at the mid-year point



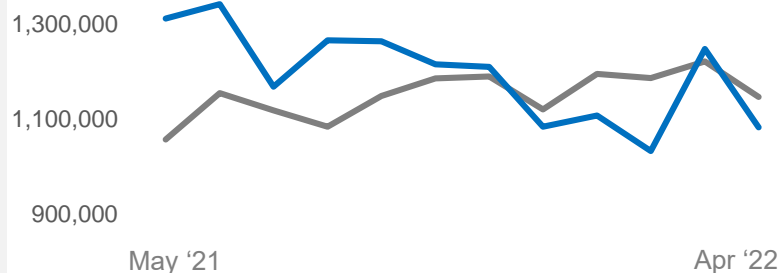
Tissue & Eye Services (TES) income

£1.08m

12-mth Av. Mthly Growth Rate
-0.4%

£1.15m

12-mth **actual** vs. **target**, £



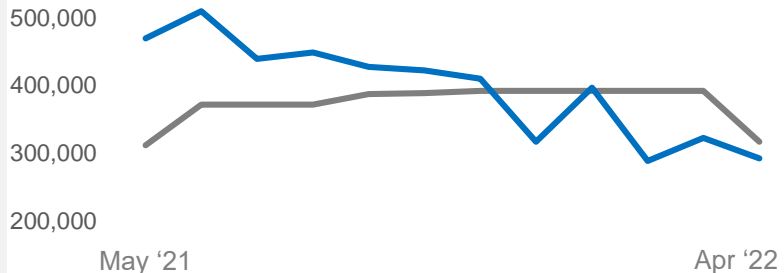
Ocular income

£293k

12-mth Av. Mthly Growth Rate
-1.9%

£317k

12-mth **actual** vs. **target**, £



Insight and commentary

- The overall income position this month is £1,08m, which is £65K behind a target of £1.15m. This is due to low ocular donations in previous months, causing too few corneas in issue, lower than planned issues of Serum Eyedrop and products such as tendons and femoral heads, supplied to the orthopaedic sector, being in low demand. There are early signs that these positions will recover during May.

Growth products

- Ocular Sales in April were behind target due to previous months low donations causing supply issues.
- Serum Eyedrops fell below target in April by 7.9% (-£33k). This was due to staffing problems around the bank holidays, but the shortfall is expected to be covered by May's activity.
- Orthopaedic / sports injury sectors have still not recovered to expected rates, with income from key products lower than plan for Tendons (-£31k).
- However, more positive signs are seen with processed bone (+£19k), DBM (+11k), Skin (+13k) and Amnion (+7k) sales favourable in-month.

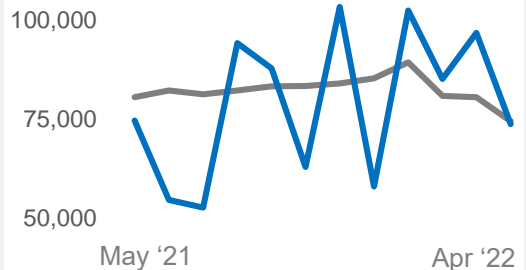
Cardiovascular Income

£74k

12-mth Av. Mthly Growth Rate
9.1%

£74k

12-mth **actual** vs. **target**, £



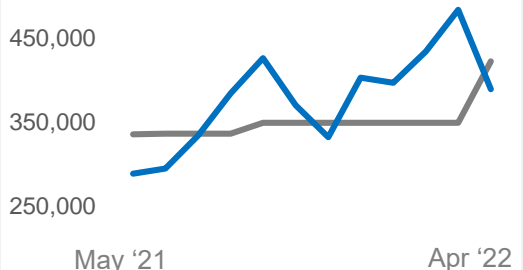
Serum Eye-drops Income

£389k

12-mth Av. Mthly Growth Rate
1.5%

£422k

12-mth **actual** vs. **target**, £



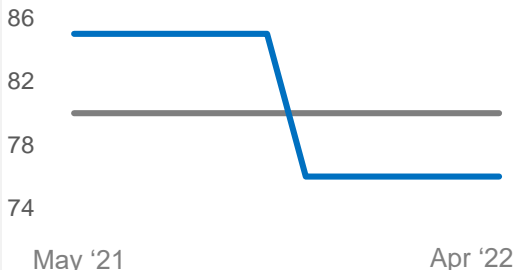
TES customer satisfaction

76%

% "top box" score

80%

12-mth **actual** vs. **target** (6-mthly survey)



Education and training

Metric (TBC) for measuring progress against our education and training strategic goals

Note: Growth rates are average monthly income growth over last 12 months.



Invest in people and culture to ensure a high performing, inclusive organisation

April 2022

NHS

Blood and Transplant

Short-term Sickness Absence

12-mth **actual** vs. target

[Coming soon]

May '21

Apr '22

Long-term Sickness Absence

12-mth **actual** vs. target

[Coming soon]

May '21

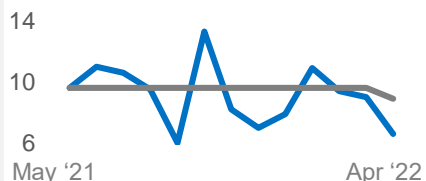
Apr '22

Harm Accident Incident Rate (staff)

▼ 6.6

8.9

12-mth **actual** vs. target

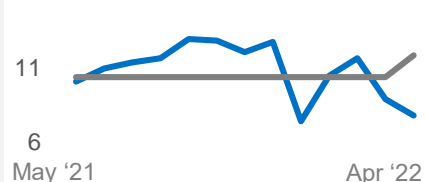


Near Miss Incident Reporting Rate

▼ 7.8

11.9

12-mth **actual** vs. target



Lost Time Incidents

Incident resulting in staff absence >3 days, this month

2

0

NHSBT Sickness Absence

Total

▼ 5.62%

4%

COVID-19 ▼ 1.68%

Blood Donation Sickness Absence

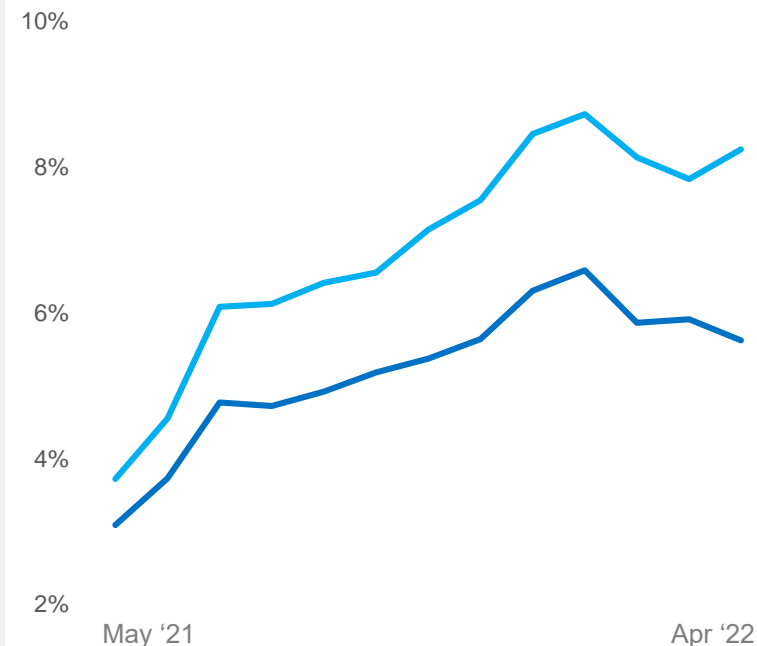
Total

▲ 8.24%

5%

COVID-19 ▼ 2.28%

12-mth **NHSBT** vs. **Blood Donation**
% staff absent due to sickness



Insight and commentary

Harm Incidents

- NHSBT reduction in harm incidents has been achieved with new target of less than 5% against last year. Blood Donation have also hit their stretched target of 10% reduction.
- Plasma represents one accident for April but the incidence rate shows this as high due to small numbers of staff directly employed.

Sickness Absence

- Blood Supply: sickness absence rate for Blood Donation at April 2022 is 4.52% higher than last year, compared to a 2.53% increase across NHSBT. There has been a decline in COVID-19 absence. Management of long term cases is a particular focus.
- Clinical Services: there has been a slight uptick in COVID-19 related absence, but overall, it's a downward trend. Overall sickness absence is also decreasing, though not quite at pre-pandemic levels as yet
- Organ and Tissue Donation and Transplantation (OTDT): absence levels continue to reduce in the directorate and all services have been maintained through mitigations put in place. The majority of long term cases are attributed to Stress, Anxiety and Depression. A working group has been established to understand the utilisation and effectiveness of current interventions available through the Employee Assistance Programme and enhanced clinical supervision for Specialist Nurses - Organ Donation (SNODs) to determine any gaps in our provision.



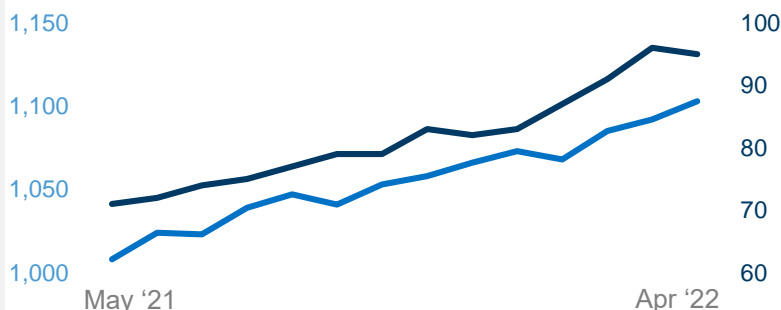
Recruitment & Retention

Ethnic Minority staff net change

NHSBT ▲ +11

Band 8a+ ▼ -1

Black Asian Minority Ethnic staff, 12-mth NHSBT and Band 8a+



Ethnic Minority staff % new starters

NHSBT ▼ 21%

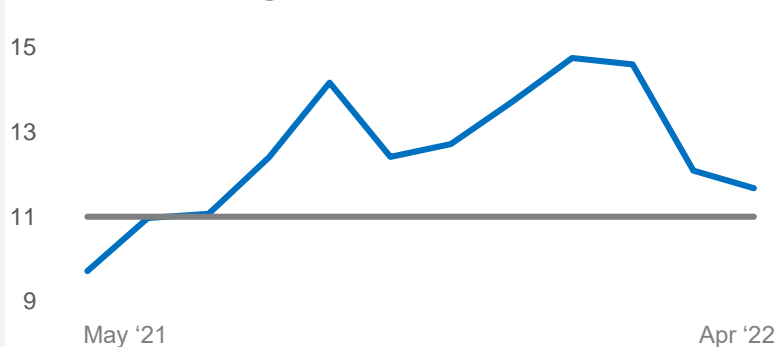
Band 8a+ ▼ 0%

Time to recruit (weeks)

12.09

11

12-mth actual vs. target



Engagement & Development

Engagement score

▼ 7.5/10

8/10

12-mth actual

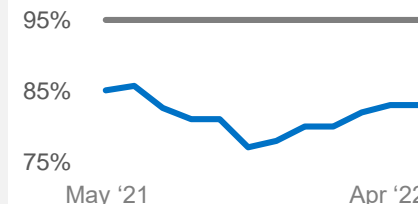
[Coming soon]

PDPR completion rate

▼ 83%

95%

12-mth actual vs. target

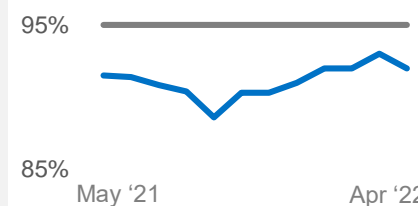


Mandatory training compliance rate

▼ 92%

95%

12-mth actual vs. target



No. commencing leadership programmes (%BME)

▼ 39
▼ (8%)

Insight and commentary

- This month's higher number of new starters, from 102 last month to 187, and the decrease in the average time taken to recruit from 12.09 to 11.87 weeks was driven by a number of conversions of agency employees onto NHSBT contracts taking place in April
- Percentage of successful recruitment increased slightly (88.21% from 76.12% in March)
- Annual turnover continues to increase, at 18.06% (17.10% in March)
- In April there were 119 new starters with 25 colleagues being from an ethnic minority background. With 97 leavers, of which 14 were from an ethnic minority, this represents a net increase of 11 ethnic minority colleagues.
- In Band 8 there were 8 leavers with 1 colleague(s) from an ethnic minority leaving. 6 new Band 8 starters commenced with no starter from an ethnic minority – a -1 Net change.

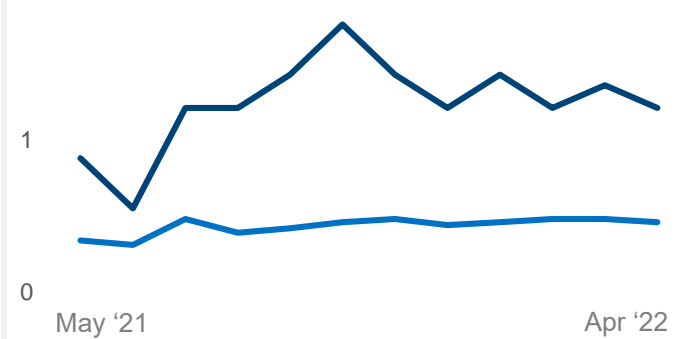


Live Cases at month end

Total ▼ 0.46%

BAME ▼ 1.21%

% of staff with a live case; **total**, Black, Asian, Minority Ethnic

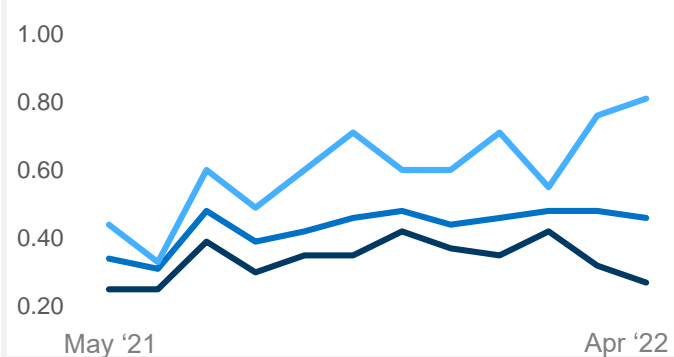


Live Cases at month end

Male ▼ 0.81%

Female ▼ 0.27%

% of total with a live case; **total**, **male**, **female**



Total no. live cases at month end ▼ 27

5,896
total staff

% cases on track for resolution within 90-day agreed timescale

= 63%

80%

% of total by protected characteristic

Female ▼ 41%

BAME ▲ 44%

Disability = 4%

LGBT+ ▲ 7%

New cases (last month)

= 7 (7)

Closed cases

▼ 13

Avg. days open in Q4

▼ 13

No. of new Freedom To Speak Up cases (last month)

▼ 12 (15)

23

Top reasons for live cases

Bullying / inappropriate behaviour

78% of live cases

Insight and commentary

Live cases

- 10 cases are over-running against agreed 90-day resolution timescale
 - 5 involve BAME colleagues
 - 3 delayed due to employee long-term sickness
- Over-running cases are: 3 Grievances, 2 Dignity at Work, 4 Disciplinary and 1 Capability
- Overall, 12 of the 27 live cases involve BAME colleagues (44%), 4 of which relate at least partly to the protected characteristic in terms of the issues raised
- 8 cases closed in April with an average case time-line of 171 calendar days (mostly due to 2 extremely long-running case).

Freedom to Speak Up

- Of the 23 live Freedom to Speak Up cases, 18 (78%) relate to bullying or inappropriate behaviours; 9 in one team - open since Oct 21
- Of the 12 cases opened in April, 6 are in Blood Supply, North region (Norfolk House and Plymouth Grove)
- The development of the Resolution Framework is underway
- On the radar: Unreported sexist language / sexual harassment

Appendix: Glossary of performance report metrics by strategic priority



Grow and diversify our donor base to meet clinical demand and reduce health inequalities

Metric	Description
Size of Whole Blood Donor base	No. of active whole blood donors in the last 12 months, actual vs. target
O Negative Donor base	No. of active O- blood donors, in the last 12 months, actual vs. target
Ro Donor Base	No. of active Ro blood donors, in the last 12 months, actual vs. target
Blood donor mix: Black, Minority Ethnic (BME)	% of active whole blood donor base that have identified as BME, actual vs. target
Sourced Plasma Donor Base	No. of registered Plasma for Medicines donors, actual vs. target
Net Promoter Score	Likelihood of donor to recommend donating blood by subtracting the no. of promoters scoring 9-10 from the no. detractors scoring 0-6. Overall score is out of 100, with this being most likely to recommend
On Time in Full (OTIF) including Ro (YTD / 22/23)	% of orders for all blood products ordered by hospitals that are met on time and in full
Plasma vol. in stock (sourced), litres	No. of litres of plasma available for use that month, collected via plasma donation centres
Plasma vol. in stock (recovered) litres	No. of litres of plasma available for use that month, collected by recovering plasma from whole blood donations
Organ consent rate (total)	% of occasions that consent is given for organ donation in the last 12 months vs target
Organ consent Black, Asian, Minority Ethnic (BAME)	% of occasions consent is given for organ donation among BAME identified population in last 12 months vs target
Organ transplants – dec'd & living (moving annual total)	No. organ transplants for the last 12 months, actual vs target. This is a combined figure consisting of the no. of deceased donor transplants plus the number of living donors, which is used as a proxy for living donor transplants
British Bone Marrow Registry (BBMR) Fit-Panel volume	No. of white male donors aged 17 to 40 and Black, Asian or minority ethnicity donors of either gender, aged 17 to 40 on the British Bone Marrow Registry
Additional content metrics	
Whole blood % issue demand met (total for mth.)	% of the time that month that the whole blood issued to hospitals met the hospital demand, based on weekly data
Male representation in donor base	% of male donors in the active whole blood donor base
BME representation in donor base	% of Black, Minority Ethnic donors in the active whole blood donor base
<35 yo representation in donor base	% of donors aged under 35 yrs in the active whole blood donor base
Organ donor register	No. of people on the organ donor register in last 12 months vs target
Deceased donors	No. of deceased organ donors in last 12 months vs target
Deceased donor transplants	No. of transplants made from deceased donors in the last 12 months vs target
Living donor transplants	No. of living organ donors in the last 12 months vs target
Active transplant list	No. of people on the active transplant list
Cornea donors	No. of cornea donors in the last 12 months vs target
Corneas issued for transplant	No. of corneas issued for transplant in the last 12 months vs target

Appendix: Glossary of performance report metrics by strategic priority



Modernise our operations to improve safety, resilience and efficiency

Metric	Description
Serious Incidents	No. of serious incidents
Blood stock stability - average days' stock	Average days' stock in whole blood, based on daily stock levels that month. Note this is a proxy to illustrate stability levels
Critical National Infrastructure availability	% of time Critical National Infrastructure was deemed available (combined score based on availability levels of Pulse, Hematos, National Transplant Database, and Organ Donor Register systems)
Top Quartile Performance in key benchmarks	How many of the five identified key benchmarks for blood supply that we are currently performing in the top 25% of our peer group (see below for actual benchmarks and scores)
Incremental savings (Blood & Group)	Incremental savings achieved across Blood and Group directorates
Reduction in carbon emissions vs. 2014/15	% of reduction achieved in carbon emission at 2014/15 level vs today
Additional content metrics	
External majors	No. of external major classified events occurring
Serious Adverse Blood Reaction & Event (SABRE)	No. of Serious Adverse Blood Reaction & Event incidents occurring
Serious Adverse Event & Reaction (SAEAR)	No. of Serious Adverse Event & Reaction incidents occurring
Major Adverse Events (monthly across Blood Supply, Clinical Services, Tissue & Eye Services)	No. of Major Adverse Event incidents occurring
Quality Management System (QMS) Overdue Events	No. of Quality Management System overdue events
Documents overdue review	No. of documents requiring review that are overdue
Overdue majors	No. of major incident reviews overdue
Overdue events (excl. documents)	No. of overdue review events, excluding documents
Top Quartile Performance in key benchmarks	How many of the five identified key benchmarks for blood supply that we are currently performing in the top 25% of our peer group (see below for actual benchmarks and scores)
Fulfilment of orders in full rate	% of blood orders that are met in full
Testing productivity	Testing productivity score vs. target (and in chart vs. European Blood Alliance (EBA) top quartile benchmark)
Manufacturing productivity	Manufacturing productivity score vs. target (and in chart vs. European Blood Alliance (EBA) top quartile benchmark)
Hospital customer complaints	Measure of hospital customer complaints vs. target and vs. benchmark
Lost time injury incidents / severity	Measure of lost time injury incidents vs. target and vs. benchmark
Collection productivity	Collection productivity score vs. target (and in chart vs. European Blood Alliance (EBA) top quartile benchmark)
Hospital services productivity	Hospital Services productivity score vs. target
Overall Key Hospital systems availability	% of time Key Hospital systems were deemed available (combined score from transport management, online blood ordering, and SO99 systems availability)
Information Commissioner's Office Incidents	No. of incidents requiring reporting to the Information Commissioner's Office
Overall Key Public Systems availability	% of time Key Public Systems were deemed available (combined score based on availability of online donor portal and corporate websites)
Business Continuity Plans reviewed	% of business continuity plans reviewed (annual reviews required on all such plans)

Appendix: Glossary of performance report metrics by strategic priority



Drive innovation to improve patient outcomes

Metric	Description
Genomics Programme status	Overall RAG status of the Genomics Programme
No. of available organs transplanted (moving annual total)	No. of available organs transplanted - moving annual total provides a number for the previous 12 months
Component Development Clinical Trials	Specific component development trials, identified as of strategic importance
– Whole Blood	RAG status of the Whole Blood component development trial
– Universal Platelets	RAG status of the Universal Platelets component development trial
– Universal Plasma	RAG status of the Universal Plasma component development trial
– Dried Plasma	RAG status of the Dried Plasma component development trial
Blood & Transplant Research Units (BTRUs)	Metric (TBC) to indicate performance of Blood and Transplant Research Units
Additional content metrics	
Genomics Programme status	Overall RAG status of the Genomics Programme
– STRIDES genotyping status	RAG status of the STRIDES genotyping programme
– Our Future Health recruitment status	RAG status of the Our Future Health recruitment programme
– Blood transfusion Genomics Consortium status	RAG status of the Blood transfusion Genomics Consortium programme
– Nanopore status	RAG status of the Nanopore programme
– Haem Match status	RAG status of the Haem Match programme
No. genotyped (STRIDES)	No. of people genotyped under the STRIDES programme
No. recruited for OFH	No. of people recruited for the Our Future Health programme
Organ utilisation rate	No. of organs per identified deceased donor that are effectively used

Appendix: Glossary of performance report metrics by strategic priority



Collaborate with partners to develop and scale new services for the NHS

Metric	Description
Plasma for Medicines programme status	RAG status for the Plasma for Medicines programme
Cellular, Apheresis and Gene Therapies income	Income level for Cellular, Apheresis and Gene Therapies. This is used as a proxy for measuring the development, growth and scaling of these services, which is our strategic aim
Tissue & Eye Services income	Income level for Tissue and Eye Services. This is used as a proxy for measuring the development, growth and scaling of these services, which is our strategic aim
Transfusion 2024 Programme status	RAG status for the Transfusion 2024 Programme
Education & training metric	Metric (TBC) for measuring progress against our education and training strategic goals
Additional content metrics	
Cellular, Apheresis and Gene Therapies income; 12-mth CAGR	Compound Annual Growth Rate (CAGR) provides a growth rate based on a moving annual total, that indicates annual growth month by month.
Cellular & Molecular Therapies: stem cell transplants supported	No. of stem cell transplants supported
Clinical Biotechnology Centre income; 12-mth CAGR	Clinical Biotechnology Centre income. The Compound Annual Growth Rate (CAGR) provides a growth rate based on a moving annual total, that indicates annual growth month by month.
Therapeutic Apheresis Services no. of procedures	No. of Therapeutic Apheresis Services performed
Tissue & Eye Services (TES) income 12-mth Av. Mthly Growth Rate	Average monthly growth rate is the average growth over the last 12 mths. Note: this will be updated with CAGR figures when required data is available
Ocular income; 12-mth av. mthly growth rate	Average monthly growth rate is the average growth over the last 12 mths. Note: this will be updated with CAGR figures when required data is available
Cardiovascular income; 12-mth av. mthly growth rate	Average monthly growth rate is the average growth over the last 12 mths. Note: this will be updated with CAGR figures when required data is available
Serum eye-drops income; 12-mth av. mthly growth rate	Average monthly growth rate is the average growth over the last 12 mths. Note: this will be updated with CAGR figures when required data is available
TES customer satisfaction	Customer satisfaction score for Tissue and Eye Services.

Appendix: Glossary of performance report metrics by strategic priority



Invest in people and culture to ensure a high-performing, inclusive organisation

Metric	Description
Weeks taken to recruit	Average weeks taken to recruit a new member of staff
Staff turnover	% of total workforce that have left over past 12 months
Black, Asian, Minority Ethnic (BAME) Band 8+	% of Band 8+ (management) positions held by staff identifying as Black, Asian, Minority Ethnic
Overall grievance rate	% of staff that have a live grievance case
Engagement score	Staff engagement score, based on most recent survey
Sickness absence rate	% of staff that are absent due to sickness, average for the month
Harm Incident Rate NHSBT (harm to staff)	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 a monthly number of incidents divided by total number of staff x by 1000
Additional content metrics	
Short-term Sickness Absence	% of staff that are absent due to short-term sickness, average for the month
Long-term Sickness Absence	% of staff that are absent due to long-term sickness, average for the month
NHSBT sickness absence rate (total; COVID-19)	% of NHSBT total staff that are absent due to sickness, average for the month. Total and COVID-19 related, which is a subset of the total.
Blood Donation sickness absence rate (total; Covid)	% of Blood Donation staff that are absent due to sickness, average for the month. Total and COVID-19 related, which is a subset of the total.
Near Miss Incident Reporting Rate	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. The incidence reporting rate indicates the rate at which such near miss incidents were reported. The higher the better.
Lost Time Incidents	Incident resulting in staff absence of >3 days, this month
Ethnic Minority staff net change	Net change in the number of staff identifying as being of an ethnic minority at NHSBT
Ethnic Minority staff % new starters	% of new starters for the month that identify as being of an ethnic minority
PDPR completion rate	% of staff that are recorded as having their Personal Development and Performance Reviews completed
Mandatory training compliance rate	% of staff that are recorded as having completed their mandatory training
No. commencing leadership programmes (% BME)	No. of staff starting a leadership programme, and % of which identify as BME
Live Cases at month end	Live cases of all type (disciplinary, grievance, dignity, capability, probation) at the end of the month
No. of new Freedom To Speak Up cases (last month)	Cases raised via the Freedom To Speak Up programme of identified points of contact, through which any staff member can raise any issue confidentially.