

## Board Performance Report

### For the period ended 30<sup>th</sup> April 2015

	Status	Trend	Comments
Blood Components			Red Cell issues in April were 1.7% higher than plan although 3% lower than the previous year. Red cell stock levels remained above the 3 day alert for all blood groups. Donor satisfaction and donor complaints are reporting a strongly positive trend with donor satisfaction at record levels.
DTS			Only two cord blood units were issued in the month (versus 4 planned) and the number of stem cell harvests and BBMR matches also continue to run behind plan. This continues to depress overall income growth in DTS which is otherwise close to plan.
ODT			There were 84 deceased donors in April, 26% lower than plan (114). This was significantly lower than the 117 seen in April 2014 and is the lowest number recorded since October 2012. The number of transplants was also 25% behind plan (232 vs 308). Living Donors (reported one month in arrears) finished 2014/15 4.6% lower than the previous year.
Corporate			Sickness absence improved in the month at 3.87%, better than plan of 4.5% and also lower than the previous year (4.37%).
Finance			A surplus of £2.9m was recorded in April, £2.1m better than budget. We are likely, however, to record a technical deficit in 2015/16 as a result of using our cash balances to fund the transformation plan.
Change Programme			The project portfolio has been re-prioritised and a revised 5 year costs/benefits profile has been developed in support of the programme. One red flagged project is reported this month, EMDIS –Cord, as result of issues with supplier performance in respect of software delivery.

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DIVISION	PILLAR	STRATEGIC TARGET	RAG 15/16	PERFORMANCE
Blood	Blood Donation and the Donor Experience	69% percent of blood donors scoring $\geq$ 9/10 for satisfaction with overall service (chart 17).	G	Better than plan in April (74% vs 70%).
		No. of complaints per million donation	G	Better than plan.
		Number of Donors Donating over the last 12 months (000's)	G	Ahead of plan in April (897k vs 893k).
		Frequency of Donation (overall)	G	Equal to plan in April (1.90).
		Number of O- neg Donors Donating over the last 12 months (000's)	A	Marginally lower than plan in April (105.3k vs 105.4k).
		Frequency of Donation (O neg donors)	A	Marginally below plan in April (1.97 vs 1.98).
		% of whole blood donations in donor centres	A	Marginally below plan in April (13.1% vs 13.5%)
		% of 9 bed sessions	G	Better than plan in April (55.6% vs 49%).
		Blood Donation Productivity: units/FTE/year	G	Better than plan in April (1,381 vs 1,359)
	Supply-Chain Operations	Red Cell Blood Stocks – Alert Levels (chart 25).	G	Red cell stock > 3 day alert level for all groups during April.
		Platelet Demand vs. Stock levels (chart 26).	R	Platelet stock < than average daily demand for x 1 day during the month .
		Number of 'critical' and "major" regulatory non-compliances	G	None reported this month.
		96% of Products Issued on Time	G	Equal with plan in April.

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DIVISION	PILLAR	STRATEGIC TARGET	RAG 14/15	PERFORMANCE
Blood	Supply-Chain Operations (cont.)	Manufacturing Productivity (units/FTE/year)	G	Better than plan in April (10.1k vs 9.8k).
		Testing Productivity (units/FTE/year)	G	Better than plan (25.4k vs 23.9k).
	Customer Service and the Hospital Interface	Percent of hospitals scoring $\geq$ 9/10 for satisfaction with overall service (chart 30).	-	March at 70% (December 64%), better than target. Next survey in June 2015.
		Red Cell Price £121.85 in 2015/16.	G	Prices will be further reduced to £120 p/unit for 2015/16 .
	Hospital Integration	Satisfaction with RCI at $\geq$ 9/10		Reported under the DTS section (page 6).
		Hospital Served via Vendor Managed Inventory		To be reported from Q1.
		Hospital networks with extended / integrated services		As above.

## Commentary – Blood Components

Red Cell issues in April were 1.7% higher than plan although 3.0% lower than last year. The budget and current demand plan for 2015/16 is based on 1.610m issues, a 3% reduction year on year, although the statistical forecast model is suggesting a possible demand of 1.630m (-1.95% lower than 2013/14).

Whole blood collection in April was 4.2% higher than plan and hence stocks increased during April to end at c38k units. At a regional level, collections (number of donors bled) in the month were higher across all regions versus their respective plans, with the West being the highest at 5.9% ahead of plan in-month.

Stocks of all blood groups remained above the 3 day alert level during the month, with stock levels of vulnerable groups O- / B- neg remaining at between c5-6 days for each group during the month and into early May. Although red cell demand in April was 3.0% lower than April last year, demand for O- red cells was 3.3% higher and hence the proportion of overall demand is now 12.3% (versus the average of 12.1% in 2014/15). This needs to be closely monitored albeit strong collection performance is ensuring that O- stock levels and availability currently remain very good.

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The recruitment of new whole blood donors was 1,000 (7%) behind plan in April. The donor base overall, however, (based on donors donating over the last 12 months) improved to 897k versus 893k planned. Echoing the concerns above re O- demand, however, the number of O- donors, continues to fall albeit offset by higher frequency.

Donor complaints, improved again this month with a return of 4,784 in April, which was lower than target (4,900) and also the lowest since May 2014 (4,676). The top three areas for donor complaints this month were i) turned away, ii) slot availability, and iii) not seen at appointment time. The improvement is considered to reflect the roll-out of customer service training and the impact of the new structures that have been put in place under the BDOD project. The target for donor satisfaction has been increased for 2015/16 to 70%. April performance increased to 74%, the highest ever recorded and has now been greater than 70% for 11 of the last 12 months. This continues to be welcome given the changes at Brentwood and the impact of the session consolidation project. The number of faints was better this month at 150 and lower than the target of 160. The number of rebleeds was, however, higher this month at 32, worse than the revised plan for this year (30 – reduced from 50).

Red cell wastage levels were marginally lower this month 3.46%, better than plan (3.60%) and also last year (3.64%). The number of red cell expiries was low again in April at 0.22% and continues to be substantially lower than both plan (0.52%) and the previous year (0.39%).

OTIF delivery performance (before substitutions) improved to 96% in April, in line with plan. This equates to 7.0k of 172.8k units issued failing OTIF. The key areas of under performance this month were i) ad-hoc delivery 92.8% ii) supply of adult platelets 94.4% and Collects 95.5%. There continue to be a number of actions being put in place to address these 'failing' units ie:

- i) improvement to the timing of ad-hoc deliveries, particularly at the Colindale, Tooting and Manchester sites;
- ii) adult red cells - reducing the level of substitutions for Rh phenotyped blood, which accounted for 71% of the total, by targeting the recruitment of this cohort and tracking their donations to ensure that optimal usage is made of them ie units are being moved to Birmingham and London, to reduce substitutions,
- iii) adult platelet substitutions, where 469 failures were due to irradiated being issued for non-irradiated units;
- iv) collect timing fails, with Manchester the highest at 318 fails followed by Leeds and Tooting.

Demand for platelets was marginally lower than plan in April but marginally above last year. The MAT, which had been climbing slowly through 2014/15, has now remained broadly flat from December 2014 onwards at 275k units. The latest review of the DRG has continued with the forecast at an unchanged 280k and equal to budget. This needs to be watched as falling platelet demand is reported across many international blood services.

Platelets wastage levels were better this month at 9.52% but worse than last year (8.1%) and also plan (8.0%). The platelet expiry rate was slightly lower in April at 6.60%, although this continues to be higher than the previous year (5.44%) and also plan (4.76%).

Platelet stocks in aggregate were below the alert level on one occasion during April, before recovering the next day. There has also continued to be, some instances at a group level during the month where stocks were below average daily demand, these were confined to AB+/B+/ O+. The improvement in stocks of A- (the universal platelet type), continued this month, with only 2 out of 20 working days where stocks of this group were below the alert level.

There were no major/critical non-compliances reported this month.

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### Blood Supply – Status of Strategic Projects per TPB reporting

Portfolio - 17 projects	Red	Amber	Green
	Nil	4	13

Project	RAG	Trend	Strategic Theme	Spend to date	Cost	Benefit	Complete
<b>BDOD</b>	G	-	Blood Donation and the Donor Experience	£7.7m	£7.7m	£5.7m	May 15
All objectives delivered. The End Programme Report has been produced and is now with the Accountable Executive for final review. The overall programme is on target for closure in May 2015.							
<b>Session Consolidation – Phase 2</b>	G	-	Supply Chain Operations	Nil	TBC	£0.8m	Mar 16
This project continues with the consolidation and re-configuration of blood donor sessions in order to improve collection productivity and deliver cost efficiencies in blood donation while ensuring there is limited donor attrition. Following approval of the PID, work has continued on developing the programme. Collective consultation for the London City team was successfully launched on the 1st May.							
<b>All Wales Blood Service</b>	A	-	Supply Chain Operations	£0.1m	£0.3m	£1.8m	Dec 16
The WBS have produced a draft blueprint for the change programme. The original handover date was March 2015, but December 2016 is now broadly accepted as the target date. A letter from BCUHB/WBS, that will formally notify NHSBT of impending changes to existing agreements and contracts has been received. There is an expectation that an outline for the handover plan will be provided in May. NHSBT is, however, still to receive a detailed programme and workstream plan to support the transition phase. The updated OBC has been approved and a DBC planned for December. 2015.							
<b>Donor Portal Phase 2</b>	A	-	Blood Donation and the Donor Experience	£0.1m	£0.7m	£0.5m	Oct 15
The proposed contract framework from the supplier (Sapient), which is based on a fixed price/fixed time basis, will be reviewed and agreed by 8th May. Following sign-off, the final scope and planning schedule will be produced in the Discovery Phase by 29th May. The contract will then be finalised incorporating the scope and schedule and needs to be signed on 29th May to ensure the start of the project on 1st June and completion by the end of September. Any slippage in this schedule will result in the project being delayed until after the data centre freeze.							

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## Blood Supply – Status of Strategic Projects per TPB reporting (cont.)

Project	RAG	Trend	Strategic Theme	Spend to date	Cost	Benefit	Complete
<b>Nottingham Donor Centre</b>	G	-	Blood Donation and the Donor Experience	£0.8m	£1.4m	£0.2m	Jul 15
All construction work is now complete and the building has been handed over to operational management. The lease was completed on the 24 <sup>th</sup> April, which has allowed 6 months' notice on Castle Quay to be served (24/10/15). The MHRA have confirmed opening audit date as 18/05/15 and pre-inspected on 06/05/15. A major non-compliance, however, was reported due to a lack of validation of the IT installation.							
<b>Planning &amp; Control System</b>	A	Better	Supply Chain Operations	£0.8m	£0.9m	£0.1m	Jun 15
The project is now in the delivery stage. Software and licenses have been purchased and successfully loaded and the environments all built. However, Module 1: Demand Planning and Module 2: Vendor Managed Inventory, were delayed and required their respective milestones to be re-profiled. The VMI module has not yet been operated successfully in a dual-run environment and, due to an Azure hosting issue (Vodafone connectivity to the NHSBT DNS), it has been delayed by a further 2 weeks. This has also impacted on the Inventory Optimisation module, with a 2 week delay to the required configuration work. There is a dependency with the Stock Management rollout project, which, although impacted by this delay, will be able to contain this within the overall contingency built into the project. Last month's TPB approved a CR for additional funding of c£77k, to complete the project (>20%), which will trigger the requirement for re-approval at the May Board meeting.							
<b>Transport Management System</b>	G	-	Supply Chain Operations	£1.1m	£1.4m	£0.7m	Jun 15
The project has been rolled out to all sites and is now in the final phase of delivery , with final end to end test commissioning test due to take place in early May , and sign off of the core CTMS system expected during May. Work continues on implementation of work-off items and transition into the business. The project is now set to close down in July.							
<b>NAT Contract</b>	A	-	Supply Chain Operations	-	TBC	TBC	Sep 15
The suppliers have been notified that the contract has been awarded and we are in the stand still phase. The standstill phase has been extend to 22 May to enable clarifications to be provided to one of the suppliers.							

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## Blood Supply – Status of Strategic Projects per TPB reporting (cont.)

Project	RAG	Trend	Strategic Theme	Spend to date	Cost	Benefit	Complete
<b>Modern Paperless Donor Journey (Online DHC)</b>	G	-	Blood Donation and the Donor Experience	£0.1m	£4.6m	£1.5m	Sep 15
The project, which is in the start-up phase, will improve the donation experience. Key to these improvements will be the digitisation of the DHC form and donation audit trail. The focus at this stage is on the discovery phase to allow development of the business case to be completed. Research with donors has now been completed, prototypes produced and the MHRA engaged to review our proposition. Researchers have completed a user story and are now sketching workshops. A meeting with key stakeholders will be used to deliver a presentation covering status, scope and next steps. The programme team focus will continue to be on our roll out approach and the technical support and maintenance required to deliver the project.							
<b>Supply Chain Modernisation</b>	G	-	Supply Chain Operations	Nil	£6.1m	£1.4m	Jul 16
The project, which will deliver an optimised configuration for Manufacturing and Quality Monitoring (QM) that will deliver a modern, flexible and productive supply chain able to respond to a changing customer demand, is in the start up phase. The detailed plans and costings have been completed for the estate refurbishments, workforce and logistics. The DBC is planned for review at the July Board meeting.							
<b>Standard Donor Carer Day</b>	G	-	Supply Chain Operations	£0.1m	£0.3m	£0.4m	Jan 16
The project, which will deliver improvements to both the service provided to donors and also session/collection capacity, continues to be in the delivery phase. Agreement has been reached on the sequencing of teams for rollout up to the end of the financial year. The approach to Set Up / Pack Down and the standard day planning initiatives have also been agreed. The planned roll-out is due to complete in January 2016.							
<b>Platelet Supply Strategy</b>	G	-	Supply Chain Operations	£1.2m	£3.3m	£2.9m	Mar 16
The project continues to remain on track with reduction to apheresis collection ahead of plan. Retention and recruitment targets for high impact donors have been developed. However, recent modelling has highlighted a risk of there being insufficient numbers of potential apheresis donors to meet recruitment needs (up until April 2016). The Marketing and Central Planning Team will confirm the total available potential donor pool and then outline options to meet any gap in supply.							

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DIVISION	THEME	STRATEGIC TARGET	RAG	YTD TREND	PERFORMANCE
DTS	Group Targets	Sales Income (£m's)	A	-	£0.1m below plan in April (£4.8m vs £4.9m).
		Number of Serious Untoward Incidents (SUI's)	R	-	One reported this month in the Bristol Eye Bank.
		Zero 'critical' regulatory non-compliances	G	-	None reported this month.
		Number of 'major' regulatory non-compliances	G	-	None reported this month.
	Tissues	£8.6m sales income achieved (chart 41)	G	-	Better than plan in April (£0.9m vs £0.89m).
		80% percent of customers scoring $\geq$ 9/10 for satisfaction with Tissues	-	-	Next survey to be reported in June 2015.
		98.0% of Product issued on time	G	-	Better than plan, reporting at 100% in April.
	H&I	£13.34 Sales Income achieved	A		Worse than target in April (£0.98 vs £1.04m).
		60% percent of hospitals scoring $\geq$ 9/10 for satisfaction with H&I (chart 39).	-	-	64% in March 2015 Next survey scheduled for June 2015.
		% of patients receiving A or B1 platelets	R		Behind target (72% vs 78%).
		Time to type DCD organ donors	G		Reporting monthly in arrears and slightly ahead of target (81% vs 80%).
		Turnaround time vs SLA	R		Behind plan (87% vs 98%) in April.
	RCI	£11.87m Sales income achieved	A		Marginally below plan in April.
		60% percent of hospitals scoring $\geq$ 9/10 for satisfaction with RCI (chart 39).	-	-	53% in March 2015. Next survey scheduled for June 2015
		Sample turnaround time vs SLA	A	-	Slightly below target in April.



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DIVISION	THEME	STRATEGIC TARGET	RAG	YTD TREND	PERFORMANCE
DTS	CMT	£9.71m sales income achieved	G	-	Better than plan in April (£0.72m vs £0.63m).
		Contribution to overheads (£1.3m)	R	-	Worse than plan.
	SCDT	£10.7m sales income achieved	R	-	Income below target in April (£0.7m vs £0.86m)
		Contribution to overheads (£2.03m)	R	-	Worse than plan.
		% Confirmatory typing within 134 days	R	-	Lower than plan (70% vs 80%).
		2,300 increase to Banked Cords TNC > 140	G	-	Ahead of plan in April (205 vs 192)
		30% BAME Cord Blood units add to the bank	G	-	35% of total units banked vs target (>30%).
		Issue 60 Cord Blood units	R	-	2 units issued this month and below target (4).
		Adult Donor Provisions	R	-	Target for the year is 270 donors, April is behind plan (14 vs 22).
		Donors recruited to fit panel	A	-	2015/16 target is 8k, April is lower than planned (396 vs 400).
		£6.93m sales income achieved	R	-	Worse than plan in April (£0.54m vs £0.58m).
	Therapeutic Apheresis Services	60% of hospitals scoring => 9/10 for satisfaction with TAS	-	-	Better than plan in Q4 2014/15 (68% vs 60%).
		98% of Patients rating patient experience => 9/10 with the service	-	-	Latest survey, reported in January 2015 at 100%

## Commentary – Diagnostics and Therapeutic Services

DTS is reporting a small surplus I&E position in April of £0.1m. Sales income was lower than plan this month with the primary impact continuing to be the low activity in SCDT (ie lower cord issues, lower stem cell harvests and lower BBMR matches) Income is 7% higher overall than last year as a result of the acquisition of eye banking activity.

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**Tissues** the income target for 2015/16 is £12.5m (2014/15 - £8.6m) with the increase mainly due to the transfer of the Eye Banks into Tissue Services from the 1<sup>st</sup> April 2015. Income in April 2015 was marginally ahead of plan with the sale of skin, cardiovascular, DBM and ASE, being the main drivers. Expenditure was also better than plan this month as a result of vacant development posts within Eye Banking. The overall income and expenditure position is reporting a surplus of £160k in April. The stock of corneas is increasing and should now be capable of meeting demand for the first time in the past few years.

In **Diagnostics**, RCI reported a small net income and expenditure deficit in April (£0.1m), with sales activity 2.1% lower than planned (although 2.2% higher than last year) and higher than expected expenditure. H&I is reporting a small I&E deficit in April, predominantly due to lower income, combined with a small expenditure overspend. Sales were 5% lower than plan and were driven by a combination of H&I Service / PGI income being lower than plan.

**Stem Cell Donation & Transplantation** income was worse than plan this month (£0.2m), with both the BBMR and CBB continuing to be behind plan. Only two cord units were issued this month versus the target of four. The target for the year has been reduced to 60 units (2014/15 - 75 units) and even at this level delivery may prove to be challenging. Searches on the NHS-CBB continue to focus predominantly on those cords above a TNC of 140 and in particular >190 TNC, with c80% of units issued during 2014/15 (34 of 43 coming from these two categories). Those cords with the highest TNC only represent, however, some 4.7% of the overall bank (954 out of 20,400). Increasing the number of cords banked of this quality continues to be challenging with only c20% of new units within the bank coming from these categories during last year.

The target for the number of cords banked this year has been retained at 2,300 and continues to reflect the decision to bank only those cords with a high total nucleated count (TNC) > 140x10<sup>8</sup>. The number of collections this month, was better than target at 205 (vs 192). The proportion of units banked from BAME communities this month, was lower this month at 35%, although remaining better than plan (30%).

In **Cellular and Molecular Therapies** the sales were better than plan driven by higher than anticipated Cryopreservation, Testing of Products and CBC income.

**TAS** Income was lower than plan in April by 6.2%, although 6.3% better than last year. The lower than expected level of sales has continued the trend seen 2014/15 driven by photopheresis activity only partially offset by favourable sales variances in Stem Cell Harvests; White Cell Depletion and Red Cell Exchange activity.

There were no major/critical non-compliances reported this month.

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## DTS – Status of Strategic Projects per TPB reporting

Portfolio - 5 projects	Red	Amber	Green
	1	2	2

Project	RAG	Trend	Strategic Theme	Spend to date	Cost	Benefit	Complete
<b>EMDIS Cord</b>	R	Worse	Organisational Capability	Nil	Nil	Nil	Oct 15
<p>The EMDIS Cord software go-live has been completed with connectivity achieved with the Finnish registry. There has however, been an ongoing delay to the IP10.1 software delivery from the supplier which has resulted in the testing being re-planned and a revised go-live date of early July (formerly May). This has impacted on our ability to progress configuration and testing to support reciprocal connection with NMDP (American Registry), to the end of August (originally June). Update to software required for Anthony Nolan, to be developed by NMDP is impacting on completion of messaging configuration and testing. We are working closely with both Anthony Nolan and NMDP to monitor their infrastructure refresh activities and software development progress. There is also an ongoing review of the testing approach, to understand whether the current timeline can be shortened to enable as early reciprocal go-live as possible.</p>							
<b>Stock Management Rollout</b>	A	-	Hospital Integration	Nil	£0.3m	Nil	May 16
<p>The project, which follows on from the Stock Management pilot, is now in the delivery phase. There has continued to be a delay to the PCS VMI solution, which is still undergoing dual run validation pre hospital deployment, although UAT is now complete. The PCS hosting issue (Azure connectivity) , impacted adversely on dual running, which, having commenced in early April and run successfully for 11 days, was then delayed. Although dual running is planned to re-commence in week 1 May, this will delay Phase 1 go-lives until early June. The later deployment of Phase 1 and the need to affect some changes to OBOS (changes expected by week 3 September and in release 7.1.0) will require some replanning. This will also affect Phase 2 and 3 timelines as phase 2 will now not start until early October . Due to built in contingency, however, the project end date will not alter.</p>							

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## DTS – Status of Strategic Projects per TPB reporting (cont.)

Project	RAG	Trend	Strategic Theme	Spend to date	Cost	Benefit	Complete
<b>Next Generation Sequencing</b>	G	-	Service Delivery & Effectiveness	£0.2m	£0.7m	£2.3m	Nov 15
The Next Generation Sequencing (NGS) project will deliver an automated process allowing large amounts of DNA sequence data to be generated relatively quickly and cost effectively in support of a commercial service offering. Validation work concluded that a new supplier of kits was essential and a waiver signed off to allow sufficient kits to be ordered to ensure PQ starts on plan. However, PQ parallel running has been suspended pending the ongoing outcome of investigation into DR result types. At this stage the DR results investigation remains unresolved, however, PQ-Parallel Running will look to sign off on 6th May with a deviation to allow the DR dropout rate investigation to continue into PQ-Post Go-Live monitoring. Despite having the DR issue to resolve, the project remains committed to a contract award in August 2015, and being in position to introduce a commercial offering from 1 <sup>st</sup> September.							
<b>EDI Phase 2</b>	G	-	Service Delivery & Effectiveness	£0.03m	£0.1m	Nil	Sep 15
Following approval of a CR to the March TPB, the project scope was revised, to develop a solution that could support high volume, simple transactions e.g. Antenatal Screening samples/Simple Grouping & Screening. The project is now focused on defining requirements, with a meeting scheduled with the supplier CliniSys, to review requirements. The development of the Interface is progressing, shipping manifest development scheduled and the testing requirements workshop held.							
<b>Eye Banking</b>	A	-	Organisational Capability	£0.1m	£0.4m	Nil	Dec 15
The project is in the delivery stage and will consolidate the ocular tissue transplantation pathway under the management of Tissue Services. Due to findings arising from the discovery phase, the planned date for the transfer of the Bristol bank will not be met and the bank will remain in situ prior to transfer into the Filton site. The HTA has now provided approval of an extension to the license for the bank in its current site, while preparatory work for the transfer is undertaken. Following approval of an OBC by the February TPB, design work has commenced for a reconfiguration of clean room capacity at Filton in order to facilitate transfer of the bank whilst retaining capacity for regenerative medicine and production of invitro red cells. A DBC will be submitted to the June CPB for approval (originally April).							

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DIVISION	THEME	STRATEGIC TARGET	YTD RAG	YTD TREND	PERFORMANCE
ODT	Key Outcome Measures	Increase % Consent/Authorisation rate (Overall)	R	-	April returned 56.3% versus plan of 62%
		Deceased donors 1365, (chart 45)	R	-	Behind target by 30 donors in April (84 vs 114).
		Deceased Organ Donors per million population	-	-	Reported quarterly, March at 20.1 vs 22.5 planned. Next return is June 2015.
		Number of Living donors (1,223) – reported one month in arrears (chart 48).	A	-	Year end 1,090 donors (versus plan of 1143).
		OD register at 21.1m – internal NHSBT target based on 2m new registrations in 2015/16.	R	-	New registrations lower than plan in April (0.03m vs 0.08m).
		% Consent/Authorisation rate (patient expressed a wish to donate on ODR)	R		Below target at 83.1% in April vs 92%.
		% Consent / Authorisation rate (patient not expressed a wish to donate or ODR status not known)	R		Below target at 44.3% in April vs 50%..
		Organ Transplants – Deceased (3,694)	R	-	232 transplants in April (versus plan of 308).
		Deceased Organ Transplants per million population	-	-	Reported quarterly. March at 52.4 vs 59.0 planned. Next return is June 2015.
		NHSBT Cost per Transplant (chart 47).	-	-	Forecast for 2015/16 - £18.1k, reported quarterly, next report in June 2015.

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### Commentary - ODT

There were only 84 deceased organ donors in April, 26% lower than the plan of 114 donors. This was also significantly lower than the 117 seen in April 2014 and is the lowest number recorded since October 2012. There was some pick up in activity during early / mid May but daily activity appears to have dropped back to April levels. As a result the number of transplants in April was also 25% behind plan (232 vs 308).

There were 51 DBDs reported in the month, lower than plan of 71 (and the 75 seen in April 2014). The number of DCDs was 33, also worse than plan of 43 (and the 38 seen in April 2014).

As a result the moving annual total (MAT) of deceased donors continues to fall, especially for DBDs, and is now at 1,249 versus an outturn in 2014 /15 of 1,282 and the plan of 1,365 for 2015/16. Investigations to understand the trends continue. For DBDs it is apparent that the donor pool appears to have fallen sharply since December 2014 and correlates strongly with the donor MAT reported by NHSBT. For DCDs, although the same trend can be seen, the number of eligible donors appears to be broadly the same as past periods and the lower number of donors appears to be driven more by lower demand (for kidneys) from transplant centres.. This also correlates with the results seen for living donors (reported one month in arrears) where the number of donors in 2014/15 was 4.6% lower than in 2013/14.

With regard to the organ donor pathway, performance against target for consenting donors fell in the month recording a combined DBD/DCD score of 56.3% and behind target of 64%. By donor type, DBDs were lower than plan for the month at 62.6%, lower than target of 72.5%. Only 3 out of 12 teams recorded scores above the overall target. Similarly the consent rate for DCDs was also lower than plan at 52.23% versus 58.5%, with only 4 out of 12 teams better than the overall target.

The number of new registrants on the organ donor register in April 2015 is 32,000, worse than plan of 90,000. The full year target for 2015/16 has been increased to 2m (2014/15 – 1m) assuming £1.2m spend on the behavioural consistent strategy. Overall there is now total of 21.1m registrants on the register.

### **ODT – Status of Strategic Projects per TPB reporting**

Portfolio - 4 projects	Red	Amber	Green
	Nil	1	3

Project	RAG	Trend	Strategic Theme	Spend to date	Cost	Benefit	Complete
<b>Donor Registration Transformation (DRT)</b>	<b>G</b>	-	Outcome 2 – Each donor can give as many organs as possible	£2.0m	£4.4m	Nil	Jun 16
The project supports the digitisation of the current processes for registering organ donors in hospitals. Progress continues to plan with the NTxD, EOS and Donor Path Workstreams are all progressing to plan. The Secure Content Locker UAT has been signed off, this now needs deployment into production, with a target date of June 1 <sup>st</sup> .							

# NHSBT BOARD REPORT – 30<sup>th</sup> April 2015

## ODT – Status of Strategic Projects per TPB reporting (cont.)

Project	RAG	Trend	Strategic Theme	Spend to date	Cost	Benefit	Complete
<b>Opt Out System &amp; Register</b>	A	Worse	Outcome 1 - People can donate when and if they can	£0.6m	£4.2m	Nil	Jun 15
The project will implement an Opt Out System and Register for organ donation to support Welsh legislation. The project is however, reporting at 'Amber' status this month due to a delay to some of the cutover tasks. This was discovered during the checking of sample backlog data feed files, which highlighted 2 issues. As a precaution, the new ODR has been made available for searches only and therefore no updates will be applied until the issues are fully resolved. Hot fixes to address the issues are planned for testing on May 1 <sup>st</sup> , with implementation on May 6 <sup>th</sup> . Once implemented it will enable the remaining cutover tasks to be completed.							
<b>Workforce Design PH2</b>	G	-	Outcome 2 – Each donor can give as many organs as possible	£0.1m	£2.4m	£4.6m	Dec 15
The project aims to deliver a revised SN-OD workforce model. The designated requester pilot began this month and has progressed well. To date there have been 30 approaches, 16 by SNODs and 14 by Requesters. The conversion rate for the SNODs is 56.2% and for the Requesters 71.4%. Data collection for the Triage exercise may have to be extended by up to a month due to the ratio of proceeding donors being lower than the same time last year. Good progress has been made with the administration review including staff engagement workshops.							
<b>Bristol Consolidation</b>	G	-	Outcome 4 – Better support systems and processes	TBC	TBC	TBC	Jul 16
The project objective is to consolidate Stoke Gifford staff into Filton. It remains in start-up phase and is critically dependent on the ODT infrastructure refresh as the IT hardware in support of ODT cannot be safely relocated until this is complete. The revised project end date will now overlap with the planned 6 month change freeze from October 2015, required by the Infrastructure Hosting Project. A paper will now be developed for review at the June TPB and will confirm the logistics and implications of relocating ODT staff within the Filton site.							

## NHSBT BOARD REPORT – 30<sup>th</sup> April 2015

GROUP	NOTES/UPDATE REPORT
<b>NHSBT Corporate</b>	<p>Sickness levels fell to 3.87% in April, lower than target of 4.5% and also better than the outturn for 2014/15 (4.37%). Sickness absence in ODT improved significantly in the month (to 4.23%) having been above 5.5% in preceding months. The transport function, has however, remained high in April at 6.72% with management/HR continuing to review and address the causes at each site.</p> <p>There was one SUI recorded in April 2015, which was associated with fungal contamination of corneas at the Bristol Eye Bank. This occurred shortly before it became the responsibility of Tissue Services although NHSBT has now taken on the investigation and management of the incident.</p> <p>The tenderers for the NAT contract have been notified of contract award and the process is currently in the OJEU stand still period. This has now been extended to 22 May as a result of clarifications being sought by one of the suppliers and puts delivery of the new service by 1 September at risk.</p>
<b>FINANCIAL RESULTS</b>	<p>An income and expenditure surplus was reported in April of £2.9m, £2.1m better than plan, mainly due to higher Blood Component income and a favourable cost of sales movement for red cells.</p> <p><u>Balance Sheet</u> - Current Assets were £56.9m at the end of April with a cash balance of £18.0m, and includes a liability of c£1.4m for capital charges and also a c£5.5m creditor for programme funding not yet drawn down from DH. At the end of the month there were a number of debtors with c£0.5m outstanding, the top 3 are i) Gloucestershire Hospitals NHS Foundation Trust (£0.5m), South Tees Hospitals NHS Foundation Trust (c£0.4m) and Guy's and St Thomas NHS Foundation Trust (£0.4m). . Debtor days were 37 in April which was higher than target (22) and reflects an ongoing increase in overdue payments by NHS hospitals. Creditor days were at 21 which was significantly better than the target (30).</p> <p><u>Capital</u> – DH have not as yet confirmed the requested allocation for 2015/16 (£8.5m). Bids are c£2.5m higher than the requested allocation and directorate leads are re-prioritising so that a balanced plan can be generated. In lieu of having an allocation for the 2015/16 financial year spend is currently restricted to those projects where there is a carry forward liability/commitment from 2014/15 or where there is a newly identified critical business need. At the end of 2014/15 there was a carry forward liability of c£3.6m (mainly estates and ICT projects) which have commenced but not completed during the year. At the end of April 2015, capital spend is c£1.1m.</p>



# NHSBT BOARD REPORT – 30<sup>th</sup> April 2015

## Corporate - Status of Strategic Projects per TPB reporting

Portfolio - 10 projects	Red	Amber	Green
	Nil	3	7

Project	RAG	Trend	Strategic Theme	Spend to date	Cost	Benefit	Complete
<b>Brentwood Estates Optimisation</b>	G	Better	Capability, Capacity & Leadership	£1.5m	£7.0m	£1.4m	Sep 16
Heads of Terms have now been agreed for the new SHU property in Basildon. Donor centre decommissioning is almost complete, with donor record archiving due to complete late in May 2015. New reception arrangements at Brentwood have been implemented and are working well. Heads of Terms have also been agreed for a new office property and solicitors instructed. An MHRA audit on the existing site on 30th / 31st March was content with the quality of change control processes for the move to new SHU / Offices and the donor centre decommissioning.							
<b>OBOS Ph2</b>	A	-	Group System & Processes	£0.1m	£0.1m	£0.01m	Jun 15
The project will migrate the OBOS application from the existing NHSBT managed infrastructure to the Microsoft Azure platform. Concerns following issues with the reliability and service regarding connection to the service have resulted in an options appraisal being developed. This was reviewed at this month's TPB meeting and a decision to continue with the migration to Azure was taken, with a go-live date of 31 <sup>st</sup> May.							
<b>ISMS</b>	G	-	Group System & Processes	£0.6m	£0.6m	Nil	Jul 15
The ISMS build is now complete. Following project board approval, IT Phase 1 went live in early March. Work is now underway to upgrade underlying ServiceNow platform to latest version. A scheduling/planning meeting for future BAU development work has been organised for 1st May, after which point the project board will be able to confirm remaining key milestones (Delivery Stage 4) and the project end date, which is currently scheduled for 12 <sup>th</sup> June.							
<b>ODT Infrastructure Refresh</b>	G	-	Group System & Processes	£0.9m	£0.9m	Nil	May 15
Project Board go live reviews were held 14th and 17th April and go-live completed as scheduled on 18th April 2015. Phase 2 planning is underway to cover post go live tasks.							

## NHSBT BOARD REPORT – 30<sup>th</sup> April 2015

### Corporate - Status of Strategic Projects per TPB reporting (cont.)

Project	RAG	Trend	Strategic Theme	Spend to date	Cost	Benefit	Complete
<b>Core Systems Contract &amp; Discovery</b>	G	-	Group System & Processes	£0.2m	£0.2m	£0.1m	Jun 15
Savant and NHSBT have now signed new 3 year core systems support and maintenance contracts for Pulse and Hematos. Transformation discovery work (re systems replacement) undertaken with external suppliers (Engine Partners) is now been complete and has delivered an implementation plan, including a proposed list of delivery projects and potential benefits. Following presentation of the outputs to the May TPB, approval has been provided for the establishment of a new programme with 5 sub projects.							
<b>Infrastructure Hosting Project</b>	A	-	Group System & Processes	£0.5m	£8.2m	£1.0m	Jun 16
BPL, our landlords at the Elstree data site, has confirmed that NHSBT are required to vacate the site by the 31 <sup>st</sup> March 2016 at the latest. This represents a 3 month extension to the existing agreement and they have instructed their solicitors to amend the lease to reflect this final extension. There have been some delays in securing dedicated NHSBT resources, with the Project/workstream Management and Test Manager roles outstanding. However, the key operational roles have now been filled and are supporting the SCC Discovery process on a part time basis whilst backfill resources are secured. There has also been a delay in producing the first draft network HLD as resources were assigned to another business critical project for over two weeks (ODT infrastructure project). There is also the potential for GDS to mandate the use of Crown Hosting, which would likely create a material risk to achieving the required BPL exit date. Discussions are planned with GDS, together with an impact assessment of the Crown Hosting option.							
<b>Networks &amp; Telephony Contract</b>	G	-	Group Systems & Processes	Nil	£1.6m	£0.3m	Dec 16
This project will involve the procurement and replacement of two existing contracts for telecoms and network services and also managed firewall services. Existing contracts expire in January 2016 and March 2016 respectively. There is a risk that the tendering exercise may not be completed before the PSN frameworks expire in April / June respectively. Following a meeting between with DH / CO in early November, it was indicated that they are willing to extend the frameworks, and permission has now been received from the CCS for the current PSN frameworks to be used for the all the tenders. Due to CO requirements this is likely to require NHSBT to disaggregate services and procure 6 separate contracts / services. Work is now ongoing with the CCS to agree on the wording within the ITT schedules, which form part of the tender documentation used by the PSN frameworks. The Connectivity and Telephone tenders are now underway. The focus in these tenders is on describing the current requirements in service level terms rather than at a component level. As part of the wider and ongoing need to understand and manage dependencies with the Infrastructure Hosting project, it has been recommended to move the firewall procurement from the IH project to within scope of the Network and Telephony project. The Firewall procurement and Management tender dates have now also been agreed. Further work will now also be required to understand any resource issues following the potential 6 month change freeze as part of the Infrastructure Hosting project.							

# NHSBT BOARD REPORT – 30<sup>th</sup> April 2015

## Corporate - Status of Strategic Projects per TPB reporting (cont.)

Project	RAG	Trend	Strategic Theme	Spend to date	Cost	Benefit	Complete
<b>Key Machines Upgrade</b>	A	-	Group System & Processes	£0.2m	£0.2m	Nil	Jul 15
<p>Nearly all the machines (80-90% of the PC's due to be installed) under phase 1 have now been built and are ready to be deployed and all 250 licenses have now been upgraded. However, the project remains significantly beyond its planned due date of June 2014. Having resolved the Acronis backup issue, Phase's 1-4 installations can go ahead without N&amp;S resource. Progress continues to be slow although additional resources will be contracted in May. Once the additional CSA resources are in place the remaining installation dates will be confirmed. Until this time the project will continue to report at 'Amber' status.</p>							

**Risk  
Management**

**Summary of key (net ) risks reflected in the risk register:**

Corporate Risk Register Summary	Red	Amber	Green
<b>142</b>	26	104	12

The dependency and reliance on the SMEs that currently provide support for our critical operational systems (PULSE/Hematos).

The ability to supply sufficient volumes/services in case of the loss of a key facility (eg Filton, Speke) or the loss of critical IT systems (Pulse, Hematos, networks etc). In this regard the risk of critical system loss is increasing on the back of the significant changes that are planned (eg data centre hosting, new desktop, PULSE replacement etc) and the significant complexity and inter-dependency between them.

The scale of the existing transformation programme across NHSBT/Blood will create a significant challenge to the capacity and capability of NHSBT to safely execute the change (especially within ICT but also including business resources) and also a potential distraction to delivering “business as usual”.

The ability to maintain a red cell blood price of c£120 per unit (or better) after 2015/16 continues to remain highly dependant on being able to generate significant productivity improvements in Blood Donation. In turn this will imply significant changes to the configuration of services (eg fewer / larger mobile sessions and greater use of fixed venues). This may result in adverse donor reaction and behaviour if not managed and communicated well.

The downturn in demand from hospitals for red cells is likely to continue for a number of years before the expected demographic changes offset the trend. This is having a significant impact on our immediate financial position, but this is being managed / mitigated in the short term. If it were to continue for another 2-3 years we may be unable to remove (fixed) costs at a sufficient pace to avoid price increases in 2016/17 and beyond, as well as maintain the financial flexibility to fund future change programmes (especially the renewal of IT infrastructure and applications).

There is a high prevalence of manual, paper based and verbal processes throughout NHSBT’s operations, especially within reference testing and in the duty office within organ donation and transplant. Although these are mitigated by appropriate manual control checks there is a residual risk that these are ineffective and cause transcription errors that could lead to the death or harm of NHS patients.

The availability of funding from 2016/17 onwards would impact the delivery of the ODT 2020 strategy and especially the need to replace the ageing and inflexible NTxD platform.

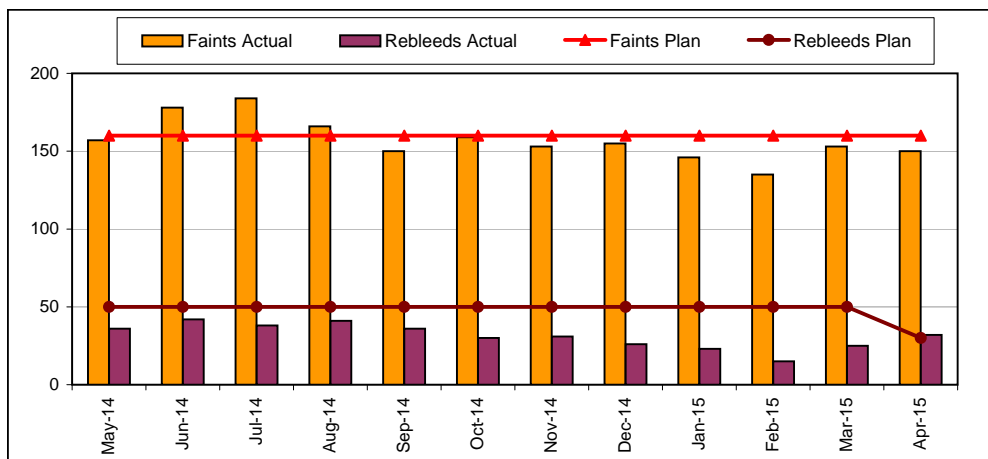
Delivery of the outcomes of the UK Stem Cell Forum is dependant on the availability of DH funding post 2015/16.

<b>Risk Management (cont.)</b>	<p><b><u>Summary of key (net ) risks reflected in the risk register (cont.):</u></b></p> <p>The development of the ODR, to specifically meet the wishes for a soft opt out system in Wales, could generate significant operational issues and clinical risk if these are inconsistent with processes across the rest of the UK.</p> <p><b>New risks escalated:</b></p> <p>Five new risks were escalated in the Executive Team monthly report in April. Of these, 4 related to IT and are a re-articulation of previously expressed risks (and captured above). A further risk was captured, reflecting discussion at the last Board and GAC meetings ie the risk that <i>an instruction to return NHSBT cash reserves could be made, which would materially NHSBT's ability to deliver against the change programme and hence our ability to maintain flat prices and/or invest in much needed replacement of IT infrastructure and applications.</i></p>
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## Blood Supply Chain - Safety and Compliance

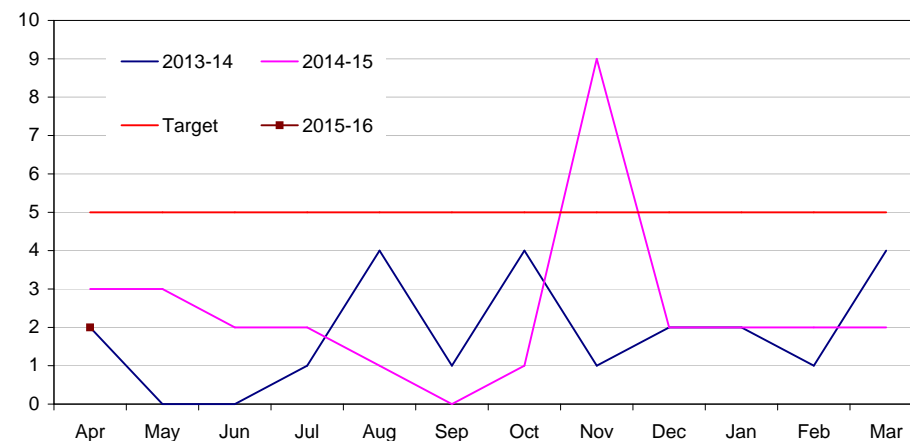
### 1. On-Session Adverse Events - Faints & Rebleeds per 10,000 Donors Bled

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
No of faints per 10,000 donors bled	160	160	150	G	-

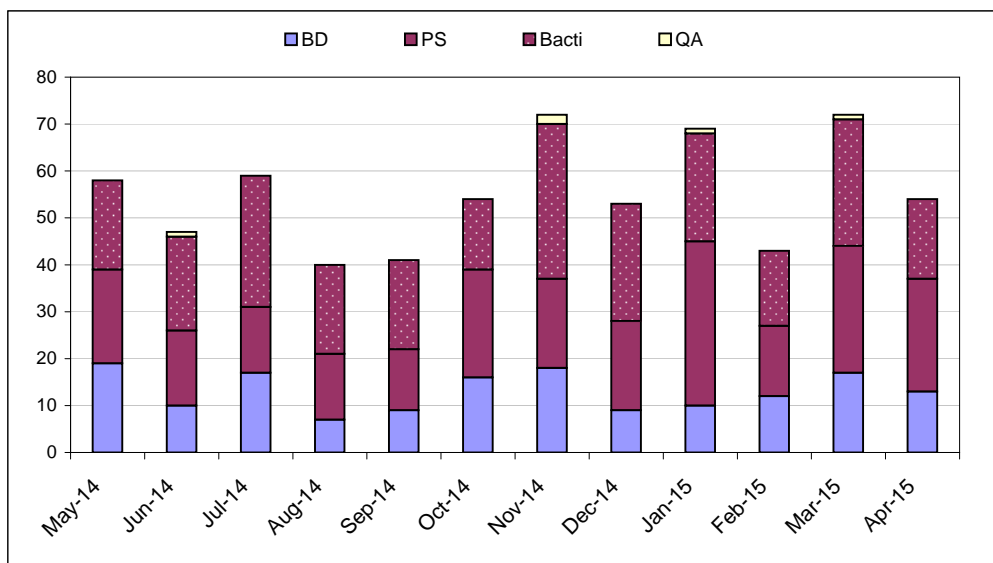


### 2. SABRE Events Reported per Month

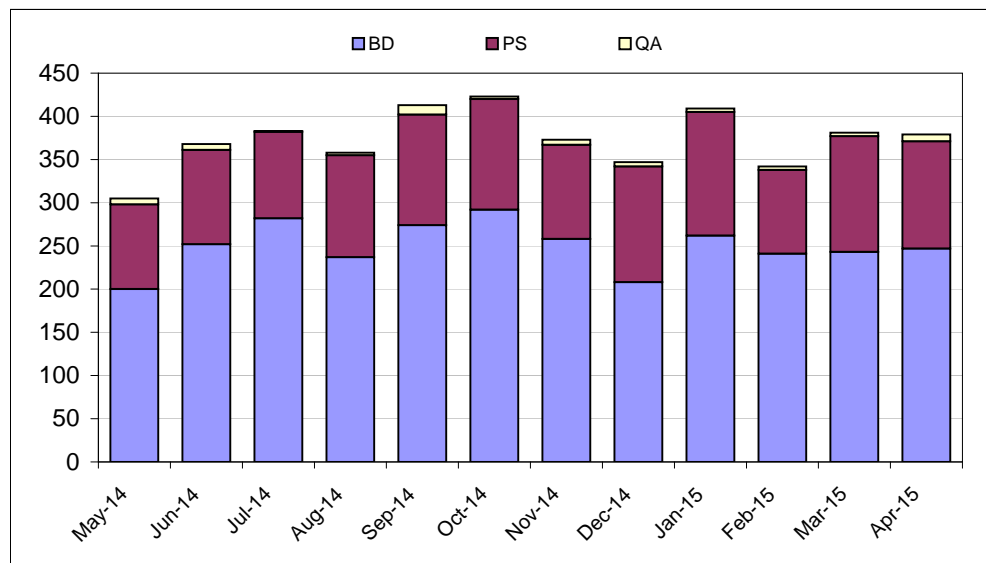
SABRE MAT for April is 28 (March 29); there were 2 reportable events recorded this month - Whole Blood Collection / Others



### 3. Major QI raised per month - Blood Supply Directorate

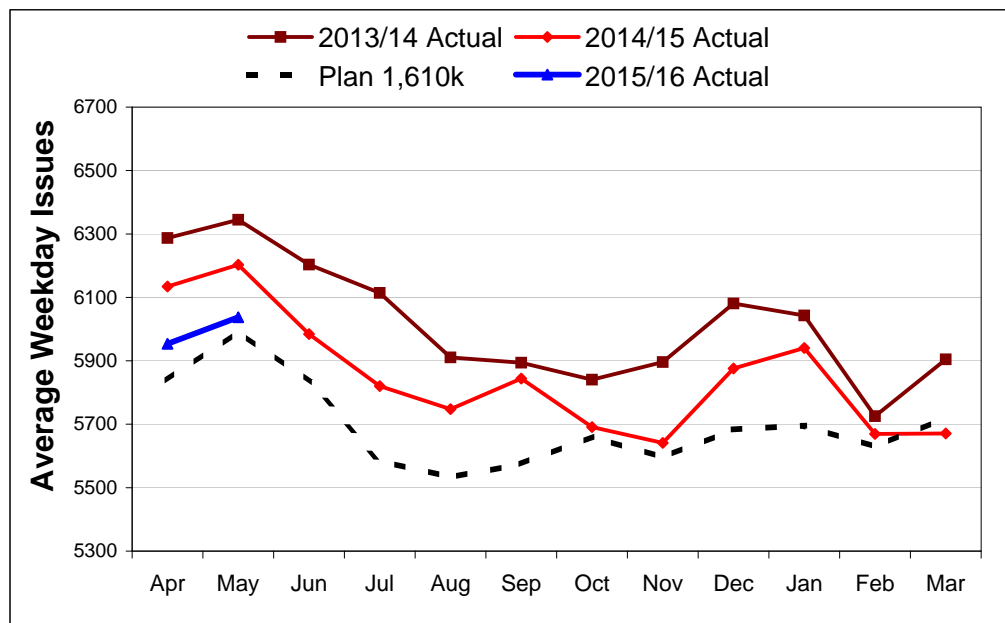


### 4. Other QI's raised per month - Blood Supply Directorate

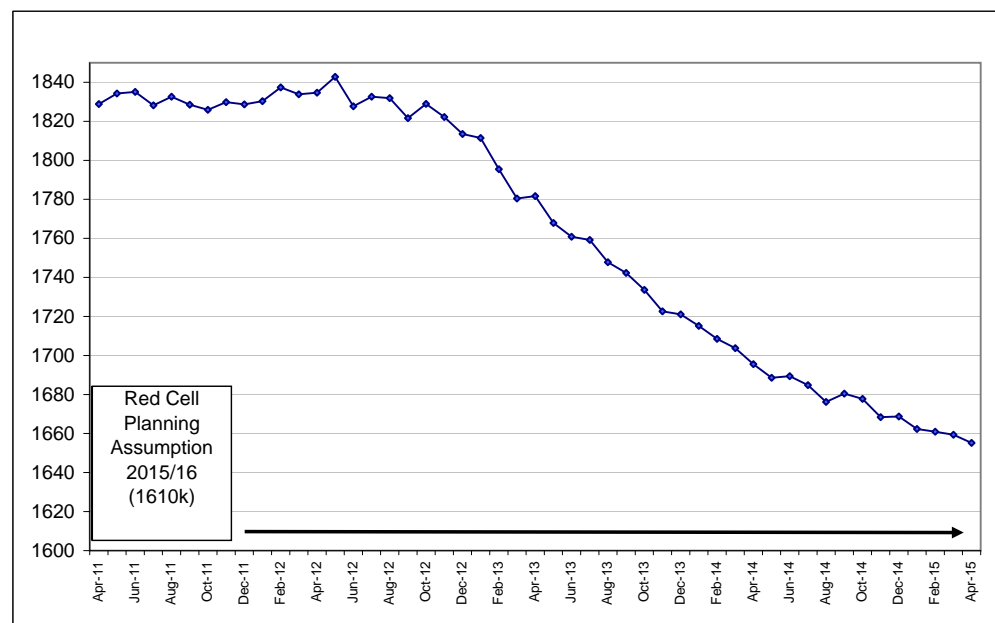


## Blood Supply Chain - Red Cell Demand

5. Average Weekday Red Cell Issues By Month ->April 2013



6. MAT Red Cells Issues (Adult Equivalent Units) - 000's



7. Red Cell Supply - Year to Date by Blood Group

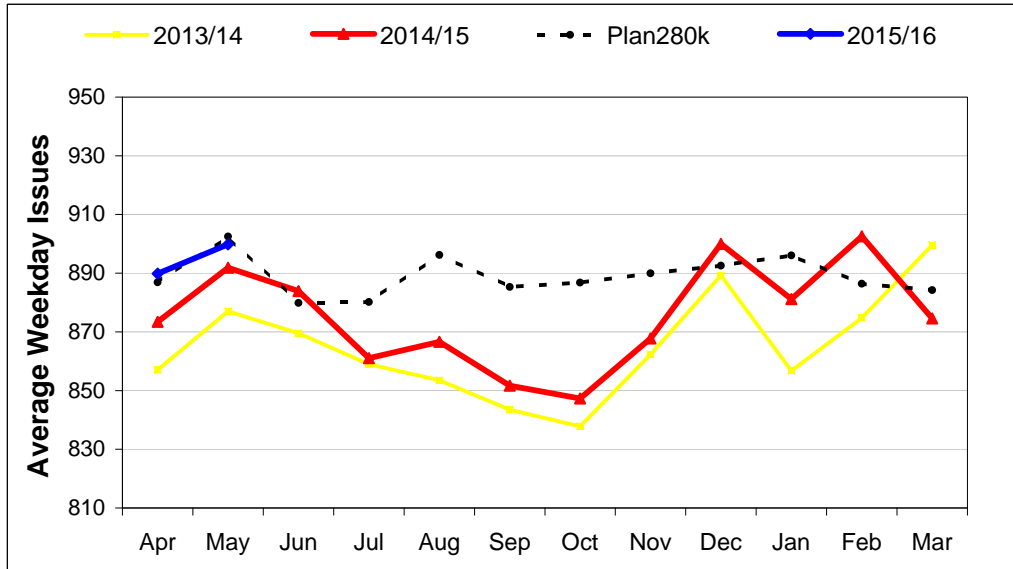
Blood Group	2015/16 - YTD April 15	2014/15 - YTD April 14	Change
A Neg	10,872	10,940	-0.6%
A Pos	41,297	42,850	-3.6%
AB Neg	990	1,044	-5.2%
AB Pos	2,943	3,130	-6.0%
B Neg	3,094	3,284	-5.8%
B Pos	10,693	11,260	-5.0%
O Neg	16,650	16,120	3.3%
O Pos	48,729	50,820	-4.1%
<b>Total</b>	<b>135,268</b>	<b>139,448</b>	<b>-3.0%</b>

8. Red Cell Supply - Year to Date by Regional Transfusion Committee

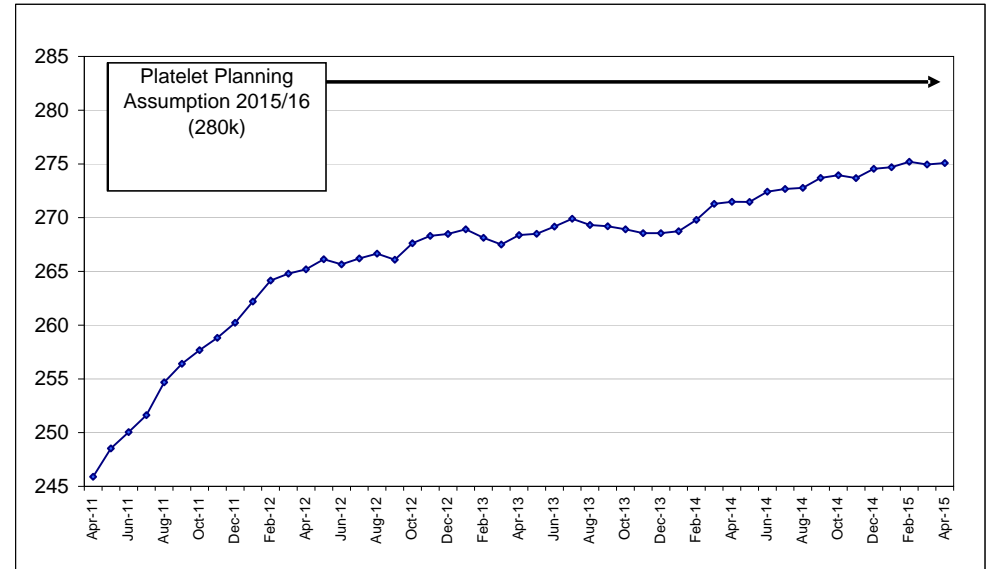
Regional Transfusion Committee	2015/16 - YTD April 15	2014/15 - YTD April 14	Change
EM - East Midlands	8,352	8,264	1.1%
EE - East of England	12,985	13,231	-1.9%
LON - London	30,810	31,579	-2.4%
NE - North East	7,300	7,305	-0.1%
NW - North West	19,409	20,080	-3.3%
SC - South Central	8,985	9,073	-1.0%
SEC - South East Coast	9,634	9,632	0.0%
SW - South West	11,025	11,848	-6.9%
WM - West Midlands	14,132	14,890	-5.1%
YH - Yorkshire and Humber	11,436	12,190	-6.2%
Other	1,202	1,357	-11.5%
<b>Total</b>	<b>135,268</b>	<b>139,448</b>	<b>-3.0%</b>

## Blood Supply Chain - Platelet and Frozen Products Supply

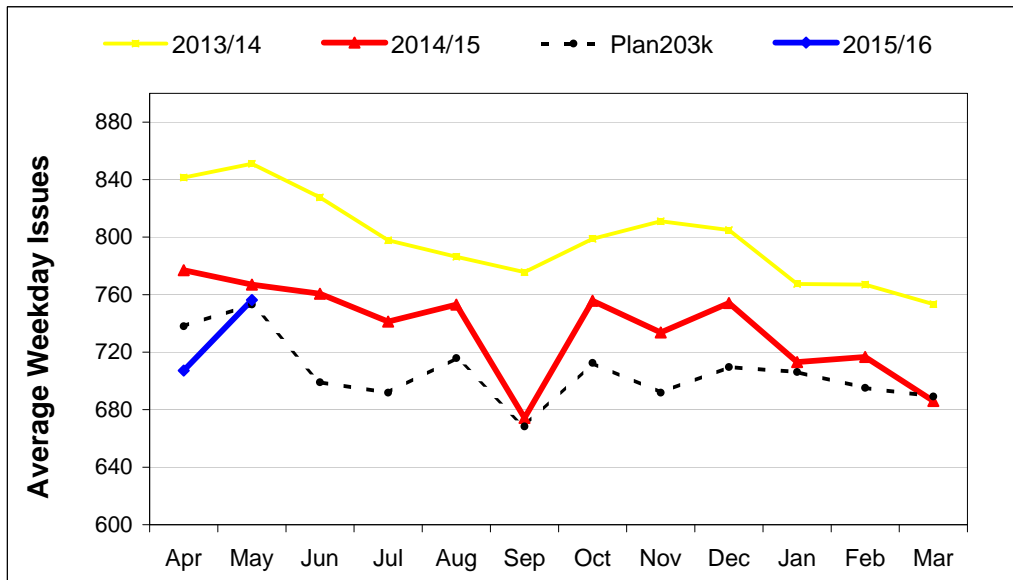
9. Average Weekday Platelet Issues By Month ->April 2013



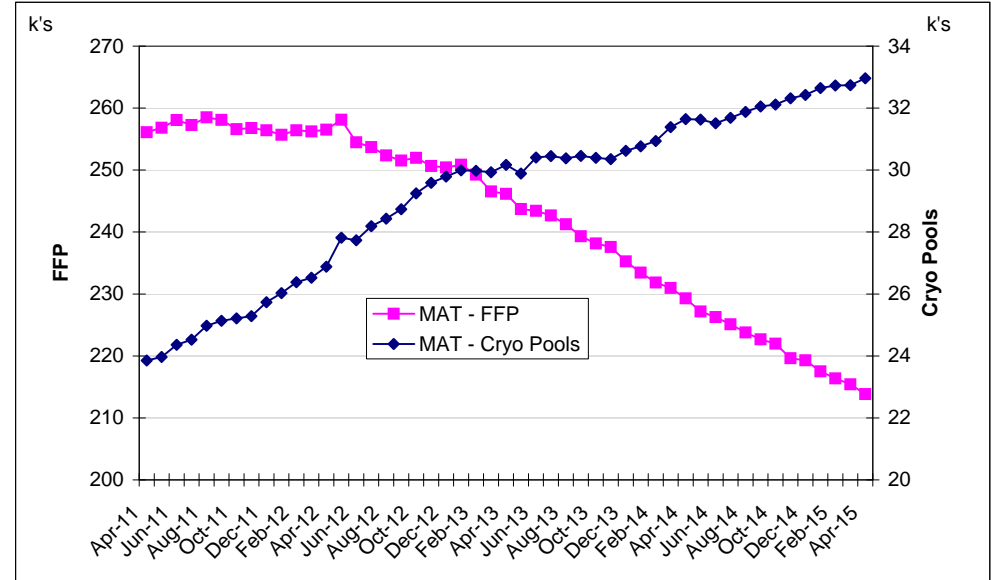
10. Moving Annual Total Platelet Product Issues



11. Average Weekday FFP Issues By Month ->April 2013



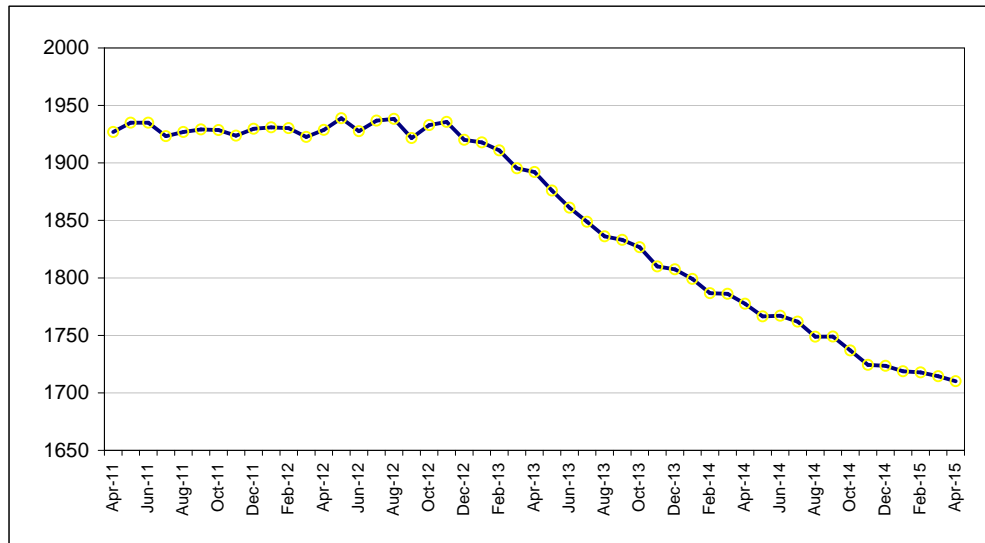
12. Moving Annual Total of FFP and Cryo Issues



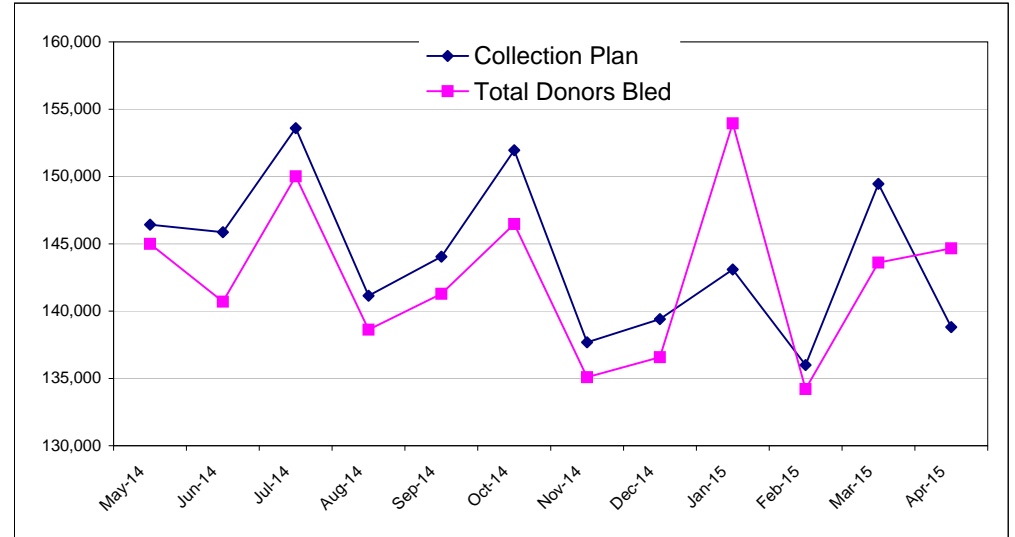


## Blood Supply Chain - Blood Donation

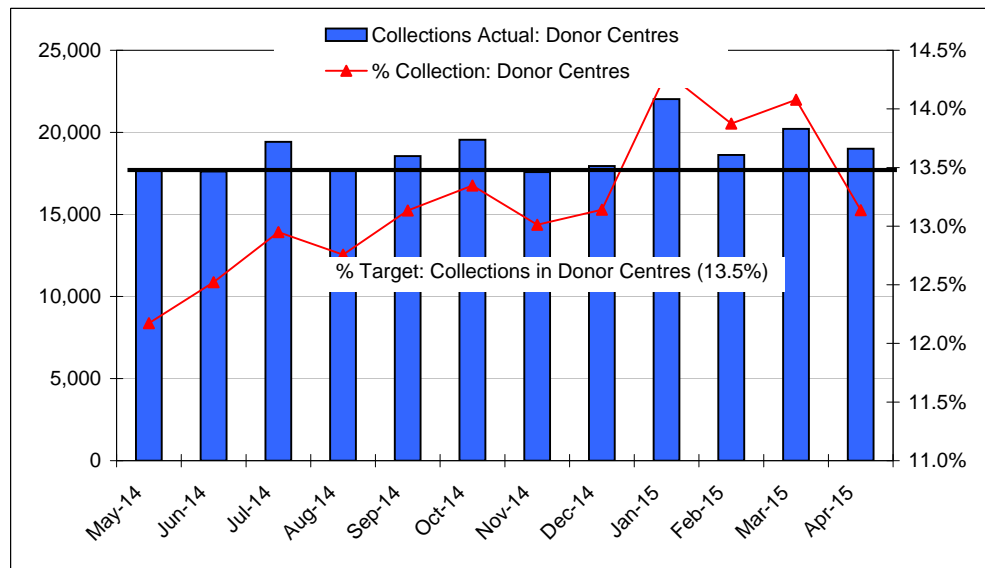
13. MAT Whole Blood Donors Bled (Adult Equivalent Units) - 000's



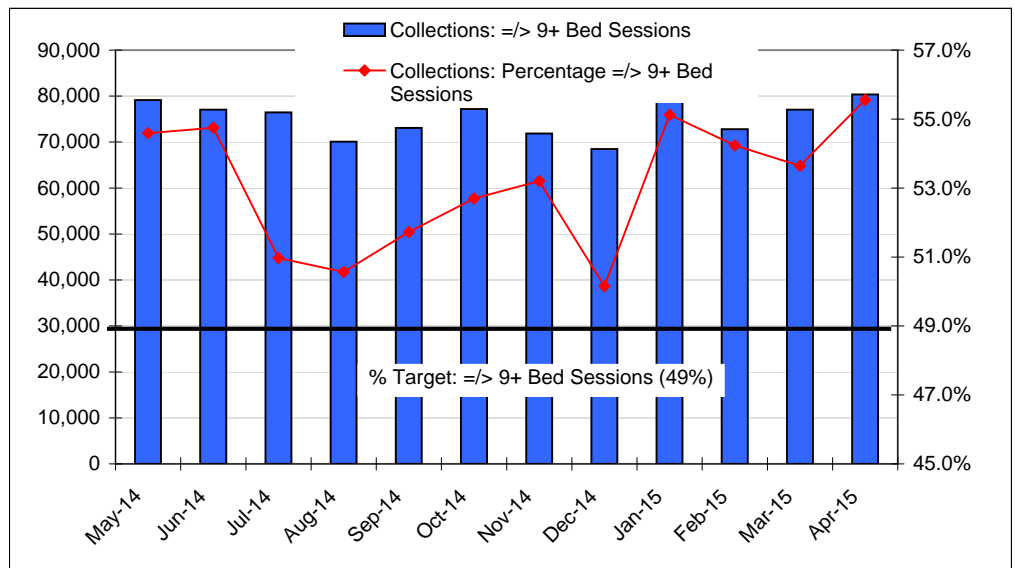
14. Collections versus Plan



15. Collections in Donor Centres



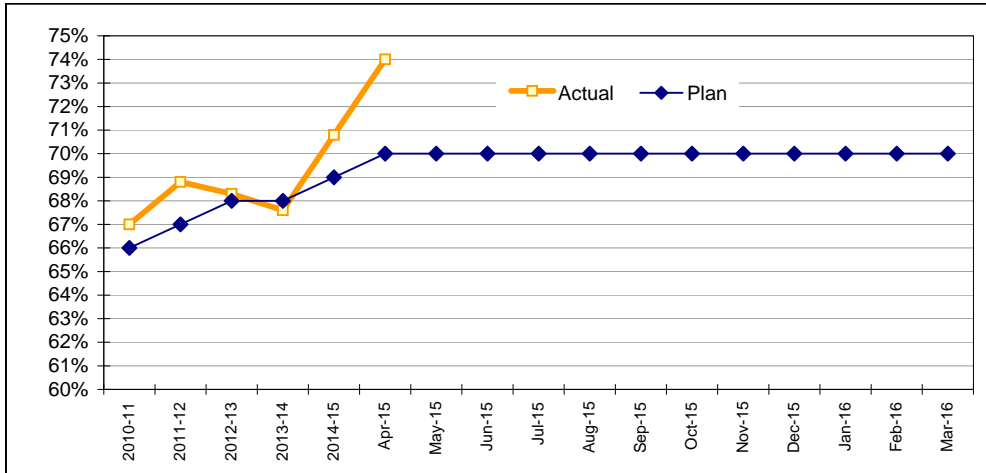
16. Collections from 9+ Bed Sessions



## Blood Supply Chain - Blood Donor Base

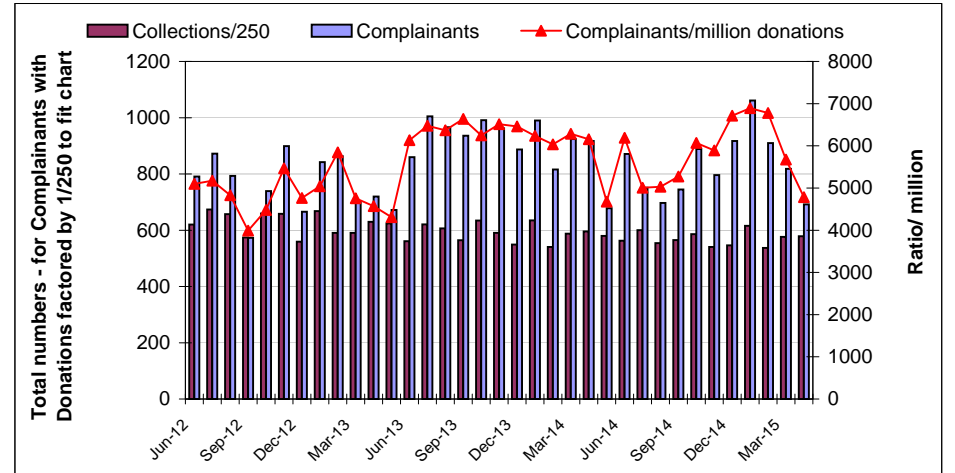
### 17. Donor Satisfaction

YTD Performance	Plan	YTD Plan	YTD Act	RAG	YTD RAG
Percentage of blood donors scoring $\geq 9/10$ for satisfaction with overall service	70.0%	70.0%	74.0%	G	-



### 18. Donor Complaints

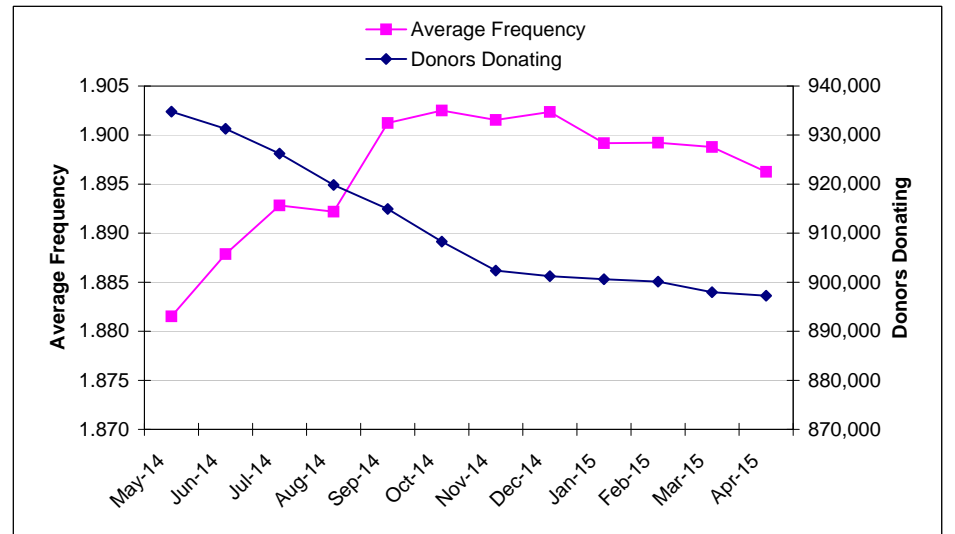
YTD Performance	Plan	YTD Plan	YTD Act	RAG	YTD RAG
Donor Complaints per million donations	4,900	5,817	4,784	G	-



### 19. Donor Base and Frequency of Donation

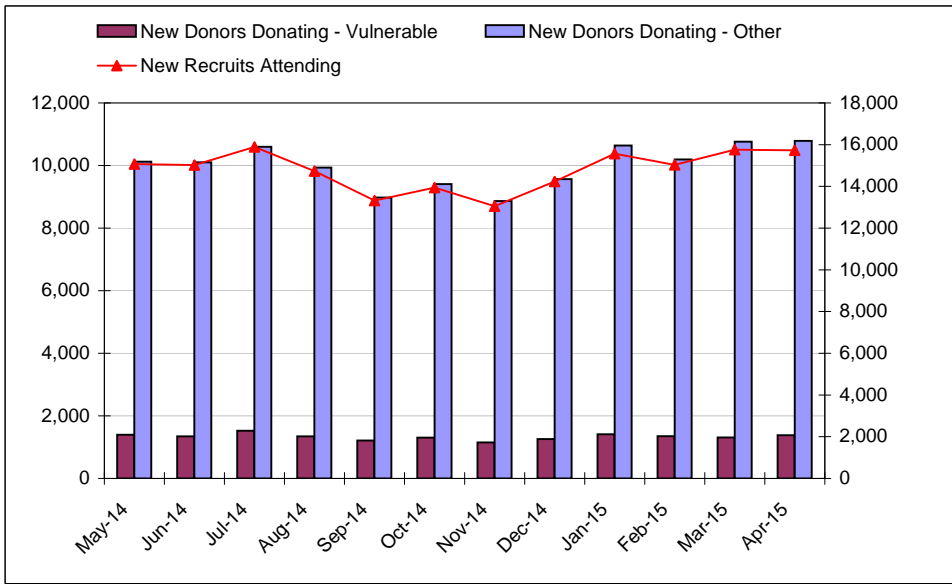
Current Month Position	Annual Target	Period Target	Period Actual	RAG	RAG Trend
Number of donors donating over the last 12 months	882	893.0	897.2	G	-
Frequency of donation overall	1.90	1.90	1.90	G	-
Number of O neg donors donating over the last 12 months	105	105.4	105.4	A	-
Frequency of O neg donation	1.98	1.98	1.97	A	-

### 20. Donor Base and Frequency of Donation

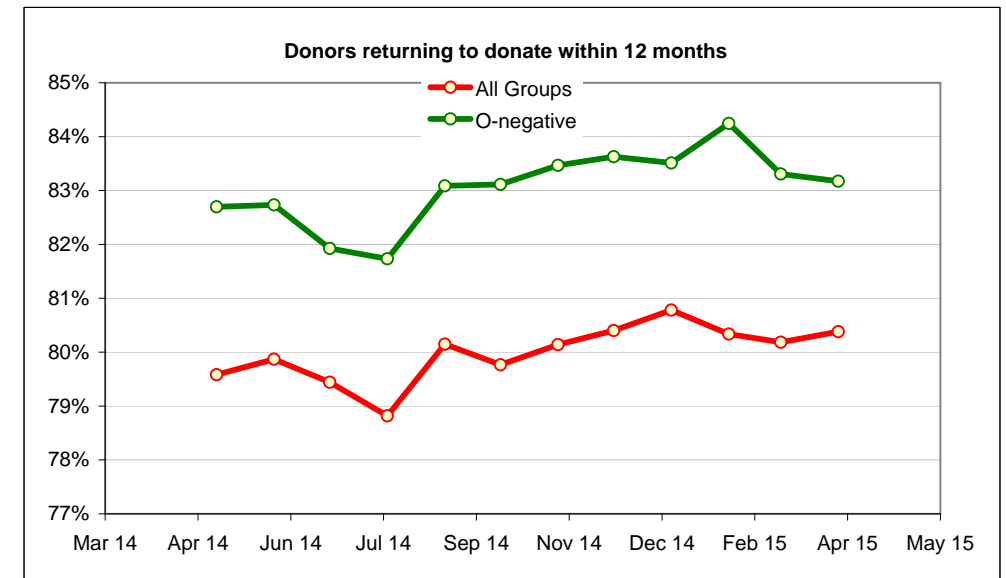


## Blood Supply Chain - Donor Recruitment and Retention

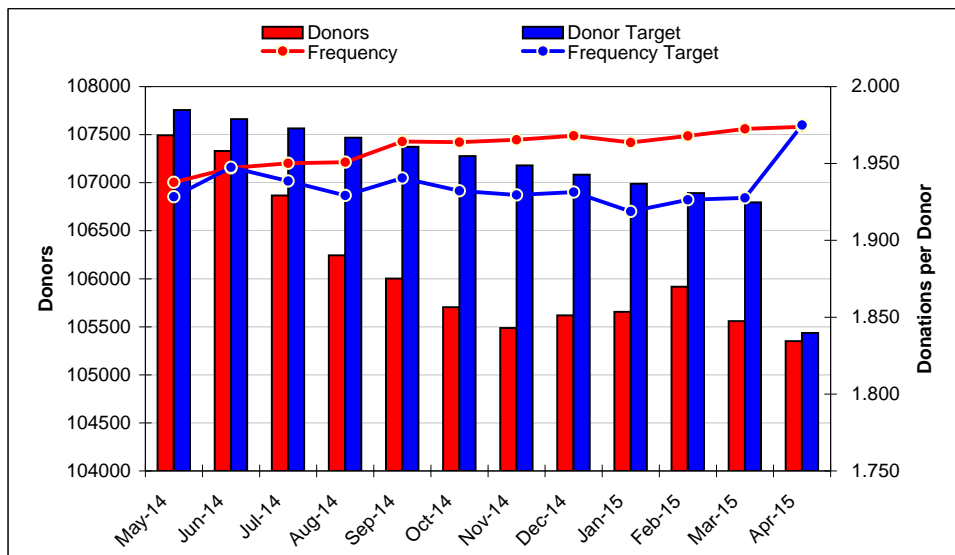
21. Donor Recruitment (Whole Blood)



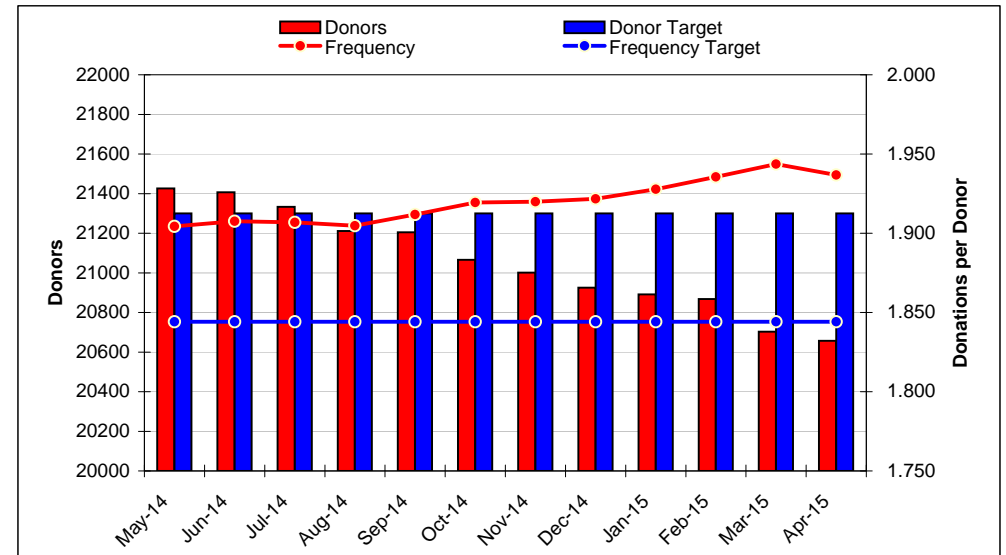
22. Donor Retention Rate (Whole Blood)



23. O-Neg Donorbase and Frequency



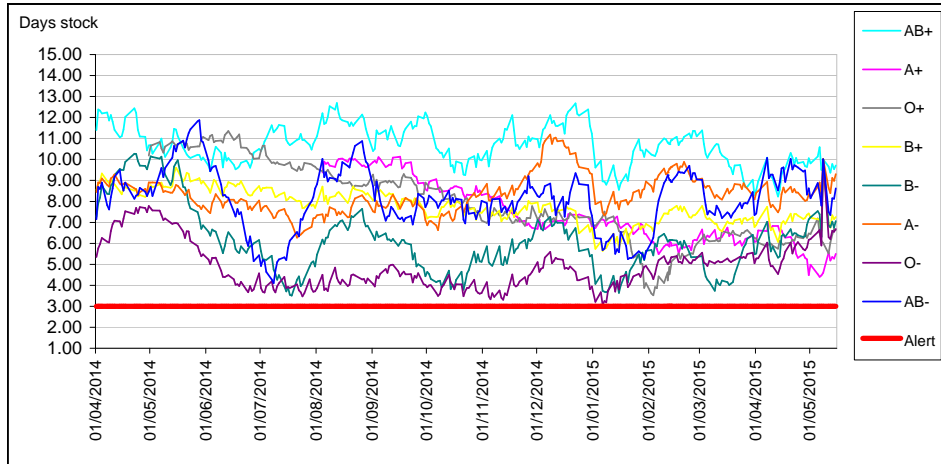
24. B Neg Donorbase and Frequency



## Blood Supply Chain - Red Cell and Platelet Supply

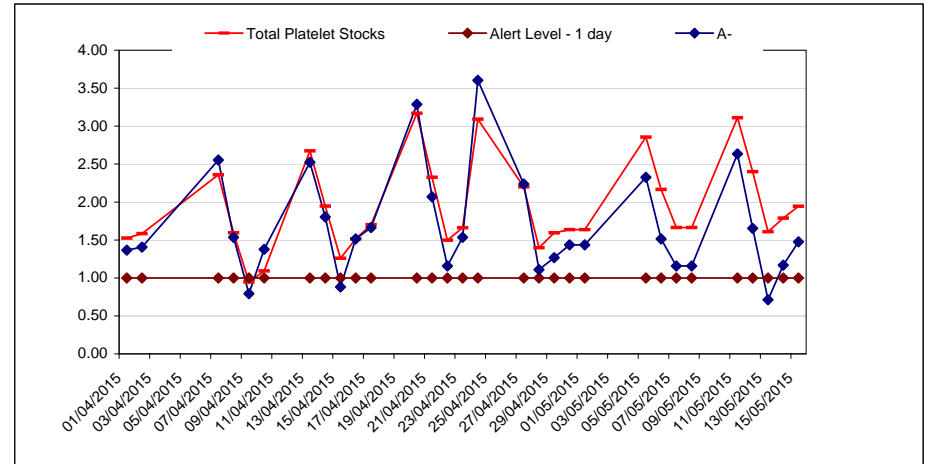
### 25. Red Cell Weekday Stock Levels by Blood Group

YTD Performance	Annual Target	Period Target	Period Actual	RAG	YTD RAG Trend
Number of occasions where red cell stocks (for any blood group) are below the three day alert level for three or more consecutive days	0	0	0	G	-

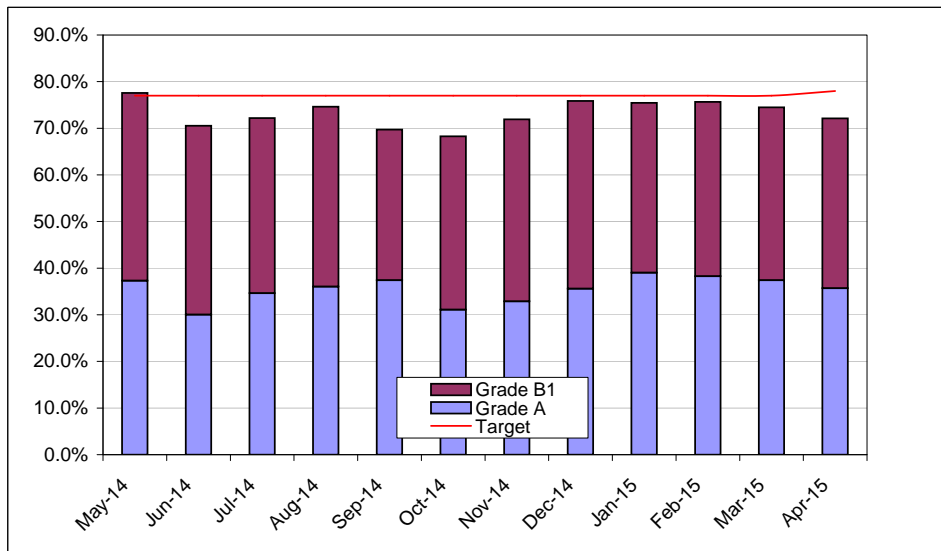


### 26. Platelet Stock Levels

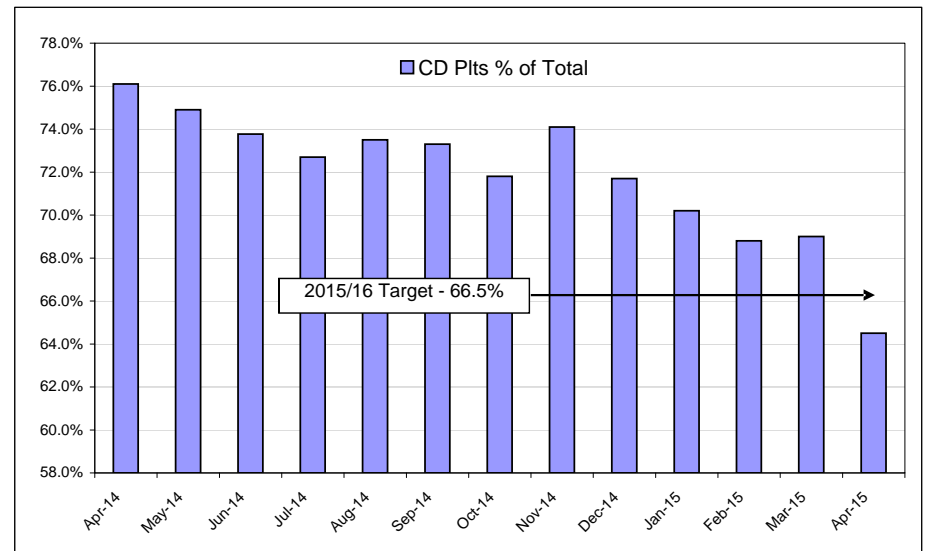
YTD Performance	Annual Target	Period Target	Period Actual	RAG	YTD RAG Trend
Number of occasions where opening stock of platelets (for any blood group) is below average daily demand for two or more consecutive days	0	0	4	R	-



### 27. % of Patients Receiving Grade A or B1 HLA Matched Platelets



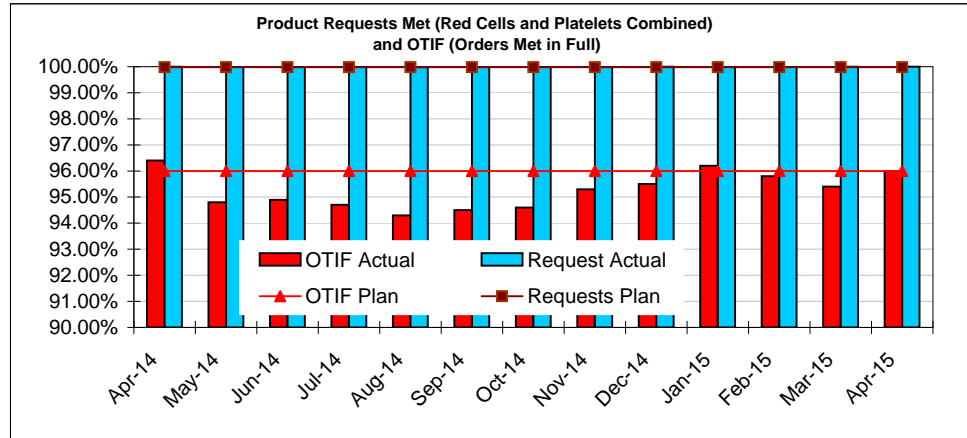
### 28. Platelet Production by Component Donation (proportion of issues platelets)



## Blood Supply Chain - Customer Service

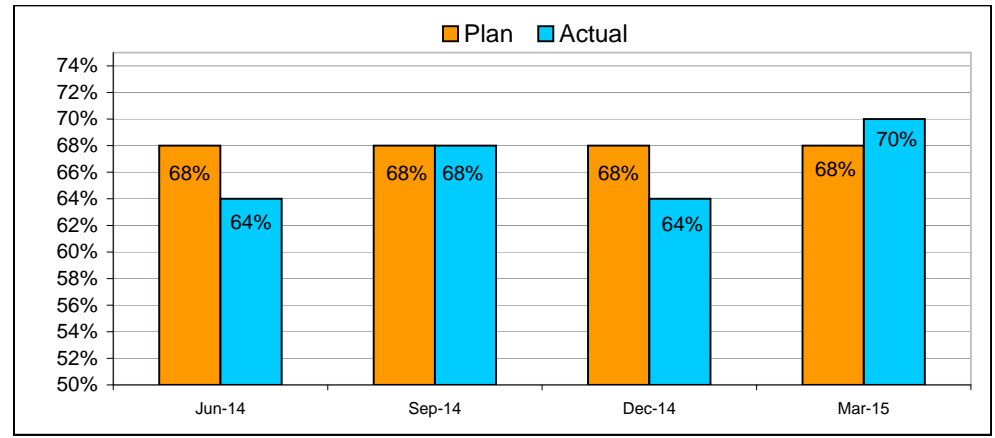
### 29. Percentage of Product Requests Met and OTIF

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
Percentage of Products Issued On-Time-In-Full (OTIF)	96.00%	96.00%	96.00%	G	-



### 30. Hospital Satisfaction - next survey results due in June 15

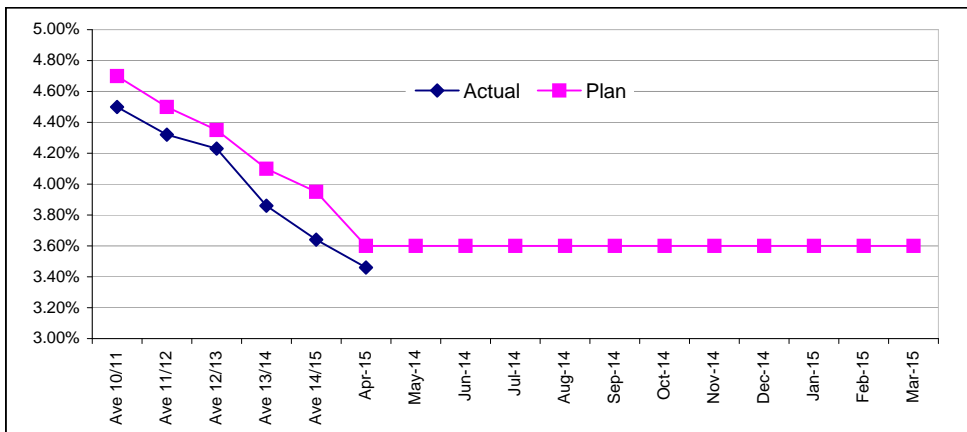
YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Percentage of hospitals scoring $\geq 9/10$ for satisfaction with overall service	70.0%	70.0%	-	-	-



## Blood Supply Chain - Wastage

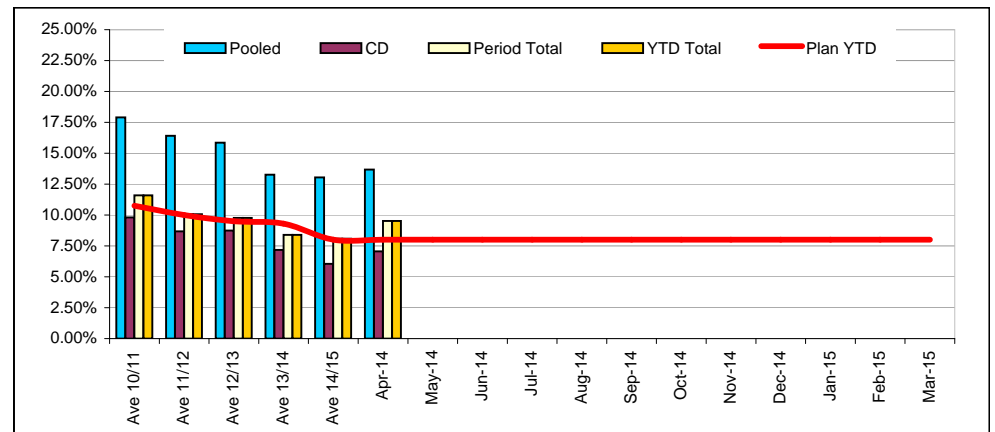
### 31. Percentage of Donations NOT Converted to Validated Red Cells

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Percentage of donations NOT converted to validated red cells (in conjunction with BD)	3.60%	3.60%	3.46%	G	-



### 32. Percentage of Platelets Produced NOT Issued

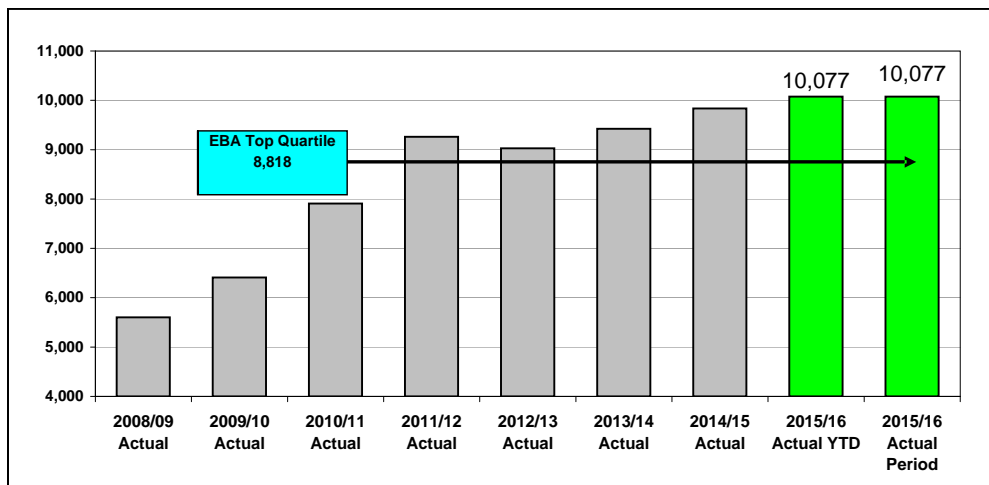
YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Percentage of platelets produced not issued	8.00%	8.00%	9.52%	R	-



## Blood Supply Chain - Productivity

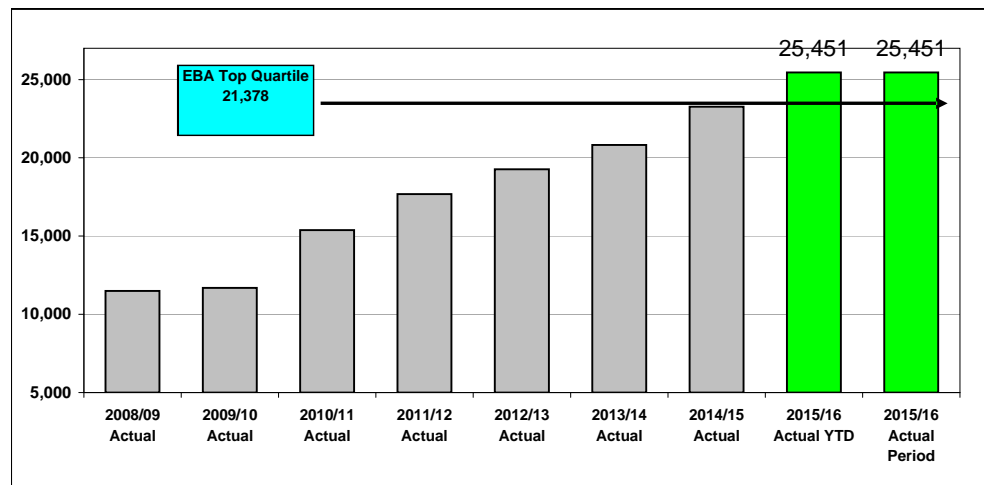
### 33. Processing Productivity

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Productivity within Processing - number of red cell (equivalent) units per WTE	9,475	9,475	10,077	G	-



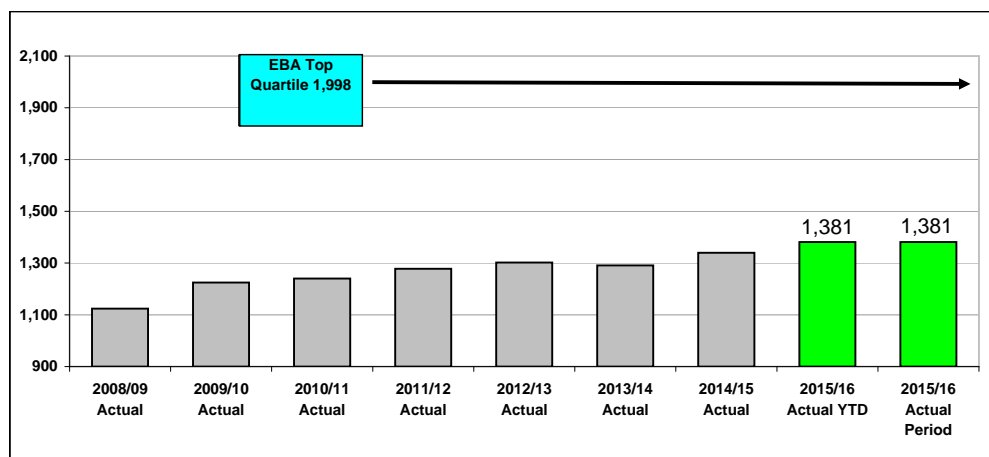
### 34. Testing Productivity

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Productivity within Testing - number of samples (excluding NAT) per WTE	22,250	22,250	25,451	G	-

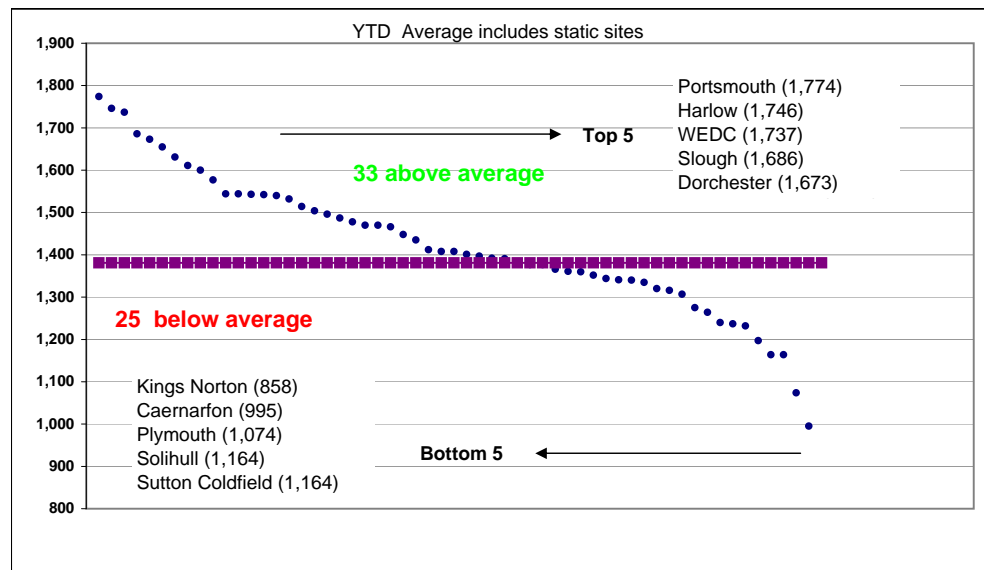


### 35. Blood Donation Productivity

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Number of complete donations per WTE	1,350	1,359	1,381	G	-

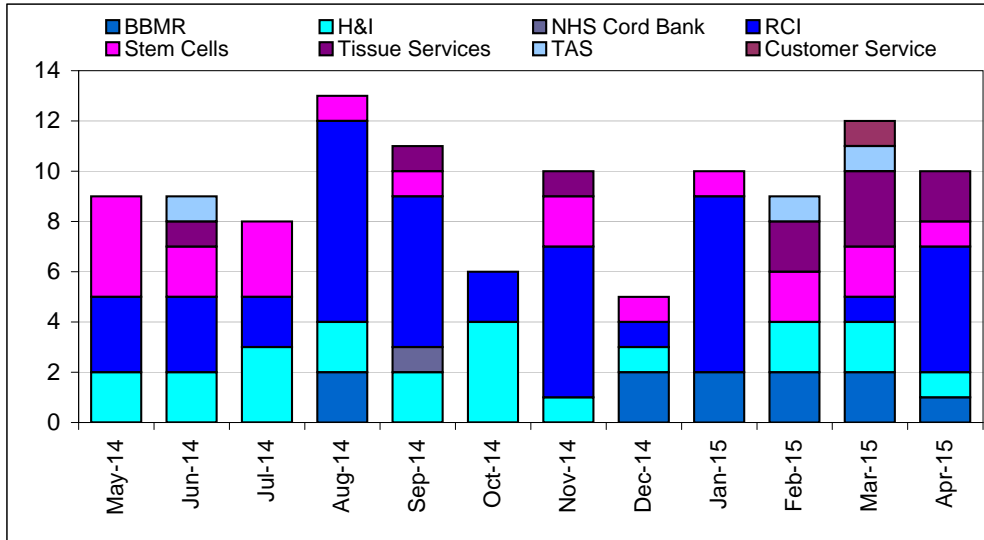


### 36. Blood Donation Productivity - Distribution Mobile Teams

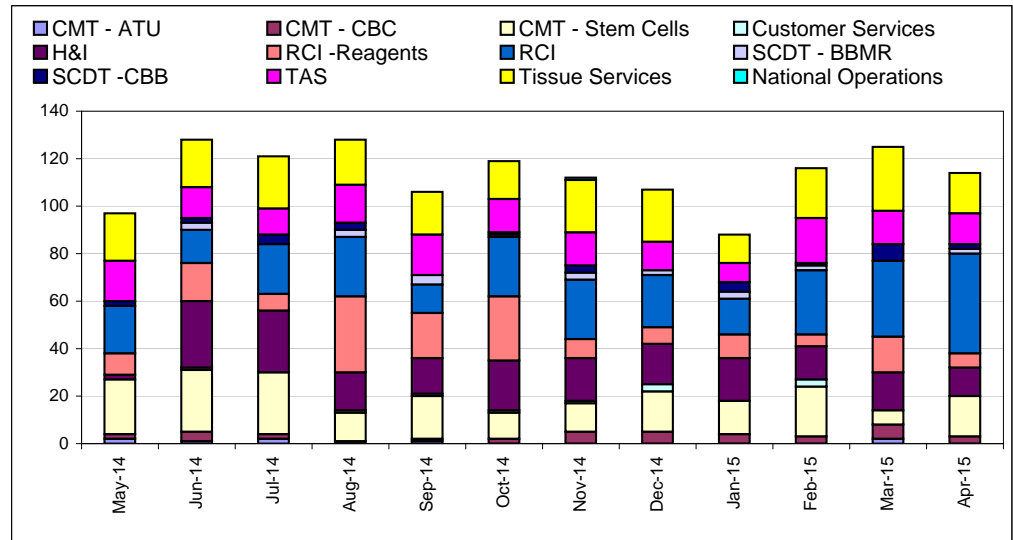


## Diagnostic and Therapeutic Services

### 37. Major QI's raised per month - DTS

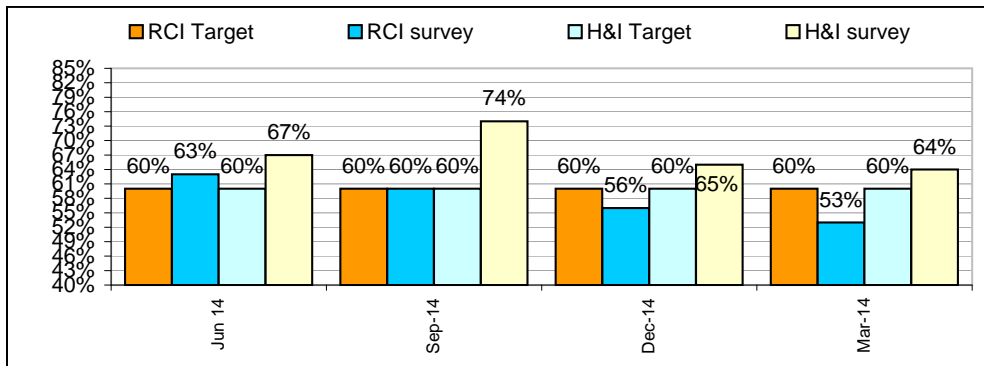


### 38. Other QI's raised per month - DTS



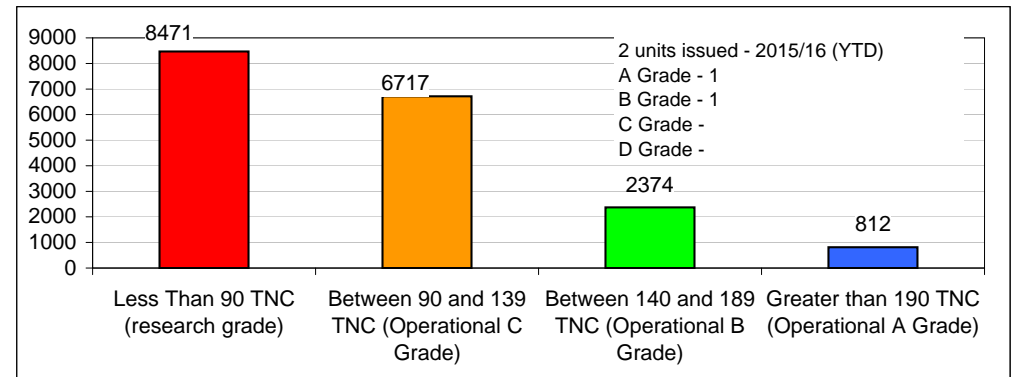
### 39. Hospital Satisfaction - next survey results due in June 15

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Percentage of hospitals scoring $\geq 9/10$ for satisfaction with - H&I	60.0%	60.0%	-	-	-
Percentage of hospitals scoring $\geq 9/10$ for satisfaction with - RCI	65.0%	65.0%	-	-	-



### 40. NHS CBB Active Units Cell Dose Post Process TNC

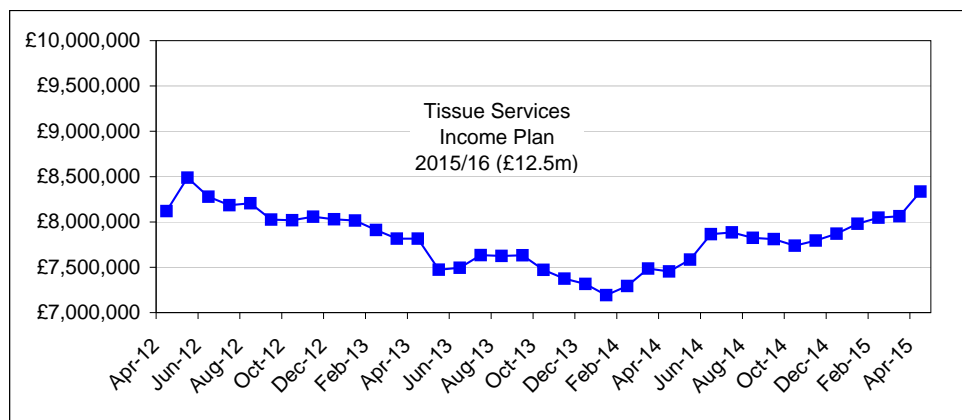
YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Banked Donations (Cumulative) TNC > 140	2,300	192	205	G	-
CBB growth BAME Donations	30%	30%	35%	G	-
Cord Blood Issues	60	4	2	R	-



## Diagnostic and Therapeutic Services - Income

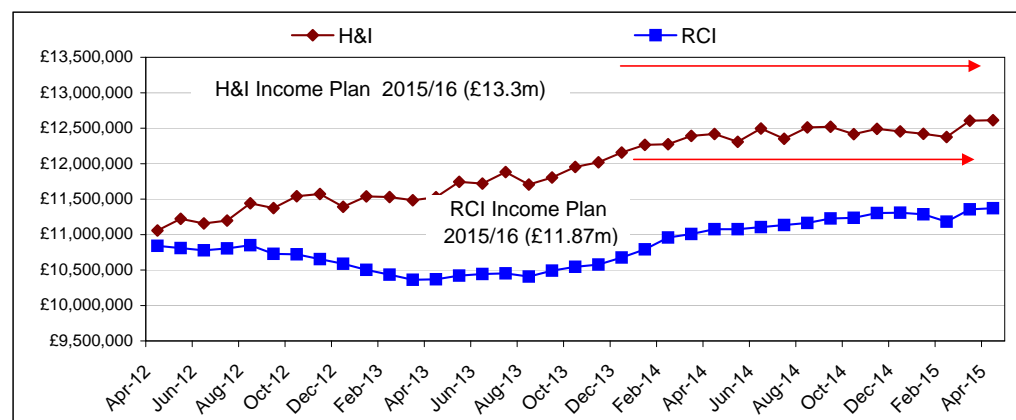
### 41. Tissue Services Income (MAT)

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Sales Income (£m)	£12.54	£0.89	£0.90	G	-



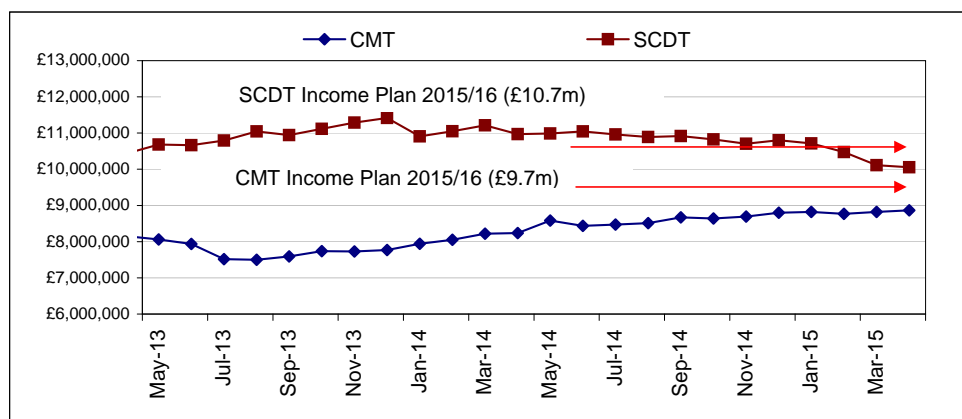
### 42. Diagnostic Service Income (MAT)

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Sales Income (£m) RCI	£11.87	£0.95	£0.93	A	-
Sales Income (£m) - H&I	£13.34	£1.03	£0.98	A	-



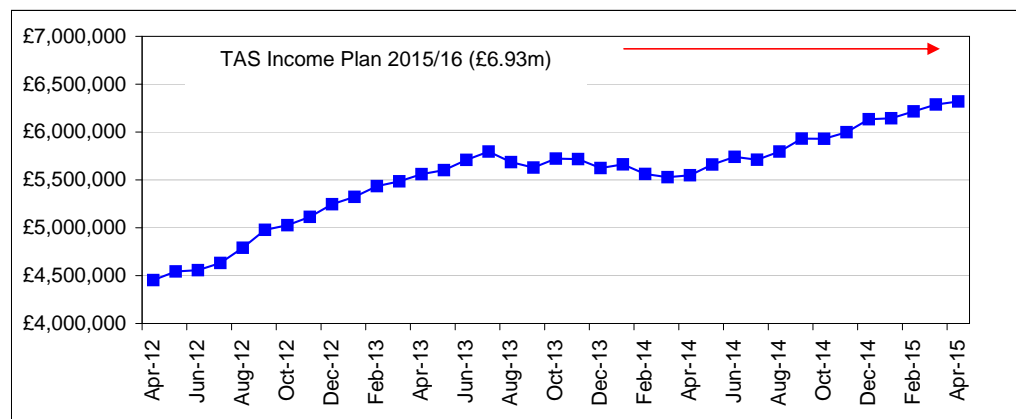
### 43. Stem Cells - SCDT/CMT -incl. CBC from 1st April 2013 (MAT)

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Sales Income (£m) - CMT	£9.71	£0.63	£0.72	G	-
Sales Income (£m) - SCDT	£10.73	£0.86	£0.70	R	-



### 44. Therapeutic Apheresis Services (MAT)

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Sales Income (£m)	£6.93	£0.58	£0.55	R	-

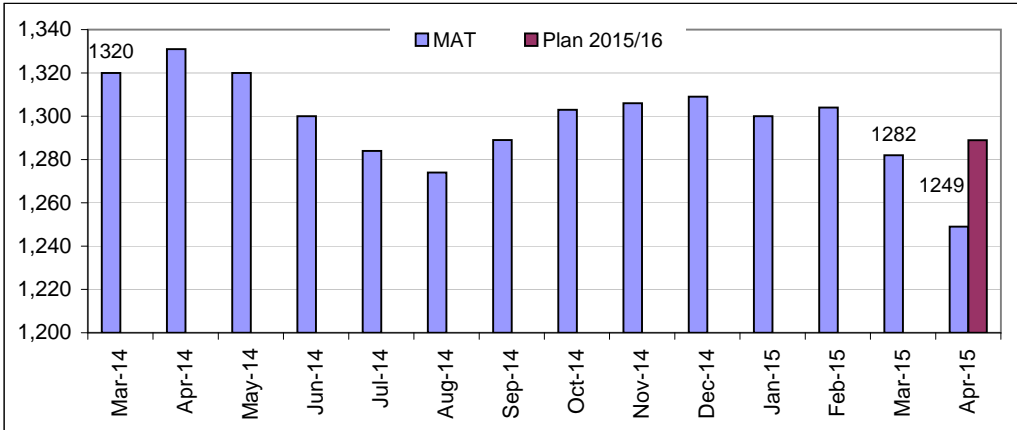




## Organ Donation and Transplant - Outcomes

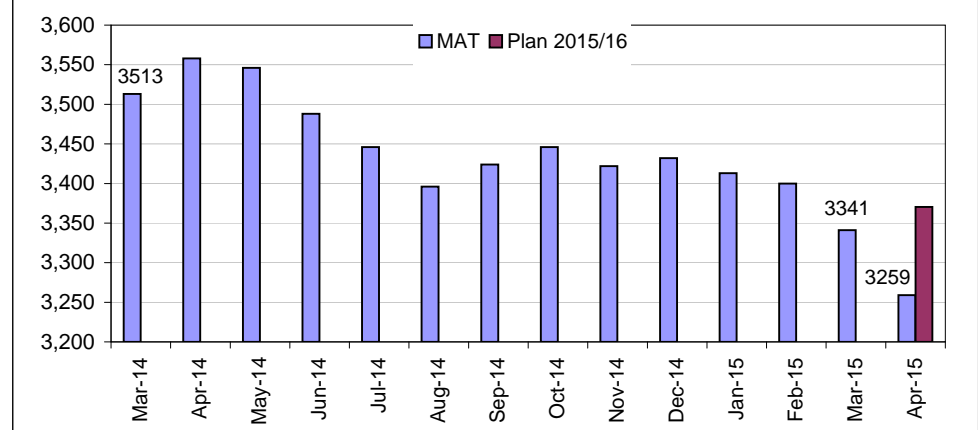
### 45. MAT number of Deceased Organ Donors

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
Number of Deceased Organ Donors	1365	113	84	R	-



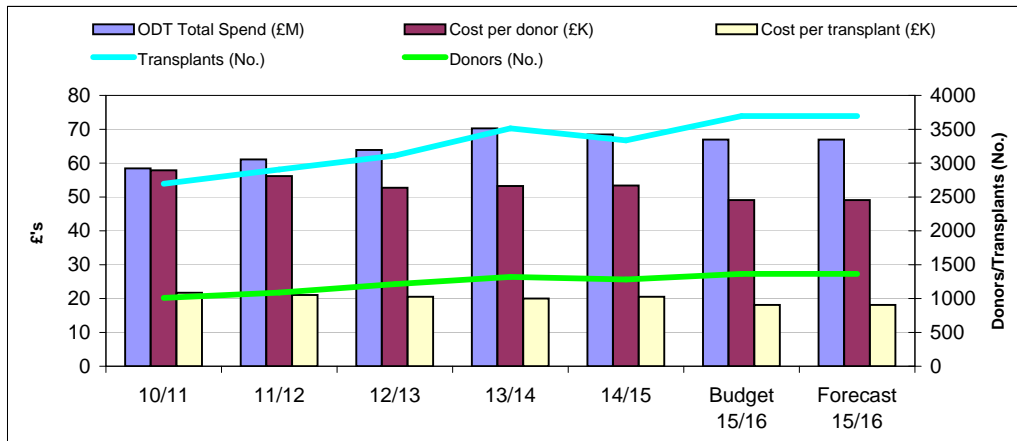
### 46. MAT number of Deceased Organ Transplants

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
No of Organ Transplants -Deceased	3694	308	232	R	-



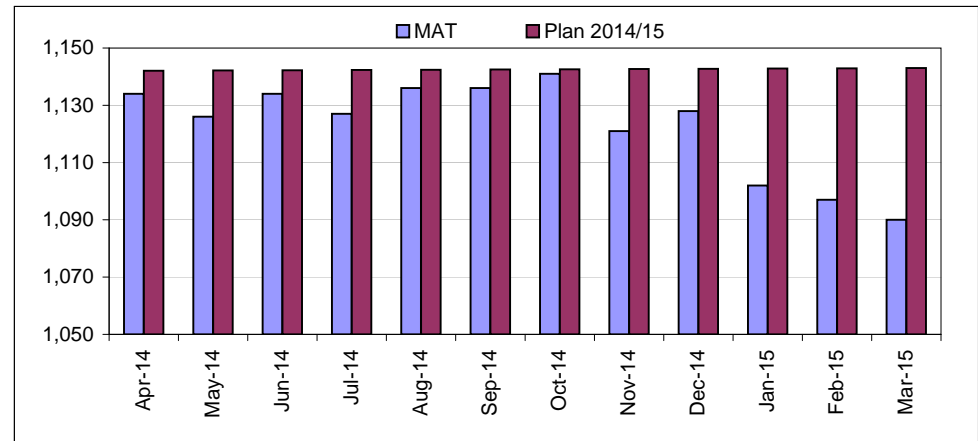
### 47. ODT Cost per Donor/Transplant

ODT cost per deceased donor: - 2010/11 - £57.9k; Forecast 2015/16 - £49.1k
ODT cost per transplant:- 2010/11 £21.7k; Forecast 2015/16 - £18.1k



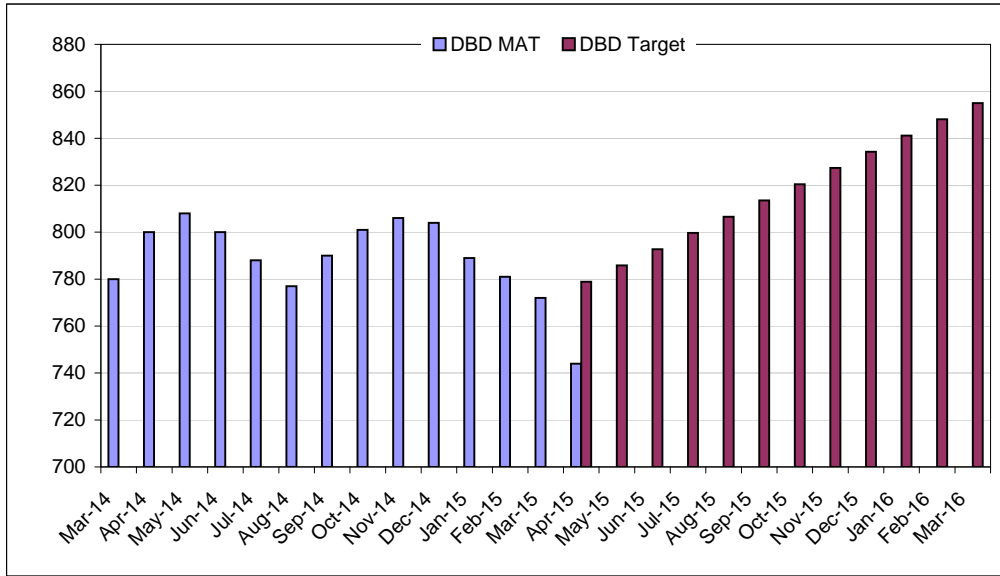
### 48. MAT number of Live Organ Donors (reported one month in arrears)

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
Number of Live Organ Donors	1143	1143	1090	A	-

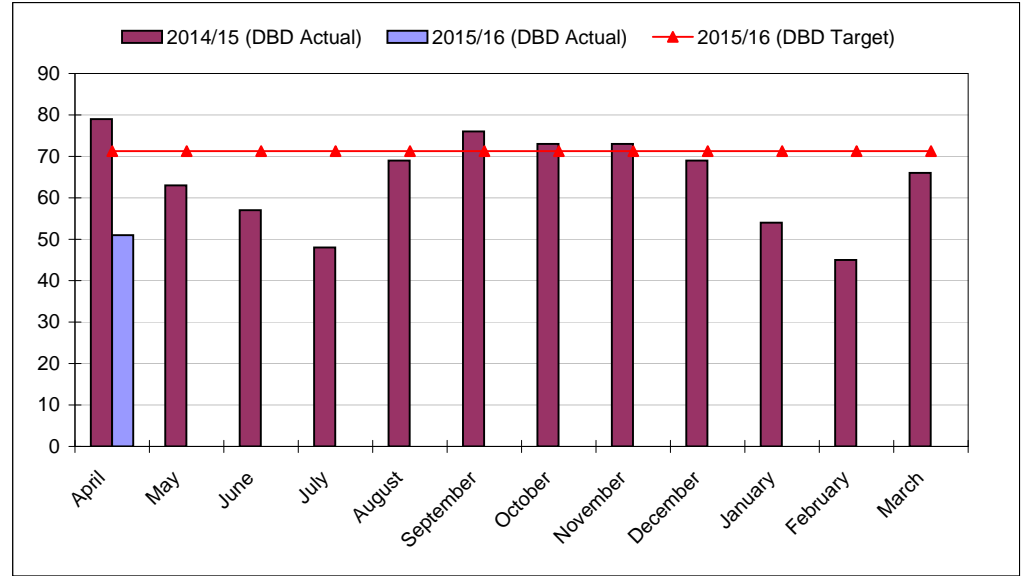


## Organ Donation and Transplant - Pathway 1 of 6

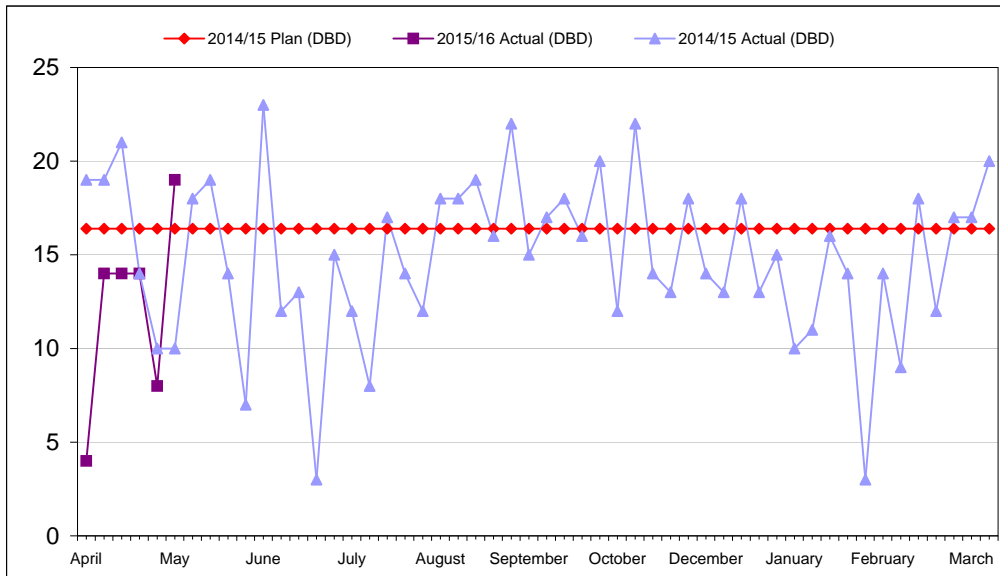
49. MAT number of Deceased Organ Donors (DBD)



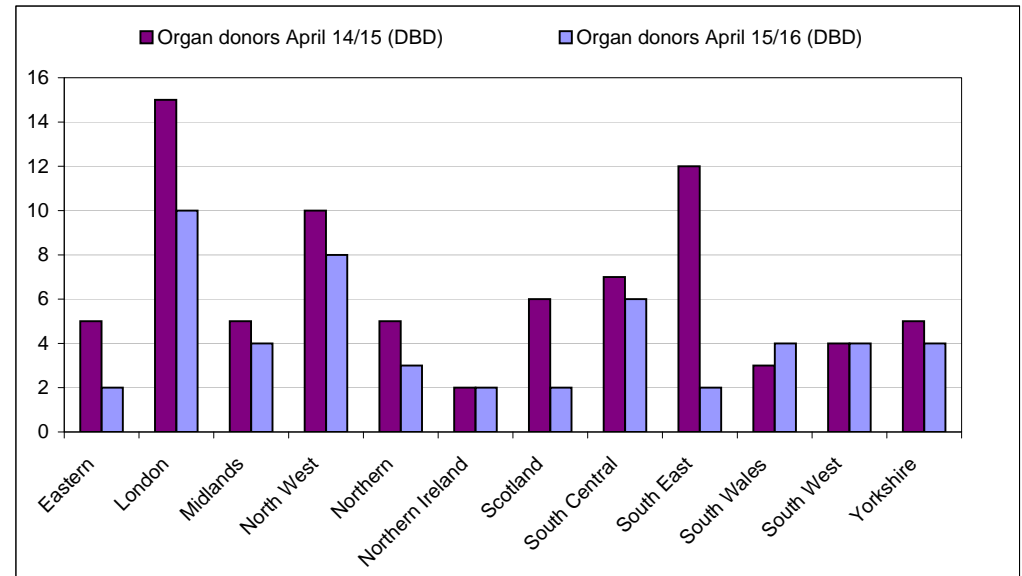
50. Deceased Organ Donors - Monthly (DBD)



51. Deceased Organ Donors - Weekly (DBD)

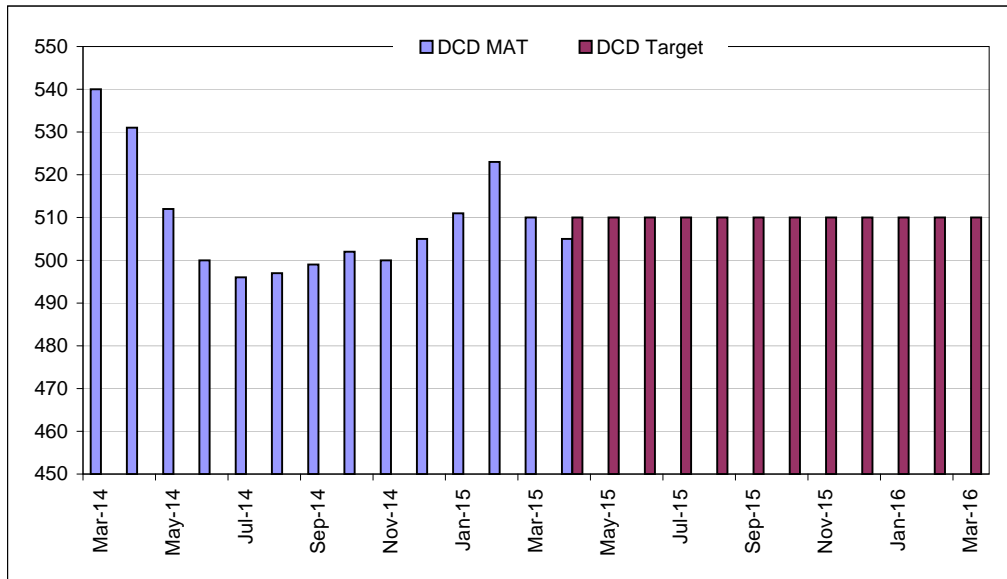


52. Deceased Organ Donors - Team (DBD)

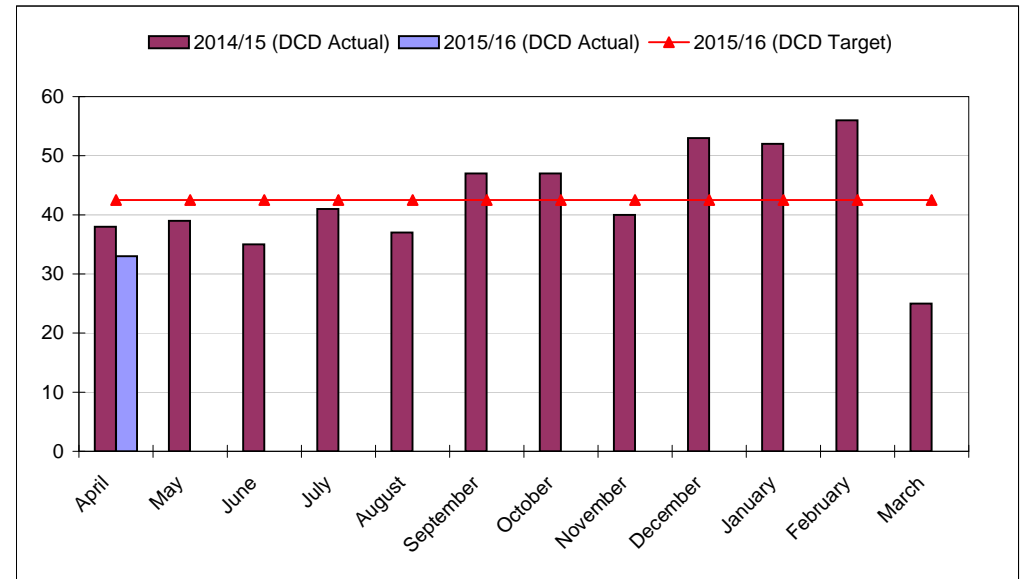


## Organ Donation and Transplant - Pathway 2 of 6

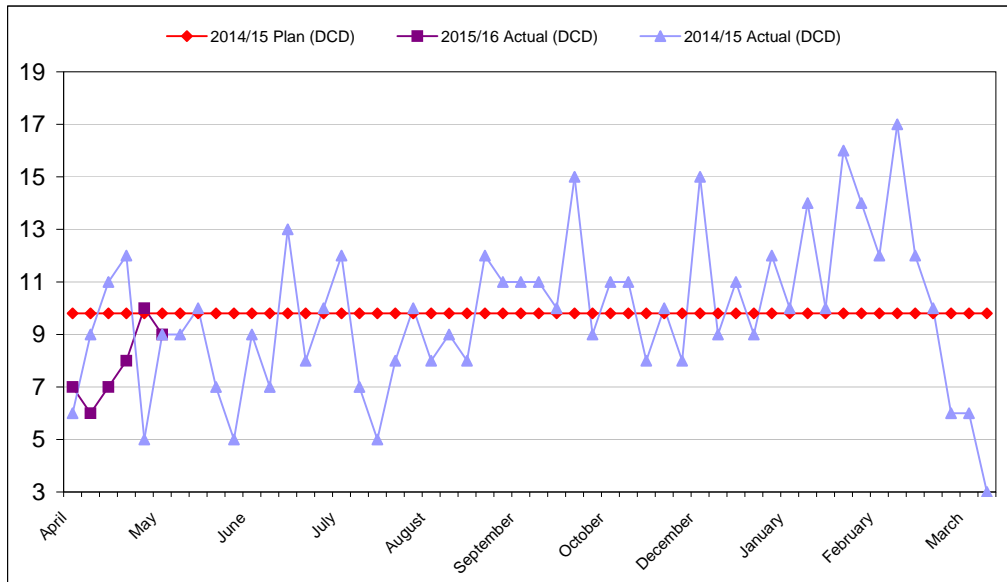
53. MAT number of Deceased Organ Donors (DCD)



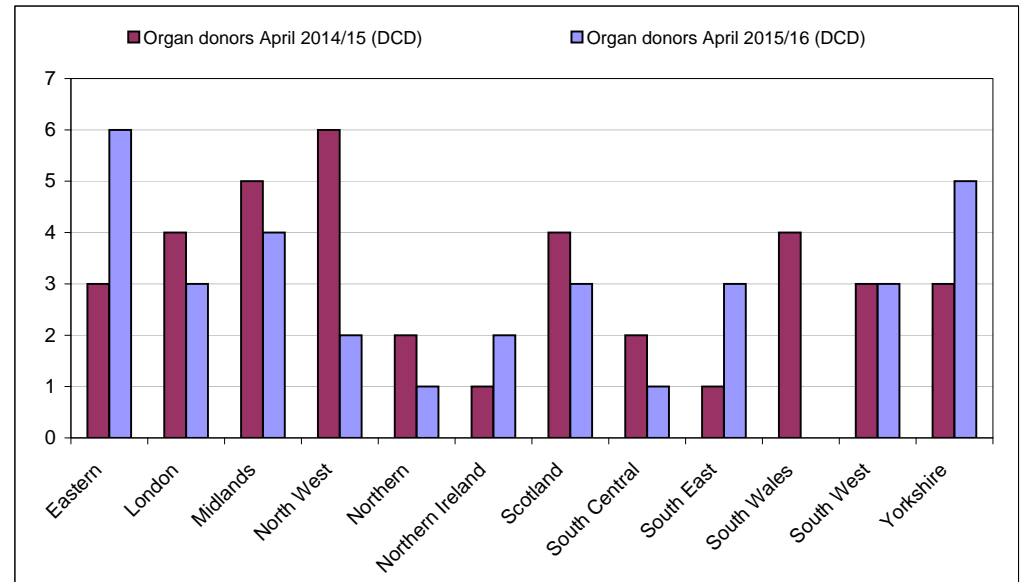
54. Deceased Organ Donors - Monthly (DCD)



55. Deceased Organ Donors - Weekly (DCD)

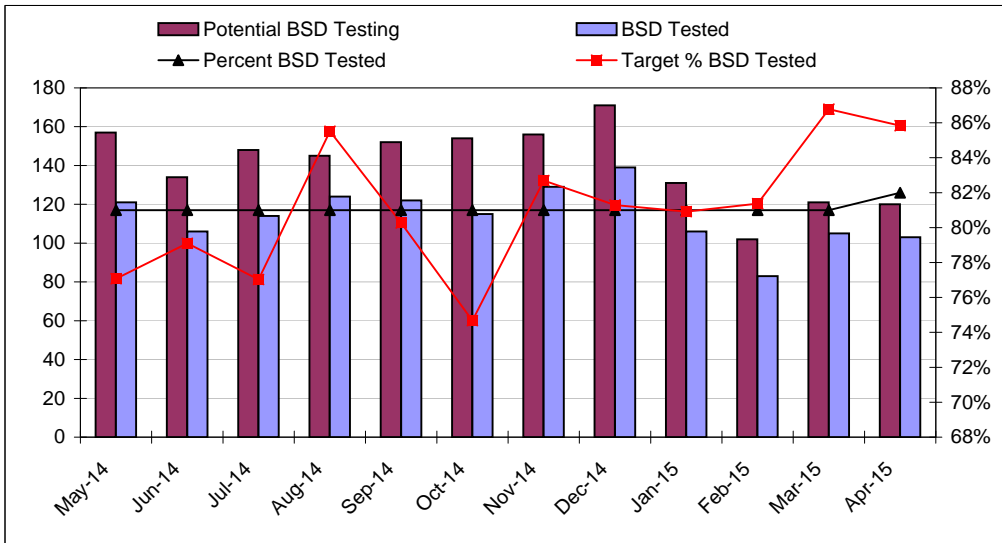


56. Deceased Organ Donors - Team (DCD)

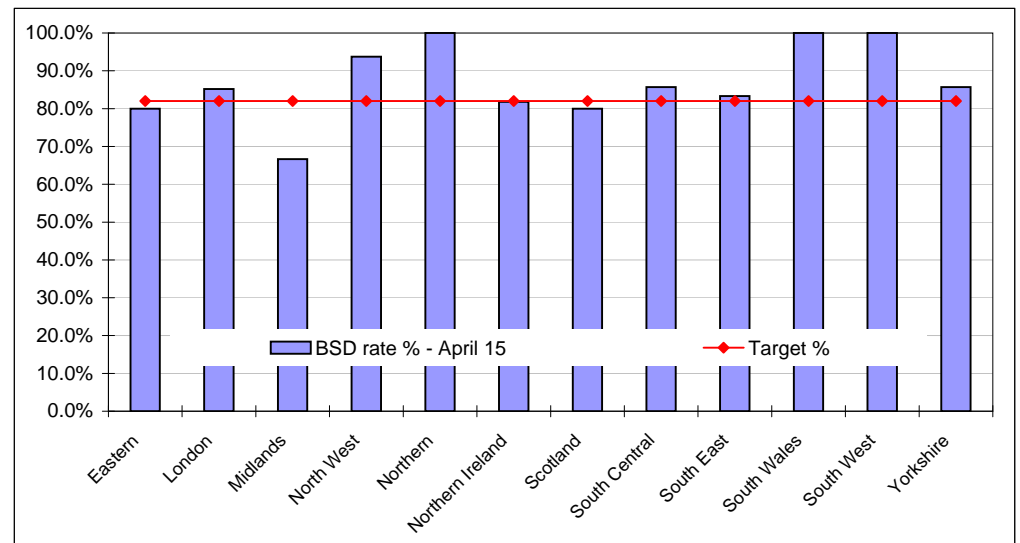


## Organ Donation and Transplant - Pathway 3 of 6

57. Brain Stem Death Testing Rate (DBD & DCD) - Trend

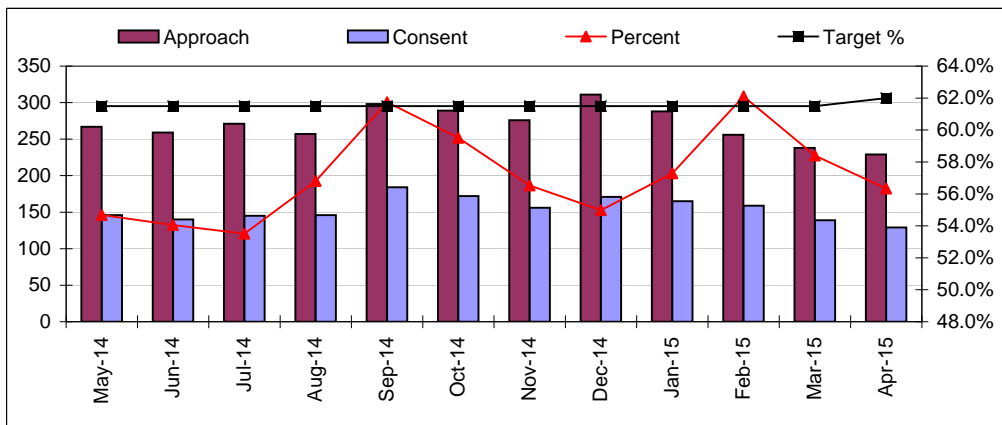


58. Brain Stem Death Testing - by Region

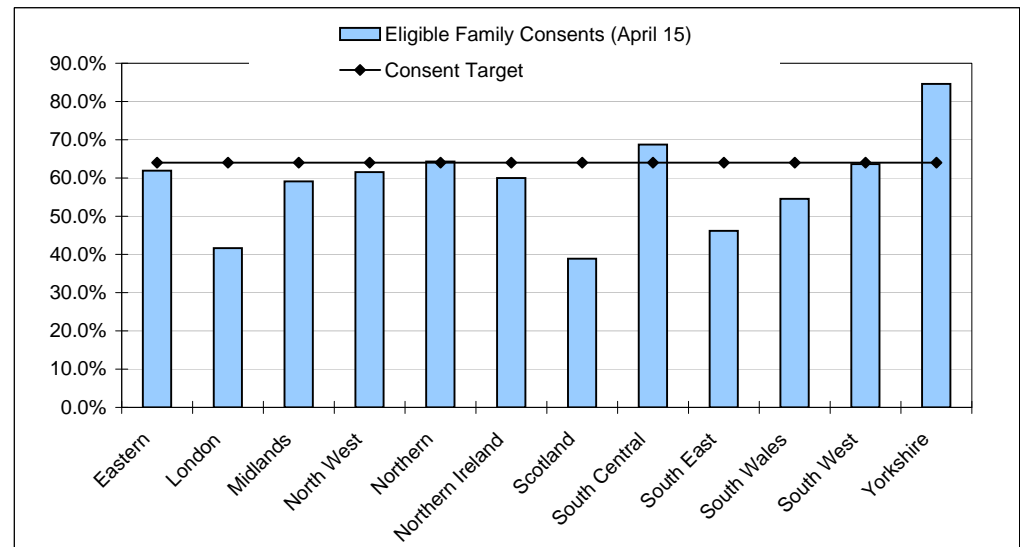


59. Consent/Authorisation rate per Month and % consent

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
Increase % Consent/Authorisation rate (Overall)	64.0%	64.0%	56.3%	R	-

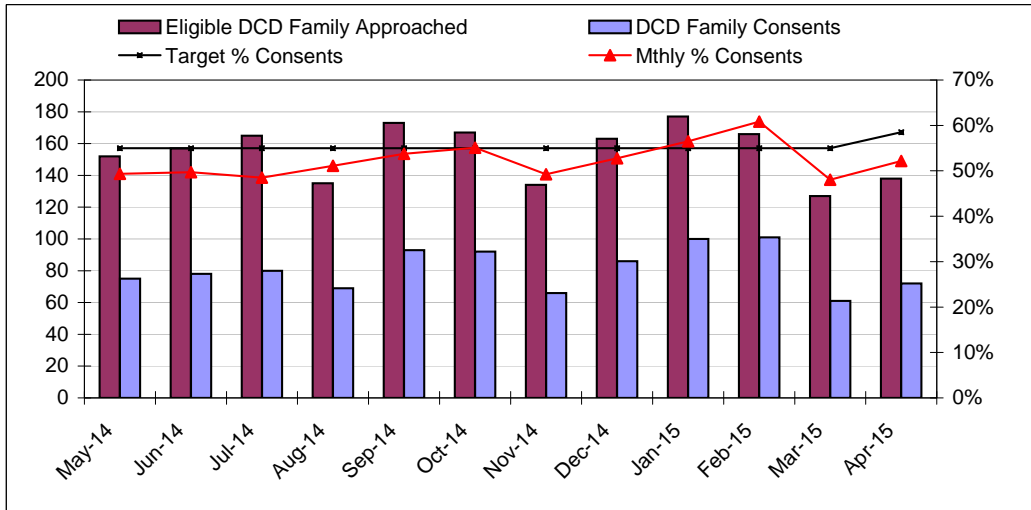


60. Consent/Authorisation rate % by Region

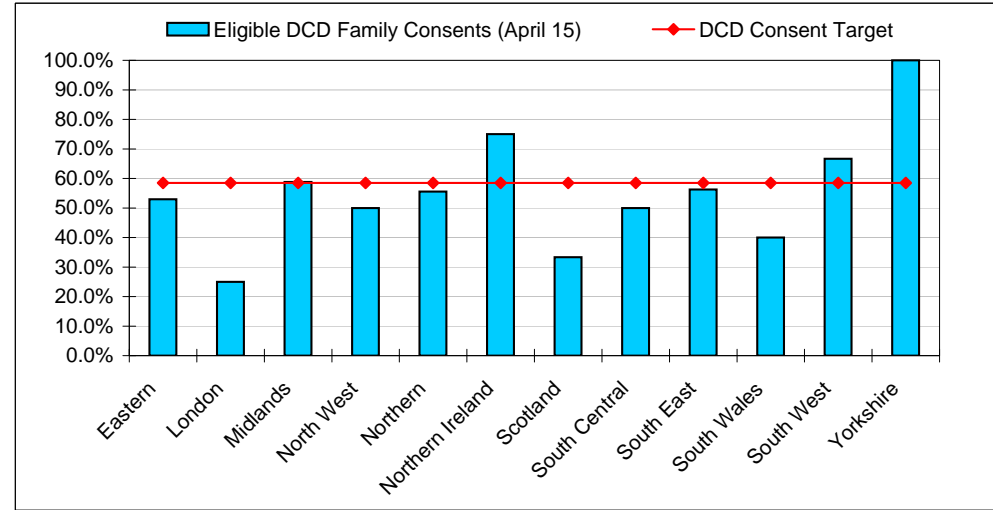


## Organ Donation and Transplant - Pathway 4 of 6

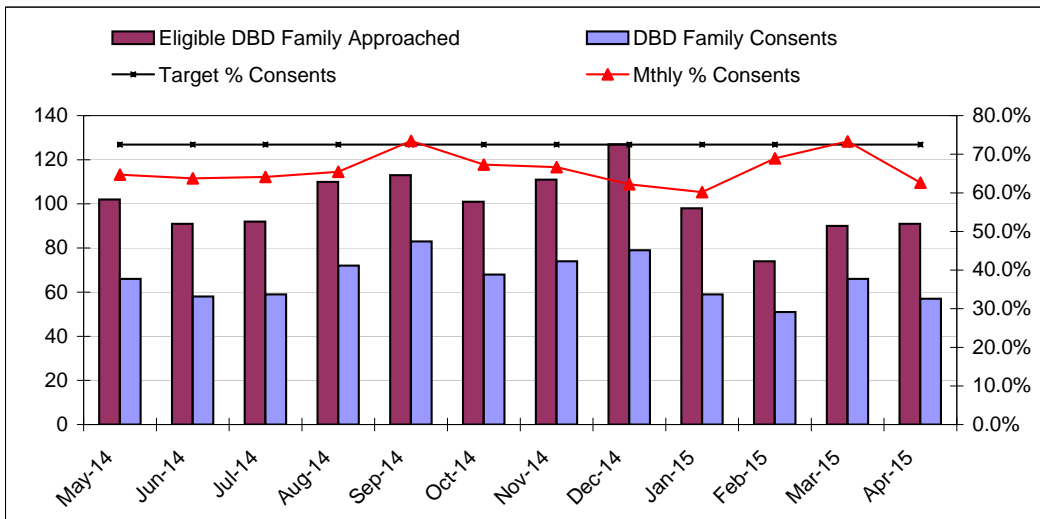
61. Consent/Authorisation rate (DCD) per Month and MAT%



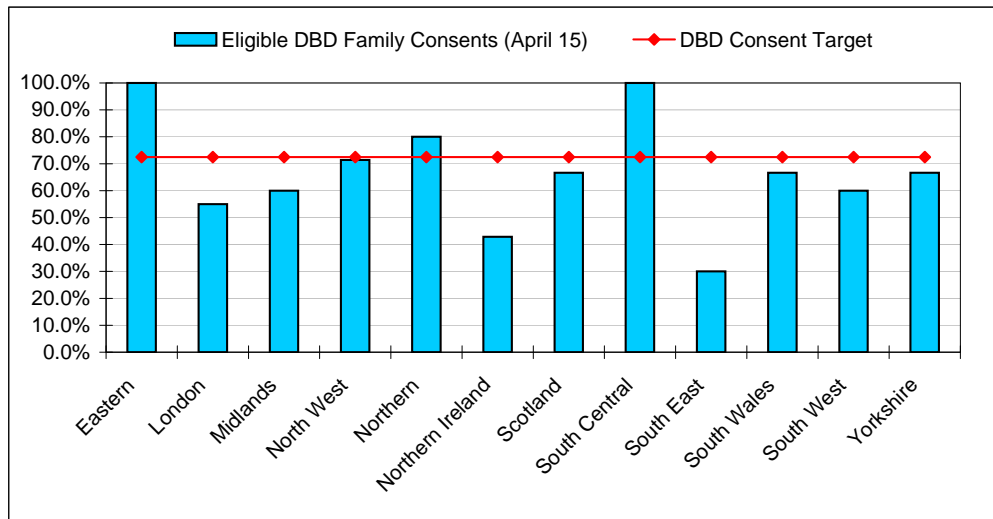
62. Consent/Authorisation rate (DCD) % by Region



63. Consent/Authorisation rate (DBD) per Month and MAT%

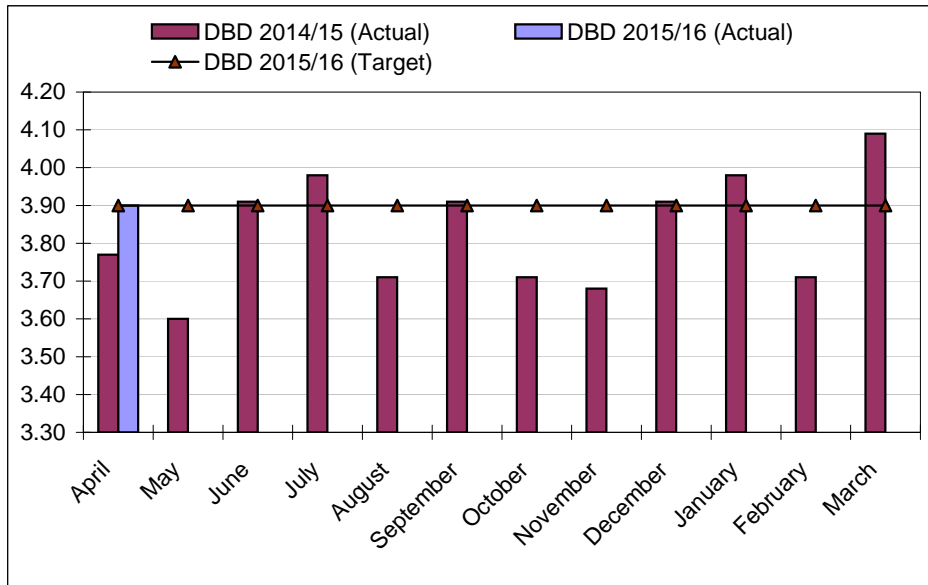


64. Consent/Authorisation rate (DBD) % by Region

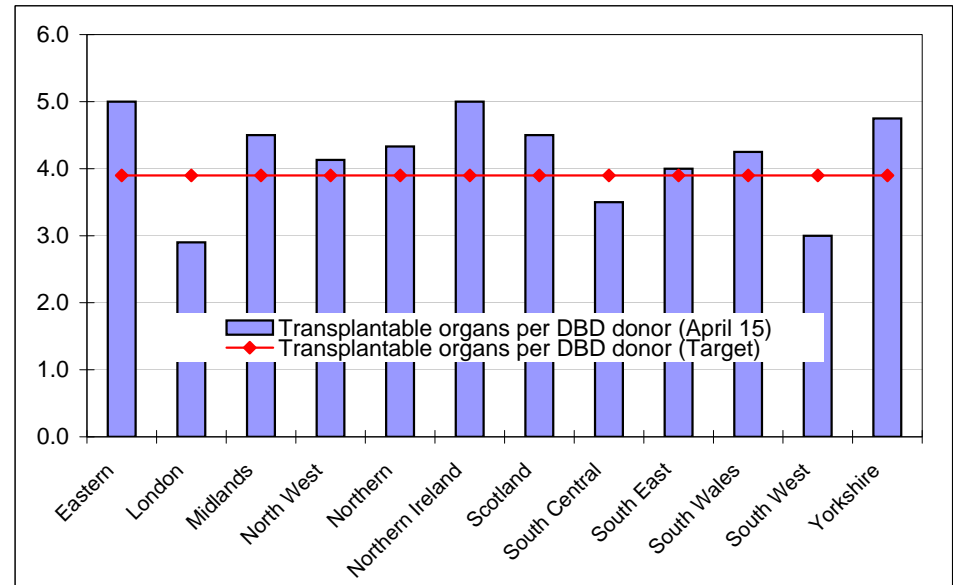


## Organ Donation and Transplant - Pathway 5 of 6

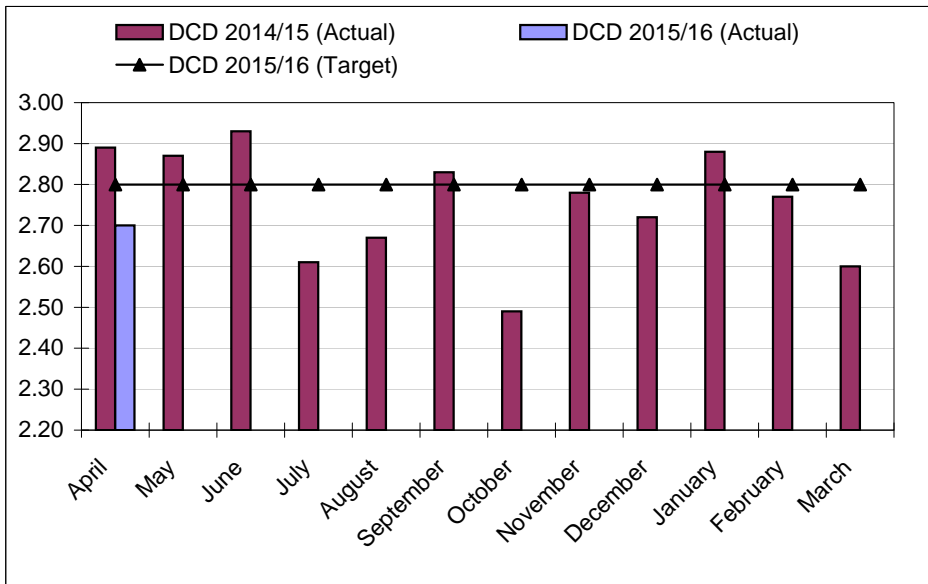
65. Transplantable Organs per DBD Donor



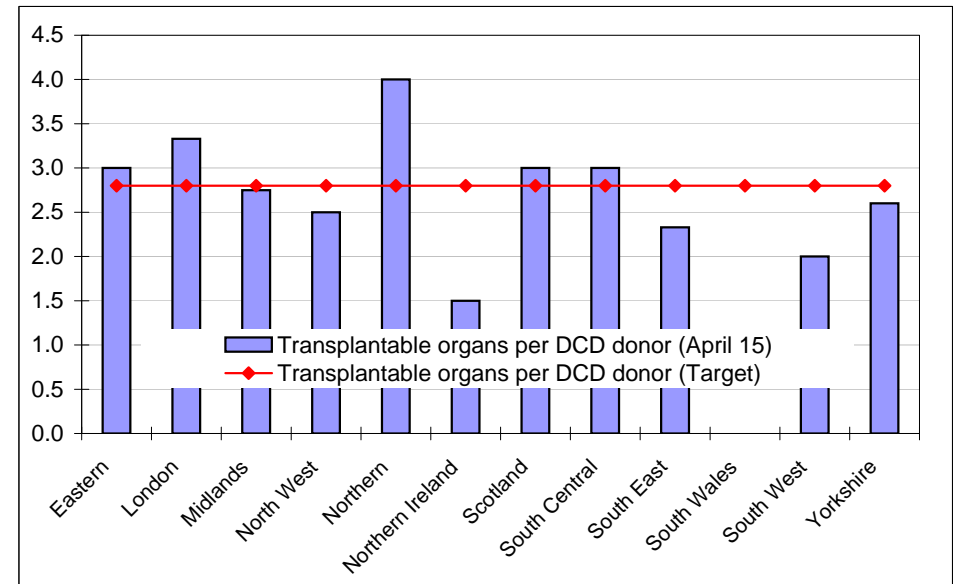
66. Transplantable Organs per DBD Donor (Teams)



67. Transplantable Organs per DCD Donor



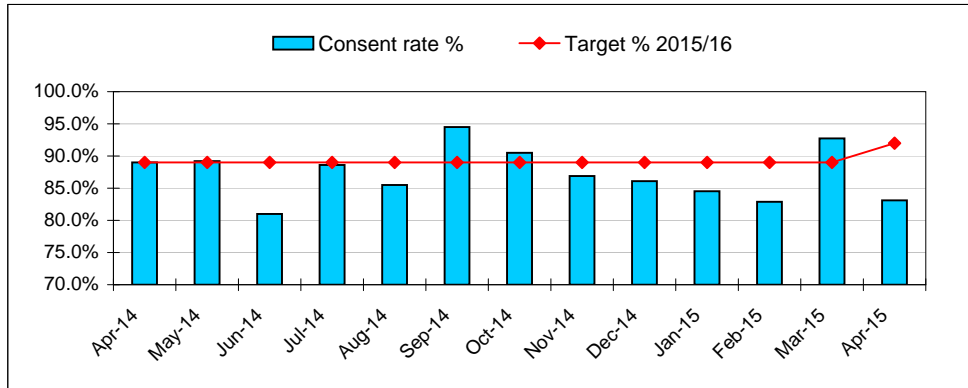
68. Transplantable Organs per DCD Donor (Teams)



## Organ Donation and Transplant - Pathway 6 of 6

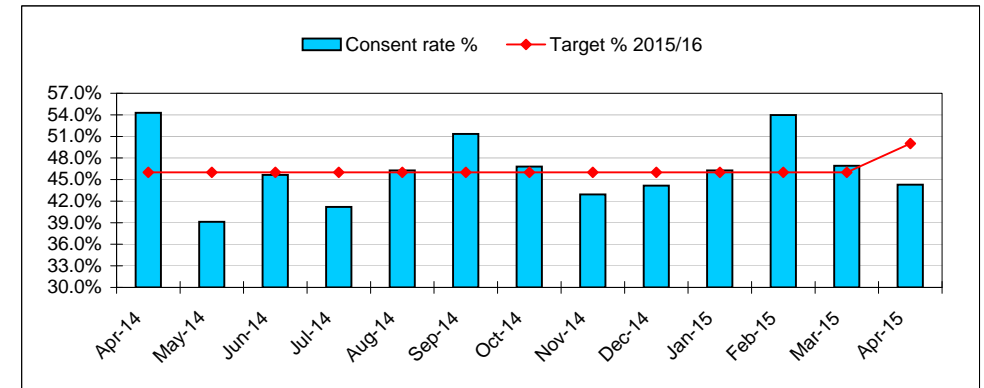
### 69. % Consent/Authorisation rate (patient expressed wish to donate on the ODR)

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
% Consent/Authorisation rate (patient expressed a wish to donate on ODR)	92.0%	92.0%	83.1%	R	-



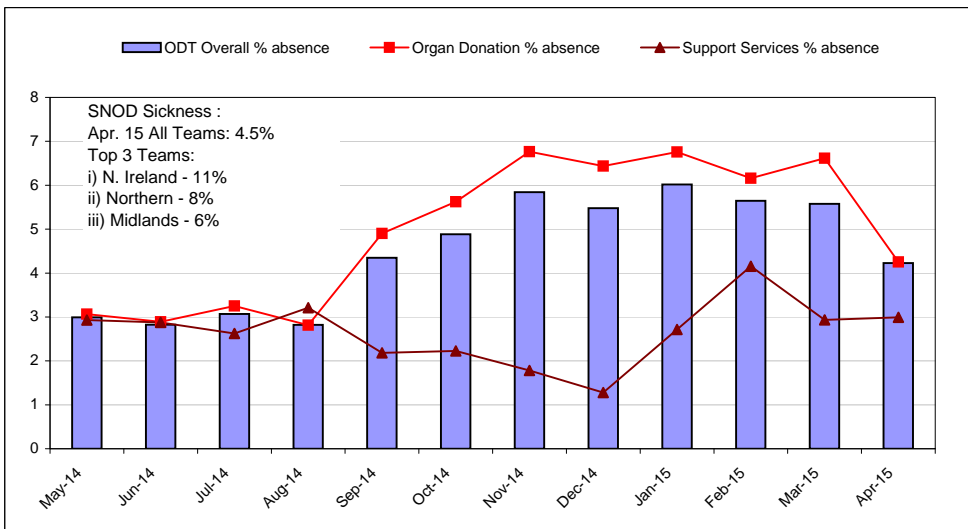
### 70. % Consent/Authorisation rate (patient not expressed a wish to donate or ODR status not known)

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
% Consent/Authorisation rate (patient not expressed a wish to donate or ODR status not known)	50%	50.0%	44.3%	R	-

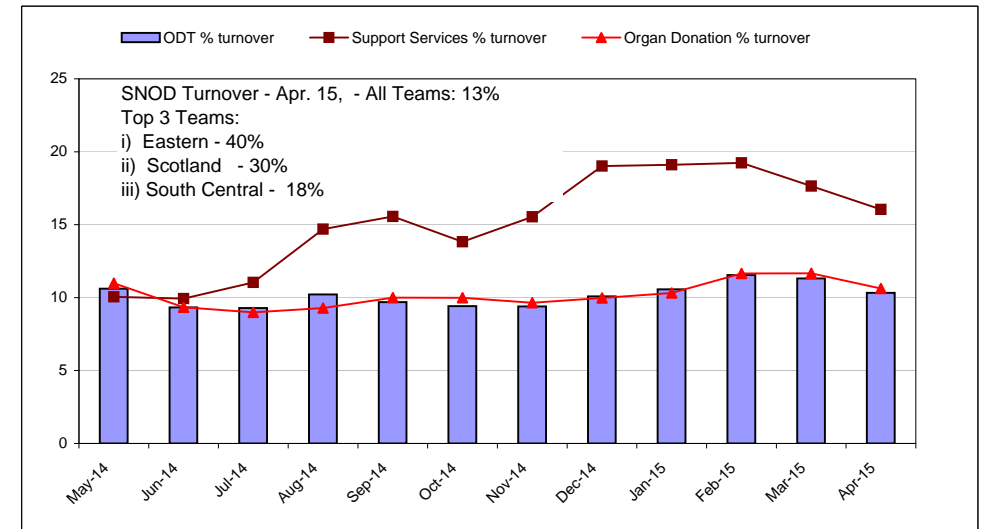


## Organ Donation and Transplant - Absence/Turnover

### 71. ODT Absence rate



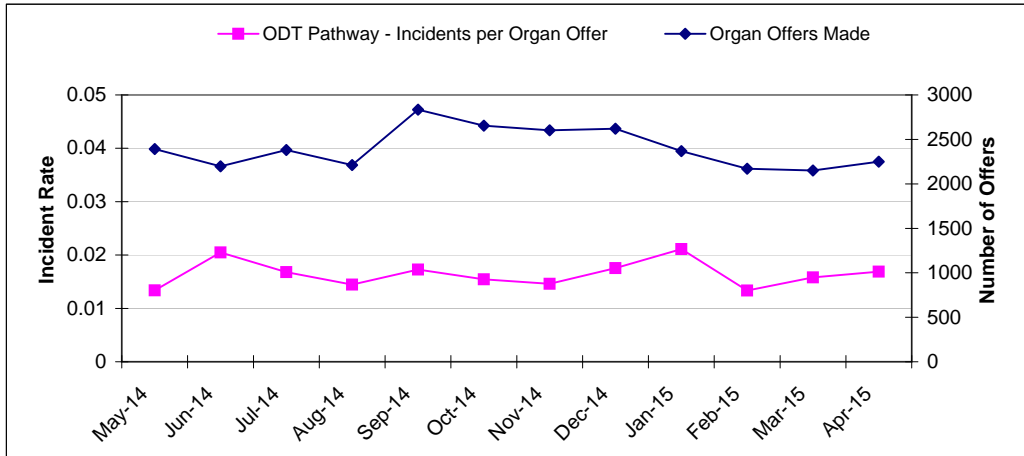
### 72. Annual Turnover rate



## Organ Donation and Transplant - ODT Pathway - Incidents / ODR

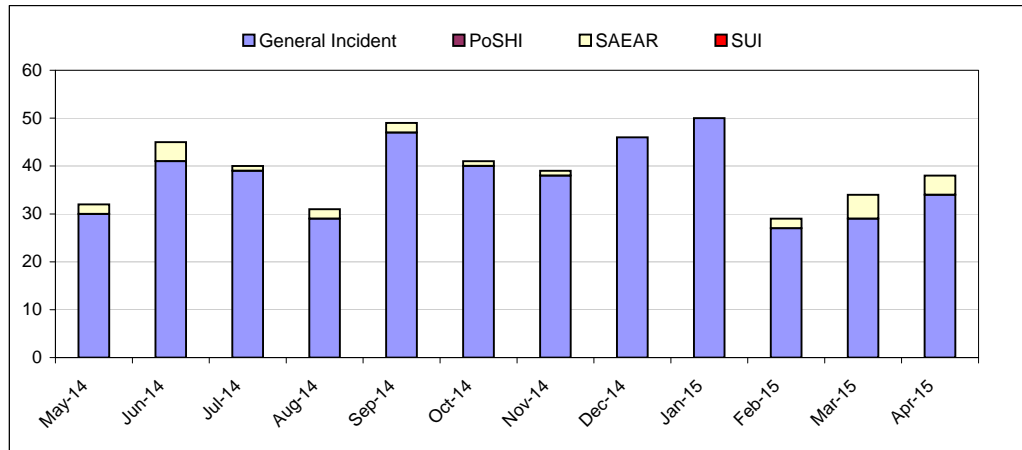
### 73. ODT Pathway - Incidents per Organ Offer

Incidents recorded are incidents across the donation and transplantation pathway, not all of which are incidents attributable to NHSBT. Not all incidents occurring in transplant centres are required to be reported to NHSBT

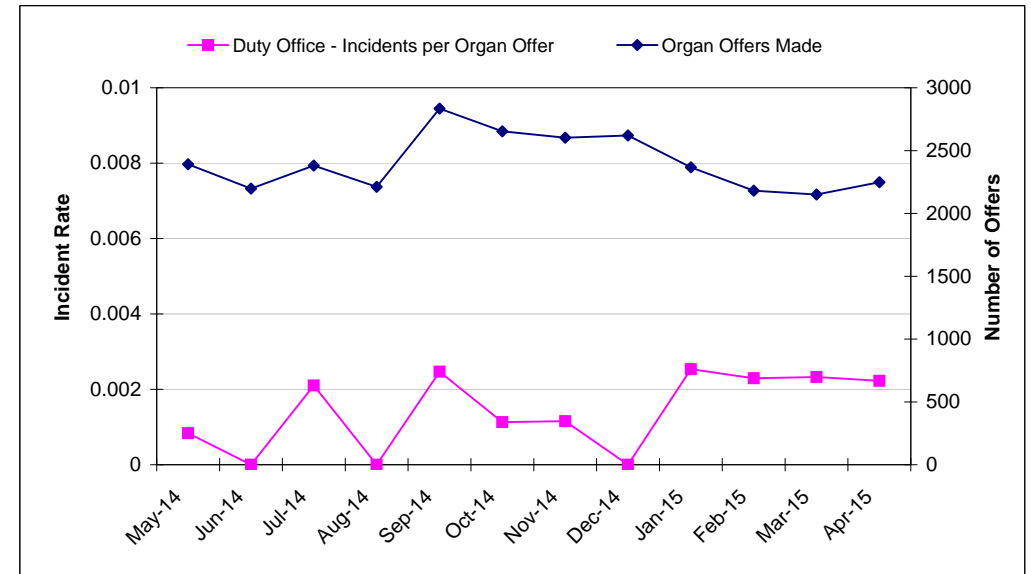


### 75. ODT Pathway - Incidents

Incidents recorded are incidents across the donation and transplantation pathway, not all of which are incidents attributable to NHSBT. Not all incidents occurring in transplant centres are required to be reported to NHSBT

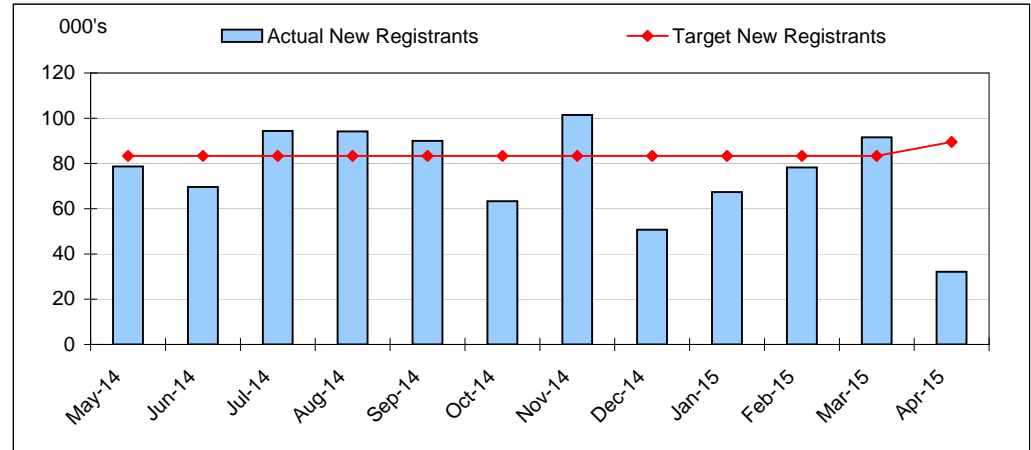


### 74. Duty Office - Incidents per Organ Offer



### 76. Number of people registered on the Organ Donor Register (ODR)

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
New Registrations on the ODR (m)	2.00	0.090	0.032	R	-

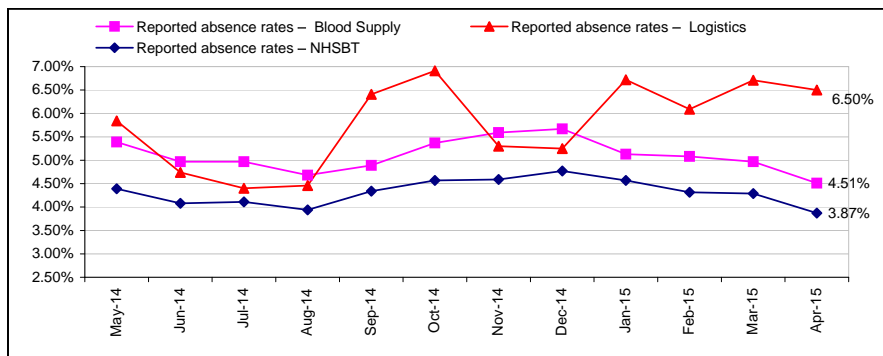




## NHSBT Corporate - Workforce 1 of 1

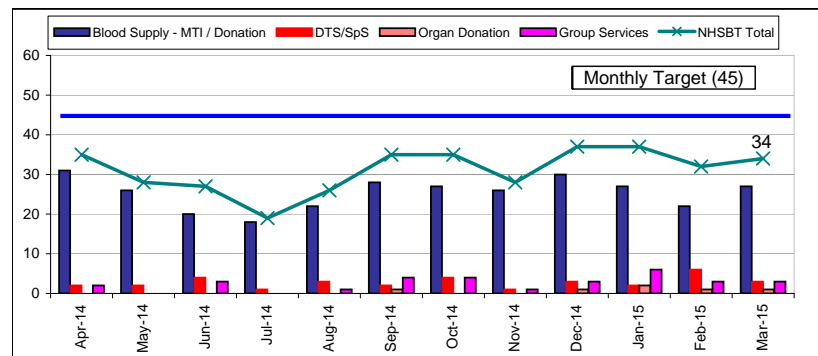
### 77. Organisation Sickness Absence

YTD Performance	Year-end Target	Period Target	Period Actual	Period RAG	YTD RAG Trend
Reported absence rates – Blood Supply	5.00%	5.00%	4.51%	G	-
Reported absence rates – Logistics	5.00%	5.00%	6.50%	R	-



### 78. Health and Safety - Accident Reporting

H&S Incident Levels (x 1 mth in arrears)	Level 1&2 MAT Target	Level 1&2 MAT Total	Level 1-3 Mthly Target	Level 1-3 Period Actual
Blood Supply - MTI / Donation	=/<28	33	=/<38	27
DTS/SpS	=/<2	1	=/<3	3
Organ Donation	0	1	0	1
Group Services	=/<10	10	=/<4	3
NHSBT	=/<40	45	=/<45	34



### 79. Headcount / WTE (as at payroll date)

Function	Plan WTE (Ave YTD)	YTD Ave WTE (C)	Variance WTE	Variance %
Blood Supply: Manufacturing, Testing & Issue	855	812	43	5.0%
Blood Supply: Blood Donation	1,577	1,601	-24	-1.5%
Diagnostic and Therapeutic Services	793	756	38	4.8%
Organ Donation (including Group Services)	387	388	-1	-0.1%
<b>Sub-total Operational</b>	<b>3,612</b>	<b>3,557</b>	<b>56</b>	<b>1.5%</b>
CEO and Board	3	4	-1	-20.3%
Quality	86	81	5	6.0%
Communications	65	53	12	18.7%
Estates & Facilities	82	76	6	7.5%
Blood Supply: Logistics	362	331	30	8.3%
Finance	101	102	-1	-0.6%
HR and BTS Project Management	148	142	6	4.0%
BTS - Information Communication Technology	154	134	20	13.3%
Clinical	189	177	11	5.9%
Research and Development	29	64	-35	-119.1%
Change Programme & Development	5	8	-3	-53.3%
<b>Sub-total Group Service</b>	<b>1,224</b>	<b>1,172</b>	<b>52</b>	<b>-130%</b>
<b>Total</b>	<b>4,836</b>	<b>4,728</b>	<b>108</b>	<b>2.2%</b>
<b>% Operational WTE to Total WTE</b>	<b>75%</b>	<b>75%</b>	<b>52%</b>	

YTD Pay Budget £k	YTD Employee Pay Spend £k	YTD Temporary Staff Spend £k	YTD Total Actual Pay Spend £k	YTD Variance £k	YTD Variance %
£2,517	£2,470	£89	£2,559	-£43	-1.7%
£4,393	£4,208	£106	£4,314	£79	1.8%
£2,970	£2,816	£15	£2,832	£138	4.7%
£1,994	£1,836	£59	£1,894	£99	5.0%
<b>£11,873</b>	<b>£11,330</b>	<b>£270</b>	<b>£11,600</b>	<b>£273</b>	<b>2.3%</b>
£37	£36	£0	£36	£1	3.6%
£368	£337	£0	£337	£31	8.4%
£221	£194	£24	£218	£3	1.4%
£280	£274	£19	£293	-£12	-4.4%
£996	£918	£17	£935	£61	6.1%
£388	£384	£6	£390	-£2	-0.4%
£604	£574	£13	£587	£17	2.8%
£602	£561	£41	£603	-£1	-0.1%
£1,038	£996	£8	£1,004	£34	3.3%
£208	£259	£5	£264	-£56	-27.1%
£116	£40	£97	£136	-£20	-17.5%
<b>£4,859</b>	<b>£4,573</b>	<b>£230</b>	<b>£4,803</b>	<b>£56</b>	<b>1.1%</b>
<b>£16,731</b>	<b>£15,902</b>	<b>£500</b>	<b>£16,403</b>	<b>£329</b>	<b>2.0%</b>

## NHSBT REVENUE STATEMENT - FOR THE PERIOD ENDED 30 APRIL 2015

Period			Income	Year to date			Full year			
Budget	Actual	Variance		Budget	Actual	Variance	2014-15 Actual	Initial Budget	Latest Budget	Forecast
£k	£k	£k		£k	£k	£k	£k	£k	£k	£k
5,152	5,152	0	Revenue Cash Limit - Organ Donation & Transplantation	5,152	5,152	0	56,601	61,827	61,827	61,827
356	356	0	Revenue Cash Limit - Diagnostic and Therapeutic Services	356	356	0	4,373	4,273	4,273	4,273
0	0	0	Revenue Cash Limit - Other	0	0	0	2,074	0	0	0
22,230	22,718	488	Blood & Components Income	22,230	22,718	488	284,507	270,516	270,516	270,516
4,897	4,755	(143)	Diagnostic and Therapeutic Services Income	4,897	4,755	(143)	56,689	64,443	64,443	64,443
354	430	76	Research & Development	354	430	76	5,475	2,873	2,873	2,873
975	991	16	Organ Donation & Transplantation Other Income	975	991	16	13,922	11,702	11,702	11,702
368	404	36	All Other Income	368	404	36	5,574	4,591	4,588	4,588
34,332	34,806	473	Total Income	34,332	34,806	473	429,215	420,224	420,221	420,221
			Expenditure							
0	797	797	Cost of Sales - Blood Component Stock Movement	0	797	797	(1,828)	0	0	0
0	59	59	Cost of Sales - Tissues Stock Movement	0	59	59	5	0	0	0
(5,083)	(4,763)	320	Organ Donation & Transplantation Operational Expenditure	(5,083)	(4,763)	320	(63,288)	(65,463)	(65,463)	(65,463)
(5,932)	(6,078)	(146)	Blood Supply: Manufacturing, Testing & Issue	(5,932)	(6,078)	(146)	(71,271)	(70,183)	(70,151)	(70,151)
(7,085)	(6,935)	150	Blood Supply: Blood Donation	(7,085)	(6,935)	150	(88,395)	(83,296)	(83,296)	(83,296)
(1,857)	(1,925)	(68)	Blood Supply: Logistics	(1,857)	(1,925)	(68)	(22,996)	(22,943)	(22,943)	(22,943)
(4,759)	(4,620)	138	Diagnostic and Therapeutic Services	(4,759)	(4,620)	138	(51,121)	(56,745)	(56,745)	(56,745)
(415)	(394)	21	Quality	(415)	(394)	21	(4,520)	(5,136)	(5,136)	(5,136)
(60)	(54)	6	Chief Executive and Board	(60)	(54)	6	(551)	(623)	(623)	(623)
(330)	(335)	(5)	Communications	(330)	(335)	(5)	(5,052)	(5,054)	(5,054)	(5,054)
(3,117)	(3,022)	94	Estates & Facilities	(3,117)	(3,022)	94	(39,891)	(38,138)	(38,150)	(38,150)
(560)	(555)	5	Finance	(560)	(555)	5	(6,675)	(6,707)	(6,707)	(6,707)
(773)	(703)	70	HR and BTS Project Management	(773)	(703)	70	(8,936)	(9,418)	(9,418)	(9,418)
(1,502)	(1,542)	(40)	BTS - Information Communication Technology	(1,502)	(1,542)	(40)	(18,019)	(18,409)	(18,409)	(18,409)
(1,129)	(1,097)	32	Clinical Directorate	(1,129)	(1,097)	32	(13,391)	(13,671)	(13,671)	(13,671)
(544)	(663)	(119)	Research & Development	(544)	(663)	(119)	(8,861)	(6,295)	(6,295)	(6,295)
(296)	(296)	(0)	Change Programme & Development	(296)	(296)	(0)	(8,343)	(17,228)	(17,215)	(17,215)
(108)	218	327	Miscellaneous and Capital Charges	(108)	218	327	(426)	(914)	(946)	(946)
(33,550)	(31,908)	1,643	Total Expenditure	(33,550)	(31,908)	1,643	(413,558)	(420,224)	(420,221)	(420,221)
			Surplus/(Deficit)							
782	2,898	2,116		782	2,898	2,116	15,658	0	0	0

Statutory Accounts Presentation							
NHSBT Surplus/(Deficit) as above	782	2,898	2,116	15,658	0	0	0
Add back Notional Cost of Capital	543	543		6,703	6,520	6,520	6,520
Remove Revenue Cash Limit	(5,508)	(5,508)		(63,048)	(66,100)	(66,100)	(66,100)
Deduct Capital Charges Cash Payment	(1,371)	(1,371)		(16,267)	(16,447)	(16,447)	(16,447)
Net Expenditure	(5,554)	(3,438)	2,116	(56,954)	(76,027)	(76,027)	(76,027)

## NHSBT BALANCE SHEET AT 30 APR 2015

	April 2014 £k	Mar 2015 £k	Apr 2015 £k	Forecast YE £k
<u>Fixed Assets</u>	169,443	178,101	177,470	176,674
<u>Current Assets</u>				
Stocks	19,300	16,824	17,441	17,000
Trade Debtors (incl accrued income)	29,515	23,998	36,341	24,000
Prepayments	10,492	7,915	14,123	8,000
Other Debtors	732	2,997	2,607	2,802
Bank and Cash	15,627	22,112	18,001	21,000
	<u>75,666</u>	<u>73,846</u>	<u>88,513</u>	<u>72,802</u>
Less:-				
<u>Current Liabilities</u>				
Trade Creditors	6,761	2,435	10,888	2,500
Accruals and Deferred Income	19,967	15,195	16,605	14,700
DH Cash Limit Drawn in Advance	(5,429)		(5,508)	
DH Capital Charges payable	1,356		1,371	
Others	<u>7,759</u>	<u>1,839</u>	<u>8,229</u>	<u>2,118</u>
	30,414	19,469	31,585	19,318
Net Current Assets	45,252	54,377	56,928	53,484
Finance Lease Creditor	4,594	4,512	4,392	4,300
Provisions	<u>5,523</u>	<u>2,681</u>	<u>2,651</u>	<u>2,000</u>
<b>Total Net Assets</b>	<b><u>204,578</u></b>	<b><u>225,285</u></b>	<b><u>227,355</u></b>	<b><u>223,858</u></b>
Represented by:-				
<u>Department of Health Funding</u>				
General Reserve	157,576	172,252	174,322	170,825
Revaluation & Donated Asset Reserve	<u>47,002</u>	<u>53,033</u>	<u>53,033</u>	<u>53,033</u>
<b>Total Dept of Health Funding</b>	<b><u>204,578</u></b>	<b><u>225,285</u></b>	<b><u>227,355</u></b>	<b><u>223,858</u></b>

**NHSBT CASH FLOW AND STATISTICS  
FORECAST 2015/16**

	Actual Apr-15 £k	Forecast May-15 £k	Forecast Jun-15 £k	Forecast Jul-15 £k	Forecast Aug-15 £k	Forecast Sep-15 £k	Forecast Oct-15 £k	Forecast Nov-15 £k	Forecast Dec-15 £k	Forecast Jan-16 £k	Forecast Feb-16 £k	Forecast Mar-16 £k	Total £k
<b>Opening bank balance</b>	<b>22,112</b>	<b>18,001</b>	<b>39,926</b>	<b>39,826</b>	<b>41,834</b>	<b>47,292</b>	<b>54,201</b>	<b>53,409</b>	<b>48,193</b>	<b>50,052</b>	<b>52,410</b>	<b>49,818</b>	<b>22,112</b>
<u>Receipts</u>													
Debtors & Other Receipts	18,149	35,200	30,100	30,100	30,100	30,100	30,100	30,100	30,100	30,100	30,100	30,100	354,349
Revenue Cash Limit	0	16,525	0	5,508	5,508	5,509	5,508	5,508	5,509	5,508	5,508	5,509	66,100
Capital Cash Limit	0	0	0	2,500	0	2,000	0	0	0	2,500	0	1,500	8,500
<b>Total income</b>	<b>18,149</b>	<b>51,725</b>	<b>30,100</b>	<b>38,108</b>	<b>35,608</b>	<b>37,609</b>	<b>35,608</b>	<b>35,608</b>	<b>35,609</b>	<b>38,108</b>	<b>35,608</b>	<b>37,109</b>	<b>428,949</b>
<u>Payments</u>													
Staff Expenses	10,651	16,500	16,500	16,500	16,500	16,500	16,500	16,500	16,500	16,500	16,500	23,000	198,651
Other Revenue Payments	10,477	13,000	13,500	19,500	13,500	14,000	19,500	15,500	16,500	18,400	20,500	32,086	206,463
Capital Charges	0	0	0	0	0	0	0	8,224	0	0	0	8,223	16,447
Capital Payments	1,132	300	200	100	150	200	400	600	750	850	1,200	2,618	8,500
<b>Total costs</b>	<b>22,260</b>	<b>29,800</b>	<b>30,200</b>	<b>36,100</b>	<b>30,150</b>	<b>30,700</b>	<b>36,400</b>	<b>40,824</b>	<b>33,750</b>	<b>35,750</b>	<b>38,200</b>	<b>65,927</b>	<b>430,061</b>
<b>Closing bank balance</b>	<b>18,001</b>	<b>39,926</b>	<b>39,826</b>	<b>41,834</b>	<b>47,292</b>	<b>54,201</b>	<b>53,409</b>	<b>48,193</b>	<b>50,052</b>	<b>52,410</b>	<b>49,818</b>	<b>21,000</b>	<b>21,000</b>
<b>Debtor Days (Target is 22 days)</b>	37												
<b>YTD BPPC By Value % (Target is 95%)</b>	98.7%												
<b>YTD BPPC By Number % (Target is 95%)</b>	96.4%												