

# NHSBT Executive Team & Board Performance Report

## October 2022

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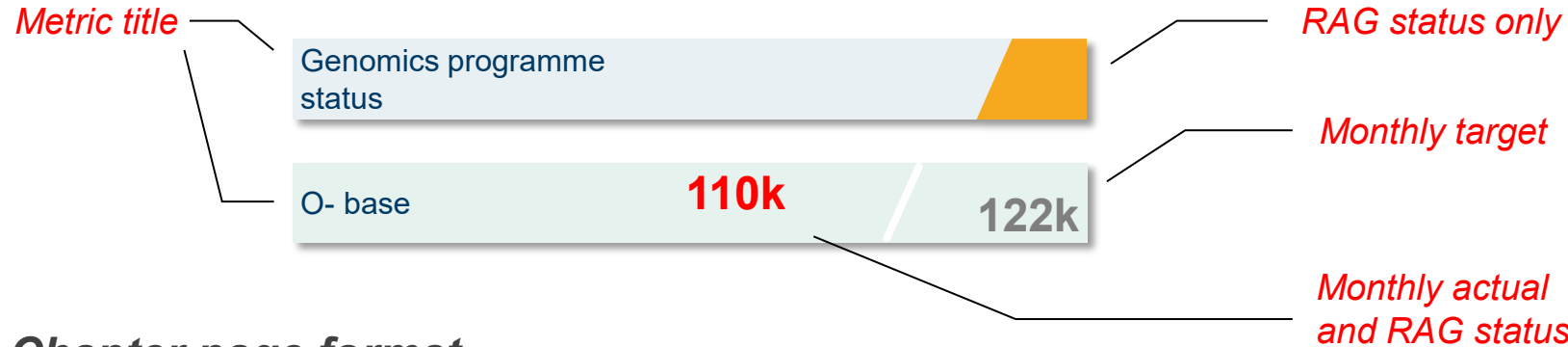


Blood and Transplant

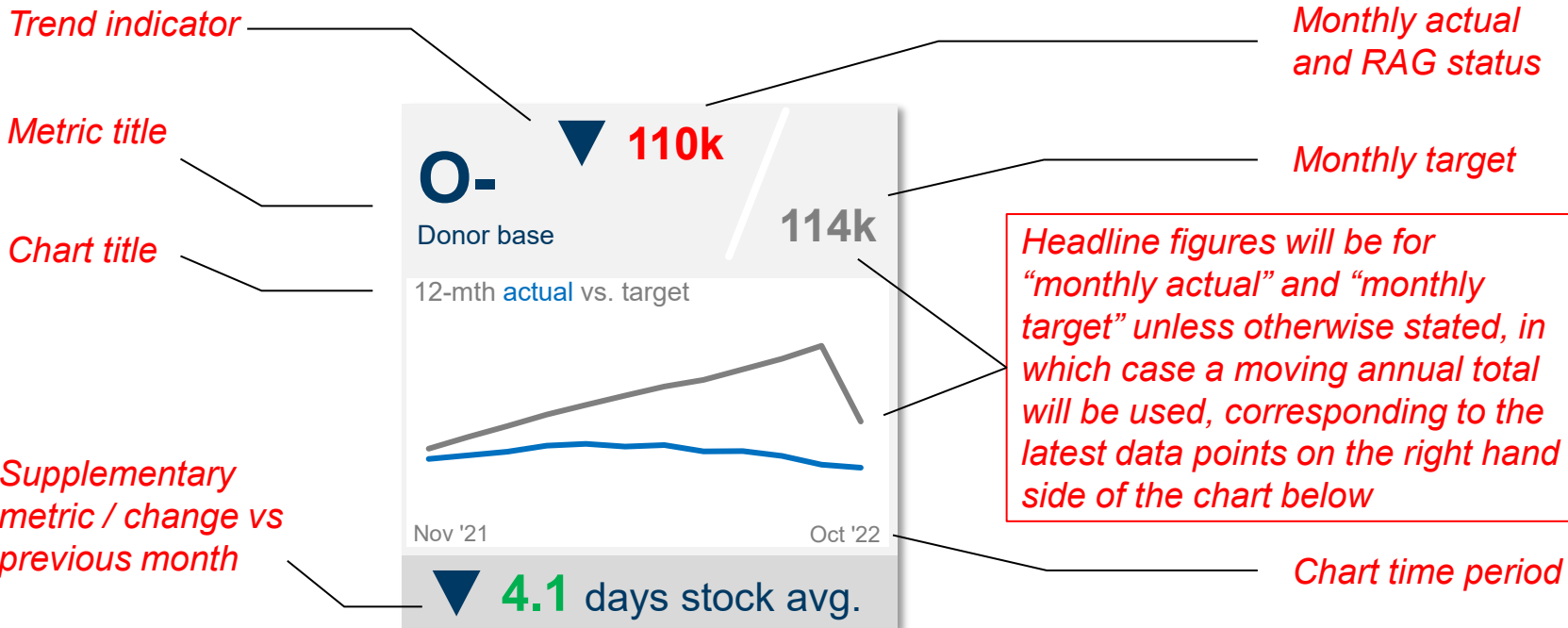


# How to read this report

## Dashboard page format



## Chapter page format



### Points to note

- This Performance Report is designed to be user-friendly, using a clear, simple and 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 status is **green** for at or above target, **amber** for within 2% below target, or **red** for >2% from target
- Wherever possible RAG status will be based on absolute numbers rather than percentage values
- Many metrics are expressed as a **Moving Annual Total (MAT)**. This provides a rolling 12-month total for performance data.

# Executive Summary – October 2022

## Performance Insights

**There are five critical business areas of focus by the Executive Team:**

**1. Red cell demand fell by 9.6% and collections increased by 3.5% during October. Amber alert lifted 8<sup>th</sup> November. Focus on ensuring stock recovery is maintained and resilient.**

The decision to move to Amber Alert was taken on 12th October 2022 due to continued challenges in terms of collections, sufficiency of supply and the decline of stocks to critical levels. As a result red cell demand fell by 9.6% when compared to September 2022 and collections increased by 3.5%. Reduced demand for blood, driven by a decrease in hospital stockholdings, adoption of patient blood management best practice, combined with the response of staff and donors to the Amber Alert, has had a positive impact on NHSBT's ability to recover and rebuild stocks in the short term. With donors responding to increased media and social media coverage, by the end of October 2022 stock levels had risen to an average of 6.3 days of stock, compared to 4.0 days at the end of September and 3.2 days immediately prior to the declaration of the Amber Alert. The number of appointments that NHSBT has cancelled, often at short notice remains high at an average of 3,400 donors per week. To ensure that stock recovery is enduring an accountable executive has been appointed and tasked with providing assurance to DHSC and ET that the supply chain remains resilient and sustainable in the medium and long term and that NHSBT can continue to meet demand.

**2. Size and diversity of our donor base remains below target. The public response to the Amber Alert generated increased levels of activity across our donor base.**

The whole blood donor base grew by 3.6k to reach 797.2k donors in October and while still behind target for the year, is the highest level the donor base has achieved since before the Covid-19 pandemic. Announcement of the amber alert in mid-October prompted a wave of traffic to the blood donation website with new donor registrations reaching 71.4k, their highest level since March 2018. New donors donating increased by 600 compared with September but were still lower than August. Circa 11% of appointments are consistently booked by new donors with the majority of these occurring in Donor Centres. October was Black History Month, and BME representation in the donor base grew for the third consecutive month reaching its highest ever level at 17.5k, as did the Ro donor base at 25.4k

**3. Challenges in improving organ donation consent rates and organ transplant rates, persist; TES ability to fulfil demand for hampered by low donation rates of key products**

In previous years October has delivered high levels of organ donation activity, However there were 90 fewer eligible donors reported through the Potential Donor Audit compared with last month and we achieved only 109 proceeding donors with consent / authorisation rate of 60% (124 consents). This is the lowest number of monthly consents / authorisations since February 2021. We are fundamentally reviewing the approach to organ donation promotion and our clinical practices, given the high number of family refusals. Tissues (TES) ability to realise the performance improvements required to achieve a break even financial position in 22/23 remain constrained by low donation rates in key product areas limiting tissue availability and supply when requested.

**4. Despite operational challenges, Plasma for Medicines programme is continuing its delivery plan and change from programme to directorate.**

The Plasma for Medicines programme is continuing its delivery plan despite capacity constraints and testing activities. These now have mitigation plans in place and once completed should provide a strong delivery base through the latter half of the financial year. Plasma for Diagnostic use is delivering the required supporting revenue and we are maturing our temporary customer base. The current situation in Sourced Plasma continues to be challenging but a robust capacity recovery plan is running in all three centres and an associated demand workstream will ensure the increased capacity is filled. We have increased the target in Recovered Plasma to mitigate the shortfall in Sourced Plasma. In Recovered Plasma, performance is now above target and planning is in progress for the next required ramp up of capacity in 23/24 .

**5. People directorate are continuing to lead the workforce elements of our operational response to the workforce challenges which contributed to the recent Amber Alert.**

Despite the challenging recruitment market, with record vacancy levels driven by low UK unemployment levels (3.8%), we are recruiting faster and more effectively. Our new eRecruitment system has been launched, and it delivers an improved candidate and hiring manager experience, much improved process efficiency, and better reporting functionality. In addition we have introduced new service level agreements designed to support and speed up recruitment, especially for our 'volume' areas, such as Donor Carers. We have also launched a national campaign to support the recruitment of Donor Carers by widening our visibility and reaching job seekers who may not historically have seen our roles. The combination of improved recruitment and an accelerated training programmes means that our collection teams are back to establishment, with most fully trained already. Industrial action is highly likely in the coming weeks and we are engaging constructively with all unions. The engagement is focused on how we can mitigate or minimise disruption to our services.

# Performance summary against most important strategic targets

<b>Grow and diversify our donor base</b> to meet clinical demand and reduce health inequalities			
Size of Whole Blood donor base	<b>797k</b> ▲	830k	Plasma vol. in stock (sourced), litres YTD
O- base	<b>111.1k</b> ▲	117.2k	Plasma vol. in stock (recovered), litres YTD
Ro base	<b>25.4k</b> ▲	28.9k	Organ consent rate YTD (total)
Blood donor mix: Black, Minority Ethnic (BME)	<b>2.2%</b> ▲	---	Organ consent Black, Asian, Minority Ethnic YTD (BAME)
Sourced Plasma donor base	<b>5.3k</b> ▲	9.4k	BAME recipients of living & dec'd organ transplants <sup>1</sup>
Net promoter score YTD	<b>85.9</b> =	86.0	Organ transplants – living & dec'd (moving annual total) <sup>1</sup>
On Time In Full (OTIF) incl. Ro (YTD / 22/23)	<b>96.3%</b> =	97.4%	British Bone Marrow Registry (BBMR) Fit-Panel volume

<b>Modernise our operations</b> to improve safety, resilience and efficiency			
Blood stock stability	<b>4.5</b> =	5.5 – 7.0	Average days of stock
Serious Incidents	<b>0</b> <sup>3</sup> YTD ▼	0	
Critical Infrastructure availability	<b>100%</b> =	99.95%	
Top quartile performance in key benchmarks	<b>2</b> =	5	
Incremental savings (Blood & Group)	<b>£0.95m</b> =	£3.0m	
Reduction in carbon emissions vs. 2014/15	<b>49%</b> =	50% <sup>2</sup>	

<b>Drive innovation</b> to improve patient outcomes			
Genomics programme status	=		
No. of transplants per donor - deceased (moving annual total)	<b>2.50</b> ▲	2.39	
Component Development Clinical Trials	Whole blood	=	
	Universal platelets	=	
	Universal plasma	=	
	Dried plasma	▲	

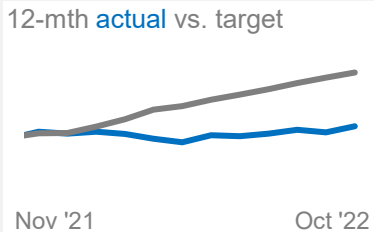
<b>Collaborate with partners</b> to develop and scale new services for the NHS			
Plasma for Medicines programme status	▼		
Cell, Apheresis and Gene Therapies YTD income	<b>£19.85m</b> ▲	£20.45m	
Tissue & Eye Services YTD income	<b>£9.72m</b> ▼	£10.25m	
Transfusion 2024 programme status [reporting to commence Q2 2022/23]	–		
Education & Training Strategy	–	To be defined Q4 2022/23	

<b>Invest in people and culture</b> to ensure a high-performing, inclusive organisation			
Weeks taken to recruit	<b>14.35</b> ▲	11	
Staff turnover	<b>17.26%</b> ▲	14%	
Black, Asian, Minority Ethnic (BAME) Band 8+ <sup>3</sup>	<b>14.37%</b> <sup>5</sup> ▼	15%	
Employee Relations case rate <sup>4</sup>	<b>0.29%</b> ▼	---	
Engagement Score	<b>7.5/10</b> =	8/10	
Sickness absence rate	<b>5.26%</b> <sup>5</sup> ▲	4%	
Harm Incident Rate NHSBT (Harm to staff)	<b>9.4</b> ▲	8.9	

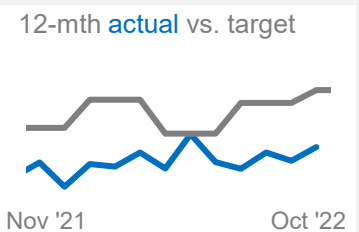
<sup>1</sup> reported one month in arrears    <sup>2</sup> Progress versus annual target of 50%    <sup>3</sup> Band 8A –D, Band 9, plus VSM, Board & Medical employees    <sup>4</sup> For definition see slide 16    <sup>5</sup> Amber RAG threshold +/- 1.5 pp of target



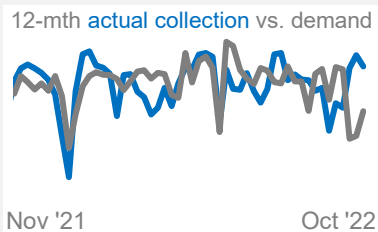
**Whole Blood Donor base** **797k** / **830k**



**Ro Collection MAT** **45.8k** / **55k**



**Whole blood % issue demand met by collection** **>100%** / **11% over collection**



**On Time In Full incl. Ro (YTD / 22/23)** **96.3%** / **97.4%**



## Insight and Commentary

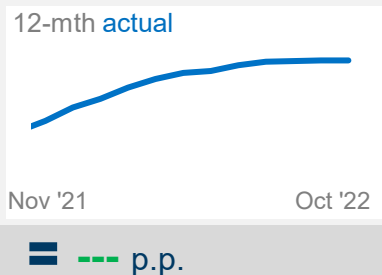
### Donor Bases

- The whole blood donor base grew by 3.6k to reach 797.2k donors in October. While still well behind target for the year this is the highest the donor base has achieved since before the Covid-19 pandemic
- Announcement of the amber alert prompted a wave of traffic to the blood donation website and registrations were at the highest level since March 2018, reaching 71.4k for the month.
- New donors donating increased by 600 compared with September but were still lower than August. Circa 11% of appointments are consistently booked by new donors with the majority of these occurring in Donor Centres
- October was Black History Month, and BME representation in the donor base grew for the third consecutive month reaching its highest ever level at 17.5k, as did the Ro donor base.

### Plasma

- Source Plasma for Medicine (sPFM):** Volumes were 639 litres (50.4%) behind target in month due to reduced donation capacity in all three centres, primarily as a result of low staffing levels and high levels of donor non attendance and deferral impacting donor conversion. However, appointment fill rates remain strong. Recruitment of staff has been successful and once training and consolidation is complete, capacity will be increased to above target levels. The reduced volume will not affect the overall volume of PFM supplied to NHSE/I as sPFM volumes can be supplemented by rPFM.
- Recovered Plasma for Medicine (rPFM):** Volumes were 7,495 litres (5.5%) behind target, but by the end of the month, were above and remain above target. Staffing remains a challenge in some areas of the supply chain but robust vacancy tracking is in place and regular shipments continue.
- Overall, we have processed 45KL year to date which is 6KL (12%) behind target. The overall target for rPFM and sPFM combined in FY 22/23 is 102KL. Our total stockpile from FY20/21 + FY21/22 is now 72KL.

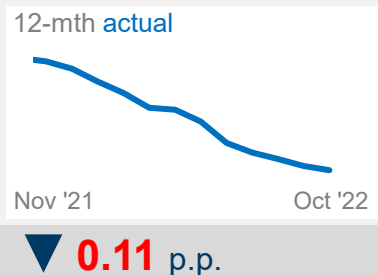
**Male representation in donor base** **45.6%** / **---**



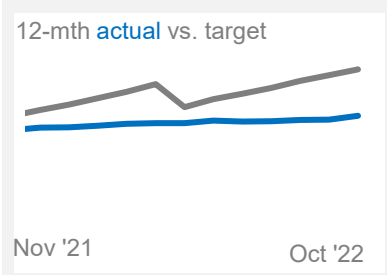
**BME representation in donor base** **2.2%** / **---**



**<35 yrs. representation in donor base** **28.7%** / **---**



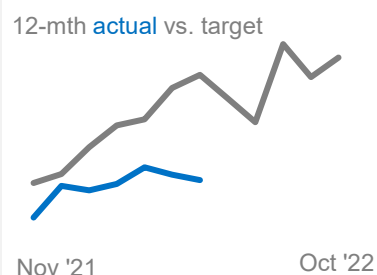
**Ro Donor base** **25.4k** / **28.9k**



**Sourced Plasma Donor base** **5.3k** / **9.4k**



**Sourced Plasma Litres in stock, YTD** **4,171** / **7,211**



**Recovered Plasma Litres in stock YTD** **39,502** / **46,574**



**O- Donor base** **111.1k** / **117.2k**



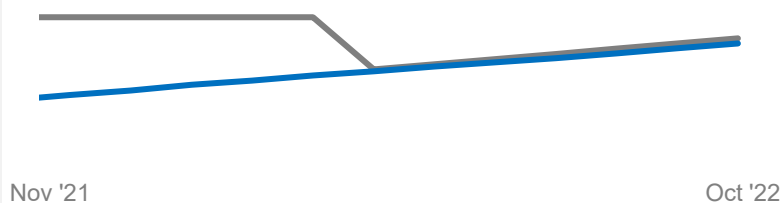


## Organ Donor Register (Opt-In Register)

28.25m

28.33 m

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

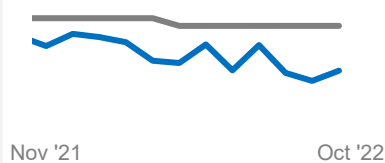


## Consent/Authorisation YTD

62%

72%

12-mth actual vs. target



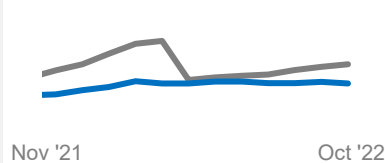
▲ Up 2 pp to 60% in month

## Deceased donors

1,396

1,531

Moving Annual Total actual vs. target



▼ 109 / 137 this month

## Insight and Commentary

### Organs

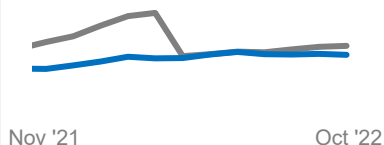
- A spike in Covid cases is predicted for January and this may impact NHS capacity to support organ donation. We are readying our donation teams to maintain service and maximise donation.
- Historically October has delivered high activity, however we only achieved 109 preceding donors. The consent / authorisation rate in-month was 60% (124 consents) and there were 90 fewer eligible donors reported through the Potential Donor Audit compared with last month.
- This is the lowest number of monthly consents / authorisations since February 2021. Consent / authorisation rates are varying considerably by donation path (circulatory or brain-stem deaths) and by ethnicity.
- We are fundamentally reviewing the approach to organ donation promotion and our clinical practices, given the high number of family refusals. The new approach will be trialled in one region before a national implementation.

## Deceased donor transplants

3,488

3,658

Moving Annual Total actual vs. target



▲ 289 / 322 this month

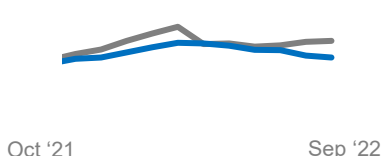
## Living donor transplants

819

947

one month in arrears

Moving Annual Total actual vs target



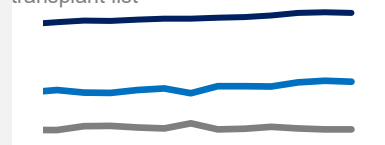
▼ 37 / 88 in September

## Active transplant list

6,655

3,934 suspended

12-mth total, active vs suspended transplant list



Nov '21 Oct '22

## BAME organ consent rate YTD

37%

43%

12-mth actual vs. target



Nov '21 Oct '22

## Net Promoter Score (NPS) – Blood & Plasma Donation

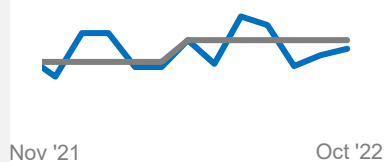
- NPS increased by 0.3ppts to 85.6% in October and remained steady at 85.9% YTD. Donor satisfaction remains below target at 78% with appointment cancellations and appointment availability impacting experience scores.

## Net Promoter Score YTD

85.9%

86%

12-mth actual vs. target



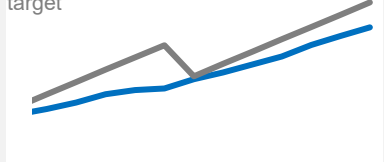
▲ 0.3 in month to 85.6

## British Bone Marrow Registry Fit-Panel volume (MAT)

103,455

107,178

12-mth Moving Annual Total actual vs. target



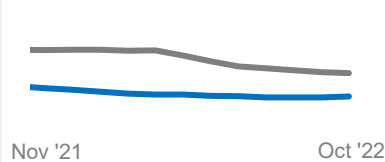
Nov '21 Oct '22

## Cornea donors

2,200

2,938

Moving Annual Total actual vs. target



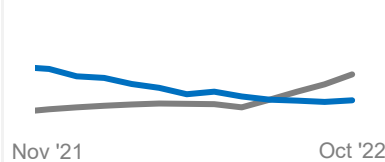
▲ 214 / 278 this month

## Corneas issued for transplant

3,433

3,870

Moving Annual Total actual vs. target



▲ 340 / 463 this month

## Ocular

- Ocular donation rates in October increased to an average of 49 donations per week, but remained lower than our target of 70 per week.
- There is a focus on three main areas to improve ocular donation rates: increasing referrals in our current organ donor and tissue donor pathways, new pathways for hospice referrals, and a simpler referral system.
- Distribution of a single new referral form which focusses on key criteria needed to assess donor suitability and reduces waste within the referral process has started.
- There is a strong demand for ocular tissue, and stock levels remain around an average of 241 throughout October (vs 300 target).

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

**Serious Incidents = 0**

**YTD = 3**

0

**Serious Adverse Blood Reaction & Event (SABRE) ▼ 4**

(SABRE)

YTD: 20

≤5

SABRE reports to MHRA moving annual total actual vs. target



Mar '22

Oct '22

**External Majors = 6**

**YTD = 6 CQC Musts**

0

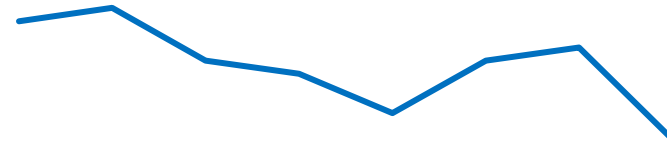
**Serious Adverse Event & Reaction (SAEAR) ▼ 7**

(SAEAR)

YTD: 46

No target

SAEAR reports to HTA moving annual total actual vs. target



Mar '22

Oct '22

**Major Adverse Events ▲ 50**

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

(-16)

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



Nov '21

Oct '22

**Quality Management System (QMS) Overdue Events**

**Documents overdue review = 1.1%**

<1%

**Overdue majors ▼ 6**

0

**Overdue events (excl. documents) ▼ 239**

<220

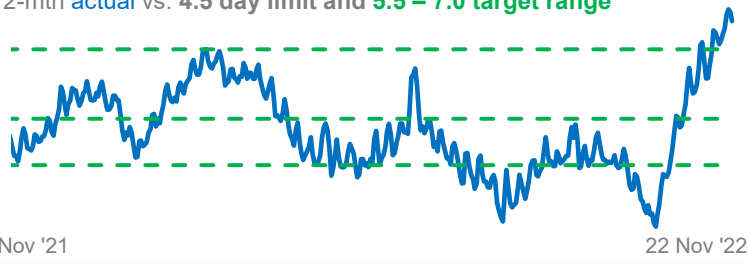
**Insight and Commentary**

- Whilst none of the three Quality Management System overdue event KPIs were achieved in October, it is noted that performance had improved compared to the previous month.
- Work is ongoing between Quality Assurance (QA) and Quality Management System (QMS) Champions to review current and upcoming QMS events proactively.
- 6 Major events were overdue at the end of October, 4 of which were still overdue as of 4th November, whilst the others had their target date extended.
- There was a significant reduction in the volume of Major Quality Incidents recorded in the Blood Donation directorate (BS-BD) during October (3, compared to 19 raised in September). This is likely to have been affected by the continuous improvement workstreams, which have included a review of the types of incidents that need to be raised as 'mandatory majors'.
- The CQC inspection report was issued in October, and an action plan is underway to address the findings. Whilst the CQC do not use the term 'Major' in their reports, a decision has been taken internally to treat the 'Must' actions as 'External Major non-conformances'. This will enable them to be reported and managed in a standardised way.

**Blood stock stability<sup>1</sup>** = **4.5**  
Average days of stock

5.5 – 7.0

12-mth actual vs. 4.5 day limit and 5.5 – 7.0 target range



**Incremental savings YTD (Blood & Group)** **£0.95m**

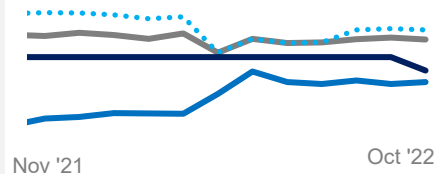
**£3.0m**

**Collection productivity**  
Annualised YTD

▲ **1,219**

**1,347**

Actual vs target vs revised target & EBA top quartile benchmark

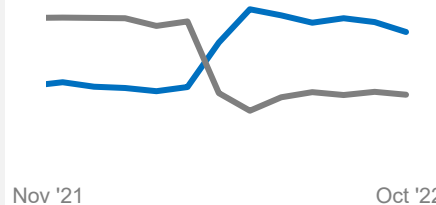


**Hospital services productivity**  
Annualised YTD

▼ **36,090**

**33,652**

Actual vs target



**Insight and Commentary**

- The combination of lower demand and increased collections saw a marked improvement in red cell stocks, with collection to target standing at 97.5% for the month, from 91.0% in September and demand at 89% of plan, compared with 99% in September. Reduced demand for blood, driven by a decrease in hospital stockholdings, adoption of patient blood management best practice such as the use of tranexamic acid, combined with the response of staff and donors to increase collections, has had a positive impact on NHSBT's ability to recover and rebuild stocks in the short term
- Overall blood stocks for October 2022 stood at an average of 4.5 days of stock (4.6 DoS in September 2022), however actual days of stock at the end of October had improved to 6.3 from 3.2 on the 12<sup>th</sup> October. Current forecast data suggests that stock recovery will continue during November with DoS currently (16<sup>th</sup> Nov) at 7.2.
- On Time, In Full performance stands at 96.3% year to date. Whilst this represents an expected decrease (as a result of the optimising stock due to the Amber Alert) the decrease was relatively small (-0.2%).
- Sickness absence remains a challenging issue, particularly in Blood Donation Teams. 8.4% of available time was lost due to sickness absence (an increase from 7.4% in September), with Short Term Sickness increasing and Long Term Sickness remaining unchanged.
- The number of appointments that NHSBT has cancelled, often at short notice remains high at an average of 3,400 donors per week.
- In October 2022 25 new colleagues joined NHSBT in Blood Donation roles, with a further 15 currently scheduled to start in the next 2 months. 36 further vacancies are currently subject to recruitment with a number of potential new starters at various stages in the recruitment pipeline.
- Ability to deliver incremental savings is under review given Blood Supply revised financial forecasts for 22/23

**Top quartile performance in 5 key benchmarks**

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

**1. Fulfilment of orders<sup>2</sup> in full rate**

**2. Testing productivity**  
Annualised YTD

▲ **30,954**

**31,752**

12-mth actual vs. target

[Under review]

Nov '21

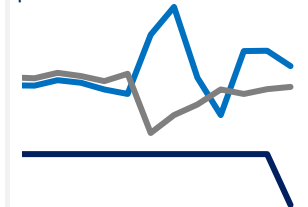
Oct '22

**3. Manufacturing productivity**  
Annualised YTD

▼ **11,351**

**11,071**

Actual vs target vs EBA top quartile benchmark



Nov '21

Oct '22

**4. Hospital customer complaints**

12-mth actual vs. target

[Under review]

**5. Lost time injury incidents / severity**

12-mth actual vs. target

[Under review]

<sup>1</sup> Metric target is a range. Performance outside this range is rated as red RAG status.

<sup>2</sup> Orders for all blood products ordered by hospitals

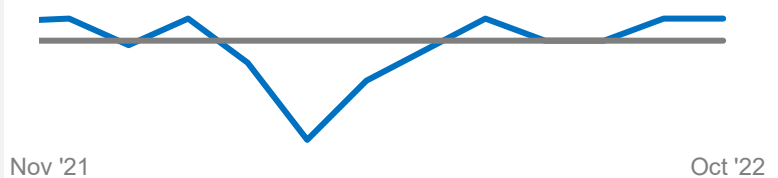
**RAG: Above target, Within 2% of Target, More than 2% Below Target**





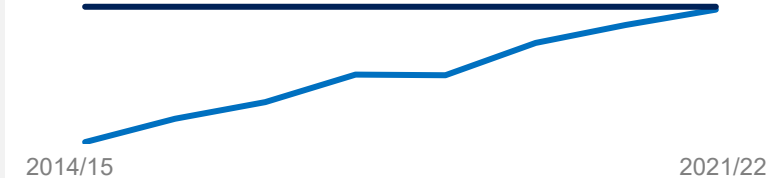
Overall Critical Infrastructure (CI) Availability = 100% 99.95%

12-mth actual vs. target



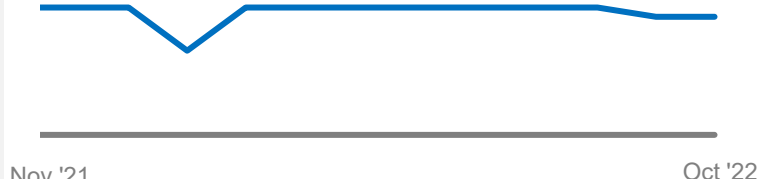
Reduction in carbon emissions vs. 2014/15 = 49% 50%<sup>1</sup>

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



Overall Key Hospital systems Availability ▼ 99.96% 99.90%

12-mth actual vs. target



Information Commissioner's Office Incidents = 0 <5

12-mth actual vs. target



Overall Key Public Systems availability = 100% 99.90%

12-mth actual vs. target



Bus. Continuity Plans Reviewed YTD 56% 50%

12-mth actual vs. target



Insight and Commentary

- Critical National Infrastructure, Key Hospital Systems and Key Public Systems all met or exceeded their SLA target for the second consecutive month.
- Service stability issues with the Contronics Environmental Monitoring service continue. More detailed engagement with the supplier on their proposed fix plans is underway to expedite the problem resolution. In parallel, additional local checks on the service are being explored at Filton, to see if the recurring problem can be mitigated any further while NHSBT awaits the supplier's change to resolve the problem.
- NHSBT has continued to liaise with the ICO with regards to follow on actions for the 2019 Liver Matching Run. Having demonstrated the additional steps NHSBT has taken to address ICO recommendations, the case has now been formally closed.

1. Progress versus annual target of 50%

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



<b>Genomics programme status</b>	=	
Strategies to Improve Donor Experiences (STRIDES) status	=	
<b>Our Future Health recruitment status</b>	=	
<b>Blood Transfusion Genomics Consortium status</b>	=	
<b>Nanopore status</b>	=	
<b>Haem Match status</b>	▲	

<b>Component development clinical trials</b>		
<b>Whole blood status</b>	=	
<b>Universal platelets status</b>	=	
<b>Universal plasma status</b>	=	
<b>Dried plasma status</b>	▲	

**No. genotyped (STRIDES)** ---

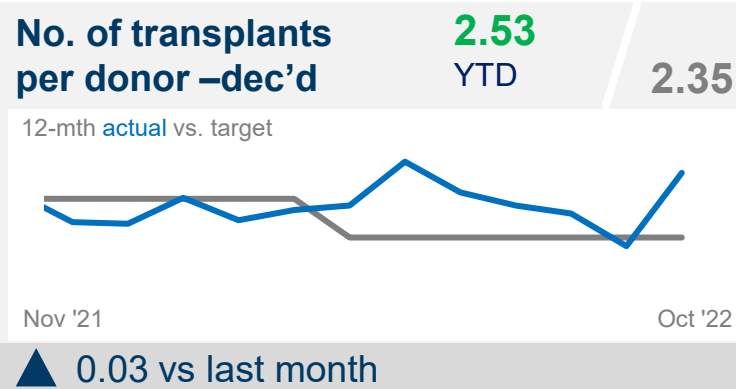
12-mth actual vs. target

Activity to start in November 2022

**No. recruited for Our Future Health programme** ---

12-mth actual vs. target

Activity to start in 2023



### Insight and Commentary

#### Genomics Programme

- **Overall programme status moved to Amber from Green/Amber due to:**
  - Programme level activities remaining to be delivered e.g. long term planning, and communications strategy.
  - Awaiting response from ICT partners regarding a solution for share/ transfer, storage and manipulation of large volumes of data from multiple sources from genomics testing activity.
- **Strategies to Improve Donor Experiences (STRIDES) Genotyping**
  - DNA sample extractions completed has now passed 70k
  - Planning to start genotyping of STRIDES donors in November
- **Our Future Health (OFH)**
  - Planning for revised timeframe continues; recruitment due to start early 2023
- **Blood Transfusion Genomics Consortium (BGC)**
  - Samples for Pre-clinical study 4 have been processed (ca 5k)
  - The ThermoFisher regulatory team are due to attend the NHSBT Colindale laboratory for an on-site monitoring visit in November
- **Nanopore collaboration**
  - Contractual collaboration agreement now signed with Oxford Nanopore Technologies (ONT) for a 3-year development of 'long read' HLA solution
  - Kit evaluation testing completed in Colindale
  - Testing to proceed in Tooting; delayed by staffing issues
- **HaemMatch**
  - National Institute for Health & Care Research (NIHR) artificial intelligence (AI) grant funding started; Staff recruitment ongoing
  - NIHR Health Informatics Consortium (HIC) Transfusion-dependent anaemia research database development ongoing; working with hospital sites on accessing Sickle Cell data
  - Received agreement in principle from NHSBT to participate in the NIHR HIC

#### Component development clinical trials

- Whole blood use in trauma trial on hold due to NHSBT blood stock crisis.
- 2nd phase universal plasma project being planned in combination with universal platelets. A business case is planned for Q4 2022/23.
- Dried plasma £5m project ongoing; procurement and facility build in progress

#### Organ transplant and utilisation

- Deceased Organ Donation was behind target in October, with transplant numbers affected by the low number of eligible donors and low levels of consent.
- Organ utilisation was strong in month at 2.65 and continues to partially mitigate low levels of consent



### Plasma for medicines programme

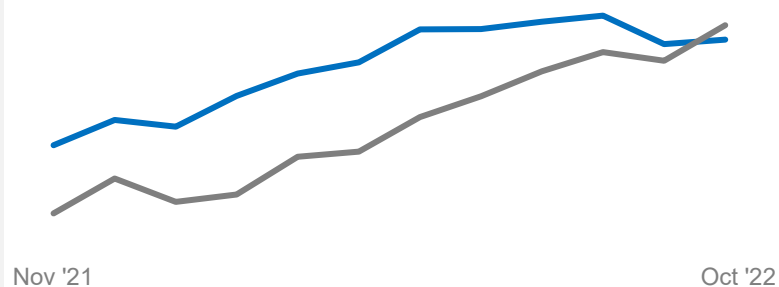


Cell Apheresis and Gene Therapies income excl. DHSC Grant in Aid funding; 12-mth CAGR 8.8%

**£19.85m**  
YTD

**£20.45m**

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



### Transfusion 2024 programme status

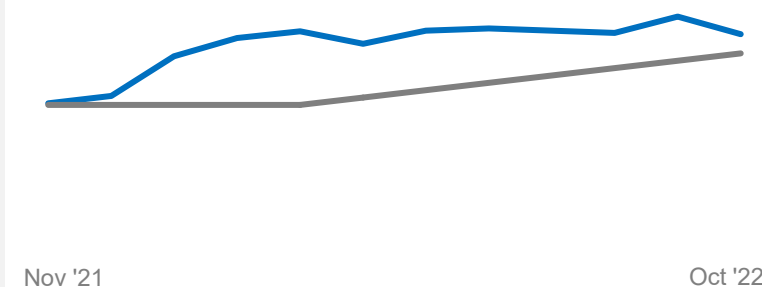


Cell & Molecular Therapies: stem cell transplants supported

**1,062**  
YTD

**1,071**

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



### Insight and Commentary

#### Plasma for Medicines

- The NHSBT proportion of the overall DHSC programme is trending Amber status due to capacity constraints and testing activities, these now have mitigation plans in place and once completed should provide a strong delivery base moving into the latter half of the year.
- Direct engagement with fractionator bidders by NHS England is in progress.

#### Transfusion 2024

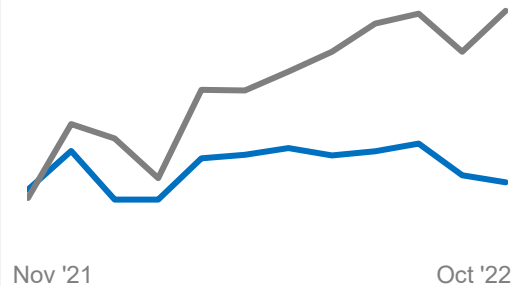
- Programme capacity has been stretched as the team has supported the blood stock recovery process; progress highlights include:
- Discovery work has started on the options for future blood stock management.
- RCI Remote Interpretation: work progressing well; planning a pilot with Path Links in January; Health economics support secured to advise on pilot sample size and to assess benefits
- E-requesting/e-reporting: a number of hospitals interested in the Foetal RHD typing pilot; the first go-live is planned in January.
- Scientific/ technical education/ training: Subject matter experts have commenced work on gap analysis

Clinical Biotechnology Centre income 12-mth CAGR 3.6%

**£1.26m**  
YTD

**£2.62m**

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

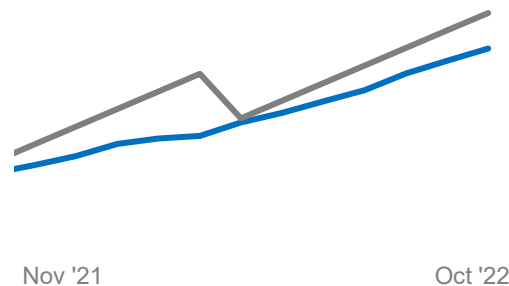


British Bone Marrow Registry Fit-Panel volume (Moving Ann. Total)

**103,455**

**107,178**

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

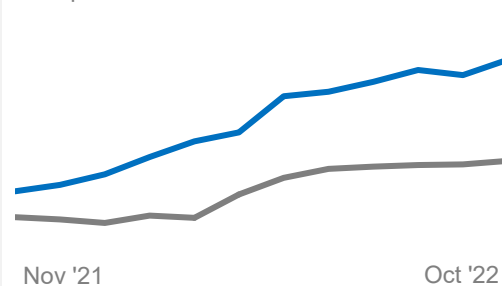


Therapeutic Apheresis Services no. of procedures

**6,386**  
YTD

**5,848**

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



#### Cellular Apheresis and Gene Therapies (CAGT)

- CAGT total income £0.60m worse than plan, extra TAS activity offset by CBC and SCDT income below plan
- Clinical Biotechnology Centre (CBC) income £1.26m behind plan YTD; year-end forecast £1.18m below budget £4.39m; driven by project delays and slippage in the phasing/timing of customer work
- CBC project at Amber-Red status due to resource and critical consumable challenges; project closure forecast March 2023
- Stem cell transplants supported in CMT continues to fluctuate above/below plan; moved slightly below target this month
- British Bone Marrow Registry (BBMR) Fit panel volumes behind target YTD; impacted by prioritisation of existing blood donors vs new donors; Stem Cell Donation & Transplantation (SCDT) and Donor Experience (DX) working on a new donor recruitment proposition
- SCDT income behind budget YTD, forecast 3% under plan; BBMR matches at 93 (plan 116), cord blood issues at 16 (plan 30)



### Tissue & Eye Services (TES) income

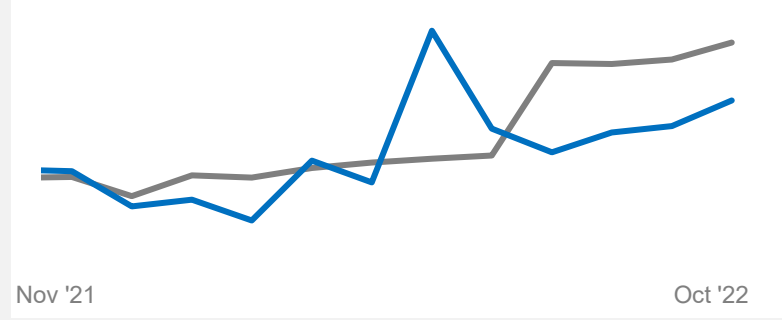
**£9.72m**

YTD

12-mth Av. Mthly Growth Rate  
**0.85%**

**£10.25m**

12-mth **actual** vs. target, £



### Ocular income

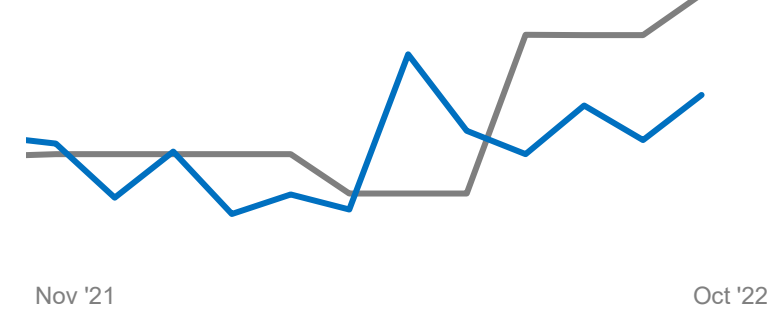
**£3.07m**

YTD

12-mth Av. Mthly Growth Rate  
**-0.2%**

**£3.44m**

12-mth **actual** vs. target, £



### Insight and Commentary

#### Overall income

- TES income in October was below target in ocular and tissues, with serum eyedrops remaining above target. The decrease in tissue activity is partly due to several products being on backorder and the uptake in tendon operations not yet being realized across the sector. TES Overall position was 12.4% behind target for October.

#### Ocular income

- The low ocular donation rate in September has resulted in less supply for sales in October. Demand for ocular products is high, and plans are currently being deployed to increase donation rates. Ocular income was 26.1% behind target for October.

#### Heart Valves

- The rates of heart donation for heart valves in October have averaged 5.5 a week (vs 8 a week target). The low donations this month will likely impact our sales position after the new year. Income for this product group was ahead of October target by 15k.

#### Serum Eyedrops

- The production of serum eyedrops has been 4.6% ahead of plan in October, meaning that more products have been issued to our patients. The current waiting list for these products has grown to over one hundred patients.

#### Customer Satisfaction

- The main issue for customer dissatisfaction is the unavailability of tissue when requested, predominately corneas. A turnaround project is being launch to resolve this. There are also issues with our courier service, FedEx, which are being resolved through our contract review process.

### Cardiovascular Income

YTD

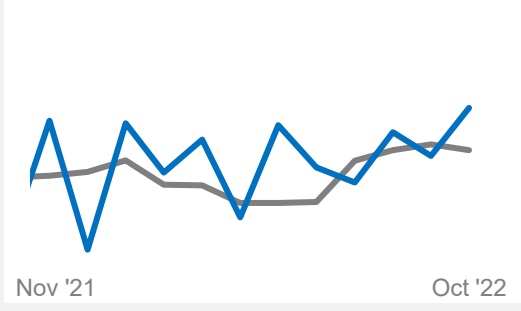
12-mth Av. Mthly Growth Rate

**2.3%**

**£638k**

**£594k**

12-mth **actual** vs. target, £



### Serum Eye-drops Income

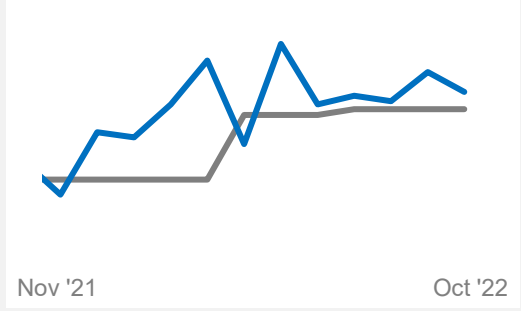
**£3.13m**

YTD

12-mth Av. Mthly Growth Rate  
**2.0%**

**£2.98m**

12-mth **actual** vs. target, £



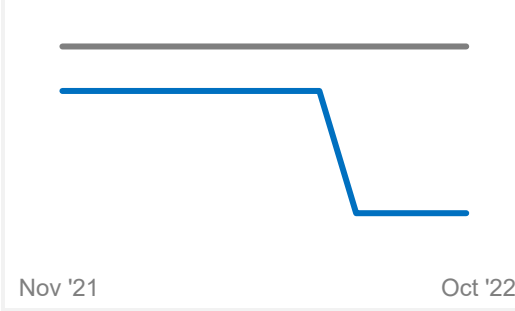
### TES customer satisfaction

**65%**

% "top box" score

**80%**

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



### Education and training metric

To be defined Q4 2022/23

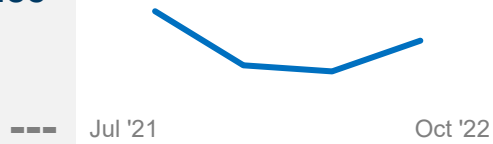
RAG: Above target, Within 2% of Target, More than 2% Below Target



### Short-term Sickness Absence

2.75%

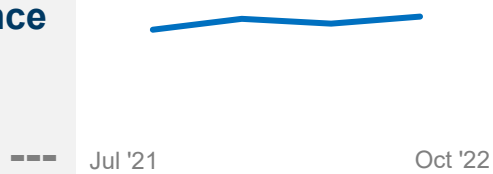
actual vs. target



### Long-term Sickness Absence

2.48%

actual vs. target

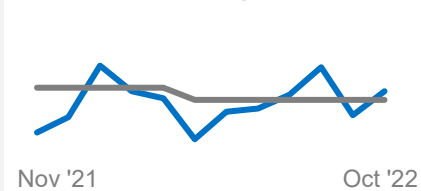


### Harm Accident Incident Rate (staff)

▲ 9.4

8.9

12-mth actual vs. target

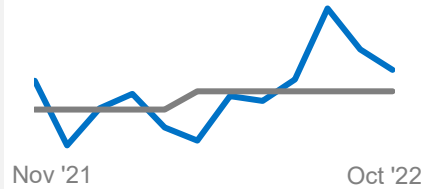


### Near Miss Incident Reporting Rate

▼ 13.7

11.9

12-mth actual vs. target



### Lost Time Incidents Incidents resulting in staff absence >3 days

▼ 36

28

Sept 2021 – Aug 2022  
Moving Annual Total

### NHSBT Sickness Absence

Total ▲ 5.26%<sup>5</sup>

4%

COVID-19 ▲ 0.96%

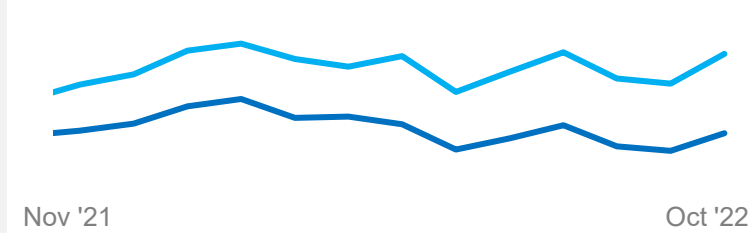
### Blood Donation Sickness Absence

Total ▲ 8.32%

5%

COVID-19 ▲ 1.4%

12-mth sickness NHSBT vs. Blood Donation

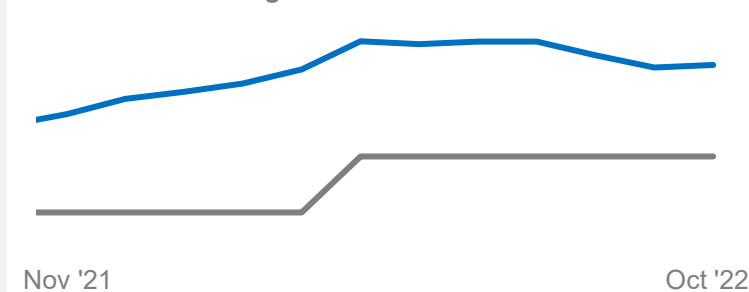


### Staff Turnover

▲ 17.26%

14%

12-mth actual vs. target



### Insight and Commentary

#### Sickness absence

- Overall sickness absence has increased to 5.26% from 4.6% last month driven by higher levels of short term absence primarily due to Covid-19, Colds and 'Flu.
- BD sickness absence has increased to 8.32% from 7.1% with Covid absence at 1.4% from 0.94% last month. However early November data suggests improvement in Blood Donation as new staff fill vacancies and absence, reducing pressure on teams.

#### Staff Turnover

- Whilst the amber alert was lifted on 8<sup>th</sup> November, work continues with Blood Donation teams to consider measures to reduce staff turnover. Our Recruitment Team have been working with the Training Team in Blood Supply, to employ new staff and improve the experience of new starters working on Blood Donation teams.
- Changes to how we attract, recruit and train new staff are encouraging with 2% of new starters leaving the newly designed 4-week training programme, and 77% completing training to time compared with 32% leaving and 19% under our previous six week training programme.

#### Harm Incidents

- Harm incidence rate is above target for the month and year to date.
- Of the 62 Harm Incidents top 3 categories are
  - Slip, Trip or Fall (9)
  - Impact against stationary object (9)
  - Manual Handling (8)
- Centres – Top 5 are Tooting (9), Filton, Liverpool & Manchester(7), Cambridge & Newcastle(5)
- Donor Experience - slip and fall outside donor recognition event

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

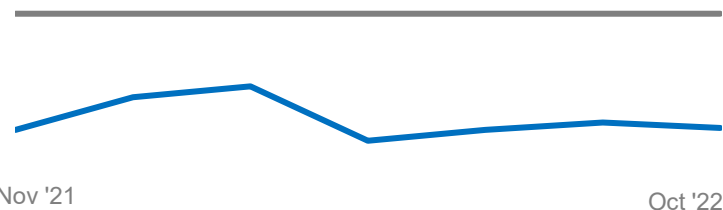
<sup>5</sup> Amber RAG threshold +/- 1.5 pp of target



### Recruitment & Retention

**Ethnic Minority staff % Band 8A+** ▼ **14.37%**<sup>5</sup> / **15%**

Ethnic Minority staff, 12-mth % Band 8a+ vs. target

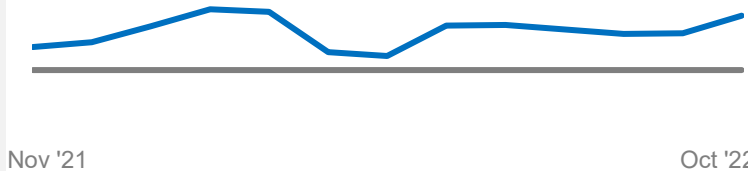


**Ethnic Minority staff net change** NHSBT ▲ **+27**  
Band 8a+ ▲ **+23**

**Ethnic Minority staff % new starters** NHSBT ▼ **26%**  
Band 8a+ ▲ **40%**

**Time to recruit (weeks)** ▲ **14.35** / **11**

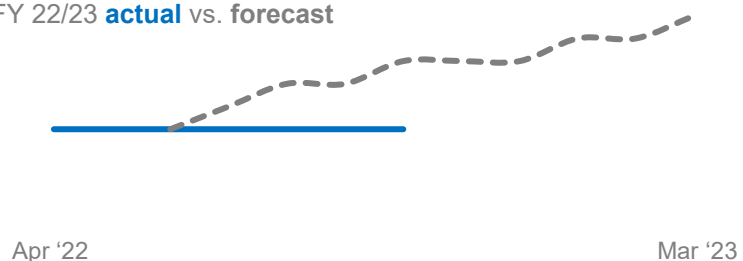
12-mth actual vs. target



### Engagement & Development

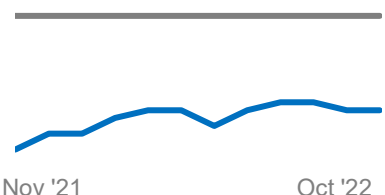
**Engagement Score** = **7.5/10** / **8/10**

FY 22/23 actual vs. forecast



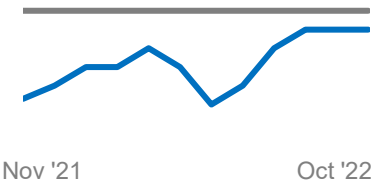
**PDPR completion rate** = **83%**

12-mth actual vs. target



**Mandatory training compliance rate** = **93%**

12-mth actual vs. target



**No. commencing leadership programmes (BAME)** ▲ **29 (2)**  
**492 (68) YTD**

### Insight and Commentary

#### Recruitment & Retention

- Recruitment activity levels remain high with 202 starters and 152 adverts placed during the month of October. This volume of workload is adversely impacting time to recruit.
- In October we launched a national Recruitment Campaign to support the additional recruitment of Donor Carers across the country. The aim is to widen our visibility and reach job seekers who historically may not have seen our opportunities.
- Current developments include building an 'always on' recruitment campaign for Donor Carers

#### Leadership

- Manager and leadership development has been reviewed and aims to offer monthly bite sized sessions and a four week development series explore topics via facilitated sessions, sense making, practice and action learning sets. An online manager and leader toolkit and yammer community have also launched to share a range of resources supporting the development of managers and leaders.

#### Engagement

- Accountability for action plans following the Our Voice survey has been agreed, with directorate actions, forming part of performance discussions between each Director and the CEO. Accountability for corporate actions will sit with the Diversity and Inclusion (D&I) Board, and with line management for Team action plans.
- We are also re-establishing the Engagement Working Group to support planning for our next staff survey. The group will comprise a cross section of colleagues with representation from the D&I team, and Staff Side.

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

<sup>5</sup> Amber RAG threshold +/- 1.5 pp of target

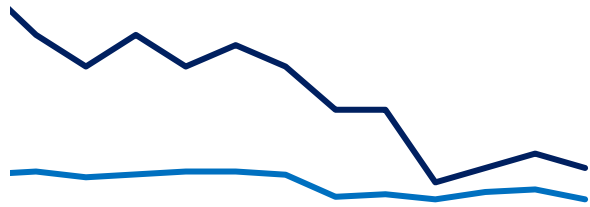


**Employee Relations (ER) Cases at month end**

**Total** ▼ **0.29%**

**BAME** ▼ **0.51%**

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



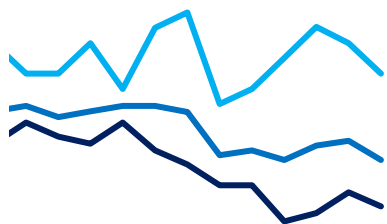
Nov '21 Oct '22

**Live ER Cases at month end**

**Male** ▼ **0.59%**

**Female** ▼ **0.12%**

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



Nov '21 Oct '22

**Total no. ER cases at month end**

▼ **17 (-4)**

**5,896** headcount

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

▼ **59%** / **80%**

**% of total by protected characteristic**

**Female** ▼ **29%**

**BAME** = **29%**

**Disability** ▲ **18%**

**LGBT+** ▲ **6%**

**Male** ▼ **65%**

**New ER cases (last month)**

= **6 (7)**

**YTD 36**

**Closed ER cases**

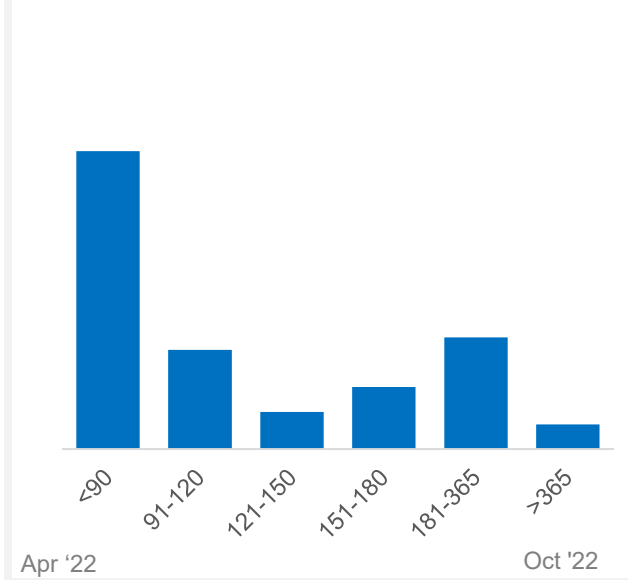
▲ **10 (6)**

**YTD 51**

**Avg. days ER cases open** ▲ **123** / **90**

**47% of ER cases are closed within 90 days vs. 55% Q4 21/22 and average 112/90 days**

Time to close ER Cases (days)



## Insight and Commentary

### Employee Relations (ER) Cases

- Live cases at month end October 2022 = 17. -4 from last month and down from avg. 25 cases during 2021/22 (with a high of 28).
- 10 out of 17 cases are on track within the 90-day SLA (59%).
- 7 cases over-running against SLA: 3 M&L, 1 BD, 1 People, 1 Clinical, 1 DDTS.
- 2 of the 7 over-running cases substantially delayed by employee sickness.
- 5 of 17 live cases involve BAME colleagues (29%). -1 from last month.
- 10 cases closed in Oct. Average case duration of 123 calendar days. 6 of 10 closed cases met the 90-day SLA.

### Freedom to Speak Up Concerns (FTSU)

- As a result of Guardian visits to teams around the country for National Speak Up month, colleagues have had greater opportunity to discuss every-day concerns.
- This month, the top cause for concern fell under the heading of 'Policy/Decision/Direction' (13/24).
- 5 of the 13 related to HR support/decisions relating to advice given to managers. Others included poor planning of collections (venues, numbers etc), wasted blood packs and covid concerns.

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

## Risk Summary – October 2022

Ref	Risk Title / Owner	Date of last change / last review	Appetite Category / Level	Risk Score against Appetite (● = Current Residual Score, ○ = Residual Score at last change)
BAF-01	Donor & Patient Safety / Chief Medical Officer	26 Jan 2022 / -	Clinical / Minimal	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 ○ ●
BAF-02a	Service Disruption (Internal) / Director of Quality	26 Jan 2022 / 12 May 2022	Disruption / Minimal	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 ○ ●
BAF-02b	Service Disruption (External) / Director of Quality	26 Jan 2022 / 12 May 2022	Disruption / Minimal	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 ○ ●
BAF-03	Change Programme scale & pace / Strategy Director	26 Jan 2022 / -	Programme / Open	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 ●
BAF-04	Donor Numbers & Diversity / Director of Donor Experience	26 Jan 2022 / -	Operational / Open	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 ○ ●
BAF-05a	Financial Shortfall (sudden policy changes) / Chief Finance Officer	26 Jan 2022 / -	Finance / Open	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 ●
BAF-05b	Stakeholder and partner support for strategic objectives / Chief Finance Officer	26 Jan 2022 / -	Finance / Open	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 ○ ●
BAF-06	Inability to access data sets / Chief Medical Officer	26 Jan 2022 / -	Innovation / Open	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 ●
BAF-07	Staff Capacity and Capability / Chief People Officer	26 Jan 2022 / 13 Oct 2022	People / Open	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 ●
BAF-08	Managers Skills and Capability / Chief People Officer	26 Jan 2022 / 13 Oct 2022	People / Open	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 ●
BAF-09	Regulatory Compliance / Director of Quality	26 Jan 2022 / 7 July 2022	Legal, Regulatory & Compliance /	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 ●



# 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. active whole blood donors in the last 12 months actual vs target
O Negative Donor base	No. active O negative donors in the last 12 months actual vs target
Ro Donor Base	No. active RO 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 for month vs target
Sourced Plasma Donor Base	No. of plasma for medicine 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 YTD
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 the time consent is given for organ donation among Black, Asian or minority ethnicity 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
<b>Additional content metrics</b>	
Whole blood % issue demand met (total for month.)	% of the time that month that the whole blood issued to hospitals met by collections each month, 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 years old representation in donor base	% of donors aged under 35 donors 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
<b>Additional content metrics</b>	
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)

**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
<b>Additional content metrics</b>	
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



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

<b>Metric</b>	<b>Description</b>
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
<b>Additional content metrics</b>	
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 months. 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 months. 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 months. 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 months. 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
Employee Relations Case Rate	% Employee Relations (ER) cases include conflict resolution casework (disciplinary, grievance, dignity at work, capability, probation). This metric excludes other casework.
Engagement Score	Staff engagement score based on most recent Our Voice 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
<b>Additional content metrics</b>	
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-19)	% 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