

# NHSBT Executive Team & Board Performance & Risk Report

April 2023

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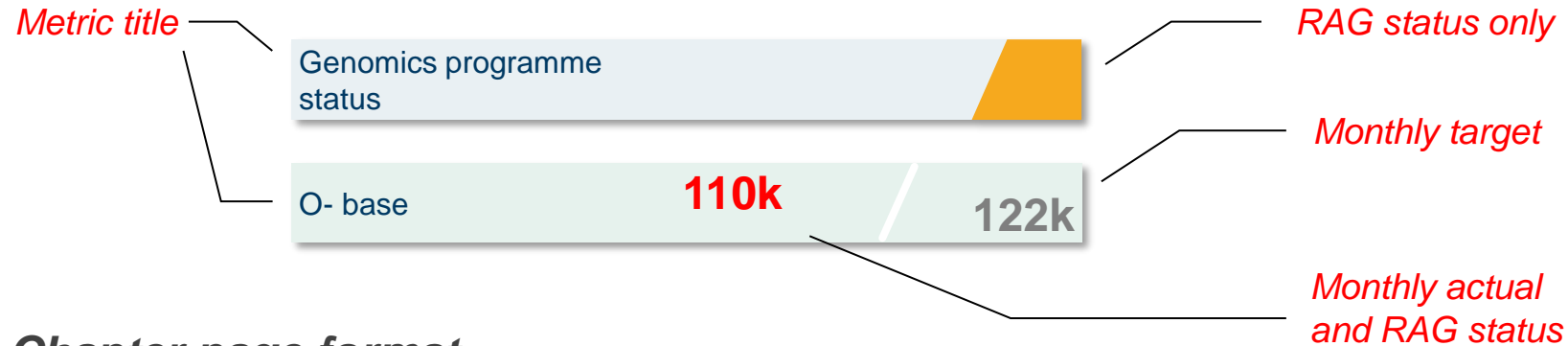


Blood and Transplant

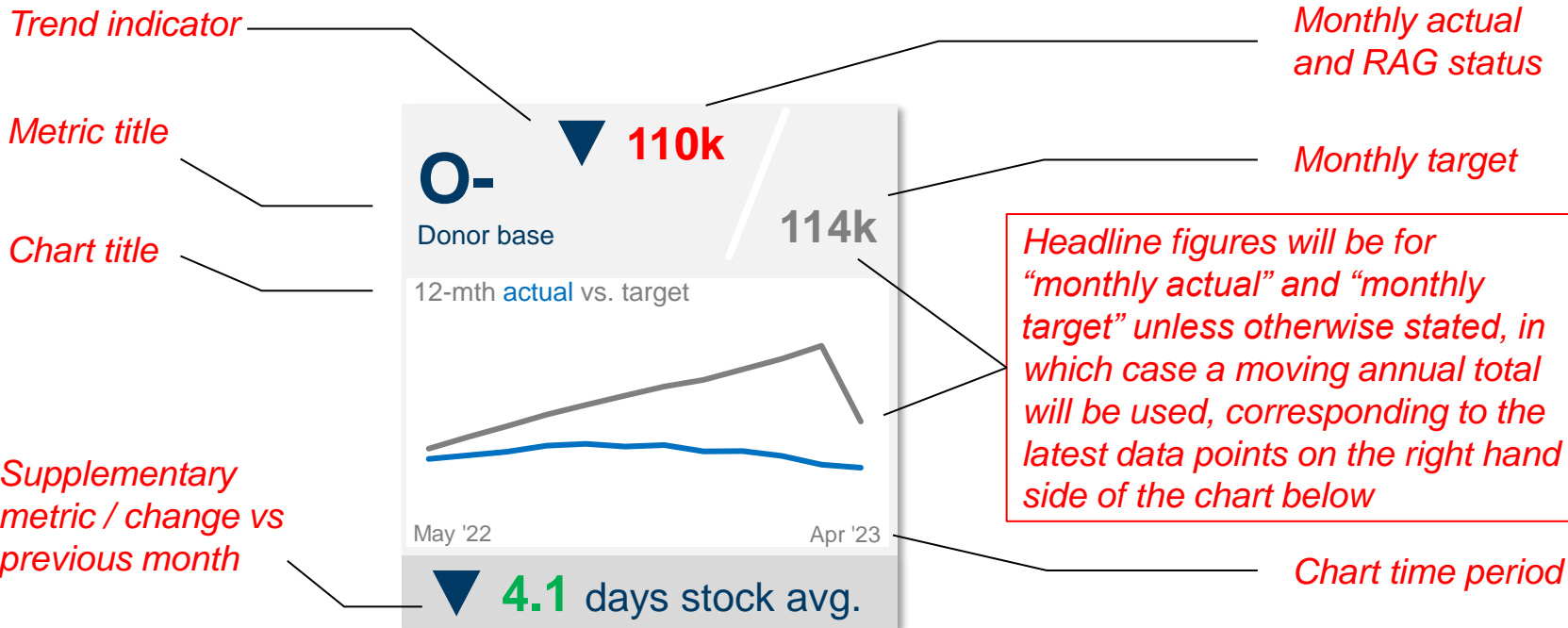


# How to read this report

## 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 structured around the strategic priorities of 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.

## Performance Insights

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

### **1. Operational resilience has been maintained, with stronger blood collection than anticipated**

At month end total red cell stocks had increased slightly from the end of March 2023, with total stock standing at 6.4 days (March 2023=6.0). Collection levels reached 98.1% of plan, a 4.6pp decrease from March. Stocks of all blood groups increased in month with just B- remaining amber. Stock levels were able to improve. This was due to stronger collection than expected (albeit below plan) combined with Easter and a Junior Doctors' Strike reducing actual demand to a much lower position than is usual for this time of year.

### **2. Pressure on Blood Supply workforce continues. Whilst sickness absence decreased in month, staff turnover remains high. NHSBT led cancellations of appointments remain a challenge**

Sickness absence in Blood Supply fell to 6.7% in April from 7.6% in March (-0.9pp), although this average masks higher levels of absence in individual teams. Whilst the number of appointments that NHSBT has cancelled at short notice decreased from the previous month (-3.1%) with an average of 1,818 cancellations per week (compared to 2,918 weekly cancellations in March 2023), nearly two thirds of cancellations were driven by short term sickness and donation session over-runs. Staff turnover in Blood Donation continues to exceed 20% in four operational regions and exceeded 30% in London and the South-East.

### **3. Size and diversity of our whole blood donor bases remain below target, having stagnated throughout Q4 2022/23 and into Q1 2023/24**

Having remained flat since December 2022, the whole blood donor base dipped to 797.7k. (804k target). This is the lowest the donor base has been since October 22 during the amber alert. This pattern is repeated at blood group level with the O- donor base falling and the Ro donor base flat and broadly flat since December 2022. A prolonged challenge has been a lack of reactivated donors. However, this month the main challenge was the number of new donors donating (NDD). The total dropped from 10,962 in March to 7,533 in April, the lowest NDD figure for the last 12 months.

### **4. Plasma collections started the year below target, but increasing fill rates and filling workforce gaps are key mitigations in Q1 2023/24**

Sourced Plasma for Medicine (sPfM) volumes collected were 1,066 litres, 23% behind target, due to lower appointment fill rates, as one centre supported blood collection and one had reduced capacity. This has been addressed for June and increasing capacity should make up the shortfall later in 23/24. Recovered Plasma for Medicine (rPfM) volumes collected were 7,112 litres, 17% below target, as there was lower than planned whole blood collection in April (with an amended blood pack mix due to increased pooled platelet manufacture). Regular shipments continue to our stock holding supplier.

### **5. A strong start to 2023/24 across OTDT with improved organ donation consent rates and absolute numbers of organ donors and organ transplants. Similarly, Tissue and Eye Services (TES) started 2023/24 with improved Ocular performance**

Overall consent/authorisation rate increased by 7pp to 69%. Ethnic minority consent rate increased to 59% with 10 consents out of 17 approaches. Consequently, there were 20 more deceased organ donors and 25 more organ transplants than expected in April. However, these figures did not translate into improved organ utilisation which fell to 2.33 organ transplants per donor from 2.70 in March.

TES reported April income 3.9% ahead of target (£55k), attributable to above target Ocular, Skin and Cardiovascular sales driven by improved availability of corneas and heart valves. However, Serum Eyedrops were behind target in month by 40 issues, as staffing issues in the Customer Care team impacted our ability to issue products in April and into May. Overall, however, tissue availability was sufficient to reduce the volume and value of backorders to £100k at the end of April.

### **6. Activity levels are above or close to plan across Clinical Services operational areas, driving income above target for most of the service lines**

Overall, Clinical Services ended April £0.3m (6%) ahead of income budget and £0.3m ahead of the financial plan. However, the Clinical Biotechnology Centre (CBC) team is working to resolve a bacterial infection that has temporarily closed plasmid manufacture (viral vectors unaffected). Financial and non-financial impacts will be clarified through Q1 2023/24.

# Performance summary against most important strategic targets

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

|   |                              |                      |
|---|------------------------------|----------------------|
| Red Cell Units Collected (YTD)                                  | <b>114,967</b> =             | 117,151 <sup>3</sup> |
| % Whole Blood Demand Met by Collection (Month)                  | <b>102.3%</b> <sup>4</sup> ▲ | 100%                 |
| Size of WB donor base (MAT)                                     | <b>798k</b> ▼                | 805k                 |
| Black Heritage Represent <sup>2</sup> in whole blood donor base | <b>2.45%</b> ▲               | 3.1%                 |
| On Time In Full (OTIF) incl. Ro (YTD)                           | <b>96.4%</b> ▲               | 97.7%                |
| Plasma collected (sourced and recovered), litres (YTD)          | <b>8,178</b> ▼               | 9,698                |
| Size of regular Plasma donor base (MAT)                         | <b>3,395</b> =               | 3,370                |

|   |                 |        |
|---|-----------------|--------|
| Organ consent rate YTD (total)  | <b>69%</b> ▲    | 66%    |
| Organ consent rate YTD (Ethnic Minority)                                    | <b>59%</b> ▲    | 43%    |
| Organ transplants – living & deceased (MAT) <sup>1</sup>                    | <b>4,529</b> ▲  | 4,937  |
| Ethnic Minority recipients of living & dec'd organ transplants <sup>1</sup> | <b>24%</b> ▲    | 27%    |
| Cornea Donors (YTD)   | <b>224</b> ▲    | 155    |
| Corneas Issued (YTD)  | <b>286</b> ▼    | 255    |
| British Bone Marrow Registry (BBMR) Fit-Panel volume                        | <b>101.7k</b> ▲ | 103.3k |

## **Drive innovation** to improve patient outcomes

|   |               |      |
|---|---------------|------|
| Genomics programme status                                     | =             |      |
| No. of transplants per donor - deceased (moving annual total) | <b>2.50</b> = | 2.52 |
| Component Development Clinical Trials                         |               |      |
| Whole blood   | =             |      |
| Universal platelets & universal plasma                        | =             |      |
| Dried Plasma  | =             |      |

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

|  |                 |        |
|--|-----------------|--------|
| Volume of Plasma recovered from WB YTD                             | <b>7,112</b> ▼  | 8,566  |
| Sourced plasma Collected, litres YTD                               | <b>1,066</b> ▲  | 1,312  |
| Cell, Apheresis & Gene Therapies Income (YTD)                      | <b>£2.81m</b> ▲ | £2.56m |
| Clinical Biotechnology Centre Income (YTD)                         | <b>£1.53m</b> ▲ | £0.37m |
| Tissue & Eye Services YTD income                                   | <b>£1.47m</b> ▲ | £1.45m |
| Transfusion 2024 programme status [reporting commenced Q2 2022/23] | ▲               |        |

## **Modernise our operations** to improve safety, resilience and efficiency

|   |                             |           |
|---|-----------------------------|-----------|
| Blood stock stability Average days of stock         | <b>6.2</b> ▲                | 5.5 – 7.0 |
| Serious Incidents raised                            | <b>0</b> <sup>0</sup> YTD = | 0         |
| Critical Infrastructure availability                | <b>99.98%</b> =             | 99.95%    |
| Top quartile performance in productivity benchmarks | <b>2</b> =                  | 3         |
| Incremental savings (YTD)                           | <b>£0</b> =                 | £3.0m     |
| Reduction in carbon emissions vs. 2014/15           | <b>50%</b> ▲                | 50%       |

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

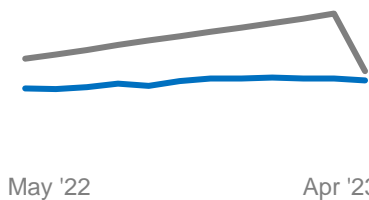
|  |                                  |
|--|----------------------------------|
| Ethnic Minority Band 8A+                 | <b>13.4%</b>                     |
| Attrition                                | <b>15.1%</b> ▼ / 15%             |
| Recruitment – Time to Offer              | <b>10.8</b> <sup>2</sup> ▼ / 11  |
| Vacancy Fill Rate                        | <b>88.6%</b> / 88%               |
| Sickness absence rate                    | <b>4.33%</b> <sup>2</sup> ▼ / 4% |
| Harm Incident Rate NHSBT (Harm to staff) | <b>7.8</b> ▼ / 8.3               |

<sup>1</sup> reported one month in arrears    <sup>2</sup> Amber RAG threshold +/- 1.5 pp of target    <sup>3</sup> Target based on forecast collection    <sup>4</sup> Based on actual demand



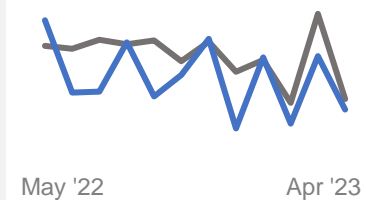
**Whole Blood Donor base** **798k** / **805k**

12-mth actual vs. target



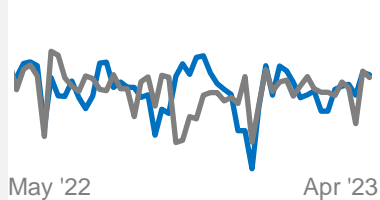
**Red Cell Units Collected** **115k** / **117k<sup>3</sup>**

12-mth actual vs. target



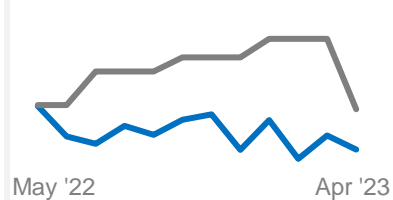
**Whole blood % issue demand met by collection<sup>4</sup>** **>100%** / **-2.3% over collection**

12-mth actual collection vs. demand



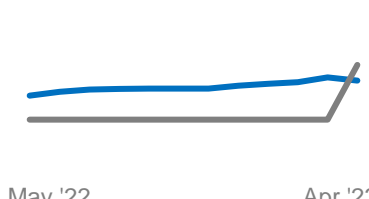
**Ro Collection MAT** **46.1k** / **57.4k**

12-mth actual vs. target



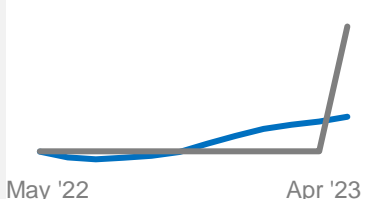
**Male representation in donor base** **45.7%** / **46.0%**

12-mth actual vs. target



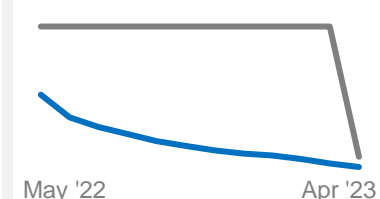
**Black Heritage representation in donor base** **2.45%** / **3.1%**

12-mth actual vs. target



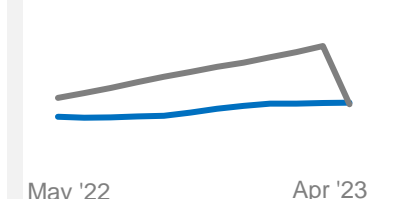
**<35 yrs. representation in donor base** **28.1%** / **28.4%**

12-mth actual vs. target



**Ro Donor base** **26.2k** / **26.1k**

12-mth actual vs. target



**On Time In Full incl. Ro (YTD)** **96.4%** / **97.7%**

12-mth actual vs. target



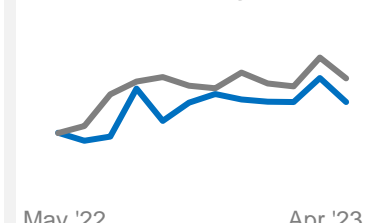
**Regular Plasma donor base** **3,395** / **3,370**

12-mth actual vs. target



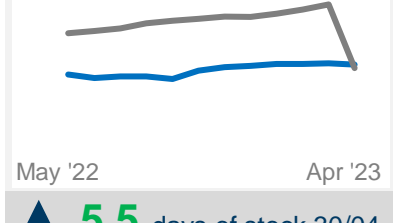
**Plasma Collections Sourced & Recovered** **8,178** / **9,950**

12-mth actual vs. target



**O- Donor base** **111.7k** / **111.4k**

12-mth actual vs. target



▲ **5.5** days of stock 30/04

## Insight and Commentary Donor Bases:

- After remaining static for the last several months of last financial year April saw the whole blood (WB) donor base dip to 797.7k (804k target). This is the lowest the donor base has been since October 22 during the amber alert.
- O positive was the biggest driver of the decline in the overall donor base with a drop of 845 donors. O negative also contributed to the decline by dropping 176 donors.
- A prolonged challenge for donor base improvement has been the lack of reactivated donors. However this month the main challenge came from new donors (NDD) with NDDs dropping from 10,962 in March to 7,533 in April, the lowest NDD figure for the last 12 months and a reminder of how crucial is a continued supply of new donors.
- Stock levels were able to improve due to stronger collection than expected and the combination of Easter and a Junior Doctors' Strike reducing issues to a much lower position than usual for this time of year.
- Immediately after Easter, issues rose dramatically with hospitals focusing on meeting backlog demand and were supported by increases in weekly collections, averaging 28.2k in April from 27.6k in March
- The last 24 months have seen lower numbers of new young donors donate due to a combination of factors. This year better stock levels and improved operational conditions have allowed us to return to a focus on introducing a new diverse generation of young donors to donation
- **Sourced Plasma for Medicine (sPFM):** Volumes collected were 1,066 litres (23% behind target of 1385 litres). Birmingham (24% behind target) has a fill rate of 58.3%. Twickenham (31% behind target) has a fill rate of 74% and reduced capacity by a third to support whole blood collection. Reading (14% behind target) has been operating at 84% capacity and will be at 100% from mid-June. The Donor Experience team is executing a plan to improve fill rates and grow the plasma donor base. The reduced volume will not affect the overall volume of PFM collected.
- **Recovered Plasma for Medicine (rPFM):** Volumes collected were 7,112 litres, (17% below target), due to lower than planned whole blood collection in April with an amended blood pack mix due to increased pooled platelet manufacture. Staffing remains a challenge in hospital services and manufacturing but robust tracking and planning is in place to mitigate this and resolve the gaps (e.g. agency/recruitment). This includes planning for the next transition states later in 23/24. Regular shipments continue to our stock holding supplier.
- The overall target for rPFM+sPFM in FY 23/24 is 180KL and 8.2KL has been collected year to date. Total collection for fractionation is now 122.6KL (Target 250KL by Apr 24).

<sup>3</sup> Based on forecast collection    <sup>4</sup> Based on actual demand



## Organ Donor Register (Opt-In Register - Total) **28.63m**

28.64m

12-mth actual vs target



May '22

Apr '23

## Organ Donor Register (Opt-In Register Eng. & Wales) **24.59m**

24.6m

12-mth actual vs. target



May '22

Apr '23

## Net Promoter Score **86.3**

87.0

12-mth actual vs. target



May '22

Apr '23

### Insight and Commentary

#### Organs

- Monthly targets have been set this year based on seasonal trends. We have surpassed what we would typically expect for April, with 20 more deceased organ donors than expected, all due to Donation after Circulatory Death (DCD), with an atypical balance of Donation after Brain-stem Death (DBD):DCD at 47:53.
- This year we expect to achieve 2.81 transplants per DBD and 2.15 per DCD (2.51 overall). However, from Q3 to Q4 the DCD rate dropped from 2.25 to 2.05, and this lower rate has continued into April at 2.06.
- It was a strong start to the year with an overall consent/authorisation rate of 69% (green for DBD & DCD). National targets have been set this year for consent/authorisation rates based on legislation type and we were green against each of these targets in April.
- While living donation has been affected by strike action, deceased donation appears to have benefitted due to elective operations being cancelled and a 'can do' mentality.

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

- NPS improved by 1.2 ppts in April to 86.3%. Donor satisfaction started the year at 82.7%, with appointment cancellations the main reason for complaint.

## Living & Deceased donor transplants **4,529**

4,937

12-mth actual vs. target



Mar '22

Feb '23

▲ **377 / 411** in March

## EM recipients of living & dec'd organ transplants **24%**

27%

12-mth actual vs. target



Mar '22

Feb '23

## Consent/Authorisation YTD **69%**

66%

12-mth actual vs. target



May '22

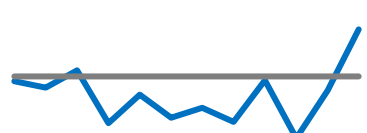
Apr '23

▲ **7 pp** to 69% in month

## Ethnic Minority organ consent rate **59%**

43%

12-mth actual vs. target



May '22

Apr '23

## British Bone Marrow Registry Fit-Panel volume (MAT) **103.3k**

101.7k

12-mth actual vs. target



May '22

Apr '23

## EM % of New Stem Cell Fit Panel Donors BBMR Registry **23%**

20%

12-mth actual vs. target



May '22

Apr '23

## Cornea donors (MAT) **2,394**

2,857

Moving Annual Total actual vs. target



May '22

Apr '23

▲ **224 / 155** this month

## Corneas issued for transplant (MAT) **3,675**

4,759

Moving Annual Total actual vs. target



May '22

Apr '23

▼ **286 / 255** this month

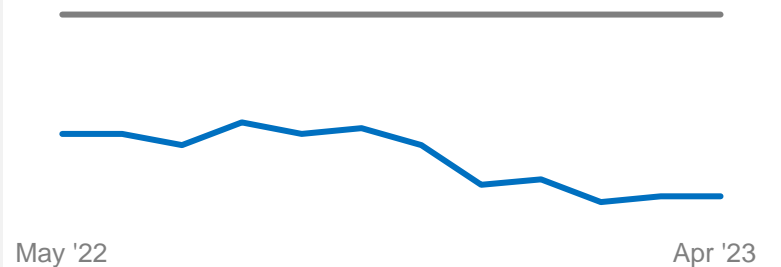
#### Ocular

- The average weekly ocular donation rate in April increased to 53, against a target of 70, and compared with March (avg 43 donations/week).
- Ocular stock levels have increased to 308 at the end of April (vs target of 300) compared to 228 at the end of March. This number is influenced by a restriction on the number of ocular sales per week. Matching supply and demand is also a challenge with hospitals not able to flex numbers of operations sufficiently quickly when additional corneas become available.
- The focus on increasing ocular donation continues to be a priority with three main areas for improvement: increasing referrals in our current organ donor and tissue donor pathways, new pathways for hospice referrals, and a simpler referral system for our key partner sites.

**Serious Incidents** = **0**  
**YTD = 0** 0

**Serious Adverse Blood Reaction & Event (SABRE)** = **3**  
**YTD: 3** ≤5

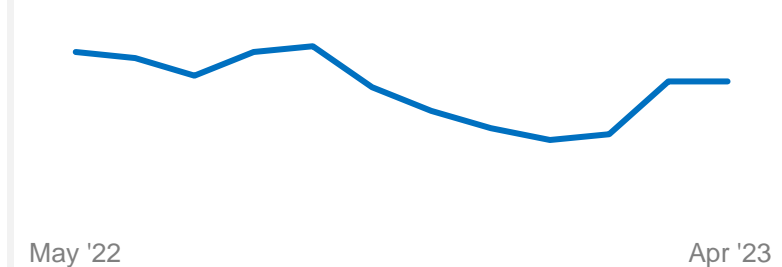
SABRE reports to MHRA moving annual total actual vs. target



**External Majors** = **0**  
**YTD = 0** 0

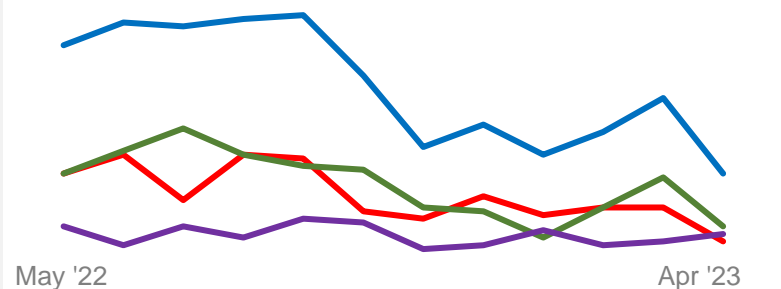
**Serious Adverse Event & Reaction (SAEAR)** = **9**  
**YTD: 9** No target

SAEAR reports to HTA moving annual total actual



**Major Adverse Events** ▼ **24**  
 (monthly across Blood Supply, Clinical Services, Tissue & Eye Services) (-20)

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



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

**Documents overdue review** ▲ **1.2%** (+0.3%) <1%

**Overdue majors** ▲ **19** (+2) 0

**Overdue events (excl. documents)** ▲ **308** (+59) <220

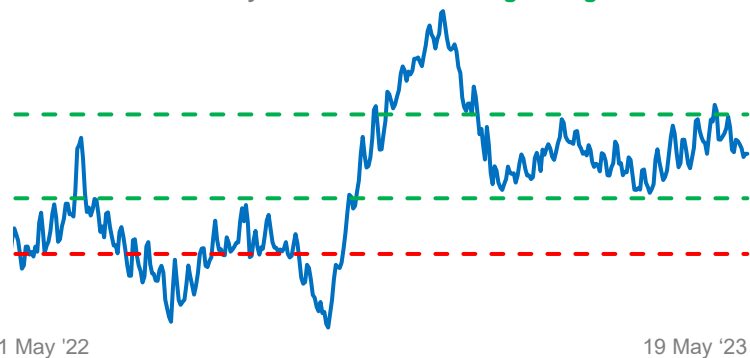
**Insight and Commentary**

- In April 2023 none of the three corporate KPIs were achieved, and performance against each target declined compared to the previous month. However, continuous improvement work led by the incident management working group is focusing on closing longstanding Quality Incidents (QIs), with the current phase targeting Major incidents that are older than 6 months. Considerable progress has been made with this work and a number of longstanding Major incidents have been closed.
- The Southampton site has been a priority this month, with part of the building having to be closed, affecting the donor centre, SCI, and Hospital Services. Business Continuity plans are in place, and a number of Quality Incidents and Change Controls have been raised to help manage the changes for the impacted teams. The situation is being monitored and overseen by the QA South West team and has been reported to the MHRA, HTA and CQC.
- The incident management group is continuing work to improve the Quality Management System (QMS), and we are seeing a clear reduction in the total number of open Quality Incidents (QIs). The second phase of this work, targeting Major incidents that have been open for more than 6 months, got underway during April.
- The Quality and respective business areas continue to work through any regulatory findings and prepare for upcoming external inspections, a number of which are due in the coming months.



**Blood stock stability<sup>1</sup>** ▲ **6.2** Apr 23 / 5.5 – 7.0  
 Average days of stock  
 Actual days of stock **6.9** 30 Apr / 7.0

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

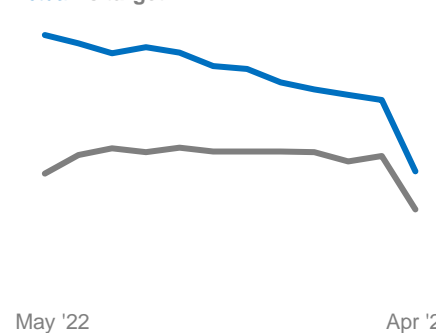


**Incremental savings** **£0**  
**YTD (Blood & Group)** **£8.2m**

**Hospital services productivity**  
 Annualised YTD

▼ **33,082** / 31,999

Actual vs target



## Insight and Commentary

- Red cell stocks had increased slightly from the end of March 2023, with total stock standing at 6.4 days (March 2023=6.0). The stock variability seen in the previous month remains, however there were increases in stock for B Neg and O Pos. O Neg stock decreased slightly
- Red cell collections stood at 98.1% of business plan target (+4.6pp increase from March 2023). Despite increases in stock levels, at month end B Neg and O Neg stocks remained below target, with 4.3 and 5.1 days of stock respectively. (March 2023 = 3.4 and 4.3 days).
- Red cell issues decreased when compared to March 2023 (-11.9pp and remained -6.0% below forecast demand. We know that Easter and a Junior Doctors' Strike reduced actual demand to a much lower position during this period than is usual for this time of year.
- During the month On Time, In Full performance has increased to 96.4% (+1.2% compared to March 2023), driven by a 1.1pp increase in 'In Full' fulfilment. 'On Time' performance (99.6%) remained broadly in line with the previous month.
- Across Blood Supply 6.7% of available time was lost due to sickness absence (7.6% in March 2023); this is as a result of decreased short-term sickness (-1.2%). Long term sickness increased by 0.2% in the period.
- The number of appointments that NHSBT cancelled at short notice decreased from the previous month (-3.1pp) with an average of 1,818 cancellations per week (compared to 2,918 weekly cancellations in March 2023). Nearly two thirds of cancellations were driven by short term sickness and donation session over-runs.

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

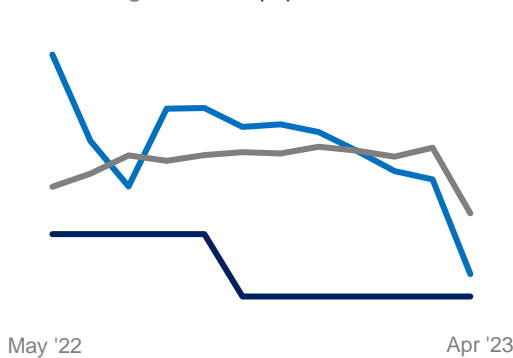
RAG: Above target, Within 2% of Target, More than 2% Below Target 10

## Top quartile performance in 3 key benchmarks

**1. Manufacturing productivity**  
 Annualised YTD

▼ **9,710** / 10,387

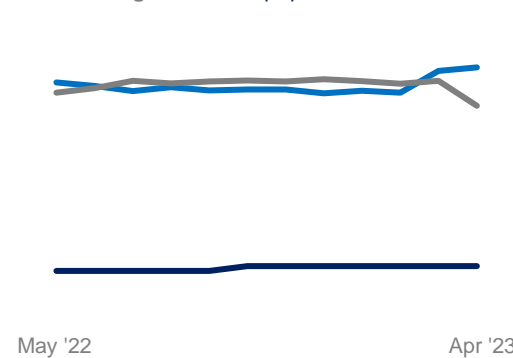
Actual vs target vs EBA top quartile benchmark



**2. Testing productivity**  
 Annualised YTD

▲ **32,908** / 29,513

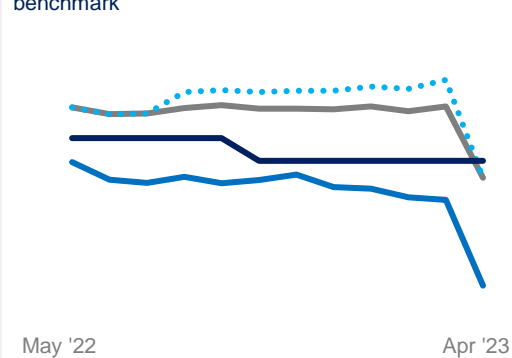
Actual vs target vs EBA top quartile benchmark



**3. Collection productivity**  
 Annualised YTD

▼ **1,065** / 1,222

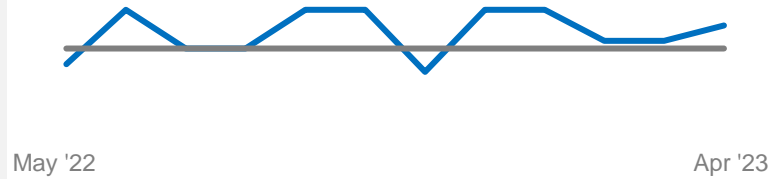
Actual vs target vs revised target & EBA top quartile benchmark





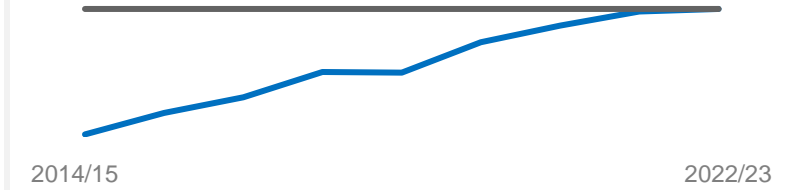
**Overall Critical Infrastructure (CI) Availability** = **99.98%** / **99.95%**

12-mth **actual** vs. target



**Reduction in carbon emissions vs. 2014/15** = **50%** / **50%**

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

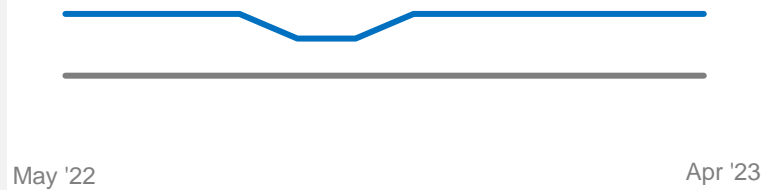


**Insight and Commentary**

- All Critical National Infrastructure (CNI), Key Public Systems (KPS), and Key Hospital Services met availability targets.
- Pulse experienced a minor disruption. This outage did not have a direct impact on patient care. However, the issuing of products by Hospital Services and Manufacturing ran slower for an hour whilst the issue was resolved. We are in the process of implementing SolarWinds, an advanced Enterprise Monitoring tool. Once fully deployed it will provide us with comprehensive visibility across our entire infrastructure, enabling us to detect and resolve issues proactively, preventing any potential impact.
- No new Information Commissioner's Office (ICO) Incidents reported for April. The information lost as part of a Subject Access Request in March which was reported to the ICO has now been found. The information did not leave NHSBT estate and was found on site. This will be fed back to the ICO, and a further investigation is suggested to understand NHSBT process for sending paper records via the post. Whilst this is not within the Data Security, Privacy, and Records Management (DSPR) Team remit, we will look to feed this outcome back to Estates and Facilities who manage the postal service on behalf of NHSBT.

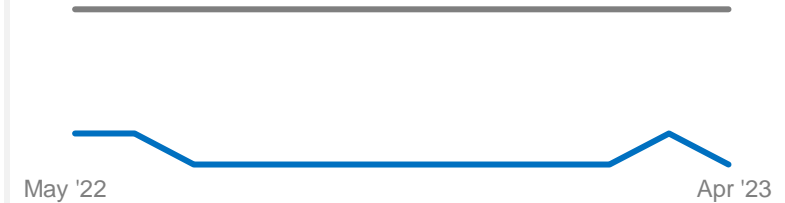
**Overall Key Hospital systems Availability** = **100%** / **99.90%**

12-mth **actual** vs. target



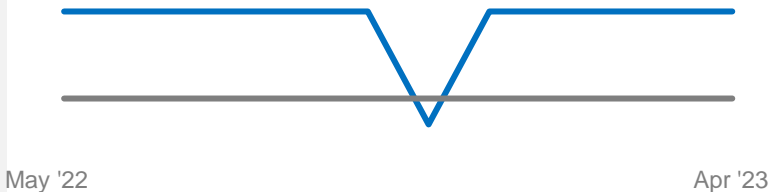
**Information Commissioner's Office Incidents** ▼ **0** / **<5**

12-mth **actual** vs. target



**Overall Key Public Systems availability** = **100%** / **99.90%**

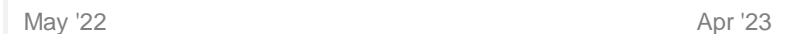
12-mth **actual** vs. target



**Bus. Continuity Plans Reviewed YTD** **0%** / **0%**

12-mth **actual** vs. target

Activity to commence end of Q1 23/24

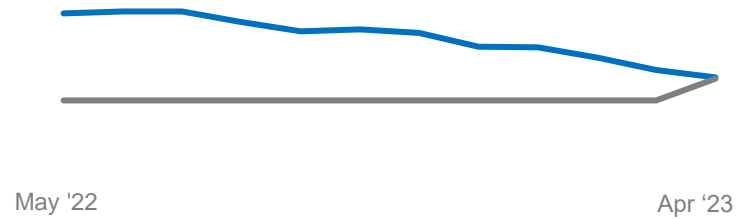


**RAG: Above target, Within 2% of Target, More than 2% Below Target**



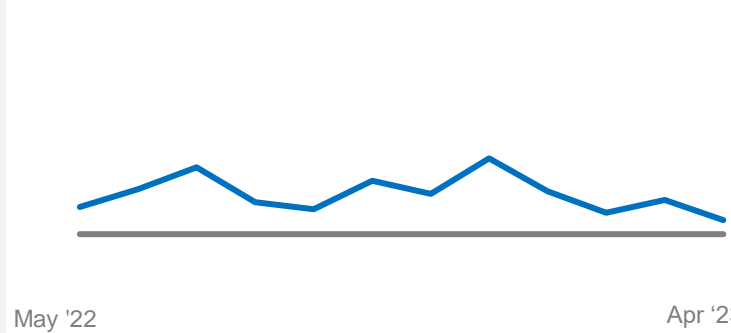
**Attrition%** ▼ **15.1%** / 15%

12-mth **actual** vs. target



**Sickness Absence** ▼ **4.33%** / 4%

12-mth **actual** vs. target



## Insight and Commentary

### Recruitment & Retention

- There were 156 new appointments in month (+25%), representing 88.6% of vacancies.
- Time to recruit which peaked at 16.8 weeks in March fell to 15.2 weeks in April. Similarly time to offer decreased sharply from 12.3 weeks in March to 10.8 weeks in April. This reflects recruitment campaigns proceeding more quickly following the December and January holiday period.

### Sickness absence

- Overall sickness absence continues to fluctuate, falling to 4.33% overall from 4.81% last month. The primary cause of short term sickness is coughs, colds and 'flu.
- Blood Donation sickness decreased to 6.6% from 7.3% in March, with Covid-19 absence at 0.3%
- Similar trends are seen across NHSBT with sickness absence falling in Clinical Services, TES and ODT.

### Staff Turnover

- Overall staff turnover peaked of 18.1% between April and July 2022. It has since decreased steadily, reaching 15.1% in April, just above target of 15% (revised up from 14% for 23/24).
- Staff turnover in Blood Donation continues to trend downwards, reaching 22.3% in April from 22.6% in March.

### Learning & Development

- The increase in Middle Managers engaged with formal development is 23%. (Oct-December 2022 to January - March 2023)
- Mandatory training continues to be a priority across the organisation with Directors asked to promote compliance within their teams.

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

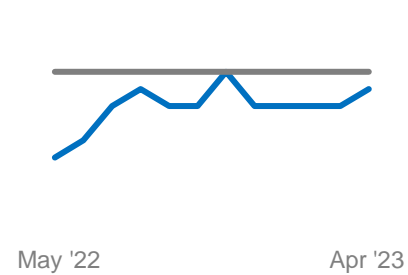
**Time to Offer weeks** ▼ **10.81** / 11.00

12-mth **actual** vs. target



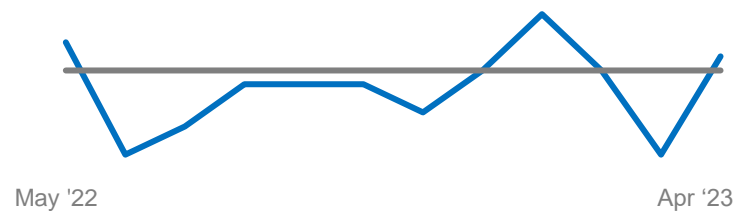
**Mandatory Training compliance** = **86%**

12-mth **actual** vs. target



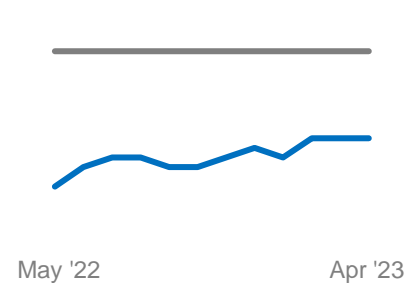
**Vacancy Fill Rate %** ▲ **88.6%** / 88%

12-mth **actual** vs. target



**PDPR completion** ▲ **93%** / 95%

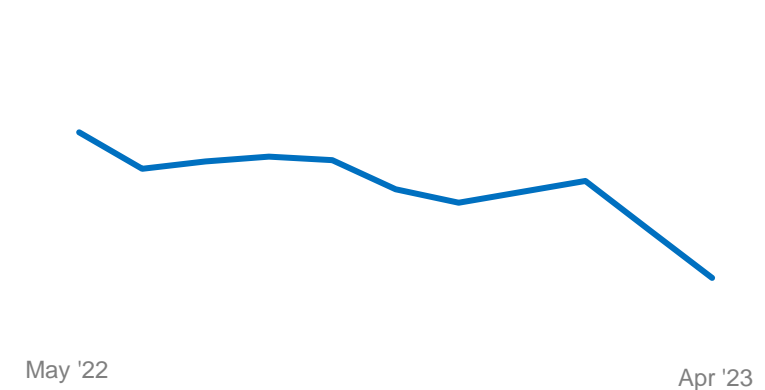
12-mth **actual** vs. target





**Ethnic Minority (EM) staff % Band 8A+** **13.4%**

Ethnic Minority staff, 12-mth % Band 8A+

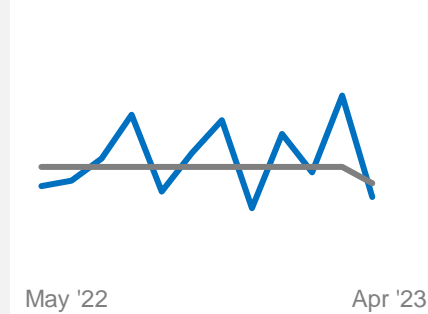


**Our Voice Engagement Score** = **7.5/10<sup>2</sup>** / **8/10**

**Harm Incident Rate NHSBT**

▼ **7.8** / **8.3**

12-mth actual vs. target



**Insight and Commentary**

**Diversity & Inclusion**

- The proportion of ethnic minority employees at Band 8A+ has declined from a peak of 14.6% in June 2022 to 13.4% in April 2023.

**Engagement**

- The results for the recent our voice survey should be released in early June so we should be able to report these in next month's board report.

**Harm Incidents**

- The harm accident incident rate has fluctuated above and below target since June 2022 and now stands below target at a rate of 7.8 and down from 11.5 in March.
- Following the sharp increase in harm incidents in March, Blood Supply have committed to a root cause analysis of incidents and an accident reduction plan to reduce incidents to an acceptable level for a manufacturing organisation.
- Incidents resulting in over three days of lost time fell to 36 in 2022/23 from 38 for 2022/23.

**Freedom to Speak Up**

- We now have 30 champions and 2 new guardians in post, and all have completed training. A review will take place in six months time to assess the level of resource required and its effectiveness.

<sup>1</sup> Amber RAG threshold +/- 1.5 pp of target

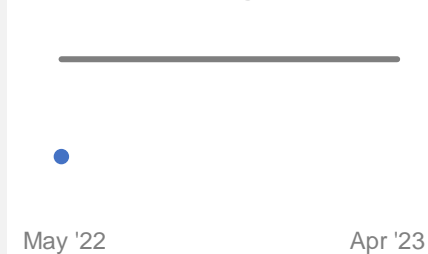
<sup>2</sup> Engagement Score is from Our Voice survey April 2022. This figure will be updated once results from April 2023 survey ( ended May 17<sup>th</sup> ) have been analysed.

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

**Disability Declaration Rate**

**25.3%** / **27%**

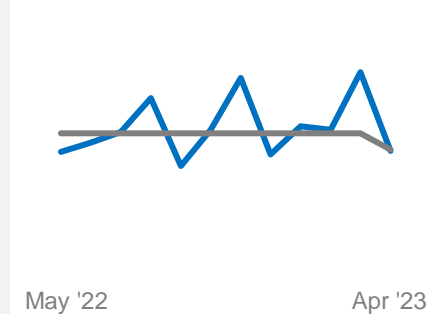
12-mth actual vs. target



**Harm Incident Rate Blood Supply**

▲ **12.5** / **12.6**

12-mth actual vs. target



**Sexual Orientation Declaration Rate**

**70.9%** / **80%**

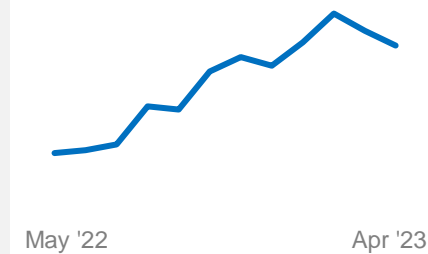
12-mth actual vs. target



**Number of FTSU Concerns Raised in month**

▼ **7 (-2)**

12-mth MAT





Genomics programme status

Strategies to Improve Donor Experiences (STRIDES) status

Our Future Health recruitment status

Blood Transfusion Genomics Consortium status

Nanopore status

Haem Match status

Component development clinical trials

Whole blood status

Universal plasma and universal platelets status

Dried plasma status

No. genotyped (STRIDES)

--- / ---

12-mth actual vs. target

Plan is to type 4k-5k per month; 4.5k typed in April 16k in total typed from 72k STRIDES donors to date

No. recruited for Our Future Health (OFH) programme

--- / ---

12-mth actual vs. target

Activity to start in July 2023.

Insight and Commentary

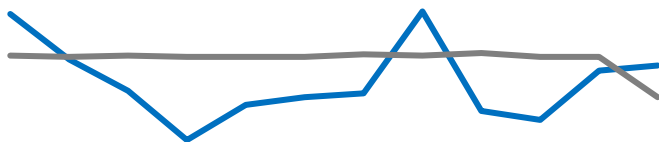
Genomics Programme

- **Strategies to Improve Donor Experiences (STRIDES) Genotyping**
  - Genotyping of STRIDES donors ongoing.
  - IT links to Cambridge established, require testing.
- **Our Future Health (OFH)**
  - 3<sup>rd</sup> July 2023 start date confirmed for on session recruitment activity.
- **Blood Transfusion Genomics Consortium (BGC)**
  - Regulatory/ accreditation progressing.
- **Nanopore collaboration**
  - IT infrastructure installed in Colindale; networking to be completed.
- **NHS England approved business case/ funding for NHSBT to scale up genotyping capability to type all (ca 17k) Sickle Cell and Thalassemia patients.**
  - Launch proposed May 2023; digital solutions for reporting results are progressing; contracts drafted and circulated.
- **Digital Capability**
  - Options presented at April 2023 programme board.
  - Tactical solution for Sickle Cell tying project and longer term Paas solution approved as preferred options.
- **HaemMatch**
  - Contract for NHSBT Health Informatics Collaboration re data sharing progressing well
  - Data study groups established.

No. of organ transplants –dec'd

315 YTD / 290

12-mth actual vs. target



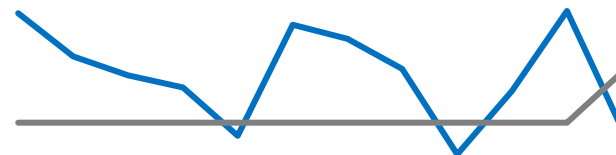
May '22 Apr '23

▲ to 315 vs 290 in month

No. of transplants per donor –dec'd

2.33 YTD / 2.51

12-mth actual vs. target



May '22 Apr '23

▼ 0.37 vs last month

Component development clinical trials

- Four Whole blood use in trauma trial sites started to date.
- 2nd phase universal plasma project combined with universal platelet work; Business case approved to invest £1.6m over next two years to develop further ahead of clinical trial. Project Board members engaged.
- Dried plasma £5m project ongoing; contract signed end April with key equipment supplier; evaluation of tender bids for facility build complete.

Organ transplant and utilisation

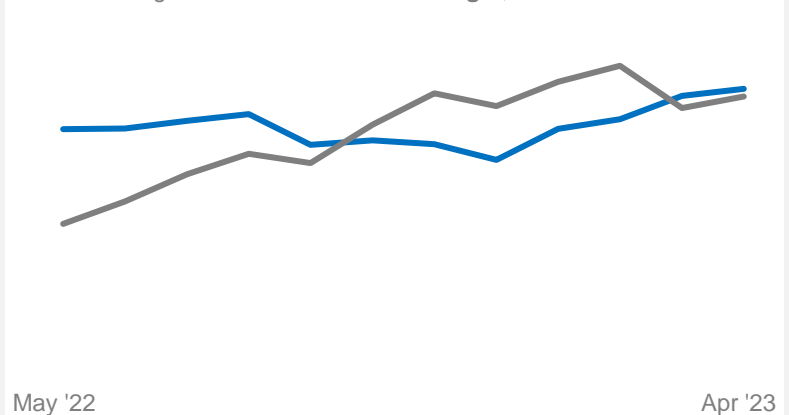
- We are fundamentally reviewing the approach to organ donation promotion and our clinical practices, given the continued high number of family refusals and opt-outs.
- The regional 'Be a Lifesaver' campaign launched towards the end of February and we are closely monitoring the regional impact.
- In the short term, continued high rates of organ utilisation have somewhat offset the impact of low consent/authorisation rates across the UK.



**Cell Apheresis & Gene Therapies income** **£2.81m** YTD / **£2.56m**

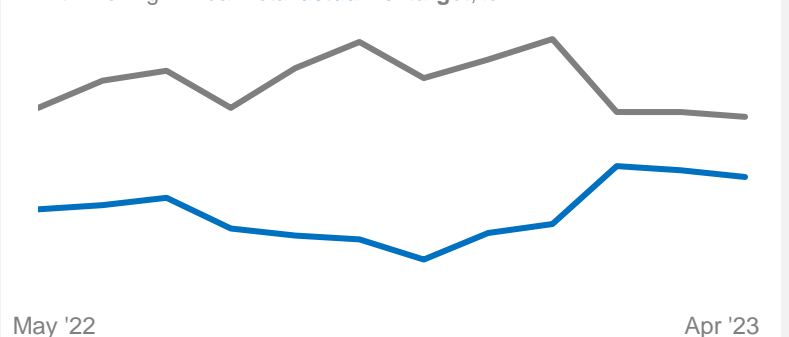
excl. DHSC Grant in Aid funding;  
12-mth CAGR 2.8%

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



**Clinical Biotechnology Centre income** **£1.53m** YTD / **£0.37m**  
12-mth CAGR 14.1%

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

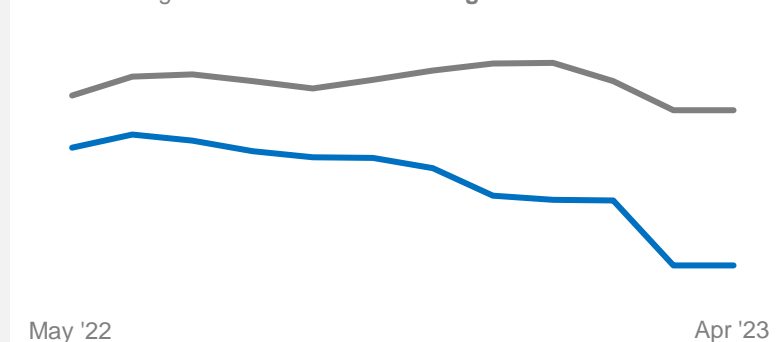


**Transfusion 2024 programme status** = **0k**

**Advanced Cellular Therapies Income** **£0k** YTD / **0k**

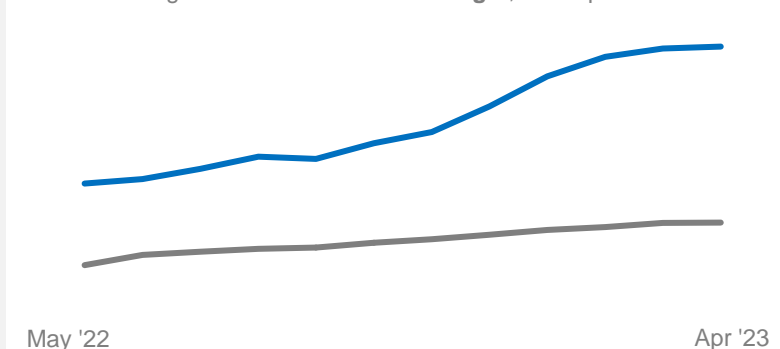
Income received in staged payments for project delivery, not regular monthly bills to customers.

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



**Therapeutic Apheresis Services** **876** YTD / **826**  
**no. of procedures**

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



### Insight and Commentary

#### Plasma for Medicines

- NHSBT is continuing its Plasma programme delivery plan for 2023/24 which includes onboarding a fractionator and the continued build of Plasma stock for medicines.
- The date of first dispatch to a fractionator has been extended to April 24 to align with the procurement programme for a fractionator partner. NHSBT is also delivering an in-house testing solution for HAVB/19 at the Manchester site by Q4 23/24 which will enable Plasma to be tested as required for fractionation.
- In Source plasma, delivery is underway to increase the capacity at donor centres to deliver the 23/24 targets. The associated plan to fill the capacity is concentrating on increasing the frequency of donation of existing donors, encouraging whole blood donors (those not required for the WB plan) to switch and driving new donors to donate.
- In Recovered plasma, delivery has commenced for the next required ramp up of plasma collection scheduled for Sept 23.
- Transfusion 2024**
- Blueprint for managing blood stocks inventory with hospitals: business case development underway with recruitment for IT support starting in May.
- One pilot, comprising five hospitals, now live. Testing taking place at second hospital site expected to go live in May 2023.
- Link to National Haemoglobinopathy register; waiting for NHS England to sign as joint data controller ahead of final testing and go-live.
- Workshop held to review benefits expected of a clinical trials network and plan next steps. Meeting held with NIHR to ensure alignment of work plan.

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

- CAGT income £0.25m above budget in April, driven by above plan activity levels in Therapeutic Apheresis (TAS) and Cellular & Molecular Therapies (CMT).
- The Clinical Biotechnology Centre (CBC) team are working to resolve a bacterial infection that has temporarily closed plasmid manufacture. Viral vectors unaffected. Impact to be clarified by the end of Q1. CBC project closure report approved by Clinical Services SMT and reviewed by ET.
- British Bone Marrow Registry (BBMR) Fit panel volumes 1.6% behind target in month. A new donor recruitment process using buccal swabs sent directly to homes has been live since Match and is expected to increase recruitment levels.
- Additions to the Fit panel of a minority ethnic background were 23% in month.
- NHSBT's share of stem cell provision to UK patients will be reported quarterly in arrears as part of the UK aligned Registry reporting.

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



### Tissue & Eye Services (TES) income

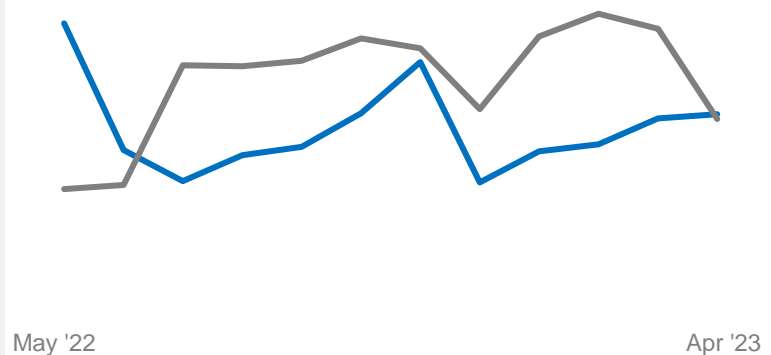
**£1.46m**

YTD

12-mth Av. Mthly Growth Rate  
1.27%

**£1.45m**

12-mth **actual** vs. **target**, £



May '22

Apr '23

### Ocular income

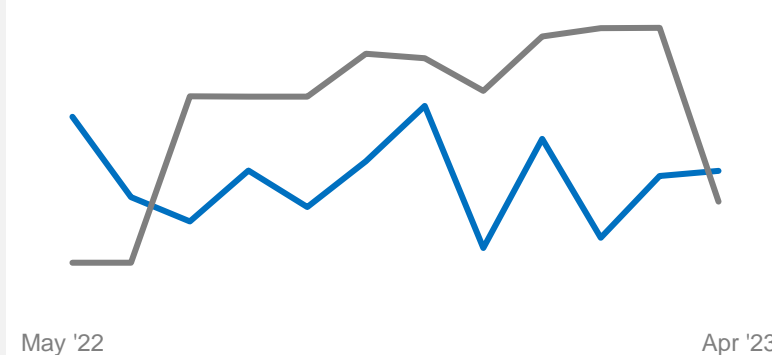
**£476k**

YTD

12-mth Av. Mthly Growth Rate  
4.0%

**£425k**

12-mth **actual** vs. **target**, £



May '22

Apr '23

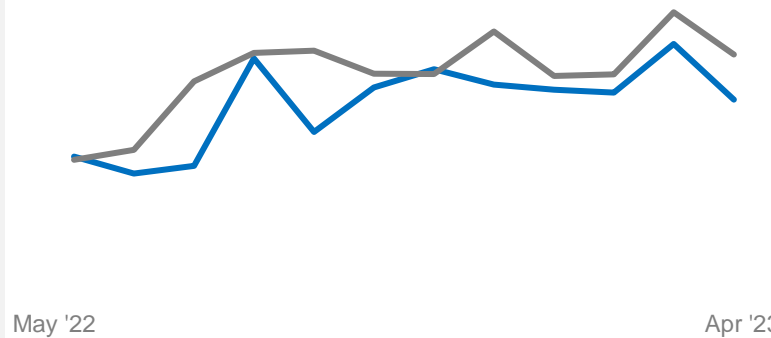
### Volume of Plasma Recovered from Whole Blood, litres

**7,112**

YTD

12-mth **actual** vs. **target**, £

**8,566**



May '22

Apr '23

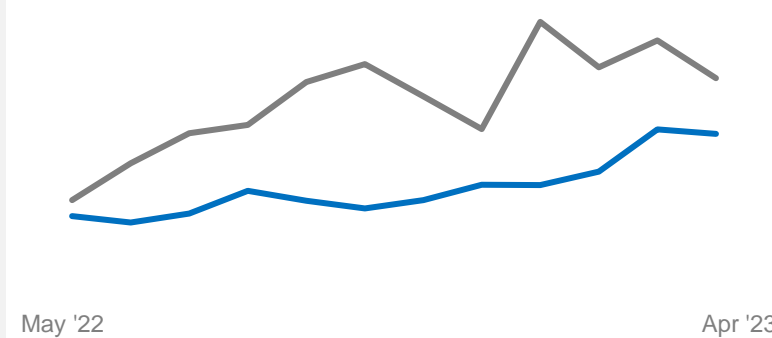
### Volume of Sourced Plasma Collected, litres

**1,066**

YTD

12-mth **actual** vs. **target**, £

**1,385**



May '22

Apr '23

### Insight and Commentary

#### Overall income

- The April income position was 3.9% ahead of target (£55k), which is attributed to positive Tissue and Ocular sales. Tissues was ahead of target (£32.5k) which was mainly due to strong skin sales (£80k ahead of target), along with Cardiovascular (£9.8k ahead of target) and Amnion (£6.6k ahead of target). Serum Eyedrops was behind target by -12.4% (-£64k). The total value of backorders has fallen in month and is valued at £100k at the end of April.

#### Ocular income

- Ocular income was 11.9% ahead of target in April. Overall demand for ocular products remains high, and plans are currently being deployed to increase donation rates and importing corneas. Stock levels have increased and currently maintaining an average of 283 in April, with weekly orders capped around 75 per week. Some hospitals have advised they cannot quickly restart ocular operations when NHSBT have excess corneas available without some notice.

#### Heart Valves

- Income for Heart Valves was ahead of April target by £9.8k. The rates of heart donation for heart valves in April have averaged 7.5 a week (vs 8 a week target, up from 5 a week average in March).

#### Serum Eyedrops

- Serum Eyedrops behind target in month by 40 issues, with the team achieving 320 batches issued against a target of 360. Staffing issues in the Customer Care team have impacted our ability to issue products in April and continue to have an impact into May.

#### Customer Satisfaction

- The main issue for customer dissatisfaction is the unavailability of tissue when requested, predominately corneas. We continue to focus on this area through our work to increase the availability of corneas.

# Risk Summary

| Ref   | Risk Title / Owner  | Date of last change / last review | Appetite Category / Level | Risk Score against Appetite<br>(● = Current Residual Score, ○ = Residual Score in previous report) |
|-------|---|-----------------------------------|---------------------------|--|
| P-01  | Donor & Patient Safety / Clinical Director                                | 20 Feb 2023 / -27 March 2023      | Clinical / Minimal        |  |
| P-02a | Service Disruption / Director of Quality                                  | 27 Mar 2023 / 10 May 2023         | Disruption / Minimal      |  |
| P-02b | Service Disruption (Interruption of Critical ICT) / Chief Digital Officer | 26 Jan 2022 / 27 Mar 2023         | Disruption / Minimal      |  |
| P-03  | Change Programme scale & pace / Deputy Chief Executive                    | 27 Apr 2023 / -27 Apr 2023        | Programme / Open          |  |
| P-04  | Donor Numbers & Diversity / Director of Donor Experience                  | 26 Jan 2022 / 27 Mar 2023         | Operational / Open        |  |
| P-05  | Long term financial sustainability / Chief Finance Officer                | 06 April 2023 / 6 April 2023      | Finance / Open            |  |

# Risk Summary continued

| Ref  | Risk Title / Owner                                    | Date of last change / last review | Appetite Category / Level                 | Risk Score against Appetite<br>(● = Current Residual Score, ○ = Residual Score in previous report) |
|------|---|-----------------------------------|---|--|
| P-06 | Inability to access data sets / Chief Medical Officer | 26 Jan 2022 / - 27 Mar 2023       | Innovation / Open                         |  |
| P-07 | Staff Capacity and Capability / Chief People Officer  | 26 Jan 2022 / 27 Mar 2023         | People / Open                             |  |
| P-08 | Managers Skills and Capability / Chief People Officer | 13 Oct 2022 / 27 Mar 2023         | People / Open                             |  |
| P-09 | Regulatory Compliance / Director of Quality           | 26 Jan 2022 / 10 May 2023         | Legal, Regulatory & Compliance / Cautious |  |

## Changes to Risk Scores – insights and commentary

Only one risk has been subject to an increase in the residual risk score this month.

Risk 3, change programme, scale and pace, has increased from a score of 16 up to 20. The reason for this increase to the score is due to a new risk being linked from the business.

The transfer of the performance report to include detail based on the revised Principal risk structure continues and it is anticipated that this will be completed for the June 2023 report.