

NHSBT Executive Team & Board Performance & Risk Report

June 2023

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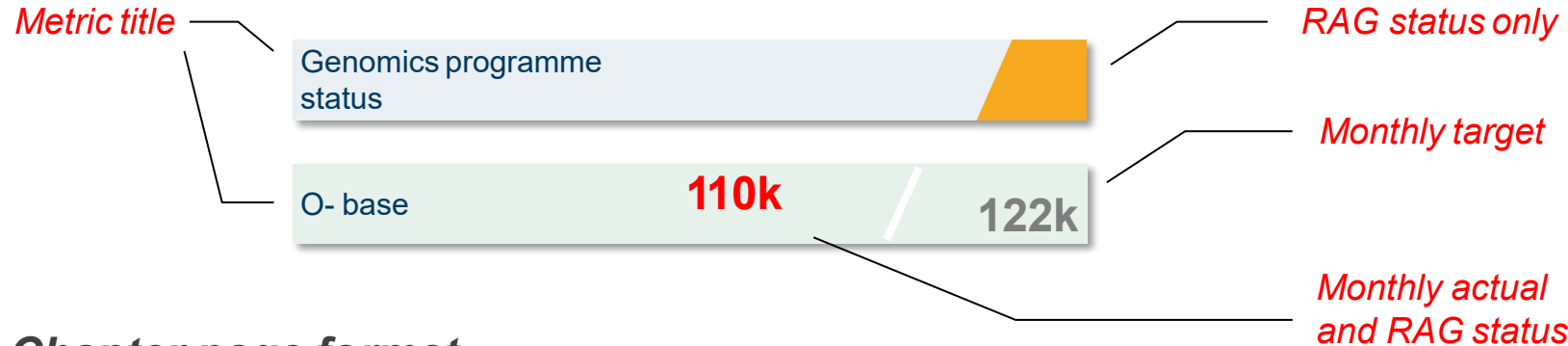
The NHS logo, consisting of the letters 'NHS' in a bold, white, sans-serif font inside a white rectangular box.

Blood and Transplant

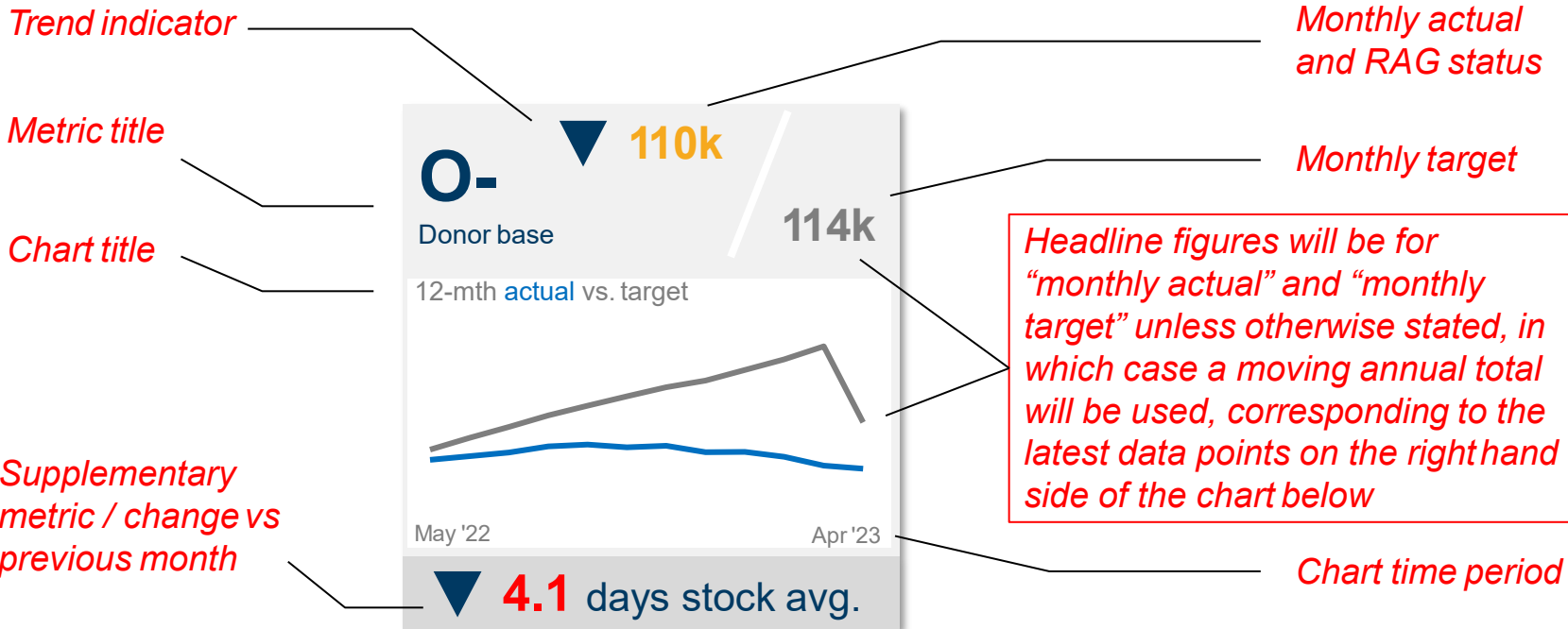


How to read this report

Dashboard page format



Chapter page format



Points to note

- RAG criteria have been adjusted and will apply from June 2023 reporting onwards
- Unless otherwise stated, RAG status is **green** for at or exceeding target, **amber** for within 5% of target, or **red** for >5% from target
- Use of the new RAG criteria (June 2023), means that the following metrics move from Red to Amber status.
 - Size of Organ Donation register
 - No. of Transplants per deceased donor
 - No. of Therapeutic Apheresis Procedures
- Wherever possible RAG status will be based on absolute numbers rather than percentage values
- In addition, targets have been removed from metrics which focus on monitoring incidence:
 - Serious incidents
 - External regulatory majors
 - Serious adverse blood reactions and events (SABRES)
 - Information Commissioner referrals

Executive Summary – June 2023

Performance Insights

Critical business areas of focus are:

1. Blood stock management continues to challenge with sickness levels and staff turnover driving NHSBT led appointment cancellations and increasing stock variability. Blood stocks are actively managed with the appropriate interventions in place to address these challenges.

Overall red cell stocks decreased through June, with total stock standing at 6.0 days (May 2023=6.8). With collection levels 5.9pp below plan and red cell issues 4.3pp below forecast, collections were insufficient to meet demand and stock stability decreased. Average days of stock decreased through June to 6.2 days (May 2023=6.7) and stock variability at group level has increased with O Pos (5.4), O Neg (4.0) and B Neg (4.2) below stock target levels at the end of June 2023.

NHSBT-led donor appointment cancellations increased by 32% from May, with an average of 2,492 cancellations per week (1,977 cancellations/week May 2023). Despite overall sickness absence in Blood Supply falling to 6.1% in June from 6.3% in April (-0.2pp), 58% of short notice appointment cancellations were caused by sickness (May 2023=57%). Staff turnover in Blood Donation, resumed its downward trend, decreasing slightly to 21.9% in June from 22.4% in May. Staff turnover continues to exceed 20% in all Blood Donation operational regions and exceeds 30% in London and the South-East.

2. Size and diversity of the whole blood donor bases remain below plan. Nevertheless, with sufficient donors to ensure supply, the focus is on diversification of the donor bases.

The whole blood donor base increased in June by 1.4k donors, finishing the month with 795.8k donors (813k target). The donor base is larger than this time last year (+4.8k) but is at its second lowest level since the amber alert was called last October. Nevertheless stock levels are in a much stronger position. The O neg donor base has increased by just 143 donors in June and stands 1k higher than the same time last year. The Ro donor base, continues to grow steadily reaching 26.4k donors (27.3k target) and stands 1.4k higher than last year's figure of 25.0k

The number of new donors joining the donor base has been increasing in recent months, and likely to continue with the impact of National Blood Week campaigns and higher donor caps. Higher donor caps in place mean that a higher proportion of new donors can attend donation sessions.

3. Recovered Plasma for Medicine (rPFM) collections overall are reduced in June due whole blood collection lower than plan. Source Plasma is increasing capacity and Donor Experience is developing/implementing strategies to support return of collection to target

Overall recovery of plasma from whole blood (for both medicine and diagnostics use) is below target due to collection of 5.9pp less whole blood than planned in June. Recovered Plasma for Medicine (rPFM) continues to be a challenge due to increased pooled platelet manufacture in Blood, Plasma For Diagnostics remains above target. Given the continued lower whole blood collection levels and clearer timescales regarding the fractionator procurement, Plasma will reprofile the rPFM collection targets for 23/24 in July.

Sourced Plasma continues to underperform primarily due to the donor base not growing as quickly as planned and resulting in lower appointment fill rates. One centre is currently supporting whole blood collection. A plan is currently being developed to recruit more plasma donors and increase fill rates to return source plasma to target. Capacity has already been increased at one donor centre with another increasing in August.

4. Absolute numbers of organ donors and organ transplants continue to improve although consent rates remain a challenge. Whilst Tissue & Eye Services income has returned to surplus, operational difficulties continue to impact the issue of tissue for transplant.

The deceased organ donor consent rate dropped further to 58% in June. Deceased organ donors remained above target and deceased organ transplants were also ahead of target in June. This is because in June we returned to the more usual position of there being more deceased donors after Brain Death (DBD) than deceased donors after Circulatory Death (DCD), and DBD donors yield more transplants per donor than DCD donors. As a result the organ utilisation rate improved to 2.57 transplants per donor in month (May: 2.38) against a target of 2.51.

TES reported June income 9.2% ahead of target (+£142k), attributable to strong Ocular (+£237k) and Serum Eye Drop (+£21k) sales offset by lower-than-expected Tissue (-£112k) sales. Despite improved ocular donation performance during quarter 1, ability to reliably supply corneas for transplant remains a constraint, with stock levels having fallen in June and weekly order capacity reduced to 75 per week. Operational issues persist with the failure of all four freeze driers in TES impacting the production of bone products. Two new replacement driers are expected to be operational by mid August. One drier has been repaired and is due to be returned, and one remains with the supplier awaiting repair.

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)	122,989 ▼	130,650 ¹
% Whole Blood Demand Met by Collection (Month)	99% ² ▼	100%
Size of Whole Blood donor base (MAT)	795k ▲	814k
Black Heritage represent ⁿ in whole blood donor base	2.53% ▲	3.1%
On Time In Full (OTIF) incl. Ro (YTD)	96.8% ▲	97.7%
Plasma collected (sourced and recovered), litres (YTD)	25,832 ▲	31,584
Size of regular Plasma donor base (MAT) ³	3,532 ▼	3,969

Organ consent rate YTD (total)	62% ▼	66%
Organ consent rate YTD (Ethnic Minority)	35% ▼	43%
Organ transplants – living & deceased ⁴ (MAT)	4,524 ▼	4,528
Ethnic Minority recipients of living & dec'd organ transplants ⁴	28% ▲	27%
Cornea Donors (YTD)	667 =	467
Corneas Issued (YTD)	996 ▲	767
British Bone Marrow Registry (BBMR) Fit-Panel vol.	105.0k ▲	105.3k

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

Ethnic Minority Band 8A+	14.1%
Attrition	14.71% ▼ / 15%
Recruitment – Time to Offer	12.6 ▲ / 11
Vacancy Fill Rate	80% ▼ / 88%
Sickness absence rate	4.3% ▲ / 4%
Harm Incident Rate NHSBT (Harm to staff)	9.2 ▲ / 8.3

Drive innovation to improve patient outcomes

Genomics programme status	=	
No. of transplants per donor - deceased (moving annual total)	2.48 =	2.50
Component Development Clinical Trials		
Whole blood	=	
Universal platelets & universal plasma	▼	
Dried Plasma	=	

Modernise our operations to improve safety, resilience and efficiency

Blood stock stability Average days of stock	6.2 ▼	5.5 – 7.0
Serious Incidents raised ⁵	1 (3 YTD) ▲	---
Critical Infrastructure availability	99.8% ▼	99.95%
Top quartile performance in productivity benchmarks	2 =	3
Incremental savings (YTD)	£0 =	£8.2m
Reduction in carbon emissions vs. 2014/15	50% ▲	50%

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

Volume of Plasma recovered (rPfm) ⁶ from WB (YTD)	22,502 ▼	27,307
Sourced plasma Collected, litres YTD	3,330 ▼	4,277
Cell, Apheresis & Gene Therapies Income (YTD)	£9.33m ▲	£9m
Clinical Biotechnology Centre Income (YTD)	£0.35m ▲	£0.46m
Tissue & Eye Services YTD income	£4.86m ▲	£4.75m
Transfusion 2024 programme status	=	

¹Target based on forecast collection ² Based on actual demand ³ MAT = moving annual total ⁴ reported one month in arrears ⁵ incidence metric – target removed ⁶ rPfm = recovered Plasma for Medicine



Whole Blood Donor base **796k** / **814k**

12-mth actual vs. target



Jul '22 Jun '23

Red Cell Units Collected **123k** / **131k**¹

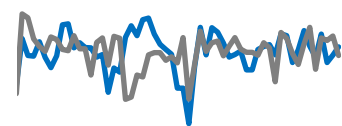
12-mth actual vs target



Jul '22 Jun '23

Whole Blood % of issues met by collection **99%** (Under collection)²

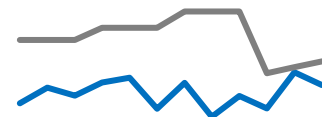
12-mth actual collection vs. demand



Jul '22 Jun '23

Ro Collection MAT **46.2k** / **57.6k**

12-mth actual vs. target



Jul '22 Jun '23

Insight and Commentary Donor Bases:

- The whole blood donor base rose slightly by 1.4k donors in May finishing the month with 795.8k donors (814k target) but remains at its lowest level since the amber alert was called last October. The Ro donor base continues to grow steadily reaching 26.4k donors (27.3k target), whilst the O- donor base at 111.2k donors (113.7k target) remains static.
- June ended with overall stock levels of 6.0 days, down 0.8 days from 6.8 days in May. AB+, AB- and B+ were the only blood groups to improve through June in terms of days of stock, with O+ (-0.6 dos), A+ (-0.6 dos), O- (-1.1 dos) and B- (-1.2 dos) all declining.
- Most blood groups maintained stock levels above 5.5 days in June, with the exception of O- and B-, both of which fell red (below 4.5 days) in June and into July.
- Due to National Blood Week (NBW) there was an increase in donor registrations (25.6k registered), with Black Heritage registrations also increasing, up 43% from 1,117 to 1,603)
- Donor base growth was driven by new donors donating (NDD) increasing by 24% (9k to 11.3k), albeit remaining below target (14.1k), and donor inactivation falling 10% (28.8k to 25.8k). This was sufficient to offset a dip in donor reactivation from 16.3k to 15.8k in June.
- Recovered Plasma for Medicine (rPFM):** We recover plasma from whole blood donations. This is manufactured into either Plasma for Medicines (PFM) or Plasma for Diagnostics (PFD). Overall recovery was 5.2% below target in June with the majority of this (~80%) being due to red cell collections being 4.1pp below plan (average of 27.8k per week vs. 29.0k expected). During 23/24 the proportion of PFM that is being collected will increase and the amount of PFD will decrease as we utilise different types of blood packs to make PFM. PFM collection in June was 16.2% behind target (7,776 Ltrs vs. 9,283 Ltrs) due to the need to support pooled platelet production, which restricts the amount of PFM that can be recovered. Conversely PFD production was 1.3% ahead of target (16,016 Ltrs vs. 15,805 Ltrs)
- Sourced Plasma for Medicine (sPFM):** Volumes collected were 1,174 litres, (21% behind target), due to 50%-70% appointment fill rates across the three centres, and Twickenham supporting Futureproofing Blood. The regular plasma donor base at the end of June was 3,532 which was 11% below the target of 3,969. The Donor Experience team is planning to improve fill rates and grow the plasma donor base and a plan to achieve this and return to target is being developed. The reduced volume will not affect the overall target volume of PFM collected for fractionation.

Male representation in donor base **45.8%** / **46.0%**

12-mth actual vs. target



Jul '22 Jun '23

Black Heritage representation in donor base **2.5%** / **3.1%**

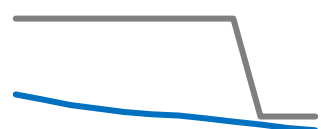
12-mth actual vs. target



Jul '22 Jun '23

<35 yrs. representation in donor base **28.0%** / **28.4%**

12-mth actual vs. target



Jul '22 Jun '23

Ro Donor base **26.4k** / **27.3k**

12-mth actual vs. target



Jul '22 Jun '23

On Time In Full incl. Ro (YTD) **96.8%** / **97.7%**

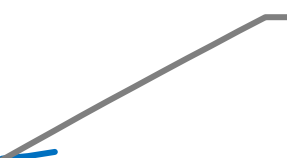
12-mth actual vs. target



Jul '22 Jun '23

Regular Plasma donor base **3,532** / **3,969**

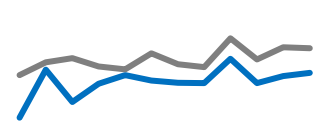
12-mth actual vs. target



April '23 Mar '24

Plasma Sourced & Recovered PFM Collections **25,832** / **31,584**

12-mth actual vs. target



Jul '22 Jun '23

O- Donor base **111.2k** / **113.7k**

12-mth actual vs. target



Jul '22 Jun '23

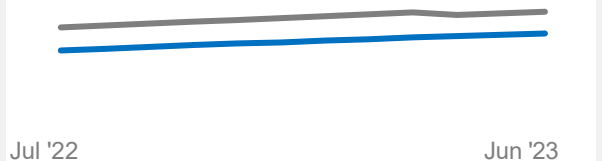
▼ **4.0** days of stock 30/6

1 Based on forecast collection 2 Based on actual demand



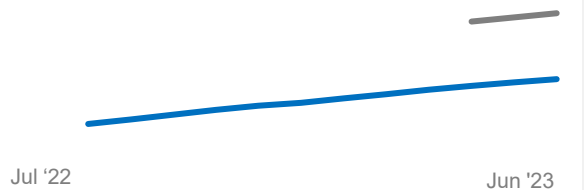
Organ Donor Register¹ (Opt-In Register - Total) **27.83m** / **28.77m**

12-mth actual vs target



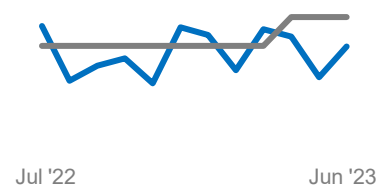
Organ Donor Register (Opt-In Register Eng. & Wales) **23.78m** / **24.72m**

12-mth actual vs. target



Net Promoter Score **86.0** / **87.0**

12-mth actual vs. target



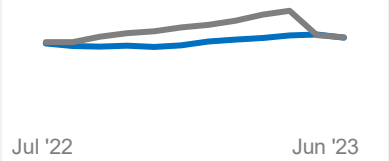
Insight and Commentary

Organs

- The deceased organ donor and transplant targets have been achieved each month during Q1. There were more deceased donors after brainstem death (DBD) than deceased donors after circulatory death (DCD) in June (following two months of the opposite), which has had a positive effect on the number of transplants per deceased donor in-month (2.57).
- The eligible donor pool continues to recover, with 3% more eligible donors than Q1 last year, and is now only 7% smaller than the equivalent pre-pandemic period. Consequently the absolute number of consents/authorisations is 3% higher, despite a continued low % consent/authorisation rate (62% YTD).
- June was a particularly poor month for the DCD consent/authorisation rate; therefore although we are on track against the DBD target in-month and YTD (70%), we are far from where we want to be for DCD (56% YTD against a 63% target). The rate for ethnic minority patients continues to remain low too, at 35% against a 43% target.
- Living donation is more affected by industrial action than deceased donation because of limitations on elective surgery. The majority of centres are managing to minimise disruption, and cancellations are in the minority. UK Living Kidney Sharing Scheme transplants are more likely to be delayed than directed donations due to industrial action as multiple centres are involved.

Living & Deceased donor transplants (1 month in arrears) **4,524** / **4,528**

12-mth actual vs. target



EM recipients of living & dec'd organ transplants (1 month in arrears) **28%** / **27%**

12-mth actual vs. target



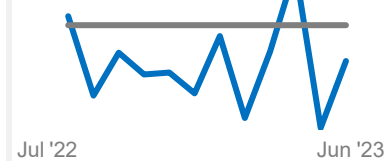
Organ Consent/Authorisation YTD **62%** / **66%**

12-mth actual vs. target



Ethnic Minority organ consent rate **35%** / **43%**

12-mth actual vs. target

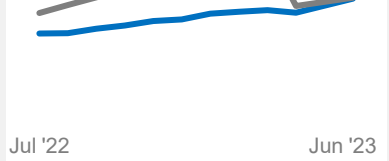


Net Promoter Score (NPS) – Blood & Plasma Donation

- NPS fluctuating month to month, increasing by 1.0 pp in June to 86.0. Donor satisfaction improved to 82.2%, from 81.5% in May, with appointment cancellations the main reason for complaint.

British Bone Marrow Registry Fit-Panel volume (MAT) **105.0k** / **105.3k**

12-mth actual vs. target



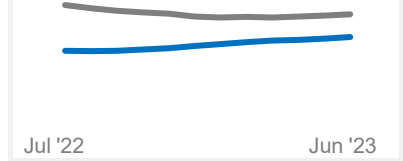
EM % of New Stem Cell Fit Panel Donors BBMR Registry **28%** / **20%**

12-mth actual vs. target



Cornea donors (MAT) **2,448** / **2,898**

Moving Annual Total actual vs. target



Corneas issued for transplant (MAT) **3,692** / **4,819**

Moving Annual Total actual vs. target



Ocular

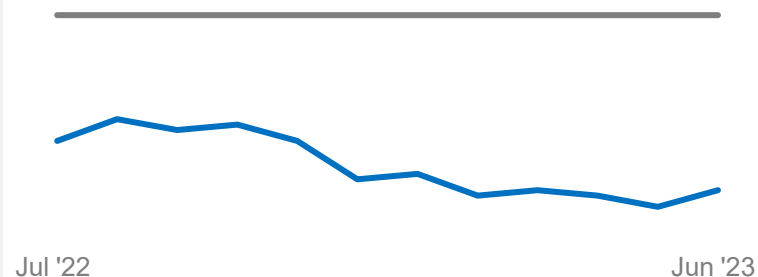
- The average weekly ocular donation rate in June fell slightly to 49, compared with the previous month average of 51 donations/week (against a target of 70).
- As a result, ocular stock levels have fallen to 270 at the end of June (target of 300, 312 in May).
- The focus on increasing ocular donation continues to be a priority for OTDT and conversations are advancing with NHSE to provide funding for a system wide approach to increase the number of cornea transplantations.

1 Move from Red to Amber following change in RAG criteria

Serious Incidents¹ = 1
YTD = 3

Serious Adverse Blood Reaction & Event (SABRE)¹ = 5
YTD: 10

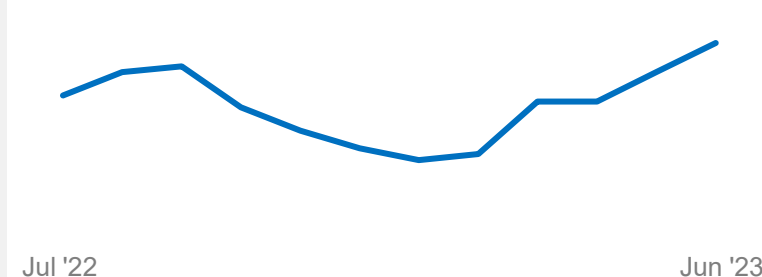
SABRE reports to MHRA moving annual total actual vs. target



External Majors¹ = 1
YTD = 1

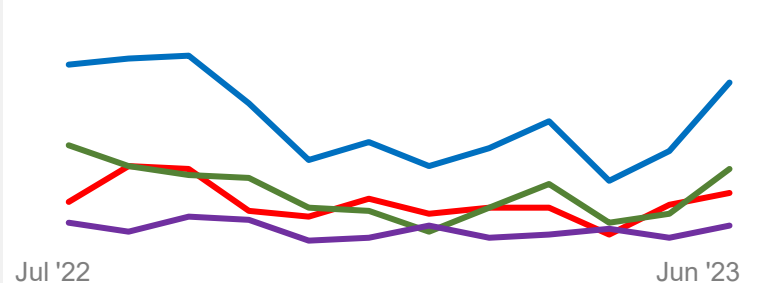
Serious Adverse Event & Reaction (SAEAR) = 12
YTD: 29

SAEAR reports to HTA moving annual total actual



Major Adverse Events ▲ **57** (+23)
(monthly across Blood Supply, Clinical Services, Tissue & Eye Services)

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



Quality Management System (QMS) Overdue Events

Documents overdue review ▼ **1.0%** (-0.5pp) <1%

Overdue majors ▲ **23** (+8) 0

Overdue events (excl. documents) ▼ **240** (-28) <220

Insight and Commentary

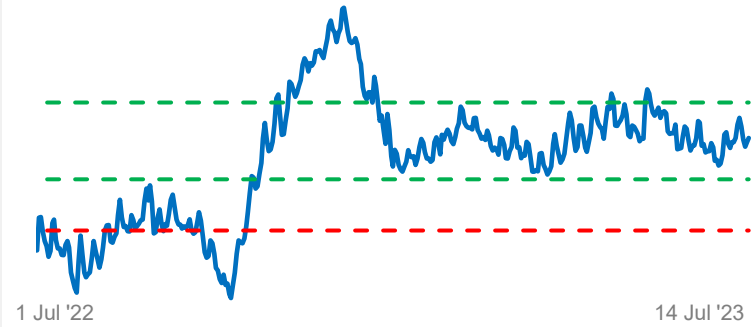
- There were three MHRA inspections carried out in June: two BEA (Blood Establishment Authorisation licence) inspections for Tooting and Colindale, and one IMP (Manufacturer's Authorisation – Investigational Medicinal Products licence) inspection for Barnsley. Whilst there was a Major finding raised from the Colindale inspection, the majority of findings across all three inspections were classified as Others or Comments, which is overall a positive outcome. Local QA teams will be working together with operational teams to provide responses and actions for the findings.
- The incident management group is continuing work to improve the state of the Quality Management System (QMS), and the third phase is underway, looking at longstanding QIs categorised as 'Other' and other areas of concern that have been highlighted by the weekly over dues report. QA representatives will be working with respective QMS champions to ensure the necessary improvements are made.
- The organisation's overdue KPIs have not been met in recent months despite efforts to reduce the overdue activities in the QMS. Each directorate has been asked to look into and provide detail of their 'back to green' plan.
- Following the virtual inspection, Stratford Donor Centre has now been formally added to NHSBT's CQC (Care Quality Commission) registration.

¹ incidence metric – target removed;

Blood stock stability¹ ▼ **6.2** June 23

Average days of stock **5.5 – 7.0**
 Actual days of stock **6.0** 30 June

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



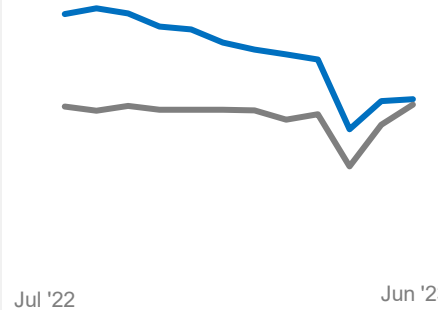
Incremental savings **£0m**
YTD

£8.2m

Hospital services productivity
 Annualised YTD

▲ **33,966** / 33,808

Annualised YTD Actual vs target



Insight and Commentary

- Total red cell stocks have reduced from the end of May 2023, with total stock standing at 6.0 days (May 2023=6.8). Average days of stock had also decreased by 0.5 days from 6.7 to 6.2 days.
- Stock variability has increased, with three ABO groups being below target level at month end, compared to one group in the previous month. B Neg (4.2), O Neg (4.0) and O Pos (5.4) were all below the target of 5.5 DoS.
- Red cell collections stood at 94.1% of business plan target (-4.3% decrease from May 2023).
- Red cell issues decreased when compared to May 2023 (-0.7%) and remained -4.3% below forecast demand.
- During the month, On Time, In Full performance has decreased slightly to 96.8% (-0.1% compared to May 2023), driven by a 0.2% decrease in 'In Full' fulfilment (97.4% compared to 97.6%). 'On Time' performance has increased (+0.2%) from the previous months.
- Across Blood Supply, 6.1% of available time was lost due to sickness absence (6.3% in May 2023); this is as a result of a decrease in short-term sickness (-0.2%). Long term sickness has increased (+0.1%) in this month, continuing the modest rise seen across Quarter 1.
- The number of appointments that NHSBT has cancelled at short notice increased from the previous month (+31.8%) with an average of 2,492 cancellations per week (compared to 1,977 weekly cancellations in March 2023). 58% of cancellations were driven by sickness.

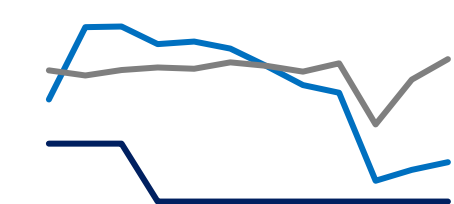
¹ Metric target is a range. Performance outside this range is rated as red RAG status.

Top quartile performance in 3 key benchmarks

1. Manufacturing productivity
 Annualised YTD

▲ **9,932** / 11,171

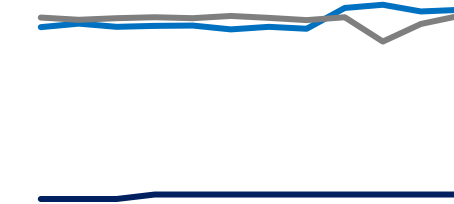
Ann. YTD Actual vs target vs EBA top quartile benchmark



2. Testing productivity
 Annualised YTD

▲ **32,432** / 31,876

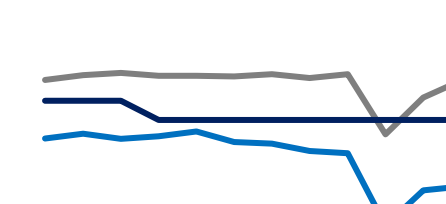
Ann. YTD Actual vs target vs EBA top quartile benchmark



3. Collection productivity
 Annualised YTD

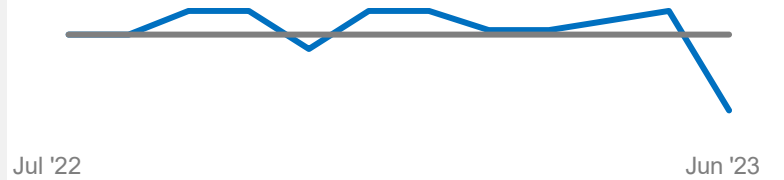
▼ **1,132** / 1,315

Ann YTD Actual vs target vs EBA top quartile benchmark



Overall Critical Infrastructure (CI) Availability = **99.8%** / **99.95%**

12-mth **actual** vs. target



Reduction in scope 1&2 CO₂ emissions vs. 2021/22 baseline --- / ---

reduction of 2021/22 baseline kt/CO₂ vs target

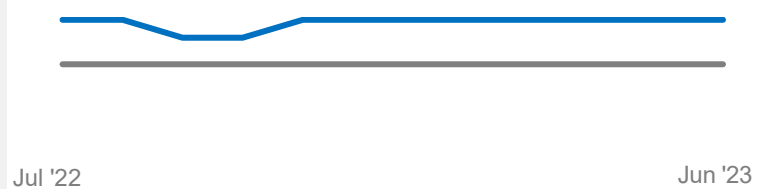
Data expected for July 2023 performance reporting

Insight and Commentary

- Key Public Systems (KPS) and Key Hospital Services (KHS) successfully met availability targets, Critical Infrastructure did not meet target due to a National Transplant Donor base (NTxD) outage.
- While the disruption caused us to fall short of our target, it is important to highlight that no patients experienced delays or missed out on critical transplants during this temporary system outage. Nonetheless, we acknowledge the significance of this event and are actively collaborating with our suppliers to enhance the reliability of both the product and service.
- Our ongoing efforts include the implementation of a new Enterprise Monitoring tool, which will offer comprehensive visibility across our entire infrastructure. Once fully deployed, this tool will enable proactive issue detection and resolution, mitigating any potential impact.

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

12-mth **actual** vs. target



Information Commissioner's Office Incidents¹ = **0** / ---

12-mth **actual** vs. target



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

12-mth **actual** vs. target



Bus. Continuity Plans Reviewed YTD = **9%** / **9%**

12-mth **actual** vs. target

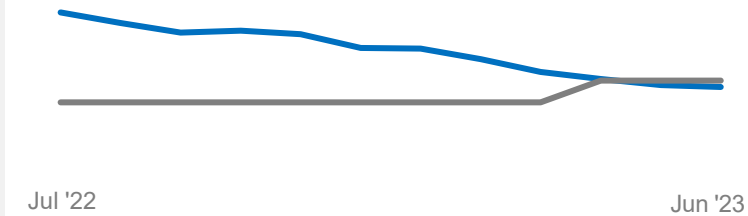


¹ incidence metric – target removed



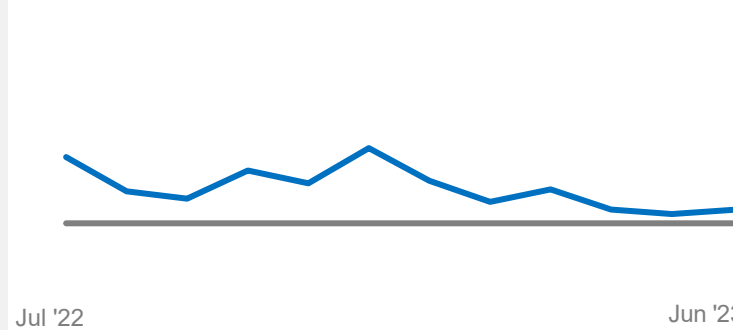
Attrition% ▼ **14.7%** / 15%

12-mth **actual** vs. target



Sickness Absence ▲ **4.3%** / 4%

12-mth **actual** vs. target



Insight and Commentary

Recruitment & Retention

- Time to recruit increased to 17.29 weeks from 16.05 weeks in May, Similarly time to offer increased to 12.61 weeks from 12.33 weeks in May
- Time from advert close and interview continues to be too long, which both delays filling the positions and risks the success of recruitment. 35% of unsuccessful campaigns this month failed at interview stage.
- We have been continuing to prioritise Blood Donation vacancies, and three BD-funded positions are expected to be in post within the recruitment team by the end of July to help increase the overall capacity of the department.

Sickness absence

- Sickness absence has risen to 4.33% overall from 4.22% last month. The primary causes of short-term sickness are gastrointestinal issues, stress and anxiety.
- Within Blood Donation, absence increased to 6.22% from 6.1% in May, with 28% of absence due to stress and anxiety.
- In OTDT absence is up to 4.52% in June from 4.36% with Short Term sickness absence accounting for 40% of total absence. Whilst sickness absence in OTD fell to 3.94% in June from 4.91%, absence in TES increased to 6.8% in June from 5.1%
- Sickness absence has increased slightly for Clinical Services to 3.25% in June from 2.99% in May. It remains well within the 4% target and will continue to be monitored.

Staff Turnover

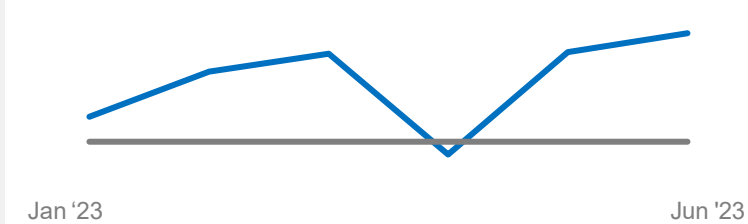
- Overall staff turnover peaked at 18.1% between April and July 2022. It has since decreased steadily, reaching 14.7% in June, remaining below 15% target (revised up from 14% for 23/24) for the second month in a row.
- Staff turnover in Blood Donation, resumed its trend downwards, reaching 21.9% in June from 22.4% (target 21%) in May. This is being closely monitored as part of the Futureproofing Blood programme.

Learning & Management

- Mandatory training continues to be a priority across NHSBT, with compliance being promoted across all teams.
- The Manager Essentials programme remains in development.

Time to Offer weeks ▲ **12.6** / 11.00

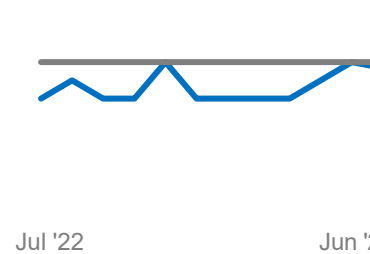
12-mth **actual** vs. target



Mandatory Training compliance

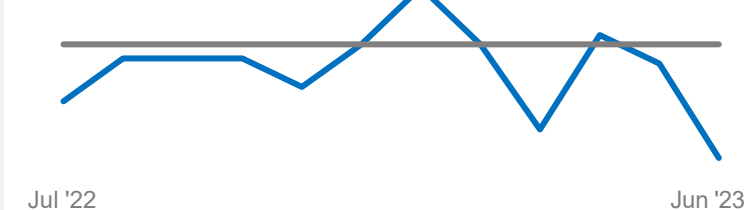
▼ **94.7%** / 95%

12-mth **actual** vs. target



Vacancy Fill Rate % ▼ **80%** / 88%

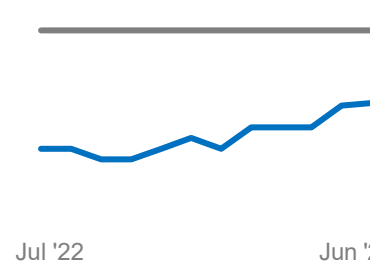
12-mth **actual** vs. target



PDPR completion

▲ **88.3%** / 95%

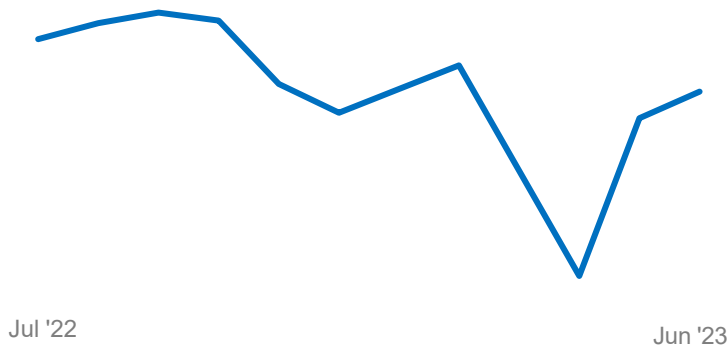
12-mth **actual** vs. target





Ethnic Minority (EM) staff % Band 8A+ **14.1%** ---

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

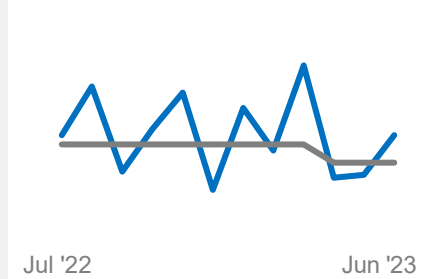


Our Voice Engagement Score = **7.1** May 2023 ---

Harm Incident Rate NHSBT

▲ **9.2** / 8.3

12-mth actual vs. target



Insight and Commentary

Engagement

- The Our Voice survey closed with an engagement score of 7.1. The results have been analysed and presented to the ET and SLT and are currently being shared across the organisation.
- The results are due to be shared at Public Board in July, with a proposed target for next year's engagement (following further analysis of this year's survey results). The next steps for the teams will be developing action plans at both a local, regional and national level.

Harm Incidents

- The harm accident incident rate has fluctuated above and below target since June 2022 and now stands above target at 9.2, up sharply from 7.9 in May
- Similarly Blood Supply harm accident incident rate increased sharply to 14.1 from 13.3 and Clinical Services reporting 9 incidents in June compared with 2 in May
- Whilst there has been an increase in reported harm incidents across all directorates, there are no clear trends. Investigations are taking place to understand root causes and implement appropriate preventative measures.

Declaration Rates

- Disability declaration rates continue to improve and are exceeding target at 29.3% vs 27%
- Sexual orientation declaration also continues to increase reaching 73.1%, albeit below 80% target.
- To boost declaration rates we will re-run the count me in campaign to encourage people to update their ESR record in regard to disability and sexual orientation.

Freedom to Speak Up

- There were 10 new cases in June, 7 of which related to the conduct of others (bullying/harassment or inappropriate attitudes or behaviours).
- No concerns related to patient or donor safety, behaviours of colleagues/managers towards individuals (rather than a whole team/service).

Disability Declaration Rate

▲ **29.3%** / 27%

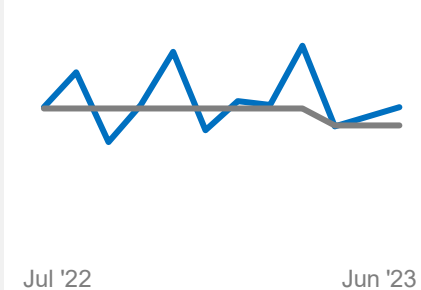
12-mth actual vs. target



Harm Incident Rate Blood Supply

▲ **14.1** / 12.6

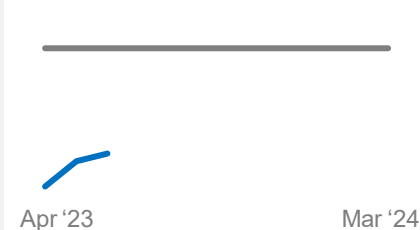
12-mth actual vs. target



Sexual Orientation Declaration Rate

▲ **73.1%** / 80%

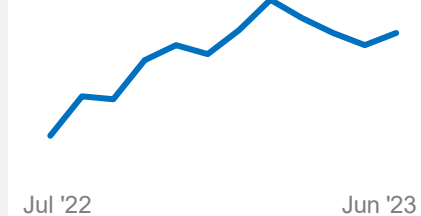
12-mth actual vs. target



Number of FTSU Concerns Raised in month

= **10** (+0)

12-mth moving annual total (MAT)





Genomics programme status



Strategies to Improve Donor Experiences (STRIDES) status



Our Future Health recruitment status



Blood Transfusion Genomics Consortium status



Nanopore status



NHSE funded project



Component development clinical trials

Whole blood use in trauma status



Universal plasma and universal platelets status



Dried plasma status

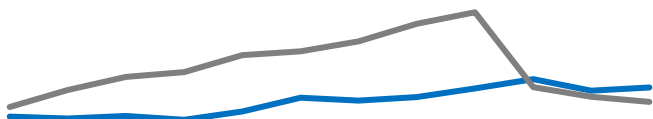


No. of organ transplants –dec'd

965 YTD

913

12-mth actual vs. target



Jul '22

Jun '23

No. genotyped (STRIDES)

12-mth actual vs. target

Plan is to type 4k-5k per month; 4k typed in June 26k in total typed from 72k STRIDES donors to date

No. recruited for Our Future Health (OFH) programme

12-mth actual vs. target

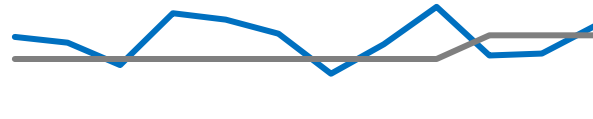
Activity started in July 2023 3k donors recruited into the OFH programme

No. of transplants per donor –dec'd¹

2.44 YTD

2.51

12-mth actual vs. target



Jul '22

Jun '23

Insight and Commentary

Genomics Programme

- **Strategies to Improve Donor Experiences (STRIDES):** Genotyping of STRIDES donors ongoing; IT links to Cambridge established & data transfer commenced.
- **Our Future Health (OFH) recruitment:** Recruitment has begun with circa 3k donors consented; sampling to begin in July
- **Blood Transfusion Genomics Consortium (BGC):** Regulatory accreditation progressing.
- **Nanopore collaboration:** Work has paused whilst contract negotiations are reviewed and alternative approaches explored. Preparatory lab work is continuing.
- **NHS England funded project to scale up Genotyping capability to type all (ca 17k) Sickle Cell and Thalassemia patients:** Filton lab set up & recruitment underway MHRA exemption for use progressing; digital solutions for results reporting underway and DDTS solution for data sharing agreed.
- **Digital Capability:** Tactical solution for the Sickle Cell typing project and market engagement for a longer-term Platform as a Service (PaaS) solution, progressing.
- **HaemMatch:** Contract for NHSBT Health Informatics Collaboration re data sharing in place. Data Privacy Impact Assessment to allow data sharing progressing well.

Component development clinical trials

- **Whole blood use in trauma:** 4 trial sites opened to date, 6 more scheduled to open during Q2. Delayed by site capacity restrictions, industrial action and logistics.
- **Universal plasma/platelets:** £1.6m investment approved for two years to develop the next phase ahead of a clinical trial. Key supplier unable to commit beyond 2023 so technical work under revision.
- **Dried plasma** £5m project: contracts signed with the key equipment supplier and facilities contractor. Target build start date 24/07 – 16 week build.
- **RESTORE** clinical trial (Recovery and Survival of Stem Cell Originated Red Cells): 12 doses of manufactured red cells given to 3 participants so far.

Organ transplant and utilisation

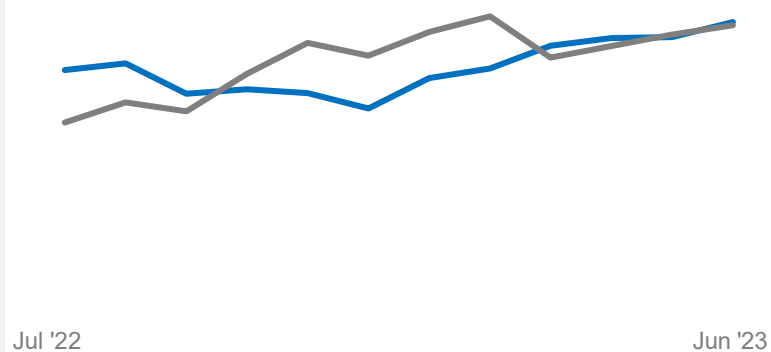
- In the short term, the organ utilisation rate remains lower than planned at 2.44 transplants per donor in month, against a target 2.51 YTD); driven by the high ratio of deceased donors after Circulatory Death (DCD), to deceased donors after Brain Death (DBD) through April & May.

1 Move from Red to Amber following change in RAG criteria



Cell Apheresis & Gene Therapies (CAGT) Income YTD **£9.33m**
 excl. DHSC Grant in Aid funding; 12-mth CAGR 3.4%
£9.00m

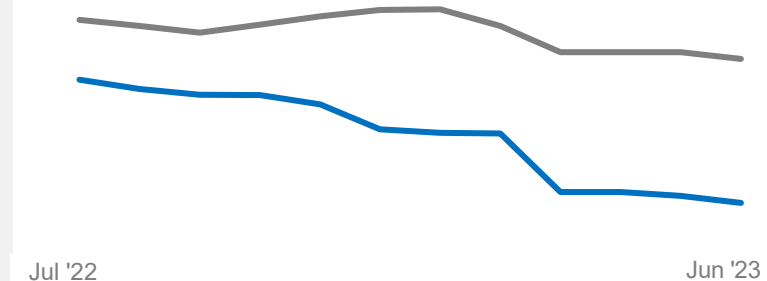
12-mth Moving Annual Total **actual** vs. **target**, £m



Transfusion 2024 programme status = **£0.10m**

Advanced Cellular Therapies Income YTD **£0.08m**
 Income received in staged payments for project delivery, not regular monthly bills to customers.
£0.10m

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



Insight and Commentary

Transfusion 2024 Programme

- The business case to develop and implement our future approach to managing blood stocks inventory with hospitals is underway.
- One hospital is live with electronic requesting and reporting for the Fetal RHD service, with two more to go live in June 2023.
- One hospital is live in our second pathology partnership for Red Cell Immunohematology's (RCI) remote interpretation project; work ongoing to enable three more to go-live.
- The link to the National Haemoglobinopathy register will go-live as soon as NHS England sign as joint data controller and final testing is complete.
- Plans being developed to improve scientific and clinical transfusion education.

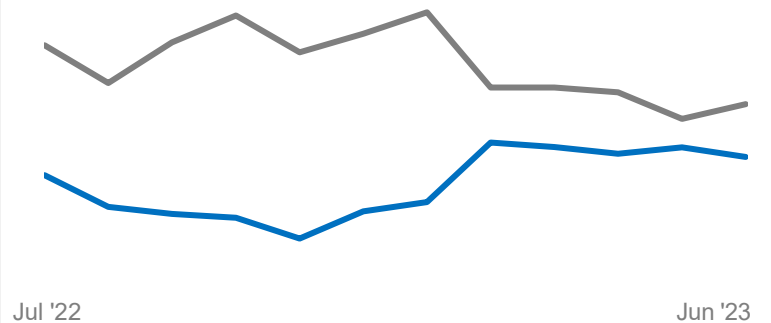
Cellular Apheresis and Gene Therapies (CAGT)

- CAGT income £0.33m better than budget YTD; driven by activity levels in Therapeutic Apheresis and Cellular & Molecular Therapies.
- The Clinical Biotechnology Centre (CBC) team are working to resolve a bacterial infection that has temporarily closed plasmid manufacture. Full year income is forecast to be circa £1.6m (34%) below £4.96m plan.
- Cellular Apheresis & Gene Therapy (CAGT) income now forecast to be circa £1.34m below £42.06m plan, slightly less than the CBC reduction due to over performance in Stem Cell Donation & Transplantation (SCDT) and Therapeutic Apheresis Services (TAS).
- British Bone Marrow Registry Fit panel volumes are 0.2% behind target YTD. Additions to the panel from a minority ethnic background were 28% in-month, above the 20% target.
- NHSBT share of stem cell provision to UK patients at 5% v 9% plan; overall provision from UK sources at 29% v 35% plan.

1 Move from Red to Amber following change in RAG criteria

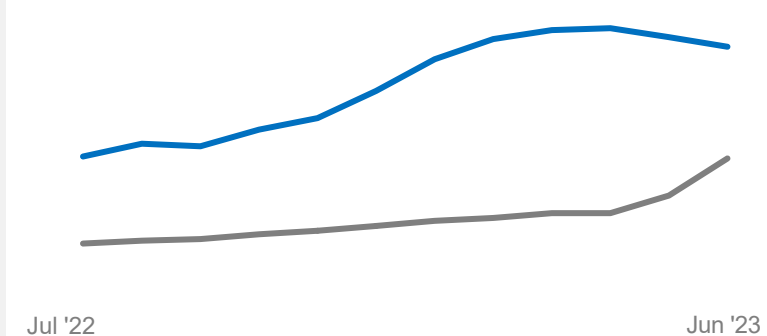
Clinical Biotechnology Centre income YTD **£0.35m**
 12-mth CAGR 7.4%
£0.46m

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



Therapeutic Apheresis Services no. of procedures¹ YTD **2,749**
2,843

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





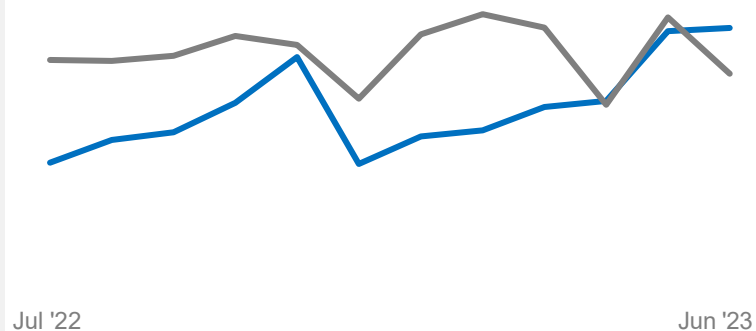
Tissue & Eye Services (TES) income

£4.86m
YTD

12-mth Av. Mthly Growth Rate
1.9%

£4.75m

12-mth actual vs. target, £



Jul '22

Jun '23

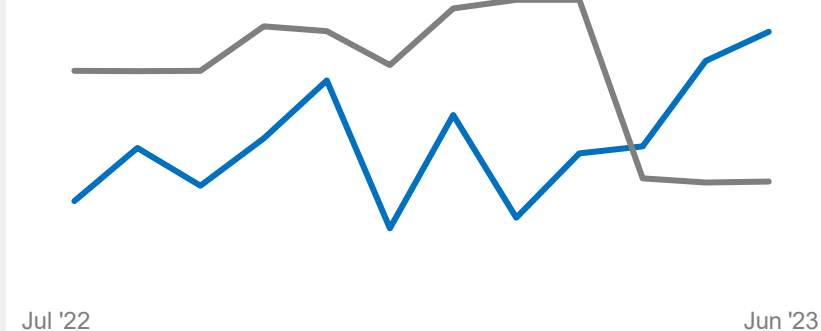
Ocular income

£1.75m
YTD

12-mth Av. Mthly Growth Rate
3.6%

£1.27m

12-mth actual vs. target, £



Jul '22

Jun '23

Insight and Commentary

Overall Tissue & Eye Services Income

- The June income position was 9.2% ahead of target (£142k), which is attributed to strong Ocular and Serum Eyedrop sales.

Tissues Income

- Tissues was behind target (-£112k), which is mainly due to poor availability of Bone products (-£58k) and Cardiovascular (-£26k). Tendons performed well and was above target (£6k), as was Amnion (£0.5k) and were the only positive variances within the tissue portfolio. The total value of backorders has increased in month and is valued at £109k at the end of June.

Ocular income

- Ocular income was 56.1% ahead of target in June (£237k). Overall demand for ocular products remains high, and our plans to both increase donation rates and import corneas are progressing. Stock levels have fallen recently, and the weekly order capacity now reduced back to 75 per week. Imported corneas are arriving from Venice (2 a week) with a further opportunity confirmed from Barcelona to follow shortly.

Heart Valves

- Income for Heart Valves was behind target in June by £26k. The rates of heart donation for heart valves in June have averaged 7.4 a week (vs. an 8 a week target, and up from 5.7 a week avg. in May).

Serum Eyedrops

- Serum Eyedrops was ahead of target in month by 4 issues (62 behind YTD) with the team achieving 396 batches issued to our patients against a target of 392, resulting in being ahead of financial target by 3.6% (£21k)

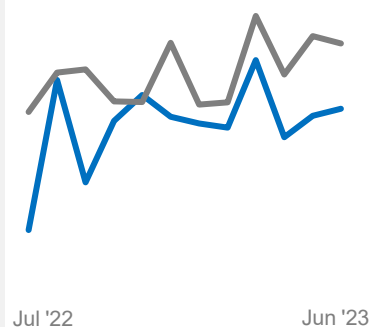
Plasma

- The overall target for rPFM & sPFM in FY 23/24 is 180KL and 25.8KL has been collected year to date. Total collection for fractionation is now 140KL (Target 250KL by Apr 24).
- Current forecasts see us achieving the 250 KLtrs target in April 2024 in line with plan. This is due to the large ramp up in recovered plasma for medicines that will take place from Sept and into Jan 24 which will allow all whole blood plasma to be recovered for medicines and will address the issues currently faced with increased pooled platelet production.

¹ PFM = Plasma for Medicine; ² PFM = Plasma for Diagnostics

Vol. of Plasma Recovered from Whole Blood PFM¹, litres YTD
22,502
27,307

12-mth actual vs. target

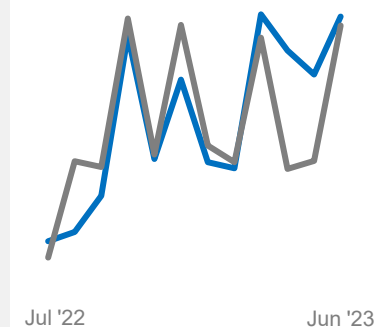


Jul '22

Jun '23

Vol. of Plasma Recovered from Whole Blood PFD², litres YTD
45,871
40,836

12-mth actual vs. target

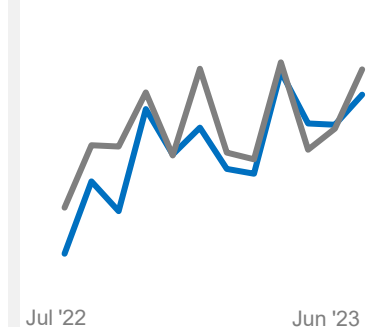


Jul '22

Jun '23

Vol. of Plasma Recovered from Whole Blood Total, litres YTD
68,373
68,143

12-mth actual vs. target

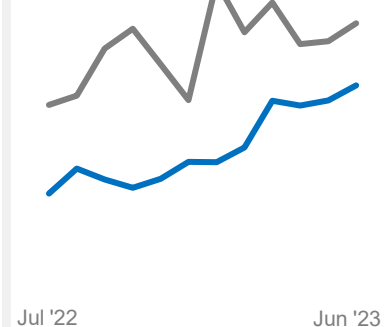


Jul '22

Jun '23

Vol. of Sourced Plasma Collected, sPFM¹, litres YTD
3,330
4,277

12-mth actual vs. target



Jul '22

Jun '23

Risk Summary

Ref	Risk Title / Owner	Date of last change / last review	Appetite Category / Level	Risk Score against Appetite (● = Current Residual Score, ○ = Residual Score in previous report, where a change to the score is noted)
P-01	Donor & Patient Safety / Clinical Director	06 Jun 20023 / 06 Jun 2023	Clinical / Minimal	
P-02	Service Disruption / Director of Quality	04 July 2023 / 04 July 2023	Disruption / Minimal	
P-03	Change Programme scale & pace / Deputy Chief Executive	07 Jun 2023 / 07 Jun 2023	Programme / Open	
P-04	Donor Numbers & Diversity / Director of Donor Experience	04 May 2023 / 02 Jun 2023	Operational / Open	
P-05	Long term financial sustainability / Chief Finance Officer	06 April 2023 / 6 April 2023	Finance / Open	
P-06	Inability to access data sets / Chief Medical Officer	06 Jun 2023 / 06 Jun 2023	Innovation / Open	
P-07	Staff Capacity and Capability / Chief People Officer	26 Jan 2022 / 05 Jun 2023	People / Open	
P-08	Managers Skills and Capability / Chief People Officer	13 Oct 2022 / 05 Jun 2023	People / Open	
P-09	Regulatory Compliance / Director of Quality	10 May 23 / 31 May 2023	Legal, Regulatory & Compliance / Cautious	

Risk Summary continued

Ref	Risk Title / Owner	Date of last change / last review	Appetite Category / Level	Risk Score against Appetite (● = Current Residual Score, ○ = Residual Score in previous report, where a change to the score is noted)
P-10	Service Disruption (Interruption of Critical ICT) / Chief Digital Officer		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
P-11	Reputation Director of Donor Experience	To be completed August 2023	TBC	1 2 3 4 5 6 7 6 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
P-12	Commercial exposure / Chief Financial Officer	To be completed August 2023	TBC	1 2 3 4 5 6 7 6 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
P-13	Governance failures / Director of Quality	To be completed August 2023	TBC	1 2 3 4 11 12 13 14 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

Commentary:

P-02-

Service Disruption has had an increase to the residual score, from $4 \times 3 = 12$ up to $4 \times 4 = 16$. This risk is currently at the Risk Limit. The change to the score is due to the increase in the residual score of risk MO-09 Irradiation Enforcement Notice. The increase to this score is due to a risk that NHSBT could potentially not comply with permit conditions as defined by the regulations for Irradiation (EPR 2016, IRR17), resulting in an enforcement notice or conditions being applied (other Blood Services have received enforcement notices), which could impact on the delivery of products. An NHSBT review has commenced focussing on 1. The identification of possible non-conformances and correcting these, and 2. Ensuring the Irradiation Policy is correct in terms of governance and safety processes. In addition to ensure all staff working with Irradiators are trained to the appropriate processes and safety guidelines, training for Regional Hospital Services Managers is currently ongoing. Each of these actions are due for completion by 30 September 2023. This risk is being monitored by the Quality SMT.

P-10 remains subject to a full review

Risks P-11, 12 and P-13 are currently being reviewed and developed.