

# NHSBT Executive Team & Board Performance & Risk Report

August 2023

1.	How to read this report	2
2.	Executive Summary – performance insights	3
3.	Performance summary against strategic targets	4
4.	Grow and diversify our donor base	5-6
5.	Modernise our operations	7-9
6.	Invest in people and culture	10-11
7.	Drive innovation	12
8.	Collaborate with partners	13-14
9.	Risk Summary	15-17

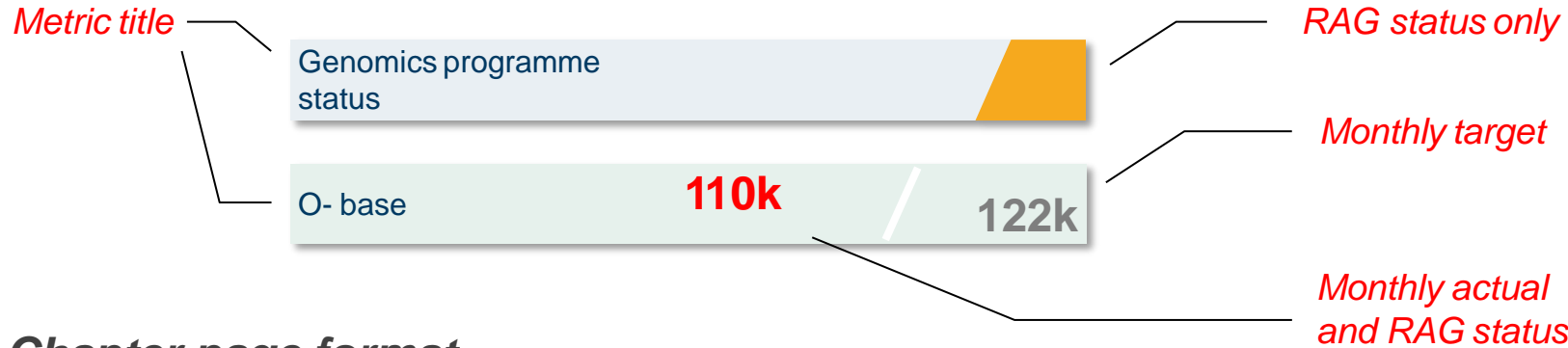
The NHS logo, consisting of the letters 'NHS' in a bold, white, sans-serif font inside a dark blue rectangular box.

Blood and Transplant

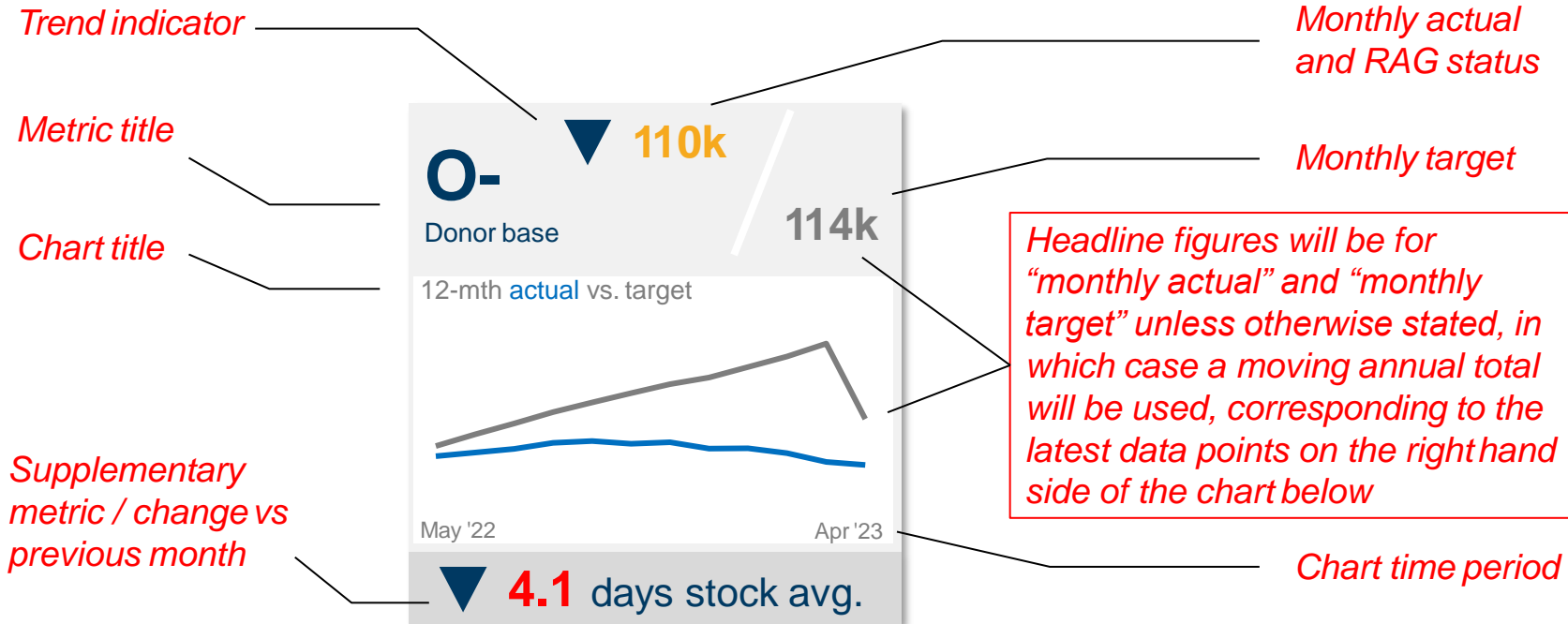
A close-up, shallow depth-of-field photograph of a white laboratory rack filled with numerous clear glass test tubes. Each tube has a white label with a barcode. The tubes are arranged in rows, and some contain a reddish-brown liquid. The background is softly blurred, showing more of the same setup.

# 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
- RAG criteria have been adjusted and applied from August 2023 reporting onwards
- Unless stated otherwise, RAG status is **green** for at or above target, **amber** for within 5% below target, or **red** for >5% 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

### 1. Blood stock stability improved through August due to lower demand forecasts

Despite collection levels of 3.5% below plan, collection in August was sufficient to meet lower than expected demand and build average stock levels. Issues were 2.4% lower than forecast demand (-5.8% in the previous month), despite the demand forecast having been lowered 7% through the summer months to reflect seasonal pressures and the impact of industrial action across the NHS.

August ended with overall stock levels of 7.1 days, down 0.2 days from 7.3 days at the end of July. All blood groups were holding greater than 5.5 days of stock, except O Neg and B Neg at 5.3 dos and 4.5 dos, respectively.

### 2. Staff sickness and turnover levels continue to drive NHSBT-led cancellations, increasing to 10.3% of whole blood donation appointments in August

NHSBT-led donor appointment cancellations have increased steadily since May 2023, reaching 10.3% of booked whole blood donation appointments in August 2023. NHSBT cancellations made at short notice (within 48 hours of the appointment) have decreased (-0.5%) to an average of 2,400 per week in August. It remains the case that nearly two thirds of cancelled appointments, the primary reason for donor complaint, are due to sickness, with 14 blood collection teams operating a reduced collection programme due to staffing. Whilst this is manageable when demand is low, it poses a potential risk to our ability to collect sufficient blood, should demand tick up.

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

After two months of consecutive growth, the donor base fell in August, from 797.7k to 796k (822k target), driven by an increase in inactivated donors, particularly within B-, A+ and O+ groups, as high numbers of reactivations in August 2022 failed to translate into regular donors and fell out of the donor base in August 2023. With the O- donor base also down, the Ro donor base rose from 26.5k to 26.6k, but still behind target (28.4k).

The overall donor base is 0.1% larger than this time last year (+811 donors), however stock levels are in a much stronger position, with average stock +2.8 dos higher and actual stock +2 dos higher than in August 22. The O neg donor base is 0.9% larger (+1,030 donors) with average O Neg stock 2.6%% higher and actual stock 2.2% higher than in August 2022, with the Ro donor base 6.1% higher (+1,520 donors).

New donors donating (NDDs) peaked in July 2023, with 12,695 new donors. With a drop in the new donor cap from 15% to 12% to address summer pressures, new donors donating (NDDs) fell to 11,617 in August, However, this was offset by the number of inactivated donors, up by 3k in August and reaching the highest levels in 12 months, driving an overall decrease in donors.

### 4. Recovered Plasma for Medicine (rPFM) collections overall exceeded plan in August despite whole blood collection remaining lower than plan. Sourced Plasma (sPFM) has increased collection capacity to support collection returning to target but is struggling to recruit sufficient donors.

Overall recovery of plasma from whole blood (for both medicine and diagnostic use) in August is 8.7% above target despite collection of 3.5% less whole blood than planned. Recovered Plasma for Medicine (rPFM) remains a challenge due to higher pooled platelet manufacture in Blood and finished August 0.6% below target, with Plasma For Diagnostics 13.8% above target.

Sourced Plasma continues to underperform primarily due to the donor base not growing as quickly as planned, causing lower appointment fill rates. Whilst Birmingham and Reading have increased capacity through operating 12 bed sessions, Twickenham continues to support the Future Proofing Blood programme. It is essential that the sPFM donor bases, appointment fill rates and sPFM collection grow sufficiently to deliver volumes to plan as mitigation of overall Plasma volumes via increased volumes of rPFM is not possible.

### 5. Absolute numbers of organ donors and organ transplants continue above target but are not high enough to meet total demand. Consent rates remain a challenge. Tissue & Eye Services (TES) income continues above plan, although income might have been higher if administrative processes were completed to schedule.

The deceased organ donor consent rate, continues to fluctuate month to month, decreasing by 4pp in August to 62%. Both deceased organ donors and deceased organ transplants were marginally short of target and so fell amber in August but remain ahead of target year-to-date. The ratio of deceased donors after brain death (DBD) to deceased donors after circulatory death (DCD) is 51:49 YTD, a continuation of the trend since 2020. The high proportion of DCD donors is one of the key drivers for the lower overall consent rate (61% YTD) and number of transplants per donor (2.44 YTD).

TES reported August income 3.8% ahead of target (+£65k), attributable to strong Serum Eye Drop (+£169k) sales offset by lower-than-expected Tissue (-£100k) sales, largely Bone products due to equipment outage in prior months. Whilst operational equipment issues are largely resolved, there were two separate administrative issues affecting TES ability to meet orders and generate income. These were delays to the sign-off of Amnion tracking records and delays with local Quality Assurance (QA) file sign-off impacting heart valve donations.

# 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	124,600 ▲	129,150 <sup>1</sup>	Organ consent rate YTD (total)	61% ▼	66%
% Whole Blood Demand Met by Collection (Month)	102.4% <sup>2</sup> ▼	100%	Organ consent rate YTD (Ethnic Minority)	32% ▼	43%
Size of Whole Blood donor base (MAT)	796k ▼	822k	Organ transplants – living & deceased <sup>4</sup> (MAT)	4,518 ▼	4,521
Black Heritage represent <sup>n</sup> in whole blood donor base	2.6% =	3.1%	Ethnic Minority recipients of living & dec'd organ transplants <sup>4</sup>	27% =	27%
On Time In Full (OTIF) incl. Ro (YTD)	96.8% ▲	97.7%	Cornea Donors (YTD)	1,097 ▲	830
Plasma collected (sourced and recovered), litres (YTD)	44,178 ▲	50,030	Corneas Issued (YTD)	1,598 ▼	1,366
Size of regular Plasma donor base (MAT) <sup>3</sup>	3,714 ▼	4,557	British Bone Marrow Registry (BBMR) Fit-Panel vol.	104.6k ▲	108.5k

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

Ethnic Minority Band 8A+	14.12% =	
Employee Turnover	13.9% ▼	15%
Recruitment – Time to Offer (weeks)	13 ▲	11
Vacancy Fill Rate	86.8% ▼	88%
Sickness absence rate	4.6% ▲	4%
Harm Incident Rate NHSBT (Harm to staff)	9.0 ▲	8.3

## Drive innovation to improve patient outcomes

Genomics programme status	=	
No. of transplants per donor - deceased (MAT)	2.47 ▲	2.50
Component Development Clinical Trials		
Whole Blood (SWIFT)	=	
Universal platelets & universal plasma	=	
Dried Plasma	=	

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

Blood stock stability Average days of stock	7.4 ▲	5.5 – 8.0
Serious Incidents raised <sup>5</sup>	0 (3 YTD) =	---
Critical Infrastructure availability	100% =	99.95%
Top quartile performance in productivity benchmarks	2 =	3
Incremental savings (YTD)	£0 =	£8.2m
Reduction in scope 1&2 CO <sub>2</sub> emissions vs. 2021/22 baseline	---	---

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

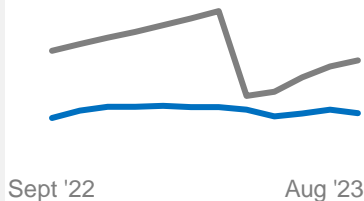
Volume of Plasma recovered (rPfM) <sup>6</sup> from Whole Blood (YTD) Sourced plasma Collected, litres YTD	38,243 ▲	42,723
Cell, Apheresis & Gene Therapies Income (YTD)	£15.6m ▼	£16.3m
Clinical Biotechnology Centre Income (YTD)	£0.4m ▼	£1.6m
Tissue & Eye Services YTD income	£8.27m ▼	£8.1m
Transfusion 2024 programme status	=	

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



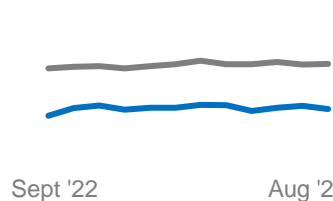
**Whole Blood Donor base** **796k** / **822k**

12-mth actual vs. target



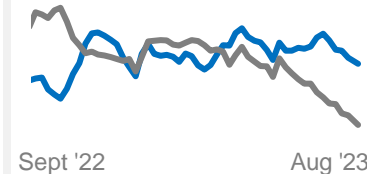
**Red Cell Units Collected** **124.6k** / **129.2k<sup>1</sup>**

12-mth MAT actual vs target



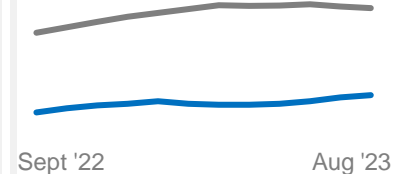
**Whole Blood % of demand met by collection<sup>2</sup>** **102%**  
Collection sufficient to meet demand for whole blood

12-mth MAT actual collection vs. demand



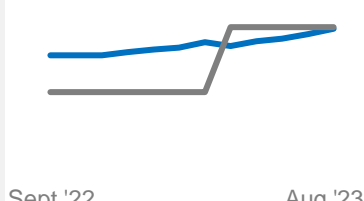
**Ro Collection MAT** **47.3k** / **57.2k**

12-mth MAT actual vs. target



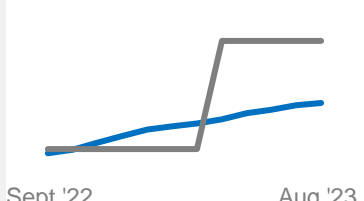
**Male representation in donor base** **46%** / **46%**

12-mth actual vs. target



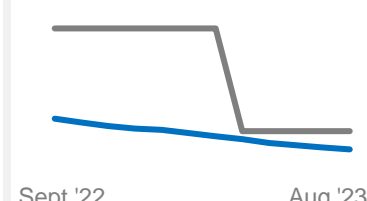
**Black Heritage representation in donor base** **2.6%** / **3.1%**

12-mth actual vs. target



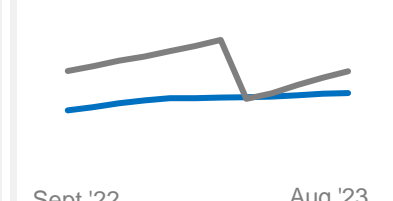
**<35 yrs. representation in donor base** **27.8%** / **28.4%**

12-mth actual vs. target



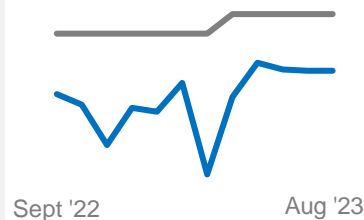
**Ro Donor base** **26.6k** / **28.4k**

12-mth actual vs. target



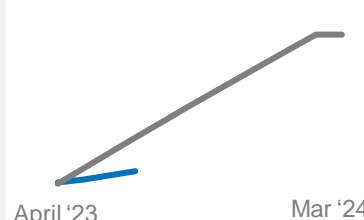
**On Time In Full incl. Ro (YTD)** **96.8%** / **97.7%**

12-mth actual vs. target



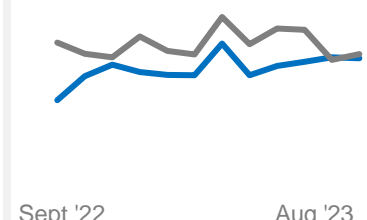
**Regular Plasma donor base** **3,714** / **4,557**

Current year actual vs. target



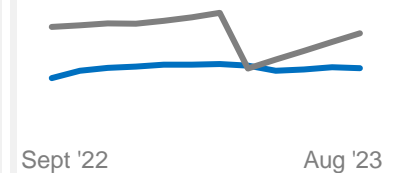
**Plasma Sourced & Recovered PfM Collections** **44,178** / **50,030**

12-mth actual vs. target



**O- Donor base** **111.4k** / **116.1k**

12-mth actual vs. target



▼ **5.3** days of stock 31/8

## Insight and Commentary

### Donor Bases:

- After two months of consecutive growth, the donor base fell in August, from 797.7k to 796k (822k target). The drop was driven by an increase in inactivated donors, particularly within B-, A+ and O+ groups, as high numbers of reactivations in August 2022 failed to translate into regular donors and fell out of the donor base in August 2023. With the O- donor base also down slightly, the Ro donor base managed to buck the trend, rising from 26.5k to 26.6k, but still well behind target (28.4k target).
- Despite red cell collection levels of 3.9% below business plan target (-3.5% in the previous month) collection in August was sufficient to meet lower than expected demand. Issues were 2.4% lower than forecast demand (-5.8% in the previous month). The demand forecast has been lowered over the summer period by 7% below baseline to reflect seasonal pressures and the impact of industrial action across the NHS.
- New donors donating (NDDs) peaked for the year in July, with 12,695 new donors. With a drop in the new donor cap, from 15% to 12%, to address summer pressures, new donors donating (NDDs) fell to 11,617 in August. However, this was offset by the number of inactivated donors, up by 3k in August and the highest levels in 12 months, driving the overall decrease in donors.

### Plasma:

- **Recovered Plasma for Medicine (rPfM):** Plasma is recovered from whole blood donations and manufactured into either Plasma for Medicines (PfM) or Plasma for Diagnostics (PfD). During 2023/24 the proportion of PfM collected will increase and the amount of PfD will decrease as we utilise different blood packs to manufacture PfM. PfM collection in August was 0.6% (-44 litres) behind target (7,828 Ltrs vs. 7,872 Ltrs), but we have capacity in the plan to deliver the required 250KL by May 2024.
- **Sourced Plasma for Medicine (sPfM):** Volumes collected were 1,319 Ltrs (15.5%, 204 litres behind target of 1,523 Ltrs). Birmingham and Reading donor centres are now at an increased capacity of 12 beds whilst Twickenham continues to support Future-proofing Blood with the collection of whole blood. The regular plasma donor base at the end of August was 3,714 which was 18.5% below the target of 4,557 donors.
- The reduced volume in sPfM will not affect the overall target volume of PfM for fractionation as we planned for this risk and mitigated with the collection plan from recovered plasma. However, it is essential that the sPfM centres grow and deliver the requisite volumes as planned otherwise in future we cannot expand further.
- The target for rPFM+sPFM in FY 2023/24 is 160KL, 44KL has been collected year to date. Total collection for fractionation in 2023/24 is now 134KL (target 250KL by May 24).

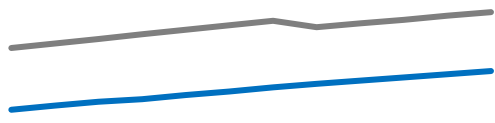
1 Based on forecast collection 2 Based on actual demand



**Organ Donor Register<sup>1</sup> (Opt-In Register - Total)** **27.83m**

**28.85m**

12-mth actual vs. target



Sept '22

Aug '23

**Organ Donor Register (Opt-In Register Eng. & Wales)** **23.77m**

**24.79m**

12-mth actual vs. target



Sept '22

Aug '23

**Net Promoter Score (CM)** **87.5**

**87**

12-mth actual vs. target



Sept '22

Aug '23

## Insight and Commentary

### Organs:

- Deceased organ donor and deceased transplants continue above target YTD and confidence is growing that the 2023/24 combined target for deceased and living donor transplants (1,525 YTD - green) will be met. The target of 27% for the proportion of transplants received by ethnic minority patients is now also being achieved.
- However, the ratio of deceased donors after brain death (DBD) to deceased donors after circulatory death (DCD) is 51:49 YTD, which is a continuation of the trend since 2020. This is one of the key drivers for the lower overall consent rate (61% YTD) and number of transplants per donor (2.44 YTD).
- Public support for organ donation remains under pressure. Compared with the same 5-month period last year, 5% more eligible donors have opted-out, but the consent rate for eligible DCD donors who had opted in has decreased by 4pp to 84% and the deemed rate has decreased by 7 pp to 51%.
- We have also seen a 6% reduction in the consent / authorisation rate for ethnic minority patients (now 32% YTD: 40% for DBD, 23% for DCD). While the rate for white DBD patients has increased by 2pp to 74%, the rate for white DCD patients has decreased by 3 pp to 59%.

**Living & Deceased donor transplants (MAT 1 month in arrears)** **4,518**

**4,521**

12-mth MAT actual vs. target



Aug '22

Jul '23

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

**27%**

12-mth actual vs. target



Aug '22

Jul '23

**Organ Consent/ Authorisation YTD** **61%**

**66%**

12-mth actual vs. target



Sept '22

Aug '23

**Ethnic Minority organ consent rate YTD** **32%**

**43%**

12-mth actual vs. target



Sept '22

Aug '23

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

- NPS has risen consistently from a low of 84.9 in May 2023 to 87.0 in August, achieving year to date green status of 87.5. Donor satisfaction improved to 83.1%, from 82.3% in July, however appointment cancellations continues to dominate as the main reason for complaint.

**British Bone Marrow Registry Fit- (MAT) Panel volume** **104.6k**

**18.5k**

12-mth MAT actual vs. target



Sept '22

Aug '23

**EM % of New Stem Cell Fit Panel Donors BBMR Registry** **24%**

**20%**

12-mth actual vs. target



Sept '22

Aug '23

**Cornea donors (MAT)** **2,488**

**2,766**

12-mth MAT actual vs. target



Sept '22

Aug '23

**Corneas issued for transplant (MAT)** **3,702**

**4,592**

12-mth MAT actual vs. target



Sept '22

Aug '23

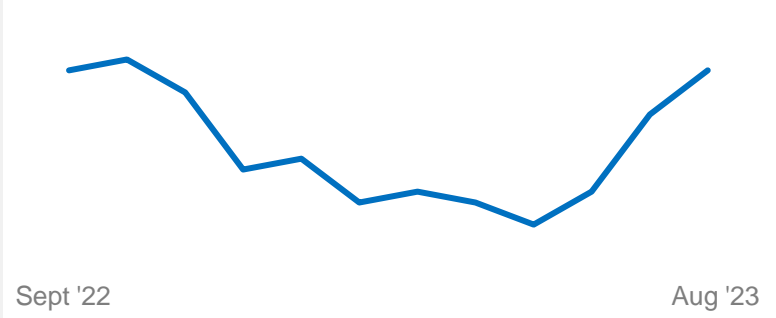
### Ocular:

- The average weekly ocular donation rate increased in August to 50.7 donations per week compared with an average of 47.5 donations per week in July (target of 70 donations a week).
- As a result, Ocular stock levels have increased to 276 at the end of August (target of 300, 216 in July), with strong future demand for ocular tissue.
- NHS England have notified NHSBT that they will not fund corneas issued to the 'long waiters' list they have been managing. As a result, hospitals will be billed directly for this activity, backdated to April 2023.

**Serious Incidents** = **0**  
YTD = 3

**Serious Adverse Blood Reaction & Event (SABRE)<sup>1</sup>** = **9**  
YTD: 26

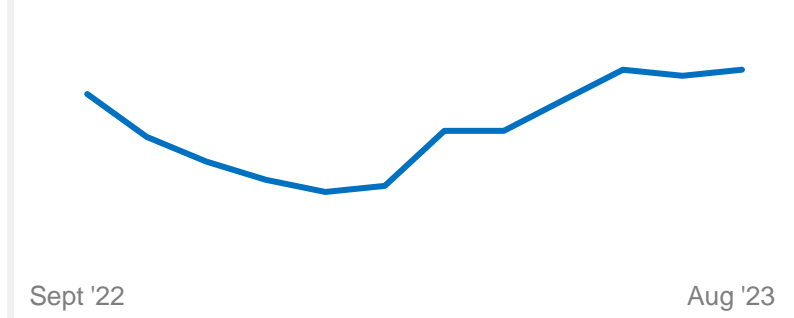
SABRE reports to MHRA moving annual total actual



**External Majors** = **0**  
YTD = 1

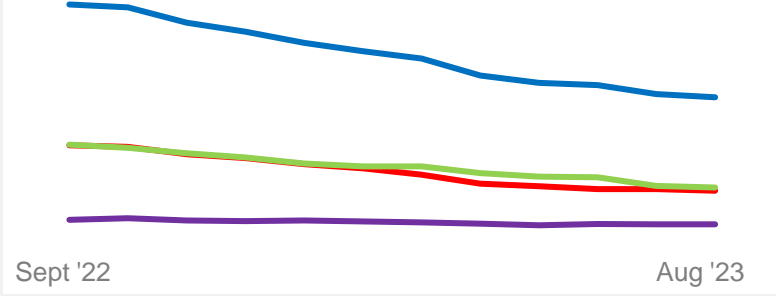
**Serious Adverse Event & Reaction (SAEAR)** = **9**  
YTD: 42

SAEAR reports to HTA moving annual total actual



**Major Adverse Events** ▲ **55**  
(monthly across Blood Supply, Clinical Services, Tissue & Eye Services) (+21)

12-mth MAT actual;  
Blood Supply, Clinical Services, Tissue & Eye Services



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

**Documents overdue review** ▲ **0.97%** (+0.4pp) <1%

**Overdue majors** ▼ **15** (-8) 0

**Overdue events (excl. documents)** ▼ **187** (-77) <220

**Insight and Commentary**

- Performance against overdue KPIs improved for the second consecutive month, with the third KPI (to have fewer than 220 overdue Quality Incidents, Hospital Complaints, Audit Findings, and Change Controls) being met for the first time since November 2022. Activities are ongoing to improve the state of the Quality Management System (QMS) and reduce the volume of overdue activities.
- Focus is being placed on the state of the QMS by reviewing each directorate's performance at the monthly Performance ET meetings.
- The volume of SABRE events reported to the MHRA increased during August, for the second consecutive month. The reason for the increase is unclear, and it should be noted that not all of the events reported occurred during August. The rise may be related to a change in SHOT reporting, but Quality will continue to monitor volumes of notifications and track any trends.
- The MHRA approved updates to two of our licences during August. The Manufacturing Specials licence has been updated to include Filter Sterilisation of Excipients; and following a positive inspection during the summer, the Advanced Therapies Unit in Barnsley has been added to the MIA-IMP licence (Manufacturer's Importation Authorisation – Investigational Medicinal Products).

<sup>1</sup> It should be noted that SABREs are counted in the month that they are reported to the MHRA,



### Insight and Commentary

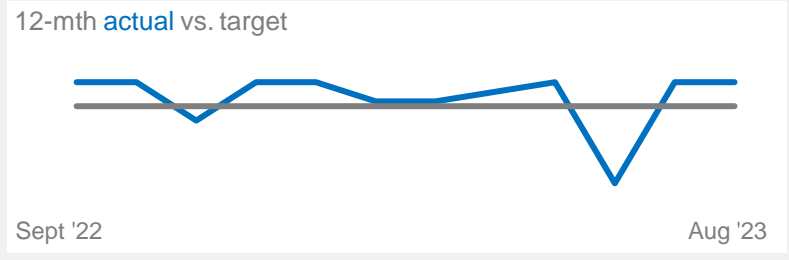
- Red cell collections stood at 96.5% of business plan target, a +0.4% increase from July 2023. To date in 2023/24 collections stand at 96.6% of business plan target. Stock variability remains but has improved over the course of the month, all blood groups improving their average stock levels. Two ABO groups (B Neg and O Neg) below target levels (5.5 dos) at the end the month.
- Red cell issues increased when compared to July 2023 (+3.7%) but remained -5.8% below forecast demand.
- On Time, In Full performance has remained static at 96.8% for the last 3 months; although 'In Full' fulfilment has decreased marginally over the period and stood at 97.1% (-0.2%) at the end of this month. 'On Time' performance has improved to 99.8% (+0.8%).
- Across Blood Supply 6.1% of available time was lost due to sickness absence (6.7% in July 2023); this is because of decreased short-term sickness (-0.5%) and long-term sickness (-0.1%) in this month.
- NHSBT led cancellations have increased steadily since May 2023 and stood at 10.3% of booked whole blood appointments at the end of August 2023 (an increase of +0.2 when compared to July 2023). It should be noted that increases this month are driven by advanced cancellations (+0.6%). Cancellations made at short notice (within 48 hours of the appointment) have decreased (-0.5%) to an average of 2,400 per week in August. It remains the case that nearly two thirds of cancellations caused by sickness.
- Overall, Blood Donation teams are above budgeted establishment, however there are variations at team level where staffing pressures remain. Currently there are 14 collection teams operating a reduced collection programme due to staffing.
- Overall, whole blood and platelets (except for A neg platelets) have now returned to 'Green' with hospitals because of recent stock building. Continued industrial action across the wider NHS means that supply planning remains on-going.



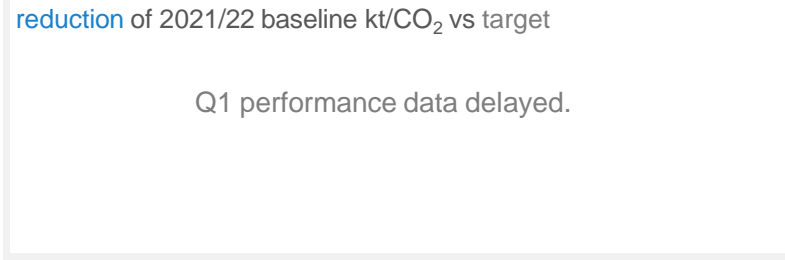
<sup>1</sup> Metric target is a range. Performance outside this range is rated as red. 8



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



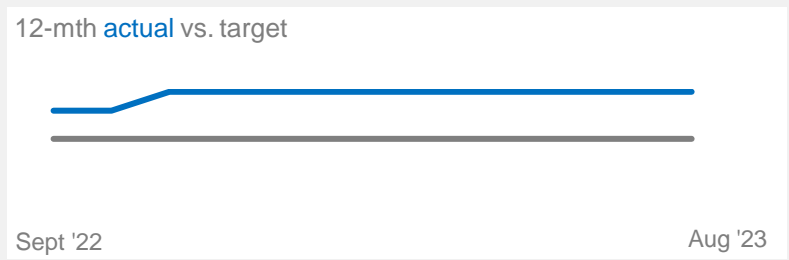
**Reduction in scope 1&2 CO<sub>2</sub> emissions vs. 2021/22 baseline** --- / ---



**Insight and Commentary**

- Critical Infrastructure (CI), Key Public Systems (KPS), and Key Hospital Services have once again successfully achieved their availability targets for August.
- In pursuit of continuous improvement, we have tackled previous availability shortfalls. We've addressed ODR issues from March with scheduled server restarts and enhanced our response to the May SO99 issue by fine tuning server settings and deploying automated checks for post change verification.
- No Information Commissioner's Office (ICO) incidents reported in August.

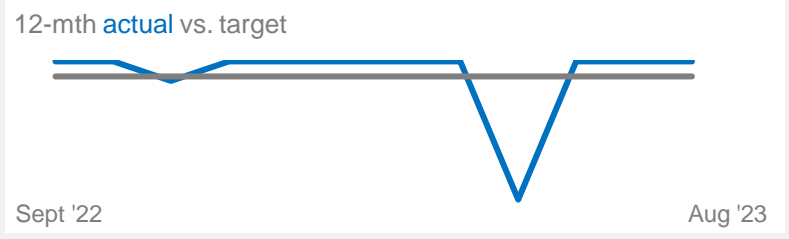
**Overall Key Hospital systems Availability** = **100%** / **99.90%**



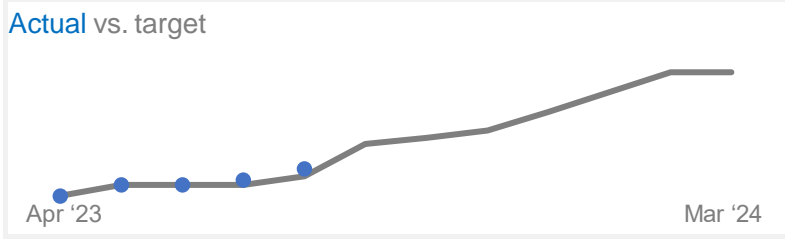
**Information Commissioner's Office Incidents** = **0** / ---



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



**Bus. Continuity Plans Reviewed YTD** = **22%** / **16%**





### Employee Turnover %

▼ 13.9% / 15%

12-mth actual vs. target



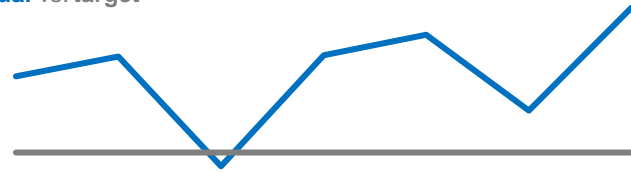
Sept '22

Aug '23

### Time to Offer weeks

▲ 13 / 11.00

Actual vs. target



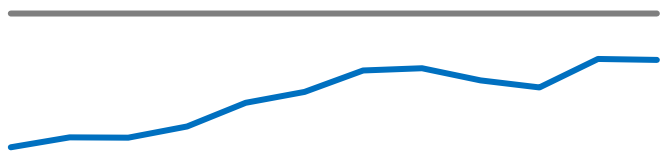
Jan '23

Aug '23

### Vacancy Fill Rate %

▼ 87% / 88%

12-mth MAT actual vs. target



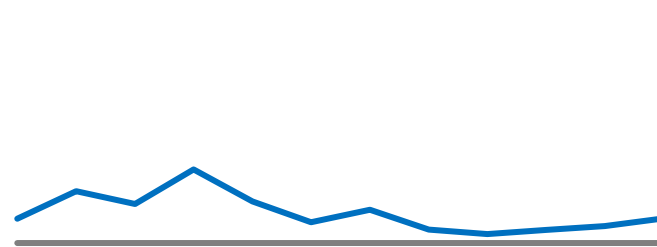
Sept '22

Aug '23

### Sickness Absence

▲ 4.6% / 4%

12-mth actual vs. target



Sept '22

Aug '23

### Mandatory Training compliance

▲ 95.6%

95%

12-mth actual vs. target



Sept '22

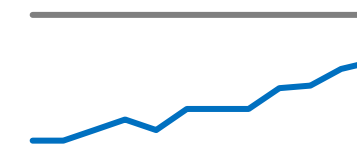
Aug '23

### PDPR completion

▲ 90.5%

95%

12-mth actual vs. target



Sept '22

Aug '23

## Insight and Commentary

### Recruitment & Retention

- Time to offer increased significantly to 13 weeks (from 11.6 weeks in July).
- Vacancy fill rate has also decreased slightly to 87% from 92% in July.
- Performance is attributable to the summer holiday period impacting candidate availability for interview and assessment. In addition, a significant proportion of recruitment has seen > 2 weeks elapsing between advert closing and interview, suggesting summer leave has impacted recruitment timelines.

### Sickness absence

- Sickness absence has risen to 4.6% overall from 4.41% last month. The primary causes of short-term sickness are coughs, colds and influenza, stress and anxiety.
- Across Blood Supply 6.1% of available time was lost due to sickness absence (6.7% in July 2023); this is because of decreased short-term sickness (-0.5%) and long-term sickness (-0.1%) in this month.
- Despite a small increase total NHSBT led cancellations (+0.2%), short notice cancellations decreased by -0.5% from the previous month. It remains the case that nearly two thirds of cancellations caused by sickness.

### Staff Turnover

- Overall staff turnover peaked at 18.1% between April and July 2022. It has since decreased steadily, reaching 13.9% in August versus target of 15%. This is the lowest level of staff turnover since August 2021.
- Staff turnover in Blood Donation, resumed its trend downwards, reaching 20.8% in July from 20.9 in July. Of the five operational regions, turnover is 15-20% for two regions, 20-25% in two regions and 25-30% in one region.

### Learning & Management Development

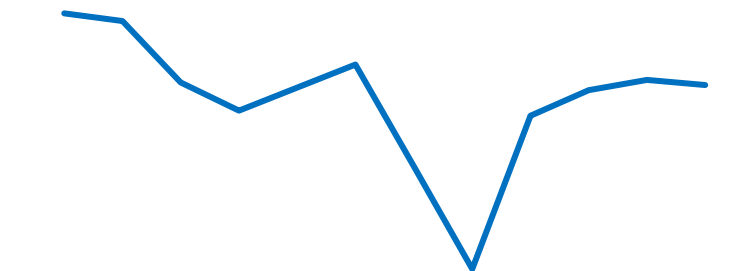
- The proportion of middle managers engaged in recordable development activities, has risen to 15.9% from 12% last month (vs .target of 15%)
- Management Essentials, our one-day induction programme for new managers, is being launched in September. Reporting will begin next month.



### Ethnic Minority (EM) staff % Band 8A+

14.12%

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



Sept '22

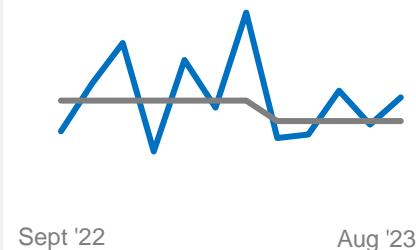
Aug '23

### Harm Incident Rate NHSBT

▲ 9.0

8.3

12-mth actual vs. target



Sept '22

Aug '23

### Insight and Commentary

#### Ethnic Minority % Band 8A+

- The % of ethnic minority staff at Band 8A and above is increasing slowly from a low of 13.4% in April 2023.
- However, it has been largely static at 14-14.1% since May 2023, albeit this is its highest level since October 2022.

#### Harm Incidents

- The harm accident incident rate has fluctuated above and below target since July 2022 and now stands above target at 9.0, up sharply from 8.2 in July.
- Blood Supply harm accident incident rate has been more stable since April, but remains above target at 13.6, up slightly from 13.4 in July.
- More widely, Group Services and Clinical are also reporting above target harm incidence rates, with OTDT, Plasma and Donor Experience at or below target.

#### Declaration Rates

- The Disability declaration rate continues to improve and is exceeding target at 30.6% vs 27%
- Sexual orientation declaration rate also continues to increase reaching 73.8%, albeit below 80% target.

#### Freedom to Speak Up

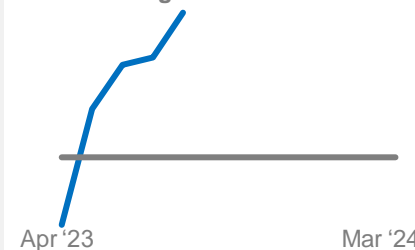
- There were 8 new concerns in August, six of which relate to bullying/harassment or inappropriate attitudes or behaviours.
- The total number of open FTSU concerns at the end of August was 23.
- In October we will be introducing two new mandatory training package, Freedom to Speak Up – Speak Up - for everyone to complete and Freedom to Speak Up – Listen Up - for managers.
- The Speak Up policy is under review following the Lucy Letby case.

### Disability Declaration Rate

▲ 30.6%

27%

Actual vs. target



Apr '23

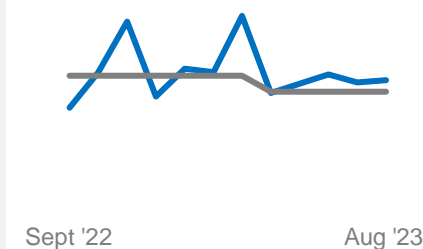
Mar '24

### Harm Incident Rate Blood Supply

▲ 13.6

12.6

12-mth actual vs. target



Sept '22

Aug '23

### Sexual Orientation Declaration Rate

▲ 73.8%

80%

Actual vs. target



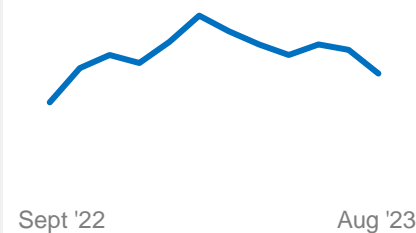
Apr '23

Mar '24

### Number of FTSU Concerns Raised in month

▼ 8 (-2)

12-mth MAT actual



Sept '22

Aug '23



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. genotyped (STRIDES)



12-mth actual vs. target

Plan is to type 4k-5k per month; 8.6k typed in August 45.6k 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 28k donors recruited into the OFH programme so far

No. of organ transplants –dec'd

1,544 YTD / 1,531

12-mth actual vs. target



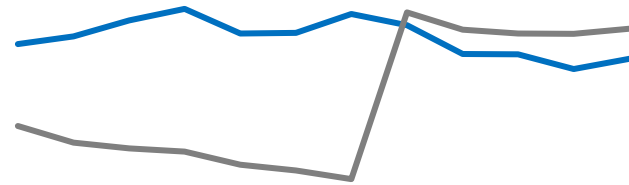
Sept '22

Aug '23

No. of transplants per donor –dec'd<sup>1</sup>

2.44 YTD / 2.51

12-mth actual vs. target



Sept '22

Aug '23

Insight and Commentary

Genomics Programme

- **Strategies to Improve Donor Experiences (STRIDES):** Genotyping of STRIDES donors ongoing; 45.6k/72k completed to date.
- **Our Future Health (OFH) recruitment:** Circa 28k donors have consented to date; 709 samples collected (end of August), compared with 10k donors consenting and 216 samples collected by the end of July
- **Blood Transfusion Genomics Consortium (BGC):** Regulatory accreditation progressing.
- **Nanopore collaboration:** Change request being prepared to update resources and complete project internally – to Programme Board November 2023; recovery of costs incurred since Partnership Agreement with Oxford Nanopore Technologies (ONT) signed has been agreed in principle; progressing closedown of the collaboration..
- **NHS England funded project to scale up Genotyping capability to type all (ca 17k) Sickle Cell and Thalassemia patients:** contract agreements and licenses being progressed with ThermoFisher and University of Cambridge.
- **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:** Awaiting Information Governance (IG) signature from NHSE before progressing with data sharing/ downloads from NIHR;

Component development clinical trials

- **Whole blood use in trauma:** 7 trial sites (air ambulances) opened to date, 3 further sites to open September.
- **Universal plasma/platelets:** £1.6m investment approved for three years to develop the next phase ahead of a clinical trial. Key supplier unable to commit beyond 2023 so technical work under revision and alternative technologies being investigated.
- **Dried plasma** £5m project ongoing: facility build design signed off; first process development work package meeting and 2-day process map event held in August
- **RESTORE clinical trial (Recovery and Survival of Stem Cell Originated Red Cells):** 13 doses of manufactured red cells given to 4 participants so far. Trial schedule revised.

Organ transplant and utilisation

- The organ utilisation rate remains lower than planned at 2.44 transplants per donor YTD, (against a target 2.51); driven by the ratio of deceased donors after brain death (DBD) to deceased donors after circulatory death (DCD) of 51:49 YTD



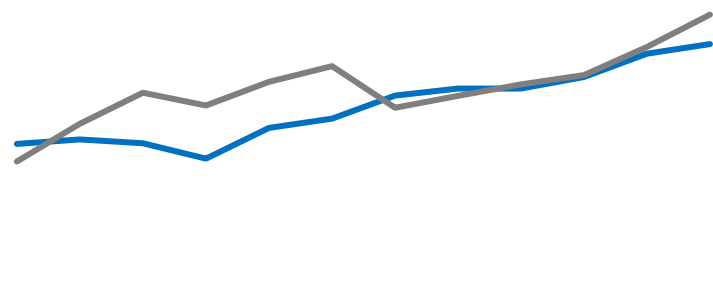
### Cell Apheresis & Gene Therapies (CAGT) Income YTD

**£15.6m**

excl. DHSC Grant in Aid funding;  
12-mth CAGR 7.2%

**£16.3m**

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



Sept '22

Aug '23

### Clinical Biotechnology Centre income YTD

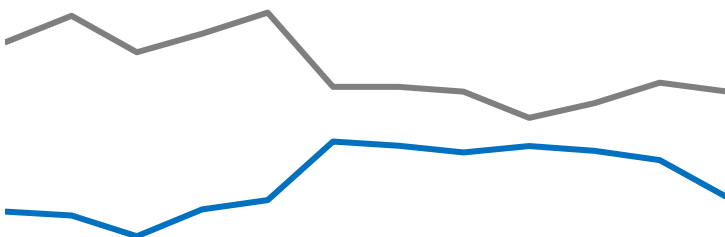
**£0.41m**

YTD

12-mth CAGR 7.5%

**£1.64m**

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



Sept '22

Aug '23

### Transfusion 2024 programme status

=

### Advanced Cellular Therapies Income YTD

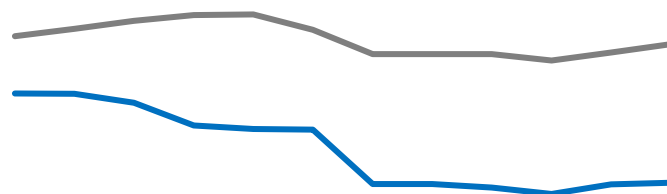
**£0.18m**

YTD

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

**£0.31m**

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



Sept '22

Aug '23

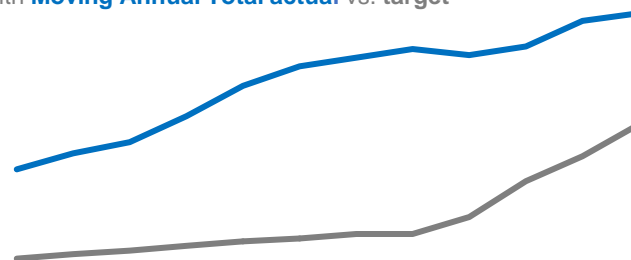
### Therapeutic Apheresis Services no. of procedures YTD

**4,918**

YTD

**4,817**

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



Sept '22

Aug '23

### 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. A strategic case is being refined ; workshop planned to review/develop economic and commercial case.
- Three hospitals now live with electronic requesting and reporting for the Fetal RHD service, with four more in the test phase.
- One hospital is live in our second pathology partnership for Red Cell Immunohematology's (RCI) remote interpretation project; three more hospital due to go-live in September.
- The link to the National Haemoglobinopathy register will go-live as soon as NHS England Caldicott Guardian to sign data sharing document ahead of final testing.

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

- CAGT income is £0.76m below budget YTD with Clinical Biotechnology Centre (CBC) income £1.23m below plan, offsetting above target activity in Therapeutic Apheresis TAS) and Stem Cell Donation and Transplantation (SCDT)
- The CBC team are working on a revised plan after a bacterial infection temporarily closed plasmid manufacture at the start of the year; income is forecast ca £1.7-£2.0m below budget at year-end.
- British Bone Marrow Registry (BBMR) Fit panel volumes are 3.6% behind target YTD. A new donor recruitment process using buccal swabs sent directly to homes has been live since March; this is expected to increase recruitment levels over time
- Additions to the BBMR panel from a minority ethnic background were 24% in-month, above the 20% target
- NHSBT share of stem cell provision to UK patients at 5% v plan 9% at the end of Q1; overall provision from all UK sources at 29% v 35% plan; update to follow at the mid-year point



### Tissue & Eye Services (TES) income

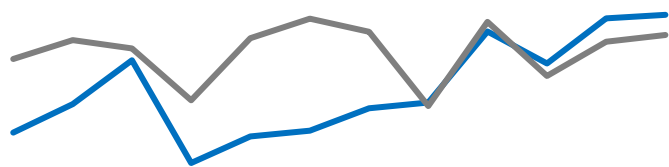
£8.27m

YTD

12-mth Av. Mthly Growth Rate  
2.2%

£8.1m

12-mth actual vs. target



Sept '22

Aug '23

### Ocular income

£2.7m

YTD

12-mth Av. Mthly Growth Rate  
2.6%

£2.3m

12-mth actual vs. target



Sept '22

Aug '23

### Insight and Commentary

#### Overall Tissue & Eye Services Income

- The August income position was 3.8% ahead of target (£65k), which is attributed to strong Serum Eyedrop sales.

#### Tissues Income

- Tissues was behind target (-£100k), which continues to be due to low availability of Bone products following equipment outage (-£73.6k) and Cardiovascular due to low donation rates (-£23.6k). Equipment has now been repaired and operational recovery plans are being produced to return to green.
- Also, because of equipment outage in prior months, the total value of backorders has increased in month to £176k..

#### Ocular income

- Ocular income was 0.5% behind target in month (-£2.5k). An increase in donations coupled with decreased demand has driven an increase in stock levels to 276 at the end of the month, as cornea imports from the Venice Eye Bank reduce to 2 a month, as the Venice Eye Bank's local demand grows post summer.

#### Heart Valves

- Income for Heart Valves was behind target in August by £23.6k due to low rates of donation earlier in 2023/24. The rates of heart donation for heart valves August have averaged 6 a week (down from an average of 7 a week in July, target of 8 per week).

#### Serum Eyedrops

- Serum Eyedrops was ahead of target in month by 63 issues, with 509 batches issued against a target of 446. This is due to a drive to clear the waiting list, (now below 100), resulting in income being 25.4% (£169k) ahead of target.

#### Plasma

- Recovery of plasma from whole blood (for medicine) i.e. rPfM, is 0.6% below target in August 23, due to a lower whole blood collection forecast overall in 2023/24. This will change in September when Transition state 2 goes live and all plasma from whole blood can be collected for rPfM. The plan is on track to supply the initial 250KL of plasma available by May 24 in preparation for validation and shipping to the recently appointed fractionator.
- Sourced Plasma (sPfM) continues to underperform primarily due to lower appointment fill rates at less popular appointment times. The donor base has not grown as required during the first half of 2023/24 and plans are being created with Donor Experience & Communications to fill the extra capacity and improve appointment fill rates.

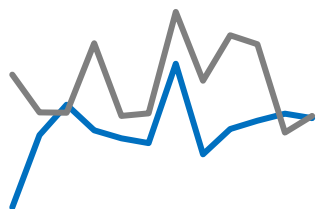
<sup>1</sup> PfM = Plasma for Medicine; <sup>2</sup>PfM = Plasma for Diagnostics

### Vol. of Plasma Recovered from Whole Blood PfM<sup>1</sup>, litres YTD

38,243

42,723

12-mth actual vs. target



Sept '22

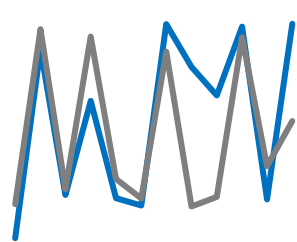
Aug '23

### Vol. of Plasma Recovered from Whole Blood PfD<sup>2</sup>, litres YTD

74,514

68,193

12-mth actual vs. target



Sept '22

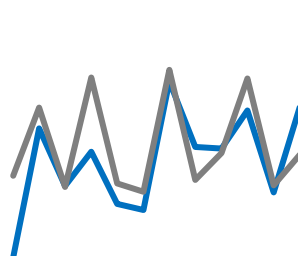
Aug '23

### Vol. of Plasma Recovered from Whole Blood Total, litres YTD

112,757

110,916

12-mth actual vs. target



Sept '22

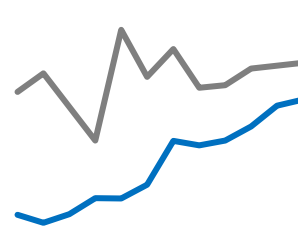
Aug '23

### Vol. of Sourced Plasma Collected, sPfM<sup>1</sup>, litres YTD

5,935

7,307

12-mth actual vs. target



Sept '22

Aug '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 / 31 Jul 2023	Clinical / Minimal	
P-02	Service Disruption / Director of Quality	31 Aug 2023 / 11 Sept 2023	Disruption / Minimal	
P-03	Service Disruption (Interruption of critical ICT) Chief Digital Officer	23 Aug 2023 / 23 Aug 2023	Disruption / Minimal	
P-04	Donor Numbers & Diversity / Director of Donor Experience	04 May 2023 / 04 Sept 2023	Operational / Open	
P-05	Long term financial sustainability / Chief Finance Officer	06 April 2023 / 14 Jul 2023	Finance / Open	
P-06	Inability to access data sets / Chief Medical Officer	06 Jun 2023 / 07 Jun 2023	Innovation / Open	
P-07	Staff Capacity and Capability / Chief People Officer	26 Jan 2022 / 24 Aug 2023	People / Open	

# 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-08	Managers Skills and Capability / Chief People Officer	13 Oct 2022 / 24 Aug 2023	People / Open	
P-09	Regulatory Compliance / Director of Quality	15 Aug 23 / 11 Sept 2023	Legal, Regulatory & Compliance / Cautious	
P-10	Change Programme scale & pace / Deputy Chief Executive	17 Jul 2023 / 17 Jul 2023	Programme / Open	
P-13	Governance failures / Director of Quality	To be updated September 2023	Disruption / Minimal	



## Risk Summary continued

### Commentary

- This month we are pleased to report a reduction to the risk of service disruption (P-02), this is due to actions that have been taken to mitigate the risk associated with the irradiation enforcement notice. This has resulted in the residual score reducing to  $4 \times 3 = 12$  and now sits within the Judgement Zone (previously at Risk Limit).
- The risk associated with Service disruption as a result of interruption of critical ICT (P-03) has been updated and scored at the Risk Limit. The contributory risk influencing this score is DDTS-03 Organisational prioritisation (There is a risk that DDTS cannot meet the level of demand to support NHSBT in delivery of its strategic ambitions). Risk P-03 has been scheduled for a deep dive at the November Risk Committee and will be discussed at the November ARGC.
- The risk associated with delivering our change programme at pace and scale (P-10) has been updated to include contributory risks. This has not changed the overall score.
- The Executive Team have considered two new risks that were discussed in the Board risk workshop (reputation and commercial exposure) and agreed that these risks are covered elsewhere and propose that they do not need to feature as principal risks. This recommendation will be presented to the November ARGC for approval. The placeholders for these risks have been removed from the report.
- Note: risks P-03 and P-10 have changed position, allowing risks related to service disruption to sit together.