

Official: Sensitive



Blood and Transplant



NHSBT Business Plan 2023/24

Caring Expert Quality

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The NHSBT strategy sets out our vision and strategic priorities for the future

Our ambition is to save and improve even more lives

To deliver this we will:



Grow and diversify our donor base

to meet clinical demand and reduce health inequalities



Modernise our operations

to improve safety, resilience and efficiency



Invest in people and culture

to ensure a high performing, inclusive organisation



Drive innovation

to improve patient outcomes



Collaborate with partners

to develop and scale new services for the NHS

Our vision: a world where every patient receives the donation they need

NHSBT provides blood, organs, tissues and stem cells, as well as a range of related diagnostic and therapeutic services to the NHS. There are unprecedented pressures on health and care services and widening health inequalities in the wake of the COVID-19 pandemic and a volatile economic situation.

Our unique place in the UK's health system

NHSBT is a Special Health Authority (SpHA) in England and Wales and works closely with Devolved Administrations across the four nations of the UK and international boundaries.

Our Strategy and Business Plan contributes to the DHSC Outcome Delivery Plan (ODP) and the Secretary of State for Health and Social Care's immediate priority of ensuring a stronger future for health and care, with a focus on reducing health disparities. Our services, including our work to improve resilience and transform infrastructure and technology, are critical to improving healthcare outcomes by providing high-quality, integrated and sustainable care at the right time in the right place. Our services ensure that the NHS can reduce the post COVID-19 elective surgical backlog.

Over the coming year we will continue to rise to new challenges, build the resilience of our operations and prioritise our people's experiences at work. By building on what we have learnt so far, we will drive service improvement and transform our services, to save and improve even more lives.

This year we must:

Future proof our blood services to prevent supply shortages

Blood stock shortages create additional pressures on NHS services and waiting times. We will create plans to increase blood stock resilience and ensure that our services are able to withstand future challenges, whilst supporting the post pandemic elective recovery plan.

Act to address the growing transplantation waiting list

People are dying and waiting too long for life saving organs and tissue transplants. We will maximise the gift of life from every donation. At a time of no funding growth, our Organ and Tissue Donation and Transplantation (OTDT) Futures programme will adapt our organ donation and retrieval pathways.

Increase UK self-sufficiency for plasma and tissue and eye products

Initiating self-sufficiency for life saving medicines and treatments is of national strategic importance. We will continue to work closely with health system partners, to appoint and partner with a new fractionator, and the devolved administrations to establish the UK's plasma service.

Our Therapeutic Apheresis Service will treat more patients and better meet demand. We will support the potential of new cell and gene therapy treatments through the expansion of our novel cell therapy manufacturing for existing and new partners and use the upscaled capacity of our new, purpose-built Clinical Biotechnology Centre.

We will also launch a new strategy to ensure we meet the demand for the tissues for life changing treatments and corneas for sight saving transplants.

Place our people at the heart of everything we do

We will prioritise learning and development opportunities so that our people can build their skills and thrive in their roles.

The Data and Analytics programme will prioritise establishing the foundations for workforce planning and work with the services that will benefit from improved data capabilities.

Our People and Culture programme will help us become an intentionally inclusive and anti-racist organisation, with a focus on zero tolerance of all discrimination, bullying and harassment.

Innovate to save more lives through the genomics programme, NHS and scientific collaborations

There is clinical demand for better matched blood components to reduce transfusion complications. We will work to meet this demand through more effective donor recruitment, retention and by genotyping more blood donors, to improve patient outcomes by continuing to progress our cutting-edge Genomics programme. This will involve working closely with NHS England to genotype all Sickle Cell and Thalassemia patients.

Our research and development projects will support a trial of the use of whole blood, the manufacture of a freeze-dried plasma product for the Ministry of Defence and work to develop the production of universal platelets and plasma products.

Tackle health inequalities

We are not yet able to supply all patients with the donations they need, at the time or place they need it. We will continue to increase the diversity of our blood, organ and stem cell donors to improve the supply of rare blood and tissue types.

Our marketing and engagement with the public will focus on the locations, communities and demographic groups that we need to attract. We will continue to work with partners, community groups and the champions of our service who have a greater and deeper reach than we have. We will continue to improve the inclusivity of our services through improving our donors' experience.

We are guided by our values:

- ***We care about our donors, their families, the patients we serve, and our people***
- ***We are expert at meeting the needs of those who use our service and those who operate it***
- ***We provide quality products, services and experiences for donors, patients and colleagues***



The NHSBT Business Plan describes our targets and activities under each of the five strategic priorities of the overarching NHSBT strategy

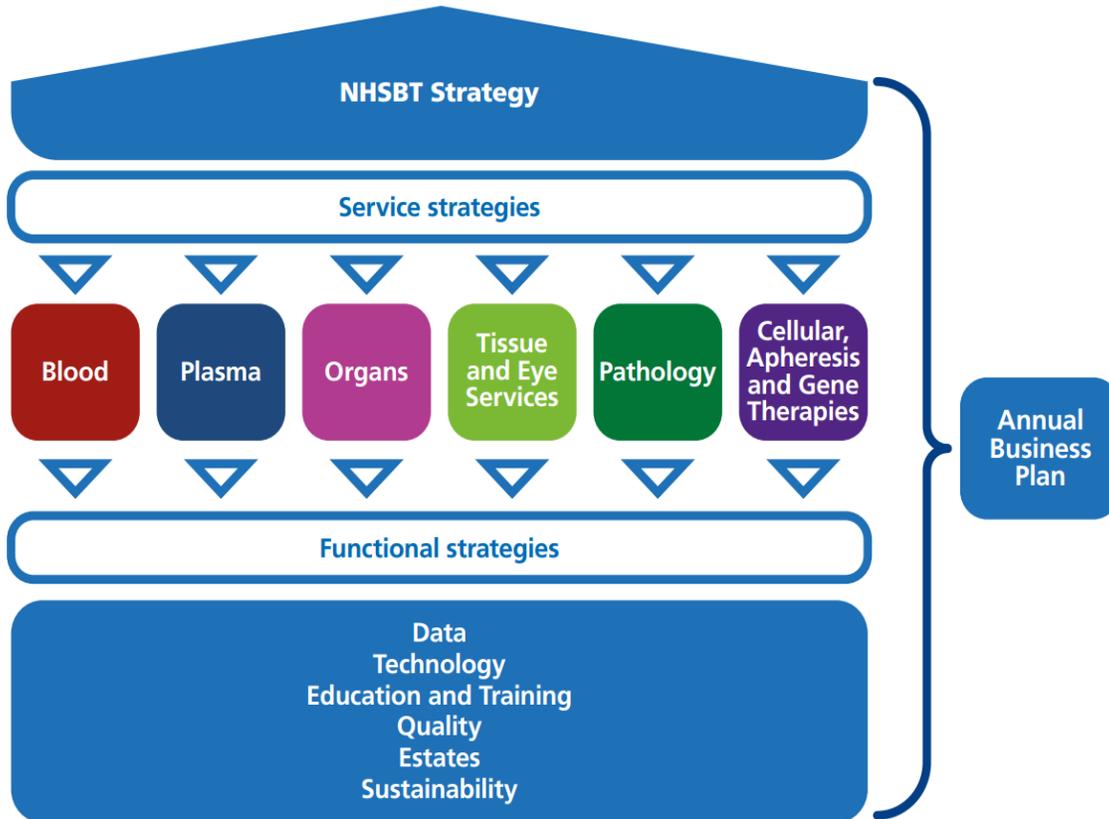


Figure 1: the levels of strategy development underpinning the NHSBT strategy feeding in to the Annual Business Plan

Our annual business plan sets out what we will do to make progress against our strategic priorities, how we will organise ourselves, including how we make best use of public sector resources and ensure NHSBT is a great place to work, on our journey to deliver our strategic ambitions.

The annual Business Plan presents activity against each strategic priority, with targets for the year ahead as well as a four-to-five-year horizon.

Each strategic priority section describes:

- What success looks like
- How we'll measure success
- What specific targets we'll work towards
- What are the most important things we'll do to get there

	Strategy	Strategy Cycle
Service	• Organ Donation and Transplantation	Published 2021/22
	• Blood	Published 2022
	• Cell, Apheresis and Gene Therapies (CAGT)	Published 2023
	• Tissue & Eye Services	For publication in 2023
	• Pathology	
	• Plasma	Embedded in Plasma Programme
Functional	• Data	For publication in 2023
	• Technology	
	• Estates	In development
	• Sustainability	
	• Quality	
	• Education and Training	Clinical and Scientific Education and Training Strategic plan in development



We will know we have succeeded when	How we will measure success	Targets/Milestones in 2023/24 ¹	Target in 4-5 years ²	How we will deliver this in 2023/24
We have reduced the supply-demand gap for all products and services	Supply-demand gap ⁴	<ul style="list-style-type: none"> Blood: OTIF³ (inc. Ro) 97.7% (+0.3pp) Blood: 1.53m units collected Blood: 63,135 Ro units collected (+10%) Plasma: 178k litres of plasma for medicines collected (recovered and sourced) (+75%) Organs: 4,750 living & deceased donor transplants (-3.8%) Corneas: 2,566 donors (-9.6%) 	<ul style="list-style-type: none"> Blood: OTIF³ (inc. Ro) 98.9% (+1.5pp) Blood: 104,490 Ro units collected (+0%) Plasma: 320,000 litres (2025/26) (+0%) Organs: 5,131 living & deceased donor transplants Corneas: 3,066 (2025/26) (+8%) 	<ul style="list-style-type: none"> ➤ Execute new Blood Service Operating model that improves resilience, donor retention and improves donor experience ➤ Maximise recovery of Plasma for Medicine from all whole blood collected ➤ Implement organ donation opt out in Northern Ireland & Crown Dependencies ➤ Improve corneal donations through new hospice referral pathways and optimising existing routes
We have reduced the disparity in supply for patients of different ethnicities	Supply-population gap by ethnicity	<ul style="list-style-type: none"> 3.1% black heritage⁵ representation in blood donor base⁶ 27% ethnic minority⁸ representation among organ transplant recipients (+0pp) 	<ul style="list-style-type: none"> 8.4 % black heritage⁵ representation in blood donor base⁷ 30% ethnic minority⁸ representation among organ transplant recipients 	<ul style="list-style-type: none"> ➤ Improve blood donor recruitment and retention by combining data-led promotional campaigns with community engagement ➤ Further develop community partnerships and stakeholder engagement to prioritise ethnic minority⁴ donations ➤ Define heart and lung offering schemes to improve equity of access to transplants
We have increased loyalty and advocacy	Donor / Family satisfaction	<ul style="list-style-type: none"> 87 Net Promoter Score (NPS) (+1) 	<ul style="list-style-type: none"> 90 NPS (+5) 	<ul style="list-style-type: none"> ➤ Partner with Sue Ryder to improve aftercare for families of organ donors ➤ Complete discovery to define new customer relationship management requirements for the future booking experience of our donors ➤ Prioritise engagement that encourages blood donors to return for 2nd and 3rd donations
We have reduced disparity in consent rates between different ethnicities	Organ consent rate	<ul style="list-style-type: none"> 66% overall organ consent rate (-6pp) 43% ethnic minority people⁹ organ consent rate (+0pp)⁵ 	<ul style="list-style-type: none"> 80% overall organ consent rate 50% ethnic minority people⁸ organ consent rate 	<ul style="list-style-type: none"> ➤ Community grants programme – fund community and faith/belief organisations to build support for donation amongst Black, Asian, mixed heritage and minority ethnic communities ➤ Targeted marketing activity in priority regions to support an uplift in consent rate
Our active blood, platelets and plasma donor base is larger, more diverse and reflect demand	Volume and mix of active donors	<ul style="list-style-type: none"> Whole blood donor base size: 856k (+2.5%) Male 46.0%, black heritage⁵ 3.1%, <35yo 28.4% representation in blood donor base Plasma Regular Donor Base Size: 6,200 (+93%) 	<ul style="list-style-type: none"> Whole blood donor base size: 917k (-8.3%) Male 49%, black heritage⁵ 8.4%, <35yo 28.7% 	<ul style="list-style-type: none"> ➤ Open an additional blood donor centre in South East London ➤ Increase plasma donor centre capacity and deliver an integrated marketing, communications and contact strategy to utilise the capacity
Organ and stem cell donor registries are larger and reflect the UK's diverse population	Volume and mix of registered donors	<ul style="list-style-type: none"> Opt-In Organ Donor Register (ODR) UK: 29.4m donors registered i.e.+850k (+3%) Opt-In ODR England & Wales: 25.3m donors registered i.e. +750k (+3%) 124k registered stem cell Fit Panel⁹ donors (+30k new donors recruited, +22%) 20% of new stem cell registrations¹⁰ are from ethnic minority⁷ donors 	<ul style="list-style-type: none"> Opt-In ODR UK: 32.8m donors registered i.e.+5m donors registered (+18%) Opt-In ODR England & Wales: 28.3m donors registered i.e.+4.5m donors registered (+19%) 190k registered stem cell Fit Panel⁹ donors (+85%) 20% of new stem cell registrations¹⁰ are from ethnic minority⁷ donors 	<ul style="list-style-type: none"> ➤ Scope new strategic data partners to drive Organ donor register opt-in registrations ➤ Recruit new donors to the British Bone Marrow Registry Fit panel⁹ to increase the provision of UK stem cells to UK patients ➤ Genotype new stem cell Fit panel⁹ donors to a high resolution



<i>We will know we have succeeded when</i>	<i>How we will measure success</i>	<i>Targets/Milestones in 2023/24¹</i>	<i>Target in 4-5 years²</i>	<i>How we will deliver this in 2023/24</i>
We have reduced harm to donors, patients and staff and improved regulatory compliance	Serious harm incidents Significant non-compliance Harm incidences (staff)	<ul style="list-style-type: none"> • Zero serious harm incidents • Zero significant non-compliance in external regulatory inspection 	<ul style="list-style-type: none"> • Zero serious harm incidents • Zero significant non-compliance in external regulatory inspection 	<ul style="list-style-type: none"> ➢ Continue to deliver the Blood Testing Development Programme ➢ Achieve all actions on Care Quality Commission (CQC) 'Well Led' inspection's improvement plan ➢ Implement automated results transfer for deceased organ donor Human Leukocyte Antigen (HLA) typing, and for the subsequent Pathology & CAGT priorities, to reduce clinical risk ➢ Start implementation of digital service management for Therapeutic Apheresis ➢ Implement the patient safety incident response framework and recommendations from the Infected Blood inquiry ➢ Deliver first phase digitisation of Living Donation for Organs
Services are not interrupted by failures in our supply chains, estates and technology	Service delivery Stock Stability System availability	<ul style="list-style-type: none"> • Blood: OTIF³ (inc. Ro) 97.7% (+0.3pp) • Blood stock stability 5.5-8.0 days • Test priority 33% of Business Continuity plans in year • 99.95% system availability for Critical Infrastructure (CI) (+0pp) 	<ul style="list-style-type: none"> • Blood: OTIF³ (inc./Ro) 98.9% (+1.5pp) • 100% of Business Continuity plans tested on 3-year cycle • 99.95% availability for Critical Infrastructure (CI) (+0pp) 	<ul style="list-style-type: none"> ➢ Continue to deliver the Blood Tech Modernisation programme ➢ Establish a new 'Future Proof Blood' services programme ➢ Implement year one of the Colindale site refurbishment ➢ Deliver organ transplant path system to reduce clinical risk and increase cyber security
We benchmark well against our international peers	Benchmarking	<ul style="list-style-type: none"> • Top quartile in Blood Manufacturing, Testing and Collection productivity 	<ul style="list-style-type: none"> • Top quartile in Blood Manufacturing, Testing and Collection productivity 	<ul style="list-style-type: none"> ➢ Complete vein-to-vein value stream analysis to identify opportunities for blood services improvement ➢ Benchmark Plasma growth with international partners e.g. Canadian Blood Service
We have freed up funds to invest in transformation and/or pricing	Cost savings	<ul style="list-style-type: none"> • £8.2m (3%) incremental savings target • 2% savings (Commercial pipeline aligned to GCF⁴ Commercial Benefits methodology) 	<ul style="list-style-type: none"> • To be determined through productivity programme 	<ul style="list-style-type: none"> ➢ Establish a procurement pipeline plan ➢ Establish a productivity programme to establish year on year efficiencies. ➢ Establish quarterly Investment Portfolio reviews ➢ Develop sustainable commissioning and donation pathways to reduce cost per transplant
We are on track to reach Net Zero by 2040	Reduction in CO ₂ emissions vs 20/21 baseline (kt) Supply Chain CO ₂ net zero compliance	<ul style="list-style-type: none"> • 12.5kt CO₂ emissions Scope 1 & 2 • 58kt CO₂ emissions Scope 3⁵ • 100% of top 40 suppliers confirming CO₂ net zero planning compliance 	<ul style="list-style-type: none"> • Zero Scope 1& 2 emissions 2030 • Zero Scope 3⁵ emissions 2040 • 100% of suppliers confirming CO₂ net zero planning compliance 	<ul style="list-style-type: none"> ➢ Produce site-level carbon management plans ➢ Establish commercial engagement with top 40 suppliers ➢ Publish Sustainability and Estates Strategies ➢ Develop Roadmap to align to 2040 target for NET zero (Estates)



We will know we have succeeded when	How we will measure success	Targets/Milestones in 2023/24 ¹	Target in 4-5 years ²	How we will deliver this in 2023/24
<p>Delivery is not constrained by a lack of skills or capacity</p>	<p>Recruitment Retention Vacancy Rate Middle manager training</p>	<ul style="list-style-type: none"> • 11 weeks' time to offer • 88% Vacancy fill rate • 15% attrition (NHSBT) • 21% attrition (Blood Donation) (-6pp) • 95% Corporate induction & onboarding complete within 8 weeks for new starters • 100% new managers complete "Manager Essentials" programme • 15% quarterly increase in middle managers engaged with formal development offer 	<ul style="list-style-type: none"> • 10 weeks' time to offer • 90% Vacancy fill rate • 11% attrition (+0pp) • 98% Corporate induction & onboarding complete within 8 weeks for new starters • Achieve Learning Transfer Evaluation Model (LTEM) Level 8 standard 	<ul style="list-style-type: none"> ➤ End to end diagnostic review of the recruitment process from an inclusive recruitment perspective ➤ Deliver blood donation staffing model to improve employee experience, turnover and resilience ➤ Promote the employer value proposition to attract top talent ➤ Define organisational requirements & appraise options for strategic workforce planning solution ➤ Launch performance and talent frameworks ➤ Establish Data and Analytics programme; improve insights and decision making by integrating data from multiple systems onto the NHSBT Data Insights (NDI) platform ➤ Provide new middle manager training and library of knowledge
<p>Our people are safe</p>	<p>Harm incidence (HI) Sickness absence rate Bullying, discrimination and harassment reporting</p>	<ul style="list-style-type: none"> • 8.3 HI rate NHSBT (-7.5%) • 12.6 HI rate Blood (-10%) • 4% sickness absence rate (-0pp) • reduction in bullying, discrimination and harassment scores as measured by the staff survey, leading to an increase in engagement score. 	<ul style="list-style-type: none"> • 6.5 HI rate NHSBT (-7.5% p.a.) • 9.2 HI rate Blood (-10% p.a.) • 4% sickness absence rate (-0pp) • 0% disparity in engagement score on bullying, discrimination, harassment by manager for protected characteristics 	<ul style="list-style-type: none"> ➤ Review our employee value proposition ➤ Expand and diversify the FTSU service ➤ Launch behaviour framework to create a model of shared behaviours at NHSBT, with a resolution framework and escalation process in place ➤ New workforce equality standards for gender and sexual orientation ➤ Be compliant with equality legislation i.e. publish equality objectives, WRES, WDES and Gender Pay Gap and measure progress ➤ Launch new People & Culture Programme

We are building a new People Plan

This will reflect the *Train, Retain and Reform* commitments of the NHS Long Term Workforce Plan



We will know we have succeeded when	How we will measure success	Targets/Milestones in 2023/24 ¹	Target in 4-5 years ²	How we will deliver this in 2023/24
<p>We have the datasets to know our innovations have improved patient outcomes</p>	<p>New datasets to measure outcomes e.g. trauma, graft, alloimmunisation (patient benefit)</p>	<ul style="list-style-type: none"> Establish strategic position for datasets and their application (where none exist currently) <ul style="list-style-type: none"> Health inequality data Patient outcomes data Tissue & Eye Service registries 	<ul style="list-style-type: none"> Key datasets and outcome tracking established for priority patient groups (For further consideration: extend health data modelling capability and percentage of patients' outcomes tracked) 	<ul style="list-style-type: none"> Year 1 of 3-year project into stem cell transplant health inequality data - funded by National Institute for Health and Care Research (NIHR) Develop registries for corneas and serum eyedrops Progress HaemMatch: complete data extraction at one site using NIHR Health Informatics Collaborative (HIC) database and obtain PULSE system data to support data modelling Progress the Data Driven Transfusion Practice research unit
<p>More of our donors and patients are genotyped</p>	<p>Numbers of donors genotyped (capacity & infrastructure)</p>	<ul style="list-style-type: none"> 50k donors genotyped (participating in STRIDES)³ (+150%) 	<ul style="list-style-type: none"> Future targets dependent on pathology strategy 	<ul style="list-style-type: none"> Increase capability and capacity to genotype Sickle Cell/Thalassemia patients, as agreed with NHS England Start recruitment of blood donors to Our Future Health Implement the IT design and cost solution for the sickle cell genotyping Develop a procurement plan for secondary blood grouping Collaborate with Oxford Nanopore to develop improved DNA data for better matching in the future
<p>We have improved organ utilisation</p>	<p>Number of deceased donor transplants</p> <p>Number of organ transplants per deceased donor</p>	<ul style="list-style-type: none"> 3,815 deceased donor transplants (-1.5%) 2.51 organ transplants per deceased donor (+7%) 1,000 total donors recruited to SIGNET clinical trial⁴ 	<ul style="list-style-type: none"> 4,131 deceased donor transplants (-15%) 2.51 organ transplants/deceased donor (+7%) 2,600 total donors recruited to SIGNET and trial complete, (follow up, publication and dissemination 2027 - 2028) 	<ul style="list-style-type: none"> Support Organ Utilisation Group recommendations agreed with DHSC⁸ Develop service specification for organ assessment and recovery centres Continue recruitment for the SIGNET (Statins for Improving organ outcomes in Transplantation) clinical trial
<p>We have introduced new blood components and tissue products</p>	<p>New components transfused</p> <p>No. products introduced to market</p>	<ul style="list-style-type: none"> Successful delivery of: <ul style="list-style-type: none"> SWIFT clinical trial⁵ Universal plasma & platelets Freeze dried plasma RESTORE clinical trial⁶ Platelets in PAS⁷ dCELL dermis trial 	<ul style="list-style-type: none"> Introduction of universal plasma and platelets achieved Whole blood use in Trauma (assuming positive clinical trial outcomes) Establish an effective innovation framework and pipeline 	<ul style="list-style-type: none"> Whole Blood use in Trauma (SWIFT); continue recruitment; complete 6-month review of data, roll out Universal plasma and platelets project: secure business case approval and progress the next phase Freeze dried plasma project (Ministry of Defence funded): select supplier, develop site, equipment installed and qualified Progress the RESTORE (Recovery and survival of stem cell originated red cells) clinical trial (to conclude Q2 24/25) Complete clinical trial of dCELL dermis for diabetic foot ulcers



We will know we have succeeded when	How we will measure success	Targets/Milestones in 2023/24 ¹	Target in 4-5 years ²	How we will deliver this in 2023/24
We deliver target plasma volumes at a commercially competitive rate	Litres of plasma Unit cost Self-sufficiency	<ul style="list-style-type: none"> 160k litres of plasma recovered from whole blood 18k litres of source plasma collected £/litre cost³ 	<ul style="list-style-type: none"> 2025-26: 320k litres of plasma recovered/collected (+0%) 2025-26 - £/litre cost³ 20% UK self sufficiency 	<ul style="list-style-type: none"> ➤ Commence mobilisation phase with plasma fractionator ➤ Deliver testing solution for HAV/B-19 (vCJD testing) through the Testing Development Programme and test all stockpiled samples ➤ Deliver the digital, data and technology infrastructure to support the Plasma programme ➤ Deliver Transition State 2/3 Projects to maximise recovery of Plasma from whole blood collection ➤ Collaborate with European Medical Agency on risk assessment to advocate for safety of UK plasma
We have reduced the supply-demand gap in key parts of the cellular therapy supply chain	Income growth Activity levels	<ul style="list-style-type: none"> £41.90m CAGT⁴ income (+18%) £4.96m CBC⁵ income (+13%) £2.28m ACT⁶ income (+40%) 11.9k TAS⁷ procedures (+17.8%) 	<ul style="list-style-type: none"> £53.49m CAGT⁴ income; 50% income growth £9.78m CBC⁵ income; 123% income growth £2.70m ACT⁶ income; 67% income growth 14.1k TAS⁷ procedures (+40%) Increased TAS⁷ market share % Greater influence on TAS⁷ commissioning 	<ul style="list-style-type: none"> ➤ Scope hub/spoke model for autologous processing with NHS England ➤ Leverage our upscaled Clinical Biotechnology Centre capacity to increase income ➤ Expand novel cell therapy manufacturing for existing and new partners ➤ Utilise the NHS England Med Tech Funding Mandate to assist trusts to meet demand for automated red cell exchange
We have increased the national self-sufficiency of stem cells and tissues	% domestic stem cells transplanted Tissues Income Growth % demand met by domestic tissue	<ul style="list-style-type: none"> NHSBT provided stem cell donors 9% (out of a target for 30% UK self-sufficiency from all suppliers) £19.9m Tissues income (+7.6%) 	<ul style="list-style-type: none"> UK stem cell donors ~45%; NHSBT 15% (aligned with shared output of UK Stem Cell Strategic Forum) 26-27 targets £27.1m Tissues income (+46%) 90% heart valve demand met from UK donors 	<ul style="list-style-type: none"> ➤ Launch and implement new Tissues and Eye Services Strategy ➤ Develop plan to increase self-sufficiency in corneas and Heart Valves ➤ Develop current routes to increase quantity and quality of referrals, and introduce a system for donations from Hospices ➤ Work with NHS England to introduce a Required Referral Model for hospitals ➤ <i>[Stem Cells activities are identified in the grow and diversify priority]</i>
We have improved system-wide infrastructure, education and training across transfusion and transplantation	NICE ⁸ Transfusion Standard Adherence Transfusion Ed. & Training Delivered Transplantation Ed. & Training Delivered	<ul style="list-style-type: none"> Transfusion 2024 implementation milestones Transfusion education and training Donation and transplantation academy established 	<ul style="list-style-type: none"> 20% increase in adherence to NICE⁸ transfusion standards 20% increase in transfusion education and training Devise strategic Education and Training plan Donation and transplantation academy operational, delivering multi-disciplinary courses 	<ul style="list-style-type: none"> ➤ Deliver on Transfusion 2024 programme (blood): develop integrated approach to blood stocks management, strengthen patient blood management clinical practice and scientific and technical education and training ➤ Deliver on Transfusion 2024 programme (pathology): progress remote interpretation pilot and e-requesting/e-reporting pilots ➤ Establish Donation and Transplantation Academy in partnership with a University, to deliver donation, retrieval & transplantation education and training to healthcare professionals

Progress is tracked at Board, Executive Team and Directorate levels via regular reporting

Level of accountability	Where activity & targets are stated	Scheduled output	Frequency	Level of review
NHSBT-wide (Executive Team [ET])	<p style="text-align: center;">NHSBT Strategy</p> <div style="display: flex; justify-content: space-around; text-align: center;"> <div style="background-color: #2e8b57; color: white; padding: 5px;">Grow and diversify our donor base</div> <div style="background-color: #800040; color: white; padding: 5px;">Modernise our operations</div> <div style="background-color: #000080; color: white; padding: 5px;">Drive innovation</div> <div style="background-color: #008080; color: white; padding: 5px;">Collaborate with partners</div> <div style="background-color: #4b0082; color: white; padding: 5px;">Invest in people and culture</div> </div> <div style="border: 1px solid black; border-radius: 15px; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">NHSBT Business Plan</p>  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>NHSBT Transformation Portfolio</p>  </div> <div style="text-align: center;"> <p>NHSBT Budget</p>  </div> </div> </div>	<ul style="list-style-type: none"> • NHSBT Performance and Risk Report <hr/> <ul style="list-style-type: none"> • Strategy and Business Plan Review • Strategy refresh <hr/> <ul style="list-style-type: none"> • Transformation Portfolio Status Report <hr/> <ul style="list-style-type: none"> • Financial Performance Report 	<ul style="list-style-type: none"> • Monthly <hr/> <ul style="list-style-type: none"> • Mid year • Annually <hr/> <ul style="list-style-type: none"> • Monthly <hr/> <ul style="list-style-type: none"> • Monthly 	<ul style="list-style-type: none"> • ET & Board <hr/> <ul style="list-style-type: none"> • ET & Board • ET & Board <hr/> <ul style="list-style-type: none"> • ET <hr/> <ul style="list-style-type: none"> • ET & Board
Directorates (Executive Director)	<p style="text-align: center;">Directorate Business Plans</p> <div style="display: flex; justify-content: space-around; text-align: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px;">BLOOD SUPPLY</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px;">PLASMA FOR MEDICINES</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px;">CLINICAL SERVICES</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px;">DONOR EXPERIENCE</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px;">OTDT</div> </div> <div style="display: flex; justify-content: space-around; text-align: center; margin-top: 10px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 5px;">DDTS</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px;">QUALITY</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px;">PEOPLE</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px;">FINANCE</div> <div style="border: 1px solid black; border-radius: 50%; padding: 5px;">STRATEGY & TRANSFORMATION</div> </div>	<ul style="list-style-type: none"> • Directorate Performance Reviews 	<ul style="list-style-type: none"> • Bi-annual 	<ul style="list-style-type: none"> • CEO

Income & Funding (£m)	2022/23 Outturn	2023/24 Budget	Movement: 2022/23 Outturn to 2023/24 Budget
DHSC Programme Funding - Organ Donation & Transplantation	70.4	70.7	0.3
DHSC Programme Funding - Organ Donation & Transplantation - Opt Out	2.0	0.0	-2.0
DHSC Programme Funding - BBMR and Cord Blood	4.2	4.2	0.0
DHSC Programme Funding - Plasma for Medicines	6.8	14.1	7.3
DHSC Programme Funding - Corporate	41.1	16.7	-24.4
DHSC Programme Funding - Tissue and Eye Services	0.5	0.5	0.0
Blood & Components Income	306.5	319.1	12.6
Blood Supply Other Income	4.4	4.4	0.0
Group Services Income	6.7	10.3	3.6
Clinical Services Income	73.8	83.0	9.1
Tissue & Eye Services Income	16.3	20.0	3.7
Organ Donation & Transplantation - Devolved Administrations & Other	14.4	13.7	-0.7
Organ Donation & Transplantation - NHSE Income	3.4	3.9	0.5
Plasma for Medicines Income	10.5	8.5	-2.0
Total Income	561.0	569.1	8.1
Operating Costs			
Blood Supply Operating Expenditure	-174.2	-180.6	-6.5
Group Services Expenditure	-194.8	-204.6	-9.8
Clinical Services Operating Expenditure	-64.6	-73.6	-9.1
Organ Donation & Transplantation Operating Expenditure	-70.7	-74.6	-3.9
Tissue & Eye Services Operating Expenditure	-13.2	-14.5	-1.3
Plasma for Medicines Operating Expenditure	-7.8	-11.3	-3.5
Total Operating Costs	-525.2	-559.3	-34.0
Transformation Fund			
Transformation Fund Blood & Group	-7.9	-12.0	-4.1
Transformation Fund Plasma	-3.6	-6.3	-2.6
Transformation Fund ODT	-6.6	-6.3	0.3
Transformation Fund Clinical Services	-1.9	-3.3	-1.4
Net I&E Position	15.8	-18.0	-33.8

DHSC Programme Funding

- Baseline funding remains flat
- Discreet funding has been made available for DCD Hearts £3.6m / HHV8 £0.3m
- Plasma for Medicines funding is carried forward from 2022/23.

Provision of Product and Service Income

- Income reflects the revised NCG price uplifts;
 - Blood +4% (mitigated from 9.1% by NHSE non recurrent bridge funding)
 - Clinical Services +5% / Tissue and Eye Services +11.2%
 - CS and TES price uplifts include the finalised pay settlement for 2023/24 (5% vs 3% in approved prices)
- We will also receive central funding to directly fund the pay deal impact on Blood pricing.

Operating Costs

- Budget reflects significant inflationary pressures (including 5% pay deal).
- CIP £8.2m included in the Blood and Group resourcing envelope.
- Significant investment in Clinical Services operations

Overall Income and Expenditure

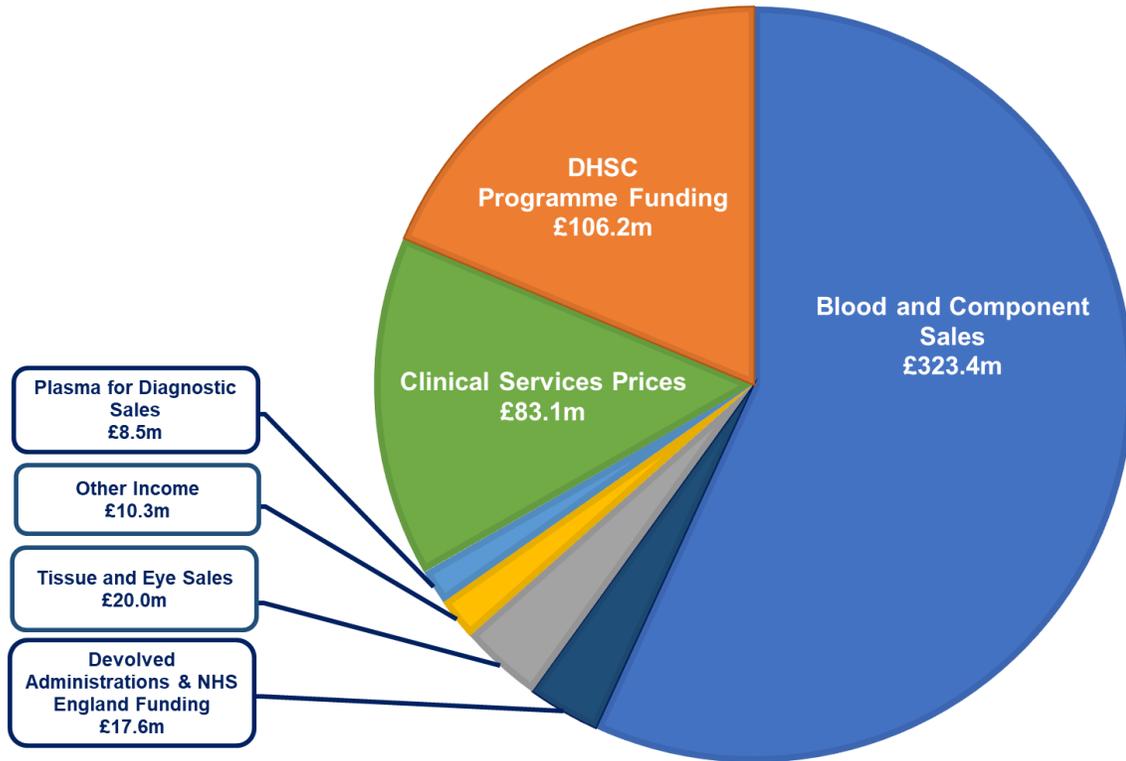
- £18.0m budget deficit for NHSBT
- £12.0m deficit for Blood and Group position (utilising NHSE bridge funding)
- TES and Plasma are also break even
- Clinical Services reporting a £1.8m deficit – driven by cash funded transformation
- ODT reporting an operating deficit of £4.1m

*The final 2023/24 budget includes post Board approval adjustments, to be approved at the early June Board

** 2022/23 outturn is provisional and subject to audit

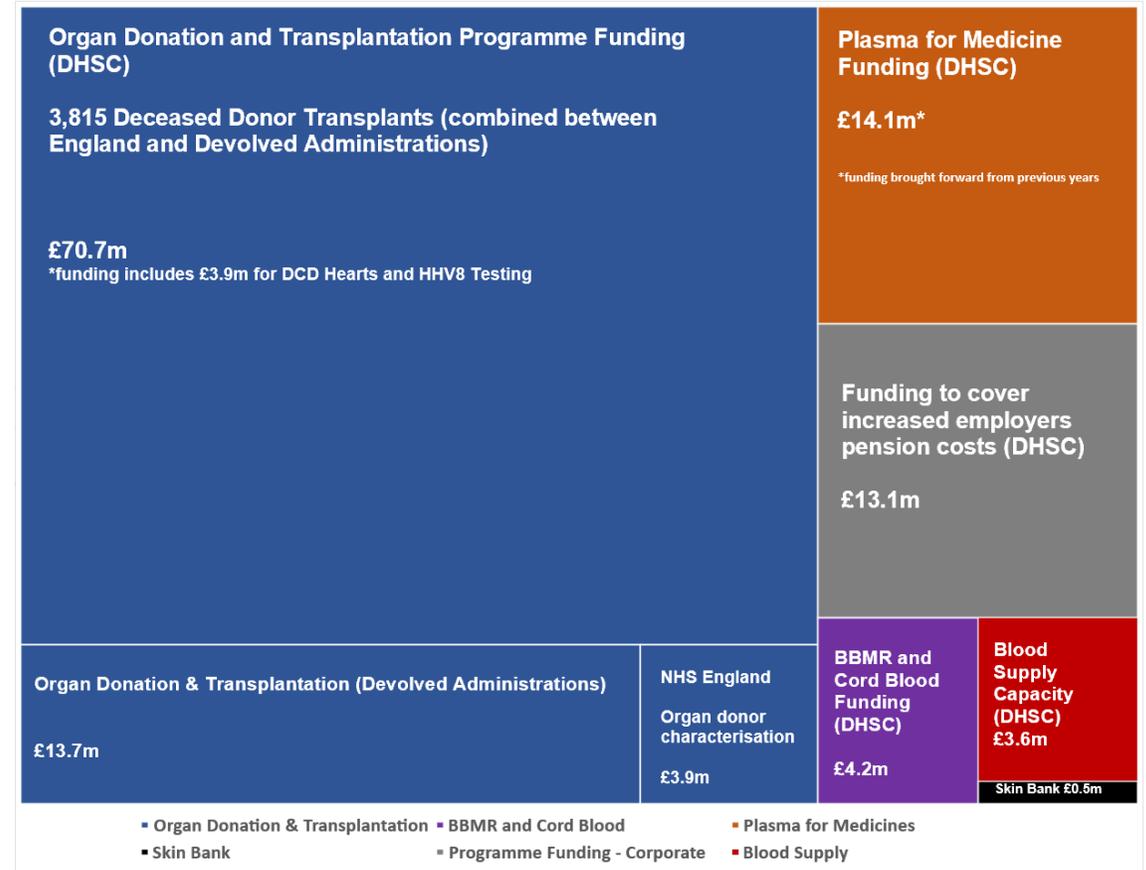
NHSBT 2023/24 forecast income by major source alongside a high level breakdown of programme funding received

Major sources of income



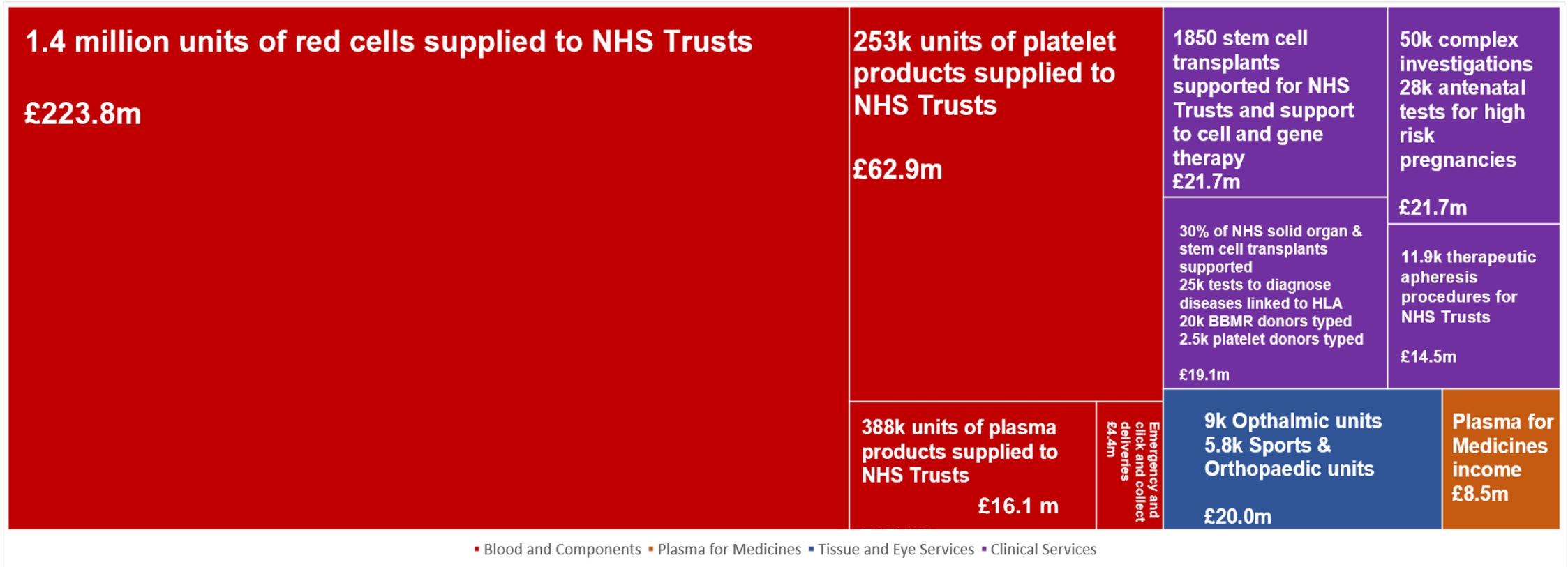
'Other' income is made up from third party occupation of our estate and research grants

Breakdown of Programme Funding (DHSC, NHSE & Devolved Administrations)



NHSBT 2023/24 forecast volumes of products and services for the Health & Care System

(high level summary for illustrative purposes)

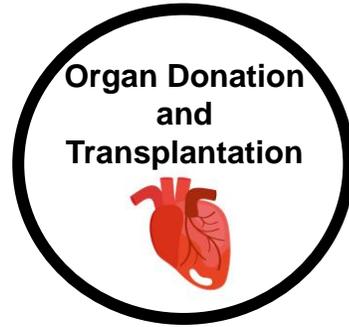


We are unable to consistently meet NHS demand for all products and services, affecting patients, backlog, increasing NHS costs and driving health inequalities, our business plan will aim to tackle this and reduce the impact:



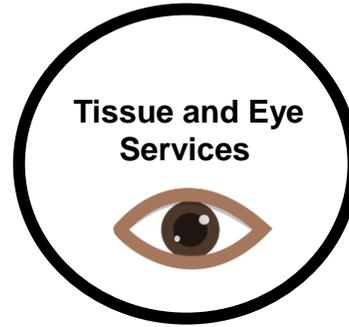
Blood Supply

Variation in availability for certain groups e.g. Ro Blood



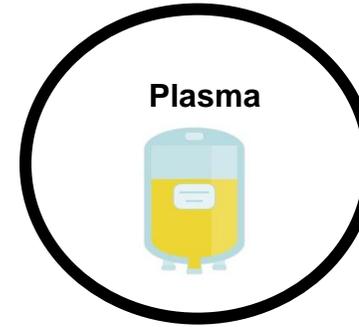
Organ Donation and Transplantation

Organ transplant list increasing
UK international position in meeting transplant need is poor for heart, lung and liver transplants



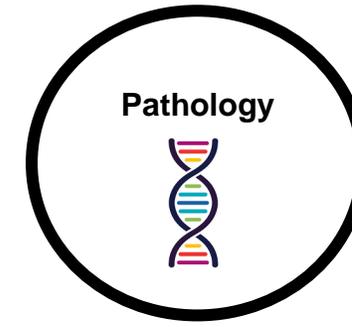
Tissue and Eye Services

Insufficient tissue and eye donations to meet UK demand for heart valves and corneas



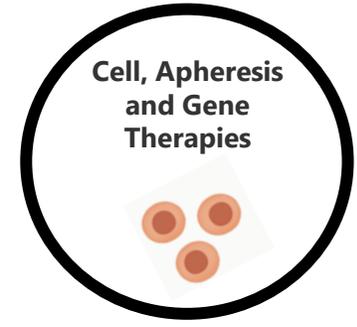
Plasma

All plasma is currently imported. Global shortages resulted in 15 out of 19 European countries having a shortage of immunoglobulin supply in 2022



Pathology

Inability to support the supply of blood components, stem cell and organ donations with enough precision matching



Cell, Apheresis and Gene Therapies

The UK is reliant on importing Stem Cell donations from other countries to meet demand
Systemic inequity of access to existing and novel therapies

Demand gap

Impact on health inequalities

Increased waiting times for certain patient groups e.g. sickle cell and rarer blood types

Substitutive supply which is less effective over time

Minority ethnic patients wait longer for organ transplants
Geographic disparity in access to organ transplants

People are dying and waiting too long for life saving organs and tissue transplants

Insufficient supply, meaning some patients are waiting longer and missing out on sight saving transplants

Inability to meet demand for immunoglobulin supply

Matching limitations for ethnically diverse patients

More alloimmunisation in ethnically diverse patients

Ethnically diverse people are less likely to receive an optimally matched donation

Some patients miss out on life saving therapies

- High priority enabling functions are being affected by the competitive domestic market and wider skills shortages, driving up the price and availability of scarce resources.
- We will act to fill gaps in our capacity and capability to enable delivery against the priorities and activities for 2023/24. We are likely to have particular needs in Digital, Commercial, Programme and Project Management and Professional Scientific roles.
- Short term contingency labour and professional services will be required, whilst developing our permanent workforce to meet long term demand.
- These interventions will be complemented by further improvement to recruitment processes, supporting our staff to improve retention, a holistic training and development offer, and using external support to ensure we are accessing the best and most diverse labour pool.

A high-level resource plan setting out the risks and mitigations, produced by the People and Finance Directorates, is set out slide 18.

We have identified areas where resource is a limiting factor to growth, transformation and operational activity, we are working to mitigate this through a variety of initiatives in the 23/24 financial year

Risk area	Staffing group	Impact	Mitigation
Change delivery	Project and Programme Managers	As we look to deliver more change programmes there is a requirement for more resources with a Project and Programme specialism which have proven difficult to recruit to in previous years	We are promoting more roles through social media which is creating more awareness of the opportunities existing within NHSBT. We are growing our in-house capabilities through permanent recruitment
	Digital, Data & Technology Services	<p>Some critical roles have, or are likely to become vacant, through the 2023/24 financial year and will require high levels of recruitment activity to access appropriate candidates.</p> <p>The salaries we can offer are below that of sectors outside the public sector and this impacts our ability to attract talent into the organisation. This is a particular concern in DDTS.</p>	<p>We are engaging with other public sector bodies to consider how critical roles, for example IT, remain financially competitive with roles in other sectors.</p> <p>We will create a dedicated recruitment microsite in 2023/24 which improves the experience for candidates when looking at vacant roles at NHSBT.</p>
Operational delivery of services	Blood collection & Blood manufacturing	As we look to build resilience into the Future Proofing of Blood and increase resilience in platelet collection, we envisage the requirement to recruit more Donor Carers and roles within Blood Donation teams, as well as the requirement to recruit roles supporting manufacturing of our products, and some additional clinical roles. The current estimated increase in roles is 90WTE.	Employee Value Proposition (EVP) which is being used to support the recruitment of roles across our Blood Donation Teams. The EVP has yielded positive results in the 2022/23 financial year creating wider interest in the roles available at NHSBT and we will look to increase the EVP across wider roles in the organisation in 2023/24
	Specialist Scientific staff	There is difficulty in recruiting to some of the specialist scientific roles in key locations of our operations, these are Colindale and Barnsley	<p>We are embedding a new operating model and resources to support recruitment to roles across the organisation, with a focus on providing tailored advice to specialist roles whilst ensuring operational delivery of the recruitment process.</p> <p>We have created a new strategic Education and Training Plan.</p>

Slide 7

1. Base year for the 2023/24 target is 2022/23
2. Base year for the 4–5-year target is 2022 i.e., the year the NHSBT strategy was launched. Some targets may be for shorter time horizons where appropriate
3. Blood OTIF – Order delivered to customer On Time and In Full
4. Supply-demand gap targets are based on volume (supply) as the most meaningful way currently available to measure performance against the overall supply-demand gap metric.
5. Black heritage donors are defined as donors of Black, Black British, Caribbean or African, mixed White and Black Caribbean and mixed White and Black African ethnicity. [Ethnicity - Office for National Statistics \(ons.gov.uk\)](#) & [Writing about ethnicity - GOV.UK \(ethnicity-facts-figures.service.gov.uk\)](#)
6. Black heritage representation in the whole blood donor base is for donors in England. Black heritage representation in the population of England and Wales is currently 6% (UK census 2021). Note 2021 UK Census data is not currently available disaggregated by nation, however the population of Wales is significantly less diverse than the population of England.
7. The 8.4% target for Black heritage donors is not aligned to (or intended to be aligned to) population representation. The Black heritage donor base target is driven by our need to recruit Ro donors to meet the forecast demand for Ro blood. The 8.4% target is significantly larger than the representation of Black heritage people in the population of England & Wales.
8. Ethnic minority donors are defined as Ethnic minorities (excluding White minorities) [Ethnicity - Office for National Statistics \(ons.gov.uk\)](#) & [Writing about ethnicity - GOV.UK \(ethnicity-facts-figures.service.gov.uk\)](#)
9. Fit panel donors are defined as Caucasian male donors under 40 years of age who have been Human Leukocyte Antigen (HLA) typed at an allelic level.
10. Stem cell donor targets are contingent on marketing funding and may be adjusted to reflect this. Totals include an estimated 6% p.a. attrition rate for donors reaching 40 years of age.

Slide 8

1. Base year for the 2023/24 target is 2022/23
2. Base year for the 4–5-year target is 2022 i.e. the year the NHSBT strategy was launched. Some targets may be for shorter time horizons where appropriate
3. Blood OTIF – Order delivered to customer On Time and In Full
4. GCF – Government Commercial Function
5. Scope 3 targets relate to a baseline calculated from sectoral average emissions for each supplier and are aspirational based on an annualised view of the change needed to reach Net Zero by 2040. In 2023/24 we will aim to validate the specific emissions for each of our top 40 emitting suppliers. The targets may be updated in light of this information.

Slide 9

1. Base year for the 2023/24 target is 2022/23
2. Base year for the 4–5-year target is 2022 i.e., the year the NHSBT strategy was launched. Some targets may be for shorter time horizons where appropriate
3. WRES – Workforce Race Equality Standard
4. WDES – Workforce Disability Equality Standard
5. Ethnic minority donors are defined as ethnic minorities (excluding White minorities) [Ethnicity - Office for National Statistics \(ons.gov.uk\)](#) & [Writing about ethnicity - GOV.UK \(ethnicity-facts-figures.service.gov.uk\)](#)
6. Engagement scores to be measured in Q1 and Q4 of 2023/24 – “in-year” refers to difference at Q4 vs Q1 baseline

Slide 10

1. Base year for the 2023/24 target is 2022/23
2. Base year for the 4–5-year target is 2022 i.e., the year the NHSBT strategy was launched. Some targets may be for shorter time horizons where appropriate
3. STRIDES – Strategies to Improve Donor Experiences
4. SIGNET – Statins for Improving Organ Outcome in Transplantation
5. SWIFT – Whole blood use in trauma
6. RESTORE - Recovery and survival of stem cell originated red cells
7. PAS – Platelet additive solution
8. DHSC – Department of Health and Social Care

Slide 11

1. Base year for the 2023/24 target is 2022/23
2. Base year for the 4–5-year target is 2022 i.e., the year the NHSBT strategy was launched. Some targets may be for shorter time horizons where appropriate
3. 2023/24 and 4-5 year £cost per litre targets are commercially sensitive
4. CAGT – Cellular, Apheresis & Gene Therapy
5. CBC – Clinical Biotechnology Centre
6. ACT – Advanced Cell Therapies
7. TAS – Therapeutic Apheresis Services
8. NICE – National Institute for Health and Care Excellence

Slide 15: Funding Breakdown

1. Provision of products and services shows estimated volumes of products and services against expected revenue