

# NHSBT Executive Team & Board Performance & Risk Report

October 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

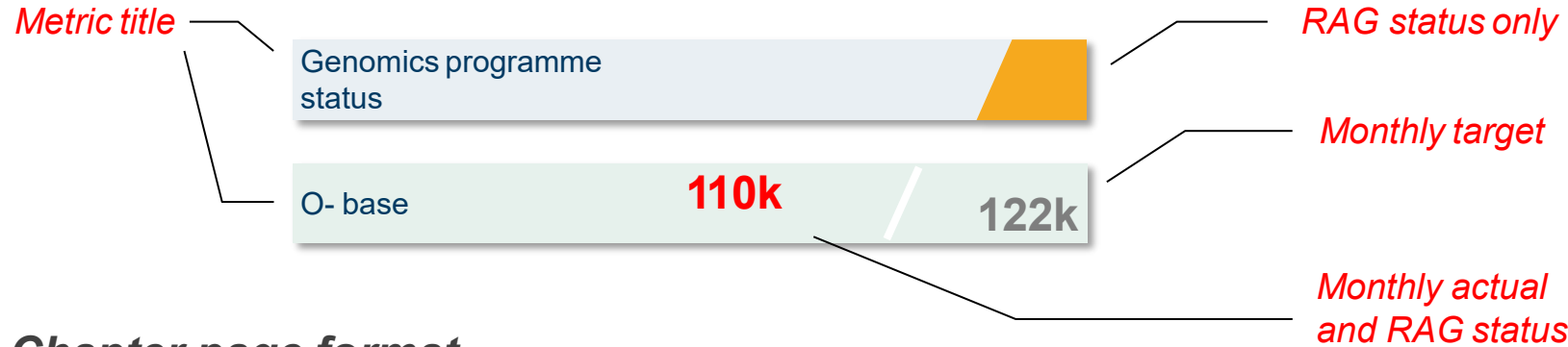


Blood and Transplant

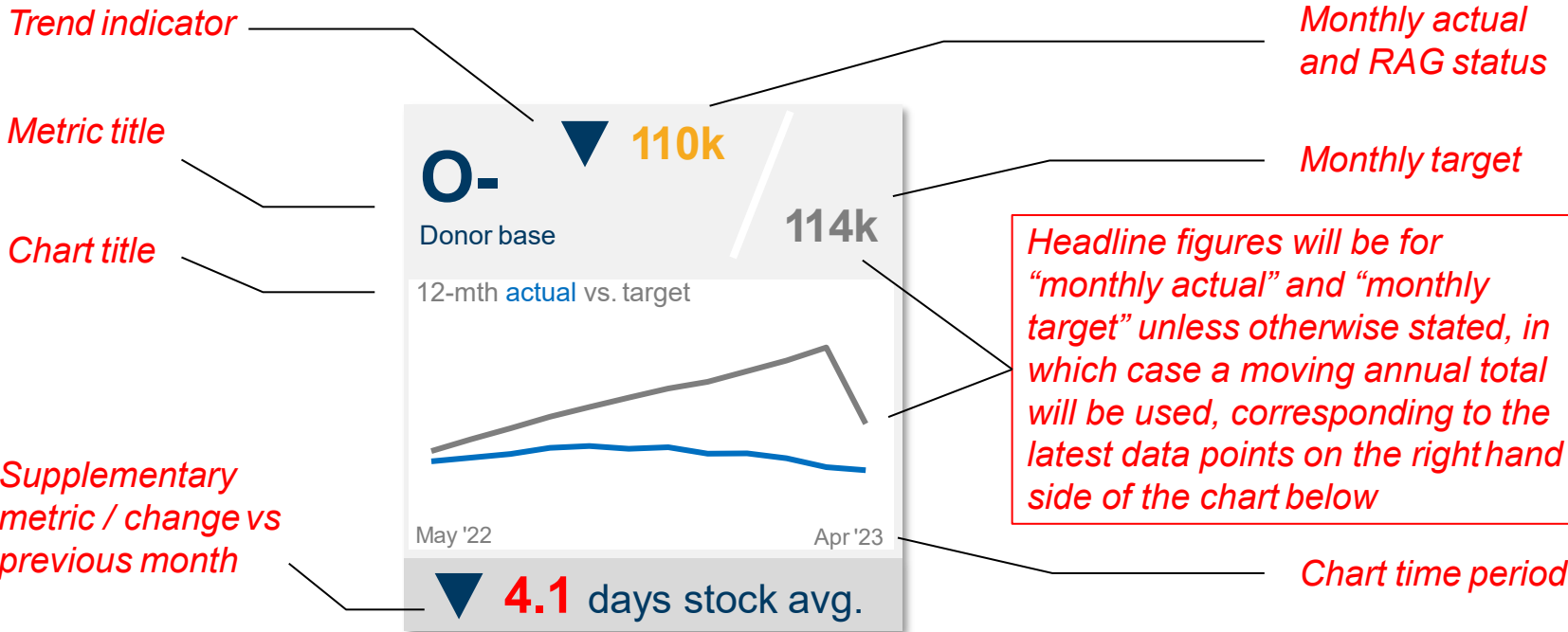


# How to read this report

## Dashboard page format



## Chapter page format



## Points to note

- This Performance Report is designed to be user-friendly, using a clear, simple and consistent approach to the presentation of metrics and data
- The report is structured around the strategic priorities of the NHSBT Strategy
- The most common data presentations for the dashboard page and chapter pages are outlined here
- RAG criteria have been adjusted and applied from October 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. Interventions put in place during October 2023 in response to declining O- and B- stocks have helped improve blood stock stability through November. Maintaining O- stock levels throughout the winter period will continue to require additional operational support.**

Blood stock stability has improved steadily in recent weeks to 6.7 (+0.3) dos overall with O negative at 3.6 (+0.9) dos by 22nd November, following a decrease in October. Red cell collections in October stood at 93.8% of business plan target, a 0.4pp decrease from September 2023. October ended with overall stock levels of 6.4 days of stock (dos), down 1.2 from 7.6 at the end of September, and O Neg 2.7 dos, down 1.8 dos from 4.5 days at the end of September. Activity to maximise collections of O neg and bring stock levels back to a target position remain in place. However, with donation frequency of O Neg donors already higher than for other donor groups, further increases in frequency are more challenging. Consequently, stock rebuilding is likely to continue throughout the winter.

### **2. Donor base size remains below plan; interventions in place to support O negative and B negative stock levels and other blood groups**

The decline in the donor base continued from September to October, dropping from 793.7k to 790.5k (795.6k target). Targets for the remainder of this year have been adjusted downwards as donor base growth slows as we enrich the plasma donor base through the switching of blood donors. However, this is the lowest position the donor base has been in since April 2022. O negative and B negative donors are currently being prioritised to tackle group level stock challenges, including reactivation activity and targeting new donors. More work is being undertaken to increase capacity on sessions to ensure more donors from across all groups can donate successfully, including activity to increase appointment slots and changes to processes to reduce cancellations.

### **3. Recruitment 'Time to Offer' has begun to respond to interventions following a challenging Q2.**

Time to offer improved to an average of 13 weeks in October falling 1.2 weeks from an average of 14.2 weeks in September. Confidence of achieving the 11-week target by the end of March 2024 is high. The recruitment pipeline has stabilised following significant peaks in demand through Q1 and Q2 and the recruitment team is now fully established with a new operating model in place which allows more effective management of demand for recruitment services.

### **4. Recovered Plasma for Medicine (rPfM) collections have caught up the YTD gap caused by under recovery early in 23/24 and are now ahead of target, despite whole blood collection remaining lower than plan. Sourced Plasma (sPfM) continues to underperform primarily due to lower appointment fill rates.**

Overall recovery of plasma from whole blood (for both medicine and diagnostic use) in October is 7.8% above target despite collection of 6.2% less whole blood than planned. PfM collection in October was 14.3% ahead of target (15,242 litres vs. 13,332 litres) and has now closed the year-to-date gap caused by under recovery earlier in the year. Sourced Plasma continues to underperform due to the donor base not growing as quickly as planned, and available appointment slots which are not being filled. Twickenham continues to support the Futureproofing programme with the collection of whole blood. The regular plasma donor base was 3,945 which was 23% below the target of 5,136. The back to green plan is focusing on switching lower priority whole blood donors to donate plasma, increasing capacity at Twickenham and a wider media campaign to encourage plasma donation.

### **5. Tissue & Eye Services (TES) income is below plan due to low donation rates and operational difficulties impacting ability to issue products to customers.**

TES reported October income 13% behind target (-£240k). The drivers for this were in-month ocular donation rates not matching October's new, higher target and operational difficulties in Tissues. These have impacted ability to issue products and generate income across the product range with Tissues (-£82k), Ocular (-£119k), Cardiovascular (-£79k) and Serum Eyedrops (-£18k) behind target. With corneal donation rates lower than plan, TES have been unable to meet the significant increase in the Ocular income target. Year-to-date income is now 2% behind target (-£312k). Comparison of YTD 2023/24 sales with last financial year indicate a significant reduction in value, particularly Tendons (-£125k), Processed Bone (-£130k) and Cardiovascular (-£118k) though growth in Serum Eyedrops is expected to balance these market changes. Results from the latest customer service survey results are encouraging with 76% top box satisfaction (target 80%) up 15pp, however the main issue for customers remains unavailability of tissues, particularly corneas.

# Performance summary against most important strategic targets

<b>Grow and diversify our donor base</b> to meet clinical demand and reduce health inequalities			
Red Cell Units Collected	119,792 ▼	127,737 <sup>1</sup>	Organ consent rate YTD (total) <b>61%</b> = 66%
% Whole Blood Demand Met by Collection (Month)	98% <sup>2</sup> =	100%	Organ consent rate YTD (Ethnic Minority) <b>31%</b> = 43%
Size of Whole Blood donor base (MAT)	791k ▼	796k	Organ transplants – living & deceased <sup>4</sup> (MAT) <b>4,620</b> ▲ 4,615
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> <b>28%</b> ▲ 27%
On Time In Full (OTIF) incl. Ro (YTD)	96.8% ▼	97.7%	Cornea Donors (YTD) <b>1,490</b> ▼ 1,228
Plasma collected (sourced and recovered), litres (YTD)	75,814 ▲	78,224	Corneas Issued (YTD) <b>2,191</b> ▼ 2,020
Size of regular Plasma donor base (MAT) <sup>3</sup>	3,945 ▼	5,136	British Bone Marrow Registry (BBMR) Fit-Panel vol. <b>108.8k</b> ▲ 111.6k

<b>Modernise our operations</b> to improve safety, resilience and efficiency			
Blood stock stability Average days of stock	7.0 ▼	5.5 – 8.0	
Serious Incidents raised <sup>5</sup>	0 (6 YTD) ▲	---	
Critical Infrastructure availability	99.55% ▼	99.95%	
Top quartile performance in productivity benchmarks	2 =	3	
Incremental savings (full year forecast)	£6.7m =	£8.2m	
Reduction in scope 1&2 CO <sub>2</sub> emissions vs. 2020/21 baseline	21% =	---	

<b>Invest in people and culture</b> to ensure a high-performing, inclusive organisation			
Ethnic Minority Band 8A+	14.6% ▲		
Employee Turnover	13.8% ▲	15%	
Recruitment – Time to Offer (weeks)	13.0 ▼	11	
Vacancy Fill Rate	89% =	88%	
Sickness absence rate	5.5% ▲	4%	
Harm Incident Rate NHSBT (Incident rate per 1000 employees)	7.9 ▲	8.3	

<b>Drive innovation</b> to improve patient outcomes			
Genomics programme status	=		
No. of transplants per donor - deceased (MAT)	2.47 ▼	2.51	
Component Development Clinical Trials			
Whole Blood (SWIFT)	=		
Universal platelets & universal plasma	=		
Dried Plasma	=		

<b>Collaborate with partners</b> 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	67,220 ▲	67,794	
Cell, Apheresis & Gene Therapies Income (YTD)	£22.5m ▼	£23.9m	
Clinical Biotechnology Centre Income (YTD)	£0.8m ▼	£2.5m	
Tissue & Eye Services YTD income	£9.68m ▼	£9.83m	
Transfusion 2024 programme status	=		

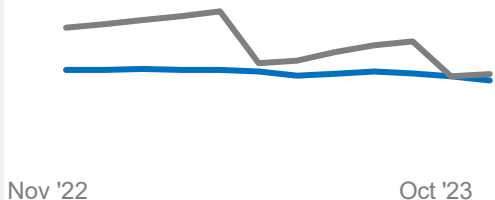
<sup>1</sup>Target based on forecast collection    <sup>2</sup> Based on actual demand    <sup>3</sup> MAT = moving annual total    <sup>4</sup> reported one month in arrears    <sup>5</sup> incidence metric – target removed    <sup>6</sup> rPfm = recovered Plasma for Medicine





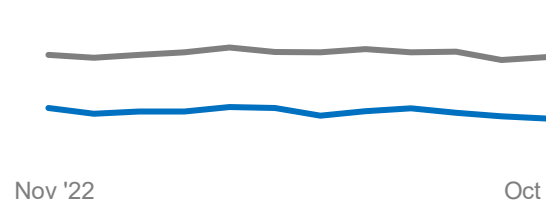
**Whole Blood Donor base** **791k** / **796k**

12-mth **actual** vs. revised target



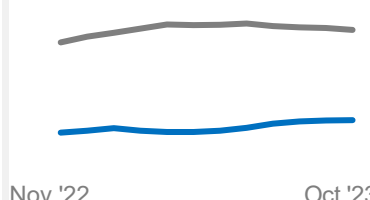
**Red Cell Units Collected** **119.8k** / **127.7k**

12-mth **MAT actual** vs target (based on forecast collection)



**Ro Collection MAT** **47.4k** / **56.9k**

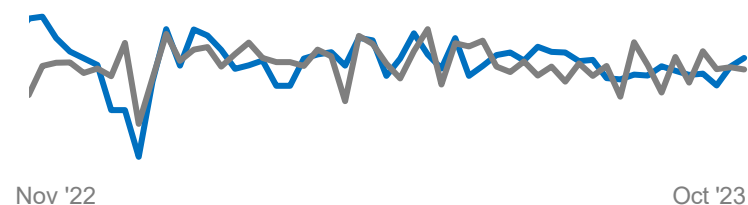
12-mth **MAT actual** vs. target



**Whole Blood % of demand met by collection** **98%**

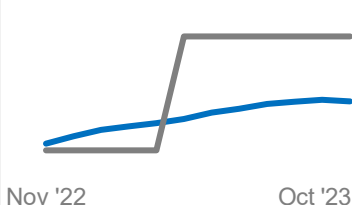
Current month collection insufficient to meet demand for whole blood

12-mth **actual collection** vs. actual demand



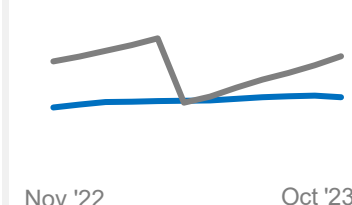
**Black Heritage representation in donor base** **2.6%** / **3.1%**

12-mth **actual** vs. target



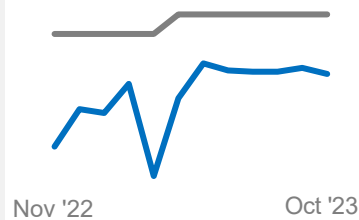
**Ro Donor base** **26.5k** / **29.0k**

12-mth **actual** vs. target



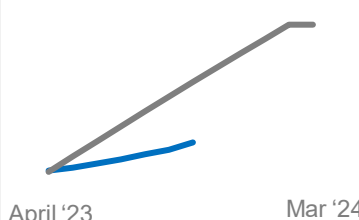
**On Time In Full incl. Ro (YTD)** **96.8%** / **97.7%**

12-mth **actual** vs. target



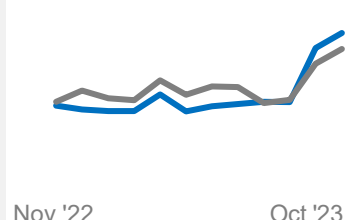
**Regular Plasma donor base** **3,945** / **5,136**

Current year **actual** vs. target



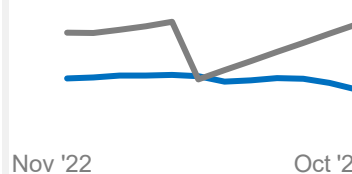
**Plasma Sourced & Recovered PfM Collections** **75,814** / **78,224**

12-mth **actual** vs. target



**O- Donor base** **110k** / **117.3k**

12-mth **actual** vs. target



**2.7** days of stock 31/10

## Insight and Commentary

### Donor Bases:

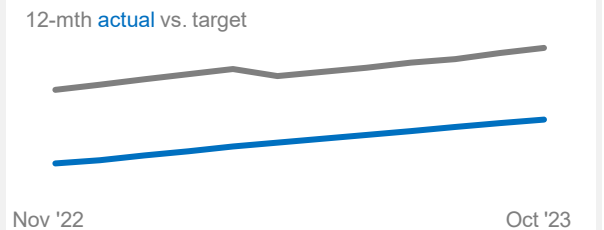
- The decline in the donor base continued, falling to 790.5k in October (795.6k target), the lowest point since April 2022.
- The focus through October was maximising O Neg and B Neg collections to increase stock levels. B Neg fell to 3 days and O Neg fell as low as 2.4 days of stock in month with interventions made to increase donations. All inactive and lapsed donors were contacted via email and there was increased National Call Centre (NCC) and media activity. Average weekly O Neg and B Neg bookings rose by 9.3% and 9.7% in October. Forecasts suggests B Neg will return to its target levels, but O Neg will continue to require support throughout the Winter to keep it at a comfortable level.
- With appointments for O Neg and B Neg groups prioritised there were fewer slots for existing regular donors. Inactivated donors grew to 28,482, but low growth of new donors donating (NDD), and reactivated donors were insufficient to offset this, and the overall donor base dropped.
- After 15 consecutive months of growth, Black Heritage donor numbers fell by 187 to 20.4k donors (20.5k in August). Ro donors also fell by 125 donors, to 26.5k donors (29,679 target).

### Plasma:

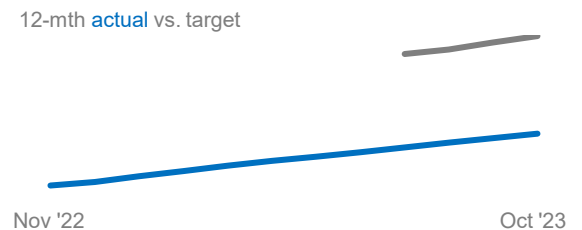
- Recovered Plasma for Medicine (rPfM):** We recover plasma from whole blood donations. This is manufactured into either Plasma for Medicines (PfM) or Plasma for Diagnostics (PfD). During 23/24 the proportion of PfM that is being collected will increase and the amount of PfD will decrease as we utilise different types of blood packs to make PfM. PfM collection in October was 14.3% ahead of target (15,242 litres vs. 13,332 litres) and has now closed the YTD gap from under recovery earlier in the year (now 2.7% ahead of YTD target on the 12<sup>th</sup> November).
- Sourced Plasma for Medicine (sPfM):** Volumes collected were 1,386 litres (12.6% behind target of 1,585 litres) in October. Twickenham continues to support Blood Supply Futureproofing with the collection of whole blood. The regular plasma donor base was 3,945 which was 23% below the target of 5,136. The back to green plan is focussing on switching lower priority whole blood donors to donate plasma, increasing capacity at Twickenham and a wider campaign to encourage plasma donation.
- The reduced volume in sPfM will not affect the overall target volume of PfM for fractionation as this is mitigated by the collection plan for rPfM. However, it is essential that sourced plasma collection centres deliver volumes as planned, to meet target.
- The overall target for rPfM & sPfM in FY 23/24 is 160kl with 67kl collected YTD. Total collection for fractionation is now 161kl. Currently we forecast achieving the 250kl target by May 2024 in line with plan.



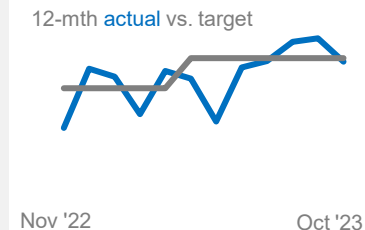
**Organ Donor Register<sup>1</sup> (Opt-In Register - Total)** **27.95m** **29.09m**



**Organ Donor Register (Opt-In Register Eng. & Wales)** **23.87m** **25.00m**



**Net Promoter Score (CM)** **86.9** **87**

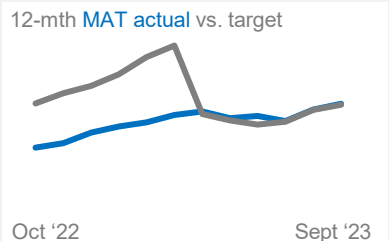


## Insight and Commentary

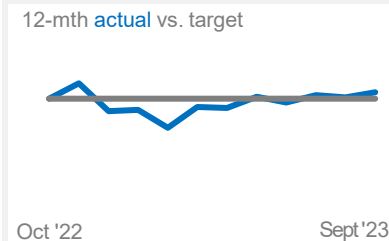
### Organs

- The DBD (donation after brain death) and DCD (donation after circulatory death) consent/authorisation rates for organ donation were both green during October, consequently, the YTD rate has returned to 61%, but remains amber.
- We remain on track for deceased donors and transplants YTD, despite an amber month for transplants due to more DCD than DBD and a relatively low rate of transplants per DCD donor (2.04) in October. The YTD DBD:DCD ratio now stands at 49:51, and transplants per donor YTD has fallen slightly to 2.45. DCD donor utilisation is therefore thought to be a key driver for donation performance YTD.
- The ethnic minority consent/authorisation rate remains at 31% YTD (red), while the ethnic minority proportion of deceased and living donor transplant recipients remains green.
- Overall living donation activity remains largely on track, with some delays in scheduling UK Living Kidney Sharing Scheme (UKLKSS) transplants. UKLKSS new donor-recipient registrations are slightly lower than pre-pandemic, which is impacting on pool size and diversity and, hence, numbers of transplants.

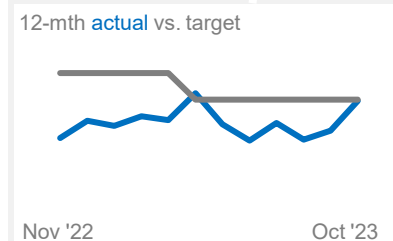
**Living & Deceased donor transplants (MAT 1 month in arrears)** **4,620** **4,615**



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



**Organ Consent/Authorisation YTD** **61%** **66%**



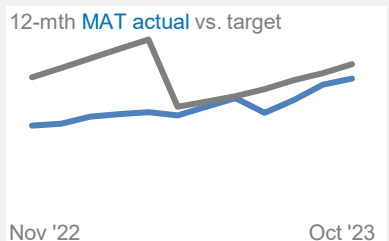
**Ethnic Minority organ consent rate YTD** **31%** **43%**



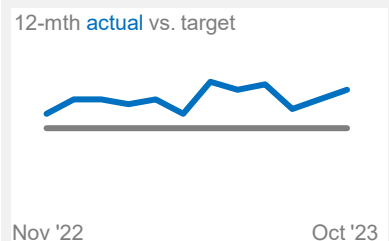
### Net Promoter Score (NPS) – Blood & Plasma Donation

- NPS had risen consistently from a low of 84.9 in May 2023 to 87.7 in September, before dropping to 86.9 in October, and achieving year to date amber status of 86.7. Donor satisfaction decreased by 1pp in month to 82.9% from 83.9% in September and 82.6% YTD. Appointment cancellations continue to be the main reason for complaint.

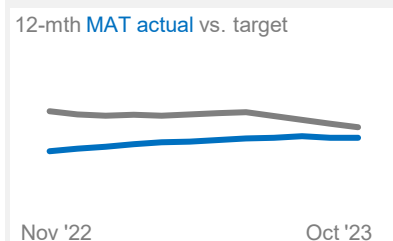
**British Bone Marrow Registry Fit-Panel volume (MAT) Panel volume** **108.8k** **111.6k**



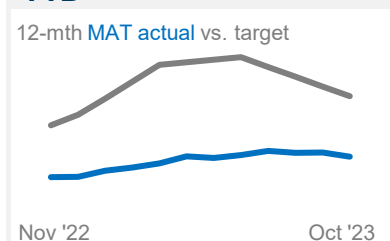
**EM % of New Stem Cell Fit Panel Donors BBMR Registry** **28%** **20%**



**Cornea donors YTD** **1,490** **1,228**



**Corneas issued for transplant YTD** **2,191** **2,020**



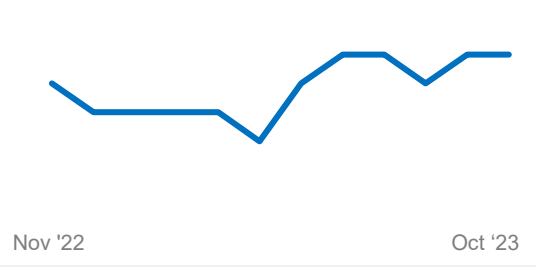
### Ocular

- The average weekly ocular donation rate increased in October to 49 donations a week, compared to the previous month average rate of 42 per week. Ocular stock levels have increased in month to 276 at the end of October (target of 300, 234 in September)
- The consent rate for ocular donation from organ donors is 54% YTD (4 pp lower than the same period last year) and the proportion of consented organ donors who donated eyes is 29% YTD (5 pp lower).
- Work to increase cornea supply is advancing with initial contact made with six Trusts to increase referral levels through new Eye Retrieval Schemes.

**Serious Incidents Raised** ▼ **0** ---

YTD = 6

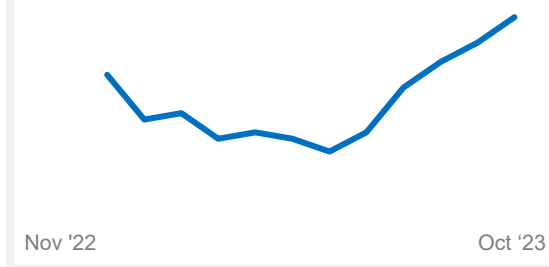
Moving annual total actual



**SABRE<sup>1</sup> Incidents** ▲ **8** ---

YTD = 39

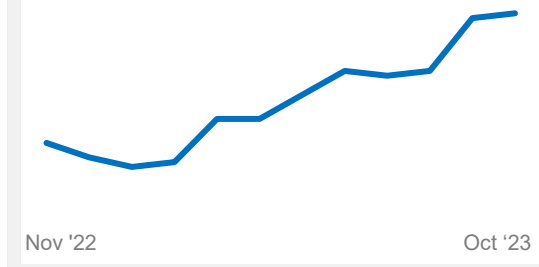
SABRE reports to MHRA moving annual total actual



**SAEAR<sup>2</sup> Incidents** ▼ **8** ---

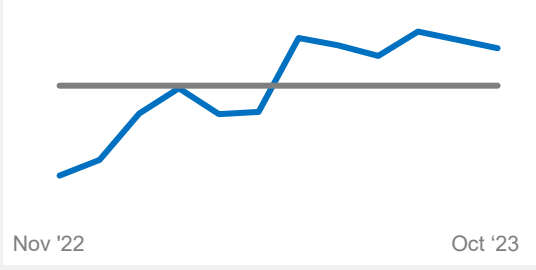
YTD = 68

SAEAR reports to HTA moving annual total actual



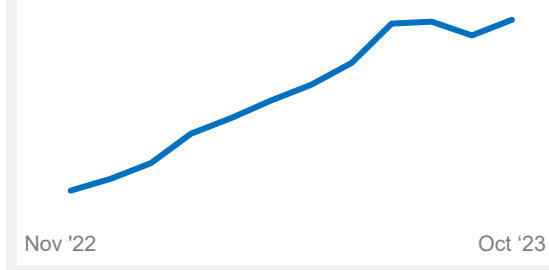
**Overdue Document Review (QMS)<sup>3</sup>** ▲ **1.03%** <1%

Moving annual total actual vs. target



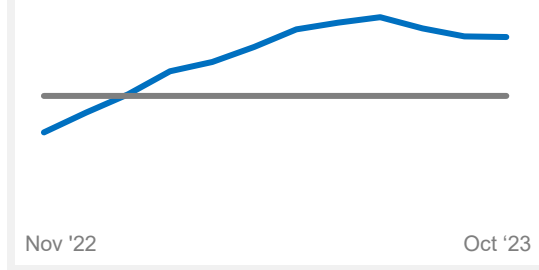
**Overdue Internal Majors (QMS)** ▲ **14** 0

Moving annual total actual



**Overdue Events excl. documents (QMS)** ▲ **235** <220

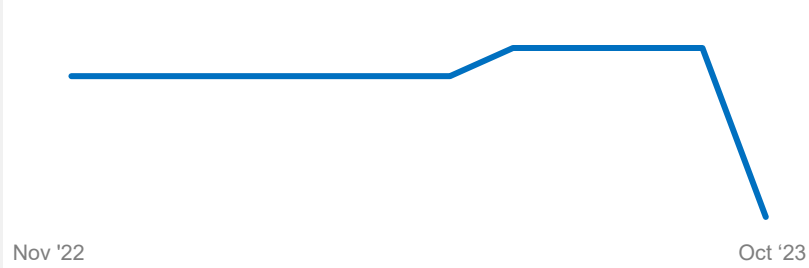
Moving annual total actual vs. target



**External Majors** = **0** ---

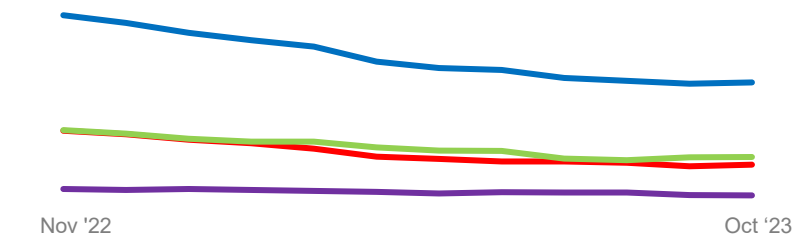
YTD = 1

Moving annual total actual



**Major Adverse Events** = **55** ---

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



**Insight & Commentary**

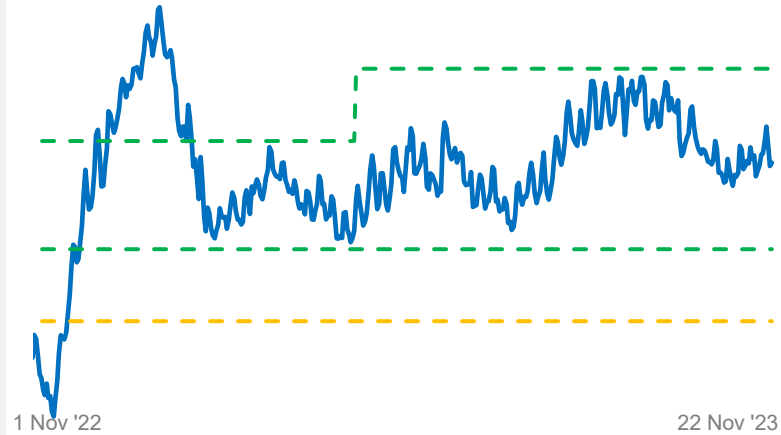
- There were two regulatory inspections in October. Firstly, the MHRA<sup>4</sup> inspected the Manchester and Lancaster sites under the BEA (Blood Establishment Authorisation) licence. The outcome of the inspection was good, with only four findings raised, none of which were classed as Majors. Furthermore, the HTA<sup>5</sup> inspected the research licence at Liverpool. Whilst a formal report from the HTA inspection is yet to be received, initial feedback suggests that the outcome is positive with no Major shortfalls.
- The Plasma fractionator (Octapharma) inspected three of our sites in the month of October and gave an overall positive feedback with some recommendations.
- Performance against the corporate overdue events KPIs declined compared to the previous month, with only the first KPI (for no more than 1% of documents to be overdue a review) being narrowly met at the end of October. Activities to reduce the volume of overdue QMS events are continuing.

1 Serious Adverse Blood Reaction Events (MHRA)  
2 Serious Adverse Events & Reaction (HTA)  
3 Quality Management System  
4 Medicines & Healthcare products Regulatory Agency  
5 Human Tissues Authority

**Blood stock stability** ▼7.0 Avg. Oct 23  
 Average days of stock **6.4** Actual 31/10  
 Actual days of stock **6.7** Actual 22/11

5.5 – 8.0

12-mth actual vs. 4.5 day limit and 5.5 – 8.0 target range



**Incremental savings** **£6.7m**  
 (full year forecast)

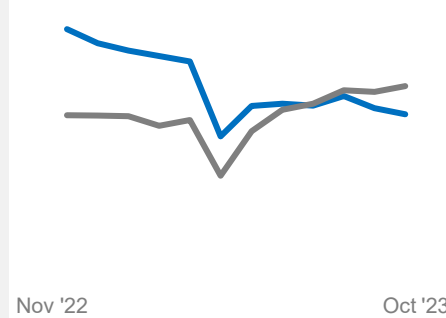
**£8.2m**

**% Commercial Pipeline Savings YTD** --- **2%**

**Hospital services productivity**  
 Annualised YTD

▼ **33,685** / 34,449

Annualised YTD Actual vs target



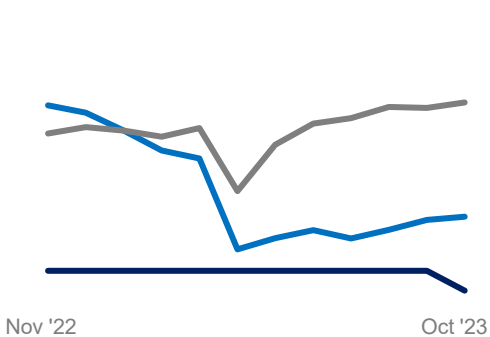
**Insight and Commentary**

- Red cell collections stood at 93.8% of business plan target, a -0.4pp decrease from September 2023. Since July 2023, the gap between business plan target and actual collections has increased month on month; in the financial year to date collections stand at 95.9% of target. Red cell issues increased when compared to September 2023 (+3.3%) but remained 2.3% below forecast demand.
- In relation to O Neg and B Neg stocks, actions to increase targeted marketing activity, capacity and donations have proven to be effective in stabilising stocks in the short term; these activities remain in place to ensure stock building, however, longer term projections, based on capacity and donor activity suggest potential winter pressures. Oversight of this and improvement actions are being managed routinely through Blood Operations Leadership Team (BOLT).
- On Time, In Full performance has decreased marginally from the previous month (-0.1pp) to 96.8%. Whilst performance is below target, it does demonstrate a settled pattern, with no real variation since May 2023. Both 'On Time' and 'In Full' measures reflect this stability.
- Across Blood Supply 7.2% of available time was lost due to sickness absence (6.7% in September 2023); this increase has been driven by increased short-term sickness (+0.6%) and it should be noted that this is the third consecutive month in which short term sickness has increased; long term sickness has fallen slightly to 2.0%. It remains the case that nearly two thirds of cancellations are caused by sickness.
- At an overall level NHSBT cancellations have decreased, for the third consecutive month, to 9.0% of booked appointments (3.7% advanced cancellations, 5.3% short notice cancellations). In actual terms however, short notice cancellations increased from 44.3k in September to 55.1k in October.
- Overall, Blood Donation teams are above budgeted establishment, however there are variations at team level where staffing pressures remain. Currently there are 12 collection teams operating a reduced collection programme due to staffing.
- The Blood & Group incremental savings target of £8.2m is factored into 2023/24 budgets. Current full year forecasts indicate a £0.4m favourable outturn in Group offset by a £4.85m adverse outturn in Blood Supply.

**1. Manufacturing productivity**  
 Annualised YTD

▲ **10,088** / 11,417

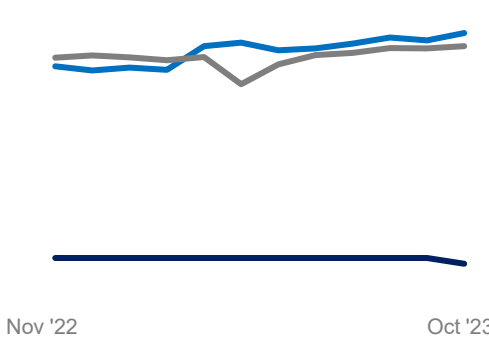
Ann. YTD Actual vs target vs EBA top quartile benchmark



**2. Testing productivity**  
 Annualised YTD

▲ **33,697** / 32,430

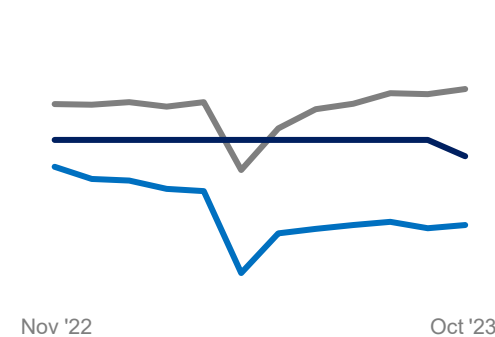
Ann. YTD Actual vs target vs EBA top quartile benchmark



**3. Collection productivity**  
 Annualised YTD

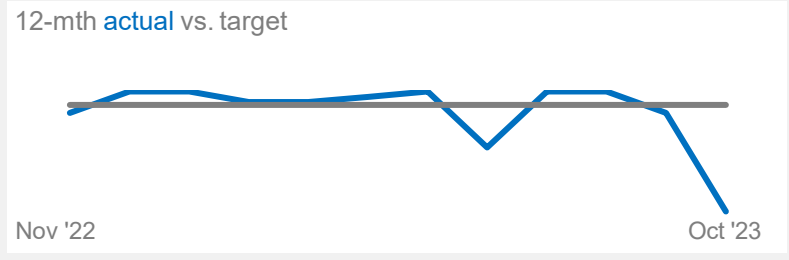
▲ **1,138** / 1,346

Ann YTD Actual vs target vs EBA top quartile benchmark

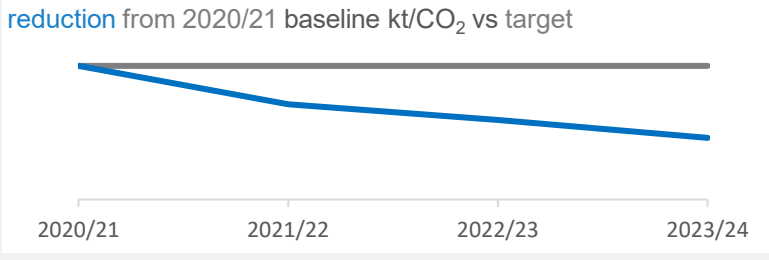




**Overall Critical Infrastructure (CI) Availability** ▼ **99.55%** / **99.95%**



**Reduction in scope 1&2 CO<sub>2</sub> emissions vs. 2020/21 baseline** **21%** / ---



**Insight and Commentary**

- Availability targets set for Key Public Systems (KPS) and Key Hospital Services (KHS) were successfully met, except for Critical Infrastructure (CI) due to a National Transplant database (NTxD) outage.
- The NTxD outage stemmed from a highly unusual occurrence where a specific data input for an organ recipient surpassed our system limits. Consequently, the system's processing capabilities were affected. Importantly, this outage was not linked to any infrastructure failure. In response, NHSBT and our third-party partners introduced a range of measures and recommendations to minimise the likelihood of a similar incident in the future.
- Consistent with our approach to past incidents, we've recently improved NTxD performance. Furthermore, we're actively addressed issues that affected availability in September, with measures in place to prevent its recurrence. These efforts underscore our commitment to the continuous enhancement of our systems.

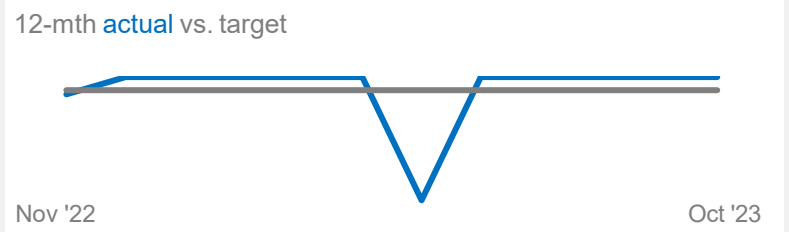
**Overall Key Hospital systems Availability** = **100%** / **99.90%**



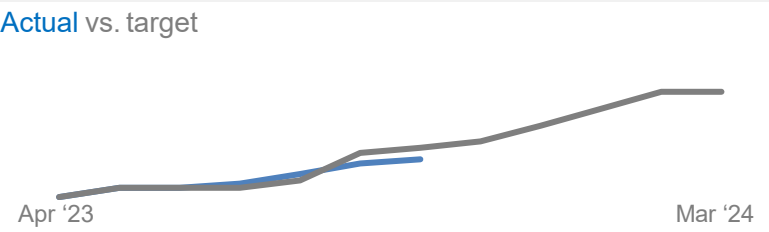
**Information Commissioner's Office Incidents** = **0** / ---



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



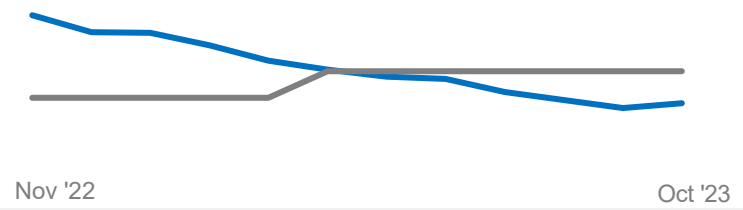
**Bus. Continuity Plans Reviewed YTD** = **36%** / **42%**





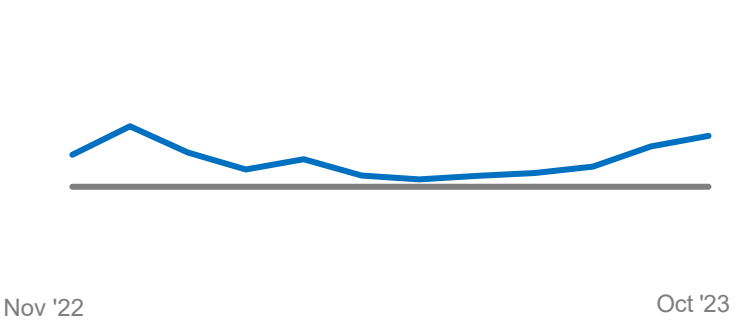
### Employee Turnover % ▲ 13.8% / 15%

12-mth actual vs. target



### Sickness Absence ▲ 5.5% / 4%

12-mth actual vs. target



### Insight and Commentary

#### Recruitment & Retention

- Time to offer improved in October, returning to 13 weeks, from 14.2 weeks in September albeit tracking above target of 11 weeks. The percentage of successful recruitment remained steady at 89% vs target of 88%.
- Recruitment demand continues to rise. October witnessed the highest number of appointments made since January 2023, attributed to spikes in recruitment requests in May and July, particularly from Blood Donation, feeding through the system.
- New monthly reporting dashboards are now available to directorates facilitating engagement and management of the recruitment process and performance.

#### Sickness absence

- Sickness absence has risen to 5.5% overall from 5.2% last month. The primary causes of short-term sickness are coughs, colds and influenza, stress and anxiety.
- Sickness absence in Manufacturing and Logistics increased to 7.5% in October compared with 6.2% in September, attributable to increases in longer term absence of 4 weeks+. Additional targeted support is being provided to assist management of long-term absence cases.
- Sickness absence in Blood Donation remained steady at 7.2% in October compared with 7.1% in September

#### Staff Turnover

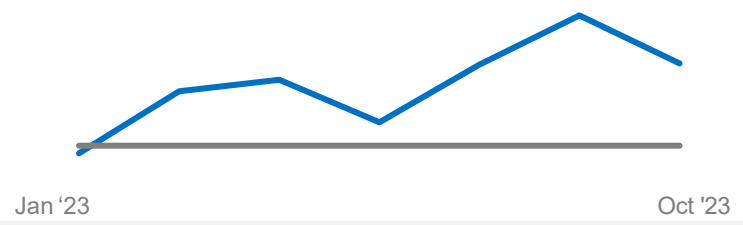
- Having peaked at 18.1% between April and July 2022, staff turnover decreased steadily, reaching 13.6% in September before increasing 0.2pp to 13.8% in October.
- Staff turnover in Blood Donation increased 0.2pp to 21% in October, equal to target of 21%. Of the five operational regions, turnover falls between 15-20% in North and Central regions, 20-25% in East and West regions and 25-30% in London and the Southeast.

#### Learning & Management Development

- The proportion of middle managers engaged in recordable development activity is 22%, down 2.3pp from 24.3% in September (vs .target of 15%)

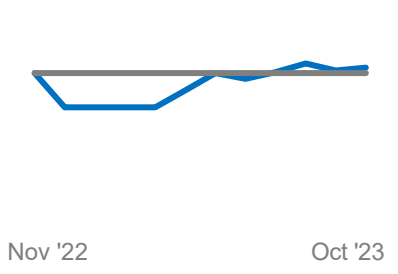
### Time to Offer weeks ▼ 13.0 / 11.00

Actual vs. target



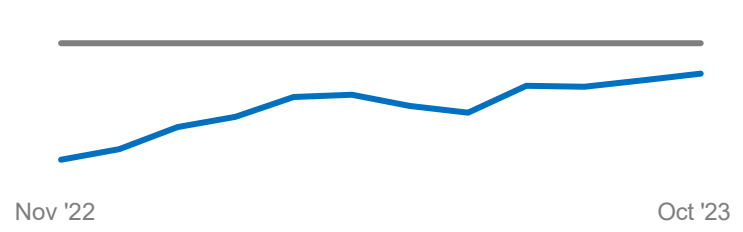
### Mandatory Training compliance ▲ 95.3% / 95%

12-mth actual vs. target



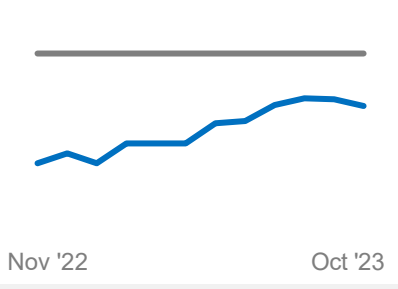
### Vacancy Fill Rate % = 89% / 88%

12-mth MAT actual vs. target



### PDPR completion ▼ 89.8% / 95%

12-mth actual vs. target





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

▲ 14.6%

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



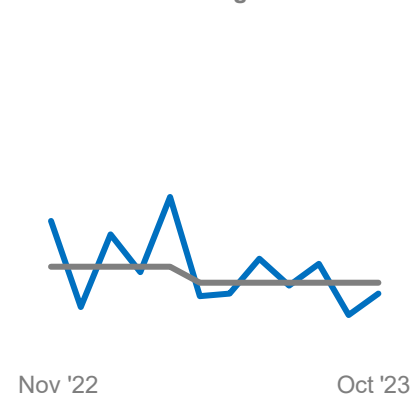
### Harm Incident Rate\* NHSBT

▲ 7.9

8.3

\* Incident rate per 1000 employees

12-mth actual vs. target



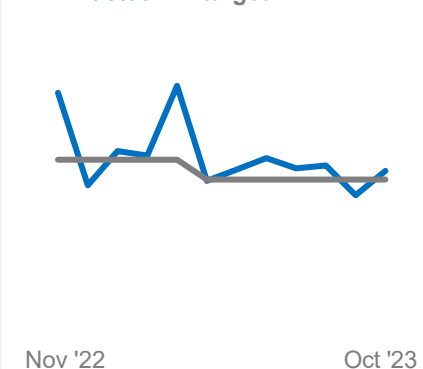
### Harm Incident Rate\* Blood Supply

▲ 13.2

12.6

\* Incident rate per 1000 employees

12-mth actual vs. target



### Insight and Commentary

#### Ethnic Minority % Band 8A+

- The % of ethnic minority staff at Band 8A and above continues to increase slowly from 13.4% in April 2023.
- Following a static period of 14-14.1% since May 2023, it has increased to 14.6%, its highest level since June 2022.

#### Harm Incidents

- The NHSBT harm accident incident rate fluctuates above and below target and now stands below target at 7.9, an increase of 0.8 from September.
- Blood Supply harm accident incident rate has been more stable since April 2023, albeit largely above target. After dropping below target for the first time in September, the rate has risen by 1.7 to 13.2 in October, above target of 12.6.
- A review of all blood supply harm incidents over the past 5 years has shown that Manual Handling, Equipment Faults, Slips Trips and Falls, Hit by Object, Impact by Stationary Object incident categories make up 57% of incidents. A winter wellbeing safety topic is being developed with Internal Comms to demonstrate how these incidents can be reduced.

#### Declaration Rates

- The Disability declaration rate reported in September as 40% has been amended to 32%. It remains above target of 27%
- Sexual orientation declaration rate also continues to increase but at a slower rate, reaching 74.2%, below 80% target.

#### Freedom to Speak Up

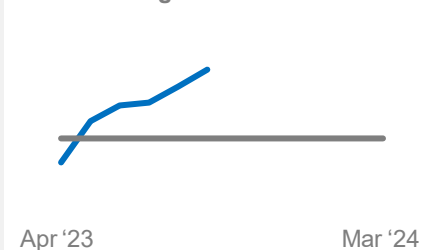
- There were 13 new concerns in October, the reasons for which include inappropriate attitudes/behaviours, management/ HR process issues and staff safety.
- The total number of open FTSU concerns at the end of October was 36.

### Disability Declaration Rate

▲ 32%

27%

Actual vs. target



### Sexual Orientation Declaration Rate

▲ 74%

80%

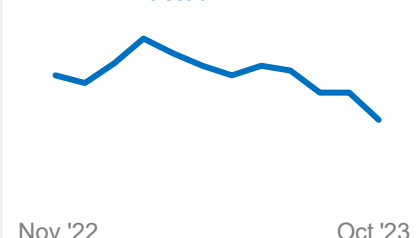
Actual vs. target



### Number of FTSU Concerns Raised in month

▲ 13 (+5)

12-mth MAT actual





Genomics programme status



Strategies to Improve Donor Experiences (STRIDES) status



Our Future Health recruitment status



Blood Transfusion Genomics Consortium status



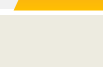
Nanopore status



NHSE funded project



Component development clinical trials



Whole blood use in trauma status



Universal plasma and universal platelets status



Dried plasma status



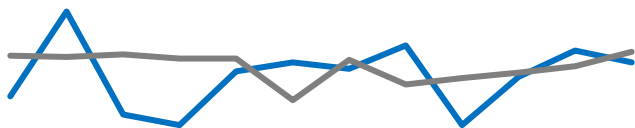
No. of organ transplants –dec'd

2,191

YTD

2,174

12-mth actual vs. target



Nov '22

Oct '23

No. genotyped (STRIDES) MAT

54,614

66,738

12-mth actual vs. target



No. recruited for Our Future Health (OFH) programme

47,354

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12-mth actual vs. target



Jun '23

Oct '23

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

2.45

YTD

2.51

12-mth actual vs. target



Nov '22

Oct '23

Insight and Commentary

Genomics Programme

- **Strategies to Improve Donor Experiences (STRIDES):** 55k STRIDES donors typed to date; automated data transfer from University of Cambridge close to go-live
- **Our Future Health (OFH) recruitment:** 47.3k donors have consented; 5.2k samples collected; Phase 3 team training complete; training underway for phase 4 teams
- **Blood Transfusion Genomics Consortium (BGC):** Awaiting pre-clinical study (PCS) stage II report and PCS stage IV analysis
- **Nanopore collaboration:** Change request to update resources and complete project internally approved by Programme Board; to SMT/CPB approval December 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:** MHRA emergency use authorisation being sought; sample collection delayed until early 2024; equipment received in Filton; reprofiled activity extending contract to March 2025 submitted to NHSE.
- **Digital Capability:** Tactical solution for Sickle Cell typing project and market engagement for a longer-term Platform as a Service (PaaS) solution progressing. Waiting to receive licensing agreements for the SuperCompute system; build of transformational tool has started.
- **HaemMatch:** Seven workstreams progressing; data access application completed and submitted for NIHR BioResource workstream; plan to advertise for additional data engineers.

Component development clinical trials

- **Whole blood use in trauma:** 9 trial sites (air ambulances) opened to date; final site to open in December; 302 participants recruited to date (36%). Working to planned timescales despite impact of amber alert; some risk of overspend as a result. New Zealand & Canada to join trial.
- **Universal plasma/platelets:** £1.6m investment approved to build on R&D work ahead of a clinical trial. Key supplier unable to commit beyond 2023 so technical work under revision and alternative technologies being investigated. Other work packages progressing.
- **Dried plasma** £5m project ongoing; facility build due to be completed in November; re-baselining milestones with MoD due to project delays selecting equipment supplier.
- **RESTORE clinical trial (Recovery and Survival of Stem Cell Originated Red Cells):** 14 doses of manufactured red cells given to 5 participants so far. External support provider required to complete MHRA-mandated works; trial schedule and £ revision required.

Organ transplant and utilisation

- The organ utilisation rate remains lower than planned at 2.45 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 49:51 YTD
- DCD donor utilisation is therefore thought to be a key driver of donation performance.





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

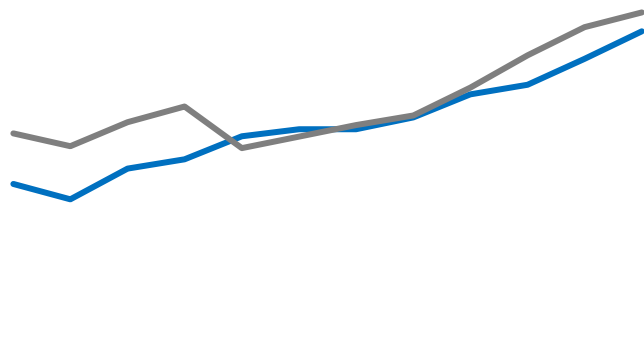
**£22.5m**

YTD

excl. DHSC Grant in Aid funding;  
12-mth CAGR 11%

**£23.9m**

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



Nov '22

Oct '23

### Clinical Biotechnology Centre income

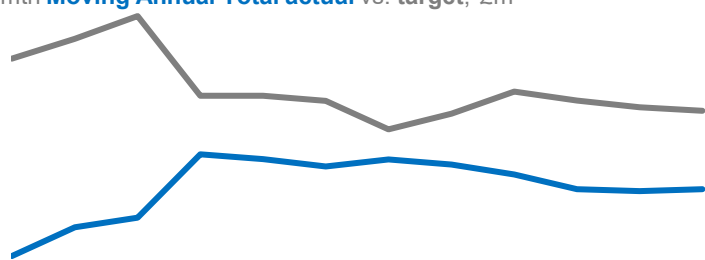
**£0.81m**

YTD

12-mth CAGR 34.7%

**£2.48m**

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



Nov '22

Oct '23

### Transfusion 2024 programme status

=



### Advanced Cellular Therapies Income

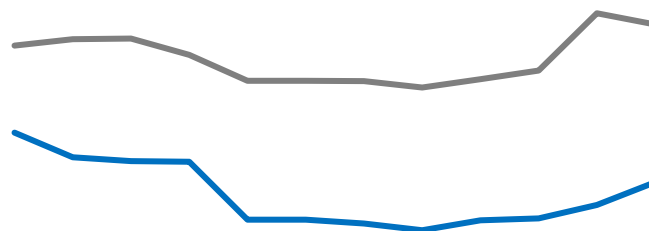
**£0.56m**

YTD

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

**£0.99m**

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



Nov '22

Oct '23

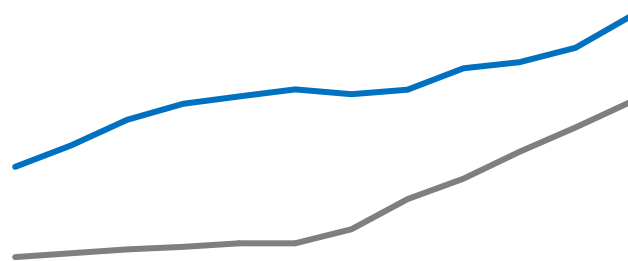
### Therapeutic Apheresis Services no. of procedures

**6,970**

YTD

**6,882**

12-mth Moving Annual Total actual vs. target



Nov '22

Oct '23

### Insight and Commentary

#### Transfusion 2024 Programme

- The business case to develop and implement our future approach to managing blood stock data with hospitals is continuing, but slower than planned; information needed from Hospital Laboratory Information Management Systems (LIMS) suppliers on costs of automated data extraction from their systems.
- Three hospitals are now live with electronic requesting and reporting for the Fetal RHD service, with four more delayed until December due to hospital staff availability.
- Red Cell Immunohematology's (RCI) remote interpretation project; 4 hospitals now live with Pathlinks Pathology network and 4 with East and South-east London Pathology Partnership; two more sites committed to pilot.
- The link to the National Haemoglobinopathy register moved to amber status now that data sharing document signed by NHSE and supplier. Final testing to begin in December ahead of go-live.

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

- CAGT income £1.37m worse than budget after seven months of the year.
- Clinical Biotechnology Centre (CBC) income £1.67m below plan, offsetting above target income in Therapeutic Apheresis (TAS) and Stem Cell Donation and Transplantation (SCDT)
- The CBC team are working on a revised delivery plan after a bacterial infection temporarily closed plasmid manufacture at the start of the year; income is forecast circa £2.5m below budget of £4.96m at year-end
- British Bone Marrow Registry (BBMR) Fit Panel volumes 2.5% behind target; a new donor recruitment process using buccal swabs and work to improve recruitment at blood collection sessions expected to increase recruitment over time; step change required to achieve strategic targets.
- Additions to the BBMR Fit Panel from a minority ethnic background were 28% in-month and continue to be above the 20% target
- NHSBT share of stem cell provision to UK patients at 6% v plan 9% at the end of Q2; overall provision from all UK sources at 27% v 35% plan (Q2 update awaited)



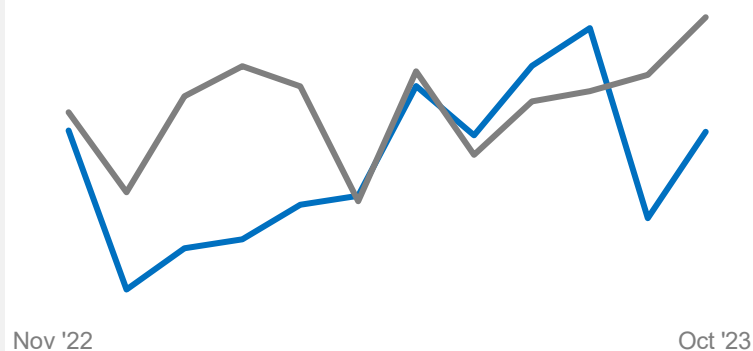
### Tissue & Eye Services (TES) income

YTD

12-mth Av. Mthly Growth Rate 0.8%

£11.36m / £11.67m

12-mth actual vs. target



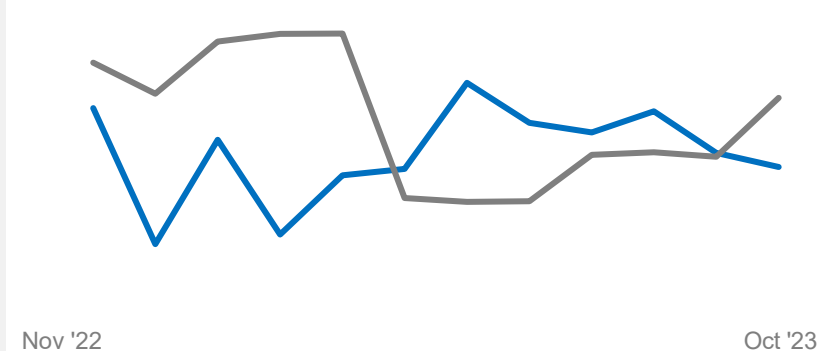
### Ocular income

YTD

12-mth Av. Mthly Growth Rate -0.16%

£3.77m / £3.38m

12-mth actual vs. target



### Insight and Commentary

#### Overall, Tissue & Eye Services Income

- The October income position was 13% behind target (-£240k), which is mainly attributed to being unable to meet a significant increase in the Ocular income target and very high levels of sickness within the Customer Care Team. The high absence rate has impacted capacity to issue products, especially Serum Eyedrops (£18k behind target) and Tissues (£82k behind target).

#### Tissues Income

- Tissue income was behind target by £82k in month, with only Femoral Heads (+£9k), Processed Bone (+£30k) and Skin (+£52k) performing ahead of plan. The value of backorders is £98.4k. Comparison of YTD sales with the last financial year indicate a significant reduction in value, particularly Tendons (-£125k), Processed Bone (-£130k) and Cardiovascular (-£118k). Stock levels are becoming a concern for certain products (Skin and Bone) as quarantine levels are below the recommended position.

#### Ocular income

- Ocular income was 19.7% behind target in month (-£119k). This has been driven by a 20% increase in the ocular income target from October however donation has not increased at forecast rates, suggesting this income level is unlikely to be reached.

#### Heart Valves

- Cardiovascular sales were behind target by £79k in month, partly due to donation rates. The rates of heart donation for heart valves in October averaged 6 per week, up from 5 per week avg. in September (target of 8 donors per week).

#### Serum Eyedrops

- Serum Eyedrops was behind target in month by 27 batches issued resulting in income being £18k below target. This is due to high rates of sickness within Customer Care, who arrange delivery to patients. This is being covered by operational colleagues.

#### Customer Service/Satisfaction

- Latest survey results are 76% top box satisfaction (target 80%) up 15pp. The main issue for customers remains unavailability of tissues, particularly corneas.

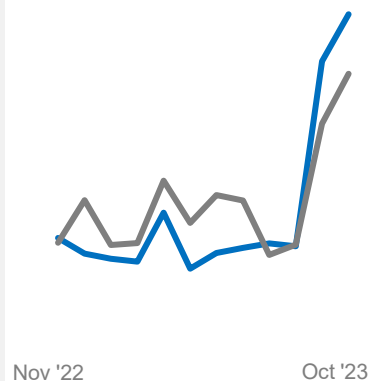
#### Plasma

- Recovery of plasma for medicine (rPm) from whole blood is above target (12.5%) in October and builds on the strong performance in September. Plasma is on track to supply the initial 250kl of plasma available by May 2024 in preparation for validation and shipping to the fractionator.
- Sourced Plasma continues to underperform primarily due to the donor base not growing as planned leading to lower appointment fill rates. One centre will continue to support whole blood collection as part of the Future-proofing Blood project for the rest of 23/24. In partnership with Donor Experience (DX) the source plasma back to green plan to improve appointment fill rates has been implemented and is showing early signs of progress with new donor fill rates and donation volumes.

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

67,794

12-mth actual vs. target



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

83,125

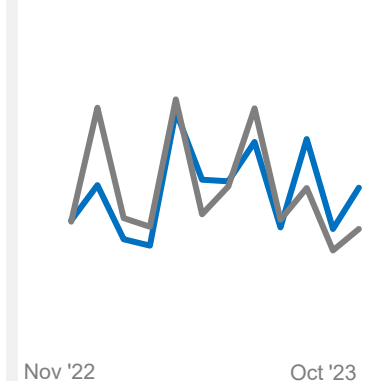
12-mth actual vs. target



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

150,919

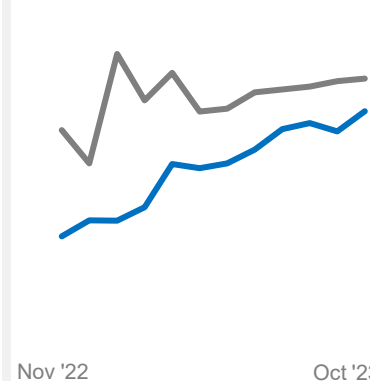
12-mth actual vs. target



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

10,430

12-mth actual vs. target



# 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 / 18 Oct 2023	Clinical / Minimal	
P-02	Service Disruption / Director of Quality	08 Nov 2023 / 08 Nov 2023	Disruption / Minimal	
P-03	Service Disruption (Interruption of critical ICT) Chief Digital Officer	27 Oct 2023 / 27 Oct 2023	Disruption / Minimal	
P-04	Donor Numbers & Diversity / Director of Donor Experience	04 May 2023 / 27 Oct 2023	Operational / Open	
P-05	Long term financial sustainability /Chief Finance Officer	20 Sept 2023 / 20 Sept 2023	Finance / Open	
P-06	Inability to access data sets / Chief Medical Officer	06 Jun 2023 / 16 Oct 2023	Innovation / 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-07	Staff Capacity and Capability / Chief People Officer	26 Jan 2022 / 24 Aug 2023	People / Open	
P-08	Managers Skills and Capability / Chief People Officer	13 Oct 2022 / 19 Sept 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	23 Oct 23 / 23 Oct 2023	Programme / Open	
P-13	Governance failures / Director of Quality	To be reviewed at RMC, December 2023	Disruption / Minimal	



# Risk Summary continued

## Commentary

One risk has had an increase to the residual score, since the last report.

- **Principal risk P-02 (service disruption).** This risk has been increased from  $4 \times 3 = 12$  to  $5 \times 3 = 15$ . This risk is recorded in the Risk Limit. The contributory risk influencing this change is:
- *BC-04 Southampton Centre Roof Failure.* This risk had been reduced from a score of 20 to 12, as a result of work being done in the centre to secure the roof and reduce the risk. However, a risk in another system (Datix, which holds the risks for Health and Safety) is currently recorded with a residual score of 15, rating extreme in this system. Currently the roof is propped, staff only enter with hard hats and hi-visibility clothing and following a risk assessment. A Gold Group has been set up and work is underway to reduce this risk further and ensure minimum risk to safety. Regular reports and updates will be provided to the Executive Team. This risk has been amended to match the score in Datix.

## Changes to risk scores

- **Principal risk P-03 (loss of critical ICT).** Following a Deep Dive exercise the P-03 risk on loss of critical IT has been reduced from 16 to 15, still sitting at risk limit. Progress on mitigating risk on critical infrastructure systems has resulted in a reduction in risk profile due to work in progress and further planned. A specific Cyber risk has been added as a contributory risk, to provide greater focus to this risk area, and has a residual score of 15.
- **Principal risk P-10 (change programme).** This risk has a residual score of  $4 \times 4 = 16$  (Judgement Zone). Work to add the agreed contributory risks has been completed. The contributory risk influencing the score of 16 is *S&T-02 Subject Matter Expertise Portfolio Capacity & Capability*.

**Risk Limit.** There are two Principal Risk currently recorded at the risk limit:

- P-02. Service disruption
- P-03. Loss of critical ICT