

# NHSBT Executive Team & Board Performance & Risk Report

December 2023

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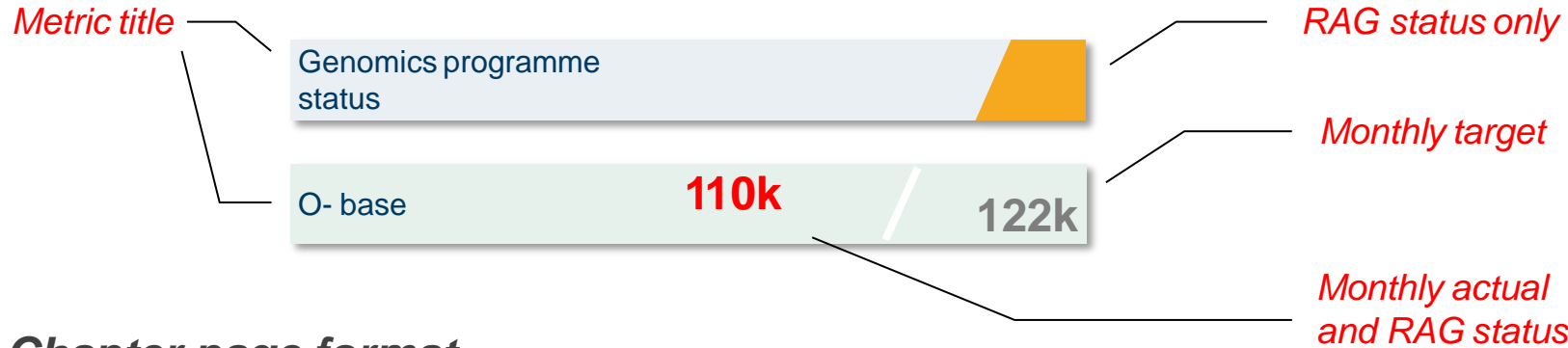
The NHS logo, consisting of the letters 'NHS' in a bold, white, sans-serif font inside a dark blue rectangular box.

Blood and Transplant

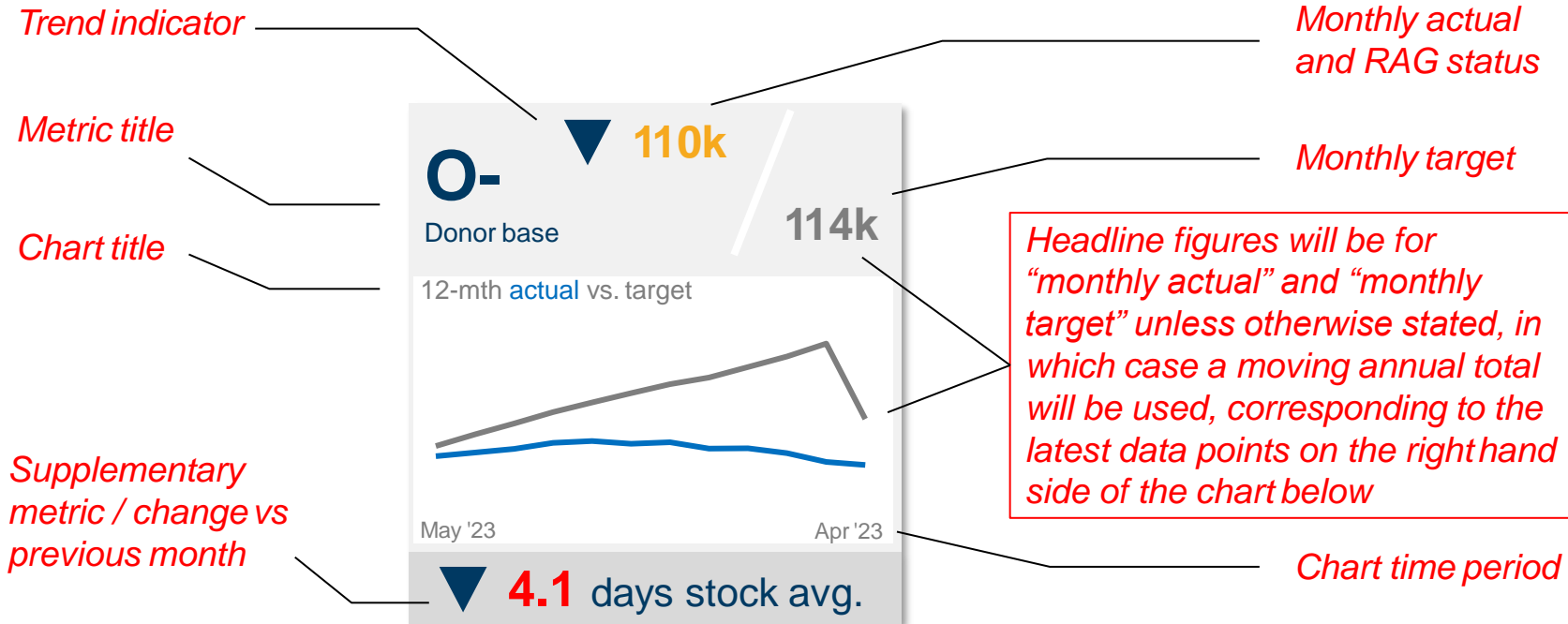
A close-up, shallow depth-of-field photograph of a rack of test tubes. The tubes are arranged in rows, with some in the foreground being in sharp focus. Each tube has a white label with a barcode. The liquid inside the tubes varies in color, from clear to light brown. The background is a soft, out-of-focus blue.

# 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 December 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. Red Cell collections are 9.1% behind business plan target. Blood stocks resilience and recovery remains the priority.**

At the end of December 2023, total red cell stocks had decreased by 0.2 days of stock (dos) to 6.4 from 6.6 days at the end of November. Average dos remained broadly in line with November at 6.9 days. As of 19th Jan, O Neg stocks stood at 3.0 vs 3.3 dos on 31<sup>st</sup> December. Activities remain in place to ensure resilience and stock building, with daily Supply Review calls initiated for in the short term to provide increased oversight and mitigations. Longer term projections, based on capacity and donor activity, suggest continued potential winter pressures. Oversight continues to be managed by the Blood Operations Leadership Team (BOLT). Monthly red cell collections were 9.1% under business plan target (-4.3% in the previous month) and issues were 1.5% lower than forecast demand (-1.8% in the previous month). As noted previously, and led by the Demand Review Group, the demand forecast for the remainder of the financial year has been lowered, based on lower than anticipated activity in the wider NHS (despite a peak in demand prior to the latest doctors' strikes). Demand has been impacted by doctors' strikes coming out of the Christmas period which has supported some stock recovery.

### **2. Donor base size continues to decline due to winter pressures and stock building prioritisation; renewed focus on donor base growth in 2024.**

The decline in the donor base continued, falling from 799.3k to 783.6k (799.4k target) at the end of December. This is the lowest level the donor base has been since April 2022. Throughout October and November, we saw high level of inactivation (donors not donating in a year) as large numbers donors signing up during the amber alert in the previous year have become inactive. The number of inactivated donors peaked at 30,011 last month but dropped down to 24,794 in December the lowest level of inactivation since April. Despite the drop in inactivation, donor base growth is always a seasonal issue in December, with new donors falling from 10k to 7.1k due to holiday period commitments, bank holidays, seasonal illnesses and new donor caps (capped at 5% in the last 2 weeks of December). To drive recruitment, we have launched a new year recruitment campaign which will run to mid-February. In addition, to accommodate new and returning donors, the donor caps will be raised to 15% from 8th January.

### **3. Tissue & Eye Services (TES) income continues below plan due to staff sickness and equipment failure in year.**

The overall December income position was 13.7% behind target (-£228k) which has been impacted by low tissue and ocular sales. Tissue income was behind target by £91.5k in month, while the value of backorders has decreased significantly to £89k at the end of the month following several months of equipment failures and high staff sickness levels. A back to green plan has been produced to reduce the number of back orders in the tissue portfolio, which will increase income in the short term. The sales team are completing work to both understand why tissue sales have reduced year on year and produce strategies to regain market share. There are several initiatives being undertaken to increase heart donation for heart valves, including the use of Donation after Circulatory Death (DCD) hearts donated for organs, but are then not used for an organ transplantation. Ocular income was 23.1% behind target in month (-£117k). This has been impacted by the reduced number of operations at hospitals over the festive period. There has been a significant increase in the ocular donation rate in the final weeks of the month, and work has been completed to place all the extra corneas, which will have a positive impact on income in January.

## Performance Insights

**4. CAGT income is 8.5% (£2.63m) behind budget after nine months of the year**

The main driver is Clinical Biotechnology Centre (CBC) income at £2.24m below plan, bacterial infection temporarily closed plasmid manufacture at the start of the year, reducing production capacity (which cannot be recovered in-year) and consequently income (forecast to end the year £2.55m behind plan). Advanced Cell Therapy income is £0.89m behind plan due to a cancelled UK CAR-T clinical trial where Cellular and Molecular Therapies (CMT) was due to be the manufacturer. Discussions continue with a potential new commercial customer in support of CAR-T manufacture to commence in 24/25. These adverse variances have been offset in part by above target income in Therapeutic Apheresis £0.58m (procedure volumes 1.6% above plan). The income variance drives an adverse CAGT year-end financial forecast of £2.67m behind budget. This will be offset within the Clinical Services (CS) Directorate's overall financial position by favourable forecasts of £1.68m in Pathology (income above plan), plus under spends on expenditure budgets across CS activity (£0.65m) and transformational change portfolio (£1.05m).

**5. Recovered Plasma for Medicine (rPfM) collections continue ahead of target. Sourced Plasma (sPfM) continues to improve in December.**

Overall recovery of plasma from whole blood (for both medicine and diagnostic use) in December is 3.8% above target. rPfM collection in December was 13% ahead of target (13,749 litres vs. 112,164 litres target) and YTD rPfM is now 4.1% ahead of target (96,929,180 litres vs. 93,1541 litres). Whilst the regular plasma donor base in December reached 4,215 (26% below target of 5,705), sourced Plasma (sPfM) rose above target (7.1%) in December, (having been 1.7% behind target in November) due to increasing new donor fill rates from the implementation of the Back to Green plan with DXC. One centre is also continuing to support whole blood collection as part of the Future-proofing project for the rest of 23/24. Further work to increase source plasma collection and the regular donor base is ongoing to start 24/25 in a strong position.



# 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	<b>108,746</b> ▼	119,668 <sup>1</sup>	Organ consent rate YTD (total) <b>61%</b> = 66%
% Whole Blood Demand Met by Collection (Month)	<b>96%</b> <sup>2</sup> ▼	100%	Organ consent rate YTD (Ethnic Minority) <b>30%</b> ▼ 43%
Size of Whole Blood donor base (MAT)	<b>784k</b> ▼	798k	Organ transplants – living & deceased <sup>4</sup> (MAT) <b>4,687</b> ▲ 4,712
Black Heritage represent <sup>n</sup> in whole blood donor base	<b>2.6%</b> =	3.1%	Ethnic Minority recipients of living & Jan'd organ transplants <sup>4</sup> <b>27%</b> = 27%
On Time In Full (OTIF) incl. Ro (YTD)	<b>96.9%</b> ▼	97.7%	Cornea Donors (YTD) <b>1,931</b> ▲ 1,628
Plasma collected (sourced and recovered), litres (YTD)	<b>108.6k</b> ▲	106.6k	Corneas Issued (YTD) <b>2,750</b> ▲ 2,673
Size of regular Plasma donor base (MAT) <sup>3</sup>	<b>4,215</b> ▲	5,705	British Bone Marrow Registry (BBMR) Fit-Panel vol. <b>110.4k</b> ▼ 115.8k

<b>Modernise our operations</b> to improve safety, resilience and efficiency			
Blood stock stability Average days of stock	<b>6.9</b> ▲	5.5 – 8.0	
Serious Incidents raised <sup>5</sup>	<b>0 (5 YTD)</b> =	---	
Critical Infrastructure availability	<b>100%</b> =	99.95%	
Top quartile performance in productivity benchmarks	<b>2</b> ▲	3	
Incremental savings (full year forecast)	<b>£6.7m</b> =	£8.2m	
Reduction in scope 1&2 CO <sub>2</sub> emissions vs. 2020/21 baseline	<b>21%</b> =	---	

<b>Invest in people and culture</b> to ensure a high-performing, inclusive organisation			
Ethnic Minority Band 8A+	<b>14.7%</b> ▼		
Employee Turnover	<b>13.8%</b> ▲	15%	
Recruitment – Time to Offer (weeks)	<b>11.6</b> ▼	11	
Vacancy Fill Rate	<b>90%</b> ▲	88%	
Sickness absence rate	<b>5.3%</b> ▲	4%	
Harm Incident Rate NHSBT (Incident rate per 1000 employees)	<b>6.3</b> ▼	8.3	

<b>Drive innovation</b> to improve patient outcomes			
Genomics programme status	=		
No. of transplants per donor - deceased (MAT)	<b>2.45</b> =	2.51	
Component Development Clinical Trials			
Whole Blood (SWIFT)	=		
Universal platelets & universal plasma	=		
Dried Plasma	=		

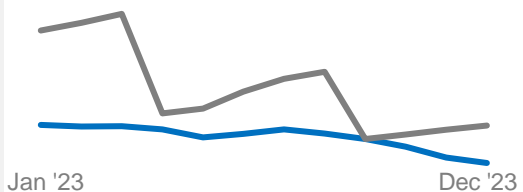
<b>Collaborate with partners</b> to develop and scale new services for the NHS			
Volume of Plasma recovered (rPfm) <sup>6</sup> from Whole Blood (YTD) Sourced plasma Collected, litres YTD	<b>96,929</b> ▲	93,154	
Cell, Apheresis & Gene Therapies Income (YTD)	<b>£28.4m</b> ▲	£31.0m	
Clinical Biotechnology Centre Income (YTD)	<b>£1.38m</b> ▼	£3.62m	
Tissue & Eye Services YTD income	<b>£14.4m</b> ▼	£15.2m	
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



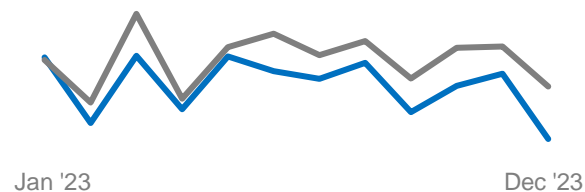
**Whole Blood Donor base** **784k** / **799k**

12-mth actual vs. revised target



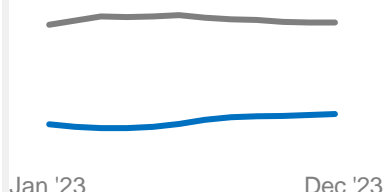
**Red Cell Units Collected** **108.7k** / **119.7k**

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



**Ro Collection MAT** **47.6k** / **56.9k**

12-mth MAT actual vs. target



## Insight and Commentary

### Donor Bases:

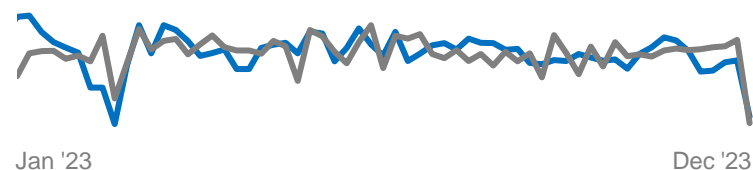
- The blood donor base continued to decline this month due largely due to challenges around getting new donors in during the festive period. The donor base fell to 783.6k in December (target 799.6k) from 785.9k in November, the lowest point since April 2022 (787.6k) where the donor base was 4k higher than December 2023.
- Throughout October and November, we saw high level of inactivation (donors not donating in a year) as large numbers donors signing up during the amber alert in the previous year have become inactive. The number of inactivated donors peaked at 30,011 last month but dropped down to 24,794 in December the lowest level of inactivation since April.
- Despite the drop in inactivation, donor base growth was always likely to be a challenge in December due to winter pressures and stock stability prioritisation, new donors fell from 10k to 7.1k. To accommodate new and returning donors, the donor caps will be raised to 15% from 8th January.

### Plasma:

- Recovered Plasma** : 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 December was 13.0% ahead of target (13,749 Litres vs. 12,164 Litres) and YTD rPFM is now 4.1% ahead of target (96,929 Litres vs. 93,154 Litres)
- Sourced Plasma for Medicine (Spfm)**: Volumes collected were 1,483 litres (7.1% ahead of target of 1,385 litres) in December. Twickenham continues to support Futureproofing Blood with the collection of whole blood. The regular plasma donor base at the end of November was 4,215 which was 26% below the target of 5,705. The implementation of the back to green plan, including switching non-priority whole blood donors to plasma and an increase in capacity at Twickenham continues to drive higher new donor fill rates and overall volumes collected.
- The reduced YTD collection volume in Sourced Plasma will not affect the overall target volume of PFM for fractionation, we planned for this risk and mitigated with the collection plan from recovered plasma. It is essential that the Sourced plasma centres deliver the requisite volumes to meet future commitments and support the strategic direction to increase NHS self-sufficiency in Plasma derived Medicines
- The overall target for rPFM & sPFM in FY 23/24 is 160kL, 108kL has been collected year to date. Total stock for fractionation is now 193kL. Currently the forecast delivers the 250 kL target by May 2024 in line with plan. This is due to the large ramp up in recovered plasma for medicines that will further scale up in early 2024 to allow most of the whole blood plasma to be recovered for medicines.

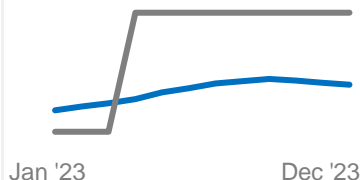
**Whole Blood % of demand met by collection** **96%** / **4 week-average, 28-Nov to 25-Dec**

12-mth actual collection vs. actual demand, week by week data



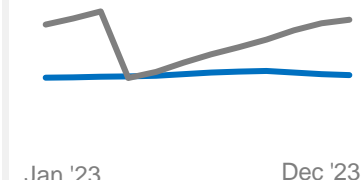
**Black Heritage representation in donor base** **2.6%** / **3.1%**

12-mth actual vs. target



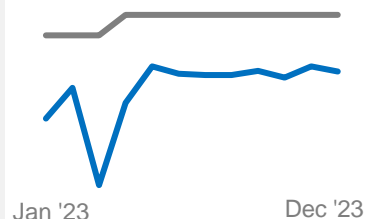
**Ro Donor base** **26.3k** / **30.5k**

12-mth actual vs. target



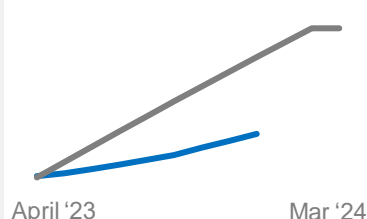
**On Time In Full incl. Ro (YTD)** **96.9%** / **97.7%**

12-mth actual vs. target



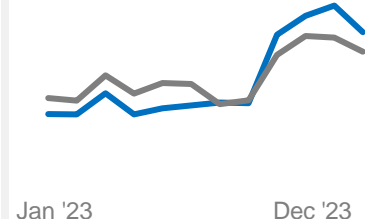
**Regular Plasma donor base** **4,215** / **5,705**

Current year actual vs. target



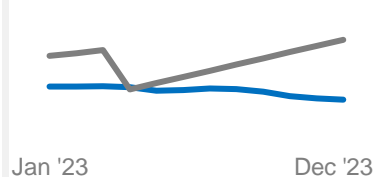
**Plasma Collections Sourced & Recovered PFM** **108.6k** / **106.6k**

12-mth actual vs. target



**O- Donor base** **109.4k** / **120.1k**

12-mth actual vs. target



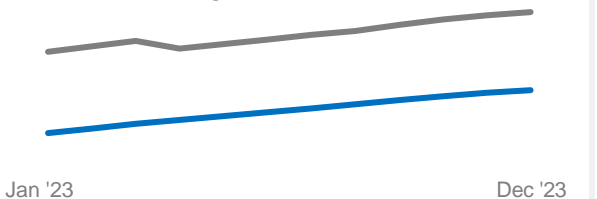
**3.3** days of stock 31/12



**Organ Donor Register<sup>1</sup>** (Opt-In Register - Total) **27.98m**

29.20m

12-mth actual vs. target



**Organ Donor Register** (Opt-In Register Eng. & Wales) **23.93m**

25.11m

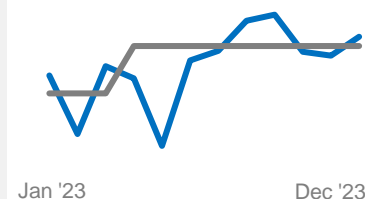
12-mth actual vs. target



**Net Promoter Score (CM)** **87.2**

87

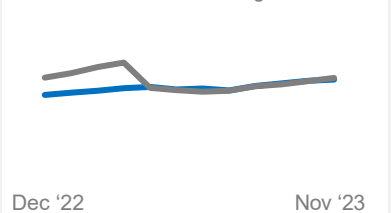
12-mth actual vs. target



**Living & Deceased donor transplants** (MAT 1 month in arrears) **4,687**

4,712

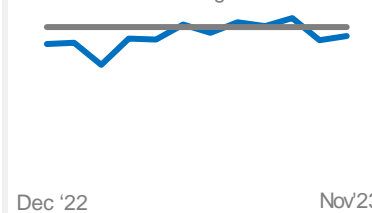
12-mth MAT actual vs. target



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

27%

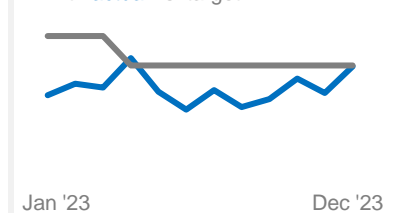
12-mth actual vs. target



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

66%

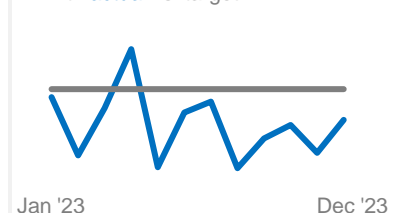
12-mth actual vs. target



**Ethnic Minority organ consent rate YTD** **30%**

43%

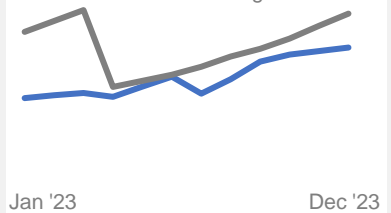
12-mth actual vs. target



**British Bone Marrow Registry Fit-(MAT) Panel volume** **110.4k**

115.8k

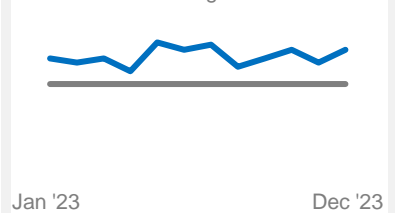
12-mth MAT actual vs. target



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

20%

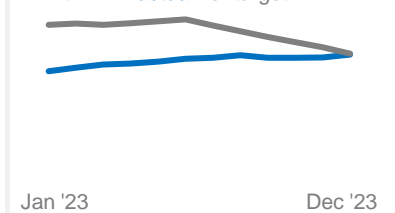
12-mth actual vs. target



**Cornea donors YTD** **1,931**

1,628

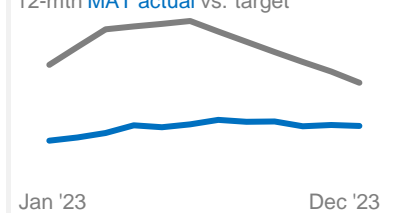
12-mth MAT actual vs. target



**Corneas issued for transplant YTD** **2,750**

2,673

12-mth MAT actual vs. target



## Insight and Commentary

### Organs

- Performance in organs has remained stable since last month. We remain on track against the YTD targets for donors and transplants. Latest forecasts indicate we also remain on track to meet/exceed 2019/20 deceased donor transplant activity.
- The overall consent/authorisation rate in December was green for the first time since April, but we remain at amber status YTD. The eligible donor pool continues to recover, and 6% more families have been approached leading to consent from 6% more patients.
- The active transplant list has now returned to levels that we last saw in 2013 (c.7,340). Colleagues tell us that transplant need could be even higher due to delays in new patients being assessed for transplant, e.g. due to out-patient appointments being cancelled because of industrial action.

### Ocular

- The average weekly ocular donation rate increased in December to 52 donations a week, compared to the previous month average rate of 48 donations a week. One week saw a high of over 70 donations.
- Ocular stock levels have increased across the month to 280 at the end of December (target of 300, 233 in November) because of increased donations and the lower volume of operations due to the festive period.
- Work to increase cornea supply is advancing, with the OBC for the project going to the investment committee in February.

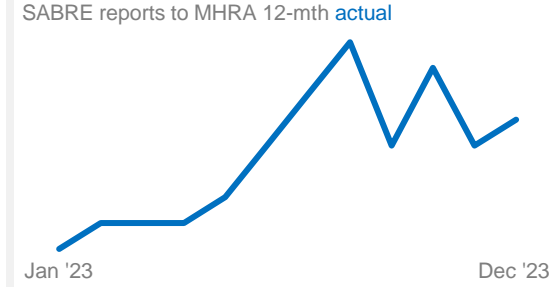
### Net Promoter Score (NPS) – Blood & Plasma Donation

- NPS had risen consistently from a low of 84.9 in May 2023 to 87.7 in September, before dropping to 86.8 in November. In December, we moved back above target to 87.2.

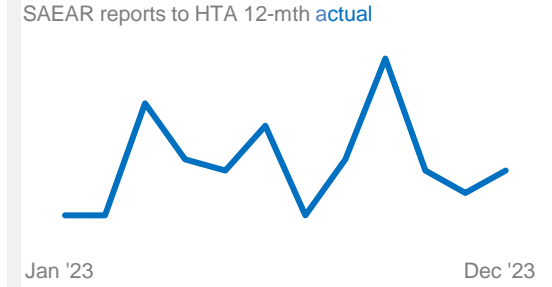
**Serious Incidents Raised** = 0 / ---  
YTD = 5



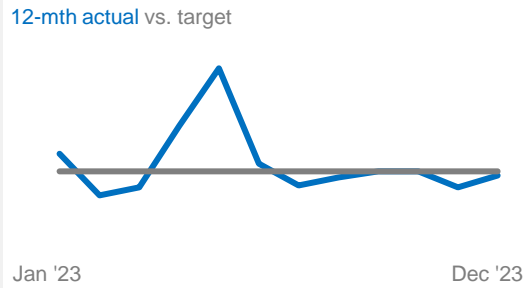
**SABRE <sup>1</sup> Incidents** ▲ 6 / ---  
YTD = 50



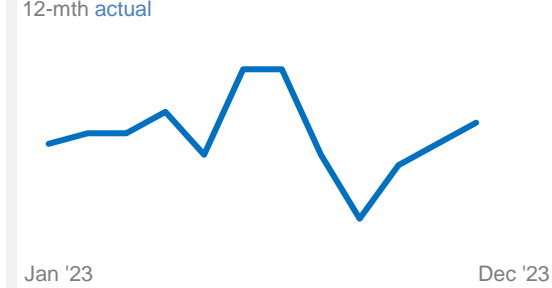
**SAEAR <sup>2</sup> Incidents** ▲ 8 / ---  
YTD = 82



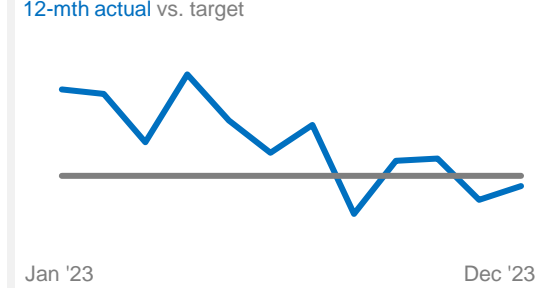
**Overdue Document Review (QMS) <sup>3</sup>** ▲ 0.98% / <1%



**Overdue Internal Majors (QMS)** ▲ 18 / 0



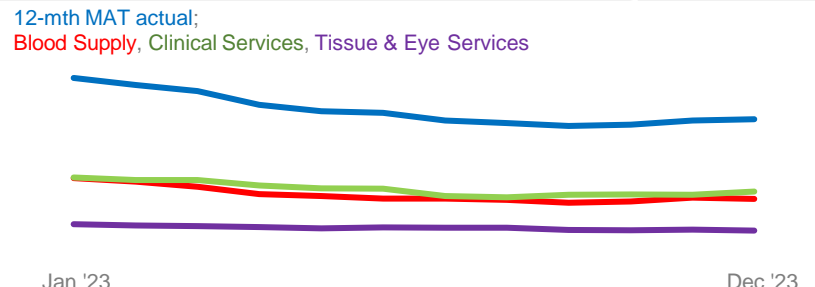
**Overdue Events excl. documents (QMS)** ▲ 211 / <220



**External Majors** = 0 / ---  
YTD = 1



**Major Adverse Events** ▼ 41 / ---



**Insight & Commentary**

**SABRES and SEARS**

- The volume of regulator reported events (SABREs and SAEARs) increased compared to the previous month. The number of reports submitted was consistent with normal levels, and the events reported were spread across different departments. One report to the Human Tissue Authority (HTA) included 3 patient deaths reported to NHSBT at a similar time, these deaths were all post-engraftment and have not been classified as a SAEAR by the HTA.

**Overdue Documents, Internal majors and Events**

- Performance against the corporate overdue events KPIs was similar to the previous month, with two of the three KPIs met at the end of December. Activities to reduce the volume of overdue QMS events are continuing. Focus during December was on ensuring target dates over the Christmas and New year period were realistic and achievable. This appears to have had a positive impact in keeping two of the 3 KPIs under target.
- A variation to the Blood Establishment Authorisation licence was submitted in November 2023 to the Medicines and Healthcare Products Regulatory Agency (MHRA). Updates include removing closed sites from the licence, adding processing of plasma for medicines as an authorised activity at Manchester, Filton, and Colindale, as well as changes to named personnel. We are still waiting for a response from the MHRA to confirm the updates have been completed.

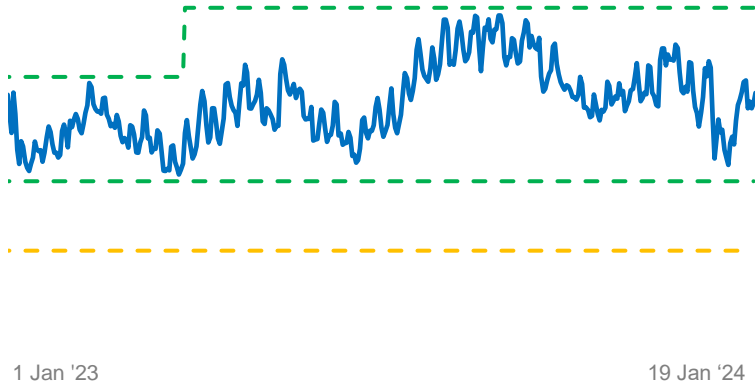
1 Serious Adverse Blood Reaction Events (MHRA)  
2 Serious Adverse Events & Reaction (HTA)  
3 Quality Management System



**Blood stock stability** ▲ **6.9** Avg. Dec 23  
 Average days of stock **6.4** Actual 31/12  
 Actual days of stock **6.8** Actual 19/01

5.5 – 8.0

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

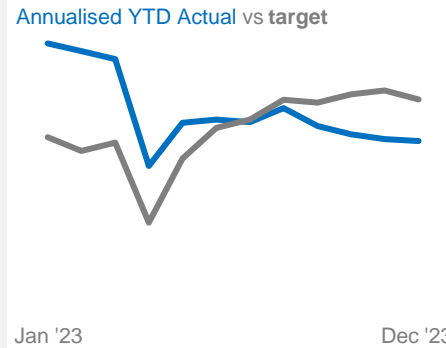


**Incremental savings** **£6.7m**  
 (full year forecast) **£8.2m**

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

**Hospital services productivity**  
 Annualised YTD

▼ **33,555** / 34,351



**Insight and Commentary**

Red Cell Collection

- In December 2023 red cell collections stood at 90.9% of business plan target, a 4.8% decrease from November 2023. Over the course of this financial year the gap between business plan target and actual collections has increased month on month; with year-to-date collections stand at 95.3% of target. Red cell issues decreased when compared to November 2023 (-5.5%) and remained 1.5% below forecast demand.

Blood Stocks

- In relation to O Neg and B Neg stocks, actions to increase targeted marketing activity, capacity and donations continued to stabilise stocks. Activities remain in place to ensure resilience and stock building, with daily Supply Review calls initiated for in the short term to provide increased oversight and mitigations. Longer term projections, based on capacity and donor activity suggest continued potential winter pressures. Oversight continues to be managed through Blood Operations Leadership Team (BOLT).
- On Time, In Full performance has once again remained below target but stable at 96.9%. OTIF performance continues to demonstrate a settled pattern, with no real variation since May 2023. Both 'On Time' and 'In Full' measures reflect this stability; in this month 'In Full' fulfilment has increased marginally to 97.5% (+0.2%) and 'On Time' performance has decreased slightly to 99.3% (-0.3%).

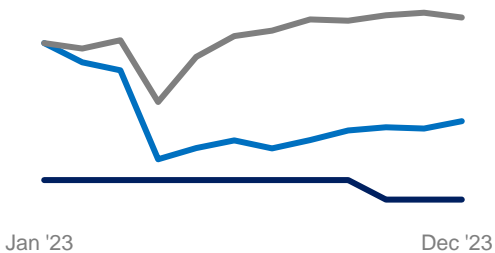
Appointments and Cancellations

- Over the course of the month NHSBT cancellations remained steady at 8.3% of booked appointments cancelled this month (+0.4% compared to November 2023). This increase is accounted for by an increase in Short Notice cancellations, in part driven by adverse weather.

**1. Manufacturing productivity**  
 Annualised YTD

▲ **10,160** / 11,390

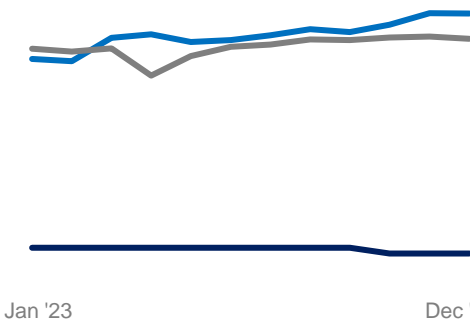
Ann. YTD Actual vs target vs EBA top quartile benchmark



**2. Testing productivity**  
 Annualised YTD

▼ **34,619** / 32,543

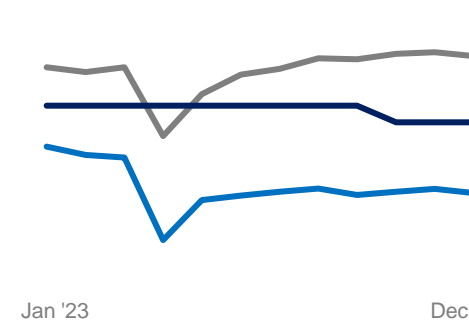
Ann. YTD Actual vs target vs EBA top quartile benchmark



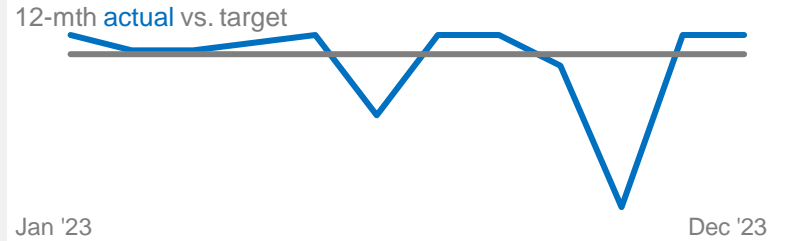
**3. Collection productivity**  
 Annualised YTD

▼ **1,136** / 1,343

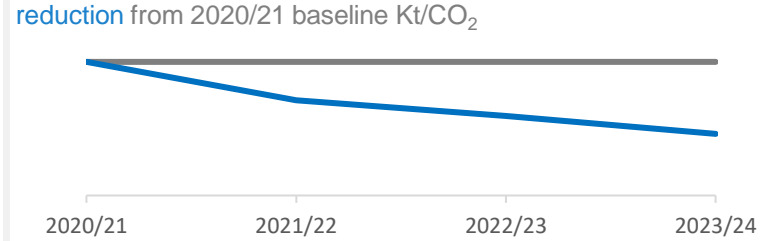
Ann YTD Actual vs target vs EBA top quartile benchmark



**Overall Critical Infrastructure (CI) Availability** = **100.0%** / **99.95%**



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



**Insight and Commentary**

**Critical Infrastructure**

- The Critical Infrastructure (CI), Key Public Systems (KPS), and Key Hospital Services have successfully met their availability target for December 2023
- There were no notifiable ICO incidents in December 2023

**Business Continuity**

Business Continuity Plans across all relevant services/functions are in place. The Business Continuity Plan Review target has fallen behind at 41% because of turnover in the team (all vacancies are now staffed). In the meantime, the review process has been considered with more rigorous criteria have been set for the review process.

**Reduction in scope 1&2 CO<sub>2</sub> emissions**

Reported quarterly as a percentage reduction from a baseline of our 2020/2021 CO<sub>2</sub> emissions Kt/CO<sub>2</sub>. The wider the gap between %reduction and baseline, the better is our performance in reducing scope 1&2 CO<sub>2</sub> emissions, towards Net Zero in 2040

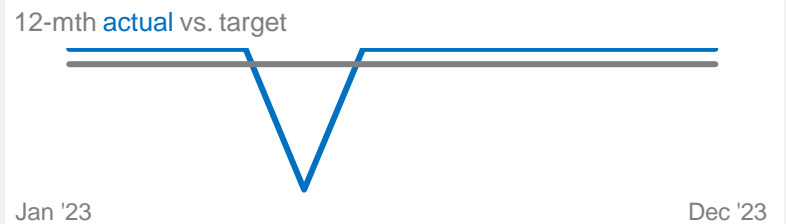
**Overall Key Hospital systems Availability** = **100%** / **99.90%**



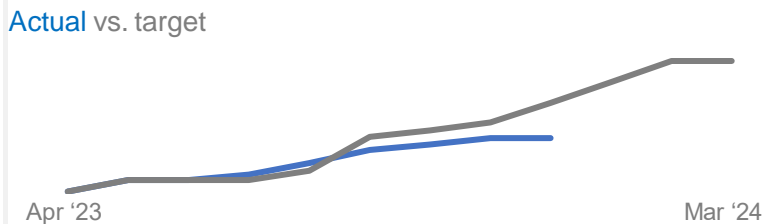
**Information Commissioner's Office Incidents** = **0** / **---**



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



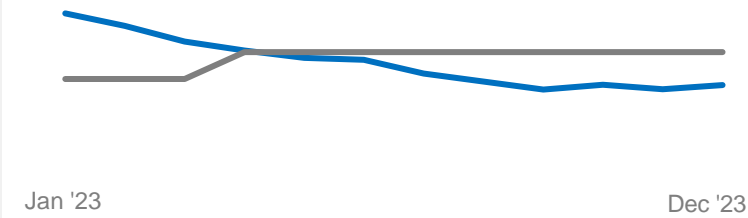
**Bus. Continuity Plans Reviewed YTD** = **41%** / **53%**





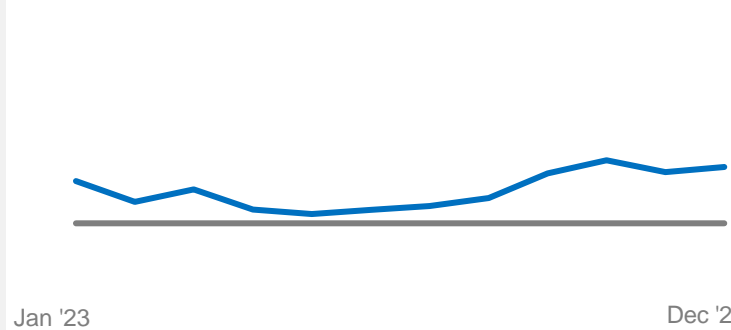
**Employee Turnover %** ▲ **13.8%** / 15%

12-mth **actual** vs. target



**Sickness Absence** ▲ **5.3%** / 4%

12-mth **actual** vs. target



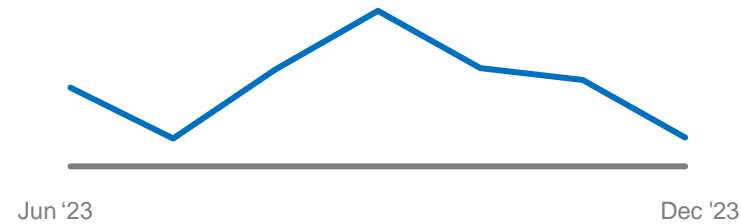
### Insight and Commentary

#### Recruitment & Retention

- Time to offer improved further in December, down to 11.6 weeks, from 12.8 weeks in November albeit remaining slightly above the target of 11 weeks. The percentage of successful recruitment also improved to 90% up from 88.6% last month
- Recruitment demand continues to stabilise, with approximately 35% fewer job requests received compared to November. The number of new starters is the lowest since December 2022. However, due to cycle times and the lingering impact of extended Occupational Health referral times for certain roles, the effects of prior fluctuations in recruitment demand might persist over the next few months.
- The recruitment team will continue to use the new monthly Directorate Dashboards to engage in data driven conversations with Directorates, ensuring they are able to provide support in recruitment planning, and engage in targeted support and interventions.

**Time to Offer weeks** ▼ **11.6** / 11.00

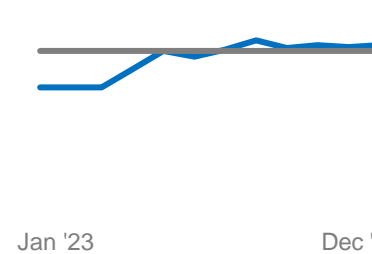
**Actual** vs. target



### Mandatory Training compliance

▲ **95.3%** / 95%

12-mth **actual** vs. target

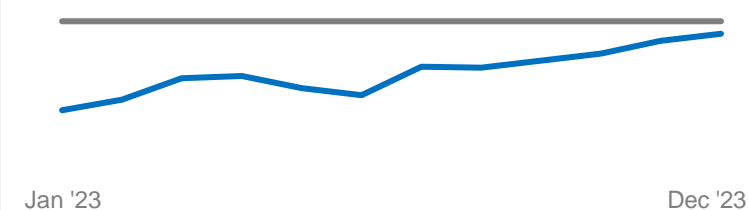


#### Sickness absence

- Sickness absence has risen slightly to 5.3% overall from 5.2% last month. The primary causes of short-term sickness are coughs, colds and influenza.
- Sickness absence in Manufacturing and Logistics increased to 7.0% in December compared with 6.72% in November. Additional targeted support is being provided to assist management of long-term absence cases.
- Sickness absence in Blood Donation fell to 6.88% in December compared with 7.13% in November

**Vacancy Fill Rate %** ▲ **90%** / 88%

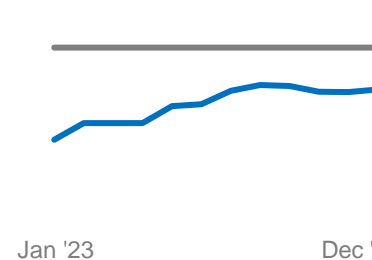
12-mth **MAT actual** vs. target



### PDPR completion

▲ **90%** / 95%

12-mth **actual** vs. target



#### Staff Turnover

- Having peaked at 18.1% between April and July 2022, staff turnover decreased steadily. In December it slightly increased to 13.8%, from 13.6% in November, albeit remaining below the target of 15%.
- Turnover for Blood Donation remains steady at 20.64% for December (against 20.37% in November).

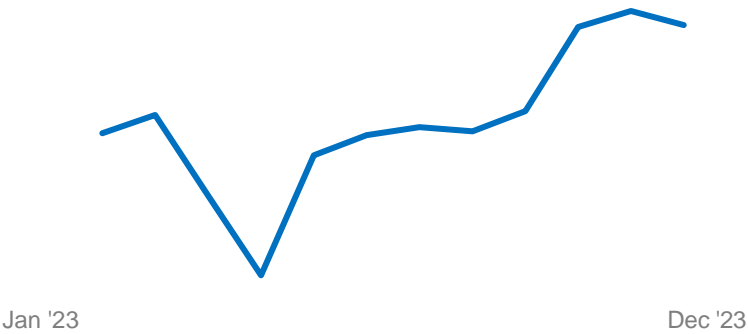


### Ethnic Minority (EM) staff % Band 8A+

▼ 14.7%

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



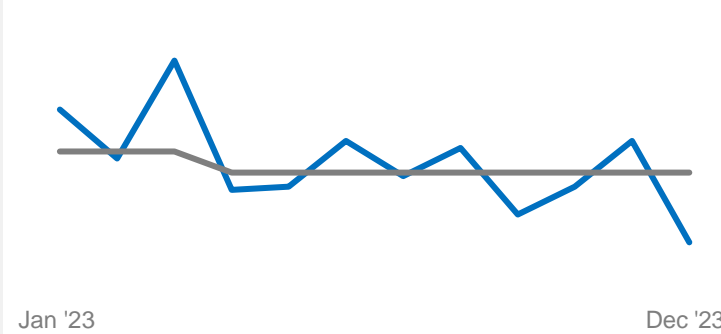
### Harm Incident Rate NHSBT

▼ 6.3

8.3

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 continued to increase slowly from 13.4% in April 2023, reaching a high of 14.7% in November. However, this is the first month we have seen a slight decrease since April, 0.7% down vs November to 14.65%.

#### Harm Incidents

- The NHSBT harm accident incident rate fluctuates above and below target and now stands below target at 6.3, a decrease of 2.9 from November.
- Blood Supply harm accident incident rate has been more stable since April 2023, albeit largely above target. In December, the rate dropped below the target to 11.2 vs 14.3 in November. This is the second time it has been below target this year.
- After exceeding them last month, Blood Supply and Clinical Services both met their harm incident targets which, for Blood Supply, is the first time since September. Group Services continues to be above its target.

#### Freedom to Speak Up

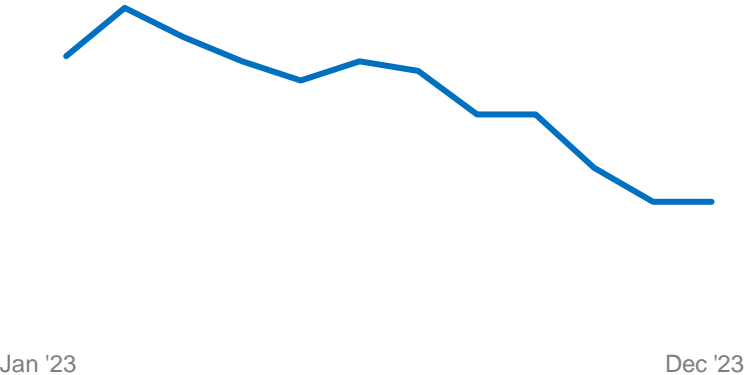
- There were 3 new concerns raised in December.
- The total number of open FTSU concerns at the end of December was 35.
- Number of FTSU Champions now at 43; the focus for 2024 is patient safety and we seeking ways to work more closely with Clinical Governance and Patient Safety Leads.

### Number of FTSU Concerns Raised in month

▼ 3 (-3)

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12-mth MAT actual



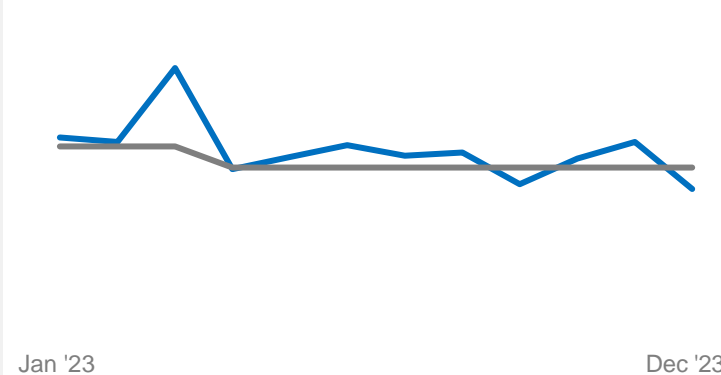
### Harm Incident Rate Blood Supply

▼ 11.2

12.6

Incident rate per 1000 employees

12-mth actual vs. target





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 to scale-up Genotyping capability

Component development clinical trials

Whole blood use in trauma status

Universal plasma and universal platelets status

Dried plasma status

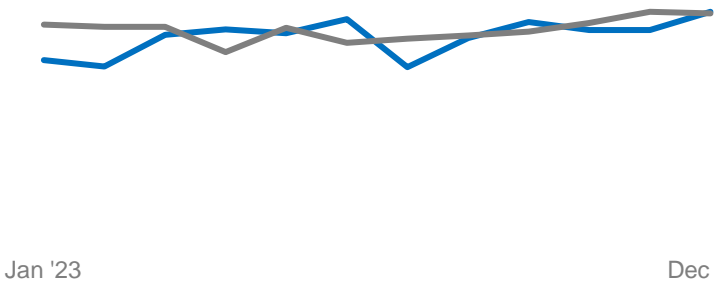
No. of organ transplants –Dec'd

3,713

YTD

3,718

12-mth actual vs. target



Jan '23

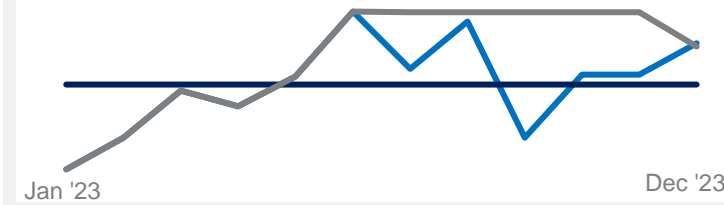
Dec '23

No. genotyped (STRIDES) YTD

68,150

83,100

12-mth actual vs contract vs target

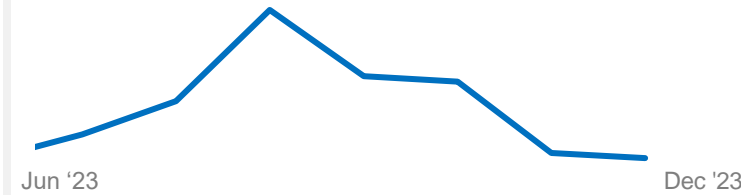


No. recruited for Our Future Health (OFH) programme

48,261

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12-mth actual



Jun '23

Dec '23

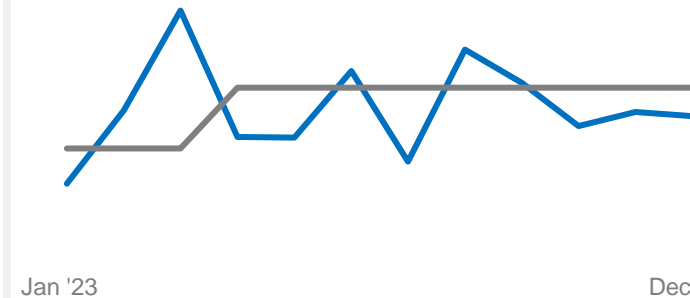
No. of transplants per donor –Dec'd<sup>1</sup>

2.45

YTD

2.51

12-mth actual vs. target



Jan '23

Dec '23

Insight and Commentary

Genomics Programme

- Strategies to Improve Donor Experiences (STRIDES): 68k STRIDES donors typed to date; c.15k behind target due to typing starting later than planned, process improvement means we can test more each month, on track to complete testing and meet target for the end of this financial year
- **Our Future Health (OFH) recruitment:** 48.3k donors have consented; 16.5k samples collected; The focus is now on discrepancies and further recruitment (ca 1,000 participants not marked as NHSBT donors)
- **Blood Transfusion Genomics Consortium (BGC):** No lab activity this month; Expect to be informed about any discrepancies for re-testing following Pre-Clinical Study IV analysis
- **Nanopore collaboration:** Change Request to update resources and complete this project internally via an in-house solution approved ; collaboration with Oxford Nanopore Technologies (ONT) now closed; Confirmation received from NHS England to fund 2 x Bioinformatics STPs starting October 2024
- **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; Go Live Checklist has been updated and an operational SOP approved
- **Digital Capability:** OBC development continues; Prior Information Notice (PIN) published on 21 December 2023 to engage potential suppliers (closing date 05/02).
- **HaemMatch:** Seven workstreams progressing; data access application completed and submitted; NIHR AI contract award reviewed by partners and with Cambridge for a final review

Component development clinical trials

- **Whole blood use in trauma:** 9 trial sites (air ambulances) started to date; 379 participants recruited to date (45% of target). Working to planned timescales despite impact of amber alert; risk of overspend as a result. New Zealand & Canada joining trial improving power of trial.
- **Universal plasma/platelets:** £1.6m investment approved to build on R&D work ahead of a clinical trial); positive conversations held with two potential alternative technology partners. Other work packages progressing.
- **Dried plasma** £5m project ongoing; Equipment supplier selected; facility build due to be completed in January; Green status dependent on a re-baselining of milestones with MoD to account for project delays caused by the procurement.
- **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 provider of radio-labelling closed for 8 weeks to complete MHRA-mandated works, expected to re-open w/c 11 Jan; 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



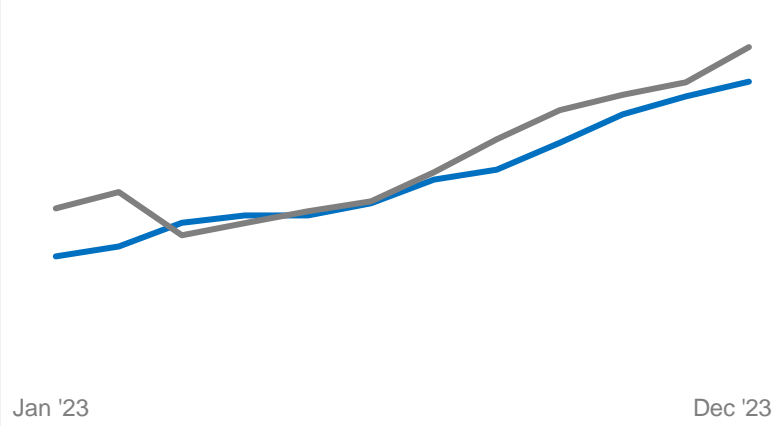


**Cell Apheresis & Gene Therapies (CAGT) Income** **£28.42m** YTD

excl. DHSC Grant in Aid funding; 12-mth CAGR<sup>1</sup> 12%

**£31.05m**

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



**Transfusion 2024 programme status**

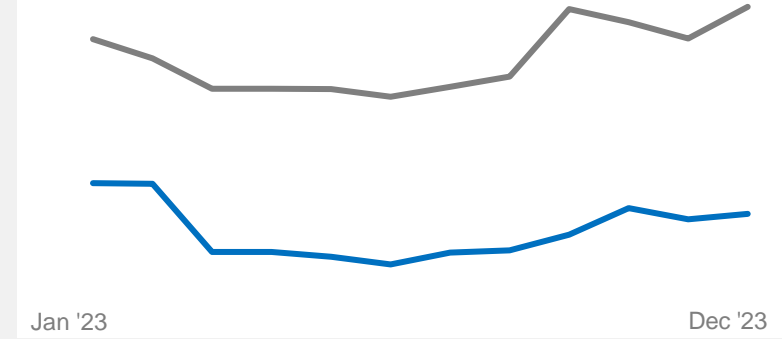


**Advanced Cellular Therapies Income** **£0.50m** YTD

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

**£1.35m**

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



**Insight and Commentary**

**Transfusion 2024 Programme**

- Blueprint for managing blood stock inventory with hospitals: Business case development continuing, but slower than planned as require information from LIMS suppliers on the cost of automated data extraction from their systems; draft business case to be reviewed at January's Programme Board
- Fetal RHD electronic requesting and reporting: Seven hospitals now live, following the go-live of four Manchester hospitals in December
- Red Cell Immunohematology's (RCI) remote interpretation project; 4 hospitals now live in Pathlinks Pathology network and 4 with East and South-east London Pathology Partnership; commitment from an additional two sites to pilot; started to seek volunteer sites for an out of hours pilot
- Connection to National Haemoglobinopathy Register: Testing has identified a few data validation issues that are being worked though; Initial data validation has been completed; now validating data has mapped across correctly into the right fields; Go-live date to be confirmed post-data validation

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

- CAGT income £2.63m behind budget after nine months of the year
- Clinical Biotechnology Centre (CBC) income at £2.24m below plan
- Advanced Cell Therapy income is £0.89m behind plan
- BBMR Fit panel volumes are 4.95% behind target; a new donor recruitment process using buccal swabs sent directly to homes has been live since March and colleagues have been working with DX/Blood Supply to improve recruitment on blood collection sessions; this is expected to increase recruitment over time, but is taking longer to impact
- Additions to the panel from a minority ethnic background were 28% in-month, above the 20% target and have been in each month this year (also ahead of plan on volume)
- NHSBT's share of stem cell provision to UK patients is 5.5% v plan 9% at the end of Q3; provision from all UK sources is also below plan at 27% v 35% plan; the key challenges across UK supply include reduced donor availability when identified as a match and limited apheresis collection capacity; we are working with partners across the UK Aligned Registry to find solutions

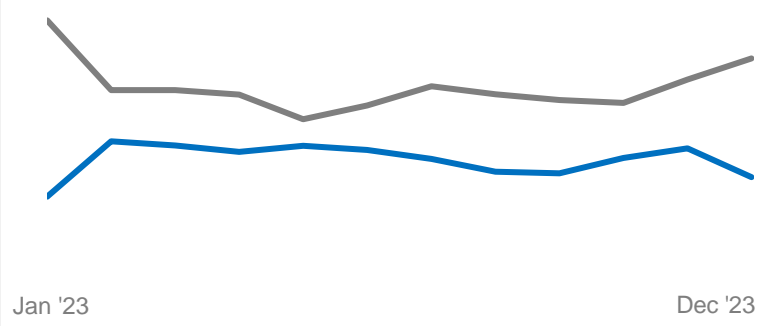
**Clinical Biotechnology Centre income**

**£1.38m** YTD

12-mth CAGR 9.7%<sup>1</sup>

**£3.62m**

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

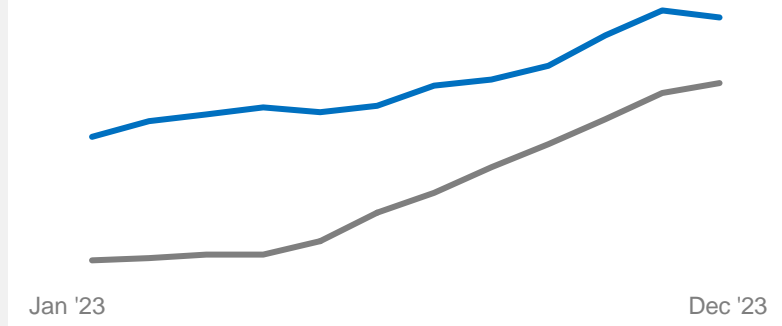


**Therapeutic Apheresis Services** **8,995** YTD

no. of procedures

**8,853**

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



<sup>1</sup> Compound Annual Growth Rate



### Tissue & Eye Services (TES) income

YTD

12-mth Av. Mthly Growth Rate  
1.04%

£14.4m  
£15.2m

12-mth actual vs. target



### Ocular income

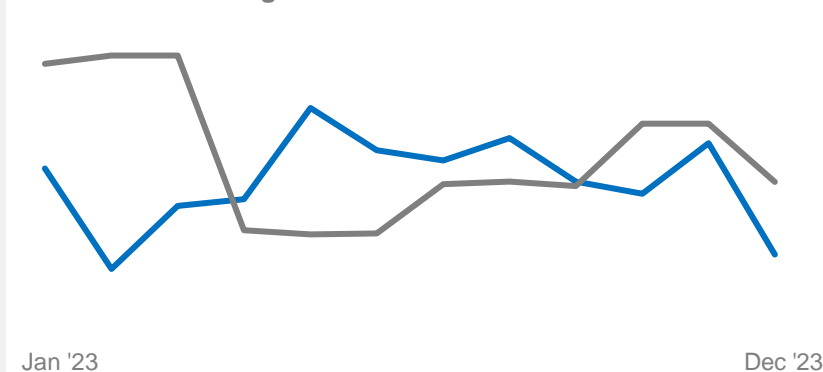
£4.73m

YTD

12-mth Av. Mthly Growth Rate  
0.91%

£4.49m

12-mth actual vs. target



### Insight and Commentary

#### Overall, Tissue & Eye Services Income

- The overall December income position was 13.7% behind target (-£228k) which has been impacted by low tissue and ocular sales. The main product lines for concern are Processed Bone (-£489k YTD), Tendons (-£222k YTD) and Cardiovascular (-£315k YTD). The end of year forecast has been updated and now shows TES finishing the year with a £1m deficit.

#### Tissues Income

- Tissue income was behind target by £91.5k in month, with only Amnion (+£11.4k), Femoral Heads (+£20.7), and Skin (+£31.3k) experiencing sales positive to target. The value of backorders has decreased significantly to £89k at the end of the month following several months of equipment failures and high staff sickness levels.
- Stock levels remain a concern for certain products (Skin and Bone) as quarantined donation levels are below the recommended position.
- The Liverpool cleanrooms have a planned 4-week closure from the 19/01/24 for remediation work. Plans are in place to utilize other areas to continue some parts of the production process, but this will leave a reduction in capacity.

#### Ocular income

- Ocular income was 23.1% behind target in month (-£117k). This has been impacted by the reduced number of operations at hospitals over the festive period. There has been a significant increase in the ocular donation rate in the final weeks of the month, and work has been completed to place all the extra corneas, which will have a positive impact on income in January.

#### Heart Valves

- Cardiovascular sales were behind target by £20.6k in month which is partly due to donation rates. The rates of heart donation for heart valves in December averaged 5 a week, falling slightly compared to the 6 a week average in November (target of 8 donors per week). A change control is underway to allow DCD hearts that are not used for organ transplant to be sent to NHSBT.

#### Serum Eyedrops

- Serum Eyedrops was behind the financial target in month by 11 batches issued (429 vs. target of 440), resulting in income being £13.2k behind target. This has been impacted by continuing high rates of absence within Customer Care who arrange delivery to patients, which is being covered by other operational colleagues.

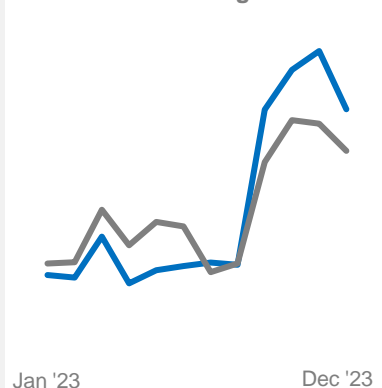
#### Plasma

- Recovery of plasma from whole blood (for medicine) is above target (13.0%) in December which continues the strong performance since September-23. Plasma remains on track to supply the initial 250kL of plasma by May 24 in preparation for validation and shipment to the fractionator..
- Source Plasma performance was 7.1% above target in December due to increasing new donor fill rates from the implementation of the Back to Green plan with DXC. One centre is also continuing to support whole blood collection as part of the Future-proofing project for the rest of 23/24. Further work to increase source plasma collection and the regular donor base is ongoing to start 24/25 in a strong position.

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

96,929

12-mth actual vs. target



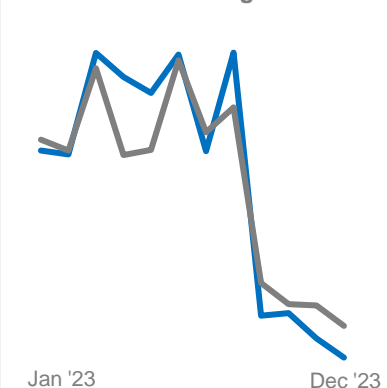
Jan '23

Dec '23

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

99,005

12-mth actual vs. target



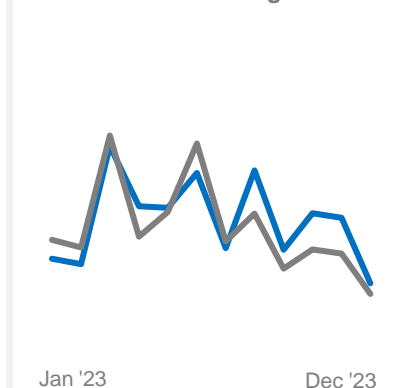
Jan '23

Dec '23

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

195,934

12-mth actual vs. target



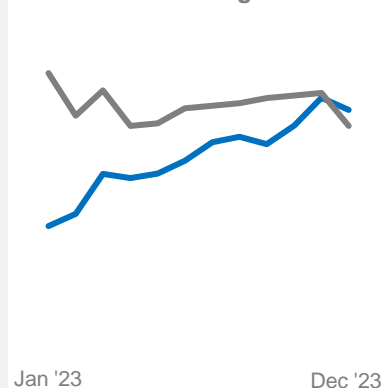
Jan '23

Dec '23

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

11,634

12-mth actual vs. target



Jan '23

Dec '23

# Risk Summary

Ref	Risk Title / Owner	Date of last change / last review	Appetite Category / Level	Risk Score against Appetite (● = Current Residual Score, ○ = Residual Score in previous report, where a change to the score is noted)
P-01	Donor & Patient Safety / Clinical Director	24 Nov 20023 / 15/12/2023	Clinical / Minimal	
P-02	Service Disruption / Director of Quality	22 Dec 2023 / 05/01/2024	Disruption / Minimal	
P-03	Service Disruption (Interruption of critical ICT) / Chief Digital Officer	7 Nov 2023 / 7 Nov 2023	Disruption / Minimal	
P-04	Donor Numbers & Diversity / Director of Donor Experience	25 Oct 2023 / 05 Dec 2023	Operational / Minimal	
P-05	Long term financial sustainability / Chief Finance Officer	20 Sept 2023 / 12 Dec 2023	Finance / Open	
P-06	Inability to access data sets / Chief Medical Officer	06 Jun 2023 / 20 Nov 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 / 02/01/2024	People / Open	
P-08	Managers Skills and Capability / Chief People Officer	13 Oct 2022 / 02/01/2024	People / Open	
P-09	Regulatory Compliance / Director of Quality	15 Aug 23 / 05/01/2024	Legal, Regulatory & Compliance / Cautious	
P-10	Change Programme scale & pace / Deputy Chief Executive	23 Oct 23 / 23 Oct 2023	Programme / Open	

# Risk Summary continued

## Commentary

There are no changes to the residual scores of any of the principal risks since the November report.

### Risk Limit.

There are two Principal Risk which continue to be recorded at the risk limit:

#### **1. Principal risk P-02 Service disruption. The residual score for this risk is recorded as 5x4=20.**

The score for the Service Disruption risk is still driven by the risk score for the Southampton RAAC roofing incident, which was revised following a Southampton risk review meeting held on 22nd December 2023. All operations that remain within the affected building are protected by propped and boarded roof structures, which have been assessed and signed off by a structural engineer. The significant risks that remain are now property related as there is no activity within the unpropped, or propped but unboarded structure. The score reflects the agreed position of linked risk E&F-016 which was agreed at the risk review meeting to score 5x4=20.

#### **2. Principal risk P-03. Loss of critical ICT. The residual score for this risk is recorded as 5x3=15.**

This risk continues to be recorded at the Risk Limit due to the status of Cyber Security contributory risk, which is scored at 5x3=15. The Impact score of this risk will always remain at a 5 (catastrophic) due to the impact of losing availability, confidentiality and integrity of critical IT systems and/or associated data. Current controls in place bring the residual likelihood down from 5 (almost certain) to 3 (possible). The actions focus on improving NHSBT's defensive posture and preventing attacks. The cyber landscape is constantly evolving and so continuous action is required to maintain the residual risk score.