

# NHSBT Executive Team & Board Performance & Risk Report

February 2024

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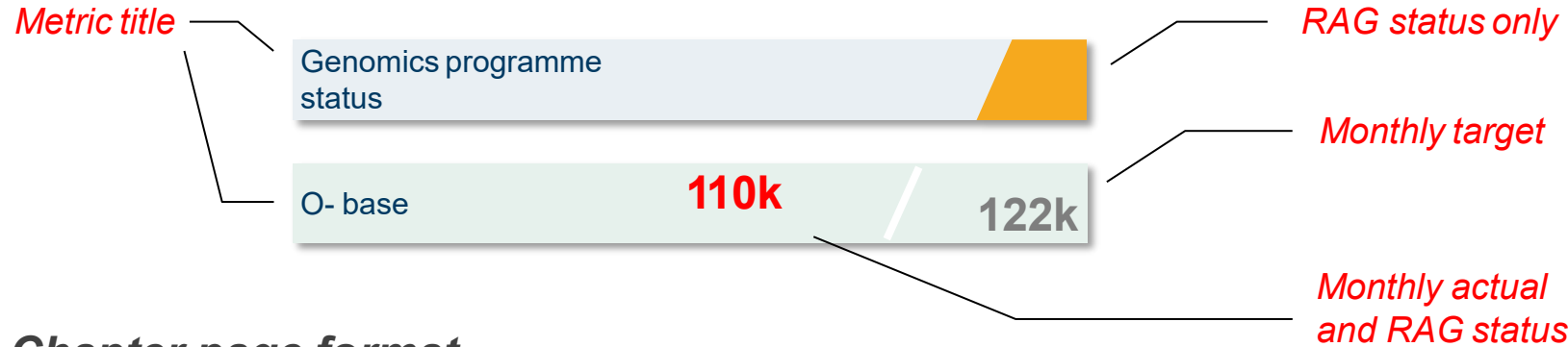
The NHS logo, consisting of the letters 'NHS' in a bold, white, sans-serif font inside a white rectangular box.

Blood and Transplant

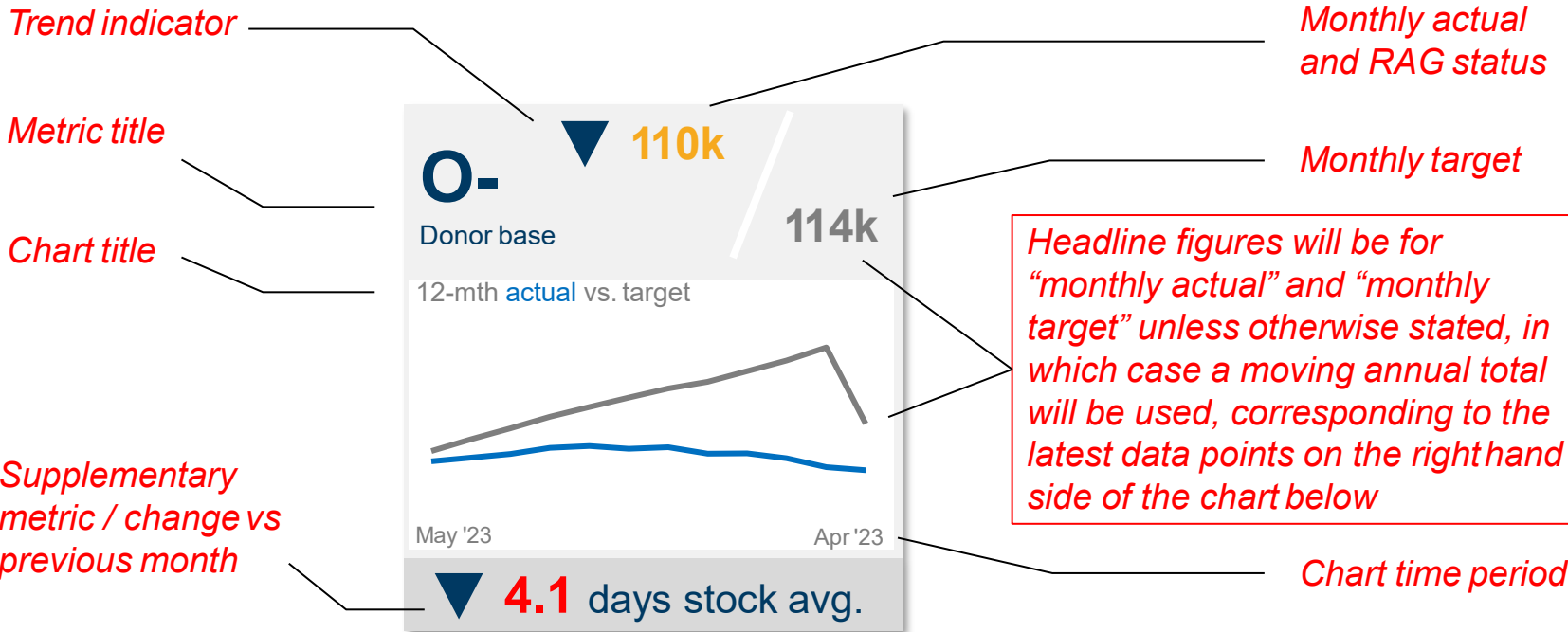


# How to read this report

## Dashboard page format



## Chapter page format



### Points to note

- 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 July 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. Tissue & Eye Services (TES) income above target for second consecutive month in February.**

The overall February income position was 5.9% ahead of target (£100k). There were positive sales across Tears and Tissue product groups in February, with a small increase in backorder value. The main tissue product lines that remain a concern are Processed Bone (-£429k YTD), Tendons (-£275k YTD) and Cardiovascular (-£260k YTD). Tissue income was ahead of target by £47k in month, with Cardiovascular (+£64k), Femoral Heads (+£9k), Skin (+£19k) and dCELL (+£1k) experiencing sales positive to target, and Tendons breaking even. The value of backorders has increased to £54k at the end of February.

### **2. Recovered Plasma for Medicine (rPfM) collections continue ahead of target YTD. Plasma Collections remain above target overall.**

Overall recovery of plasma from whole blood (for both medicine and diagnostic use) in January is 4.5% above target YTD. The forecast predicts that we will achieve target at year end with YTD rPfM at 4.9% ahead of target (128,470 Litres vs. 122,476 Litres), we currently sit 5% ahead of target YTD. The regular plasma donor base has continued to grow to 4,642. This is 26% below the target of 6,265. Sourced Plasma for Medicine (sPfM) volumes collected were 1,621 litres (4.2% behind target of 1,692 litres) in February. Performance at the end of the month was positive with two record collection weeks moving into March.

### **3. Whole Blood Donor Base grows for the first time since July, with plans in place to increase donor base size further in 2024/25**

The whole blood donor base has not seen sustained growth in recent years. In February it increased for the first time since July 2023, moving from 782.4k to 782.8k. Whilst it remains below target (803.1k), the size of the whole blood donor base was sufficient to meet in month demand. However, the gap to target is increasing (now 2.5%). Similarly, the O negative donor base has fallen steadily to 108.5k, is below target (123.2k) with the gap to target increasing (now 11.9%).

At times of peak campaigning, we have been able to capitalise on public interest by adding more new donor capacity, but these limited periods have not driven overall growth. Operational challenges from staffing, access to and cancellation of appointments, and unfilled capacity in some donor centres remain major constraints to sustainable growth through recruitment. Donor base targets for 2024/25 have taken collection capacity into consideration. A cross organisational group is working on target setting in the medium term, calculating the collection capacity required to meet the targets (inc. Oneg and Ro donor bases) and agreeing a joint target for new donors donating.

### **4. Red cell collections stood at 95.9% of business plan target, a 3.7% decrease from January. Red cell issues also decreased (-6.6% from January), 1% lower than forecast. Blood stocks resilience and recovery remains the priority.**

Total stock fell from 6.6 days of stock (dos) to 5.8 dos during February. This was largely driven by falls in O Pos (5.9 dos to 5.1 dos) and AB Neg (6.5 dos to 5.2 dos). Both stocks remain above minimum target levels. B Neg stock increased from 3.4 dos to 4 dos but remains below target level of 4.5 dos. O Neg continues to be challenging, falling from 3 dos to 2.5 dos, despite ongoing oversight by Blood Operations Leadership Team (BOLT). Longer term projections, based on capacity and donor activity demonstrate ongoing supply chain pressures. Actions to increase marketing activity, capacity and donations remain in place, with additional actions being explored to mitigate the currently forecast decline in stocks and the challenge presented by numerous Bank Holidays through April and May.

# Performance summary against most important strategic targets

## Grow and diversify our donor base to meet clinical demand and reduce health inequalities

Red Cell Units Collected	114.9k	▼	119.8k <sup>1</sup>
% Whole Blood Demand Met by Collection (Month)	98% <sup>2</sup>	▼	100%
Size of Whole Blood donor base (MAT)	783k	▼	803k
Size of Ro Blood donor base	26.3k	=	31.2k
Black Heritage represent <sup>n</sup> in whole blood donor base	2.6%	=	3.1%
Plasma collected (sourced & recovered), litres (YTD)	143.4k	▼	139.2k
Size of regular Plasma donor base (MAT) <sup>3</sup>	4,642	▲	5,986

On Time In Full (OTIF) incl. Ro (YTD)	96.9%	=	97.7%
Organ consent rate YTD (total)	61%	=	66%
Organ consent rate YTD (Ethnic Minority)	31%	▲	43%
No. of Organ transplants living & deceased <sup>4</sup> (MAT)	4,701	=	4,731
Ethnic Minority recipients of living & dec'd organ transplants <sup>4</sup>	26%	=	27%
Cornea Donors (YTD)	2,374	▲	2,084
Corneas Issued (YTD)	3,539	▲	3,419

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

Ethnic Minority Band 8A+	14.7%	▲	
Employee Turnover	12.4%	▼	15%
Recruitment – Time to Offer (weeks)	12	▼	11
Vacancy Fill Rate	87%	▼	88%
Sickness absence rate	4.8%	▼	4%
Harm Incident Rate NHSBT (Incident rate per 1000 employees)	5.2	▼	8.3

## Drive innovation 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	=		

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

Blood stock stability			
Average days of stock	6.2	▼	5.5 – 8.0
Serious Incidents raised <sup>5</sup>	0 (5 YTD)	=	---
Critical Infrastructure availability	99.96%	▼	99.95%
Top quartile performance in productivity benchmarks	2	=	3
Incremental savings (full year forecast Q3)	£6.7m	=	£8.2m
Reduction in scope 1&2 CO <sub>2</sub> emissions vs. 2020/21 baseline – full year forecast Q3)	20%	▼	---

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

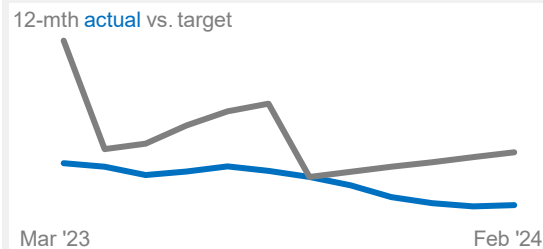
Volume of Plasma recovered (rPfM) <sup>6</sup> from Whole Blood (YTD)	239,441	▲	229,145
Sourced plasma Collected, litres YTD	14,979	▲	16,769
Cell, Apheresis & Gene Therapies Income (YTD)	£34.6m	▲	£37.9m
Clinical Biotechnology Centre (CBC) Income YTD	£1.5m	▲	£4.3m
Tissue & Eye Services YTD income	£18.2m	▲	£18.7m
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

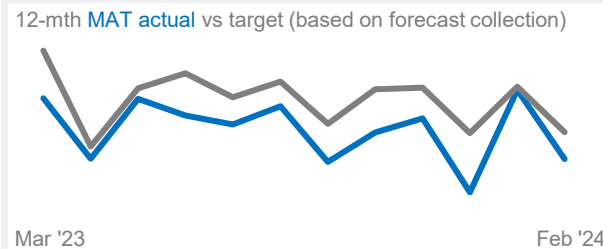




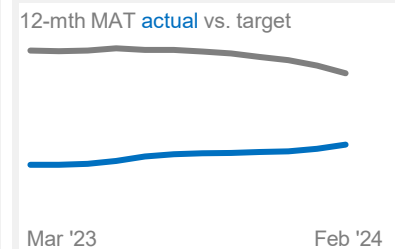
**Whole Blood Donor base** **783k** / **803k**



**Red Cell Units Collected** **114.9k** / **119.8k**



**Ro Collection MAT** **47.2k** / **55.3k**

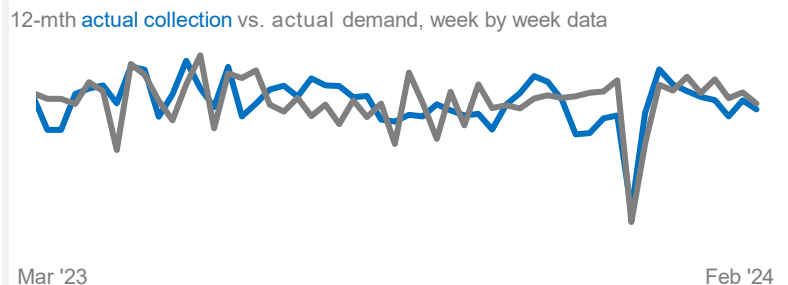


## Insight and Commentary

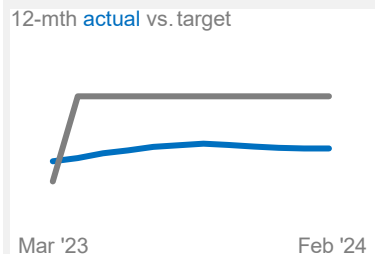
### Donor Bases:

- The whole blood donor base size increased in February for the first time since July, moving from 782.4k to 782.8k. While this remains behind target (803k) it reverses a continuous 6-month trend of decline. A drop in donor inactivation from 27.5k to 24.8k was the principle change in February that resulted in increased overall donor base.
- Total stock fell from 6.6 days of stock (dos) to 5.8 dos during February. This was largely driven by falls in O Pos (5.9 dos to 5.1 dos) and AB Neg (6.5 dos to 5.2 dos). Both stocks remain above minimum target level of 4.5 dos. B Neg rose from 3.4 dos to 4 dos, below target levels. O Neg remains challenging, falling from 3 dos to 2.5 dos.
- The seasonal campaign 'no sweat – feel good' came to an end halfway through February and booking rates have now started to decrease. Average weekly bookings in January were 71k, in the first half of February they were 66k and since the end of the campaign have been 63k which is what we would expect for a non-campaign period. Many of the campaign-driven bookings will be for appointments that have not yet taken place, meaning we should see strong new donor levels throughout March continuing growth in the whole blood donor base.

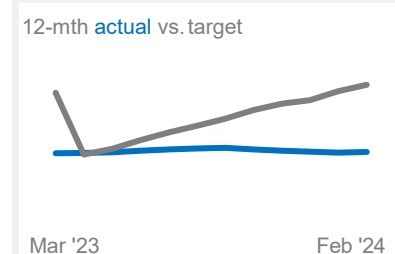
**Whole Blood % of demand met by collection** **98%**  
4 week-average 29-Jan to 26-Feb



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



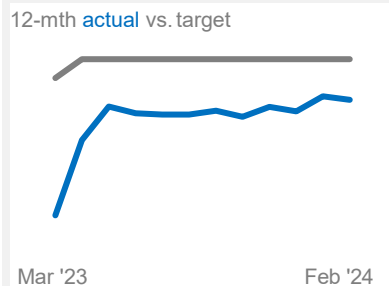
**Ro Donor base** **26.3k** / **31.7k**



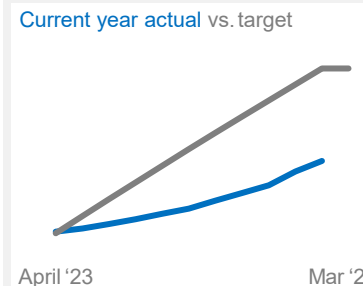
### Plasma:

- Recovered Plasma:** 55% of a whole blood donation is Plasma. We recover this in the manufacturing process as either Plasma for Medicines (PfM) or Plasma for Diagnostics (PfD). From April 2024, every drop of plasma (not collected for clinical use) will be directed to the manufacture of medicines. PfM collection in February was 6.6% behind of target (14,803 Litres vs. 15,854 Litres) due to a timing change in the ramp-up of plasma recovery. Forecasts predict we will achieve target at year end given YTD rPFM stands at 4.9% ahead of target (128,470 litres vs. 122,476 litres)
- Sourced Plasma for Medicine (sPFM):** Volumes collected were 1,621 litres (4.2% behind target of 1,692 litres) in February. Capacity was slightly reduced early in the month, whilst performance at the end of the month was stronger with two record collection weeks moving into March. Higher new donor fill rates and an increase in the plasma donor base drove these higher volumes. Twickenham continues to support Futureproofing with the collection of whole blood.
- 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
- The overall target for rPFM & sPFM in FY 23/24 is 160KI; the 143KI collected to end February 2024, is on schedule to achieve target for the year. Total collection to end February 2024 for fractionation is 222KI, in line with the plan to deliver 250 KI before dispatch to manufacture into medicines.

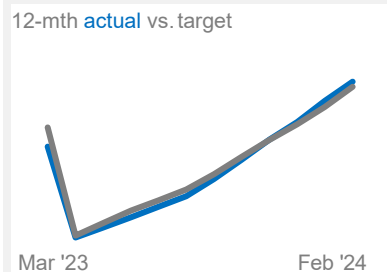
**On Time In Full incl. Ro (YTD)** **96.9%** / **97.7%**



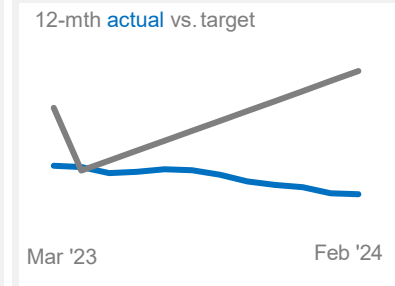
**Regular Plasma donor base** **4,642** / **6,265**



**Plasma Sourced & Recovered PfM Collections** **143.4k** / **139.2k**



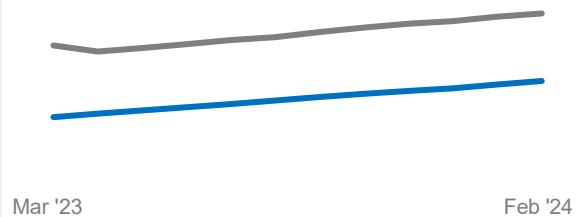
**O- Donor base** **108.5k** / **123.2k**





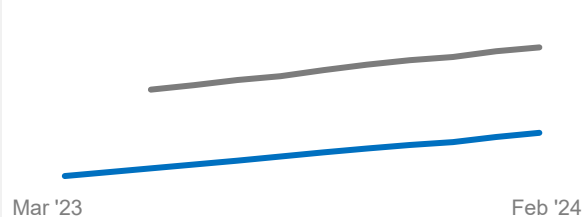
**Organ Donor Register<sup>1</sup> (Opt-In Register - Total)** **28.1m** / **29.3m**

12-mth actual vs. target



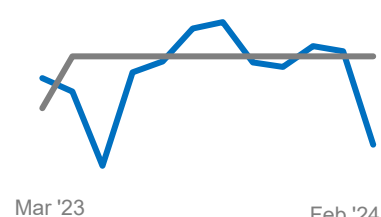
**Organ Donor Register (Opt-In Register Eng. & Wales)** **24.1m** / **25.2m**

12-mth actual vs. target



**Net Promoter Score (CM)** **85** / **87**

12-mth actual vs. target



## Insight and Commentary

### Organs

- February is generally a quiet month, with targets phased accordingly. There were 102 proceeding donors, 18 donors behind target of 120. We are 2 donors ahead of YTD target and on track to deliver our 2023/24 business plan.
- February was a particularly low month for consent/authorisation rate (55%), but the YTD rate remains at 61%. Whilst the eligible donor pool has not recovered to pre-pandemic levels (-17% YTD), we have seen a 2% increase on last year, and with sustained high referral rates of 94%, 154 more families have been approached regarding organ donation (+6%), resulting in 76 more consented donors YTD. A deep dive has been undertaken into consent rates with a paper was taken to ET in February. We are also planning for a House of Lords Round Table event, providing background and key discussion points in response to a recent debate.
- January 2024 was the fourth consecutive month where the ethnic minority representation of all living donor transplant recipients decreased (from 18% in September to 10% in January). Although at 16% YTD this is representative of the UK population, the decrease is starting to impact on our ambition to close the gap for ethnic minority patients on the transplant waiting list.

### Ocular

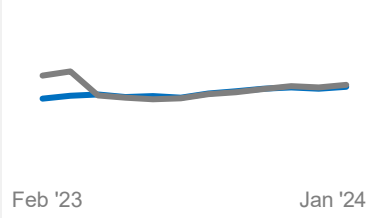
- The average weekly ocular donation rate fell in February to 49 donations a week, from the previous month average rate of 53 donations a week. Consequently, Ocular stock levels have fallen across the month to 248 at the end of February target of 300, 269 in January). There is concern that the weekly sales cap may have to be lowered from mid-March, if donation levels do not increase. The impact of this is cancellation of scheduled operations.
- Work to increase cornea supply continues as part of the iORBIT project, with further meetings planned with NHSE to discuss the commissioning model.

### 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 back to target (87.0) in January. NPS has since fallen below target to 85 in February, which is the result of higher fill rates driving down satisfaction as more donors are on session and waiting times are a little longer.

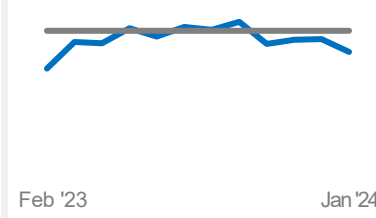
**Living & Deceased donor transplants (MAT 1 month in arrears)** **4,701** / **4,731**

12-mth MAT actual vs. target



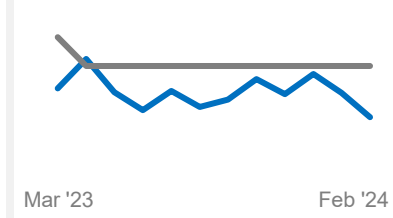
**EM recipients of living & dec'd organ transplants (YTD 1 month in arrears)** **26%** / **27%**

12-mth actual vs. target



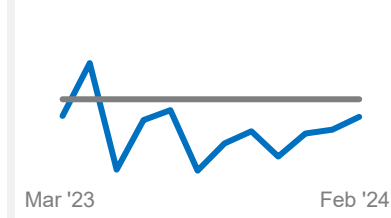
**Organ Consent/Authorisation YTD** **61%** / **66%**

12-mth actual vs. target



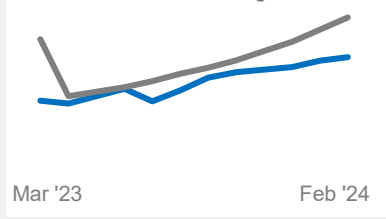
**Ethnic Minority organ consent rate YTD** **31%** / **43%**

12-mth actual vs. target



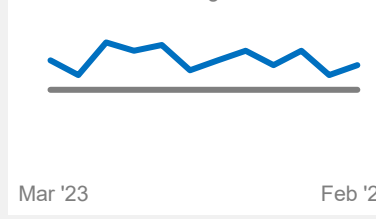
**British Bone Marrow Registry Fit Panel volume** **112.2k** / **121.3k**

12-mth MAT actual vs. target



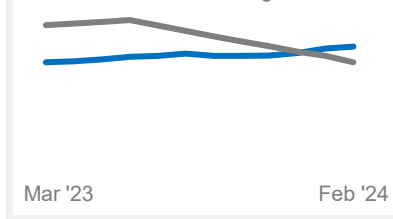
**EM % of New Stem Cell Fit Panel Donors BBMR Registry** **25%** / **20%**

12-mth actual vs. target



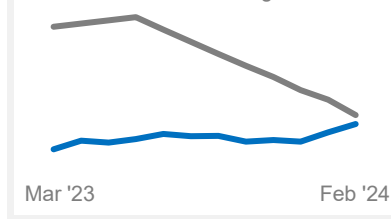
**Cornea donors YTD** **2,374** / **2,084**

12-mth MAT actual vs. target

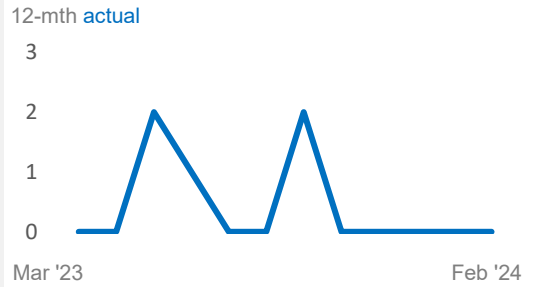


**Corneas issued for transplant YTD** **3,539** / **3,419**

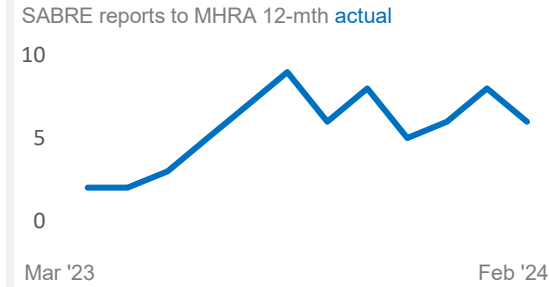
12-mth MAT actual vs. target



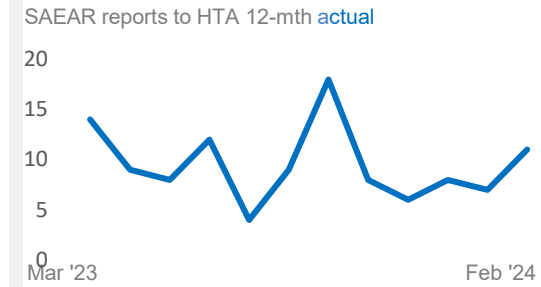
**Serious Incidents Raised** = **0** / ---  
YTD = 5



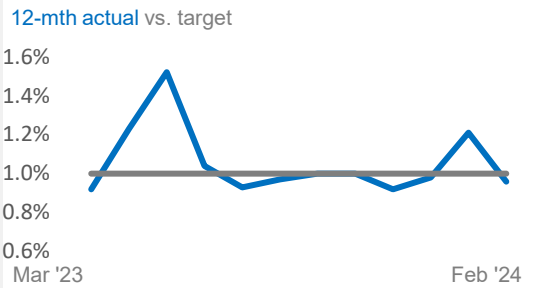
**SABRE<sup>1</sup> Incidents** ▼ **6** / ---  
YTD = 65 (-2)



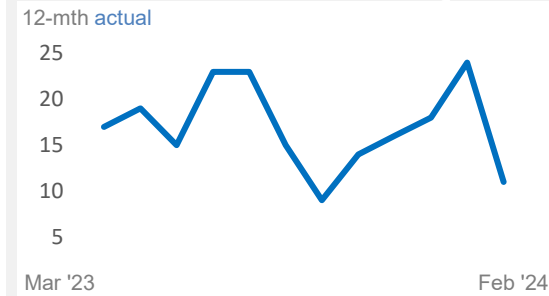
**SAEAR<sup>2</sup> Incidents** ▲ **11** / ---  
YTD = 100 (+4)



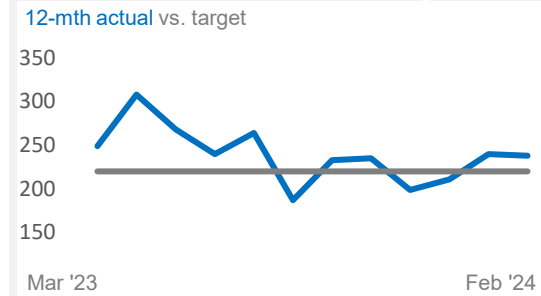
**Overdue Document Review (QMS)<sup>3</sup>** ▼ **0.96%** / <1%



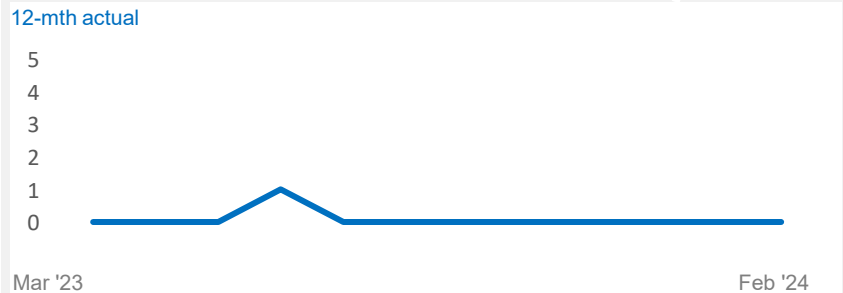
**Overdue Internal Majors (QMS)** ▼ **11** / **0**  
(-13)



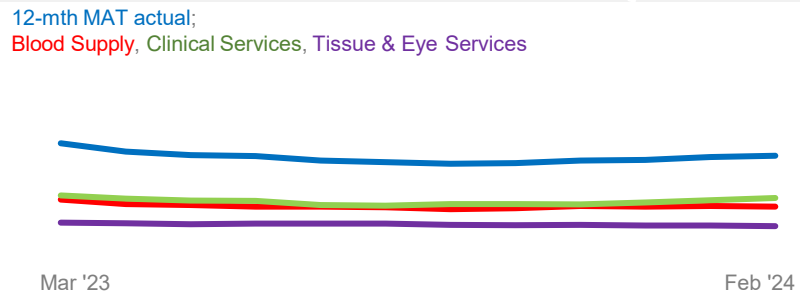
**Overdue Events excl. documents (QMS)** ▼ **238** / <220  
(-2)



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



**Major Adverse Events** ▼ **42** / ---  
(-7)



**Insight & Commentary**

**SABRES and SEARS**

- The volume of SABRE and SEAR notifications remains high compared to this time last year.
- SABREs (65 YTD) are 39 incidents higher than last year's 26 YTD.
- SEARS (100 YTD) are 28 incidents higher than last year's 62 YTD.
- Regulator reported events continue to be monitored by Quality, and through SMT meetings with the affected directorates.

**Overdue Documents, Internal majors and Events**

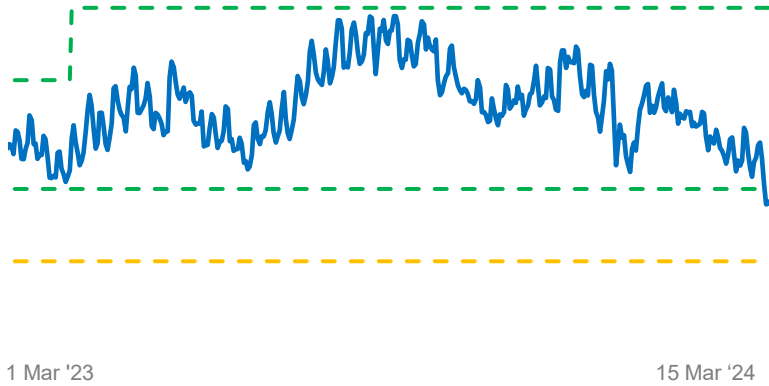
- Performance against the corporate overdue events KPIs improved during February, and the overdue document reviews KPI was achieved at the end of the month. Weekly meetings with directorate QMS Champions, and activities to improve the management of QMS events are continuing.

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

**Blood stock stability** ▼ **6.2** Avg. Feb 24  
 Average days of stock **5.8** Actual 29/02  
 Actual days of stock **5.3** Actual 15/03

5.5 – 8.0

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



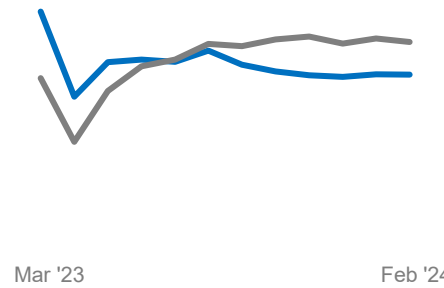
**Incremental savings** **£6.7m**  
 (full year forecast) **£8.2m**

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

**Hospital services productivity**  
 Annualised YTD

▲ **33,607** / 34,394

Annualised YTD Actual vs target



**Insight and Commentary**

Red Cell Collection

- February 2024 red cell collections stood at 95.9% of business plan target, a 3.7% decrease from January 2024. Collection was sufficient to meet demand as red cell issues also decreased when compared to January 2024 (-6.6%) and were 1% lower than forecast demand. Year-to-date collections stand at 95.8% of target.

Blood Stocks

- February 2024 B Neg collections were at or above collection target, and issues have returned to forecast levels, allowing for some stock rebuild with stock increasing by 1 day over the course of the month. However, continuing the trend of the previous month, O Neg collections remained lower than requirement (-6.0% compared to -5.0% in January 2024) and stocks have shown a decrease during the month.
- Longer term projections, based on capacity and donor activity demonstrate ongoing supply chain pressures. Actions to increase marketing activity, capacity and donations remain in place, with additional actions being explored to mitigate the currently forecast decline in stocks. Oversight continues to be managed routinely through Blood Operations Leadership Team (BOLT), with additional weekly collection and stock review calls at each level of the supply chain.
- On Time, In Full (OTIF) performance continues to demonstrate a settled pattern, with little variability since May 2023 and remains at 97.1% this month and 96.9% YTD. Both 'On Time' and 'In Full' measures reflect this stability; in this month 'In Full' fulfilment has remains at 97.5% and 'On Time' performance at 99.6%.

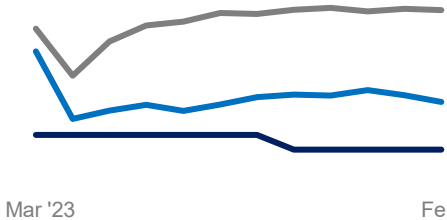
Appointments and Cancellations

- Over the course of the month NHSBT cancellations increased to 9.9% of booked appointments (+1.3pp compared with January 2024), with increases in both advanced and short notice cancellations of 0.3pp and 1.0pp respectively.

**1. Manufacturing productivity**  
 Annualised YTD

▼ **9,976** / 11,410

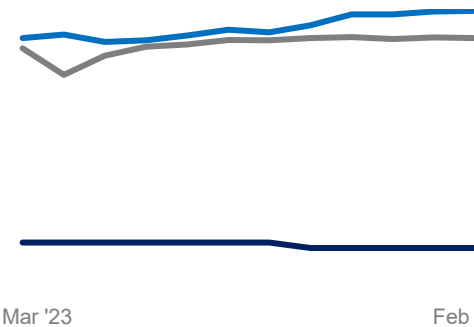
Ann. YTD Actual vs target vs EBA top quartile benchmark



**2. Testing productivity**  
 Annualised YTD

▲ **34,927** / 32,608

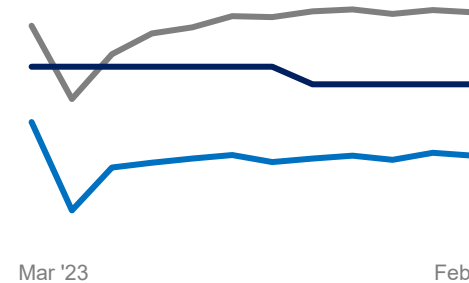
Ann. YTD Actual vs target vs EBA top quartile benchmark



**3. Collection productivity**  
 Annualised YTD

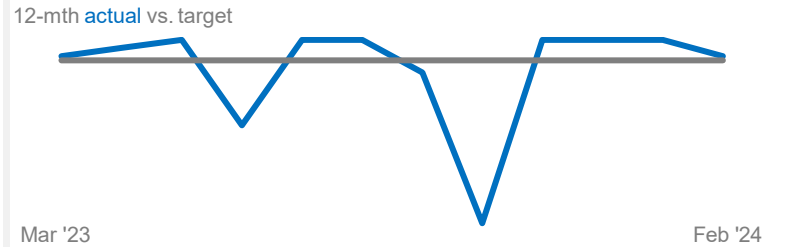
▼ **1,142** / 1,348

Ann YTD Actual vs target vs EBA top quartile benchmark

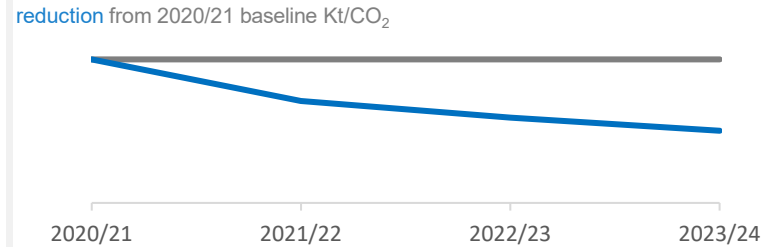




**Overall Critical Infrastructure (CI) Availability** ▼ **99.96%** / **99.95%**



**Reduction in scope 1&2 CO<sub>2</sub> emissions vs. 2020/21 baseline** **20%**  
(reported quarterly – December 2023) ---

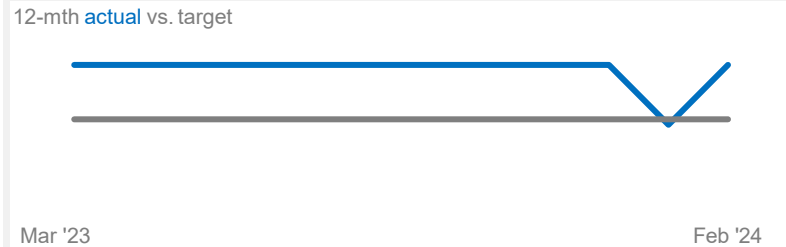


**Insight and Commentary**

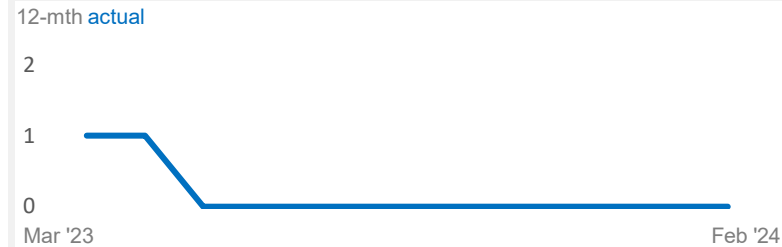
**Critical Infrastructure**

In February 2024, our Key Public Systems (KPS) and Key Hospital Services (KHS) achieved their availability targets, showcasing the robustness and reliability of these essential services. While there was an incident that affected PULSE, our availability targets for our Critical Infrastructure (CI) were still maintained. We have worked with our third-party partner to put measures in place that will prevent any reoccurrence, ensuring the problem is now fully resolved.

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



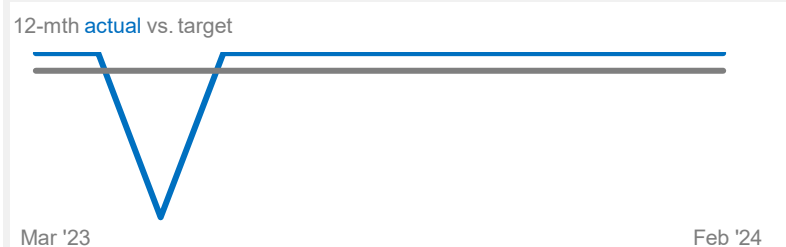
**Information Commissioner's Office Incidents** = **0** ---



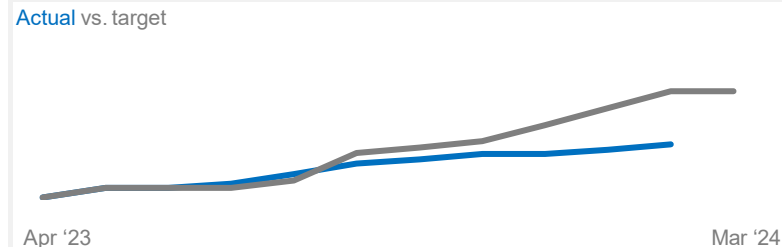
**Business Continuity**

Our approach to reviewing Business Continuity Plans (BCP) has pivoted mid-year towards a full-scale review of the Blood Supply chain BCP. Two multi-disciplinary workshops have been held using cybersecurity as the context. A work plan will be developed to address improvements required.

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



**Business Continuity Plans Reviewed YTD** ▲ **50%** / **100%**



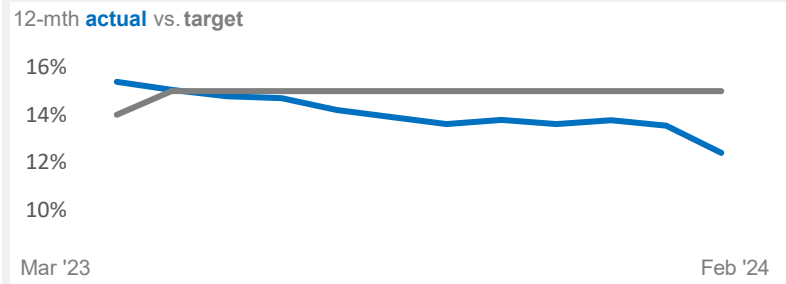
**Reduction in scope 1&2 CO<sub>2</sub> emissions**

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



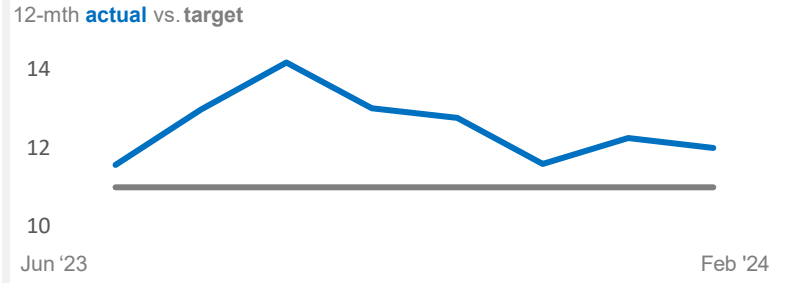
### Employee Turnover %

▼ 12.4% / 15%



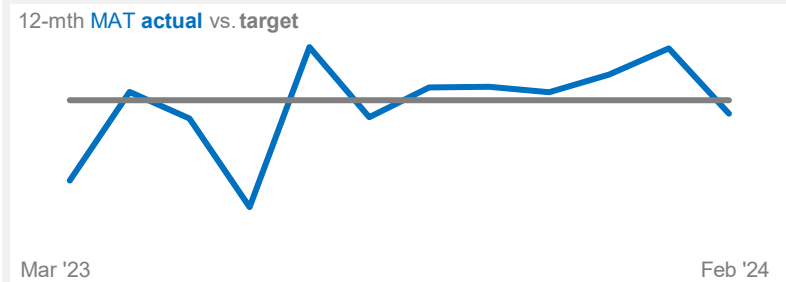
### Time to Offer weeks

▼ 12.0 / 11.00



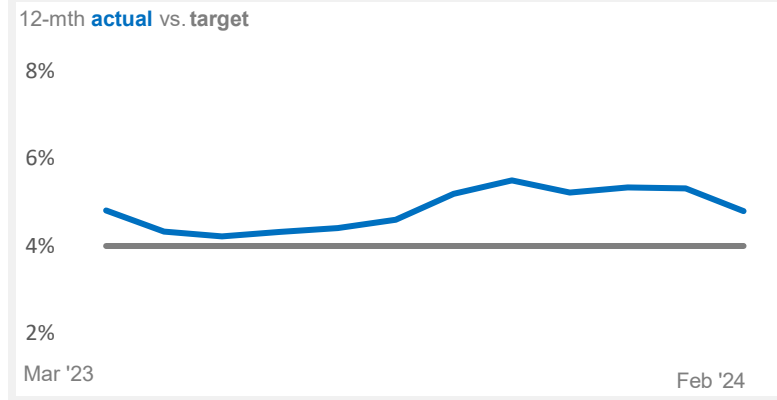
### Vacancy Fill Rate %

▼ 87% / 88%



### Sickness Absence

▼ 4.8% / 4%



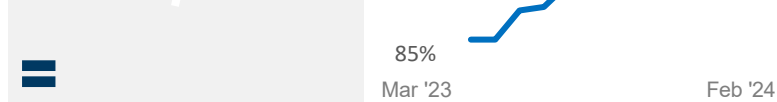
### Mandatory Training compliance

95% / 95%



### PDPR completion

90% / 95%



### Insight and Commentary

#### Recruitment & Retention

- Time to offer is currently 12 weeks, against the target of 11 weeks, down from 12.3 weeks in January.
- Spikes in demand to fill vacancies have impacted recruitment cycle times. Following a large spike in demand in January, which saw a 24% increase against the previous 5-month average, demand in February has returned to more stable and normal levels seen during the last few months of 2023. However, it is important to note that the January spike may impact March time to offer performance data figures. We are working hard to minimise any impact.
- A focus area is the time taken between candidate offer and clearance, which increased again in February. There have been ongoing delays with Occupational Health checks which are being actively addressed. We have also observed a change in candidate behaviour where it takes longer to return all requirements and for references to be returned from other organisations.

#### Sickness absence

- Sickness absence dropped to 4.8% in February, from 5.3% in January, and is at the same level as February 2023. The primary causes of short-term sickness are coughs, colds and influenza.
- Sickness absence in Manufacturing & Logistics also reduced to 6% from 7% in January. This is higher than the 5% recorded in February 2023. Sickness absence was the subject of a recent deep dive at Blood Supply SMT, resulting in several actions including provision of refresher training, support for Managers and a review of phased returns.
- Sickness absence in Blood Donation for February has reduced from 7% in January to 6%. This is the same level as February 2023.

#### Staff Turnover

- Having peaked at 18.1% between April and July 2022, staff turnover has decreased steadily and now stands at 12.4%, below target of 14%.
- Turnover in Blood Donation has increased to 25.1% in February from 20.9% in January. This time last year, turnover was 23.6%.

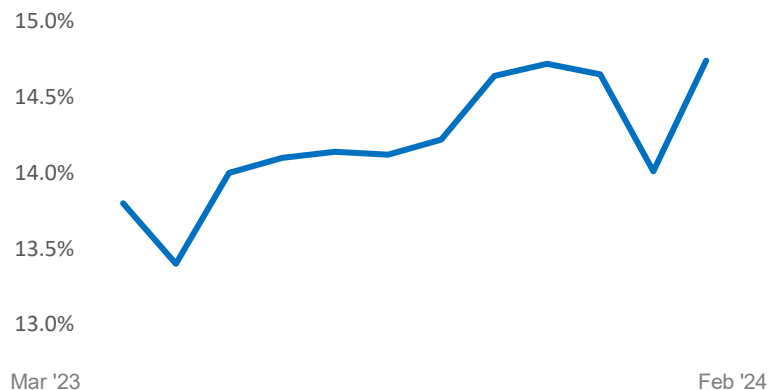
#### PDPR completion and Mandatory Training

- PDPR compliance remains at 90% compared to a target of 95%.
- Mandatory training remains on target at 95% (target of 95%)



### Ethnic Minority (EM) staff % Band 8A+ ▲ 14.7%

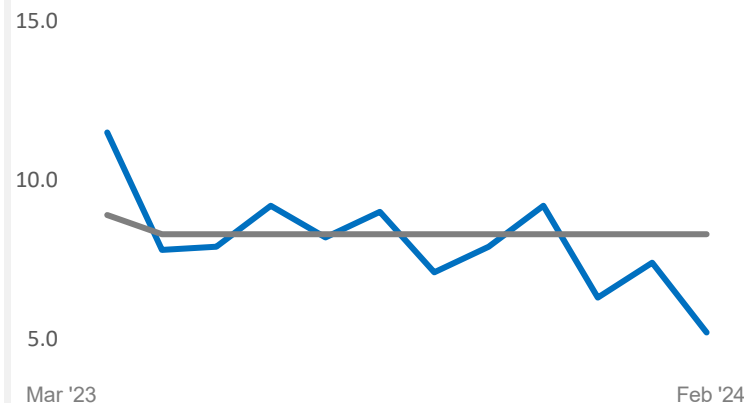
Ethnic Minority staff, 12-mth % Band 8a+



### Harm Incident Rate NHSBT ▼ 5.2

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 has continued to increase slowly from 13.4% in April 2023. After a sharp drop in January, performance has improved in February to stand at its highest point for the year of 14.7%.

#### Harm Incidents

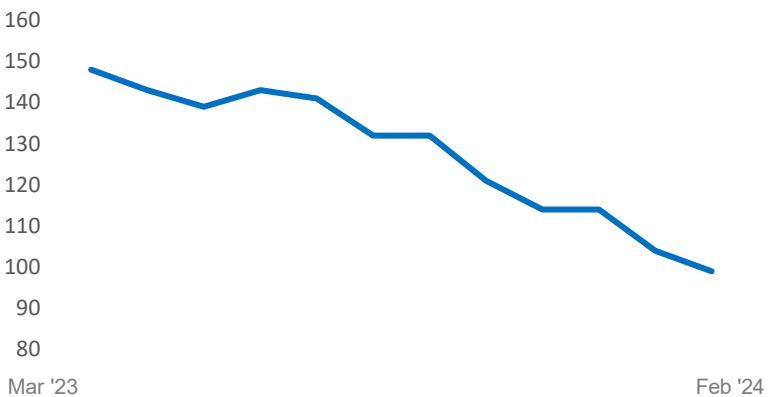
- The NHSBT harm accident incident rate fluctuates above and below target and now stands below target at 5.2 a decrease of 2.2 points from January
- Blood Supply harm accident incident rate has been more stable since April 2023, albeit largely above target. However, in December, the rate dropped below the target to 11.2 and remains below target in February at 8.2. This is due to implementation of an accident reduction programme implementation and near miss target being achieved with improved reporting.

#### Freedom to Speak Up

- There were 11 new concerns raised in February. Concerns contain elements of bullying, formal process issues and wellbeing.
- In total, there were 41 FTSU cases open at the end of February.

### Number of FTSU Concerns Raised in month ▲ 11 (+7)

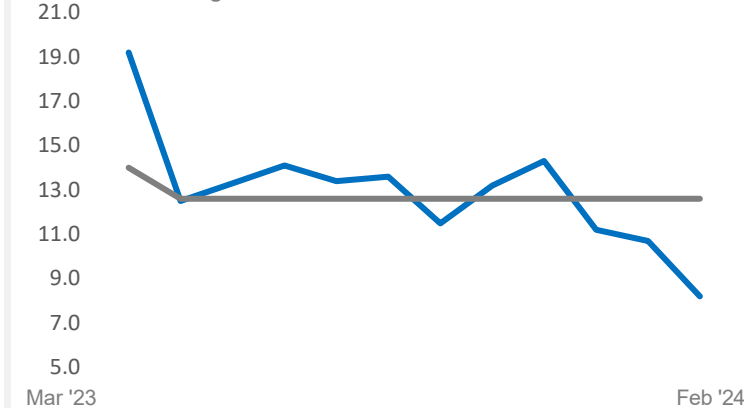
12-mth MAT actual



### Harm Incident Rate Blood Supply ▼ 8.2

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 (SWIFT)

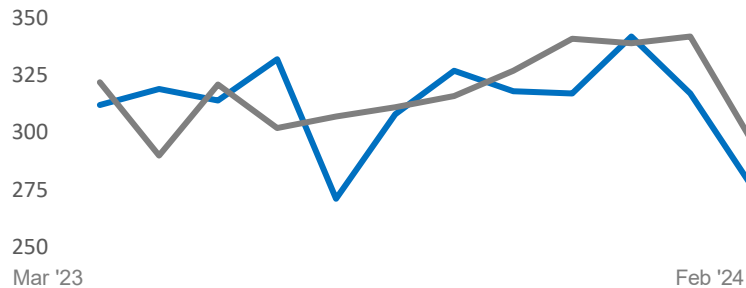
Universal plasma and universal platelets status

Dried plasma status

No. of organ transplants –Dec'd

3,443 YTD / 3,494

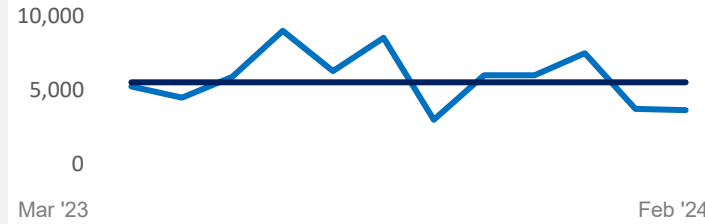
12-mth actual vs. target



No. genotyped (STRIDES) YTD

75,576 / 83,100

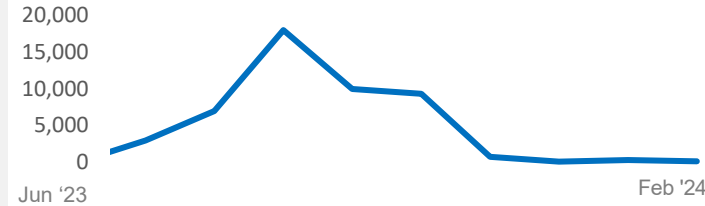
12-mth actual vs contract



No. recruited for Our Future Health (OFH) programme

48,639 / ---

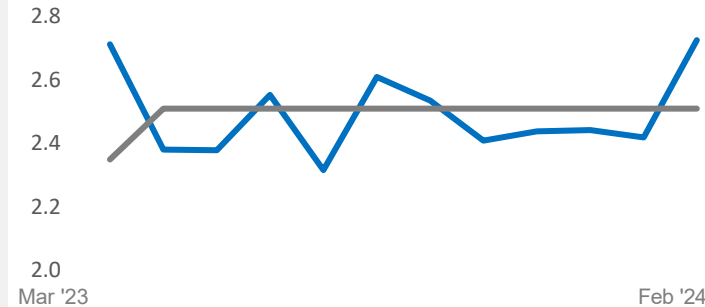
12-mth actual



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

2.47 YTD / 2.51

12-mth actual vs. target



Insight and Commentary

Genomics Programme

- **Strategies to Improve Donor Experiences (STRIDES):** 75.6k STRIDES donors typed to date; The QA validation of the automated data transfer with the University of Cambridge (UoC) is complete and 55k sample files have been transferred to the Bioresource.
- **Our Future Health (OFH) recruitment:** 48,639 donors have consented, and 23,896 samples collected; OFH to look at developing a URL to link to the NHSBT OFH recruitment portal to aid on session discussions
- **Blood Transfusion Genomics Consortium (BGC):** 10 DNA Sample plates received from South Africa and testing has been completed; results transferred to Cambridge.
- **Nanopore collaboration:** Colindale refurbishment layout plans have been reviewed; team have agreed temporary space within the UK Health Security Agency (UKHSA)
- **Digital Capability:** New equipment installed and validation in progress on the short-term tactical solution; validation of the data; Outline Business Case (OBC) development continues for a strategic solution; soft market engagement completed to inform the final spec
- **HaemMatch:** National Institute for Health and Care Research (NIHR) BioResource Data Access Application is being considered, awaiting response; NIHR AI Awarded contract reviewed by partners; with Cambridge / University College of London (UCL) for agreement on final points

Component development clinical trials

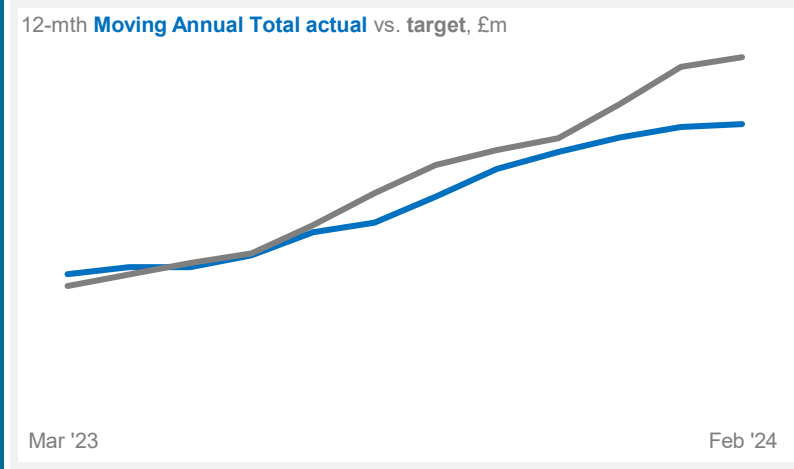
- **Whole blood use in trauma:** 10 trial sites (air ambulances) open and 485 participants have been recruited to date (57% of target); 2-year recruitment period continues as planned, but started 6 months later due to blood stock challenges at the time the project began; recruitment is projected to end by January 2025
- **Universal plasma/platelets:** Business case ET approved in February 2023 to invest £1.6m over the next three years to build on previous R&D work ahead of a formal clinical trial
- **Dried plasma** £5m project ongoing to develop a dried plasma product for the Ministry of Defence (MoD); Equipment supplier selected (but took longer than planned); Facility build progressing, target mid-March completion
- **RESTORE clinical trial (Recovery and Survival of Stem Cell Originated Red Cells):** Clinical trial of in-person use of red cells manufactured from stem cells; 14 doses of manufactured red cells given to 5 participants so far

Organ transplant and utilisation

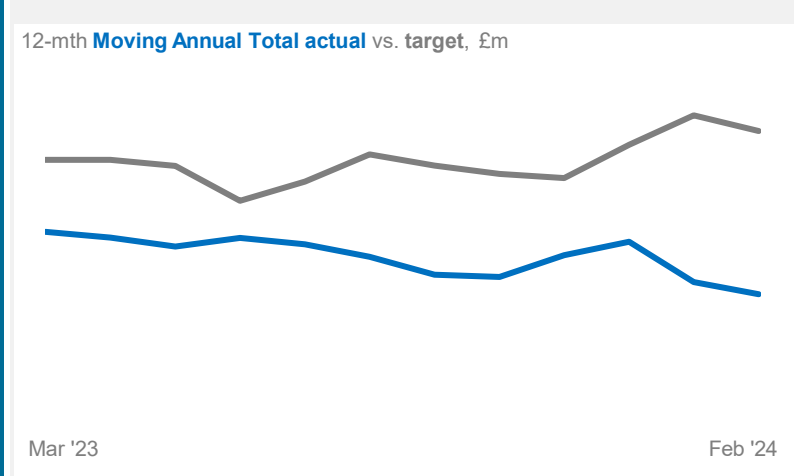
- The organ utilisation rate remains lower than planned at 2.47 transplants per donor YTD, (against a target 2.51), driven by the ratio of deceased donors after brain death (DBD) to deceased donors after circulatory death (DCD) of 49:51 YTD



**Cell Apheresis & Gene Therapies (CAGT) Income** **£34.6m** / **£37.9m**  
 YTD excl. DHSC Grant in Aid funding; 12-mth CAGR<sup>1</sup> 11%

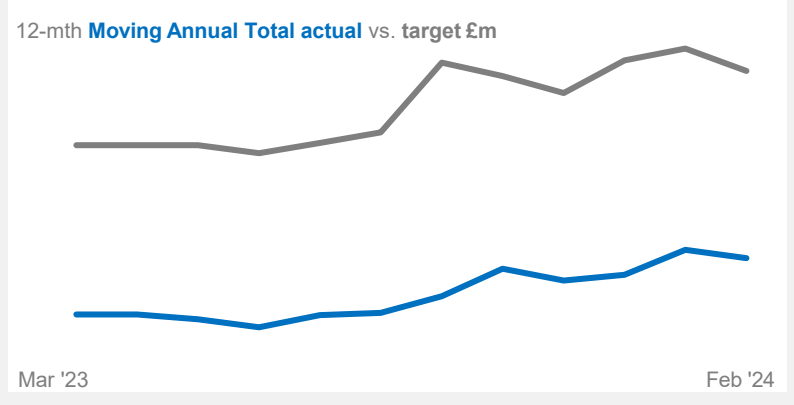


**Clinical Biotechnology Centre (CBC) income YTD** **£1.5m** / **£4.3m**  
 12-mth CAGR -17%<sup>1</sup>

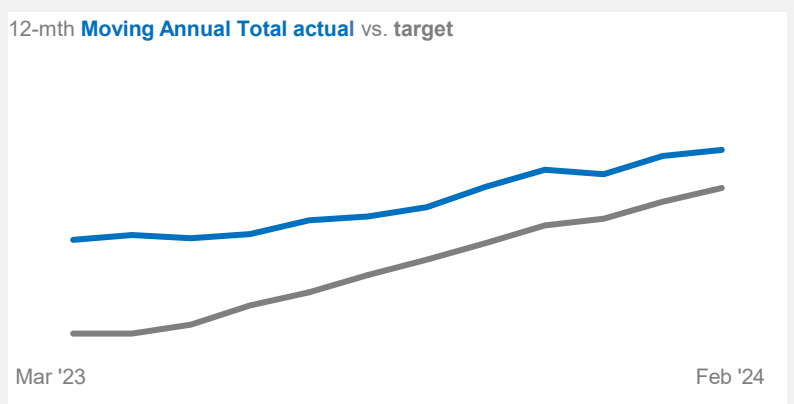


**Transfusion 2024 programme status** =

**Advanced Cellular Therapies Income YTD** **£0.83m** / **£1.54m**  
 Income received in staged payments for project delivery, not regular monthly bills to customers.



**Therapeutic Apheresis Services** **11,069** / **10,827**  
**no. of procedures YTD**



### Insight and Commentary

#### Transfusion 2024 Programme

- **Blueprint for managing blood stock inventory with hospitals:** Draft business case shared with Programme Board, Blood Supply and DDTS SMT ; Continued dialogue with pathology partnerships and potential pilot sites
- **Fetal RHD electronic requesting and reporting:** Seven hospitals now live; Discussions are ongoing with additional hospitals and other LIMS suppliers
- **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; Pilots to continue and a review of retrospective data for pilot sites to be completed
- **Connection to National Haemoglobinopathy Register:** Data validation data for phase one is complete; Go-live now expected in March

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

CAGT income is £2.91m ( 7.7%) behind budget after eleven months of the year; the key drivers being:

- Clinical Biotechnology Centre (CBC) income at £2.80m below plan - a bacterial infection temporarily closed plasmid manufacture at the start of the year, reducing production capacity (which cannot be recovered in-year) and consequently income – CBC income is forecast to end the year £2.55m behind plan
- Advanced Cell Therapy income is £0.71m behind plan - impacted by a customer cancelling a CAR-T clinical trial in the UK where 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
- BBMR Fit panel volumes are 7.46% behind target in-year; recruitment was recently extended to include Caucasian females under 30 via buccal swabs, with more than 1,000 Caucasian female donors successfully recruited; because of this initiative, additions to the panel from a minority ethnic background were lower at 12% in-month, but remain at 25% YTD (above the 20% target)
- NHSBT's share of stem cell provision to UK patients is 5.5% v plan 9% (end Q3); provision from all UK sources is also below plan at 27% v 35%; the key challenges across UK supply include reduced donor availability when identified as a match and limited apheresis collection capacity; we are working with our partners in the UK Aligned Registry to find solutions (next update year-end

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





### Tissue & Eye Services (TES) income YTD **£18.2m** / **£18.7m**

12-mth Av. Mthly Growth Rate 2.2%

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

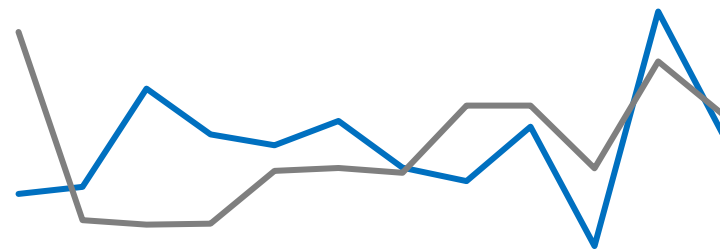


Mar '23 Feb '24

### Ocular income YTD **£6.04m** / **£5.75m**

12-mth Av. Mthly Growth Rate 3.6%

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



Mar '23 Feb '24

### Insight and Commentary

#### Overall, Tissue & Eye Services Income

- The overall February income position was 5.9% ahead of target (£100k). There were positive sales across Tears and Tissue product groups in February, with a small increase in backorder value. The main tissue product lines that remain a concern are Processed Bone (-£429k YTD), Tendons (-£275k YTD) and Cardiovascular (-£260k YTD).

#### Tissues Income

- Tissue income was ahead of target by £47k in month, with Cardiovascular (+£64k), Femoral Heads (+£9k), Skin (+£19k) and dCELL (+£1k) experiencing sales positive to target, and Tendons just breaking even.
- The value of backorders has increased slightly to £54k at the end of February. This is despite processing rooms being closed for refurbishment throughout the month. The clean rooms were re-opened as of 5th March, and the aim is to have the first batch of freeze-dried bone available by the end of March.

#### Ocular income

- Ocular income was behind target by 4.9% in month (-£29k), due to low rates of donation. We are investigating the reasons behind high levels of medical deferrals for ocular donors, to ensure no donation opportunities are being missed.

#### Heart Valves

- Cardiovascular sales improved in month and were ahead of target by £64k. However, the rates of heart donation for heart valves in February fell further to 3.75 a week, compared to 5 a week in January (target of 8 donors per week). This will impact on heart valve availability at the start of the new financial year. A change control remains underway to allow DCD hearts that are not used for organ transplant to be sent to NHSBT for heart valves.

#### Serum Eyedrops

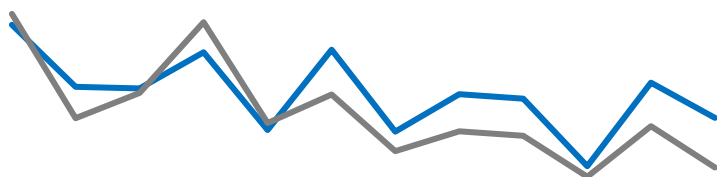
- Serum Eyedrops income was ahead of target in month (+£82k) with 449 batches issues vs. target of 418, +31 batches. High rates of absence within Customer Care who arrange delivery to patients remains an issue and continue to be covered by other operational colleagues.

#### Plasma

- Recovery of plasma from whole blood (for medicine) is consistent and forecast to achieve the 23/24 target for the year end. Plasma remains on track to supply the initial 250KI of plasma in preparation for validation and shipment to the fractionator in July.
- Source Plasma performance was 4.2% below target overall due to some reduced capacity but performance recovered towards the end of the month with two record collection weeks. One clinic continues to support whole blood collection as part of the Future-proofing project for the rest of 23/24. Activity is in progress to increase source plasma capacity at each clinic and increase the regular donor base in 24/25, including continued whole blood collection at Twickenham.

### Vol. of Plasma Recovered from Whole Blood, litres YTD **239,441** / **229,145**

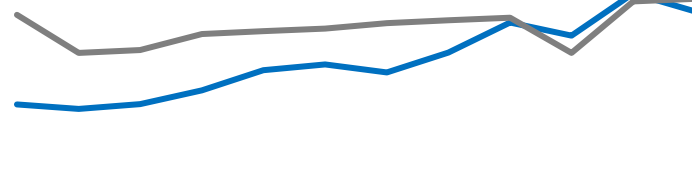
12-mth **actual** vs. **target**



Mar '23 Feb '24

### Vol. of Sourced Plasma Collected, sPfM<sup>1</sup>, litres YTD **14,979** / **16,769**

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



Mar '23 Feb '24

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 / 18 Mar 2024	Clinical / Minimal	
P-02	Service Disruption / Director of Quality	22 Dec 2023 / 04 Mar 2024	Disruption / Minimal	
P-03	Service Disruption (Interruption of critical ICT) Chief Digital Officer	7 Nov 2023 / 04 Mar 2024	Disruption / Minimal	
P-04	Donor Numbers & Diversity / Director of Donor Experience	25 Oct 2023 / 15 Mar 2024	Operational / Minimal	
P-05	Long term financial sustainability /Chief Finance Officer	20 Sept 2023 / 15 Mar 2024	Finance / Open	
P-06	Inability to access data sets / Chief Medical Officer	06 Jun 2023 / 18 Mar 2024	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 / 18 Mar 2024	People / Open	
P-08	Managers Skills and Capability / Chief People Officer	13 Oct 2022 / 06 Feb 2024	People / Open	
P-09	Regulatory Compliance / Director of Quality	15 Aug 23 / 04 Mar 2024	Legal, Regulatory & Compliance / Cautious	
P-10	Change Programme scale & pace / Deputy Chief Executive	23 Oct 23 / 15 Mar 2024	Programme / Open	

## Risk Summary continued

### Commentary

No movement to the residual risk scores of any of the principal risks has been recorded since the last report.

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

- P-02. Service disruption
- P-03. Loss of critical ICT
  
- **Principal risk P-02 (service disruption).** The residual score of this risk, following assessment, has remained at  $5 \times 4 = 20$ . This risk is recorded in the Risk Limit. The high scoring contributory risk influencing this risk is:
  - *Southampton roof. This risk remains the main driver of the 5x4 risk score. A review of this risk with the AD Estates, Facilities & Sustainability left the score at the current level with changes to be considered as work progresses. Areas with significant health and safety risk are not in use and access is restricted*
  
- **Principal risk P-03 (loss of critical ICT).** The residual score of this risk has remained at  $5 \times 3 = 15$ . This risk remains in the Risk Limit. The contributory risks influencing this risk score is DDTS-08 Cyber Security, which includes losing availability, confidentiality and integrity of critical IT systems and/or associated data. Actions are in place to contain and/or limit the damage that could occur should NHSBT have been successfully breached in a cyber-attack