

# NHSBT Executive Team & Board Performance & Risk Report

April 2024

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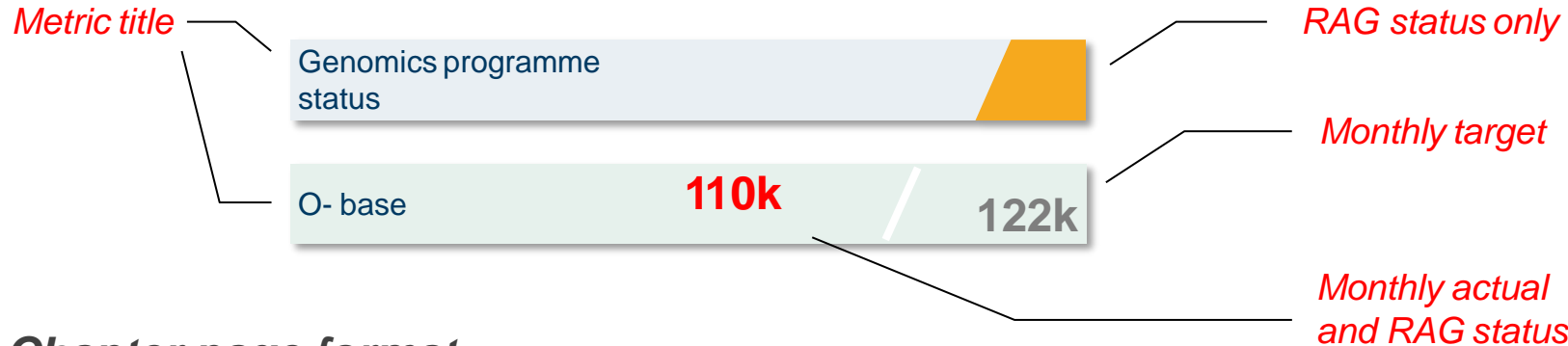


Blood and Transplant

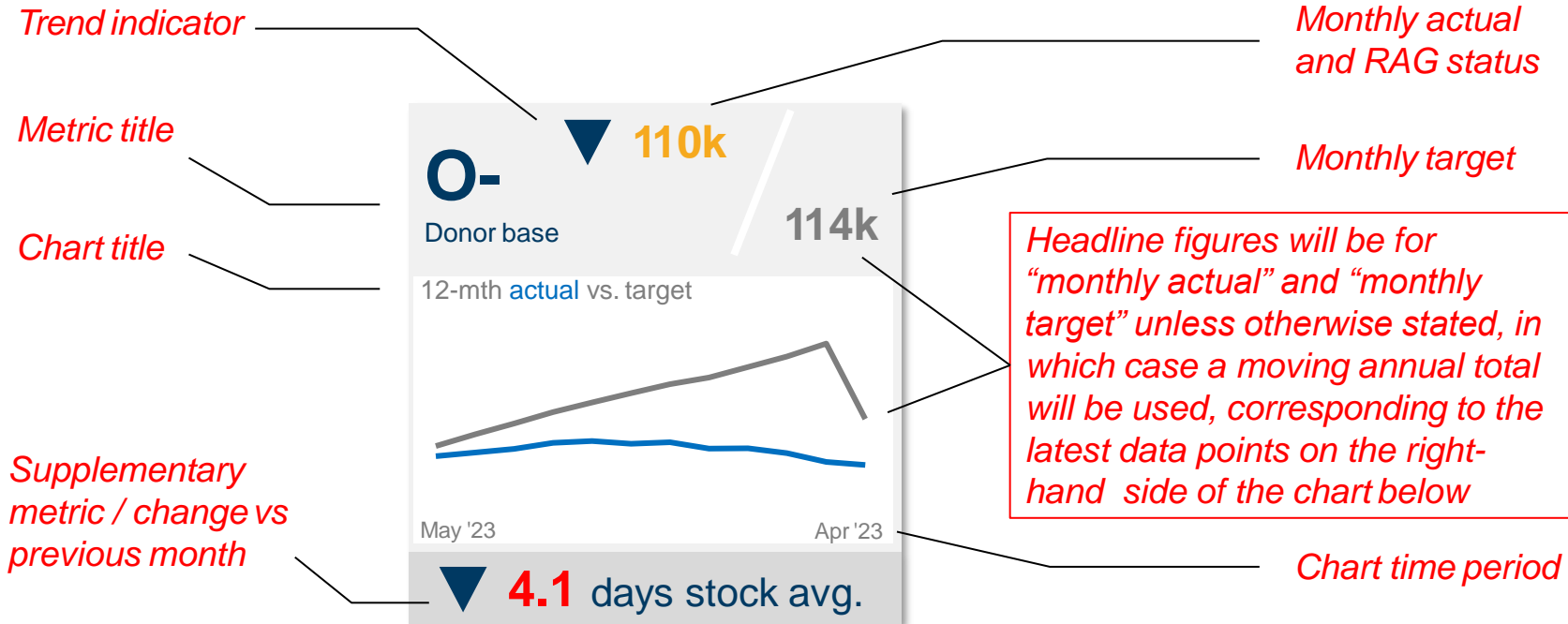


# How to read this report

## Dashboard page format



## Chapter page format



*Headline figures will be for "monthly actual" and "monthly target" unless otherwise stated, in which case a moving annual total will be used, corresponding to the latest data points on the right-hand side of the chart below*

## 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
- Some metrics are expressed as a **Moving Annual Total (MAT)**. This provides a rolling 12-month total for performance data.
- Some metrics are reported **one month in arrears**. This is to ensure accuracy and completeness where data take longer to collate e.g. living donor organ transplant numbers.

## Performance Insights

### **1. Overall plasma collection above target in month alongside growth in the regular Plasma donor base.**

Overall collection of plasma (source plus recovered plasma) was 49% above target at 24.8k litres versus 16.9k litres. The regular plasma donor base has continued to grow to 4,974 donors (+184 donors, 4%).

### **2. April red cell collections 102.5% of collection target, +8.2 pp from March 2024. Red cell issues above forecast demand (+1.8%). Blood stocks resilience and recovery remains the priority.**

At the end of April 2024 total red cell stocks remained in line with the end of the previous month, standing at 5.9 days of stock (DoS), with average DoS remaining at 5.5 days. During April, activities aimed at reducing cancellations and increasing capacity continued and were successful in helping to achieve collection growth. After two months of declining performance April saw a marked improvement, with collections exceeding the collections requirement (102.5% of collection target). However, issues were above (+1.8%) forecast demand, continuing the stock pressures experienced in both February and March. Consequently, focused activities will remain in place until the end of Quarter 1. At ABO Group level O Pos, O Neg and B Neg remained below target stock levels but did improve slightly over the month.

### **3 The Blood Product donor base grows in April as opportunities to donate expand. Donor deferrals higher than expected.**

The blood product donor base target for 24/25 ranges from 810k-840k. Unlike previous targets which focussed on individual blood products (Whole Blood, Platelets, Plasma for Medicine) this target is a combined target of the three products. The overarching aim for NHSBT is to move away from product centric donors and encourage donors to donate the product that is most needed at a particular time. At the end of April, the combined donor base stood at 798.2k, above target of 783k and up from 796.6k at the end of March. This consists of 780.6k Whole Blood Donors, 14.3K Platelet Donors and 8.9K PfM Donors.

All individual blood groups except O Negative saw donor base growth during the month, however, the Black Heritage donor base continues to fall, this month from 19,920 to 19,848. The figure is still higher than this time last year but continues a decline for this group. The Ro Donor Base improved from 26,333 to 26,414 (26,496 target).

Appointment availability grew significantly from 191.3k bookable appointments in March to 211.6k in April to provide donors with more opportunities to donate. Donor rejections have been higher than expected for this time of year. In April 2023, 14.6% of appointments were deferred. This year the figure has exceeded 16% contributing to a loss of collection. These figures are usually associated with the height of summer when Hb deferrals are more common.

### **4. TES income starts the year £169k (10%) ahead of target, primarily driven by Ocular income. Maintaining supply of products to meet demand remains a key challenge.**

The overall April TES income position was 10% ahead of plan (+£169k) driven by an increase in the number of ocular products issued in month (+126k) and Serum Eye drops issues ahead of plan (+£26k). High issue numbers and low donation rates in ocular and cardiovascular suggest increased risk of not meeting income targets in coming months. The latest customer satisfaction survey saw a 3pp fall in satisfaction rates with TES to 73% versus a target of 80%, with the main theme of customer feedback being product availability issues.

### **5 . Lower than expected number of deceased donors continues through April; partially offset by strong organ utilisation in month. Donor transplants remain below target at amber status.**

The neurological death testing rate dropped below 70% for the first time (69%) and the eligible donor pool was 5% smaller than last April, contributing to lower-than-expected number of donors, with 108 proceeding donors against a seasonal target of 120. The overall consent/authorisation rate was 59% in-month with the Deceased Donors after Brainstem Death (DBD) rate strong at 72% (including a 61% rate for patients meeting the deemed legislation criteria). The Deceased Donors after Circulatory Death (DCD) rate continues to hover around 50%. Of the DCD patients meeting deemed legislation criteria in April, families supported donation in only 37% of cases. Organ utilisation was strong in April despite more DCD donors than DBD donors, with 2.58 transplants per deceased donor. Consequently, 279 patients were transplanted in April, 13 short of target of 292.

# Performance summary against most important strategic targets

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

Size of Blood Product donor base	<b>798k</b> ▲	/	783k
Size of Ro blood donor base	<b>26.4k</b> ▲	/	26.5k
Size of O- blood donor base	<b>108k</b> ▼	/	109k
Black Heritage represent <sup>n</sup> in whole blood donor base	<b>2.5%</b> ▼	/	3.1%
Short notice cancellation of appointments	<b>3.4%</b> ▼	/	4.5%

Size of regular Plasma donor base (MAT) <sup>1</sup>	<b>4,974</b> ▲	/	4,730
Plasma collected (sourced & recovered), litres (YTD)	<b>24.8k</b> ▲	/	16.7k
No. of Organ transplants living & deceased <sup>2</sup> (MAT)	<b>4,672</b> ▼	/	4,750
Organ consent rate YTD	<b>59%</b> ▼	/	60%
Corneas Issued for Transplant (YTD)	<b>388</b> ▲	/	316

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

% Minority Ethnic Employees at Band 8A-8C	<b>14.8%</b> ▲	/	---
Employee Turnover	<b>12.8%</b> ▼	/	15%
Recruitment Time to Offer (weeks)	<b>11.5</b> ▼	/	11
Vacancy Fill Rate	<b>91%</b> ▲	/	88%
Sickness absence rate	<b>4.4%</b> ▼	/	4%
Harm Incident Rate NHSBT (Incident rate per 1000 employees)	<b>8.6</b> ▲	/	7.6

## Drive innovation to improve patient outcomes

No. of transplants per deceased organ donor	<b>2.58</b> ▲	/	2.43
Component Development Clinical Trials			
Whole Blood (SWIFT)	=		
Universal platelets & universal plasma	=		
Dried Plasma	=		
RESTORE	=		

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

Blood stock stability Average days of stock	<b>5.5</b> =	/	5.5 – 8.0
On Time In Full (OTIF) incl. Ro (YTD)	<b>97.1%</b> ▲	/	96.3%
Critical Infrastructure availability	<b>100%</b> =	/	99.95%
Serious Incidents raised <sup>3</sup>	<b>0</b> ▼	/	---
Overdue internal majors	<b>16</b> ▲	/	0

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

Clinical Biotechnology Centre (CBC) Income YTD	<b>£0.3m</b> ▼	/	£0.3m
Advanced Therapies Unit Income (YTD)	<b>£36k</b> ---	/	£81k
No. of Therapeutic Apheresis Procedures	<b>1,086</b> ▲	/	1,032
Tissue & Eye Services YTD income	<b>£1.86m</b> ▲	/	£1.7m
Transfusion 2024 programme status	=		

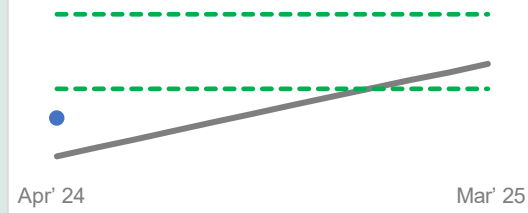
<sup>1</sup>MAT = moving annual total    <sup>2</sup> reported one month in arrears    <sup>3</sup> incidence metric – target removed



## Blood Product Donor base

798k / 783k

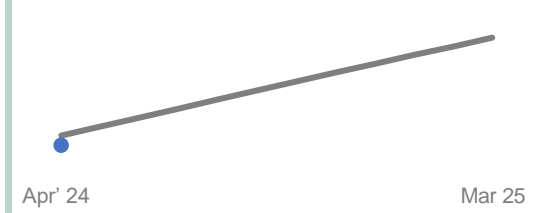
12-mth actual vs. projected target vs target range



## O- Donor base

108k / 109k

12-mth actual vs. projected target



## Ro Donor base

26.4k / 26.5k

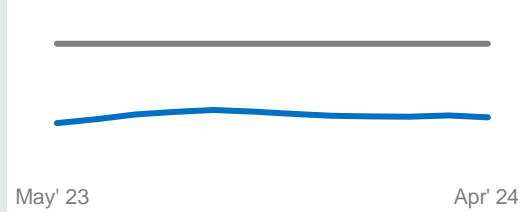
12-mth actual vs. target



## Black Heritage Representation in donor base

2.5% / 3.1%

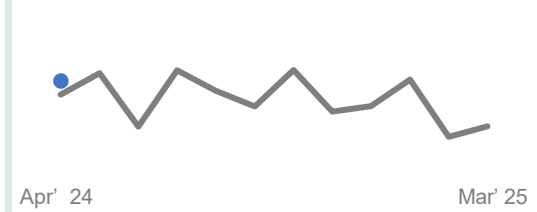
12-mth actual vs. target



## Red Cell Units Collected (YTD)

125.3k / 122.2k

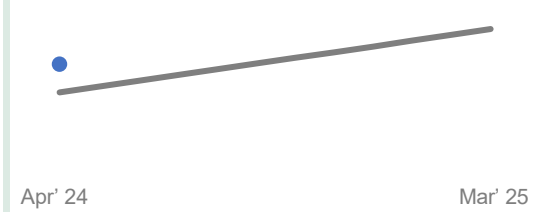
12-mth actual vs forecast target collection



## Ro Units Collected (YTD)

4,104 / 3,990

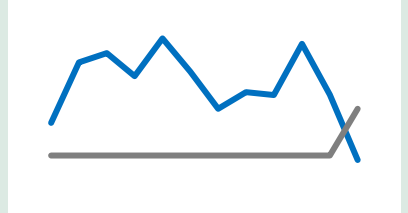
12-mth actual vs projected target



## Short Notice Cancellation Of Appointments

3.4% / 4.5%

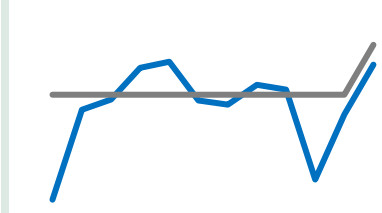
12-mth actual vs. target



## Net Promoter Score (YTD)

87.6 / 88

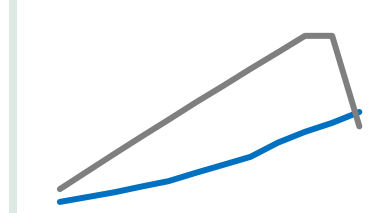
12-mth actual vs. target



## Plasma Regular Donor Base

4,974 / 4,730

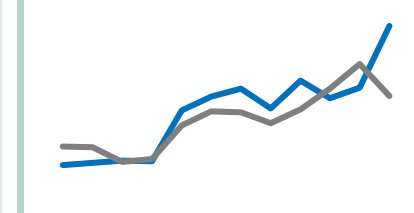
12-mth actual vs. target



## Plasma Collections Source & Recovered

24.8k / 16.7k

12-mth actual vs. target



## Insight and Commentary

### Donor Base Management

- The donor base target for 24/25 ranges from 810k-840k. Unlike previous targets which have focussed on individual blood products (Whole Blood, Platelets, Plasma for Medicine) this target is a combined target that groups these products as one.
- At the end of April, the combined blood product donor base stands at 798.2K, increasing from 796.6k at the end of March. This consists of 780.6k Whole Blood Donors, 14.3K Platelet Donors and 8.9K PfM Donors. Note the sum of all three products is higher than the total as donors can feature in multiple products if they have switched over the course of the year.
- Growth of all three products throughout Summer and early Autumn should bring us close to the bottom end of the 810-840k yearly target.
- Grid capacity remains a major consideration throughout this period. If we are not operating at the higher end of our possible capacity of 210k bookable slots a month it is unlikely we will reach 810k in Q3.

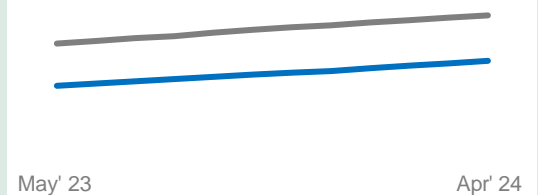
### Plasma

- Plasma for Medicine has achieved a major milestone of 250kl of Plasma, recovered from whole blood and directly as source plasma, for shipment to fractionator in July 2024.
- A new laboratory which tests for HAVB/19 has been opened which will enable validation of stored plasma in the new supply facility, set up to prepare the final shipment to the fractionator in July 2024.
- A programme of work is in progress to increase source plasma capacity at each clinic and further increase the regular donor base in 24/25.
- Total collection of PfM in April was 49% ahead of target (24,779 Litres vs. 16,667 Litres). Target is set at the minimum amount of plasma that NHSBT needs to deliver during 24/25.
- The source plasma regular donor base continued to grow in April (4,974 donors vs target 4,730 donors) to support the collection of source plasma.
- Total collection to end Apr-24 for fractionation is 262 kl.



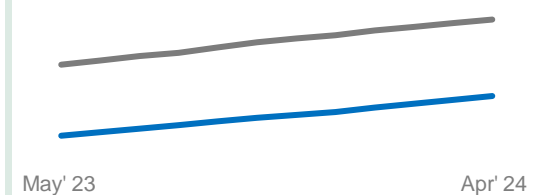
**Organ Donor Register<sup>1</sup>** **28.2m** / **29.5m**  
**Opt-In Register - Total)**

12-mth actual vs. target



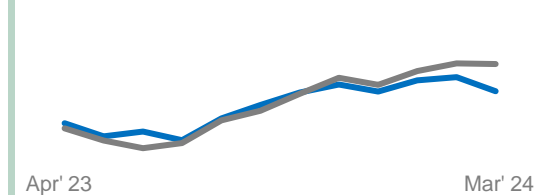
**Organ Donor Register<sup>1</sup>** **24.2m** / **25.4m**  
**(Opt-In Register Eng. & Wales)**

12-mth actual vs. target



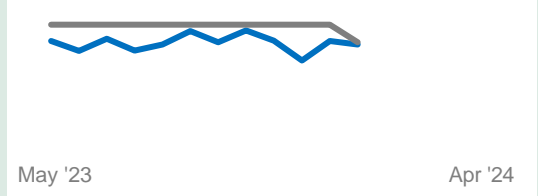
**Living & Deceased Organ donor transplants** **4,672** / **4,750**  
**(MAT 1 month in arrears)**

12-mth MAT actual vs. target



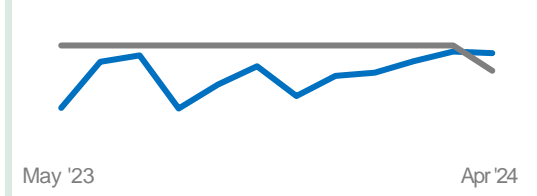
**Organ Consent/Authorisation YTD** **59%** / **60%**

12-mth actual vs. target



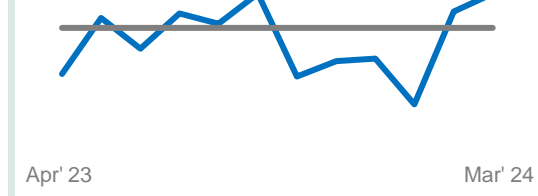
**Minority Ethnic (ME) Organ Consent Rate YTD** **40%** / **33%**

12-mth actual vs. target



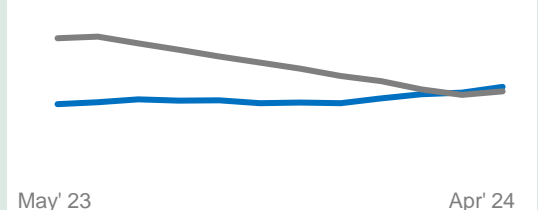
**ME Recipients of Organ Transplants (YTD 1 month in arrears)** **26%** / **27%**

12-mth actual vs. target



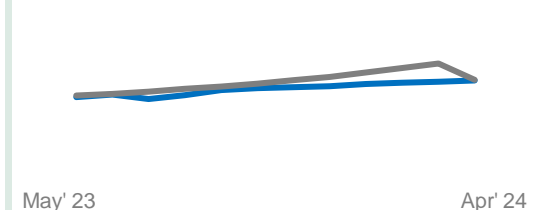
**Corneas issued for transplant YTD** **388** / **316**

12-mth MAT actual vs. target



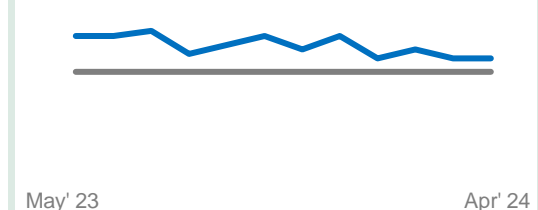
**British Bone Marrow Registry Fit Panel Volume** **113.5k** / **114.0k**

12-mth actual vs. target



**ME % of New Stem Cell Fit Panel Donors BBMR Registry** **23%** / **20%**

12-mth actual vs. target



## Insight and Commentary

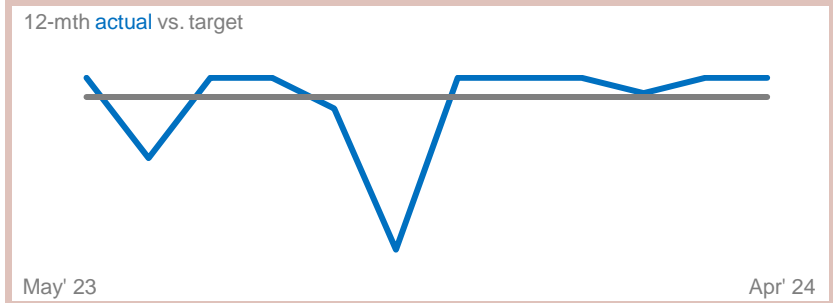
### Organs

- The number of deceased donors was lower than expected in April, with 108 preceding donors against a seasonal target of 120.
- The overall consent/authorisation rate was 59% in-month. The DBD rate was strong at 72% but the DCD rate continues to hover around 50% (52% in-month). Of the DCD patients meeting the deemed legislation criteria in April, donation was supported by families in only 37% of cases.
- April was another strong month for the consent/authorisation rate for ethnic minority patients, where we've seen the rate grow month-on-month from 23% in November to at least 40% in the last two months.
- Living donor data is a month in arrears, but we now know that there were at least 938 living donors in 2023/24 (green against the 935 target). There is still a way to go to return to pre-pandemic levels where there were consistently more than 1,000 living donors per year. Expressions of interest following the recent appeal to blood donors indicates that there is untapped potential in the blood donation population for living donation, and potentially ODR registration / organ donation awareness.

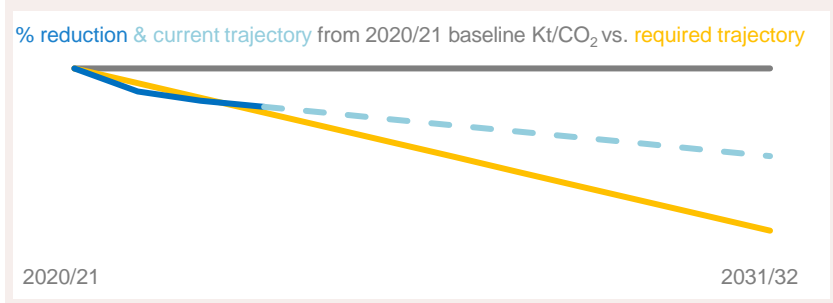
### Ocular

- The average weekly ocular donation rate remained consistent in April at 49 donations a week, the same as the previous month.
- Ocular stock levels have fallen across the month to 253 at the end of April (target of 300, 267 in March). This has been impacted by an increase in the number of ocular products issued. Whilst donation rates remain below target, the next few weeks have a reduced weekly cap of 70 corneas being issued.
- Work to increase cornea supply continues as part of the iORBIT project, and engagement with potential future partners and NHSE have been continuing.

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



**Reduction in scope 1&2 CO<sub>2</sub> emissions vs. 2020/21 baseline** ▼ **19%** / ---  
(reported quarterly –end March 2024)

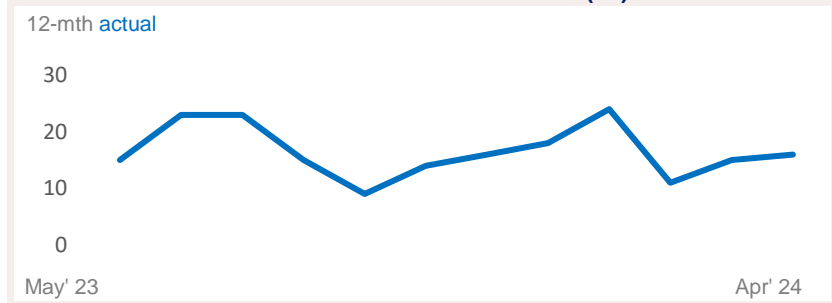


**Business Continuity Plans Reviewed YTD** **0%** / **0%**

Actual vs. target

Review programme begins in May/June 2024

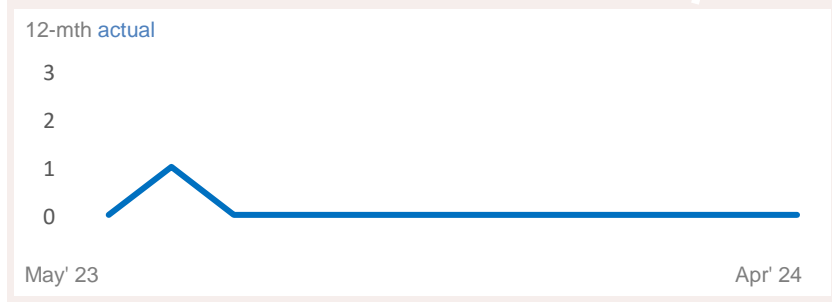
**Overdue Internal Majors** ▲ **16** (+1) / 0



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



**External Majors YTD = 0** / 0



**Insight and Commentary**

**Quality**

- Performance against the corporate overdue events KPIs improved slightly across April, with one of the three KPIs achieved at the end of the month.
- There was a decrease in total numbers of majors raised in April.
- The numbers of SABREs reported in April increased compared to the previous month, but the number reported is still lower than the three months prior to March.
- The Continuous Improvement project for audit administration is now in the monitoring phase after implementation. Preliminary feedback is positive with good engagement in the revised process.

**Critical Infrastructure**

- In April Critical Infrastructure (CI) met and exceeded its availability target, demonstrating robust performance and reliability in these crucial areas.
- Additionally, for the first time across all NHSBT services, we had no major incidents throughout the month. This milestone was achieved due to our focused efforts on improving our technology and enhancing our operations

**Progress Towards Net Zero**

- Progress towards achieving 80% reduction in CO2 emissions vs. 2020/21 baseline by 2031/32 slowed through 2023/24 and are now below target. At current rates of reduction, we are projecting a reduction of 58%.

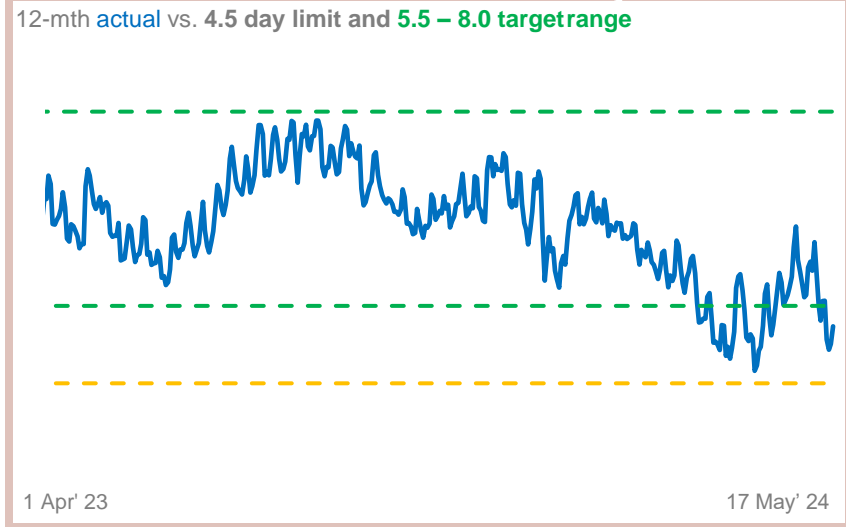
**Review of Business Continuity Plans**

- With the focus on operational exercises in April, including IBGRL and Exercise Paracelsus in Colindale, Plymouth and Filton, review of Business Continuity plans has not yet begun.

**Blood stock stability**

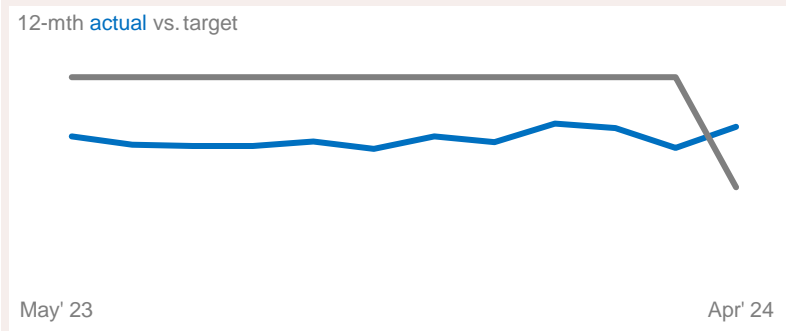
Average days of stock **5.5** Avg. Apr 24  
 Actual days of stock **6.1** Actual 30/04

**5.5 – 8.0** days



**On Time In Full**

incl. Ro (YTD) **97.1%** / 96.3%



**Cost/Budget savings**

(full year forecast) next report Q1 --- / **£15.8m**

**% Commercial Pipeline**

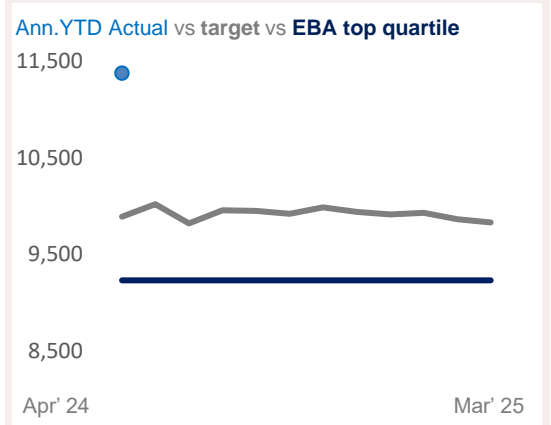
Savings YTD next report Q1 --- / **2%**

**Insight and Commentary**

- In April 2024 red cell collections stood at 102.5% of business plan target, an +8.3pp increase from March 2024. This increase in performance was largely driven by increasing collection capacity where possible, increased donor mobilisation and better appointment cancellation management. Red cell issues increased when compared to the previous month (+2.4%) and were above forecast demand.
- Continuing the performance of March 2024 B Neg collections were in line with collection target allowing for some stock stabilisation; likewise O Pos collections improved allowing for some limited stock building. In contrast O Neg collections remained 4% lower than requirement resulting in periods of stock decline during the month. At month end all three groups had stock levels below target.
- Medium term projections, based on capacity and donor activity demonstrate ongoing supply chain pressures. Focused actions to increase marketing activity, capacity and donations remain in place. More medium- and long-term options have also been agreed that will steadily reduce the number of teams operating at reduced capacity by the end of September 2024. Oversight continues to be managed routinely through Blood Operations Leadership Team (BOLT). Additionally, frequent collection and stock review calls remain in place.
- On Time, In Full (OTIF) performance has increased slightly since the previous month (+0.3%), standing at 97.1%, caused by increases in 'On Time' performance. OTIF remains largely stable.
- Sickness absence in Blood Supply remains at 6.2%; however, analysis demonstrated that short-term sickness has decreased, and long-term sickness has increased this month. NHSBT led cancellations decreased (-3.3%) when compared to the previous month, driven by a reductions in both short-notice cancellations (-1.4% from March 2024) and advanced cancellations (-2.0% from March 2024).

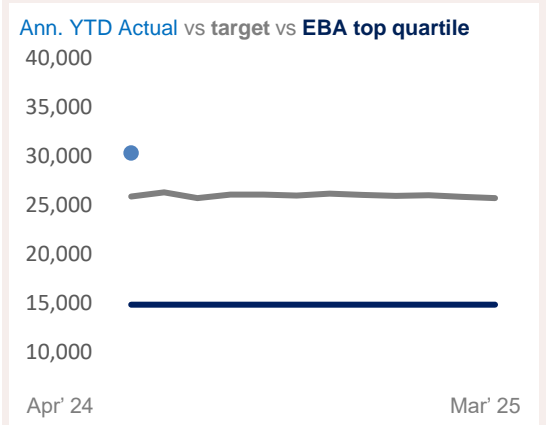
**Manufacturing Productivity**

Annualised YTD **11,379** / 9,889



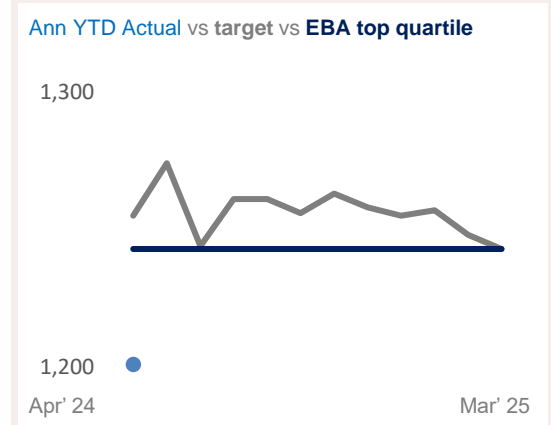
**Testing Productivity**

Annualised YTD **30,347** / 25,894



**Collection Productivity**

Annualised YTD **1,201** / 1,255

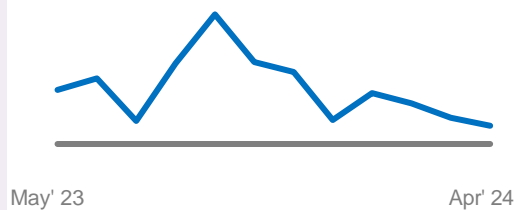






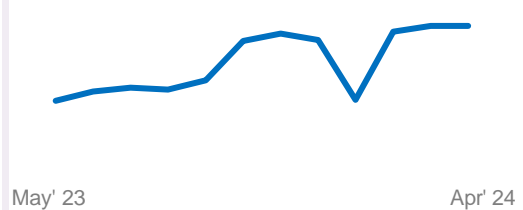
**Time to Offer** 11.5 / 11.0 weeks

12-mth actual vs. target



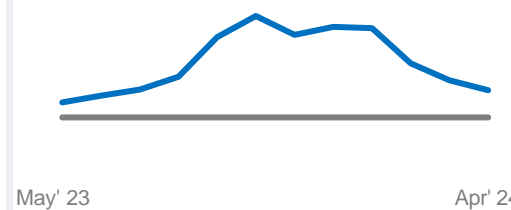
**Minority Ethnic Employees** 14.8% / --- % Band 8A+

12-mth actual vs. target



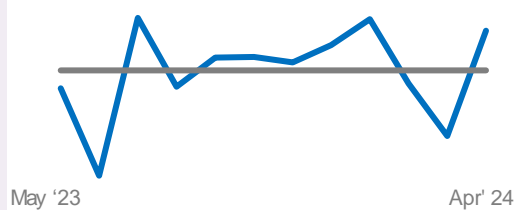
**Sickness Absence** 4.4% / 4%

12-mth actual vs. target



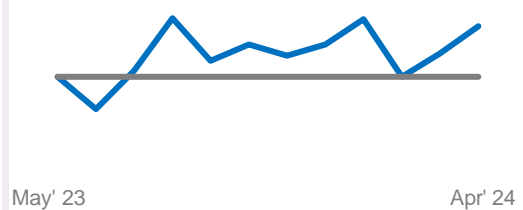
**Vacancy Fill Rate %** 91% / 88%

12-mth actual vs. target



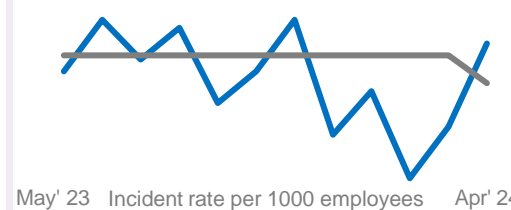
**Mandatory Training compliance** 96% / 95%

12-mth actual vs. target



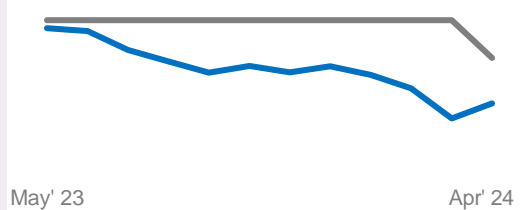
**Harm Incident Rate NHSBT** 8.6 / 7.6

12-mth actual vs. target



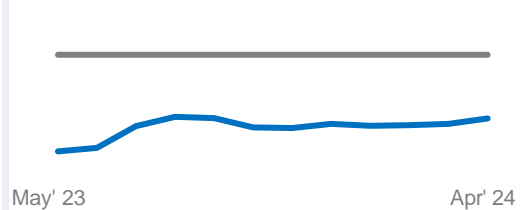
**Employee Turnover %** 12.8% / 14%

12-mth actual vs. target



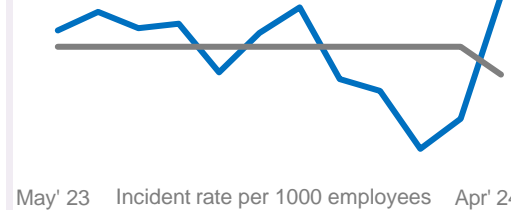
**PDPR completion** 90% / 95%

12-mth actual vs. target



**Harm Incident Rate Blood Supply** 14.8 / 11.4

12-mth actual vs. target



**Insight and Commentary**

- **Recruitment:** Time to offer is at 11.5 weeks, decreasing for the third consecutive month. It is likely that the Easter holiday period affected recruitment sub cycle times this month, due to hiring manager and candidate availability. Business demand surged this month, with a 25% increase in vacancy requests compared to the previous month
- This month's improvement in **vacancy fill rate**, suggests last month's dip was a temporary fluctuation. **Turnover** has increased slightly this month from 12.4% in March to 12.8% in April.
- **PDPR and MT Compliance** remains unchanged from last month with a 95% compliance rate for **mandatory training** and 90% for **PDPR** versus target of 95% compliance.
- **Sickness absence** was 4.4% in April, a slight decrease from 4.6% in March and lower than the position this time last year (4.8%). Sickness absence in Blood Donation for April reduced to 5.8% whilst sickness absence in M&L remains at 6%..
- Whilst both **staff turnover** and **sickness absence** is encouraging, we are reporting NHSBT wide average performance. Pockets of high turnover and high sickness absence remain, particularly within Blood collection teams.
- The **Harm Incident rate for NHSBT** was 8.6% in April (above the 7.6% target) and an increase from the 6.5% rate in March. **For Blood Supply** the **Harm Incident rate** for April was 14.8% which is an increase from the 9.5% rate in March and is above the 11.4% target.
- There has been a significant increase in harm in BSc BD through April from 27 to 39 harm incidents. Trend data shows an increase in Musculoskeletal (MSK) incidents involving the movement of wheeled equipment incidents involving hands becoming trapped.



### Component development clinical trials

- Whole blood use in trauma status (SWIFT)
- Universal plasma and universal platelets status
- Freeze Dried Plasma (MOD) status
- RESTORE clinical trial
- Platelets in PAS clinical trial

### Health inequality & patient outcome datasets

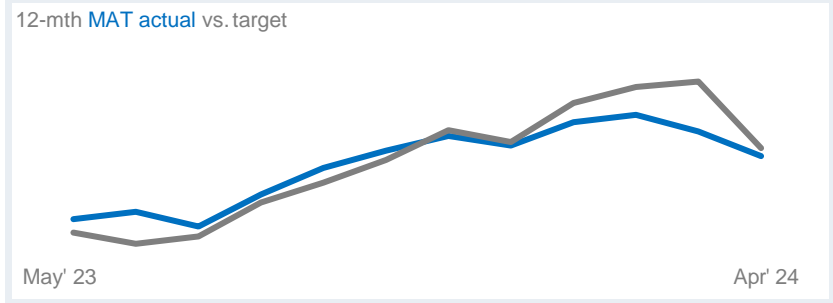
Serum eyedrop – post treatment follow up data Reporting May 2024 onwards

### Insight and Commentary

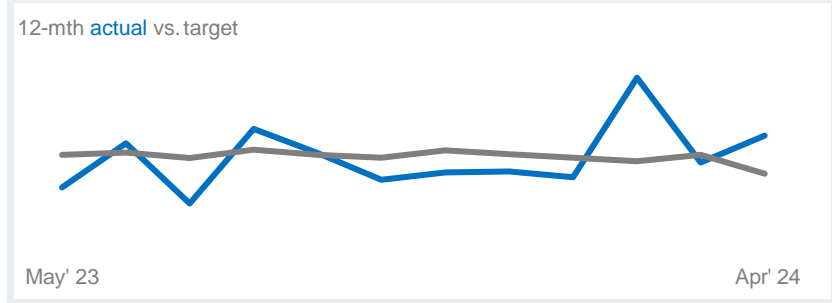
#### Component development clinical trials

- SWIFT:** 10 trial sites (air ambulances) open with 637 participants recruited to date (75% of target); recruitment projected to end by January 2025. Serious breach reported to the REC and MHRA for one Air Ambulance site, currently paused to recruitment.
- Universal Plasma & Platelets:** Planned technology supplier unable to commit beyond the end of 2023 (driver for the Amber status); contractual negotiations are still ongoing to agree access to IP and technology (nearing signature).
- Dried Plasma:** Equipment supplier selected. Facility build almost complete. Plasma units dried by the supplier for preliminary lab study. Green status dependent on a re-baselining of milestones with MoD to account for project delays caused by the procurement.
- RESTORE:** Clinical trial of in-person use of red cells manufactured from stem cells. 15 doses of manufactured red cells given to 6 participants so far. Run 21 postponed due to equipment failure at the external radiolabelling facility; Path to Green requires a change request with an updated trial schedule to completion and revised financial forecast.

No. of organ transplants Deceased Donors 3,694 / 3,707



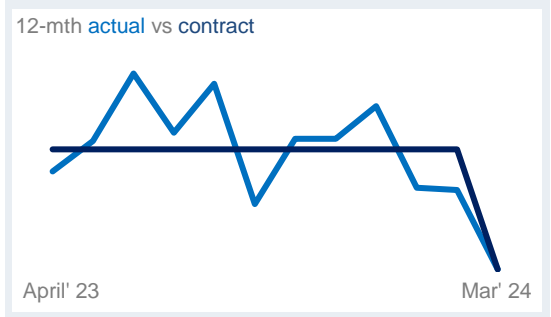
No. of organ transplants per deceased donor 2.58 / 2.43



#### Genomics

- The programme remains at Amber/Green RAG status** as we await MHRA's response to emergency use authorisation applications for the ThermoFisher array and the integrated analysis package.
- Strategies to Improve Donor Experiences (STRIDES):** Over 75k STRIDES donors genotyped, with only repeats and pre-covid donors to complete. Data from 69k samples transferred for analysis, with 22k samples analysed so far
- Confirmatory Testing of 'valuable' / rare donors from STRIDES genotyped cohort:** Project initiated following approval of the definition of 'high value'
- NHSE funded project to genotype all sickle cell and thalassemia patients:** Third set of queries received from MHRA 26/03/24; responses submitted to MHRA 19/04/24. 2,333 samples collected; proposed testing start date 1st July 2024

No. genotyped (STRIDES) YTD 75,576 / 77,500



No. recruited to SIGNET Clinical Trial (OTDT) YTD --- / ---

Reporting May 2024 onwards

No. genotyped Sickle Cell & Thalassemia YTD --- / ---

Testing scheduled to start July 2024

#### Organ Transplant & Utilisation

- Organ utilisation was strong in April despite more Deceased Donors after Circulatory Death (DCD) than Deceased Donors after Brainstem Death (DBD), with 2.58 transplants per deceased donor. Consequently, 279 patients were transplanted in April.



### Transfusion 2024 programme status



Clinical Biotechnology Centre (CBC) income YTD

£0.3m

£0.3m

12-mth actual vs. projected target, £m



### Fetal RHD electronic requesting & reporting status

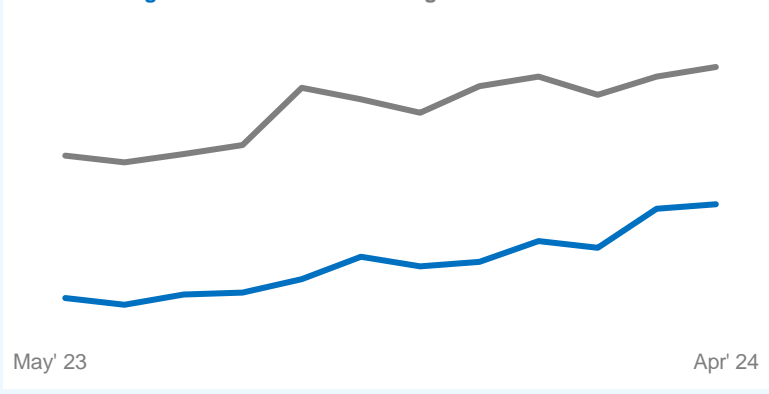


Advanced Therapies Unit Income YTD

£36k

£81k

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



### Insight and Commentary

#### Transfusion 2024 Programme

- **Overall programme at green RAG status** with preparations ongoing with NHS England and the National Blood Transfusion Committee for a 10 June 2024 Transfusion Transformation Symposium.
- **Fetal RHD electronic requesting and reporting:** Amber status as progress slower than planned; eight hospitals are now live. Discussions are ongoing with additional hospitals and other LIMS suppliers. E-referral/reporting % to be reported at the half-year point.
- **RCI remote interpretation:** Piloted with four hospitals in Path Links Pathology network and four with East and South-East London Pathology Partnership; Pilot is now closed, and qualitative data is being collated.
- **Blueprint for managing blood stock inventory with hospitals:** Business case built into the Programme Business Case approved at the Investment Committee in late February. Discussions continuing with NHS pathology partnerships and potential pilot sites.

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

- Growth across our Therapeutic Apheresis Service remains strong, with procedure volumes above plan in April (plan assumes 12.6% growth on 23/24)
- Clinical Biotechnology Centre (CBC) income was equal to plan in April, with a strong pipeline of prospects in place for the year ahead
- Advanced Therapy Unit income was just behind plan in month; discussions continue with a potential new commercial customer in support of CAR-T manufacture to commence this year.
- The BBMR Fit panel total ended April 0.5% behind target at 113.5k v plan 114.0k; the team are working with DX to rebrand the BBMR to become the NHS Stem Cell Registry and are currently training event assistants dedicated to recruitment on blood donation sessions. Plan to pilot this model at 3 northern blood donation centres.
- Additions to the panel from a minority ethnic background were 23% in-month, well above the 20% target and continuing the good performance from last year
- NHSBT's share of stem cell provision to UK patients will be reported quarterly in arrears, with the first data available at the end of Q1.

### NHSBT Provided UK Stem Cell Donors

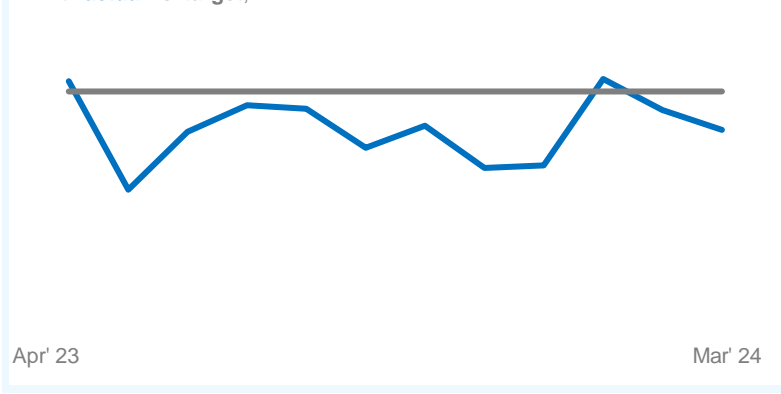
6%

Q4 23/24

9%

Next report – end Q1 2024/25

12-mth actual vs. target,

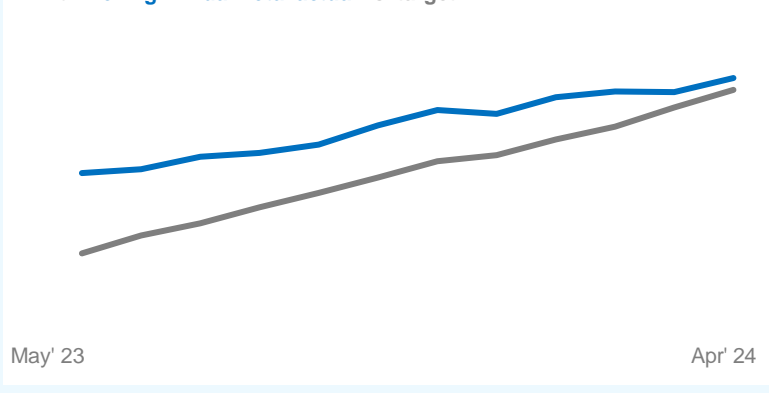


### Therapeutic Apheresis Services no. of procedures YTD

1,086

1,032

12-mth Moving Annual Total actual vs. target

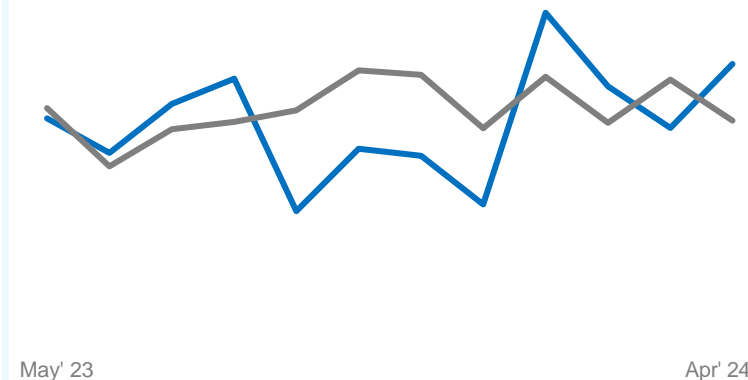




**Tissue & Eye Services (TES) income YTD** **£1.9m** / **£1.7m**

12-mth Av. Mthly Growth Rate 2%

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



### Donation & Transplantation Academy Implementation



#### Insight and Commentary

Regular narrative updates from May 2024 onwards.

### Insight and Commentary

#### Tissue & Eye Income - Overall income

The overall April sales income position was 10% ahead of target (£169k), where we experienced positive sales for all three main product areas.

#### Tissue Income

Tissue income was ahead of target by £4k in month, with Cardiovascular (+£14k), Femoral Heads (+£11k), Bone (+£19k) and dCELL (+£2.6k) experiencing sales positive to target.

The month-on-month value of backorders has decreased slightly at the end of April, however due to ongoing operational staffing issues, the logging of some ordering information has been delayed.

To meet demand for living tissue donations, a second Amnion donation site was launched at the start of April. Discussions have started at a proposed new Femoral Head donation site, with potential to be live in Q2

#### Ocular income

Ocular income was ahead of target by 24.9% in month (£145k). An increase in the number of ocular products issued in month, accompanied by low donation rates, suggests we are unlikely to meet income target during May.

#### Heart Valves

Cardiovascular sales continue to be positive at £14k ahead of target in month. Only 12 donations were made for heart valves in month (target 34) with April the lowest month for donations since 2018. There is a risk that high issue numbers and low donation rates will mean income targets will be missed in coming months.

#### Serum Eyedrops

Serum Eyedrops was ahead of the financial target in month (+£26k), with 17 batches being issued over target (385 vs. target of 368).

#### Customer Satisfaction

The latest customer satisfaction survey results are 73% top box satisfaction against a target of 80% (down 3% on the previous survey). Response rates to the survey were poor, but the main recurring theme is product availability.

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 / Chief Nursing Officer	24 Nov 20023 / 18 Mar 2024	Clinical / Minimal	
P-02	Service Disruption / Director of Quality	22 Dec 2023 / 03 May 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 / 08 May 2024	Operational / Minimal	
P-05	Long term financial sustainability / Chief Finance Officer	20 Sept 2023 / 08 May 2024	Finance / Open	
P-06	Inability to access data sets / Chief Nursing 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 / 23 Apr 2024	People / Open	
P-08	Managers Skills and Capability / Chief People Officer	18 Mar 2024 / 23 Apr 2024	People / Open	
P-09	Regulatory Compliance / Director of Quality	15 Aug 23 / 03 May 2024	Legal, Regulatory & Compliance / Cautious	
P-10	Change Programme scale & pace / Deputy Chief Executive	04 Apr 24 / 04 Apr 2024	Programme / Open	

## Risk Summary continued

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

- **Principal risk P-02 (service disruption).** The residual score of this risk, following the latest assessment, has remained at  $5 \times 4 = 20$ . This risk is recorded in the Risk Limit. The high scoring contributory risk influencing this risk remains as:
  - *Southampton roof. This risk has remained at a residual score of 20. This score is still driven by the RAAC roof issues at the Southampton Centre. Additional propping has been delayed by the requirement for financial waivers. The project Board to resolve the issue has met.*
- **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