

NHSBT Executive Team & Board Performance & Risk Report

June 2024

1.	How to read this report	2
2.	Executive Summary – performance insights	3-4
3.	Performance summary against strategic targets	5
4.	Grow and diversify our donor base	6-7
5.	Modernise our operations	8-9
6.	Invest in people and culture	10
7.	Drive innovation	11
8.	Collaborate with partners	12-13
9.	Risk Summary	14-16

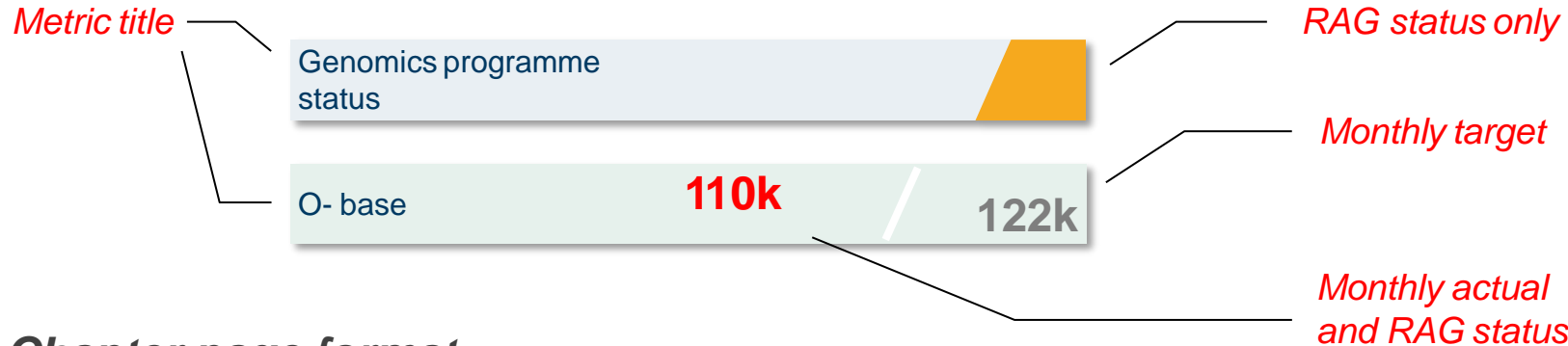


Blood and Transplant

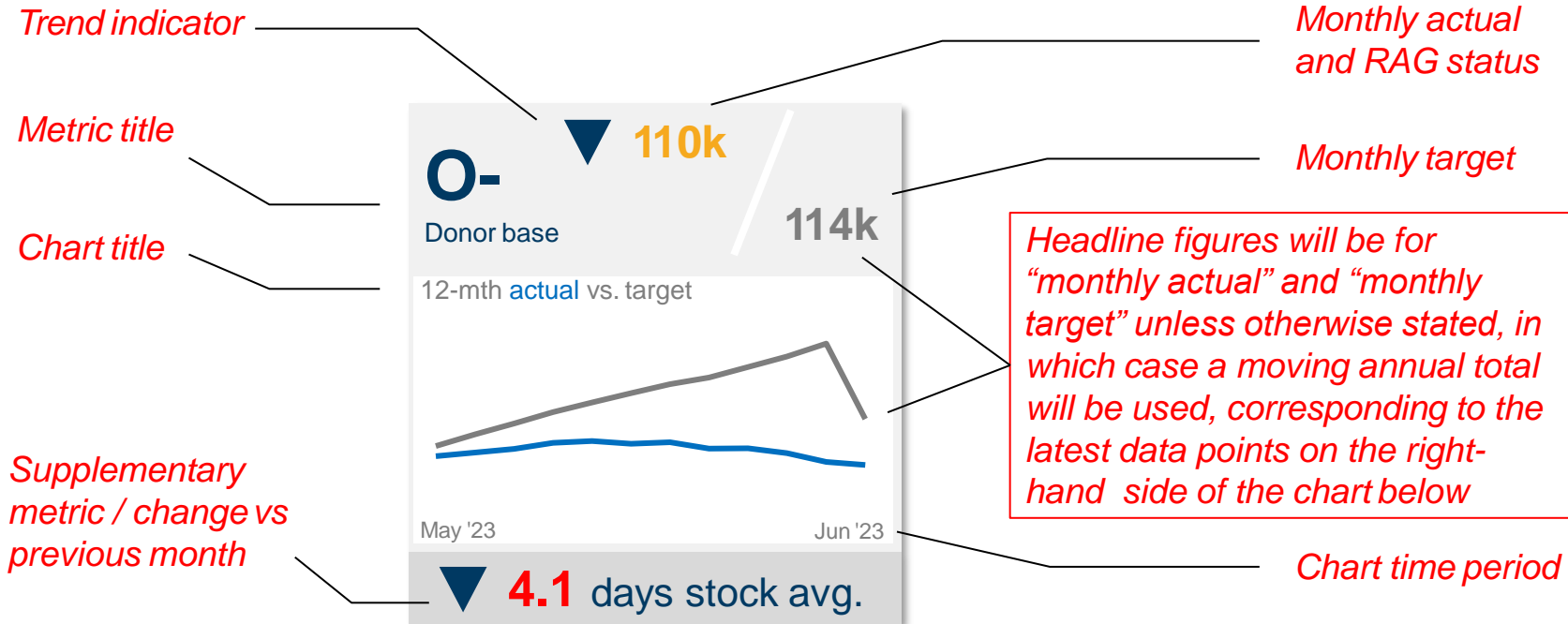


How to read this report

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. TES income continues ahead of target (£40k/2.4%), primarily driven by Serum Eyedrop income. Ocular donation rate improved in June driving positive Q1 income performance.

June sales income position was 2.4% ahead of target (+£40k), with above target performance in Serum Eyedrops (+£90k) and Ocular products (+£13k) offsetting underperformance in Tissues (-£42k). Q1 sales income was 5.3% above target (+£268k), again predominantly driven by strong performance in Serum Eyedrops (+£122k) and Ocular (+£114k). To maintain stock and ensure continuity of supply, the number of corneas available for issue each week continues to be restricted. Work to increase cornea supply continues with the iOrbit project establishing ≤10 new Eye Retrieval Schemes with the first sites due to deliver an increase in donation from September 2024.

2. Lower than expected number of deceased donors continues. However, the number of deceased donor transplants remains above target and organ utilisation is strong.

June was a positive month overall with consent/authorisation rate, deceased donors, transplants and transplants per donor at green RAG status. June also saw the ratio of Deceased Donors after Brain Death (DBD) and Deceased Donors after Circulatory Death (DCD) reverse in favour of DBD donors (55:45). While YTD the number of deceased organ donors (356 vs. 374 target), remains amber, the number of transplants YTD is green (921 vs. 910 target), with a strong transplants per donor rate of 2.59 YTD. June saw a further decrease in the consent/authorisation rate for ethnic minority patients (21% vs. a target of 33%). However, 107 ethnic minority patients received a deceased donor transplant in June (32% in-month and 30% YTD), the highest level since October 2019.

3. The number of overdue internal majors remains as a persistent challenge through 2023/24 and in to 2024/25. At the end of June overdue internal majors increased to 18 (+2).

Overdue Internal Majors have risen steadily each month from 11 at the end of February 2024 to 18 at the end of June, totalling 50 for quarter 1. This level of performance is consistent with the 202 overdue majors reported in 2023/24 and represents a 45% increase on the 139 reported in 2022/23. There are no safety concerns as a result and improvement actions are ongoing with the respective business areas.

4. Challenges negotiating the complex electronic/regulatory documentation which trigger the dispatch process have delayed the first shipment of plasma to the fractionator into August.

Plasma for Medicine have four shipments of plasma validated, packed and ready for dispatch. However, there are challenges in producing the electronic/regulatory documentation which trigger the dispatch process. As this documentation must be in place 6 weeks prior to physical product dispatch, the first shipment is likely to dispatch in August 2024.

5. Time to offer remains at 10.7 weeks (target 11 weeks), below target for the second month in a row. Positive performance over most People & Culture metrics, however sickness absence and PDPR compliance remain challenging.

Time to offer remains at 10.7 weeks, falling below the target of 11 weeks for the second consecutive month. With business demand increased by 63% in June with the highest number of vacancies raised since July 2023, time to offer performance is forecast to increase above target in July – September before returning to being below target in October – March 2024. June's vacancy fill rate rebounded to 86% from 77% in May, albeit remaining below target of 88%. Turnover continues to stabilise from previously high levels, at 12.4% from 12.5% in May. Overall sickness absence remains at 4.9% in June, 0.6pp higher from the position this time last year (4.3%) and above 4% target.

Performance Insights

6. June 2024 red cell collections stood at 98.9% of business plan target +4pp from May 2024. Total red cell stocks improved by 0.7 days of stock in June, with O negative remaining in pre-amber status. Blood stocks have subsequently declined through to mid-July.

At the end of June 2024 total red cell stocks were 0.7 days higher than at the end of May 2024, standing at 5.3 days of stock (DoS) . Average DoS was at 4.7 days (-0.6 days from May 24). At blood group level resilience remained challenging, averaging c.3 DoS over June. Demand for this 'universal' type increased resulting from the cyber-attack on pathology systems at some large London hospital trusts. This placed further pressure on stock levels. Stock levels have decreased further into mid-July with overall stock at 4.8 dos, with particular challenges on O neg (c.2 DoS) and B neg (c.3 DoS). There are a number activities which are being coordinated by the National Emergency Team (NET) to improve the position. These include increasing appointment booking opportunities targeted at O- donors, close monitoring and escalation support around cancellations caused by staff shortage, and additional appointments created by changes to team and training time. This is complemented by focused activity from Donor Experience to promote appointment booking along with proactive communications and support with hospitals on stock management activities. Medium- and longer-term solutions around creating additional capacity are being explored.

7. Blood product donor base improved to 797.4k (+1.2k), with all products contributing positively to this growth. Stock challenges impacting Ro and Black Heritage Donors. National Blood Week provided opportunities to increase size of blood product donor base.

The combined blood product donor base increased to 797.4k in June (+1.2k). Despite the overall positive movement in the combined donor base there was a further decline in the Black Heritage donor base from 19.7k to 19.5k. The Ro donor base also fell from 26.3K to 26.2K.

National Blood Week (NBW) resulted in over 93k bookings, up from 68k in the previous week. With new donor caps raised from 10% to 15%, there were 11k new donors donating, up from 9.2k in May.

The current stock challenges, particularly for O neg, have pushed us to put more efforts into the rebuilding of stock. This has challenged the overall recruitment and retention of Black Heritage donors and Ro blood collections; as we pushed for more current donors to book and keep appointments and had an increase in numbers of new donors donating, it was more difficult for both Black heritage and Ro donors to book appointments. Whilst there was an increase in new Ro donors, deferrals for this group were at 17.9%, which was the highest in 12-months.

We continue to prioritise appointments for Black Heritage (BH) and Ro donors as part of our BAU for direct marketing (including email, SMS and outbound calls). We also focus our marketing, communications and community engagement activity at BH donors, specifically in London which has the highest BH population, and coincides with where we have capacity for appointments. This activity also takes place in areas across England where there are higher numbers of potential BH donors, such as the West Midlands and the Northwest. We are currently seeing new donor registrations from potential BH donors at over 13.5% for the current mobile Brixton team, much higher than the national performance of 5.5%, so we are optimistic that when the new permanent Brixton site opens, this growth will continue.

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	798k ▲ / 790k
Size of Ro blood donor base	26.2k ▼ / 26.8k
Size of O- blood donor base	108k = / 110k
Black Heritage represent ⁿ in whole blood donor base	2.5% = / 3.1%
Short notice cancellation of appointments	4.4% ▲ / 4.5%

Size of regular Plasma donor base (MAT) ¹	5,261 ▲ / 5,471
Plasma collected (sourced & recovered), litres (YTD)	71.1k ▲ / 50k
No. of Organ transplants living & deceased ² (MAT)	4,660 ▼ / 4,672
Organ consent rate YTD	60% = / 60%
Corneas Issued for Transplant (YTD)	1,005 ▲ / 931

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

% Minority Ethnic Employees at Band 8A-8C	15.2% ▲ / ---
Employee Turnover	12.4% ▼ / 15%
Recruitment Time to Offer (weeks)	10.7 = / 11
Vacancy Fill Rate	86% ▲ / 88%
Sickness absence rate	4.9% = / 4%
Harm Incident Rate NHSBT (Incident rate per 1000 employees)	6.0 ▼ / 7.6

Drive innovation to improve patient outcomes

No. of transplants per deceased organ donor YTD	2.59 ▲ / 2.47
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	4.7 ▼ / 5.5 – 8.0
On Time In Full (OTIF) incl. Ro (YTD)	96.7% ▼ / 96.3%
Critical Infrastructure availability	100% = / 99.95%
Serious Incidents raised ³	0 = / ---
Overdue internal majors	18 ▲ / 0

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

Clinical Biotechnology Centre (CBC) Income YTD	£0.97m ▲ / £0.82m
Advanced Therapies Unit Income (YTD)	£0.14m = / £0.34m
No. of Therapeutic Apheresis Procedures YTD	3,150 ▼ / 3,304
Tissue & Eye Services YTD income	£5.35m ▲ / £5.03m
Transfusion 2024 programme status	=

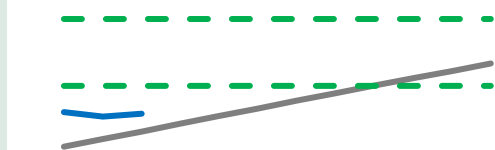
¹MAT = moving annual total ² reported one month in arrears ³ incidence metric – target removed



Blood Product Donor base

798k / 790k

12-mth actual vs. projected target vs target range



Apr 24 Mar 25

O- Donor base

108k / 110k

12-mth actual vs. projected target



Apr 24 Mar 25

Ro Donor base

26.2k / 26.8k

12-mth actual vs. target



Apr 24 Mar 25

Insight and Commentary

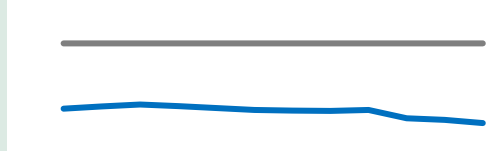
Donor Base Management

- The combined blood product donor base increased to 797.4k in June (+1.2k). Despite the overall positive movement in the donor base there was a further decline in the Black Heritage Donor Base from 19.7K to 19.5K. The Ro position also fell from 26.3K to 26.2K.
- National Blood Week took place on the w/c 10th June with an uplift in marketing and donor communications. Over 93K bookings were made this week, up from 68k in the previous week. This increased activity assisted in the stock recovery in the latter half of June.
- New donor caps were raised from 10% to 15% and there were 11K new donors donating (NDD) in June, the highest level since last summer and up from 9.2K in May. An increase in reactivated donors and fall in inactivated donors also allowed the donor base to grow.
- Despite the overall positive movement in the donor base there was a further decline in the Black Heritage Donor Base from 19.7K to 19.5K. The Ro position also fell from 26.3K to 26.2K. The current stock challenges, particularly for O Neg, have pushed us to put more efforts into the rebuilding of these stocks. This has challenged the overall recruitment and retention of Black Heritage donors and Ro blood collections - as we pushed for more current donors to book and keep appointments and had an increase in the number of new donors donating, it was more difficult for both Black heritage and Ro donors to book appointments.

Black Heritage Representation in donor base

2.5% / 3.1%

12-mth actual vs. target



Jul 23 Jun 24

Red Cell Units Collected

115k / 116.3k

12-mth actual vs forecast target collection



Apr 24 Mar 25

Ro Units Collected

3,550 / 4,036

12-mth actual vs projected target



Apr 24 Mar 25

Plasma

- Octapharma are progressing the Plasma License application with the MHRA with the support of NHSBT and Devolved Administrations.
- Plasma for Medicine is working on the dispatch of the first shipment of plasma to be sent to the Fractionator. We have 4 shipments packed, ready for dispatch.
- However, there are challenges in producing the electronic/regulatory documentation to trigger the dispatch process. This documentation needs to be in place 6 weeks prior to physical product dispatch.
- The team have identified a permanent solution for September 24 and are working on an immediate temporary solution.
- Total collection of PFM in June was 37% ahead of target (22,944 litres vs. 16,667 litres) which is set at the minimum committed volume of plasma to the NHS during 2024/25.
- The source plasma regular donor base continued to grow in June, albeit remaining behind target (5,261 donors vs target 5,471 donors). Total collection for fractionation at the end of June is 281.28 kilolitres.

Short Notice Cancellation Of Appointments

4.4% / 4.5%

12-mth actual vs. target

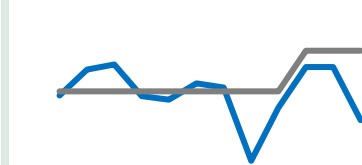


Jul 23 Jun 24

Net Promoter Score (YTD)

86.3 / 88

12-mth actual vs. target

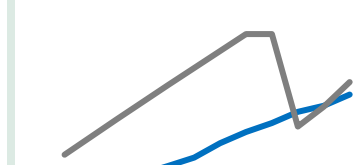


Jul 23 Jun 24

Plasma Regular Donor Base

5,261 / 5,471

12-mth actual vs. target

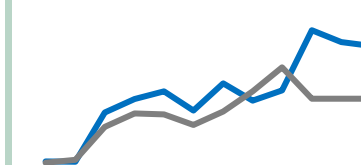


Jul 23 Jun 24

Plasma Collections Source & Recovered

22.9k / 16.7k

12-mth actual vs. target

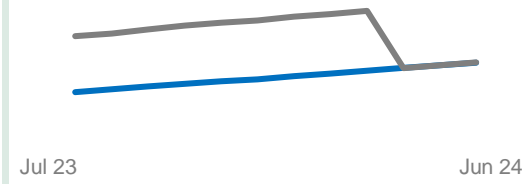


Jul 23 Jun 24



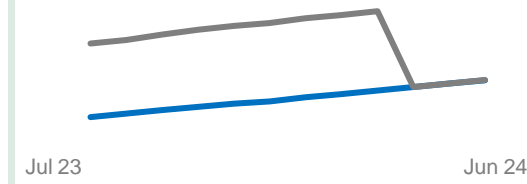
Organ Donor Register¹
Opt-In Register - Total 28.3m / 28.3m

12-mth actual vs. target



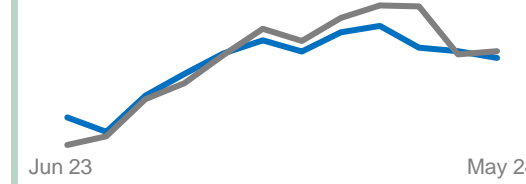
Organ Donor Register¹
(Opt-In Register Eng. & Wales) 24.2m / 24.2m

12-mth actual vs. target



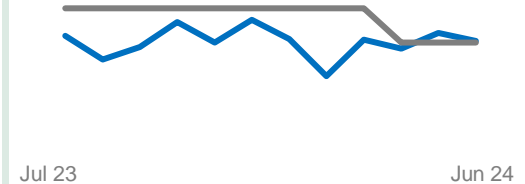
Living & Deceased Organ donor transplants
(MAT 1 month in arrears) 4,660 / 4,672

12-mth MAT actual vs. target



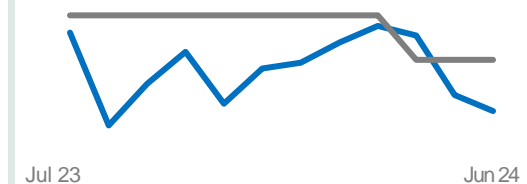
Organ Consent/Authorisation YTD 60% / 60%

12-mth actual vs. target



Minority Ethnic (ME) Organ Consent Rate YTD 28% / 33%

12-mth actual vs. target



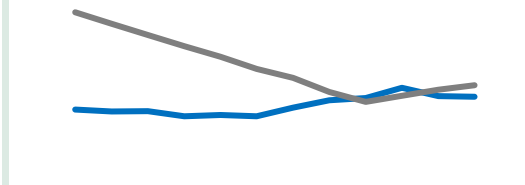
ME Recipients of Organ Transplants
(YTD 1 month in arrears) 25% / 27%

12-mth actual vs. target



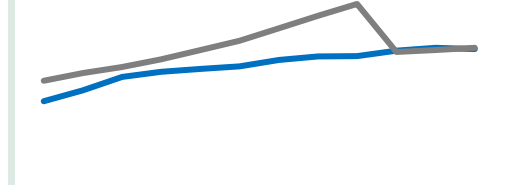
Corneas issued for transplant YTD 1,005 / 931

12-mth MAT actual vs. target



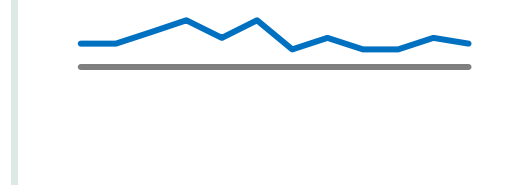
NHS Stem Cell Donor Registry Fit Panel Volume 113.9k / 114.1k

12-mth actual vs. target



ME % of New NHS Stem Cell Door Registry Fit Panel 24% / 20%

12-mth actual vs. target



Insight and Commentary

Organs

- June was a positive month overall consent/authorisation rate, deceased donors, transplants and transplants per donor at green RAG status. June also saw the ratio of Deceased Donors after Brain Death (DBD) and Deceased Donors after Circulatory Death (DCD) reverse in favour of DBD donors (55:45).
- While YTD the number of deceased organ donors (356 vs. 374 target), remains amber, the number of transplants YTD is green (921 vs. 910 target), with a strong transplants per donor rate of 2.59 YTD.
- YTD, 5% fewer patients have met the referral criteria for organ donation than in Q1 last year, 8% fewer eligible donors, 12% fewer family approaches and 14% fewer consents/authorisations. However, conversion to actual donation has improved to 84% (+2pp).
- June saw a further decrease in the consent/authorisation rate for ethnic minority patients (21% vs. a target of 33%). However, 107 ethnic minority patients received a deceased donor transplant in June (32% in-month and 30% YTD), the highest level since October 2019).
- We remain amber for the overall proportion of ethnic minority transplant recipients YTD (26%) due to just 12% of living donor transplant recipients being from ethnic minority backgrounds.

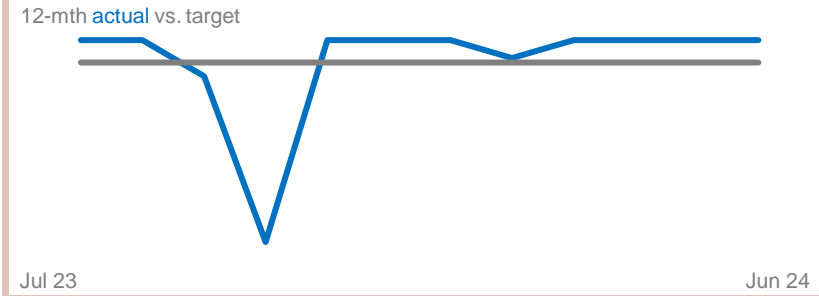
Ocular

- The average weekly ocular donation increased in June to 48 donors per week, compared with the average of 44 per week in May.
- Ocular stock levels decreased to 243 at the end of June (target of 300, 265 in May). Restrictions remain on the total number of corneas available for issue each week, to maintain stock and ensure continuity of supply.
- Work to increase cornea supply continues with the iOrbit project establishing ≤ 10 new Eye Retrieval Schemes with the first sites planned to deliver an increase in donation from September 2024.

Pathology Services

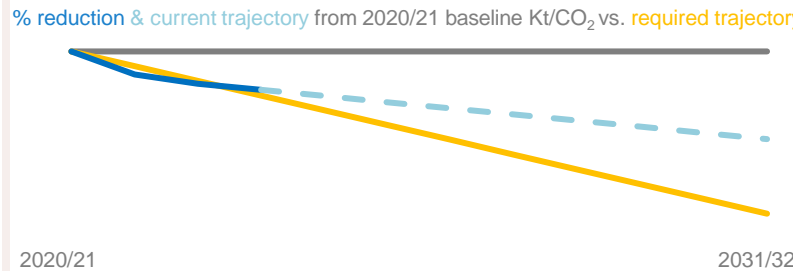
- **Screen 25k blood donors for extended types and additional antigens:** Behind plan YTD (4.1k v 6.2k) predominantly as screening was paused in April due to long term staff absence; expect to catch up during 24/25.
- **Retest 5k STRIDES donors to enable clinical use:** Activity not expected until Q4.

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



Reduction in scope 1&2 CO₂ emissions vs. 2020/21 baseline ▼ **19%** / ---

(reported quarterly end 03/24; next end Q1 07/24)



Business Continuity Plans Reviewed YTD = **13%** / 13%



Overdue Internal Majors ▲ **18** / 0
(+2)



Serious Incidents Raised YTD = 0 / ---



External Majors YTD = 1 / ---



Insight and Commentary Quality

- In June, the 3 quality performance indicators were not achieved. Improvement actions are ongoing with the impacted business areas.
- Total numbers of overdue internal major incidents increased to 18 (+2 from previous month). There are no safety concerns as a result and improvement actions are ongoing with the respective business areas.
- The numbers of SAEARs reported in June increased significantly to 18 from 6 in May. The incidents occurred across two directorates (Clinical Services and OTDT-TES), and details of the incidents have been fed into both directorates' monthly SMT meetings so that any local issues can be dealt with. No trends have been identified.
- The Medicines and Healthcare products Regulatory Agency (MHRA) inspected Birmingham and Newcastle centres in June with 4 'Other' and 1 'Major' non-conformance raised, respectively. Improvement actions have commenced with the respective business areas.

Critical Infrastructure

- In June Critical Infrastructure (CI) availability met and exceeded its availability target, demonstrating robust performance and reliability in these crucial areas. 100% availability has been achieved in the last four consecutive months and for the 9th time in the last 12 months.

Progress Towards Net Zero

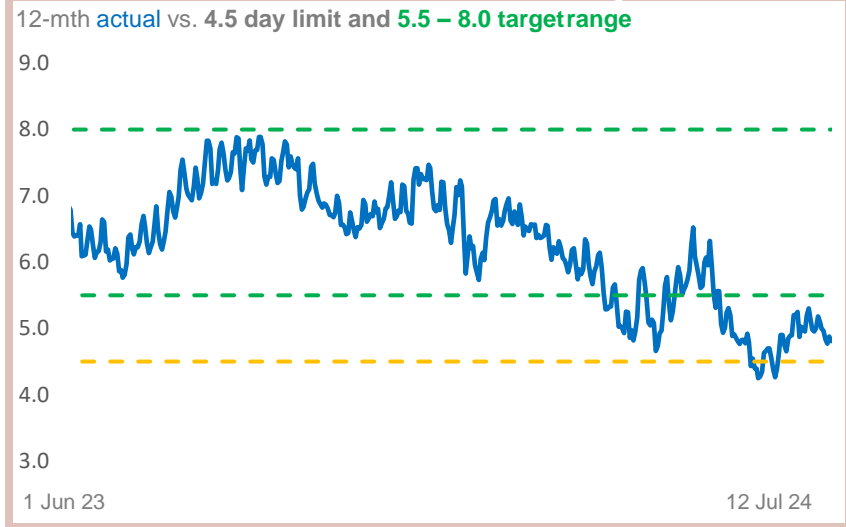
- Progress towards achieving 80% reduction in CO₂ emissions vs. 2020/21 baseline by 2031/32 slowed through 2023/24 and are now below target. At current rates of reduction, we are projecting a reduction of 58%.
- Q1 2024/25 performance will be reported in July 2024 report.

Review of Business Continuity Plans

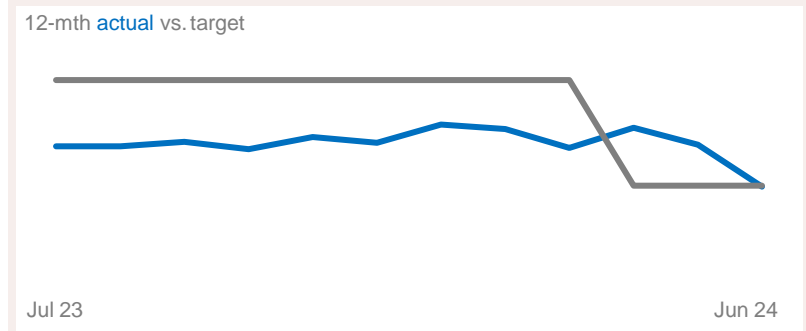
- Two exercises have already been completed of the 15 planned. The team are currently reviewing Business Impact Analyses (BIAs) and Business Continuity Plans to inform this work.

Blood stock stability
 Average days of stock ▼ **4.7** Avg. June 24
 Actual days of stock ▲ **5.3** Actual 30/6

5.5 – 8.0
days



On Time In Full ▼ **96.7%** / 96.3%
 incl. Ro (YTD)



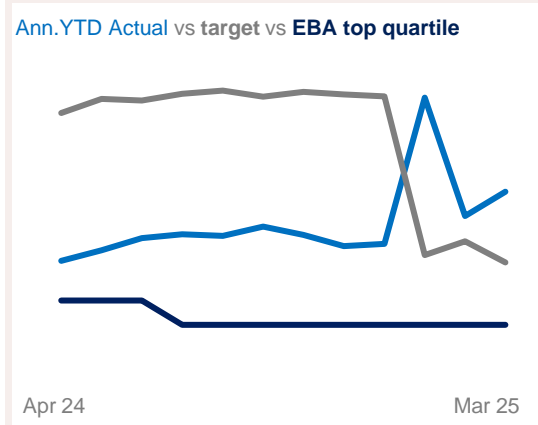
Cost/Budget savings **£10.3m** / £15.8m
 (full year forecast)

% Commercial Pipeline Savings YTD next report end Q2 **1.5%** / 1%

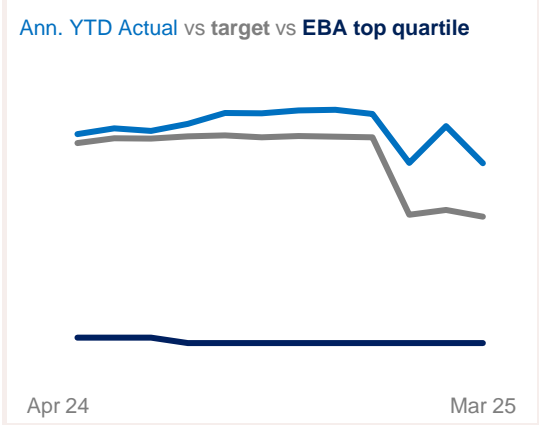
Insight and Commentary

- In June 2024 red cell collections stood at 98.9% of business plan target, a +4pp increase from May; quarter one performance against plan is 99.1%. The increase in collection performance is due to media messaging, National Blood Week campaigns and capacity increases.
- Red cell issues decreased in volume compared with the previous month (10.1%) and were 1.2% below forecast demand. A revised demand forecast remains in place in the short term to reflect seasonality of blood usage.
- O group collections improved in response to increased donor messaging, with O Pos collections exceeding requirement and O Neg collections increasing by 6.7% (but remaining -2.4% below requirement). B group collections declined, with B Neg demonstrating consistent challenges in collection.
- Overall, at the end of June 2024 total red cell stocks were 0.7 days higher than at the end of May 2024, standing at 5.3 days of stock (DoS), with average DoS at 4.7 days (-0.6 days from May 24). At blood group level resilience remained challenging, with O negative at 3.3 days, in pre-amber status. During the month stock levels were impacted by the cyber-attack on pathology systems at some large London hospital trusts, resulting in the exclusive use of on O Neg and O Pos red cells to ensure continuity of services. This placed further pressure on stock levels that were already challenging.
- Overall, On Time, In Full performance decreased this month (-0.5%), driven by increased substitutions, particularly for A Pos orders, implemented as part of pre-amber support actions for stocks. Over the course of the quarter 'On Time' performance remains stable.
- Sickness absence in Blood Supply increased slightly to 6.8%; with increases in both long-term and short-term sickness. NHSBT led cancellations increased (+0.5%) when compared to the previous month, driven by an increase in staff sickness and session over-run related short-notice cancellations (+0.5% from May24). Advanced cancellations continue to decrease (-0.6% from May 24).
- Whilst several collection teams are operating a reduced collection programme due to staffing, an agreed recovery plan is in place that aims to transition teams back to their full programme capacity by the end of Q2 2024.
- Commercial pipeline savings: to support successful delivery of this metric, our aim is to increase the number of procurements which enable multiple suppliers to bid.

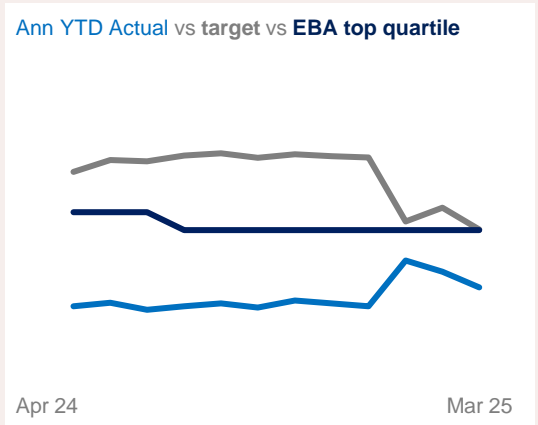
Manufacturing Productivity ▲ **10,491** / 9,820
 Annualised YTD



Testing Productivity ▼ **30,328** / 25,721
 Annualised YTD



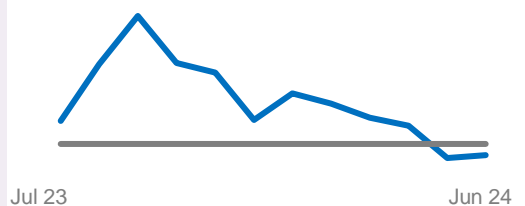
Collection Productivity ▼ **1,164** / 1,244
 Annualised YTD





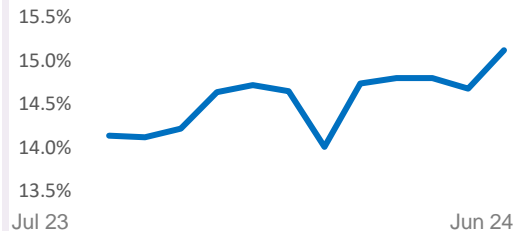
Time to Offer weeks **10.7** / **11.0**
=

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



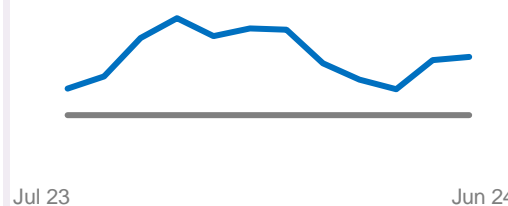
Minority Ethnic Employees **15.2%** / **---**
▲

12-mth **actual**



Sickness Absence **4.9%** / **4%**
=

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

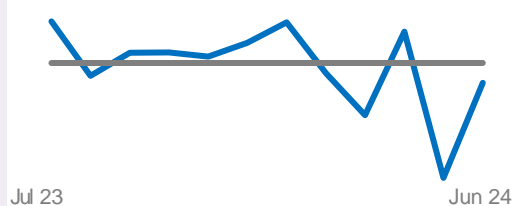


Insight and Commentary

- **Recruitment:** Time to offer is at 10.7 weeks, remaining below target of 11 weeks, for the second consecutive month.
- Business demand increased by 63% in June with the highest number of vacancies raised since July 2023. As a result, time to offer performance is likely to increase July – September before falling again in the second half of the year
- June's **vacancy fill rate rebounded to 86% from 77%** in May, albeit remaining below target of 88%. **Turnover** continues its downward trend falling to 12.4% from 12.5% in May.
- **Mandatory Training compliance** remains unchanged from last month and equal to target at 95%. **PDPR compliance** also remains unchanged at 88% and below 95% target. Work is underway to understand why we are not meeting target levels of PDPR compliance.
- Overall **sickness absence** remains at 4.9% in June, 0.6pp higher from the position this time last year (4.3%) and above target (4%).
- Sickness absence in Blood Donation increased to 7.1% from 6.8% in May (6.1% last year) whilst in M&L sickness fell to 6.3% compared with 6.5% in May (5% last year).
- The **Harm Incident rate for NHSBT has fallen below target to 6 incidents/1000** with the actual number of incidents decreasing to 43 from 55 in May. This was mainly due to a decrease in the number of incidents in Blood Supply where the Harm Incident Rate is now also below target at 8.6 per 1000 employees.

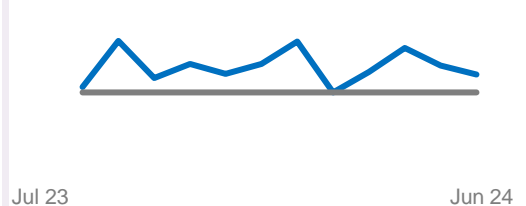
Vacancy Fill Rate % **86%** / **88%**
▲

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



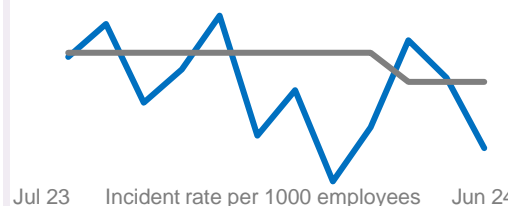
Mandatory Training compliance **95%** / **95%**
=

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



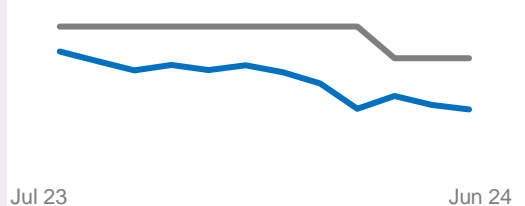
Harm Incident Rate NHSBT **6.0** / **7.6**
▼

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



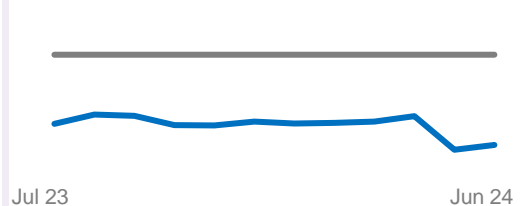
Employee Turnover % **12.4%** / **14%**
▼

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



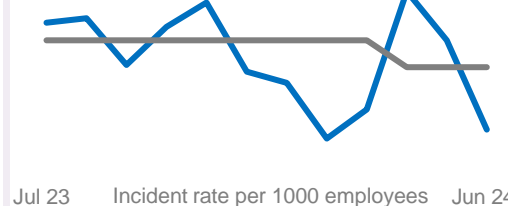
PDPR completion **88%** / **95%**
=

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



Harm Incident Rate Blood Supply **8.6** / **11.4**
▼

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





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/validation study	

Health inequality & patient outcome datasets

Serum eyedrop – post treatment follow up data	Programme in development. Pilot starting Q4	
Health Inequality Data	Approach and scope in development	
Patient Outcomes Data	Approach and scope in development	

Insight and Commentary

Component development clinical trials

- **SWIFT:** 10 trial sites (air ambulances) open with 762 participants recruited to date (90% of original target); sample size to increase to 900. Serious breach reported to the Research Ethics Committee (REC) and MHRA for one site, currently paused to recruitment. Final investigation report drafted.
- **Universal Plasma & Platelets:** Planned technology supplier unable to commit beyond the end of 2023 (driver for the Amber status); contract negotiations ongoing to agree access to IP and technology (nearing signature).
- **Dried Plasma:** Delay to facility and delivery/installation of equipment. Green status dependent on a re-baselining of milestones with MoD to account for project delays.
- **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. Path to Green requires a change request with an updated schedule to completion and a revised financial forecast. Clarification of costs and timelines Sept. 2024.

Genomics

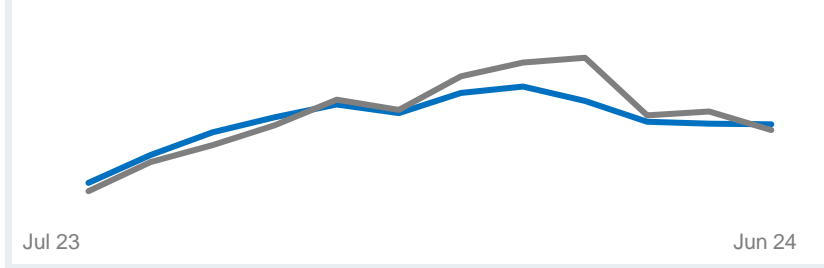
- **The programme remains at Amber RAG status** as we are still awaiting MHRA's response to emergency use authorisation applications. NHSE to escalate.
- **Strategies to Improve Donor Experiences (STRIDES):** Over 77k STRIDES donors genotyped, with only repeats and pre-covid donors to complete. Awaiting delivery of arrays and response from ThermoFisher.
- **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:** MHRA approval outstanding for clinical use of ThermoFisher array. 3,373 samples received from 93 hospitals. Liaison with hospital trusts to increase sample referrals. Project extended to end December 2025.

Organ Transplant & Utilisation

- Organ utilisation performed strongly in June at 2.63 organs per donor (2.59 YTD). June also saw the ratio of Deceased Donors after Brain Death (DBD) and Deceased Donors after Circulatory Death (DCD) reverse in favour of DBD donors (55:45).
- **Statins for Improving Organ Outcome in Transplantation (SIGNET):** Currently at red status as recruitment targets were set based on the number of DBD donors pre-COVID-19 pandemic. Post Covid-19, the number of DBD donors has fallen, so despite the study performing well in terms of % eligible donors, we remain below target in terms of absolute numbers recruited to the study.

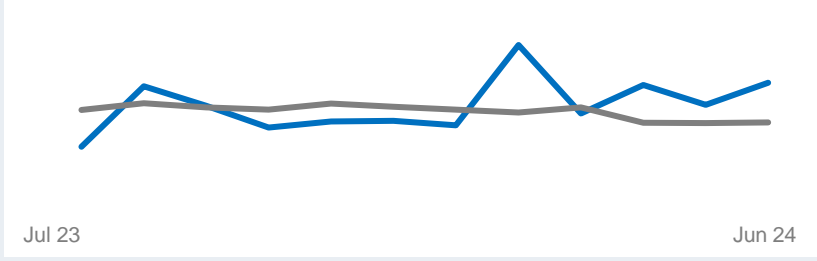
No. of organ transplants **921** / 910
Deceased Donors YTD

12-mth MAT actual vs. target



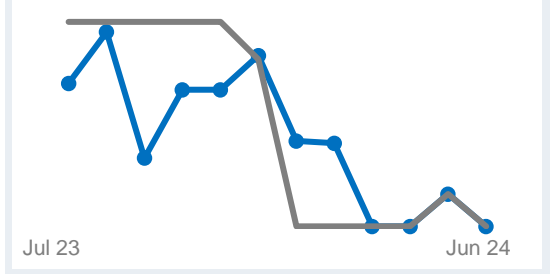
No. of organ transplants per deceased donor YTD **2.59** / 2.47

12-mth actual vs. target



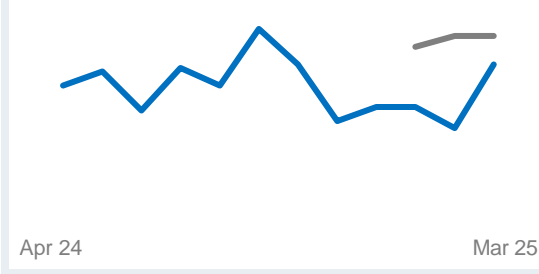
No. genotyped (STRIDES) **77,000+** / 77,500

12-mth actual vs contract



No. recruited to SIGNET¹ Clinical Trial (OTDT) YTD **108** / 159

12-mth actual vs target



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

12-mth actual vs target

Testing scheduled to start July 2024



Transfusion 2024 programme status

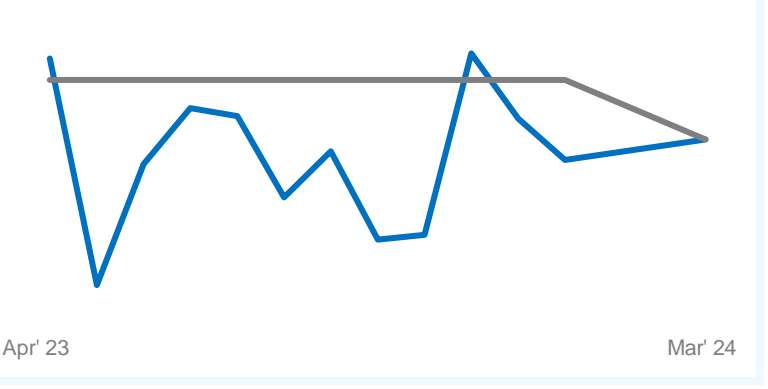
Clinical Biotechnology Centre (CBC) income YTD **£0.97m** / £0.82m

12-mth actual vs. projected target, £m



NHSBT Provided UK Stem Cell Donors **7%** / 7%
Next report – end Q2 2024/25

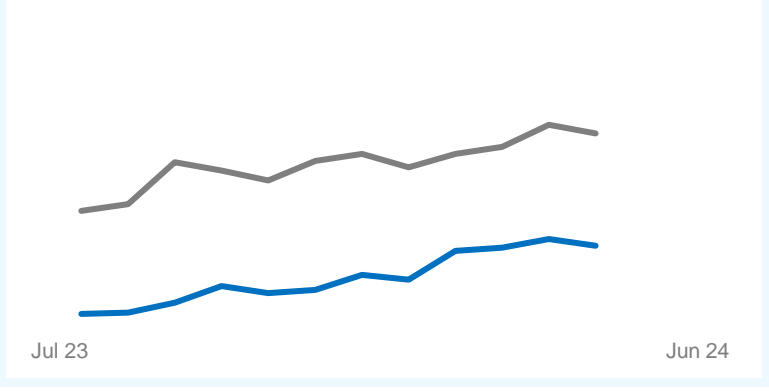
12-mth actual vs. target,



Fetal RHD electronic requesting & reporting status

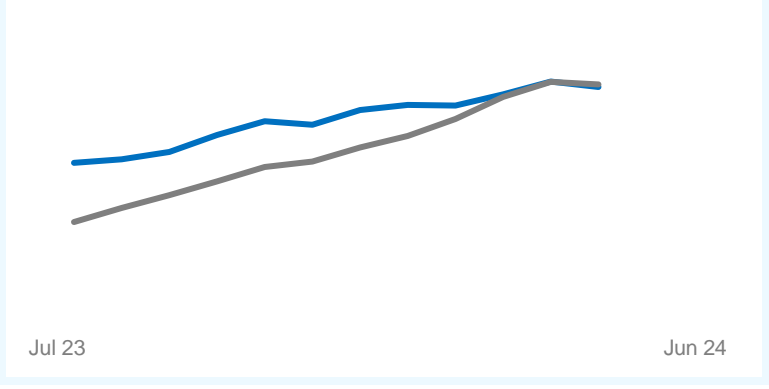
Advanced Therapies Unit Income YTD **£0.14m** / £0.34m

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



Therapeutic Apheresis Services **3,150** / 3,304
no. of procedures YTD

12-mth Moving Annual Total actual vs. target



Insight and Commentary

Transfusion 2024 Programme

- **Overall programme at green RAG status** Transfusion Transformation Symposium, held in June was positively received by NHS England, National Blood Transfusion Committee and attendees.
- **Fetal RHD electronic requesting and reporting:** Amber status as progress slower than planned; eight hospitals are now live. Expectation of at least eight further hospitals to go live over the next two months. **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; feedback from draft business case is being incorporated into an updated business case for July 2024 Programme Board.
- **Connection to National Haemoglobinopathy Register (NHR):** NHSBT red cell antibody data is available in the NHR for transfusion labs to access; a significant improvement in safety for patients who may need a routine or emergency blood transfusion. Phase 2 testing and development in progress.

Cellular Apheresis and Gene Therapies (CAGT)

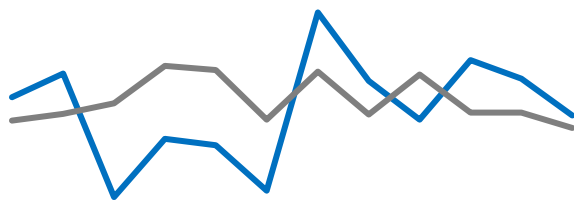
- Therapeutic Apheresis Service (TAS) procedure volumes were 8.4% below plan in June. A review of MedTech funding allocations is delaying hospitals requesting red cell exchanges. Cell collections are also below target linked to TAS capacity and late cancellations by Transplant Centres. Procedure volumes are 4.2% below plan YTD but remain 8.4% ahead of Q1 23/24.
- Clinical Biotechnology Centre (CBC) income is £0.1m ahead of plan YTD, but with changes in customer requirements, income is now forecast at £5.1m vs. 5.4m plan.
- Advanced Therapy Unit income is £0.2m behind plan YTD however, a contract has been signed with a new commercial customer for CAR-T manufacture; income is forecast to grow from £1.2m last year to £2.0m in 2024/25 and equal to plan.
- The NHS Stem Cell Donor Registry Fit panel volume ended Q1 just below target. The H&I typing lab are currently changing suppliers, resulting in a lower volume of donor typing and fewer additions to register. Additions to the panel from a minority ethnic background were 24% YTD, well above the 20% target .
- NHSBT's share of stem cell provision to UK patients was 7% and equal to plan in Q1.



Tissue & Eye Services (TES) income YTD **£5.35m** / **£5.03m**

12-mth Av. Mthly Growth Rate 0.4%

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



Jul 23

Jun 24

Donation & Transplantation Academy Implementation =

Insight and Commentary

- Implementation of the Donation and Transplantation Academy is underway with the contract now signed off.
- We are working with our academic partners, Northumbria University, to establish the Academy and develop ways of working.
- Milestones towards programme delivery are currently being established.

Insight and Commentary

Tissue & Eye Income - Overall income

The June sales income position was 2.4% ahead of target (+£40k), with above target performance for Serum Eyedrops (+£90k) and Ocular products (+£13k) offsetting underperformance across Tissues (-£42k).

Q1 income performance was 5.3% above target (+£268k), predominantly driven by Serum Eyedrops (+£122k) and Ocular (+£114k), with Tissues also above plan (+£27k)

Tissue Income

Tissue income fell behind target by £42k in June in a reversal of May's positive sales performance, with adverse performance in Processed Bone, Amniotic Membrane and Cardiovascular tissues.

However, the value of outstanding orders has decreased to £17k at the end of June with backorders for Bone products nearly cleared.

Due to higher than planned Amnion demand, a second Amnion donation site was launched at the start of April. However, initial donations are failing bacteriology testing. This has adversely impacted sales income and backorders have increased.

Ocular income

Ocular income was ahead of target by 2.3% in month (£12.5k), driven by an increase in average weekly ocular donation levels to 48 in June, compared with the average of 44 per week in May. Q1 performance was 7% ahead of target (+£114k).

Heart Valves

Cardiovascular sales continue to be positive being £44k ahead of target in month. There were 25 donations in June (target of 35, 23 in May). To mitigate lower than planned donation rates, a member of the South-West retrieval team is undergoing training in heart retrieval, to allow additional hospitals to support heart donation.

Serum Eyedrops

Serum Eyedrops volumes were well ahead of the financial target in month (+£90k), with 84 batches issued over target (452 vs. target of 368). Q1 performance was 8% ahead of target (+£151k).

Risk Summary

Ref	Risk Title / Owner	Date of last change / last review	Appetite Category / Level	Risk Score against Appetite (● = Current Residual Score, ○ = Residual Score in previous report, where a change to the score is noted)
P-01	Donor & Patient Safety / Chief Nursing Officer	24 Nov 20023 / 03 July 2024	Clinical / Minimal	
P-02	Service Disruption / Director of Quality	22 Dec 2023 / 10 July 2024	Disruption / Minimal	
P-03	Service Disruption (Interruption of critical ICT) / Chief Digital Officer	07 June 2024 / 05 July 2024	Disruption / Minimal	
P-04	Donor Numbers & Diversity / Director of Donor Experience	08 July 2024 / 08 July 2024	Operational / Minimal	
P-05	Long term financial sustainability / Chief Finance Officer	20 Sept 2023 / 19 June 2024	Finance / Open	
P-06	Inability to access data sets / Chief Nursing Officer	06 Jun 2023 / 06 June 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	28 May 2024 / 10 July 2024	People / Open	
P-08	Managers Skills and Capability / Chief People Officer	18 Mar 2024 / 10 July 2024	People / Open	
P-09	Regulatory Compliance / Director of Quality	10 July 2024 / 10 July 2024	Legal, Regulatory & Compliance / Cautious	
P-10	Change Programme scale & pace / Deputy Chief Executive	04 Apr 24 / 26 June 2024	Programme / Open	
P-11	Corporate Governance / Director of Quality	29 May 24 / 10 July 2024	Corporate / Minimal	

Risk Summary continued

Risks at Risk Limit. There are two Principal Risk which remain 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 is the Southampton roof incident. This contributory risk remains under the control of the project board.

Principal risk P-03 (loss of critical ICT). The residual score of this risk has increased from $5 \times 3 = 15$ to $5 \times 4 = 20$. This risk remains in the Risk Limit. The contributory risks influencing this risk score is DDTS-08 Cyber Security. The residual score of this risk increased following the recent cyber-attacks on the NHS.

Risk movement

There has been an increase to the residual scores of three principal risks since the last report: P-03. Loss of critical ICT, P-04. Donor numbers and diversity and P-09. Regulatory Compliance.

The reason behind the recent risk movement is

P-03, Loss of critical ICT. The residual score of this risk has been increased from 15 to 20. This principal risk remains at the Risk Limit. The contributory risks influencing this risk score is DDTS-08 Cyber Security. The residual score of DDTS-08 increased considering the recent cyber attacks on the NHS and the impact across DDTS and NHSBT. Papers are being created to articulate work in progress and review if further planned or accelerated work is needed.

P-04, donor numbers and diversity. The residual score of this risk has been increased from 9 to 12. This risk remains in the Judgement zone. The contributory risk influencing P-04, is risk DX-01 Failure to Attract and Retain Donors. Following a review of this contributory risk and blood stock levels, the residual score of this risk has been increased up to $4 \times 3 = 12$.

P-09, Regulatory compliance. The residual score of this risk has been increased from 8 to 12. This risk has moved from the optimal risk position to the Judgement zone. The contributory risk influencing P-09 is QA-01 Quality Management System. The residual score of risk QA-01 has been increased from 8 to 12, while an assessment of the quality management system is undertaken as part of a wider assurance review.

There have been no reductions to the residual scores of any principal risk this month.