

NHSBT Executive Team & Board Performance & Risk Report

August 2024

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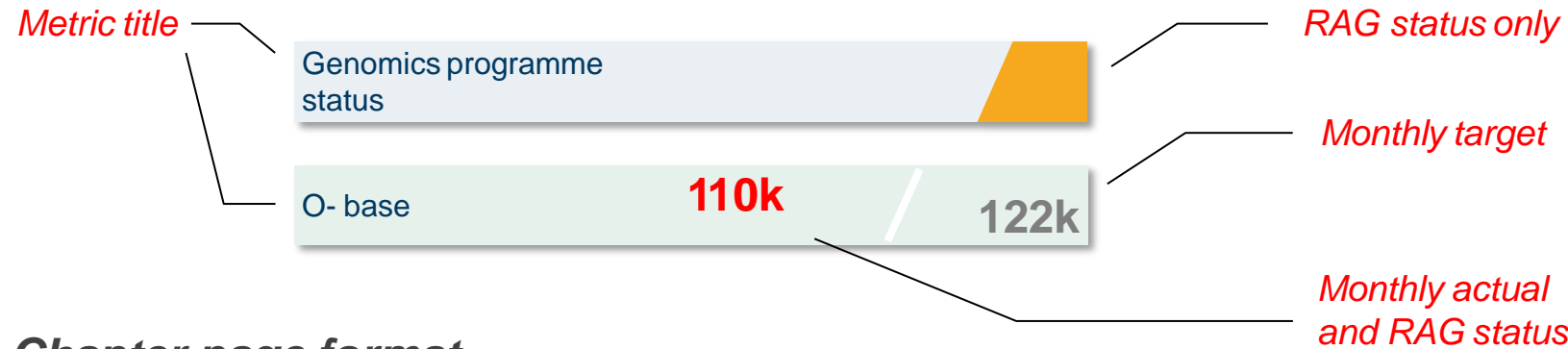
The NHS logo, consisting of the letters 'NHS' in a bold, white, sans-serif font inside a dark blue rectangular box.

Blood and Transplant

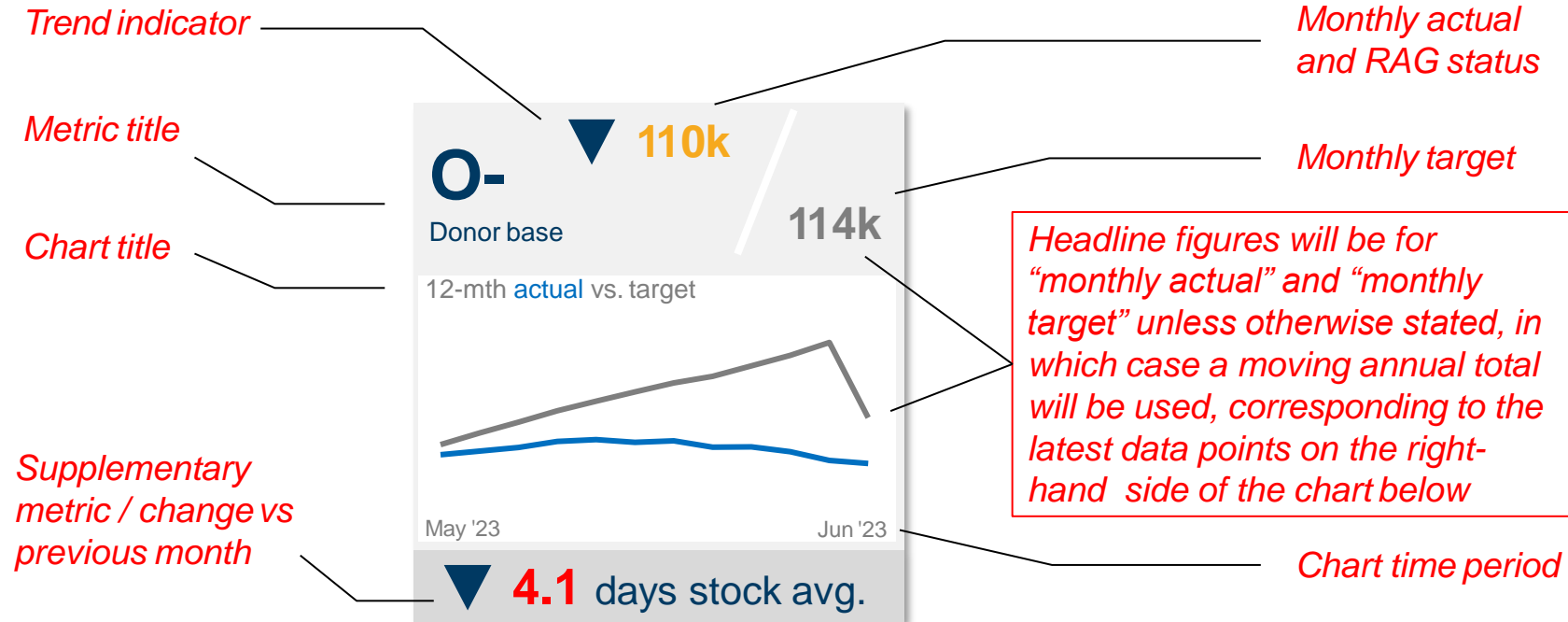


How to read this report

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
- 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 takes longer to collate e.g. living donor organ transplant numbers.
- Metrics measuring our progress in tackling Health Inequality are marked with the icon

Performance Insights

1. Following the decision to call an 'amber' blood shortage alert (25 July 2024), blood stocks, including O neg, have improved through August and into September. Overall stocks currently sit at c.8.4 days of stock and O neg at c.6.2 days of stock (13 Sept). This has resulted in expenditure above budgeted levels (e.g. collection staff overtime and additional donor marketing) and with the deterioration in financial position we started an exercise to reduce in-year expenditure across the organisation. We are now working with NHS England and DHSC to determine the appropriate point to remove the 'amber' alert, balancing the risk of demand increasing and the anticipated effect of our plans to improve collection levels on a sustained basis.

Overall red cell stocks at the end of August 2024 were 2.1 days higher than at the end of July 2024, standing at 7.1 days of stock (DoS), with an average of 5.8 DoS (1 day higher than the previous month). Stocks of all groups grew from July 2024, with O neg increasing to 7.3 at the end of August (vs 2.9 DOS end of July 2024). To support recovery from the amber alert and ensure adequate blood supply and stock resilience during the winter months, a set of interventions are planned focused on bolstering collections through increased capacity and donor mobilisation, and subsequently stabilising stock levels. As we approach the new year, planning is underway to develop strategies that will sustain collection levels, providing resilience to blood supply moving forward into the winter months.

2. The donor base for all blood products saw the fastest growth of the year so far, increasing by 7.1k to 808.1K in August as the strong donor response to the amber alert continued through August.

In August appointment bookings averaged 73K a week, peaking at 97.K in the first week, compared to a usual average of 63K. A large proportion of bookings were from first time donors with 14,893 new donors donating in August. This is the highest individual monthly figure in over 8 years. High levels of activity have driven adverse consequences as the donor rejection/deferral rate peaked at 21.8% of appointments, driven by the proportion of new donors (more likely to be rejected) and warm weather increasing the number of low Hb deferrals. Our NPS score, below target all year dropped from 86.9 in July to 84.1 in August whilst donor complaints increased from 0.5% to 0.6% over the same period, largely driven by cancelled appointments and appointment availability.

3. The number of overdue internal major incidents remains as a persistent challenge into 2024/25. At the end of August overdue internal majors had increased to 26 (+11).

The number of overdue internal majors has risen from 11 at the end of February 2024 to 26 at the end of August, totalling 50 for quarter 1 and 91 year to date. 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. Despite ongoing activity to improve performance, high levels of overdue majors persist.

4. NHSBT led cancellations increased to 7.6% in September (vs 4.5% target), +2.6pp when compared with the previous month.

Whilst overall sickness absence decreased by 0.6pp to 4.9% in August, sickness absence in Blood Donation increased by 0.9pp to 7.9%. This average masks significant variation in absence with instances of 10-15%+ absence common across collection teams. 50% of all Short Notice Cancellations were because of short-term sickness, with the number of cancellations resulting from venue and vehicle related issues also increasing. Several collection teams are operating at reduced capacity, with 4 of these teams planning to revert to a full programme in August 2024; however, there are also indications that a further 6 teams may need to reduce capacity in August until the start of October 2024.

5. Clinical Biotechnology Centre (CBC) forecasting a deficit of £0.3m in income versus plan £5.4m. The overall forecast for Clinical Services (CS) operations is £1.1m better than budget at year-end.

In Clinical Services we are forecasting a deficit of £0.3m in the CBC income versus plan £5.4m. This is due to one manufacturing slot which was not filled. CBC are working with potential customers to fill slots for the remainder of the year, with the risk profile of potential prospects to be reviewed as we reforecast at the end of Q2. The impact of this adverse variance is offset by forecast income above plan in other areas of CS operations. The overall forecast for CS operations is £1.1m better than budget at year-end

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	808k ▲	/	797k
Size of Ro blood donor base	26.4k ▲	/	27.0k
Size of O- blood donor base	111k =	/	112k
Black Heritage representation in whole blood donor base	2.5% =	/	3.1%
Short notice cancellation of appointments	7.6% ▲	/	4.5%

Size of regular Plasma donor base (MAT) ¹	5,604 ▼	/	5,833
Plasma collected (sourced & recovered), litres (YTD)	121k ▲	/	83.3k
No. of Organ transplants living & deceased ² (MAT)	4,640 ▼	/	4,678
Organ consent rate YTD	60% =	/	60%
Corneas Issued for Transplant (YTD)	1,593 ▼	/	1,680

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

% Minority Ethnic Employees at Band 8A-8C	15.2% =	/	---
Employee Turnover	12% ▼	/	14%
Recruitment Time to Offer (weeks)	10.7 ▲	/	11
Vacancy Fill Rate	83% ▼	/	88%
Sickness absence rate	4.9% ▼	/	4%
Harm Incident Rate NHSBT (Incident rate per 1000 employees)	7.2 ▼	/	7.6

Drive innovation to improve patient outcomes

No. of transplants per deceased organ donor YTD	2.52 ▼	/	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	7.2 ▲	/	5.5 – 8.0
On Time In Full (OTIF) including Ro (YTD)	96.6% ▲	/	96.3%
Critical Infrastructure availability	100% =	/	99.95%
Patient Safety Incident Investigation (PSII) ³	0 ▼	/	---
Overdue internal majors	26 ▲	/	0

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

Clinical Biotechnology Centre (CBC) Income YTD	£1.18m ▼	/	£1.58m
Advanced Therapies Unit Income (YTD)	£0.37m ▲	/	£0.59m
No. of Therapeutic Apheresis Procedures YTD	5,362 ▲	/	5,649
Tissue & Eye Services YTD income	£9.2m ▲	/	£8.6m
Transfusion 2024 programme status	=		

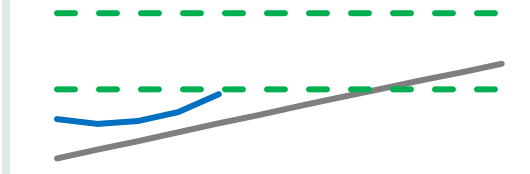
¹MAT = moving annual total ² reported one month in arrears ³ Replacing Serious Incidents Metric



Blood Product Donor base

808k / 797k

12-mth actual vs. projected target vs target range

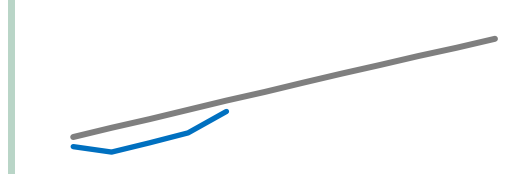


Apr 24 Mar 25

O- Donor base

111k / 112k

12-mth actual vs. projected target



Apr 24 Mar 25

Ro Donor base

26.4k / 27.0k

12-mth actual vs. target



Apr 24 Mar 25

Insight and Commentary

Blood Donor Base

- The donor base for all blood products saw the fastest growth of the year so far, rising from 801K in July to 808.1K in August, with Whole Blood contributing the largest volume to growth. Following continual decline between September 2023 and June 2024, the Black Heritage donor base experienced its second consecutive month of growth, rising from 19.6K to 19.7K. The Black Heritage proportion of the total donor base remained at 2.50%.
- The strong donor response to the amber alert continued through August. Bookings averaged 73K a week, peaking at 97.K in the first week, compared to a usual average of 63K. A large proportion of bookings were from first time donors with 14,893 new donors donating in August. This is the highest individual monthly figure in over 8 years.
- The donor rejection/deferral rate peaked at 21.8% of appointments, driven by the proportion of new donors (more likely to be rejected) and warm weather increasing the number of low Hb deferrals.
- Our NPS score, below target all year dropped from 86.9 in July to 84.1 in August whilst donor complaints increased from 0.5% to 0.6% over the same period, centred around cancelled appointments and appointment availability.
- NHSBT led cancellations increased to 7.6% in September (vs 4.5% target), +2.6pp when compared with the previous month. 50% of all Short Notice Cancellations were because of short-term sickness, with the number of cancellations resulting from venue and vehicle related issues also increasing.

Black Heritage Representation in donor base

2.5% / 3.1%

12-mth actual vs. target

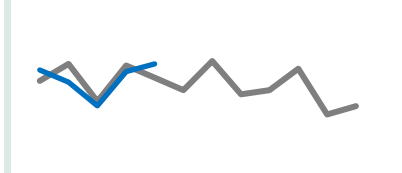


Sept 23 Aug 24

Red Cell Units Collected

127k / 123k

12-mth actual vs forecast target



Apr 24 Mar 25

Ro Units Collected

4,278 / 4,083

12-mth actual vs projected target

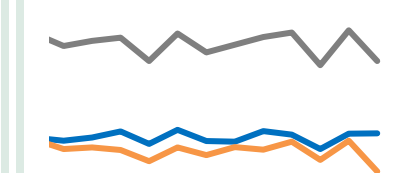


Apr 24 Mar 25

Ro Supply Demand Gap YTD

45.9% / ---

12-mth issued vs requested vs Ro gap

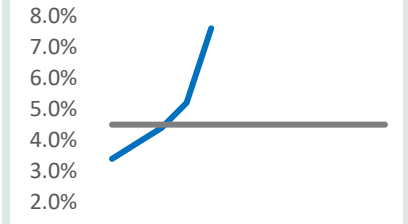


Sept 23 Aug 24

Short Notice Cancellation Of Appointments

7.6% / 4.5%

12-mth actual vs. target

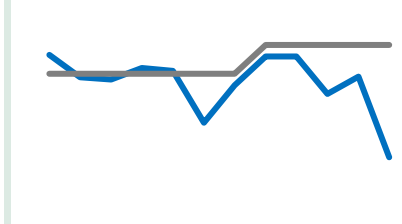


Sept 23 Aug 24

Net Promoter Score

84.1 / 88

12-mth actual vs. target

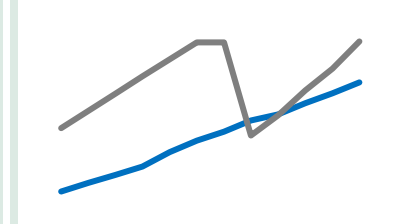


Sept 23 Aug 24

Plasma Regular Donor Base

5,604 / 6,280

12-mth actual vs. target

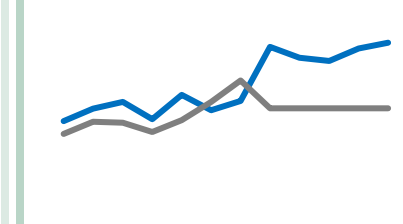


Sept 23 Aug 24

Plasma Collections Source & Recovered

25.4k / 16.7k

12-mth actual vs. target



Sept 23 Aug 24

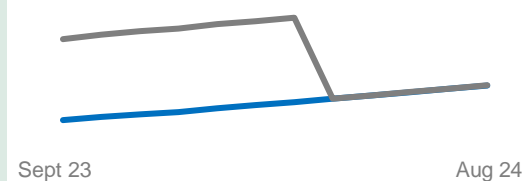
Plasma

- The plasma donor base continues to grow but sits c.11% below target at 5,604 donors vs target of 6,280 due to lower than planned new donor recruitment. Despite this, plasma collections (combined source and recovered) remains comfortably (c.52%) above target, which is set at the minimum committed volume of plasma to the NHS during 24/25, over the last 12 months.
- Several major Plasma milestones have been delivered recently, meaning UK patients are on track to receive medicines derived from NHSBT-collected plasma in early 2025:
 - Plasma for Medicine dispatched the first shipment of UK plasma to a fractionator in August 2024 and has since dispatched 2 further shipments in early September. Weekly shipments are now underway.
 - Regulatory approval by the MHRA to Octapharma for marketing of IVIG (intravenous immunoglobulin) and Albumin was granted in early August.



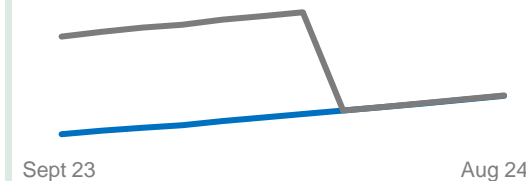
Organ Donor Register¹ **28.1m** / **28.1m**
Opt-In Register - Total

12-mth actual vs. target



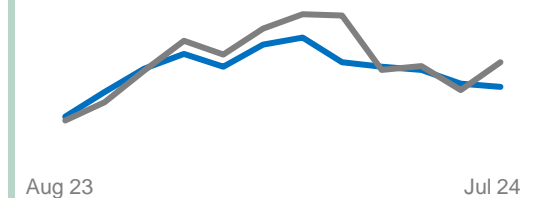
Organ Donor Register¹ **24m** / **24m**
(Opt-In Register Eng. & Wales)

12-mth actual vs. target



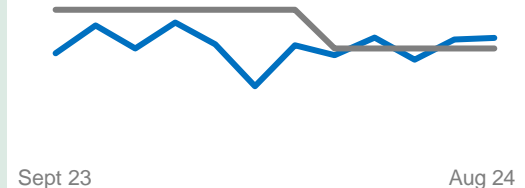
Living & Deceased Organ donor transplants **4,640** / **4,678**
(MAT 1 month in arrears)

12-mth MAT actual vs. target



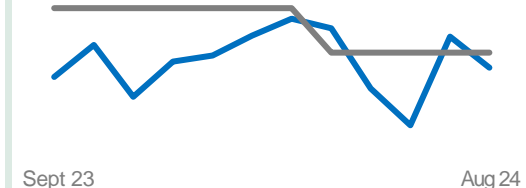
Organ Consent/Authorisation YTD **60%** / **60%**

12-mth actual vs. target



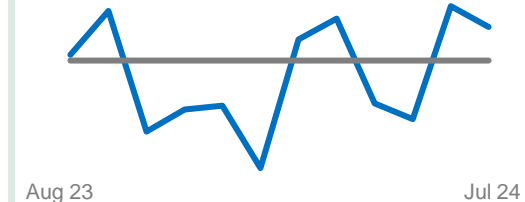
Minority Ethnic (ME) Organ Consent Rate YTD **29%** / **33%**

12-mth actual vs. target



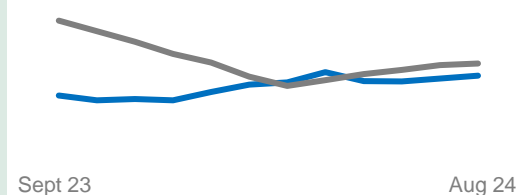
ME Recipients of Organ Transplants **27%** / **27%**
(YTD 1 month in arrears)

12-mth actual vs. target



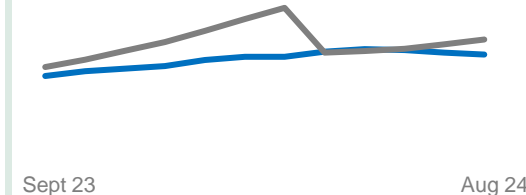
Corneas issued for transplant YTD **1,593** / **1,680**

12-mth MAT actual vs. target



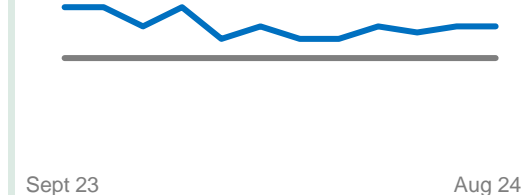
NHS Stem Cell Donor Registry Fit Panel Volume **112.8k** / **116.4k**

12-mth actual vs. target



ME % of New NHS Stem Cell Door Registry Fit Panel **25%** / **20%**

12-mth actual vs. target



Insight and Commentary

Organs

- August was another good month for the overall consent/authorisation rate (62%, green) and the transplants per donor rate (2.44, green), but we continue to see reductions in the size of the eligible donor pool, resulting in a red month for deceased donors (109 actual vs. 126 target) and transplants (266 actual vs. 307 target).
- Given these limited resources, focus remains on increasing consent and authorisation rates and converting consented patients to proceeding donors.
- The number of deceased donor transplants has now moved to amber, at 56 transplants adverse to target. Nevertheless, YTD, 1,468 patients have received a deceased donor transplant, and we remain green (27%) for the proportion of ethnic minority transplant recipients (one month in arrears).
- The number of living donors in July (one month in arrears) was again lower than expected (69, red). Competition for theatre time is felt to be more acute than ever, as living donation and transplantation compete with other elective surgeries. The adult-to-adult Living Donor Liver Transplantation (LDLT) Proctored Programme was launched in June, which has resulted in 9 referrals so far.

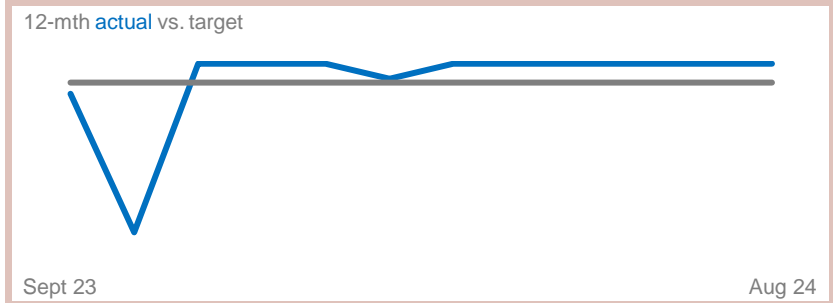
Ocular

- The average weekly ocular donation rate increased slightly in August to 48.5 donors a week, in comparison to the previous month of July average which was 47 donations a week.
- Ocular stock levels have reduced across the month to 240 at the end of August (target of 300, 267 in July). We have also been importing 10 eyes a week from Venice eye bank across August & early September (to a maximum of 40 eyes) which will have a positive impact on patient waiting lists.
- Work to increase cornea supply continues as part of the iORbiT project, and engagement with potential future partners has been continuing, with the first site planned to go-live at the end of Q2.

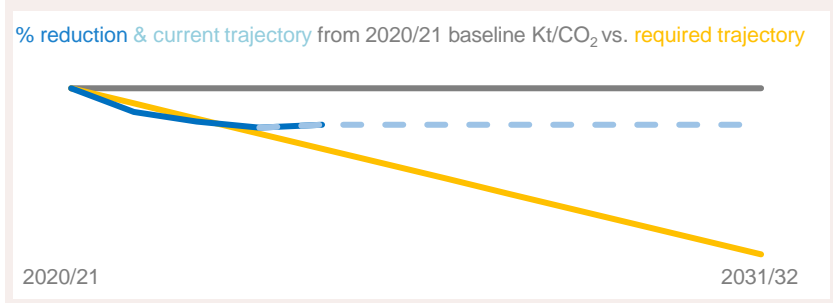
Pathology

- **Screen 25k blood donors for extended types and additional antigens:** Behind plan YTD (8.4k v 10.4k) screening is behind plan due to long term staff absence within the lab and is unlikely to catch up during the year for the same reason; the team are prioritising the screening of ethnic donors
- **Retest 5k STRIDES donors to enable clinical use:** Activity not expected until Q4.

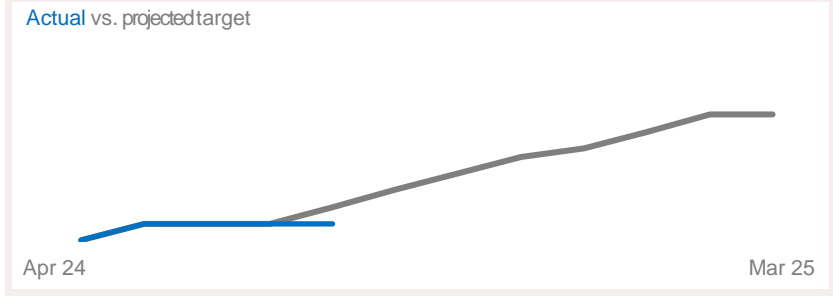
Overall Critical Infrastructure (CI) Availability = **100%** / 99.95%



Reduction in scope 1&2 CO₂ emissions vs. 2020/21 baseline ▼ **18%** / ---
(reported quarterly end 06/24; next end Q2 09/24)



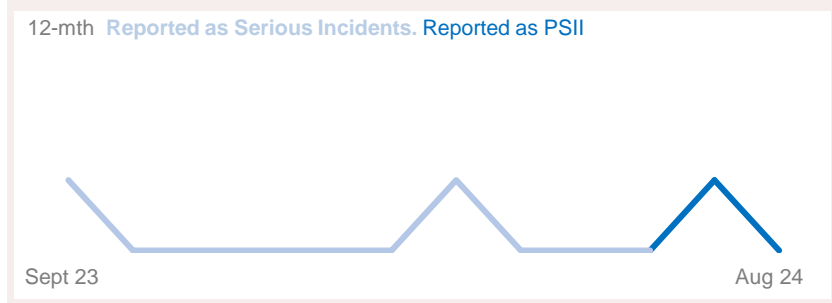
Business Continuity Plans Reviewed YTD ▼ **13%** / **26%**



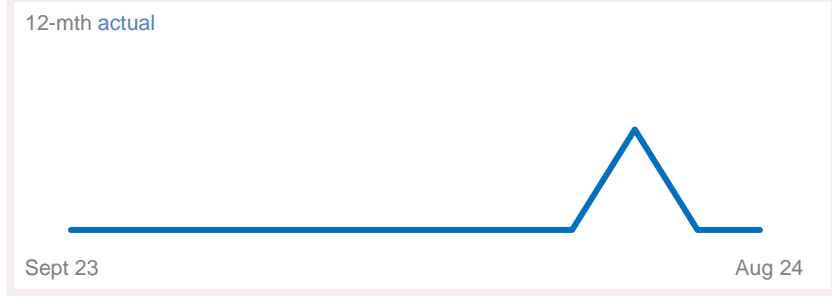
Overdue Internal Majors ▲ **26** (+11) / 0



Patient Safety Incident Investigation (PSII)¹ **0** / ---
YTD = 3



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



Insight and Commentary

Quality

- The number of overdue internal Major incidents at the end of August (26) is the highest level reported since corporate KPIs were introduced in November 2021.
- The Serious Incident (SI) process was replaced by a new Patient Safety Incident Investigation (PSII) process¹ in June 2024. Incidents are now assessed using different criteria and therefore cannot be directly compared to the number of Serious Incidents previously reported.

Critical Infrastructure

- In August Critical Infrastructure (CI) availability exceeded its availability target. However, QPulse outage during the month, which was swiftly identified and rectified which had minimal business impact. We are currently collaborating with internal teams to ensure measures are in place to prevent a recurrence of this incident.
- 100% availability has been achieved in the last six consecutive months and for the 11th time in the last 12 months, demonstrating robust performance and reliability in these crucial areas

Progress Towards Net Zero

- Progress towards achieving 80% reduction in CO₂ emissions vs. 2020/21 baseline by 2031/32 slowed through 2023/24 and halted entirely with an increase in emissions in Q1 2024/25.
- At current rates we are projecting a reduction of 18% versus a target of 80%
- A new Net Zero strategy focussed on managing our Scope 1,2 and 3 emissions is currently being developed.

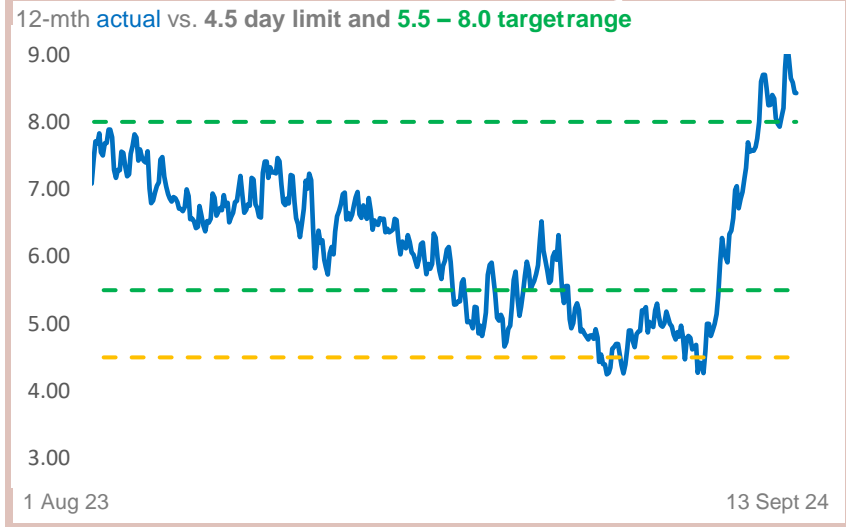
Review of Business Continuity Plans

- Two Business Continuity Plans scheduled to be exercised in August are under review. This needs to be completed before exercises can be undertaken. These 2 exercises have been delayed and will now be held in December 2024 and January 2025.

Blood stock stability

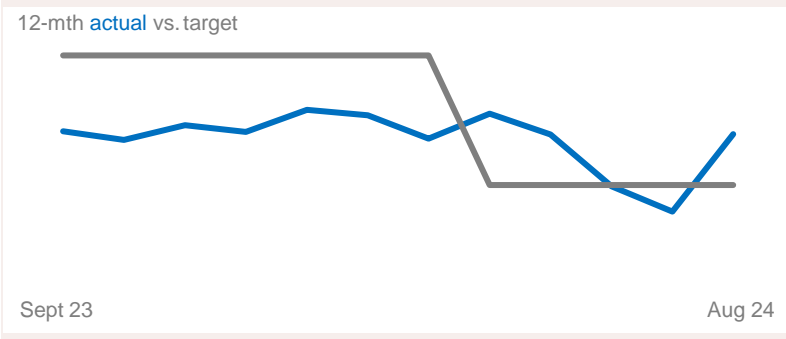
Average days of stock ▲ **7.2** Avg. Aug 24
 Actual days of stock ▲ **5.0** Actual 31/08

5.5 – 8.0
days



On Time In Full

incl. Ro (YTD) ▲ **96.6%** / **96.3%**



Cost/Budget savings **£10.3m** / **£15.8m**
 (full year forecast) at Q1; next report end Q2

% Commercial Pipeline Savings YTD at Q1; next report end Q2 **1.5%** / **1%**

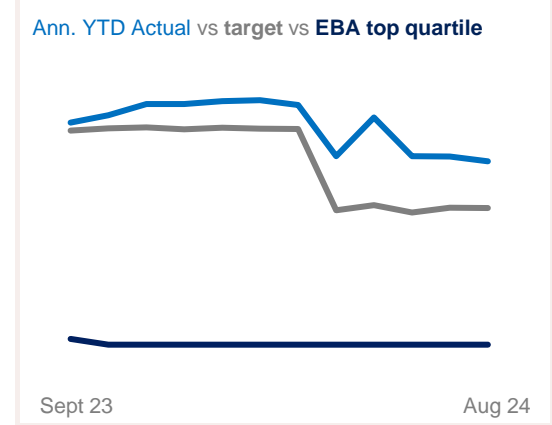
Insight and Commentary

- In August 2024 red cell collections stood at 103.2% of business plan target, a +1.8pp increase from July 2024. Red cell issues decreased in volume when compared to the previous month (-7%) because of the Amber alert and were 2.5% below forecast demand. A revised demand forecast remains in place in the short term to reflect seasonality of blood usage in the period before and after school summer holidays.
- In terms of collection to plan, O group collections improved in response to increased donor messaging, with both groups collecting above requirement (+5% O neg, and +12.5% O pos). B Neg collections also improved this month to 98.8% of requirement.
- Overall red cell stocks at the end of August 2024 were 2.1 days higher than at the end of July 2024, standing at 7.1 days of stock (DoS), with an average of 5.8 DoS (1 day higher than the previous month). Stocks of all groups grew from July 2024, with O neg increasing to 7.3 at the end of August (vs 2.9 DOS end of July 2024).
- Stock recovery is being managed through daily incident management meetings, with a strategic oversight group in place. Additionally, 4 tactical groups have been established to manage specific elements of the recovery programme. Combined, these groups are overseeing the development and implementation of a long-term stock recovery and sustainability programme.
- On Time, In Full performance increased this month (+0.8pp), as stock levels increased across all ABO groups. 'On Time' performance remains stable.
- Sickness absence in Blood Supply decreased slightly to 6.6%; with short-term sickness at 3.6% and long term at 3%. Over the first 4 months of the year 6.5% of available time has been lost to sickness absence, which is 0.5% below the 2024/25 benchmark.
- Several collection teams are operating at reduced capacity, with 4 of these teams planning to revert to a full programme in August 2024; however, there are also indications that a further 6 teams may need to reduce capacity in August until the start of October 2024.

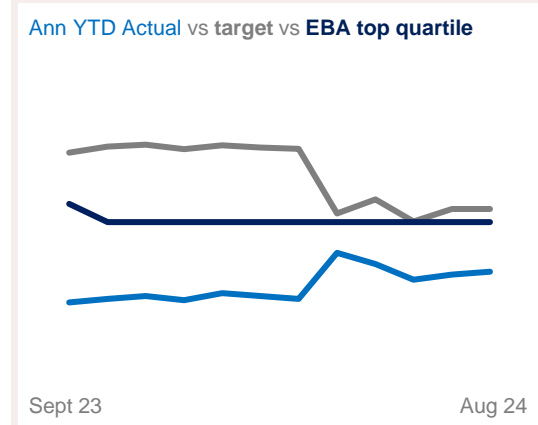
Manufacturing Productivity **10,665** / **9,950**
 Annualised YTD ▲



Testing Productivity **29,906** / **26,089**
 Annualised YTD ▼



Collection Productivity **1,175** / **1,261**
 Annualised YTD ▲

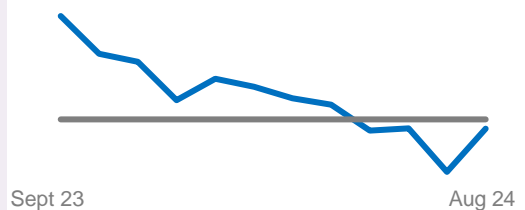




Invest in people and culture to ensure a high performing, inclusive organisation

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

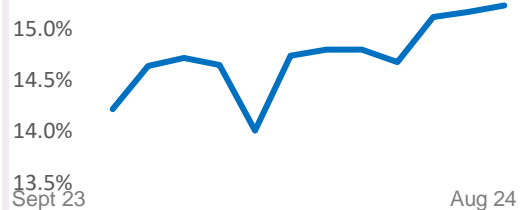
12-mth **actual** vs. **target**



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

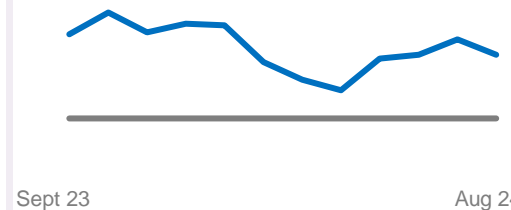
% Band 8A-8C

12-mth **actual**



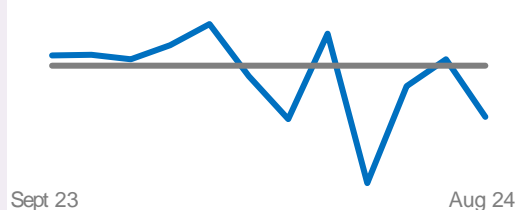
Sickness Absence **4.9%** / **4%**

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



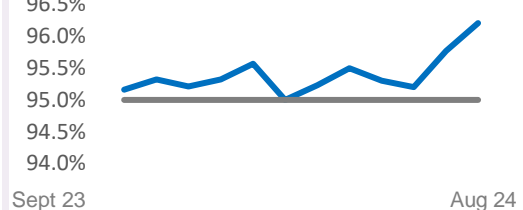
Vacancy Fill Rate % **83%** / **88%**

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



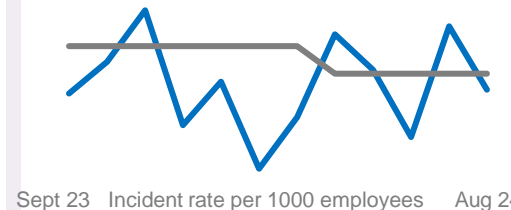
Mandatory Training compliance **96.2%** / **95%**

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



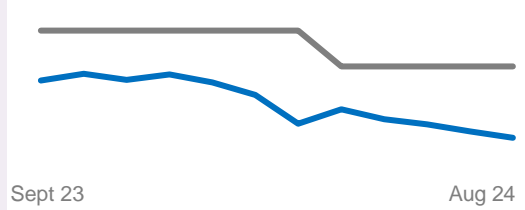
Harm Incident Rate NHSBT **7.2** / **7.6**

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



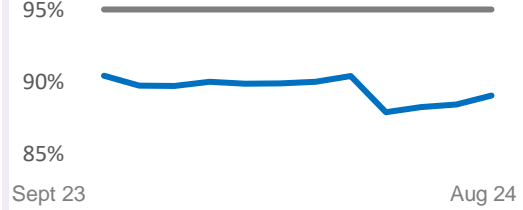
Employee Turnover % **12%** / **14%**

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



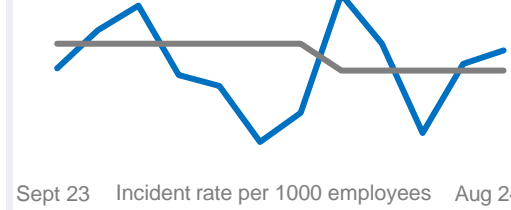
PDPR completion **89.1%** / **95%**

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



Harm Incident Rate Blood Supply **12.3** / **11.4**

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



Insight and Commentary

- Recruitment: Time to offer increased to 10.7 weeks in August from 9.7 weeks in July, but remains below target of 11 weeks, for the fourth consecutive month. The volume of vacancy requests decreased slightly in August (-100), however the high demand in June and July continues to impact, as those roles move through the recruitment cycle.
- High demand, and the amber alert has led to front line collection and donor experience vacancies receiving priority attention. It is anticipated that time to offer performance for other areas will deteriorate through September and October.
- August's vacancy fill rate fell back below target to 83% from 89% in July. Turnover continues its downward trend falling to 12% from 12.2% in July.
- Mandatory Training compliance remains above target, increasing to 96.2% in August up 0.2pp from July. PDPR compliance remains below target at 89.1%, however this represents an increase of 0.6pp from July. Work is underway to understand why we are not meeting target levels of PDPR compliance.
- Overall sickness absence fell 0.2 pp in August to 4.9%, 0.5pp below this time last year (5.4%) but above target (4%). At directorate level, movements in sickness level in August were:
 - Blood Donation up 0.9pp to 7.9% Note, this average masks variations in absence at team level.
 - M&L sickness down 0.9pp to 5.6%
 - OTDT down 0.2pp to 5.8%
 - Plasma up 1.0pp to 3.3%
- The Harm Incident rate for NHSBT dropped back below target to 7.2 incidents/1,000 in August with low levels of incidents in both OTDT and Clinical Services. Blood Supply remain above target with 44 incidents in month including trapping, sharps and musculoskeletal injuries.



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	

Patient Outcome datasets

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

Insight and Commentary

Component development clinical trials

- **SWIFT:** 10 trial sites (air ambulances) open with 891 participants recruited to date (99% of amended target of 900). Recruitment will finish in line with the original timeline despite a delay to the start of recruitment due to blood stock challenges at project commencement.
- **Universal Plasma & Platelets:** Planned technology supplier unable to commit beyond the end of 2023 (driver for the Amber status); Potential alternative technology partners are under evaluation. Path to Green dependent on an updated project plan once the technology partner evaluation is complete.
- **Dried Plasma:** Dried plasma laboratory has been cleaned and Equipment tested. Specialist equipment to arrive in September. Green status dependent on a re-baselining of milestones with MoD following project delays.
- **RESTORE:** Clinical trial of in-person use of red cells manufactured from stem cells. Path to Green requires a change request with an updated schedule to completion and a revised financial forecast. Clarification expected Oct. 2024.

Genomics

- **The programme remains at Amber RAG status** for August driven by (a) slower than expected sample referrals and slippage against milestones in the project to type all sickle cell patients (mitigations in place to address); and (b) slippage in the timeline for delivery of a cloud solution for data storage of genotyping test results
- **Strategies to Improve Donor Experiences (STRIDES):** Over 77k STRIDES donors genotyped, with only repeats and pre-covid donors to complete. Project completion is planned for the end of September with ca 3,000 samples to test.
- **Confirmatory Testing of ‘valuable’ / rare donors from STRIDES genotyped cohort:** Project initiated following approval of the definition of ‘high value’ donors. Patient criteria sent to Cambridge and awaiting a list of patients’ (ca 20k) for confirmatory testing.
- **NHSE funded project to genotype all sickle cell and thalassemia patients:** 4,527 samples received from 99 hospitals. Detailed sample reporting data pack developed with NHSE. Invitation received to Parliament to discuss project.

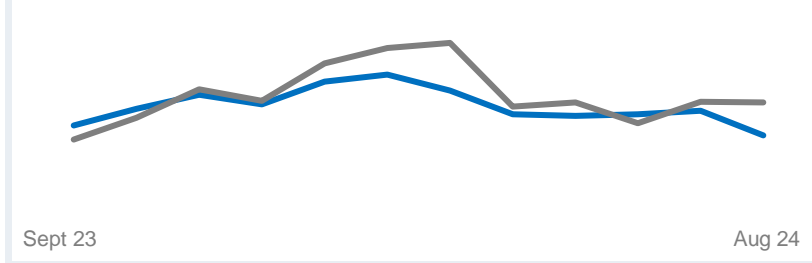
Organ Transplant & Utilisation

- **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 are likely to remain below target in terms of absolute numbers recruited to the study, for the rest of the year.

No. of organ donor transplants

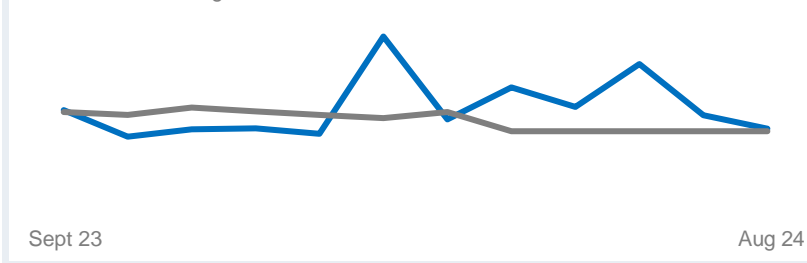
Deceased Donors YTD **1,468** / 1,524

12-mth MAT actual vs. target



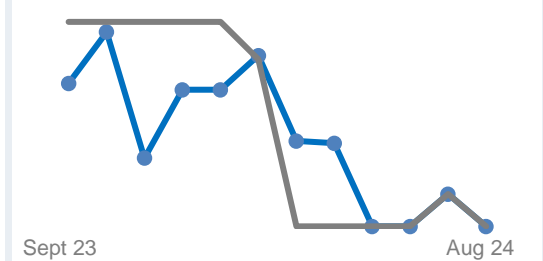
No. of organ transplants per deceased donor YTD

12-mth actual vs. target **2.52** / 2.47



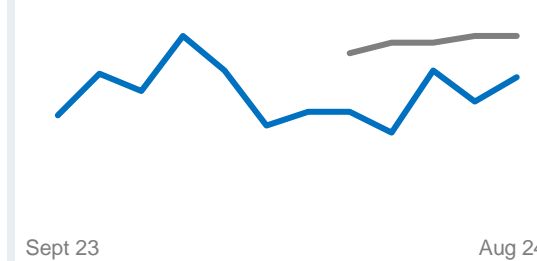
No. genotyped (STRIDES) **77,000+** / 77,500

12-mth actual vs contract



No. recruited to SIGNET¹ Clinical Trial (OTDT) YTD **189** / 271

12-mth actual vs target



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

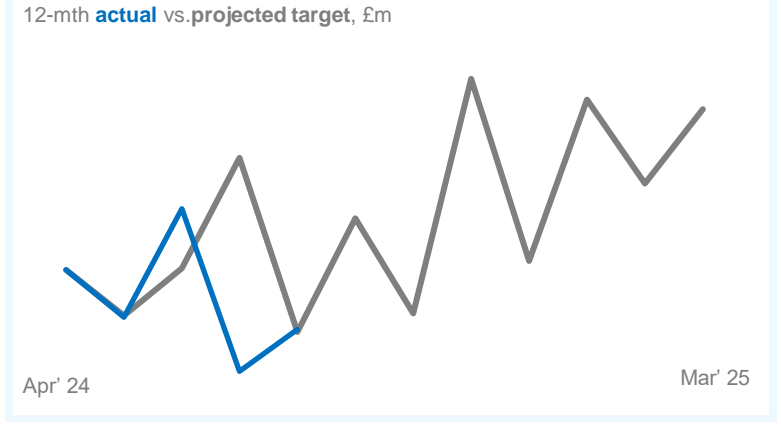
12-mth actual vs target

Testing scheduled to start Sept 2024

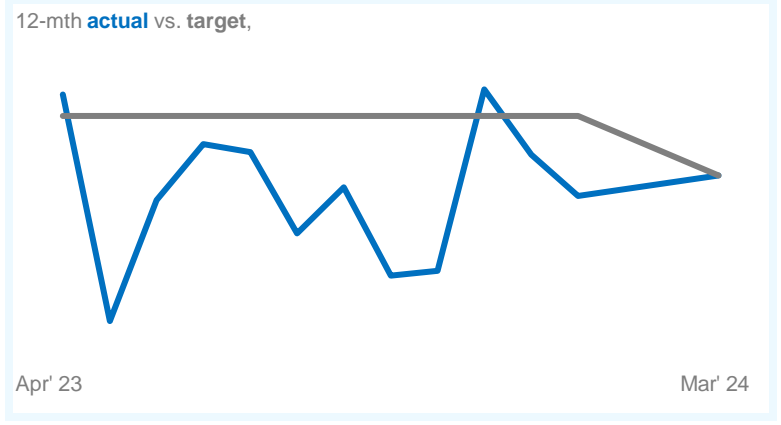


Transfusion 2024 programme status

Clinical Biotechnology Centre (CBC) income YTD **£1.18m** / £1.58m

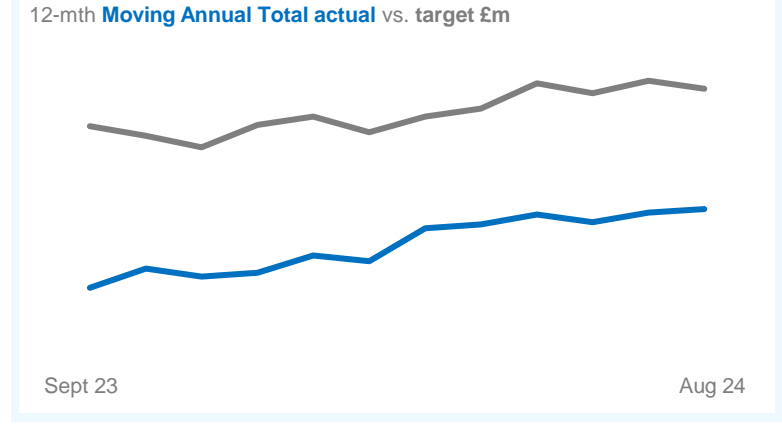


NHSBT Provided UK Stem Cell Donors **7%** / 7%
Next report – end Q2 2024/25

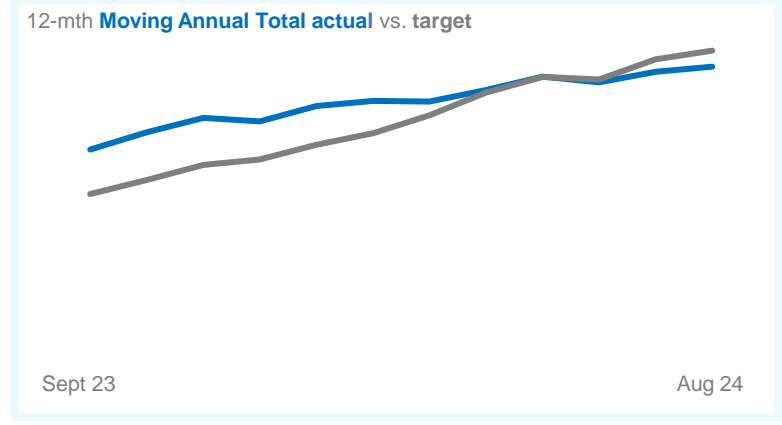


Fetal RHD electronic requesting & reporting status

Advanced Therapies Unit Income YTD **£0.37m** / £0.59m



Therapeutic Apheresis Services **5,362** / 5,649
no. of procedures YTD



Insight and Commentary

Transfusion 2024 Programme

- **Overall programme at Amber RAG status** Programme moved to Amber as timescales for four projects have slipped in-year due to internal capacity and external supplier challenges.
- **Fetal RHD electronic requesting and reporting:** Amber status as progress slower than planned; eight hospitals are now live. Still anticipate achieving the target of having 30 hospitals live by March 2025. E-referral/reporting % to be reported at the half-year point. Reporting capability in development.
- **RCI Assist Referral Support Tool:** Eight hospitals participated in the pilot. Business case for roll out approved. Validation and usability testing to start in September.
- **Connection to National Haemoglobinopathy Register (NHR):** Phase 1 is live - 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, development and fixes in progress.

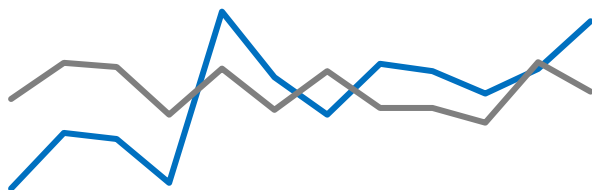
Cellular Apheresis and Gene Therapies (CAGT)

- Therapeutic Apheresis Service (TAS) procedure volumes are 5.1% below plan YTD but are 9.1% ahead of last year. The year-end forecast has been revised down from 13,646 to 13,300, which would equal growth of 9.7% versus plan of 12.6%.
- Clinical Biotechnology Centre (CBC) income is £0.4m worse than plan YTD. Following changes in some customers' in-year requirements, income is now forecast at £5.1m versus plan £5.4m but above last year (£1.9m). This change reflects one unfilled manufacturing slot; CBC are working with potential customers to fill slots for the remainder of the year.
- Advanced Therapy Unit (ATU) income is £0.2m behind plan YTD, however, a contract has now been signed with a new commercial customer in support of CAR-T manufacture to commence this year; income is forecast to grow from £1.2m last year to £2.0m in 2024/25, equal to plan.
- The NHS Stem Cell Donor Registry (SCDR) Fit panel volume ended July 3.1% below the phased YTD target. The H&I lab is currently changing suppliers, which has resulted in a lower volume of donor typing in the last three months, and therefore, less additions to the register (ca 4k backlog). The lab is expected to catch-up on SCDR typing over the rest of the year.
- Additions to the panel from a minority ethnic background are at 25% YTD, well above the 20% target and continuing the good performance from last year.



Tissue & Eye Services (TES) income YTD **£9.2m** / **£8.6m**

12-mth actual vs. target



Sept 23

Aug 24

Donation & Transplantation Academy Implementation



Insight and Commentary

- Implementation of the Donation and Transplantation Academy is underway, and an internal NHSBT working group has recently been established.
- Awaiting a read out from project team re. August meeting with academic partners, Northumbria University, developing ways of working, Terms of Reference and agreeing outputs.

Insight and Commentary

Tissue & Eye Income - Overall income

- The overall August sales income position was 13.5% ahead of target (£236k), where we experienced positive sales for all three main product groups. The main product lines that did not hit target were Amnion (-£11.2k), Femoral Heads (-£0.9k), and DBM (-£5k).

Tissue Income

- Tissue income was ahead of target by £78k in month, with above target sales for all but three product lines. All backorders have now been dispatched, with customers now only having to wait for bespoke products.
- There is a severe Amnion shortage due to high bacteriology testing failure rates across both donation sites. As a result, Amnion is only being issued for patient treatment (not for stock)
- Stocks of femoral heads are now recovering, with the sales team proactively contacting customers who may have switched to competitors while stocks were low. However, the new femoral head donation site due to open in August has been withdrawn from the process and the team are identifying an alternative site to work with NHSBT.

Ocular income

- Ocular income was ahead of target by 3.8% in month (£22.1k), however donations are still behind the weekly target, which is putting pressure on our ability to meet demand. Forty eyes have been obtained from the Venice eye bank, which will have positive impact on reducing the waiting list.

Heart Valves

- Cardiovascular sales were ahead of target by £45.5k this month. There were 24 donations in August (target of 35), which is an increase from 18 retrieved in July. The training of a member of the Southwest retrieval team in heart retrieval is expected to be complete by the end of September, so that new hospitals can be opened to heart donors.

Serum Eyedrops

- Serum Eyedrops was well ahead of the financial target in month (+£149.5k), with 95 batches being issued over target (493 vs. target of 398).

Ref	Risk Title / Owner	Date of last change / last review	Appetite Category / Level	Risk Score against Appetite (I = Current Residual Score, i = Residual Score in previous report, where a change to the score is noted)
P-01	Donor & Patient Safety / Chief Nursing Officer	24 Nov 20023 / 30 Aug 2024	Clinical / Minimal	
P-02	Service Disruption / Director of Quality	23 July 2024 / 14 Aug 2024	Disruption / Minimal	
P-03	Service Disruption (Interruption of critical ICT) Chief Digital Officer	05 July 2024 / 10 Sept 2024	Disruption / Minimal	
P-04	Donor Numbers & Diversity / Director of Donor Experience	12 Aug 2024 / 12 Aug 2024	Operational / Minimal	
P-05	Long term financial sustainability / Chief Finance Officer	21 Aug 2024 / 21 Aug 2024	Finance / Open	
P-06	Inability to access data sets / Chief Nursing Officer	06 Jun 2023 / 30 Aug 2024	Innovation / Open	

Risk Summary continued

Ref	Risk Title / Owner	Date of last change / last review	Appetite Category / Level	Risk Score against Appetite (I = Current Residual Score, i = 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 / 29 Aug 2024	People / Open	
P-08	Managers Skills and Capability / Chief People Officer	18 Mar 2024 / 29 Aug 2024	People / Open	
P-09	Regulatory Compliance / Director of Quality	10 July 2024 / 14 Aug 2024	Legal, Regulatory & Compliance / Cautious	
P-10	Change Programme scale & pace / Deputy Chief Executive	04 Apr 24/ 06 Aug 2024	Programme / Open	
P-11	Corporate Governance / Director of Quality	29 May 24/ 04 Sept 2024	Corporate / Minimal	

Risk Summary continued

Risks at Risk Limit.

There are three Principal Risks which are recorded at the risk limit:

- **Principal risk P-02 (Service Disruption).** The residual score of this risk remains at $4 \times 4 = 16$. This risk remains at Risk Limit. The contributory risk influencing P-02 is risk BS-02 Shortage of Blood Components /Inability to meet hospital demand. The residual score of this risk remains at $4 \times 4 = 16$.
- **Principal risk P-03 (loss of critical ICT).** The residual score of this risk remains at $5 \times 4 = 20$. 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 was increased following the cyber-attacks on the NHS.
- **Principal risk P-04 (Donor numbers and diversity).** The residual score of this risk has increased from $4 \times 3 = 12$ to at $4 \times 4 = 16$. The residual score of this risk has been increase due to the recent stock events.

Risk movement

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

Two risks have seen an increase to their residual scores:

- **Principal risk P-04 (Donor numbers and diversity).** Increased from $4 \times 3 = 12$ to $4 \times 4 = 16$. This risk is at Risk Limit.
- **Principal risk P-05 (Finance).** Increased from $4 \times 4 = 16$ to $4 \times 5 = 20$. This risk remains in the Judgement Zone (open risk appetite). The reason for this increase to the residual score is because overspends have arisen due to blood stock shortages. ODT is also currently in a deficit on their budget

Appetite Levels

Three principal risks are at the risk limit

Four principal risks are recorded in the judgement zone

Four principal risks are at the tolerable risk level