NHS Blood and Transplant

ODT Performance Report

Monthly – March 2016



Data production date:April 08, 2016Publication date:April 15, 2016

1. EXECUTIVE SUMMARY FOR APRIL ODT SMT MEETING

HEADLINES

- We achieved a new annual record for deceased donors (DBD, DCD and overall) and patients benefiting from a transplant in 2015/16.
 - 1364 (786 DBD and 578 DCD) deceased donors (against 1365 target green) and 3529 deceased donor transplants (against 3694 target – amber).
 - There were 44 more donors than our previous record of 1320 (2013/14) and 82 more than last year. When compared with the 809 donors in the baseline year for the Taskforce (2007/08) this is a **69% increase**.
 - Quarterly 2015/16 activity is as follows. Although the increase in DCD donors achieved in Q3 was sustained in Q4, the increase in DBD donors achieved in Q3 dropped back to previous levels in Q4.
 - § DBD Q1 192, Q2 191, Q3 215, Q4 188.
 - § DCD Q1 125, Q2 129, Q3 161, Q4 163.
 - § Overall Q1 317, Q2 320, Q3 376, Q4 351.
 - At 31 March 2016 there were 6437 patients on the *active* transplant waiting list; 443 fewer than the 6880 patients actively waiting on 31 March 2015.
- Despite 2% (107) fewer eligible donors in 2015/16 compared with 2014/15, **5% more families consented (ie 89 more)**. The quarterly profile is as follows: Q1 469, Q2 469, Q3 541, Q4 515. Of the 1994 consents, 884 were DBD and 1110 were DCD, both of which were increases on last year (859 DBD +3% and 1046 DCD +6%).
- The overall consent rate has increased by more than 4 percentage points compared with last year, from 57.7% to 62%. This is a fantastic achievement, especially with 69% in October and a sustained green consent rate for the last three months of the year.
 - The DBD consent rate for 2015/16 was 69% compared with 67% last year (quarterly 2015/16 activity: Q1 69%, Q2 68%, Q3 69%, Q4 68%).
 - The DCD consent rate increased from 52% last year to 58% this year with the biggest gains in the second half of the year (quarterly 2015/16 activity: Q1 53%, Q2 54%, Q3 59%, Q4 63%).
 - The number of ODR overrides remains above the desired target at year end and in every month throughout the year.
 2015/16 ended the year with more than 100 overrides (ie no improvement on previous years) against a target of
 <50. Each of the 12 Regional teams has had an override during the past year. Numbers of overrides range from 2 or 3 in small teams to 13 to 16 in larger teams.

- The BAME consent rate has fluctuated month on month throughout the year and at year end it remains well below target at 33%. We have actually seen a reduction of more than 3 percentage points in the BAME consent rate.
 - The DBD BAME consent rate has decreased from 46% (84/184) in 2014/15 to 37% (69/187) in 2015/16.
 - However, the DCD BAME consent rate has increased slightly from 28% (59/212) in 2014/15 to 29% (57/198) in 2015/16.
 - o Altogether, 17 fewer BAME patients were consented this year compared with last year.
- The organ utilisation rate ended the year with a 0.1% increase on the baseline year 2012/13 essentially no improvement. Despite the 3% increase achieved in 2013/14, this rate slipped back to 2012/13 levels in 2014/15 and 2015/16, ie no improvement.
- Although the final number of ODR opt-in registrations for 2015/16 is not yet known, of the numbers recorded so far, there are more opt-in registrations than last year.
- As living donor activity is reported a month in arrears we do not know the final 2015/16 numbers yet. However, we will end the year red against the 2015/16 target of 1223 living donors and may end the year with fewer donors than last year (1090); 120 living donors are needed in March to match last year's activity.
- The % annual turnover has continued to increase. In 2014/15 this was just above the 10% target (amber) but was 13% in 2015/16 (red).

KEY AREAS FOR DISCUSSION

- Organ utilisation
- Staff retention and BAME recruitment
- ODR overrides
- BAME consent
- Living donation

KEY ACTIONS				
Action	Owner	Due Date	Status	Rank

2. ODT STRATEGIC OBJECTIVES

	Final	Target	Perfor	mance			2015/16 Pe	erformance		
Objective ⁺	Target	Target date	2013/14	2014/15	Target	Dec	Jan	Feb	Mar	Year to Date
1	80%	31-Mar-2020	59.4%	57.7%	64.0%	60.1%	64.0%	66.9%	63.7%	62.0%
2#	26 pmp	31-Mar-2020	20.8 pmp	20.1 pmp	21 pmp	20.4			21.2	21.2
3	Increase of 5%	31-Mar-2020	3.1%	-0.1%	1.0%	2.6%	-1.4%	-4.3%	-0.8%	0.1%
4#	74 pmp	31-Mar-2020	55.4 pmp	52.4 pmp	57.0 pmp	53.2			54.8	54.8
5#	26 pmp	31-Mar-2020		17.1 pmp	19.0 pmp	16.7				16.5

+

1 Consent/authorisation for organ donation – aim for consent/authorisation rate above 80%.

2 Deceased organ donation – aim for 26 deceased donors per million population.

3 Organ utilisation – aim to transplant 5% more of the organs offered from consented, actual donors.

4 Patients transplanted – aim for a deceased donor transplant rate of 74 pmp.

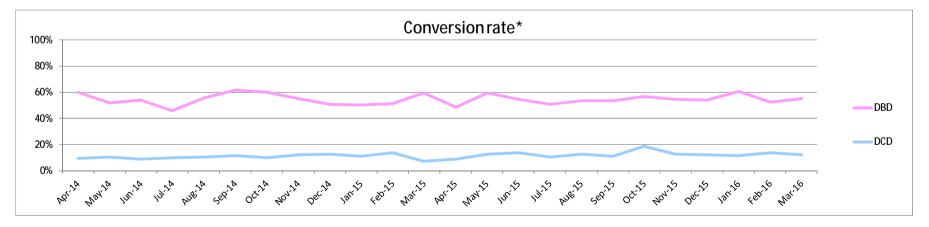
5 Living Donation – aim for 26 living donors per million population

based on rolling 12 month period.

3. SUMMARY OF DECEASED DONOR PATHWAY

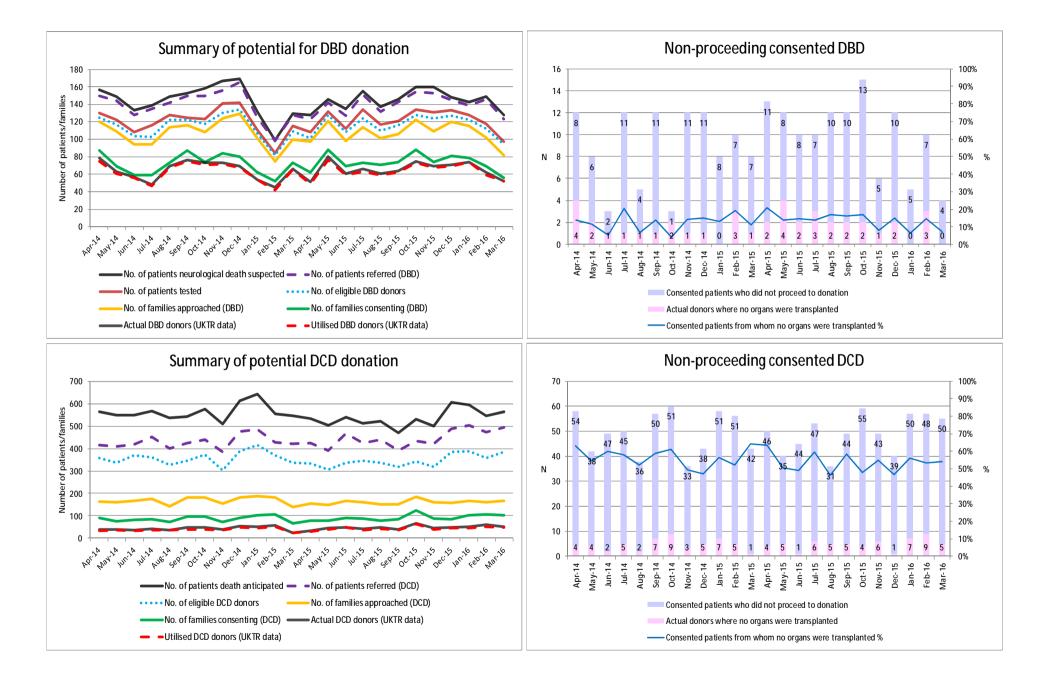
(In-month)												
	Potential donors	Patients referred	Eligible donors	Families approached	Families consenting	Actual donors	Utilised donors	Conversion rate*	Consented patients who did not proceed to donation	organs were	patients from whom no	Total consented patients from whom no organs were transplanted %
DBD	128	123	94	82	56	52	52	55%	4	0	4	7%
DCD	565	495	386	166	102	52	47	12%	50	5	55	54%
Total	693	618	480	248	158	104	99	21%	54	5	59	37%

(YTD)												
	Potential donors	Patients referred	Eligible donors	Families approached	Families consenting	Actual donors	Utilised donors	Conversion rate*	Consented patients who did not proceed to donation	organs were transplanted	patients from whom no organs were	Total consented patients from whom no organs were transplanted %
DBD	1,735	1,678	1,394	1,287	884	786	763	55%	98	23	121	14%
DCD	6,425	5,347	4,156	1,929	1,110	578	520	13%	532	58	590	53%
Total	8,160	7,025	5,550	3,216	1,994	1,364	1,283	23%	630	81	711	36%



* The conversion rate represents the proportion of eligible donors from whom at least one organ was transplanted (utilised donors).

ODT SMT Monthly Performance Report (March 2016)



4. ODT BALANCED SCORECARD (ET MEASURES ONLY)

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	Dimension / CSFs	Measure description	2014/15 Actual	YTD 2015/16		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Commentary
		Number of eligible donors			Target														There were 107 fewer eligible donors in 2015/16 compared with 2014/15 (overall -2%). The eligible DBD donor pool actually increased slightly by 1.5%
			5,657	5,550	Actual	445	435	435	444	469	445	435	471	441	513	511	471	480	(from 1373 to 1394) but the quarterly eligible DBD activity for 2015/16 was as follows: C1 337, C2 350, C3 379, C4 328. The eligible DCD donor pool decreased by 3% (from 4284 to 4156) with quarterly 2015/16 activity as follows: C1 977, C2 999, C3 1046, C4 1134. The eligible DCD pool is starting to show signs of an increase back to previous levels but there was a large drop in the eligible DBD donor pool in C4; we will watch this closely.
		Number of new opt-in registrants on the ODR (million) *	1.000	2.000	Target	0.083	0.090	0.090	0.100	0.110	0.120	0.200	0.200	0.200	0.250	0.240	0.200	0.200	Two Comms campaigns were completed in March 2016 ("hot house" and BAME outreach activity). Three issues continue to affect the ODR and our
		0.250 0.200 0.150 0.100 0.050 0	0.974	1.008	Actual	0.090	0.016	0.039	0.230	0.124	0.118	0.117	0.133	0.072	0.044	0.042	0.035	0.038	ability to report outcomes, therefore please take caution when interpreting the numbers displayed. The suspension of partner data feeds (e.g. DVLA, GP registrations) is scheduled to end after a planned IT release on 19th April - when the backlog will begin to be processed. Upfront user experience is unaffected and any delayed registrants will receive a letter of explanation. Unaffected are digital new registrations, which are up by 62% year on year (Apr-Mar)
		Proportion of referrals where a trained professional (SN-OD) led the approach		79.0%	Target		79.0%	79.0%	79.0%	79.0%	79.0%	79.0%	79.0%	79.0%	79.0%	79.0%	79.0%	79.0%	The proportion of SNODs leading the approach has increased by more than 5 percentage points compared with last year, finishing the year at 78.4%, with write increased half of the year
			72.7%	78.4%	Actual	77.5%	75.1%	75.2%	78.4%	76.7%	76.6%	75.8%	81.4%	80.9%	78.2%	81.9%	80.9%	78.5%	with sustained improvements in the second half of the year.
er	donors	Number of consented eligible donors		2,124	Target		177	177	177	177	177	177	177	177	177	177	177	177	Despite 2% (107) fewer eligible donors in 2015/16 compared with 2014/15, 5% more families consented (ie 89 more). The quarterly profile is as follows:
Customer	Deliver more donors		1,905	1,994	Actual	140	141	167	161	162	149	158	211	163	167	181	176	158	Q1 469, Q2 469, Q3 541, Q4 515. Of the 1994 consents, 884 were DBD and 1110 were DCD, both of which were increases on last year (859 DBD +3% and 1046 DCD +6%).
		Overall consent rate *	61.5%	64.0%	Target	61.5%	64.0%	64.0%	64.0%	64.0%	64.0%	64.0%	64.0%	64.0%	64.0%	64.0%	64.0%	64.0%	The overall consent rate has increased by more than 4 percentage points compared with last year, from 57.7% to 62%. This a fantastic achievement,
		^{70%} 60% 50%	57.7%	62.0%	Actual	58.3%		62.3%	60.5%	58.7%	59.4%	61.5%	69.0%	60.6%	60.1%	64.0%	66.9%	63.7%	especially with 69% in October and a sustained green consent rate for the last three months of the year. The DBD consent rate for 2015/16 was 69%, compared with 67% last year (quarterly 2015/16 activity: Q1 69%, Q2 68%, Q3 69%, Q4 68%). The DCD consent increased from 52% last year to 58% this year with the biggest gains in the second half of the year (quarterly 2015/16 activity: Q1 53%, Q2 54%, Q3 59%, Q4 63%). Specific actions from regional teams include:- Identifying 'themes for refusals' and running master classes to address same; Transferring the skills used in deemed consent approaches to DDR override conversations; Decoupling approach, and potential trialling this in some key hospitals; Peer review of consents; proposed trial of pre approach phone call between PDS and SNOD in two teams; Change from using ALSs to review approaches, to using PDSA cycles; Facilitating SNODs to spend time in Transplant centres; PDSA events; back to basics training re pre-approaches in ED; Designated requester role - phased roll out to ODS teams underway. Apr 16 - 2018; RMs have - agreed implementation of small change 'Nudge Theory Initiative' (PW) & agreed same with Education team for roll out in Cohort training and to ODS teams; Approached HTA re possibility of including retraction element in consent form as in Scotland; HTA form on consent to be included in donor packs; TMs embarking on project work from Lead 2 training - aimed at improving consent through examination of various parts of the donor process.

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									l	Balanced	Scorecar	d: ODT - a	as at the	e <mark>nd o</mark> f M	arch 201	6			
	Dimension / CSFs	Measure description	2014/15 Actual	YTD 2015/16		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Commentary
		Number of families overruling patient consent		50	Target		4	4	4	4	4	4	4	4	4	4	4	4	The number of ODR overrides remains above the desired target at year en and in every month throughout the year. 2015/16 ended the year with more than 100 overrides (ie no improvement on previous years) against a
			112	107	Actual	4	12	6	9	8	7	16	7	5	10	11	8	8	target of <50. Each of the 12 Regional teams has had an override during the past year. Numbers of overrides range from 2 or 3 in small teams to 13 to 16 in larg teams.
		Consent rate when patient on ODR *		95.0%	Target		95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	Where possible SNODs are discussing overrides with TMs at the time of occurrence. The ODR override DVD and facilitated discussion is being rolled out by the
			87.6%	88.5%	Actual	93.4%	84.0%	92.0%	87.5%	89.3%	90.4%	82.2%	92.0%	91.7%	88.4%	88.0%	88.7%	89.3%	Practice Development Specialists. One team - Transferring identifiable skills used in approaches for deemed consent, to ODR override conversations. Designated requester role - phased roll out to ODS teams underway. Apr 1 2018
ner	e donors	Consent rate when patient not on ODR *		51.0%	Target		51.0%	51.0%	51.0%	51.0%	51.0%	51.0%	51.0%	51.0%	51.0%	51.0%	51.0%	51.0%	The consent rate for patients not on ODR is on target and has been for 8/1 months of the year. This has increased by more than 4 percentage points
Customer	Deliver more donors	70% 60% 50% 40%	46.5%	51.2%	Actual	46.4%	44.3%	50.8%	50.5%	47.3%	46.6%	50.3%	59.8%	51.7%	47.4%	52.4%	58. <b>9</b> %	52.6%	compared with last year (from 46.5% to 51.2%).
		Number of deceased donors (DBD/DCD) *	1,439	1,365	Target	120	114	114	114	114	114	114	114	114	114	114	114	114	There were 1364 deceased donors in 2015/16 - a new annual record. Ther were 44 more donors than our previous record of 1320 in 2013/14 and 8.
			1,282	1,364	Actual	91	84	124	109	108	108	104	143	115	118	126	121	21 104 Following 5 green consecutive months, there were 1 target in March (104 against a target of 114). Quart	more than last year. When compared with the 809 donors in the baseline year for the Taskforce (2007/08) this is a 69% increase. Following 5 green consecutive months, there were 10 fewer donors than target in March (104 against a target of 114). Quarterly 2015/16 activity i
		Deceased donors pmp *	22.5	21.0	Target	22.5	21.0	21.0	21.0	21.0	21.0	21.0	21.0	21.0	21.0	21.0	21.0	21.0	as follows: DBD - Q1 192, Q2 191, Q3 215, Q4 188.
		23 22 21 20 19	20.1	21.2	Actual	20.1	19.4	19.8	20.0	20.3	20.3	20.0	20.4	20.4	20.4	20.7	21.0	21.2	DCD - Q1 125, Q2 129, Q3 161, Q4 163. Overall - Q1 317, Q2 320, Q3 376, Q4 351. Although the increase in DCD donors achieved in Q3 was sustained in Q4, the increase in DBD donors achieved in Q3 dropped back to previous level in Q4.

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	Dimension / CSFs	Measure description	2014/15 Actual	YTD 2015/16		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Commentary
		Number of deceased donors where at least one organ was transplanted		1,300	Target		108	108	108	108	108	108	108	108	108	108	108	108	There was a 6% increase in both 'actual' and 'utilised' donors compared with last year. There were 1283 donors from whom at least one organ was transplanted, ie 94% of the 1364 actual donors. This rate was also 94% las
			1,210	1,283	Actual	89	78	115	106	99	101	97	137	108	115	119	109	99	year, ie 1210 of the 1282 actual donors, so we have seen no improvement in the proportion of actual donors from whom at least one organ was transplanted.
	donors	Number of living donors *	1,143	1,121	Target	95	102	102	102	102	102	102	102	102	102	102	102		Although the February activity is lower than usual, periodic fluctuations in monthly activity do occur and there is no obvious explanation for this
	Deliver more donors		1,090	970	Actual	94	76	70	109	100	78	98	91	112	78	88	70		particular downturn. February precedes the scheduled weeks of surgery fo the January shared scheme matching run in which 58 transplant were identified, of which 38 (65%) are scheduled to proceed during March and April.
		Living donors pmp	18.0	19.0	Target	18.0	19.0	19.0	19.0	19.0	19.0	19.0	19.0	19.0	19.0	19.0	19.0		As living donor activity is reported a month in arrears we do not know the final 2015/16 numbers yet. However, we will end the year RED against the 2015/16 target of 1223 living donors and may end the year with fewer
			17.1	16.5	Actual	17.1	16.8	16.6	16.6	16.6	16.5	16.6	16.5	16.9	16.7	16.7	16.5		donors than last year (1090); 120 living donors are needed in March to match last year's activity.
Customer		Consent Rate of BAME Families	40.0%	45.0%	Target	40.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	The BAME consent rate has fluctuated month on month throughout the year and at year end it remains well below target at 33%. We have actually
0	Ensure donors reflect society	60% 40% -	36.1%	32.7%	Actual	52.2%	24.1%	29.2%	39.4%	31.6%	36.4%	30.3%	26.5%	32.6%	50.0%	23.8%	38.5%	36.4%	seen a reduction of more than 3 percentage points in the BAME consent rate. The DBD BAME consent rate has decreased from 46% (84/184) in 2014/15 to 37% (69/187) in 2015/16. However, the DCD BAME consent rate has increased slightly from 28% (59/212) in 2014/15 to 29% (57/198) in 2015/16. Altogether, 17 fewer BAME patients were consented this year compared with last year. BAME and cultural awareness consent training is being rolled out April-
	Ш	20% -																	September 2016 London/Birmingham/ South Wales/Northern Ireland/Scotland. Cultural awareness guide completed but there has been a delay in the roll- out.
	Family e	Family Survey Results		90%	Target		90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	The new family feedback survey went live on 1 September 2015. So far 1250 forms have been sent to consenting and non-consenting families backdated to April 2015. However, only 397 families have
	Enhance Donor Family Experience	100% 80% - 60% ]		94%	Actual				98%			92%			91%				responded (32% response rate), only eight of whom (out of 41 forms sent), were non-consenting families (20% response rate). Of the feedback receive YTD the percentage of families scoring 9 or 10 for overall satisfaction is 94 (372 families). This is not a completed dataset at present, so for these reasons this should be interpreted with caution.

									E	Balanced	Scorecar	d: ODT -	as at the	end of M	arch 201	6			
	Dimension / CSFs	Measure description	2014/15 Actual	YTD 2015/16		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Commentary
		Organ utilisation rate	1.3%	1.0%	Target	1.3%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	The organ utilisation rate ended the year with a 0.1% increase on the baseline year 2012/13 - essentially no improvement. Despite the 3%
		6% 4% 7% 7% 4% 6%	-0.1%	0.1%	Actual	2.7%	2.8%	0.3%	0.0%	-2.0%	2.6%	-1.7%	3.0%	0.4%	2.6%	-1.4%	-4.3%	-0.8%	increase achieved in 2013/14, this rate slipped back to 2012/13 levels in 2014/15 and 2015/16, le no improvement. This is a major focus as we move into 2016/17.
	-	Number of deceased donor transplants *	3,758	3,694	Target	313	308	308	308	308	308	308	308	308	308	308	308	308	We achieved a new annual record for the number of patients benefiting from a deceased donor transplant in 2015/16 with 3529 transplants. This is
mer	oducts patients need	400 300 200	3,341	3,529	Actual	258	231	330	281	269	280	259	376	312	317	336	285	253	a great achievement, despite ending the year with an amber status.
Custom	product	Deceased donor transplants pmp *	59.0	57.0	Target	59.0	57.0	57.0	57.0	57.0	57.0	57.0	57.0	57.0	57.0	57.0	57.0	57.0	
	Deliver	60 55 50	52.4	54.8	Actual	52.4	50.6	51.7	52.3	53.1	53.0	52.0	53.1	53.4	53.2	54.2	54.9	54.8	
		Growth in total (active and suspended) transplant waiting list (^ at end of			Target														At 31 March 2016 there were 390 fewer patients on the transplant waiting list compared with 31 March 2015 (9928 compared with 10318).
		+200 0 -200	+121	-390	Growth	+21	+99	-37	-50	+79	-78	+13	-177	-38	-17	-130	-79	+25	At 31 March 2016 there were 6437 patients on the active transplant waiting list; 443 fewer than the 6880 patients actively waiting on 31 March 2015.

									E	alanced	Scorecar	d: ODT - a	as at the e	end of M	arch 201	6			
	Dimension / CSFs	Measure description	2014/15 Actual	YTD 2015/16		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Commentary
	better the NHS	Cost per Organ (£000s) - Annual forecast *			Target	18.16	18.16	18.16	18.16	18.16	18.16	18.16	18.16	18.16	18.16	18.16	18.16		Data not yet available
	Deliver be VFM for the	22.00 20.00 - 18.00 - 16.00			Actual	18.16	18.16	18.16	18.16	20.33	20.28	20.15	19.15	18.95	18.75	18.46	18.29		
		Quarterly average number of organs retrieved per abdominal team (Qtrly in arrears)			Target														These data are reported quarterly, a month in arrears, therefore Q4 will reported next month.
Irces	net tax-payer burden	180           160           120           100			Actual	126			133			134			161				In February, there were six cases of organ damage reported – none of the organs were used as in each case the damage was categorised as "severe". There were two cases where a NORS team stood down before the three hour target. The ODSTs have been contacted to find out more information
Resource	e net tax	Quarterly average number of organs retrieved per cardiothoracic team (Qtrly in arrears)			Target														on these breaches.
	Reduce	40 20 - 0			Actual	23			25			26			27				
	e long-	Transformation forecast spend vs plan	100.0%	100.0%	Target	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	Data not yet available
	Invest for the long- term	100% 80% 60%			Actual	100.0%	100.0%	100.0%	96.0%	92.8%	92.7%	65.7%	65.7%	65.7%	62.2%	96.4%	89.6%		

									l	Balanced	Scorecar	d: ODT -	as at the	end of M	arch 201	6			
	Dimension / CSFs	Measure description	2014/15 Actual	YTD 2015/16		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Commentary
	Operate a single 24/7 business	Number of occasions where ODT did not offer organs in accordance with allocation policy		0 23	Target Actual		0	0	0 4	0 5	0 0	0 2	0	0 3	0	0 0	0 2	0 0	ODT offered organs in accordance with allocation policy on all occasions in March.
	Manage Daily Improvement	Number of planned improvement activities ie LEAN & PDSA events in quarter			Target       Actual				6			3			1			8	Three LEAN events have taken please in Q4: - RIE (Jan) with Duty Office and external stakeholders re NORS despatch to develop ways of working with new NORS rota. - Commissioning Team Time Out (Feb) - to include Green Lean Training for all team, PDSA training and mini RIE to plan Donor Characterisation Review - LEAN workshop (Feb) - to determine if the current content of the wide array of Organ Donation performance reports and supporting files is fit for purpose to keep us on track with the strategic targets and shift the balance from reviewing past data and writing commentary to value added steps such as finding the root cause and action setting/reviewing. 5 PDSAs are known to have taken place in South Central and Midlands ODS teams in topics such as ODR overrides, paediatrics, consent and revisiting DCD referral.
Operations	Become a digital enterprise	Digital take up % (as a % of all registrations)	26%	25% 43%	Target Actual	26%	25% 29%	25% 57%	25% 20%	25% 33%	25% 36%	25% 33%	25% 34%	25% 51%	25% 97%	25% 96%	25% 96%	25% 97%	These data must continue to be interpreted with caution due to the suspension of the ODR data feeds.
	Develop collaborative solutions	% of new registrations from partnerships (exc DVLA)	22%	20%	Actual		20%	20%	20%	20%	20%	20%	20%	20%	20% 39%	20%	20% 43%	20%	<ul> <li>DVLA/Boots/GP data transfer issue still impacting overall partnership contribution and it is not possible to determine realistic partnerships impact - therefore these data must be interpreted with caution.</li> <li>GOV.UK links redirect issue continued into the first two days of March, having a slight impact on registrations.</li> <li>Partnership engagement programme - approaches and support:</li> <li>Sign for Life - The partnership campaign was supported by 37 partners</li> <li>The NHS BME Network board have agreed in principal to a partnership to promote donation to their members and affiliated groups located within regional NHS organisations.</li> <li>Boots - recent workshop held with Boots HQ to secure support for upcoming organ donation campaigns and to update their Advantage Card pages.</li> <li>National Federation of Young Farmers - partnership agreed to promote blood and organ donation to reach their 24k members.</li> <li>Councils - conversations continue with a number of councils.</li> </ul>
	Operate safely	Number of Serious Incidents Requiring Investigation (SIRIs)	0	0 3	Target Actual	0	0	0	0	0	0	0	0 0	0	0	0	0	0	No SIRIs reported in month. 35 incidents reported to us during March 2016. 507 reported from April 2015 to March 2016. (527 reported for the previous year). 1 SEARs reported to HTA in March 2016, 33 reported in total during 2015/16. (29 reported last financial year) Complaints- 334 reported complaints to ODT during 2015/16. 5 complaints reported in month.

									E	Balanced	Scorecar	d: ODT - a	as at the	e <mark>nd of M</mark> a	arch 201	6			
	Dimension / CSFs	Measure description	2014/15 Actual	YTD 2015/16		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Commentary
	proyees ing ement	% vacant Clinical Lead - Organ Donation (CL-OD) and Donation Committee Chair			Target														There are 15 Chair vacancies, 3 posts filled since Feb and 1 post in progress of being filled.
	Lead empic driving improvem	10% 8% - 6% - 4%		6%	Actual		6%	6%	6%	7%	6%	6%	6%	5%	6%	6%	6%	7%	Regional teams CLODs and SNODs are working with Trusts to identify potential candidates and recruit into these roles. There are 4.5 CLOD vacancies and 2 RCLOD vacancies
		Sickness Absence	4.00%	4.00%	Target	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%	Overall absence continues to remain within target for the Directorate - we have seen an improvement from 4.4% last year to 3.5% this year.
People	Lead motivated employees	6% 4% 2%	4.42%	3.49%	Actual	5.58%	4.23%	3.44%	3.61%	2.90%	3.16%	2.82%	2.84%	3.82%	4.26%	3.49%	3.92%	3.37%	In March, there remain four organ donation teams with absence in excess c 4% overall. We are working with colleagues to manage absence and expect the long term absence cases to reduce again next month. The organ donation teams in excess of target, however, have absence ranging from 7.8% to 12% which has reduced from the previous 16% and is expected to reduce again next month as staff return or have left. The Education and Governance Team and Commissioning also have absence in excess of target range this month at 7.8%. The management team are working with HR colleagues to manage this absence. A specific discussion is planned for the RM meeting this month to consider a consistent approach to managing restricted duties to enable staff to return from sick leave.
	Imotiva	% annual turnover	10.00%	10.00%	Target	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	10.00%	The % annual turnover has continued to increase. In 2014/15 this was just above the 10% target (amber) but was 13% in 2015/16 (red).
	Leac	16% 14% 12% 10% 8%	10.22%	13.05%	Actual	11.32%	10.33%	12.45%	12.93%	12.45%	12.93%	11.96%	13.14%	13.84%	13.11%	14.07%	14.57%	14.85%	We have implemented the opportunity for all SNOD leavers to have an exit interview with a Senior HR Consultant. A specific workshop meeting attended by the Assistant Director for Organ Donation Nursing and the HR Business Partner for ODT has been held with the Regional Managers to explore initiatives and interventions which may help reduce turnover. The actions from this are currently being implemented across the organ donation teams. Consideration is currently being given to the development and issue of a national survey to all SNODs to understand their motivators for retention as well as those who are considering seeking alternative employment

										Balanced	Scorecar	d: ODT -	as at the	e <mark>nd of</mark> M	arch 201	5			
	Dimension / CSFs	Measure description	2014/15 Actual	YTD 2015/16		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Commentary
	ole ise	Proportion of SN-OD establishment competent on the rota		85.0%	Target		85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	Cohort 2 – 12 trainees all progressing well. No capability issues highlighted. All anticipated to be competent on the rota by end of April/ early May
	Create Flexible Employee Base	100% 80% - 60% -		75.2%	Actual		71.9%	76.6%	76.2%	75.1%	73.7%	73.3%	75.6%	78.0%	76.3%	75.5%	75.5%	75.0%	2016. A new revised challenging Annual Consent programme launched based on recent clinical practice scenarios. ODR Overrides video finalised as well as a Cultural Guide for SNODs. Challenges - 21 supervised SNODs on the rota (12 from Cohort 2, 4 return from sickness absence, 4 returns from maternity leave and 1 other)
		Vacancies not filled after 3 months			Target														Data on vacancies not filled after three months are not readily available. However, three ODT appointments (100% successful recruitment) were made in March with an average time taken to recruit of 13.6 weeks.
					Actual														made in March with an average time taken to recruit of 13.6 weeks.
	oyees	H&S Incidents (LTA)		0	Target														These data are reported a month in arrears. Over the rolling 12 month period there have been no level 1 or 2 incidents. There were no level 1, 2 or
People	and Retain Expert, Caring Employees	1 0 		0	Actual		0	0	0	0	0	0	0	0	0	0	0		3 incidents in February.
	n Expert	Number of BAME Managers			Target							≥1 (2017	)		-				Within ODT six SNODs are from BAME groups and two BAME groups are no represented at all; Caribbean and Chinese. There are no BAME staff in senio
	Recruit and Retai	1 0 			Actual		0	0	0	0	0	0	0	0	0	0	0 0 0 for the next round of SNOD recruitment: - targeted recruitment using specialist m - offering open days	- targeted recruitment using specialist media	
	ч	Number of BAME staff			Target														- feedback to BAME applicants not shortlisted or appointed after attending assessment centre - using the BAME network to promote roles
		20 19 18 17 16 15			Actual		19	19	19	19	19	19	19	18	18	18	17	17	<ul> <li>using the BANIC network to promote roles</li> <li>offering shadowing with a SNOD during recruitment.</li> <li>We are also exploring a piece of research with nurses in London and Midlands. Also aware of a number of corporate actions being taken following the Eleisha report including promoting diversity on NHSBT career: site.</li> </ul>

Note: * denotes metric is also a strategic target.

Chart begins from Apr-14

#### 5. OD KEY PERFORMANCE MEASURES: MONTHLY AND YTD SUMMARIES OD Regional Performance Dashboard <u>IN-MONTH</u>

OD Regional D	ashboard (	<u>in-month</u> )			Month	Reported:	March 201	6							
		BSD Testing	Referral	Approach	SNOD Present	Consent	Donors	Approx* Donor Target	Difference	Organs per Donor	Utilised Donors	Conversion Rate	Consent for Eyes (Quarterly in Arrears)	Competent SNODs on the rota	Trend
	Combined			58.0%	80.0%	64.0%				3.50			45%	85.0%	
Targets	DBD	82.0%	96.0%	93.5%	87.0%	72.5%				3.9					
	DCD		79.0%	47.0%	75.0%	58.5%				2.8					
	Combined			39.3%	87.5%	62.5%	9	12	-3	3.00	9	14.8%	44%	58.1%	
Eastern	DBD	61.5%	92.3%	87.5%	85.7%	57.1%	2	6	-4	5.50	2	25.0%			
	DCD		92.3%	32.1%	88.2%	64.7%	7	6	1	2.29	7	13.2%			
	Combined			60.0%	96.7%	63.3%	13	15	-2	2.77	12	24.0%	38%	85.0%	• * • * * * * * * * * * * * * * * * * *
London	DBD	82.6%	100.0%	88.2%	100.0%	53.3%	6	11	-5	3.17	6	35.3%			* * * *
	DCD		90.7%	45.5%	93.3%	73.3%	7	4	3	2.43	6	18.2%			
	Combined			56.7%	73.7%	55.3%	10	14	-4	3.80	9	13.4%	35%	73.8%	
Midlands	DBD	55.6%	88.9%	100.0%	80.0%	70.0%	5	9	-4	4.00	5	50.0%			
	DCD		84.4%	49.1%	71.4%	50.0%	5	5	0	3.60	4	7.0%			*
	Combined			45.9%	92.9%	67.9%	12	11	1	3.42	11	18.0%	38%	75.8%	+++ · · · ++++++++++++++++++++++++++++
North West	DBD	100.0%	100.0%	80.0%	100.0%	75.0%	6	7	-1	4.67	6	60.0%			
	DCD		91.4%	39.2%	90.0%	65.0%	6	4	2	2.17	5	9.8%			
	Combined			43.9%	77.8%	77.8%	10	7	3	3.40	9	22.0%	25%	81.7%	
Northern	DBD	83.3%	100.0%	80.0%	100.0%	100.0%	4	4	0	3.50	4	80.0%			+++++ ++++
	DCD		95.6%	38.9%	71.4%	71.4%	6	3	3	3.33	5	13.9%			
	Combined			53.3%	62.5%	50.0%	4	4	0	3.75	4	26.7%	33%	70.0%	
N Ireland	DBD	40.0%	80.0%	100.0%	100.0%	50.0%	3	3	0	4.33	3	150.0%			
	DCD		75.0%	46.2%	50.0%	50.0%	1	1	0	2.00	1	7.7%			* *
	Combined			57.5%	73.9%	52.2%	7	8	-1	3.57	6	15.0%	32%	76.7%	• • • • • •
Scotland	DBD	77.8%	100.0%	100.0%	85.7%	42.9%	4	5	-1	4.00	4	57.1%	0110		
	DCD		89.5%	48.5%	68.8%	56.3%	3	3	0	3.00	2	6.1%		1	*
	Combined			44.4%	91.7%	83.3%	11	8	3	3.27	- 11	40.7%	62%	65.6%	* * *
South Central	DBD	72.7%	100.0%	100.0%	87.5%	87.5%	7	6	1	3.43	7	87.5%	0270	00.070	
	DCD		71.7%	21.1%	100.0%	75.0%	4	2	2	3.00	4	21.1%			
	Combined		, .	56.5%	84.6%	69.2%	. 11	- 11	0	3.36	11	23.9%	45%	98.8%	
South East	DBD	87.5%	100.0%	71.4%	90.0%	70.0%	6	7	-1	3.83	6	42.9%	1070	00.075	
South Lust	DCD	011070	94.0%	50.0%	81.3%	68.8%	5	4	1	2.80	5	15.6%			
South Wales	Combined		011070	35.0%	100.0%	<b>42.9%</b>	2	5	-3	4.50	2	10.0%	54%	83.3%	
	DBD	33.3%	66.7%	100.0%	100.0%	100.0%	1	3	-2	5.00	1	100.0%	0170	00.075	
	DCD	00.073	83.9%	31.6%	100.0%	33.3%	1	2	-1	4.00	1	5.3%			
South West	Combined		001070	62.1%	72.2%	44.4%	5	9	-4	3.40	5	17.2%	45%	64.4%	
	DBD	80.0%	100.0%	75.0%	100.0%	66.7%	3	5	-4	3.67	3	75.0%	10/0		
	DCD	001073	80.6%	60.0%	66.7%	40.0%	2	4	-2	3.00	2	8.0%			
Yorkshire	Combined		001070	<b>69.6%</b>	81.3%	93.8%	10	10	0	3.30	10	43.5%	33%	62.5%	
	DBD	100.0%	100.0%	87.5%	100.0%	85.7%	5	6	-1	4.20	5	62.5%	0070	02.070	
	DCD	100.070	90.9%	60.0%	66.7%	100.0%	5	4	1	2.40	5	33.3%			·
	Combined		001070	<b>51.7%</b>	83.1%	63.7%	104	114	-10	3.35	99	<b>20.6%</b>	40%	75.0%	
National	DBD	75.8%	96.1%	87.2%	92.7%	68.3%	52	71	-10	3.94	<b>5</b> 2	55.3%	4070	10.078	
*Approx due to	DCD	10.070	87.6%	43.0%	78.3%	61.4%	52	43	9	2.75	47	12.2%			
	-		07.076	40.070	10.578	01.470	52	3	3	2.15	77	12.270			

*Approx due to rounding

Indicators in Bold are used to calculate monthly performance score

Score is calculated using: Green = +1; Amber = 0; Red = -1

Consent for Eyes is last reported Quarterly figure. If not known, assumes Green (i.e. until June)

#### **OD Regional Performance Dashboard**

YTD

2	YTD, up to and inclu	uding March 2016
וע	TID. up to and inclu	uding: March 2016

OD Regional D	ashboard (	rd ( <u>YTD</u> ) YTD, up to and including: March 2016						Data Production Date: 08/04/2016					
		BSD Testing	Referral	Approach	SNOD Present	Consent	Donors	Approx* Donor Target	Difference	Organs per Donor	Utilised Donors		
	Combined			58.0%	80.0%	64.0%	1365			3.50			
Targets	DBD	82.0%	96.0%	93.5%	87.0%	72.5%	855			3.9			
-	DCD		79.0%	47.0%	75.0%	58.5%	510			2.8			
	Combined			53.0%	83.4%	63.4%	141	141	0	3.40	129		
Eastern	DBD	80.9%	96.9%	91.3%	86.3%	74.7%	62	72	-10	4.06	60		
	DCD		90.7%	44.8%	82.2%	58.4%	79	69	10	2.87	69		
	Combined			60.9%	89.4%	53.4%	157	181	-24	3.57	151		
London	DBD	87.2%	98.4%	91.6%	96.1%	55.2%	108	131	-23	3.80	105		
	DCD		88.9%	42.3%	80.7%	51.1%	49	50	-1	3.06	46		
	Combined			55.7%	76.2%	57.3%	157	166	-9	3.37	149		
Midlands	DBD	77.6%	95.2%	89.7%	83.6%	65.0%	85	103	-18	3.76	83		
	DCD		72.5%	46.6%	72.4%	53.3%	72	63	9	2.90	66		
	Combined			56.5%	88.9%	63.1%	155	135	20	3.27	149		
North West	DBD	85.4%	98.2%	95.0%	94.8%	68.7%	81	87	-6	3.79	81		
	DCD		83.3%	45.1%	85.2%	59.7%	74	48	26	2.70	68		
	Combined			51.2%	83.4%	71.9%	87	82	5	3.45	79		
Northern	DBD	96.5%	100.0%	93.5%	98.6%	84.7%	53	48	5	3.91	51		
	DCD		93.0%	40.7%	74.8%	64.6%	34	34	0	2.74	28		
	Combined			63.7%	89.3%	58.7%	47	50	-3	3.72	47		
N Ireland	DBD	79.0%	96.3%	94.7%	96.3%	61.1%	28	36	-8	4.46	28		
	DCD		81.5%	50.4%	83.6%	56.7%	19	14	5	2.63	19		
	Combined			65.9%	68.5%	57.8%	99	98	1	3.53	93		
Scotland	DBD	80.7%	92.1%	94.3%	77.1%	72.3%	56	64	-8	4.00	54		
	DCD		82.8%	57.3%	64.3%	50.6%	43	34	9	2.91	39		
	Combined			<b>54.9%</b>	81.9%	66.4%	102	97	5	3.36	97		
South Central	DBD	82.0%	98.4%	92.5%	93.0%	75.6%	59	70	-11	3.78	57		
	DCD		73.6%	43.9%	75.0%	60.7%	43	27	16	2.79	40		
	Combined			60.9%	88.0%	62.0%	152	135	17	3.22	133		
South East	DBD	85.2%	96.2%	89.1%	93.6%	64.7%	94	87	7	3.67	86		
	DCD		84.1%	48.5%	83.5%	59.8%	58	48	10	2.48	47		
	Combined			56.5%	90.0%	61.5%	52	61	-9	3.79	50		
South Wales	DBD	93.0%	94.7%	93.9%	93.5%	73.9%	33	32	1	4.24	33		
	DCD		87.9%	46.4%	88.1%	54.8%	19	29	-10	3.00	17		
	Combined			63.1%	76.5%	69.7%	110	100	10	3.34	105		
South West	DBD	<b>86.</b> 1%	94.3%	92.2%	85.1%	79.8%	64	58	6	3.66	62		
	DCD		80.2%	51.2%	70.1%	62.2%	46	42	4	2.89	43		
	Combined			58.6%	87.3%	68.2%	105	119	-14	3.47	101		
Yorkshire	DBD	86.0%	97.5%	96.0%	92.8%	76.3%	63	67	-4	4.00	63		
	DCD		85.4%	46.0%	83.5%	62.6%	42	52	-10	2.67	38		
	Combined			<b>57.9%</b>	83.4%	62.0%	1364	1365	-1	3.42	1283		
National	DBD	84.4%	96.7%	92.3%	91.1%	68.7%	786	855	-69	3.87	763		
	DCD		83.2%	46.4%	78.2%	57.5%	578	510	68	2.80	520		

*Approx due to rounding

Indicators in Bold are used to calculate monthly performance score

Consent for Eyes is last reported Quarterly figure. If not known, assumes Green (i.e. until June)