

NHSBT Board
July 27 2017

PERFORMANCE REPORTING – “CHRONIC” REDS

1. Status - Public

2. Executive Summary

At the March 2017 meeting of the NHSBT Board it was noted that there were a number of performance metrics that have been at red status for some time. The Chair asked Mr. Monroe and Mr. Bradburn to review the relevant metrics and recommend whether efforts were needed to either improve performance or cull metrics from what is already an extensive score card.

In parallel a review of the reporting process was conducted which has resulted in a reduction in the number of “chronic” red items reported. For example there is a target for zero “majors” so if one (say) is reported in April the metric stays red for the year. We will therefore now report such metrics based on current performance / trend rather than the history. As a result, in the May 2017 report, there were 9 metrics at red status out of the 55 performance targets that have been identified by our strategies. This is not considered to be unusual or inappropriate.

| Division | Strategic KPIs | Number at “red” | Strategic targets |
|-----------------|-----------------------|------------------------|--|
| Blood | 18 | 3 | Black donors, majors, platelets stock |
| ODT | 12 | 4 | Consent rate, living donors (2), ODR registrations |
| DTS | 25 | 2 | SCDT – confirmatory typing, cords banked |

Following these changes, and as a result of the review, it is not recommended that any measures are culled. The picture by Division is different as is the approach to the treatment of “red” items in each Division. This is described further in the actions requested below.

3. Action Requested

The Board is asked to:

Agree: that none of the existing performance metrics should be culled.

Note that :

- In **Blood** the requirement to significantly increase the number of black donors implies that this metric will be at red for some time and that there should be an ongoing focus at the Board on the plans and performance in this area. In addition donor targets are being reviewed with a need to increase donor numbers (versus frequency) in general and particularly if donors may need to be deferred, or their frequency reduced, following the results of the Interval / Compare trials. This implies that there may be an increase in the number of red items over the near term and greater ongoing scrutiny by the Board on the sufficiency of donor numbers. The incidence of regulatory “major” findings and

low platelets stock, by their nature is likely to result in clusters of periodic “reds”. As noted above a red will only be reported based on current trend / performance rather than retaining a backward view of the history.

- in **ODT** we are not currently on the trajectory to meet the TOT2020 targets. As such these are likely to report at red status on an ongoing basis unless the four UK Health Departments agree to relax and / or delay them. At present the targets are being retained pending review of any impact from the additional action plan agreed by the TOT2020 Oversight Group. The number of living donors, however, has become a chronic red. In this particular instance, and given NHSBT’s changing role versus that of transplant commissioners , the Board should consider whether living donation continues to be a strategic objective and target on which NHSBT reports.
- in **DTS** the red metrics have varied over time with few chronic items. The area where chronic reds could be considered to be prevalent is SCDT eg cord blood stock target repeatedly missed over recent years. Given that the target is set by the expectations of the UK Stem Cell Strategy there should perhaps be more focus by the Board on performance and plans to achieve the target.

| Author(s) | Responsible Director(s) | NED Scrutiny |
|----------------------------------|-------------------------|--------------|
| Rob Bradburn Finance Director | NA | NA |