Board Performance Report
Performance Report

For the period ended 31st October 2017

	Status	Trend	Comments
Blood Components			Collections were marginally higher than plan this month but, with demand behind plan, stocks remained stable. Stocks should now be starting to build in advance of xmas, albeit demand appears to have picked up in November and we continue to struggle with insufficient numbers of active donors. Despite falling demand we are retaining blood donation capacity in order to manage the gap in donor numbers with a negative impact on productivity and capacity utilisation.
DTS			A positive income trend continues to be seen in TAS, RCI and SCDT with overall income growth in DTS 9% higher year on year. There have now been 39 cord blood unit issues versus 40 planned year to date (with international issues compensating for lower domestic use). Cornea stocks increased to 315 units by the end of October.
ODT			There were 137 deceased donors in October. Year to date deceased donors are 3.5% behind plan but are 9.3% higher than last year. The number of deceased transplants is now 8% lower than plan year to date but 8.9% higher than last year. Living Donors (reported one month in arrears) are 26% lower than plan in the year to date (September).
Corporate			Sickness absence was slightly higher this month at 3.5%.
Finance			NHSBT is reporting a small year to date deficit of £0.1m, £5.2m better than plan. The latest forecast is a £13.2m deficit (versus £15.3m planned). The 5 year projection continues to be impacted by further reduction in red cell demand reductions, higher pay and marketing costs and the impact of CSM, resulting in an emerging significant cash gap in 2019/20.
Change Programme			The overall transformation programme continues to report at red status. The CSM project continues to report at red status along with the Networks and Telephony project and also Stock Management.

NHSBT REVENUE STATEMENT - FOR THE PERIOD ENDED 31 OCTOBER 2017

Income	Year to date Budget £k	Year to date Actual £k	Year to date Variance £k	2016-17 Actual £k	Full Year Budget £k	Forecast £k
Revenue Cash Limit - Organ Donation & Transplantation	36,124	36,124	0	61,697	61,927	61,927
Revenue Cash Limit - Diagnostic and Therapeutic Services	2,435	2,435	0	4,173	4,173	4,173
Blood & Components Income	152,565	150,841	(1,724)	262,506	257,730	255,567
Diagnostic and Therapeutic Services Income	39,139	40,903	1,764	65,377	68,507	70,300
Research & Development	642	853	211	1,985	1,101	857
Organ Donation & Transplantation Other Income	7,036	6,980	(56)	11,544	12,062	11,906
All Other Income	4,095	4,103	8	7,266	7,001	7,128
Total Income	**242,036**	**242,239**	**203**	**414,548**	**412,500**	**411,858**
Expenditure						
Cost of Sales - Blood Component Stock Movement	(130)	(713)	(583)	(143)	0	0
Cost of Sales - Tissues Stock Movement	0	(19)	(19)	42	0	0
Organ Donation & Transplantation: Operational Expenditure	(34,700)	(33,791)	909	(60,062)	(59,601)	(58,982)
Organ Donation & Transplantation: Change Programme	(2,947)	(2,797)	150	(5,216)	(6,526)	(6,016)
Blood Supply: Manufacturing, Testing & Issue	(40,039)	(40,087)	(48)	(69,589)	(67,490)	(67,490)
Blood Supply: Blood Donation	(42,656)	(42,033)	622	(76,577)	(72,309)	(72,304)
Blood Supply: Logistics	(12,169)	(12,453)	(284)	(21,175)	(20,651)	(21,054)
Diagnostic and Therapeutic Services	(35,630)	(35,730)	(99)	(60,293)	(61,102)	(62,095)
Quality	(2,916)	(2,888)	28	(4,783)	(5,023)	(5,051)
Chief Executive and Board	(362)	(404)	(42)	(623)	(621)	(675)
Communications	(4,182)	(4,044)	137	(7,397)	(7,363)	(7,363)
Estates & Facilities	(22,137)	(22,046)	91	(40,182)	(39,211)	(39,395)
Finance	(3,273)	(3,333)	(60)	(5,760)	(5,573)	(5,673)
Business Transformation Services	(970)	(776)	194	(1,588)	(1,662)	(1,385)
Workforce	(4,498)	(4,014)	484	(7,529)	(7,710)	(7,270)
Information Communication Technology	(13,297)	(13,774)	(477)	(20,661)	(22,814)	(23,503)
Clinical Directorate	(8,389)	(8,156)	233	(14,014)	(14,166)	(13,716)
Research & Development	(2,159)	(2,391)	(231)	(5,627)	(4,443)	(4,443)
Change Programme (Blood & Corporate)	(15,967)	(14,025)	1,942	(17,850)	(27,842)	(28,838)
Miscellaneous and Capital Charges	(957)	1,113	2,071	(439)	(2,156)	187
Total Expenditure	**(247,379)**	**(242,362)**	**5,017**	**(419,467)**	**(426,263)**	**(425,066)**
Surplus/(Deficit)	**(5,343)**	**(123)**	**5,220**	**(4,919)**	**(13,762)**	**(13,208)**

Statutory Accounts Presentation						
NHSBT Surplus/(Deficit) as above	(5,343)	(123)	5,220	(4,919)	(13,762)	(13,208)
Add back Notional Cost of Capital	4,074	4,074	0	7,323	7,121	7,121
Remove Revenue Cash Limit	(38,558)	(38,558)	0	(65,870)	(66,100)	(66,100)
Deduct Capital Charges Cash Payment	(10,234)	(10,234)	0	(17,292)	(17,544)	(17,544)
Net Expenditure	(50,062)	(44,841)	5,220	(80,758)	(90,285)	(89,731)

A deficit of £1.4m was reported in October, £0.6m worse than plan.

Year to date NHSBT is reporting a deficit of £0.1m versus a planned deficit of £5.2m. This is driven by a favourable DTS contribution (£1.6m - higher income in TAS and SCDT), an in-year VAT return (£1.8m), lower change programme costs in both Blood/Group (£1.9m) and ODT (£0.9m), partially offset by lower blood component income (£1.7m).

The current forecast for the year is a £13.2m deficit (versus £13.8m budgeted). This is £1.0m higher than the forecast last month reflecting an increased change programme spend (£0.9m) and also higher spend within Blood (£0.2m).

Balance sheet - current assets were £60.0m at the end of October 2017 with a cash balance of £48.5m (including capital charges payable of £1.4m).

Debtor days were at 23 in October, a decrease on last month, although higher than target (22 days).

NHSBT HIGH LEVEL ABC CONTRIBUTION ANALYSIS FOR THE PERIOD ENDED 31 OCTOBER 2017

Year to date Actual £m	Blood & Components inc. R&D	Diagnostics					Stem Cells				TAS	ODT	TOTAL
		RCI	H&I	Reagents	IBGRL	Tissues	CMT	CBC	BBMR	CBB			
Income													
Prices	152.9	7.9	7.7	1.0	0.7	7.5	5.4	-	2.3	0.8	5.1	-	191.3
Central Funding from DHAs	-	-	-	-	-	-	-	-	-	-	-	6.9	6.9
Grant in Aid	-	-	-	-	-	-	-	-	1.0	1.3	-	36.1	38.4
Other	3.0	0.2	0.2	-	-	-	0.3	0.7	0.1	0.7	0.3	0.1	5.6
Total Income	155.9	8.1	8.0	1.0	0.7	7.5	5.6	0.7	3.4	2.8	5.4	43.1	242.2
Expenditure													
Variable Costs													
Consumables	(24.0)	(0.6)	(2.0)	(0.3)	(0.1)	(1.1)	(1.1)	(0.3)	(0.3)	(0.3)	(1.9)	(1.9)	(33.9)
Other	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Variable Costs	(24.0)	(0.6)	(2.0)	(0.3)	(0.1)	(1.1)	(1.1)	(0.3)	(0.3)	(0.3)	(1.9)	(1.9)	(33.9)
Variable Contribution	131.9	7.5	6.0	0.7	0.6	6.4	4.6	0.4	3.0	2.5	3.5	41.2	208.3
Direct Costs													
Pay	(50.8)	(4.3)	(3.7)	(0.4)	(0.7)	(3.8)	(2.3)	(0.5)	(0.8)	(1.3)	(1.4)	(14.7)	(84.7)
Non Pay	(12.1)	(0.4)	(0.6)	(0.1)	(0.1)	(1.7)	(0.5)	(0.2)	(0.5)	(0.3)	(0.4)	(17.5)	(34.4)
Total Direct Costs	(62.9)	(4.6)	(4.3)	(0.5)	(0.8)	(5.5)	(2.8)	(0.6)	(1.3)	(1.5)	(1.9)	(32.2)	(119.1)
Direct Contribution	69.0	2.9	1.6	0.2	(0.2)	0.9	1.7	(0.2)	1.7	1.0	1.7	9.0	89.2
Direct Support													
Operational Directorate costs	(3.2)	(0.1)	(0.1)	(0.0)	(0.0)	(0.1)	(0.1)	(0.0)	(0.0)	(0.0)	(0.1)	(0.9)	(4.7)
Logistics	(12.2)	(0.0)	(0.0)	(0.0)	-	(0.0)	(0.0)	-	(0.0)	(0.1)	(0.1)	(0.0)	(12.4)
Clinical	(5.1)	(0.3)	-	-	-	(0.1)	(0.1)	-	(0.1)	(0.0)	(0.2)	(0.6)	(6.4)
Attributable Estates costs	(12.3)	(0.7)	(0.5)	(0.1)	(0.2)	(0.8)	(0.8)	(0.0)	(0.1)	(0.1)	(0.1)	(0.7)	(16.5)
Attributable IT costs	(2.5)	(0.1)	(0.1)	(0.0)	(0.0)	(0.0)	(0.0)	-	(0.0)	(0.0)	(0.0)	(1.4)	(4.3)
Depreciation / Cost of Capital	(1.2)	(0.1)	(0.3)	(0.0)	(0.1)	(0.1)	(0.3)	(0.0)	(0.1)	(0.1)	(0.1)	(0.3)	(2.8)
Total Direct Support	(36.6)	(1.4)	(1.0)	(0.1)	(0.4)	(1.2)	(1.2)	(0.1)	(0.4)	(0.4)	(0.5)	(3.9)	(47.1)
Notional Internal Income Uplift	(1.2)	(0.0)	1.2	0.1	0.2	0.0	0.0	(0.0)	(0.3)	0.0	0.0	(0.0)	(0.0)
Cost of Sales	(0.7)	-	-	-	-	(0.0)	-	-	-	-	-	-	(0.7)
Contribution to Unallocated Costs	30.5	1.5	1.9	0.2	(0.4)	(0.3)	0.5	(0.3)	1.0	0.6	1.2	5.1	41.4
Total Allocated Costs	(125.4)	(6.7)	(6.1)	(0.8)	(1.1)	(7.8)	(5.1)	(1.0)	(2.3)	(2.2)	(4.2)	(38.0)	(200.8)
Unallocated Costs Apportioned													
Directorate costs	(11.9)	(0.6)	(0.5)	(0.1)	(0.1)	(0.7)	(0.4)	(0.1)	(0.2)	(0.2)	(0.4)	(3.5)	(18.6)
Estates costs	(3.6)	(0.2)	(0.2)	(0.0)	(0.0)	(0.2)	(0.1)	(0.0)	(0.1)	(0.1)	(0.1)	(1.0)	(5.6)
Depreciation / Cost of Capital	(0.3)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.5)
Total Unallocated Costs	(15.8)	(0.8)	(0.7)	(0.1)	(0.1)	(0.9)	(0.6)	(0.1)	(0.3)	(0.3)	(0.5)	(4.6)	(24.7)
Operating Net Surplus / (Deficit)	14.6	0.7	1.2	0.1	(0.5)	(1.2)	(0.0)	(0.4)	0.8	0.3	0.7	0.4	16.7
Transformation Costs	(14.0)	-	-	-	-	-	-	-	-	-	-	(2.8)	(16.8)
Total Allocated Costs Inc Transformation	(139.5)	(6.7)	(6.1)	(0.8)	(1.1)	(7.8)	(5.1)	(1.0)	(2.3)	(2.2)	(4.2)	(40.8)	(217.6)
Net Surplus / (Deficit) Inc Transformation	0.6	0.7	1.2	0.1	(0.5)	(1.2)	(0.0)	(0.4)	0.8	0.3	0.7	(2.4)	(0.1)
RAG STATUS (Actuals V Plan)	G	G	G	G	G	G	G	R	G	G	G	G	G
R&D PROGRAMME COSTS	(2.4)	(0.5)	(0.1)	-	-	(0.2)	(0.3)	-	-	-	-	(0.0)	(3.5)

DIVISION	PILLAR	BLOOD 2020 – STRATEGIC TARGETS	YTD RAG	RAG CHANGE	PERFORMANCE
BLOOD	Blood Donation and the Donor Experience	72% of blood donors scoring =/> 9/10 for satisfaction.	G	-	79% vs plan of 75% – Chart 21.
		No. of complaints per million donation	G	-	0.38% vs plan of 0.44% – Chart 22
		% of whole blood donations in donor centres	G	-	Month at 19.9%.
		% of 9 bed sessions	G	-	70.5% vs plan of 80%.
		Blood Donation Productivity: units/FTE/year	G	-	1,407 vs plan of 1,417 – charts 29/30.
		Number of Donors Donating over the last 12 months (000's)	A	-	834.3k vs plan of 846.1 – Chart 23.
		Frequency of Donation (overall)	G	--	1.88 vs plan of 1.86 (Chart 23).
		Number of O- neg Donors donating last 12 months (000's)	R	-	103.9k vs 106.8k planned – Chart 24.
		Frequency of Donation (O neg donors)	A	-	1.97 versus 1.93 planned – Chart 24.
		Recruitment of new black donors - 7k	R	-	2.2k versus 4.9k target.
	Supply-Chain Operations	Red Cell Blood Stocks – Alert Levels	G	-	Above 3 day alert for all groups in month – chart 14/15.
		Platelet Demand vs. Stock levels	R	-	Below target on 1 occasion in the month – chart 16.
		Number of 'critical' and "major" regulatory non-compliances	R	Worse	One reported in the month.
		97% of Products Issued on Time	A	-	96.9% vs 97% planned – chart 3.
		Manufacturing Productivity (units/FTE/year)	A	-	10.0k vs 10.2k planned – Chart 27.
		Testing Productivity (units/FTE/year)	A	Better	28.6k vs plan of 29.6k – Chart 28.

DIVISION	PILLAR	BLOOD 2020 – STRATEGIC TARGETS	YTD RAG	RAG CHANGE	PERFORMANCE
BLOOD	Supply Chain Operations	70 % hospitals scoring =/> 9/10 for satisfaction (chart 4).	-	-	September at 74% (better than target). Next survey December 2017

- **Issues** in October were 0.7% lower than plan in the month. In the year to date red cell issues are now 0.2% lower than plan and 5.1% lower than last year. Issues levels appear to have picked up in mid November with week day issues returning to a level above 5000 units/day (versus 4900 in the last two months).

- **Collections** in October were 0.2% higher than plan. With demand marginally behind plan stocks remained stable at around 29k, with O neg stock operating in a 4 - 4.5 day range (albeit falling to a 3 -4 day range during the early part of November). Stocks should now ideally be building towards xmas, but given immediate trends this may prove to be a challenge.

- Blood collection is being impacted by the impact of lower numbers of active donors than planned as well as an increase in the short term cancellation of appointments by donors via the online portal (and hence a limited ability to then respond / fill the vacant appointment slot). The total number of active whole blood donors, and the number of active O neg donors are both below plan, with the latter now at red status (charts 23 and 24). In response the donation frequency of O negative donors has continued to remain high (versus an aspiration to decrease it). As reported previously the conversion of donors registering to donors attending has been falling from above 40% to 35% and also adversely impacting the number of active donors A rapid improvement event was held during the month in order to review and identify process improvements to improve the number of active donor numbers. This resulted in actions around eight themes:
  - rebalancing our donor recruitment strategy to appeal to all social groups whilst recognising we need more black donors
  - a five year plan to move our sessions to where our future donors are most likely to donate
  - improving conversion of people who show an interest in blood donation to becoming regular donors
  - exploring ways we can improve the introduction of first timers to blood donation, to ease their way into becoming regular donors and identifying earlier those who may not be able to donate
  - finding a way to capture the lifetime value of the donor to aid with planning and investment decisions
  - making the most of every donor through a more personalised approach to donation
  - making more of the West End Donor Centre
  - education.

- Although demand is falling, because of the donor shortfall, collection capacity is being retained. Productivity is now starting to fall (chart 27), as well as capacity utilisation. The Continuous Care Project should deliver a 10% increase in productivity over the next year but productivity is now likely to run significantly short of Blood 2020 targets.

- The proportion of O neg issues to total issues was higher this month at 13.5% and in the year to date has remained at 13.4% (versus 13.1% for full year 2016/17). ***Demand*** however, appears to have flattened off at ca 12.3% with supply pressure continuing to reflect the need to substitute Ro units with O neg units (as noted in the OTIF comment below).

- The demand forecast for red cells in 2017/18 has remained unchanged this month (at 1.434m issues) and lower than the levels agreed with NCG of 1.461m units. Although the demand forecast for 2018/19 (1.398m units), which was agreed with the NCG in early November, has also remained unchanged, there is a risk that this will be further reduced in the coming months. At present, however, the existing demand forecast has been retained.

Year	2016-17 actual	2017-18 forecast	2018-19 forecast	2019-20 forecast	2020-21 forecast	2021-22 forecast
Red cell issues (million)	1.522	1.434	1.398	1.370	1.343	1.319
% change vs 2016/17	**-**	-5.8%	-8.1%	-10.0%	-11.8%	-13.3%

- The NCG meeting held in NCG, achieved a good outcome, with the proposed red cell price increase of 3.6% (flat cost to the NHS) being given support and agreed to. The 5 year financial projections, however, continue to be impacted by lower demand, removal of the 1% pay inflation cap in 2018/19 and higher CSM costs (and resource constraints results) and result in a significant cash shortfall in 2019/20. Although the 2018/19 price rise, has reduced the impact on the 2019/20 position further significant price increases and/or cost reductions will be required to establish a robust financial position.

- OTIF in October was 96.8% below the 97.0% target. Year to date is marginally below target at 96.9%. The two main drivers continue to be Ro substitution (37% of the misses) and “Timing Only” fails (37% of the misses). Ro substitutions accounted for 1.27% of the OTIF gap to 100%. OTIF for Ro fell back from 55% to 52% in October, with this month seeing the highest ever demand (4,545 units).

- Plans are in place to recruit additional black donors with £1m set aside in transformation funds to pay for this new activity and around 50% of this has been spent to date. At the end of October, an additional 8,415 black donor have been registered versus 4,836 last year but the lower conversion rate is adversely impacting the increase in donors donating.

- The red cell loss rate in October was lower at 4.78% although the year to date position (4.50%) continues to be higher than plan (3.60%) and also the previous year (3.86%). The red cell expiry rate was also lower in October at 1.52%, however, the year to date (1.57%) continues to be higher than both target (1.25%) and also the previous year (1.29%). The trend for A neg expiries continues to be high with 1,496 out of a total of 1,877 expiries in the month.

- A neg platelets were below the 1 day alert level on 4 working days during the month, with two of those days being sequential. This trend has continued into early November with 1 working day below alert level. Although a decline in demand for A neg platelets had been seen since the end of 2015, demand has now returned to 15.3% of total demand over the last 7 months. The drivers behind the fall/increase are not fully understood. Plans are underway to increase donor numbers but attrition levels have increased significantly so that the total number of CD donors, and A negative donors, are both 10% behind plan. Again the reasons are not understood and lapsed donors are being contacted by the NCC to identify causes/trends.

- Platelets issued/produced were lower in the month at 91.09% with the year to date (91.13%) running lower than plan (91.27%) and level with the previous year. The platelet expiry rate was higher in October at 6.22% (Sept. 5.69%) and also higher than target (6.17%), although the year to date (5.90%) is lower than in the previous year (6.76%). The CD share of issued platelets was lower in October at 49.3% with the year to date now at 52.1% versus 59.4% last year.

- Testing productivity was marginally better this month at 28.5k albeit below plan (29.6k) and reporting at Amber status. The primary driver continues to be Manchester with opportunities being reviewed to improve, Productivity at Filton, however, was at a record level of 46k. Manufacturing productivity dropped from

10.5k to 10.2k as a result of the impact of the SCM project and the need to improve quality/training at Manchester. In order to facilitate this production was transferred to Colindale.

- The number of faints in the month was better at 155 and marginally below target (160). The number of rebleeds was slightly worse this month at 29 but better than target (30).

- Donor satisfaction again reached record levels of 80% this month (versus target of 75%). Donor complaints (excluding those complaints related to consolidation / team closures and also those related to cancellation of sessions) were marginally higher this month at 4.2k, although better than plan of 4.4k. The primary drivers for complaints are “turned away”, “cancellation of session” and also “staff attitude”. Work is ongoing to review our SMS communications with donors with a stakeholder workshop planned.

- Sickness absence in logistics was slightly better this month at 5.4% and consistent with a very positive and sustained improvement in the management of sickness absence.

- There were 3 SABRE reportable events this month– one relating to an irradiation error in Leeds and the two other due to red cells out of time in Manchester manufacturing.

- There were two MHRA inspections in the early part of the November. The Birmingham inspection did not report any critical / major non-compliances, however, the Manchester inspection resulted in 1 major finding. This was associated with a number of Quality Management System deficiencies and in particular the number of overdue documents. An action plan is now in place to address these.

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Blood Supply - Status of Strategic Projects per TPB reporting is reported on the following page:

Blood Supply - Status of Strategic Projects per TPB reporting:

Project title	Status	This RAG	Last RAG	Approved Cost (£m's)	F/Cast Cost (£m's)	F/cast Benefit (£m's)	Planned to complete	F/Cast to complete
Supply Chain Modernisation (National Operations)	Delivery	A	A	6.5	6.5	1.4	Oct 17	Jan 18
Core Systems Modernisation	Define	R	R	11.4[(i)] (1.6)	11.4	1.2	Jan 20	Dec 19
Euro Blood Pack 2	Delivery	G	G	0.4	0.3	0.7	Aug 18	Jun 18
Leicester Mobile Team Base & Donor Centre Relocation	Delivery	G	G	1.2	1.2	N/A	May 18	Aug 18
HEV Universal Screening	Delivery	G	G	0[(ii)]	N/A	N/A	Jan 18	Jan 18
Platelet Supply Phase 2	Delivery	G	G	0.9	0.8	0.9	Nov 17	Nov 17
SotF – Session Connectivity Pilot	Start-Up	G	G	0.1	0.1	N/A	May 18	May 18
SotF – Continuous Care	Delivery	G	G	0.8	0.8	1.4	Apr 19	Apr 19
SotF – Online Donor Health Check[(iii)]	Start-Up	N/A	G	0.1	0.1	N/A	Dec 17	On Hold
SotF – Unconstrained Supply Plan	Start-Up	G	G	N/A	N/A	N/A	Nov 18	Nov 18
PCS Upgrade	Start-Up	G	G	N/A	N/A	0.1	Dec 17	Dec 17
SotF – New Mobile Session Equipment [(iii)]	Initiation	N/A	G	0.3	0.3	N/A	Feb 18	On Hold
E-Rostering	Start-Up	G	G	N/A	N/A	N/A	Apr 18	Apr 18
NTMRL Database Upgrade	Delivery	A	A	0.1	0.1	N/A	Jan 18	Feb 18

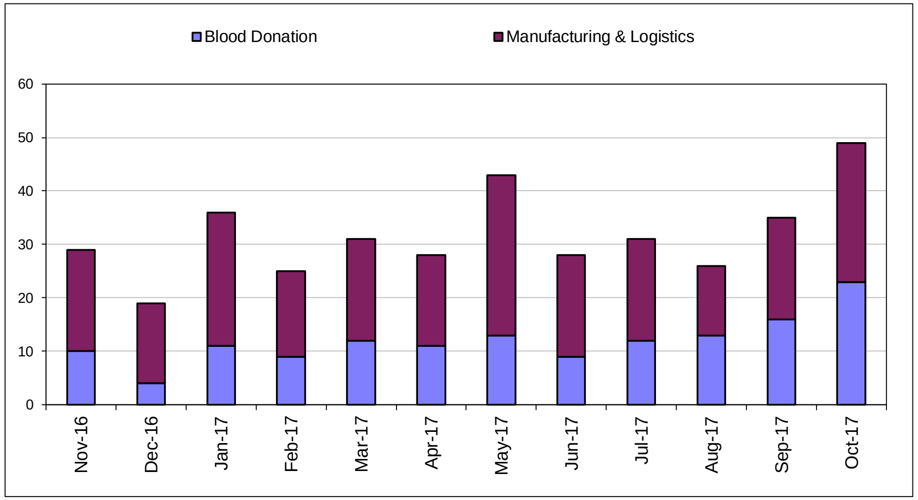
Notes:

i) This is the non-recurring figure for 2017/18. Recurring figure in brackets.
ii) No project budget required – contract related costs are not part of project budget.
iii) Placed on hold as part of project prioritisation discussion at BTS October 2017 TPB Meeting.

Monthly Performance Report - As at the end of October 2017

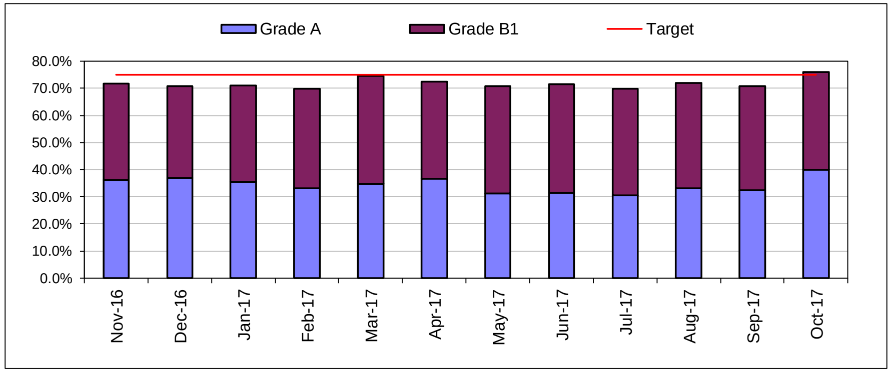
Blood Components - Safety and Compliance

1. Major QIs raised per month - Blood Supply Directorate



2. % of Patients Receiving Grade A or B1 HLA Matched Platelets

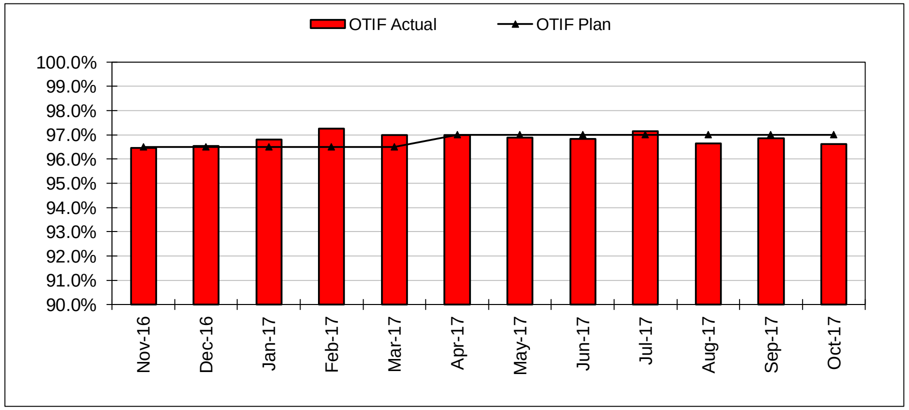
YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
% of patients receiving A or B1 platelets	75.0%	75.0%	71.9%	A	-



Blood Components - Blood Collection: Customer Service

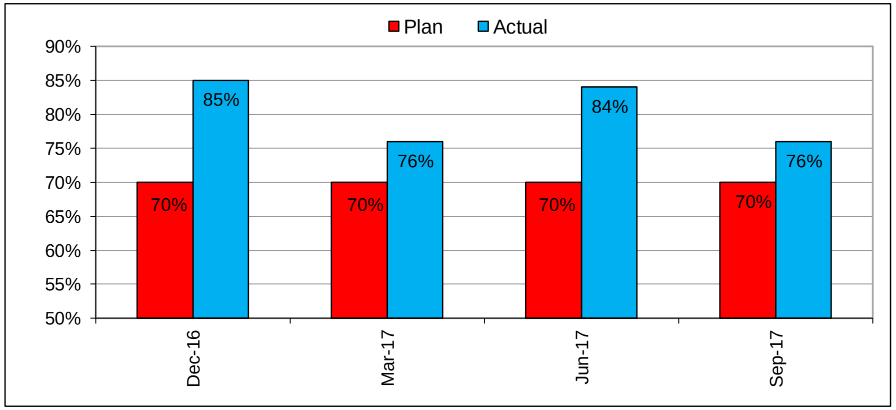
3. Percentage of Products Issued OTIF

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
% On Time In Full delivery	97.00%	97.00%	96.85%	A	-



4. Hospital Satisfaction

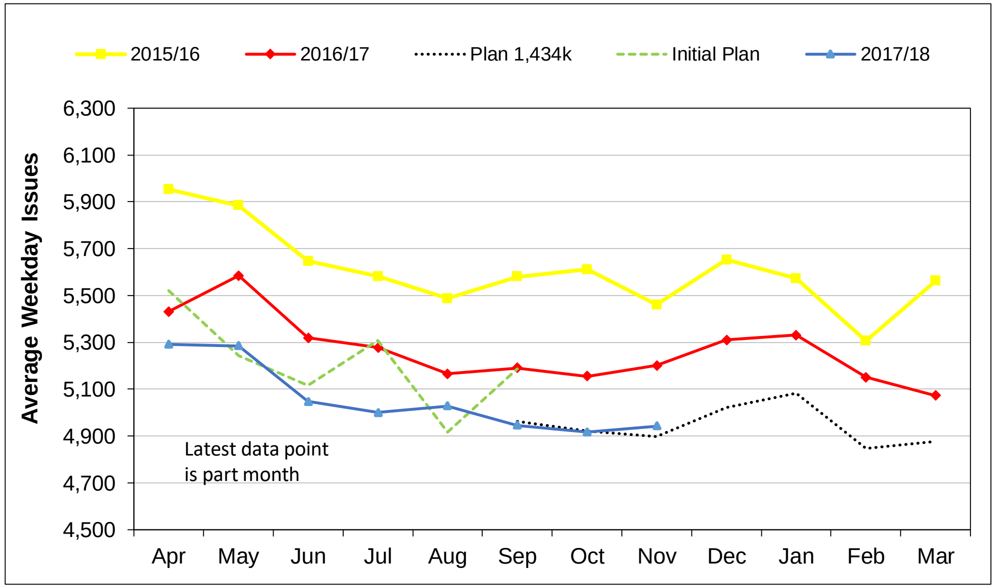
YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
Hospitals rating satisfaction at >/=9/10	70%	70%	76%	G	-



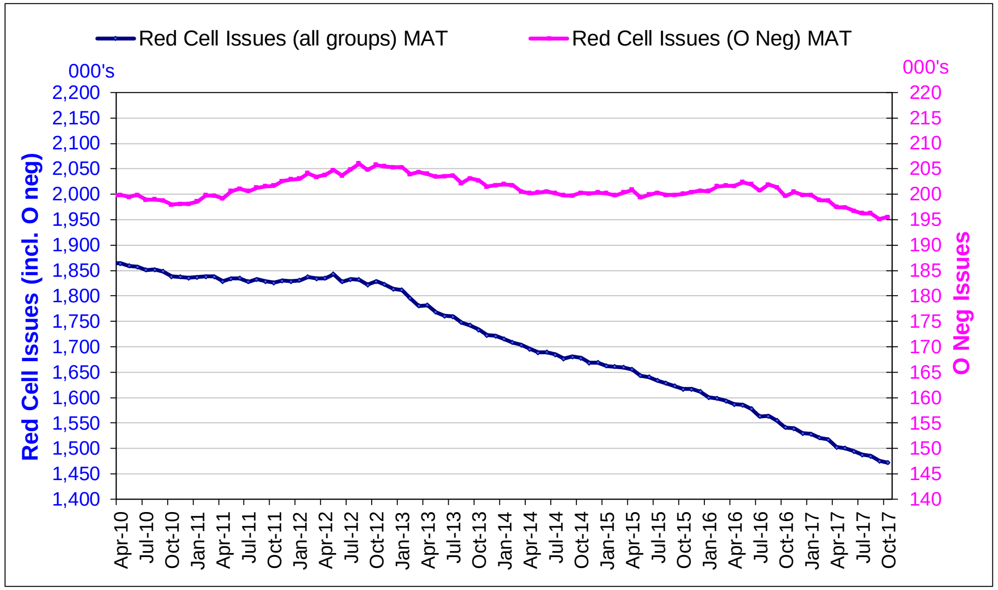
Monthly Performance Report - As at the end of October 2017

Blood Components - Red Cell Issues

5. Average Weekday Red Cell Issues By Month ->April 2015



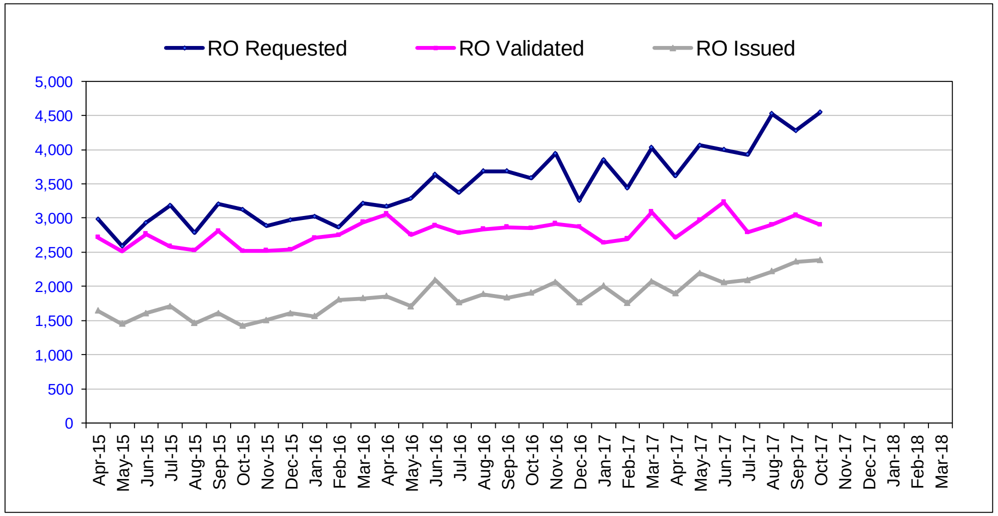
6. MAT Red Cells and O Neg Issues (Adult Equivalant Units) - 000's



7. Red Cell Supply - Year to Date by Blood Group

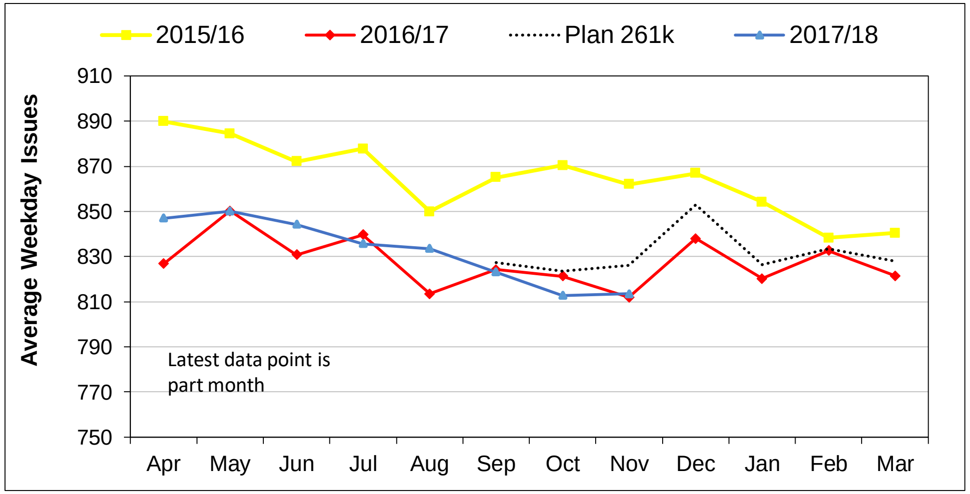
Blood Group	2017/18 - YTD Oct 2017	2016/17 - YTD Oct 2016	Change
O Pos	301,904	318,023	-5.1%
A Pos	251,383	265,804	-5.4%
O Neg	113,390	116,659	-2.8%
A Neg	67,910	73,976	-8.2%
B Pos	66,360	70,515	-5.9%
B Neg	21,028	22,080	-4.8%
AB Pos	18,555	18,888	-1.8%
AB Neg	6,715	7,039	-4.6%
Total	**847,245**	**892,984**	**-5.1%**

8. RO Red Cells Requested, Validated and Issued

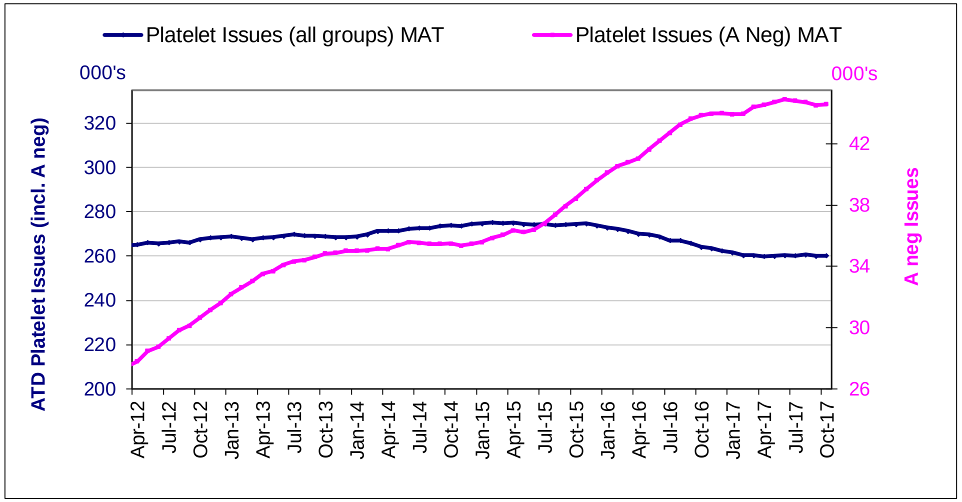


Monthly Performance Report - As at the end of October 2017
Blood Components - Platelet Issues

9. Average Weekday Platelet Issues By Month ->April 2014

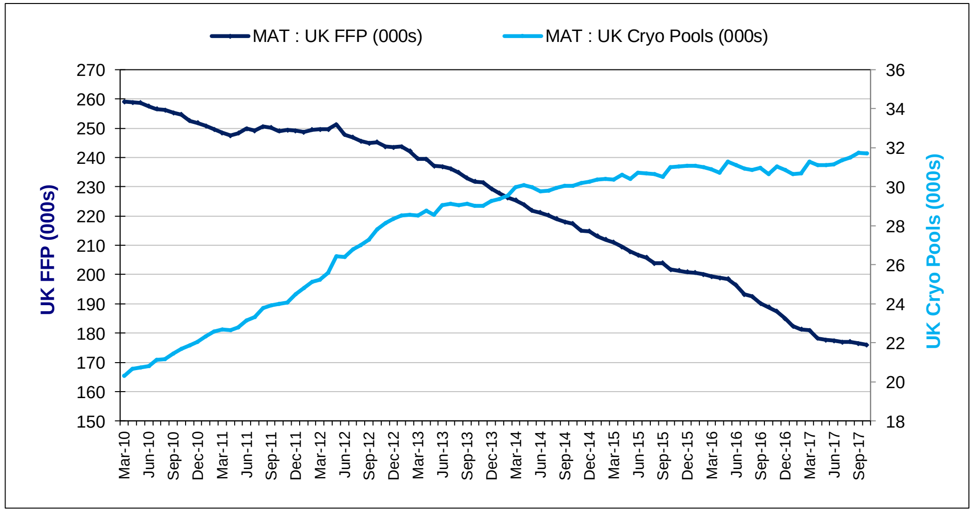


10. MAT Platelet and A Neg Issues (Adult Therepeutic Doses) - 000's

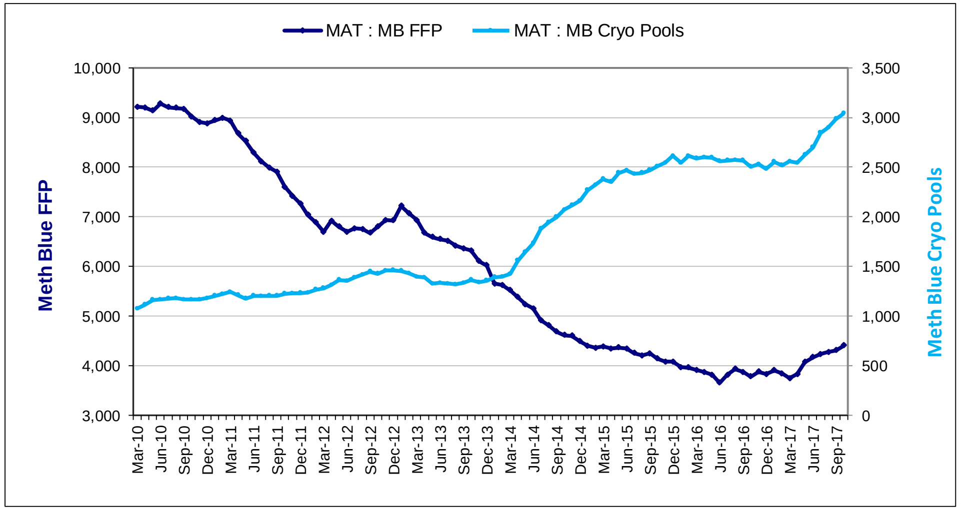


Blood Components - Frozen Component Issues

11. MAT UK (Non MB) FFP and UK (Non MB) Cryo Pools - 000's



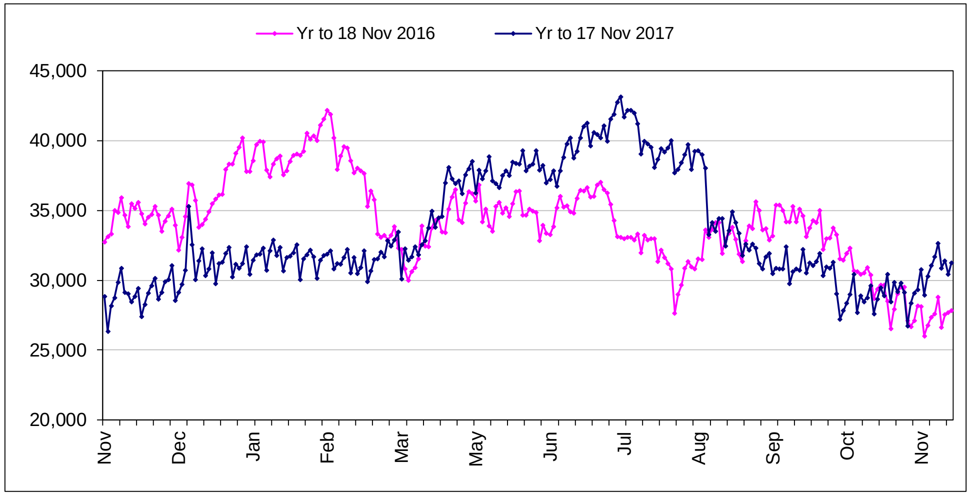
12. MAT Meth Blue FFP and Meth Blue Cryo Pools



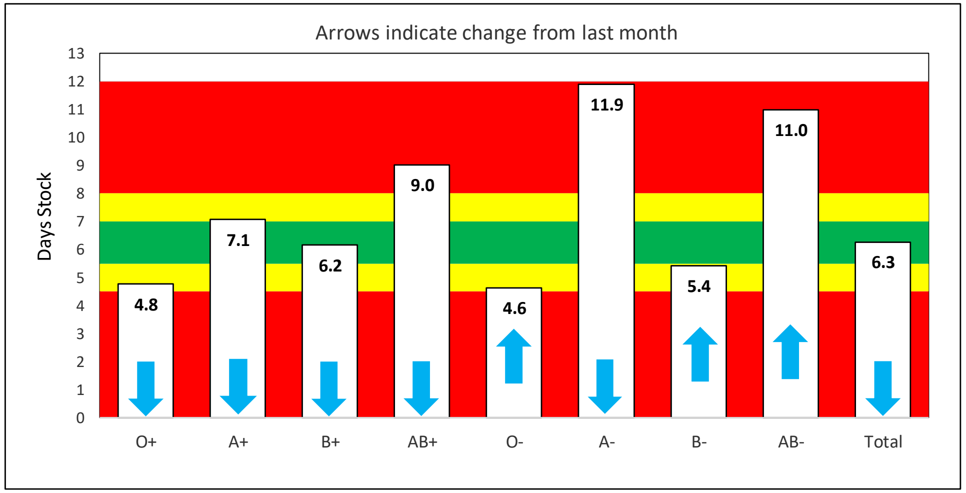
Monthly Performance Report - As at the end of October 2017

Blood Components - Stocks

13. Red Cell - Blood Stocks (Units)

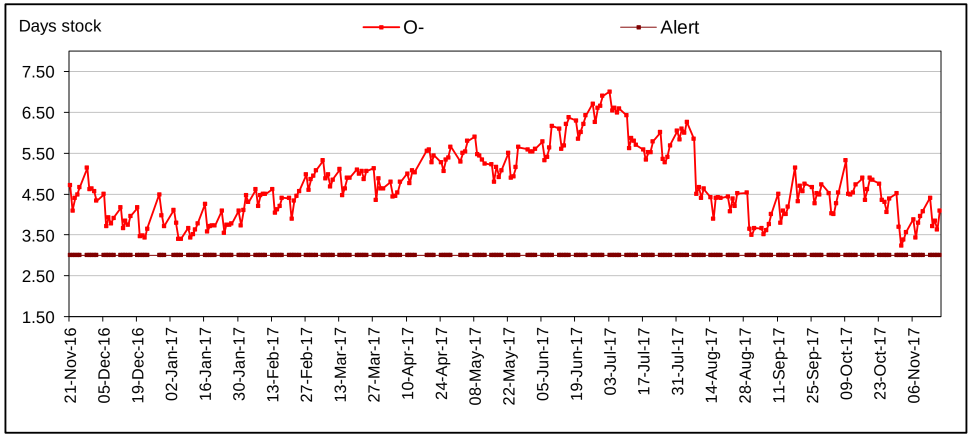


14. Average Red Cell Stock Levels for the month by blood group



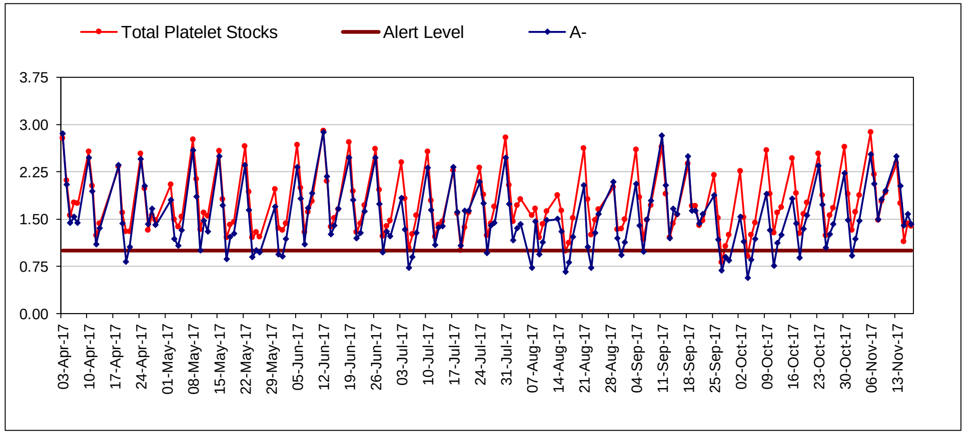
15. Red Cell - O neg : weekday stock levels

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
Number of occasions where red cell stocks (for any blood group) are below the three day alert level for three or more consecutive days	0	0	0	G	-



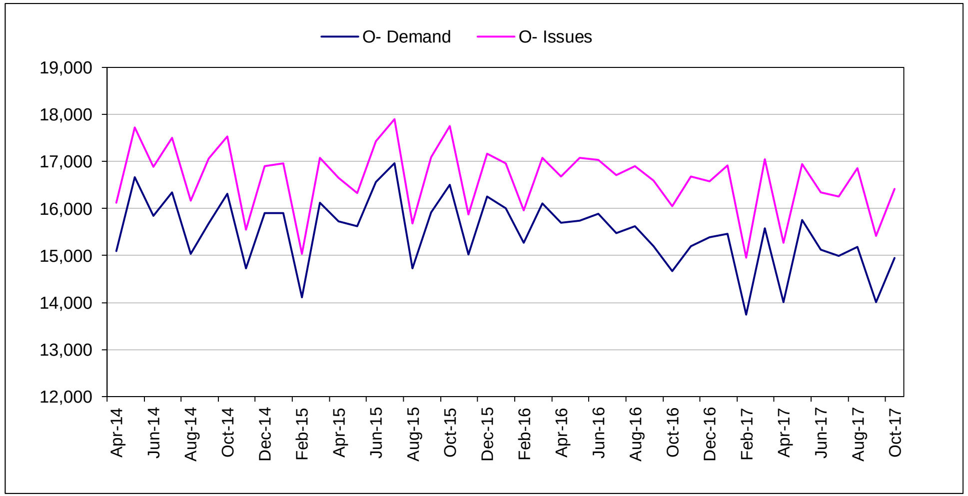
16. Platelet - Total and A neg : weekday stock levels

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
Number of occasions where opening stock of platelets (for any blood group) is below average daily demand for two or more consecutive days	0	0	19	R	-

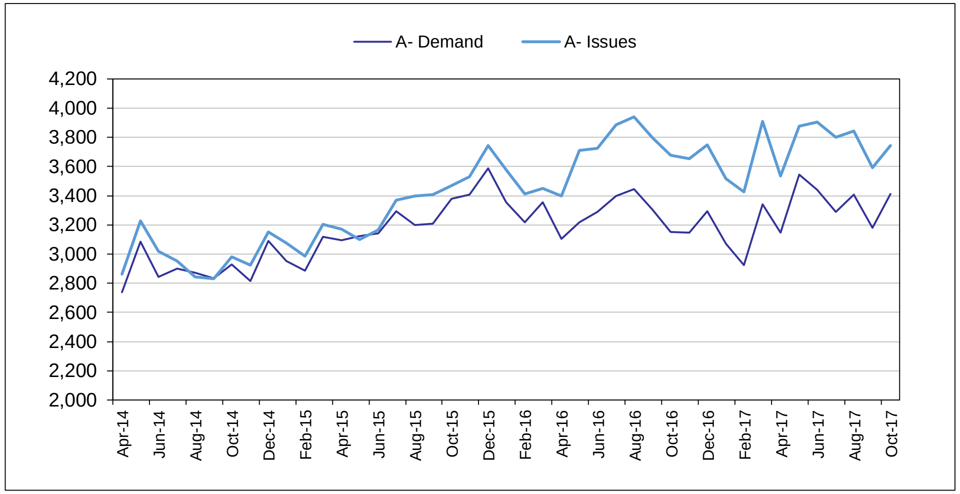


Blood Components - Red Cell Demand/Issues (O Neg) and Platelet Demand/Issues (A Neg)

17. O neg RC Demand and Issues

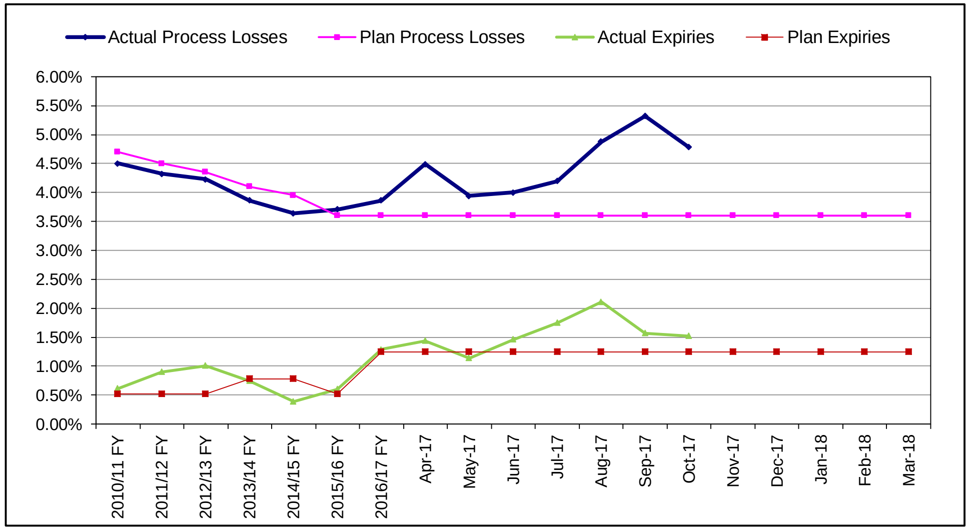


18. A neg Platelet Demand and Issues

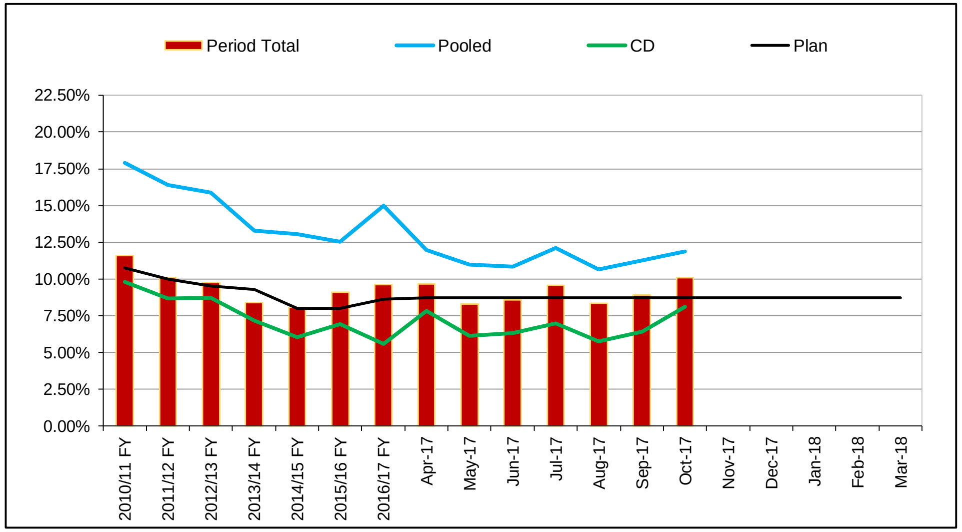


Blood Components - Wastage

19. Percentage of Donations NOT Converted to Validated Red Cells and Expiries



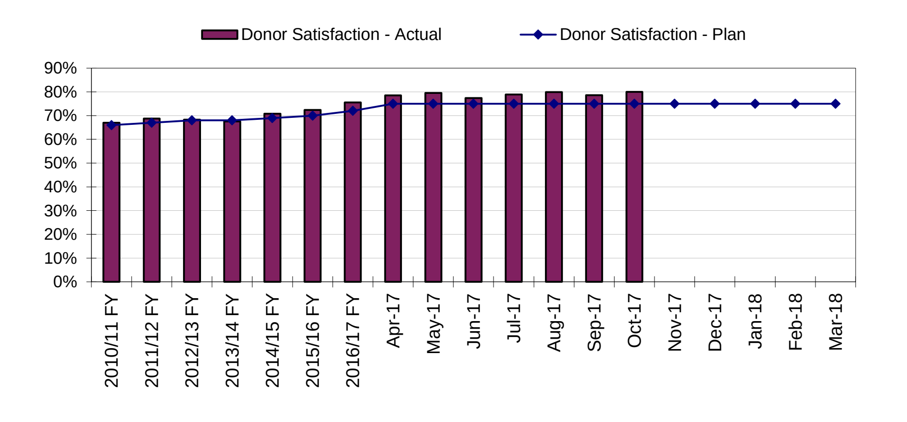
20. Percentage of Platelets Produced NOT Issued



Monthly Performance Report - As at the end of October 2017
Blood Components - Blood Donor Base

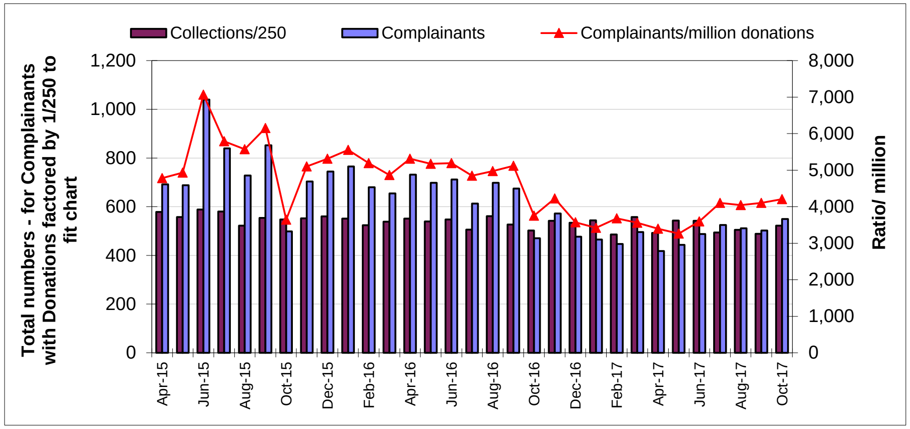
21. Donor Satisfaction

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
% of donors scoring >= 9/10 for satisfaction	75.0%	75.0%	79.0%	G	-



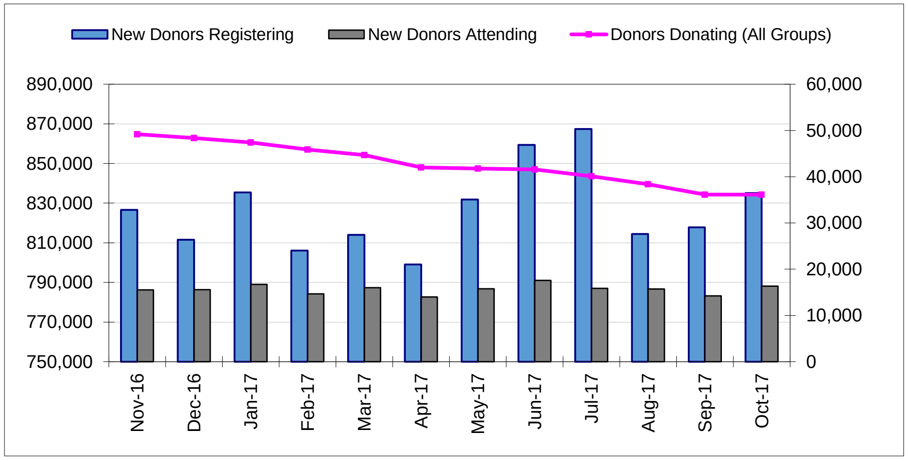
22. Donor Complaints

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
Number of complaints per million donations	4,400	4,400	3,830	G	-



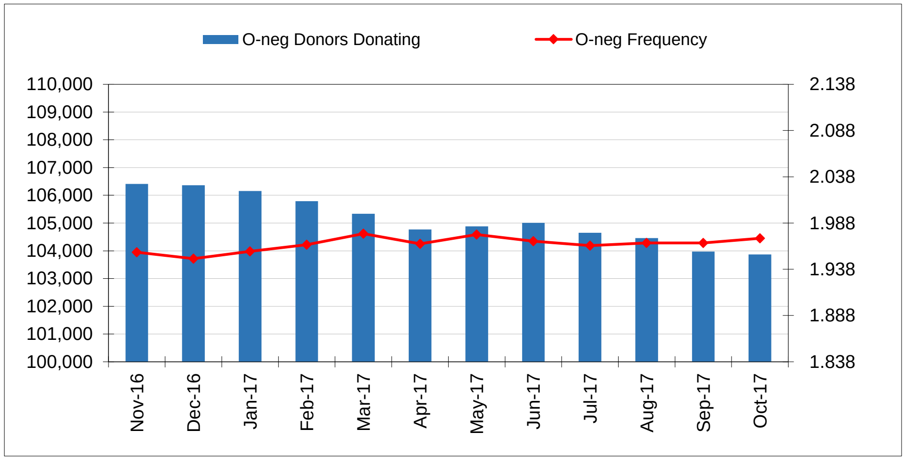
23.Donor Base and Frequency of Donation

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
Number of donors donating in the last 12 months	838,342	846,066	834,339	A	-
Frequency of donation (overall)	1.836	1.860	1.877	G	-



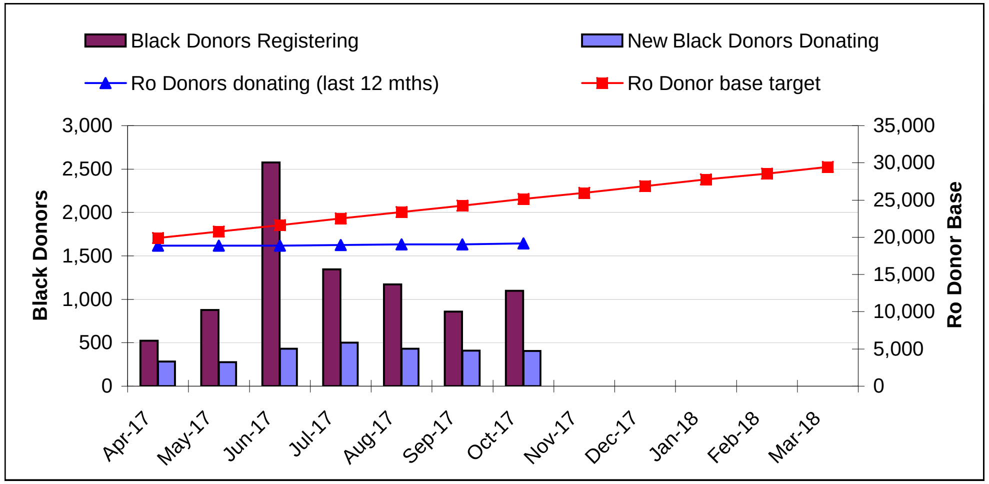
24. O Neg: Donorbase and Frequency of Donation

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
Number of active O neg donors donating over the last 12 months	107,513	106,800	103,866	R	-
Frequency of donation (O neg donors)	1.887	1.925	1.971	A	-



25. Ro Donor Base and Black Donor Recruitment

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
Number of Ro donors donating in the last 12 months	29,440	25,137	19,186	R	-
Frequency of donation (overall)	1.836	1.860	1.866	G	-



26. CD platelet Donor Base : Total and A Neg

The table below reports that the Component Donation donor base is substantially lower than target. A flaw has been identified in the counting methodology, and this is the first month where the actual counts have been restated (downwards). It is not possible to restate historical counts.

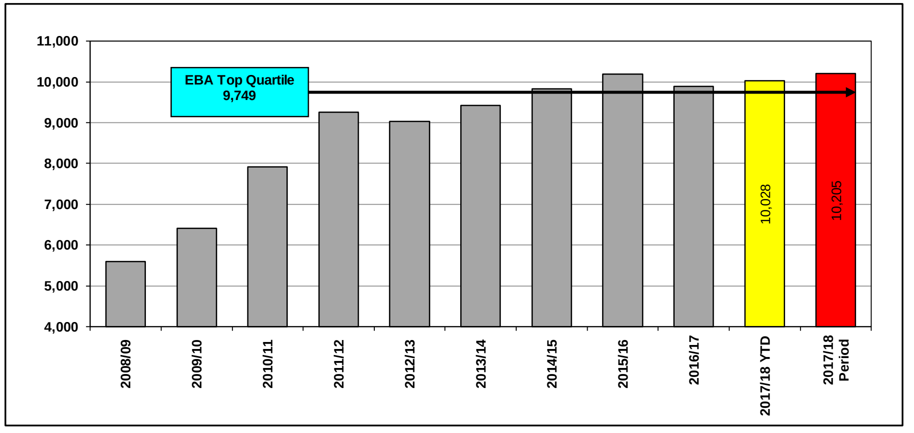
Targets were based on the old counting methodology and will be restated. The correct donor base and restated targets will be reported next month (with history from September 2017 onwards).

Desc	A-	A+	AB-	AB+	B-	B+	O-	O+	Total
Target	2,365	3,982	156	331	242	777	820	2,824	11,497
Reviewed report	2,159	3,598	165	300	219	695	760	2,611	10,507
Variance vs target	-206	-384	9	-31	-23	-82	-60	-213	-990

Blood Components - Productivity

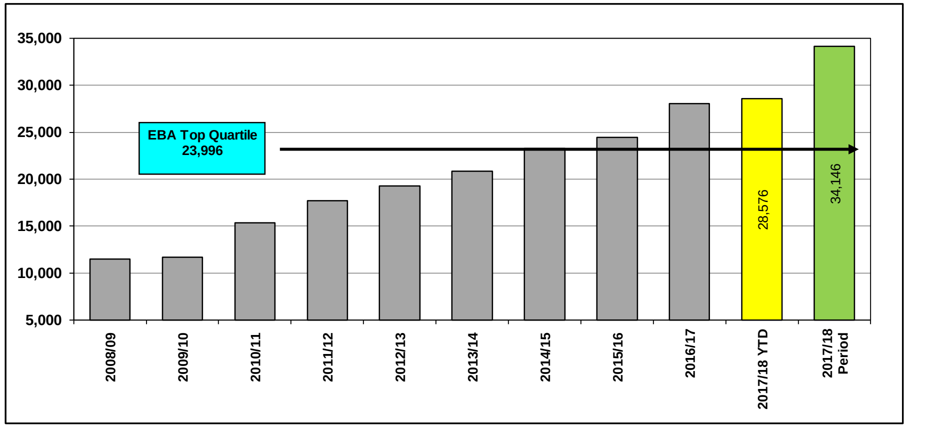
27. Processing Productivity : YTD and Current Month

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Manufacturing productivity (units/FTE/year)	10,300	10,239	10,028	A	Worse



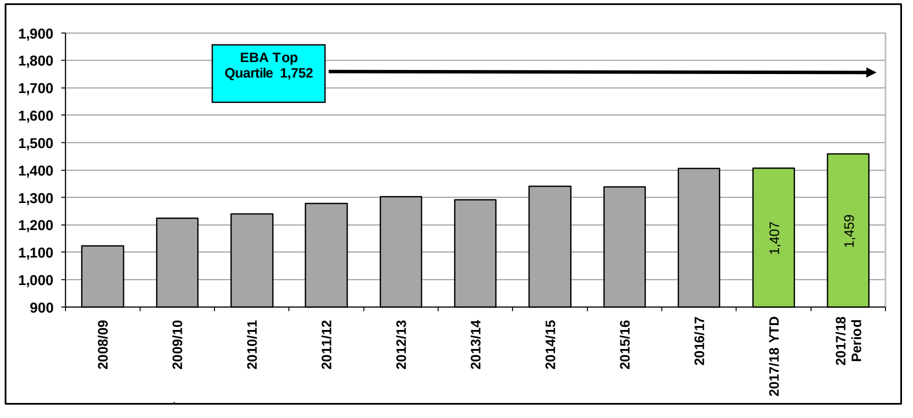
28. Testing Productivity : YTD and Current Month

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Testing productivity (units/FTE/year)	29,700	29,637	28,576	A	Better

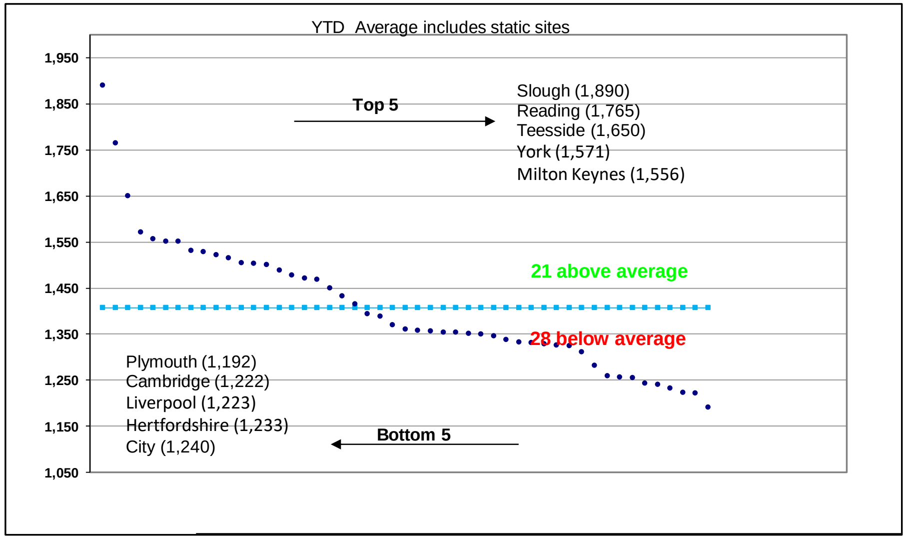


29. Blood Donation Productivity : YTD and Current Month

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Blood Donation Productivity (units/FTE/Year)	1,411	1,416	1,407	G	Better



30. Blood Donation Productivity - Distribution Mobile Teams



DIVISION	THEME	STRATEGIC TARGET	YTD RAG	RAG CHANGE	PERFORMANCE
DTS	Group Targets	Sales Income (£69.3m)	G	-	£43.3m (vs plan of £41.6m).
		Number of Serious Incidents (SI's)	G	-	None reported this month
		Zero 'critical' regulatory non-compliances	G	-	None reported in the month.
		Number of 'major' regulatory non-compliances	G	-	None reported in the month.
	Tissue & Eye Services	Sales income achieved - £13.6m (chart 31)	G	-	Equal to plan (vs £7.5m).
		80% percent of customers scoring =/> 9/10 for satisfaction with Tissues	-	-	March 2017 (reported in April 2017) at 75%.
		98.0% of Product issued on time	G	-	99.3% vs plan of 98.0% (year to date).
	H&I	Sales Income achieved - £13.9m (chart 32)	A	-	£8.0m vs plan of £8.1m.
		% of patients receiving A or B1 platelets	A	-	72% vs plan of 75% - Chart 2.
		Time to type deceased organ donors	G	-	Reporting monthly in arrears - at 83% vs target of 80%.
		Turnaround time vs SLA (chart 36)	G	-	At plan (95%).
	RCI	£14.95m Sales income achieved (chart 32)	G	-	£8.1m vs plan of £7.8m.
		Sample turnaround time vs SLA (chart 35)	G	-	97.1% vs plan of 95%.

DIVISION	THEME	STRATEGIC TARGET	YTD RAG	RAG CHANGE	PERFOMANCE
DTS	CMT	£11.2m sales income achieved (chart 33)	A	Worse	£6.3m vs plan of £6.4m.
		On time in full – target 100%	G		At target.
	SCDT	£9.8m sales income achieved (chart 33)	G	-	£6.2m vs plan of £5.7m.
		2,300 increase to Banked Cords TNC > 140	R	-	985 vs plan of 1340.
		40% BAME Cord Blood units add to the bank	G	-	41% in the year to date (> 40).
		Issue 75 Cord Blood units	G	-	39 units issued in the year to date (vs plan of 40).
		Adult Donor Provisions (216)	G	-	139 vs plan of 123
		Donors recruited to fit panel – 10k	A	Worse	5, 730 vs plan of 5,833.
	Therapeutic Apheresis Services	£7.6m sales income achieved (chart 34)	G	-	£5.5m vs plan of £4.5m.
		62% of hospitals scoring =/> 9/10 for satisfaction	-	-	70.5% vs 62% at February 2017.
		95% of Patients rating patient experience =/>9/10	-	-	Latest survey, reported in December 2016 at 93% (vs 95%)

- DTS is reporting an I&E surplus of £1.6m in the year to date. The forecast outturn for the year has improved to a surplus of £0.8m.
- Sickness absence in DTS was worse this month at 3.7% (vs 2.9% in September) but better than the NHSBT target of 4%. The increase occurred in TAS and may reflect the workload and the impact of strong demand on the service. A cohort of newly trained nurses should alleviate the pressure in the next few months.
- All SBUs are contributing at or better than plan in the year to date and reporting at 'Green' status with the exception of CBC. The CBC is reporting a small I&E deficit of £0.15m, although the service is expected to see improved sales and recover to plan over the remainder of the year. Overdue debtors are running at a high rate across DTS (£4.6m out of a total £7.3m is more than 30 days old with £1.1m of that over 6 months old). Work is underway to improve collections.

DTS Income by SBU – YTD October 2017	2017/18 Budget	2017/18 Income	2017/18 Variance	2016/17 Actual	Growth
Tissue & Eye Services	7.5	7.5	0.0	7.2	5%
TAS	4.4	5.4	1.0	4.3	27%
H&I	8.1	8.0	-0.1	7.7	3%
RCI	8.7	9.1	0.4	8.1	13%
IBGRL & DD	0.7	0.7	0.0	0.4	73%
CMT	6.4	6.3	-0.1	5.9	7%
SCDT	5.7	6.2	0.5	6.0	3%
Customer Services	0.1	0.1	0.0	0.1	80%
Total (£m's)	**41.6**	**43.3**	**1.8**	**39.6**	**9%**

- **Tissue and Eye Services** - income was again marginally worse than plan in October. In the year to date, it is 0.2% worse than plan, however it remains 4.9% higher than the previous year. Strong sales have been seen in corneas, ASE/AlloSE and cardiovascular and only partially offset by underperformance in skin, sclera, dCell dermis and processed bone. A small favourable position on expenditure, however, is resulting in a balanced contribution position in the year to date. Eye bank stocks were at 315 at the end of October (vs 278 in September).

- **RCI** income is 5.0% better than plan in the year to date and 13.0% higher than last year with antenatal referrals/screening and reagents sales continuing to perform well. There is a small favourable position on expenditure resulting in a surplus contribution year to date of £0.5m. Sample turnaround was again marginally lower than plan this month at 94.5% as a result of sickness, although it continues to be better than plan in the year to date (97.15% vs 95.0%).

- **H&I** income is marginally worse than plan year to date. Activity in stem cell investigations is 2% better than plan but this is more than offset by general investigations and solid organ investigations which are 5% and 3% respectively below plan so far this year. Turnaround times are at plan levels in the year to date. The provision of A and B1 matched platelets was 76% in October and better than target (75%), albeit in the year to date it remains worse than plan at 72%.

- **Stem Cell Donation & Transplantation** income is showing a £0.5m favourable variance in the year to date. There have been 39 cord issues year to date (versus target of 40) with international 9 better than plan and the UK 10 below plan. BBMR donors are higher than plan in the year to date (139 versus target of 123) with the UK 6 behind plan and international 22 ahead of plan. The IT connection with US registries is now in place and has resulted in increased activity. The cords banked target was to have banked 20k by end of the 2018/19 financial year, however, at the current run rate, we will now hit 20k by September 2019. At this point the bank changes from a growth to a maintenance phase, and collection activity will be reduced (the TNC threshold will be increased so we are only banking A&B grade units at a rate of around 31per month - this will maintain the bank at 20k units and gradually improve the proportion of A&B cords). The slow down in the banking rate is due to a decision to leave posts vacant, and shifts uncovered, hence avoiding the need to recruit staff to reach target only to make them redundant next year. DH is in agreement with this approach as we are tracking towards the agreed bank size. The introduction of NICE guidelines on delayed cord clamping in March 2017, however is now being implemented in hospitals and has impacted our clinical conversion rate. As a consequence the number of cord units banked continues to run behind plan (26% in the year to date) and is expected to continue reporting at red status through the rest of the year. BAME cord donations banked were better than target in the month (at 41% versus target of 40%).

- .**Cellular and Molecular Therapies** - service income in the year to date is £0.1m worse than budget and generating a small income and expenditure deficit of £0.2m.

- **Therapeutic Apheresis Services** income in the year to date is 23% ahead of target and 27% higher than in the previous year, primarily due to strong performance on ECP (£0.8m), red cell exchange (£0.1m) and stem cell harvests (£0.1m). The income surplus (£1.0m), when combined with the increased expenditure to support these activity levels, is resulting in a favourable contribution surplus of £0.4m. Confirmation has now been received from NHSE that they will be commissioning ECP service across London for the treatment of Graft versus Host Disease, based on TAS delivering all paediatric ECP services in London. This will generate £0.2m of improved contribution through the remainder of the year.

- There were no critical / major non-compliances reported in October. The HTA inspection at Leeds, although subject to a formal report, received positive feedback from the inspectors.

DTS – Status of Strategic Projects per TPB reporting:

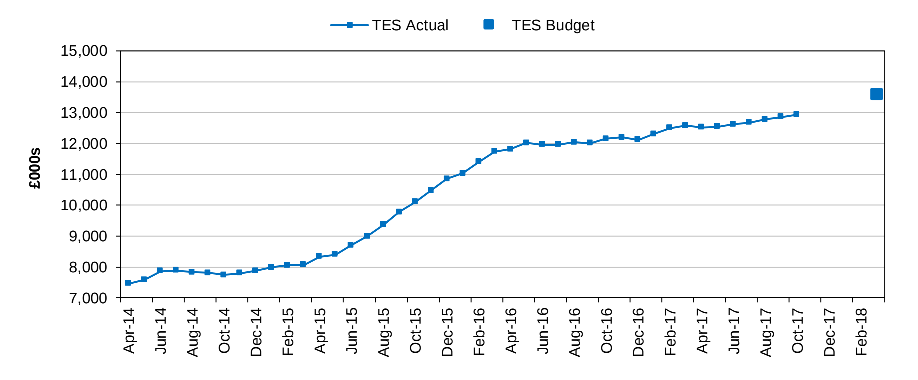
Project title	Status	This RAG	Last RAG	Approved Cost (£m's)	F/Cast Cost (£m's)	F/cast Benefit (£m's)	Planned to complete	F/Cast to complete
Stock Management Rollout	Delivery	R	A	0.3	0.3	N/A	Nov 17	Nov 17
TAS - Liverpool	Delivery	G	A	N/A	N/A	N/A	Mar 20	Mar 20
Filton Extension	Start-Up	G	G	0.2	0.2	N/A	Jan 21	Oct 21
Automated Software Testing	Start-Up	G	G	N/A	0.2	N/A	Nov 18	Mar 19

Monthly Performance Report - As at the end of October 2017

Diagnostic and Therapeutic Services - Income

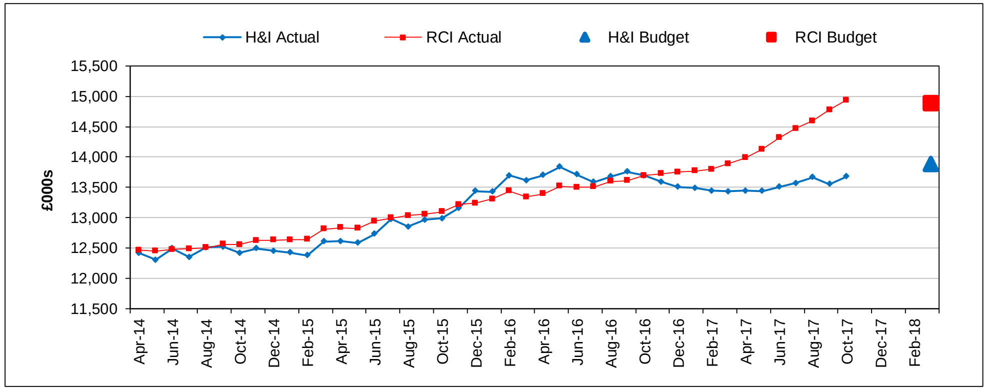
31. Tissue and Eye Services Income (MAT)

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Income (£m's) - TES	13.602	7.524	7.511	A	Worse



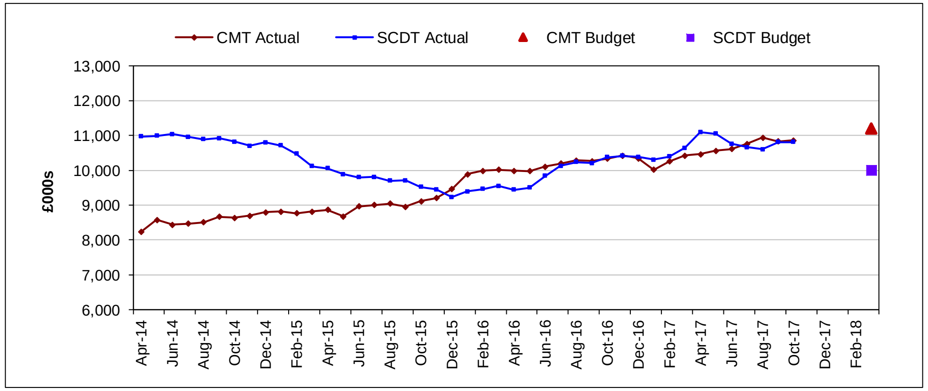
32. Diagnostic Service Income (MAT)

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Income (£m's) - RCI	14.884	8.673	9.107	G	-
Income (£m's) - H&I	13.882	8.130	7.983	A	-



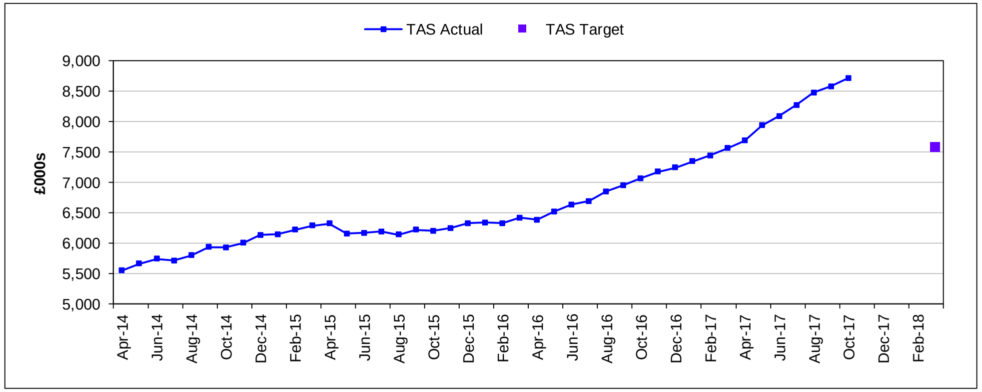
33. Stem Cells - SCDT/CMT Income (MAT)

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Income (£m's) - CMT	11.212	6.376	6.321	A	-
Income (£m's) - SCDT	9.795	5.699	6.197	G	-



34. Therapeutic Apheresis Services Income (MAT)

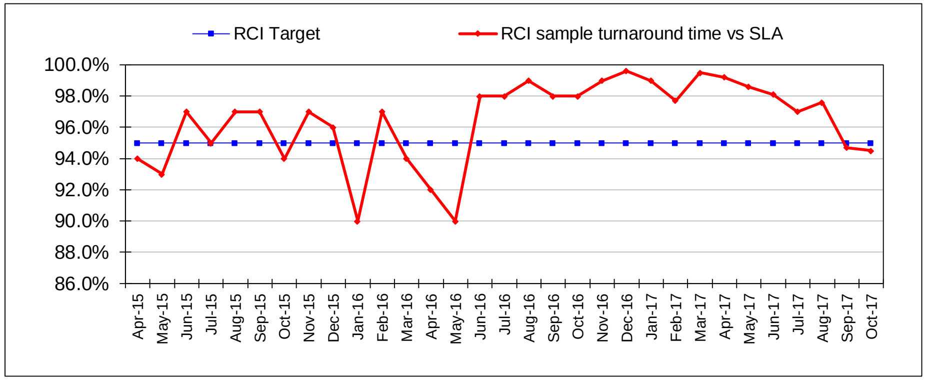
YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Income (£m's) - TAS	7.581	4.419	5.423	G	-



Diagnostic and Therapeutic Services - Customer service and safety

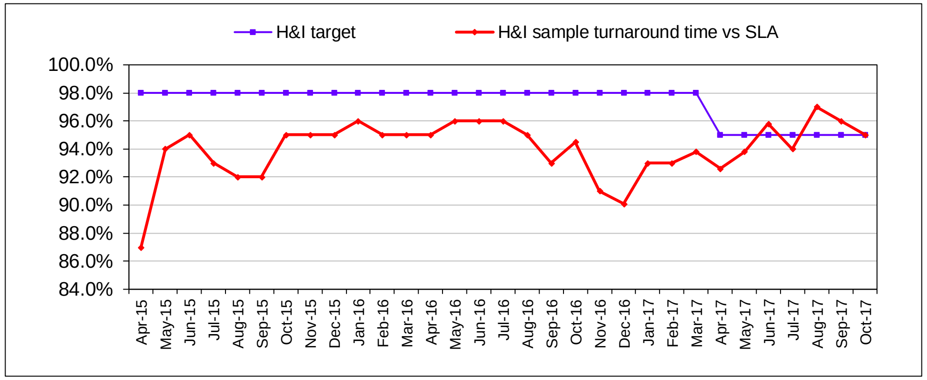
35. Turnaround Time vs SLA (RCI)

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Turnaround Time vs SLA - RCI	95.0%	95.0%	97.1%	G	-



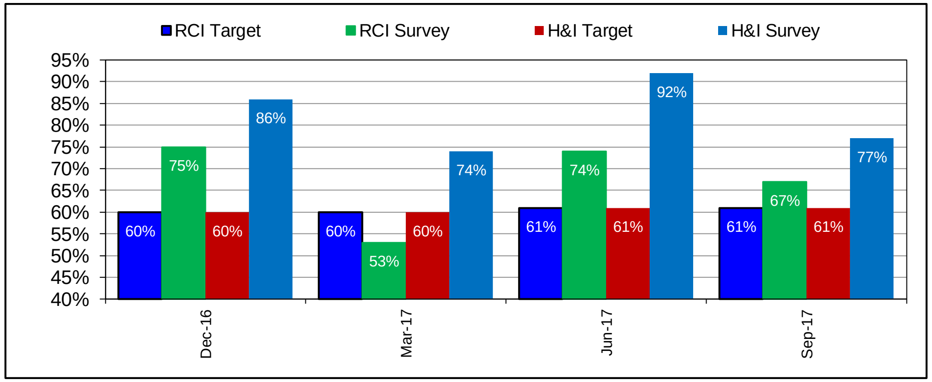
36. Turnaround Time vs SLA (H&I)

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Turnaround Time vs SLA - H&I	95.0%	95.0%	94.9%	A	-

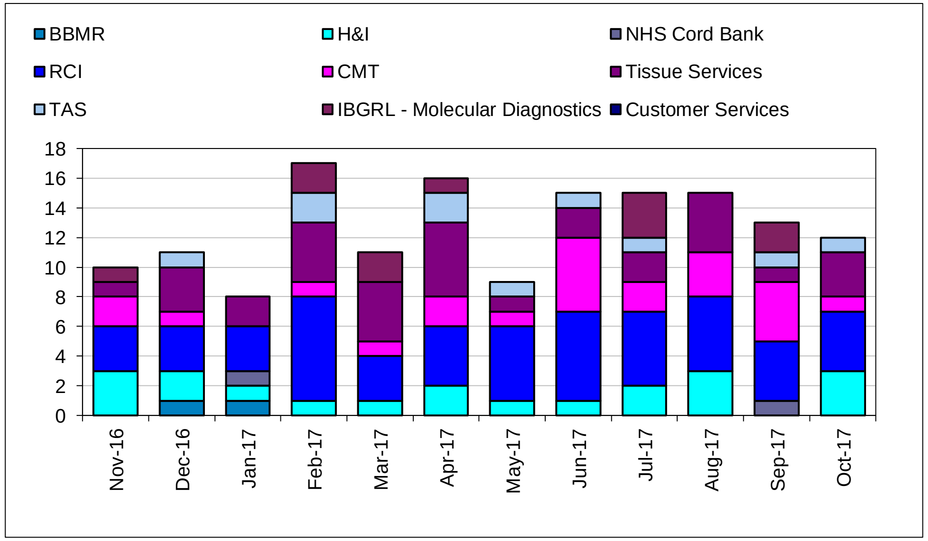


37. Hospital Satisfaction

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Percentage of hospitals scoring =/> 9/10 for satisfaction with RCI - RCI	61%	61%	67%	G	-
Percent of hospitals scoring =/> 9/10 for satisfaction with H&I - RCI	61%	61%	77%	G	-

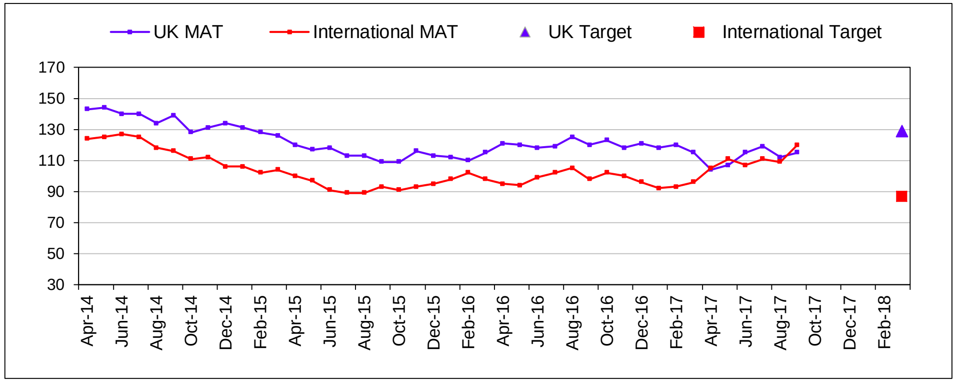


38. Major QI's raised per month - DTS



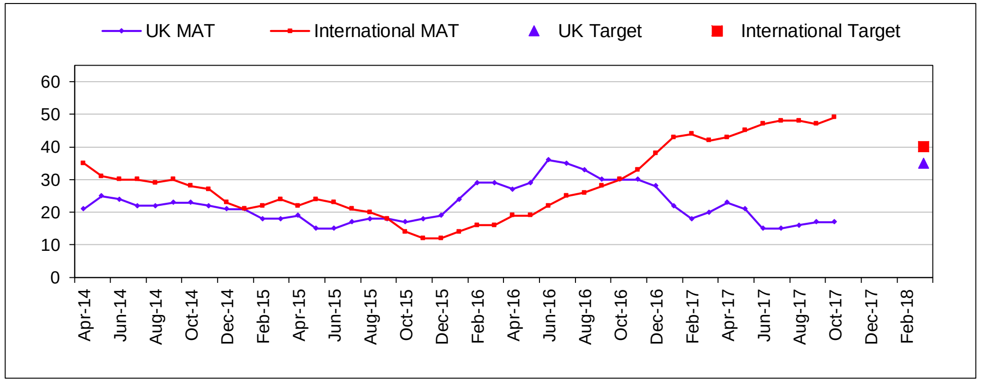
39. Adult donor provisions : UK and International - MATs

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Adult donor provisions (total)	216	123	139	G	-

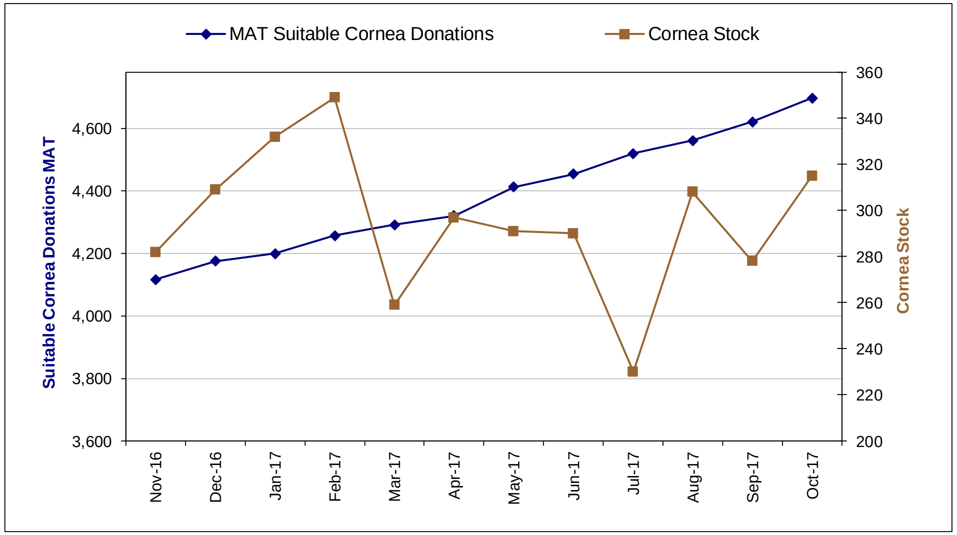


40. Issue of cord blood units : UK and International - MATs

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Number of Cord Units Issued (total)	75	40	39	A	Worse

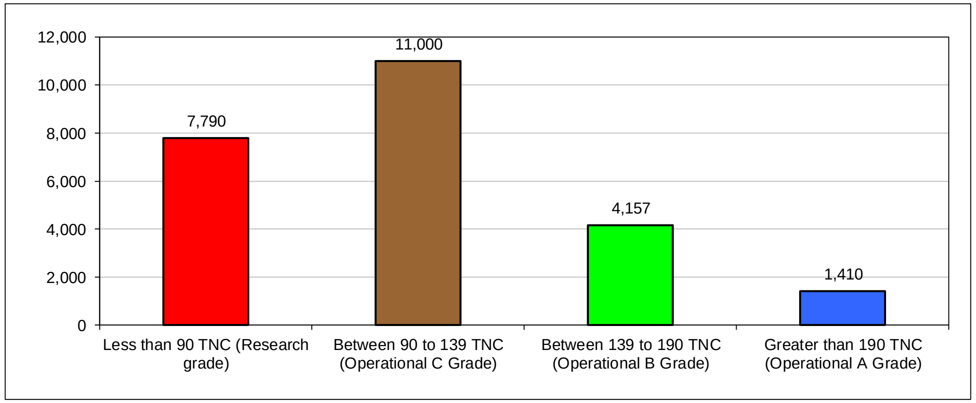


41. Suitable Cornea Donations - MAT, and Cornea stocks



42. NHSBT CBB stock (active units - cell dose post process TNC)

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Banked Donations TNC > 140	2,300	1,340	985	R	-



DIVISION	THEME	STRATEGIC TARGET	YTD RAG	RAG CHANGE	PERFORMANCE
ODT	TOT 2020 Key Outcome Measures	Increase % Consent/Authorisation rate (Overall)	A	-	64.6% year to date vs plan of 70% - chart 55.
		Increase % Consent/Authorisation rate (Overall) – DBD	G	-	72.7% in October year to date vs plan of 73%.
		Increase % Consent/Authorisation rate (Overall) - DCD	R	-	58.4% year to date vs plan of 67%.
		Deceased donors - 2017/18 target – 1,524	A	-	Year to date at 858 vs target of 889 – chart 43.-
		Deceased Organ Donors per million population	-	-	September - 22.6m vs plan 22.9m. Next report December
		Number of Living donors 2016/17 (1,260) – reported one month in arrears	R	-	Year to date (September 2017) at 518 vs plan of 696 – chart 46.
		Living Donors per million population – 19.0 per/m	R	-	September at 15.9m vs plan 18.7m (update in January).
		Internal NHSBT target based on 1.1m new registrations in 2017/18.	G	-	New registrations are 0.641m year to date (vs 0.642m)
		Organ Transplants – Deceased (4,116)	A	-	1,891 year to date vs plan of 2,058 – chart 44.
		Deceased Organ Transplants per million population.	-	-	September at 59.2m vs plan 61.3m. Next report December.
		Proportion of population who have had a conversation about their donation decision (target 47%)	-	-	New measure, next report February 2018
		NHSBT Cost per Transplant (chart 45). - £16.3k (2017/18 target)	G	-	September at £16.4k. Next update December 2017.

- There were 137 deceased donors in October. This is the third highest month for deceased donors following the 143 in October 2015 and 141 in November 2016. Year to date, there have been 858 deceased donors, a 9% increase on last year (+ 63 DBD, + 7 DCD). Activity in the early part of November, has continued to improve and is currently trending at around 3% below plan.

- The DBD SNOD presence rate in October was 92%, following a consistent 96% for the last four months. This has brought the year to date rate down to 94%. However, and in contrast, the DCD SNOD presence rate in October was high at 91%, increasing the year to date rate to 86%. This translates into 10 DBD / 13 DCD occasions where a SNOD was not present in the month. Planning within the regional teams remains focused on timely SNOD mobilisation.

- Following two very strong months for the DBD consent rate (79% in August and 78% in September) the DBD consent rate in October was lower at 69%. The DBD consent rate in the year to date has decreased slightly to 73% (but remains green). The October DCD consent rate at 68.5% however, and was the highest ever. The DCD consent rate year to date therefore increased to 58% (but remains red). Overall the consent rate in October was the highest ever at 69% and the overall consent rate year to date increased to 65% (still amber); again the highest ever.

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- Following strong months in August and September the consent rate for patients from black and Asian communities fell back to 35% in October, the lowest this year. The year to date rate has therefore decreased to 44% but remains green.

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- October was a relatively low month for overall ODR overrides (4 compared with a monthly average of 7) due to the low number of DCD ODR overrides (1 compared with a monthly average of 6). In contrast October was a high month for DBD overrides (3 compared with a monthly average of 1). A SNOD was present on all four occasions. The consent rate for patients on the ODR remains at 92% year to date.

- October was a strong month for the consent rate for patients not on the ODR (57%). When a SNOD was present and the patient was not on the ODR the consent rate was 62% in October and 58% year to date. When a SNOD was not present and the patient was not on the ODR, the consent rate was 11% in October and 10% year to date. The year to date consent rate for patients not on the ODR remains at 51% overall.

- In October, 334 patients received a solid organ transplant from a deceased donor. The number of transplantable organs per DBD was the lowest over recent years at (3.46). This compares to the average in the first six months of 2017/18 of 3.74, and an even higher 3.78 in 2016/17. In the year to date, 2,227 patients have received a solid organ transplant from a deceased donor, which is an 8% increase on last year. In total 162 more patients have received a transplant year to date. - The 'Taking Organ Utilisation to 2020' activities and initiatives continue to be implemented to increase the numbers of organs used. - Outcome 1. Recent changes to the DCD Donor Assessment and Screening Tool including the implementation of a formal Liver Screening process, will go live 1st December 2017. - Outcome 3. 'Consent in Organs Transplantation Workshop' will be held 15th November 2017 and stakeholders will be asked to share innovative approaches and best practices re consent with regards to high risk donors. - Outcome 4. A joint RINTAG - BTS stakeholder 2 day meeting will be held January 2018. The British Viral Hepatitis group are considering the use of HCV positive organs in HCV negative recipients, SaBTO Guidance is permissive of such an approach.

- Living donation remains stable but well below target. Initiatives to improve awareness, encourage engagement from professionals, patients and public and develop the UK living kidney sharing schemes (UKLKSS) are priorities in delivering the LDKT 2020 plan. Nephrology leads for LDKT have been identified in all transplant and referring nephrology units to enhance local / regional leadership and embed best practice across the UK. There is an incremental increase in transplants identified in each quarterly matching run of the UKLKSS and further improvements will be implemented in Q4 to improve effectiveness and utilisation of kidneys donated by non-directed donors within the schemes. Regional per million population LDKT data by regional transplant centre has been published for the first time in the annual LDKT centre-specific report 2016/17.

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- There were 87k new opt-in registrations to the ODR in October, taking the cumulative total of new registrations for the financial year to 641k. 43% of new registrations this month can be attributed to communications /marketing activity. 42% of new registrations came through digital channels. If we are to hit the target for 2017/18, comms and marketing channels will need to account for a greater proportion of the registrations as data transfer partner numbers decline. We are still working hard to secure new high volume end of transaction partners and held meetings with NHS Digital and HMRC in October. The Prime Minister announced a consultation around the legislative system in October and this announcement led to a spike in visits to the website, and online sign ups and online opt outs. During the consultation period we will keep encouraging people to register as donors. In October our paid activity on social media continued to target levers for encouraging family conversations on Facebook and Twitter, and we restarted registration adverts to over 50s. Registration adverts will continue until the end of the year.

Two ODR data feeds remain inactive:
- Scottish GP Service - due to a defect in the source data that is currently being investigated by the third party provider.
- England/Wales GP Service with a back-log dating back to 1 April 2017. This will be loaded throughout November and December after which the feed will be re-activated.

The NHS Tracing Service & De-Duplication Process have been inactive since May 2015. This may result in significant numbers of duplicate registrations on the live ODR i.e. over-reporting the number of registrants.

- There has been a further increase in sickness absence this month but remains within target for the past 12 months. Absence in Organ Donation increased from 2.98% to 4.35% but much of this is short term absence.

- There has been a further increase in turnover this month with Organ Donation increasing from 11.03% in Sept to 13.82%. TSS and Clinical remain high with turnover at 15.65% and 19.95% respectively although both are reduced from last month. Detailed analysis will be undertaken for reporting to SMT in December.

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ODT – Status of Strategic Projects per TPB reporting:

Project title	Status	This RAG	Last RAG	Approved Cost (£m's)	F/Cast Cost (£m's)	F/cast Benefit (£m's)	Planned to complete	F/Cast to complete
ODT Hub	Define	A	A	3.2[i] (0.6)	N/A[ii]	N/A	Dec 19	Dec 19

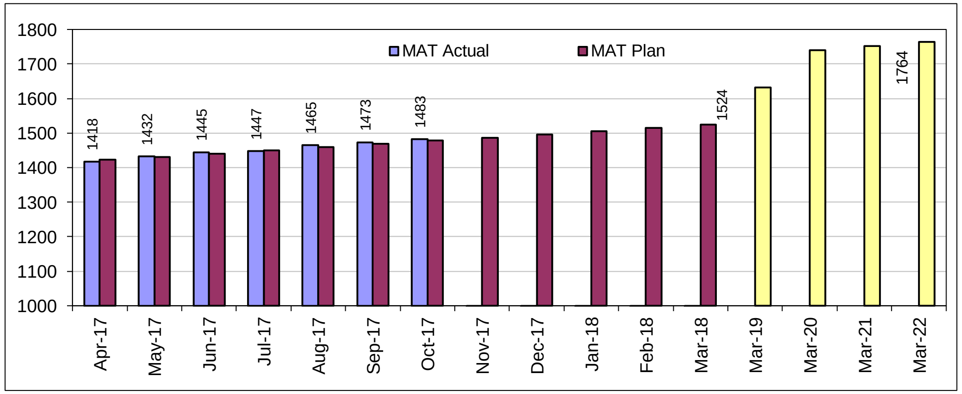
Notes:

i) This is non-recurring figure for 2017/18, recurring figure in brackets.

ii) Now an under spend of £84k.

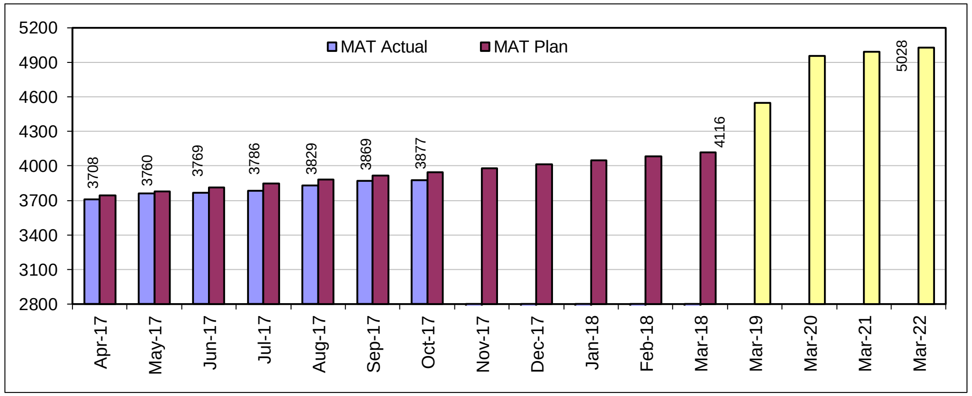
43. MAT number of Deceased Organ Donors

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
Number of Deceased Organ Donors	1524	889	858	A	-



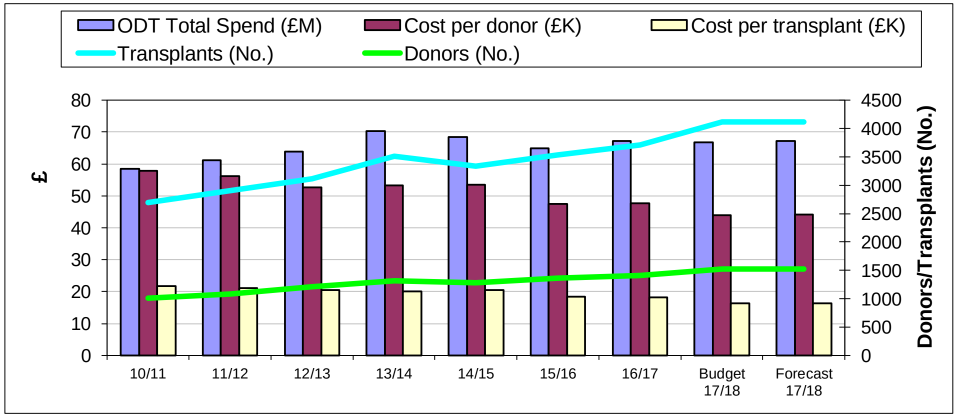
44. MAT number of Deceased Donor Organ Transplants

YTD Performance	Annual Target	YTD Target	YTD Actual	RAG	YTD RAG Trend
Number of Deceased Donor Transplants	4116	2401	2227	A	-



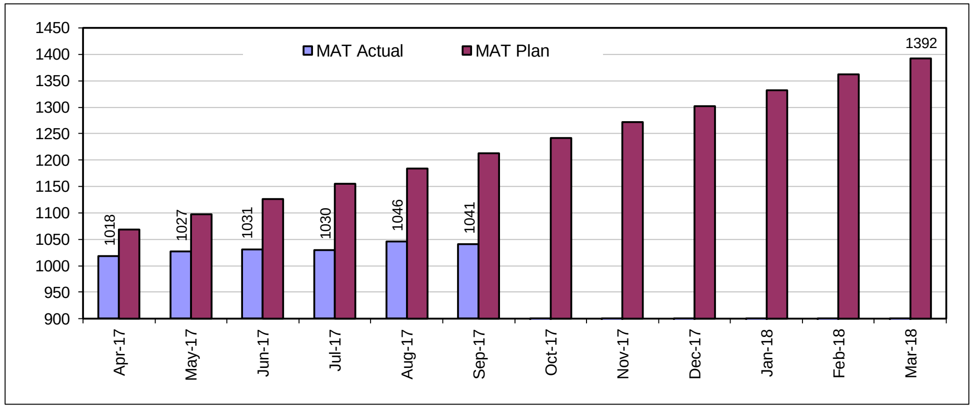
45. ODT Cost per Donor/Transplant

YTD Performance	Annual Target	Forecast for the year	YTD RAG	YTD RAG Trend
NHSBT Cost per Transplant (£k's)	16.2	16.4	G	-

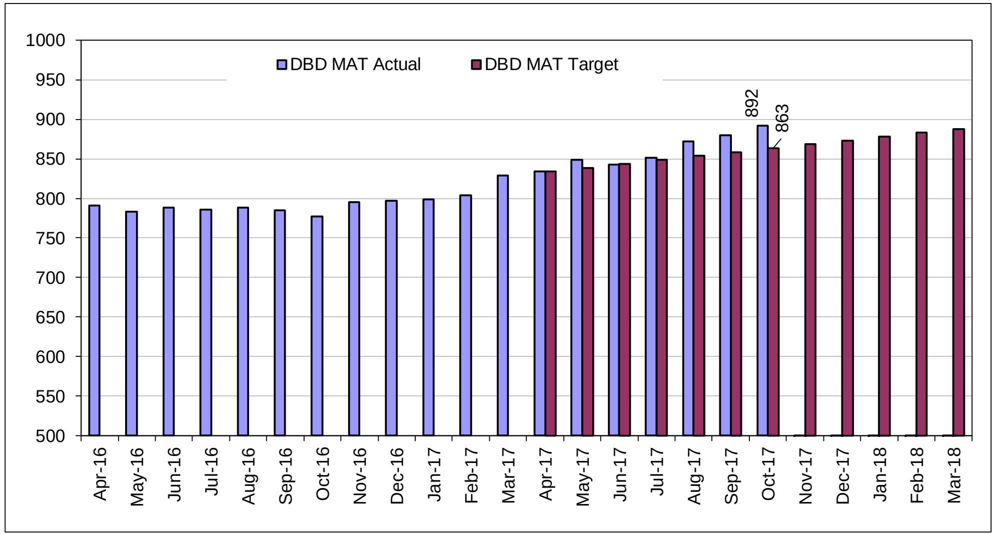


46. MAT number of Live Organ Donors (reported one month in arrears)

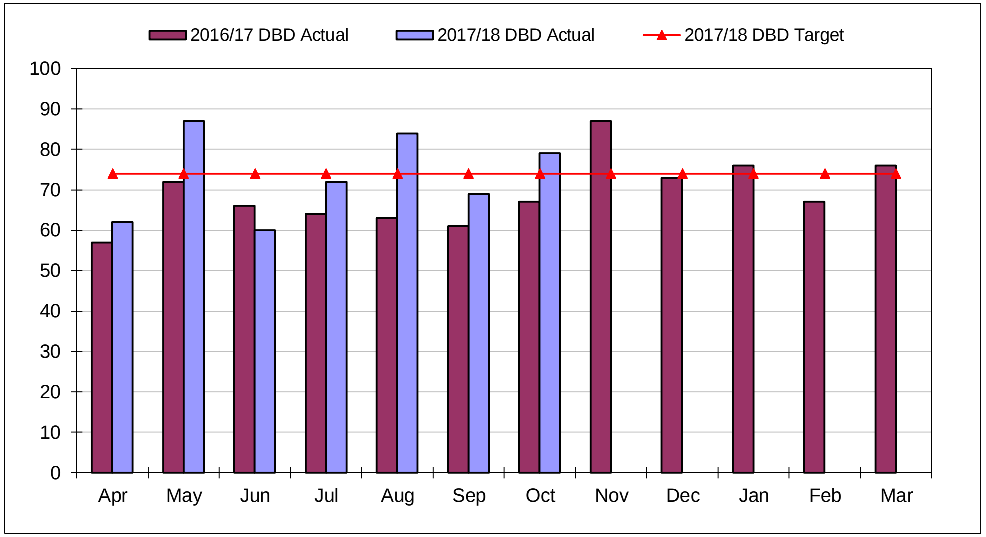
YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
Number of Living Organ Donors (reported one month in arrears)	1392	696	518	R	-



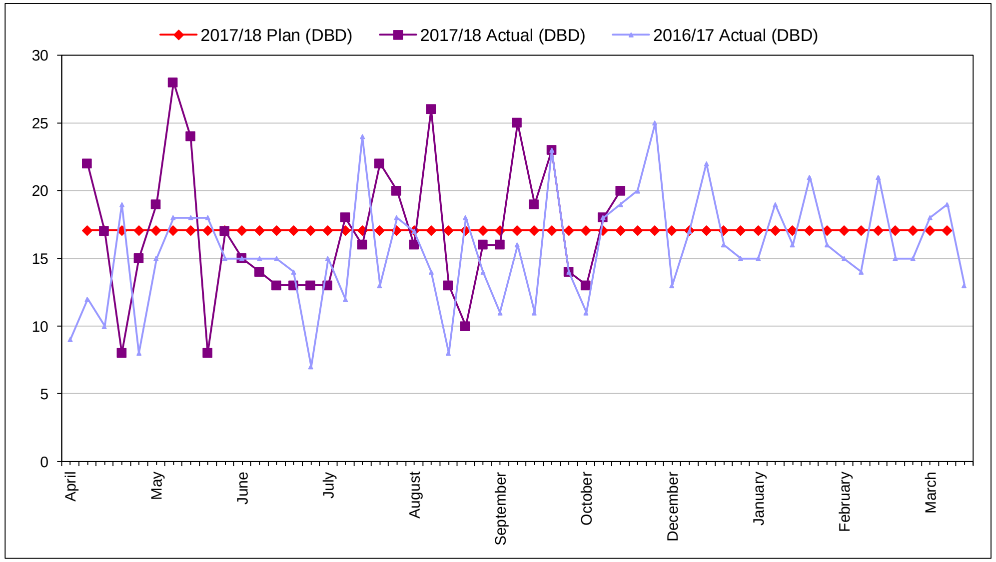
47. MAT number of Deceased Organ Donors (DBD)



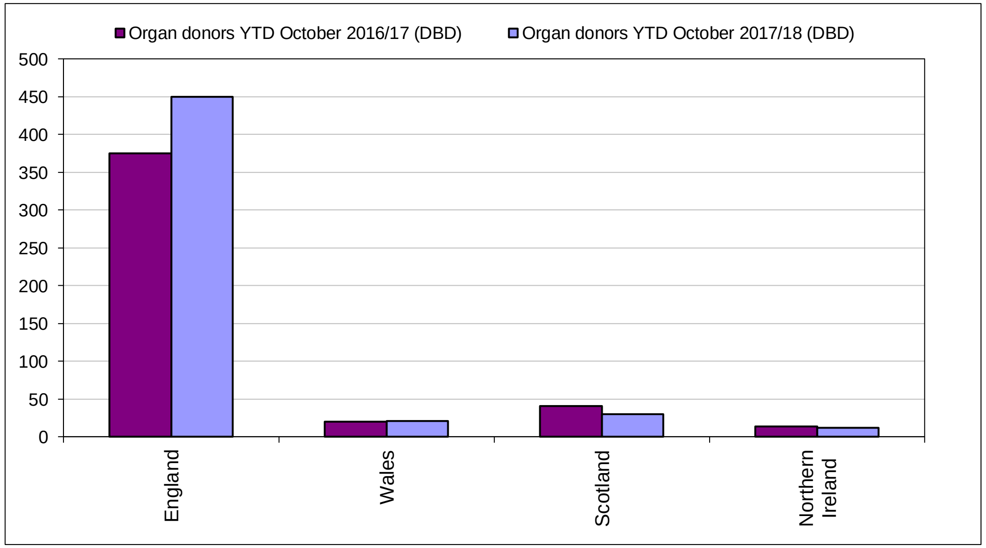
48. Deceased Organ Donors - Monthly (DBD)



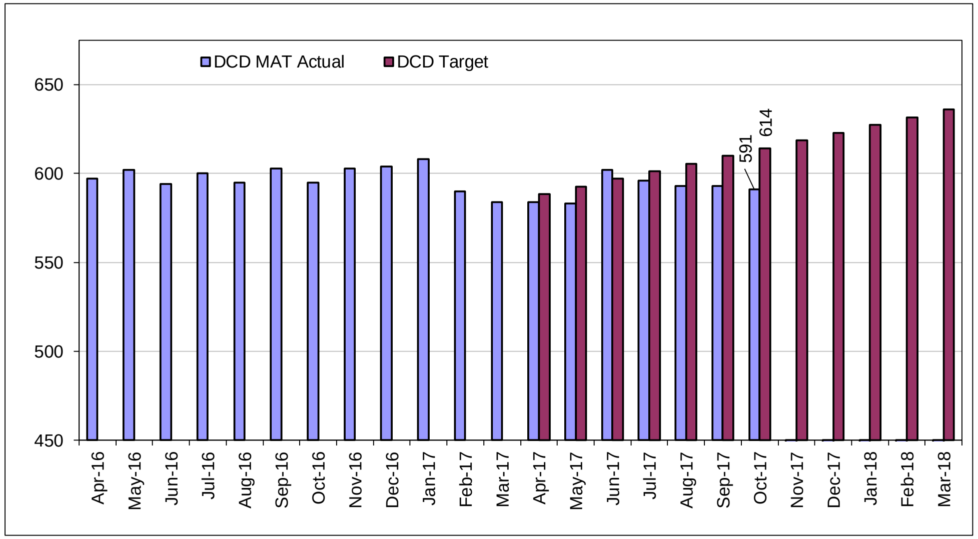
49. Deceased Organ Donors - Weekly (DBD)



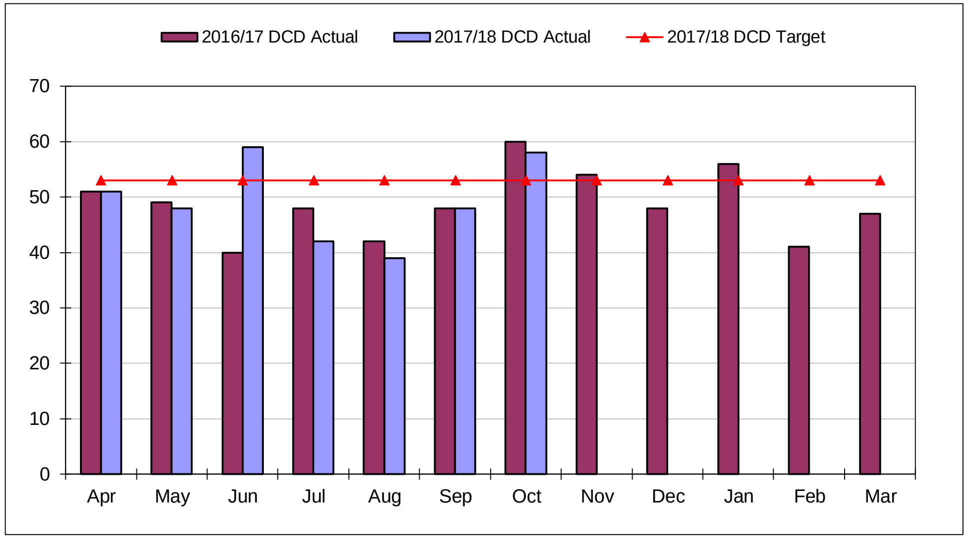
50. Deceased Organ Donors - By Nation (DBD)



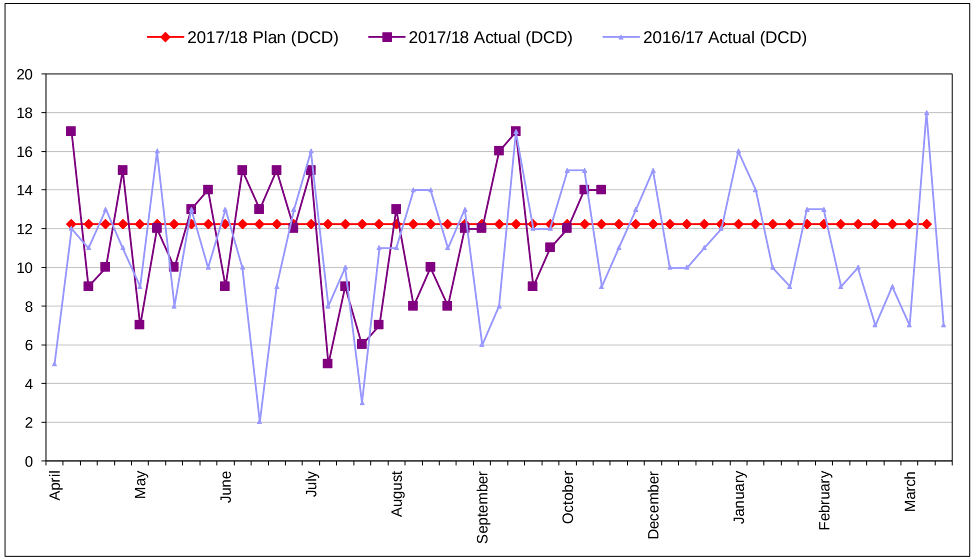
51. MAT number of Deceased Organ Donors (DCD)



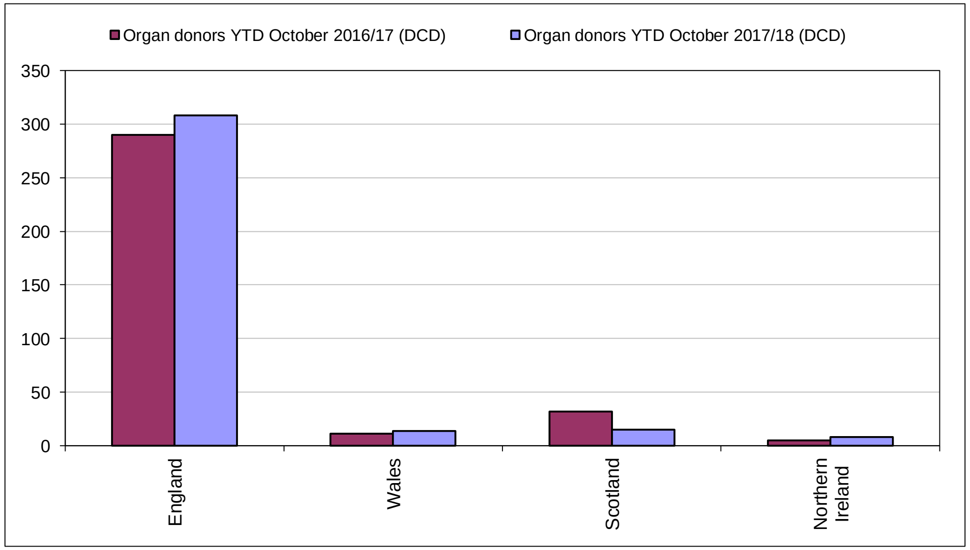
52. Deceased Organ Donors - Monthly (DCD)



53. Deceased Organ Donors - Weekly (DCD)

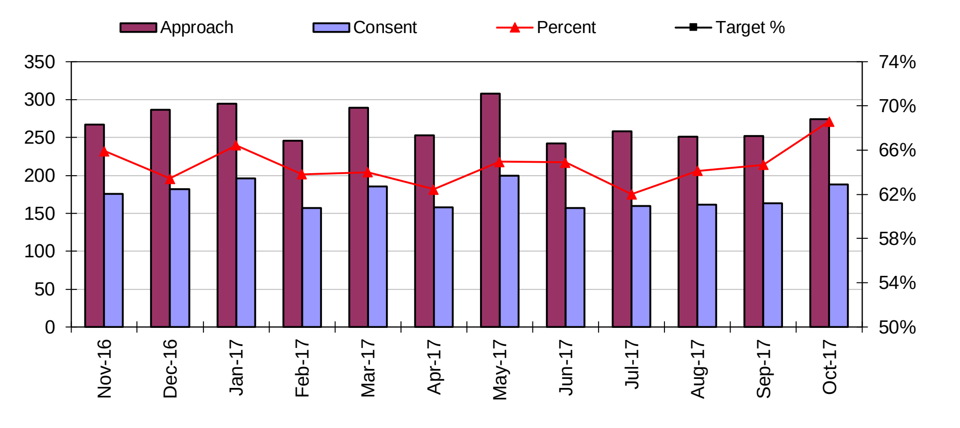


54. Deceased Organ Donors - By Nation (DCD)



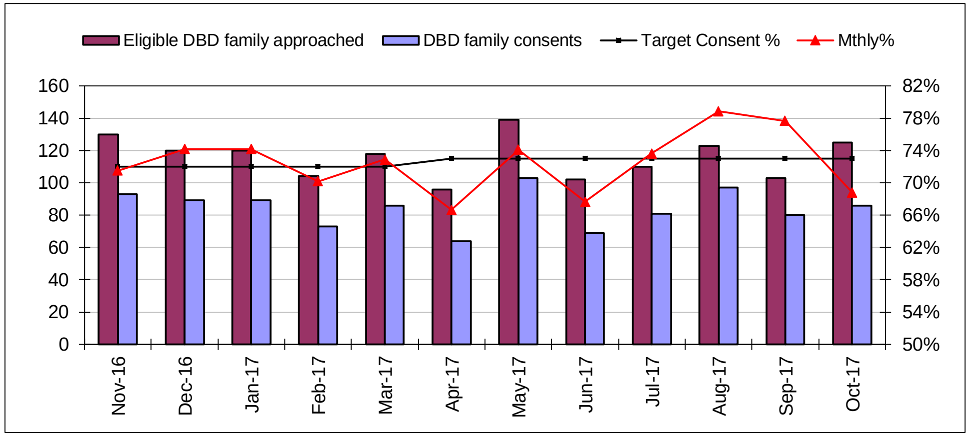
55. Consent / Authorisation rate (DBD & DCD)

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
Consent/Authorisation rate (%)	70.0%	70.0%	64.6%	A	-



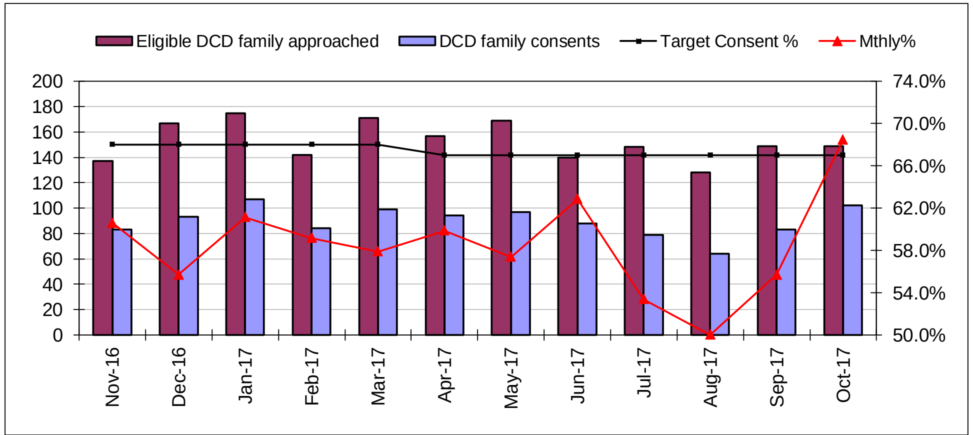
56. Consent/Authorisation rate (DBD) per month

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
DBD Consent/Authorisation rate (%)	73.0%	73.0%	72.7%	G	-



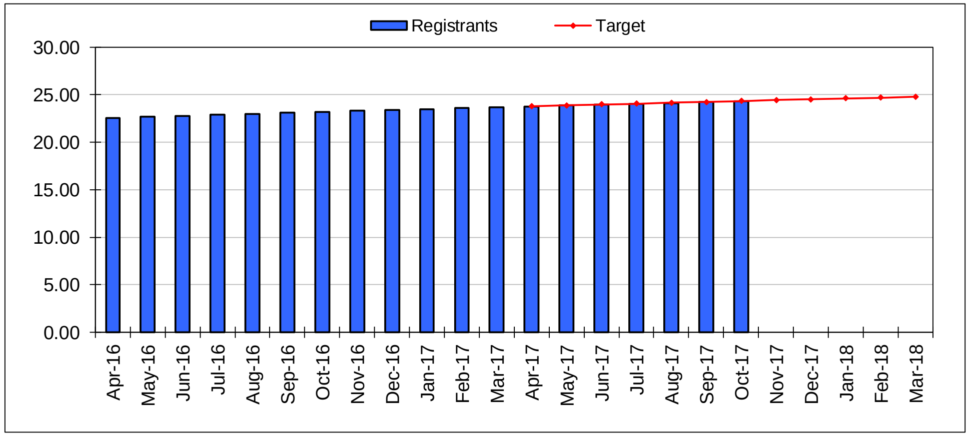
57. Consent/Authorisation rate (DCD) per month

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
DCD Consent/Authorisation rate (%)	67.0%	67.0%	58.4%	R	-



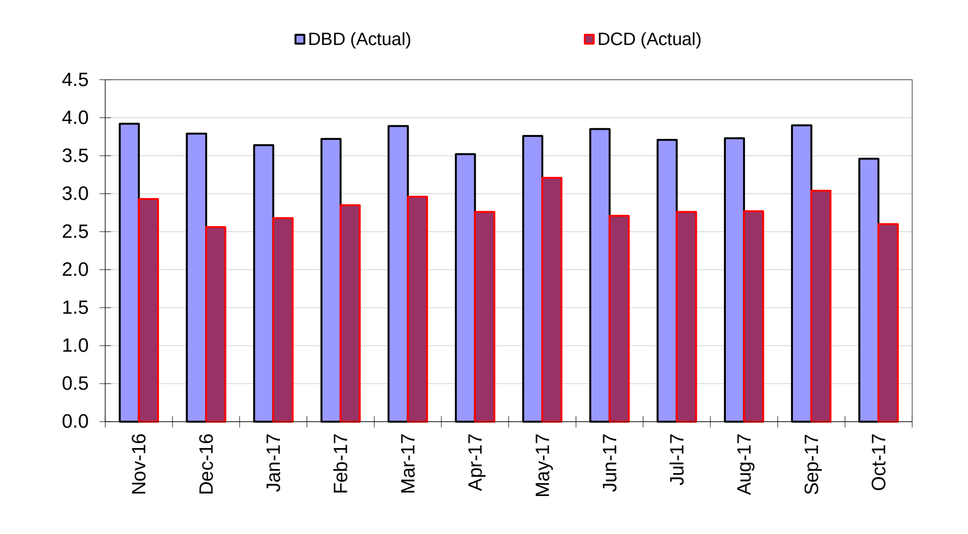
58. Number of people registered on the ODR (opt-ins)

YTD Performance	Annual Target	YTD Target	YTD Actual	YTD RAG	YTD RAG Trend
Opt-in registrants on the ODR (millions)	1.100	0.642	0.642	G	-

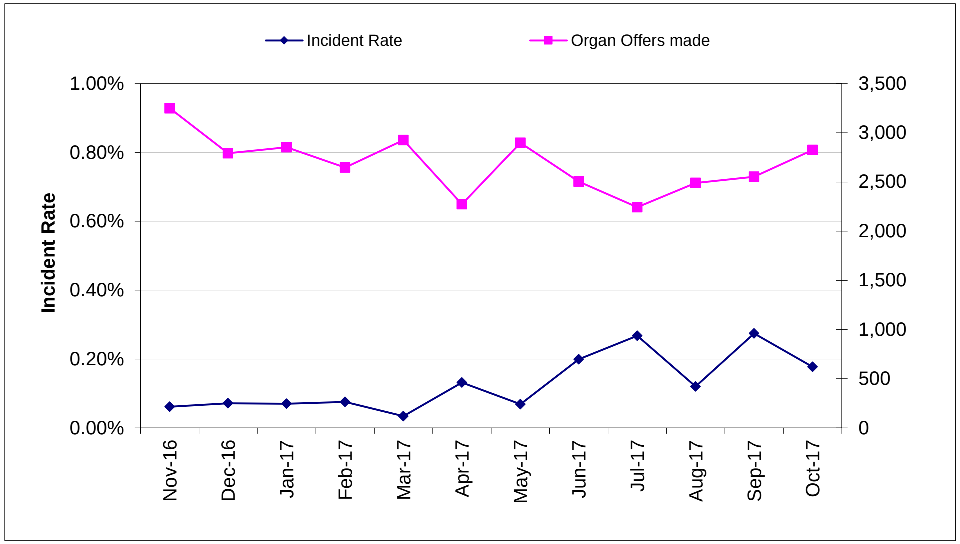


Monthly Performance Report - As at the end of October 2017
Organ Donation and Transplant - Transplantable Organs and Duty Office Incidents

59. Transplantable Organs per Donor

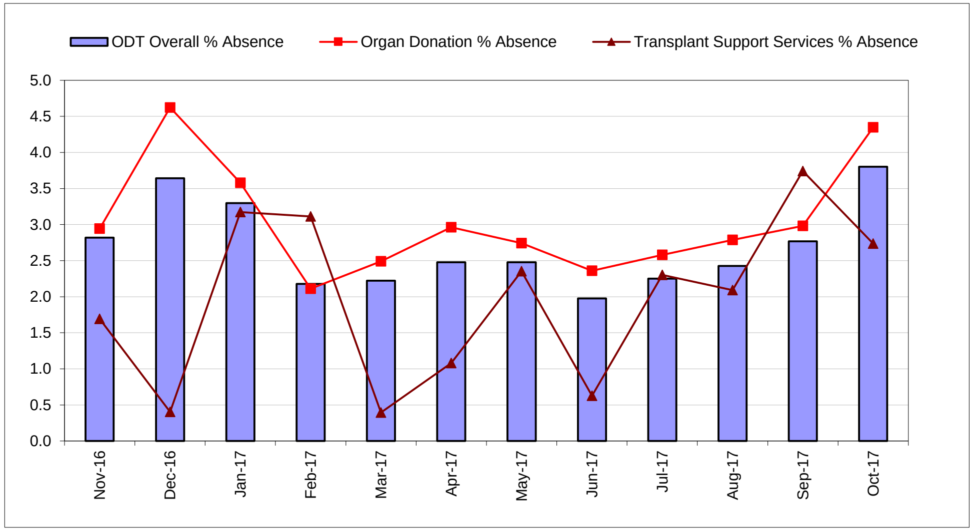


60. ODT Hub Operations - Incidents per Organ Offer

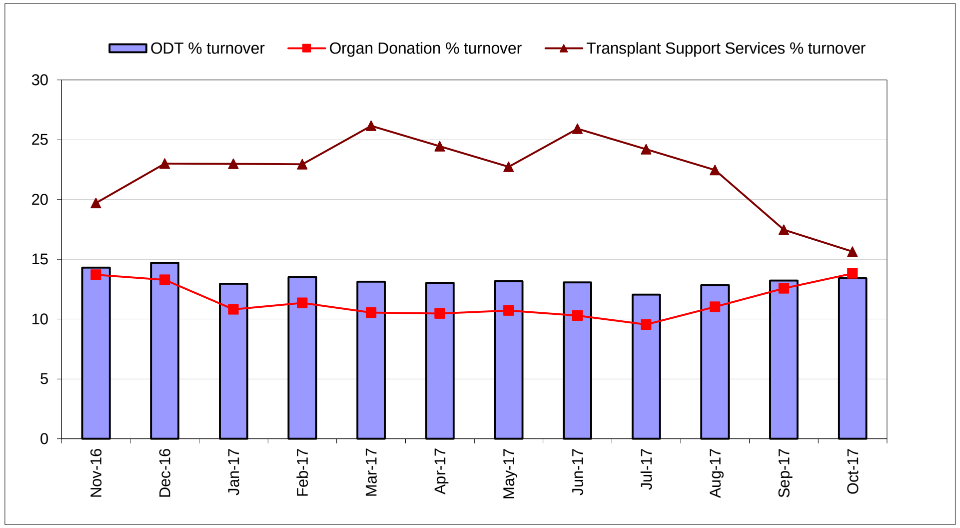


Organ Donation and Transplant - Absence/Turnover

61. ODT Absence rate (%)



62. Annual Turnover rate (%)



SECTOR	NOTES/UPDATE REPORT
NHSBT Corporate	Sickness absence was marginally higher in the month at 3.5% although lower than last year (3.6%). As noted above a sustained improvement within logistics is supporting the overall performance seen in NHBST. Health and Safety – the Incidence rate (12 months to September 2017) for all work related lost time is 2.0 This is no change form last month The target is to achieve an LTI rate of 1.8 or less within 12 months and will be reported on a monthly basis going forward. The logging of digital receipts in support of expense claims is now at 71%. From 1 April 2018 only digital receipts will be accepted for the reimbursement of expenses with all colleagues being encouraged to adopt this approach by January 2018. We are just over halfway through our flu vaccination campaign with many colleagues taking up the opportunity to book appointments via our new online system.

Corporate - Status of Strategic Projects per TPB reporting:

Project title	Status	This RAG	Last RAG	Approved Cost (£m's)	F/Cast Cost (£m's)	F/cast Benefit (£m's)	Planned to complete	F/Cast to complete
Brentwood Estates Optimisation	Closure	G	G	7.1	3.8	0.4	Nov 17	Nov 17
Networks & Telephony Contract	Delivery	R	A	1.6	1.6	0.1	Apr 17	Mar 18
Leeds Sheffield	Delivery	G	G	16.5	16.5	N/A	Jan 21	Jan 21
Desktop Modernisation	Delivery	A	A	3.5	2.2	N/A	Apr 17	Feb 18
QPulse Performance Remediation & Upgrade	Delivery	G	G	0.1	0.1	N/A	TBC	Jan 18
Exchange On-Line Migration	Delivery	G	G	0.6	N/A	N/A	TBC	Jun 18
Pulse GUI/Middleware Server Upgrade	Delivery	G	G	0.6	N/A	N/A	TBC	Apr 18
Portfolio and Resource Management	Start-Up	G	G	N/A	N/A	N/A	TBC	May 18
Robotic Process Automation	Start-Up	G	A	N/A	N/A	N/A	TBC	Jan 18
Tooting 2nd Floor	Delivery	G	G	0.4	0.4	N/A	Jan 18	Jan 18
Colindale 3rd Floor Refurbishment (i)	Start-Up	G	A	N/A	N/A	N/A	Mar 19	Mar 19

Notes: i) Reported this month but project now closing as part of project prioritisation discussion at BTS October 2017 TPB Meeting. Work to proceed under Estates management.

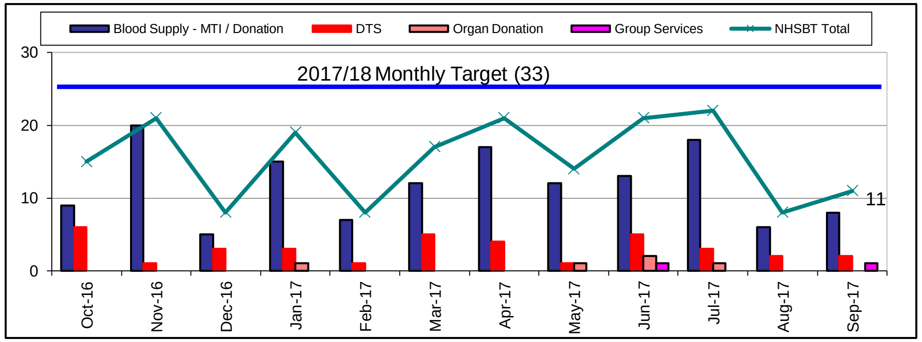
Monthly Performance Report - As at the end of October 2017
NHSBT Corporate - ICT / Workforce

63. IT system performance

System availability	Period Target	Period Actual	Period RAG	RAG Trend
Donor Portal	99.95%	100.00%	G	Better
Pulse	99.95%	98.77%	R	Worse
OBOS	99.95%	100.00%	G	Better
Hematos	99.95%	100.00%	G	-
EOS	99.95%	100.00%	G	-
NtXD	99.95%	100.00%	G	-
TMS	99.95%	100.00%	G	Better

64. Health and Safety - Accident Reporting

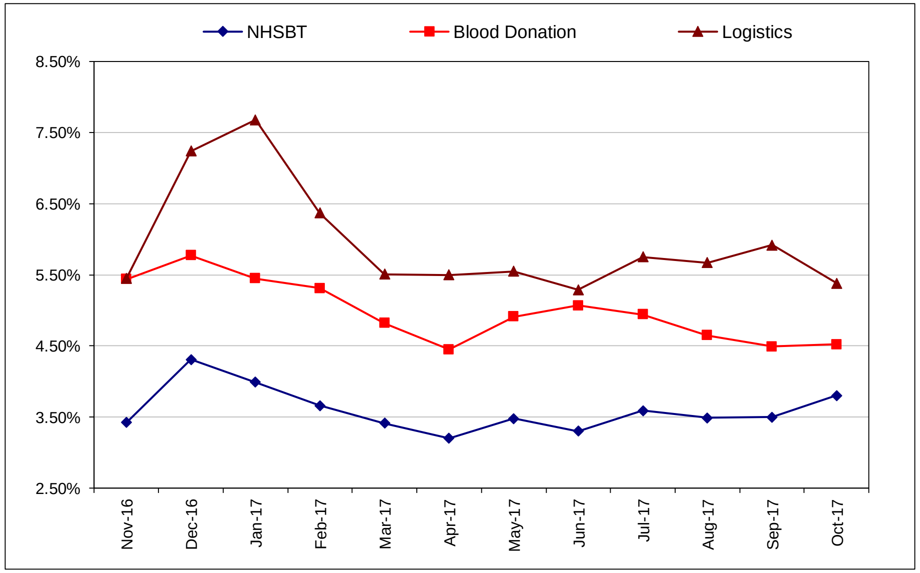
H&S Incident Levels (x 1 mth in arrears)	Level 1&2 MAT Target	Level 1&2 MAT Total	Level 1-3 Mthly Target	Level 1-3 Period Actual
Blood Donation	<=17	14	<=24	7
M&L	<=6	5	<=4.5	1
DTS/SpS	<=1	2	<=2	2
Organ Donation	0	0	<=1	0
Group Services	0	0	<=1	1
NHSBT	<=24	21	<=32.5	11



65. Headcount / WTE (as at payroll date)

Function	Plan WTE (Ave YTD)	YTD Ave WTE (C)	Variance WTE	Variance %
Blood Supply: Manufacturing, Testing & Issue	806	798	7	0.9%
Blood Supply: Blood Donation	1,409	1,410	-2	-0.1%
Diagnostic and Therapeutic Services	849	792	57	6.7%
Organ Donation (including Group Services)	408	405	3	0.8%
Sub-total Operational	**3,472**	**3,406**	**66**	**1.9%**
CEO and Board	3	3	0	-12.7%
Quality	83	86	-4	-4.4%
Communications	73	66	7	9.1%
Estates & Facilities	77	76	1	1.9%
Blood Supply: Logistics	349	345	5	1.3%
Finance	99	98	2	1.7%
Business Transformation Services	27	22	4	16.5%
Workforce	137	129	9	6.3%
BTS - Information Communication Technology	169	163	6	3.6%
Clinical	181	170	10	5.6%
Research and Development	33	40	-7	-21.6%
Change Programme & Development	6	27	-21	-352.4%
Sub-total Group Service	**1,237**	**1,226**	**11**	**0.9%**
Total	**4,693**	**4,619**	**74**	**1.6%**
% Operational WTE to Total WTE	**74%**	**74%**		

66. Sickness Absence



RISK MANAGEMENT

Risk register summary (net risk) and summary by themes

Corporate Risk Register Summary	Red	Amber	Green
126	11	111	6

The dependency and reliance on the SME that currently provides support for our critical operational systems (PULSE/Hematos) and, in particular, their ability to retain the necessary capability and service levels as we transition away to new systems as part of the CSM project.

The ability to supply in case of the loss of a key facility (e.g. Filton, Speke) or the loss of critical IT systems (Pulse, Hematos, networks etc). The risk of critical system loss is increasing on the back of the significant changes that are planned (e.g. new desktop, CSM etc.) and the significant complexity and inter-dependency between them.

Inability to supply as a result of planning / supply challenges through:

- (at the macro level) limited visibility with regard to longer term blood demand trends and especially when current demand decline will be offset by the anticipated impact of demographic trends
- significant differential short term demand trends at group / component level (eg O neg red cells, A neg platelets)

The scale of the transformation programme across NHSBT will create a significant challenge on the capacity and capability of NHSBT to safely execute the change (both ICT and business resources) and a potential distraction to delivering business as usual.

The ability to maintain blood prices remains highly dependant on our ability to manage the combined impact of :

- the need to fund the significant investment in CSM (and uncertainty regarding the phasing of the spend and timescale)
- the organisational focus required to safely implement CSM and a slow down in the delivery of underlying BAU efficiency improvements
- ongoing reduction in red cell (and now platelet) demand and the loss of related income and contribution
- being able to generate significant productivity improvements in Blood Donation especially (given the inherent productivity gap and high contribution to overall costs) and the significant impact on service configuration required.

Ongoing reduction in demand will require significant changes to the configuration of blood collection services in order to not just maintain productivity but deliver the increased Blood 2020 targets. This would involve fewer / larger mobile sessions, greater use of fixed donor venues and much less collection activity in certain parts of the country. This could result in adverse donor reaction (and potentially attendance) if not managed and communicated well and an impact on supply if, for example, sufficient numbers of O neg donors cannot be retained.

The high prevalence of manual, paper based and verbal processes throughout NHSBT's operations, especially within reference testing and in the duty office within organ donation and transplant. Although these are mitigated by appropriate manual control checks, and new systems are removing transcription in some areas, there is a residual risk that these are ineffective and cause transcription errors that could lead to the death or harm of NHS patients.

RISK MANAGEMENT **Risk register summary (net risk) and summary by themes (cont.)**	Risk to delivery of TOT 2020 strategic targets driven by : • adverse trends in the organ donor pool • inability to change consent levels • lack of funding required for supporting business cases in respect of consent strategy and new technologies • lack of transplant capacity. Changing clinical/commissioning intentions in Stem Cells (ie Cord Blood / BBMR) as a recommended treatment, impacting on the outcomes and therefore the future viability of these services. There are no new high/extreme risks that have been formally escalated for review this month. A new risk may be reported in the near future month regarding emerging data on donor health and the results of the Interval and Compare trials (impact on donor numbers and testing costs). There were no new high/extreme risks this month: