

## NEW ZEALAND BLOOD SERVICE ANNUAL STATEMENT OF SERVICE PERFORMANCE MONITORING REPORT FOR THE 12 MONTHS ENDED 30 JUNE 2016

## Review Period: Quarter 3 Monitoring Report: 1 January 2016 – 31 March 2016

Performance Measure	Target Set FY16	Historical Trend Line						Achieved FY 2015/16				
	FY11 FY12 FY13 FY14 FY15 Budget \$								Actual \$			
Provision of a safe and effective blood	Revenue of \$112.30m	\$102.3m	\$105.5m	\$104.9m	\$104.0m	\$109.0m	Q1	+\$2.469m	Q1	+\$0	).91m	-\$1.56m
service for all New Zealanders through supply and delivery of:	Expenses of \$112.31m	\$93.0m	\$102.1m	\$107.0m	\$103.1m	\$104.3m	Q2	-\$0.521m	Q2	-\$4	482k	+\$39k
<ul> <li>Fresh Blood Components</li> </ul>	Deficit of -\$15k	\$9.3m	\$3.4m	-\$2.1m	\$0.9m	\$4.7m	Q3	-\$0.975m	Q3	\$1	.70m	+\$2.68m
<ul> <li>Fractionated Blood Products</li> <li>Other Products and Related</li> </ul>							Q4	-\$0.988m	Q4			
Services						FY16	-\$0.015k	FY16	** \$3	370k		
Quarter 3: Another solid quarter with revenue in the quarter of \$28.67m which was \$1.4m (+5.1%) ahead of budget. Quarter 3 delivered an Summary of March Q									- 2015/16	Financial F	Performar	ice
L LESUIL WAS QUE DIMATIN IO:										Budget		ance
. ,	(+\$409k) achieved off revenues that were 5.19	% higher than I	oudget,			(xx) = Unfavou			\$000's	\$000's	\$000's	%
2) Favourable inventory adjustm	ents over the quarter that were \$1.43m favour	able to budget	. All of this favo	urable gain re	lated to the	Gross Revenu Product Margi			28,674 8,618	27,271 8,210	1,403 409	5.1% 5.0%
manufacture of fractionated p	roduct and arises from a combination of produ	ction mix chan	ges and plasma	a yield movem	ents.	Total Expendit		ki i	(23,188)	(23,043)	(145)	(0.6%)
	vas slightly adverse to budget noting collection					Inventory Adjustments			1,669	243	1,426	587.9%
have been stabilised.	plasma stock levels and collection volumes re	equired to susta	in fractionated	product manu	facturing	Production Recoveries			14,110	14,000	110	0.8%
						Product Expiry	/		(636)	(591)	(45)	(7.6%)
	er was a surplus of \$1.70m a result that was si					Other Income			446	358	87	(24.4%)
	non-operating items specifically a gain of \$834 g the foreign exchange contracts held by NZBS			nge nucluation	iis. These	Foreign Excha		ed	(135)	(224)	89	-
				hia ranart		Operational Earnings		884	(1,047)	1,932	(184.4%)	
	et providing more comprehensive earnings det			•		Non Operating Price Rebate t			820	73	748	
	ear forecast indicates an operational surplus of					Reported Sur		ortor	- 1,704	(975)	2,679	(274.9%)
	<i>fluctuations</i> (-\$108k) and <i>accrued premises rer</i> s no price rebate to the DHBs in the 2015/16 fi		<i>пигсп</i> (-\$683К) 1	o a forecast fe	eportea	Ineported out		a (61	1,104	(313)	2,013	(217.370)



Externally focussed Service Perform	nance Measures rela	ating to achievement of	of NZBS's two extern	ally focussed strategi	c goals	
Performance Measures	2011/12	2012/13	2013/14	2014/15	2015/16	2015/16
	Actual	Actual	Actual	Actual	Target	Achieved YTD
1. External output measures related to Ke	y Products and Service	es which contribute to ach	ievement of NZBS Enduri	ing Outcome and Strategic	: Goal 1	
1.1 Product and Service availability						
Key products and services are available at all times (24 x 7). Measure is instances when this is not achieved and which could potentially have a negative consequence for patients.	0	0	11	0	0	Q1: Achieved Q2: Achieved Q3: Achieved Q4:
<sup>1</sup> There was 1 occasion in October 2012 when platelets of the right ransfused in Auckland. The patient's clinician advised that the una for on-going management.	vailability of platelets did not contrib	bute to the clinical decision to transfer th	e patient nor did it cause any harm to t	he patient. Following surgery the patier	It made a good recovery and was tra	gent neurosurgery and platelets was sensitive of the sens
2. External output measures related to De	mand Management and	the relationship with DHE	Bs which contribute to ac	hievement of Strategic Go	al 4	T
2.1 Planning and Communication with District Health Boards (DHBs)						
NZBS will demonstrate a productive and supportive relationship with the DHBs, including proactively engaging with them through the Lead DHB CEO to agree pricing for the next financial year, ensuring that this information is provided in sufficient time to inform preparation of DHB Annual Plans. <u>NOTE</u> : Exact measure has changed over recent years.	ACHIEVED Based on Feedback received from Lead DHB CEO	ACHIEVED As per feedback received from the Lead DHB CEO stating; "it would be my assertion that NZBS has met its Planning and Communications with DHB Objective."	ACHIEVED As per feedback received from the Lead DHB CEO stating: "NZBS has fully met the requirements of its 'Planning and Communications with DHBs' performance measure."	ACHIEVED Feedback received from the Lead DHB CEO that stated: "I can confirm from a DHB point of view NZBS has fully met the requirements of its "Planning and Communications with DHBs" performance measure in the 2014/15 financial year".	TARGET Favourable feedback on the timely and relevant provision of information, including issue resolution as provided by the Lead DHB CEO over the course of the 2015/16 financial year.	Reported as a full yea measure



	Performance Measures	2011/12	2012/13	2013/14	2014/15	2015/16	2015/16
		Actual	Actual	Actual	Actual	Target	Achieved YTD
2.2	NZBS Reports for DHBs Monthly demand management reports outlining purchase volumes by key product line are provided to DHBs to assist them to manage local usage and costs.	ACHIEVED Monthly reports detailing product use and expiry information provided to all DHBs throughout 2011/12.	ACHIEVED Monthly reports detailing product use and expiry information provided to all DHBs throughout 2012/13.	ACHIEVED Reports are provided to each DHB by the 12th working day of the following month.	ACHIEVED All reports provided to each DHB within an average 4 working days over 2014/15.	TARGET Reports are provided to each DHB by the 12th working day of the following month.	Q1, Q2, Q3: All monthly demand reports provided to each DHB within the stated timeframe.
2.3	Clinical Oversight Programme All Blood Banks located in main DHB hospitals (other than the 6 DHBs where NZBS is responsible for Blood Bank provision) will receive at least 1 NZBS Clinical Oversight visit (and audit report) per year in order to enable them to meet the requirements of ISO15189 for IANZ Accreditation.	ACHIEVED - 100%	NOT ACHIEVED – 96%	ACHIEVED - 100%	ACHIEVED - 100%	TARGET - 100%	Reported as a full year measure
2.4	Haemovigilance Reporting 1 To promote risk awareness and best practice in transfusion, NZBS will publish an annual Haemovigilance report for each calendar year and will share this information with all DHBs to assist them to reduce the incidence of adverse transfusion related events.	ACHIEVED 2010 Haemovigilance Report distributed to DHBs in November 2011 and available on NZBS web- site.	ACHIEVED 2011 Haemovigilance Report distributed to all DHBs in December 2012 and available on NZBS web-site.	ACHIEVED 2012 Haemovigilance Report distributed to all DHBs in December 2013 and available on NZBS web-site.	ACHIEVED 2013 Haemovigilance report published in November 2014 and provided to all DHBs and is posted on NZBS website	TARGET Haemovigilance Report for the 2014 calendar year provided to all DHBs by Quarter 2.	ACHIEVED 2014 Haemovigilance report completed and released to DHBs in October 2015.
	movigilance - Patient safety asured in calendar years)	2010	2011	2012	2013	2014 TARGET	2014
2.4.2	5,	ACHIEVED 0	ACHIEVED 0	ACHIEVED 0	ACHIEVED 0	0	Reported as a full year measure



	Performance Measures	2011/12	2012/13	2013/14	2014/15	2015/16	2015/16
		Actual	Actual	Actual	Actual	Target	Achieved YTD
3.	Internal measures related to Products a	nd Service Quality whic	h contribute to achieveme	ent of Strategic Goal 2		- -	
3.1	Donation Testing						
	Each donation will be tested prior to use in accordance with the NZBS Manufacturing Standards (as approved by Medsafe).						
	<ul> <li>No product is released for issue to a patient until it has passed all safety tests and associated records are maintained.</li> </ul>	100% tested	100% tested	100% tested	100% tested	100% tested	Q1: 100% tested Q2: 100% tested Q3: 100% tested Q4:
3.2	Regulatory Compliance - Medsafe						
	NZBS will ensure it maintains Medsafe licences for its 6 hub sites 100% of the time, to provide an assurance of GMP compliance.	100% GMP Licensing compliance	100% GMP Licensing compliance	100% GMP Licensing compliance	100% GMP Licensing compliance	100% GMP Licensing compliance	ACHIEVED Medsafe audit of 6 hub sites completed and 100% GMP compliance maintained
3.3	Regulatory Compliance – IANZ (International Accreditation New Zealand)						ACHIEVED
	NZBS will ensure it maintains IANZ accreditation 100% of the time at all of its diagnostic laboratories.	100% IANZ accreditation maintained	100% IANZ accreditation maintained	100% IANZ accreditation maintained	100% IANZ accreditation maintained	100% IANZ accreditation to be maintained	IANZ audits complete – 100% accreditation maintained
3.4	Regulatory Compliance – ASHI (American Society of Histocompatibility and Immunogenetics)						ACHIEVED
	NZBS will maintain ASHI accreditation 100% of the time at the national Tissue Typing laboratory.	100% ASHI accredited Biennial on-site audit completed	100% ASHI accreditation maintained	100% ASHI accredited Biennial on-site audit completed	100% ASHI accreditation maintained	100% ASHI accredited Biennial on-site audit to be conducted	100% ASHI accreditation maintained for Tissue Typi laboratory



Performance Measures	2011/12	2012/13	2013/14	2014/15	2015/16	2015/16
	Actual	Actual	Actual	Actual	Target	Achieved YTD
4. Internal measures related to Donors wh	ich contribute to achiev	vement of Strategic Goal 3	3			
4.1 Donor Population						
NZBS maintains a donor population capable of meeting the on-going demand for blood and blood products.						Q1: 109,268 Q2: 109,748 Q3: 110,133
Active whole blood & apheresis donor panels.	126,041	121,167	112,744	109,518	115,500	Q4:
Comment: The donor panels are constantly flexed to	ensure collection volumes	align with demand patterns an	d in so doing keep product exp	piry to an absolute minimum.	1	
4.2 Donor Satisfaction						
Measure of Overall Satisfaction with the Quality of Service using the Common Measurement Tool questionnaire.						
<ul> <li>Greater than 90% of donors surveyed state that they are either "Satisfied" or "Very Satisfied" with the overall quality of service.</li> </ul>	NOT ACHIEVED 88.6%	NOT ACHIEVED 88.3%	NOT ACHIEVED 88.4%	NOT ACHIEVED 87.9%	Greater than 90%	Reported as a full year measure
4.3 Targeted donor recruitment strategies						
4.3.1 Increase percentage of Māori donors on the active donor panel from the level achieved in the prior year.	NOT ACHIEVED 6.6%	ACHIEVED 6.7%	ACHIEVED 7.7%	ACHIEVED 9.3%	Better than prior year	Q1: 9.53% Q2: 9.66% Q3: 9.74% Q4:
4.3.2 Increase the percentage of youth donors between the ages of 19 – 25 years on the active donor panel from the 2012/13 level of 18.4% of all donors. <sup>2</sup>	NOT ACHIEVED 18.2%	ACHIEVED 18.4%	ACHIEVED 18.8%	ACHIEVED 18.8%	Better than prior year	Q1: 18.44% Q2: 18.77% Q3: 18.88% Q4:
<sup>2</sup> Attraction of youth donors assists in future proofing the service – encouraging new donors to replace those who are retiring.						



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Performance Measures	2011/12	2012/13	2013/14	2014/15	2015/16	2015/16			
	Actual	Actual	Actual	Actual	Forecast	Achieved YTD			
4.4 Raw Material (Collections) Inputs									
4.4.1 Total Whole Blood donations.	144,820	133,255	120,858	120,099	116,350 Q1: 30,588 Q2: 29,136 Q3: 27,442 Q4: 29,184	Q1: 31,584 Q2: 29,680 Q3: 28,918 Q4:			
4.4.2 Total Plateletpheresis donations.	6,521	6,066	3,942	3,436	3,130 Q1: 825 Q2: 783 Q3: 736 Q4: 786	Q1: 812 Q2: 881 Q3: 756 Q4:			
4.4.3 Total Plasmapheresis donations.	30,481	30,206	32,514	41,438	48,095 Q1: 12,646 Q2: 12,041 Q3: 11,342 Q4: 12,066	Q1: 12,481 Q2: 13,167 Q3: 12,778 Q4:			
4.4.4 Total donations.	181,822	169,527	157,314	164,973	167,575 Q1: 44,059 Q2: 41,960 Q3: 39,520 Q4: 42,036	Q1: 44,877 Q2: 43,728 Q3: 42,452 Q4:			
Comment: The focus for NZBS remained on ensur levels) is achieved. In quarter 3 the plasmaphe ensuring plasma stock levels held for fractiona	resis panel stood at 9,084 d	onors. This 20% increase in pl							
5. Internal measures related to People wh	5. Internal measures related to People which contribute to achievement of Strategic Goal 5								
5.1 Annual Employee turnover - Moving annual total basis for reporting.	9.7%	12.4%	10.4%	8.1%	12.0%	10.35%			
5.2 Employee Engagement Index Score from biennial Staff Engagement Survey using the JRA and Associates Survey Tool.	No survey	No survey	68.5%	No survey Note: the referenced survey results were released in June 2014	No Survey	Reported as a full year measure			



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	Auckland Facility Project Successful completion of key project milestones in accordance with Board approved project plan		New measu	Project Plan approved by Board and key milestones to 30 June 2016 achieved.	Reported as a full year measure		
Со	mment:						
	7.	Internal measures rel	ated to Financial Sustaina	bility which contribute to	achievement of Strategic	Goal 7	
7.2	Financial Management – to better the budget setting Assure cost efficiency and value for money management through maintenance of financial sustainability in an environment which is demand driven (i.e. changes in product demand - mix and volume by the DHBs, impacts on the NZBS financial result).	ACHIEVED Actual surplus of \$3.4m No price rebate paid to DHBs	ACHIEVED Actual deficit of (\$2.1m) No price rebate paid to DHBs	ACHIEVED Actual surplus of \$0.86m Price rebate of \$2.0m paid to DHBs	ACHIEVED Actual surplus of \$4.7m Price rebate of \$3.55m paid to DHBs.	Budget set as a Deficit of (\$15k) No price rebate planned to DHBs.	Q1: Surplus of \$912k Q2: Deficit 0f -\$482k Q3: Surplus of \$1.70m Q4: <u>Current Full Year Forecast</u> Q3: Surplus of \$370k – no DHB price rebate planned.
Sp	ecific Commentary Relating to the	e Quarter under Rev	iew				
<u>He</u>	<ul> <li>Achievements / Activities in Quarter</li> <li>Focus was maintained on growing the</li> <li>Business development/improvement and productivity gains in day to day a</li> <li>A review of the NZBS cold chain stor the goal of improving the integrity of a</li> <li>In November 2015 the donor nomogr collect has increased to 750gms whice</li> <li>NZBS is planning to establish HPC (Frequire space to be made available v</li> <li>NZBS has set its prices for the 2016/</li> <li>NZBS has a new Lead DHB CEO - C</li> </ul>	e plasma donor panel, no initiatives gathered mome activities. In addition an ini- rage systems has been co all products, tissues and s ram was updated enabling ch in turn over a year prov Haemopoietic Progenitor ia the likely transfer of so 17 financial year with a fo	entum in the quarter. The Pr itial end to end supply chain pmmissioned. The review wi samples as regards ensuring p more plasma to be collecter vides a further 1.1 tonne of p cells) processing facilities at me existing processing to th recast demand sector weigh	ocess Excellence initiative and production planning re Il assess the supply chain f compliance at all times to ed from some donors. As a lasma output and equates its Wellington site to servic e NZBS Christchurch facili	now has a number of project eview has been completed w from donor collection to the their required temperature of result of that change and ot an annual saving of \$400k for ce the needs of Capital & Co ty. Staff consultation on the l off the NZBS assessed 201	ts in progress focussed c vith recommendations unco patient and all moves and storage / transport specifi her refinements the avera rom reduced collections. the transport specification of the rom reduced collections. The storage of the specification of the spec	n delivering efficiency der consideration. I storage in between with cations age plasma volume per DHB. This initiative will tly. each DHB.

constantly changing sector demand profile. The full year financial performance target is now expected to be achieved, largely due to inventory gains. NZBS considers it remains on track to meet the key 2015/16 targets as stated within the Annual Statement of Performance.