NHS Blood and Transplant

NHSBT Board

30th May 2019

Chief Executive's Report

Status: Official

Personal Perspective – First 100 days

It has been a thoroughly enjoyable, if not very busy first few months at NHSBT. I have visited over 15 sites across the country, from Newcastle, Liverpool, Leeds, Birmingham and Manchester, to Oxford, Cambridge and Filton (and others in between).

In addition to meeting staff and touring our facilities, some of the highlights for me include:

- Witnessing the daily acts of altruism performed by our faithful blood donors
- Spending an afternoon with one of our drivers delivering blood to local hospitals
- Meeting with transplant surgeons at Addenbrookes and Hammersmith hospitals
- Hearing Max's mum, Emma, tell the poignant story of waiting for and then receiving a heart from Keira
- Speaking with our BAME network and external stakeholders about the need to increase the racial and ethnic diversity of our staff and donors
- Learning more about the implications of genomics on the future of transfusion and, more widely, preventative population healthcare
- Developing a joint strategic agenda with my counterparts at the blood services in Canada, the United States and Australia (Alliance of Blood Operators)
- Discussing the NHS Long Term Plan and system leadership with c30 hospital CEOs at a recent NHS conference.

These and other activities have been invaluable in terms of learning about the varied nature of the work we do across NHSBT, our engagement within the wider health system (which is rapidly changing around us) and hearing how others are thinking about the future. I hope my interaction – both in person and on social media – has helped people get to know me and lay down the foundations for future dialogue and trust.

I have been impressed by the breadth and depth of capability across NHSBT, from clinical and scientific to manufacturing and logistics. This, coupled with our people's strong sense of commitment to our mission of Saving and Improving Lives, is an invaluable asset for us going forward. That said, there is work to do address the root causes of the issues we experienced last year with CSM and blood stock levels.

In parallel, we must recognise that the world is changing around us: demographics, consumer trends, clinical practice, the NHS operating model and emerging new technologies. These all have implications for the products and services that NHSBT provides, as well as the skills and capabilities that we will need in future.

I believe this context calls for more than just a new blood strategy. I am proposing that we undertake a fundamental review of our operating model based on a new vision for the future. A draft outline of the approach by which we undertake this work is included on the agenda for discussion.

I have already made some immediate changes to the rhythm of the organisation. First, the Executive Team (ET) now meets weekly for three hours rather than every other week for a full day. Energy levels were hard to sustain during the longer format and the more frequent interaction has already started to improve team dynamics. We will start to rotate these meetings around the country so that we, as a leadership team, spend more time meeting with local staff and stakeholders.

In addition to our weekly meetings, I have also started taking ET offsite for regular development days. Our first was spent talking about what it means to be a team, which led to the creation of a new Team Charter (see appendix A). We will use this to hold ourselves to account for our behaviours when we come together. Our next development day on June 5th will be spent discussing our ambitions for the next chapter in NHSBT's long and successful history.

To ensure we have a strong grip on performance, I will shortly be introducing Quarterly Performance Reviews (QPRs). These will entail a structured and rigorous review of financial, operational and project performance by directorate. I am in the process of reviewing our approach to Governance and Risk Management; announcements to follow shortly.

Appointments

I have appointed Alia Rashid as my new Chief of Staff. Alia is a Specialist Nurse in Organ Donation where she has been a Team Manager in the East Region since 2016. She is currently completing her Masters Degree in Health Management.

This is a new role for the organisation and, as such, Alia and I will be creating it together once she starts on July 1st, 2019. The note I posted on Yammer (Appendix B) sets out my aspirations.

I have also seconded our social media manager, Melissa Thermidor, to work with me on developing a BAME strategy that will deliver a step change in the racial and ethnic diversity of our staff and donors. I have encouraged her to engage widely with internal stakeholders and external thought leaders, with a view to introducing fresh and even disruptive approaches.

Freedom to Speak Up ('FTSU')

The Freedom to Speak Up Review, led by Sir Robert Francis, highlighted the importance of having effective arrangements in place for staff to raise concerns about patient care, quality, and safety. Earlier this year, the Executive Team agreed to follow the lead of NHS Trusts and Foundation Trusts by appointing a FTSU Guardian. We understand that other ALBs are in the process of doing the same.

There is no one model for implementation; our initial plan was to add this role to someone's existing responsibilities. However, we have reflected on feedback about the organisation's recent track record of taking on board staff concerns (e.g. re CSM, blood stock levels, etc), as well as reports in some parts of the organisation about bullying and harassment. As a result, we have decided to appoint someone on a full-time basis for an initial 12 month period in order to support the cultural change we need; recruitment is underway.

Upon appointment, we will launch a communication campaign to reinforce our values, the importance of speaking up and our commitment to listening. Our FTSU and associated cultural change efforts will complement existing mechanisms for whistleblowing.

Infected Blood Inquiry (IBI)

Witness hearings commenced on April 30th in London. In addition to Counsel, several senior colleagues attended in person where they heard moving evidence from witnesses. We provided a link to the live feed for people who were not able to attend in person.

Further evidence sessions will be held in Leeds, Belfast, Edinburgh and Cardiff, followed by organisational hearings which we understand will commence after Easter next year.

We continue to work cooperatively with the IBI who published a statement from their Chair welcoming our decision to waive legal professional privilege.

On April 2nd, we hosted a visit to Filton for the Chair and Lead Counsel, together with representatives from JPAC and SHOT.

EU Exit

Following the extension to the deadline for the UK departure from the EU, no deal preparations were ramped down across government. In line with the latest planning guidance from DHSC and NHS England, the Executive Team decided to:

- Complete the small number of outstanding No Deal preparations
- Return the bulk of staff working on EU Exit to their substantive roles
- Ramp up our efforts again if Parliament hasn't agreed a deal by September 1st, 2019

Outstanding No Deal preparations include:

- Filling certain gaps in our consumables stockpile
- Introducing an inventory system to provide assurance that stockholding is being maintained
- Concluding work on deliveries to hospitals in Kent in the event of congestion at the ports. We are awaiting a response from Kent Police
- Finalising organ sharing agreements. We are waiting for signed agreements from the Republic of Ireland, FOEDUS and France to be returned

We continue to work closely with (and report regularly to) DHSC and NHSE.

NHS Activity

From April 1st, NHS England and NHS Improvement came together to act as a single organisation with the aim of improving support to the NHS and care for patients. A new integrated leadership structure has been announced, with Ian Dalton, CEO of NHS Improvement, stepping down and Simon Stevens, Chief Executive of NHS England, taking over leadership of both teams. Restructuring at the Executive Senior Management (ESM) level has now been completed, with further integration to follow across the rest of the organisation.

Another joint unit - NHSX - is being created to drive digital transformation across the health and social care sector. To date, responsibility for technology, digital and data policy has been split across various organisations. From July 1st, programme teams from DHSC, NHS England and NHS Improvement will move into NHSX. Matthew Gould has been appointed Chief Executive and will be jointly accountable to the Secretary of State and to Simon Stevens. Though specifics are still to be confirmed, we expect that NHSBT will be subject to NHSX standards and spend controls on future IT development.

NHS England recently concluded a short consultation on proposals for possible legislative changes to underpin delivery of the Long-Term Plan. We understand there are no current plans to change the governance or reporting arrangements for NHSBT. We will watch this space closely and, in parallel, seek to build our relationships at all levels within NHS England/Improvement and NHSX

Regulatory Activity

Since our last Board meeting, MHRA have inspected our Plymouth site and the HTA has conducted inspections at Southampton, Colindale, Birmingham and Sheffield. All five inspections were positive. We are preparing for further inspections during May and June from the HTA and MHRA in Filton and Colindale, respectively.

Blood Donation, Manufacturing and Logistics

Blood stocks remain at healthy levels and are forecast to remain so, though we continue to substitute certain blood types (e.g. Ro) with O neg. O neg is currently under pressure with issues for April and May to date 6% (+1549) higher than forecast. Collections are over 2% higher than target but stock levels will fall unless issues come back in line with forecast and/or collections increase. BOLT Is actively managing the situation.

We have started to scope a piece of work to re-imagine our donor engagement model in an effort both to improve the donor experience and to secure the mix of donors that we need to meet clinical demand. We will be taking a user-centric approach to this work, the outputs of which will inform our marketing efforts and location strategy, as well as our digital, data and technology roadmap. As part of our wider strategy work, we explore the possibilities for providing enhanced (e.g. genotype) matching for frequently transfused patients.

On LRP, we have worked with Joint Officers to develop an alternative approach to the original proposal that was shared with Board before Christmas. Our new approach takes on board Joint Officer feedback and accommodates their main concerns, whilst delivering similar benefits. We have commenced formal consultation with national Staff Side and hope to be able to communicate with affected teams in early June.

We have worked with Staff Side on a further iteration to the Lessons Learnt document on blood stock levels that was shared with Board in March. The updated version will be included with the rest of the papers for the Board to note.

Organ Donation and Transplantation

Organ donations in April were down 19% (27 donors) compared to the same time last year. The number of eligible donors was only 416 – the lowest number since April 2013. Urgent action is underway to understand and address the root causes of this downturn in performance.

On Opt Out, the 'Pass It On' campaign was launched on April 25th, 2019. It has been well received by a range of stakeholders. That said, a recent increase in 'fake news' messages on social media led to a spike in opt out registrations, with 67,623 new opt outs between April 27th and May 4th. This takes total opt out registrations to c700,000, against a projected total of 3.25 million. We continue to work actively on combatting the spread of incorrect and alarmist information.

In June, we expect the HTA to consult on Codes of Practice for the implementation of deemed consent legislation. This is an important step as the Codes will inform the training programme for SNODS and other colleagues.

DHSC launched its consultation on secondary legislation regarding novel and rare forms of donation. NHSBT's proposed response is included on the agenda for approval. Scotland's primary legislation is also progressing, with all Government amendments being accepted at the Stage 2 Reading.

Integration of the Organ Donor Registry with the NHS App went live on April 29th, on time and within budget. On Donor Path, we and our development partner (Apadmi) won two awards at the Prolific North Tech Awards 2019. The awards were for 'Best Application of Tech – Health' and 'Transformation Through Technology'.

Diagnostic and Therapeutic Services (DTS)

NHSBT is the predominant supplier of corneas for transplantation in the UK and Europe's largest tissue and eye bank. Since acquiring the Bristol and Manchester eye banks in 2015, we have increased the number of corneas provided for transplantation by 100%, from 50 to 100 per week. This figure is set to increase following a collaboration agreement with Moorfields Eye Hospital, which will allow them to close their internal eye retrieval and banking facility and remove their dependency on imported corneas from the US. ODT is working with DTS to help meet the associated increase in demand.

In October, the Manchester Eye Bank will be relocated to Liverpool as part of our wider efforts to optimise the supply chain. In 2020, we will be hosting the European Eye Bank Association conference – a great opportunity to raise awareness and showcase our work.

NHSBT is also major provider of Therapeutic Apheresis Services (TAS), providing treatment to adults and children from eight sites. Over the past year, TAS have:

- Carried out a record 9,224 apheresis procedures
- Achieved excellent patient satisfaction scores (97% of patients rated overall satisfaction as 9 or 10 out of 10)
- Improved patient access to Automated Red Cell Exchange
- Commenced cutting-edge therapies such as CAR-T
- Become the only NHS stem cell collection service provider for the three registries (DKMS, BBMR, Anthony Nolan)

A full annual report is available upon request.

Appendix A

Executive Team Charter

In order to become a great, high performing team that achieves more together than we can individually (and has fun doing so!), we will:

- Be present
- Respect each other's expertise and opinion
- Listen generously
- Assume best intentions
- Speak honestly
- Challenge the point not the person
- Not say anything outside the room that we wouldn't be prepared to say inside the room
- Provide clarity in our decisions and communications
- Delegate more and only do what only we can do

#teamNHSBT

Appendix B

Why I am recruiting a Chief of Staff:

Some of you may have noticed that I am recruiting a Chief of Staff. I'm conscious that this is a new role for the organisation, so I thought I would share a bit about the role and the kind of person I'm hoping to find to fill it.

I thought I'd start with a personal story:

Many years ago, shortly after I moved to the UK, the organisation I worked for was acquired by Centrica (the parent company of British Gas). The deal was referred to the Competition Commission and I soon found myself in front of a panel answering questions with the then Chief Executive, Sir Roy Gardner.

After the enquiry over, he asked me to become his Executive Assistant, which I did for two years before going back 'into the business' to continue my career journey. It was sheer luck and good fortune that I came to the attention of Sir Roy in this way. I look back now and realise how it was the best thing that ever happened to my career, opening many of opportunities that have brought me to where I am today.

The role gave me a bird's eye perspective on the organisation, helping me to see a bigger picture than I had appreciated before. I saw how decisions got made at an exec and Board level. I learned about new parts of the business and I developed a network of people I would not otherwise encountered - people who went on to become my mentors and sponsors.

What did Sir Roy get? Well, someone who could action things on his behalf. Someone who learned his 'voice' and could draft his speeches, letters and CEO reports to the Board, someone whom he could bounce ideas off and who would escalate things to his attention as and when required. In short, a right-hand woman and confidante.

It was a win/win for us both, which perhaps explains why the role (under many different names) exists in so many organisations across the private and public sectors. I'm very keen to introduce it here. Having just arrived, I could really do with an extra pair of hands! I think it will prove an excellent development opportunity for an aspiring leader.

What kind of person am I looking for? First, someone who is organised, emotionally resilient and comfortable working under pressure in a fast-paced environment. Second, high levels of emotional intelligence and political acumen to deal with the people aspects of the role (i.e. engaging with the rest of the executive, Board and other stakeholders). Finally, someone with strong written communication skills who is adept at structuring and drafting well written notes and papers.

I hope this gives a flavour of the role and the development opportunity it could be for the right person.

Yammer post
28 March 2019