NHS
Blood and Transplant

NHSBT Board

25th July 2019

Chief Executive's Report

Status: Official

In May, I set out the rationale for a fundamental review of our operating model and the development of a new organisational strategy for NHSBT. Since then, we have made good progress developing a draft vision for the future, informed by the strategic shifts we will need to make if we are to remain fit for the future. We will be seeking Board input to our early thinking at our Development Day on 24 July.

We will begin the day with a presentation from Sir John Bell on the opportunity for NHSBT to participate in a major genomics trial focused on preventative population health. We will also hear from Siva Anandaciva, Chief Analyst at the Kings Fund, on the fundamental changes underway across the NHS as part of the Long Term Plan. Together with the pre-read on our donors, customers and horizon scanning, we hope this will generate a good discussion on our strategic direction and priorities.

Metalogue, a specialist organisational design and development firm, will be joining us to help facilitate our discussion. They have been engaged to support the development of our organisational strategy and to help us make the leadership and cultural shift that will be required to deliver.

My aim is to complete phase 1 of this work by the end of the year such that we go into 20/21 with clear priorities and a strategic roadmap of change. In the meantime, we are taking urgent, 'no regrets' action to strengthen a number of key areas. Specifically:

- Richard Rackham has been appointed to strengthen our approach to risk management (alongside his continued responsibility for EU Exit and Business Continuity Planning), reporting into Ian Bateman;
- We have recruited a Company Secretary who will lead a parallel review of governance;
- We have commissioned an external review of our approach to project and programme management, and will be looking to streamline reporting whilst improving capability, planning and performance;
- I have introduced Quarterly Performance Reviews with each operating unit (ODT, DTS, Blood Donation and M&L) to provide greater scrutiny on financial and operational performance; and
- We will be looking to improve assurance to the Board by refreshing our Board performance report.

Quality and Compliance

Two extensive and complex regulatory inspections were carried out in June - in Colindale by the MHRA and in Filton by the HTA. No major non-conformances were raised in either inspection. Further inspections will take place in July by the HTA and MHRA in Oxford and Leeds, respectively.

In regard to the previously reported license breach at Colindale, the HTA held a Regulatory Decision Meeting but have asked for further information before making a final decision. They have already confirmed, however, that they are happy with our corrective action plan and believe it will be effective in preventing a recurrence.

As part of our lessons learnt, we are in the process of reviewing all of our HTA licenses and, so far, are able to report that no further issues have been identified. We will provide the results of this review to the HTA as soon as it is complete.

Infected Blood Inquiry

We continue to attend witness hearings, which will conclude in October 2019. We are also organising meetings with former staff whose roles suggest that they may be involved in the next stage of the Inquiry hearings, being held in July and September

In the meantime, we are responding to a number of new requests for information, including donation records and blood pack numbers. Iron Mountain have nearly completed cataloguing the contents of the 14,500 boxes registered with them whose contents were previously unknown.

Blood Donation

Red cells stocks have remained at or above target levels for all groups with the exception of AB neg, where volumes are low and volatile. We are managing shortfalls with A neg substitutions. With overall stock levels now so high, we may need to start actively managing the impact on waste and date of issue.

Whilst overall demand continues to fall, we are seeing an upward trend for O neg - both in absolute terms and as a percentage of total demand. This, coupled with a recent increase in 'do not attends' and deferrals, means that we are becoming increasingly concerned about O neg stock levels.

The Blood Operations Leadership Team ('BOLT') is actively monitoring the situation and taking action across the supply chain to keep stock levels out of the red. This includes writing out to hospitals about the need to better manage demand. I have asked Greg Methven, Chair of BOLT, to provide a further update at the Board.

Part of the increase in O neg demand is coming from small district hospitals, where we know there are skill shortages. We are working with them on better blood management but are also taking further action to bolster collections, e.g. increasing the number of priority slots and outbound messaging.

In our efforts to meet the demand for O neg, it is critical that we avoid abusing the goodwill of our loyal donor base. Key to this is increasing the size of our pool through new recruitment. Our O neg donor base currently stands at over 111k – a level last seen in 2013.

During National Blood Week (10-18 June), we focused our comms on the need for O negative and more male donors. New donor registrations jumped by 44%, and male registrations increased by over 3,500 vs the same period in May.

We also appealed for more black donors to save and improve the lives of patients suffering from sickle cell disease. Registrations increased by 6% vs the same period last year. More importantly, we met 59% of Ro demand in June (up from 50%), despite demand continuing to increase by 13%. It is too early to tell whether this is a one off improvement or the start of a positive trend in terms of closing the gap between the supply and demand for Ro.

Manufacturing and Logistics

We have updated our approach to the Logistics Review Programme (LRP) following representations from national staff side on how to minimise the impact for colleagues, avoiding compulsory redundancies and reducing the level of reduced earnings. The new approach, which removes the extended use of 3rd parties for end-of-session collections, will be implemented nine months ahead of plan. Though savings are lower (minimum of £1.8M vs £2.6M), so too is the investment (£2.3m vs £3.1m), delivering a 30 vs 34 month payback. We are confident of our ability to deliver the minimum savings having already seen a high response rate to the launch of our Voluntary Redundancy scheme.

We have successfully completed Phase 2 of the Warehouse Optimisation Project, which transferred operations from Kings Norton to Emerald Park. All other projects (Fleet, Management Review and Hospital Delivery Timings) remain on time, on budget and with committed benefits released according to plan.

Plasma

The Board will be aware that ministers are considering SABTO recommendations to withdraw the requirement to treat patients born after 1995 with non UK derived plasma. Should ministers confirm their approval, we have a detailed plan to transition from imported plasma to UK-sourced plasma. The required increase in production is less than 10% and can largely be met from our existing red cell collections and production capacity. The only exception to this is for group AB and A for which additional male donations are required. In anticipation of this need, we have already ramped up male donor recruitment.

As DHSC have already been informed, it will take us c12 months to fully execute this plan. This is due to the six months' notice we must give our overseas supplier and the further six months it will take to run down our stock.

In addition to replacing imported volumes, there is a scenario whereby hospitals could decide to replace their use of OctaplasLG with UK-sourced plasma. For us to meet the associated increase in demand, we would need to increase our recruitment of A and AB plasma donors as well as our capacity to increase collections. We will bring a paper in September with further information on this scenario.

It is worth noting that SABTO's advice does not cover the use of UK plasma for fractionation.

ODT

We have seen a continued decrease in deceased donation and transplantation, down 9% and 8% YTD, respectively, as at 30 June (vs this time last year). The fall in donation is largely due to a reduction in the eligible donor pool. Whilst we are focused on driving improvements across the donor pathway, we are reaching diminishing returns on all areas except consent which remains the single biggest opportunity to increase performance.

More work is required to understand the decrease in transplants which is largely coming from lungs and hearts. We are holding a 'lung summit' with the transplant community to investigate and address the root causes. If this is successful, we will look to do the same with the heart transplant community. Given the lack of hard levers at our disposal, we have agreed with DHSC to drive performance via the Opt Out Programme Board which has senior representation from NHSE and the broader transplant community.

On a more positive note, we have seen average waiting times reduce by 2% (to 965 days) and 7% (830 days) for Black and Asian patients, respectively. That said, more work is required to raise awareness and consent rates within Black and Asian communities as these figures still compare unfavourably to average waiting times for White patients which currently stand at 640 days.

Our 'Pass It On' campaign to communicate the change in law is currently focused on 'free' PR and stakeholder opportunities. This will be complemented with paid advertising - including significant TV and radio - in the new year. General population awareness of the change in law currently stands at 59%.

Scotland's Bill successfully passed its 3rd Stage and is due to gain Royal Assent. They are leading their public awareness campaign and the training for SNOD teams. They will also be requiring new consent processes put in place for pre-death procedures (e.g. taking blood for testing), which is not required in other countries. Implementing this in NHSBT will require changes to the consent process, including associated IT platforms (e.g. DonorPath; Potential Donor Audit). We are in the early stages of establishing this as a project within our wider Opt Out implementation programme.

On 4th July, the Human Tissue Authority (HTA) launched a 12 week consultation of the new Code of Practice for Opt Out. It is unlikely that the Code will be available before the new year as it has to be cleared by the Secretary of State and then laid before Parliament. We are working closely with the HTA throughout this process, to ensure our training programmes and documentation reflects their final document.

It is worth noting that operational funding has yet to be confirmed beyond the current financial year, so we are progressing at risk – particularly with the recruitment of Specialist Nurses and other operational team members. We are liaising with the DHSC to manage this risk and provide information as required to support the Spending Review process.

DTS

Therapeutic Apheresis Services (TAS) continues to expand its services, with growth of 7% driven by higher than forecast activity in plasma exchange and stem cell collection. TAS has maintained its high level of patient focus, with 97% of patients rating the quality of care as 9 or 10 out of 10 in a recent survey. TAS has also recently expanded its presence in London, with an agreement to provide red cell exchange services at the Whittington Hospital for patients with sickle cell disease.

Tissue and Eye Services (TES) also continues to expand its services, with significant growth in ocular products including corneas and allogeneic serum eye drops. The recent introduction of a revised dispensing system for serum eye drops has been well-received by patients and has allowed the backlog of patients awaiting treatment to be cleared.

The 2018/19 annual review for the Anthony Nolan and NHS Stem Cell Registries was published in July. Since 2010, the number of patients in the UK able to proceed to a life-saving stem cell transplant has increased by over 30%, and around 60% of BAME patients are able to find a well-matched transplant (40% in 2010) compared to around 80% of Caucasian patients.

A meeting of the UK Stem Cell Oversight Committee was convened on July 4th to discuss trends in stem cell transplantation and to inform the next phase of the strategy. The panel of national and international experts reinforced the need to maintain the UK's focus on cord blood transplantation in light of changing medical practice towards haploidentical transplantation, as a method of providing more patients (including BAME patients) with a well-matched transplant. A revised strategy for stem cell transplantation will be presented to the NHSBT Board in January 2020.

ICT

I am pleased to report that Brian has agreed to extend his contract with us through Christmas. We will shortly be launching a campaign to recruit a permanent replacement.

Good progress has been made on the plans outlined to Board in May:

- ATOS have completed their first deliverables on the Data Centre & Infrastructure programme (a paper on which is on the agenda for this meeting);
- PA consulting have been chosen to undertake the Solution Strategy work and started at the beginning of July;
- We have successfully recruited a new AD for Service & Operations who is due to start at the end of July; and
- Work on the Cyber approach is progressing, with recruitment and procurement of new Cyber tools a core focus, balanced with increased operational measures to harden our day-to-day security posture. Please note that we have arranged a two-hour Board seminar on Cyber following the Private section of our meeting on 25 August.

In parallel, we also have a significant programme of activity underway to improve system performance. The first stage of this process - to increase processing capacity - is largely complete. The second - to increase storage capacity - is underway and on track to deliver by September. We are actively monitoring both technical (e.g. CPU usage, users per server) and end user improvements.

The Board should be aware that we have experienced an increase in IT-related incidents over the last three months. The principal recurring issue relates to the interface between Pulse and Donor Portal - a legacy but un-remediated problem. A fix for the most pressing issue has been implemented. However, given the increase in incidents, we are standing up a team to accelerate improvements to this interface.

Major Programmes

Following Board approval in May for **Session Solution**, we have received approval from the Department for Health and Social Care and confirmed BT as our managed service partner. PwC have been engaged to review the terms and conditions of the contract before signature; they are due to make recommendations later this month. Despite this progress, we are currently reporting a two month delay against the original timeline as it has been agreed that we need the contract in place first, rather than testing the hardware and software in parallel, as originally planned. We will take this time to re-baseline the plan and ensure the team is set up for the next phase of delivery.

The **ODT Hub** programme has successfully delivered the digital Interactive Matching Run into live for four of the six organ groups. This makes offering safer and simpler by removing paper from the process and minimising the risk of human error. The new Kidney and Pancreas Offering Schemes are now in the final stages of testing and are on-track for launch on 3 September. Development has commenced on the final major objective for the year, which is to bring the digital Interactive Matching Run into use for the remaining two organ groups (Kidney and Pancreas).

While the programme has delivered to time so far, it is reporting 'Amber' due to an unexpected need for more IT developer resources. A resource request has been made to support the development of the final digital Interactive Matching Run which is more complex than anticipated. It is proposed to fund this from the programme's contingency budget. Despite this challenge, the programme overall remains on course to deliver all items within the overall budget and anticipates reporting 'Green' next month.

The **Barnsley project** is proceeding to plan with internal walls now complete and air handling installation and cabling underway. We are in active discussions with staff side as to whether and for whom redundancy packages will be available.

We had been due to bring an update on the project to move the Clinical Biotechnology Centre ('**CBC**') to Filton to the Board in July. However, as costs have increased quite substantially since the original business case, we are taking a moment to review the rationale for continued investment which we hope to bring to the Board in September.

People

As set out in my objectives, I am working to increase our investment in leadership and organisational development. To this end, the Executive Team recently assessed our Deputy and Assistant Directors against a 9 box grid of performance and potential. Work is now underway to ensure individual conversations and development plans are in place. This has already resulted in three of our high potential individuals being nominated for the Healthcare Leaders Scheme 2025 for aspiring Directors/CEOs.

Another priority is to improve the diversity of our workforce, particularly at senior levels. We will therefore be conducting a similar talent exercise of our BAME leaders from Band 7 upwards. Since our last Board meeting, the Workforce Race Equality Scheme (WRES) has published a comparative report on ALB performance in this area, setting out a stark picture of why action is needed:

- White applicants are 1.4x more likely to be appointed once shortlisted than BAME applicants - an improvement from last year (1.6x in 2017);

- BAME staff are 1.4x more likely to enter a formal disciplinary process - significantly higher than the NHS trust average of 1.24; and
- Only 36% of BAME staff believe that NHSBT provide equal opportunities for career development and promotion, vs 51% for white members of staff. Both figures compare unfavourably to the NHS trust average of 71.5% and 86.6% for BAME and white staff, respectively.

We have taken immediate action to triage all disciplinary cases and to review our E2E recruitment processes. We have also appointed a Freedom to Speak Up Guardian who will be taking up post shortly. The Remuneration Committee will be reviewing our performance and activity on Diversity and Inclusion in more depth over the coming year.

Research and Development

In June, an international panel of experts carried out a two-day Quinquennial Review of our Research and Development Strategy. NHSBT was commended for the quality of the science, particularly in regard to donor health, clinical trials and component development. The panel is currently compiling its report and recommendations, which will be reviewed by the Executive Team in August.

As part of this discussion, we will begin to identify the strategic and business challenges around which we might focus our future R&D strategy and programme of activity. This could include a greater focus on behavioural research (e.g. in support of BAME donation), as well as an increased focus on clinical trials of products and services in support of patient (rather than our own operational) needs. We will need to discuss whether this is in addition to - or instead of - our traditional focus on transfusion and transplantation microbiology, donor health and genomics, etc. We will bring a discussion document to the Board later this year.