

NHSBT Board26th September 2019**Chief Executive's Report****Status: Official****Government Affairs**

Since the last Board meeting, Matt Hancock has been re-appointed as Health Secretary and Caroline Dinenage has been appointed as the new Minister of State for Care, with responsibility for NHSBT. Millie Banerjee and I are hoping to have our introductory meeting with the minister in October. In the meantime, we are due to meet with the Permanent Secretary, Sir Chris Wormald, on 17 September. We understand that he will be interested in hearing what steps we are taking to improve our governance and strategic risk management.

On 9 September, the Minister of State for Care issued a written ministerial statement approving the use of domestic plasma and pooled platelets for patients born on or after 1 January 1996 or with TTP. This decision followed advice from SaBTO in March. NHSBT has now been directed (as have our Welsh and Scottish counterparts) to begin a managed transition away from imported plasma. Our implementation plans will be covered in a later agenda item.

On 12 September, I attended a Delivery Partners EU Exit planning meeting with the Minister of State for Health, Chris Skidmore. We were reminded that, unless something changes, the default legal position is that the UK will leave the EU with no deal on 31 October. As such, we have been ramping up our no deal preparations with deep dives across each directorate and have sent representatives to each of NHS England's regional workshops led by Keith Willett. I am planning to chair an overall readiness stocktake ahead of the Board on 25 September.

Quality

Three external regulatory inspections were carried out by the MHRA (Leeds and Tooting) and HTA (Oxford) in July and August; no major non conformances were raised. Planned inspections for September include the MHRA in Cambridge and also a key inspection of our IMP licence in Filton following significant issues with the clean rooms - all of which have now been resolved.

We continue to await an outcome from the HTA in relation to the previously reported license breach at Colindale. Internally we are working to improve the processes around licence management; no further issues have so far been identified.

We have seen a recent increase in the number of overdue items within the quality management system. This has been discussed at the Executive Team level and is being managed within specific directorates. The MHRA have asked to review our current overdue status during the Cambridge inspection.

Blood supplies

Stocks have remained largely stable over the summer and into September, though we have recently taken a decision to increase O neg collections given the ongoing increase in demand from hospitals. More work is required to understand whether this increase is addressable (i.e. due to poor hospital practice) or is a function of changing clinical practice, which NHSBT will have to manage through supply side measures.

The pressure on our O neg donor base continues to be exacerbated by the ongoing increase in demand for Ro blood. Despite growing our black Ro donor base by 40% since June 2017, we are still having to substitute about half of hospital demand for Ro with O neg.

Given the increasing difficulty and cost of recruiting and retaining the right mix of blood donors to meet changing hospital demand, we are seeking Board approval to engage external support to help us re-imagine our E2E donor engagement model. This request, and a fuller update on the supply/demand situation, is included later on the agenda.

In the meantime, we have been exploring a number of community-based partnerships in an effort to increase our black donor base.

- Barts Health Trust: we are proposing a jointly branded campaign with this multi-site trust in SE London. They are not only one of our largest customers but the largest user of Ro, reflecting the size of their sickle cell programme. We have asked them to 'help us help you' by leveraging their staff networks and extensive ties into their local community to drive awareness and increased collections from the local black population.
- L&Q – along a similar vein, we are working with this large London-based housing association to promote blood donation to their staff, residents and local stakeholders. We are also exploring the use of their venues for mobile sessions.
- Black Churches – with faith a large motivator for donation, we are speaking with a number of black churches about piloting dedicated collection services after church services.

To support these initiatives with local, flexible collection points, we are exploring the potential loan of a six-bed 'Blood Bus' from the Northern Irish Transfusion Service.

Blood Pricing

The commissioning proposals presented by NHSBT for the 2020/21 financial year were approved by the National Commissioning Group (NCG) meeting on 13 September. As a result, the price of red cells will rise by 6.9% to £142.66 /unit next year with around 4.5% of the increase due to increased and funded system costs such as employers pension contributions. The pricing proposals for DTS (a 3.5% overall increase) were also accepted and approved at the meeting. The prices presented for plasma products were not adjusted to reflect the revised SaBTO guidance on plasma. These will now be re-worked, and presented to the board in January, before being taken to an additional offline NCG meeting in February for agreement. Any financial impact in 2019/20, as a result changes to hospital ordering of plasma products, will be offset against the rebate due to hospitals, and was also supported by the NCG. Prior to the agreement on pricing, NHSBT made the NCG aware of the significant changes that are taking place regarding demand for O negative red cells. This generated a significant level of discussion and, although it did not lead to any conclusions regarding the drivers for the trend, it is now recognised as being a material issue that we need to resolve together.

Organ Donation and Transplantation

On the agenda this month are updates on the Opt Out campaign, which is going to plan, and organ donation and transplantation numbers YTD which, unfortunately, have continued to decline since last year. The paper from Anthony provides a fuller analysis of the issues and the actions we're taking to address.

The ODT Hub programme is reporting 'green' and remains on course to deliver all items on schedule and within budget. This last period has focused on completing the development and testing of the new Kidney and Pancreas Offering Schemes, which went live on 11 September.

Therapeutic Apheresis Services (TAS)

TAS continues to expand its service: we will soon begin to provide patients in South Wales with Extracorporeal Photopheresis treatment at the University Hospital of Wales. Currently these patients have to travel to Bristol to receive this specialised treatment, with some patients unable to get access as they are too unwell to travel.

We have also started providing routine and emergency automated Red Cell Exchange (RCE) services at the Whittington hospital in London for patients with sickle cell disease. We expect volumes to grow over the next six months as patients are gradually repatriated to the Whittington from University College Hospital.

Themes from the Board Development day

At the Board Development day in July, we heard from Sir John Bell about the opportunity for NHSBT to participate in a major genomics trial to accelerate the detection and prevention of disease. We also heard from Siva Anandaciva of the Kings Fund about the operational and strategic challenges facing the NHS and how individual organisations are responding to this environment.

With this external context in mind, together with pre-read materials on emerging new technologies and on our donor and customer bases, we took some time to discuss our ambition as an organisation and the strategic shifts that will be required to deliver.

It was acknowledged that NHSBT has a long and proud history. We are trusted nationally for quality and safety and admired internationally for our expertise and efficiency. Colleagues take pride in our work and the critical role that we play day in and day out on behalf of patients across the country.

As we look to the future, it was agreed that we must hold tight to the things that make us great, not least our values of caring expert and quality. At the same time, we must recognise that the world is changing around us, from emerging new technologies and evolving clinical practice, to changing demographics and consumer trends. As such, we will need to be prepared to challenge the status quo and to proactively seek new approaches and innovations in an effort to meet the needs of tomorrow.

Developments such as regenerative medicine, genomics, artificial intelligence, and robotics will have a profound impact on donation, transfusion and transplantation over the next 5-10 years. It's hard to predict exactly how things will play out, but history suggests that the changes will be significant. Over the past decades, NHSBT has successfully managed huge changes in its external environment through investment in new skills and capabilities, product

development, organisational restructuring, estate consolidation, and new IT. The same and more will be required in the years ahead. Our challenge will be to build the foundations for tomorrow whilst continuing to meet the demands of today. In short, we must perform *and* transform.

Design Principles

Having engaged with the Board, staff, and external stakeholders about our collective ambitions for the future, the Executive Team is proposing that our transformation be guided by the following principles:

- Improving clinical outcomes, by gearing people, processes and systems around patient needs;
- Reducing duplication to reduce the cost of complexity and to maximise synergies and valuable resources;
- Enhancing agility by clarifying accountabilities and delegating decision making;
- Improving the experience of donors, colleagues and customers through user-centred design and a focus on diversity and inclusion;
- Embracing innovation through horizon scanning, investment in R&D, digital and new technology, and a culture of curiosity and learning; and
- Optimising the transfusion and transplantation systems through data insight and working proactively with our NHS colleagues.

We will use these principles to inform our decision making and to shape our strategic plans for the future.

Emerging Transformation Portfolio

Earlier in the year, we took a decision to pause some of our short term change initiatives in order to release capacity to focus on our future ambition and priorities. Since then, a new portfolio of projects has started to emerge:

- We have already launched a fundamental review of our governance, led by an interim Company Secretary. The GAC considered the initial findings and recommendations from the first phase of this work on 16 September ahead of a fuller update to the Board in November. They also considered our work to date on strengthening our strategic risk management.
- We have several projects underway to stabilise our ICT infrastructure and to improve our cyber security whilst we develop a strategic roadmap for the future. More detail on our progress since the last Board is included later on the agenda.
- We are in the process of developing a BAME strategy to deliver a step change in the racial and ethnic diversity of our donor base and workforce. We will cover some of this work in the D&I update later on the agenda.
- ET have been reviewing our current operating model against the design principles set out above. This process will inform a portfolio of further changes and initiatives, the first phase of which I hope to announce before Christmas.

Leadership and Organisational Development

We continue to invest in leadership and organisational development, to create an environment where people feel listened to and engaged. We have launched a campaign on Yammer called 'Proud of our Past, Excited about our Future', inviting staff to share photos from the archives and stories about what it was like to work at NHSBT in years gone past. It has generated some great buzz and reminded everyone just how much our service has changed over past few decades.

In parallel, the Executive Team has hosted #LetsTalk events at 17 sites across the country, designed to engage staff about the things that make NHSBT a great place to work, and the changes they hope to see in the years ahead. Key themes from these events include:

- Keep: our values, focus on donors and patients and investment in training
- Improve: feeling valued and listened to, change management, communication, senior leadership visibility, inclusion, and environmental sustainability

This input has already informed our design principles and will be fed into our continuing engagement plans.

With our more senior leaders, we have introduced weekly 'stand up' calls on Monday mornings to break down silos and raise awareness of key priorities and events across the wider organisation. On 23 September, we are holding a full day masterclass on Silo vs System Leadership.

Finally, I am pleased to announce that Fidelma Murphy, Catherine Howell and Helen Gillan have all been successful in applying for the highly selective 2025 Leaders programme, hosted by the NHS Leadership Academy. In addition, Clare Collins, Head of Serology in H&I, has been selected to attend the Chief Scientific Officer (CSO) WISE Leadership Development Programme for future female science leaders in healthcare. These successes are a great recognition of the deep talent in our organisation.