

NHSBT Board

22 September 2020

Chief Executive's Report**Status: Official**

The Board will remember that I set four priorities for the organisation at the start of the pandemic, which were to:

- Protect the health and safety of our colleagues and donors
- Ensure continuity of supply of our critical products and services
- Support the wider national response
- (Use the upswell in support for the NHS to) Strengthen our donor base for the future

These priorities remain as pertinent today as they were in March.

Health and Safety

All our main centres have now been risk assessed and are considered COVID-secure. Blood collection sessions have also been deemed COVID-secure. We continue to cascade regular comms to staff about the importance of maintaining social distance at work and during breaks. We are asking transport drivers, as well as colleagues in ODT and TAS, to follow local rules when visiting or working on hospital sites.

To reduce pressure on our sites and help maintain social distancing, we have asked colleagues who can work at home to continue doing so for the time being. A 'smarter working' team from HR, Estates and DDTS have come together to re-imagine how we use our estates in this post-pandemic world. We should have more to share with the Board in November.

We have made good progress getting most of our people back to work. Only seven colleagues remain absent due to shielding, with three of these expected to return this week. Coronavirus absence rates, however, have increased in the last month to 62 up from a low of 39 in May. This has not affected the 7% overall absence rate, which is now 7.4%.

We have been exploring the feasibility of providing regular RNA testing for asymptomatic staff. The Pillar 1 programme have confirmed that NHSBT will be in scope if/ when this is offered across the NHS, but a date has not been provided. We are investigating alternative arrangements. In the meantime, we have launched our annual flu campaign and will be offering jabs from 28 September.

We received good results from the advisory internal audit of our Personal Protective Equipment provision showing no failure to supply and good evidence of:

- Governance and oversight
- Engagement and communications with stakeholders, and
- Timeliness of enhancing operational processes.

Continuity of Supply

Blood Supply

Earlier this month, I reported to the Board that blood stocks had declined during August as hospital demand grew faster than our ability to increase collections. This was due to a combination of social distancing on session, ongoing staff absence and capacity that was re-purposed for convalescent plasma. More specifically on the latter, Blood Supply has provided the equivalent of c24k whole blood slots since the start of the programme. This equates to 3-4 days stock.

Stocks have stabilised in recent weeks, partly due to hospital demand being slightly below forecast. BOLT continues to oversee a comprehensive 'back to green' plan which includes additional recruitment, larger venues, and extended working hours. The convalescent plasma programme has also loaned under-utilised collection capacity on a temporary basis (<8k slots over September and October). The Donor Experience team is working to fill as many of these as possible.

If hospitals take longer than forecast to restore services and demand remains at c25,000 units/week, we may be able to recover stocks back to target by October. If, however, demand returns to pre-pandemic levels, we expect stock to decrease and fall below target levels (<4.5 days) during October, even if we deliver against our current plans.

Recognising that Board members may want more assurance on our 'back to green' plan, a more detailed update is attached to this report.

Organ and Tissue Donation and Transplant

As previously reported, the first wave of COVID-19 had a big impact on organ donation and transplantation, resulting in a 9% increase in the transplant waiting list from 6138 to 6700. I'm pleased to report that activity levels have since recovered, with 74 transplants performed last week.

Our clinical teams have been working with transplant commissioners across the UK on a plan to minimise service disruption in the event of a second wave. This includes an agreement that the closure of transplant units should be avoided. More details can be found in the following document: <https://nhsbtdeb.blob.core.windows.net/umbraco-assets-corp/19464/pol301.pdf>. Given the focus on maintaining donation and transplantation activity levels, we do not currently envisage releasing SNODs to critical care units as we did during the first wave.

On Opt Out, the conditions for applying deemed consent in England are now met. However, August research shows that awareness of the law change has fallen to 61% from a high of 68% in May. This was to be expected as most of our awareness campaigns were paused to support COVID-19 public health messaging. We increased our campaign activity during Organ Donation Week this month and will re-launch our awareness campaign during November to ensure we meet our 75% target for this year.

Awareness amongst BAME populations continues to track behind the general population at 42% and so September marks the start of a significant program of activity including targeted paid media, PR and the release of the BAME Transplant Activity Report. This will focus on the specific health inequalities seen across Black and Asian patients to form the basis for further outreach. Following successful engagement around the Jain festival Paryushan, planning is now turning to Black History Month and Diwali to maintain momentum.

We have re-established an Oversight Group to provide senior leadership and pace in resolving legacy data issues with the Organ Donor Registry. There are nine known issues relating to a range of systems and processes including: NHS number tracing, data feeds and loading sequence, data migration and validation. The group have now met twice, completed a full review of the issues and taken a risk-based approach to prioritise actions. The group will continue to meet monthly until all legacy data issues are resolved. This may be an area that the Audit and Risk Committee will have an interest in as well.

Finally, I'm pleased to report that OTDT have been shortlisted for two Nursing Times Awards:

- Best UK Employer of the Year for Nursing Staff; and
- The Yorkshire Organ Donation Team in partnership with Martin House Hospice in the 'Enhancing Patient Dignity' category

Clinical Services

Our stem cell teams have worked collaboratively with other aligned registries (e.g. Anthony Nolan, DKMS and the Welsh Bone Marrow Donor Registry) to navigate the challenges thrown up by COVID-19. The British Bone Marrow Registry team, for example, facilitated a route to test stem cell donors for COVID-19 prior to donation. Anthony Nolan worked with Heathrow Airport to man a 24-hour emergency hub, allowing stems cells to be imported into the UK, as well as transported to patients overseas.

Our Cellular and Molecular Therapy (CMT) team supported the stem cell registries and transplant centres by cryopreserving allogeneic transplants for domestic transplants and export overseas, mitigating clinical risks during the pandemic. CMT have continued to manufacture mesenchymal stem cell (MSC) products and, via their clinical trial partners, treated 15 patients with acute respiratory distress syndrome (ARDS) in seriously ill COVID-19 patients.

Support to the Wider National Response

Convalescent Plasma remains our primary contribution to the wider national response. This remains an ambitious programme with high execution risk, but I am pleased with the progress that we have made in recent weeks - both on ramping up our collections capacity, as well as honing our donor recruitment and retention activities.

A comprehensive update is provided later on the agenda. It is fair to say that political interest in this programme remains high, with regular ministerial meetings and increasing DHSC oversight. We are working with the Therapeutics Taskforce to agree how we strengthen the steering committee to assure ministers that we are delivering at pace and leveraging the entire health system to help deliver.

Building our Donor Base

The upswell of support for the NHS during the early weeks of the pandemic and lockdown led to a significant increase in registrations. At the time, we didn't have a process for effectively managing this interest and found ourselves in the disappointing situation of having to pause marketing and recruitment rather than maximise the opportunity to capture and nurture new donors.

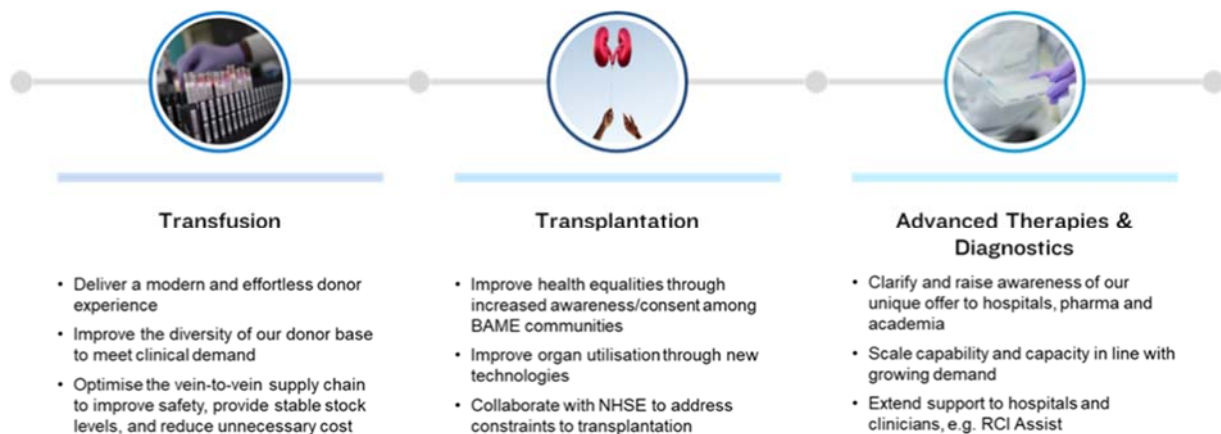
To address this constraint, we have since developed and launched a new online journey which allows us to identify and prioritise prospective donors, fast tracking high priority target donors (e.g. black, male, and negative blood groups) through the registration and appointment booking process. We have already seen an improvement in our conversion metrics as a result and are now in a position to start driving more proactive marketing again.

The impact of COVID-19 and lockdown had an inevitable impact on our services, from appointment cancellations and venue changes to new safety measures on site. Despite these issues, donor satisfaction remains strong with the YTD Net Promoter Score at 88.1 vs 85.4 last year. Complaints stand at 0.51% of collections - below our target of 0.59% but above the 0.35% we saw last year. The main categories of complaint include confusion about convalescent plasma testing, cancellation of WB appointments and a lack of availability for future appointments.

Following our work with McKinsey earlier in the year, there is a paper later on the agenda to update the Board on our efforts to close the Ro supply/demand gap.

Our Transformation Agenda

The Board will remember that, last year, we set out an ambition to save and improve *even more* lives by driving improvements in transfusion, transplantation and advanced stem cell therapies. We started to sketch out how we might deliver on these improvements:



Coronavirus has inevitably had a big impact on our ability to develop many of these ideas further. Our short-term change programme has, rightly, been dominated by convalescent plasma. Though this has required us to pause or slow certain pre-pandemic programmes (e.g. Session Solution and various procurements), it has accelerated the development of plasmapheresis capability that, subject to the outcome of the MHRA review and DHSC policy decisions, we can re-purpose for plasma for fractionation. We will have an opportunity to discuss this later on the agenda.

Despite our focus on convalescent plasma, we have continued to deliver on other important areas of our transformation programme:

- **Blood Tech Strategy:** In August, we hit an important milestone with the successful upgrade of the Pulse database. The primary aim of this £10m investment was to deliver an infrastructure that will provide high availability and manufacturer-supported service levels for the next five years. After 12 months of hard work, the upgrade went in successfully and is already delivering significant performance increases. This work was undertaken as part of the Datacentre and Core Infrastructure programme which will not proceed to deliver:
 - upgrades to our shared services and storage infrastructure (Q1 next year);
 - upgrades to Oracle and SQL server infrastructure; and
 - a transition to a new contract/locations for our data centres prior to the end of March 2022.
- **Estates:** The construction of the CBC continues to proceed to plan with Kier due to hand order the building in July 2021 and first plasmid production to commence in November 2021. The relocation from Leeds/Sheffield to Barnsley is now planned for November. The redundancy position with regard to the project has now been finalised following completion of individual consultations. The redundancy cost will be £1.3m compared to £0.5m that was assumed in the original business case. Taking this into account the total project cost is expected to be £16.5-£16.8m versus £16.0m in the business case.

- Organisational Restructuring: At the start of the pandemic, we had to pause our collective consultation in Blood Supply and Clinical Services. Following a meeting with the Staff Partnership Committee on 30 July, we agreed to recommence and are on track to complete the exercise in October (with some new posts in Clinical Services going to recruitment). David Rose and Katie Robinson have also kicked off changes in Donor Experience and Strategy and Transformation, respectively. The team can provide a verbal update with more details during the Board meeting.
- Leadership and Organisational Development: Rosna Mortuza, our new Chief Diversity and Inclusion Officer, has a slot on the agenda to share her initial insights and plans with the Board. We recognise that cultural change is driven from the top, which is why, in addition to the support that Metalogue has been providing the Executive Team over the last year, YSC have been appointed to provide executive coaching. We will also be refreshing our wider learning and development offer, leveraging where we can programmes and activity offered through the NHS Leadership Academy and other parts of the public sector. On 15 September, we are bringing together our senior leadership team for a conference focused on leading through challenging times.
- Research and Development: NHSBT scientists have led an international Blood Genomics Consortium to develop a rapid, high-throughput DNA test for determining all blood groups. This is important as 1 in 30 patients form antibodies against minor blood groups, which has long term health consequences for patients, particularly those who receive regular transfusions. This new test offers the opportunity to transform how we characterise donors and improve our ability to provide matched units for the most vulnerable patients. The next stage of this project is to bring this precision medicine test to the bedside of NHS patients and increase the number of donors tested. More information on can be found here: <https://www.nhsbt.nhs.uk/research-and-development/rd-blog/development-and-validation-of-a-universal-blood-donor-genotyping-platform/>
- Testing: we have initiated a review of our diagnostics activity across the organisation in light of lessons learned during COVID-19. Our aim is to ensure that we have the right operating model in place to support our future requirements.

I know the Board is keen to see more of our strategic ideas and programmes come together in an overall corporate strategy and multi-year business plan. We hope to begin these discussions with the Board in November.

Quality

On the regulatory front, no inspections were carried out in July and August, however planning continues for proposed inspections by the MHRA and HTA in Filton and Liverpool for Blood Authorisation licences and Tissue and Cells licences.

The MHRA have declared their intent to commence site-based inspections during Q2; planning is underway to accommodate that in a COVID-secure way.

Several important pieces of revised EU Exit guidance and legislation have been issued by MHRA and DHSC which we are reviewing to determine the impacts for NHSBT.