

**NHSBT Board**

28 January 2021

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

As I sit down to write this report, I am conscious of the emotional and physical toll that the pandemic has had on our people. We have been fighting this deadly disease for almost a year now, living and working under the most stressful conditions. Though there was a drop in infections over the Summer and early Autumn, colleagues had little respite as we had to ramp up our convalescent plasma operation whilst re-building a drop in blood stock levels and preparing for a 2nd wave, the end of the transition period and other winter pressures.

The organisation has performed admirably, driven by colleagues' steadfast commitment to our mission of saving and improving lives. But in order to take care of others, we must ensure to take care of ourselves. It is for this reason that health, safety and wellbeing continue to be our top priority.

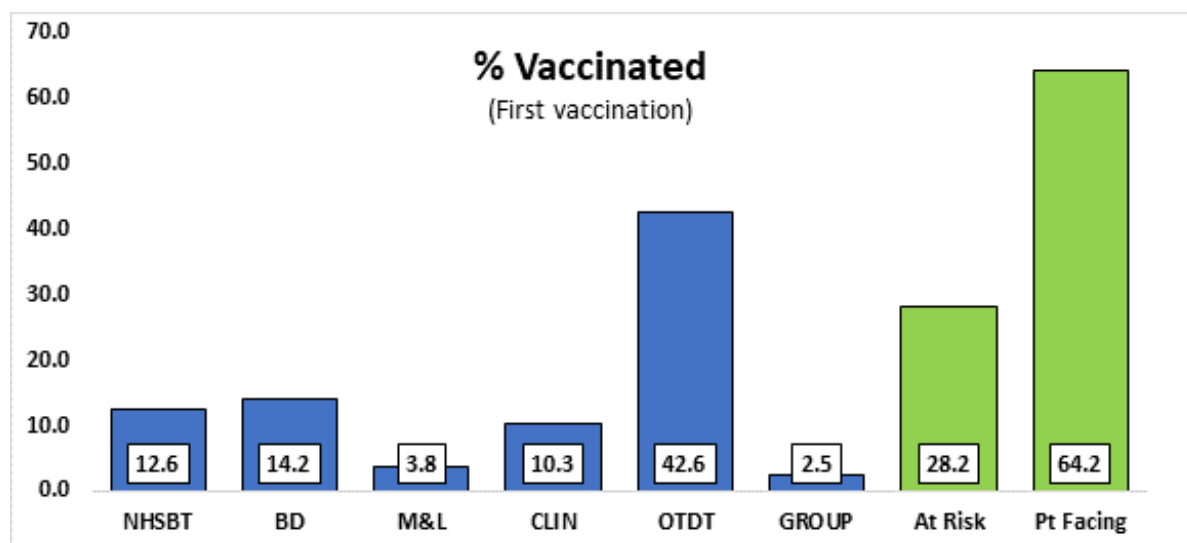
**Health and Safety**

I have previously reported on our efforts to make our sites COVID secure, and to introduce social distancing and other infection control measures on session. Despite these measures, we have seen outbreaks in four mobile teams (Bristol North, Essex, Maidstone and Bexley Heath), the Stoke donor centre and the Colindale transport team. A total of 63 people have tested positive, with only Bristol North being an ongoing event.

These and previously reported incidents have been reviewed and addressed by our Infection Prevention and Control lead and Health and Safety team. Findings have identified human factors such as shortcomings in social distancing, particularly during breaks and training, as well as the need to enhance contact cleaning. Our PPE group, chaired by Anthony Clarkson, continues to review and update our guidance, responding to the latest evidence, public health advice and staff(side) concerns.

I am pleased to report that we have (finally) secured a (limited) supply of lateral flow testing kits so that we can introduce regular asymptomatic testing for our public facing and centre-based colleagues. In line with government guidance, we are also working to ensure our colleagues are prioritised for vaccine rollout alongside other health and social care workers. This has been complicated by the national nature of our organisation and the need to negotiate separate arrangements with individual hospitals across the country. We hope to secure our own supplies shortly so that we can administer the vaccine ourselves as we do with the annual flu jab. The following

chart sets out the current percentage of colleagues vaccinated. We will provide a verbal update on progress at Board.



We are increasingly concerned by the toll that the ongoing pandemic and lockdown are having on people's mental health and wellbeing. Whilst we have increased the provision of support to staff, I have asked that we review awareness, take up and effectiveness.

## Quality

The MHRA performed two onsite inspections in November and December: the first at our Oxford site, which included the new Reading Donor Centre; the second at our Basildon site; which included the new Stratford Donor Centre. There were no findings from the Basildon inspection and only three 'Other' findings from the Oxford inspection.

The HTA performed a Virtual Regulatory Assessment of our Liverpool Speke site under the Tissue and Cells Regulations. This was the first time the HTA had performed a virtual inspection of this type; although the technology was challenging at times, we were able to demonstrate compliance and safety. The inspection found one minor shortfall relating to the storage of amniotic membrane and offered two pieces of advice and guidance. All findings are being managed and actioned through our QMS.

The number of overdue quality events reduced significantly in November, which was very encouraging given the volume of work associated with convalescent plasma and increased collection activities. Unfortunately, we saw the numbers increase again in December. There are some early signs that improvements are already being made, but we will be focusing our efforts to ensure we return to at least pre-Xmas levels as soon as possible.

## Blood Supply

Despite hospital demand remaining close to pre pandemic levels in the build-up to Christmas, we succeeded in growing stocks over the period and went into 2021 with c7 days of stock. This strong performance is thanks to the ongoing support of our loyal donors and hard work from our colleagues in delivering against an ambitious 'back to green' plan.

Despite this strong opening position to the year, the coming weeks and months are likely to prove challenging. Whilst red cell demand in January has been c10% below forecast, some segments of demand (e.g. O neg and Ro) have not decreased to the same extent. Moreover, COVID-related staff absences, winter conditions, and venue cancellations (due, in part, to the vaccine and testing programmes) are impacting our collection capacity.

Anticipating these challenges and the ongoing impact of social distancing, we took the decision before Christmas to open two additional 'pop up' donor centres. These and other COVID-related costs are built into our forecast for next year and will flow into our pricing, as will the required investment to secure our IT systems. Given the pressure on the public purse, we will need to explore opportunities to offset these cost increases in the coming years. Having benchmarked our costs and productivity against other blood services around the world, the biggest areas of opportunity would appear to be donor management, collections and product distribution. Our ambition would be to aim for top quartile performance, but it is critical that we find a way of delivering efficiencies without impacting staff welfare, product quality, or continuity and resilience of supply. Subject to the ongoing demands from the pandemic, we will look to engage colleagues and the transfusion community in developing options for the Board to consider later this year.

## **Organ and Tissue Donation and Transplant**

Organ Donation and Transplantation continues despite the considerable pressure on the NHS system. Lessons learned during the first two waves have allowed transplantation to continue with clinicians across the UK working flexibly and in partnership to ensure no possibility for transplantation is missed. As units adjust transplant capacity in response to COVID-19 pressures, there are processes in place to allow the movement of both organs and potential recipients across units to enable transplants. Where organs are declined due to capacity issues, systems and procedures are in place to identify a suitable alternative centre to ensure that the organ can still go to a patient in need.

On Opt Out, we continue to run our marketing and comms campaigns across England on the recent law change. We hit our target of 75% awareness in late December, with awareness even higher at 85% amongst the 55+ age group. We have seen significant improvements in awareness amongst 16-20-year olds (58%) and Black and South Asian audiences (65%). These less-aware segments of the population will continue to be the priority in future targeting as we transition to the next stage of the campaign, which will focus on reinforcing the role of the family in talking with their loved ones about organ donation. This new campaign will launch on 8 February.

Though still in its early stages of implementation, Opt Out is already leading to improved patient outcomes in England: as at 31 December, we have seen 257 deemed consents, resulting in 493 life-saving organ transplants. We are working to transition the programme to BAU and turning our attention to Scotland where we are completing all training and engagement activities ahead of deemed authorisation implementation from 26 March. We are also working closely with the Government in Northern Ireland as they progress with their public consultation, which closes on 19 February.

## **Clinical Services**

Despite the many challenges that COVID has presented, and the significant impact this had on our TAS teams working on the front-line, we are delighted to report a top box score of 97% for patient satisfaction for 2020. Reflecting an increase from the previous score of 92%, this provides assurance that provision of high-quality care for patients remains at the heart of what we do.

We have been asked by several Trusts to step in to support the provision of therapeutic apheresis services which have been impacted by the recent increase in COVID-related hospitalisation. Sadly, without time to plan for this and due to our own staffing shortages, we have had to decline in favour of supporting Trusts with whom we have existing service level agreements. Once we get through the current wave, we will revisit previous discussions on how we can help provide a more resilient service across the whole of the NHS.

Our stem cell donation activity has shown a steady provision of cord blood units since November 2020, in line with target but favouring UK provisions more than expected. The continued logistical challenges presented by COVID-19 related travel restrictions, together with a US change of policy favouring the selection of US donors, have resulted in a reduction in the number of donations we have exported. On cord blood, we celebrated the 25th anniversary of our Cord Blood Bank with the collection of our 800th unit.

## **Plasma**

I had expected to use this section to report on the great progress made by the convalescent plasma (CVP) programme since our last meeting. This has been slightly overshadowed by the disappointing results from the RECOVERY trial. In discussion with DHSC, we initially suspended collections for one week but have since been commissioned to continue collecting CVP 'while full analysis of the trial results become available; additional trials are considered; and to maximise collections of peak high titre donation numbers following the current peak of COVID-19 infections.' This is being kept under regular review by the programme steering group, as well as the Therapeutics Taskforce.

In parallel, we will be accelerating our thinking on how we could repurpose our CVP operation to collect plasma for fractionation (PFF), should the current ban be lifted. This would leave a lasting legacy from the significant investment made in building a

national plasmapheresis collection infrastructure, improving the country's self-sufficiency in immunoglobulins and other plasma derived medicinal products.

## **Recovery and Transformation**

Whilst it feels like we're in the eye of the pandemic storm, we are trying to balance the need to perform today whilst working to transform the organisation for tomorrow.

We have made great progress this year on our digital and technology agenda and at this meeting we will be asking the Board to approve our Strategic Outline Business Case for the Blood Tech Modernisation programme. Also on the agenda is an update on our efforts to reduce the Ro supply/demand gap affecting Sickle Cell and other multi-transfused patients. Unfortunately, we saw a significant drop in the number of black donors in the early stages of the pandemic. During Q3, we focused on re-building awareness of the safety of donation and the need for ethnically matched donors. Through a combination of media partnerships, PR and paid hyper-localised activity, we have returned Ro collections to pre-pandemic levels. Additional detail on our progress and plans, which build on our work with McKinsey last year, are covered in the Ro paper enclosed.

Also on the agenda is a related update on our efforts to make NHSBT a great place to work for everyone by improving Diversity and Inclusion. Whilst there has been significant activity in Colindale and across the wider organisation since we published the organisational diagnostic report last Spring, the ET has had a soul searching discussion - informed by some complex cases and staff feedback - about whether we are doing enough to ensure that positive change is being seen and felt everywhere.

We concluded that the answer was 'no'. Despite committing last year to taking a programmatic approach to our D&I agenda, as we have done for convalescent plasma and other strategic priorities, we have yet to put this structure in place. This is something we will fix by the March Board.

As we will discuss this month, we have identified two areas that require urgent improvement: 1) recruitment and promotion, and 2) conflict resolution and grievances. A project is already underway to 're-imagine' the former but we must urgently resource a programme to focus on the latter. The root cause of many issues appears to be basic people management capability (and the priority that this is given within the organisation). We will therefore be reviewing what training and other support we can provide managers to build our capability in this area, reinforcing the link with one of our three core values: Caring. We are also reviewing our HR operating model which we will shortly be consulting on.

Over the course of the coming months, we will continue to explore other 'big ideas' to deliver against our strategic priorities, which include:

- Improving our engagement with donors;
- Optimising our E2E supply chains (for resilience and value for money);
- Driving improvements in clinical outcomes; and

- Making NHSBT a great place to work for everyone

We are working to develop our ideas into a high-level corporate strategy and business plan, which we will begin to share and iterate with the Board over the next few meetings.