

NHSBT Board

**25 March 2021**

Chief Executive's Report

Status: Official

This month marks my two-year anniversary at NHSBT and, more importantly, the one-year anniversary of the first national lockdown. As an organisation, we will be taking the time to honour the lives that have been lost and affected by COVID-19. In addition to the national moment of silence, we will be inviting colleagues to contribute items for a time capsule that we will look to bury later this year so that future generations will have a sense of what it has felt like to live and work through this particular time in history. We will also be holding an 'NHSBT Together' awards ceremony to recognise and celebrate the people and teams who have been nominated by their peers for making an amazing contribution over the course of this unprecedented year.

**Recovery**

Vaccine take up has reached 75% across NHSBT with our patient facing teams at almost 90%. We have been reinforcing the message that healthcare professionals have a professional responsibility to get vaccinated. Following advice from NHS England, line managers are also having 1-2-1 discussions with colleagues who have declined the vaccine to understand and hopefully address their hesitancy. Going forward, we will look to align with other NHS organisations as to if and what further action should be taken given the potential impact on maintaining COVID-secure workplaces as we come out of lockdown.

The Government's roadmap accelerates the need to think about The Future of Work and what that will look like for NHSBT. We do not expect to return to the pre pandemic workplace that saw people regularly commuting into the office - and across the country - to do work that we now know can be done just as well at home. Instead, we expect to introduce more flexible 'hybrid working' which will be facilitated by changes to HR policies, IT and estates. We will be engaging colleagues on the development of our plans under the umbrella of a 'Smarter Working' programme. For the time being, we have advised everyone working from home that they should expect to continue doing so until later this year. I am pleased to say that we have not had any workplace transmission events since 20th February, but we are not complacent and will continue to risk assess our plans to keep colleagues and donors safe.

**Strategy and Transformation**

On the meeting agenda is our business plan for 2021/22 year, which includes directorate-level plans, as well as a higher-level corporate plan which attempts to

synthesise and draw out the key initiatives that will support the four pillars that will underpin our corporate strategy. We are currently articulating them as follows:

- Diversify and strengthen our donor base
- Modernise and extend our established services
- Develop and grow our new and sub-scale services
- Make NHSBT a great place to work *for everyone*

We will be organising a workshop with the Board at our development day in May to flesh out early thinking on our corporate strategy.

In the meantime, we continue to develop and deliver our short-term transformation initiatives. Improving Diversity and Inclusion remains high on the agenda and, as promised at the Board in January, we have now established an ET-level Programme Board-cum-People Committee to oversee and drive our progress. Key priorities include changes to recruitment and promotion practices; capability and capacity building on grievance/conflict resolution; and creating a psychologically safe environment where people feel free to speak up.

Since lifting the lid on people's lived experience with the Organisational Diagnostic, we continue to hear difficult stories from people across the organisation – some of which have come through formal and informal grievances. Many of them are complex cases with multiple issues and different perspectives at play, which make them challenging to resolve. Trying to do so whilst also tackling the underlying root causes has proven resource intensive. To increase our capacity and capability, we are setting up a Complex Case Unit which will be resourced – at least in the short term – by an expert 3<sup>rd</sup> party provider. To fund this and other improvement initiatives, we have set aside additional transformation funding over and above baseline budgets (e.g. in the HR and D&I teams).

We continue to work closely with our staff networks through our Executive Sponsors and the EDI Council. At the Board development day in May, we will be taking the Board through the make-up of our workforce, our initiatives to improve diversity and the KPIs that we will use to measure progress.

Turning to our major technology programmes, the Datacentre programme is progressing to plan. On our Shared Server and Storage project, we have completed the upgrade of our core network switches and will start to move the first production services across to the new infrastructure in May, with the project completing in Q3. We are seeking Board approval for the Datacentre Co-location project at this meeting and will be bringing a further business case for the Oracle Cloud Infrastructure project in May.

Following Board approval of the strategic outline case and first year full business case in January, we are bringing a status update to this meeting on the Blood Technology Modernisation programme, which is progressing well. By the end of March we will have completed 75% of the work to establish the new product centre, delivered 50% of the outstanding releases delayed by COVID-19 (including Session Solution which is now

being piloted at a donor centre) and completed requirements definition on 13% of the system. Next financial year will see the delivery of the first modernised code into production, enabling us to build greater confidence in delivery plans and forecasts.

Significant progress has been made on our Cyber programme including the implementation of a threat intelligence platform, and on-boarding of the NCSC Accredited Strategic Cyber Incident Response Partner. Our ability to monitor and respond to new high priority vulnerabilities has increased substantially and has been proven through our response to three high severity alerts this quarter. Our Windows 10 project is in the very final stages of completion and has been a great success despite the requirement for mobile devices to be brought into the office for upgrade throughout the pandemic.

## **Quality**

As we transform, we must continue to perform; maintaining the safety of our products and services remains paramount. There were no regulatory inspections during January and February. We were, however, asked to provide the MHRA with quality data regarding our Blood Establishments Authorisations at Filton, Southampton and Liverpool. We believe the MHRA will use this information to prepare for physical site inspections when government guidance permits. In February, UKAS visited our Microbiology Services and RCI laboratories in Colindale. All laboratories maintained their accreditation status following very successful audits.

As the Infected Blood Inquiry enters its third year, NHSBT has received a significant Rule 9 request for large amounts of historical information going back to 1970. We are managing ongoing requests for other information, as well as discussing the process for providing information from our ICT systems. We do not expect that we will be called to testify until later this year.

## **Blood Supply**

Since the last Board update, overall red cell stocks have continued to hold steady at around 8 days of stock (DOS), with all blood groups either at or above target levels. Over recent weeks, demand appears to have stabilised close to fully restored level. Feedback from hospitals is that they are trying to restore services and catch-up on postponed activities but continue to be constrained by staffing and other operational factors. We anticipate that demand over the short-term will therefore stay close to fully restored levels, but with potentially more variability in the demand profile than usual. Forecast collection levels combined with our healthy stock position give a high degree of confidence that we will be able to meet sustained levels of higher demand and variability.

Over the last 12 months, our active donor base has declined by c8% as we relied on a smaller number of regular donors to help us through the pandemic. This decline was lower for O neg (-3%) and Ro Kell neg (-4%) where we took targeted action to keep more people donating. We will be looking to grow our donor base in 2021/22 by targeting 13.7k new donors/month and 18.6k reactivated donors/month.

Within this, we will continue to focus on building our Black donor base in order to reduce the Ro supply/demand gap impacting Sickle Cell and other regularly transfused patients. We saw an upward trend in performance over Q3 and Q4 with February's performance 6% ahead of target and 29% higher than the same period last year.

Our new 'pop up' centre in Shepherds Bush (West London) achieved an opening week fill rate of 94% with just over 60% new donors. We are investing in local marketing to build this donor panel and ensure this performance continues. We are also reviewing options for a second temporary 'pop up' in London whilst, parallel, we review our collection footprint to identify the most efficient model for securing the mix and volume of donors we need to meet evolving clinical demand. We hope to bring this work to the Board for discussion later this year.

We are on track to operationalise the recommendations from FAIR this Summer and will shortly be launching a comms campaign to explain the eligibility changes. Our initial focus will be to re-assure our donors and the general public that patient and donor safety remains at the heart of blood donation.

## **Plasma**

We have ceased collecting convalescent plasma following a decision by the Therapeutics Taskforce. We have, however, been instructed to repurpose 14 of our centres to start collecting plasma for fractionation for an initial three months whilst a longer-term business case is developed. We are in the process of operationalising these decisions, including shutting down our other convalescent plasma collection centres which are no longer required. Given the speed at which things have been developing in the past few weeks, plus the recent extraordinary Board session and subsequent NED reviews of our cost modelling, we will not be including a separate paper with this Board pack but rather providing an update at the Board meeting with the latest position.

I want to recognise here, however, the extraordinary work by the Convalescent Plasma Programme over the past year. From a standing start, they built a national collection capacity and entirely new donor base, recruited and trained over 1105 people, and succeeded in collecting c90k units of convalescent plasma. This was only possible thanks to their creative problem solving, extraordinary teamwork and sheer determination. Whilst the formal programme is coming to an end, they are leaving behind a lasting legacy in the form of:

- Evidence about the clinical effectiveness of convalescent plasma;
- An ongoing plasmapheresis operation for the benefit of UK patients; and
- Innovations in ways of working (e.g., recruitment and training, off session testing, etc) that will benefit NHSBT for many years to come.

We have received tremendous support from DHSC, NHS Digital, MHRA, NIHR, and NHS Trusts across the country. Most humbling of all has been the support and dedication of our convalescent plasma donors who, having recovered from COVID-19, came out to support clinical trials. We hope that we will be able to count on their

ongoing support as we shift to plasma for fractionation in an effort to increase the UK's self-sufficiency in immunoglobulins.

## **Organ and Tissue Donation and Transplantation**

Following endorsement by the Board in November, the ODT strategy went to DHSC for review and approval. At their request, we have made changes related to longer term funding and activity targets and it has now been cleared by Ministers. DHSC are aiming to agree a launch date in week commencing 22nd March.

Pressure on the NHS continues to impact organ donation and transplantation activity. We expect Q4 performance to see c90 living donors (40% of target), 275 deceased donors (62% of target) and 650 transplants (65% of target). As a result, transplant waiting lists are expected to return to levels not seen since 2013/14. We will be working closely with our partners across the NHS to address the backlog. Given the strong activity levels last Summer after the first wave of the pandemic, we are hopeful that we will be able to achieve a similar recovery in the coming months.

The Opt Out team in England is making final arrangements to transition to 'Business As Usual' from April. We have entered the final stage of public engagement, which will also form the basis for our long-term campaigning platform. 'Leave Them Certain' reinforces the role of the family, encouraging the public to talk with their loved ones about organ donation. This new campaign launched on 8 February featuring a number of donor families sharing their experience. The campaign runs until 31 March across PR, TV, Radio, and social, including upweights with bespoke content across Black & South Asian TV, radio & community print media. Initial results show 100 pieces of PR coverage with 36.5m reach, and +1,300 mentions of the campaign by our stakeholders with 1.9m reach. This is a testament to the number of passionate individuals and organisations who support organ donation. Further public attitude insight will follow in future months to evaluate the campaign.

The work to prepare for Scotland's legislation change is complete and the teams are ready for Opt Out to come in to force on 26 March. The Northern Ireland consultation closed on 19 February with 1915 responses received. The responses are being reviewed and analysed by Northern Ireland government colleagues. The Isle of Man's legislation has passed through the legislative council and is now awaiting submission for Royal Assent. Once given, an implementation date will be announced.

As we approach the 2021/22 financial year, Tissue & Eye Services are looking to the future and putting plans in place to close their financial deficit and break even. The plans being drawn up cover a range of initiatives including growth, consolidation, efficiencies and the implementation of new services to the NHS. Growth is planned in areas such as Serum Eyedrops following a policy statement from NHSE confirming that this treatment is now commissioned and funded, making the service accessible to more patients. New tissue products, such as Pulmonary Hemi Valves will be implemented this year along with a pre-cutting service for corneas (DMEK) and living cartilage. Efficiencies will be made in the preparation of other tissue processes and procedures, as well as delivering the benefits of integrating TES and ODT.

## Research and Development

LifeArc and the Medical Research Council, with support from the Biotechnology and Biological Science Research Council, will this week announce three major investments totalling £18m to create a national network of cutting-edge “Gene Therapy Innovation Hubs”. The £18m funding will support the creation of three dedicated facilities to advance the clinical development of new genetic treatments, with potential to transform care for millions of patients including those with rare and life-threatening genetic diseases. Gene therapy aims to treat or even cure these conditions, using another gene to replace, silence or manipulate the faulty one, often using engineered viruses as delivery vehicles. Hubs will be at King’s College London, the University of Sheffield and NHSBT’s new Clinical Biotechnology Centre (CBC) at Filton, due to open later in 2021. NHSBT will receive £4.5m over 5 years to support the development of viral vector manufacturing for early phase academic-led gene therapy trials and to facilitate the provision of cost-effective viral vectors and plasmid DNA to stimulate the UK’s gene therapy sector.

Separately, the National Institute of Health Research (NIHR) has announced a new funding competition to award £19.9 million to new Blood and Transplant Research Units (BTRUs). NIHR currently funds four BTRUs which see NHSBT working in partnership with universities to undertake research focused on improving the supply of blood, blood products, stem cells, tissues, and organs for transplantation. The new competition will provide five-year funding for five new BTRUs focused on the following priority areas:

- Blood donation
- Organ donation and transplantation
- Therapeutics
- Data driven transfusion practice
- Transfusion and transplantation transmitted infections

The competition is open to universities in England that have a track record of world class research in the relevant priority area. The closing date is 27 May.