NHSBT Board

27 May 2021

Chief Executive's Report

Status: Official

As the latest wave of the pandemic recedes and the country slowly comes out of lockdown, so too can NHSBT lift its head and start to focus on Recovery and Transformation. Having paused our work on strategy development to focus on the demands of COVID, we are now in a position to pick up where we left off and look forward to re-engaging the Board on our ambitions and plans for the future.

Pre pandemic, the Board identified several shifts that we wanted to make as an organisation. These are included in Appendix A, as a reminder, and are referred to again in the strategy paper later on the agenda. It would be good to hear from the Board whether these still resonate or if the events of the last year require us to go back and modify this list. As part of this discussion, I am keen to expose and resolve any outstanding concerns about our strategic direction as it will be critical for the Board to be aligned if we are to develop – let alone deliver – a new corporate strategy and multi-year transformation programme.

In many ways, I think the pandemic reinforced the importance of the strategic shifts we previously identified, e.g. system leadership, agility, and clinical responsiveness. Indeed, it accelerated our ability to make some of these shifts – something the Board recognised at our last meeting. The challenge now will be building on this momentum whilst avoiding the human cost that we experienced this year in terms of long hours, sustained pressure, and cancelled holidays. These challenges were, of course, compounded by the stress and trauma happening in people's private lives – something that we have recognised and sought to address.

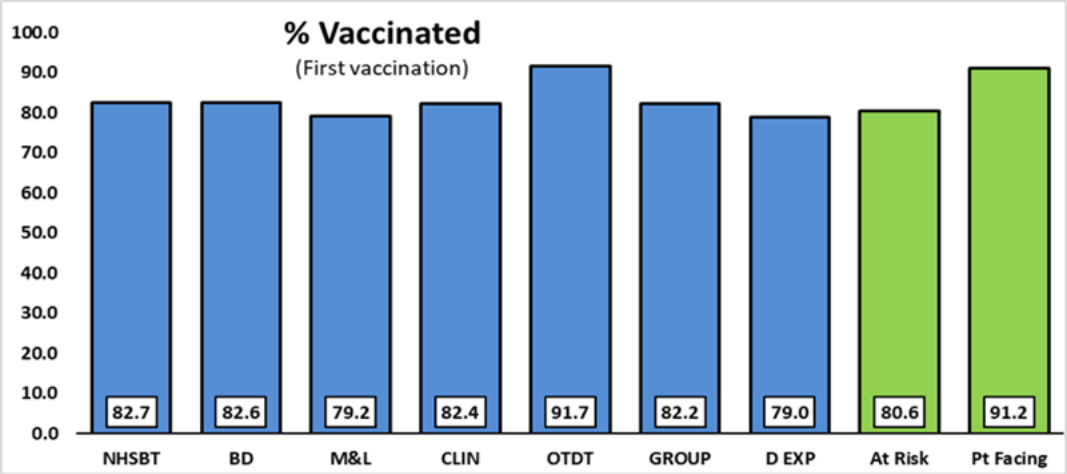
Health, Safety and Wellbeing

We have been working to ensure that individuals and teams have access to the right help and support to process the events of the last year. We recently launched a wellbeing survey to better understand awareness and outcomes. The results will be used to refine further efforts and plans.

At the leadership level, we are trying to take deliberate steps to slow the pace of the organisation and catch our collective breath so that we can move forward at a more sustainable pace, attending to the long term strategic, as well as the short term tactical.

I am pleased to say that NHSBT has been certified to the ISO 45001 Health, Safety and Wellbeing (HSW) quality standard, reflecting a 2-year migration plan. This international standard integrates wellbeing into our HSW system for the first time. NHSBT is the first ABO member to gain this certification by independent audit and one of the first in the NHS.

Since my last report, there have been no further coronavirus outbreaks and almost 83% of colleagues have received their first vaccination. A further break down is provided here.



Given this success and the improving external situation, we have transitioned the vaccine and asymptomatic testing programme to BAU. We will maintain a watching brief and re-escalate, if required. Our focus now is working out – in collaboration with our union colleagues – how we bring more colleagues back into the workplace whilst keeping everyone COVID-secure. We are also thinking about the 'Future of Work', including the culture, policies and systems that will be required to meet many colleagues' desire for more flexible, hybrid working.

Organisational Changes

Despite the challenges of the pandemic, we have made good progress implementing the senior level organisational changes that followed the review of our operating model in 2019. This has led to more change at the Executive and Assistant Director level than this cohort had experienced in many years, and has understandably unsettled certain teams and individuals. We have lost valued colleagues and institutional memory due to a combination of restructuring, retirement and people taking up new opportunities outside of NHSBT. At the same time, we have been able to recruit in some fantastic new talent to complement our internal ranks. This includes four appointments (44% of total) from a minority ethnic background at 8D and above (and clinical equivalents) in the last 12 months. A summary of some of the most recent senior level arrivals and departures is attached in Appendix 2 for info.

Diversity and Inclusion

On the agenda is a separate update on our D&I programme, including a detailed data pack on our workforce, which we are using to inform our initiatives and track progress.

As we come up on the one-year anniversary of the Organisational Diagnostic, we have commissioned an independent review on our progress implementing the 9 recommendations set out in the report. This is just one way that we are looking to hold ourselves to account for delivery.

Ahead of this independent report, I sent a more general D&I update to all staff at the end of March which, for those of you who may be interested, can be found on our external website:

https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/22817/diversity-and-inclusion-april2021.pdf

Finally, just this week, we learned that three women in our Digital, Data and Technology Services (DDTS) team have been shortlisted for the prestigious Women in IT Awards: Marian Zelman in the Tech for Good category for the work she did on convalescent plasma; Cat Ongers in the Team Leader category for her work on the Datacentre programme; and Wendy Clark as CIO of the Year. The winners will be announced at a virtual awards ceremony on 24 June. Whatever the outcome, this is great recognition for the talented women we have working in DDTS. We hope public recognition will attract more women to want to join DDTS where we currently have 32% women.

Regulatory and Legal

There were no regulatory inspections in March and April, but the MHRA have notified us that they will be undertaking an “in person” audit of our Blood Establishment Authorisation licence at Barnsley and associated sites in early June. This will include the decommissioning of the Convalescent Plasma programme and the implementation of the collection and storage of plasma for fractionation (PFF). We have been meeting with the MHRA on a monthly basis to discuss the regulatory requirements for PFF. We have also engaged blood services across the world (including the Netherlands, Australia and Canada) to obtain as much regulatory insight as possible and ensure that we are learning the lessons from more mature plasma programmes.

Following an update to the Board at our last meeting, we continue to formulate a response to the large organisational Rule 9 request from the IBI; a further extension is being sought. An Executive-level steering group has been constituted to provide additional oversight and will meet shortly. Last week, the IBI started witness hearings concerning the support schemes available to those infected. We understand that the Health Secretary will be giving evidence on 21 May regarding the England Infected Blood Support Scheme.

Digital, Data and Technology

The Datacentre programme continues to progress to plan. Following the approval of the OBC for the Co-location Project, the supplier has confirmed that we do not need to move out of our secondary datacentre by March 2022. This is welcome news as it relieves the pressure on the team who are working on multiple projects at the same time. We are reviewing plans and will likely submit a change request to move the migration date to end June 2022. In the meantime, we continue to work on detailed planning and production of the FBC.

The Session Solution pilot is currently in-flight at four centres. Due to some early technical problems with the session controller, we have decided to extend the pilot to a further four centres before moving into full implementation.

This summer we will be launching a brand-new version of the 'Give Blood' digital app, transforming the user experience with a cleaner and more intuitive design based on NHS Digital standards. Donors will see improvements in how to book appointments with new calendar views, ease of venue selection and targeted filtering. We are working with donors to identify and prioritise future updates and enhancements.

Plasma

We have decommissioned all but 14 convalescent plasma centres which we have successfully repurposed to start collecting plasma for fractionation (PFF) for an initial period of three months (to 30 June). As at the time of writing, we have collected c3k litres of PFF which we are stockpiling while NHS England undertakes a procurement to appoint a fractionator(s). We are also working up plans to begin stockpiling plasma recovered from whole blood donations.

As reported at the last Board, we have supported DHSC on the development of a business case to collect PFF on a longer-term basis. We will bring an update to the Board with the latest position.

Blood Supply

Close collaboration is underway between teams in Blood Supply, Donor Experience and Clinical Services to implement the outcome of the FAIR (For the Assessment of Individualised Risk) review announced in December. From 14 June (the start of World Blood Donor Week), all blood, plasma and platelet donors will be asked new questions to check if they can donate, marking an historic move to make blood donation more inclusive while keeping blood just as safe. From this date, men will no longer be asked if they have had sex with other men. Instead, all donors – regardless of gender – will be asked the same questions about recent sexual behaviours; new deferrals will be introduced relating to possible exposure to a sexual infection. Regardless of sexuality, donors who have had the same sexual partner for the last three months may be eligible to donate blood.

This is a significant operational change and dedicating enough time for collection teams to receive comprehensive training will result in lower levels of collection during May. In anticipation of this, we built red cell stocks (>7 DOS) going into May, but expect these to return to target levels during the month.

Hospital demand levels over March and most of April returned to pre-COVID levels. In recent weeks, however, we have seen even higher levels of demand as Trusts look to restore services and catch up on postponed activity. Working closely with our clinical colleagues, we have updated our demand forecast and are now planning for a 5% uplift on pre-COVID levels over the summer period. We are seeking further intelligence and will keep the demand forecast under close review.

Higher levels of summer demand could coincide with a less responsive donor base as social contact restrictions are eased and as large events like the European Football Championships and Olympics restart. While there are no certainties, we are planning now for this scenario, but will need to work flexibly and responsively to changes in hospital demand and donor behaviour as the nation hopefully emerges from the pandemic.

As part of our longer-term strategy development, a cross-directorate team have started to review our collection footprint. Based on initial donor and demographic analysis, more capacity is required in London to help solve the Ro supply challenge and the resulting health inequalities. This reflects the fact that more than 60% of England's Black population live in London and c40% of Black people have Ro Kell negative blood (vs <2% in non-Black population). To pinpoint exactly where we need more collection capacity, the team have reviewed demographic data down to the postcode level – a level of detail that has not been looked at before.

Our analysis has also identified opportunities to increase productivity by removing excess capacity in certain high-cost areas. More work is needed before we develop specific recommendations. A fuller update will come to the Board in September.

At the same time, we will also look to bring an update on our wider efforts to increase the diversity of our donor base and close the Ro Kell Neg supply gap. These include:

- New marketing campaigns and partnerships to increase Black African and Black Caribbean donor registrations;
- Increased number and wider choice of appointment slots for donors who declare Black ethnicity and priority blood types (thanks to more sophisticated appointment management and new London-based centres)**;** and
- Portfolio of improvements to the E2E donor journey, e.g. new app and website products, dedicated Ro team at our contact centre, and 'Ro champions' pilot.

Organ and Tissue Donation and Transplantation

We had hoped that the Organ Donation & Transplantation 2030 Strategy would be launched formally by the end March. DHSC are now co-ordinating a revised launch date with their counterparts in the devolved administrations; we hope to have a date confirmed shortly. We are ready to support this with a series of webinars, briefings and press releases.

Looking back at the year 2020/21, We are hugely grateful to our donors, colleagues and NHS partners for their magnificent support during the pandemic. Despite the pressure, we were able to maintain 71% of proceeding deceased donor activity and 79% of deceased donor transplants compared to the previous year. This is a huge achievement given the circumstances.

Based on our latest assessment, however, we expect transplant waiting lists to increase to levels not seen since 2013/14. We will be working closely with our partners across the healthcare system as they rebuild services and seek to address the backlog. We are encouraged by the strong levels of donation and transplantation activity during March and April this year. The challenge will be sustaining this recovery over the coming months and years.

On 20 May, we will be marking the 1st year anniversary of the Opt Out law change in England. Our 'Leave Them Certain' PR campaign will be supported by additional paid media and partnerships which have already created good cut through, particularly with target Black and South Asian audiences.

We have successfully transferred the Opt Out programme into business as usual. Scotland continues to embed deemed authorisation after the Go-Live on 26th March 2021. We continue to work closely with the Government and Health Departments of the Isle of Man and Northern Ireland to progress their deemed legislation.

Opt Out legislation is anticipated to lead to over 700 additional organs available for transplant every year. Unfortunately, we know that transplant rates have not kept pace with the increase in consent rates over recent years. There are a range of reasons for this, including the increasing age and co-morbidity of both donors and patients. We have focused our efforts to date on supporting Clinical Leads for Utilisation and improving the data provided to transplant teams. Going forward, we will be taking an even more proactive approach as part of a new Organ Utilisation Programme. This will see us working closely with NHSE commissioners, as well as transplant units and patient groups, to identify and deliver further opportunities to maximise organ utilisation. We will look to bring a more detailed update on the scope and structure of this programme later this year.

Clinical Services

We have continued to receive strong feedback from our hospital colleagues despite the challenges of the pandemic. TAS received a top box (9 or 10 out of 10) from 89% of respondents for overall satisfaction. This is up from 83% and 75% in 2019/20 and 2018/19, respectively. Our hospitals survey, which reflects the views of transfusion laboratory managers at 126 hospitals across England, was also very positive with 83% giving us a top box score. We were particularly pleased to receive positive feedback from Barnsley-supplied hospitals given their previous concern about the closure of our sites in Leeds and Sheffield.

On R&D, we hit a major milestone this month with over 1m donors recruited into the STRIDES (STRategies to Improve Donor ExperienceS) study just 18 months after its launch. This collaboration with the University of Cambridge and the NIHR seeks to understand how best to reduce the risk of fainting in blood donors, as well as recruiting donors into the National Institute of Health BioResource for involvement in future studies. STRIDES is taking place across all of our whole blood donation centres and mobile sessions and is due to conclude in November 2022.

As part of our ongoing support to the wider national response to the pandemic, we have been involved in helping to understand more about vaccine-induced thrombosis and thrombocytopenia (VITT). As members of the Expert Haematology Panel of the

British Society for Haematology, colleagues have been involved in compiling current guidance on the diagnosis and care of patients with VITT (https://b-s-h.org.uk/media/19590/guidance-version-17-on-mngmt-of-vitt-20210420.pdf).

This involves urgent treatment with IVIg, as well as sending samples to H&I in Filton, which is one of only two labs in England providing testing for PF4 antibodies. Working collaboratively with colleagues at UCLH, we published the results of an initial study in the New England Journal of Medicine. (https://www.nejm.org/doi/full/10.1056/NEJMoa2105385).

The paper highlights the importance of rapidly spotting this new syndrome and then following a particular treatment approach which is very different from the standard approach to thrombosis.

Separately, we have worked closely with the MHRA to share our data and experience seeing people referred to us for organ donation after suffering a major clot. We also published guidance for the ODT community on our website (https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/22975/inf1569.pdf) and have submitted a paper for publication on our experience.

Finally, we have reviewed and revised our donation deferrals for blood, tissues and stem cells in light of increasing knowledge of VITT. For stem cells, for example, this will be increased to 28 days in allogeneic donors to avoid any potential interactions with G-CSF therapy.