Blood and Transplant

NHSBT Board

22 July 2021

Chief Executive's Report

Status: Official

Last year was a period of intense change. However, our people and operating model proved resilient, allowing us not only to maintain security of supply but also accelerate delivery of our strategic ambitions - from the introduction of agile working and new digital technology to expansion into new product areas such as plasma for medicine.

As for the first quarter of the new financial year, it has flown by due to an increase in activity, as well as the significant effort required to ramp up Plasma for Medicine. Operations have been complicated by increasing COVID cases (leading to staff absences) coupled with ongoing social distancing and other COVID-secure measures constraining capacity. With new COVID guidelines coming into effect on 19 July, we are working through the implications and developing guidance for staff and donors. Our first priority will be to maintain staff and donor safety, and continued security of supply. Our hope is that from the Autumn we can also start to open our offices back up to colleagues who have been working from home and wish to come in on a periodic basis for face-to-face collaboration.

The impact of the pandemic on mental health and wellbeing – particularly in the NHS – has been widely reported. Having made the wellbeing of colleagues a priority, it was encouraging to receive the results of a recent pulse survey which found a good and increasing score on 'my manager cares about my wellbeing'. The median score was 9 out of 10, with 44% of responders giving it a full 10 marks. The survey also highlighted that there is a broad awareness of our wellbeing offer and that they are classed as effective by those who have taken them up.

Political and Regulatory

Following his appointment as Secretary of State for Health and Social Care, we have written to Sajid Javid to introduce NHSBT, invite him to visit one of our sites and seek an initial meeting. With Mark Davies retiring this month, we will shortly be seeing changes at the official level as well. It has just been confirmed that William Vineall will be our new Director-level sponsor. We also understand that, due to a re-organisation underway in DHSC, our sponsor team will move under a new Director General responsible for NHS Policy and Performance. It will be important to establish new relationships quickly, particularly given that we are heading into a Spending Review and are reliant on our sponsor team to help us secure funding for ODT, Plasma for Medicine and Stem Cells.

The Board will be aware that the Government recently published its Health and Care Bill, as well as a new Life Sciences Vision. The Corporate Affairs team have summarised the main themes and highlights here: https://sway.office.com/oTSCFDcBomYIXrvf?ref=Link.

On the regulatory front, the MHRA completed their first “in person” audit of our Blood Establishment Authorisation at our new Barnsley Centre and its associated sites in early June. This was a successful inspection with only three “Other” non-conformances raised; the inspector was very complimentary about the site and all of the staff involved. There has been a renewed and sustained focus on overdue event management and additional resource has been allocated from the Continuous Improvement team to support this work.
Our Nominated Individual for the CQC has passed from Catherine Howell to Helen Gillan (Assistant Director – QA), thus bringing responsibility for all our regulatory activity into the Quality directorate. The Company Secretariat, Risk Management and Business Continuity functions also transferred into the Quality Directorate during June.

Blood Supply

Recent red cell demand has been c2-3% above pre-COVID levels, as hospitals have restored services and rescheduled activity postponed during the pandemic. This is lower than the c5% increase that we originally forecast, but we are monitoring this closely as around one fifth of hospitals (representing c25% of red cell demand) have secured additional funding from NHSE to catch-up on activity that was postponed during the pandemic. Whilst no notable increase in demand has been observed in this group of hospitals so far, there is a risk that this could change in the coming weeks and months. We are therefore focussing our efforts on increasing collection activity.

Unfortunately, this has proved challenging due to a combination of the social distancing and lower appointment fill rates, particularly in some donor centre locations. The delay in receiving DHSC and Cabinet Office approval for our paid-for-marketing has also limited our ability to increase new donor registrations, which has contributed to a c20% shortfall vs our new donors donating target YTD. Approval was finally received on 9 July, however the conditions require DHSC to approve and No 10 to see the campaign creative before we launch.

As a combined consequence of these challenges, red cell stocks have fallen from c8 to c5 days of stock over Q1. Stocks of O neg, O pos and B neg have declined below these levels. Whilst this does not present an immediate supply concern, we are taking a range of direct marketing activity targeted at active donors where we have appointment availability in order to re-build stock levels. This includes an extensive programme of email and SMS messages and increased dialling capacity at our National Contact Centre, which led to a c30% increase in call centre bookings and c3k appointments in the first week. We are also reviewing opportunities to increase the number of donation appointments following updated government guidance on social distancing.

Despite the continued challenges of the pandemic, we have maintained supply of blood components to hospitals with record levels of “On Time, In Full” (OTIF) performance of 98.8% in Q1. We have also responded to requests for support from neighbouring blood services to whom we have supplied a total of 1,895 blood components over Q1 (1,407 to Scotland, 364 to Wales, 115 to Republic of Ireland and 9 to Northern Ireland).
To ensure security of supply during the pandemic, we have incurred additional cost in the form of extra staff, larger and additional venues, and extra cleaning. We have started to develop plans to reverse out of these changes in order to mitigate above inflation price increases for next year. However, our current view is that it would not be prudent to implement these plans until we get through the winter and have more certainty on hospital demand and ongoing supply constraints.

In the meantime, work continues to improve the donor experience. We have introduced a new Donation Safety Check which, together with our new ‘Check You can Give’ online tool, supported the FAIR changes. They are also our first step in a wider effort to reduce on-session deferrals. We have launched an ‘Ro Champions’ pilot in two centres and two mobile teams

and provided additional training to call centre agents. This, together with our United By Blood and other campaigns targeted at Black donors, are designed to help close the Ro supply/demand gap. Of 36k new registrations in June, over 2k (6%) were from Black donors. Whilst below plan (due to lack of paid marketing), this was markedly better than previous months.

Plasma for Medicine

The Plasma for Medicines (PFM) business case was approved by DHSC and HMT in June, with funding of £53m for 21/22. Funding for future years will be subject to the outcome of the Spending Review.

We are on track to begin stockpiling recovered plasma from early August. We have successfully repurposed 11 convalescent plasma centres to collect source plasma. Despite the lack of paid marketing, we collected 7358 litres in Q1 against a business case target of c6k and stretch target of 9k. As our ability to meet the volumes set out in the business case is dependent on paid marketing, I have discussed with our sponsor team the need to re-baseline our volume targets once we receive approval to launch our campaign.

We are doing everything we can to ensure that the plasma we collect and recover is suitable for fractionation. As we have advised DHSC and NHSE, however, we will effectively be collecting at risk until a fractionator is appointed by NHSE and confirms their specification. The mitigating action we are taking for this and other risks will be reviewed at the Audit, Risk and Governance Committee (ARGC) on 9 July, with a read-out provided in the private section of the Board.

We are in the process of moving this major programme into BAU by establishing a new Plasma Directorate, reporting directly to me. We have gone through a robust process to design the operating model, governance and associated organisational structures, which we will start to appoint into over the coming months. We continue to get invaluable advice and support on all aspects of PFM from our ABO colleagues in Canada and Australia, as well as the International Plasma and Fractionation Association, which we will shortly be joining.

Organ and Tissue Donation and Transplantation

The Northern Ireland Organ Donation Bill has been given approval by the NI Executive to enter the Assembly for committee and debate stages, which will take place during the Autumn/Winter of 2021. If the Bill passes those stages it will be put forward for Royal Assent, potentially coming into force in late 2022 or early 2023. The Isle of Man Bill is awaiting Royal Assent as it passes through their legislative processes. We are continuing to support and advise on secondary legislation and codes of practice, and to deliver training to ensure a successful transition. Guernsey's law became an Act in 2020, however we await confirmation of a planned implementation date. England and Scotland continue the embedding and monitoring process now that their respective programmes have transitioned to BAU. To date, there have been 828 life-saving transplants coming from deemed consent/ authorisation (809 in 12 months in England and 19 from 2 months in Scotland). Wales have submitted a revised version of the 'excluded materials' to deemed consent to the Senedd and when time is allocated, will be debated before approval.

In recognition of our campaign effectiveness, the latest organ donation work 'Leave them certain' has been awarded Campaign of the Month by the Government Communication Service (GCS). Judges commented on the application of detailed insight to achieve a methodical, layered and innovative campaign to ultimately save more lives. '*Its simplicity is hugely effective. The results, are impressive and exceeded most benchmarks.*'

Q1 saw organ donation broadly return to pre-Covid levels of activity. A strong recovery in deceased organ donation saw a 20% increase in Q1 on Q4 activity and performance is close to that seen in 2019. Living donation is recovering more slowly (-15%) and the number of all transplants remains lower than 2019 (-9%). We are working closely with transplant units and NHS delivery bodies to support improvements in organ utilisation and the sustainability of the service. Cardiothoracic transplantation has been under particular pressure over the last month with a number of units needing to limit activity due to resourcing constraints. We are working in collaboration with the commissioners and the transplant units to ensure patients receive the transplants they need. The main risk over the rest of the year remains the impact of further pandemic pressures and / or further viruses (e.g. flu) on the system.

Tissue donation and issues have also broadly recovered to pre-pandemic levels. We are, however, focusing efforts on achieving a sustainable number of eye donors required to meet clinical demand. Among our improvements is an initiative to maximise the benefits from the integrated OTDT Directorate by increasing the number of organ donors who also donate tissue and maximising the referrals for tissue donation through the established organ donation referral pathways.

Organ utilisation forms a key plank of our new strategy. As such, we have established an Organ Utilisation Programme to oversee and align utilisation projects. The focus for the programme this year will be:

- Continuing the Clinical Leads for Utilisation (CLUs) pilot to drive improvements at both local and national levels and increase collaboration across units;
- Bringing commissioners, Health Departments and clinicians together to explore the options for establishing Assessment and Recovery Centres (ARCS); and
- Rolling out the current organ decline notifications processes, to better understand and then address reasons for variations in organ offer decisions.

In addition, NHSBT is providing Secretariat support for the Organ Utilisation Group (OUG), which was established by DHSC to make recommendations on ways to improve organ utilisation. The OUG, chaired by Stephen Powis (NHSE's National Medical Director), held its first meeting on 1 July and agreed a range of activities to ensure that stakeholders are given the opportunity to contribute to the work of the group and receive updates about progress. This will include working groups, workshops and an online call for evidence.

It goes without saying that our ability to deliver the new strategy will be dependent on our spending review settlement. We are working with DHSC to develop a bid ahead of the Autumn.

Clinical Services

Activity in our diagnostics laboratories is returning to pre-pandemic levels with the exception of investigations related to matching for organ and stem cell transplantation. Our stock position in relation to pipettes and other critical consumables is more stable. However, there are still reported pressures in global supply chains and we continue to monitor critical consumables proactively.

From 1 August, management of the National Frozen Blood Bank will transfer to the Pathology department, bringing together and strengthening our rare donors programme to better meet patient needs in the UK and internationally.

We have now received a draft specification for the Our Future Health (OFH) upcoming tender which is seeking to contract genotyping services for up to 5 million people. We are still deciding whether or not to bid. In parallel, we have been working with OFH to agree how

NHSBT might recruit up to 500k blood donors for this ambitious research programme. The feasibility study to test the recruitment and consent process went live on 5 July. Learnings from this pilot will be incorporated ahead of the larger scale recruitment planned for next year. Hand-over of the new CBC gene therapy manufacturing facility in Filton is on track for July. We have received c£400k of additional funding from DHSC for targeted BBMR minority ethnicity donor recruitment and some discovery work in CMT for improved stem cell cryo-preservation, which has increased in importance more recently with COVID related disruption. The British Bone Marrow Registry (BBMR) was virtually inspected by the Word Marrow Donor Association (WMDA) for its ongoing international accreditation. The inspection went very well with no findings or observations and just one recommendation. The BBMR team are now working closely with colleagues in Donor Experience to increase the annual donor recruitment of high value potential blood donors to join BBMR as we increase from our previous annual target of 10,000 up to 30,000.

The RECOVERY trial team have recently published the results for the REGN-COV2 monoclonal antibody treatment, which showed that it saves the lives of around 6% of hospitalised patients who have not yet developed antibodies against COVID19. This trial was in the same arm of the RECOVERY trial as Convalescent Plasma and, as such, NHSBT played an important role. Specifically, without the antibody testing that was done on all trial participants, the trial wouldn't have been able to show a benefit from monoclonal antibodies. Sir Peter Horby took the time to thank the NHSBT teams involved:
'You have done an amazing job under difficult circumstances and made a critical contribution to improving care for COVID patients; not just in the UK but worldwide. I know we made some challenging demands, but they were always met - incredible.'

The results are highly significant and pave the way for guidelines for the use of monoclonal antibodies for hospitalised patients with COVID-19. The work has also re-opened interest in the targeted use of other antibody therapies. We are studying whether a proportion of vaccinated convalescent plasma donors generate high levels of cross-reacting antibodies to variants. Results will be reviewed by funders to consider the potential for further trials of convalescent plasma in targeted groups of patients with COVID-19.

Strategy and Transformation

As previously reported, we have started work to develop a corporate strategy that will underpin our plans for the coming years. Our thinking continues to evolve as we distil input from NEDs and external stakeholders. Key themes are included in a separate paper, together with our high level emerging priorities which I would summarise as follows:

1) We must hold tight to the things that have made us trusted for safety and reliability and respected for our productivity and efficiency. This will require continued focus on quality, clinical governance, and risk management as well as the application of new technology and continuous improvement. Given the fiscal climate, we will need to bear down on costs and demonstrate value for money.

2) Recognising that everything we do depends on the public being willing and able to donate, we must reinvigorate our approach to donor engagement to ensure we have the right volume and mix of donors to meet new requirements (e.g. plasma for medicine) and evolving clinical demand. Increasing the diversity of our donor base will be our key contribution to improving health equalities.

3) In parallel, we will look to raise the profile and impact of the work we do across the health system, where we leverage our national footprint and specialist expertise to drive improvements in clinical outcomes and use of resources. We do this through:
    - training and education;

- research and development;
- data and actionable insights; and
- guidelines and standards.

This systems-level work has historically happened 'below the radar' and, as such, risks going unrecognised, undervalued and unoptimised – both internally and externally. We will seek to correct this given the untapped potential for us to have even greater impact as an organisation.

4) Finally, we will seek to make NHSBT a great place to work *for everyone*. This will pick up our D&I work, but also our broader investment in leadership and talent development; strategic workforce planning; and sustainability. We aim to be a destination of choice for top talent within the NHS.

I expect this narrative will evolve further as we seek additional input and refine our thinking. We hope to be in a position to bring a final set of priorities to the Board for approval in September, after which we will look to flesh out more detailed plans and a multi-year roadmap.

In the meantime, we are focused on delivering this year's business plan, stabilising our operations and supporting our people to recover after what was a challenging 20/21.

People and Culture

Our people agenda has grown extensively over the past two years as a result of the pandemic and the need to keep people safe; a step change in our activity (e.g. plasma); changes to our operating model; and our work to increase diversity and inclusion. To increase capability and capacity in our people function, a consultation is currently underway on a new organisational structure more closely aligned to our strategic priorities, including talent attraction, leadership and culture, and strategic workforce planning. We have already kicked off work in several key areas:

- Talent: we are reviewing the way we plan campaigns and attract applications from diverse candidates. Central to this work is developing a compelling Employee Value Proposition which distinguishes our mission, conveys our passion and sets out the rich opportunities for people to thrive at NHSBT. We have also introduced 'talent enhancement workshops' aimed at providing existing employees with the necessary skills and knowledge on the application and interview process.

- Leadership and Culture: throughout the pandemic, we have continued to bring together our senior leaders for regular development sessions. Our focus in May and June was on 'connection' and building strong relationships, recognising the significant changes to this community over the past year, as well as the challenges of working virtually. As we head into the Autumn, we will begin to focus on values, behaviours and the role of leadership in shaping our culture.

  Both we and the NHS Leadership Academy paused much of our wider leadership development activity during the pandemic in order to focus on operational requirements. However, we have now started planning new offers with the first of those, *Inclusive Leadership*, live in Blood Supply. A debrief and lessons learnt from the first 100 participants is planned before the programme will be launched to the wider leadership community in Blood Supply and other directorates

- Positive Relationships: As previously reported, we have introduced an externally resourced complex case unit to provide short term capacity to help manage an

increase in caseload and to upskill our own HR teams. As part of our work to adopt a 'resolution' approach to conflict (Discipline, Grievance and Dignity at Work), we will be redesigning our policies and processes and refreshing training for our investigators, panel members, HR teams and Trade Union colleagues. We have already introduced case commissioning and tracking to improve confidence and resolve issues more quickly.

- Engagement: we have decided to experiment with a new approach to tracking engagement which will see us using a digital tool (Peakon) to source feedback on a monthly basis. This will give us real time data to identify issues and measure the impact of our efforts. This new approach is being trialled with the Executive and Senior Leadership teams in July and August, respectively, before being rolled out to the wider organisation in September

Digital, Data and Technology Services

Critical projects and programmes are on track. The Shared Server and Storage project has reached a critical point: 10% of workloads have already been migrated to the new infrastructure with the remaining scheduled over the next few months. We continue to experience performance problems with the current environment so migrating at pace is important and will require the on-going support of business units as we migrate their services. When the migration is complete, the likelihood of Strategic Risk NHSBT-05 will reduce.

The Datacentre Co-location Full Business Case has been approved by the Executive Team. Changes since the Board approved the Outline Business Case in May include a reduction in costs and a short extension on timescales negotiated with the supplier providing NHSBT with welcomed additional flexibility. Blood Technology Modernisation is delivering to scope and plan but has had to access some contingency due to permanent staffing issues that have required us to engage additional external testing capability.

New mobile digital capabilities are being deployed to Collection teams via the Session Solution project. The pilot across 8 centres has been completed; the root cause of the previously reported technical issue has been established and full implementation has commenced.

A new Give Blood app will be launched in July with 5000 users being invited to join a private beta with full release scheduled for August if feedback is strong. The new app will make it easier to book appointments, is built on modern scalable technology and utilises the NHS design system principles and style making it easier to integrate services in the future.

Congratulation go to Wendy Clark for being named CIO of the Year by Women in IT, as well as to Marian Zelman and Cat Odgers who were shortlisted for other categories.