

NHSBT Board

**30 September 2021**

Chief Executive's Report

Status: Official

As we head into our 2nd winter living with COVID, the short term priorities we set for the organisation back in March 2020 seem more relevant than ever:

- The health and safety of our donors and staff;
- Continuity of supply of our critical products and services;
- Support to the wider national response; and
- Leveraging the upswell of support for the NHS to build our donor base for the future.

Since COVID restrictions were lifted over the summer, we have moved into a new phase of the pandemic but one that is no less demanding. The organisation, however, continues to rise to challenges, spurred on by our mission of saving and improving lives.

### **Health and Safety**

We have introduced new infection, prevention and control guidance following the withdrawal of legal restrictions for COVID-19. The need for 2+ metre social distancing was relaxed to 1+ meters, with mitigations. All mobile and fixed sites have been risk assessed to ensure good ventilation for donors and staff. This has allowed an extra 700 appointments to be put back into appointment grids. We now allow medically exempt people to donate without wearing a mask though very few donors use this exemption. We have also started to open up our sites to colleagues who have been working from home. This is being done on a gradual basis as we are still in the process of rolling out a desk booking system.

Since introducing these changes, we have not experienced any outbreaks. COVID-related absence rates reached a peak over the summer of 2.8% but have since fallen back to 0.7%. As we head into the winter, we are encouraging all staff to get their flu jab and COVID booster. The Board will be aware that the Government has launched a consultation on whether vaccines should be required for staff working in health and care settings (<https://www.gov.uk/government/consultations/making-vaccination-a-condition-of-deployment-in-the-health-and-wider-social-care-sector>).

### **Quality and Regulation**

There have been no regulatory inspections since the last Board meeting. However, we are expecting accreditation inspections from UKAS (H&I and IBGRL) and EFI (H&I) this month. We have also been informed by the HTA that they will be inspecting our SCI activities at Birmingham, Southampton and Oxford during October. This will be a virtual inspection that will at some stage be followed up by a physical inspection.

Overdue items in our Quality Management System (QMS) rose by 20% and 25% in June and July, respectively. Whilst they fell by 18% in August, the overall volume remains stubbornly high and significant focus is being given to improve performance, supported by the Executive Team. I am disappointed to find ourselves in this position again. We must find a sustainable solution which avoids these periodic increases and resource-intensive recovery efforts.

## Blood Supply

Despite a challenging few months over the summer, we continue to maintain outstanding levels of On Time, In Full (OTIF) performance to hospitals of >98.5%. Thanks to the efforts of colleagues and donors, patients continue to receive the blood they need, when they need it.

We originally forecast that hospital demand would increase over the summer, as COVID-related hospitalisations decreased and the wider-NHS sought to restore services and catch-up on postponed activity. However, operational and staffing constraints led to demand fluctuating significantly from week-to-week. For example, red cell demand peaked at c29,400 over a 7 day period in early-summer but subsequently fell to c23,600. We have also seen variability at blood group level, with a preference for universal components such as O group red cells and A group platelets. We expect these demand fluctuations will remain as we head into the winter, adding extra complexity to our supply challenges.

As previously reported to the Board, we have created extra collection capacity to compensate for capacity lost on blood sessions due to social distancing. In fact, we are now deploying more bookable appointments than we were prior to the pandemic (46,440 appointments/week on average over August vs pre-COVID baseline of 43,830/week). However, NHSBT-led cancellations have been running at double pre-pandemic levels (c4-5% vs c2%) due to a combination of sickness absence, COVID-related absence, annual leave and vacancies. We have also seen changes in donor behaviour, with lower appointment fill rates (c90% vs c92-94% previously) and increases in 'do not attend' rates (c19% of booked donors vs c15-16% previously).

The combined effects of variable demand and supply resulted in overall red cell stocks falling to a low point of c4.5 days of stock (DOS) during July, with some blood groups falling to lower levels (c3 DOS). Whilst supply to hospitals was not impacted, the Board will be aware that we took the proactive step of raising a National Critical Incident on 28 July to ensure focus was given to increasing stock resiliency. A National Emergency Team (NET) met on a daily basis for just over three weeks to manage the situation, reporting regularly to the Executive Team. Since standing down the NET team, the Blood Operations Leadership Team (BOLT) continues to meet on a weekly basis to provide continued oversight. Whilst overall stocks are now stronger, we expect the effects of variable demand and supply will continue to create challenges. Additionally, O D positive (O pos) red cell stocks have remained stubbornly below target since early-June, reducing the resiliency of this group. Consequently, BOLT continues to focus on activity to increase supply.

As a direct result of deploying more capacity and ongoing collection constraints, our collection productivity has been adversely impacted throughout the pandemic. So far during 2021-22, our collection productivity sits at c1,100 equivalent units/FTE/year. This is a c15% reduction on the levels of productivity we were achieving immediately prior to the pandemic and a c20% reduction on the previous NHSBT high. The 2020-21 Annual Alliance of Blood Operators (ABO) benchmarking report has revealed that many other blood operators have faced similar productivity challenges over the pandemic. I have asked the Blood Supply team to develop a roadmap to improve productivity. The timing and nature of what we can do will depend on if and when we can roll back the measures put in place to manage the pandemic, as well as if and when donor behaviour returns to pre-pandemic norms. As these things are largely outside of our control, we are also reviewing our collection footprint and on-session operating model, as well as exploring opportunities to digitise parts of the donation process and remove activity from session.

The size of the current active whole blood donor base is recovering in line with plan, with c785.7k active donors by the end of August (100.1% of plan). Whilst new donors donating are c13% below plan YTD, we have finally received DHSC approval to launch paid-for-marketing, enabling a step-up in recruitment activity from September onward.

Black donor registrations currently represent 4.5% of new enrolees. Our upcoming activity will focus on strengthening performance through a number of Black donor recruitment campaigns. For example, we are working in partnership with the African Caribbean Leukaemia Trust (ACLT) on a Bonded by Blood campaign to raise awareness about sickle cell disease and the need for Ro Kell Neg blood to improve patient health outcomes. As a result of these and other targeted efforts, our Ro Kell Neg donor base grew to 23,864 by the end of August - our highest ever and just marginally below plan. Unfortunately, this has not served to close the supply/demand gap which has remained stubbornly constant for the first half of the year. We are not complacent, with additional interventions underway and planned.

## **Plasma for Medicine**

On 7 September, we started recovering plasma from whole blood and stockpiling it for fractionation. In parallel, source plasma collections continue across our 11 clinics. Hitting our volume targets, however, is dependent on building an entirely new donor base. Unfortunately, we have not yet received DHSC and Cabinet Office approval to launch paid marketing. We are doing our best to mitigate the impact of this key enabler through an active programme of communications but, at the moment, key donor metrics are significantly below target:

- Public awareness sits at 23% vs a target of 34%
- Willingness to donate sits at 58% vs a target of 61%;
- Our active donor base sits 36% below target at only 9,562; and
- Collections are 16% below target at just over 10k litres.

We are working closely with DHSC and are hopeful that marketing approval will be forthcoming shortly. Once received, we will need to re-baseline our plans and agree new targets. We are currently forecasting collection of ~40k litres of sourced Plasma for FY2021-22 (vs an original business case of target 62k litres). On a more positive note, our Convalescent Plasma programme was shortlisted for an HSJ award in the category of NHS Communications Initiative of the Year.

Marketing aside, we are also constrained by a condition in our funding that prevents us from making any contractual commitments beyond March 2022. We sought DHSC relief from this restriction, citing the impact on recruitment and staffing levels, estates investments and ultimately NHSBT's ability to deliver on our commitments to this major programme. We assured DHSC that in making any contractual commitments beyond the end of the financial year that we would not exceed our approved funding envelope. Our proposal is supported by the DHSC-chaired Plasma Board but we are still awaiting formal approval from DHSC Finance.

We have been working our sponsor team to strengthen the governance arrangements for this programme, which requires coordinated delivery across NHSBT, DHSC, NHSE and MHRA. An SRO is yet to be appointed but we have agreed that Gerry Gogarty will act as overall Programme Director. He and the wider NHSBT team are already working closely with NHSE to support their efforts to appoint a fractionator. A progress update is on the agenda in the private section of the meeting.

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

Deceased donation and transplantation activity YTD is 10% higher than during the same period last year. Whilst we met our activity targets in July, we are 6% behind our targets for the year. Donation fell sharply in August (105 v 133 target) and transplants were impacted (263 v 337 target). Whilst we would normally expect to see an increase as we head into the winter, we now think it is unlikely we can fully recover by the end of the year. Consent rates have fallen from 69% to 64% (vs our target for the year of 74%). In addition, hospitals are still finding themselves under significant pressure. Transplant teams are fighting hard for transplant procedures to be prioritised, but the situation remains challenging and is resulting in missed

opportunities for referral, donation and transplantation. This situation is not unique to the UK. Colleagues in Spain, for example, have reported that activity is c.6% below pre-pandemic levels and Australia have reported a drop in consent rates.

Lower activity levels have driven an underspend in the directorate, allowing us to accelerate operational and transformation initiatives that deliver benefits to the system now. These include dedicated clinical leadership for organ utilisation in transplant centres, engagement with transplant centres in cases where an organ utilisation opportunity was missed, a forensic focus on donation consent, and a risk and consent tool to support patient conversations enabling higher organ acceptance. The pressures still being experienced across the health system will challenge the impact these initiatives can have, therefore it is imperative that we take the further step changes outlined in our Organ Donation & Transplantation 2030 Strategy.

We are therefore driving forward initiatives that give us the foundations for more transplantable organs in the future. These programmes include support for a system of machine perfusion to enable the UK-wide assessment and recovery of organs, and the enabling digital technology to facilitate these developments. These high-impact initiatives will take several years to deliver and require assurance of future years' revenues before we can realise their potential. If we gain support for full implementation, we believe that they will make over 500 more organs available each year - helping the NHS recover after the pandemic by tackling the UK's transplant waiting list backlog and offering net cost savings to the NHS system. We have therefore included these initiatives in our Spending Review submission and request to Health Department colleagues in the four UK nations.

Our Tissues & Eyes position has continued to recover, with an increase in NHS demand leading to an 18% over-achievement in income in August. Our main challenge is now to ensure a stable supply. The number of referrals for eye donation has increased by 27% since a low-point in April – though we are working to improve the donation rate, which has remained in the range of 200-240 per month since the start of the year against our target of 300 per month. As a result, cornea stock has continued to fall as NHS demand has recovered after the spring 2021 pandemic wave. One key initiative is to maximise the number of ocular donations from potential organ donors.

Opt-Out legislation in England and Scotland is embedded into our standard operational practice and we continue to monitor feedback from colleagues and donor families. Progress in Northern Ireland is moving at pace, with the Bill due to have its Second Reading in the Assembly in mid-September, before the Committee for Health conducts its evidence gathering. A formal response from NHSBT has been submitted to the Committee for Health and we will continue to support the ongoing legislative process to its conclusion, with the aim to have Royal Assent by March 2022. Opt-Out legislation on the Isle of Man, referred to as Daniel's Law in honour of a donor whose family campaigned for the law change, has received Royal Assent. Planning has already begun for the implementation of this law while we await notification of a 'go-live' date. This is the same situation for Guernsey who passed their law in May 2020 and have yet to declare a date when the legislation will come into effect.

This year's Organ Donation Week (20 - 26 September) saw our greatest ever investment with the aim to inspire millions of family conversations for organ donation by putting children and young people at the heart of our message, continuing our "Leave Them Certain" campaign. More details can be found here: <https://sway.office.com/h7LQ6drpITPIDws?ref=Link>

Our annual Black, Asian and Minority Ethnic transplant activity report was published on 19th August reflecting the current health inequalities within organ donation and transplantation. This insight has given us the opportunity to reinforce the new Organ Donation & Transplantation 2030 strategy to address health inequalities and in particular, the report's release has been used as a springboard to launch the next round of Community Investment Scheme funding (£100k) to support living donation. The launch was successfully received by the media (Daily

Mail, Evening Standard, Yahoo, regional broadcast BBC coverage, Keep The Faith etc.). We also hosted a stakeholder briefing webinar with 90 attendees joining live from across the transplant community and charity stakeholders. This event was very positively received, with support from across the audience on our approach to address health inequalities in organ donation. The event recording and presentation have been shared widely across our stakeholder networks and key statistics from the report will continue to be used throughout the year.

From Spring this year, blood, organ and stem cell donation formed part of the PHSE curriculum within England secondary schools. With schools returning in early September, we have launched our new resources with a media release, paid social advertising to target teachers, stakeholder outreach and a webinar to brief Organ Donation Committees. To support teachers in delivering these lessons, we've created free resources to help educate secondary school students about the different kinds of donation and the difference they make. These are now available online here: <https://www.nhsbt.nhs.uk/how-you-can-help/get-involved/download-digital-materials/donation-teaching-resources/>

## **Clinical Services**

Our diagnostics laboratories have continued to deliver a high level of service to hospitals and patients despite significant staffing challenges during the summer. We continue to manage critical consumables given ongoing supply chain challenges. We also are in direct contact with our customers to anticipate and plan for the potential impact of the current shortage of blood test tubes in the NHS which may reduce referrals to our diagnostics labs for non-critical tests.

To meet increasing hospital demand for fetal RHD screening for pregnant women, we are ramping up our capacity from c45k to 65k tests per year. We have also put in a bid to supply genotyping services to Our Future Health. A separate update is provided in the private section of the meeting.

I am pleased to report that 17 months after building work started, our new Clinical Biotechnology Centre (CBC) was handed over to NHSBT on 30 July – on time and within budget. This is a major achievement and is testament to the tireless efforts of Kier and the multi-disciplinary team in making this happen. Despite a global pandemic that threatened progress on many occasions, we now have a new state-of-the-art facility, which will ultimately mean that CBC can play its part in delivering transformative therapies to more patients in the NHS. This facility is key to maintaining CBC's market share for gene therapy products and in providing manufacturing capacity in the UK. Over the next few months, we will turn our attention to equipment and process validation ahead of the MHRA inspection in December and the ongoing development of new products for customers. There will also be a period of parallel running at Filton and Langford before we welcome the whole CBC team into Filton in early 2022 and decommission the Langford site.

The National Institute for Health Research (NIHR) has confirmed almost £20m of funding over five years has been committed to five separate Blood and Transplant Research Units (BTRUs) focusing on:

- Blood Donor Health;
- Data Driven Transfusion Practice;
- Transfusion and Transplantation Transmitted Infections;
- Therapeutics; and
- Organ Donation and Transplantation.

These collaborations between university partners and NHSBT will focus on NHSBT's R&D priorities in these areas to transform donor and patient health. The successful partners have been notified although the outcomes are under embargo until a formal announcement is made

by DHSC. In parallel, we are developing a suite of complementary R&D projects that we will look to fund internally to ensure that our strategic priorities are adequately supported by research and innovation.

## **Digital, Data and Technology Services**

An update on our Blood Tech Modernisation programme is provided separately as part of a stand alone agenda item. It is worth noting that we continue to make good progress on a number of additional programmes that are being delivered in parallel:

Data Centre Programme: The Shared Server and Storage project has made excellent progress with more than 90% of our workloads migrated to the new infrastructure. The project has enjoyed strong co-operation from teams across NHSBT to schedule migrations. As a result, the project is now in the final stages of migration with the decommissioning and benefits measurement phases to follow. This is a significant milestone, reducing the risk of critical systems failure (Pulse, Hematos and others). Users will also see increased performance as they carry out their daily tasks. The Datacentre Co-location project is also on track but there are delays on the move of Oracle Financials to Oracle Cloud Infrastructure. A re-planning exercise is underway. The next project that we will initiate under this programme is network connectivity, as our current contract with Vodafone comes to an end in February 2023.

Digitising Collection Sessions: Session Solution has now been rolled out to c50% of our mobile teams. This platform will also enable further digitisation of paper-based processes over the coming years.

Improving Donor Experience: The new Give Blood app has been fully launched and has been used to book more than 20,000 appointments. Very early indications show that there has been an increase in appointment booking conversion. The team will continue to monitor key metrics. A pre-discovery exercise to explore options to improve Donor Experience communications and marketing is also underway.

NHS App and Organ Donation: Secretary of State Sajid Javid announced this week that more than 16m people have now downloaded the NHS App, with over 12m new users since the NHS COVID Pass was added on 17 May. The increase in app downloads could have a life-saving impact as 1.5m people have now used the NHS App to manage their organ donation decision, with 265k of these registering their organ donation for the first time via the app. Over 150k of these new registrations have taken place in just 4 months since May 2021.

## **People and Culture**

The Board will already know that Greg Methven (Director of Blood Supply) and Rosna Mortuza (Chief Diversity and Inclusion Officer) have accepted new roles outside of NHSBT which will see them leaving the organisation in November. In addition, Ian Bateman (Quality Director) has announced that he will be retiring at the end of February. They all leave very big shoes to fill; we will shortly be going out to search for their replacements.

Given the number of changes to the Executive Team over the coming months, I have reviewed our leadership structure and decided not to continue with the search that had been underway to replace Katie Robinson who left earlier this year as Strategy and Transformation Director. Instead, I have decided to share responsibility for the component parts of this role between current members of the Executive Team.

David Rose has been overseeing Communications alongside his Donor Experience responsibilities. He will maintain this portfolio and is already seeking to recruit an Assistant

Director to lead on Communications – internal and external. In the meantime, we were pleased to welcome Simone Whitfield who joined us in August to lead this important function on an interim basis.

I have asked Wendy Clark to take on responsibility for Strategy and Transformation alongside Digital, Data and Technology Services (DDTS), effective immediately. This recognises the many improvements that she has introduced in project and programme management (PPM) since her arrival in January 2020, as well as her strategic vision and skill set. Wendy is already out to search for a permanent AD to lead our transformation portfolio and will now look to appoint someone to lead on strategy.

Finally, D&I will move back into the People Directorate. Deb McKenzie, who joined us on 1 September as our new Chief People Officer, will appoint a new Chief Diversity and Inclusion Officer who will join her SMT and continue to drive our efforts and commitments in this space. I will continue to chair the EDI Council and the Executive Team will continue to meet regularly as a D&I Programme Board.

Deb is busily getting herself up to speed on our very wide ranging people agenda which includes everything from improving our approach to recruitment and conflict resolution (key priorities from our diversity and inclusion programme) to talent and organisational development. To ensure we have the right capability and capacity to transform HR and support NHSBT's wider transformation efforts, we are in the process of restructuring the People directorate.

We have now published the results of the independent review of our progress delivering against the key recommendations set out in the Globis organisational diagnostic report (<https://nhsbt.dbe.blob.core.windows.net/umbraco-assets-corp/24570/tcm-independent-review-report-august-2021.pdf>). I was pleased to hear that meaningful progress has been made but, unsurprisingly, that we have more work to do. Whilst the report focuses on Colindale, our equality, diversity and inclusion efforts span the entire organisation, with corporate-level work focused on HR policies and processes, and directorate-level plans tailored to their particular challenges and opportunities. We continue to work closely with the Chairs of our diversity networks who both support and challenge us to make progress on creating a great place to work *for everyone*.

The last 18 months has tested our people to the limits but, thanks to their hard work and dedication, we continue to deliver for donors and patients. To recognise everyone's efforts, the Executive Team sent everyone a special thank you card earlier this month, which included a small gift voucher, additional day off and commemorative badge to wear on their lanyard or uniform. As we head into the 75th anniversary of the blood service, we will continue to recognise and celebrate the great work of this organisation.