

**NHSBT Board****2<sup>nd</sup> December 2021****Chief Executive's Report****Status: Official**

Since the Board strategy day in early November, we have continued to develop our new strategy which will set the overarching vision, ambition and direction for NHSBT over the coming years. Subject to DHSC approval, we hope to launch the strategy early in the new year. As discussed, this will feed into business and financial planning, as well as the development of more detailed service line and cross cutting functional strategies - the proposed timing of which we have set out in the Board planner included with these papers.

We have started to develop our budget for the coming year. As previously reported, we are forecasting above inflation cost increases due to ongoing COVID-related pressures (including further increases in collection capacity), as well as additional pressures from expected increases in energy costs and additional blood testing requirements. We are exploring opportunities to mitigate the impact on pricing next year whilst, in parallel, we develop a multi-year plan to improve productivity and reduce our cost base. A fuller update will come to the Board in January.

We have recently refreshed our strategic risks in line with our new strategy. These will form the basis of our new Board Assurance Framework, which we will be bringing to the Board in January following prior review by the ARGC. In parallel, we continue work with the Good Governance Institute to assess our performance against the CQC Well Led framework. An internal project group has been created to provide evidence (and, where necessary, address gaps) against the Key Lines of Enquiry, which cover leadership, strategy, culture, governance, risk, information, engagement and continuous learning.

**Quality and Regulation**

In October, the HTA carried out a three-day virtual inspection of our SCI laboratories in Oxford, Southampton and Birmingham, followed by a physical inspection of our Oxford site. The inspections went well with no Majors and only a small number of Minor shortfalls raised. In early November, the MHRA performed a Blood Safety and Quality inspection at Southampton and will be inspecting Filton in early December. The Southampton inspection went very well with no Majors and only three Other deficiencies raised.

We came under significant scrutiny from the CQC following (now resolved) issues with fire risk assessments which emerged during the application process to move temporary plasma sites to permanent site registration. We acted decisively to temporarily close two sites while a number of corrective actions were completed. A Root Cause Analysis has since been undertaken; we will be implementing the lessons learnt to prevent a recurrence.

The management of Quality Management System overdue events continues to be an area of concern. Despite ongoing efforts to tackle the volume, we saw a further 5% increase in

October. As a result, the Executive Team agreed a series of actions including a set of new KPIs:

- <1% overdue documents,
- zero overdue Majors; and
- <220 overdue events (reducing to <200 in 22/23).

Directors have committed to appointing quality 'champions' who will work with the Quality team to drive down volumes until we are consistently operating within these parameters. We will introduce further corrective measures if we do not see a marked improvement within the next two months.

### **Health and Safety**

The Health Secretary has announced that all staff working in health and social care settings regulated by the CQC will have to be vaccinated against COVID-19 by 1 April. We are awaiting more detail about how this will apply to NHSBT. In the meantime, we have established a project group, led by our directorate Chief Nurses, to work on scenario planning.

As of mid-November, 86% and 79% of staff have reported getting their first and second doses of the COVID vaccine, respectively. Over the next two weeks, line managers will be asked to speak with all staff who are unaccounted for and update the system with their vaccination status (or, if relevant, their unwillingness to share this information). This will give us a complete picture to inform scenario planning.

### **Diversifying our Donor Base**

One of our key strategic priorities is to grow and diversify our donor base in order to meet clinical demand and reduce health inequalities. To this end, we asked the NHS Race & Health Observatory (NHSRHO) to carry out a rapid review of our community engagement efforts on plasma, as well as similar community activities that support blood and organ donation. Their report highlights seven key recommendations:

- NHSBT should sustain and develop their approach to engaging with Black and minority ethnic communities and ensure any campaigns aimed at these groups are bespoke and produced in collaboration with leaders from within diverse communities.
- NHSBT should build upon the success of the Community Investment Scheme and extend this practice across blood and plasma engagement campaigns, investing in charitable and religious organisations who actively support them in raising awareness of blood and plasma donations.
- NHSBT should ensure their engagement campaigns and donation processes are tailored and accessible for individuals from Black and minority ethnic backgrounds who do not speak English, as they do in other areas of their work.
- NHSBT should continue to seek feedback from Black and minority ethnic donors on how to enhance their donor experience, so they are encouraged to recommend donation as a valuable opportunity to their friends and family.
- NHSBT should build on their successes to date and commit to a deeper collaboration with medical associations, influencers, and professional bodies to raise awareness and encourage people from these backgrounds to donate blood and plasma.
- NHSBT, working with the Department for Education, should continue and build upon the success they have had to date collaborating with universities and should promote donation awareness opportunities within universities with high numbers of Black and minority ethnic students.

- NHSBT should build upon the 'Inclusive Language Guide' offer and ensure that there are safe and open spaces for all staff to hold frank but respectful discussions, so individuals are comfortable raising donation questions regarding race, misconceptions and health inequalities without censure.

The full report can be found here: <https://nhsbtdeb.blob.core.windows.net/umbraco-assets-corp/25016/community-engagement-scheme-rapid-review.pdf>

We continue to work closely with the NHSRHO through their Digital and Data Working group.

## Blood Supply

The Board will be aware that we declared a National Critical Incident on 27 October due to falling stock levels. Since then, we have implemented a programme of activity to improve collections:

- **Appointment capacity:** we have increased capacity to 47k-48k donation appointments per week in the lead up to Christmas (vs. 42k-43k pre-pandemic). This has been achieved through temporarily converting more plasma capacity to whole blood collection and by working with collection teams to identify local solutions (e.g., overtime and extending the working day). While additional capacity does not address staffing cancellations and donor non-attends (the root cause of our recent collection performance), it mitigates the impact of these challenges by providing more donation opportunities in locations where we have available donors.
- **NHSBT-led donor cancellations:** significant focus is being given to fill vacancies and address challenges with sickness absence. This has recently led to a big decrease in cancellations, which have halved to c3% of booked appointments during November.
- **Donor activity:** we have increased outbound calling capacity in the National Call Centre, as well as appointment reminder activity and local press releases in areas with appointment availability. Particular focus is being given to O group donors.

As a result of these actions, overall red cells stocks are now back 'in the green' at c5.5 days of stock (DOS). O groups have also started to recover but, at c4.5 DOS, are still lower than we would like heading into the winter period. A critical incident team remains in place.

Once stock levels are fully stabilised, we will conduct a comprehensive 'lessons learnt' exercise, recognising that this is the third time in the last 12 months that we have experienced severe stock challenges due to under-collection. Our aim will be to improve supply chain resilience, as well as agility, recognising the increasing volatility of demand in the post pandemic environment.

At our meeting in September, the Board asked about the likelihood of an increase in future demand (above pre-pandemic levels), as the NHS recovers from the pandemic. Based on our current intelligence, we think this is unlikely. A short note on our demand forecasting model and current view is provided in these papers for info.

## Plasma

In September, we started collecting recovered plasma from whole blood for the purpose of manufacturing immunoglobulins. We are currently stockpiling these volumes, together with the source plasma we are collecting across our 11 clinics, until a fractionator is appointed by NHS England. A more detailed update is provided in the private section of the Board.

To support the recovery of blood stocks, and leverage unused plasma collection capacity, we have recently repurposed three of our plasma sites for whole blood collection. In November, we also started collecting small volumes of convalescent plasma to support a new arm of the REMAP-CAP trial exploring the benefit of CVP for immuno-compromised patients.

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

Organ donation and transplantation continues to be impacted by pressure in the wider NHS. Deceased donation and transplant activity is currently 13% and 16% behind this year's targets, respectively. We are undertaking a range of action to support system recovery and deliver against our longer-term strategic plans:

- We have halted the decline in consent rates which have stabilised at 66% in recent months. Further action is planned to restore consent to last year's level (69%) and our target for this year (74%).
- We have appointed Clinical Leads for Organ Utilisation in all UK transplant centres, as well as five Organ Leads. This creates the infrastructure to drive local solutions and organ-specific improvements plans, recognising that barriers to utilisation are often location and organ-specific, and demand tailored solutions.
- We are supporting a collaboration between lung transplant centres by laying the foundations for a first Assessment and Recovery Centre or 'ARC'. This is a crucial step to creating a UK-wide model for using organ perfusion technologies.
- We continue to provide Secretariat support to the national Organ Utilisation Group, chaired by Steve Powis. An extensive stakeholder engagement process is underway, including: site visits, online call for evidence, stakeholder workshops, meetings with international colleagues, and the establishment of a Stakeholder Forum. This evidence base will inform the development of the Group's final report and recommendations, which are expected in the New Year.

As at the writing of this report, we are still awaiting the outcome of our Spending Review settlement.

Income from Tissues & Eyes is currently running 12% above budget, reflecting an increase in NHS demand. Our main challenge remains ensuring a stable supply. Referrals for eye donation have increased by 46% since a low point in April, though donations remain between 200 and 240 per month against our target of 300. As a result, cornea stock has continued to fall. A comprehensive action plan is in place to maximise the opportunities for eye donation including the number of ocular donations from potential organ donors. To support this, we have now brought together our donation nursing teams for Tissues & Eyes and Organ Donation, creating a single leadership focused on increasing consent from potential donors.

Throughout September and October, we ran our Leave Them Certain campaign with a continued to focus on the role of the family in organ donation and encouraging people to share their decision with their family. Thanks to wide coverage and the work of our stakeholders, the results from the national campaign showed an increase in awareness of organ donation. Evaluation is ongoing and we expect that the campaign will run again in the New Year. Applications for the Living Kidney Transplant Scheme opened in August and the scheme will fund community and faith and belief organisation to positively engage Black, Asian, Mixed Race and minority ethnic communities in living donation. We have generated strong interest and awards will be granted in January 2022.

Our #IDonation campaign returned on World Sight Day in October, encouraging the virtual donation of 'I's on Twitter to highlight the life-changing impact of cornea transplants to inspire people to register as cornea donors. The campaign was supported by 287 stakeholders, generating 1.65m opportunities to see the campaign.

Year to date Organ Donor Register registrations from active partnerships have increased from 300,000 last year to over 400,000. Whilst individual partners (DVLA, Boots and GP feeds) have all performed well, the greatest increase is related to the NHS App – prompting almost 80,000 to opt-in to organ donation. We expect this to increase as the app is used more widely in the coming months.

The Organ and Tissue Donation (Deemed Consent) Bill had its second reading in the Northern Ireland Assembly on 20th September 2021 and following a positive and balanced debate, was voted through to the committee stage, 69-6 in favour. The Committee for Health heard evidence on the 11th November 2021 from subject matter experts and relevant stakeholders, including Anthony Clarkson and other NHSBT colleagues. Once the Bill has been scrutinised, the Committee will recommend whether the Bill should proceed to a third reading and final vote before the end of the government's current mandate in May 2022.

## **Clinical Services**

Activity in our diagnostics laboratories has now returned to pre-pandemic levels, except in H&I where diagnostics support for solid organ and stem cell transplantation is still reduced. The impact of the shortage of blood test tubes in the NHS was limited to a slight reduction in referrals on some non-critical tests.

At the time of writing, we are still awaiting a decision from Our Future Health (OFH) on the bid we submitted for genotyping services. Recruitment of 3k blood donors to the OFH feasibility study was completed. This will be used to design the large-scale recruitment process. We have established a genomics transformation programme which will provide the governance framework and strategic direction to develop and implement sequencing technology and improve health outcomes in transfusion and transplantation.

We have agreed a contract with the Cell and Gene Therapy Catapult to enable the tech transfer of a viral vector manufacturing platform into the CBC. This supports the £4.5m MRC and LifeArc-funded Innovation Hub for Gene Therapies that we reported to the Board back in March.

We have recently released the first transplant Risk Communication Tools, which are designed to help organ transplant clinicians present statistics to their patients undergoing kidney or lung transplantation to help them visualise possible outcomes from the point of joining the waiting list or from the time of transplant. Tools for all other organs will be released by the beginning of December.

We have secured funding to collaborate on an important study (MELODY) of third dose vaccine effectiveness in 12,000 organ transplant recipients, by securely linking NHSBT-held transplant follow-up data with data held by NHS Digital. This complements ongoing work examining the efficacy of two vaccine doses in this immuno-compromised cohort of patients.

Our Clinical Trials Unit (CTU) recently opened the NIHR funded SIGNET trial to recruitment with nearly 30 trusts already involved. The study will evaluate whether Simvastatin results in better quality organs for recipients, when it is given to potential organ donors. It will be the largest randomised controlled trial ever in organ donation, demonstrating the strengths of the UK donation and transplantation infrastructure. SNODs will consent donor families and

randomise participants. We are also pleased to report that our CRYOSTAT-2 trial with Barts/QMUL and NHSBT), which is looking at the effects of early high-dose cryoprecipitate in adults with major trauma, has now recruited all 1600 patients. It is the largest trial of transfusion in trauma and the results are expected next year.

Prof John Forsythe will be stepping down from the role of Medical Director of OTDT at the end of December but will continue to support the Organ Utilisation Taskforce for several months into next year. Prof Derek Manas has been appointed to fill this vacancy. Dr James Griffin has been promoted into the new role of Medical Director of Cellular Apheresis and Gene Therapies. Once we finish recruiting into the newly created Chief Scientific Officer role, the full Senior Management Team for Clinical Services will be in place.

Finally, I'm pleased to report that NHSBT clinicians won two of the five Royal College of Pathologists Special Achievement awards - a major achievement during the pandemic and a great recognition of their work. More information can be found here:

<https://www.rcpath.org/about-the-college/awards-and-bursaries/rcpath-achievement-awards-2021.html>

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

### Digitising Collection Sessions

The deployment of Session Solution to all of our mobile teams is now complete, representing a significant step forward in modernising and digitising the donor journey from the point they arrive to donate. This platform will also enable further digitisation of paper-based processes over the coming years.

### Improving Donor Experience

The new Give Blood app has now been used by more than half a million users. We are seeing really strong performance, with users 2x more likely to book and conducting 50% fewer searches to make appointments. We are also receiving strong customer ratings in the Apple and Google stores.

### Digitising Organ and Tissue Donation

A new TissuePath application is due to go live on November 30th. The solution will collate and store donor information and remove current paper and Excel systems. It will also be integrated with the digital solution for organ donation, allowing access to a larger pool of potential donors.

### Recognition for our Information Governance Team

Our information governance team won an award by the National Health and Social Care Strategic IG Network. The award is *Special Recognition for Supporting the Covid-19 Effort with Information Governance* and is great recognition for the work that the team did in enabling the Convalescent Plasma programme.

## **People and Culture**

Increasing the diversity of our workforce, to better reflect the population we serve, has been a key strategic priority for the organisation over the last few years. I am pleased to say that we are starting to see the fruits of our efforts. For example, we have seen an increase in the ethnic diversity of our workforce at all levels of the organisation. The strongest improvements are in Bands 8D and 9 which increased from 8.9% to 12.5% over the first half of the financial

year. Over the same period, bands 8A-8C also increased (from 10.5% to 11.4%) as did Medical pay bands (from 26.9% to 28.3%).

The level of declarations for disability status and sexual orientation has also improved over the first half of the year though there is still a significant proportion of our staff who have not yet declared their disability status (83.5%) or sexual orientation (37.9%). We are using our detailed D&I dashboard to measure progress and identify areas that require further attention.

At the Executive Team level, it has been a pleasure to welcome Stephen Cornes as our interim Director of Blood Supply. He brings significant experience in manufacturing and logistics, as well as a passion for inclusive leadership and capability building, which he is applying with positive effect. Recruitment is underway for a permanent Director of Blood Supply, as well as a Director of Quality to replace Ian Bateman when he retires in February. I am hopeful that we will be in a position to hold final interviews at the beginning of January. Subject to DHSC approval, we will shortly be launching a search for a General Counsel.

It goes without saying that our operating context remains *extremely* challenging and is being felt by our people at all levels of the organisation. We are seeing this feed through into increases in turnover - from 11% in April to 15.2% in October. Sickness has also increased and is currently sitting at 5.4% and 7.1% for NHSBT overall and Blood Donation, respectively. The winter is likely to bring additional challenges, which will put additional strain on our people and teams.

Our new Chief People Officer, Deb McKenzie, has set out her initial reflections on our people agenda in a separate report later on the agenda. I'd like to recognise and thank colleagues across the organisation for their tremendous work throughout the pandemic. Their steadfast commitment to our mission of saving and improving lives - even in the most challenges of circumstances - continues to inspire every day.