

NHSBT Board
25 January 2022
Chief Executive's Report

Status: Official

It has only been a few short weeks since we last met in December. Since then, our focus has been on managing this latest wave of the pandemic, whilst working to progress our new strategy which was signed off by the Board in December. We have started to socialise it internally starting with a soft launch on 13 January, which was well attended by almost 900 staff. This event will be followed up by a series of further webinars delving into each of our five strategic priorities in further depth. This process will culminate with an external launch which we hope to hold in February or March, subject to DHSC approval. In the meantime, we have started translating the strategy into more detailed business and financial plans. We have also considered the key risks to delivery and associated mitigating actions which we have summarised in the Board Assurance Framework included in this month's papers.

We took advantage of the event on the 13th to announce some new appointments to the Executive Team. After a competitive search, Helen Gillan has been promoted into the role of Quality Director, taking over from Ian Bateman when he retires at the end of February. Following another competitive search, Gerry Gogarty was appointed into the (new) role of Plasma Director. This appointment reflects the fact that we are transitioning the plasma programme into an ongoing operation which promises plenty of opportunity for future growth. We are still awaiting DHSC approval before appointing permanently into the Blood Supply Director role, which Stephen Cornes is currently performing on an interim basis. We hope that approval will be forthcoming shortly. This will make our Executive Team complete save for a General Counsel who we will shortly be recruiting to increase our internal legal capability and reduce our dependence on external counsel.

Our People

The latest wave of the pandemic has led to rising infection and self-isolation rates which are running at 4.2% across NHSBT (as at 9 January). Overall absence levels are running even higher in some teams and are being closely monitored; we have so far managed to keep services running through a combination of measures, including staff redeployment and changing some rota patterns. We continue to review and refresh our COVID-secure measures and guidance in line with the latest rules on Infection Prevention and Control.

We are working to ensure that mandatory COVID vaccine requirements are in place for 'in scope' teams from 1st April. There is a real risk in certain parts of the organisation – particularly in Blood Donation where 3% of the workforce are currently indicating they do not wish to be vaccinated. A letter has been sent to all decliners inviting them to a meeting to discuss their options. Further information on the risks and mitigations underway is provided in a separate paper later on the agenda.

We continue our efforts to invest in people in culture, including a refresh of our Code of Conduct – a copy of which was sent to all staff. It can also be found on the web, alongside all our other people policies. The Board may be interested in reading Deb McKenzie's forward which sets the context to this new strategy (<https://peoplefirst.nhsbt.nhs.uk/NHSBT->

[DOCUMENT-LIBRARY/PoliciesandSupportingDocs/General-Foreword-Code-of-Conduct.pdf](#)), as well as our latest staff newsletter (https://nhsbloodandtransplant-my.sharepoint.com/:b:/g/personal/jonathan_endres_nhsbt_nhs_uk/EVloOwCiaihBicYZ6s_VY3cB2Gu-94P4cxOAAoB0zC3ErQ?e=JqGFRg) which covers other aspects of our People and Culture agenda such as wellbeing, vaccination, our D&I journey, Freedom to Speak Up and post pandemic ways of working.

As part of our post pandemic ways of working project, we have made good progress with our new desk booking system. Following a successful pilot in Colindale, the West End Donor Centre and Barnsley, we are now in the process of extending the system to our remaining sites. The desk booking system will also replace our conference booking system integrating it into Outlook. A process for managers to agree hybrid working is in place to allow people to benefit from a flexible approach to attendance at sites, without changing their contracted base. We have recently received a very positive audit response summary by GIAA on our post pandemic working project, acknowledging the enhanced wellbeing support, endorsing the desk booking system and praising the new electronic display screen assessment system.

We launched our latest Our Voice survey at the beginning of January which will give us a new baseline against which to measure the impact of our efforts in improving engagement across the organisation. We will share the high level results and insights from this survey with the Board in March.

Quality and Regulation

Good progress is being made to reduce the number of overdue Quality Management System items across the organisation. We are working towards a target of zero Major overdue incidents. Significant reductions have been seen in this category from 28 overdue majors incidents at the beginning of December to just 3 overdue major incidents at the end of the year.

The MHRA inspected the Filton site at the beginning of December with a very positive outcome. There were no Majors raised in what was a very detailed and intense audit with 3 experienced inspectors for 4 days. The inspectors were extremely complimentary on the professionalism of our staff and the way we were able to provide information in a timely and efficient manner. They also commented on our openness and how helpful they found everyone they interviewed and spoke to. There were 11 'Others' raised with a lot of detailed findings. The majority of the findings will be relatively easy to deal with and are good opportunities for improvement.

Work continues to prepare for an inspection from the CQC. A review of all Key Lines of Enquiry has been completed and a detailed communications plan is in place. A general awareness exercise of what to expect from a CQC Well Led inspection will begin in January across the organisation. A successful Engagement Meeting was held in December with the CQC Inspection Manager where 18 colleagues from across NHSBT presented evidence regarding topics such as the plans for the Our Voice surveys, Freedom to Speak Up, blood stocks, Therapeutic Aphaeresis Services, Prevent Training and development of our new Board Assurance Framework. This was all well received.

Donor Engagement

Short term donor engagement activity has been focused on rebuilding blood stocks. In parallel, we have launched a number of new campaigns to raise public awareness and donor engagement. The start of the Premier League, for example, gave opportunity to partner with Sky Sports and BT Sport, with adverts including former England striker Emile Heskey and Arsenal manager Mikel Arteta, as well as many donors and patients. Insurance and savings

companies such as Aviva, Legal & General, Zurich and the Phoenix Group are supporting our organ donation objectives through internal comms and by integrating our key messages into their customer experience journeys and own engagement. For blood, we've had excellent support for our campaigns from Energy, Retail, and Consumer brands, including EDF Energy, E.ON, Npower, Waitrose & Partners, Unilever, Look Fantastic, and Next. We are also building stronger working relationships within the health and public sector ecosystem, where we are piloting recruitment events at COVID-19 vaccination clinics and reaching out to the Fire Service and local authorities to promote blood donation amongst their staff and in their local communities.

We continue to deliver initiatives designed to improve the experience of donors of Black heritage and Ro sub-type. Donor selection guidelines were updated in December in line with to remove the question related to geographical biased assumptions on exposure to sexual infection that had put off many donors in the past. And a new creative for engagement to Ro donors is being rolled out to complement process improvements increasing the number of Ro donors targeted for dedicated calls. Whilst our Q3 Ro Kell Neg collections from donors of Black heritage increased +28% compared to last year, total Ro collections were only up 5%. This left our supply/demand gap stubbornly flat at 49%, which is disappointing given the significant investment going into this area. We will come back in March with a more detailed update on our latest plans and forecasts to start closing this gap.

Blood Supply

The impact of Omicron on our blood collection levels has been significant and rapid. We had already stood-up a critical incident to oversee the management of blood stocks during November, when stock resilience heading into the winter was low. The interventions we made were initially successful and recovered total red cell days of stock (DOS) to 6 days during December (vs target of 5.5 to 7 DOS). However, our collection levels fell to c10% below target as Omicron cases began rising in mid-December and stocks fell below 5 DOS as we entered 2022. O neg and B neg stocks were both less than 3 DOS at the start of the new year. Consequently, our critical incident remains open as we seek to recover once again.

The collection reduction over this period was a result of lower appointment fill rates (c85% of appointments filled vs c90-92% previously), higher non-attend rates (c21% of booked donors did not attend vs c16-17%) and higher levels of NHSBT-led donor cancellations (c4% of booked donors cancelled vs c2%). Our surveying of donors indicates that COVID-related factors strongly contributed; including through illness, isolation and ineligibility to donate for seven days following booster vaccination. Reluctance to risk Christmas or New Year plans through potential COVID exposure may have also contributed to behavioural changes. Similarly, increased rates of NHSBT-led donor cancellation were a result of higher staff absence on Blood Donation teams. Some teams are experiencing acute challenges, including localised COVID outbreaks which have led to complete loss of blood sessions in some instances.

Despite the rising Omicron cases, demand for red cells was strong over this period, remaining broadly at forecast levels. We also continued to support requests for stock from the UK and Irish blood services, with a total of 1,200 units supplied by NHSBT in the last quarter (October-December 2021). During January, we communicated our O neg stock challenges to hospitals and asked them to support us through appropriate ordering and monitoring their own wastage. This intervention was made as stocks were just above 2 DOS. We stopped short of asking hospitals to reduce activity or stand-up blood shortage protocols.

These same issues also led to some short-term disruption in A negative platelet stocks immediately after the Christmas break. While we recovered our stocks within a few days and

supply has since stabilised, we did ask hospitals not to request any A neg platelets for stock purposes over this period (i.e., we supplied for pre-planned patients only).

In order to improve collections, our Blood Supply team have been focussing on deploying more than 47,000 whole blood appointments per week (vs. 42,000 to 43,000 pre-pandemic) where staffing levels allow. This includes increasing grid sizes on teams to counter-act the effect of higher levels of donor non-attends. In addition, our Donor Experience team are maintaining high levels of direct marketing activity and delivering several campaign activities for early 2022, including a national campaign with the Daily Mirror. Press release activity has also been increased, particularly in London where the impact of Omicron on donor attendance has been most pronounced.

From mid-January, collection levels appear to be turning a corner as a result of this activity and Omicron cases are also steadily decreasing. During w/c 10 January, we simultaneously delivered the highest volume of total whole blood collection and highest volume of O neg collection in a single week since the start of the financial year. If we can sustain this strong performance, we expect to fully recover red cell stocks (including O neg) to target levels by late-February.

Plasma

As reported to the Board in December, we have been directed by DHSC to recalibrate the Plasma for Medicines programme, which entailed closing five plasma collection centres. We have retained three (Twickenham, Reading and Birmingham), and continue to collect recovered plasma, which has now been rolled out to all three manufacturing sites. We are currently assessing the impact of this recalibration on our ramp-up plans and self-sufficiency levels.

With plasma now expected to be a permanent operation with potential for future growth, we are in the process of transitioning the programme into a BAU directorate. This entails working through the detailed operating model, reviewing governance and commencing recruitment into permanent positions. We will be looking to maximise synergies with other directorates whilst maintaining its distinct 'start up' culture, so that we can continue to innovate, test and apply new learnings which will be required to meet ambitious volume, cost and productivity targets.

We continue to support NHS England with market engagement ahead of their formal tender process to appoint a fractionator. We are also supporting a new arm of the REMAP-CAP trial exploring the benefit of convalescent plasma for immuno-compromised patients.

Organ and Tissue Donation and Transplantation

Despite an incredibly challenging backdrop and heightened rates of absence in our clinical teams, I am pleased to report that we have not missed a single donation opportunity. We supported 130 deceased donations in December – one of the highest monthly activity figures since March 2020.

Year to date, we remain at 89% of 2019/20 activity levels. Further action is planned with Critical Care colleagues to restore consent to last year's level (69%) and our target for this year (74%). This will focus on the approach made to the families of potential Donation after Circulatory Death (DCD) donors.

NHS colleagues are working determinedly to maximise the number of transplants however they are reporting heightened and widespread pressures at the most impactful points for donation and transplantation. We are now 14% behind our targets for deceased donors and

16% behind for transplants YTD. This situation is not unique to the UK and we are in close contact with colleagues internationally to share and learn about the most effective interventions.

One key intervention is to innovate and two important cases have demonstrated this in recent weeks. The first is that of the youngest DCD donor, using the machine-based organ care system. The donor's family were keen to maximise the precious gift of donation and really drove the process. The recipient of the heart is a child who was very unwell prior to transplant and whose surgery was complex. They remain in hospital but have the chance that they wouldn't have had without this incredible donation. The second case is a very rare bilateral arm transplant. The donor donated multiple organs and tissues in addition to both arms. The arm recipient is doing very well, has been transferred out of the ICU and is starting to get some feeling and movement in the limbs.

The Organ Utilisation Programme is continuing its progress on several key initiatives to support optimal utilisation of offered organs from deceased donors. There are currently 25 local projects being led by the Clinical Leads for Organ Utilisation network, in addition to improved approaches to supporting shared learning and problem solving. The work on establishing Assessment and Recovery Centres (ARCs) is currently focussing on establishing the underlying governance, policy, data and IT infrastructure, as well as bringing together experts to share learning from local initiatives and research programmes. The Digital Infrastructure for Utilisation project is exploring the requirements of a replacement for the Electronic Offering System (EOS) platform. EOS allows transplant centres to view documentation in support of a decision on the suitability of a donor. Additionally, the project has been exploring needs for an enhanced image sharing capability, to provide a robust, safe platform for communication between clinicians.

We continue to provide Secretariat support to the Organ Utilisation Group. The Group's extensive stakeholder engagement has been positively received, with input from a wide variety of organisations and individuals across the country. The evidence collected during this phase will form the basis of the development of the Group's recommendations and final report, which are due to be provided to Ministers in Spring 2022.

Looking ahead to 2022 and beyond, it is clear that we have an opportunity to increase organ donation and tackle the transplant list backlog through key transformations including living donation and organ utilisation projects. We await the outcomes of the Spending Review, which will be critical to how far we are able to implement these change programmes, or whether we now have to wind these down.

In relation to Opt-Out legislation, a significant milestone has been passed in Northern Ireland with their Bill clearing the Committee for Health stage and will have its 3rd reading and final vote in the Assembly by mid-March 2022, ahead of the Northern Ireland elections. The final vote is expected to carry enough votes to ensure the Bill is passed into law. Both Guernsey and the Isle of Man, having previously had to prioritise their Covid responses, are now in a position to focus attention on developing their delivery plans. NHSBT continues to work alongside the respective administrations to develop the implementation plans so the new systems of consent go live quickly after the legislation process is completed.

At the December Board meeting, a non-directed altruistic donor presented his experience of being a living kidney donor and highlighted some differences in approach that he had encountered in making initial contact with two transplant centres. Members of the Board raised concerns about potential donors being treated differently by transplant centres and sought clarification about the role of NHSBT with respect to individual transplant and non-transplant (referring) centres in the context of living donor kidney transplantation and in

particular, the actions taken to address potential barriers in the self-referral process for non-directed altruistic donors. A report to this meeting was requested and is attached.

The autumn period has also been challenging for our Tissue and Eye services, with areas of elective surgery such as sports injury not yet significantly restarting and other areas pausing due to the current pressures in the wider NHS, resulting in sales income being slightly below plan. We have therefore adjusted our year end income forecasts downwards, though we still predict a favourable variance of £1.3m (previously £1.7m). Levels of ocular donation have continued to be lower than expected in Quarter 3 and plans are progressing to improve this situation. We will review progress on our existing strategy for Tissue & Eye Services in March, with a view to building a new strategy later in 2022.

We achieved strong news coverage before Christmas which encouraged families to share their decision on organ donation during the festive period, accompanied by inspiring stories of families who supported donation going ahead and patients who received the lifesaving gift. There have been more than 130 pieces of media coverage so far.

The “Leave Them Certain” campaign will continue in January and February with paid media activity in England and Wales to capitalise on the increase in altruism seen in January as people consider New Year resolutions. As commitment to these resolutions fades mid-January, we will launch a media appeal asking people to switch their resolution to one that can help save lives.

Seven organisations have been successful in their applications for our new Community Investment Scheme to promote living kidney transplants. £100k will be invested in organisations who seek to raise awareness of living donation amongst Black and Asian communities and / or support patients and their families throughout the process.

We have achieved support from a number of health and life insurance companies who have been promoting organ donation to their staff and customers. Partners include Legal & General, Aviva, Dignity and Phoenix Group. We have also seen strong performance from the NHS App and Boots organ donation registration feeds in December. There were over 17k new registrations through the NHS App (2nd highest monthly total) and over 7k through the Boots Advantage Card. We also supported the British Transplant Games Leeds 2022 launch event. The event generated significant media coverage in the region, and we will continue to support this through our membership of the Games’ Stakeholder Board

Clinical Services

Cell, Apheresis and Gene Therapies (CAGT) continues to operate its range of clinical services against an increasing background of COVID related absences. In November 2021 the UK Stem Cell Strategic Forum published its initial findings with the final forum report expected to be released in Spring 2022. The new NIHR Blood and Transplant Research Unit (BTRU) in Precision Therapeutics meets for the first time this month, bringing together academic scientists and clinicians from partner universities and NHSBT’s CAGT team. The new BTRU is one of five that will commence in April 2022. BTRU contracts are expected to be signed in January and will be followed by formal public announcements and a kick-off meeting in March.

Service levels in our diagnostics laboratories have been maintained in the context of increased levels of staff absence due to Omicron and the peak holiday period but we will be closely observing the impact of this current pandemic wave in the coming weeks. The team are finalising the Memorandum of Understanding (MOU) to support the recruitment of blood donors to Our Future Health (OFH) research programme. The MOU includes all the expected requirements and conditions for NHSBT to participate as agreed by the ET and the Board. This MOU will be followed by a detailed contractual arrangement. Last week saw the launch

of a YouTube video demonstrating our partnership and the value that our donors bring to this initiative as the pilot phase completes (<https://www.youtube.com/watch?v=r7G5InXtsjY>).

As part of our wider genomics programme, we are exploring how Oxford Nanopore technology could improve stem cell and solid organ transplantation. This technology offers a method to read the whole sequence of a gene in one go, so that no information is lost, and in addition, it offers a scalable sequencing platform. This will result in better and more complete information than we have to-date, to inform patient care and potentially simpler processes in the laboratories.

A paper on the real-world effectiveness of vaccines against SARS-CoV-2 in solid organ and islet transplant recipients has now been published in Transplantation by the OTDT clinical team, supported by Statistics:

https://journals.lww.com/transplantjournal/Abstract/9000/Real_world_Effectiveness_of_the_Pfizer_BioNTech.95099.aspx. The key message is that vaccination of recipients confers some protection against SARS-CoV-2–related mortality, but this protection is inferior to that achieved in the general population.

Development continues of the statistical models and the interface that underpin the NHSBT Risk Communication Tools for organ transplantation. The tools are designed to help clinicians present statistics to their patients in an easy-to-understand format. They help to visualise possible outcomes for patients from the point at which they join the waiting list for a transplant or at the point they receive a transplant. The lung tool was the first to be released in September 2021, followed by the kidney tool in October. The liver tool is next to be released (January 2022), followed closely by the heart and pancreas tools.

The New Year Honours recognised the incredible work of Prof John Forsythe who retired from his role as Medical Director for OTDT in December. He was awarded an OBE for services to organ donation and transplantation, as well as his contribution to the country's response to the pandemic.

Digital, Data and Technology Services

Our latest update to the NHS Give Blood app was released in app stores in December and includes a new feature that saves donors' last searched location making it easier to find an appointment in their favourite locations. This is the third successful release of the App in 6 months and donor feedback remains positive about the changes.

The Shared Server and Storage Project was established to replace the legacy infrastructure that runs the majority of NHSBT critical services, including Pulse and Hematos. The last replacement of this infrastructure took place over 7-years ago and many services were using parts from the second-hand market place. In December the project completed the final migration of data onto the new platform, this involved migrating workloads from around 700 servers, which has all been completed successfully. During the migration there was only 1 unexpected outage which is a phenomenal achievement for a project of this type. Decommissioning of the legacy environments will now commence and the project will close on the 31st January.

Our journey towards migrating services to the Cloud is also continuing with a focus on moving our Oracle Financials systems to Oracle Cloud. The project has experienced some delays, but we are pleased to report that in December we established connectivity to Oracle Cloud from NHSBT which is an important milestone. Work will continue through the first half of 2022/23 financial year to complete the migration.