

NHSBT Board Meeting  
Chief Executive's Report  
**27 September 2022**

**Status: Official**

The on-going support of our fantastic donors and dedicated staff has delivered continuity of supply to patients through what has been a very challenging period.

Some of the key events and conditions that are contributing to a challenging environment are:

- high levels of vacancies and turnover in some parts of our operation;
- staff experiences of racism, discrimination, bullying and harassment and the impact of press and social media reports;
- the National Period of Mourning for Her Majesty Queen Elizabeth II; and
- responding to and investigating a new Never Event.

My initial priorities as Interim Chief Executive are to engage and communicate with staff and partners; increase our efforts to eliminate racism, discrimination, bullying and harassment; hold ourselves to account by being transparent on progress; and bring focus to some key issues impacting our operations. I know that building trust across our workforce will only happen when the action we take translates into positive and visible results.

**1. Clinical Governance**

A new Never Event occurred concerning the unintended transplant of three ABO incompatible organs due to an incorrect blood group temporarily put into a Trust LIMS (Laboratory Information Management System) during a massive haemorrhage situation. This is the first Never Event that NHSBT has been involved in and an update will be given to the Board at the meeting.

A near-miss bacterial screening incident occurred. A donor donated two units of platelets by apheresis. One unit was issued and transfused and the second was issued but then returned by the hospital due to clumps being observed in the unit. Samples from the pack were tested positive for *S. aureus*. The patient had no signs or symptoms of a bacterial transfusion transmitted infection (TTI). A subsequent sample from the donor was also positive for *S. aureus*, and hence the donor will be permanently withdrawn from donation.

The implementation of anti-hepatitis B core antibody testing is a little behind, our initial plans had been screening all donors by the end of this year. We now anticipate this being implemented at the start of 2023.

## **2. Quality, Risk and Regulation**

The CQC followed up their recent Well-Led inspection at Filton in June with an inspection of regulated activities (Therapeutic Apheresis Services and Blood Donation) during August. We are expecting receipt of the combined inspection report shortly.

There were no external inspections within the month of September, nor are there any major or critical non-conformities requiring action.

The Executive took part in a Cyber exercise where we simulated the loss of some critical IT systems and data essential to the continuity of supply. There are many lessons learned from the exercise that will feed into our future plans, the most significant finding is that our continuity plans for Platelets are not robust enough to maintain supply under the conditions tested.

## **3. Blood Supply**

Red cell stocks improved from a low point of just 3.3 days of stock (DOS) to between 4-5 DOS during August. We have also found some stability at blood group level and while some ABO groups came very close to the threshold for 'amber alert' during July we successfully avoided the need to stand-up this advanced stage of our stock shortage protocol.

We previously reported acute workforce challenges on many of our front-line teams, driven by accelerated workforce turnover and high sickness absence due to COVID-19. We have recruited new blood donation colleagues at scale and have augmented the recruitment process to bring people into the organisation faster. Approximately one hundred and twenty new donor carers have joined since June, and we expect a further one hundred colleagues to join over the coming weeks. This brings us back to budgeted levels across our blood donation teams. Our training team have also responded by adapting the induction process to train new starters sooner while maintaining our high safety and regulatory standards.

In the meantime, we mobilised volunteers from across NHSBT and agency staff to the 'front-of-house' role on blood sessions. This provided much needed support to our donation teams and allowed many of us to experience first-hand the pressures our teams have been under and renewed our determination to fix the root causes of these workforce issues.

Beyond the bank holiday, we expect our collections to incrementally improve as the impact of new colleagues (and other interventions) take effect. From end-October, we expect to be collecting above the levels required to meet demand, which will result in stock growth.

The last few months have been particularly challenging for blood stocks. I want to take a moment to recognise the commitment and effort it's taken from people across our organisation to maintain the life-saving flow of blood to hospitals.

## **4. Plasma for Medicine**

We continue to work with key opinion leaders in the plasma industry to progress advocacy for UK plasma. An alliance of distinguished industry leaders has come together to produce a paper emphasising the safety of UK plasma. A review of albumin will be undertaken by MHRA later this year. Security of supply remains a key strategic priority across Europe.

The plasma operation continues to improve our donor experience through the launch of the NHS Give Blood App and the roll out of new apheresis technology to all three clinics. The

new technology reduces the time to donate; increases collection volumes; and, importantly, widens the criteria of eligible donors to include many more women.

We continue to support NHS England with the fractionator procurement, which is now entering the dialogue phase.

## **5. Organ and Tissue Donation and Transplantation**

Our teams and partners continue to work hard to maximise donation, since April we have facilitated 593 deceased donors against a target of 685. While we are disappointed to be short of our target so far, this exceeds 2021 performance, and we are cautiously optimistic about the remaining months of the year.

Two further patterns are emerging. Sustaining donor consent / authorisation rates is proving a challenge, especially in England – despite the launch of the new opt-out law last year. The UK-level consent rate is 64% against a target of 72% and potential of up to 80%. Families tell us that extended waits in partner hospitals and during the donation process are causing them to say “no” or to withdraw from the process more often than in the past.

The second is that organ utilisation is offsetting the impact of lower consent / authorisation. We have facilitated 1,511 deceased transplantations so far this year, against a target of 1,612, thanks to a continuing high level of organ utilisation, with the number of transplants per deceased donor exceeding targets and being at record levels for a sustained period.

Living donation pathways are experiencing similar challenges to deceased donation.

We remain concerned about the flat funding settlement for organ donation and the impact on transplantation activity levels, this will be discussed in the private board.

The Organ Utilisation Group held their last meeting in July and the draft report is being finalised. A final meeting of the Stakeholder Group will be held on the 22nd September and the report and recommendations will then be submitted to Ministers for final approval.

Progress continues in readiness for the implementation of Dáithí’s Law, which is due to introduce Opt Out as the basis of consent in Northern Ireland in Spring 2023. We have begun the legislation training of the NI nursing team and have successfully progressed the recruitment of additional nursing and administrative support staff ahead of the law change. Guernsey legislation has also advanced as we work in collaboration to define implementation plans ahead of the law change on 1st January 2023. We are also collaborating with colleagues on the Isle of Man to prepare for Implementation of their legislation.

Due to the death of HM Queen Elizabeth II, Organ Donation Week has been rescheduled to 26th September – 2nd October. This year’s event will celebrate the gift of life and focus on increasing registrations to support consent rates.

## **6. Clinical Services**

In our Cellular Apheresis and Gene Therapy team, Therapeutic Apheresis Services continues to see increased demand and has gained Trust approval from Manchester Royal Infirmary and North Middlesex Hospital to supply red-cell exchange services under the Medtech funding initiative. Service provision has started in both locations.

Performance of Pathology Services has remained strong in terms of activity. Our Genomics Programme is progressing following the resolution of a technical issue with the red cell genotyping array being developed as part of the Blood Consortium Collaboration Group, we are now ready to start the next phase of the validation in Colindale, which is expected to be completed by October. Thereafter, we will start the genotyping of the approximately 80,000 blood donors recruited as part of the STRIDES research programme.

The IBI hearings are ongoing. Currently Professor Richard Tedder is the last NHSBT witness to give oral evidence albeit his sessions have been delayed from last week into October. As the evidence draws to a close the next important stage is the final written submissions. These submissions are to cover the conclusions the Chair to the Inquiry should reach about factual findings and recommendations and these are submitted by our legal team. The deadline for the written submissions is now 16 December 2022.

## **7. Donor Engagement**

The last two months of focus on building blood stocks have led to limited progress to grow and diversify our donor base.

Low recruitment levels of new donors, and a focus on encouraging past donors to return, has reduced the diversity of our active donor base: representation from Black, Minority Ethnic and younger donors has fallen. However, the Ro donor base continues to grow reaching a new high of 25k. Growth is not yet sufficient to close the supply gap following a high period of Ro demand so our activity to drive further growth remains a high priority.

Our committed donors have continued to support our efforts to stabilise blood stocks, but complaints increased by 30% in September from August. The highest volume of complaints continues to be about cancellations, waiting times and choice of days and venue.

The period of National Mourning has required us to adapt all our campaigns and external communication. As well as Organ Donation Week being delayed for a week, we have also needed to defer the start of our Sickle Cell education campaign to late September and into October's Black History Month. Our planned partnership with Disney remains on track for late October and November as we continue to recruit prospective donors of Black heritage.

## **8. People and Culture**

Our sickness absence figures have increased again and are now at 5.58%, with an upturn in days lost due to work stress, and an increase in the number of musculoskeletal cases. The Health, Safety and Wellbeing team are working closely with directorates most affected to develop mitigating actions.

As we go into winter all frontline staff have been encouraged to take up the autumn Covid booster vaccination and our in-house flu vaccination campaign started 3 weeks earlier than last year.

Turnover remains high at 18%, compared to 16% in January. Working with key operational areas we have introduced several new approaches to reduce time to recruit and tackle attrition. During September we launched our new recruitment system across the organisation designed to improve the candidate and hiring manager experience, provide improved efficiencies and better data across our recruitment process.

The situation our organisation is facing on racism, bullying and harassment is very serious. In the same way that we would manage a serious situation in any part of our operations, I have set up a senior team with the sole purpose co-ordinating our response and our important work of making sure everyone feels safe at work. We will deliver actions that we can implement quickly and will plan long term, meaningful change.

As part of this work, we hosted a webinar with an external expert on the serious harm it causes, alongside how we can create psychological safety. The session was attended by 600 participants and will be rolled out across all of NHSBT. We have re-emphasised our ZERO tolerance approach and ran an internal webinar to explore what this means and how we can work together to deliver it.

We marked South Asian Heritage 2022 with a theme of 'celebrate, commemorate and educate' which involved a programme of 18 events for NHSBT staff, community partners, donors, and high-profile collaborations with NHS England, Health Education England and the NHS Race and Health Observatory. The event succeeded in building trust with South Asian donor communities to diversify our donor base and save more lives through blood and organ donation. Our data tells us that the difference between family consent rates of BME donors (35.9%) and white donors (74.5%).

We secured sponsorship of UK Black Pride an event which attracted 25,000 people from communities we wish to work with to diversify our donor base: in particular African, Asian and Caribbean heritage people who are also LGBT+ people.

There was a recorded feature on ITV News to mark the one-year anniversary of blood donation rules being updated to enable more gay donors to give blood.

## **9. Finance**

At the end of August, the financial results are continuing to show significant favourable variances against plan, reporting a £9.7m surplus versus a budget surplus of £3.2m. This mostly reflects higher activity levels in Clinical Services (income above plan) combined with lower Change Programme and DDTS expenditure. This is partly offset by adverse cost variances being reported by Blood Supply, because of inflationary pressures on fuel and increased courier expenditure in transport. The cash balance at the end of August was £85m and year to date capital spend was £1.7m.

The favourable year to date position will, however, reverse and significantly worsen. This is driven by a mixture of factors, including the increased NHS pay award and national contribution levy combined with higher staffing, teams and overtime in Blood Supply. The full impact of these will be fully captured in the quarter 2 reforecast.

The pricing and budgeting cycle for 2023/24 is now well underway. This round of planning is proving to be particularly challenging, given the highly volatile environment in regard to both pay and non-pay inflationary risks. These pressures are being built into the 2023/24 pricing planning and will be reviewed during the September Board meeting.

**Author:** Wendy Clark, Interim Chief Executive Officer

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