

NHSBT Board Meeting
Chief Executive's Report
29 November 2022

Status: Official

Our top three organisational level priorities since the last board have been to stabilise blood supply, make meaningful steps towards improving our culture and respond to the CQC inspection. Updates on each of these areas are provided in this report or elsewhere on the board agenda.

Shifting our focus in-year to address new challenges has impacted our ability to meet all the targets outlined in our annual business plan, we have taken the time to step back and review where we are and what is achievable by the end of the year. This work will also inform next year's business plan and investment portfolio.

We have made particularly strong progress during the period on initiatives focussed on reducing health inequalities. The progress we are making in this space is both exciting and critical to the delivery of our strategy.

1. Working Towards Reducing Health Inequalities

Our latest campaign to increase the number of donors of Black heritage and grow the collection of Ro type blood was launched in October. Our partnership with Disney and the latest Black Panther release further raised our profile among key audiences. This resulted in us attracting the highest number of monthly new donor registrants of Black heritage on record with over 5,000 registrations achieved in the first 5 weeks.

Our Genomics Programme is progressing well, we signed a contract with Oxford Nanopore for a 3-year collaboration to jointly develop a full gene, allelic resolution HLA typing technique. This collaboration has the potential to transform HLA typing for transplantation by addressing the limitations of the currently available techniques and support improved matching strategies for transplant recipients – particularly those with rare HLA types, who are more likely to be from minority ethnic backgrounds.

Red blood cells, grown in our Filton laboratory from donor stem cells in blood donation, have been transfused in a world first clinical trial. If proved safe and effective, manufactured blood cells could in time revolutionise treatments for people who are hard to transfuse this includes people with blood disorders such as sickle cell who need multiple transfusions, and those with rare blood types. The RESTORE trial is a joint research initiative by NHS Blood and Transplant (NHSBT), the Universities of Bristol and Cambridge Guy's and St Thomas' NHS Foundation Trust, National Institute for Health and Care Research (NIHR) and Cambridge University Hospitals NHS Foundation Trust.

Organ Donation Week delivered positive results generating 38m opportunities to see our message. This collective effort delivered over 82,000 opt-in registrations in the UK; a 10% increase compared to August.

Finally, we hosted a successful event at the House of Commons for NHSBT's Black History Month. The event, co-hosted and sponsored by Bell Ribeiro-Addy MP and Diane Abbott MP, was attended by more than 60 charity and community partners from 20+ organisations. Minister of State for the Department of Health and Social Care, Will Quince MP, made a speech recognising the contribution and commitment of Black donors and patients, as well as echoing our urgent need for 250 Black blood donors a day to help treat Sickle Cell disease.

2. Stabilising Blood Supply

An 'amber alert' was declared due to low red cell stocks on 12 October, rapid progress rebuilding stocks back above target levels was made, enabling us to remove the amber alert as scheduled on 8 November.

We would like to thank donors who responded so well that appointment fill rates increased to 97% (previously 91%) during periods of the amber alert. We have also seen a surge in new donor registrations resulting in the highest number of monthly new donor registrants in October for over four years. Consequently, the active whole blood donor base has grown to its highest level since May 2020. To ensure that we convert as many new registrants as possible we have launched our new blood-type home-testing service and will be deploying to those most recently registered with the aim of finding and converting an extra 5,000 new O Negative donors.

Working with colleagues in DHSC, NHS England and the National Blood Transfusion Committee, our messaging and activity with hospitals was aimed at reducing blood ordering while minimising patient impact during the amber alert period. Among other activities, our Clinical teams reissued guidance to hospitals on transfusion practices that minimise blood usage (e.g., the use of tranexamic acid) and produced suggested hospital inventory targets based on individualised usage rates that resulted in hospitals holding c3.5 days of red cell stock (vs 4.5 days previously).

To address the workforce shortages on blood donation teams that contributed to low levels of collection, we have accelerated our recruitment and training processes to counter-act the effect of high turnover. We have now recruited a total of c160 donor carers since the summer and have adapted our training approach to safely complete Donor Carer skills training for the majority of new starters within four weeks of start date (previously eight weeks). We have also launched a national Campaign to support the recruitment of Donor Carers by widening our visibility and reaching job seekers who may not historically have seen our roles.

Initiatives to improve retention across our frontline roles are being actively pursued including reviewing job grades, improving development opportunities and reviewing the activities undertaken by some job roles.

While recent progress has been encouraging, there are significant risks on the medium-term horizon that we are now working to mitigate. In addition to usual winter pressures, anticipated healthcare-wide industrial action over the winter-spring is likely to impact the blood collection and activity across the wider NHS. We have received confirmation from the Royal College of Nursing (RCN) that its NHSBT members have voted in favour of strike action, along with RCN members across approximately half of NHS Trusts. The nature of

any action will be discontinuous and disaggregated, meaning individual NHS organisations could experience locally coordinated strike action from RCN members at any point between late-November to May 2023. Blood collection sessions are uniquely vulnerable to RCN action because it is a regulatory requirement for a registered healthcare professional to be present for blood collection activity.

Other trade unions with large memberships among NHSBT colleagues (Unison, Unite, GMB) are also balloting or intending to ballot on support for industrial action which could further exacerbate the issue.

3. Improving our culture

There has been significant activity over the last few months targeted at eliminating racism, discrimination, bullying and harassment. A vibrant and engaging series of Let's Talk about Race sessions were held across the organisation with excellent attendance and really good discussion. We stated our commitment to becoming an anti-racist organisation, approved our Anti-Racism framework which is starting to be used in discussions before full publication in January.

The board have all signed up to dedicated coaching on inclusion which has started and will continue into next year. We have rectified the gaps in the Fit and Proper Person checks for the Executive team; appointed additional Freedom to Speak Up Champions bringing us to a total of 17; delivered Psychological Safety seminars using an external expert; and agreed the next steps for our Resolution Framework – which is a key part of our zero tolerance to bullying and harassment work.

The key to delivering longer term change and outcomes will come through building deeper understanding of the experiences of people across the organisation and co-creating solutions. This will start this year and be delivered through a series of open house learning events plus dedicated involvement activities locally and nationally from early in the new year

All our work will be embedded into an on-going People and Culture programme enabling us to maintain momentum through next year and ensure that our actions lead to improved outcomes for our people.

4. Patient impacting incidents

Two new Serious Incidents (SIs) were recorded within NHSBT during this reporting period. The first one was reported previously to the Board and classed as a 'Never Event'. It is in relation to unintentional ABO-mismatched solid organ transplants for three recipients. The second SI is regarding a cornea that was transplanted, but later a growth was identified in microbiology samples still being incubated in the eye bank. The patient has subsequently developed an infection in the transplanted cornea and now needs another corneal transplant.

An investigation into a previously reported probable occult hepatitis B (HBV) infection through blood transfusion has concluded and two HBV transmissions from one donor (donated prior to the implementation of anti-HBc screening) have been confirmed. One of these has previously been reported to the Board. This highlights the importance of the ongoing anti-HBc screening and extended lookback investigations.

5. Plasma for Medicine

A UK Forum position paper on the safety of UK Plasma will shortly be published, reinforcing and emphasising the safety of UK Plasma. The message is “that UK plasma for fractionation is as safe as plasma from other sources.” This publication on the safety of UK plasma has contributions from global blood/plasma leadership, industry bodies, industry, leading scientists and patient’s groups.

NHS England are now at an advanced stages of procuring a plasma fractionation service. , it is anticipated the procurement will conclude early in the new year.

NHSBT are engaged in the European Blood Alliance SUPPLY project, the first united project across the Europe to ensure a stable supply of Plasma Derived Medicinal Products (PDMPs). We look forward to working with our European partners in strengthening voluntary non-remunerated plasma collection capacity across Europe to benefit patients.

Despite challenges in Europe, a consistent message across the globe is that donations from UK plasma are deemed to be safe.

6. Organ and Tissue Donation and Transplantation

Four annual matching runs for living organ donation are now active. The most recent matched 89 potential donors with recipients, the largest since 2020. We are ahead of our target for converting potential living donors into successful transplants so far this year, meaning that we are optimistic that these will benefit the maximum number of patients in the weeks ahead. We believe we can cost-effectively increase living donation even further, but this depends on securing funding of our proposed developments in future years.

Deceased organ donation and transplant numbers continue to be below target, with 825 proceeding donors in the period April to October against a target of 959. This is a similar number to 2021, and 5% lower than our best year in 2019.

The most common reason for decline is when a family tells us that a potential donor expressed a decision not to donate. This has increased from 24% in 2019 to 33% of the reasons for decline in 2022. We have also received anecdotal feedback that long waits for ambulances and queues to get into hospitals are impacting our performance downstream, with some families being frustrated with their NHS experience, and they are now more likely to withdraw from donation if the length of the process is felt excessive. These factors have contributed to the consent being 62% since April, against a target of 72%.

We continue to promote early referral and our Specialist Nurse involvement in the discussion regarding organ donation. We will be exploring the role for marketing and communication to support our efforts to improve consent rates, with a plan to pilot activity in the North West to measure impact.

While transplant numbers are consequently behind target at 2,086 since April (against a target of 2,256), these are stronger than expected because of continued high rates of organ utilisation (2.53 organs per donor, against a target of 2.35). This is helping to mitigate the impact of the lower donation rates for patients. The DHSC Organ Utilisation Group

recommendations are awaiting Ministerial approval and we expect the report to be published in the coming weeks.

The challenging financial position continues to be discussed with our funders, particularly DHSC as we develop our plans to address the financial deficit for 2023/24 onwards. We acknowledge that these could impact activity after 2023, thereby increasing costs elsewhere in the NHS system.

Our income position for Tissues and Eyes is £9.2m, against a target of £9.7m, which has weakened due to a combination of low levels of ocular donation and hospital elective surgery not fully restarting in all areas. Seven initiatives to increase levels of ocular donation are now live. These focus on three areas: increasing referrals in our current organ donor and tissue donor pathways, new pathways for hospice referrals, and a simpler referral system.

Sales in processed bone, heart valves and amnion continue to be strong and future orders for tendons have also begun to strengthen. Our teams' insights include that some customers are moving to a new synthetic skin product, the use of which we will monitor closely.

7. Innovation

As part of our Genomics programme we hosted a visit from ThermoFisher executives this month as part of the collaborative international Blood transfusion Genomics Consortium project. We will now start the genomics testing on the blood donors recruited to the STRategies to Improve Donor ExperienceS (STRIDES) BioResource using this array. The STRIDES study has now completed recruitment, recruiting over 1.37M people, with approximately 83K of those also recruited to the STRIDES BioResource. A collaboration between NHSBT and the University of Cambridge, the study aims to improve blood donor experiences by implementing changes to the standard practice of blood donation and aims to reduce the numbers of donors fainting in future.

Scientists from NHS Blood and Transplant (NHSBT) and the University of Bristol have discovered a new blood group system, called Er, solving a 30-year-old mystery. The newly discovered variations within the blood group system, Er4 and Er5, are extremely rare, but they have been implicated in cases of haemolytic disease of the foetus and newborn, when the mother's immune system attacks their unborn child's blood. Two patients whose history was studied had sadly lost their babies due to this disease.

8. Modernising our Operations

In the last couple of months, we have hit significant milestones in our plans to modernise our operations.

Despite the challenging recruitment market, which has record vacancy levels, and unemployment remaining low at 3.8%, we are recruiting faster and more effectively. Our new eRecruitment system has been launched, and it delivers an improved candidate and hiring manager experience, much improved process efficiency, and better reporting functionality. In addition, we have introduced new SLAs designed to support and speed up recruitment, especially for our 'volume' areas, such as Donor Carers.

The Full Business Case for our new marketing platform which will enable us to diversify and grow our donor base through delivering personalised marketing strategies has been approved. Accenture and Salesforce were successful in our procurement, and we are on track to deliver the first phase by the end of the financial year.

In November, we completed the first of three major technology migrations to enterprise Oracle applications – moving e-Business Suite from aging hardware and unsupported software to the Cloud.

Our Organ Donation Registry has been repatriated to the UK. This has seen 32 million records moved from datacentres in Europe to a cloud environment in the UK - upgrading the software into supported versions and increasing security and privacy controls - enhancing the business continuity and resiliency of the ODR.

We are also on track with our Data Centre move – a critical and complex piece of work to relocate our back up data centre to a new, high-quality facility.

9. Finance

The financial position continues to be challenging this year across the organisation; however, we remain confident about being able to operate within our agreed resource envelope.

Heading into the second half of the year, we are forecasting a full year outturn deficit of c£17m, which is c£9.0m worse than budget. It is important to note, that this deficit is fully funded. The increase to our cost base predominately reflects strengthened Blood Supply capacity and marketing initiatives in support of stabilising blood stock levels, combined with a high level of transformation profiled towards the end of the year.

Looking forward to 2023/24, the pricing and budgeting cycle continues to be developed within a very uncertain environment. As a result of this, we are seeing inflationary pressures, labour market risks and delivery challenges. The need to address the amber alert will mean that the planned productivity programme will need to be reset which is also adding a further upward pressure on costs and prices. Very provisionally, the forecast for next year is a c9% blood price increase, compared to the 7% we previously signalled in September. This does not however include further initiatives to achieve a best case for blood stocks or an offsetting cost improvement programme, with which to mitigate the latest price increase.

10. Implementation of Health & Social Care (Quality and Engagement) (Wales) Act 2020 Duty of Quality and Duty of Candour

I am pleased to update you on plans for implementation of the forthcoming [Health & Social Care (Quality and Engagement) (Wales) Act 2020] Duty of Quality and Duty of Candour. The two Duties will be formally introduced across Wales on 1st April 2023. Implementation work is ongoing at NHSBT and we have provided an update to the Programme team in the Welsh government.

The Duty of Candour duties will be incorporated into the relevant policies and procedures for complaints management and incident investigation. We will ensure that the Duty of Candour responsibilities for incident investigation and complaints investigation to include Wales is incorporated into all the relevant policies and procedures by April 2023. We are developing an impact assessment to consider the likely costs and resources required.

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