

NHSBT Board Meeting  
**31 January 2023**  
Chief Executive's Report

**Status: Official****1. Thank-you to our staff**

Since our November Board NHSBTs dedicated staff have performed above and beyond to ensure that our services continue to run and as many patients as possible receive the donation that they need.

On Boxing Day morning, we experienced a serious flood because of a burst pipe in our Barnsley centre, services had to be relocated and staff worked through the holiday period and beyond to restore the centre to full operations.

On the 18<sup>th</sup> and 19<sup>th</sup> of January the RCN called their members out on strike. Many staff chose to work through the strike enabling us to continue delivering all our critical services. Colleagues were supportive of each other's choices and those choosing to strike and join picket lines did so professionally.

Thanks to four members of the nursing team on-site in the national referral centre and a number of nurses working remotely we were able to continue to offer the option of tissue donation to recently bereaved families. Overall, 11 families consented to donation across the two-day period.

Thank you to the Organ and Tissue Donation and Transplantation nursing teams for their flexibility which enabled us to continue a full organ donation service whilst supporting those colleagues wishing to take strike action. No donation opportunity was lost and nine individuals were able to donate organs across the two-day period.

All our Therapeutic Apheresis Service (TAS) units were able to complete the planned critical procedures and the emergency treatments on both days – this included stem cell harvests, where cancer patients are already on a time sensitive chemotherapy regime to prepare for transplant, and critical red cell exchange treatments for sickle cell patients.

Thank you to colleagues across Blood Supply where we saw minimal impact on our blood and platelet collection. We collected 100 per cent of platelet plan both days of the strike. Nine blood sessions were affected on the first day and 11 on the second day which means our blood stocks have not been impacted as much as they might have been.

In related nursing news our new Director of Nursing post has completed job evaluation and has been banded as ESM 1. Final approval from DHSC is expected week commencing 23<sup>rd</sup> January after which recruitment will start.

## **2. Working Towards Reducing Health inequalities**

An annual report of 'Ethnicity Differences in Organ Donation and Transplantation' was published on 12 January and hit the BBC news headlines, which also highlighted the Living Kidney Sharing Schemes. The report shows that in 2021-22, people of Asian heritage represented 3% of deceased donors, 15% of deceased donor transplants and 18% of the transplant waiting list; while those of black heritage represented 2% of deceased donors, 9% of deceased donor transplants and 10% of the waiting list, similar to figures from the previous year.

In total, 1,072 patients of Black or Asian heritage were able to receive an organ transplant from either a deceased or living donor in 2021-22. This is just slightly down on the pre-pandemic record figure of 1,150 in 2019-20. Although it is positive to see donation and transplantation rates returning to pre-pandemic levels, 2021-22 has also seen a rise in the number of people waiting for transplant, and this includes a rise in the number of people of Black or Asian heritage.

Our Black heritage recruitment campaign 'Not Family But Blood' has concluded. The campaign generated 7,800 registrations of Black heritage donors, double the previous quarter. This month, we are focusing on encouraging the remaining 11,000 people of Black heritage, and 200,000 other enrolees who live within the catchment of donor centres, to book their first appointment. A refreshed contact strategy has been developed for this activity, that includes off-session testing to identify priority blood types. 600 new O neg donors have been identified through this process and will get access to priority appointments.

## **3. Stabilising Blood Supply**

Significant efforts have been deployed towards building and managing blood and platelet stocks over the last two months. The bad weather over Christmas meant that blood stocks for some blood groups dipped to levels close to triggering an amber alert for specific blood groups. An amber alert was avoided due to the support of hospitals who deployed additional patient blood management levels, our staff who have worked overtime to add additional collection capacity and our donors who have responded to our various appeals to fill appointments.

At the time of writing this report overall stock levels of red cells and platelets are within target with some blood groups below target. NHSBT mitigation plans for industrial action have been successful, with staff members continuing to work 80% of blood and 100% of platelet apheresis sessions went ahead.

Our focus continues to be on building resilience to mitigate against future strikes within our own workforce and the disruption we will experience because of teachers and transport strikes. An innovation to enable platelet supplies to go further called platelet dose splitting has been developed and approved and is being readied for use in emergency situations in future.

Our blood collection workforce is now back to establishment at an organisational level; however, some teams are still under-established. Over the next 2-3 months, an additional 60 staff above establishment will join us providing additional capacity for collection and improving the working environment for colleagues.

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

Trends in the wider NHS and changing public sentiment are affecting deceased organ donation. Activity in November continued to be below target and seasonal norms, despite a

high level of referrals, with 113 deceased donors against a target of 137. Families are telling us of less positive NHS experiences in the run-up to donation, which we believe is at the root of a lower consent/authorisation rate. Organ Donor Register opt-in registrations were also 50% lower than expected in December.

The question is how we adapt to this new environment. In our operational teams, we have begun to fundamentally review how we work. Nonetheless, December's activity was 12 ahead of the same position in 2021 – a credit to donor families, our teams and the wider community. This is despite only a modest increase in consent/authorisation, which shows our teams are becoming more efficient at working with fewer potential donors. The donor pool continues to be about 18% smaller than pre-2020, and so we must now build on the potential that this recent performance shows.

NHSBT has also become more efficient at utilising precious donated organs. Our utilisation target of 2.35 organs per donor was surpassed in both November (2.58) and December (2.52), meaning that more lifesaving transplant procedures have been completed. As a result, we are predicting that 5% more transplants will be performed compared to last year, despite broadly the same number of organ donors. The Organ Utilisation Group Report has been formally submitted to Ministers and DHSC has indicated their intention to publish in the coming weeks. Following publication, it is anticipated that those organisations with a role in implementation, including NHSBT and NHS England, will be asked to collaborate to prioritise, develop and align implementation plans.

On 1<sup>st</sup> January 2023 Guernsey became the 5<sup>th</sup> jurisdiction supported by NHSBT to implement Opt-Out legislation. We will continue to work alongside clinical and policy colleagues on the island to ensure a successful embedding period. In Northern Ireland, we continue to support the Department of Health with the implementation of their legislation as they navigate the ongoing political challenges, and on the Isle of Man, the Public Health team are awaiting a decision on a budgetary commitment before finalising plans for implementation.

The Strategy Oversight and Sustainable Funding Group have met to plan activity for next year, with the backdrop of a flat (i.e., deflationary) funding settlement for the foreseeable future. Although the DCD Hearts initiative has been funded for 2022/23, the Group agreed to communicate to stakeholders that the DCD Hearts and the Abdominal Normothermic Regional Perfusion services will cease in 2023/24, unless new funding is made available. This will result in a predicted reduction in UK heart transplant activity by around 30%, and a similar impact for liver transplants. We are very aware of the impact that this would have on patients and are working very hard to help Health Departments find a solution.

Our strategic review identified the consent rate is impacted by NHS experience, volume of verbal opt-outs and unsupported deemed consent. The strategic approach will now focus on driving ODR opt-in registrations to increase the proportion of potential donors with a decision recorded, to help to support an uplift in the consent rate. A pilot will be delivered from February in the Northwest and Wales, from which we aim to develop a new national model. Activity will include paid media advertising, PR and partnership activity.

Our ability to provide corneas to the ophthalmic community has continued to be a challenge, with both donation and issuing levels being very similar to earlier trends. To improve this position, we have introduced a number of new pathways to increase the number of referrals and redesigned our ocular ordering system to prioritise patients based on urgency. Further actions include discussions with NHS England to meet the shortfall with imported tissue, and piloting new models of referral.

## **5. Achieving self-sufficiency in Plasma**

The UK Blood Services in collaboration with international plasma experts have published a paper on the safety of UK plasma. Collaborators included the European Blood Alliance, the Plasma Protein Therapeutics Association (PPTA), the International Plasma and Fractionation Association (IPFA), CSL Behring, the National CJD Research and Surveillance Unit, Marketing Research Bureau and European patient organisations EPODIN and IPOPI. The paper concluded that UK plasma is as safe as any other plasma for the manufacture of medicines, and its use will relieve pressure on the precious global supply as Europe looks towards self-sufficiency in plasma to make lifesaving medicines such as immunoglobulins.

NHS England continue to manage the procurement phase for the engagement of a fractionator, the process is now nearing completion. NHSBT continue to collaborate in the process and provide operational expertise and support.

Commission on Human Medicines (CHM) and the Medicines and Healthcare products Regulatory agency (MHRA) have announced that albumin can now be manufactured from UK plasma. This demonstrates the continued support for, and confidence in the safety of, the use of UK plasma. NHS England will reflect the additional product in the fractionation procurement process.

To capitalise on seasonal motivations, we refreshed our multi-channel plasma campaign late December to boost recruitment of new donors in proximity to donor centres. The campaign has been supported by two high profile Aston Villa FC players who created social media posts promoting plasma donation.

## **6. Innovation and Clinical Services**

The Study of Whole blood In Frontline Trauma (SWIFT) trial began in December, with some air ambulances transfusing whole blood, as opposed to separate components, to potentially improve trauma care. Co-funded by NHSBT, Air Ambulance charities and the Ministry of Defence, the trial, which is being run by NHSBT Clinical Trials Unit, will compare the transfusion of whole blood (from O Rh negative donors) at a frontline trauma, in comparison with transfusion of separate red blood cell and plasma components - the current practice in the UK.

It is thought carrying whole blood may be beneficial as it contains platelets, would be lighter to carry, and simpler and quicker to transfuse, saving crucial time in fast-moving incidents. Though there is past evidence that whole blood could lead to reduced mortality, a full randomised controlled trial can provide definitive answers. SWIFT aims to recruit 848 patients over two years and analyse the amount of blood needed over the first 24 hours after injury, and cost effectiveness of using whole blood, among other factors.

A suite of Blood Transfusion Training modules has been developed and are now live on Health Education England's 'elearning for healthcare' platform. The modules are available to the wider NHS (and affiliated organisations) in England, including patient facing teams within NHSBT. Safe and appropriate blood transfusion saves and improves lives but is not without risk.

GMP manufacturing has commenced at the new CBC facility following successful completion of plasmid manufacturing validation runs. Several customers have completed audits at the new site with no issues raised. All activity has now ceased at the old Langford site.

Therapeutic Apheresis Services continues to expand its activity, starting a new service providing red-cell exchange treatments to paediatric patients at University College London Hospital, and elective red cell exchange treatments at Manchester Royal Infirmary, supplementing the current emergency service provision.

## **7. Improving our Culture**

We are now in the final three months of phase one on our intentionally inclusive and anti-racism work. Of the 21 actions we agreed, 10 have been completed and the remainder are on track for completion by the end of March.

During February and March, we will undertake a series of workshops which will involve people from across NHSBT, enabling them to share their insights and help us design the next phase of work.

A key focus will be on ensuring the team is suitably staffed with subject matter experts and has the right representation to lead and deliver the work successfully.

## **8. Industrial Relations**

We recognise five trade unions within NHSBT with four of them balloting for strike action. RCN balloted first closely followed by UNISON, GMB and Unite. The position as of 19 January 2023 is:

- RCN have a 6-month mandate for strike action with the first strike affecting NHSBT on 18 and 19 January. We worked closely with the RCN at a national and local level and secured a number of derogations to enable us to run critical services. We have been informed that we will not be included in the 6<sup>th</sup> and 7<sup>th</sup> February strike.
- UNISON did not achieve a mandate for strike action – however they are re-balloting their members with the revised ballot opening on 6 January and closing on 16 February 2023.
- GMB do have a mandate for strike action, however we have had no indication or notification of intended strike action.
- Unite have balloted their members and have not received a mandate for strike action. We anticipate Unite will look to re-ballot their members over the coming weeks.

Since the first notice of intention to ballot for strike action we have been working with all the trade unions to understand what this means for us. This is an uncertain period for staff, and we are working hard to ensure that we support staff in their decisions and ensure that patients are not adversely impacted. We appreciate the way in which TU colleagues continue to engage with us and the excellent partnership working that we have in place.

## **9. Modernising our operations**

Our data centre move has been completed to time and budget, with all services and associated infrastructure successfully migrated to a modern secondary data centre. This move has dramatically improved our resilience to withstand various business continuity scenarios that would otherwise pose significant risk to critical national services.

The NHSBT Data Insights project is on track for the data platform to be data ready and work is progressing well to replace critical blood supply reports. Work has commenced with the People Directorate to determine how we bring workforce data into the new platform.

## 10. Finance

As we enter the final months of the 2022/23 financial year, the position remains challenging across the organisation, albeit we still remain confident we can deliver the financial plan within our agreed resourcing envelope.

The latest position, following the quarter 3 reforecast, now reports a full year outturn deficit of £8.1m, which is in line with plan. This improved view, versus the position reported at quarter two, is predominately driven by reduced transformation spend and the confirmation of additional DCD hearts funding. It is important to note that although we are seeing an improved Blood and Group position their underlying cost base remains higher than plan, driven by the strengthening of capacity in Blood Supply combined with increased marketing initiatives, in support of stabilising blood stock levels. The DCD hearts funding will improve the year end cash position for ODT, which will contribute to improving their underlying deficit next year.

Looking ahead into next year, work is ongoing to finalise the 2023/24 budget within the pricing and funding envelopes. The Blood and Specialist Services pricing will be presented and agreed at the National Commissioning Group in February.

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

**Date:** January 2023