



NHSBT Public Board Meeting

30 January 2024

Chief Executive's Report

Status: Official

We have an ambitious year ahead as we continue with our programme to improve services for our donors and the patients who rely on the life-saving or changing therapies and treatments we provide.

For example, the Plasma for Medicines and Future Proofing Blood programmes will improve the resilience of supply of vital blood and plasma products. We will continue to grow other services, such as apheresis. The opening of new donation centres will increase the number and diversity of donors, so we can provide products that are best matched to recipients. We will continue with our world-leading research and development programmes in areas such as genomics and clinical biotechnologies.

Throughout the winter season, I have seen colleagues going 'above-and-beyond' to keep the supply of blood to hospitals flowing. Some examples include the Colindale Bacterial Screening department working overtime on Christmas Day to perform sampling on platelets; Blood Donation team staff covering sickness absence for neighbouring teams and manufacturing departments working above their production capacities.

My focus is always on providing the highest possible levels of care for those who rely on our services, but this cannot be achieved without staff within NHSBT being supported to achieve their best. I will continue to work in collaboration with colleagues across the organisation to develop and deliver plans to achieve our shared goals. This includes launching the People Plan and rolling out the Career Kickstart initiative.

1. People

Recruitment

December saw our Time to Offer improve for the third consecutive month – now at 11.89 weeks, against a target of 11 weeks. Vacancy demand has stabilised over the past 3 months. We have also been actively working with stakeholders to drive down the time to offer metric.

People Plan

In late summer 2023, we started work to develop our People Plan, to set out our strategic intent to invest in our people and culture, putting people at the very heart of everything we do. The plan is being developed around three core themes, Join, Stay

and Thrive. The engagement activities in between October and December led to over 20% of the organisation providing feedback on the proposed themes and ambitions for the next 5 years. We are developing the final version of the People Plan for approval and launch, with an aim to commence embedding the plan across the organisation in March 2024.

Review of speak up service in January

We have completed a self-assessment of our Freedom To Speak Up (FTSU) arrangements. A report by the Service Design team outlines feedback from colleagues about their needs, experiences and perceptions, encompassing FTSU and other support services and areas for improvement. We have used this to inform an update to our policy, which now includes information about whistleblowing.

Health Safety and Wellbeing (HS&W)

We are working to improve mental health learning for colleagues, following the outcome of a review of our provision in 2023. This will strengthen the understanding of all managers around mental health and provide additional training for new starters. The training will also provide in depth provision for managers who have people they need to support on a long-term basis.

2. Finance

I was pleased that DHSC has funded the Abdominal Normothermic Regional Perfusion service in 2023-2024. This is in addition to secured funds for DCD Hearts and Clinical Leads for Utilisation. These initiatives will help improve the number and quality of organs available for transplant.

We continue to be able to operate within our financial envelope for 2023–2024. Work is ongoing to establish funding outlook for next year, which will be informed by agreed plans and strategies for 2024 - 2025 and beyond. We are working with our stakeholders to agree fees, charges and required funding levels.

3. Service Delivery

Organ Donation and Transplantation

A number of Organ offering schemes are under review, with improvements being planned in offering schemes for Lungs and Paediatric DCD. The National Liver Offering Scheme (NLOS) is also under review.

We continue our efforts to modernise our Pathology laboratories' operations. Following on from the successful pilot to allow fully electronic requesting and reporting at three hospital trusts, we are pleased that Manchester University NHS Foundation Trust (part of the Greater Manchester Pathology Network and one of the largest pathology networks in England) has now gone live, with an additional four hospitals utilising e-requesting and reporting. The Trust has proven that we can enable this functionality via the EPIC Electronic Patient Record (EPR) system. This successful implementation opens up the opportunity to expand the roll-out to other EPIC EPR users.

Blood Supply Chain

Our winter resilience plans have proven effective, with overall blood stocks at the agreed target of more than 6 days of stock, although there were some challenges in some specific blood groups. Work is underway to rebuild O neg and B neg back to target levels, including increases in appointment capacity and a combination of direct marketing, media and campaign activity, which is resulting in seeing the highest in-week appointment bookings since June 2023 and an increase in new donor bookings.

Plasma

Recovered plasma performance continues to be strong and above target. This is predominantly down to successful efforts across our three manufacturing sites to reduce plasma wastage. Transition State two of our plasma ramp up is now complete. This reflects a successful cross-directorate achievement which means that all female plasma recovered from whole blood collections is now being directed towards Plasma for Medicine. The team are now focused on delivery of Transition State three (March 2025) and Transition State four (May 2025) to recover the remaining male plasma not required for clinical products.

Source collection continues to improve, and Donor Experience are planning for a further collection uplift in performance from April 2024.

Nursing Directorate

Our Chief Nurse has been in post for three months and is working with colleagues to establish the new Directorate, to provide better leadership and support for our nursing teams. Focus for the next three months is on developing a Care Quality Commission (CQC) road map and reviewing the Nursing strategy in line with the corporate strategy. The responsibility for the CQC Nominated Individual function now lies with the Chief Nurse and she is working with the teams to finalise the gap analysis and plan next steps.

4. Innovation

In November Our Future Health (OFH) celebrated its millionth volunteer joining the programme. As Board are aware, NHSBT is collaborating with OFH, and blood donors are being invited to give a sample. In return, NHS Blood and Transplant will get future access to the donor's blood, platelet and tissue type genetic data towards the end of 2024, which will allow for better matching of blood transfusions and stem cell and organ transplants.

The ERAS TX (Enhanced Recovery After Transplant) project continues. The aim of ERAS TX is to achieve early recovery after a surgical procedure. It seeks to improve patient experiences and outcomes by focusing on key aspects of the care pathway, preoperatively, perioperatively and postoperatively. The central elements of the ERAS project address these key aspects, helping to clarify how they interact to affect patient recovery. Initial focus is ERAS Kidney TX, followed by roll out of ERAS Liver TX and ERAS Pancreas TX.

We are improving appointment grids for our donors and colleagues, with new technology approaches meaning we can manage new donor bookings with more precision, enabling us to: segment appointments by donor type; protect availability for donors of the future; match bookings to operational capacity.

We continue to seek feedback and insight from our donors and use this to inform improvements to our services. In Plasma, new technology means we now survey donors straight after their appointment, analyse the responses and make insights available to our front-line teams. This enables us to make changes in real time. Research has been undertaken to understand barriers and motivations of potential donors for Stem Cells.

5. Donor and Patient Experience

The recent removal of a short time expiry age restriction on red cells that are used for patients with sickle and thalassaemia will help ensure Ro blood is better utilised for the patients that need it. The removal of this age restriction, from 7-10 days to up to 35 days, means that even more patients with Sickle Cell Disorder and thalassaemia can be safely transfused with blood that is the best match for them.

Evaluation of Organ Donation Week (ODW) 2023 is complete and shows the campaign delivered 16,400 new registrations. It also showed a significant number of re-registrations, which greatly assist consent conversations between SNODs and families. Campaign impact increased considerably, with 'top-of-mind' awareness of organ donation rising. Awareness amongst the core 'Quiet and Caring' audience also increased.

The 'Give Blood, feel good, no sweat' New Year Recruitment campaign launched in January, across earned, owned and paid channels, targeted at donors of Black heritage. We are highlighting the ease of donation and revealing that, for the first time in five years, there are more blood donors over the age of 45 than under it. As well as promoting whole blood donation, the campaign will also encourage people to consider plasma, stem cell and platelet donation.

The 'All types can save lives' plasma campaign ran for 2 weeks from 6th November, aiming to increase knowledge of donation eligibility for those who have never made a plasma donation, and to encourage them to make a first booking. This led to a 75% increase in weekly sign ups, 165% increase in switch appointments and a 27% increase in overall appointments booked during campaign period.

This report outlines the wide range and breadth of work underway to deliver improvements in patient experience and outcomes. Much of this is only possible thanks to the support of our partners and stakeholders across patient and community groups, clinical and research teams, colleagues across the NHS and across Government organisations. I look forward to continuing to collaborate and meet more people in the coming year, to identify and deliver further opportunities for improvement and maximise our potential for saving and improving lives.

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