

NHSBT Board
May 25 2017

Chief Executive's Board Report

1. Status – Public

2. Executive Summary

This paper summarises key communications activity and highlights other issues of performance and risk.

3. Action Requested

The Board is asked to:

Note the report.

4. Promoting Donation

In and around Easter this year we focused our activity on supporting the blood stock levels, particularly focusing on blood groups O negative, A negative, B negative and black donors. Targeting existing donors, we ran an integrated campaign across a range of channels. The key messages were around the importance of making and keeping your appointment during the bank holiday period. Paid activity on Facebook, Twitter and Instagram. Key results include Facebook paid media posts achieving 36,899 clicks to the website and 5,457 appointment booking. Twitter achieved 22,384 clicks and 573 appointment bookings. Results will be available shortly.



4.1. We re-ran the Sign for Life campaign from 24 March – 9 April, a campaign that sees us partner with sports clubs (particularly football and rugby league clubs) to encourage their supporters to sign up as organ donors. 52 clubs and football associations supported the campaign, promoting organ donation to their fans on their own channels.



Our campaign content on social had a reach of 1,197,666, generating 9000 interactions. The campaign was well supported by the media, with 32 pieces of local media coverage about clubs' support for the campaign. In our attitudinal survey carried out in April, 1 in 10 adults in England

surveyed when prompted said they recognised campaign assets relating to Sign for Life.

5. Internal engagement

- 5.1. We had a successful Senior Leadership Summit, with the theme: A Caring, Compassionate and Competent NHSBT run by an Engaged, Diverse & Inclusive Workforce delivering Outstanding Performance.

6. Performance and Management

- 6.1. Blood stocks have been gradually rising and over the last month have been sitting in the high 30,000s. Stock mix is generally good. Stock levels for A neg and AB pos groups are being carefully managed down as they are contributing to rising expiry levels. Recruitment of black donors remains a concern and marketing work in this area will be increasing over the coming months.
- 6.2. There is some evidence that the platelet price change introduced in April to reflect cost of production is impacting on ordering patterns with a move from Apheresis to pooled products. It is too early to say if this is a long-term pattern and whether we need to change our operational response.
- 6.3. DTS finished the year strongly and have made a good start to 2017/18 both in terms of service levels and financial performance. Corneal stocks have remained consistently around 300, against our ambition to get to between 300 and 350 corneas.
- 6.4. ODT finished the year with the highest ever number of donors and transplants. The 'making sure there are no missed opportunities' approach, rather than only chasing a target number, is having an impact with teams on the ground inside and outside NHSBT. April has been a relatively slow month but did see high levels of consent from black and Asian families
- 6.5. Desktop roll out is progressing. Two issues have emerged around automated updating of thin client machines, and the roll out to Stoke Gifford. There is a need to ensure that the machines used by those people who do not have laptops can be updated remotely. The software being used is not performing as expected so the roll out of further machines has been paused until this has been resolved. Other work is being rescheduled to try and keep the overall programme on plan. Stoke Gifford's technical architecture is different to the rest of NHSBT and some additional work is required to link it to the new architecture.
- 6.6. The CSM programme is proceeding well and has been moved to amber status. Plans for June and July releases of functionality are on track. The expected November release is not yet finalised. The manufacturing element of the system (Enterprise Resource Planning, ERP) has been

procured via a Chair's action and we expect the new partner to be on-site as planned during June.

- 6.7. The ODT hub programme is also proceeding well with the super urgent liver list and Urgent Lung Allocation Schemes going live w/c 22nd May. This is second major milestone to be delivered by the programme. This new development means that patients can now be registered for a super-urgent or urgent lung transplant and will be part of a national list with access to suitable donors across the UK. Previously, patients were prioritised by individual transplant centres when a suitable donor became available. Patients at most risk of dying on the list will be given better access to a transplant in the new scheme.
- 6.8. In the period mid-February to end April we had six Human Tissue Authority (HTA) inspections, five against the Tissues and Cells Regulations in Sheffield, Filton, Colindale, Oxford and Birmingham; and one against the Organ Transplantation Safety Regulations in ODT. All went extremely well with no Major shortfalls being raised. Based on end of inspection feedback we believe there will only be three minor shortfalls raised across all of the inspections plus a small number of items of Advice and Guidance. The HTA also made very complimentary comments about the professionalism of our teams and the robustness of our Quality Management System.
- 6.9. The recent MHRA inspection in Manchester exposed one Major resulting from the rolling up of 7 smaller issues. Work is ongoing to demonstrate a robust response to the inspector's observations.
- 6.10. On Friday 12th May the NHS was subjected to a major cyber attack, with ransomware being deposited on a number of computers and other devices such as scanners and X ray machines. Many hospitals enacted emergency procedures and in a number of cases cut off external digital communication.
- 6.11. We adopted an approach of working with hospitals to respond to their local needs. There are around 250 main hospital blood banks. By Sunday 14th May there were 38 hospitals being supported via a fax blood ordering process, with a handful ordering over the telephone. During the w/c 15th May the number using faxes fell significantly. All other NHSBT services operated broadly normally, with faxes being used in a number of cases.
- 6.12. NHSBT systems were not affected directly by the virus as we have an up to date patching process in place. New patches were issued by Microsoft over the weekend and these were implemented during the w/c 14th May. Some precautionary measures were taken including turning off access to the internet from the email system for a short period of time. During the patching process there was disruption to about 800 e-mails accounts on 17th May. This was resolved within 24 hours.

6.13. Some business as usual technical upgrade processes have been delayed, such as a planned upgrade to the laboratory information system.

6.14. Our view was that our business continuity processes worked well and we were able to respond to a fast moving incident over a period of a week, without any loss of service from any of our teams. As always in these incidents we will be reviewing our response and updating plan accordingly.

7. Activity in the next period

7.1. Partner for the Manufacturing element of the CSM programme commences work.

7.2. Go live with first release of CSM (e mail marketing)

7.3. Resolve current desktop roll out issues

7.4. Finalise accounts

7.5. Launch sustained marketing activity to attract black donors

7.6. Respond to Sabto report on donor deferral criteria

7.7. Respond to new government agenda. Post election we plan to carry out an engagement exercise with incoming MPs and consider briefings for any incoming Health Ministers.