

# NHSBT Strategy

A world where every  
patient receives the  
donation they need





Tom Coupe,  
who gave the gift  
of life by donating  
his organs after  
he sadly passed  
away aged 17.

©Crown copyright 2022

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated.

To view this licence, visit [nationalarchives.gov.uk/doc/open-government-licence/version/3](https://nationalarchives.gov.uk/doc/open-government-licence/version/3).

Where we have identified any third-party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at: [www.gov.uk/official-documents](https://www.gov.uk/official-documents).

Any enquiries related to this publication should be sent to the NHSBT External Affairs team at [extaff@nhsbt.nhs.uk](mailto:extaff@nhsbt.nhs.uk).

*Front cover image:* Sickle cell patient and blood recipient Theo.

# Contents

Foreword	4
Our values	5
Executive Summary	6
Who we are and what we do	8
Our mission, vision and strategic priorities	11
Priority 1: Grow and diversify our donor base to meet clinical demand and reduce health inequalities	12
Priority 2: Modernise our operations to improve safety, resilience and efficiency	14
Priority 3: Drive innovation to improve patient outcomes	16
Priority 4: Collaborate with partners to develop and scale new services for the NHS	18
Priority 5: Invest in people and culture to ensure a high-performing, inclusive organisation	20
Next steps	22
Strategic roadmap	23

Plasma donor Albert with Finlay and Darcie, who both received life-saving plasma-derived immunoglobulins when they were born.





# Foreword

**We are delighted to present this new overarching strategy for NHS Blood and Transplant (NHSBT) – a unique organisation which plays a critical role in the UK healthcare system.**

This is the 75th anniversary year of the National Blood Service which, less than 20 years ago, merged with UK Transplant to form NHSBT. What drives us is our mission to save and improve lives. As we've looked to the future, our ambition has been to develop a strategy that will allow us to save and improve even more lives in the years ahead and, ultimately, deliver our vision of a world where every patient receives the donation they need.

NHSBT has consistently been a high-performing organisation and we must build on our strengths whilst responding to our rapidly changing environment. This strategy sets out our high-level plans to do just that. It is structured around five strategic priorities that have been developed following extensive dialogue with a wide range of external stakeholders as well as our staff.

We have developed this strategy during a pandemic that has had an enormous impact on our people, donors and the patients we serve – the effects of which will no doubt be felt for years to come. We are very proud that, despite the challenges, NHSBT has not only maintained security of supply of our critical products and services but stepped up to support the wider national response. We have demonstrated that we are resilient and adaptable in the midst of unprecedented change. We are committed to building on this momentum in order to have an even greater impact in the years to come – improving patient outcomes and reducing health inequalities.

We recognise that we cannot deliver our ambition alone. We know that to realise our full potential as an organisation we will need to forge closer ties with clinical, academic and commercial partners and collaborate with them on areas of mutual interest. Rapid advances in genomics and other clinical technologies offer new solutions to old problems and, as set out in the Government's *UK Life Sciences Vision*, we believe the time to act on these opportunities is now.

NHSBT is trusted nationally for safety and reliability and admired by its international peers for its innovation and productivity. We are world leaders in transfusion and transplantation and have a growing profile in cellular and gene therapies. We bring to the table unique national infrastructure and specialist capabilities which – as we've demonstrated with plasma – can be leveraged to deliver additional support to the NHS.

We would like to thank everyone who has helped us create this strategy and develop our thinking. We'd especially like to thank our committed and dedicated staff who are the cornerstone of everything we do. We look forward to working with the Department of Health and Social Care and our external partners to deliver this strategy and create a world where every patient receives the donation they need.

**Peter Wyman, Chairman**

**Wendy Clark,  
Interim Chief Executive**

# Our values

## Caring Expert Quality

Three small words, One big difference



# Executive Summary

As we look to the future, we want to save and improve even more lives, creating a world where every patient receives the donation they need.

The last two years have been marked by the global COVID-19 pandemic, which has brought huge changes to the NHS, as well as to the lives of our donors and staff. Together, we have risen to the challenges, making changes to our ways of working in order to ensure continuity of supply while, at the same time, scaling new products and services to support the wider national response.

Our strategy aims to build on this momentum whilst anticipating and responding to other changes in our external environment – from emerging new technologies and clinical practices, to changing demographics and consumer trends.

**We want to create a world in which every patient receives the donation they need**



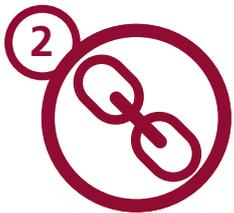
Ginny received 3 life-saving emergency transfusions of O negative blood following the traumatic birth of her son.

We have set out five strategic priorities:



## Grow and diversify our donor base to meet clinical demand and reduce health inequalities

To ensure the future health of our donor base and registries, we must recruit the next generation of donors. In doing so, we will need to attract more donors from Black, Asian and minority ethnic backgrounds in order to provide appropriately matched products and reduce current health inequalities. With UK plasma now approved for the manufacture of immunoglobulins, we must also build an entirely new donor base to meet the Government's target level of national self-sufficiency in this critical medicine.



## Modernise our operations to improve safety, resilience and efficiency

NHSBT enjoys a strong reputation for safety, resilience and efficiency. This is our license to operate, and we cannot be complacent. Maintaining this reputation will require ongoing efforts to upgrade our infrastructure and streamline ways of working across our end-to-end supply chains. The savings we release will be invested in transformation and/or returned to the NHS through price reductions.



## Drive innovation to improve patient outcomes

Emerging new technologies, such as genomics and machine perfusion, offer the opportunity to radically improve patient outcomes. Working with the National Institute for Health Research and others, we will invest in research and development, and drive innovation into practice. We will also build and analyse national data sets to understand patient outcomes and track the impact of different interventions over time. Preserving the headroom to invest in research and development will be critical if we are to remain world leaders in transfusion and transplantation medicine.



## Collaborate with partners to develop and scale new services for the NHS

With plasma, we have demonstrated that there is latent potential in the organisation to develop and scale new services for the NHS by leveraging our unique infrastructure and specialist capabilities. We see additional opportunities – for example in cellular therapies – to step up and provide additional support to the NHS as it seeks to recover from the pandemic and fulfil the Long Term Plan. To deliver on this priority and realise our full potential as an organisation, we will need to raise our profile and actively pursue collaboration with external partners on areas of mutual interest.



## Invest in people and culture to ensure a high performing, inclusive organisation

Our success as an organisation is contingent on having a highly skilled and motivated workforce, that reflects the diversity of the population we serve. We aim to make NHSBT a destination of top talent and a great place to work for everyone. To achieve this aim we will work with our staff networks and trade union colleagues to revamp our approach to recruitment and promotion; provide ongoing learning and development, as well as flexible career pathways, for our people; and foster a high performing and inclusive culture through sustained investment in leadership and organisational development.

# Who we are and what we do

## NHS Blood and Transplant (NHSBT) is a Special Health Authority dedicated to saving and improving lives.

We were formed in 2005 by bringing together the National Blood Service and UK Transplant. We employ over 6,400 people across the UK, with a total revenue of over £531 million. First and foremost we are a healthcare organisation within the NHS and have front-line services providing care for donors and patients. NHSBT plays a unique role in the NHS – we produce life-saving and life-improving products and treatments from donated blood, organs, tissues and stem cells, and provide a range of related diagnostic and therapeutic services. Thanks to our workforce, which includes expert manufacturing and logistics capability, we provide a lifeline for patients who rely on us to deliver every day across the length and breadth of the UK.

We are trusted nationally for our commitment to quality, safety and reliability, and respected internationally for our productivity, research and development.

At our heart are the thousands of donors without whom our service would not be possible. Their generosity and daily acts of altruism make NHSBT so much more than the sum of its parts. We care for the thousands of blood, plasma and stem cell donors who turn up every day, as well as the generous families who, in the depth of grief, consent to organ or tissue donations from their loved ones – we celebrate and thank them.

### Where we operate

### What we deliver\*

**28** blood and plasma donor centres and **50** mobile teams

Over **1.4m** units of red cells, **250,000** units of platelets and **200,000** plasma components for transfusion to **260** hospitals

**12** regional organ donation teams

**4,000** life-saving organs to **29** UK Transplant Centres

**2** world-class tissue banks and **4** regional donation teams

Over **6,000** human tissue products and **2,000** corneas for transplant

**8** regional Therapeutic Apheresis Service (TAS) units

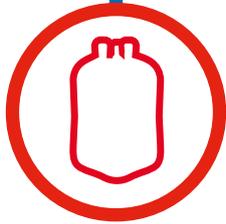
**10,000** procedures to around **2,000** patients and donors

**6** specialist laboratories for cellular and molecular therapies

Over **1,800** life-saving stem cell transplants

**14** main centres with manufacturing, pathology, donation and other specialist facilities

# Our donors



## Blood

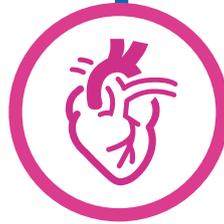
Over **800,000** people donate blood, plasma and platelets each year in England

We need at least **5,000** blood donations every day to meet patient need

To grow and diversify our donor base we need **150,000** new blood donors every year, including:

**40,000** donors of Black heritage

**30,000** donors with priority blood groups including O neg



## Organs and Tissues

**30 million** people have recorded a donation decision on the **NHS Organ Donor Register**

**1 million** people record their donation wish each year for the first time

Each year around **1,500** people donate their organs after death and over **1,000** people make living organ donations

Around **2,500** people donate their eyes, **250** donate bone, tendons and skin, and **350** donate heart tissue after death

We need **2,000** more organ transplants every year to meet demand



## Stem cells

The **British Bone Marrow Registry (BBMR)** includes **380,000** potential stem cell donors, and connects us to **39 million** potential stem cell donors through a global network of registries

Stem cells are found in bone marrow and umbilical cord blood, and can be used to treat a wide range of blood cancers and disorders

The **NHS Cord Blood Bank** includes **19,000** clinical grade cord blood units for potential live-saving transplant

We need to recruit **30,000** new potential stem cell donors each year

# Key stakeholders who have shaped our thinking

## Government

We enjoy strong sponsorship from the Department of Health and Social Care (DHSC), as well as the Devolved Administrations, who together provide direction on ministerial priorities and hold us to account for our performance. We also take inspiration and collaborate closely with the National Institute for Health Research and Office for Life Science who champion research, innovation and the use of technology to transform health and care services.

## Regulators

The quality and safety of our critical products and services is paramount to everything we do. Our work is regulated by the Medicines and Healthcare products Regulatory Agency (MHRA), the Human Tissue Authority (HTA), and the Care Quality Commission (CQC).

## Our staff

What binds people at NHSBT is a shared mission to save and improve lives. This inspired our ambition for this strategy to save and improve even more lives in the years ahead. Feedback from our staff survey and ongoing dialogue with our diversity networks and staffside representatives have also directly informed our focus on people and culture.

## International colleagues

As the only organisation of our kind in the UK, we look to our international peers and alliances for benchmarking, best practice and horizon scanning.

## Donors and Patient Groups

We draw great insights from individual donor feedback and complaints, as well as our strategic relationships with a wide range of stakeholder groups such as the National Black, Asian, Mixed Race, and Minority Ethnic Transplant Alliance (NBTA). They provide invaluable feedback on our service and use their own trusted channels to help us raise awareness and support for donation.

## NHS colleagues

We work closely with NHS England as a commissioner and partner, as well as with specialist committees such as the National Blood Transfusion Committee (NBTC), the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO), and the UK Stem Cell Strategic Forum. We also seek regular 'customer satisfaction' feedback from the Trusts who depend on our critical products and services to treat patients.

## Academic partners

We collaborate actively with leading academics on research and development to push the boundaries of transfusion and transplantation medicine. We also work alongside Royal Colleges, Health Education England, and professional societies to deliver specialist clinical and scientific education and training.

Oakley received life-saving immunoglobulin therapy and blood transfusions to treat Stevens-Johnson Syndrome when aged 7, pictured with mum Lorraine and dad Steven.



# Our mission, vision and strategic priorities

**NHSBT's mission is to save and improve lives.  
This inspires and motivates us every day.**

As we look to the future, our ambition is to save and improve even more lives, creating a world where every patient receives the donation they need.

This is an ambitious vision which will require significant change to what we do and how we work. But we must be ambitious on behalf of the patients who rely on our critical products and services.

To deliver this we will focus on five strategic priorities:



## **Grow and diversify our donor base**

to meet clinical demand and reduce health inequalities



## **Modernise our operations**

to improve safety, resilience and efficiency



## **Drive innovation**

to improve patient outcomes



## **Collaborate with partners**

to develop and scale new services for the NHS



## **Invest in people and culture**

to ensure a high performing, inclusive organisation

# Strategic priority 1: Grow and diversify our donor base to meet clinical demand and reduce health inequalities

We need hundreds of thousands of donors from diverse ethnic backgrounds to meet clinical demand for appropriately matched blood products, organs, tissues, and stem cells.

Despite the generosity of our donors, we are not currently able to supply all patients with the donation they need. These include frequently transfused sickle cell patients as well as Black, Asian and Minority Ethnic patients on the transplant waiting list. This results in health inequalities.

To address these inequalities, we need to attract more donors, especially those with the rarest blood and tissue types and those who are under-represented in our existing donor base. In parallel, we also need to build an entirely new donor base to support our plasma for medicine operation.

We will redouble our efforts on public engagement to reach a higher percentage of the public, to encourage more people to donate and attract the next generation of donors. We need to ensure that the new donors we recruit reflect the diversity of the UK population by improving the inclusivity of our donation experience and removing the barriers that prevent many from donating.

By doing this we will be able to:

- provide the best match for patients
- close supply-demand 'gaps'
- reduce waiting lists
- ensure far fewer disparities across different ethnicities.

*Image below: Layla with her daughter Suki, who has sickle cell disease. Layla is the founder and CEO of The Essenelle Foundation, a mental health charity supporting people with sickle cell and their families.*



## To grow and diversify our donor base we will:

- Deepen our collaboration with trusted national, regional and local partners who can reach and talk to the public and our priority audiences in ways we can't do as effectively ourselves
- Introduce new marketing technology so we can target, engage and motivate our donors more effectively, and at lower cost
- Use behavioural insights to better understand our donors and tailor our communications and engagement to meet their differing needs
- Improve the donor experience in order to reduce barriers to donation and to increase donor retention, loyalty and advocacy.

## We will know we have succeeded when:

- We have reduced the supply-demand gap for all products and services
- We have reduced the disparity in supply for patients of different ethnicities
- We have reduced disparity in consent rates between different ethnicities
- We have increased loyalty and advocacy
- Our active blood, platelets and plasma donor base is larger, more diverse and reflects demand
- Organ and stem cell donor registries are larger and reflect the UK's diverse population.

### Case Study: Community Partnerships

To ensure every patient receives the donation they need, especially for those with rare blood and tissue types, we need to attract more donors from Black, Asian, Mixed Heritage and Minority Ethnic communities. We are delighted to work with a number of partners to support this objective, including the NHS Race and Health Observatory, a coalition of organisations within the National BAME Transplant Alliance (NBTA), and charity partnerships such as Anthony Nolan.

*Image opposite: Attendees at the Community Investment Scheme Launch Workshop in Birmingham.*



## Strategic priority 2: Modernise our operations to improve safety, resilience and efficiency

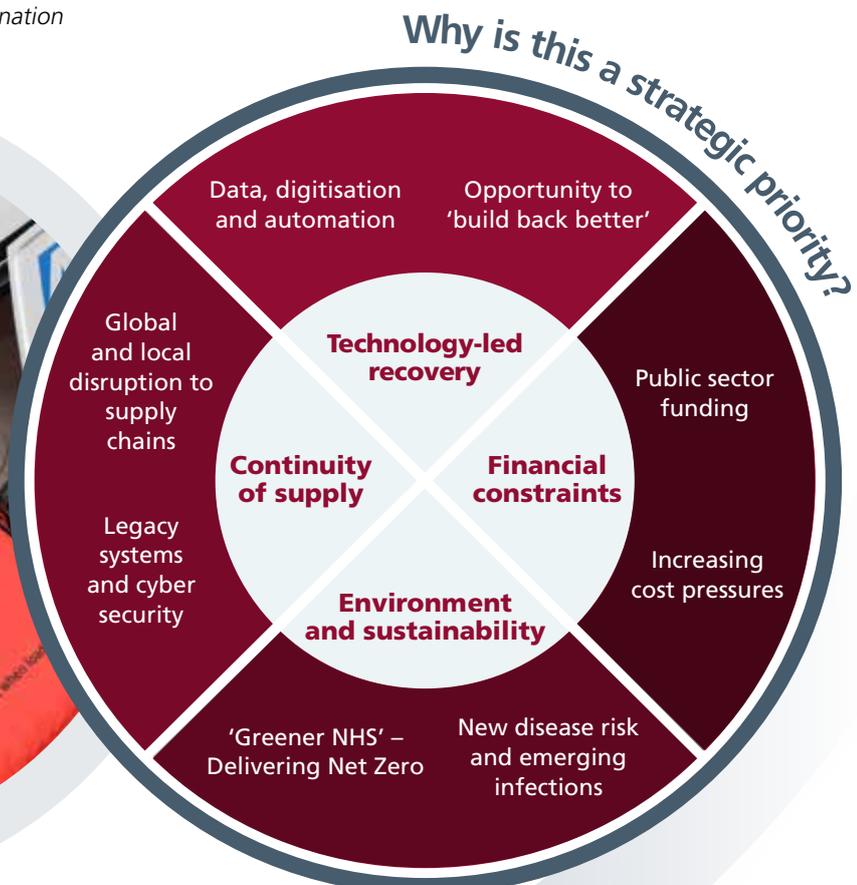
A safe, accessible and effective blood and organ donation service sits at the heart of NHS patient care and allows our hospitals to provide a lifeline to thousands of people every year. We enjoy a strong reputation for safety, resilience and efficiency in providing this service. Maintaining this reputation is critical: this is our license to operate.

We are proud to have maintained continuity of supply during the pandemic, but it has been resource intensive and costly. We will now act decisively to cut the cost of complexity and deliver value for money. Efficiencies will not come at the cost of resilience or safety. Indeed, the pandemic and the Infected Blood Inquiry have shone a light on the importance of supply chain resilience and safety, as well as providing knowledge that will help us withstand future shocks.

Learning from others, and leveraging the investment and advances made during the pandemic, we will aim to harness the full potential of digital technologies to modernise our operations, technology and estates and use data to drive continuous performance improvements.

We will streamline – and where possible – automate end-to-end processes to improve user experience and deliver efficiencies. Most importantly we need to design out opportunities for human error and minimise harm. We will also need to procure strategically to improve reliability and reduce our carbon emissions across our supply chains as part of a wider drive to Net Zero.

Image below: Driver Steve Cooksey from the Filton Blood Donation team loads blood for transport.



## To modernise our operations we will:

- Invest in core IT platforms, systems and cyber capabilities to improve resilience and minimise risks to continuity of supply from legacy system failures and exposure to cyber-security threats
- Adopt an integrated approach to testing and diagnostics so we can gain efficiencies from scale and from our collective expertise
- Streamline and, where possible, digitise and automate our end-to-end processes to improve safety and deliver efficiencies
- Drive continuous performance improvement using benchmarking, data and analytics, as well as international best practice
- Review and optimise our operational footprint and staffing models
- Develop a roadmap to achieve Net Zero by 2040
- Procure strategically to create value and reduce supply chain risk.

## We will know we have succeeded when:

- We have reduced harm to donors, patients and staff and improved regulatory compliance
- Services are not interrupted by failures in our supply chains, estates and technology
- We benchmark well against our international peers
- We have freed up funds to invest in transformation and/or pricing
- We are on track to reach Net Zero by 2040.



### Case Study: Digital Transformation

Digital transformation is happening across all parts of NHSBT and is a major driver of safety, resilience and efficiency.

When our donors arrive to give blood they are now greeted by front-line staff using connected mobile devices that provide them with near real-time access to donor data.

Our Donor Carers use the devices to check-in donors, help colleagues make even safer donation decisions and improve the overall flow of the blood collection session. On-session metrics drive an improved donor experience on waiting times, queue management and appointment slot visibility.

The system replaced an ageing legacy IT solution and predominantly paper-based processes. The platform will deliver further benefits in the future as more parts of the donor experience are digitised.

## Strategic priority 3: Drive innovation to improve patient outcomes

NHSBT has a long and proud history of cutting-edge research and development, recognised internationally by our peers. We believe that by investing in data, genomics and R&D, we can improve outcomes and reduce health inequalities.

To remain world leaders in transfusion and transplantation we will encourage and drive innovation, focusing our efforts on those innovations that offer the greatest potential to improve patient outcomes.

Genotyping is a technology that is developing at scale and pace. We already use typing to match white blood cells, stem cells and organs to recipients. We also want to genotype red cells and platelets and do what we already do more cost effectively and at scale. By adopting new genotyping technology and building infrastructure, we will be better able to match blood for multi-transfused recipients, and organs and stem cells for transplantation. More precise matching will ultimately lead to better clinical outcomes.

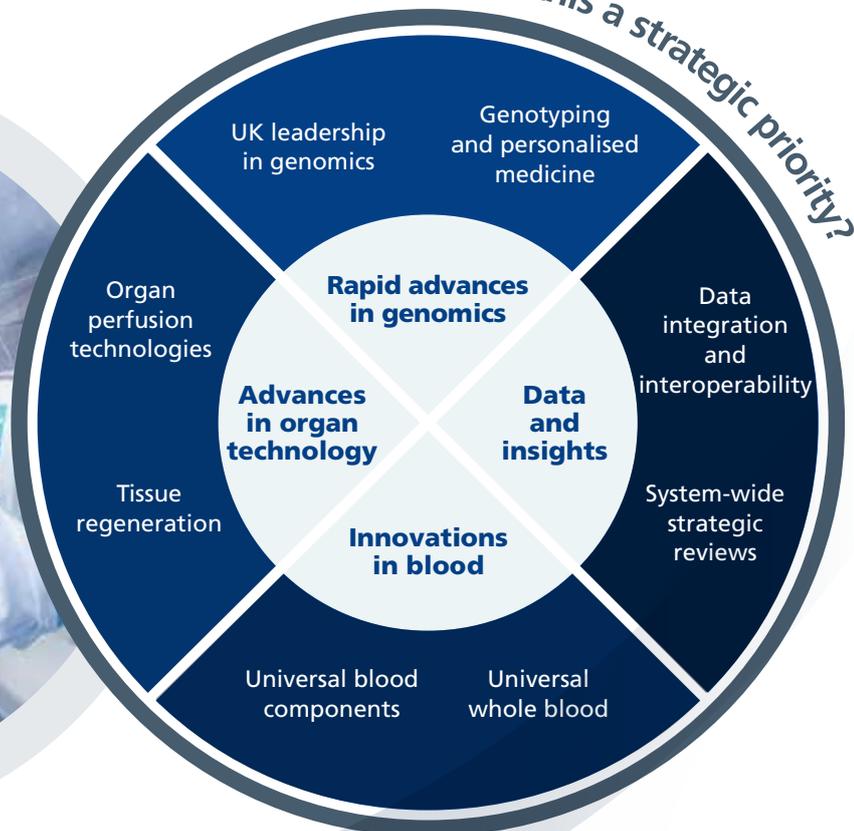
The supply-demand gap for solid organs continues to grow. We will explore the use of organ perfusion technologies to maintain and enhance the quality of organs, improve organ preservation and increase organ utilisation. This will enable more patients to receive the transplant they need. We also want to make it simpler and quicker for hospitals to get blood products to patients and reduce the risk of complication. We will do this by focusing our efforts on the development of universal blood components and whole blood.

Building and analysing new data sets to track and demonstrate the impact of our interventions will lead to better understanding and improved outcomes. We already do this well for solid organs, but do not currently understand the outcomes for people who receive blood or stem cells. We will work with partners to build integrated data sets for these patients, focusing on the multi-transfused, especially those with sickle cell disease where a clear health inequity exists. We will use data to improve outcomes through:

- Better matching blood donors and patients using genotyping
- Developing the algorithms to match them
- Undertaking clinical trials to show this works.

To maximise the value and impact from our research, we must bridge the gap between our R&D and operational teams and accelerate the translation of innovation into practice. National Institute for Health Research (NIHR) Blood and Transplant Research Units (BTRUs) will be an important vehicle for this in the longer term.

*Why is this a strategic priority?*



## To deliver on this priority we will:

- Scale up our genotyping of donors and improve matching between donors and recipients
- Aim to drive improvements in organ utilisation and efficacy to help to close the gap between the number of organs suitable for transplant and those needed by patients
- Focus on the development of a few new products (e.g. universal components and whole blood), keeping a watching brief on others
- Integrate system-wide data sets to develop novel insights and track the impact of interventions
- Establish a systematic approach to horizon scanning and investment decisions.

## We will know we have succeeded when:

- More of our donors and patients are genotyped
- We have improved organ utilisation
- We have introduced new blood components
- We have the data sets to know our innovations have improved patient outcomes.



## Case Study: NIHR Blood and Transplant Research Units

In April 2022 five new Blood and Transplant Research Units (BTRUs), centres of excellence in translational research, will commence focused on: Organ Donation and Transplantation, Blood Donation, Therapeutics, Data-Driven Transfusion Practice and Transfusion and Transplantation Transmitted Infections.

Largely funded by NIHR following an open competition, these BTRUs will provide us with the capacity to test new ideas, methods and technologies, as well

as the high-quality data and evidence to drive the implementation into practice, bringing real benefits for our donors and patients.

As collaborative partnerships between NHSBT, NIHR and leading UK universities, each BTRU will run a world-class research and development programme to help us better understand and address those clinical challenges we have identified to be of most importance, focusing on the emerging technologies that offer the greatest potential to improve patient outcomes.

## Strategic priority 4: Collaborate with partners to develop and scale new services for the NHS

NHSBT is just one of many partners that make up the UK health and care system. Being a national provider operating in a system of local trusts gives us a unique perspective and a responsibility to work proactively with others to identify and drive improvements across the system.

The collective system-wide response to the COVID-19 pandemic has highlighted the importance of collaboration and the benefits this brings for patients. As we have demonstrated with plasma, there is latent potential in the organisation for us to step up and do much more by leveraging our unique infrastructure and specialist capability.

Over the coming years we expect to see an explosion in novel cellular and gene therapies, which have the potential to revolutionise how we treat cancer and other diseases. Currently, the cellular and gene therapies supply chain is fragmented, and capacity is low. However NHSBT is well placed to play a major role: our unique national infrastructure, specialist capabilities in areas such as apheresis and cryopreservation, and our Good Manufacturing Practice regulatory experience, mean we are uniquely placed to fill supply-demand gaps and help scale this new market. We can also support clinical trials, helping to get new therapies from bench to bedside as quickly as possible.

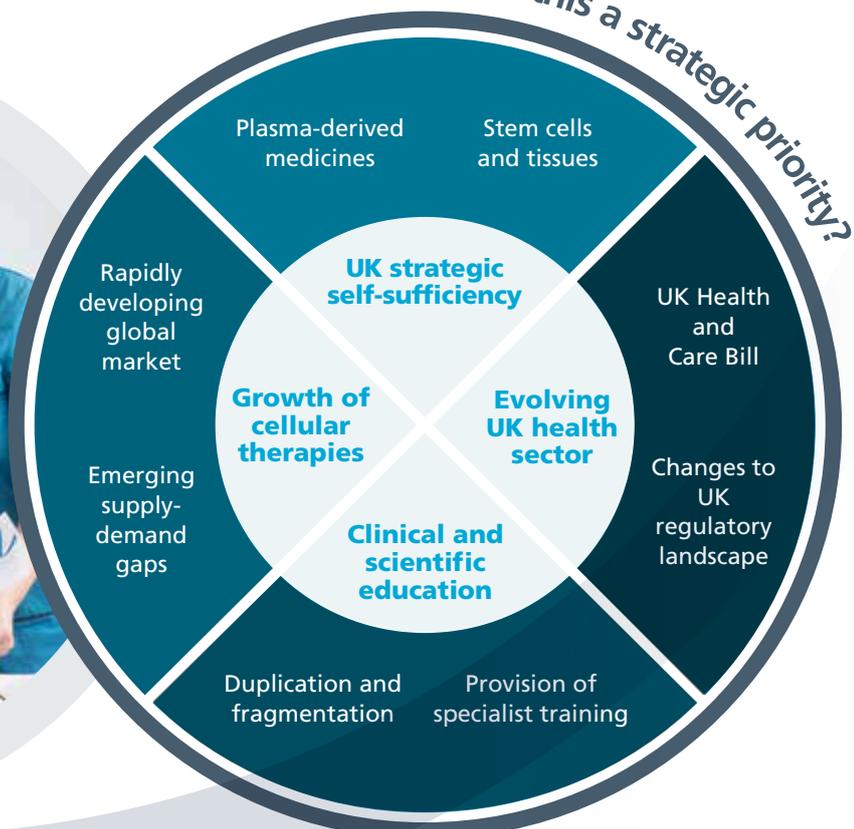
*Image below: Reece prepares to donate bone marrow at the Therapeutic Apheresis Unit in Birmingham, pictured with Unit Assistant Tammany.*

We can provide specialist education for the clinical workforce across the NHS to ensure the safe and consistent adoption of these new treatments.

An important part of our remit is to provide specialist advice and to deliver education to the clinical and scientific workforce across the NHS in areas where we have subject matter expertise. During the pandemic we learnt so much about the best ways to deliver education. We already work closely with other education providers but want to build more formal collaborative partnerships to deliver a modern, multi-disciplinary model of education for specialists working in transfusion and transplantation.

We can't deliver on these opportunities alone. To realise our full potential, we will need to re-imagine our role in the system. We will forge closer ties with our NHS colleagues and collaborate with partners on areas of mutual interest, including on the safe, sustainable provision of clinical services and the delivery of excellent clinical and scientific education.

Why is this a strategic priority?



## To deliver on this priority we will:

- Work with NHS England and the DHSC to increase the UK's self-sufficiency in immunoglobulins and ensure the long-term supply of plasma-derived medicines for UK patients
- Work with DHSC, NHS England and the aligned UK registry to increase national self-sufficiency in stem cells
- Work with NHS providers to increase national self-sufficiency in tissues
- Work with the NHS, academia and pharma to support growth of novel cellular and gene therapies, by helping to close supply-demand gaps, for example in apheresis, cryopreservation, regulatory and logistics
- Work with partners across the system to optimise the delivery of education and training in transfusion and transplantation medicine.

## We will know we have succeeded when:

- We can deliver target plasma volumes at a commercially competitive rate
- We have reduced the supply-demand gap in key parts of the cellular therapies supply chain
- We have increased national self-sufficiency of stem cells and tissues.



### Case Study: Plasma for Medicine

Thousands of patients rely on plasma-derived immunoglobulin (IVIG) medicines for short-term or lifelong diseases and genetic disorders. Unfortunately, there is a global shortage of plasma for medicine and, due to an historic ban on the use of UK plasma, the UK is heavily dependent on the US for supply.

In February 2021, the Government lifted that ban, creating an exciting opportunity to build a degree of national self-sufficiency in immunoglobulins for the benefit of patients. NHSBT is now working with partners across the system to deliver this programme,

which sees the DHSC leading on policy, NHSEI on appointing a fractionator, MHRA on regulatory support and NHSBT on collecting and supplying plasma.

Given financial constraints we are starting relatively small: our initial ambition is to supply enough plasma for the country to become 20% self-sufficient in IVIG. But if successful, we hope this will increase to 30% over time.

This is a great example of NHSBT leveraging its unique infrastructure and specialist capabilities to provide additional support to the NHS and deliver on our ambition to save and improve even more lives.

*Image above: Jodie holds the plasma medicine immunoglobulin which she receives to treat Common Variable Immuno Deficiency (CVID).*

## Strategic priority 5: Invest in people and culture to ensure a high-performing, inclusive organisation

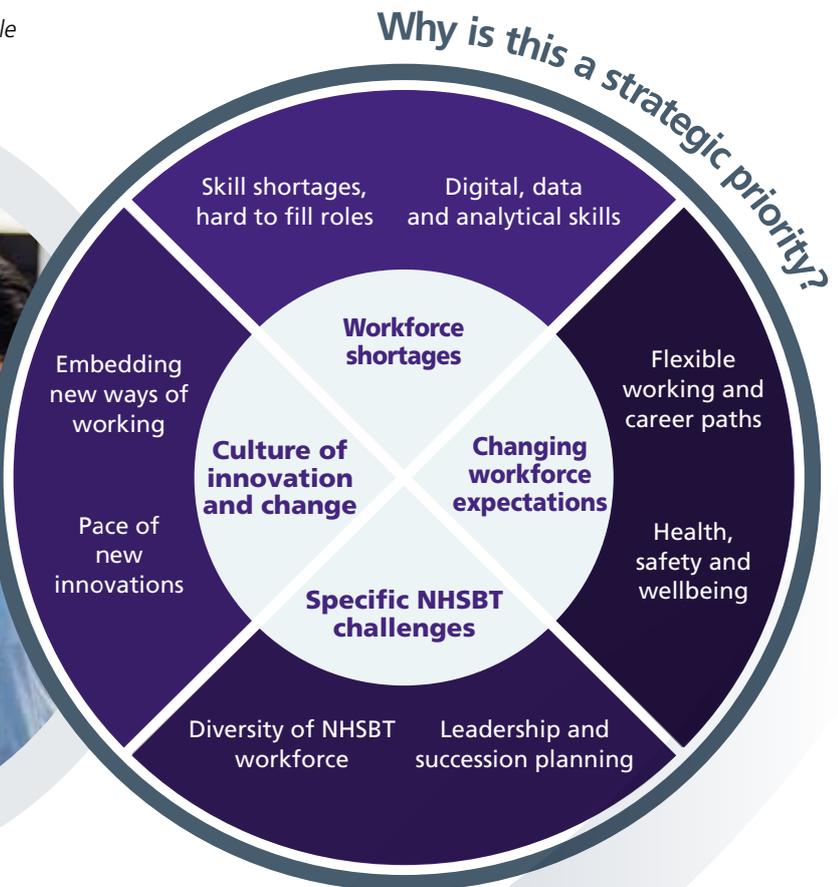
We want NHSBT to be a destination of choice for top talent and a great place to work for everyone. We currently employ more than 6,000 people in a wide range of clinical, scientific, operational and functional roles – many of which are unique in the NHS. As such, we are responsible for providing them with the training they need today, whilst preparing them for the new roles and requirements of tomorrow.

The pandemic has been a catalyst for change. We have had to recruit and train hundreds of new staff over compressed timeframes, requiring us to re-imagine new ways of working. COVID-19 has also brought about a rapid shift to hybrid and remote-working for our office-based staff. This has led to a more distributed, flexible and tech-enabled workforce.

Our people have shown great agility and resilience under considerable and sustained pressures. We have worked hard to provide them with enhanced health and wellbeing support. This is something we will want to continue.

Against a national backdrop of workforce shortages and increasing expectations for both flexible working and flexible career paths, we will face increasing competition and challenges in recruiting and retaining staff, especially those with scarce skills. It has never been more important for us to attract, develop and celebrate a diverse workforce. We want our people to feel valued, supported to do their best work, and able to flourish and develop their careers at NHSBT.

Image below: Rupal processes a blood donation in our Colindale manufacturing center.



## To deliver on this priority we will:

- Introduce strategic workforce planning to ensure we have the right capability, capacity and flexibility to deliver our strategy
- Undertake robust succession planning for critical roles (e.g. senior leadership and subject matter experts)
- Revamp recruitment and reward to attract and retain great people and increase diversity at all levels within the organisation
- Help our people to reach their full potential by providing learning and development, flexible career pathways and regular career conversations
- Build a refreshed set of behaviours into our performance and recruitment framework and support leaders and managers to role model these
- Take swift and appropriate action to resolve conflict and tackle inappropriate behaviour
- Work in partnership with staffside, diversity networks and heads of centre to make NHSBT an even better place to work for everyone.

## We will know we have succeeded when:

- Delivery is not constrained by a lack of skills or capacity
- At all levels our workforce reflects the diversity of the population
- There is no difference in relative grievances and engagement for colleagues across any of the protected characteristics
- Our workforce feels motivated, valued and engaged
- We have improved health, safety and wellbeing.

### Case Study: Inclusive Leadership Programme

We have developed an eight-week Inclusive Leadership Programme for managers and leaders, which is being rolled out across the organisation. Based on the NHS Compact framework, it is designed to help our people become effective, inclusive leaders by improving their understanding of the Diversity and Inclusion agenda in NHSBT, providing simple and practical approaches to building an inclusive culture, and teaching and encouraging participants to take actions that demonstrate their personal commitment.

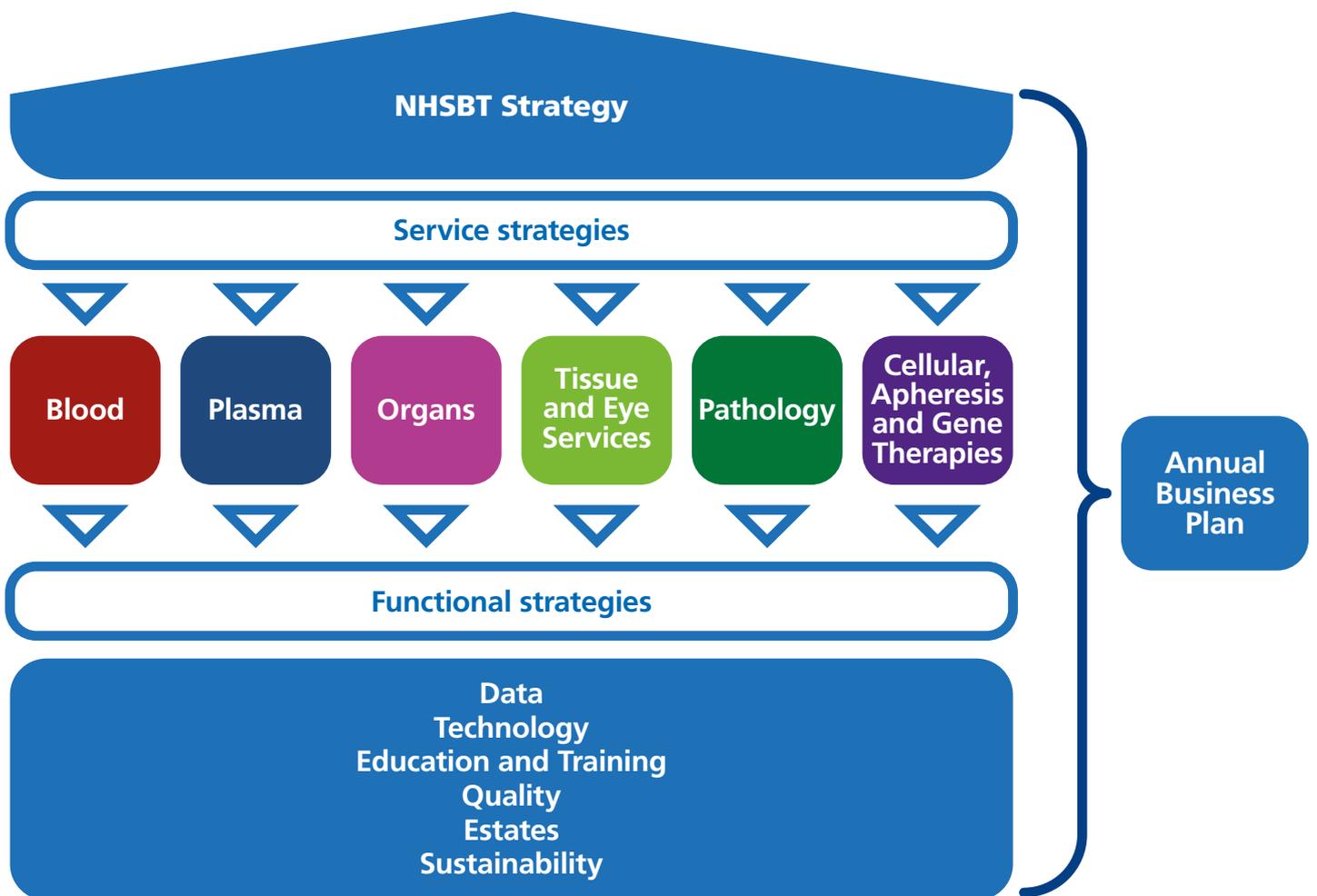


Being an Inclusive Leader is an ongoing process of learning and development. It will take time to make the shift we want to achieve but this investment in our people is an important first step to real and lasting change.

*Image above: Colleagues Winnie and Usha work in NHSBT's Colindale centre in London.*

# Next steps

This is a living strategy that will evolve over time – in response to events and as we develop our thinking. Further detail will be set out in individual service and functional strategies, as well as in our annual business plans.





One of our Biomedical Scientists centrifuges red cells in a Red Cell Immunohaematology laboratory.

# Strategic roadmap

Although we are working in a fast-moving uncertain world, we have developed a strategic roadmap that sets out, at a high level, what we believe to be the key deliverables and milestones over the next five years. These are linked to each of our strategic priorities.



Blood donations being checked at NHSBT Filton, the world's largest blood bank.

## Grow and diversify our donor base to meet clinical demand and reduce inequalities

2022/23

2023/24 – 2024/25

2025/26 and beyond

Deliver new marketing technology for more efficient donor engagement  
Implement seasonal promotion in NHS app  
Develop insights on post-pandemic donor sentiment / behaviour

Launch integrated appeal for donors – all forms of donation  
Integrate NHS channels for donor registration

Launch a single brand for donation  
Refresh donor insight and segmentation across all forms of donation

Recruit, onboard and launch new Partnerships and Community Engagement team and multi-year plan  
Introduce blood typing at home for priority transfusion donor enrolees

Implement seasonal promotion of donation across all national religious networks  
Identify and partner with national organisations in every industry sector  
Include HLA and Hb testing at home for priority groups

Integrate regular donation promotion into ICS networks  
Integrate awareness, education and donation opportunity into hospitals

Integrate registration and consent for transfusion donors into web and app  
Update transfusion environment in new centres

Integrate registration and consent for transplant donors into web and app  
Complete refresher training for updated service culture

Develop single account for all donors, for all donations  
Share back donors' data through available channels

## Modernise our operations to improve safety, resilience and efficiency

2022/23

2023/24 – 2024/25

2025/26 and beyond

Modernise blood technology: application, integration, cloud  
Embed and continuously improve cyber capabilities  
Automation and digitisation: results transfer, on-session experience

Develop integrated testing and pathology strategy and transformation programme

Implement integrated testing and pathology strategy  
Renew testing equipment  
Upgrade technology, infrastructure and capabilities

Develop and implement multi-year cost improvement plan  
Design and implement optimal collection footprint, operating and workforce model  
Implement distribution strategy

Develop foundational data and benchmarking capabilities  
Undertake donor-to-patient value stream mapping

Extend and scale data and benchmarking capabilities  
Implement value stream mapping recommendations

Optimise data and benchmarking capabilities

Develop sustainability strategy and roadmap to 2040 Net Zero  
Safely deliver testing development programme

Implement sustainability strategy and roadmap to net zero  
Ongoing periodic fleet optimisation  
Develop and implement processing and testing strategies

## Drive innovation to improve patient outcomes

2022/23	2023/24 – 2024/25	2025/26 and beyond
Scale up genotyping of donors Explore partnerships to pilot initial cohorts of donors	Build genotyping infrastructure, skills and capabilities Grow number of donors and patients genotyped Type and match donors to recipients	Optimise donor and patient typing and matching
Develop and implement workplan to deliver Organ Utilisation Review recommendations		
Explore funding options, partnerships & collaborations Look to develop digital capability to support living organ donation and transplantation	Explore the opportunities to build infrastructure, skills and capabilities (machine perfusion) Aim to enhance living donation digitisation	Deliver organ assessment and recovery capability as available funding allows Maximise living donation transplant programme as available funding allows
Develop new products: universal plasma, universal platelets, whole blood		
Undertake data mapping: stem cells Set up Transfusion 2024 Launch data driven BTRU	Extend organ data set to include patient-led data Develop integrated data sets with partners: stem cells, blood	Generate insights on outcomes, equity and inequalities
Establish systematic horizon scanning framework Launch BTRUs	Launch new NHSBT framework: innovation pipeline (prioritisation/ decision making) Annual BTRU and Horizon Scanning reviews	Develop 5-year innovation plan Operationalise delivery of BTRU outcomes

## Collaborate with partners to develop and scale new services for the NHS

2022/23	2023/24 – 2024/25	2025/26 and beyond
Commence fractionator integration Build plasma capabilities, test and learn Scale recovered plasma	Onboard a fractionator Deliver agreed plasma volumes at commercially competitive rate	Deliver agreed plasma volumes at commercially competitive rate
Go live with Clinical Biotechnology Centre (CBC) Develop cell, apheresis and gene therapies (CAGT) strategy	Expand apheresis collection capacity and increase delivery Implement CAGT strategy Build industry and academic partnerships and collaborations to deliver novel cellular therapies	
Work with partners to develop and implement UK Stem cell Forum recommendations Agree optimal size and shape of British Bone Marrow Registry (BBMR) and actively recruit stem cell donors to deliver		
Develop Tissues and Eye Services (TES) strategy Increase number of cornea donors	Implement TES strategy Meet patient need for cornea transplants Explore partnerships and business model for tissue bank	Develop tissue bank partnerships in line with new business model
Map clinical and scientific education and funding Launch Organ Donation and Transplantation academy Explore collaboration with Health Education England / NHS England	Develop and implement NHSBT Education and Training strategy and model for external partners Establish collaborative education and training system partnerships	

**Invest in people and culture to ensure a high performing, inclusive organisation**

2022/23	2023/24 – 2024/25	2025/26 and beyond
Create capacity and capability to run Strategic Workforce Planning	Implement, refine and embed Strategic Workforce Planning process – programmes of change, new role development, new models of operation (as required)	Implement future model of working
Develop and implement more dynamic attraction strategy	Complete comprehensive review, develop, agree and launch new Employee Value Proposition	Review, refine and optimise dynamic attraction strategy
Develop and implement Learning and Development strategy		Launch differentiated entry offerings for key role and worker types
	Agree, implement and optimise an NHSBT-wide career pathway framework	
	Develop, launch and embed a career conversations approach	
	Complete and implement findings of an Organisational Cultural Analysis	
Review and relaunch NHSBT Partnership working	Implement NHSBT Partnership working arrangement	
Identify / establish new staff networks to broaden inclusion	Continual review and improvement of partnership working	

**We will monitor and track progress on delivering our strategy through our Board performance management framework which will be developed to incorporate the measures of success for each of our Strategic Priorities. We will publish and update on progress in our annual report.**

Cianna, whose mum Hayley founded the charity *Cianna's Smile* following a traumatic hospital admission for sickle cell anaemia.



Couple donate blood for the first time under a landmark change to donor eligibility rules, making them fairer and more inclusive.

