

NHS Blood and Transplant - May 2019

Lessons learned low red cells stock levels in 2018

1. Status – Official

2. Executive Summary

Between December 2017 and November 2018, NHSBT's overall red cell stocks were below the minimum safety level on 11 weeks and a National Emergency Team was convened four times to trigger agreed actions as part of the Business Continuity red cell stock shortage plan. This was accompanied by a significant number of communications to hospitals asking them to restrict their orders on certain blood groups.

Blood donation teams worked extremely hard, supported running additional sessions and were regularly returning to base later than planned finishing times.

The main reason for the low stock of O D negative blood stems from a decline in the donor base since early 2017 that took circa 12 months to reverse.

Action Requested

The Board is asked to:

- Take note of the lessons learned (which include comments following engagement with Staff side colleagues).
- Note that service levels to hospitals were maintained (On Time In Full performance continue to be >98%) and there was no known impact on patients.

3. Staff side Engagement

On 13th November 2018 a letter was sent to all Blood Donation colleagues, following discussion with Staff side, that recognised how hard everyone was working towards rebuilding stocks and thanking them for their continued support.

It also outlined the challenges and detailed the action that had already been taken. It committed to specific further actions including additional staffing support, capping of new donors, management of appointment bookings and the completion of the roll-out of Capillary HemoCue.

Crucially it also acknowledged that lessons had been learned and different decisions should have been taken.

This document contains specific quotes from Staff side colleagues whose feedback has been listened to, considered and reflected in the lessons learned.

Their feedback and criticism can broadly be categorised under three headings;

- Team Closures, workload and stress on teams
- Focus on productivity (specifically a comparison with EBA members) and lean
- Too many organisational changes, with particular reference to the impact of changes to Marketing.

4. O neg stock

Issue

Accountability for the recruitment of blood donors and the donor base moved from Blood Donation to Marketing. O- donor base declined throughout 2017 by -2.2%, this led to O- collection being consistently below what was required to meet issues.

Staff side comments

Blood Marketing was taken away from Blood Donation and National Communications and Marketing took it over...this has been managements downfall in realigning. Too many reorganisations in too short a space of time.

Lessons learned

A transition plan that ensured the donor base was managed through the handover period should have been established and particularly performance management of the donor base, specifically O- and B- donor bases. If overall donor base is 1% below plan, collections shortfall would be equivalent to c15k donations (3 days of stock).

Donor base targets should have been set to track the increases and decreases of the donor base at a more granular level and a KPI showing the detail of recruitment, reactivation and retention as well as frequency at group level should have been in place.

Weekly as opposed to monthly performance management reviews should have been in place with a focus on key leading metrics including bookable appointments, booked appointments and conversion rates. Increased focus on adherence to collection plan by week and blood group instead of total annual or year to date performance. Increased resources and focus to retain and reactivate lapsed donors which has a quicker response and is more cost effective than recruiting new donors.

More regular reviews of targets at blood group level would have ensured that marketing and capacity plans were sufficient to deliver collection targets.

Action taken

New KPI's have been established that track the donor base at a group level and these are reviewed monthly against targets for new donors donating, reactivated donors and retained donors. Targets are also in place for total base and frequency of donation at group level.

Blood donation hold weekly performance meetings to review previous weeks performance against target and review forecasts based on bookable appointments, booked appointments and conversion rates to monitor against future targets.

An account management team has been established that focus on reactivating lapsed donors of particular groups and new initiatives have been put in place to retain existing donors. A project to 'Re-imagine the donor journey' has just started which is expected to increase satisfaction scores and in turn further improve loyalty, reducing the requirement for new donors.

The central planning team review forecasts regularly and submit recommendations to the Blood Operational Leadership team (BOLT), when appropriate for sign off at the monthly meetings.

5. Total red cell stock

Issue

Stock levels dropped ahead of the Christmas period 2017 resulting in imbalances across blood groups. Stock started to recover when the 'Beast from the East' hit at the end of February and cost 8,200 units of collection.

At that point 3 decisions taken earlier started to negatively impact collections;

- Tightening of the copper sulphate testing
- An increase in the volume of new donors
- The closure of 2 teams

Staff side comments

Team closures took out too much capacity Plymouth/Telford

Working to the lean model for too long without reviewing

The pursuit of the EBA number to be top quartile-why...the comparison is meaningless

Lessons learned

Flexibility should have been built in to the capacity and donor base targets to allow for variability in demand. Based on observed demand and forecast accuracy the requirement would be to build in +/- 3%.

There should have been greater scrutiny across blood supply to ensure that any decisions which have an impact on the supply of blood components have been robustly assessed and appropriate plans put in place.

More listening to colleague concerns regarding recruitment and training processes and to ensure we have a more motivated and engaged workforce.

Greater planning capability should have existed in Blood donation to ensure granular detailed focus and assessment of the impact on collections to any changes.

More detailed reviewing of absence data would have identified pockets of issues that could have been focussed on earlier, rather than being masked by overall absence levels being in line with targets

Action taken

30k buffer has been built into the forecast for this year to allow for flexing up the demand number.

Any decision that could have an impact on collections that is taken by any part of the organisation (clinical, marketing, manufacturing, hospital services etc) is taken to the BOLT for robust assessment and to ensure appropriate mitigation of any risk is put in place.

People Director and Blood Donation Director regularly attend BD staff side meetings.

A new format for forecasting has been established and a stronger set of weekly KPI's are in place at a far more granular level as well as early warning system to flag performance concerns. There is an intention to further strengthen the planning team at a more senior level.

Scrutiny of absence at team level is undertaken by both Heads of Region with their Area managers and by the BD people directorate business partner at the BD monthly performance review.

A PWC audit has since recommended a fundamental review of the organisational arrangements and accountabilities and this has commenced.

Author

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