

NHSBT Board**Update on Closing the Ro Kell Neg Gap**22nd September 2020**Status – Official****1. Summary and Purpose of Paper**

The purpose of this paper is to inform the board on the latest position in meeting Ro Kell Neg demand. Included is an update on our progress in implementing activities to close the gap through better engagement with target donor segments and identified changes in the donor experience.

Actions resulting from the recommendations from the Donor Experience Lab and McKinsey's engagement is progressing across all three areas as summarised in this paper. Covid-19 has increased the barriers that target donors face for initial and subsequent donation and reduced the capacity we have in progressing improvements at speed.

We are implementing a number of additional areas of investment to compensate as a result: Increasing hyper-local engagement efforts where we have session capacity today, piloting new partnerships with target donor communities this year and prioritising new 'pop-up' venue capacity in 2021 in locations where there's a higher likelihood of attracting target donors.

2. Action Requested

Does the board have any comment on the paper and the recent impact seen from Covid-19 on our Ro Kell Neg donors?

Does the board have any questions for clarification in the next paper, planned for submission at the Jan 2021 board?

3. Background

In the first half of 2020 we created a Donor Experience Lab to review and define a plan to close the gap between demand and supply of Ro Kell Neg blood while also improving the donor experience for all. Our research established that the experience of Black donors was measurably worse than that of the general population, while relative demand for blood from the target population needed to be twice that of other population segments. Both are a major contributor to the challenges faced in closing the Ro Kell Neg Gap.

The board has seen the detailed plans presented previously in March and May's board meetings which can be summarised as:

- 14 initiatives designed to close the Ro Kell Neg gap
- 20 initiatives designed to improve the donor experience generally
- Foundational change in managerial infrastructure and elements of our organisational culture to enable the delivery of initiatives and better engagement of target donors

An action was taken at the May board to update the board further in July, this was deferred and is being actioned today.

4. Detail of report

4.1 Update on Ro Kell Neg Gap and donor management for 2020

4.1.1 Blood unit performance

Over the last 12 months we have issued 34k units of Ro Kell Neg blood but substituted an additional 30k of demand with other types. Both groups have increased by 3.1% year on year (YoY). Ro Kell Neg blood units collected from Black donors totals 6,928 over the last 12 months, an increase of 1.4% YoY.

Our issues, substitutions and collection of Ro Kell Neg blood have all been impacted by Covid-19 so the gap remains largely unchanged:

	Issued units (vs LY)	Substituted units (vs LY)	Collection from Black donors (vs LY)
Jan to Mar 20	8,720 (+576, +7%)	7,685 (+443, +6%)	1,750 (+46, 3%)
Apr to Jun 20	8,057 (-480, -6%)	7,151 (-251, -3%)	1,389 (-407, -23%)

The first quarter of 2020 was typical of the trends observed and presented previously: We only delivered half of the required growth in collections, so substitutions continued to grow. Growth in collections from Black donors was limited

For the second quarter, while total substitutions were reduced, they did not reduce any more than issues and so the gap was maintained. Collections from Black donors were particularly impacted with a 23% fall against the same period last year.

4.1.2 Donor management performance

The impact on our donor management during Covid-19 has been material. As shown in Figure 1 below, across all blood types, we've seen a up to a 50% reduction in new donors donating compared to last year as we have prioritised the mobilisation of active donors because of the reduced capacity during lockdown. As a result the number of donors lapsing and reactivating has been limited during Q2 compared to last year. Recent months have seen some churn as we've increased efforts to fill returned capacity with reactivations.

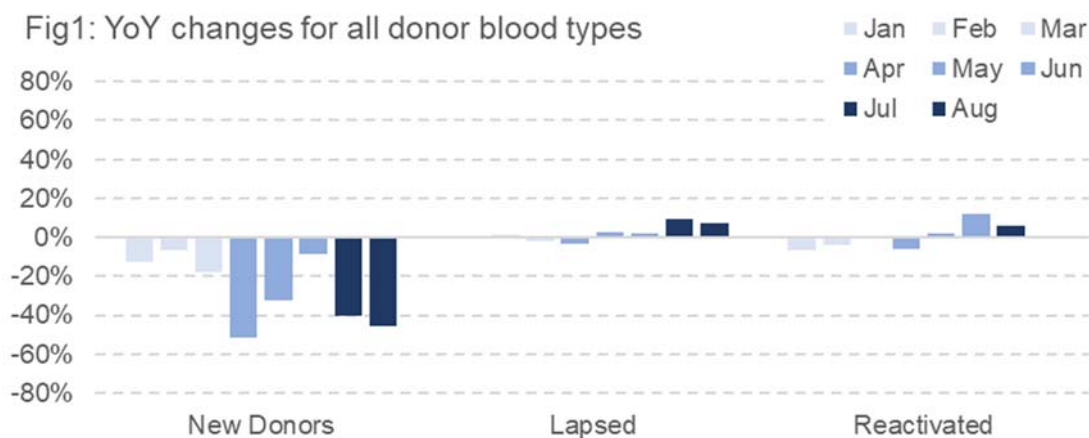
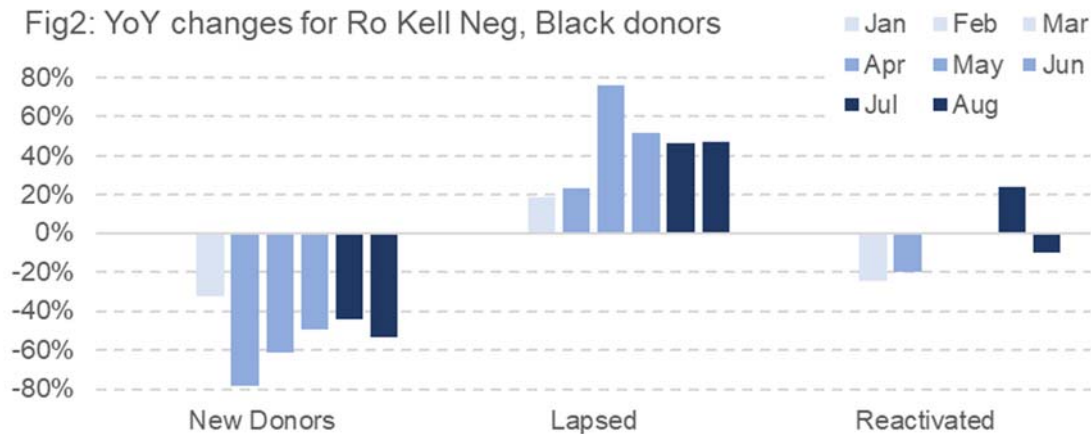
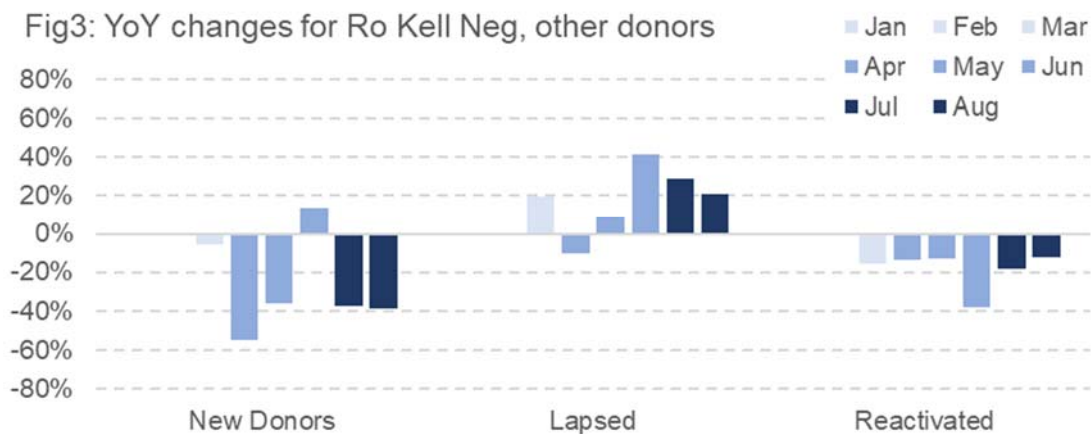


Figure 2 shows the impact for Ro Kell Neg Black donors. The decline in new donors and increase in lapsing is significantly worse when compared to all blood types average. There has been some improvement in reactivation in recent months.



All other donors of Ro Kell Neg, Figure 3, show similar New Donor performance to the all donor average, although lapse rates and reactivation rates are worse too.



Anecdotal evidence suggests that we have not been able to reassure many donors from BAME communities that continuing or returning to donate is safe. This is likely to have been further aggravated when overlaying the likelihood of donors living in larger cities having a greater reliance on disrupted public transport to travel to our centres.

Public Health England found similar evidence in its report published on the 2nd June: 'historic racism and poorer experiences of healthcare or at work may mean that BAME individuals are less likely to seek care when needed': Source:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

Beyond the short-term focus on reactivating our donors with a focus on reassurance, we are revising our plans, revisiting our engagement methods and reassessing our content to consider the new barriers that our donors are facing due to Covid-19. The principles of successful engagement and the necessary foundational work outlined earlier in the year remains essential for success.

4.2 Update on changes to Management Infrastructure and Cultural foundations

Appendix A summarises the key problems that need solving to enable the successful delivery of initiatives and the long-term success of our donor engagement. We have started to deliver those solutions by implementing three pieces of work: a) Re-starting and continuing with changes in the organisational design of the Donor Experience directorate, b) Launching new programme management governance and processes, and c) starting the journey to becoming a more inclusive organisation

4.2.1 Organisational design changes

After an additional phase of input from Band 8 managers, Network Chairs and Union Reps we proposed and subsequently confirmed an entirely new Senior Management Team (SMT) structure for Donor Experience. We will be organised into 5x teams grouped by the functional responsibility within the process of donor engagement and experience change:

- A donor planning, insights and transformation team to set our directorate's donor objectives for short, medium and long term across all forms of donation, with a central source of insight and horizon mapping for the future
- A donor campaigns, advertising and creative services team to develop the necessary go-to-market plans to achieve the donor objectives set by the planning team
- A donor experience services team to be the responsible Service Owners for all online and offline experiences working closely with the DDTS, Blood Supply and OTDT directorates for delivery of those services
- A direct marketing and contact centre team to implement the part of the campaigns and service of donor engagement through our owned channels
- A partnerships and local operations team to be dedicated in supporting the increasing reliance on external organisations to support the delivery of our campaigns and experience objectives

We are recruiting the first four new Assistant Director roles this month and aim to have the new SMT for 2021. By recruiting the four roles in parallel we can recruit a senior management team where possible that, as a body, that is more reflective of the communities we serve, as well as finding the best candidates for each specific role.

Specific blood type planning, target donor objectives and subsequent engagement will thread through all functions as an objective. Any further changes required to our Organisational Design outside of the SMT will be reviewed and delivered in 2021 after any necessary consultation.

4.2.2 Programme Management

To complement a reporting line structure that is based around function and skills, we are also implementing new governance and processes to better oversee the implementation of any change within the directorate. Most of the change is focussed on progressing our initiatives to improve target donor experiences, but further time is also being allocated to updating the way we work together (including D&I initiatives) and building a new donor base for plasma.

A steering committee has been formed to oversee the delivery of experience initiatives. Workstream and initiative owners have been allocated responsibility. The reporting and

detail used in showing progress on delivery of initiatives in Appendix B is an output of this new Programme Management process.

4.2.3 Cultural awareness

The concurrent events of Black Lives Matter, our organisation's work through the Organisational Diagnostic, and PHE reports showing disproportionate impact of Covid-19 on BAME population, has brought focus and opportunity to listen to many that have previously been unheard. Our D&I programme of change and our objective to be a more inclusive organisation will have additional benefits of bringing an improved capacity, capability and desire to better understand our target donors, and improve health outcomes.

Beyond the task of closing the Ro Kell Neg gap, it is unacceptable that many of our donors with protected characteristics have a measurably worse experience when donating.

4.3 Update on Donor Experience Initiative delivery

Appendix B gives detail to the progress of implementing the initiatives identified to support closing the Ro Kell Neg gap and improving the wider donor experience. In summary 17x have been mobilised: 3x still in discovery, 12x currently having detailed definitions written, with 1x being delivered and 1x completed. We have identified several other backlog initiatives to add to the Donor Experience Lab initiatives, further prioritisation is required with a total of 40x identified.

Several of the initiatives in flight have been impacted by the indirect effect of Covid-19 and prioritisation of Convalescent Plasma collection. Impact has been on the working time of the initiative leads as well as the teams who will deliver (e.g. 3rd parties, Technology or Donor centres). No more initiatives will be mobilised for discovery and definition until we have progressed live initiatives into the delivery phase and prevented a backlog of progress.

4.4 Update on additional areas of investment to improve progress

To counter the additional challenges that Covid-19 has brought to target donors and our progress on closing the gap, we are introducing three additional pieces of investment:

4.4.1 Investment into relatable local engagement

We are supporting Sickle Cell Awareness Month and Black History Month with new, compelling and relatable content to increase awareness and engagement with target donor communities. Incorporating feedback from our donors, we are re-starting the journey in building trust with audiences where we've not been successful before.

We have re-started, after the lockdown pause, our 'always-on' awareness efforts and registration of new members with local activity focussed in London, Birmingham and Manchester where local populations have high number of target donors.

We have further invested in extra geo-targeted advertising activity with radio and online ads targeting donors living and working within a select number of donor centres where there's available capacity to engage those newly registered and covert where possible. This will be supported with a new Facebook tool that provides 3rd party notifications to when local sessions have available slots.

4.4.2 Investment into new Partnerships with pilots

We are piloting a refreshed approach to the 'broker' model of partnership with key 3rd parties who can manage a larger 'consortium' of community engagement and events beyond our in-house capacity. In a similar vein to the 'Flesh and Blood' campaign that ran from 2012-2014, <http://fleshandblood.org/>, we are identifying organisations that can manage the scale of engagement that's required, as well as the necessary reliability of engagement.

Following similar success with the team behind #TurntoLove, <https://www.turntolove.org/>, who are supporting our efforts in Convalescent Plasma in Birmingham mosques, we have started work with Globis (authors of the Organisational Diagnostic) to support a pilot across a national network of Black majority churches.

4.4.3 Investment into new donor centres

In addition to longer term plans to open new London donor centres as identified in one of our initiatives, we have recently mobilised efforts to open two 'pop-up' sites in London for a 12-month period from January 2021: In Westfield and Lewisham / Elephant & Castle. Both centres will be in close vicinity to areas with high number of target donors for recruitment. The two locations are also suited to support existing donor panels with active Black donors that will help our efforts in reducing lapsing and improve re-activations.

Where our investments are likely to be outside of budget, we are continuing to work through the cost impact and will be developing business cases for the respective approach process as necessary.

5. Sign off

Progress on our plan will continue under the new programme governance implemented within Donor Experience, through regular updates to the ET. KPIs continue to be reported through the Board performance pack.

We plan to bring a further update at the January 2021 Board with a revised 3-5 year forecast of Ro Kell Neg substitutions incorporating our updated plans to increase collections over the next 3-5 years.

Author: David Rose, Director of Donor Experience

Responsible Director: David Rose, Director of Donor Experience

22nd September 2020

Appendix A

Supporting delivery will require aligning NHSBT's managerial infrastructure and parts of its culture with the integrated programme







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NHSBT has tried in the past to close the gap and improve donor experience; we believe four things have held you back from sustained impact

PRELIMINARY



-  Systems and processes make it difficult to coordinate donor facing outcomes
-  The organisational structure is aligned around operational efficiency, not donor experience
-  There are gaps in fundamental required capabilities
-  A cultural shift is needed to support stellar donor experience

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 **Systems and processes**

PRELIMINARY



What we have observed...	How it impacts our ability to close the gap and improve donor experience
Insight capabilities sit in multiple teams, each producing different reports and findings	No single, robust, shared view of the target donor that the organization can rely on to make decisions
No single point of coordination for initiatives related to closing the Ro cell neg gap and improving donor experience	Difficulty managing multiple initiatives simultaneously, especially those that have dependencies, are interrelated, or those that sit across organizational silos
Back-end systems that are unable to flex to support changes to close the Ro gap and improve donor experience	Legacy IT systems prevent the organisation from testing and piloting improvements at-pace
The organisation's decision-making process and propensity towards risk aversion make it hard to test and experiment rapidly with new ideas	The organisation struggles with agility and the ability to run small pilots

Source: Interviews with NHSBT colleagues

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Organisational structure

PRELIMINARY



Blood and Transplant

What we have observed...

Organisational silos and split accountabilities for solving interconnected problems

How it impacts our ability to close the gap and improve donor experience

Lack of end-to-end ownership of both the Ro supply-gap and the creation of a seamless donor experience makes solving these challenges difficult

KPIs are not aligned to solve key organisational challenges

Teams and individuals are not always working efficiently toward solving the organisation's biggest challenges

Communication challenges between the business and clinicians

Full value of initiatives not realised after implementation due to miscommunications

SOURCE: Interviews with NHSBT colleagues

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Capabilities

PRELIMINARY



Blood and Transplant

What we have observed...

A skills gap and a failure to professionalise certain capabilities within the organisation

How it impacts our ability to close the gap and improve donor experience

Certain teams lack the roles and capabilities that are necessary to close the gap and improve donor experience

Performance management and learning and development programmes that do not drive improvements in individual performance

Underperforming teams are not coached or trained how to improve performance; continue to underdeliver

Performance metrics that are not aligned to organisational goals

Capabilities are not effectively aligned against the problems the organisation is trying to solve

SOURCE: Interviews with NHSBT colleagues

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Appendix B

STATUS OVERVIEW

Programme current status

A high-level view of initiatives underway across the programme.

Key

Source: McKinsey/ DX Lab	On track	Major risks/issues
Source: Other	Risks/issues	Complete

