

Board Meeting in Public Tuesday, 06 June 2023

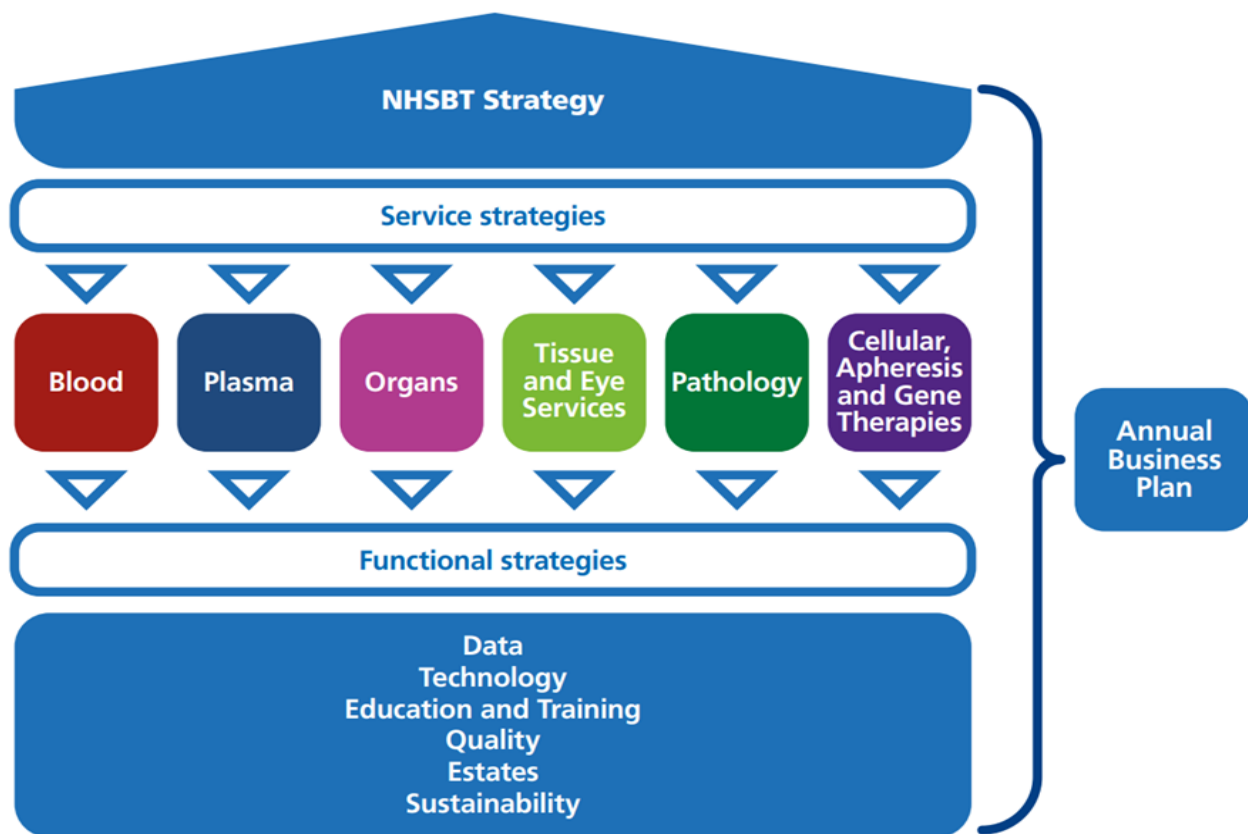
Title of Report	NHSBT Strategy and service and functional strategies status		Agenda No.	3.2
Nature of Report	<input checked="" type="checkbox"/> Official		<input type="checkbox"/> Official Sensitive	
Author(s)	Julie Alexander, Strategy Director			
Lead Executive	Wendy Clark, Deputy Chief Executive Officer			
Non-Executive Director Sponsor (if applicable)				
Presented for (tick all that applies)	<input checked="" type="checkbox"/> Approval		<input type="checkbox"/> Information	
	<input type="checkbox"/> Assurance		<input checked="" type="checkbox"/> Update	
Purpose of the report and key issues				
This paper summarises the status of each service and functional strategy and proposes a Board Strategy review session in November to assess whether we need to make any adjustments to our strategic direction.				
Previously Considered by				
NHSBT strategic priorities and success measures, aligned with the NHSBT Strategy published in March 2022, were agreed at NHSBT Board in December, 2021.				
Recommendation	<p>Note the status of the approved service and functional strategies underpinning the implementation of the NHSBT Strategy.</p> <p>Agree the proposal for the Board Strategy review session in November.</p>			
Risk(s) identified (Link to Board Assurance Framework Risks)				
Risk assurance against the NHSBT Strategy priorities is set out in the Board Assurance framework. Business performance and risk is reviewed monthly by the Board. This links to BAF03 'change programme scale and pace'.				
Strategic Objective(s) this paper relates to: [Click on all that applies]				
<input checked="" type="checkbox"/> Collaborate with partners <input checked="" type="checkbox"/> Invest in people and culture <input checked="" type="checkbox"/> Drive innovation <input checked="" type="checkbox"/> Modernise our operations <input checked="" type="checkbox"/> Grow and diversify our donor base				
Appendices:	N/A			

1. Purpose

The new NHSBT Strategy was launched in March 2022. It is a living strategy that is intended to evolve over time – in response to external events, internal change and as we further develop our thinking and implementation plans. The detail of how the strategic ambitions of NHSBT should be realised is set out in individual service and functional strategies. The annual business plan sets out our near-term priorities against our core programme funding and income generated by our services. Progress is monitored through the Executive Team’s monthly performance and risk reports to the Board, as well as mid-year progress reports.

This paper summarises the status of each service and functional strategy and proposes a Board Strategy review session in November, 2023.

Strategy Implementation Framework (NHSBT Strategy, March 2022)



2. Current Status of Service and Functional Strategies

Each service strategy sets out the strategic intent behind how we will save and improve even more lives and create a world where everyone can access the donation they need. Every service strategy evolves and adjusts in response to external and internal drivers of change. The functional strategies shape the enabling workforce (including nursing), education and training, technology, infrastructure and data improvements that are critical for the future. The cross-cutting priorities of improving the experiences, health and wellbeing of our people, patients and donors are core to our Strategy.

2.1 Service strategies

	Status of Board Approvals	Purpose
Blood	Approved 2022	The mission of this service strategy is to ensure that every patient receives the blood they need, when they need it. The strategy addresses the long-standing issues with the productivity and the size and profile of the donor base, particularly diversifying the donor base to address health inequalities and improve health outcomes amongst minority ethnic groups. A cohesive plan will deliver a complete donor-to-patient blood supply chain.
Plasma	Embedded in Plasma Programme	There is a global shortage of immunoglobulins. We are creating a world-class plasma service by collecting plasma to initially reach 20% self-sufficiency of immunoglobulins. We will increase domestic self-sufficiency over time, ensuring people reliant on immunoglobulin have access to the treatment they require.
Organ Donation and Transplantation	Approved 2021	This service strategy sets out the UK and NHS ambition to be a world-leading organ donation and transplantation system, increasing organ donation and transplantation. A combination of evolution and revolution will increase activity to meet patient need and share the benefits of transplantation more equally.
Cellular, Apheresis and Gene Therapies	Approved 2022	Our strategy is to grow and deliver resilient cell, apheresis and gene therapy services to address health inequalities and save and improve even more lives. The strategy addresses the clinical need to improve outcomes for the patients we currently treat and those that could benefit from advanced therapies e.g. people with cancer, single gene defects and immune disorders.
Tissue and Eye Services	Approved 2023	The service's mission is to increase donation so that no patient will wait for life saving or enhancing treatments due to a lack of tissue availability. The strategy is to grow income and market share and develop capability to offer innovative products to meet customers' needs. A strategic implementation roadmap is being developed.
Pathology	In development, for approval 2023	This service strategy will be presented for Board approval in July. The strategic intent is to deliver the capability to use innovative DNA-based testing technologies for the benefit of patients, enabling NHSBT to become England's leading Blood and Transplant Genomic Testing hub and modernise existing Diagnostic Services.

2.2 Functional strategies

- The functional Data and Technology strategies were approved in 2022 and implementation is kept under continuous review.
- The Quality, Estates and Sustainability strategies are in development, for approval by Board in 2023.

- Investing in Our People and Culture is one of NHSBT's five strategic priorities; progress is monitored through our performance reports each month. The Nursing strategy was approved in 2020. A Clinical and Scientific Education and Training plan is in development, for implementation in 2023.

3. 'Live' Service and functional strategies – health check and strategic shifts

The Board has approved the direction of seven service and functional strategies. Since last year, strategic shifts in healthcare have impacted on implementation and continue to shape our direction.

Unprecedented pressures on health and care services, widening health inequalities in the wake of the COVID-19 pandemic and a volatile economic situation continue.

Healthcare systems in the UK and around the world are struggling with the same issues related to service access and demand, workforce shortages and staff burnout. Globally, healthcare systems are at risk of being overwhelmed and senior leaders are under pressure to act. New approaches to healthcare challenges are needed because previously successful approaches are unlikely to be effective in responding to the nature and scale of emerging challenges.

Our people, patients and donors are experiencing physical and digital worlds colliding, a place in which personalisation, consumer choice and values are central. NHS Blood and Transplant needs to continually evolve just to keep pace. Modernising our systems is a starting point, not the end goal.

Our services are critical to the recovery of the NHS post-pandemic. In partnership with the health and care system of the four nations of the UK we are looking to the future. We provide the vital blood, organs, tissues and stem cells to the NHS as it embarks on the reform and efficiency drives that respond to the longer-term challenges of a growing and ageing population, rising public expectations, changing burden of disease and growing inequalities.

3.1 Workforce dynamics and unprecedented clinical workforce challenges

Despite technological innovation, healthcare is and will remain a people-driven business. The growing demand for care and the immense stresses placed on the healthcare workforce have worsened the global workforce crisis. This is on top of the pressure of the cost-of-living crisis across critical public sector workforces, such as teachers. If schools have to close, this impacts on our workforce and means donors cannot easily support our services.

To address these challenges the healthcare workforce of the future will need to consist of a more diverse array of roles and people will be trained differently. To support inclusive healthcare systems, organisations have to focus on people first, improve digital enablement to liberate health professionals from routine work, and support the workforce to build the skills they need for the future.

Central to the NHS People Plan is the wellbeing of its workforce. Evidence shows there is a clear relationship between staff wellbeing, staff-reported patient care performance, and self-reported patient experience. Over the past 12 months, more than 34,000 nurses left their role in the NHS, an increase of 25 per cent on the previous year. Overall, a steadily growing number are choosing to leave the NHS, younger nurses are leaving their roles in the greatest numbers. It has never been so important to ensure that our existing nurses, and those joining NHSBT, feel valued and developed to their full potential. Our Nursing strategy was launched in 2021 and a new Executive Director of Nursing will be appointed to the Board this year.

3.2 Evolving personalisation

Care and *treatment* plans are developed that cater to individual's circumstances and preferences. Eventually due to genome mapping, approaches based on genetic traits and predispositions these plans will evolve in to personalised *prevention* plans. Our strategy is to grow and deliver resilient cell, apheresis and gene therapy services to address health inequalities and save and improve even more lives; to address the growing clinical need to improve the outcomes for cancer, single gene defects and immune disorders.

NHSBT's leadership role in R&D and cutting-edge innovation is still viewed as niche and, despite us publicising our successes, remains one of our best kept secrets. We can do more to exploit new market opportunities and build on our successes. We need to prioritise, and are investing now, to keep pace with our industry and health and care service partners.

3.3 Organisation-wide focus on blood service resilience and recovery

The focus of the blood service strategy is addressing the long-standing issues with productivity and the size and profile of the donor base, particularly diversifying the donor base to address health inequalities and improve health outcomes of people from minority ethnic groups.

It was the first of our new service strategies to be published, with the mission to ensure every patient receives the blood they need, when they need it.

We continually strive to modernise for the future, to prepare for biomedical innovations in blood and improve clinical practice. The strategy also supports other existing plans such as Transfusion 2024 which outlines priorities for safe transfusion practice across the NHS. The blood service strategy has at its heart the work to deliver a coherent plan for a complete donor to patient blood supply chain. This will enable an excellent service to NHS hospitals, donors and patients.

We have already increased our collections presence in areas with Black heritage populations. We have worked hard to improve recruitment, retention and working conditions for teams and create more appointments at the times donors want to see us. However, challenges remain around stock resilience for both whole blood and platelets.

An additional funding injection this year means we can move faster with the implementation of our strategy which will ensure every patient receives the blood they need when they need it. The future-proof blood programme is: advancing plans to create a resilient, fit-for-future supply chain for whole blood and platelets; increasing donor numbers and improving their experience; increasing the number of donor centres; and enhancing our colleague offer to build stakeholder confidence in NHSBT's ability to prevent stock shortages.

3.4 Downward funding pressures on life saving organ donation and transplantation

The service strategy's ambition is to be a world-leading organ donation and transplantation system - to increase organ donation and transplantation. The flat funding settlement from SR21 will impact on our services from 2024. Our Organ and Tissue Donation and Transplantation (OTDT) Futures programme is adapting our organ donation and retrieval pathways in anticipation, but choices between reducing system capacity or not achieving financial balance remain.

Reducing donation and retrieval capacity is at odds with the 17% increase in the number of patients actively waiting for a transplant since 2020. Increased organ utilisation is helping to mitigate the impact of fewer

donors. However, without securing adequate funding we will not be able to meet patient need nor reduce the growing cost burden to NHS services.

At a specialty level, heart activity remains positive, and the impact of the Deceased Donation after Circulatory Death (DCD) heart programme has undoubtedly contributed to this achievement, with approximately 30% of heart transplant activity being attributed to it. However, lung transplants have not recovered to pre COVID-19 levels and activity reduced markedly last year. All specialties are seeing growing waiting lists and waiting times.

3.5 Widening health inequalities

We operate as part of a healthcare system in a country where there are unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them. Some groups and communities are more likely to experience poorer health than the general population. These groups are also more likely to experience challenges in accessing care. In turn, this impacts on our work to grow and diversify our donor base, from access to childcare to literacy through to misinformation and fear.

COVID-19 shone a harsh light on some of the health and wider inequalities that persist. Over the past four years the world has seen unprecedented change. While in many ways people have returned to a pre-pandemic life, the repercussions of lockdown continue to impact communities. The cost-of-living crisis has added to these issues. We've seen widening inequalities and deepening societal need for some of the most marginalised groups. We are not yet able to supply all patients with the donations they need, at the time or place they need it. Despite intensifying our outreach and engagement, Ro blood supply does not meet demand and the transplant list is increasing, minority ethnic patients wait longer and there is geographic disparity.

3.6 Donors remain willing to donate, but it's becoming harder to do so

Overall attitudes to donation remain unchanged over the past five years with little shift in "*willingness to donate*". However, factors impacting donors' ability to donate have increased: altruistic actions such as charitable giving and volunteering have not recovered post pandemic, financial pressure limits travel and spend, as well as a reduction in footfall in urban locations. Specifically, amongst ethnic minority people a lack of trust in the NHS and fears related to donating are key barriers. Paying attention to emerging consumer patterns and trends – particularly amongst our smaller, rarer and younger donor bases – is critical to our success.

4. Proposal for Strategic Planning Session

4.1 In pursuit of our ambition to save and improve even more lives the Board will be asked to review these questions:

- **Do we need to adjust or change our strategic direction?**
- **Does our ambition need to be increased or constrained?**
- **Should we do anything differently to enable successful delivery of our Strategy?**

4.2 Examples of the type of **inputs** to enable the Board's thinking and direction setting are:

Reports

- Mid-year review of business plan, performance and progress towards achieving targets
- Horizon scan of external and internal drivers of change
- Relevant outputs from the proposed Arms' Length Body Review

Thought leadership

- Insights led by NHSBT service and functional strategy leads e.g. consumer insights and trends from Donor Experience's senior leaders
- Learning from industry partners' horizon scanning
- Contributions from with patients, donors and families, diversity and inclusion stakeholders and partners

5. Next steps

Does the Board agree that the Strategy review session should be held in November?

Are these the right questions for the Board to focus on?