

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.

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

Contents

Welcome	4
Our values	6
Our mission, vision and strategic priorities	7
Who we are and what we do	9
Priority: Grow and diversify our donor base to meet clinical demand and reduce health inequalities	11
Priority: Modernise our operations to improve safety, resilience and efficiency	13
Priority: Invest in people and culture to ensure a high-performing, inclusive organisation	15
Priority: Drive innovation to improve patient outcomes	17
Priority: Collaborate with partners to develop and scale new services for the NHS	19
Key stakeholders who shape our thinking	21
Our enabling strategies and plans	22

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





Welcome

We are delighted to present our strategy for NHS Blood and Transplant (NHSBT) – a unique organisation, playing a critical role in the UK healthcare system.

We published our NHSBT Strategy in March 2022, laying out our mission to save and improve lives and our ambition to save and improve even more lives in the years ahead and, ultimately, to deliver our vision of a world where every patient receives the donation they need.

We have made a lot of progress. The past two years has seen an intensive amount of work on our plasma for medicines programme and we are delighted that this year we will send UK plasma to be made into lifesaving medicines for UK patients for the first time in 25 years. To achieve our aim of being 20% self-sufficient for plasma medicines, we have opened three new dedicated plasma donation centres and from 2024 we will be using all plasma recovered from whole blood for either clinical use or the manufacturing of medicines.

Our focus on tackling health inequalities has seen us recruit more donors of Black heritage than at any other time in our history so we can supply more of the right type of blood to better treat patients with sickle cell disease. And we have developed a new blood group genotyping programme to provide a more detailed and genetic understanding of people's blood groups - which will mean patients with sickle cell and thalassemia will be treated with better matched blood so they stay well for longer.

We have used innovation and advances in science to be able to make the best use of all the precious organs that families have consented to donate. This means the number of patients that we are able to help has increased: for every 100 people who consent to donate their organs, seven more people receive the gift of a life changing transplant than was possible in the past. And last year, thanks to a £10 million investment from the Department of Health and Social Care, we opened the new Clinical Biotechnology Centre at our Filton site near Bristol. The Centre makes products needed for researchers and industry to carry out early trials of potential new treatments using cell and gene therapy.

We have strengthened the diversity and leadership of our Board and, in recognition of our nurses' critical role in our organisation we have created a new Nursing directorate and appointed our first Chief Nursing Officer. We have opened up NHSBT wide team conversations to develop our People Plan for the future, expanding and building on our commitment to being an intentionally inclusive organisation.

Our staff are amazing. They work throughout the UK and around the clock every day of the year to save and improve the lives of patients. Our new People Plan will help our people to thrive at NHSBT and will make it a great place for people to join and progress their careers.

As we look forward, we see the science and healthcare landscape changing rapidly. We will continue to develop and deliver our core strategic priorities as set out in our strategy but there are areas, we want to put more focus on to achieve our vision of creating a world where every patient receives the donation they need.

We will place even more emphasis on growing Plasma for Medicines, Cell Apheresis and Gene Therapies; exploring commercial opportunities that could increase our non-NHS income and release savings that will be invested in transformation or returned to the NHS through price reductions.

We will continue our commitment to reducing health inequalities, those unfair and avoidable differences in treatment and health outcomes that see some people wait longer for life saving treatments, or in some cases miss out on them all together.

And we will systematically evolve our digital infrastructure, progressing towards the touchless supply chains of the future where we have reduced manual touchpoints and the requirement for individual decisions through the use of advanced analytics and automation.

We recognise we cannot deliver our ambition alone. We know that to realise our full potential as an organisation we will need to forge even closer ties with clinical, academic and commercial partners and collaborate with them on areas of mutual interest. We look forward to working with the Department of Health and Social Care, NHSE and our external partners to deliver our ambitions in this strategy.

Finally, we would be nowhere without the generosity of our donors and donor families who give the gift of life through their donations. Thank you to everyone who donates, you are helping to create a world where every patient receives the donation they need.

Chairman and CEO



Jo Farrar
Chief Executive



Peter Wyman,
Chairman

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



Our values

Caring Expert Quality

Three small words, One big difference



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.

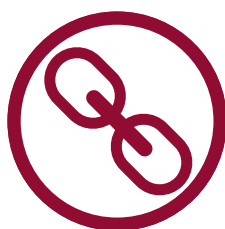
This is an ambitious vision which will require significant change to what we do and how we work. But we must be ambitious on behalf of the patients who rely on our critical products and services.

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



Invest in people and culture

to ensure a high performing, inclusive organisation



Drive innovation

to improve patient outcomes



Collaborate with partners

to develop and scale new services for the NHS

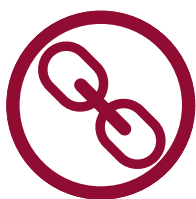
We have set out five strategic priorities:

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. Maintaining this reputation will require us to systematically evolve our digital infrastructure, progressing towards the touchless supply chains of the future where we have reduced manual touchpoints and the requirement for individual decisions through the use of advanced analytics and automation. This will require ongoing efforts to upgrade our infrastructure and estate, automate processes and use data to drive new insight. The savings we release will be invested in transformation and/or returned to the NHS through price reductions.

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.

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 explore opportunities for taking novel innovations into commercial settings to generate additional income that can be reinvested. We will also build and analyse national data sets to understand patient outcomes and track the impact of different interventions over time. Doing these things will preserve headroom to invest in research and development that will be critical for us 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.

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 £600 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 the NHSBT team, 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

1.4m units of red cells, **256,000** units of platelets and **217,000** plasma components for transfusion to **260** hospitals

3 Plasma donor centres

Over **180,000** litres of plasma for medicines will be collected in 2024/25 growing to **240,000** litres in 2025/26

12 regional organ donation teams

5,000 life-saving organs to **29** UK Transplant Centres

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

5,500 human tissue products and **3,700** corneas for transplant

8 regional Therapeutic Apheresis Service (TAS) units

12,000 Apheresis procedures to around **2,500** patients

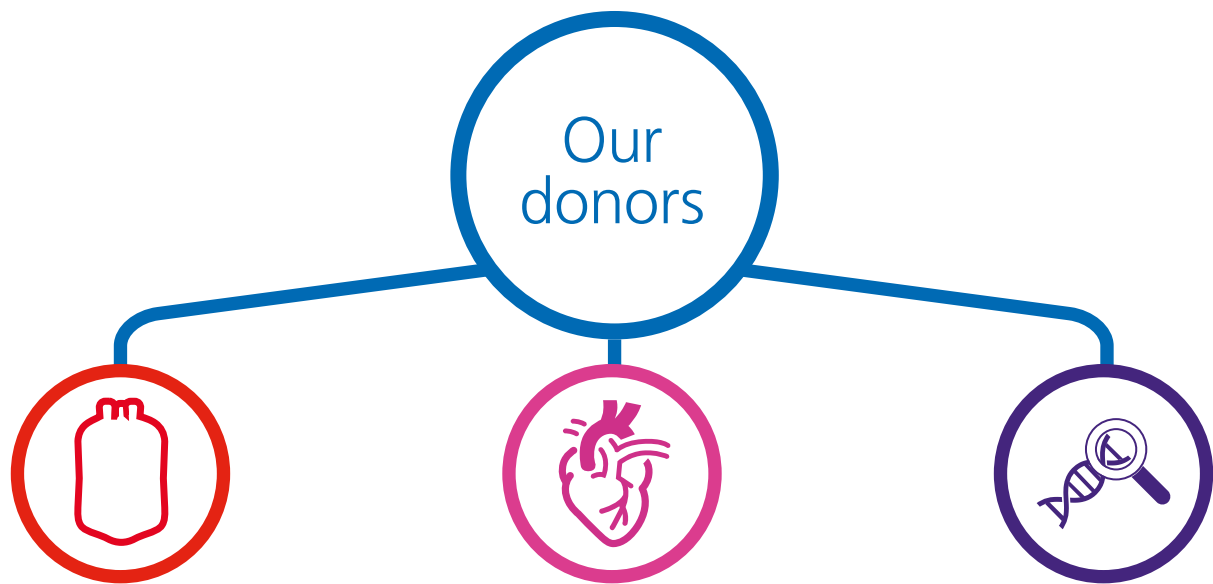
7 specialist laboratories for Cellular and Molecular Therapies

Over **1,800** life-saving stem cell transplants and **5** GMP clinical trials

7 Red Cell Immunohematology, and **6** Histocompatibility and Immunogenetics laboratories, and 1 International Blood Group Reference laboratory

Support more than **150,000** patients with specialist diagnostics and clinical advice and type **45,000** donors to support matching for patients in need of a transfusion, organ transplant or stem cell transplant

*every year



Blood and Blood Components

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 **137,000** new blood donors every year, including:

8,000 donors of Black heritage

14,000 donors with priority blood groups including O neg

Plasma donations will contribute at least 20% of immunoglobulin medicines used to treat patients

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

1,500 people donate their organs after death and over **950** people become living organ donors

Around **2,600** people donate their eyes, **200** donate bone, tendons and skin, and **300** donate heart tissue after death

We need **2,600** more organ transplants every year to meet patient need

Stem cells

The **British Bone Marrow Registry** includes **386,000** potential stem cell donors, and connects us to **41 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

Strategic priority: 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 continued generosity of our donors, currently we are not currently able to supply all patients with the donation they need when they need it. This means that some patients on transplant and treatment waiting lists have to either wait longer to be treated or can miss out on life saving treatment all together. This results in health inequalities.

To address these inequalities we need to attract the next generation of 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 look after the loyal donor base that continue to save and improve so many people's lives and build the 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
- We have reduced cancellations and provided more opportunities to welcome new donors.

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: 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.

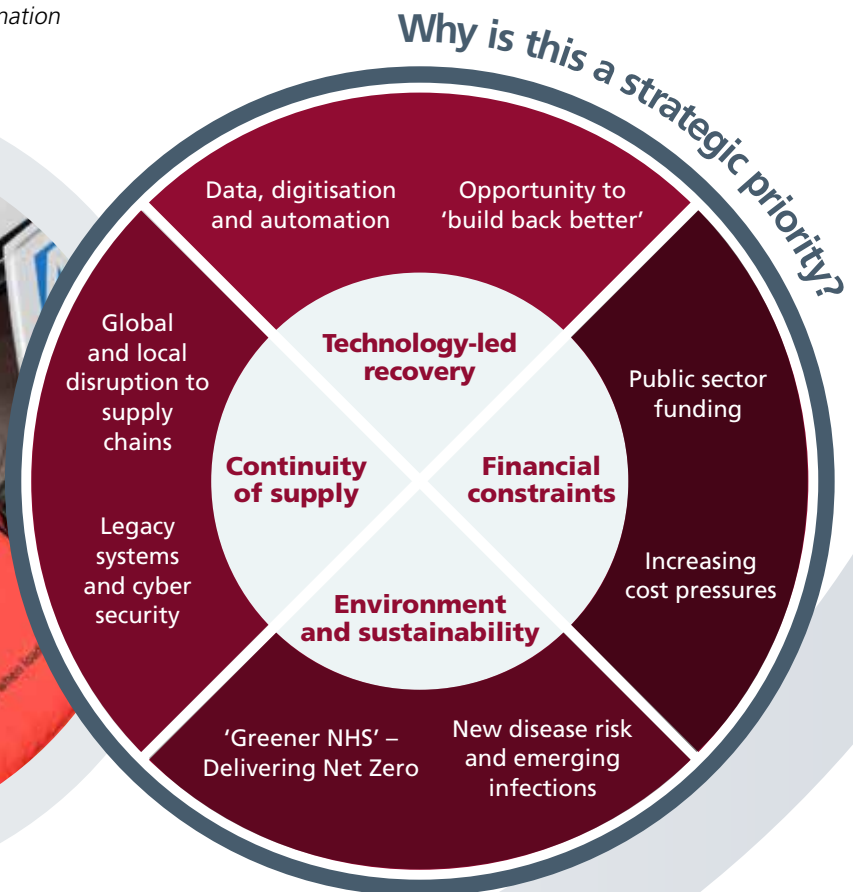
Recent years have shone a light on the importance of supply chain resilience and safety. We will continue to invest in the resilience of the Blood and Platelet supply chain in order to help us withstand any future shocks and ensure patients get the treatments that they need.

Learning from others, 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. Our ambition is to progress towards a touchless supply chain where we have reduced manual touchpoints and the requirement for individual decisions through the use of advanced analytics, automation and business rules, designing out opportunities for human error and minimising the risk of harm.

We know that for the NHSBT team and donors, good office spaces and donor centres are as important to a positive experience as the systems and processes that they use. We will address this through the development and delivery of a long-term estates masterplan. We will also need to continue 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:

- Build additional capacity and resilience into the blood supply chain to ensure continuity of supply to hospitals and patients.
- 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
- Design and implement a long-term estates masterplan
- Develop a roadmap to achieve Net Zero by 2040.

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

We are a destination for top talent from a wide range of clinical, scientific, operational and functional specialisms – many of which are unique in the NHS. 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.

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 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.

In our pursuit of NHSBT being a great place to work for all, we have developed a People Plan. This will specifically encompass the actions that we will take to create a culture and an environment where everyone has a strong sense of belonging, can truly be their authentic selves, and reach their full potential. It will be the vehicle through which people will want to **join, stay** and **thrive** at NHSBT, an intentionally inclusive organisation for all.

Evidence shows that NHS organisations with high levels of staff engagement deliver better care, making this priority and imperative for our patients, donors and our people.



To deliver our people priority we will:

- Launch a new People Plan setting out our aspirations for people to Join, Stay and Thrive
- Build new approaches to plan and prepare for the workforce needs of the future
- Improve how we design, evaluate and recruit into roles to make it more efficient, consistent and fair
- Help people to reach their full potential by providing equitable access to learning, development and career opportunities
- Foster a culture where people trust that they are safe to raise issues, which are resolved swiftly and appropriately
- Develop compassionate leaders and managers with the skills, capabilities and tools needed to ensure high-performing teams
- Work in partnership with Staffside, diversity networks and external partners 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 or salary bands
- Our workforce feels motivated, valued and engaged
- We have improved health, safety and wellbeing.

Case Study: Improving our recruitment offer

One of the foundations of refining our recruitment processes has been the introduction of a new digital system, which we did in late 2022. This has modernised and transformed the candidate experience and enabled us to significantly improve the quality of data that we capture. To give a sense of the impact that this has had, since launching over 37,000 applications have been made via our new system, with over 60% of applications being made via a mobile device, which was not previously possible.



Additionally, the application process is now more accessible, allowing candidates to fully customise their own language and accessibility settings, enabling a more inclusive application process.

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

Strategic priority: Drive innovation to improve patient outcomes

NHSBT has a long and proud history of cutting-edge research and development (R&D), recognised internationally by our peers. We believe that by investing in such things as data, genomics and R&D, we can improve patient 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 or where there is unmet need.

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 lead to better clinical outcomes and reduce health inequalities.

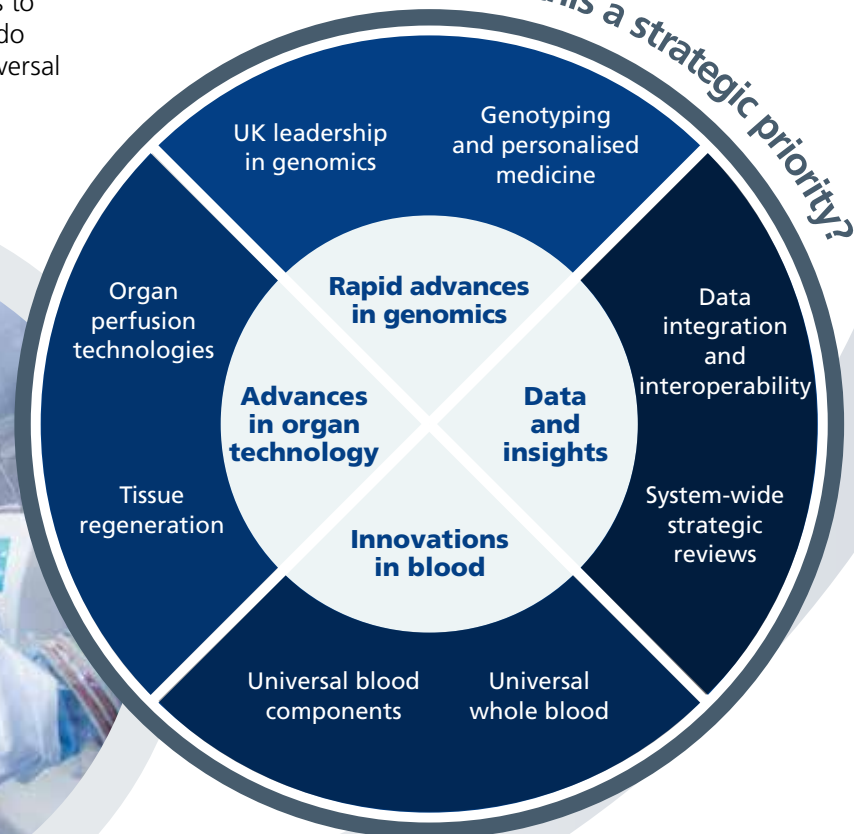
As the supply-demand gap for solid organs continues to grow, we will continue to progress the use of organ perfusion technologies to maintain and enhance the quality of organs, improve organ preservation and continue to increase organ utilisation. This will enable more patients to receive the transplant they need. We also want to make it simpler and quicker for hospitals to get blood products to patients and reduce the risk of complications. 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 patient value and impact from our research, our R&D and operational teams must work even more closely to accelerate the translation of innovation into practice. The 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 our innovation 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 and explore the opportunities for establishing a Technology Transfer Office.

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: 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.

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. Cells required for these treatments are acquired through a process called apheresis. Currently, the cellular and gene therapies supply chain is fragmented, and capacity is low. Health inequalities exist within this area, for example, we know that there are geographical disparities in apheresis treatment and provision. People from ethnic minorities requiring stem cells are another patient cohort where inequalities exist; for this group we know that 37% of transplant recipients from minority ethnic backgrounds receive the best stem cell donor match from an unrelated donor compared to nearly 72% for Caucasian counterparts.

NHSBT is well placed to play a major role here: 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.



To deliver the priority to collaborate 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
- We have improved system-wide infrastructure, education and training across transfusion and transplantation.



Case Study: Plasma for Medicine

Thousands of patients rely on plasma-derived medicines such as immunoglobulins (IVIg) & albumin for a substantial number of short-term or lifelong diseases and genetic disorders. There is a constraint on the global supply of plasma for medicines and the UK has been historically reliant on US sourced plasma-derived medicines. Since 2021, UK plasma can now be collected from donors which is an opportunity to build national self-sufficiency in IVIg for the benefit of UK patients.

NHSBT has been working with partners to deliver this programme, DHSC leading on policy and NHSEI on fractionator procurement/distribution of medicines to the NHS. NHSBT's role is to leverage its unique infrastructure and specialist capabilities to collect and supply plasma for fractionation.

This is being achieved through the recovery of plasma from whole blood collection which will achieve a minimum of 20% self-sufficiency and the development of a new capability for collecting plasma directly from donors at 3 new centres to increase this self-sufficiency even further which will mean more of our donors valuable donations being utilised.

NHSBT will supply the first plasma for fractionation in mid-2024. This is a great example of NHSBT working collaboratively with its partners to deliver new products and services to the NHS and patients 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).

Key stakeholders who shape our thinking

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.

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).

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.

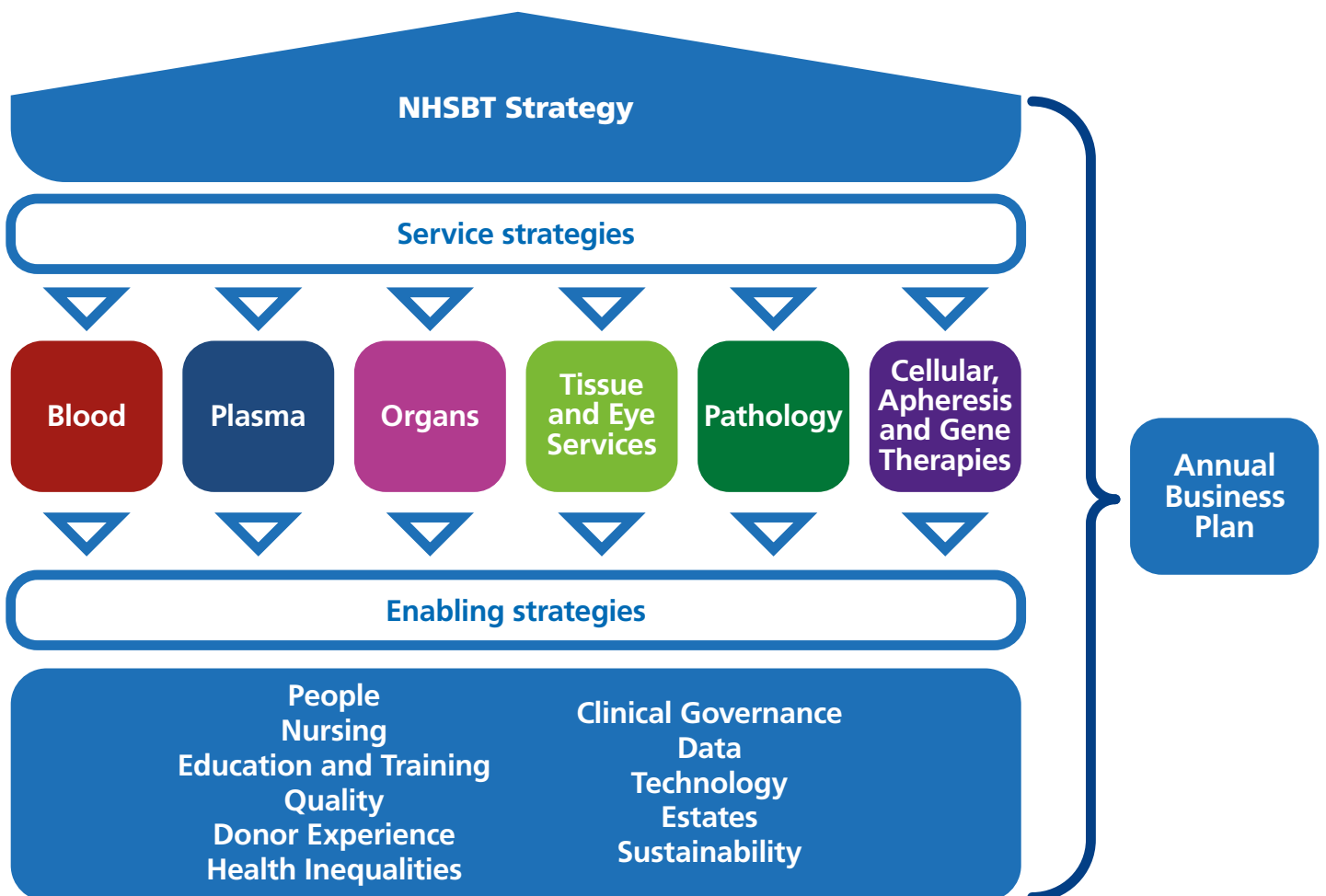
Oakley received life-saving immunoglobulin therapy and blood transfusions to treat Stevens-Johnson Syndrome when aged 7, pictured with mum Lorraine and dad Steven.



Our enabling strategies and plans

This is a living strategy that will evolve over time as we continue to develop our thinking. You can find out more about our service and enabling strategies, pictured below, and how we are delivering them here (NHSBT strategy home page: <https://www.nhsbt.nhs.uk/who-we-are/performance-and-strategy/>).

We will monitor and track progress on delivering the NHSBT Strategy through our Board performance management framework and we will publish and update progress in our annual report which you can find here: (<https://www.nhsbt.nhs.uk/who-we-are/transparency/accounts/>)



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

