

**Board Meeting in Public**  
**Tuesday, 24 March 2026**

<b>Title of Paper</b>	Futureproofing Blood Programme Closure Paper	<b>Agenda No.</b>	3.4
<b>Nature of Paper</b>	<input checked="" type="checkbox"/> Official	<input type="checkbox"/> Official Sensitive	
<b>Author(s)</b>	Debbie Rahman (Programme Director), Jonathan Bamford (Programme Manager), Gayle Franklin (Accountable Executive)		
<b>Lead Executive</b>	Gerry Gogarty, Director of Blood Supply		
<b>Non-Executive Director Sponsor</b>	N/A		
<b>Presenter(s) at Meeting</b>	Gerry Gogarty, Director of Blood Supply		
<b>Presented for</b>	<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Information	
	<input type="checkbox"/> Assurance	<input type="checkbox"/> Update	
<b>Is there a plan to communicate this to the organisation?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yet to be determined
<b>Executive Summary</b>			
<p>On the completion of this programme of work the Board are requested to formally approve the closure of the programme (further approval will be required from DHSC to complete the closure process).</p> <ul style="list-style-type: none"> <li>▪ The programme previously reported to the Board in April 2025 regarding the Platelets Resilience and overall position.</li> <li>▪ This paper contains a summary position of the three core workstreams' output, expenditure and lessons learned.</li> <li>▪ The Board should be aware that the Platelets Resilience project will continue as a standalone project after the programme closes.</li> </ul>			
<b>Previously Considered by</b>			
Executive Team, Futureproofing Blood Programme SRO, Programme Director, Accountable Executives and Programme Manager.			
<b>Recommendation</b>			
The Board is asked to approve the closure of the Futureproofing Blood Programme and its infrastructure and to approve the continuation of the Platelets Resilience Project as a standalone project.			
<b>Risk(s) identified (Link to Board Assurance Framework Risks)</b>			
None			
<b>Strategic Objective(s) this paper relates to:</b>			
<input type="checkbox"/> Collaborate with partners <input type="checkbox"/> Invest in people and culture <input type="checkbox"/> Drive innovation <input checked="" type="checkbox"/> Modernise our operations <input type="checkbox"/> Grow and diversify our donor base			
<b>Appendices:</b>	DHSC Commitments, Collection Capacity Delivered, Platelet Days of Stock Performance, Capacity Resilience Appointment Glidepath		

## **1. Context / Background**

The resilience of Blood Stock capacity in the winter of 2022 was challenging, with low blood stocks caused by staff vacancies, staff and donor illness. The first amber alert for blood was called. This has had a detrimental impact on patients, donors, collection teams and hospitals. These challenges emphasised the role that NHSBT plays as part of our critical national infrastructure.

NHSBT were asked by DHSC to create a plan to improve resilience. This required NHSBT to:

- increase red cell stock levels by increasing collection levels to enable an extra day of stock (or enable the collection of up to an additional c5k units per week) – demonstrating value for money, driving productivity and maintaining current red cell wastage levels.
- have greater platelets resilience – smoothing collection and production over 7 days (no new collection capacity but timing of collections changed).

DHSC confirmed funding for £3.6m one off investment in 23/24 with run costs of up to £22.9m per annum to progress 5 new pop ups outside of London, 3 new pop ups in London and an expansion of current sites to achieve 4,000 units per week.

As part of the DHSC case, external consultancy support was included in the plan. The value up to £1m.

An initial eight key milestones were set out as part of the programme mandate (Appendix 1). Milestones 1,2,4,5,6 and 8 have been completed and milestones 3 and 7 will be achieved following the delivery of the Platelets Resilience project.

The collection capacity workstream scope was assessed and a refined Stabilise+ workstream agreed with DHSC of up to 3,900 additional whole blood appointments; Brixton (1,100), Brighton (600) and a further business case to identify options for the additional 2,200 appointments.

This paper sets out the delivery of this revised mandate.

## **2. Executive Summary**

Since the last update to the Board in April 2025, the Futureproofing Blood Programme has moved forward significantly in execution and delivery. Effective programme closure is recommended for March 2026. The Platelets Resilience work will continue as an independent project, with all other constituent projects fully deployed by that date. Formal closure of the programme will be in partnership with the DHSC (Sponsorship role) with a paper presented to Minister Ahmed in March 2026 (the programme launched in April 2023).

Hospitals requested that platelet provision after a bank holiday is prioritised for delivery over standard weeks. The team prioritised and sequenced delivery to meet this requirement.

During December 2025, NHSBT held, on average, around 0.8 days more of A-negative stock than the previous four years. In addition, between Christmas and New Year, the low stock point for A-neg was 0.2 days higher than the average of the previous four years, with stock levels rising to resilient levels quickly as we entered 2026.

Whilst whole blood resilience has improved, operational stability still requires the moderisation of the service through DASP and progressing Donor Network Design.

**Summary**

Project	Objective	Actual Delivered	Commentary
Collection Capacity	To deliver increased collection capacity through deployment of <b>3900</b> appointments per week across Blood Donation teams.	<b>3930</b> appointments per week	Achieved via opening Brixton and Brighton Donor Centres, with additional mobile collection team expansions. See Appendix 1
Operating Model	To build people resilience and contribute to consistently delivering against business plan to meet patient need	Nurse referrals booth Electronic TUGS on session Test and Learn staffing model	<ul style="list-style-type: none"> <li>Improvement of 4.56mins (average) on donor journey - nurse referral booth.</li> <li>Average no. of harm incidents per year 29.4 to 41.2 (average) reduced to 19 after tug deployment.</li> <li>Test and Learn completed with a number of elements being rolled out and findings shared.</li> </ul>
Platelets resilience	To build platelet supply resilience around BH periods and reduce year-round midweek dip from a modelled low point of 1.57 DOS to 1.87 DOS	<p>Increased number of sessions for Christmas and New Year '25 across mobiles and donor centres.</p> <p><b>Outcome:</b></p> <p>Christmas and New Year low point overall platelet stock and A-neg improved by 0.2 DoS.</p> <p>When compared to the previous three years, over the Xmas and New Year period we deployed an average of 3.8k additional appointments per week.</p> <p>Consultation underway with 16 mobile teams and 1 DC to increase Sunday working to achieve circa 32k PA collections on Sundays.</p>	<ul style="list-style-type: none"> <li>8 mobile teams opened additional sessions on 25<sup>th</sup> Aug '25 BH. We converted WB appointments into CD appointments in 5 DCs and opened an additional 4 mobile team sessions on 28<sup>th</sup> Dec '25 BH – maximizing collection and efficiencies.</li> <li>Consultation underway with 16 mobile teams and 1 DC to increase Sunday working to achieve circa 32k PA collections on Sundays.</li> </ul>
Budget	£9.7m	£8.5m*	
Run rate	£5.3m	£5.3m**	

\*Figures based on M10

\*\*This figure will decrease circ. £150k of the total as roles recruited into the Test & Learn are not re- recruited to and lost through natural attrition.

### 3. Collection Capacity Resilience

The programme's revised target (as of April 2025) of 3,900 whole blood appointments was achieved through the implementations detailed in Appendix 1.

Strategically, Brixton Donor Centre is expected to contribute significantly to Ro whole blood collection. The new Wolverhampton mobile programme consistently achieves above national average Ro collections with productivity for December in the upper quartile at 1232.

- **Brixton Donor Centre** was planned to open in May '24, however was delayed and opened in December '24 (six months behind plan).
- **Brighton Donor Centre** was planned to open in January '25 however was delayed and opened in September '25 (eight months behind plan).
- **Stabilise+ West Midlands and Herts** mobile collection programmes achieved accelerated delivery schedules, originally planned for November '26 but delivered in November '25 and December '25 respectively (12 and 11 months ahead of plan).
- **Stabilise+ Team Expansions** in Gloucester and Lancaster have been delivered ahead of schedule and Newcastle is on track for delivery in March '26.

**Lesson learned**—establishing new donor centres (DC's) at pace presented a significant challenge; the programme focused on mobile collection teams to deliver the remaining capacity. This adjustment ensured all remaining projects were delivered to, or ahead of their schedules and within their financial envelopes.

- DC's expansion needs to be undertaken by established, experienced and dedicated teams. A standard template is required which can be adjusted to specific areas, product mix, staffing models and productivity targets.
- Preopening to establish temporary collection sites, to build a new or keep a donor base whilst new centres are constructed.
- Finding sites, identifying through investigation any associated internal risks and associated costs, then partnering with credible contractors through tendering detailed specification, being clear about management and not changing our specifications will lead to cost stabilisation.
- While collection capacity has been increased, an earlier focus on specific blood groups (i.e. O-/B-) would have enhanced resilience. This was addressed part way through programme and areas such as Wolverhampton were targeted due to a higher likelihood of recruiting Ro and O- donors which has been evidenced through collection.
- Identify a permanent resourced delivery team to drive efficiency and learning incl construction project management and SME.
- Create a single marketing blueprint/design that can be implemented easily, without redesigning and additional costs.
- Create a simple specification that is minimal viable product and does not necessarily need to be to Hospital specifications.
- Create ability to be agile with product collections be that blood, apheresis, stem cells or plasma.
- Establish a team of staff to drive specific training.
- Create an online donor health check to drive efficiencies and productivity.

### 4. Operating Staffing Model (& Workforce Resilience)

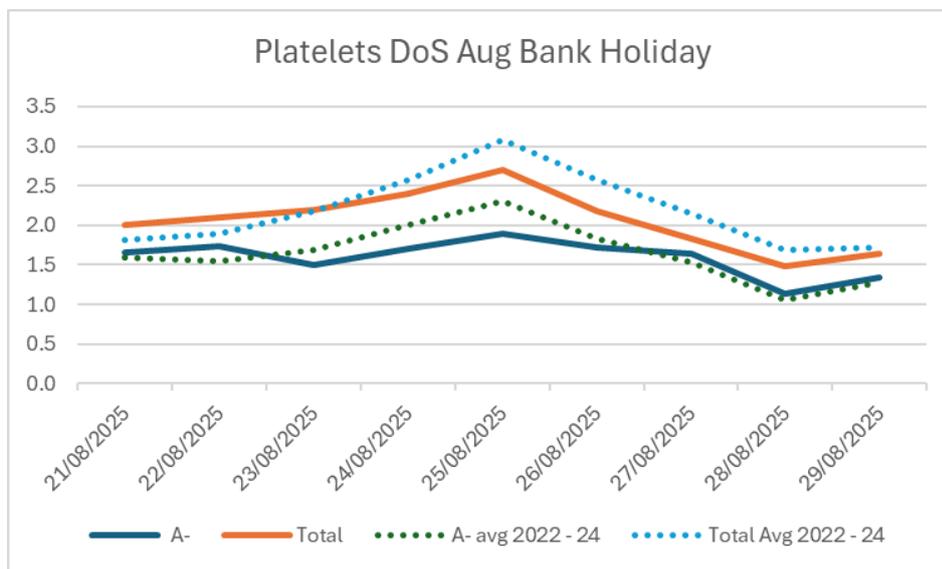
All activities related to the Operating Staffing Model have been completed (including the Test and Learn completed in July 2025) and the full programme formally closed in August 2025. A number of interventions were completed and rolled out during the programme including the

mechanical tugs and IT cabinet stability updates supporting employee wellbeing. The trial of Band 5 Nurse posts was undertaken as part of this project and there are 7.44 WTE (Jan '26) still in post as they were recruited to permanent contracts to attract candidates.

The Operating Staffing Model was planned to deliver through 2026/27 but was stood down due to the emergence of DASP and its associated benefits. All learnings have been shared and incorporated into potential future staffing models.

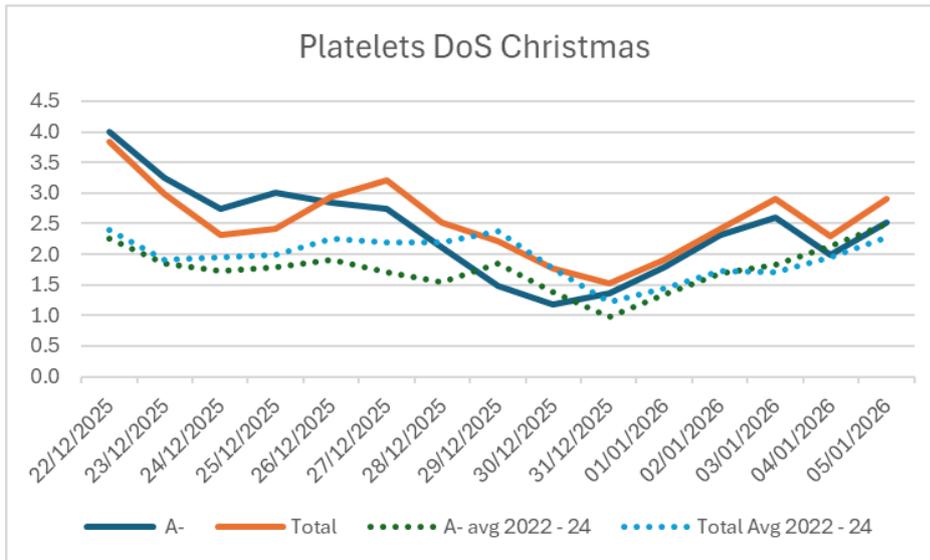
### 5. Platelets Resilience

The Platelets Resilience project will continue as an independent project (post programme closure) with a view to completing full deployment by September 2026. It has already delivered significant resilience through its Bank Holiday deployment.



#### Platelet stock profile August BH 2025 compared to average 2022 - 24.

A neg stock position did not drop below 1 day of stock and delivered an improvement on Wednesday after Bank Holiday of 0.1 days. Stock profile over the whole period flatter for both A neg and Total Platelets

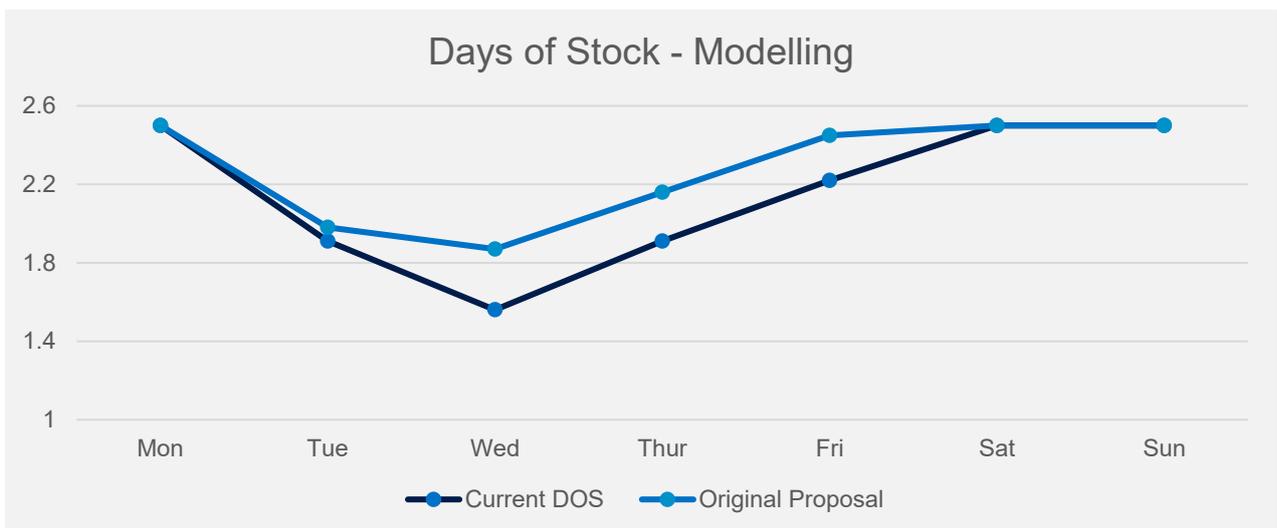


**Platelet stock profile Christmas 2025 compared to average 2022 – 24.**

Much improved stock position across the full period in comparison to previous years. Low point for A neg 0.2 DoS better compared with previous years. Note – stock position on entry into Christmas period was higher due to request to hospitals to move to named patient only for A neg platelets.

Consultations are underway to complete the workforce change requirements across the 17 affected mobile and donor centre teams.

When fully deployed, the additional platelet stocks resilience to the organisation will be as modeled below:



Exploratory work is being conducted into Cold-stored Platelets and Patient Impact Research, with a Health Economics paper delivered as part of work with the DHSC.

## 6. Financial Position

Over the last three years the organisation has invested £4.4m capital and £4.1m transformational funding. This has resulted in additional revenue costs of £5.3m annually now built into the recurrent cost base.

## 7. Stakeholder Engagement

The programme maintained strong working relationships with the DHSC throughout the programme with regular touchpoints (structured monthly updates) and formal reviews. The programme also built strong relationships with the NCG, standing up an engagement subgroup to allow review and feedback to constituent projects that impact blood prices.

## 8. Lessons learned

- What went well?
  - Programme adaptability, practice and governance.
  - Layering of activities and resource management.
  - Holistic approach to resilience ie people/capacity/ donors.
  - Positive stakeholder engagement, including successful partnership working with TU's (BD Op Model).
  - The Test and Learn approach supported a more 'agile' and 'fail fast' approach which allowed assessment of changes in a live environment with an aim to test expected benefits through analysis of quantitative and qualitative data, prior to any national implementation of change.
  
- What would we do differently?
  - Target setting and ramp-up ambition (Brixton) – targets were based on benchmarks and previous experience. A greater level of urgency & ambition could have been applied to better meet sickle cell demand. Further information is available within the Brixton Lessons Learned Board Paper.
  - Due to the length of time for design, planning and construction, new donor centres presented a much weaker choice for rapid capacity expansion compared to focusing on mobile team expansion.
  - The DC programme is actively working on identifying efficiencies and streamlining the new donor centre process for future implementations.
  - While it was beneficial to run the Test and Learn in the live environment, this environment was undergoing significant change which makes the discrete benefit tracking with the work difficult to analyse. Lessons learned include undertaking baseline analysis prior to going live - generating more time of the delivered model to ensure sufficient data and insight. (Findings were inconclusive for many areas due to inability to evidence true project driven changes).

A lessons learned exercise will also be undertaken post the Platelet Resilience project closure.

## 9. Next Steps

- Platelets Resilience project is planned to complete delivery in the Summer 2026 (depending on consultation impacts)

- Post Implementation Benefits Review (PIBR) sessions have been planned in with the Portfolio team and will be delivered into 2026 as the projects start to mature.
- *Update to DHSC April 2026.*

While the formal closure of this programme is recommended, other activities will continue to ensure the future proofing of blood supply. These include Donor Network Design, Donor centres and DASP programmes of work.

## **10. Recommendation**

NHSBT Board formally approve the closure of the Futureproofing Blood Programme from March 2026.

**Appendices**
**Appendix 1 – DHSC Commitments (initial)**

Milestone	Timeline*	Workstream	AE	Status	Definition of Done
1. 60 WTE workforce	3 months	Capacity	Darren Bowen	Complete	As per WFP increase of 62 WTE across all staff groups as of 06/06
2. Working (Newcastle DC)	6 months	Platelets	Darren Bowen	In progress	Individual consultations complete and sessions planned into the programme
3. Expand weekend platelet capacity in existing sites that currently work weekends	3 months	Platelets	Dean Neill	In progress	Steady supply identified in platelet stocks across the 7 days at sites currently working weekends
4. Birmingham DC	3 months	Capacity	Dean Neill	Paused	1 <sup>st</sup> day collecting blood
5. Twickenham DC	3 months	Capacity	Dean Neill	Complete	1 <sup>st</sup> day collecting blood
6. SE London DC [Brixton]	6 - 9 months	Capacity	Dean Neill	In progress	1 <sup>st</sup> day collecting blood
7. T&C for Platelets	6 – 9 months	Platelets	Dean Neill	In progress	Consultation complete with agreement on platelet supply across DCs and new contracts in process of being rolled-out
8. Implement 5 pop up sites	6 – 9 months	Capacity	Dean Neill	In progress	1 <sup>st</sup> day collecting blood

**Appendix 2 – Collection Capacity Delivered**

Project	Description	Capacity Delivered
Brixton Donor Centre	New donor centre in London, deployed in December 2024	1,100 appoints per week
Winter Resilience Capacity Expansion 2024	Profile of operational team expansions across existing mobile and donor centre, deployed in December 2024 <i>Delivered through BD Operations</i>	800 appointments per week
Brighton Donor Centre	New donor centre in Brighton, converting a mobile programme into a fixed site operation, deployed in September 2025	600 appointments per week
Stabilise+ West Midlands	New mobile collection programme in Wolverhampton, deployed in November 2025	485 appointments per week
Stabilise+ Herts Expansion	Expansion of the existing Herts mobile team, deployed in December 2025	305 appointments per week
Stabilise+ Team Expansions	Expansion of the Newcastle mobile team, to be deployed in March 2026 Expansion of the Lancaster mobile team, deployed in January 2026 Expansion of the Gloucester mobile team, deployed in November 2025	290 appointments per week
Reading Plasma Centre (with whole blood)	New plasma and multi-component collection centre, to be deployed in August 2026 <i>Delivered through Plasma function</i>	350 appointments per week
<b>Total</b>		<b>3,930</b>

**Appendix 3**

Current Platelet performance

