

## **Case Study**

### **Consolidation of Eye Banking into NHSBT**

#### Introduction and Background

The Manchester and Bristol Eye Banks operated independently of NHS Blood and Transplant prior to their consolidation in 2015. The funding for the banks was from the Department of Health and a cost improvement programme of 5% per year had been imposed. Corneas were provided free of charge to the NHS; in line with other tissue grafts a decision was made to fully recover the costs of processing from April 2015.

The cornea supply chain was disconnected and fragmented without clear leadership. A review was commissioned by NHSBT in 2012 which made recommendations regarding consolidation of the supply chain.

#### Stakeholders

The Bristol Eye Bank was managed by the University of Bristol (UoB) on Bristol Eye Hospital premises. The facility was in need of renovation and investment. The UoB recognised that the management of an eye bank was outside of their core purpose and did not want to continue operating the bank. It was also felt that the 5% cost improvement programme was too ambitious and was causing the service to operate at a loss which the UoB was subsidising.

The Manchester Eye Bank was in a much stronger position. The facility was recently built by the Central Manchester Foundation Trust (CMFT) within the Manchester Eye Hospital. The strategic fit with the hospital was strong and there was a reluctance to change the existing arrangements. The main concern was around the restricted funding and the cost improvements expected.

There is an active group of Ophthalmic Surgeons who provide advice and clinical input into the service referred to as the Ocular Tissue Advisory Group (OTAG). The service is also supported by the Royal College of Ophthalmologists.

The service provides corneas to around 300 different hospitals in the UK.

#### Synergies

NHSBT has had an established tissue banking service for 30 years. Tissue Services provides skin, bone, tendons, heart valves and other tissue products across the NHS. They manage the supply chain for tissues, from consent of deceased donor families, retrieval, banking and issuing. The wider NHSBT infrastructure including finance and quality assurance support the specialist service.

The Eye Banks were operating in a financially constrained environment as an isolated banking and issue service and were relying on other organisations to provide the financial and donor management with little or no influence.

It was recognised that the Eye Banks could slot into the existing Tissue Services management structure with synergies across all aspects of the supply chain from donor selection and consent, blood testing, facilities management, invoicing, quality assurance etc.

### Leadership and Project Management

This was a complicated transition from 2 organisations, one NHS Trust and a university. The project benefitted from strict control from within the NHSBT Project Office governance framework. The Project Team includes members from all aspects of the scope of the project including Human Resources, Finance, Tissue Services, Facilities Management and Quality Assurance. Other key people were brought into the project as required. The overall project was led by the General Manager of Tissue Services who actively managed the transition and communications, with oversight from the NHSBT Executive Team and Board.

NHSBT also committed to regular meetings with the management of both the University of Bristol and CMFT to track the transfer.

A project plan was created to encompass all areas with a timetable for change and an overarching change control was managed by QA. Brief weekly meetings were held to keep the project on time and a longer monthly meeting directed the project.

It was essential that the eye banking service continued to supply corneas to surgeons during the change programme and therefore the leadership and communication was critical throughout the life of the project.

### People

There were 12 members of staff in total across the 2 eye banks. Due to the nature of the transfer the staff were employed by NHSBT keeping their existing terms and conditions of employment. This was a complicated exercise and required early and regular meetings with the individuals. HR representatives from both NHSBT and Manchester / Bristol were involved in the individual meetings. The major differences in T&C were between the University of Bristol and those of NHSBT. Examples included on call agreements, grading, working hours, holiday entitlement. Pension arrangements also had to be considered. As soon as it became apparent that it was likely that the existing Bristol Eye Bank was not fit for purpose and would need to be replaced it was necessary to build this “change of base” into the negotiations with the staff members.

The change in culture from working within a small team to being part of a huge organisation has been challenging for the team. The structured approach to both training and quality systems has enabled the teams to adapt to the new environment. The resilience of the

service was also improved with an overarching management structure and ability to transfer activity between the banks.

### Quality

The HTA Designated Individual from NHSBT was regularly briefed and spent time in both Eye Banks to familiarise himself with the team and the facilities. This emphasised the commitment of NHSBT to the quality system and safety of the tissue grafts and implants. A gap analysis was undertaken by QA of both the Manchester and Bristol Eye Banks to prepare an action plan to consolidate the activity into NHSBT. The gap analysis highlighted that the Bristol Eye Bank facility was not fit for purpose and that although some remedial work could be undertaken to keep operating this was not a long term fix. A business case was approved to build a new Eye Bank within the Filton Blood Centre.

There was mutual learning required, the NHSBT QA staff needed to familiarise themselves with eye banking and the eye bank staff had to become proficient in the NHSBT Quality systems.

### Facilities

There were challenges around the maintenance and suitability of the Eye Banks. The Bristol Eye Bank had no investment in its facility whereas the Manchester Eye Bank had recently had a new facility built. The decision to move the Bristol Eye Bank to Filton removed most of their issues but the Manchester Eye Bank operated within a managed environment which included facilities maintenance, portering etc. There had to be careful consideration around the lease. The CMFT generously provided the space free of charge in return for NHSBT committing to a 10 year lease.

### Finances

A comprehensive review of the finances and the capacity of the eye bank infrastructure was performed. This indicated that there was insufficient staffing to effectively operate the Eye Banks over 7 days. An extra post was recruited in both banks.

### Conclusion

The consolidation of the Eye Banks took from early 2014 to April 2015. The initial meetings with the senior management at both CMFT for Manchester and University of Bristol were important to scope the terms of the transfer and timescale. The multi-disciplinary nature and clear leadership within the programme was essential for success. The communication to both staff and stakeholders had to be clear and timely. Regular project meetings (including weekly updates) made it easy to track progress and identify and rectify problems early.

Key performance indicators were initiated early in the transition programme to track progress. These included the number of corneas donated, issued and discard rates. These were tracked throughout the change to ensure service provision was not impacted.

Tissue and Eye Services has increased the number of corneas transplanted by 450 between 2015/16 and 2016/17. This is due to the improved environment at Bristol Eye Bank and better oversight at both banks. The supply chain is now consolidated and there is a clear link between supply and demand for corneas.

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