Flaws in the NBS centralisation strategy and staff visions for progress

NBS staff foresee serious problems with the board of directors' proposals for the service. We believe them to be short-sighted and unworkable in practice. In this document we will explain our opposition to the centralisation strategy, and put forward alternatives that we feel should be considered as part of a comprehensive and progressive review of the future of the NBS.

Processing of collected blood donations

We believe that it is extremely foolhardy to have only 3 processing labs serving the whole of England and North Wales. The recent flooding in Sheffield and past flooding in Birmingham has shown that despite contingency planning for major incidents such as adverse weather, fire or electrical/equipment failure, operations can still be at the mercy of unforeseen external events. Nationally, the lab workforce, thanks to a culture of teamwork and preparation, is capable of maintaining service provision to our customers. This would be put at risk by reducing the number of processing departments able to take on the work of other centres.

We have heard it argued that 3 processing labs will be able to supply issue blood banks as normal. In our experience we regularly have to manufacture specialist clinical products for our local hospitals, such as IUTs, split apheresis platelets, exchange units, concentrates, clinical buffy coats, washed red cells, washed platelets and granulocytes, on a blue-light timescale. Keeping a larger stock of these in issue departments will lead to a costly and unacceptable increase in wastage, especially as many of these products have a short shelf-life.

In the midlands we meet the demanding and unpredictable needs of local women's and children's hospitals, and a large neighbouring teaching hospital which will soon be part of a huge flagship super-hospital. A hospital of this scale certainly needs the expertise of NBS technicians and scientists on its doorstep, and likewise, we can benefit from their resources. There is real potential to work in partnership and together make advances in healthcare provision for the local population.
These valuable and exciting close links with local hospitals are repeated across the country and will be sacrificed if the number of full blood centres is reduced.

At present the Birmingham processing lab provides nearby centres of respected research bodies like Cancer Research with buffy coats for experimentation. We have a close daily working relationship with these organisations. To sever this and increase waiting times for these products could cause customer dissatisfaction and eventually lead to loss of such contracts for the NBS.

During large scale trials like the TAF project, a joint effort between collection teams, processing and issue mean we easily cope with the additional work. It is doubtful that an overloaded super-centre's processing department would keep on top of extra requirements like this with the same ease that current regional labs are able to.

We find the idea of driving sessions many miles further for processing, and then back again, completely unjustifiable. This is also one of the greatest concerns for the public. The motorway links are prone to congestion and not reliable. It puts the stock at risk by having it out of controlled storage for longer. This is a threat to GMP. The risk of samples being mislabelled, misplaced or wrongly stored also increases with every extra unnecessary movement.

Like many NBS laboratories post-centralisation, processing in the super-centres would run on unsocial 24-hour shift patterns which are at odds with the aims of IWL, and do not foster optimum performance from staff. It is likely this stressful working pattern will cause increased absenteeism and make retention of staff more difficult. The service runs the risk of accusations of discrimination against those with families, who may be forced out by their inability to work non-standard hours.

Quality monitoring

The role of this department is of great importance as we concentrate on full compliance with GMP and improved scorings in MHRA inspections. Excellence in GMP is rightly a priority consideration for the NBS. We do not accept that processing can be successfully centralised, and therefore a QM and product testing department will be required at all processing locations. As well as essential routine testing on red cells, apheresis platelets and other blood components, QM calibrate machinery, and will have a major role to play in the inevitable technological modernisations ahead for the NBS. Our QM staff have years of experience and valuable qualifications. Making cuts in this area will be a step backwards for the NBS.

Red cell immunology

Comments from the directors that RCI is not an emergency service (and thus not needed at all issue sites) are frankly wrong. 40% of samples cross-matched by RCI labs are classed as needed in an 'urgent' timescale. On-call staff are regularly required in at weekends, and in the past have worked solidly for 14 hours on bank holidays. Their role means life or death to patients with complicated antigen needs. Hospitals and patients rely heavily on the responsiveness of local RCI labs.

Birmingham RCI department provides serological support to the ABO incompatible renal transplant programs run by University Hospital Birmingham and Walsgrave Hospital Coventry. Clinical decision making is dependant on timely results, which are generally required within a few hours of the time of transplant. These hospitals have indicated an unwillingness to refer these samples to Filton.

The suggestion that blood can be moved at non-peak times to avoid heavy traffic is incompatible with the 24 hours a day, 7 days a week requirements for crossmatching. Yet more precious time and money will be wasted in sending red cells to the super-centre for phenotyping. Costly and inefficient one-off journeys will be inevitable under the proposed strategy.

The catchment area for the Birmingham centre covers a very ethnically diverse population of around 5.5 million people. Loss of this high quality service for Birmingham and the midlands would be a disaster. Hospitals' views have not been comprehensively sought, perhaps in the knowledge that the reconfiguration will mean a decline in service provision for this function.

Antenatal screening

Birmingham's antenatal screening lab is by far the largest in the country, and to move this work to another centre is completely illogical. The nearby Birmingham Women's Hospital is the referral centre for problem and high-risk pregnancies in the region.

Staff in all antenatal labs have developed a detailed knowledge of local surgeries, some of which have similar names, and transferring their work to inexperienced staff risks an increase in errors when booking in samples. This in turn may mean more patients having to be re-bled, an unacceptable situation.

The same unpredictable problems resulting from extra pressure on the transport network will be suffered by the antenatal testing service. It is risky to have only one laboratory carrying out this testing, in case of major incident, a crisis in staffing, or equipment failure.

Reagents

Staff believe that only one NHSBT reagents lab for the whole country is too few. In the event of loss of service provision for any reason, our customers' opinion of us as a quality supplier of medical products will suffer and they will look to rival firms to meet their needs.

The rationale for amalgamation is purely financial, but also short-sighted. The consultation document admits that the reagents deficit is at present met by other costs on a bag of red cells. Current NBS budgeting could be thoughtfully reworked, and funds diverted from areas with better returns. The reputation of the NBS as a trustworthy, reliable and responsible public health institution is of greater importance than voguish attempts to behave like a private firm.

Staff do not accept that consolidation of reagents should be going ahead at this stage. We demand that the future of this department should be subject to review along with the rest of the service.

Donor testing (and NAT)

The impending closure of these labs in local blood centres should certainly be reconsidered, and a more long-sighted outlook adopted. The consolidation of all of the south-west's testing work into Southmead has felt rushed, precarious and shambolic. Staff in Bristol are about to experience a tripling of their workload, and unpopular and more unsociable shift patterns, which has a negative effect on both staff morale and commitment, and their home lives. The NBS has demonstrated no thought for the principles of IWL.

Many staff in labs now set to close are, or were, engaged in study, in order to expand their career pathways.

Full-time employees, some with families, have devoted time and effort to their development, which could have greatly benefitted the NBS. The education provided by the respective universities is now going to waste, along with the public money spent by the NBS on travel, books, accomodation, food, registration and examination fees, and covering the gaps left in the rota when students were away at residentials. Development for staff is a very important investment, but thanks to the inexplicable urgency to consolidate, we are now seeing a shocking waste of resources.

New staff will need to be recruited at all of the super-centres, who will require full training from scratch (plus immunisation against blood-borne viruses), and who will be years away from the current level of expertise and interest in haematology that we are lucky to have in our local laboratories.

Suitable alternative employment in the NHS has been almost non-existent, and it is likely that testing staff made redundant will be forced into unrelated work that does not make best use of their abilities and extensive experience. Instead of this, an increasingly qualified and flexible workforce could, over time, be channelled into predicted growth areas like transplantation and stem cell work. This sort of progressive forward planning would require long-sighted vision and imagination from policy makers. It would demonstrate a clear commitment to be at the heart of supplying a strong NHS in challenging years to come.

Logistical anomalies

Many difficulties the service faces are due to the flawed directorate structure and often illogical zonal divisions. An example of this is that Tooting supplies the south coast when it could be more efficiently served by Southampton. The geographical choices for the 3 super-centre sites are widely seen as crazy, and some hospitals, for example on the Isle of Wight, will become further from their blood supplier.

Staff-side has consistently opposed the functional/directorate structure of management, for the infuriatingly disjointed communication it causes. Co-ordination between directorates is poor and issues are harder to resolve when managers of functions have to meet up nationally, rather than seeking practical solutions within the centres. Accountability within each centre would be a more logical shape of organisation.

NBS Transport is set to face unbelievable new challenges if the super-centre model goes ahead. More unsafe night driving is planned. There will also undoubtedly be increased use of courier firms to plug the gaps where in-house drivers are overstretched. This is a matter of great concern for NBS staff. Experience shows us that this is not the best way to distribute clinical products. Courier firms do not have the understanding of the importance of safe and timely delivery that health workers are strongly familiar with.

The public will also be unhappy at an increase in taxpayers' money allocated to health services going into the pockets of businesses. NBS transport should not be allowed to spread itself so thinly that arguments in favour of fully private contracts become convincing. Our transport wing is the frontline face that our hospitals liase with. An out-sourced transport provider will never share the high quality standards of the NBS, that are needed for the efficient flow of vital clinical products.

Real problems with staff morale and relations with management

The intense pace and scope of recent change has caused a clear and damaging downturn in staff morale across the service. Management are described as distant and the perception of staff is that our views are completely worthless. The staff recognise solutions to poor efficiency on a daily basis. Meanwhile, it is fact that suggestions from management are not always good ideas in practice.

This is a serious problem as previously the NBS has enjoyed (and relied on) an extremely high level of morale, teamwork, commitment, and willingness from staff to 'go the extra mile' when duty calls. The knock-on effect of rapidly growing unhappiness is unsustainably high staff turnover, more absenteeism and stress, and less concern for upholding our world-class standards as a service.

There are steps that could be taken to prevent the further destruction of staff goodwill in the NBS and these will be proposed below.

Genuine consultation and beyond

The best way to get full and solid participation in the constant strive for improvement within the NBS, is for all those who play a part in the complex chain, from donor to patient, to contribute. An ideal and representative strategic think-tank would include not just top-level management, but staff from all grades and functions within the service, plus health professionals from hospitals, surgeries and research bodies. Ground level

knowledge is of equal value to business acumen. They need to be synchronised to develop the most sustainable way forward.

The strategy thus far has failed to sufficiently inform local government about the proposals. Legislation exists with respect to consultation about changes in public health bodies, which it is doubtful has been followed to the letter. The overall picture is of a deal done behind closed doors, which creates anger and bad feeling from groups who consider that they are stakeholders.

There is also an argument for involving both donors and patients in ongoing developments. The NBS is aware of the keen interest of donors in the transfusion system, and recognises this by publishing an informative magazine for donors. Likewise recipients of blood products who owe their life to a transfusion frequently go on to become fervent and devoted supporters and promoters of the NBS. The service also benefits greatly from dedicated volunteers at sessions who help to serve refreshments.

Donors and patients have been completely excluded from discussions about the strategy proposals, which does not square with the value and respect that the NBS claims to have for these people. The lack of publicly circulated information about reasons for change gives an impression of secretiveness, or worse, dishonesty.

Donor carers have a strong relationship with donors, and likewise at the other end of the chain labs have close ties with the hospitals they serve. But there is a chasm between the donor facing side of our operations and the PTI end, which causes an obstructive information gap. Better understanding of the workings of the whole service can, over time, result in a more knowledgable, satisfied and skilled workforce with the ability to rotate if they wish to.

In the Netherlands, donors are able to join local branches of a blood donor association. There have been successful examples of these initiatives in England in the 90s. A revival of this project here could have great and lasting potential. By tapping into the unusual motivation of these altruistic people, and educating them as intelligent participants, we would see an ever strengthening reliable donor pool, as well as encouraging new careers in healthcare.

To improve the current undemocratic image of NBS management, staff would like to see elected members of the board of directors. The inclusion of representation from the donor community would acknowledge the crucial role they serve in the NHS. Local donors would elect delegates to the management committee of their local blood centre, and nationally the association would elect a donor member of the board. Involvement is a strong motivator for lasting commitment.

<u>Financial environment</u>

The main drivers behind the directors' proposals seem to be economic. However the figures and costings have been examined and recalculated many times, by several different qualified people/groups, and are not wholly convincing. There is disagreement from a high level about judgements on the state of some buildings in the NBS estate that have been talked about.

The predictions of decline in demand for red cells are a short term time-span. The lab cuts and closures would be far too extreme a response to what should (and could) be a manageable challenge for us, as scientists and technicians.

The National Blood Service is steeped in a unique ethos of a priceless gift of life. Market forces are ever-present, but in an organisation like ours they are incompatible. We are proof that a fully public service can be a world-respected, high-achieving performer. Our proven successful way of operating deserves investment. Our contribution to health and science is extremely valuable.

Hasty and reckless restructuring now might mean that we are later looking back in regret. The staff believe that the proposed strategy is a permanently damaging mistake, and see it as a responsibility to everyone who uses the NHS to protect our service for the future good of all.

<u>A full rethink</u>

Staff insist that we need to have more input than at present, into the way forward for the NBS in coming years. If management try to force through proposals that the staff cannot agree to, the feeling of dispute will deepen and operations will be doomed to failure. This is avoidable. We would ask that ACAS be invited to oversee a genuine and inclusive recommencement of strategic discussions, about the many options for progress and the future of the National Blood Service that should be investigated.