

Developing and sustaining BAME-focused action plans Melissa Thermidor (NHSBT)

THE CASE FOR CHANGE

Patients

- Demand for Ro has doubled in the last 4 years (c60,000 units/year) whereas Ro collection have remained broadly flat (c30,000 units/year).
 - Failing c50% of the Ro orders. This is leading to substitutions with O neg and B neg- (increased by c70% in the last 2 years)
- Ro black collections c10% of total Ro demand
 - Risk of antibody development in sickle cell patients – harder to find a match in the long term.
 - O-Neg effect due to substitution for Ro
- A third of the people (1487 in the UK waiting for a kidney transplant are black or Asian). Black and Asian citizens are less likely to give consent for organ donation (White – 78.2% compared with BAME DBD consent rate of 43.8%).
- Stem cell transplants: white Europeans have a 69% chance of finding the best possible match, while people from black, Asian and minority ethnic backgrounds have just a 20.5% chance

Donors

- There has been an 35% increase in the number of black people giving blood in the last five years but we still need more
- BAME families are much less likely to consent to donating a relative's organs.
- Black African donors have lower level of conversion + become 2nd time blood donors and higher deferral rates.
- Locations not accessible in BAME areas and session experience isn't always the best

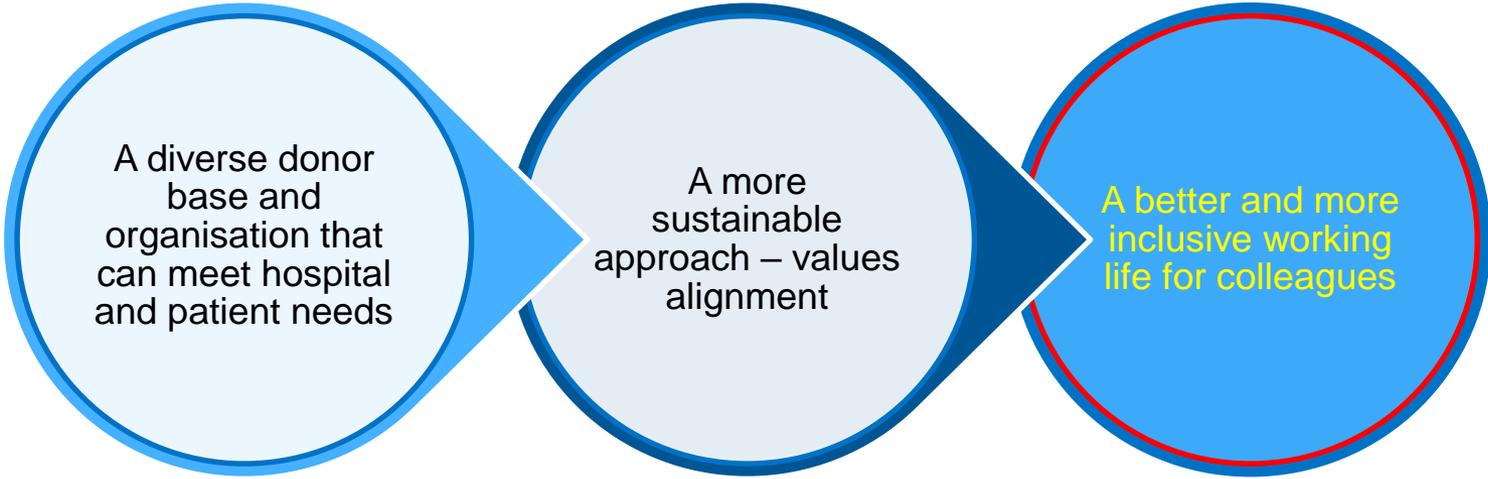


Colleagues

- BME colleagues make up 14.2% of the NHSBT workforce. There are 242 more BME colleagues than in 2017 but the representation is lower than the NHS average trust representation of 19.1%.
- Blood Donation and Organ Donation are amongst our least diverse Directorates.
- Low BAME representation at Senior Levels (Band 8+)
- Our staff should reflect the people we're trying to reach

Belonging (BAME) strategy:

What's its aim



INCREASE
donors and staff diversity, engagement and community involvement

COLLABORATE
Greater focus on community engagement and community led partnerships and relationships

STRENGTHEN
plan's value and reach as an integrated approach with accountability. Connected approach.

Insights and Findings



Key Focus Areas: Step Change

1

NHSBT Who?

NHS Blood and Transplant is seen as invisible in the BAME community.

2

People do not *actively* seek information about how to donate blood, join the ODR, and even if they know the benefits or need they don't take action. ('social loafing')

3

No sense of a strong focus on equity, inclusion and personal development and advancement for BAME colleagues.

4

Understanding the donation process and its pitfalls is just as crucial as motivation to convert people into donors.

5

The process and journey for recruitment *and* donation can be difficult for many alongside the socio-economic issues in communities.

KEY RESEARCH FINDINGS (EXTERNAL)



Personal Connection

- Connection to family and friends in need of blood and organs or a personal request from friends and family.
- Need is known but personal connection prompts action.

Medical Mistrust and Misunderstanding

- Blood and organ donation can be somewhat suspicious. Blood was traditionally unwanted.
- Misunderstanding and lack of clarity around the process and procedures (deferrals, death, etc.)

Identify w/ Race, Culture and Ethnicity

- Openness to messages promoting blood and organ donation in communities.
- Visualisation of people who 'look like me' in need of blood and organs. Familiarity is important to many.

Religion and Religious Affiliation

- Religious values associated with blood and organ donation
- Blood is a symbol of sacrifice and love and you are giving life when you are giving blood.

KEY RESEARCH FINDINGS (INTERNAL)



Ease of Donation

- Most donors seek a quick slot, but it's difficult to get an appt before 60 days.
- The user journey can be difficult to navigate – causing many to abandon the process.

Location, Location, Location

- Younger individuals are accustomed to apps like Amazon, UberEats, etc – where services and products come to you. We work in reverse.
- Locations with high BAME footfall – no close donation centre.

Retention and Sustainability

- High levels of recruitment but a fragmented process (sign up/email/comms, etc)
- Campaigning model, but no segmented approach (Loyalty marketing, tailored messages, prompts, app integration)

Diversity and Inclusion

- Low levels of diversity in key departments (ODT, Blood Mktg, Corporate Comms, SNODs, Donor Carers.
- Our workforce doesn't reflect the people we're trying to reach.

Successful Activity

Blood and Transplant



Community and Collaboration

- Black Girl Festival
- Community Investment Scheme
- B Positive Choir
- Afro Hair and Beauty
- Community Ambassadors and volunteers



Storytelling

- Miai and Ama
- OD/Blood Stories
- Case Studies
- Videos
- Animations



Education

- School Curriculum
- Digital Activity
- Events
- Emails and Newsletters
- Public Speaking and Conferences



Faith

- Trusted leaders
- Comfort and familiarity
- Encourages sustainable life choices
- Influence and authority



Social Media

- Black Twitter
- Ongoing conversation
- Affordable platform
- Captive audience
- Twitter Thread

Moving the Needle



Moving the Needle: NHSBT Community Engagement Spectrum

Step Change: We should all be working from the same playbook.

Inform

Consult

Collaborate

Transfer
Decision
Making

Community
Driven
and Led

Under-pinned by guiding values and principles

Community Engagement Framework: Guided by Values and principles for community and stakeholder engagement.

VALUES

PRINCIPLES

Transparency

- Communicate clearly and honestly about expectations, deliverables and goals.
- Report the outcomes and process results of decisions and/or community engagement activities regularly and promptly.

Accountability

- Start engagement early and seek to understand how communities wish to participate in decision-making processes and/or engagement activities.
- Respect participant time and investment by communicating how their involvement affects the outcome of decisions.

Inclusion

- Remove barriers to participation in planning and decision-making for all unengaged groups and under-resourced communities.
- Use bi-directional, culturally, and linguistically appropriate engagement tools and strategies.

Equity

- Ensure community participation reflects the racial, ethnic, cultural, linguistic, and socio-economic experiences and needs of those most impacted by health inequities and/or patient need.

Transformation

- Value communities as partners by committing to long-term relationships and ongoing dialogues beyond funding and project /campaign periods.
- Monitor the effectiveness of our engagement and partnerships, and be open to continuous improvement based on evaluation results, and customer and stakeholder feedback.

Sustainability

- Support a culture of mutual learning and development.
- Expand the strengths and assets of communities through training, data, sharing, and other applicable resources.
- Build awareness of the landscape – including key allies and resources – so communities can continue the work beyond project end dates.

THANK YOU