NHS
Blood and Transplant

NHSBT 202X
‘Proud of our past, excited about our future’

Caring Expert Quality

Purpose of today

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- Seek the board feedback on:
  - ✓ The case for change
  - ✓ The proposed approach and sequencing of activities

The time has come to review our future vision and how we organize to deliver

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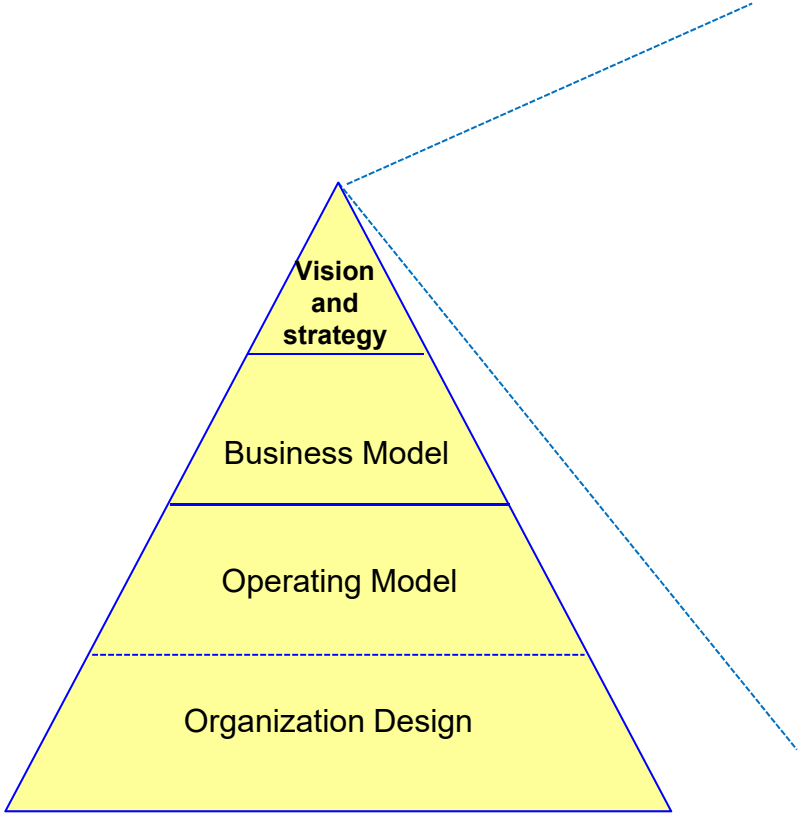
NHSBT has recently experienced a number of issues	▪ CSM and other projects delayed and over budget • Challenges maintaining blood stock levels • Loss of confidence and morale • Prices set to rise
This alone would suggest the need to review our Operating Model	▪ Capability and capacity ▪ Leadership and culture ▪ Technology and data ▪ Structure and governance
In parallel, the world is rapidly changing around us	• Medical and technology advances • Demographics and consumer trends • Political and regulatory environment
We must understand the implications for NHSBT	▪ Ensure we're fit for the future • Explore how we might save and improve even more lives

The last few years have exposed issues – Vision and Strategy



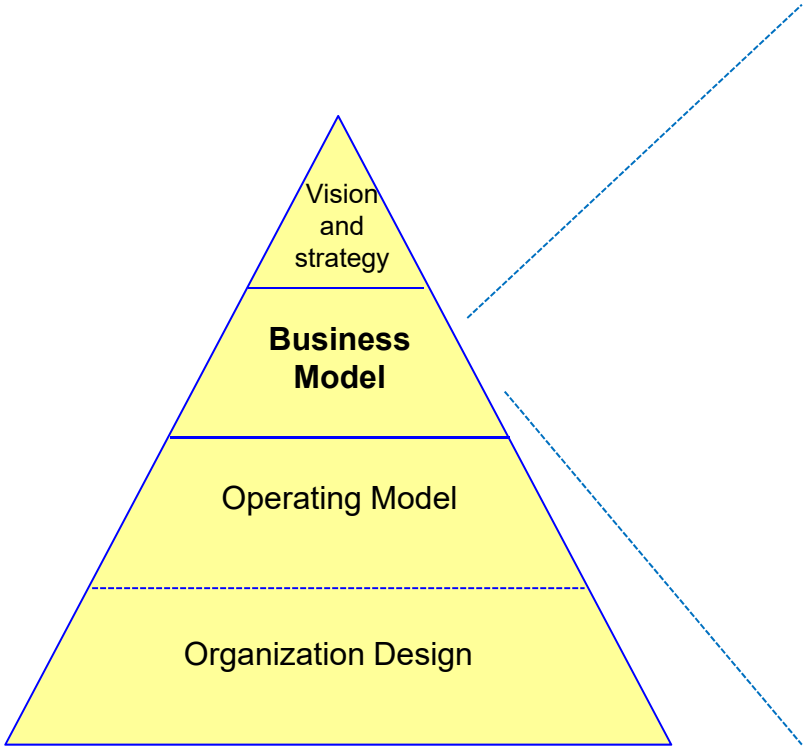
Examples of issues

- Lack of integrated narrative for the organistaion
- Lack of articulated or agreed response to opportunities (e.g. plasma, transfusion) and threats (e.g. iron management, lifestyle changes).
- No cross NHSBT prioritisation criteria (when looking to allocate constrained resources)
- Unclear NHSBT response to significant scientific and technological change over next 5-10 years

Causes

- Lack of strategic alignment on our vision for the future
- Limited strategic thinking outside and across individual business units

The last few years have exposed issues – Business Model



Examples of issues

- Challenges meeting evolving customer demand through existing donor base/engagement efforts
- Rising blood prices
- Reactive provider of products and services; limited development of new service propositions

Causes

- Internally focussed
- Poor donor and patient insight
- Tactical engagement with hospitals and clinicians (customers)
- Increasing cost base

The last few years have exposed issues – Operating Model (1)

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	Examples of issues	Causes
Structure	▪ Low stock ▪ Requirement to set up BOLT ▪ Paralysis to make decisions on some emerging opportunities e.g., genotyping ▪ Lack of integrated planning, performance and risk management	▪ Accountability for blood supply chain fragmented across 5 Directorates ▪ Silo'd working
Roles and responsibilities	▪ Range of committees and roles that do not hang together ▪ Some roles bundled operational, assurance and development roles (right skills?) ▪ Some roles report to an individual director even if they have a NHSBT or blood wide role (MDT, CPT, BC)	▪ As Blood structure split, roles and responsibilities evolved without a process to ensure a coherent system design
People (capabilities)	▪ CSM failure / lessons learned ▪ Many projects take longer and cost more than anticipate ▪ Poor performance in some areas	▪ Leadership and lack of business capacity and capabilities
	▪ A limited number of innovative components and services ▪ Many ideas are explored but we never seem to agree to do anything new	▪ Innovation, strategy and business development skills are limited and too fragmented

The last few years have exposed issues – Operating Model (2)

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	Examples of issues	Causes
People (Culture)	▪ Staff feedback that concerns are not taken on board ▪ Allegations of bullying and harassment	▪ Leadership behaviours
Finance	▪ Unbalanced and unsustainable organization workforce balance between operational units and supporting functions	▪ Reduction in workforce in operational units in last years with growth/flat in supporting functions
Governance	▪ Centralised decision making; lack of delegation ▪ Poor visibility of key risks and issues	▪ No overarching governance framework or cross-directorate prioritisation criteria ▪ Poor strategic risk management
Technology	▪ c80% of NCIM incidents now IT related ▪ Projects cannot be delivered due to lack of ICT capacity ▪ Users regularly report slow/ICT issues	▪ Underinvestment in infrastructure (expected to be replaced by CSM) ▪ Challenges to recruit and retain ICT skills
Location	▪ Estates costs (as % of total) expected to rise as demand continues to decline ▪ Struggling to decide where to open/shut blood collection locations	▪ No agreed NHSBT future footprint (e.g. sessions, SHUs) ▪ Unclear framework to make decisions re new locations

We propose a five part approach to renewing our organisational strategy

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Limit short term change portfolio

- *Reduce risk*
- *Meet regulatory requirements*

Develop vision and design principles

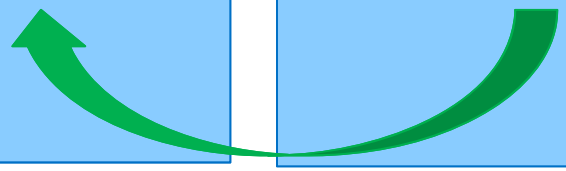
- *Set ambition & direction of travel*

Optimise operating model

- TOM
- Gap analysis
- Roadmap

Explore strategic questions

- Risks
- Opportunities
- Choices



- *Ensure effective use of resources*
- *Save and improve more lives*

Leadership and Culture

- *Build high performing team(s)*
- *Make NHSBT an even greater place to work*

(1) Limit change portfolio to 'must do' projects whilst op model is under review

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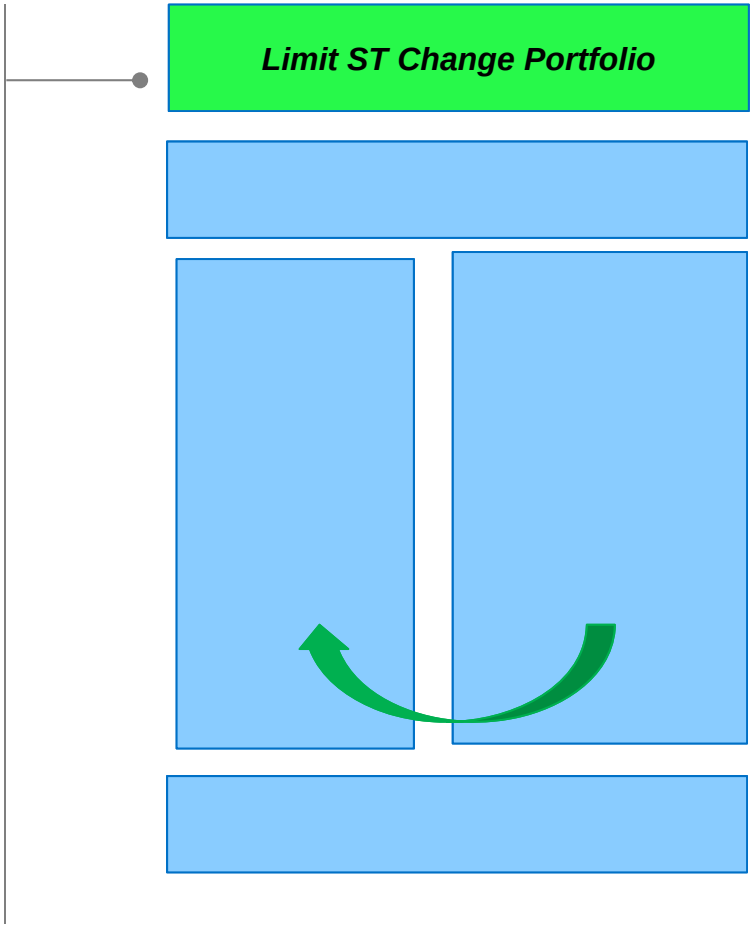
Proposed Criteria and examples

- Critical infrastructure
  - Data centre
  - Telephony
- Regulatory requirements
  - Medical devices
  - Brexit
  - GDPR
- End of life re-procurement
  - NAT testing
  - Aphaeresis harnesses
- WIP
  - Barnsley
  - Session solution
  - E-Rostering



(2) Review lessons learnt and external trends to develop Vision and Design Principles

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Lessons learnt

- From CSM and blood stocks
- From IA and regulatory reviews
- From donor, patient and BCP incidents

External Trends

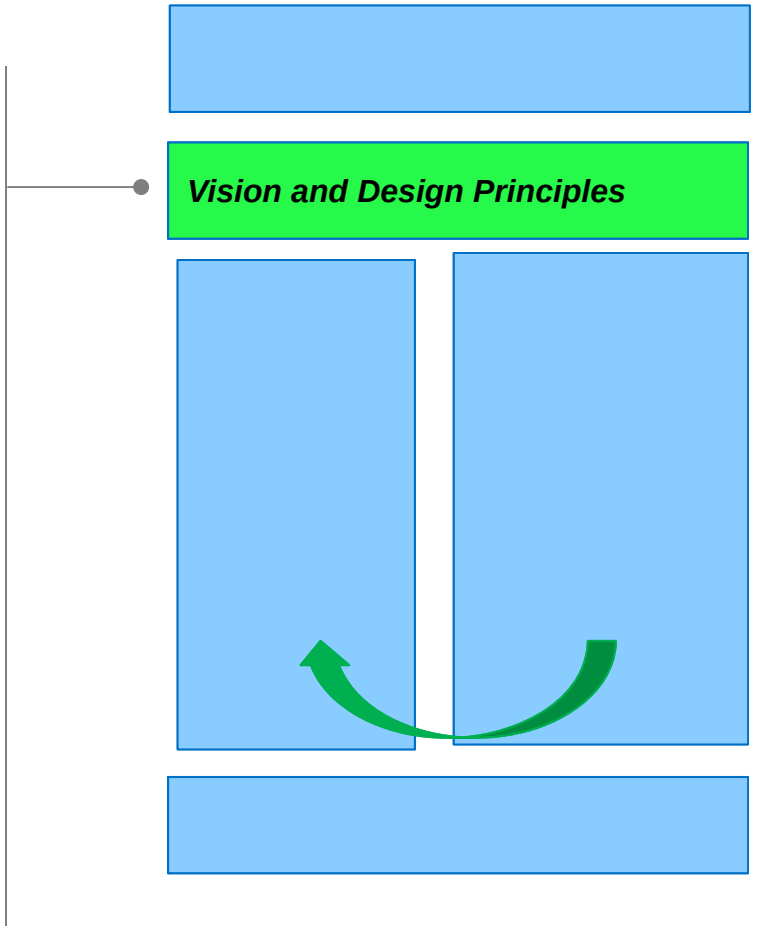
- Demographic
- Consumer
- Medical
- Technology

Future Vision

- How can we save & improve more lives?
- What will it look and feel like?

Design Principles, e.g.

- User centric (donors, staff, patients)
- Do the hard work to make it simple
- Iterate. Then iterate again
- Make things open: it makes things better



(3) Optimise operating model (starting with Blood)

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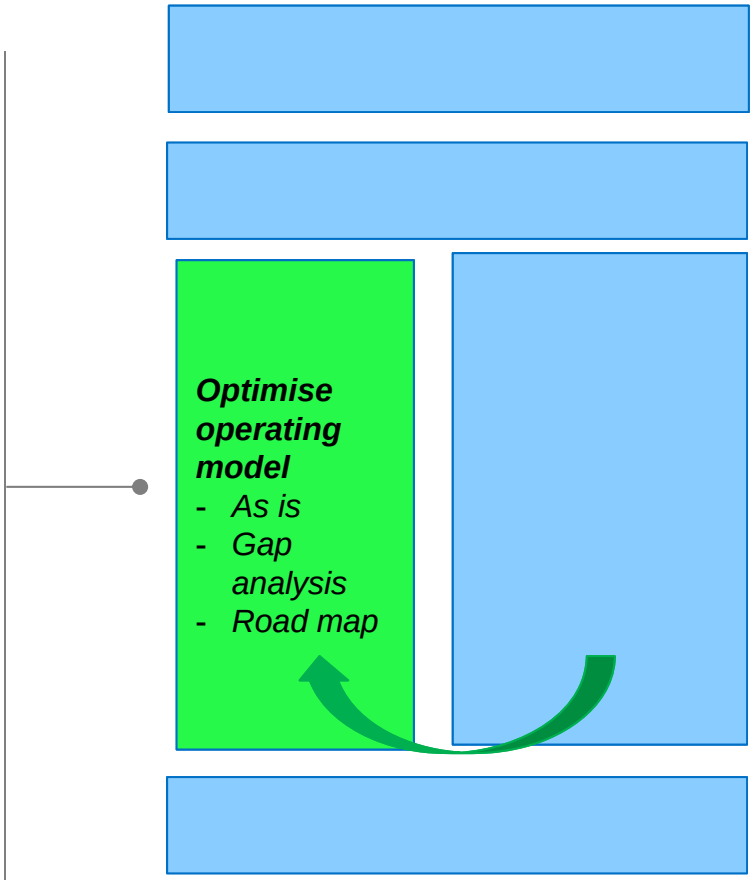
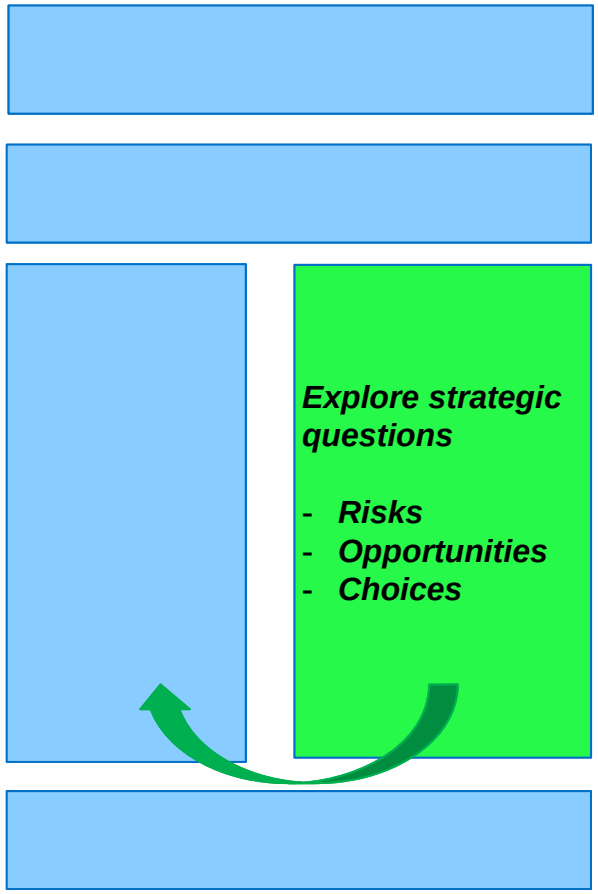
- **Develop Target Operating Model**
  - Service experience
    - Donors
    - Staff
    - Hospitals
    - Patients
  - Data and technology
  - Capability and capacity
  - Location
  - Organisational structure
  - Governance and risk management

- **Conduct gap analysis against 'as is'**

- **Develop roadmap of change and investment**

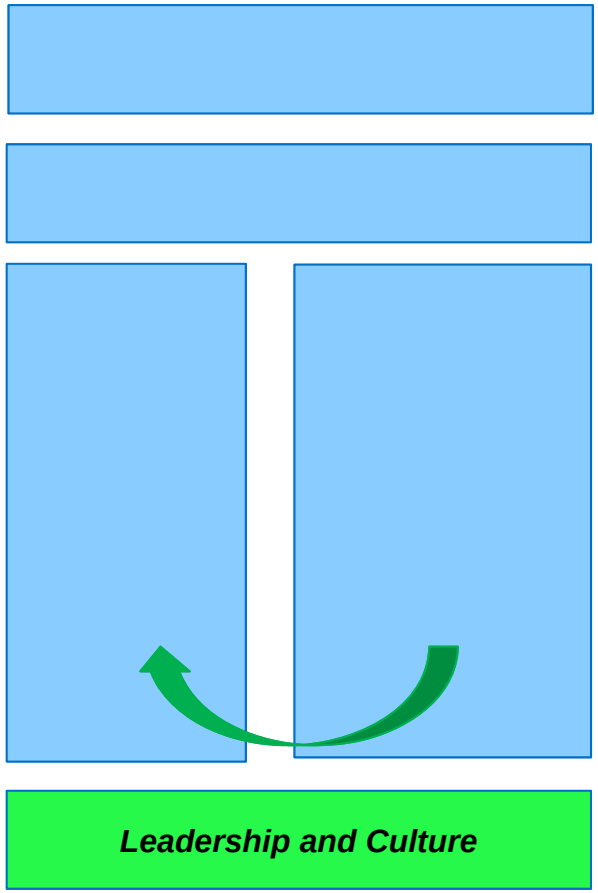


(4) Explore strategic choices in light of external trends & iterate op model accordingly



- **Products and Services**
  - Plasma
  - NHSBT offer to hospitals, e.g. transfusion, product, level of service
  - Other human donations (e.g. milk)
- **Clinical advances**
  - Genomic matching
  - Regenerative medicine
- **New technologies and processes**
  - Automation & AI
  - Blockchain

(5) Develop leadership & cultural shift through programme design & targeted interventions



- **Executive Team**
  - New cadence and style of meetings
  - Regular development days
  - 360s and PDPs
- **Senior Leadership Team**
  - Weekly ‘stand ups’
  - Regular leadership conferences
  - Leadership & talent development
- **Managers and front line staff**
  - Line manager training
  - Diversity and Inclusion interventions
  - Appreciative inquiry events
  - Yammer

We plan to take the following sequence of activities and approach to resourcing

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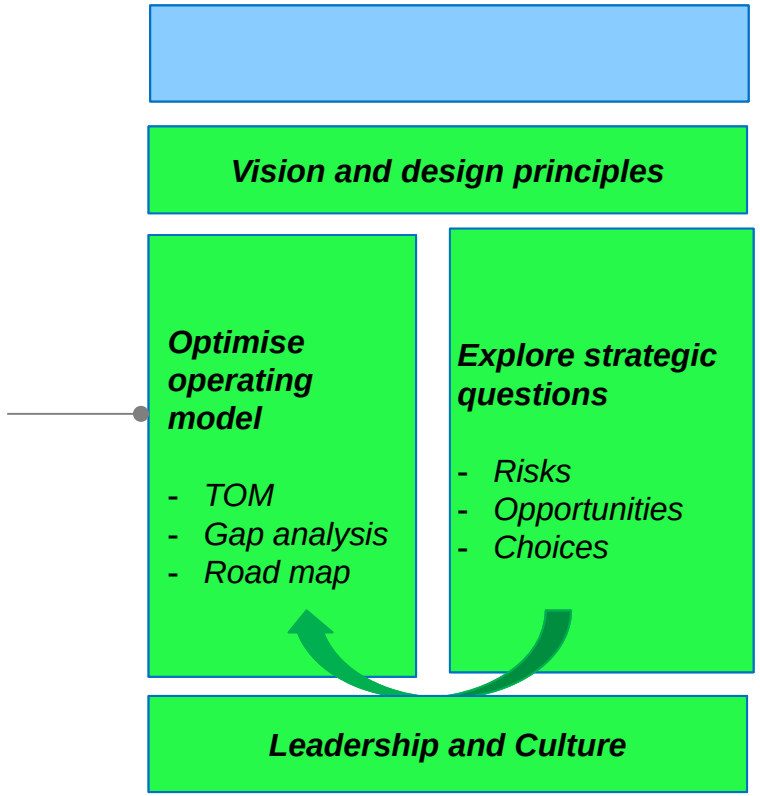
- **Sequence of activities**
  - Review external trends
  - Develop vision & design principles
  - Conduct “first pass” review of op model (focused primarily on Blood)
  - Develop initial roadmap of change & investment
  - Explore strategic questions (some in parallel)
  - Review / update op model and change plan in light of strategic choices

- **Resourcing**
  - Full time internal design team supported by external OD&D facilitators
  - Periodic engagement of external strategy support for specific questions e.g. donor engagement model



This review will pick up the questions we set out previously for our our Blood Strategy

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Blood Strategy strategic questions as per Board Mar'19	How its maps to new approach?
1. Plasma strategy in light with potential changes in SaBTO guidelines ?	▪ One of the strategic choices (4) -
2. IT – the way forward after CSM?	
3. How will NHSBT achieve a sustainable donor base to meet future patients needs? ✓ Recruitment and donor retention strategies to build the donor base of the future? ✓ Geographic footprint? ✓ How sessions would look like?	▪ As before plus proposed external support (3) -
4. How should the offer/ level of service to hospitals change to meet future patients needs, changes in technology (e.g., genotyping) and financial pressures?	▪ Service experience and strategic choices (3&4)
5. What should be the operating model of Blood Supply (incl. structure, accountabilities, people, processes, tech)	▪ Operating model (after iterations) -
▪ New Blood Strategy Draft Discussion	

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We will use our Board development day in July to begin exploring our collective ambitions for the future