

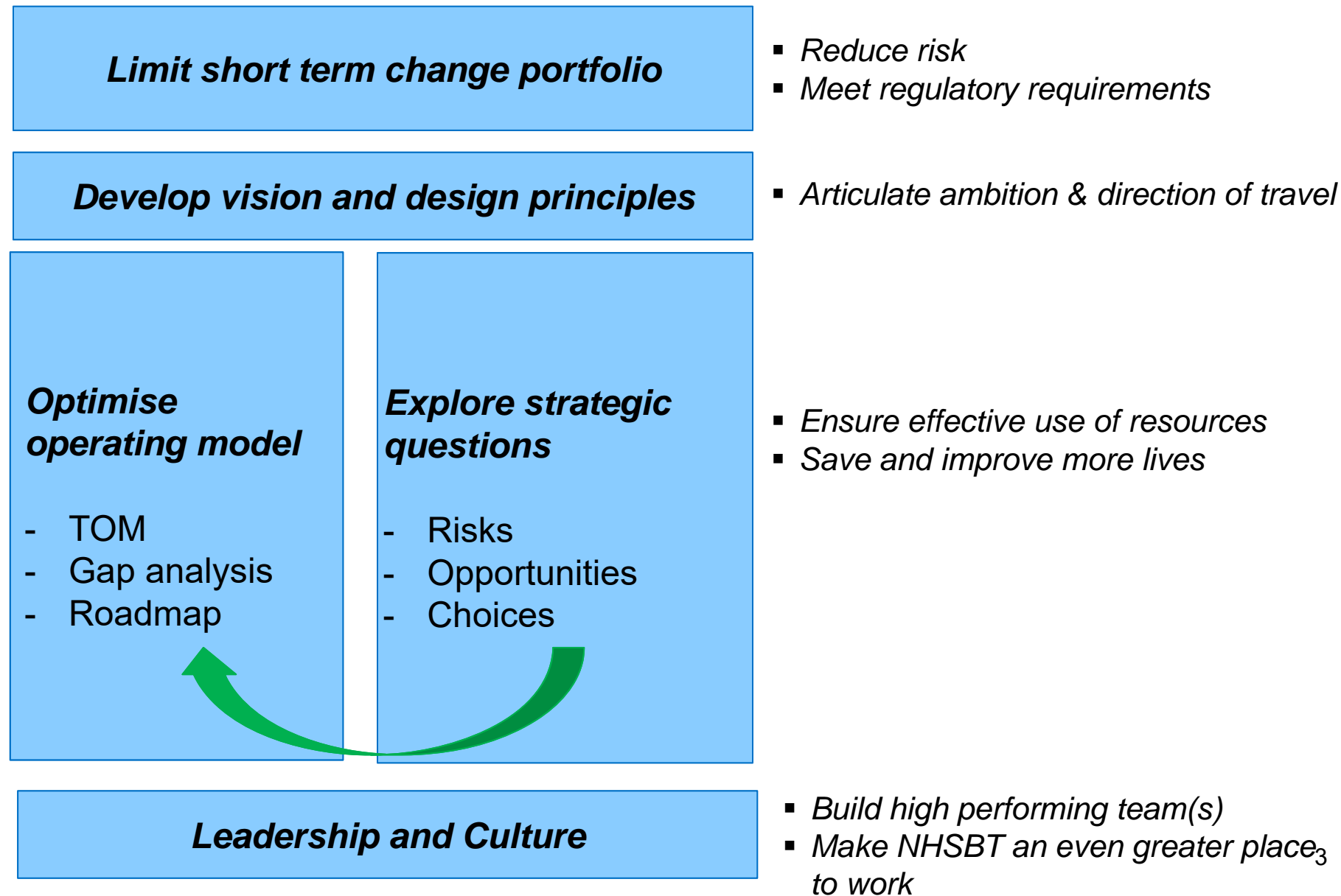
# Update on Operating Model review

November 2019

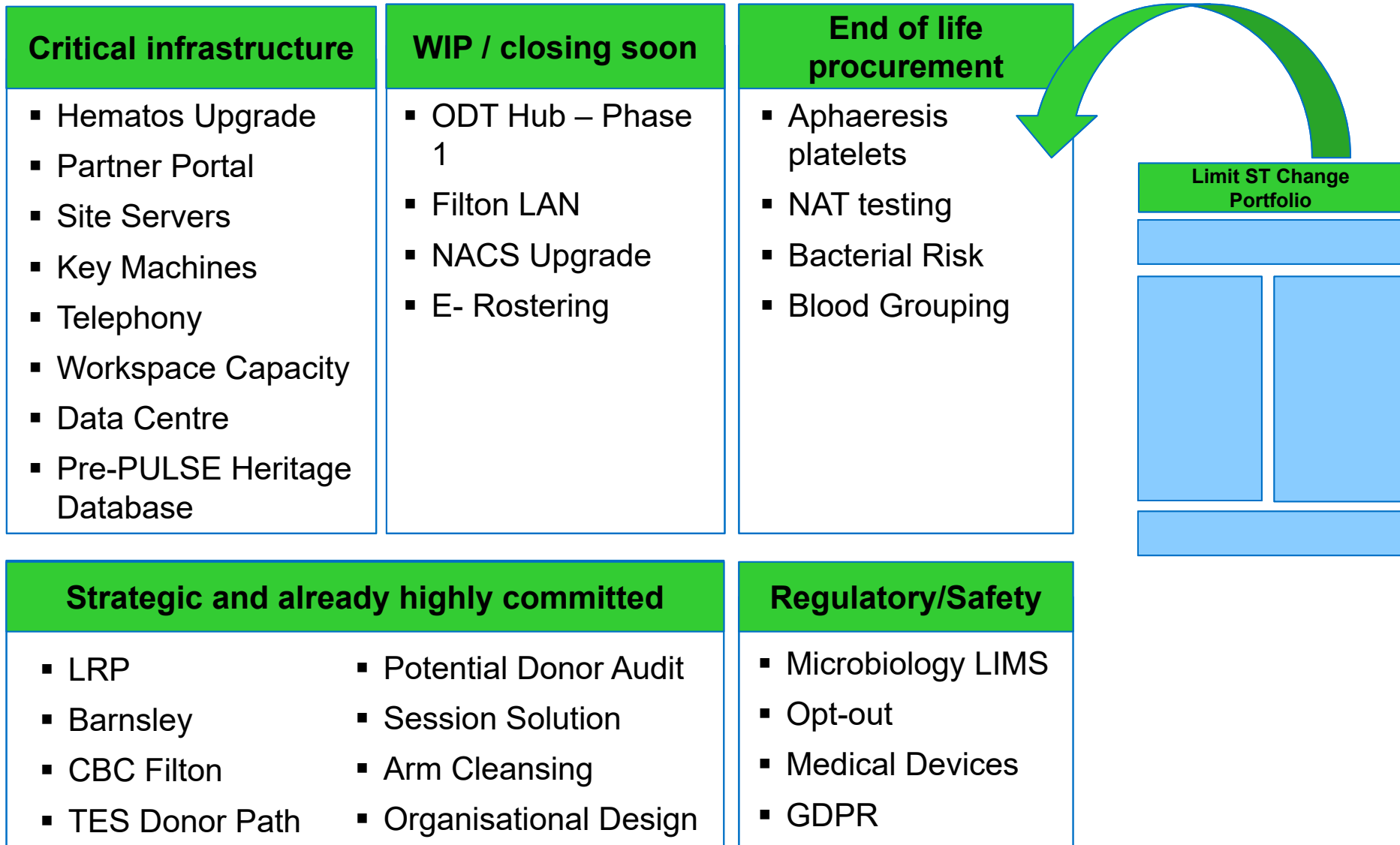
# Purpose of today

- Recap our 5-part approach to reviewing our operating model (originally discussed at May Board)
- Summarise progress since May
- Share next steps

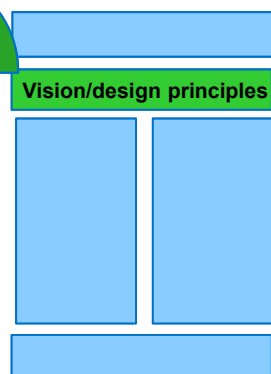
# We have adopted a 5-part approach to reviewing our operating model



# We first reduced our short term change portfolio to free up time and capacity



# We then engaged staff and stakeholders to help articulate our ambition for the future

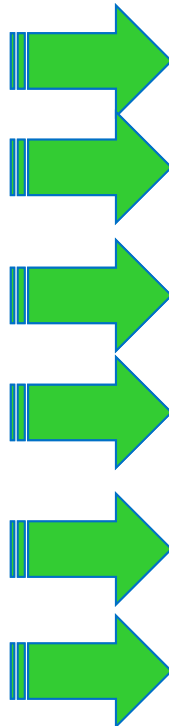


## Our stakes in the ground: the things we want to keep

- Operational excellence
- Trusted for safety and quality
  - Patient focused

## How we might be described today

- Supplier of components and services
- Reactive
- Bureaucratic/slow
- Limited diversity
- Stand alone ALB
- NHSBT Who?

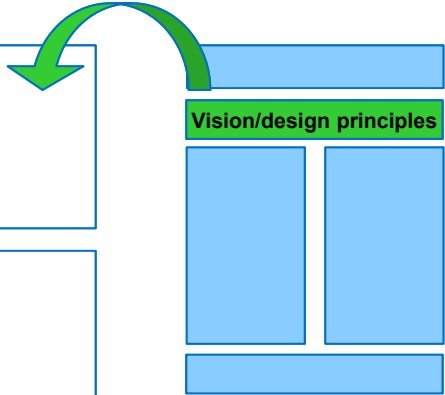


## Our ambitions for the future

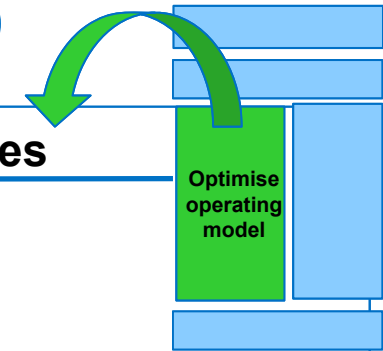
- Strategic partner
- Proactive
- Modern and agile
- Inclusive
- 'System' player on the national stage
- Destination of choice for top talent

# ... and agreed six design principles to inform our decision making going forward

- Improve clinical outcomes, by gearing people, processes and systems around patient needs
- Reduce duplication to reduce the cost of complexity and to maximise synergies and valuable resources
- Enhance agility by clarifying accountabilities and delegating decision making
- Improve the experience of donors, colleagues and customers through user-centred design and a focus on diversity and inclusion
- Embrace innovation through horizon scanning, investment in R&D, digital and new technology, and a culture of curiosity and learning
- Optimise the transfusion and transplantation systems through data insight and working proactively with our NHS colleagues

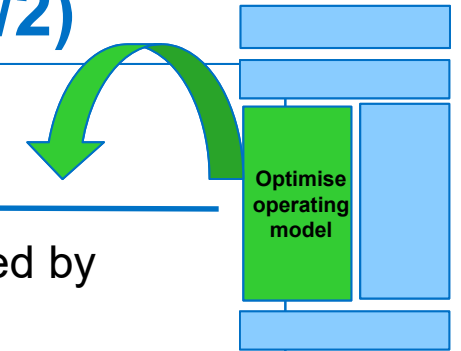


# In parallel, we initiated some 'no regrets' activity to address key risks and issues (1/2)



	<b>Urgent / 'no regrets' activity</b>	<b>Milestones</b>
<b>Org Structure</b>	<ul style="list-style-type: none"> <li>Clarify accountabilities between Marketing and operational units (BD and ODT)</li> <li>Merge responsibility for Risk and BCP under R. Rackham, reporting to I. Bateman</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>Complete</li> </ul>
<b>Governance and Risk</b>	<ul style="list-style-type: none"> <li>Undertake governance review</li> <li>Introduce strategic risk management</li> <li>Recruit permanent Company Secretary</li> </ul>	<ul style="list-style-type: none"> <li>Q3 2019-20</li> <li>Q4 2019-20</li> <li>Q4 2019-20</li> </ul>
<b>Performance and reporting</b>	<ul style="list-style-type: none"> <li>Introduce Quarterly Performance Reviews</li> <li>Simplify and streamline ODT reporting</li> <li>Strengthen Project and Programme Management (PPM)</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> <li>External review – Complete</li> <li>Alignment of reporting with new strategy – Q1 20-21</li> <li>Experienced PD brought in for Session Solution &amp; Data Centre</li> </ul>

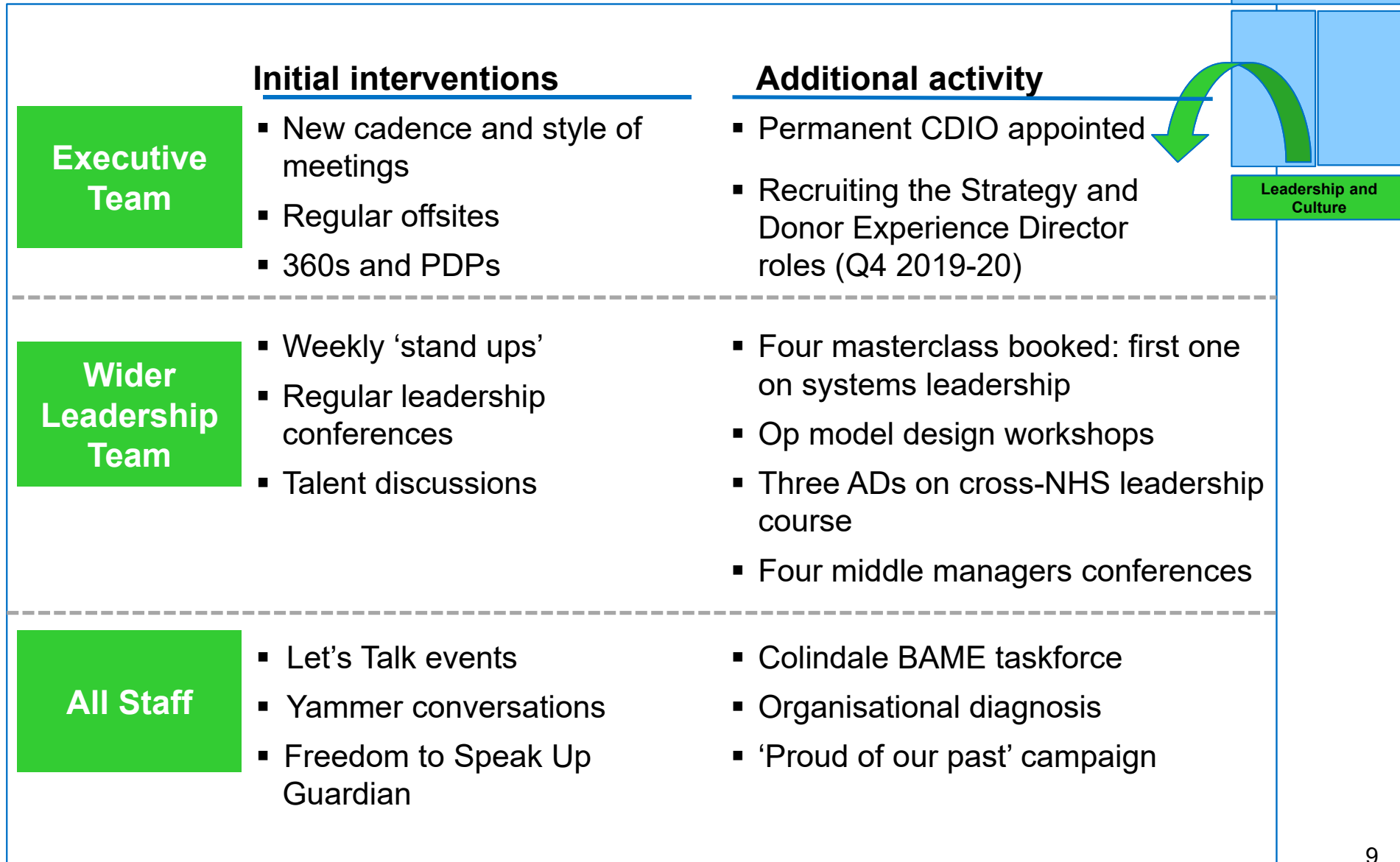
# In parallel, we initiated some 'no regrets' activity to address key risks and issues (2/2)



	<b>Urgent /'no regrets' activity</b>	<b>Where we are</b>
<b>Donor Engagement</b>	<ul style="list-style-type: none"> <li>Review of end to end donor engagement model</li> </ul>	<ul style="list-style-type: none"> <li>Business case approved by Board and DH</li> <li>Planning to start in January</li> </ul>
<b>Technology and Data</b>	<ul style="list-style-type: none"> <li>Workspace remediation &amp; data centre upgrades/move</li> <li>Blood Tech Strategy</li> <li>Cyber security improvements</li> </ul>	<ul style="list-style-type: none"> <li>Workspace processing and storage – Complete Sept'19</li> <li>Data Centres PULSE hardware business case – Nov'19</li> <li>Complete - Sept'19</li> <li>Roadmaps – Nov'19</li> <li>Capability Build (InfoSec): complete</li> <li>Capability Build (Serv. Ops): Dec'19</li> <li>Patching &amp; DLP – Q3 2019</li> <li>Cyber Intelligence &amp; User Visualisation: out to tender Q4 2019</li> </ul>

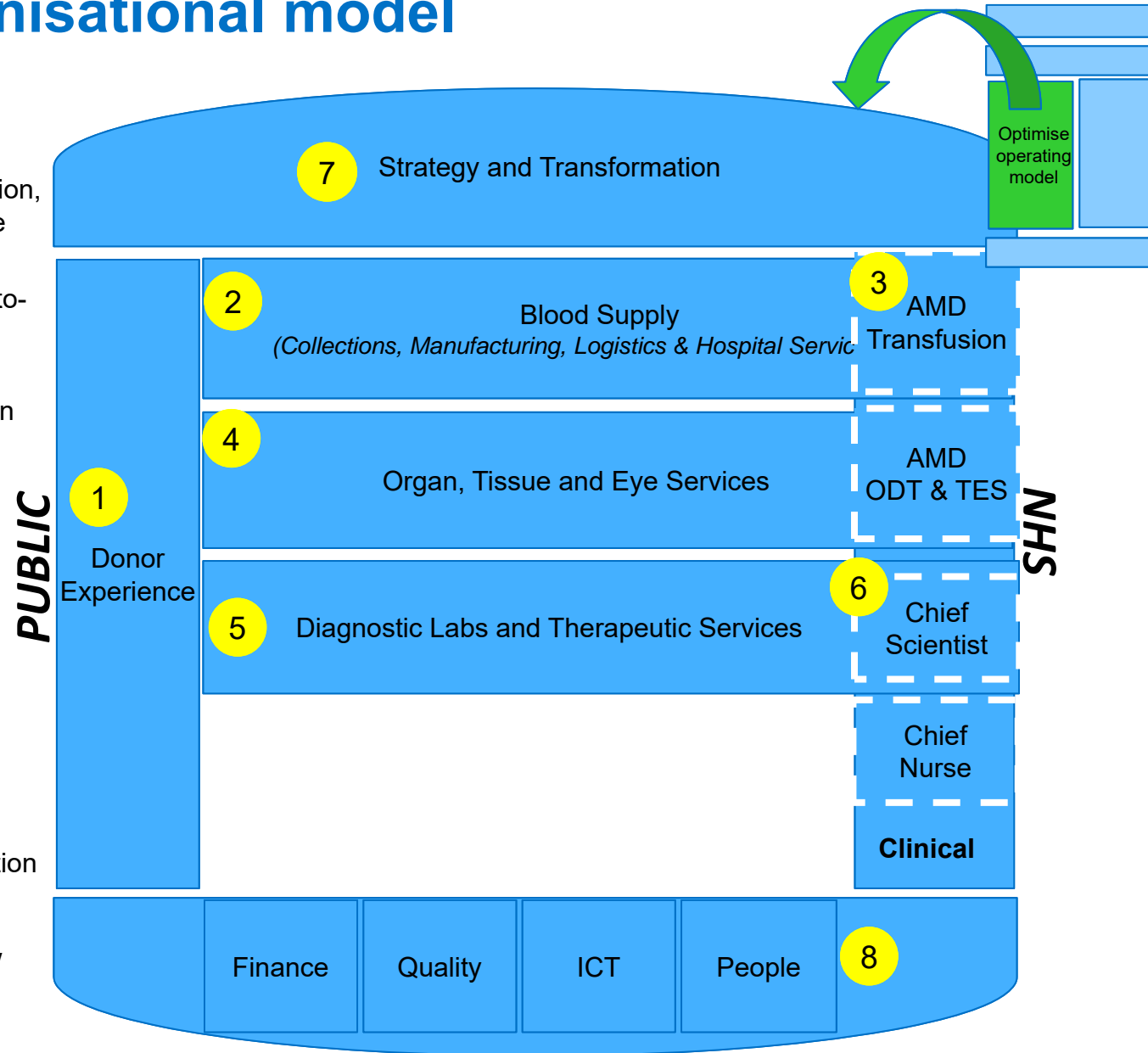


# ...and initiated work at all levels to build our leadership and strengthen our culture

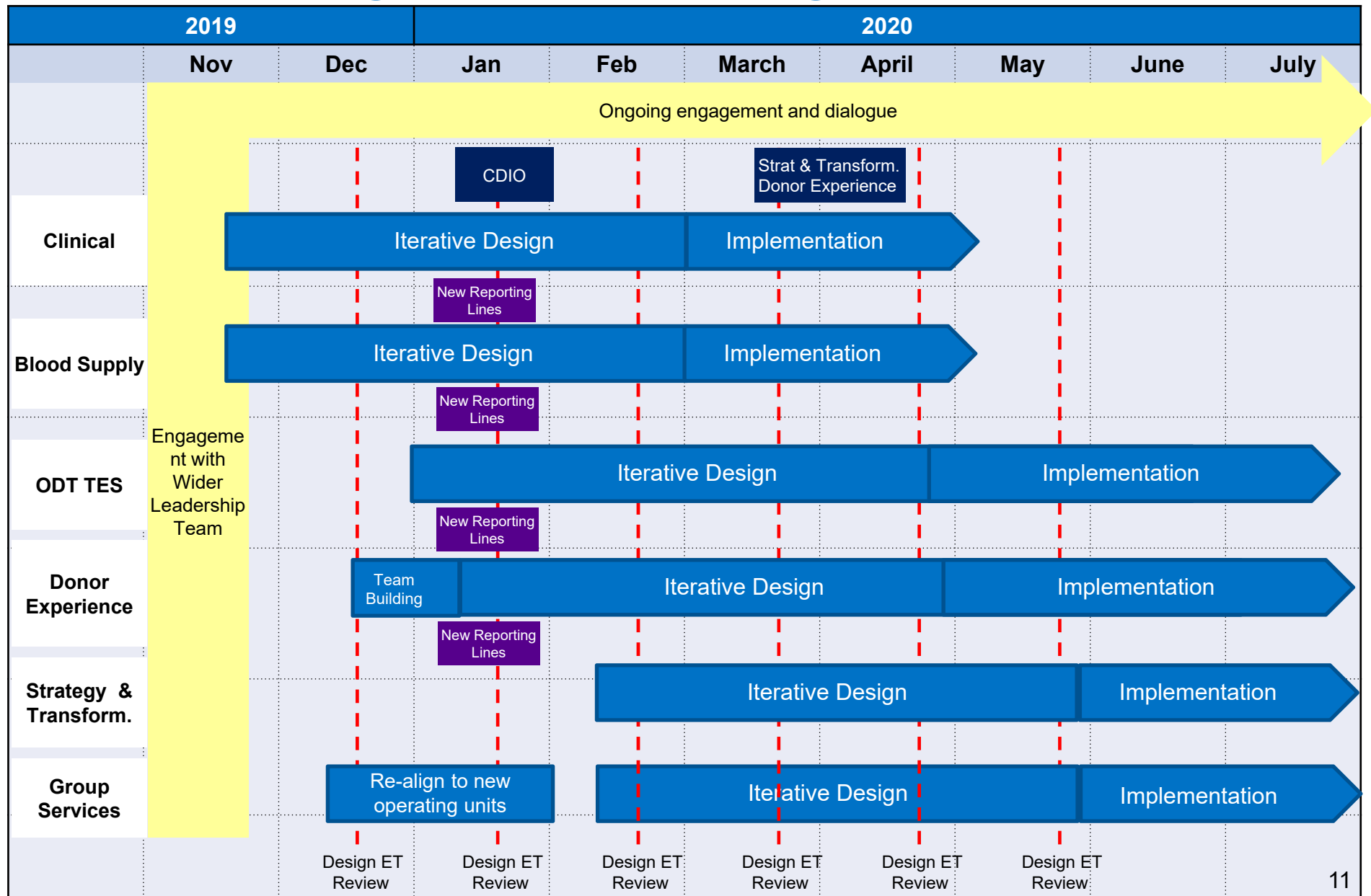


# Our design principles informed our new, high level organisational model

- 1 Single accountability for acquisition, retention and donors' experience
- 2 Clear accountability for the end-to-end blood supply chain
- 3 Single clinical lead for transfusion (replicating ODT model)
- 4 Bring together operating units working with deceased donors
- 5 Bring together all diagnostics labs
- 6 Scientific and professional leadership
- 7 Strategic direction and coordination
- 8 Group services to align with new Operating Units



# We have started work with the AD community on the next stage of iterative design



# We will continue to develop & manage this work as an integrated transformation programme

- Careful planning and sequencing of activity, to capture and manage dependencies, risks and issues across workstreams
- Multi-disciplinary change team, including PPM, HR, organisational development and communications
- Ongoing workshops for staff to shape and influence the next phases of design
- Formal consultation with trade unions
- Close alignment with ongoing business and financial planning
- Continued investment in leadership and cultural change