

## **NHSBT Board**

**March 2020**

### **Purpose**

This paper provides an update on the NHSBT Operating Model work, the current status and risks and the planned next steps.

### **Progress since January Board**

#### **1. Organisation Design**

The Executive Team (ET) changes were successfully implemented on 1<sup>st</sup> January 2020, together with interim changes in reporting lines for a number of senior leaders reporting into the amended Director roles for Clinical Services, Blood Supply and Donor Experience.

Wendy Clark joined us on the 6<sup>th</sup> January as our new Chief Digital and Information Officer (CDIO). Katie Robinson has been appointed as our new Director of Strategy and Transformation and David Rose has been appointed as Director of Donor Experience. They will join us in May and August respectively.

The outputs from the December and January Blood Supply and Clinical Services workshops informed the design of new level two organisational structures for these Directorates, and a formal collective consultation was launched on the 27<sup>th</sup> February 2020 with Staff Side and all materially-impacted colleagues.

It is anticipated that the collective consultation meetings will conclude at the end of March 2020, at which point implementation will commence, including individual consultation and any necessary recruitment.

A proposed new organisation model for ICT has been shared with ET. Other support functions are developing revised management structures with a focus on how they will support the new operational directorates.

#### **2. Governance Review**

In parallel to organisation changes, work continues to refine the Board and Executive Governance arrangements in line with the approach shared at January 2020 Board. External support, from Deloitte, has been secured to provide additional capacity for this work and to help plan for the upcoming Care and Quality Commission (CQC) audit.

#### **3. Culture**

Addressing the necessary culture shifts also continues, from both the collaborative and inclusive approach used for the organisation model work and from targeted Senior Leadership Team (SLT) events. Our most recent SLT event, held on 5<sup>th</sup> March 2020, focused on our customers with external speakers representing stem cells, blood transfusion and organ donation.

On 12<sup>th</sup> February 2020 the ET held an awayday facilitated by our change partner Metalogue, to focus on culture and to build a shared understanding of both existing and the aspired to

culture for NHSBT. Further ET sessions are being planned to develop this thinking further and use as input into additional interventions.

#### **4. Risks and Issues**

The significant risk, trending to become an issue, is the impact of COVID 19. Our current approach is to continue the consultation process and build plans for ICT and other support function management changes, however this is being reviewed regularly. We will pause work on the organisation changes if required to maintain NHSBT core supply chains, however our current view is finalising consultation will provide clarity for colleagues and in so doing reduce risk.

The other main risk is maintaining organisation focus throughout this period of change and ensuring that colleagues who are either impacted or otherwise unsettled by the proposed changes are supported appropriately. Key risks are shown in Appendix.

#### **5. Next Steps**

Once the collective consultation is closed, we will immediately commence the implementation of the new level two structures in Blood Supply and Clinical Services. The intention is to close this phase of the project in May 2020 and transition the remaining Blood and Clinical activity to business as usual.

However, there are a number of broader Operating Model activities that will need to be progressed and monitored:

- Aligning departments to the new operating structure and planning their safe transition.
- Complete the integration of ODT, Tissue and Eye Services, ensuring synergies are realised.
- Development of the ICT operating model and structure.
- Agree the approach to aligning the People and Finance Directorates to the new operating model.
- Design and establish the new Strategy and Transformation Directorate. The Directorate will also own and update the Strategic Review document, setting out the sequence of specific investments and changes that we will look to make over the coming years, to realise our strategic ambition.
- Review and design the Donor Experience Directorate, which will include the future capability requirements identified in the Reimagining the Donor Experience project.

A slimmed-down Design Team will continue to fulfil a role to:

- a) ensure design coherence and consistency across the organisation;
- b) support the design of interfaces as new Directorates are established;
- c) maintain a log of design decisions;
- d) provide HR-specific change support.

This slimmed-down Design Team will consist of part-time project management resource, plus representatives from HR, Internal Communications and Business Analysis. Regular touchpoints with Directorate business leads will also be required. A secure hand over to the Strategy and Transformation Director will be undertaken, following their commencement.

Gerry Gogarty, Assistant Director, Business Development & Strategy  
Dave Ralphs, Head of Portfolio

## 6. Appendix – Key Risk Details

| Risk | Short Description   | Impact  | Risk (Pre) | Mitigation Actions   | Risk (Post) |
|------|---|---|------------|--|-------------|
| R018 | There is a risk that COVID 19 becomes a pandemic in the UK with material impacts on NHSBT people availability                             | NHSBT people will need to backfill those not in work to ensure continuity of critical supply chains, resulting in discretionary activity including the Operating Model work being slowed down or paused | 20         | <ul style="list-style-type: none"> <li>Existing business continuity plans have been activated including NET regime</li> <li>The intent is currently for the collective consultation process for Blood and Clinical to continue even if COVID19 becomes a pandemic (potentially on a slower timeline)</li> <li>ET acting in “command and control” mode with regular intra-week meetings to make decisions for NET team to operationalise</li> </ul> | 20          |
| R014 | There is a risk of increased employee turnover during the period of organisational uncertainty  | Increased attrition of key employees resulting in a loss of key capability and a potential lengthy and costly process to replace  | 20         | <ul style="list-style-type: none"> <li>A list of critical posts has been identified</li> <li>A high level of involvement of key people in the design process which was undertaken in an open and transparent manner</li> <li>Iterative design allowing people to contribute ideas<br/>Increased 1:1s with relevant directors and key employees</li> <li>Collective consultation now underway which should reduce uncertainty</li> </ul>            | 16          |
| R016 | There is risk that the low morale that has arisen from the org changes could distract employees from focusing on operational performance. | A negative impact on products and services provided to patients either directly or indirectly by NHSBT  | 16         | <ul style="list-style-type: none"> <li>Multiple interventions underway including weekly briefings and 1:1s to maintain engagement throughout the transition and to pro-actively resolve potential issues which might lead to a negative impact on products and or services</li> <li>Collective consultation now underway which should reduce uncertainty</li> </ul>  | 12          |