



NHSBT Strategic Review

Defining our future

January 2020

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1. Executive Summary

NHSBT has a long and proud history. We are trusted nationally for quality and safety; admired internationally for our expertise and efficiency; and our people are known for having a strong sense of pride and commitment to our mission of saving and improving lives.

As we look to the future, our ambition is to save and improve even more lives by driving improvements in transfusion, transplantation and advanced stem cell therapies.

To achieve this ambition, we must hold tight to the things that have made this organisation great, not least our values of caring, expert and quality. At the same time, must recognise that that the world is changing around us and be prepared to challenge the status quo and innovate for the benefit of patients.

We have agreed a number of design principles to inform our strategic plans:

- Improve clinical outcomes, by gearing processes and systems around patient needs;
- Improve the experience of donors, colleagues and customers through user-centred design and a focus on diversity and inclusion;
- Enhance agility by clarifying accountabilities and delegating decision making
- 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; and
- Reduce duplication to reduce the cost of complexity and to maximise synergies and valuable resources.

We have reviewed our operating model in line with these principles. To date, we have focused on governance and risk, technology, organisational structures and culture. The outcome of our review will inform an integrated, multi-year roadmap of strategic change and investment. In delivering, we will be cognisant of the need to perform today whilst we transform for tomorrow.

2. Document Overview

The purpose of this document is to summarise NHSBT's strategic ambition, intended Operating Model and current plans for investment and major change. We envision this being a living document that we will update as our thinking develops and our strategic context evolves. We intend it to serve as a helpful narrative for internal and external stakeholders, providing the golden thread between our mission and day-to-day activities.

This document is divided into four main chapters:

1. Strategic Context (the 'Why')

This chapter sets the context or reasons behind our decision to review our operating model. It identifies the internal and external drivers for change and outlines our strategic vision.

2. Strategic Ambition (the 'Where')

This chapter outlines the strategic shifts we want to make as an organisation, in order to save and improve even more lives in the years ahead. This strategic ambition sets the direction of travel for our work today and an overarching narrative into which we will look to incorporate operational-unit and functional strategies.

3. Our Operating Model (the 'How')

This chapter outlines our design principles, which were developed to inform our decisions and how we want to operate. We then translate these into a desired 'future state' for each layer of our operating model e.g. technology, governance, culture, etc.

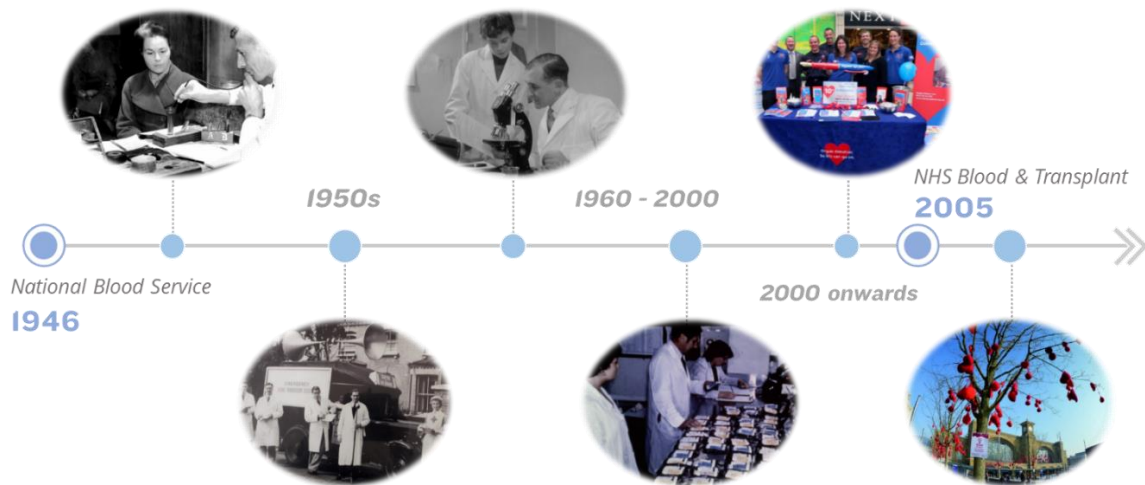
4. Transformation Roadmap (the "What" and 'When')

Finally, this chapter sets out the sequence of specific investments and changes that we will look to make over the coming years, to realise our strategic ambitions.

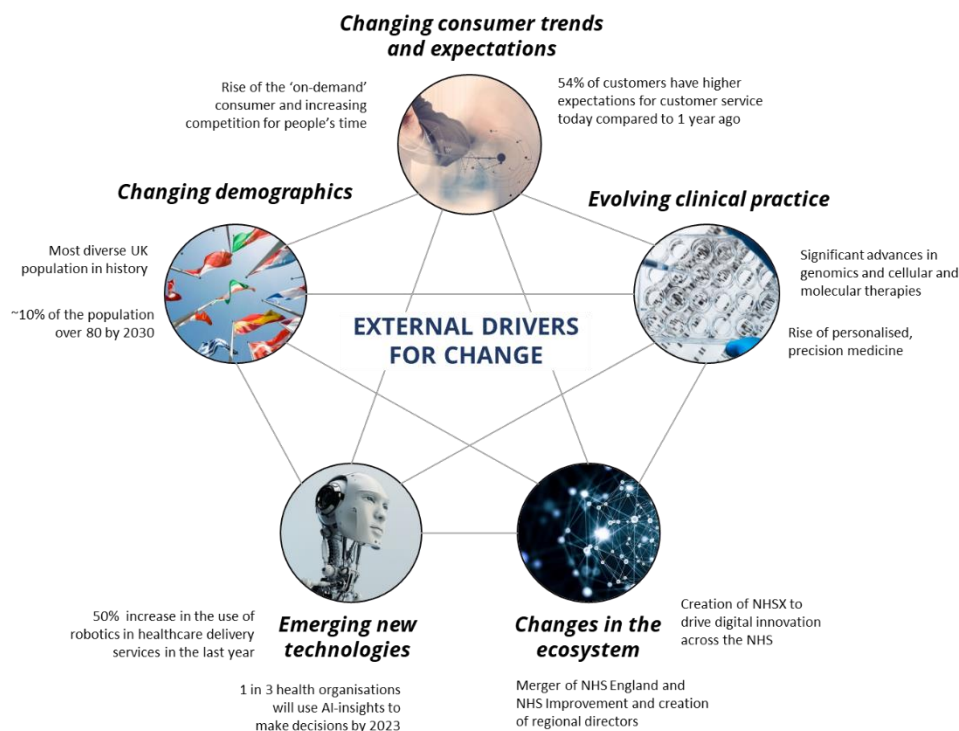
3. Our Strategic Context

NHSBT has a long and proud history – from the creation of the National Blood Service in 1946 to the more recent merger with UK Transplant in 2005. We play a unique role in the NHS, linking generous donors with patients who need blood, tissues, stem cells and organs to save or improve their lives. We collect, manufacture and transport to hospital these products of human origin. Our world leading scientists conduct advanced diagnostics, research and development. And our therapeutic service teams provide life-saving treatments direct to patients.


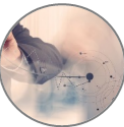



Over the years, NHSBT has witnessed huge changes in its external environment, and risen to the challenge by continuing to innovate and transform. As a result, we are trusted nationally for quality and safety, and admired internationally for our expertise and efficiency.



Today, the strategic context in which we operate continues to change around us – from changing demographics and consumer trends to emerging new technology, evolving clinical practice, and changes across the NHS.



Many expect the next decade will see a revolution in healthcare as we transition away from the standardised, hospital-based systems of the Industrial Age to the 21st century of personalised, precision medicine. The potential benefits are profound but will require us to challenge traditional ways of working; invest in new skills and capabilities; and work imaginatively across boundaries to develop new business models and solutions.

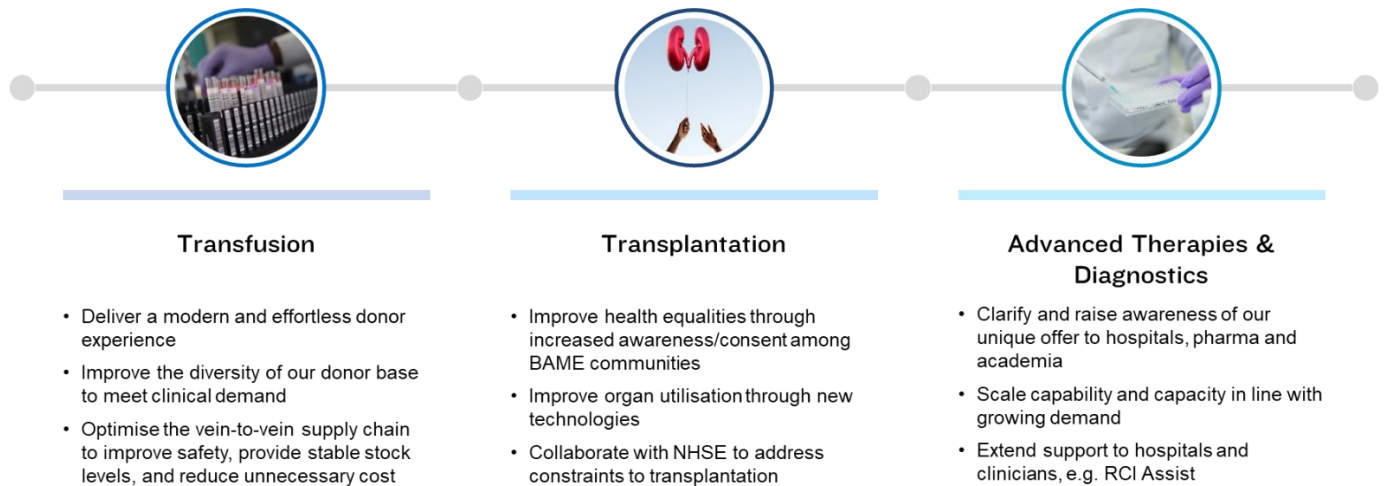
EXTERNAL DRIVERS	IMPLICATIONS
 <i>Changing demographics</i>	<ul style="list-style-type: none"> • Engage with BAME communities on all forms of donation to tackle health inequalities • Refresh our donor base through attracting a new generation of donors
 <i>Changing consumer trends & expectations</i>	<ul style="list-style-type: none"> • Enhance our donor experience, for example more self-service through digital channels • Offer a more personalised, effortless service in recognition of competing demands on donor time
 <i>Evolving clinical practices</i>	<ul style="list-style-type: none"> • Increase our agility and strengthen our clinical relationships to enable foresight and rapid response • Develop more specialised products and services, for example more specific matching
 <i>Emerging new technologies</i>	<ul style="list-style-type: none"> • Improve safety, drive efficiency and enhance user experience through introduction of automation and AI • Opportunities for interoperability with the NHS, for example dynamic matching of donor supply to demand • Invest in new capabilities to leverage new opportunities
 <i>Changes in the ecosystem</i>	<ul style="list-style-type: none"> • Leverage the health ecosystem to maximise patient benefits • Continue to drive efficiencies and find new ways of working in response to pressures on the health sector

Like all organisations, we have also experienced our share of challenges over recent years – from failures in governance and risk management (e.g. of major projects and programmes) to areas of poor behaviour and engagement. Together with our external context, these internal issues represent the strategic drivers for change and transformation.

4. Strategic Ambition

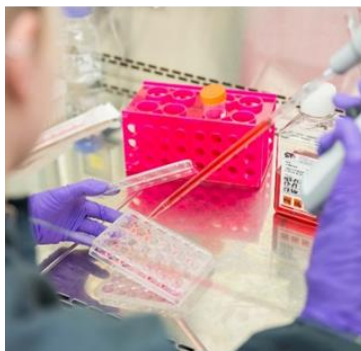
At NHSBT, our mission is to save and improve lives.

As we look to the future, our ambition is to save and improve *even more* lives by driving improvements in transfusion, transplantation, and advanced stem cell therapies. These improvements (summarised below) will be set out in more detail in our Blood Supply, ODT and other operational strategies.



To deliver against these strategic ambitions, we must hold tight to the things that have made NHSBT great, not least our values of caring, expert and quality. But we must also consider the changes in our external environment and respond to feedback from internal and external stakeholders about how we must continue to evolve as an organisation.

Having done so, we have identified the need to make a number of Strategic Shifts:



A System Leader

Historically, NHSBT has positioned itself as a stand alone ALB, providing products and services to the NHS. It has done so effectively, but as a national provider operating in a federated system of local hospitals, we have a responsibility to step up and take a more proactive role in identifying and driving improvements across the system, as well as identifying opportunities where we can benefit from closer working relationships. Whilst we do not always have the hard levers to drive change, we have untapped convening power (to bring players together) and valuable data about variation in practice and outcomes which we can and should use to optimise the system and improve patient care.

Proactive & Clinically Responsive

As patient needs and clinical practice evolve, so too does the demand for our products and services. At times, we have found ourselves on the back foot, reacting to changes rather than anticipating and planning for them effectively. Looking forward, we aim to become more proactive and clinically responsive by reacting quickly to signals and working across our supply chain to manage short fluctuations and longer term structural changes in demand. The need to be proactive extends to other aspects of our work, where we must all aim to take responsibility to be the change we want to see rather than waiting for or expecting someone else to take the lead.





Modern & Agile

There is a perception, if not a reality, that it takes a long time to get things done in (some parts of) NHSBT, and that there is an opportunity to adopt more modern tools and practices, without sacrificing our commitment to quality and safety. We aspire to be – and be seen to be – a modern organisation that embraces innovation and new technology, and is able to act quickly in response to new requirements and opportunities

Top Choice for Talent

Despite the important, life saving work we do, NHSBT suffers at times from being relatively unknown as an employer. By assuming a more visible role across the NHS and promoting our commitment to diversity and inclusion, we want to be recognised as a great place to work and, thus, a destination of choice for top talent. We will create career paths for each of our professions and work to identify and nurture talent at every stage of people's careers.

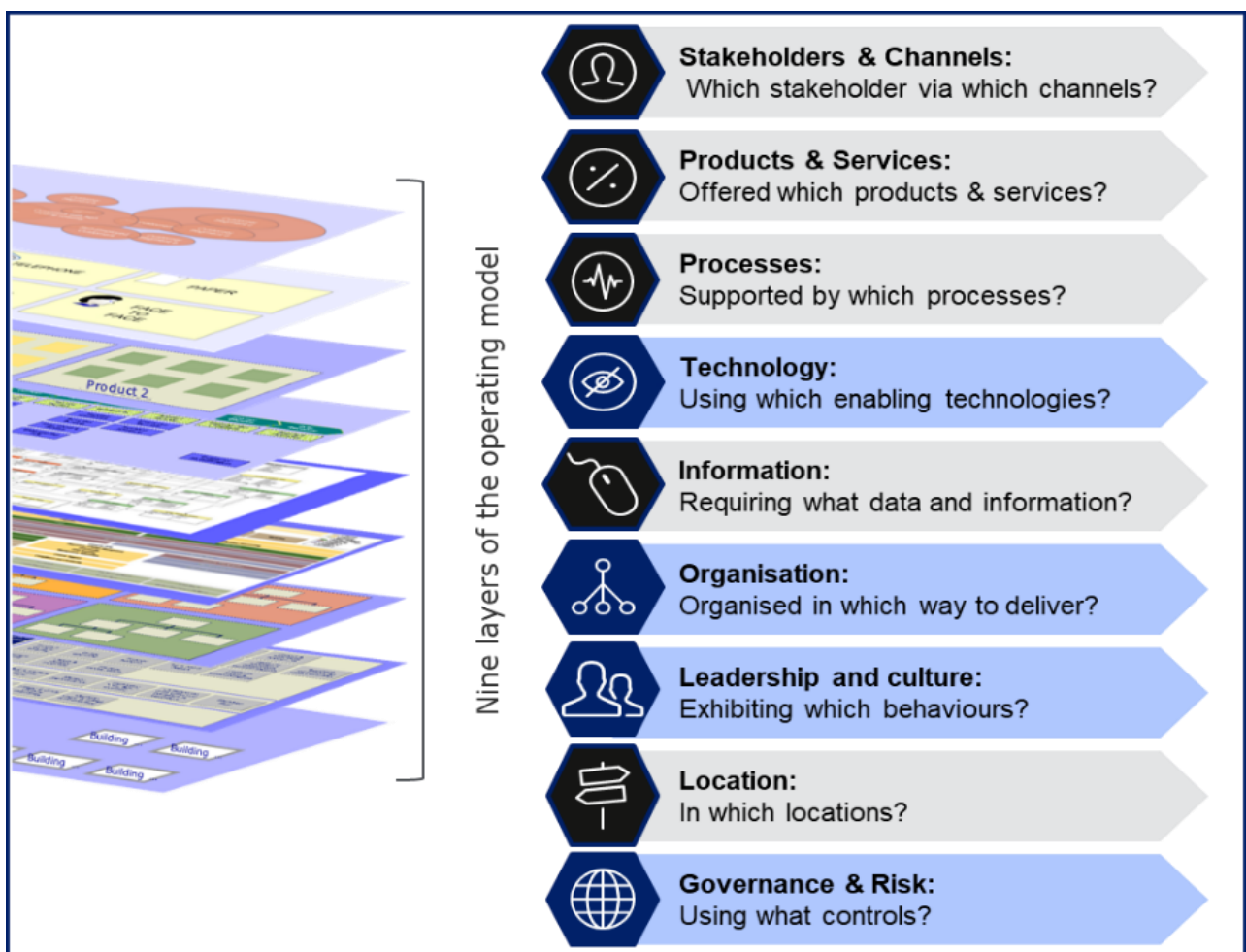


5. Our Operating Model

We have reviewed our Operating Model with two things in mind:

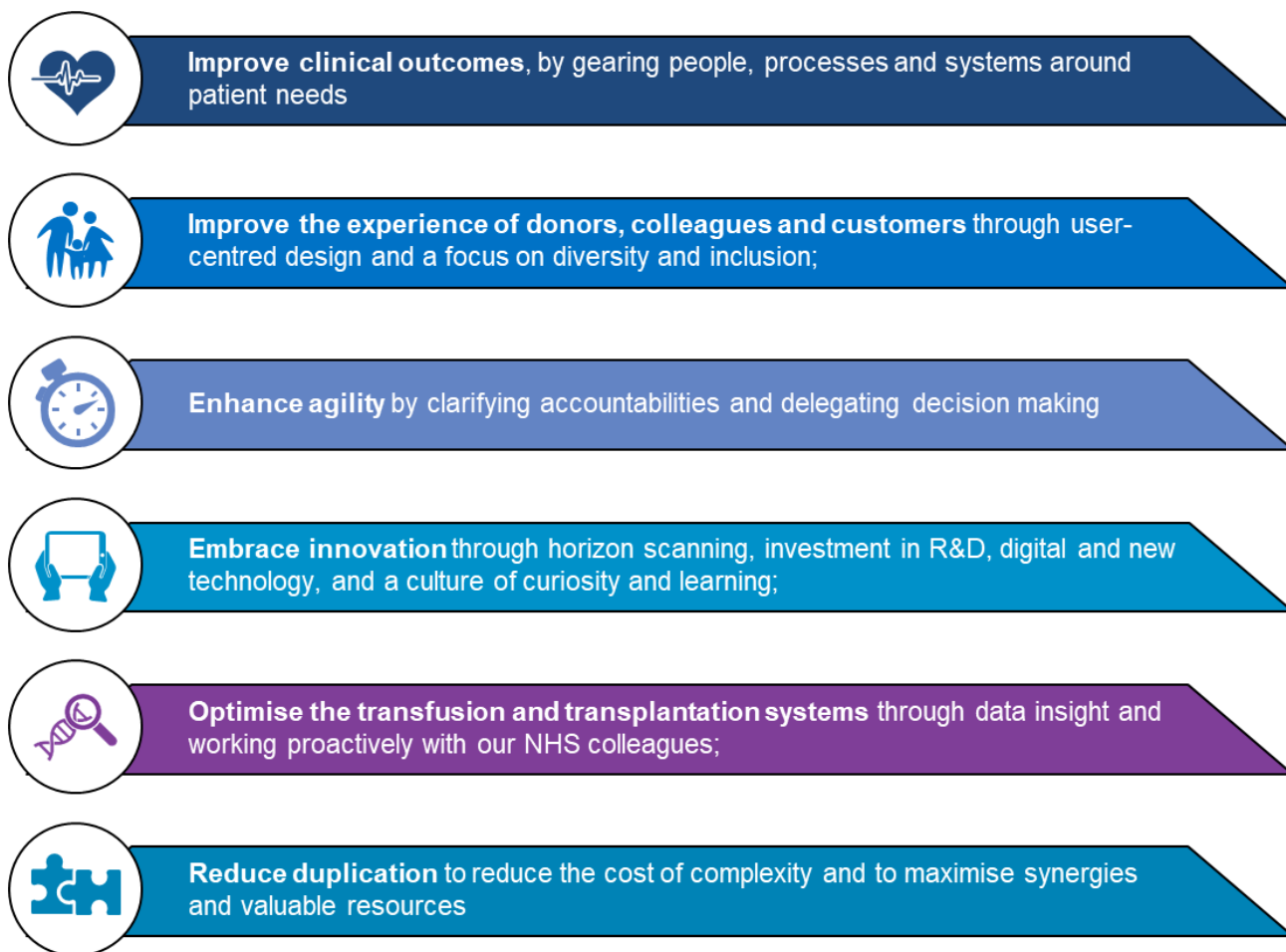
- The need to address some of the contributing factors to the issues experienced in the last few years (e.g. CSM, low blood stock levels, limited Internal Audit opinion); and
- The desire to make the strategic shifts set out in Section Four

Operating Models look at an organisation through several lenses or 'layers'. We have initially focused on the Organisational, Governance and Risk, Leadership and Culture, and Technology layers of NHSBT, though we intend to review other layers over the coming year – particularly Location and, through our work with McKinsey, our Channels and Processes for engaging donors



Before developing our new Operating Model, we first translated our strategic ambitions into a set of Design Principles, which set out the requirements that our Operating Model must support if we are to be successful in executing against our strategy.

Design Principles:



We have assessed our 'as is' operating model against these design principles and identified the need to make a number of changes, as summarised below. We will continue to use these design principles to inform business planning and to objectively assess our decision making.

Organisational Layer: how we organise to deliver

We have re-aligned our directorate structure and senior leadership to support our strategic ambitions. Specifically:

We have brought together the teams responsible for the recruitment and retention of our donors (Marketing, Communications and Donor Relationship Services) into a new **Donor Experience** directorate. In bringing these teams together, our aim was to create a single point of accountability for ensuring that the right mix and volume of donors are available to meet patient needs – today and in the future. We aim to build a clearer view of existing and potential donors, including their motivations and behaviours. We will use this to modernise and improve the donor experience.^[SEP]

We have brought together Blood Collections, Manufacturing, Hospital Services and Logistics into an end-to-end **Blood Supply** directorate. This team is responsible for ensuring the safe, reliable and efficient supply of blood components and products to meet hospital demand. This team will have clear accountability for the end to end blood supply chain, giving integrated management from collections through to hospital deliveries. [L1 L1 L1 L1]
[SEP SEP]

We have brought together responsibility for Tissues and Eye Services (TES) and Organ Donation and Transplantation (ODT) under a single **Organs, Tissues and Eyes** directorate. Our goal in bringing these two teams together is to better coordinate our efforts in respect of deceased donors, their families and the transplant and surgical community, and to increase the number and quality of tissues and organs available for transplant. [L1 L1 L1 L1]
[SEP SEP]

We have expanded the scope of the **Clinical Services** directorate to include our diagnostic and therapeutic services teams. In bringing these clinical and scientific teams together, we seek to strengthen our ties with clinical decision makers in hospitals and to accelerate innovation in what and how we deliver. This team will provide clinical and scientific leadership to internal operational teams and, externally, to the transfusion and transplantation community. As a national provider, we have a responsibility to take the lead in optimising the end-to-end system and improving patient outcomes.

Finally, we have created a new **Strategy and Transformation** team to oversee and coordinate the development and delivery of our corporate strategy.

This new organisational model is illustrated in Figure 1. We will shortly be reviewing how our Group Services functions (Finance, Estates and Procurement, Quality, ICT and People) best support this new model.

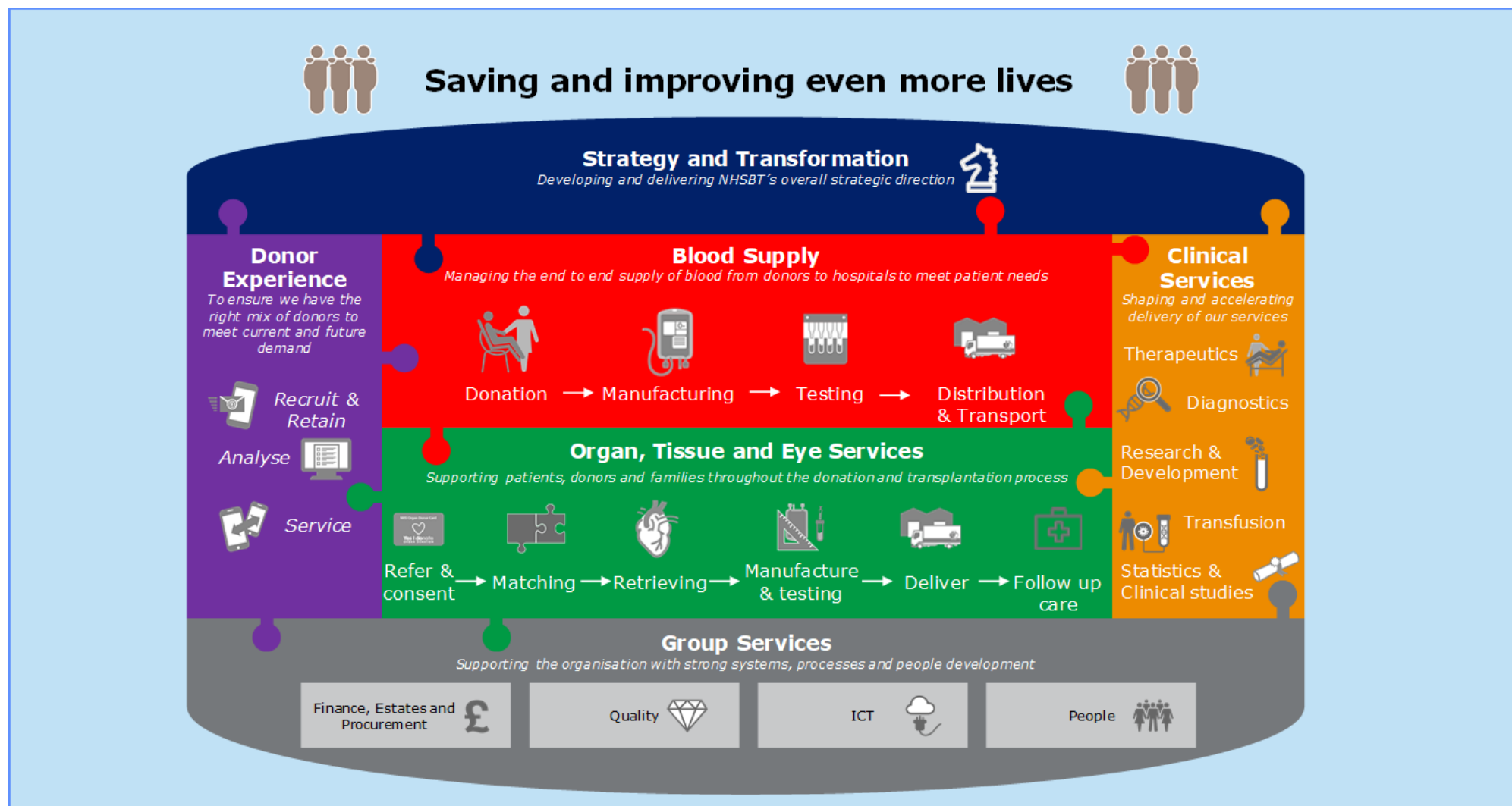


Figure 1: Our new organisational model

Leadership and Culture layer: enabling the organisation to deliver

NHSBT benefits from a committed workforce that is passionate about our mission to save and improve lives. The organisation actively invests in leadership and talent development.

In Let's Talk and other staff engagement exercises, we have heard the need to improve communication and collaboration across directorates and levels. We have also heard the need for leaders to do a better job of listening and creating an open culture. It is critical that people feel encouraged and safe to speak up when they have questions or concerns, whether about operational and project performance; donor and patient care; and/or how they are managed and treated by other colleagues.

In response to this feedback, we have implemented a number of leadership and organisational development interventions to begin addressing these issues:

Executive Team	Wider Leadership Team	All Colleagues
<ul style="list-style-type: none"> • Shorter and more frequent meeting cadence • Regular 'check ins' • Facilitated development days offsite • Annual 360 feedback • Individual development plans 	<ul style="list-style-type: none"> • Weekly 'stand ups' – to report progress and flag issues • Regular conferences and master classes • Talent discussions and development plans/ programmes 	<ul style="list-style-type: none"> • Let's Talk events across the country • Regular ET engagement via Yammer • Appointment of a Freedom to Speak Up Guardian • 3rd party organisational diagnosis at Colindale • Increased D&I activity and comms • 'Proud of our Past, Excited about our Future' comms campaign

Recognising that 'strategy eats culture for breakfast', we will continue to invest in this important area, building a stronger and more collaborative team, as well as a more open, safe and inclusive culture where everyone - regardless of their gender, ethnicity, age, disability, age or sexual orientation - is able to do their best work.

We will work with our diversity networks to better understand the lived experience of different groups, and with our Heads of Centre to understand the subcultures and challenges in different locations. We will use this, together the feedback and insight from regular People Surveys, to inform our plans in this area.

Culture is essentially the product of our everyday words and actions. It can be summarised as 'what it feels like to work round here'. Our aim is to make NHSBT a great place to work - for everyone.

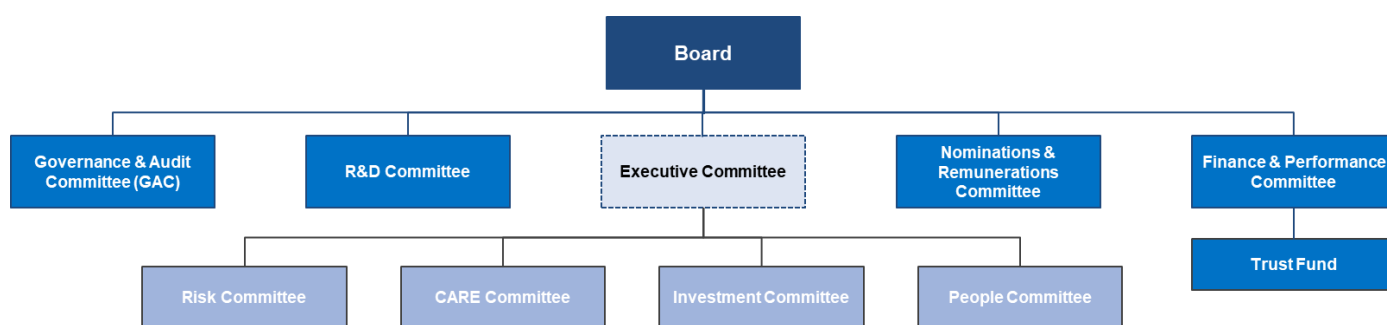
Governance layer: providing assurance and controls

We have reviewed our governance structures, processes and capabilities with an eye to ensuring clear accountability, increasing delegation (where appropriate) and, importantly, improving decision making, risk management and Board assurance.

As a result, we have expanded the scope of the Remuneration Committee to include Nominations and, similarly, clarified the scope of the Finance Committee to include performance. The Finance and Performance Committee will also take responsibility for the NHSBT Trust Fund.

We have agreed to disband the Transplant Policy Review Committee (TPRC) and subsume their responsibilities in the Care Committee for Organ Donation and Transplantation. We have also agreed to disband the National Administrations Committee. The Non-Executive Directors with special responsibility for each country will continue to represent the interests of the devolved administrations ('DA') at the Board, which is also attended by DA representatives.

We have formalised the concept of an Executive Committee and created a number of new sub-committees to provide increased scrutiny and assurance of strategic risk management, investment decisions and our people strategy. The proposed configuration is set out below, followed by a summary of the Terms of Reference for the Board and each committee.



The Board - The Board's role is to provide active leadership of the organisation within a framework of prudent and effective controls which enable risk to be assessed and managed. The Board should set the organisation's strategic aims, ensure that the necessary financial and human resources are in place for the organisation to meet its objectives, and review management performance. The Board set the organisation's values and standards and ensures that its obligations to patients, the wider NHS, the Department of Health and Social Care and the Secretary of State are understood and met.

The Governance and Audit Committee (GAC) – The GAC is responsible for the oversight of scrutiny and review of financial systems, financial information and matters of compliance with law and the Code of Conduct. The GAC reviews audit of risk management and clinical governance systems and the systems that provide organisational control. The GAC ensures that these responsibilities are properly addressed through the organisation's committee structure. Through its scrutiny and reports, the GAC enables the Board to have confidence in its control systems and it provides an important voice when the Board considers the Statement on Internal Controls (SIC) and its implications.

The R&D Committee – This committee approves, on an annual rolling basis, the R&D programme for presentation to the Board, having assurance of the quality, relevance and translation of the research, the facilities for its delivery, and the quality of the research staff. The R&D Committee makes decisions on allocation of research and development funds, within the delegated financial limits of NHSBT. The R&D Committee receives annual reports and

monitors progress on funded projects. The R&D Committee reviews, on an annual basis, the portfolio of external grants held by NHSBT's Principal Investigators.

Finance and Performance Committee – This committee is responsible for scrutinising NHSBT financial and planning reports, making recommendations to the NHSBT Board on financial performance, planning and pricing issues and supporting the Board with its financial and investment decisions.

The Remunerations and Nominations Committee – This committee advises the Board about appropriate remuneration and terms of service for the Chief Executive and other Executive members. The Board may also decide to extend the Committee's remit to include other senior managers' terms. Advice should include all aspects of salary, provisions for other benefits, including pensions and cars, as well as arrangements for termination of employment and other contractual terms. To regularly review the structure, size and composition (including the skills, knowledge and experience) required of the board and make recommendations to the board with regard to any required changes. The committee will give consideration to and make plans for succession planning for the Chief Executive and other Executive directors. In addition, it will oversee the Fit and Proper Persons test for the submission of statements to the CQC.

The Executive Committee - The Executive Committee manages the day-to-day activities of the organisation by developing and implementing strategy, operational plans, policies, procedures and budgets; driving and monitoring operating and financial performance; assessing and controlling risk; and prioritising and allocating resources. In fulfilling its purpose, the Executive Committee will give due consideration to the interests of various stakeholders (donors, patients, employees, partners, regulators and the public at large); upholding the integrity, brand and reputation of NHSBT; and planning the organisation's future development. Committees reporting to the Executive Committee will be:

The Risk Management Committee – This committee will be responsible for the oversight of risk management and assurance. These will cover all risks that might prevent the organisation from meeting the goals set out in its Business Plans. The Committee is expected to ensure that the organisation has a strategy which allows for the continuing identification and prioritisation of risks, a description of action taken to manage each key risk and the identification of how risk is measured. The Committee should report significant risks to the Executive Committee and the Board for their consideration.

The Clinical Audit, Risk and Effectiveness Committee (CARE) – The committee's purpose is to provide the Executive Committee with information on all elements of clinical effectiveness, and thus provide assurance of maximum patient/donor benefit and safety, as well as management of clinical risk.

The Investment Committee (IC) – This committee's purpose will be to scrutinise business cases over £Xm (to be defined) in order to: assure the strategic fit; options analysis and Value for Money; affordability; procurement strategy; and organisation's plans to deliver. The IC will provide recommendations to the Executive Committee for business cases over £Xm and have delegated authority from ExCo to approve business cases up to £Xm. The IC will review delivery across the approved portfolio of projects and programmes and may request assurance if/where delivery is at risk.

The People Committee – The purpose of this new committee is to be responsible for the colleague experience of working at NHSBT. In this capacity it will assure and inform the Executive Team on all matters that relate to the management and leadership of People across NHSBT. The committee will set and monitor people-based metrics, determine the approaches to leadership, talent management, recruitment & retention, reward & benefits, change management and scrutinise papers and business cases in detail that impact the Employee Experience. The People Committee will make recommendations to the Executive Committee where investment is required or where there is a significant impact to colleagues across NHSBT.

Feeding into this structure, there are many additional ‘boards’ and committees operating across the organisation. Further work is underway to review and streamline these fora, to reduce duplication and clarify accountabilities.

The Technology Layer – improving our systems and user experience

Technology will be a key enabler in delivering against our strategic ambitions. Here, we set out our desired future state that we will look to build towards as part of a multi-year roadmap of investment and change.

Future State

We embrace and leverage new technology and innovation driving improved performance within the organisation; providing donors with the high-quality digital experience they expect; improving clinical outcomes through digital interoperability with the rest of the NHS; and exploiting data to create insight and improve services.

Our technology products and services are designed around user-needs and are accessible to all. They are built on platforms that enable us to deliver new capability at pace whilst maintaining stability and are compliant with regulatory requirements like IVD and GDPR. Our technology is value for money because we maximise opportunities to share services from across the NHS and government, use open source solutions where possible and continuously maintain and upgrade our systems. In return we work in the open, make our systems appropriately accessible to others through APIs and share our knowledge and experiences with the Digital, Data and Technology communities.

Our technology team are continuously developing their skills, are actively curious about developments across NHSBT. Roles and grades are aligned with the cross NHS Digital Data & Technology profession allowing us access to a broader pool of talent with health tech skills.

Improved Performance

Everyone who works for NHSBT has access to the foundational tools they need to be effective, they can work collaboratively with internal and external colleagues and virtual meetings are as effective as face-to-face meetings. Colleagues are able to get maximum benefit from our investment in Office 365.

We use data to improve the way operate. We use real-time data to support our decision making across every layer of the organisation providing robust rationale and evidence for our decisions.

We take opportunities to simplify and digitise our processes and supply chains, for example we have automated our key manual manufacturing processes (sample handling, donor and product testing, blood labelling, stock management and dispatch).

Digital donor experience

Our digital donor experience enables us to effectively recruit and retain targeted donors. We have improved the donor experience by digitalising the donor journey including donor health checks, early donor seeing, self-check in, platelet donor records and improvements to appointment booking. We have a 'single donor view' across the organisation, with integrated donor information from all touchpoints and interactions from each directorate. We provide consistent, effective and personalised communication across the donor's preferred channel. The digital and the off-line experience for donors are seamlessly aligned into an overall service.

Digital interoperability with the NHS

We use technology to collaborate with the NHS and have interoperability between key systems, for example we are able to have dynamic matching of donor supply to hospital demand. We can easily communicate with colleagues from around the NHS supported by easy access to NHS Mail addresses and collaboration tools.

We have a strong partnership with NHSX and NHS Digital enabling us to influence national priorities and take advantage of national funding.

Creating insight from data

We have a clear understanding of the data we hold, where it is and how well it is protected. We proactively use our data and combine it with other data sources to create insights and drive improvements to clinical outcomes and services.

For example, we use our data on variation in practice and outcomes, internally within NHSBT and externally with the NHS, to optimise the system and improve patient care.

Currently updating

