

NHSBT Board**Corporate Strategy Development****Progress Update and Emerging Strategic Priorities**

22 July 2021

Status - Official

1. Summary and Purpose of Paper

To inform the development of the corporate strategy we have spoken to key opinion leaders to understand how NHSBT is perceived by our partners in the health and care system and to get their insights on the changing landscape we are operating in, the role we play and how we can maximise the value we add and the impact we have. We have also spoken to each of the Non-Executive Directors to hear their thoughts on questions the corporate strategy must answer, the challenges and opportunities the strategy must respond to and the issues it must address and get their perspective as to what makes an 'excellent' corporate strategy.

The purpose of this paper is to update the Board on where we are in the process, to share the work we have done on mapping the eco-systems we operate in, to provide a synthesis of what we have heard and the insights we have gleaned from our discussions and to share and test our early emerging thoughts on the strategic priorities.

2. Action Requested

We would very much welcome a discussion on what we heard from our interviews and the insights we have taken from these. The Board is asked to provide feedback on the emerging strategic priorities to inform our ongoing work

3. Corporate Development Strategy: Where we are in the process

In May 2021 we kicked-off the process to develop a corporate strategy for NHSBT for the next 3 to 5 years. Our aim is to formally launch the strategy in March 2022. The first stage of our process is to develop an overarching set of strategic priorities for the organisation which we will bring to the Board in September 2021.

To inform and shape these priorities we are progressing four key areas of work:

- **Horizon Scanning:** Review of the changing external landscape to identify the key opportunities and challenges the strategy will need to respond to together
- **Interviews:** A programme of interviews with Non-Executive Directors and key opinion leaders across the system to get an external perspective into how the organisation is perceived and the key issues that the corporate strategy must address.
- **Workshops:** A series of workshops have been held with Executive Team, structured around the 4 strategic shifts – system leadership, proactive and clinically responsive, modern and agile and a top choice for talent/great place to work for everyone.
- **Stocktake:** Review of the corporate strategy work that was completed pre-Covid and a stocktake of the strategy work that is underway within the individual services and functional areas and mapping of their emerging priorities to the 4 strategic shifts.

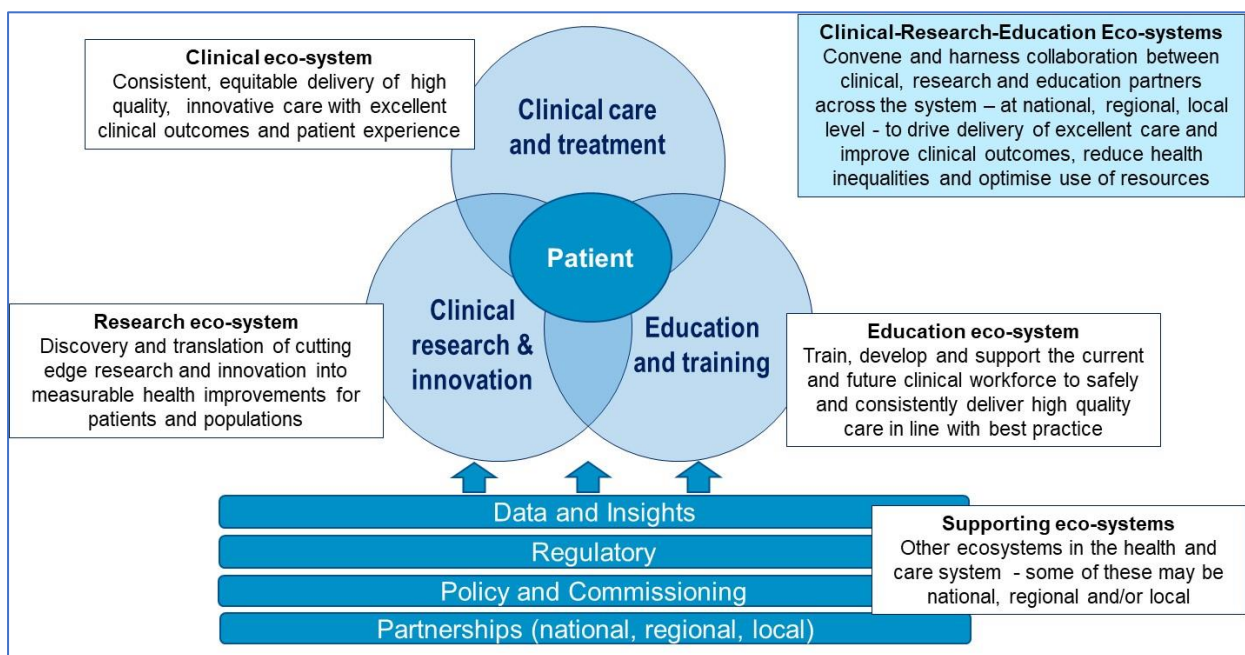
The following sections of this paper provide an update on the ecosystem mapping work we have progressed, the interviews we have undertaken and the key insights we have gleaned from those together with our emerging thoughts on the strategic priorities.

4. Our role in the system:

As a health care organisation NHSBT has a responsibility that extends beyond being an efficient, effective supplier of products and services. Our role extends to ensuring their proper, effective use by clinicians and in helping tackle complex problems that span boundaries in those eco-systems we operate in, especially where there is a vacuum or lack of clear leadership, or responsibility, for bringing parties together to resolve them.

Following the May Board, we have mapped the eco-systems across which NHSBT operates. This highlights that our work spans three interlinked eco-systems – clinical, research and education – with the patient at the centre. We are also part of other supporting eco-systems in the health and care system – including data and insights, regulatory, policy and commissioning, partnerships – which underpin the three patient facing systems.

Figure 1: The eco-systems we operate in



We already play an important role in each of these eco-systems in those areas where we have deep specialist expertise – transfusion, transplantation, therapeutics – and play a very distinctive and unique role as a national specialist provider of donor products and services. However, internally we spend the majority our time talking about the clinical ecosystem and, externally, some of the work we do in clinical care and treatment and much of what we do in research and education flies below the radar.

Raising the awareness of what we do and increasing our influence in the system along with ensuring that within NHSBT our clinical, research, education and supporting strategies are

aligned will enable us to improve clinical outcomes, reduce health inequalities and optimise the use of resources and deliver our mission 'to save and improve even more lives'.

5. Synthesis: Insights - Non-Executive Directors Interviews

Since the May Board meeting we have conducted 1:1 interviews with each of the Non-Executive Directors to hear their thoughts on the questions the corporate strategy must answer, the challenges and opportunities the strategy must respond to and the issues it must address and their perspectives as to what makes an 'excellent' corporate strategy.

The key insights we have taken away from these discussions are summarised below:

- **An excellent supply chain and an excellent health care organisation:** We are at the heart of the NHS family. Being an excellent supplier of critical products and services to the NHS is the foundation for - and underpins our ability to be - an excellent health care organisation. Being lean, efficient and best value is important but we are also uniquely placed to use our data and insights to identify variation in performance, quality and access and gaps in provision and use our role and relationships to reduce variation and drive improvements in patient care where we have specialist knowledge and expertise.
- **Clarity and alignment:** The corporate strategy must provide clarity and alignment amongst the Executive Team and the Board, as well as for those partners across the system, as to the type of organisation we are, the level of our ambition, the strategic choices we have and which of these will be our priority areas of focus for the next 3 to 5 years and why. It must be outcome-led and clearly define the 'end' point, the impact, and outcomes we are looking to achieve and what success will look like.
- **Realistic in our ambitions:** Being ambitious is welcomed but we need to be realistic and recognise we will be operating in an environment where resources are constrained and that we have a lot of work to do internally. We need to be careful not to try to take on too much and make sure we have our own house in order before we progress to being a systems leader. Given limited resources we will have to make difficult strategic choices about where we will focus on in the next 3 to 5 years and where we will not.
- **The NHSBT 'glue':** A key question the corporate strategy needs to address is 'what are the connections between the individual businesses that sit beneath the NHSBT umbrella and what are the synergies that come from those connections?'. What makes NHSBT unique as an organisation, and underpins all our businesses, is the donor and donation. Delivering a consistently excellent donor experience and ensuring we have the right mix and volume of donors is fundamental to the success of all our businesses, although the experience is very different between the individual businesses. We also need to set out what we see to be other synergies, such as research, education and corporate services.
- **Data and Insight:** We need a clear data strategy aligned to the corporate strategy. Speed and access to data, and our efficient use of it, will be key to driving productivity and continuous improvements across our businesses. It will also provide us with the flexibility to respond quickly to changes in supply and demand. There is a lot of data across the system that we are not owners of but are uniquely placed to leverage to provide actionable insights that we can use to influence the system, drive improvements and innovations in patient care. We also have important data that is very valuable to the system that can be used to predict future diseases, to identify underlying changes in population health and to extend our research reach and impact.

- **Efficiency and Productivity:** Productivity has slipped off the agenda, but it is important that we increase our focus on it again. During Covid-19 a lot of cost has been added into the organisation (and the system) but, as we move into the recovery phase, the need to focus on our cost base and take costs out will be high on the DH agenda. Given a high proportion of our costs are people, modernisation of our roles, practices and ways of working and optimising the use of automation and digital will be important. We also need to ensure we are optimising the use of our footprint and physical infrastructure.
- **Quality and Safety:** Quality, safety and resilience are paramount and underpin everything we do and needs to be explicitly recognised. There is a concern that by focusing our discussions around the strategic shifts that this will get lost. Covid-19 has demonstrated the resilience of our services and our ability to continue to deliver care while NHS Trust services had to close. Our corporate strategy must balance quality, safety, resilience and sufficiency of supply with being lean, efficient and cost effective.
- **Actively promote the NHSBT Brand:** We need to build and promote our reputation and brand and better articulate the entirety of what NHSBT does (all our clinical services and our research and education activities which are integral to what we do), the role we play and the impact we have in the system. We have a strong international reputation and standing and well-established relationships which we should promote and continue to leverage to have a greater impact.
- **Elevate the conversations:** We need to elevate the conversations from being largely operational and transactional in nature to a more strategic level, within and outside NHSBT. We also need to shift the focus internally from being centred on blood supply and pricing to broader conversations that embrace the whole organisation. We engage widely and have excellent relationships at local levels, but our current approach to stakeholder management is fragmented and operationally focused. We need to elevate these conversations to a strategic level and ensure we are having the a joined-up conversation with the right people and the NHSBT voice is heard at the top table.
- **Greater collaboration:** We need to strengthen our relationships with strategic partners across the system and demonstrate how, through working closer together, we could help them to deliver their clinical and research priorities and how they could help deliver ours. With the structural changes that are happening in the NHS it will be particularly important to stay close to NHS England and make sure that we are at the table and involved in decisions that will impact the organisation and our individual businesses. We should also work closer with academic bodies to anticipate and influence proposed changes in clinical practice that will impact demand for our products and services.
- **Research and Innovation:** We are well-placed to drive advances in clinical practice that improve clinical outcomes in our areas of expertise and our research capabilities and connections are strong. Plasma, stems cells and therapeutics and genotyping in particular all offer opportunities for growth but we can't do everything. We need to consider our core competencies, decide where we want to play, where we are best placed to have an impact and where others may be better placed. We need to look forward beyond the 5-year horizon and outward from NHSBT to anticipate how future trends will impact our core business and think about it from the perspective of NHSBT overall. We also need to develop a consistent way across the business to commercialise our research and knowledge to scale and translate it into practice.

- **Workforce and Culture:** This needs to be broader than diversity and inclusion and responding to the Globis report. It should cover all the elements from the cost base and operational needs, through to the skills, capabilities and behaviours we need to develop to deliver the strategy, including both the hard technical skills and softer leadership and influencing skills across the organisation, as well as the entire career pathway life cycle within NHSBT. Hybrid ways of working are here to stay. Our focus over the past year has been on the technical infrastructure to support it but we need to shift culturally to embedding and embracing it.
- **Prevention and Health Inequalities:** Tackling health inequalities has to very much be on our agenda and is a key priority for the system as a whole, We have a role and responsibility, using our data and insight, to support the development of prevention strategies and reduction of health inequalities with a focus on those areas where we can impact. We need to shift the weight of our conversations from internally focused ones on diversity and inclusion to more externally focused ones on tackling health inequalities.
- **Strategic Roadmap and Measures of Success:** We need to set out a strategic roadmap with timelines and milestones for the short (12 months), medium (1 to 3 years) and long (3 to 5 years) term together with clear metrics to enable us to track and monitor progress in implementing the strategy and measure success. The detailed actions, deliverables and responsibilities for the next 12 months should set out the most important elements that will be critical to the delivery of the longer-term plans.

6. Synthesis: Insights - Key Opinion Leader Interviews

We are also progressing a programme of interviews with key opinion leaders from across the health and care system. These interviews have been led by the CEO, supported by the interim strategy lead. To date we have spoken to the following:

- Prof. Steve Powys, CMO, NHS England
- Chris Wrigley, CEO, Genomics England
- Prof. Gillian Leng, CEO, NICE
- Matthew Gould, CEO, NHSX
- Allan Marriott-Smith, CEO, Human Tissue Authority

The emerging insights from the discussions we have so far are summarised below:

- **Well respected and trusted:** NHSBT is widely seen to be a solid, safe, reliable and trusted organisation, a very safe pair of hands that is doing a good job. We are well-respected and seen to play a core and fundamental role ('a part of the fabric') in the health and care system as a supplier of critical products and services. Our people are seen to be passionate about, and committed to, the best possible outcomes for patients.
- **An international leader:** We have a well-earned international reputation and are seen to be world-leading in in our blood and transplant services, for example in technological innovation (in transplantation) and in ethics, quality and safety. However, we may be better known and more visible internationally than we are in our national market.
- **Below the radar:** However, we are not seen to be innovative, an influencer or strategic as an organisation and much of the work we do, especially in research and innovation and in education and training is below the radar. However, people know from individual conversations at a personal level that we are innovators in our field. A challenge for

NHSBT will be to find the right balance between being safe, reliable and everyday ('cake') vs. being exciting and innovative ('icing on the cake').

- **Poor understanding of NHSBT:** All those we spoke to did not have a good understanding either of (i) the breadth of businesses and activities that are undertaken within NHSBT or (ii) the 'wiring' and how all the different elements sit, or fit, together (a capillary system of veins). In fact, the feedback was that the name 'NHSBT' in itself is confusing - some think the 'T' is transport, not transplantation. We need to do a much better job of articulating who we are, what we do and how we are 'wired'.
- **Raise our profile:** Our deep, narrow specialist expertise means that we don't have the regular engagement with partners at the senior level nationally that other ALBs have and, as a result, are not included in the top table forums where decisions are being made. We need to get much closer to our key partners and ensure the NHSBT 'voice' is represented at top table, especially with NHS England which is becoming increasingly important. Building relationships with [one of] the Regional NHSE Directors would be a good route to this as they are involved in every discussion and decision.
- **Align with system priorities:** Recovering elective services and tackling the Covid backlog will dominate the agenda for the health and care system in the short-term. NHSBT needs to be able to clearly articulate the contribution it can make to 'building back better' and demonstrate the impact it has. Our work on convalescent plasma is very high profile and crucially important to both NHSE and NHSBT. Longer term the two NHS England priorities that our strategy must align to and support delivery of are (i) tackling health inequalities (inc. equality of access to blood and organs) which has risen up the agenda during the pandemic; and (ii) delivery of the NHS Long Term priorities, including cardiovascular and respiratory disease, stroke, prevention and anti-microbial resistance. However, the appointment of a new NHS CEO might change these.
- **Collaboration and Co-production:** Our low visibility in the system means we are missing opportunities to collaborate with our partners in areas that would benefit both parties as well as the wider system. Each conversation has identified opportunities for working closer together on shared priorities. The work on organ utilisation review (Steve Powys is the Chair) is a great opportunity to build a stronger and more strategic relationship with NHS England. There are opportunities to collaborate with NICE on the development of best practice guidelines to drive the reduction of variation in clinical practice in transfusion, transplantation and therapeutics, drawing on our data and evidence; and there are opportunities to engage in NHS England's Evidence Based Interventions programme to reduce unwarranted variation in clinical practice.
- **Data and insight:** NHSX is driving interoperability and data standards to support end-to-end data integration and traceability and there is an opportunity for NHSBT to be an exemplar in the system on integrating data and using it to generate insights to drive improvement. However, we will need to be very clear and set out the data that we need. We are also well placed to drive a learning perspective across the system from a safety and quality perspective, but this will require a culture of more openness earlier.

7. Emerging Strategic Priorities

Building on the diagnostic work we have done, the workshops we have with Executive Team between May and July and reflecting on our conversations we have had with key opinion leaders and Non-Executive Directors, we have started to document some early thoughts on the strategic priorities for the organisation which we are keen to test with the Board.

Please note these are very much work-in-progress but we are keen to share and test our emerging thoughts with the Board.

We currently see four emerging priorities for the corporate strategy:

1. Operational Excellence:

We will maintain our reputation as a safe, reliable, resilient and cost-effective provider of critical donor products and services to the NHS

We are trusted in the NHS for our safety and reliability and admired internationally for our cost effectiveness, productivity and innovation. This will require a continued focus on quality, clinical governance and risk management, an enhanced focus on efficiency and productivity as well as investments in new technology and continuous improvement.

2. Donor Management:

We will strengthen our donor base to ensure we have the right volume and mix to meet evolving clinical demand

We recognise that everything we do depends on the public being willing and able to donate. We will reinvigorate our approach to donor engagement to ensure we have the right volume and mix of donors to meet new requirements and evolving clinical demand.

3. System Leadership

We will leverage our unique position and what we know to drive improvements in clinical outcomes and health equalities across the system

We will look to raise our profile and the impact of the work we do across the rest of the health system, leveraging our national footprint and specialist expertise to drive improvements in clinical outcomes, health equalities and use of resources. We will do this through training and education; research and development; the provision of data and actionable insights; and working with partners to minimise variation in clinical access and outcomes.

4. Workforce and Culture

We will make NHSBT a great place to work for everyone

We will improve the diversity of our workforce and develop a psychologically safe and inclusive culture. We will invest in leadership, culture and talent development and look to modernise our ways of working. We will develop strategic workforce plans to ensure we have the right people, skills and capabilities to deliver our plans.

8. **Next steps**

We will continue the work to develop, test and refine the strategic priorities across the organisation, building on what we have heard from the interviews and the work we are doing internally with the individual services and functions.

We are running a workshop on 11th August with the leads of the service strategies and enabling strategies to ensure that the emerging 'top down' corporate strategy priorities and 'bottom up' service priorities are aligned and that the enabling strategies reflect and support their delivery. In September we will bring an updated set of corporate strategic priorities together with underlying strategic objectives and proposed measures of successes that have been approved by ET to the Board for review, discussion and approval.

Tracey Barr, Interim Strategy Lead

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