



Northern Ireland Blood Transfusion Service
(Special Agency)

Corporate Plan 2012/13 – 2014/15
Incorporating Business Plan 2012/13

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1 CORPORATE PLAN CONTEXT

1.1 Mission

“The NIBTS function exists to fully supply the needs of all hospitals and clinical units in the province with safe and effective blood and blood products and other related services. The discharge of this function includes a commitment to the care and welfare of our voluntary donors.”

1.2 Vision

The following statements set out the NIBTS vision and strategic direction for the next 3 years 2012/13 – 2014/15.

There are five corporate goals which will help NIBTS to achieve its vision. These are:

- 1 **Donor/Customer** – Improving the Donor/Customer experience
- 2 **People** – Engage, Empower and Encourage learning and development
- 3 **Improvement** – Embedding a Culture of continuous improvement
- 4 **Quality** – Ensuring governance and compliance
- 5 **Resources** – Improving performance and achieving excellent results

Each individual member of staff has an active role to play in the success of NIBTS and the corporate plan by contributing to the corporate goals as outlined above.

The vision of the organisation will be achieved by focusing on key aspects of each of the corporate goals.

1 **Donor/Customer – Improving the Donor/Customer experience**

NIBTS will strive to improve the Donor/Customer experience by providing excellent service.

Donors

NIBTS will strive to improve the donor experience as evidenced by surveys, assessments and feedback.

An active donor panel of appropriate size to meet current and future needs should be maintained.

Customers

Clinical practice - patients and clinical teams expect high quality blood components which comply with all relevant safety and quality standards.

Blood components should be transfused where this is appropriate and not transfused where this is inappropriate according to best available evidence and results of clinical audit.

2 People – Engage, Empower and Encourage learning and development

NIBTS will strive to actively engage with all staff and remains committed to helping staff develop and reach their full potential. We will strive to give our staff the opportunity to grow and develop within the organisation and encourage all members of staff to involve themselves in development and learning.

We will communicate with staff and ensure there is active involvement in decision making and problem solving in relation to the business planning process.

3 Improvement – Embedding a culture of continuous improvement

NIBTS will strive to embed a culture of continuous quality improvement.

4 Quality – Ensuring governance and compliance

NIBTS statutory duties are set out in The Northern Ireland Blood Transfusion Service (Special Agency) (Establishment and Constitution) Order (Northern Ireland) 1994 and also in subsequent Northern Ireland Blood Transfusion Service (Special Agency) Accounts and Financial Provision Direction (NI) 1995. NIBTS complies with its statutory duties.

NIBTS will remain in an inspection-ready state for all licensing inspections.

NIBTS Board Assurance Framework ensures that NIBTS meets its obligations in terms of its Board, Audit Committee, and its governance and risk management structures comply with all relevant regulations and standards.

NIBTS will continue to adhere to all statutory objectives with regard to Section 75 of the Northern Ireland Act (1998).

5 Resources – Improving performance and achieving excellent results

NIBTS will strengthen its performance management arrangements across all areas in order to achieve excellent results.

Every staff member will have a clear link from NIBTS corporate goals and objectives to their individual objectives within the staff review process to enable them to contribute to the success of the organisation and achieving excellent results.

1.3 Core Values

NIBTS core values are set out below:

- To achieve through people
 - by working to the highest standards of safety and quality
 - corporate governance and high quality service
 - cost effective service which demonstrates value for money
 - by working together to get things right
 - by striving to meet the needs of our customers
- To respect people
 - by listening and by communicating clearly and openly
 - by involving people in planning and decision making
- To encourage people
 - to develop and be innovative
 - by giving feedback
 - by recognising achievements

1.4 Analysis of Service Environment

The key factors relevant to the environment in which NIBTS operates are as follows:-

1.4.1 Reductions in budget for Health and Social Care in NI

The four year budget settlement for Health & Social Care (HSC) in Northern Ireland has been widely publicised and will result in significant challenges for the HSC. For NIBTS, there will be a requirement for additional cost savings, increased efficiency, productivity and further demonstration of value for money. NIBTS will develop various work streams in relation to this to identify necessary cash release requirements as agreed with the HSCB.

1.4.2 Blood Stocks and Supply to Hospital Blood Banks

Over the last four consecutive years red cell issues have stabilised at <54,000 units per annum. An increase in platelet issues is noted from 7,300 to 8,100 in the last year 2011/12. Fresh frozen plasma (FFP) components remain stable at 7,000 per annum over the last four consecutive years. The same applies to cryoprecipitate pools at 600 per annum over the last four consecutive years. Demand for red cells, FFP and cryoprecipitate components is expected to continue at this level. Future demand for platelets remains uncertain.

1.4.3 Blood Collection Programme

A blood collection strategy has been developed to cover 2011/12 – 2014/15. A high deferral rate across blood donors is noted. This reflects strict application of BSQR rules eg the requirement to defer a donor for 14 days following an infectious illness. Rationalisation of the blood collection programme runs the risk that donor waiting times may lengthen and increased donor dissatisfaction. This could result in donors self deferring or difficulty in retaining of our existing donors.

Introduction of a variant CJD screening test has been deferred because of problems with validating the assay and epidemiology of variant CJD suggests it is receding as a risk for the UK population. However, the introduction of such a test would have a significant impact on the blood collection programme.

1.4.4 Safety and Quality Requirements

Safety and quality is of paramount importance and the NIBTS is subject to various licensing inspections from the Medicines Healthcare products Regulatory Agency [MHRA] (blood establishment authorisation) and Human Tissue Authority [HTA] (cord blood bank operation) and accreditation with the Clinical Pathology Accreditation [CPA]. The public and the patient population has an expectation of near zero risk in relation to transfusion. The high level of scrutiny of blood establishments by relevant regulations will continue. NIBTS must continue to meet or exceed requirements and maintain an audit ready state.

1.4.5 Variant CJD

There are a number of measures being considered nationally to mitigate against the risk to blood supply from variant CJD which could impact on NIBTS operations over the three year period.

Importation of frozen components with 24 month shelf life for all patient groups is expected to be subject to an economic assessment and there will be a requirement to increase our issues of platelets as apheresis components over the medium term.

These two initiatives are firm recommendations from the Advisory Committee for on the Safety of Blood Tissues and Organs (SaBTO) and NIBTS has plans for implementation.

Issues with regard to prion reduction filters for recipients <16 years is problematic and while SaBTO have recommended it the UK Department of Health has not completed its economic assessment.

1.4.6 Clinical Transfusion Practice and Haemovigilance

The Northern Ireland Regional Transfusion Committee (NIRTC) promotes better blood transfusion practice in NI and is linked to five Trust Hospital Transfusion Committees. NIBTS hosts the secretariat and agrees a work plan with the NIRTC in relation to better blood transfusion practice and haemovigilance. No new developments are expected in this area in the medium term. Across UK Blood Services and European Blood Alliance, consideration may be given to consolidation of production and testing across the UK. Communications with the DHSSPS confirm that the core activity of NIBTS remains: collection, production, testing and issue of blood components and these as a minimum will be retained. However, clearly there is a requirement for benchmarking which identifies best practice and reasons for best practice and forecast trends. NIBTS through the Business Information Committee of the UK and Ireland Blood Services and European Blood Alliance is participating fully in these exercises.

1.4.7 Staff Development

The Agency Board will continue to support the objectives as outlined in the HR strategy. NIBTS must include its staff more visibly and in an evidenced way in the business planning process in terms of including ideas, effective individual staff development review meetings, personal development plans and linkage to NIBTS corporate goals and objectives. There should be timely feedback to departments, teams and individuals in relation to their performance and relevant, meaningful key performance indicators reported in a timely manner.

1.4.8 Business Planning and Business Process

NIBTS has developed a corporate business planning cycle which outlines to all staff the business planning process and reinforce the key business stages throughout the year. Departments and divisions will support the key corporate objectives with subordinate objectives for each individual in each team with a clear link to corporate objective.

With regard to business processes, the Business Services Transformation Programme has been established within HSC with a view to replacing business

systems and delivering more efficient business services. NIBTS will be participating in this process.

1.4.9 Equality and Human Rights

The Agency will continue to abide by all its statutory responsibilities in relation to Equality and Human Rights as contained within section 75 of the Northern Ireland Act (1998).

NIBTS is required, under Section 75 of the Northern Ireland Act (1998), as a public authority to have due regard to the need to promote equality of opportunity in carrying out its functions between:

- persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- men and women generally;
- persons with a disability and persons without;
- persons with dependents and persons without.

In addition, without prejudice to the obligations above, NIBTS is also required, when carrying out its functions (powers and duties) to have due regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

As a designated public authority, NIBTS has developed an Equality Scheme (revised in 2011), which illustrates how it proposes to fulfil the duties required by Section 75 in relation to its relevant functions. The Equality Scheme is both a statement of our arrangements for fulfilling the Section 75 statutory duties and our plan for its implementation.

NIBTS is fully committed to the discharge of our Section 75 obligations in all parts of the organisation and we will commit the necessary resources in terms of people, time and money to ensure that the Section 75 statutory duties are complied with and that our equality scheme can be implemented effectively.

Like all other public authorities, Section 75 requires for NIBTS to submit to the Equality Commission for Northern Ireland an Annual Review of Progress (incorporating a Disability Action Plan) on how we are implementing Section 75 responsibilities and related commitments set out in the Agencies Equality Scheme (revised 2011). The contents of this annual progress report provides evidence that there is sustained commitment across the Agency to fully meet its statutory obligations under Section 75.

1.5 **Strategic Themes/Corporate Goals**

The Corporate and Business Plans have been developed and described in the context of the following five strategic themes or corporate goals:

1.5.1 **Donor/Customer** – improving the Donor/Customer experience

The core function of NIBTS is to provide blood and blood components to patients in NI hospitals. NIBTS also services the supply chain through hospital blood banks of blood, blood components and other blood products.

NIBTS has established a blood collection programme and maintains an active donor list to meet the anticipated needs for blood and blood components of patients in NI hospitals.

1.5.2 **People** – Engage, Empower and Encourage learning and development

The development of our staff is key. This will comprise of individual staff reviews; team development plans and linkage of a member of staff's role to key strategic themes or corporate goals. All staff must comply with NIBTS code of conduct and where relevant act in accordance with the HPSS Code of Conduct and relevant professional codes of conduct.

Good management practice will be evidenced by how all staff operate and the Knowledge, Skills and Behaviour (KSB) exhibited which remains key to our future success. Line managers will be supported with specific training in this area.

1.5.3 **Improvement** – Embedding a culture of continuous improvement

NIBTS continues to examine all operational aspects with a view to improving in terms of compliance, safety and quality. The quality management systems through internal audit; change control and incident management is a further instrument to enable continuous quality improvement.

1.5.4 **Quality** – Ensuring governance and compliance

NIBTS has a licence to operate as a blood establishment which is regulated by the MHRA. NIBTS has a cord blood bank licence awarded by the HTA and NIBTS diagnostic laboratories participate in the CPA scheme.

1.5.5 **Resources** – Improving performance and achieving excellent results

Business processes are examined and redesigned for maximum operational efficiency and demonstrate value for money in terms of economy and effectiveness. NIBTS participates in bench marking exercises with other UK Blood Transfusion Services and with other Blood Services within the European Blood Alliance.

2 Corporate plan 2012/13 – 2014/15

2.1 Introduction

This section sets out the key issues, developments and improvements expected over the next three years for each of the five strategic themes identified in section 1.2. The financial context for the three years is also outlined.

2.2 Theme 1 Donor/Customer – improving the Donor/Customer experience

2.2.1 Integration of Supply Chain

Through the Managed Clinical Network for Transfusion, which is an outworking of the NI Pathology Services Review, the feasibility of integrating the hospital supply chain should be examined. This would potentially mean that NIBTS, as the supplying blood centre, would manage hospital blood banks. This has the potential to maximise inventory, reduce waste and lead to development of common standards across blood banks for testing and issue and facilitate compliance with the Blood Safety and Quality Regulations.

2.2.2 Blood Safety Initiatives

There are currently four significant blood safety initiatives which are under consideration by SaBTO and the four UK Health Departments. These initiatives have been outlined in previous business plans and regular updates are provided to DHSSPS. The current position on each is as follows:

a) Prion Filtration

SaBTO has recommended that prion reduction be introduced for recipients less than 16 years of age, subject to economic assessment. It is anticipated that there will be no further developments until at least October 2012.

b) vCJD Testing

While prototype screening assays are CE marked, there is currently no suitable assay for mass screening available.

c) Pathogen Inactivation of Platelets

No decision in relation to this initiative has been arrived at by SaBTO.

d) Extended Importation of Plasma Products

SaBTO has previously recommended that imported plasma should be extended to cover all patients. The decision and implementation date need to be ratified by the UK Health Departments.

The indicative costs of these initiatives, using earliest possible implementation are outlined in the table below:

<u>Blood Safety Initiative Cost Update</u>					
Initiative	2012/13	2013/14	2014/15	Recurrent	
	£m	£m	£m	£m	
1 Prion Filtration	0.080	0.155	1.650	2.160	
2 v CJD Testing	0.000	0.750	0.750	0.750	
3 Pathogen Inactivation of Platelets	0.000	0.500	0.500	0.500	
4 Extended Importation of plasma products	0.550	0.550	0.550	0.550	
Total	0.630	1.955	3,450	3.960	

2.2.3 Blood Safety and Quality Enhancements

NIBTS diagnostic laboratory will add syphilis screening for antenatal patients to its portfolio of tests in 2013.

An important operational advantage will be the implementation of the online ordering system (OBOS) which is a Pulse development and will facilitate ordering by hospital blood banks.

Implementation of an interface between NIBTS Diagnostic Services System and Northern Ireland Maternity System (NIMATS) patient administration system will facilitate automatic downloading of results to patients' electronic files.

2.2.4 Clinical Audit and Haemovigilance

NIBTS will continue to participate fully in the NI Regional Blood Transfusion Committee work plan which includes the development of standards and guidelines, clinical audit programmes in relation to the appropriate use of blood and blood components, training and assessment tools for clinical teams in relation to blood

transfusion, development of patient information resources and alternatives to blood transfusion.

2.2.5 Blood Collection Strategy

The Blood Collection Strategy 2011 – 2015 details the key issues relating to blood collection. These include robust capacity plans to ensure needs of patients and clinical teams in relation to blood supply are always met; the need to continue to improve the donor experience which may relate to mailing project; improved process flow and the further development of multi skilling across session teams.

2.3 **Theme 2 People – Engage, Empower and Encourage learning and development**

NIBTS will seek to transform its people centred practices and develop good management practices and exhibit exemplars of knowledge, skills and behaviours (KSB) in its senior management and line managers.

NIBTS line managers will be required to participate in an Institute of Leadership and Management accredited course to develop key skills appropriate to their management roles.

2.4 **Theme 3 Improvement – Embedding a culture of continuous improvement**

Abbott pathway using *lean* methodology assessments introduced into the microbiology laboratory have been completed and will be implemented 2012/13.

Further redeployment of staff from component processing to other laboratory activities will be progressed following the recommendations of the component processing productivity report.

Roll out of implementation of Q-Pulse version 5 to facilitate and enable the quality management system which will also drive out continuous quality improvement across all operational areas of the Service.

2.5 Theme 4 Quality – Ensuring governance and compliance

There are four licences and accreditations that must be maintained and are critical to the ongoing operations of the Service. These are:

- MHRA - blood establishment authorisation
- CPA - diagnostic laboratory accreditation
- HTA - licence for cord blood banking
- WDL - wholesale dealers licence

NIBTS is also subject to inspection by the Regulatory and Quality Improvement Authority (RQIA).

To support the maintenance of these licences and accreditations, robust quality management processes and systems must be embedded and fully functioning across NIBTS. These must also operate in an efficient way without generating any unnecessary administrative overheads.

In addition to these, there is a need to continue to develop the assurance framework according to DHSSPS standards. This relates to an assurance framework providing information streams to the Agency Board, the Audit Committee of the Agency Board, the Governance and Risk Management Committee. These information streams are relevant and comprehensive to facilitate decision making which is robust. The internal audit programme will be expanded to include outcome as well as process assessments. NIBTS will add a professional regulatory expert to its Agency Board to provide additional assurance. Other external verifications may be obtained from the internal audit programme, external verification and self assessment returns of controls assurance standards and also licensing inspections.

NIBTS will continue to develop its emergency planning protocols and business continuity plans in line with relevant DHSSPS standards.

2.6 Theme 5 Resources – improving performance and achieving excellent results

NIBTS has developed a corporate cycle which includes business planning October - December, consultation on business planning January - February and individual staff development reviews and team development plans agreed April - June.

Departments and operational areas will support the key corporate objectives with subordinate objectives for each individual in each team with a clear link to corporate objective.

With regard to business processes, NIBTS over the next four years will seek to maximise collaboration with other UK Blood Services through joint procurement exercises. This national initiative was recently endorsed by the UKBTS Forum.

As noted in 1.4 above 'Analysis of Service Environment', NIBTS will participate in the Business Services Transformation Programme.

NIBTS will implement the recommendations of a productivity report on the component processing laboratory completed 2011/12.

NIBTS will implement syphilis screening for antenatal patients to enable clinical teams to comply with the national screening programme standards.

NIBTS will continue to progress single part run-through sessions, benchmark collection efficiency measures in keeping with the Business Information Committee report and European Blood Alliance initiatives.

2.7 Financial Plan 2012/13 – 2014/15

2.7.1 Revenue

The estimated funding requirements for the three years of the Corporate Plan are shown in Appendix 1, page 32. The detailed funding arrangements for 2012/13 are outlined in section 3.3 below.

The impact and consequences of the comprehensive spending review (CSR) 2011/12 - 2014/15 have been widely publicised. The CSR settlement has a significant impact on all departments and consequently DHSSPS and the associated HSC organisations.

While the extent of the impact on NIBTS has yet to be determined, it is anticipated that NIBTS will be required to generate significant efficiency savings over this period.

NIBTS will only have an allocation for one year (2012/13) confirmed and hence the movements shown in Appendix 1 reflect estimated service development costs.

As outlined above (**section 2.2**) there are a number of blood safety initiatives which may require additional resource. The figure included in Appendix 1 reflects the best estimates currently available.

2.7.2 Capital

The minimum capital requirements over the three years is outlined in Appendix 2, page 34.

3 Annual Business Plan 2012/13

3.1 Introduction

In drawing up the business plan the Chief Executive and senior management team reviewed performance for 2011/12 and the corporate plan for 2012/13 to 2014/15 and completed an analysis of service environment. Discussions and meetings took place with some 35 middle tier managers and they were asked to contribute their ideas and give feedback on the outline business plan. A business plan and elements relevant to each department were discussed at departmental meetings and feedback received and considered.

In addition, the business planning process took account of the key risks as identified in the NIBTS Risk Register, Appendix 5, page 42.

NIBTS Key Objectives 2012/13

Objective	Measure of Achievement	Time Scale
Donor/Customer <i>Improving the Donor/Customer Experience</i>		
Maintain adequate blood stocks	<p>No activation of red cell shortage plan</p> <p>Maintain 4 days satisfactory stock >90% of reporting days for the following blood groups: O Rh (D) pos; A Rh (D) pos; B Rh (D) pos; B Rh (D) neg; AB Rh (D) pos; AB Rh(D) neg</p> <p>Maintain 3 days satisfactory stock >90% of reporting days for the following blood groups: O Rh(D) neg; A Rh(D) neg</p>	31.03.13
Maintain active donor panel	>62,000 +/- 3%	31.03.13
Improve the donation experience	<p>Donor satisfaction surveys (>95%)</p> <p>Donor complaints (<4 per 10,000 donors)</p> <p>Session waiting times (<30 mins)</p>	31.03.13
People <i>Engage, Empower and Encourage learning and development</i>		
Continue to implement good management practices in relation to staff via corporate liP action plan and departmental actions	liP accreditation	31.03.13
Additional donor session assistant staff trained in donation venepuncture	Fully trained and competency assessed staff on each blood collection team	31.12.12

Objective	Measure of Achievement	Time Scale
Improvement		<i>Embedding a culture of continuous improvement</i>
Improve NIBTS arrangements for training Explore options including e-learning etc	E-learning modules operational for manual handling; fire safety and health and safety	31.03.13
Implement online blood ordering system (OBOS) for hospital blood banks	OBOS implemented	31.03.13
Implement interface NIBTS Diagnostic Services System with NIMATS (hospital antenatal patient administration system)	Interface with NIMATS implemented	31.03.13
Add syphilis antibody infectious diseases screening in pregnancy to NIBTS antenatal screening programme	Syphilis antibody infectious diseases screening implemented	31.03.13
Implement remaining 3 modules of Q-Pulse version 5	Additional 3 modules fully operational	31.03.13
Quality		<i>Ensuring governance and compliance</i>
Fully implement inspection recommendations for: MHRA, CPA and HTA	Maintenance of licence/accreditation for MHRA, CPA, HTA	31.03.13
Confirmation of future status of Belfast Cord Blood Bank	Decision on future status of Belfast Cord Blood Bank	31.03.13
Deliver training in relation to continuous quality improvement and evidence continuous quality improvement projects across each NIBTS division	Minimum one continuous quality improvement project implemented across each NIBTS division	31.03.13
Develop and deliver bespoke GMP training packages for selected groups of staff ie donor session assistants and medical laboratory assistants	Targeted GMP training packages delivered for donor session assistant and medical laboratory assistant groups of staff	31.03.13
Achieve corporate governance	Substantive compliance in all relevant control assurance standards. Satisfactory internal audit and NIAO reports	31.03.13

Objective	Measure of Achievement	Time Scale
Equality & Human Rights Meet all statutory duties arising from Section 75	Annual Review of Progress submitted Disability Action Plan submitted Departmental Action Plans arising from Equality Scheme developed Mandatory Training for all staff completed Equality Screening templates completed	31.03.13
Resources <i>Improving performance and achieving excellent results</i>		
Achieve financial breakeven and meet defined efficiency targets for 2012/13	% variance from breakeven	31.03.13
Consolidate 90% of platelet components issued as apheresis units	>90% of platelet components issued as apheresis units	31.03.13
<p>Deliver specific projects in relation to benchmarking efficiency targets. Suggested projects are:</p> <p>a) Collection efficiency (overall and across each session area)</p> <p>b) Donor deferrals</p> <p>c) Attrition of whole blood units</p> <p>d) Reduced session programme</p>	<p>a) 5% increase</p> <p>b) 5% reduction in donor deferral</p> <p>c) 5% reduction in the attrition of whole blood unit, namely underweight and overweight packs</p> <p>d) 5% increase in the number of single part blood donation sessions</p>	31.03.13

Objective	Measure of Achievement	Time Scale
Develop and submit for approval a full business case for a replacement Bloodmobile Unit	Business case submitted	31.12.12
Corporate Absence Management	<5.0% in line with PfA target	31.3.13

3.3 Financial Plans and Budget 2012/13

2011/12 Revenue Out Turn

The current income and expenditure projection for 2011/12 indicates that a breakeven position will be achieved. Therefore, the Agency will start 2012/13 with a balanced financial position and with no underlying deficit.

2012/13 Projection

The projected funding requirement and income and expenditure budgets for 2012/13 are detailed in Appendix 3 and summarised below. These are shown at 2011/12 pay and price levels and are not yet adjusted for cash release efficiency gains.

<u>Income</u>	<u>£000</u>
HSCB	10,365
Trusts	<u>13,602</u>
Total	23,967

<u>Expenditure</u>	
Salaries and Wages	6,313
Goods and Services	8,924
Haemophilia Blood Products	<u>8,730</u>
Total	23,962

The following factors are relevant to the 2012/13 financial position:

Inflation

Funding for 2012/13 pay and price inflation has yet to be notified. It is assumed that pay increases will be fully funded and that funding will also be provided for non pay inflation. Any shortfall in non pay inflation funding will result in a recurring cost pressure.

Cash Release

There has been no confirmation of the 2012/13 cash release requirements. The current planning assumptions are for a 4% efficiency gain consisting of 2.5% cash release and 1.5% productivity gain. These are extremely challenging assumptions; however NIBTS is developing plans to address the requirements.

Plasma Products

The cost and volume of plasma products to be procured from commercial services and supplied to Trusts has increased and this is reflected in both projected income and expenditure.

Haemophilia Blood Products

The funding for haemophilia blood products is based on 2012/13 recurrent funding from HSCB. Haemophilia products are highly volatile in their demand and the actual cost of product will be funded by the HSCB.

Capital

NIBTS receives a general capital allocation of £150k per annum. Additional funding may be secured on submission of specific business cases.

The minimum capital requirements for the next three years are outlined in Appendix 3.

Financial Risks

The key financial risks for NIBTS in 2011/12 relate to:

- a) Inability to deliver planned efficiency gains could impact on the achievement of breakeven unless alternative cost reductions could be made.

4 Performance Management

4.1 Performance Management Framework

The key objectives are set out in the annual business plan which is approved by the Agency Board. There are a wide range of internal and external groups which review the workings of NIBTS and report on the performance of the Agency against regulatory and best practice standards. The role and work of these groups is more fully explained in the NIBTS Board Assurance Framework.

The general oversight of performance and achievement of the business plan and associated key performance indicators is achieved through regular reporting of progress to Senior Management Team and Agency Board. In addition, regular reports are provided to DHSSPS and formal Accountability Review Meetings are held twice a year.

The following sections outline the progress against the prior year objectives, confirms assessment arrangements for assessment of 2011/12 objectives and introduces other relevant corporate key performance indicators not already covered as objectives for the year.

4.2 Performance against 2011/12 objectives

The following table outlines progress against 2011/12 objectives

NIBTS Key Objectives 2011/12

Objective	Measure/Output	Position as at 31 March 2012
Donor/Customer <i>Improving the Donor/Customer Experience</i>		
Maintain adequate blood stocks	<p>No activation of red cell shortage plan</p> <p>Maintain 4 days satisfactory stock across the following blood groups combined: O Rh (D) pos; A Rh (D) pos; B Rh (D) pos; B Rh (D) neg; AB Rh (D) pos; AB Rh(D) neg >90%</p> <p>Maintain 3 days satisfactory stock across O Rh(D) neg; A Rh(D) neg >90%</p>	<p>Activation of red cell shortage plan on two occasions: August 2011 - normal green phase operation was resumed within 48 hours December 2011/January 2012 – normal green phase operation was resumed within 48 hours and within 72 hours respectively</p> <p>Blood Stocks – all 8 blood groups O Rh (D) pos; O Rh (D) neg; A Rh (D) pos; A Rh (D) neg; B Rh (D) pos; B Rh (D) neg; AB Rh (D) pos; AB Rh(D) neg maintained >99% of reporting days</p>

Objective	Measure/Output	Position as at 31 March 2012
Improve the donation experience	Customer satisfaction surveys Donor complaints Session waiting times Measures to improve process of donor flow	Donor satisfaction survey result 96% Antenatal Users satisfaction score 95% Blood Bank/Immunohaematology Users satisfaction score 88% Donor complaints <28 Session waiting times <30 minutes Mailing project implemented for 80% of session events
People – Engage, Empower and Encourage learning and development		
Continue to implement good management practices in relation to staff via liP action plan	liP accreditation	liP inspection scheduled April 2012
To fully implement relevant recommendations arising from Review of NIBTS by 30 June 2011	Completed actions	Deloitte recommendations fully implemented. DHSSPS signed off Deloitte report 05.12.11 following provision of evidence from C/E in relation to Recommendation 6
Improvement – Embedding a culture of continuous improvement		
Implement further 4 modules of Q Pulse Version 5	All modules fully operational	Four modules Q-Pulse Version 5 implemented
Adjudicate automated NAT tender and implement selected option	Selected option implemented	Roche Cobas system selected and implementation scheduled for completion 31 May 2012
Implementation of prion filtration for <16 years as recommended by SaBTO and in line with UK wide implementation	Successful implementation	Dependent upon UK implementation decision

Objective	Measure/Output	Position as at 31 March 2012
Implement productivity recommendations from 2010/11 report on blood processing laboratory	Recommendations implemented	Recommendations implemented
Validation of overnight hold for FFP and buffy coat platelet production	Validation completed	Validation scheduled for completion 30 April 2012
Quality - Ensuring governance and compliance		
Achieve satisfactory inspection reports from MHRA visit, November 2011	Satisfactory inspection report	Satisfactory inspection report received. Inspection closed 22.2.12. Two-year interval for re-inspection confirmed.
Fully implement inspection recommendations for: MHRA, CPA and HTA	Maintenance of licence/accreditation for MHRA, CPA, HTA	Licences maintained
Streamline aspects of the quality management system: incident management, change control, internal audit and validation for maximum operational efficiency	Quality metrics reported for each department. Local reporting & tracking & trending in selected departments with reporting to Regulatory Affairs & Compliance by exception	Quality metrics reported at each departmental and team meeting. Tracking and trending of incidents and change controls in hospital services. Documents, incidents, change controls, validation protocols and internal audits formally reviewed at each departmental and team meeting
Achieve corporate governance	Substantive compliance in all relevant control assurance standards	Satisfactory external verification of controls assurance standards in relation to finance, governance, risk management, medical devices and equipment, fire safety and security. Satisfactory statement of internal control from internal audit, BSO and satisfactory NIAO review of annual report 2011/12

Objective	Measure/Output	Position as at 31 March 2012
Resources – <i>Improving performance and achieving excellent results</i>		
Achieve financial breakeven and meet defined efficiency targets for 2011/12	% variance from breakeven	<0.25%
90% of platelet components issued as apheresis units	90% of platelet products issued as apheresis units	89.2% Note increase in platelet issues 7,100 → 8,100. If the 2010/11 issue figure had been maintained this would have represented an result of 96%
Confirmation of future status of Belfast Cord Blood Bank	Decision on future of Belfast Cord Blood Bank	Status Belfast Cord Blood Bank to be discussed further at a 2 nd meeting with DHSSPS and RHSCB/PHA officials 23.3.12

4.3 Performance Assessment of 2012/13 objectives and KPIs

The progress against objectives and corporate key performance indicators will be reported to and reviewed by SMT and the Board at each meeting. A summary template report will be used to assess performance and this will also detail any corrective actions.

4.4 Corporate Key Performance Indicators (KPIs)

The following corporate KPIs, analysed by strategic theme, will be reported on during the year. These KPIs reflect issues that require monitoring but are not reflected in the key objectives.

Theme 1 Donor/Customer – Improving the Donor/Customer experience

Key Performance Indicator	Measurement	Target
Donor/customer satisfaction	% satisfaction	>95%
Donor complaints	Number of complaints	<4 per 10,000 donors
Donor complaints dealt with satisfactorily	Number of complaints dealt with satisfactorily	>95%
Session waiting times	Waiting time	<30 mins
Cord Blood – number of units banked in year	Number of units banked	>250
Cord blood bank units banked & registered on internal file available for search (within 2 months of obtaining results of 6 month maternal follow up samples)	% available for search within 8 months of date	>95%

Theme 2 People – Engage, Empower, Encourage learning and development

Key Performance Indicator	Measurement	Target
Individual SDRs completed April/June with defined exceptions	% of SDRs completed	100%
Team development plans for all departments	% departments with team development plans	100%
Corporate absence rate	% reduction	<5%

Theme 3 Improvement – Embedding a culture of continuous improvement

Key Performance Indicator	Measurement	Target
Improve NIBTS arrangements for training. Explore options including e-learning etc	E-learning modules operational – manual handling, fire safety & health safety	Completion
Implement online blood ordering system (OBOS) for hospital blood banks	OBOS implemented	Completion
Implement interface NIBTS Diagnostic Services System with NIMATS (hospital antenatal patient administration system)	Interface implemented	Completion
Add syphilis antibody infectious diseases screening in pregnancy to NIBTS antenatal screening programme	Syphilis antibody infectious diseases screening implemented	Completion
Implement remaining 3 modules of Q-Pulse version 5	Additional 3 modules fully operational	Completion

Theme 4 Quality – Ensuring governance and compliance

Key Performance Indicator	Measurement	Target
Incidents investigated with CAPAs completed within agreed timeframes	% incidents investigated with CAPA agreed timeframes	>75%
Change controls over target implementation date	% change controls over target implementation date	<10%
Internal audit corrective actions completed within agreed timelines	% internal audit corrective actions completed within agreed timelines	100%

Theme 5 Resources – Improving performance and achieving excellent results

Key Performance Indicator	Measurement	Target
Compliance with prompt payment	% invoices paid within 30 days	95%

Key Performance Indicator proforma for Annual Business Plan 2012/13 and other KPIs are included **as** Appendix 4

APPENDIX 1

Projected Funding Requirement 2012/13 to 2014/15

	Salaries & Wages	Goods & Services	Plasma Products	Haemophilia Products	TOTAL
	£000	£000	£000	£000	£000
Opening Total 2012/13	6,313	4,457	4,467	8,730	23,967
Service Development:					
Prion Filtration		80			80
vCJD Testing		0			0
Pathogen Inactivation		0			0
Extended Importation of Blood		550			550
Adjusted Total 2012/13	6,313	5,087	4,467	8,730	24,597
<u>2013/14 Year</u>					
Cash Release		no information available			0
Inflation Uplift		no information available			0
Service Development:					
Prion Filtration		75			75
vCJD Testing		750			750
Pathogen Inactivation		500			500
Extended Importation of Blood		0			0
Total 2013/14	6,313	6,412	4,467	8,730	25,922

Appendix 1 contd2014/15 Year

Cash Release			no information available		0
Inflation Uplift			no information available		0
Service Development:					
Prion Filtration		1,495		1,495	
vCJD Testing		0		0	
Pathogen Inactivation		0		0	
Extended Importation of Blood		0		0	
Total 2014/15	6,313	7,907	4,467	8,730	27,417

Appendix 2

NIBTS 3 - Year Capital Plan

	2012/13		2013/14		2014/15		Total	
	No.	Cost	No.	Cost	No.	Cost	No.	Cost
Laboratory Equip								
Compomat	1	25,000	2	50,000	2	50,000	5	125,000
Flow Cytometer		0	1	85,000		0	1	85,000
Centrifuge		0		0	3	78,300	3	78,300
Vehicles								
Minibus	1	28,000		0		0	1	28,000
Equipment Van		0	1	30,000		0	1	30,000
Recruitment Vehicle		0		0	1	28,000	1	28,000
IT Equipment								
IT Equip		10,000		10,000		10,000		30,000 0
Estates								
Building Cooling System		90,000						90,000
TOTAL		153,000		175,000		166,300		494,300

Appendix 3 (i)

Projected Funding Requirement 2012/13

	Salaries & Wages	Goods & Services	Plasma Products	Haemophilia Products	TOTAL
	£000	£000	£000	£000	£000
Baseline Funding 2011/12	6,313	4,457	4,212	8,730	23,712
<u>Baseline Adjustments</u>					
Estimated Pay Increase					0
Non Pay inflation and costs					0
Cash release					0
Revised Baseline	6,313	4,457	4,212	8,730	23,712
Changes in Total Funding					
Plasma Products			255		255
					0
					0
					0
					0
					0
Sub Total	0	0	255	0	255
Total Funding Required 2012/13	6,313	4,457	4,467	8,730	23,967

Appendix 3 ii
Income by Commissioner 2012/13

	£000
Health & Social Care Trusts	
Belfast Trust	7,920
South Eastern Trust	1,320
Northern Trust	1,410
Southern Trust	1,432
Western Trust	1,520
Total Trust	13,602
Regional Health and Social Care Board	10,365
DHSSPS	0
Estimated Cash Uplift	0
TOTAL INCOME	23,967

Appendix 3 iii
Expenditure Budget 2012/13

SALARIES & WAGES	£000
Nursing	1,430
Laboratory	2,209
Corporate Services	457
Medical	537
Donor Services	631
Finance	247
Quality Assurance	449
Agency Board	12
Regulation and Compliance	285
Pay Cost Pressure Provision	58
Total Salaries & Wages	6,315
GOODS & SERVICES	
Comm Haemophilia Products	8,730
Pharmacy	126
Laboratory	7,151
Catering	16
Uniforms	14
Heat Light & Power	108
Laundry	2
Building & Engineering	56
Bedding & Linen	5
Cleaning	7
Rent & Rates	152
Administration	185
Postage & Telephones	115
Transport & Travel	258
Training	7
General Services	380
Hardware & Crockery	5
Furniture & Equipment	282
Inflation Provision	53
Total Goods & Services	17,652
OVERALL TOTAL	23,967

Appendix 4
NI Blood Transfusion Service
Objectives/Key Performance Indicators (KPIs)
2012/13

OBJ /KPI*			Report From	2012/13 Target	2012/13 Actual to/at date	2012/13 Projected Out Turn	Status
Donor Customer – Improving the Donor/Customer experience							
OBJ	Maintain adequate blood supply to hospitals in Northern Ireland		CK	(i) No activation of red cell shortage plan (ii) Maintain 3 days issuable stock >90% of reporting days for the following blood groups: O Rh(D) neg; A Rh(D) neg (iii) Maintain 4 days issuable stock >90% of reporting days for the following blood groups: O Rh (D) pos; A Rh(D) pos; B Rh(D) pos; B Rh (D) neg; AB Rh (D) pos; AB Rh(D) neg (iv) Maintain an active donor panel of 62,000 > +/- 3% (v) Recruit at least 8,000 new donors		No activation >90% >90% >90% >62,000 +/- 3% >8,000	
OBJ	Improve the donor experience						
KPI	Donor satisfaction surveys	%	CK	>95%		>95%	
KPI	Donor complaints	No.	CK	<4 per 10,000 donors		<4 per 10,000 donors	
KPI	Donor complaints dealt with satisfactorily	%	CK	50%		50%	
KPI	Session waiting times	min	CK	<30 mins		<30 mins	
People – Engage, Empower, Encourage learning and development							
OBJ	Continue to implement good management practices in relation to staff via lIP action plan	-	IR	lIP accreditation		Retaining recognition status	

OBJ /KPI*			Report From	2012/13 Target	2012/13 Actual to/at date	2012/13 Projected Out Turn	Status
OBJ	Additional donor session assistant staff trained in donation venepuncture	-	CK	Fully trained and competency assessed donor session support staff on blood collection team		Fully trained and competency assessed donor session support staff on blood collection team	
Improvement – Embedding a culture of continuous improvement							
OBJ	Improve NIBTS arrangements for training Explore options including e-learning etc	-		E-learning modules operational – manual handling, fire safety & health safety		E-learning modules operational – manual handling, fire safety & health safety	
OBJ	Implement online blood ordering system (OBOS) for hospital blood banks	-	CF	OBOS implemented		OBOS implemented	
OBJ	Implement interface NIBTS Diagnostic Services System with NIMATS (hospital antenatal patient administration system)	-	CF	Interface implemented		Interface implemented	
OBJ	Add syphilis antibody infectious diseases screening in pregnancy to NIBTS antenatal screening programme	-	CF	Syphilis antibody infectious diseases screening implemented		Syphilis antibody infectious diseases screening implemented	
OBJ	Implement 2 modules of Q-Pulse version 5	-	GG	Additional 2 modules fully operational		Additional 2 modules fully operational	
Quality – Ensuring governance and compliance							
OBJ	Fully implement inspection recommendations for MHRA, CPA, HTA	-	AM	Maintenance of licence/accreditation for MHRA, CPA, HTA		Maintenance of licence/accreditation for MHRA, CPA, HTA	
OBJ	Deliver one continuous quality improvement project across each NIBTS division	-	SMT	Minimum of one continuous improvement project implemented across each NIBTS division		Minimum of one continuous improvement project implemented across each NIBTS division	

OBJ /KPI*			Report From	2012/13 Target	2012/13 Actual to/at date	2012/13 Projected Out Turn	Status
OBJ	Develop and deliver bespoke GMP training packages for selected groups of staff of donor session assistants and medical laboratory assistants	-	AM/GG	GMP training package is delivered for donor session assistant and medical laboratory assistant groups of staff		GMP training package is delivered for donor session assistant and medical laboratory assistant groups of staff	
OBJ	Achieve corporate governance	-	GG	Substantive compliance in all relevant control assurance standards. Satisfactory internal audit and NIAO reports		Substantive compliance in all relevant control assurance standards. Satisfactory internal audit and NIAO reports	
KPI	CAPAs completed within agreed timeframes (incidents & audits)	%	AM	>75%		>75%	
KPI	Change controls over target implementation date	%	AM	<10%		<10%	
KPI	Internal audits completed within agreed timelines	%	GG	100%		100%	
Resources – Improving performance and achieving excellent results							
OBJ	Achieve financial breakeven and meet defined efficiency targets for 2012/13	-	GB	% variance from breakeven		<0.25% variance	
OBJ	Consolidate 90% of platelet components issued as apheresis units	%	CK	>90%		≥90%	
OBJ	Deliver specific projects in relation to benchmarking efficiency targets.	-					
KPI	Collection efficiency (overall and across each session area)	%	CK	>5%		>5%	
KPI	Donor deferrals	%	CK	5% improvement		5%	
KPI	Attrition of whole blood units	%	CK	5% improvement		<5%	
KPI	Reduced session programme	%	CK	>5%		>5%	
OBJ	Develop and submit for approval a full business case for replacement of mobile donation unit (BloodMobile)	-	CK	Business case submitted		Business case submitted	

OBJ /KPI*			Report From	2012/13 Target	2012/13 Actual to/at date	2012/13 Projected Out Turn	Status
OBJ	Confirmation of future status of Belfast Cord Blood Bank		JM	Decision on future status of Belfast Cord Blood Bank		Decision on future status of Belfast Cord Blood Bank confirmed	
KPI	Cord Blood Bank – number of units banked in year	No.	JM	>250		>250	
KPI	Cord Blood Bank – % units banked & registered on internal file available for search (within 2 months of obtaining results of 6 month maternal follow up samples)	%	JM	>95%		>95%	
KPI	Individual SDRs completed April/June with defined exceptions	%	IR	100%		100%	
KPI	Team development plans for all departments	-	IR	100%		100%	
KPI	Absenteeism	%	IR	<5.0%		<5.0%	
KPI	Compliance with prompt payment	-	GB	>95%		>95%	

* OBJ = Objective

* KPI = Key Performance Indicator

Appendix 5
REF:RR:09:CR:10:NIBT

Objective Theme	Risk	Impact on Service	Assessment of Risk			Existing Controls	New Tasks/ Action Plan	Assessment of Residual Risk			Owner	Review
			Impact	Likelihood	Risk Score			Impact	Likelihood	Risk Score		
Donor/Customer												
	Not recruiting sufficient new donors (ca. 8,000 pa) to maintain panel at 62,,000 +/- 3% e.g. as a result of introducing a new test.	Blood shortage – low blood stocks.	5	3	15	Recent increased marketing spend Jan-Feb 2012 which should have an impact into 2012/13	Return to 2004 programme levels. Within three months of commencing testing.	5	2	10	DSGM	Quarterly
	Impact of new donor programme strategy 2011--2015 on blood stocks. Donor panel and donor satisfaction	Many of the areas noted above: -blood stocks - donor panel - donor satisfaction	4	3	12	This is a phased reduction to the programme – where existing monitoring controls will remain	Consider reverting back to the previous phase of the strategy. Within three months of commencing testing.	4	2	8	DSGM	Quarterly

Objective Theme	Risk	Impact on Service	Assessment of Risk			Existing Controls	New Tasks/ Action Plan	Assessment of Residual Risk			Owner	Review
			Impact	Likelihood	Risk Score			Impact	Likelihood	Risk Score		
	Impact of new donor programme strategy 2011--2015 on blood stocks. Donor panel and donor satisfaction	Many of the areas noted above: -blood stocks - donor panel - donor satisfaction	4	3	12	This is a phased reduction to the programme – where existing monitoring controls will remain	Consider reverting back to the previous phase of the strategy. Within three months of commencing testing.	4	2	8	DSGM	Quarterly
	Netcord Regulation may be a requirement for cords to be selected.	All donations collected so far will not be suitable for selection by BBMR.	5	3	15	HTA Licence.	Take steps to comply with Netcord regulations.Waiting for a response to report provided to the DOH on resources required. Review June 2012.	1	1	1	Medical Director	Quarterly

Objective Theme	Risk	Impact on Service	Assessment of Risk			Existing Controls	New Tasks/ Action Plan	Assessment of Residual Risk			Owner	Review
			Impact	Likelihood	Risk Score			Impact	Likelihood	Risk Score		
People												
	Inability to complete workload due to staff shortage (Quality Management Systems and testing)	Failure to complete essential work including not meeting QIR targets for QMS within the QC Lab.. Adverse MHRA reports. Loss of reputation	4	4	16	Current staffing including Rotational access to BMS Band 6. BMS 6 resigned from post MARCH 2012. MLA 12 month fixed term appointment in place.	MLA in training. QM to meet with CEO to discuss staffing position. Review April 2012.	3	1	3	Quality Manager	Quarterly
	Issue of Platelets contaminated platelets	Adverse Patient reaction, litigation, loss of Reputation	5	3	15	Current NIBTS procedures Introduction of Manual checks.	Introduction of Manual checks. Addition of automated controlsBacTAlert/PULSE Interface on target for 31/03/12.	1	1	1	Joanne Murdock	Quarterly
	Shortage of staff through, sickness, leave and retirement.	Cord Blood processing cannot proceed	4	4	16	Staff prioritised to ensure cover for directed cord blood units.	Training of BMS1 and BMS2 staff for future cover in Cord Blood. Future of Cord Blood Bank awaiting DOH decision. To be reviewed June 2012.	3	2	6	Lab Manager	Quarterly

Objective Theme	Risk	Impact on Service	Assessment of Risk			Existing Controls	New Tasks/ Action Plan	Assessment of Risk			Owner	Review
			Impact	Likelihood	Risk Score			Impact	Likelihood	Risk Score		
	Changing terms and conditions for on call staff	Loss of emergency on call cover due to changing terms and conditions for on call staff from October 2011 (protected until September 2012)	5	3	15	n/a	Ongoing discussions with BMS on call staff to provide workable solution. DOH provided extension until September 2012	1	1	1	Lab Manager	Quarterly
Resources												
	Failure to retain Investors In People	Damage to reputation. Non compliance with HR CAS criterion.	4	3	12	IIP implementation plan. Departmental representatives appointed to implement KSF.	Appropriate resources within HR & CS. Further engagement with BMC & John O'Neill. Review April 2012.	2	2	4	HR & CS Mg.	Quarterly

Objective Theme	Risk	Impact on Service	Assessment of Risk			Existing Controls	New Tasks/ Action Plan	Assessment of Risk			Owner	Review
			Impact	Likeli-hood	Risk Score			Impact	Likeli-hood	Risk Score		
	Impact of requirement to deliver savings plan in line with DHSSPS requirements across CSR period 2011-2015	Reduced and constrained funding level	3	5	15	Development of savings delivery plan.	SMT to develop schemes for further service rationalisation. Ongoing.	3	3	9	CEO	Quarterly
	Ineffectiveness of current version of Q-Pulse	Lack of adequate guaranteed system support. Potentially unable to provide an efficient and timely service.	3	4	12	Software already on site. Working knowledge of Version 5 capabilities. Change control raised. Phase 1 completed.	Complete change control to implement Version 5. Phase 2 complete by April 2012 - 3 further modules.	1	1	1	Quality Manager	Quarterly

Objective Theme	Risk	Impact on Service	Assessment of Risk			Existing Controls	New Tasks/ Action Plan	Assessment of Risk			Owner	Review
			Impact	Likeli-hood	Risk Score			Impact	Likeli-hood	Risk Score		
	DSS support withdrawn by IBG at end 12/2011	System unable to perform in event of software issue	3	5	15	Procurement process. KAINOS appointed.	Kainos fully operational by end of March 2012.	3	2	6	Lab Manager	Quarterly