



Northern Ireland Blood Transfusion Service (Special Agency)

Annual Business Plan

2014/15

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1. Introduction

1.1 Mission

NIBTS will strive for excellent results in the field of transfusion practice. This applies to the donors we receive and care for, the patients we serve and our staff whom we wish to develop to their full potential.

1.2 Vision and Service Themes

The following statements set out the vision and strategic direction for NIBTS based on five themes.

The corporate goals, service improvement plans for individual departments and individual staff development reviews are linked to these themes:-

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

Donor/Customer – Improving the Donor/Customer experience

NIBTS key external customers include blood donors and hospital patients. There are other stakeholders including the Department of Health, the Health and Social Care Board who commission our services, the Health and Social Care Trusts who access our services and the wider public.

Donors

NIBTS wishes to maintain an excellent donor base and will set appropriate targets for an active donor list, replacement donor numbers and maintaining adequate blood stocks. Ensuring feedback from donors is critical to this process.

With a reduction in red cell demand again this year, the blood collection programme and the profile of sessions will be kept under constant review to ensure that the most appropriate plan is in place to meet ongoing demand.

The ongoing supply of platelets, the methods of production and the need for robust contingency will be kept under review taking account of any national recommendations and initiatives.

Information for donors will be enhanced by revising and updating the website and providing a link to the UK donor selection guidelines website which may now be publically viewed.

Where appropriate electronic access to donor selection guidelines will be provided to staff.

Hospital patients and clinical teams

The Northern Ireland Transfusion Committee has been reconstituted and this is a most welcome development as it strengthens the clinical network for transfusion and builds on already strong links with haemovigilance.

Northern Ireland already has the most restrictive issue of red cells in the European Union. There are a number of initiatives planned in relation to treating patients with iron by infusion preventing anaemia and accepting lower thresholds of haemoglobin for red cell transfusion which may reduce demand even further.

A detailed action plan for improvement in relation to the appropriate use of platelets audit which highlighted inappropriate use and over transfusion will be rolled out. This should have the effect of reducing the increase in demand for platelet components and improving sustainability of platelet supply going forward.

People – Engage, Empower and Encourage learning and development

The focus in 2014/15 will be a continued focus on our LiP objectives and in particular further strengthening the middle management tier.

The key principles are delegating and holding to account, management accountability, challenging poor performance and recognising and encouraging excellent performance.

Improvement – Embedding a culture of continuous improvement

This theme focuses on the development of a culture of continuous improvement. This can be facilitated through departmental service improvement plans and taking account of staff suggestions for service enhancement.

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 associated relevant legislation.

What is more visible to NIBTS staff and colleagues are the licensing regulations which relate to our Blood Establishment Authorisation from the Medicines and Healthcare product Regulatory Agency (MHRA) which is dependent on compliance

with the Blood Safety Quality Regulations (BSQRs) and cord blood authorisation provided by the Human Tissue Authority (HTA). NIBTS also participates in the Clinical Pathology Accreditation (CPA) scheme for our diagnostic laboratories. NIBTS has had excellent results across these three standards in the past year and hold relevant licenses and accreditation from all three bodies.

NIBTS Agency Board governance is supported by a Board Assurance Framework which is consistent with current DHSSPS Guidance. NIBTS submits returns in relation to 18 controls assurance standards to the Department. Three in relation to financial management, risk management and governance are externally verified by internal audit, a further 2-3 are selected for external verification using a risk based approach and the remainder are self-assessed.

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

Resources – Improving performance and achieving excellent results

This domain relates to financial and non-financial resources utilised by the Agency. The main aim of this area is to promote efficient, economic and effective use of staff, monies, equipment, estate and other resources.

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
 - by ensuring corporate governance and high quality service
 - by ensuring 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 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

2. Service Environment

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

2.1 **Constrained Financial Outlook for Health and Social Care in Northern Ireland**

Health and Social Care (HSC) is facing an extremely challenging financial outlook and all organisations will be required to develop cost reduction plans. While a target for cash release 2014/15 has yet to be confirmed, NIBTS will be planning for a 2.0% reduction in funding.

2.2 **Blood Stocks and Supply to Hospital Blood Banks**

For the fifth consecutive year component issues for red cells, fresh frozen plasma and cryoprecipitate have remained relatively stable. There is an initial trend towards a reduction in red cell issue with is being tracked. This relates to important changes in relation to clinical practice and will be factored into our blood collection model for 2014/15.

The number of platelet components issued now stands at a record high. The challenge for the service is to meet this high demand but also ensure contingency for further increases or one off peaks in demand.

Of consideration in this regard is a major clinical audit of appropriate use of platelets undertaken by NIBTS staff which indicates potential for reduction in inappropriate use, over transfusion and over ordering leads to avoidable time expiry.

2.3 **Blood Safety Initiatives**

There are a number of blood safety initiatives which have been recommended by Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO). A number of these relate to the provision of platelets which will impact in 2014/15 and are included in the objectives for the year. One such recommendation is the introduction of platelet additive solution for all platelet components as a vCJD risk reduction measure.

In addition, there are a number of other blood safety initiatives which may be progressed over a longer timescale. These include vCJD testing; pathogen inactivation of platelets; and other donor selection related developments. DHSSPS

and HSCB are updated on a regular basis regarding these initiatives, their likely implementation date and the financial consequences.

2.4 Safety and Quality Requirements

These are largely governed and mandated by licensing authorisations and accreditation schemes. Results from the majority of recent audits have been good however the MHRA inspection of November 2013 highlighted some areas of weakness for which a robust action plan has been prepared for implementation.

NIBTS recognises the importance of Quality 2020 and will ensure developments are consistent with this and where appropriate requirements are met.

2.5 Clinical Transfusion Practice and Haemovigilance

The Clinical Network for Transfusion in Northern Ireland will publish a work plan for 2014/15 following consultation which will impact on NIBTS. Key items for NIBTS will be appropriate use of platelets; closer, cooperative and collaborative working across the supply chain to manage inventory; patient blood management programmes such as infusible iron and pre-optimisation of patients to reduce the need for transfusion.

2.6 Staff Development

The Agency will continue to support and develop staff to perform effectively in their roles.

Future management development will continue to focus on delegating and holding to account, team development and managing poor performance.

2.7 Business Planning and Business Process

NIBTS business plan is risk based and meets requirements as published in Departmental guidance for business plans for Trusts and Agencies across Health and Social care.

Further development opportunities from Shared Services will be reviewed and taken forward by NIBTS as appropriate.

NIBTS will continue to participate in UK and European collaborative procurement exercises with other Blood Services aimed at securing best value for key consumables and equipment.

2.8 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).

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 its 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.

NIBTS will 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).

3. Business Objectives

Introduction

The NIBTS business plan is developed taking account of input from internal and external stakeholders.

The initial draft of the plan is reviewed by the Senior Management Team and shared with middle managers and supervisors via individual department and team meetings. This provides a further opportunity to include additional ideas.

The development of the plan takes account of the corporate risk register and also includes a section where the key risks facing NIBTS for the forthcoming year are outlined.

In addition, NIBTS considers and includes DHSSPS Departmental objectives for the year and complies with DHSSPS business planning process timetable.

The key objectives for the year are outlined below under the five NIBTS domains. These include both DHSSPS requirements and additional items identified by NIBTS.

<u>Theme 1 - Donor/Customer</u>	<u>DHSSPS</u>
• Conduct donor satisfaction surveys by March 2015 and achieving a 95% satisfaction required	4.1a
• For 2014/15 maintain number of donor complaints at less than 4 per 10,000 donors	4.1b
• Maintain average session waiting times of less than 30 minutes	4.1c
• In 2014/15 develop objectives around customer (hospitals) satisfaction and distribution of blood components to hospitals	4.1e
• During 2014/15 maintaining an active donor panel of 60,000 +/- 3%, and recruit at least 8,000 new donors.	4.3a
• During 2014/15 maintain agreed minimum blood stocks levels	4.3b
• Record and report to the Department on the number of times the red cell shortage plan is activated	4.3c
	<u>NIBTS</u>
• Evaluate platelet production options in light of SaBTO recommendations	1.1
• Revise and update NIBTS website	1.2

Theme 2 – People

DHSSPS

- Reduce or maintain staff absence rates to 6% 2c.1a
- By 30th June 2014, 90% of staff to have had an annual appraisal of their performance during 2013/14 and an agreed personal development plan for 14/15 2c.2a

NIBTS

- Complete on liP continuous improvement plan in anticipation of reaccreditation April 2015 2.1
- Progress Business Services Transformation Project (BSTP) including relevant aspects of shared services 2.2

Theme 3 – Improvement

DHSSPS

- During 2014/15 test and review arrangements to maintain the required standard of emergency preparedness to respond safely and effectively to a range of threats, hazards and disruptive events 1.3a
- During 2014/15 test and review business continuity management plans to ensure arrangements to maintain services to a pre-defined level through a business disruption 1.3b

NIBTS

- Develop implementation plan for introduction of platelet additive solution in line with SaBTO recommendations 3.1

Theme 4 – Quality

DHSSPS

- Meet the timescales of the Department’s ALB business planning process and ensure that draft business plans are with the Department by mid-January each year 1.1a
- Provide the Department with accurate and timely information which meets the Department’s performance management & reporting requirements and deadlines 1.1b
- Compliance with Department’s processes and timescales for the completion of: 1.2a
 - Mid-Year Assurance Statements and End year Governance Statements;
 - Board Governance Self-assessment Tool;
 - NAO Audit Committee Checklist;
 - Mid-Year and End-Year accountability meetings; and
 - The Controls Assurance Standard process
- By 31 March 2015 achieve substantive compliance with the Information Management Controls Assurance Standard 1.2b
- By 31st March 2015, carry out an independent evaluation of the Board governance arrangements. 1.2c
- By September 2014, to publish an individual ALB 2013/14 Annual Quality Report. 3.1a
- Maintenance of licence/accreditation for MHRA, CPA, HTA during 2014/15 4.2a
- Develop an action plan to address recommendations arising from legislative, regulatory, licensing or other inspections in 2014/15 and satisfactory progress is being made in implementing them 4.2b
- During 2014/15 ensure implementation of any agreed Departmental Blood Safety Initiatives on a timely basis 4.2c

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- Commission and deploy new blood mobile 4.1

Domain 5 – Resources

DHSSPS

- Achieve the financial breakeven target of 0.25% or £20k (whichever is the greater) of revenue allocation by March 2015 2A.1a
- Achieve/maintain the minimum standard of paying 95% of undisputed invoices within 30 days throughout 2014/15 2A.1b
- Reflecting on the 10 day target set for 2013/14, establish and deliver a realistic 10 day prompt payment target for the organisation, expressed as a percentage of invoices paid within 10 working days 2A.1c
- Annual Report and Accounts for 2013/14 to be certified by the C&AG and laid in the Assembly by 02 August 2014 2A.1d
- The actual year-end forecast and monthly profiled financial forecast of expenditure provided to DHSSPS each month is prepared on a robust basis and that any variances +/- 5% of the previous month's forecast are fully explained. 2A.2a
- The monthly year-end financial forecast as at September 2014 (and subsequent months) should be within +/- 0.5% of the final outturn. 2A.2b
- Delivering productivity and cash releasing efficiencies as set out in 2014/15 Savings Plans, by March 2015 2A.3a
- Developing plans to deliver efficiencies (productivity and cash releasing) in 2015/16 by 30 June 2014 2A.3b
- For capital, external consultancy/revenue business cases, ensure that submission to the Department is in line with agreed timeframes 2A.3c
- Ensure that a suitable skills base is maintained/developed to develop business cases and provide written assurance to your Board by March 2015 2A.3d
- Ensure STAs >£30k are publicly published on a monthly basis in line with CPD requirements 2A.4a
- Establish a process by June 2014 to provide assurance to your Board that your organisation has adopted and maintained good procurement practice, as specified in the Department's Review of Procurement, or as separately promulgated by the Department. Report to the Board in September 2014 and March 2015 on this matter 2A.4b
- Submit a Property Asset Management Plan, in line with Department requirements, to the Department on 30th April 2014 2B.1a
- Updates to current, planned and potential annual disposal plans to be submitted to the Department on a quarterly basis 2B.1b
- To submit a Sustainable Development Report, in line with Department requirements, by 30th April 2014 which includes the promotion of the procurement of sustainably sourced products, the monitoring of energy performance and set targets for performance improvement and the development of its own Green Travel Plan in line with the requirements within the Transport Controls Assurance Standard. 2B.2a

NIBTS

- Participate in UK/European collaborative procurement exercises 5.1

4. Financial Plans and Budgets 2014/15

4.1 2013/14 Revenue Position

The current income and expenditure projection for 2013/14 indicates that a breakeven position will be achieved. Therefore, the Agency will start 2014/15 with a balanced financial position with no underlying deficit.

4.2 2014/15 Projection

The projected funding requirement and income and expenditure budgets for 2014/15 are detailed in tables 1 – 3 and summarised below. These are shown at 2012/13 pay and price levels and do not include blood safety initiatives outlined in 2.3.

<u>Income</u>	<u>£000</u>
HSCB	8,798
Trust	<u>13,457</u>
Total	22,255

<u>Expenditure</u>	<u>£000</u>
Salaries and Wages	6,192
Goods and Services	4,325
Commercial Blood Products	<u>11,738</u>
Total	22,225

The following factors are relevant to the 2014/15 financial position:

Inflation

Funding for 2014/15 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 recurring cost pressure.

Cash Release

There has been no final confirmation of the 2014/15 cash release requirements. The current planning assumptions are for 2.0% cash release on NIBTS services. This is an extremely challenging assumption; however NIBTS has a plan developed to address a 2.0% efficiency gain requirement.

Plasma Products

The 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 has been reviewed and following a significant reduction in 2013/14 remains unadjusted for 2014/15. 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 from DHSSPS based on schemes notified in advance of the relevant year. Additional funding may be secured on submission of specific business cases.

The minimum capital requirements for 2014/15 will be developed and notified to DHSSPS in accordance with capital planning requirements.

Prompt Payment

Over the past few years NIBTS has achieved the minimum standard of paying 95% of invoices within 30 days. Following the introduction of new regional finance and procurement systems, NIBTS was unable to maintain this position. The ability to recover this position in 2014/15 will be affected by the move to Shared Services.

Management Costs

In line with DHSSPS guidance, a review of management costs was undertaken in 2013/14 and a savings plan developed as appropriate to the Service and presented to DHSSPS.

Financial Risks

The key financial risks for NIBTS in 2014/15 relate to the inability to deliver planned efficiency gains which could impact on the achievement of breakeven unless alternative cost reductions could be made.

NIBTS is awaiting a decision from DHSSPS regarding the future of Belfast Cord Blood Bank (BCBB). The retraction model associated with a decision to cease this operation could generate additional financial risks for NIBTS.

Table 1**Projected Funding Requirement 2014/15**

	Salaries & Wages	Goods & Services	Plasma Products	Haemophilia Products	Capital Charges	TOTAL
	£000	£000	£000	£000	£000	£000
Baseline Funding 2013/14	6,226	4,506	4,490	7,152	0	22,374
<u>Baseline Adjustments</u>						
Estimated Pay Increase						0
Non Pay inflation and costs						0
Cash release	(34)	(181)				(215)
Revised Baseline	6,192	4,325	4,490	7,152	0	22,159
Changes in Total Funding						
Additional Plasma Products			96			96
						0
						0
						0
						0
						0
Sub Total	0	0	96	0	0	0
Total Funding Required 2014/15	6,192	4,325	4,586	7,152	0	22,255

Table 2

Income by Commissioner 2014/15

	£000
Health & Social Care Trusts	
Belfast Trust	7,595
South Eastern Trust	1,356
Northern Trust	1,436
Southern Trust	1,527
Western Trust	1,543
Total Trust	13,457
Regional Health and Social Care Board	8,798
DHSSPS	0
Estimated Cash Uplift	0
TOTAL INCOME	22,255

Table 3**Expenditure Budget 2014/15**

SALARIES & WAGES	£000
Nursing	1,402
Laboratory	2,138
Corporate Services	479
Medical	537
Donor Services	643
Finance	260
Quality Assurance	444
Regulation and Compliance	289
Total Salaries and Wages	6,192
GOODS & SERVICES	
Commercial Haemophilia Products	7,152
Commercial Plasma Products	4,586
Pharmacy	27
Laboratory	2,787
Administration / Admin Recharges	226
Postage & Telephones	109
Advertising	107
Travel and Subsistence	101
Catering / Hospitality	28
Cleaning / Laundry	9
Uniforms	14
Bedding & Linen	5
Transport	93
Heat Light & Power	192
Rent & Rates	156
Computer Maintenance/ Office Equipment	262
Building & Engineering	70
Training	7
General Services	132
Total Goods & Services	16,063
Overall TOTAL	22,255

5. Risks

NIBTS has developed a Risk Management Strategy, which has identified the organisation's objectives and risk and sets out a control strategy for each of the significant risks. Procedures have been put in place for verifying that aspects of risk management and internal control are regularly reviewed and reported and that risk management has been incorporated fully into the corporate planning and decision making process of the organisation. This includes the development of corporate, operational and departmental risk registers which are used to identify and evaluate risk. The registers also detail factors used to control and mitigate risk. As Blood Establishment risk management is embedded in all key activities, specifically those GMP activities including the management of change, incidents and validation. These mechanisms provide for effective risk identification.

As noted above NIBTS has developed a corporate risk register. The key risks for NIBTS in the next year are outlined below.

- Key risks have been identified in respect of recruitment of sufficient donors, maintaining an appropriate panel size, donor satisfaction and blood stocks. Controls to mitigate these risks are in place. These risks relate to objectives DHSSPS 4.3a, 4.3b, 4.1a.
- As noted in 4.2 above, the key financial risk relates to the achievement of a breakeven position given the cash release savings target. This is also reflected in the corporate risk register and at objective DHSSPS 2a.1a.
- Further risks included in the corporate risk register relate to issues arising from vacant posts both short term and longer term and the ability of NIBTS to provide out of hours cover following revisions to Agenda for Change Terms and Conditions.
- During 2014/15 it is anticipated that SaBTO recommendations will need to be progressed and the risks regarding implementation of any such initiatives will be assessed and highlighted at an early stage.

6 Performance Management

6.1 Performance Management Framework

The key objectives are set out in the annual business plan which is approved by the Agency Board. There is 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 2014/15 objectives and introduces other relevant corporate key performance indicators not already covered as objectives for the year.

6.2 Performance against 2013/14 objectives

The progress against 2013/14 objectives which include NIBTS corporate objective list and Departmental objective list are detailed in Appendix 1

The objectives are on target for achievement with the following exceptions:

- NIBTS will achieve the payment of 95% of invoices within 30 days. This is due to ongoing issues arising from the implementation of new finance and procurement systems (FPL).
- The Online Blood Ordering System (OBOS) will not be implemented due to rejection of the proposal to proceed to business case on cost grounds.

6.3 Performance Assessment of 2014/15 Objectives and KPIs

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

The full list of objectives outlined in section 3 will be reviewed quarterly at SMT with appropriate action included in the SMT action list.

The key performance indicators, which also refer to a number of objectives will be reported to SMT on a monthly basis. This includes data relating to BSQR compliance.

The key performance indicators to be included in monthly reports are shown in appendix 2.

Appendix 2

Northern Ireland Blood Transfusion Service
Key Performance Indicators

Donor/Customer			R/A/G	
	Ref	Target	Year to Date	Expected Year End
Donor Satisfaction	DHSSPS 4.1a	95%		
Donor Complaints	DHSSPS 4.1b	<4/10,000 donors		
Waiting Times	DHSSPS 4.1c	< 30 minutes		
Active Donor Panel	DHSSPS 4.3a	60,000 +/- 3%		
New Donors	DHSSPS 4.3a	667/month		
Minimum Blood Stock Level	DHSSPS 4.3b	> 90 %		
Shortage Plan Activation	DHSSPS 4.3c	0		

People			R/A/G	
	Ref	Target	Year to Date	Expected Year End
Staff Absence	DHSSPS 2c.1 (a)	<6%		
SDRs Complete	DHSSPS 2c.2 (a)	> 90%		

Improvement			R/A/G	
	Ref	Target	Year to Date	Expected Year End
BURP tests completed on time	DHSSPS 1.3b	100%		

Quality			R/A/G	
	Ref	Target	Year to Date	Expected Year End
CAPAs within 30 days	DHSSPS 4.2a	> 75%		
Changes Outside Target Date	DHSSPS 4.2a	< 10%		
Audits Completed on Time	DHSSPS 4.2a	100%		

Resources			R/A/G	
	Ref	Target	Year to Date	Expected Year End
Financial Breakeven	DHSSPS 2A1.a	< 0.25%		
Invoice payment within 30 days	DHSSPS 2A1.b	95%		

Appendix 1

Reporting Template for Key Objectives 2013/14

Requirement	Completion Date	Summary of Progress to Date Position as of 30/11/2013	RAG Status	Position Year End	For those requirements not on track for achievement highlight potential risks associated with not delivering requirements by date and describe mitigating measures (remedial action plan)
Donor/Customer <i>Improving the Donor/Customer Experience</i>					
1.1 Maintain adequate blood stocks No activation of red cell shortage plan Note: Activation of red cell shortage plan is defined three consecutive reporting days when specific ABO groups are below threshold Maintain four days issuable stock index across the following ABO blood groups for > 90% of reporting days: O Rh(D) positive A Rh (D) positive B Rh (D) positive AB Rh (D) positive B Rh (D) negative AB Rh (D) negative Maintain three days issuable stock index across the following ABO blood groups:	31/03/2014	No activation of red cell shortage plan Results 99% 99% 99% 100% 99% 100%	Green	Green	

Requirement	Completion Date	Summary of Progress to Date Position as of 30/11/2013	RAG Status	Position Year End	For those requirements not on track for achievement highlight potential risks associated with not delivering requirements by date and describe mitigating measures (remedial action plan)
O Rh (D) negative A Rh (D) negative Issuable stock index is defined as the annual issue figure for each ABO blood group divided by 365.25 days		98% 98%			
1.2 Test blood and platelet shortage plans (contingency with NHSBT)	03/06/2013	Emergency plan tested 03-05/06/2013	Green	Green	
1.3 Recruit new donors > 8,000 Maintain active donor list > 60,000 +/- 8.0%	31/03/2014	5,800 61,500	Green	Green	
1.4 Improve the donation experience Update NIBTS website with donor selection guideline information and a refreshed, frequently asked questions section Pilot donor registration clinics where potentially new donors will be given information, enrolled as donors, samples only taken and donation deferred until second visit. Complete two pilots in year.	31/03/2014	Completed 30/06/2013 Not yet completed	Green Amber	Green Green	Planned for 10 December 2013

Requirement		Completion Date	Summary of Progress to Date Position as of 30/11/2013	RAG Status	Position Year End	For those requirements not on track for achievement highlight potential risks associated with not delivering requirements by date and describe mitigating measures (remedial action plan)
	Donor satisfaction surveys (maintain score > 95%)		98%	Green	Green	
	Donor complaints (maintain score <4/10,000 donor visits)		4/10,000	Green	Green	
	Session waiting times (maintain average time < 30 minutes)		24 minutes	Green	Green	
People						
<i>Engage, Empower and Encourage Learning and Development</i>						
2.1	Continue to implement good management practices in relation to staff via corporate liP action plan and departmental actions	31/03/2014	Corporate liP action plan updated Associated departmental action plans updated	Green	Green	
2.2	Roll out 360° appraisal for Band 8 employees	31/03/2014	Two completed, four scheduled	Amber	Green	Senior manager for 4 x AfC band 8a employees on long term sickness absence
2.3	2 x Donor Session Assistant staff trained in haemoglobin donation venepuncture on Belfast and Omagh teams	31/03/2014	Two staff commenced training programme	Amber	Green	

Requirement		Completion Date	Summary of Progress to Date Position as of 30/11/2013	RAG Status	Position Year End	For those requirements not on track for achievement highlight potential risks associated with not delivering requirements by date and describe mitigating measures (remedial action plan)
2.4	Leadership programmes and E-Learning from Quality 2020 programme	31/12/2013	E-learning programmes implemented for recruitment and selection and fire safety. Manual handling scheduled for January 2014 and health and safety scheduled for year end	Green	Green	
Improvement <i>Embedding a culture of continuous improvement</i>						
3.1	Implement Business Services Transformation Programme (BSTP) modules in relation to Human Resources, Payroll, Travel and Subsistence (HRPTS)	31/03/2014	Payroll implemented by 24/10/2013 other aspects by 31/01/2014	Green	Green	
3.2	Implement interface NIBTS Diagnostic Services System with NIMATS (hospital antenatal patient administration system) in partnership with BSO ITS	31/03/2014	User specification defined and agreed. Test scripts will run in November	Amber	Amber	Final delivery dependent upon BSO
3.3	Implement online blood ordering system (OBOS) for hospital blood banks	31/03/2014	Project to be reviewed due to cost	Amber	Amber	Deferred to 2014/15 pending detailed business case due to excessive costs

Requirement		Completion Date	Summary of Progress to Date Position as of 30/11/2013	RAG Status	Position Year End	For those requirements not on track for achievement highlight potential risks associated with not delivering requirements by date and describe mitigating measures (remedial action plan)
3.4	Implement further modules QPulse version 5	31/03/2014	Assets, equipment management and document control implemented	Green	Green	
3.5	Complaints monitoring and management to be incorporated into QPulse version 5 incident management module	31/03/2014	Scheduled Quarter 4 2013/14	Green	Green	
3.6	Health and safety incidents to be incorporated into QPulse version 5 incident management module	31/03/2014	Scheduled Quarter 4 2013/14	Green	Amber	Short term delay due to competing pressures
3.7	Corporate absence management <5.0% corporate absence	31/03/2014	6%	Amber	Amber	Absence governance meetings have been instituted as an additional measure
Quality <i>Ensuring Governance and Compliance</i>						
4.1	Fully implement inspection recommendations for MHRA and HTA licenses and CPA accreditation	31/03/2014	Full MHRA license, all actions completed from November 2011 inspection, no conditions. Mock MHRA audit from Welsh Blood Service colleagues 10-11/10/2013 – satisfactory result	Green	Green	

	Requirement	Completion Date	Summary of Progress to Date Position as of 30/11/2013	RAG Status	Position Year End	For those requirements not on track for achievement highlight potential risks associated with not delivering requirements by date and describe mitigating measures (remedial action plan)
			<p>Full HTA license, all actions completed from July 2012 inspection, no conditions</p> <p>Full CPA accreditation , all actions completed from January 2010 inspection and June 2012 surveillance visit, no conditions.</p>			
4.2	Statement of Internal Control and satisfactory end of year accountability review	31/03/2014	<p>KPMG year-end financial audit 14/05/013 – satisfactory result</p> <p>Internal audit performance management 08/07/2013 – satisfactory result</p> <p>Internal audit procurement and contracts 07/08/2013 – satisfactory result</p>	Green	Green	
4.3	<p>Equality and Human Rights Meet all statutory duties arising from Section 75</p> <p>Annual review of progress submitted</p>	31/03/2014	Annual review of progress submitted	Green	Green	

Requirement	Completion Date	Summary of Progress to Date Position as of 30/11/2013	RAG Status	Position Year End	For those requirements not on track for achievement highlight potential risks associated with not delivering requirements by date and describe mitigating measures (remedial action plan)
<p>Disability action plan submitted</p> <p>Departmental action plans arising from Equality Scheme developed</p> <p>Mandatory training for all staff completed</p> <p>Equality screening templates completed</p>		<p>Disability action plan submitted</p> <p>Departmental action plans arising from Equality Scheme developed</p> <p>Mandatory training for all staff completed</p> <p>Equality screening templates completed</p>			
4.4	31/03/2014	Develop, implement and monitor plans to deliver moderate compliance (30% - 70% with the revised Information Governance Controls Assurance Standard)	Green	Green	Work scheduled with Information Governance Officer November 2013
4.5	31/03/2014	Collate annual quality report in keeping with Q2020 guidance	Amber	Green	Work scheduled with Senior Manager Short term delay due to redeployment of staff to cover sickness

Requirement	Completion Date	Summary of Progress to Date Position as of 30/11/2013	RAG Status	Position Year End	For those requirements not on track for achievement highlight potential risks associated with not delivering requirements by date and describe mitigating measures (remedial action plan)	
Resources <i>Improving performance and achieving excellent results</i>						
5.1	Conformation of status of Belfast Cord Blood Bank	31/03/2014	Updated position Communication from HSCB to NIBTS, altruistic cord blood banking suspended November 2013. Alternative arrangements put in place with NHSBT for directed cord blood donations. Public consultation exercise managed by HSCB commenced 30/05/2013	Green	Green	
5.2	Achieve financial breakeven and meet defined efficiency targets for 2013/14	31/03/2014	Financial breakeven position projected. Cash release schemes identified	Green	Green	
5.3	Plateletpheresis wastage <5.0%	31/03/2014	9.5% as of 31/08/2013	Amber	Amber	Routine 7 day inventory has been implemented for component donations. The extension in shelf life by 2 days should improve result.

ALB Reporting Template for Departmental Requirements 2013-14

Requirement	Completion date	Summary of progress to date	RAG Status	For those requirements not on track for achievement highlight potential risks associated with not delivering requirement by date and describe mitigating measures (remedial action plan).
<u>Governance</u>				
1.1 Prepare and submit to the Department a: a) End year (2012/13) Governance statement; and b) Mid-year (2012/13) assurance statement on a timely basis in accordance with Departmental timescales.	31/05/2013 18/10/2013	Submitted 31/05/2013 Submitted 24/10/2013	Green Green	
1.2 By 30 th September 2013 undertake a review of the ALB's Assurance Framework against Departmental guidance issued in 2009.	30/09/2013	Board Assurance Framework reviewed 21/03/2013.	Green	
1.3 Ensure that the Audit Committee self-assessment is completed and returned to the Department by September 2013.	30/09/2013	Scheduled for completion on 05/12/2013	Amber	Will be delivered in year
1.4 By 30 th September 2013 undertake a review and report to the ALB Board on the effectiveness of the ALB's systems in place to monitor and review progress on implementation of action plans resulting from legislative, regulatory, licensing or other	30/09/2013	Governance and Risk Management Sub-Committee of the Agency Board regularly reviews external assessment calendar, monitors action plans generated by controls assurance standards and internal audit reports.	Green	

Requirement	Completion date	Summary of progress to date	RAG Status	For those requirements not on track for achievement highlight potential risks associated with not delivering requirement by date and describe mitigating measures (remedial action plan).
inspections, inquiries, Internal audit reports, RQIA reports and external audit findings.		Reported a standing item at the Agency Board and separate report as a standing item to the Agency Board in relation to licensing issues and regulatory affairs. These reports are RAG coded.		
1.5 During 2013/14 and where applicable assess the current level of compliance with controls assurance standards in a timely manner and in accordance with Departmental guidance and timescales.	31/03/2014	Governance and Risk Management Sub-Committee of the Agency Board regularly reviews external assessment calendar and monitors action plans generated by controls assurance standards which have specific actions and linked timelines. This report is RAG coded.	Green	
1.6 Ensure compliance on a timely basis with the documentary requirements set out in the MS/FM including Appendix 1 where this applies.	On-going 31/03/2014	Information goes to the Department routinely.	Green	

Requirement	Completion date	Summary of progress to date	RAG Status	For those requirements not on track for achievement highlight potential risks associated with not delivering requirement by date and describe mitigating measures (remedial action plan).
<u>Business Planning</u>				
1.8 Ensure the ALB's 2014/15 Business plan is prepared in line with Departmental requirements, approved by the ALB Board and submitted to the Department by end of January 2014.	31/01/2014	On track for completion. Draft annual business plan to be presented to Agency Board for approval 05/12/2013.	Green	
<u>Business Continuity/Emergency Preparedness</u>				
1.11 During 2013/14 test and review arrangements to maintain the required standard of emergency preparedness to respond safely and effectively to a range of threats, hazards and disruptive events, including preparation for the World Police & Fire Games 2013.	30/06/2013	Completed. Emergency plan drilled 03/06/2013.	Green	
1.12 During 2013/14 test and review business continuity management plans to ensure arrangements to maintain services to a pre-defined level through a business disruption.	31/03/2014	On track for completion. Business continuity plans reviewed February 2013 and will be reviewed again February 2014	Green	

Requirement	Completion date	Summary of progress to date	RAG Status	For those requirements not on track for achievement highlight potential risks associated with not delivering requirement by date and describe mitigating measures (remedial action plan).
<u>Information Governance</u>				
1.14 During 2013/14 implement and monitor action plans to achieve moderate compliance with the revised Information Management Controls Assurance Standard.	31/03/2014	On track for completion. Data flow exercise scheduled for completion December 2013. Evidence file for compliance with revised IM controls assurance standards scheduled for completion February 2014.	Green	
1.15 Take steps to maintain/improve the quality of information/data being presented to the ALB Board by: a) Identifying before the end of April 2013 an Executive Board member lead with responsibility for providing assurance on the quality of data/information presented to the ALB Board to support decision making; b) Taking steps to ensure that during 2013/14 a data quality assurance process is in place which provides the Board with assurance that data collected and information provided to them is fit for purpose, robust and of a consistently high standard; and,	30/04/2013	Executive Director confirmed as Dr K Morris	Green	
	31/03/2014	To be completed	Amber	Delayed due to absence of Dr K Morris

Requirement	Completion date	Summary of progress to date	RAG Status	For those requirements not on track for achievement highlight potential risks associated with not delivering requirement by date and describe mitigating measures (remedial action plan).
<u>Business Cases</u>				
<p>2.8 Improve the quality of business cases (revenue and capital) and post project evaluations by:</p> <p>a) Conducting an annual review of the processes regarding the preparation and approval of all business cases to ensure they are compliant with existent guidance. Report findings of review to your Board and the Department by 30th April 2013;</p> <p>b) Developing a database for all revenue and capital business cases by the Department by 30th April 2013 and copy to Department;</p> <p>c) For capital projects, ensuring that submission to the Department is in line with agreed timeframes; and,</p> <p>d) Ensuring that a suitable skills base is maintained/developed to develop business cases.</p>	<p>30/04/2013</p> <p>30/04/2014</p> <p>On-going</p> <p>31/03/2014</p>	<p>Reported to Agency Board meeting on 23/10/2013.</p> <p>Completed. Database on all revenue and business cases submitted to the Department June 2013.</p> <p>On track for completion. Monthly monitoring of expenditure is reported to Department.</p> <p>Completed. Training provided to senior managers to reinforce learning</p>	<p>Green</p> <p>Green</p> <p>Green</p> <p>Green</p>	

Requirement	Completion date	Summary of progress to date	RAG Status	For those requirements not on track for achievement highlight potential risks associated with not delivering requirement by date and describe mitigating measures (remedial action plan).
<u>Procurement</u>				
<p>2.9 Set out steps to provide assurance during 2013/14 to your Board to demonstrate compliance with DFP and Departmental procurement requirements/guidance including:</p> <p>a) Procurement guidance notes as set out in HSC Finance circulars, procurement Estates Letters (PELs), the Ministerial approved recommendations in the Department's review of Procurement, and agreed recommendations of the Public Accounts Committee.</p>	31/03/2014	Completed. Confirmed Agency Board meeting 26/09/2013. All PGNs and PELs are complied with. A register is maintained of all single tender actions and was recently reviewed by internal audit and confirmed to be satisfactory.	Green	
<p>2.10 During 2013/14, adoption or maintenance of good procurement practice, as specified to individual ALBs in the Department's Review of Procurement, or as separately promulgated by the Department, and establish a process to provide assurance to your Board in this regard.</p>	31/03/2014	Completed	Green	

Requirement	Completion date	Summary of progress to date	RAG Status	For those requirements not on track for achievement highlight potential risks associated with not delivering requirement by date and describe mitigating measures (remedial action plan).
<u>Annual Accounts</u>				
2.12 Prepare annual accounts on a timely basis in accordance with Departmental timescales.	31/03/2014	On track for completion.	Green	
<u>2B – ESTATE Asset Management</u>				
2.14 Your business plan must set out steps to be taken to: a) Ensure that property costs demonstrate value for money; b) Actively dispose of surplus assets; and c) Ensure that the organisation has access to appropriate skills and expertise in property management either internally or externally.	31/03/2014	On track for completion. A property asset management plan will be submitted to the Department by 30/04/2014	Green	
	31/03/2014	On track for completion. No surplus assets disposal in the last year.	Green	
	31/03/2014	Access to appropriate skills and expertise in property management through Assets and Estates Management Branch.	Green	

Requirement	Completion date	Summary of progress to date	RAG Status	For those requirements not on track for achievement highlight potential risks associated with not delivering requirement by date and describe mitigating measures (remedial action plan).
a) Establishing a realistic sickness absence target for the organisation, expressed as a percentage of available staff days to be achieved during 2013/14;	31/03/2014	On track for completion. Monthly monitoring of absence and reporting to Department and Agency Board. Revision of HR absence policies completed. Absence governance meetings initiated.	Green	
b) Identifying within the business plan the key steps and actions to be taken during 2013/14 to reduce or where appropriate maintain current sickness absence levels; and,	30/04/2013	On track for completion. Reports to Agency Board.	Green	
c) Undertake a review and report to the ALB Board and Department by 30 th September 2013 of the key reasons behind staff absence and patterns in long term and short term absence.	30/09/2013	Action completed. Report provided to Agency Board and DHSSPS	Green	

Requirement	Completion date	Summary of progress to date	RAG Status	For those requirements not on track for achievement highlight potential risks associated with not delivering requirement by date and describe mitigating measures (remedial action plan).
<u>Staff appraisal/development</u>				
2.19 Outline the key steps and milestones to be achieved during 2013/14 to implement the knowledge and skills framework.	31/03/2013	On track for completion. Reported as KPI at monthly SMT meetings.	Green	
2.21 Take steps to ensure that by 30 th June 2013 90% of staff will have had an annual appraisal of their performance during 2012/13	30/06/2013	87% SDRS completed. Remainder scheduled for completion by 31/01/2014	Amber	
2.23 Ensure that by 31 st March 2014 100% of doctors that are in the workplace have been subject to an annual appraisal.	31/03/2014	On track for completion. All medical staff are appraised annually as per GMC revalidation procedures.	Green	
<u>Pensions</u>				
2.25 Outline the key steps and milestones to be achieved during 2013/14 to prepare for auto enrolment of staff on pension schemes.	01/05/2013	Automatic enrolment for all new staff completed 01/05/2013	Green	

Requirement	Completion date	Summary of progress to date	RAG Status	For those requirements not on track for achievement highlight potential risks associated with not delivering requirement by date and describe mitigating measures (remedial action plan).
<u>Q2020</u>				
3.1 Work as part of the Regional group to publish the first Annual Quality Report by 31 st March 2014	31/03/2014	Quality Assurance manager attends regional forum and paper submitted to Agency Board 21/03/2013. On track for completion.	Green	
Other ALB Specific Priorities				
3.14 Improve the donor/customer experience – measured by donor satisfaction surveys (95% satisfaction required), number of donor complaints, timescale for dealing with complaints, session waiting times, participation in UK survey of donor’s customer satisfaction survey.	31/03/2014	On track for completion. All are reported as KPIs at monthly SMT meetings	Green	
3.15 Develop objectives around customer (hospitals) satisfaction and distribution of blood components to hospitals.	31/03/2014	On track for completion. Formally reviewed at 3 annual users’ meetings distributed across hospital blood banks (2) and antenatal clinics (1)	Green	

Requirement	Completion date	Summary of progress to date	RAG Status	For those requirements not on track for achievement highlight potential risks associated with not delivering requirement by date and describe mitigating measures (remedial action plan).
4.1 To ensure the ALB is compliant with all relevant legislative, regulatory or licensing requirements.	On-going 31/03/2014	On track for completion. There are a number of fora where licensing issues and regulatory affairs are formally reviewed. 1) Monthly quality improvement review meeting recorded and minuted. 2) Monthly senior management team meeting recorded and minuted 3) Governance and risk management sub-committee of Agency Board meeting quarterly, recorded and minuted 4) Agency Board meeting, as a standing item, recorded and minuted.	Green	
4.2 To ensure the ALB has an action plan in place to address recommendations arising from legislative, regulatory, licensing or other inspections and satisfactory progress is being made in implementing them.	On-going 31/03/2014	All legislative regulatory licensing or other inspections have their recommendations formalised in an action plan with specific objectives, responsible owners and target dates for completion of actions. There are a number of safety nets were these are	Green	

Requirement	Completion date	Summary of progress to date	RAG Status	For those requirements not on track for achievement highlight potential risks associated with not delivering requirement by date and describe mitigating measures (remedial action plan).
		formally reviewed and these are referred to in the response to 4.1.		
4.3 Implementation of agreed SaBTO Blood Safety Initiatives on a timely basis	On-going 31/03/2014	SaBTO recommendations are circulated to the Chief Executive, NIBTS from the Secretariat and also through Dr Liz Reaney, Department of Health who attends the meeting as an observer. Funding implications of new initiatives are identified and reported to RHSCB at least every 6 months.	Green	
4.4 Maintain adequate blood supply to hospitals in NI (recruitment, selection, care of donors) – measured by maintaining an active donor panel of 60,000 +/- 3%, recruiting at least 8,000 new donors, maintenance of blood stocks levels, number of times the red cell shortage plan is activated, issue of platelets.	On-going 31/03/2014	On target for completion	Green	