



Blood and Transplant

Strategic Plan 2009/12

Final Version April 2009

Foreword

During the next three years, NHS Blood and Transplant (NHSBT) will continue to undergo significant change as part of a comprehensive modernisation programme required to achieve our core purpose, “to save and improve lives”, whilst also demonstrating safety, quality, customer care and value for money.

Our future organisation will be built upon:

- A clear strategy with measurable outcomes.
- An ambition to be excellent in all that we do.
- A set of shared values and a style of working that underpin actions and behaviour.
- The appropriate number of staff for the work in hand.
- A skilled workforce with their capability and knowledge matched to the outcomes required.
- Integration of our systems, procedures and communications to provide effective support.



The Directorates of Blood Donation, Organ Donation & Transplantation, Patient Services and Specialist Services are at the forefront of turning our aims into reality – providing products and services that ensure better care and treatment to patients. We will also work to raise public awareness about donation across the board, dispelling myths and encouraging people to consider making a simple, but life-saving, gift.

In all areas we will continually strive for excellence through sharing best practice, encouraging innovation and improving our performance so that we may:

- Secure the blood supply through major improvements in donor satisfaction and loyalty.
- Save more lives through driving changes designed to increase the numbers of organs donated and successfully transplanted.
- Provide hospitals and customers with what they need through improving the way we manufacture and supply our products and services.
- Maintain a state of preparedness that will enable us to efficiently introduce any major changes that we are mandated to implement regarding the safety of our products.
- Deliver continuous improvement in operational efficiencies.

These are times of significant change both within our organisation and externally in the wider healthcare sector and the global economy. Nevertheless, we have made an excellent start to our modernisation programme, and with sustained energy over the period of this plan, we can realise the benefits of working to fulfil our ambitions of being a world-class organisation.

Lynda Hamlyn
Chief Executive

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Section One: Introduction and Strategic Direction

Introduction

1. NHSBT is a Special Health Authority in England and North Wales, with responsibilities across the United Kingdom in relation to organ donation and transplantation.
2. Our core purpose is to save and improve lives.
3. It is our responsibility to ensure the supply of enough safe blood, tissues, solid organs and plasma products to the NHS both now and in the future. We rely entirely on the altruism and loyalty of our donors: in 2007/08, countless lives were saved and transformed by their generosity in donating 1.9 million units of blood and 3,235 organs.
4. Building on the progress made since NHSBT was established in October 2005, we need to respond to the changing demands of hospitals, regulatory authorities, and above all, donors, patients and the public, to deliver the first-class performance and service they rightly expect from us.
5. In early 2008, we generated a three-year Strategic Plan, which established a series of very challenging objectives and reflected the ambition and far-reaching implications of the first Organ Donation Taskforce report and the National Blood Service Strategy Review, both announced in January 2008.
6. Significant progress has been made and delivery of our strategy remains on course. We are now entering a critical phase of delivery and as such, this document rolls forward, updates and extends the existing plan to cover the period 2009/10 to 2011/12. We remain highly focused on the delivery of key plans during 2009/10 and the benefits that will then be seen in full during 2010/11.
7. However, whilst being absolutely focused on delivery of our key objectives in 2009/10, we recognise that NHSBT must continually improve and must seek to identify the next wave of opportunities through which we can further develop our services and improve efficiency. This plan therefore identifies the actions that will be taken to identify and deliver these next steps.

Strategic Direction

8. Our strategy continues to rest on five broad themes:
 - ❖ **The efficient provision of a safe and sustainable supply of blood, blood components and services which meet all safety, quality and compliance standards.**

We will modernise each stage of the blood supply chain: from the collection of blood – focusing particularly on donors' experience of giving blood – to the processing and testing of blood and its issue and delivery to hospitals.

- ❖ **The provision of a range of Specialist Services to hospitals which meet all safety, quality and compliance standards.**

We will continue to provide our current range of specialist (diagnostic) services – with the exception of routine antenatal screening – while working to ensure that they cover their costs.

❖ **The identification and referral of more potential and actual organ donors, with a resultant increase in the number of transplants.**

We are committed to developing NHSBT as a UK-wide Organ Donation Organisation and delivering our share of the recommendations of the first Organ Donation Taskforce. Going beyond this, we will support the new aspirations for increasing numbers on the Organ Donation Register to 25 million by 2013, and to increase the numbers of organs donated by 73%. These aspirational targets have been incorporated into the Terms of Reference of the Department of Health Programme Delivery Board chaired by Chris Rudge, DH National Clinical Director Transplantation. The delivery of these aspirations is a shared objective of all stakeholders on this Board and their partners across Government.

❖ **Financial viability in fractionated products while continuing to meet all quality, service provision and compliance standards.**

We will continue progress made to-date towards the production of fractionated products on a financially self-sufficient and sustainable basis.

❖ **The establishment of NHSBT as an effective, responsive organisation, focused on the changing needs of donors, hospitals and other customers.**

In order to fulfil the ambition of our strategy, we will continue to review our organisational arrangements, making the necessary changes to our structures, systems and governance processes.

The effective and timely engagement of our stakeholders in development and delivery of our plans is integral to their success during a period of significant change for the organisation.

9. The core elements of the strategy commenced last year, which have been rolled forward into this updated Strategic Plan, are described below.

Blood Supply Chain

10. Our plans for the next three years are based on the findings of the National Blood Service Strategy Review which took place in late 2007. The changes that we are undertaking and the efficiencies and cost savings which they generate aim to:

- Meet the clinical need and demand for red cells, platelets and other blood components.
- Address the declining numbers of blood donors.
- Meet clinical, safety and accreditation standards.
- Stabilise the price of red blood cells to hospitals.

11. The views of hospitals, our staff and their representatives, key professional bodies and a range of other stakeholders were integral to the development of our

plans to transform blood collection and retain a geographically-balanced spread of processing and testing centres across the country, while improving our efficiency and ensuring value for money for the NHS.

12. Just as important: we are asking donors – current and prospective – about the kind of service which they expect when they give blood.
13. The plans do not yet reflect the potential impact of any newly mandated blood safety interventions. There is an increasing focus within the broader UK health community on further initiatives that may be required to mitigate against the risk of vCJD transmission through blood transfusion. Our plan includes activities that will further develop our understanding of the impact that these potential additional initiatives may have and also to evaluate emerging technologies as they become available. The anticipated impact of some of these potential initiatives is very significant. They could dramatically increase the cost of blood and have a material impact on our ability to maintain supply. We will continue to work closely with the DH and its independent advisory committee on the safety of blood, tissues and organs (SaBTO), to ensure that their decisions are well informed and any new interventions that we are mandated to implement, can be done so rapidly and effectively.
14. In **Blood Donation** we need to collect c38,000 donations every week to supply hospitals in England and North Wales. This supply depends entirely on the altruism and loyalty of volunteer donors. It is our responsibility to ensure that donors' experience of giving blood repays this generosity and that they continue to donate on a regular basis.
15. While there has been a safe and sufficient blood supply in this country for many years, the number of blood donors has declined by 20% over the last six years. At the same time, and as a result of successful work with hospitals on better use of blood, the demand has also reduced, albeit at a slower rate than collection.
16. In order to assure the blood supply to hospitals, we need to both attract new donors and retain those who already give blood. In order to do so, we need to adapt to the changing environment in which we operate.
17. In common with the rest of the NHS, we need to become more responsive to the public. Current and prospective donors tell us that they want a service that better reflects their different lifestyles, allowing them greater flexibility as to when and where they give blood.¹
18. Specifically, our service needs to be:
 - **More convenient – for example, opening at different times.**
68% of people want to be able to give blood in the evenings or at the weekends.

40% of regular donors and 70% of lapsed donors gave their reason for not donating as inconvenient session times.
 - **More flexible – for example, offering appointments while continuing to welcome those who want to walk in and give blood.**

¹ ICM Omnibus Donating Blood Survey, September 2007

69% of first-time donors expect to be able to make an appointment. However, we understand that this does not suit everyone, so we must ensure a workable balance between appointments and donors who want to walk in.

- **More efficient – for example, ensuring shorter waiting times**

69% of first-time donors expect the whole experience of giving blood to take no longer than 45 minutes.

We need to improve donors' experience of giving blood so that first-time donors become regular donors.

19. A series of pilot schemes have worked on how we can improve donor satisfaction and the process of donation across the board – looking, for example, at changes to the screening process and session flow to reduce both waiting times and the total time it takes to give blood.

20. In **Patient Services** the National Blood Service review demonstrated that we were operating at 40% excess capacity in our processing services and 35% in our testing services. It also identified that a number of our centres lacked the flexibility to meet future safety and regulatory requirements, such as testing for variant Creutzfeld-Jacob Disease (vCJD).

21. We therefore plan to:

- Continue with our programme of consolidation of blood services that has begun in the Midlands and the South West. Our new, state-of-the-art blood centre at Filton in Bristol, is the largest blood processing centre in the world. The centre will process up to 600,000 units of blood a year, with new manufacturing systems employing cutting-edge technology in blood filtration, conveyor and storage systems.
- As well as supplying blood to patients at 90 hospitals throughout the Midlands and the South West, the centre provides specialist diagnostic services and stem cell therapies. It also houses the British Bone Marrow Registry and the International Blood Group Reference Laboratory.
- Consolidate our blood production to 6 processing and 5 testing centres with:

Processing centres at: Brentwood
 Colindale
 Bristol
 Manchester
 Newcastle
 Sheffield

Testing centres at: Colindale
 Bristol
 Manchester
 Newcastle
 Sheffield

- The current network of 15 blood issue sites (where blood is stocked and from which it is issued) will continue to supply hospitals, as and when they need it.

- Processing and testing services will move from the Leeds and Tooting centres and testing services from the Brentwood centre over the next two years.
- A programme of operational improvement will be implemented to ensure consistent, high performance across the country will run over the next three years.

Specialist Services

22. NHSBT provides a wide range of Specialist Services which are integral to the safe and effective supply of blood, organs, tissues and cells. While these services are valued by hospitals, none currently recovers its full costs and are subsidised by income from the core blood supply. We therefore plan to:

- Continue to provide the current range of Specialist Services, moving them towards financial sustainability over the next 3 years through a combination of efficiency improvements and volume & price increases.
- The only exception is routine antenatal screening. Currently, two-thirds of the NHS uses antenatal screening services supplied by NHS pathology services (that is, from outside NHSBT). In discussion with hospitals, we plan a managed withdrawal from this service over the next 2 years.
- Consolidate from 10 to 8 Red Cell Immunohaematology (RCI) reference laboratories, retaining this service locally wherever possible. This service will be provided in the following centres (plus, subject to review, Cambridge in partnership with Addenbrooke's or this activity will transfer to Colindale):
 - Birmingham
 - Colindale
 - Bristol
 - Leeds
 - Liverpool
 - Newcastle
 - Sheffield
 - Tooting
- Relocate the banking, processing and issue of cord blood from Edgware to Filton, which also houses other stem cell activities. Cord blood will continue to be collected from the four hospitals where this currently takes place. Each has been selected on the basis of their high number of births from the black and minority ethnic population, with collection also due to begin at a fifth hospital – St George's in Tooting – in 2009.

23. The changes in the Blood and Specialist Service Supply Chains will involve the reduction of up to 600 posts over a three-year period. Where possible, we will seek to make these largely by non-compulsory means, such as voluntary redundancy, redeployment, staff turnover and vacancy control.

Organ Donation

24. There are currently 16 million people – 26% of the UK population – on the NHS Organ Donor Register, with c1 million names added in the last year. There has been a steady increase in the number of transplants in this country over the past 6 years, with 2007/08 seeing more than 3,200 transplants undertaken for the first time – a c5% increase on the previous year.
25. Nevertheless, UK donor rates are significantly below those of our European counterparts, such as France and Spain. Currently, almost 8,000 people in this country need an organ transplant, rising by about 8% a year. Put simply, this translates into more than 1,000 people (3 each day) who die every year waiting for a transplant.
26. The Organ Donation Taskforce (ODTF) was established by the Government in 2006 to identify barriers to organ donation, explore current issues with a bearing on donation rates and recommend action to be taken to increase organ donation within current legal frameworks. The Taskforce report – “Organs for Transplants” - makes 14 recommendations, all of which were accepted in full by the Government. Taken together, these recommendations aim to deliver a 50% increase in organ donation in the UK within five years, resulting in an additional 1,200 transplants per year.
27. Our early priorities in implementing those recommendations in the report which fall to NHSBT include:
- The establishment of NHSBT as the national Organ Donation Organisation with responsibility for UK-wide donation.
 - The expansion and strengthening of the current network of donor transplant co-ordinators, working with hospitals to guide and support bereaved families through the donation process. These donor transplant co-ordinators will be employed centrally by NHSBT to ensure consistency across the country.
 - The establishment of a UK-wide network of dedicated organ retrieval teams, available 24 hours a day, working with critical care teams in hospitals to retrieve organs for transplant across the UK.
 - The development of a public awareness campaign to promote organ donation to the general public and specifically, to the black and minority ethnic population.
28. Taken as a whole, the 14 recommendations seek to make organ donation as a usual rather than an unusual event in the NHS. “Organs for Transplants” was published in January 2008. It is available at:
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082122
29. The issue of presumed consent was addressed by the ODTF in its second report issued in November 2008 where it recommended that a system of presumed consent should not be introduced into the UK at this time. Although the Prime Minister, in response, did not rule out such a system, the Health Secretary announced new aspirational objectives for increasing numbers on the Organ Donation Register to 25 million by 2013, and to increase the number of organs

donated by 73%. These objectives have been incorporated into the Terms of Reference of the Department of Health Programme Delivery Board chaired by Chris Rudge, DH National Clinical Director Transplantation. The delivery of these aspirations is a shared objective of all stakeholders on the Board and their partners across Government.

Fractionated Products

30. Via the Bio Products laboratory (BPL) NHSBT manufactures and supplies a range of blood products to the NHS and overseas markets.
31. We are operating in an environment defined by the requirement both to source plasma from the United States, due to the risk of vCJD in the UK population, and to supply the domestic market on a preferential basis in order to ensure supply. Licensing requirements in Western Europe and the United States have also curtailed our ability to maximise income generation from finished products.
32. Over recent years, therefore, we have relied on direct funding from the Department of Health. By securing access to new markets and increasing prices in our main product lines, this level of funding has been reduced by c76% over the past 3 years.
33. We aim to build on this progress and become financially self-sufficient over the next 3 years by:
 - Increasing capacity and throughput.
 - Developing new products and expanding into key markets.
 - Increasing home and export sales revenues.
 - Considering options for commercial partnership.

An Ambitious Organisation

34. The scope and ambition of our programme of change requires a fundamental shift in our culture and structure, so that NHSBT operates effectively as a single organisation in the delivery of our strategy across blood, organs and associated services.
35. We are reviewing our organisational arrangements, developing structures, systems and governance processes which allow us to meet the challenges of the next three years and beyond. This will include the need to ensure greater efficiencies across the Corporate Services which support the organisation's key functions.
36. The success of our plans depend on maintaining close, effective relationships with our stakeholders, so that we can provide the efficient and responsive service which donors, hospitals and patients expect.
37. The remainder of this document (and its associated appendices) describes the level of progress made during 2008/09, the specific priorities for 2009/10, while setting out the plans and milestones necessary to deliver our strategic objectives over the period 2009/10 to 2011/12.

Section Two : Progress in 2008/09 and Priorities in 2009/10

Progress in 2008/09

Blood Supply Chain

38. Actions were commenced to improve performance in blood collection and to stabilise blood stock levels. During 2008/09 blood collection has exceeded plan and an improving trend has been established. Blood stocks have generally been in the target range of 40,000 – 50,000 units. At no time have total stocks fallen below the 3 day alert level, but there were two instances where stocks of O negative and AB negative fell below the 3 day alert level.

39. This has been achieved despite a significantly higher than planned level of demand. This was originally forecast at 1.765 million units in 2008/09 and reflected the year on year trends that had been seen over recent years. Towards the start of the 2008 calendar year a change in trend became apparent and it appeared that the demand for red cells had started to stabilise. This trend has now been confirmed and the forecast for 2008/09 is now set at 1.86 million units (versus 1.82 million in 2007/08). Demand for platelets and frozen components were also ahead of plan.

40. During 2008/09, we commenced our plans to make significant progress within the blood supply chain. Specifically to:

- Complete the preparation for the medium to long-term transformation of blood collection and commence an operational improvement programme.

Following a successful pilot, the Operational Transformation Programme (OTP) in Blood Donation has been rolled out across all blood collection teams and is demonstrating opportunity to realise significant operational benefits and clear improvements in donor satisfaction.

- Open the new blood centre at Filton and consolidate activities within the South West.

The new and iconic processing facility at Filton was completed to plan and under budget. Specialist Service and administrative functions have moved into the building, initial MHRA audits have been successfully completed and the consolidation of processing and testing in the South West region completed.

- Continue to implement agreed blood safety initiatives.

The production of cryoprecipitate for children, via the importation of virus inactivated plasma, was implemented. During March 2008, the production of platelets by component donation reached the target level of 80%.

- An intent to apply a cap on the price of blood charged to our customers and bring a halt to the year on year increases seen over recent years.

The red cell price was set at c£140/unit in 2008/09. At the 2008 NCG meeting a price of c£133/unit has been agreed (essentially reflecting the increase in demand described above). The price is forecast to decrease further in 2010/11 when the full year benefits of the processing rationalisation and OTP are seen.

Specialist Services

41. The Specialist Service change programme included implementation of price increases and volume growth across the portfolio of Specialist Services, along with consolidation of activities, in order to improve financial viability and reduce the cross-subsidy provided by blood components.
42. During 2008/09 agreement has been secured with our Commissioners to deliver a range of price increases in 2009/10 (with corresponding decreases in blood component prices) in line with our strategic targets.
43. A commercial business team has been established to support and drive the planned growth of activity and significant progress has been made on the consolidation programme with the transfer of RCI from Southampton to Filton, Tissue Services into Liverpool, Reagents from Birmingham and Cambridge to Liverpool, all completed. Good progress has also been made in the planning for further consolidation in future years and for the planned divestment from the provision of routine antenatal services.
44. After dipping at the start of the year, performance has improved steadily against agreed service levels, with all areas achieving SLA targets by the year-end. The planned implementation of Hematos (the replacement specialist services IT system) for H&I in summer 2008 was deferred but was completed in February 2009.

Organ Donation

45. The organ donation change programme was tasked with establishing NHSBT as the national Organ Donation Organisation and commencing implementation of the recommendations of the Organ Donation Taskforce (ODTF).
46. During 2008/09, Organ donor, transplant and registration activity are all ahead of plan and the implementation of the ODTF recommendations has proceeded at pace. This has included:
 - Implementation of 54 clinical "Donation Champions" and Organ Donation Committees within donating hospitals.
 - Implementation of financial reimbursement to all hospitals for the additional costs incurred when facilitating a potential or actual donor.
 - Implementation of a centrally employed Donor Transplant Co-ordinator network in four regions (Yorkshire, Scotland, North London and South East).

- Development and introduction of an electronic (web-based) system for the process of donor registration and organ offering (EOS).
- Development of an initial procurement framework and service delivery requirement for the commissioning of a national Organ Retrieval Service.
- Preparations for a major public awareness campaign (currently scheduled to launch at the end of 2009).

47. In addition, during January 2009, the number of donors on the Organ Donation Register reached 16 million – 12 months before the planned date.

Fractionated Products.

48. The Fractionated Products work-plan was focused on increasing capacity and growing sales in order to reduce grant in aid funding and drive the business towards financial sustainability.

49. Following a targeted programme of investment in its Elstree factory, and root cause analysis of manufacturing bottlenecks, BPL has demonstrated a significant and sustainable increase in its manufacturing capacity. The current run rate is equivalent to a 75% increase in plasma processing capability over that achieved in 2007/08. In addition, the lead-times for each of the three main product groups have decreased from an average of 66 to 49 days releasing around £4 million of cash previously tied up in work in progress (WIP). The improved management of cash has enabled BPL to cover the increased cost of plasma due to:

- The exchange rate moving from \$1.97/£ to \$1.42/£.
- The increase volume of plasma received in the second half of the year.
- The higher price of the plasma required to supplement the volumes shipped from DCI (a DH owned US plasma supplier).

50. Although sales have grown (with export sales higher by > 20%) they have been lower than budget for much of the year. This was entirely due to delays in shipments of plasma from DCI and hence a lack of product available for sale. Much of this has been rectified by year end but has created timing pressure on working capital and cash.

An Ambitious Organisation

51. Implementation of a new leadership team within NHSBT has been completed with key appointments made in the areas of Blood Donation and Organ Donation & Transplantation.

52. A revised Executive and Board performance framework was deployed, which combined several disparate performance reports into one integrated performance report. The report captures pro-active risk management, progress against targets and milestones, KPI development and financial performance.

53. NHSBT was inspected by the Healthcare Commission for the first time during 2008/09 and achieved a ranking of 'Good' for our overall quality of service. This provides a solid foundation from which to move forward.

54. A hardware upgrade and consolidation of the 3 regional databases in PULSE was successfully completed, and from August 2008 NHSBT has been operating across all aspects of blood donation, processing, testing and issue within a single database for the first time in our history.
55. 2008/09 has also seen significant cost pressures. Earlier in the year this was due to the impact of oil / fuel on both utility costs and in the cost of petrochemical based plastics. Later in the year, following the “credit crunch” these pressures abated but were replaced by the impact of currency rates and especially the impact of the Euro/Sterling exchange rate. Despite the cost pressures, and with red cell demand higher than planned, we have continued to meet our financial targets.

Priorities for 2009/10

56. 2009/10 is a critical period during which some of the more difficult elements of the transition plan commenced last year will be implemented. This includes the realisation of benefits identified by OTP as well as completion of the processing consolidation across the South East and North regions. These are significant challenges with material levels of execution risk.
57. As such, this plan maintains a strong focus on the delivery of existing plans within the coming year. There has been deliberately less focus on year 2 and year 3 and a clear decision that to add further initiatives in 2009/10 would be an unacceptable addition to risk.
58. However, there is a need to identify and develop the next wave of activities and improvements that are needed to meet the longer terms aspirations of NHSBT. The themes and the activities needed to develop them are captured below (see Moving Forward).
59. The challenging change agenda for the coming year is captured in the Annual Work-plan, attached as Appendix One. This contains the detailed activities, initiatives and milestones for 2009/10. Our priorities during this year are:
- i. Delivering a stable and reliable supply of blood and components while continuing the implementation of the Transformation Programme within the blood supply chain. Specifically:
 - Realisation of the benefits identified by the Operational Transformation Programme (OTP) within Blood Donation.
 - Commence (and substantially complete) the consolidation of processing and testing within the South East and the North.
 - Continue delivery of the Processing and Testing operational improvement programme, including improvements to the cold chain and supporting logistics.
 - Build on the capability of Filton and work towards establishing the site as a world class facility.

- Work within the £140/unit price cap for red cells that was identified in last years plan (the price agreed at the 2008 NCG is now set at £133/unit for 2009/10).
 - Develop services to customer hospitals by piloting a new electronic blood ordering system and developing a programme to improve order fulfilment processes.
 - Continue to implement agreed blood safety initiatives, maintaining platelet production from component donation at 80%, reducing TRALI through 100% production of Fresh Frozen Plasma from male donors and improving the appropriate use of red cells through support of the Better Blood Transfusion programme. Continue to evaluate a range of potential future blood safety interventions as mandated by SaBTO.
- ii. Continue to implement the Specialist Services strategic programme, growing sales volumes by 5%, increasing the number of units held in the Cord Blood Bank and delivering further elements of the consolidation and divestment programme (especially RCI changes in the Northwest and in Cambridge).
- iii. Increase the levels of deceased organ donation, living organ donation and cornea donation. Continue the implementation of the Organ Donation Taskforce recommendations as they relate to NHSBT. Building on the foundations laid in 2008/09 we will:
- Increase the number of Donor Champions to c200 and continue to reimburse hospitals for the costs incurred in facilitating a donor.
 - Ensure that the 4 Donor Transplant Co-ordinator teams created in 2008/09 become fully operational, while transferring and developing the remaining 8 teams.
 - Complete the roll out of EOS (phase 1) producing and implementing plans for its further development (phase 2 and 3).
 - Complete the commissioning of a National Organ Retrieval Service and agree the donor management model for later implementation.
 - Launch a high-profile, multi-media campaign to increase public awareness of and support for organ donation in the UK, increasing the number of people on the Organ Donor Register to 17.5 million.
- iv. Secure the benefits of the capacity increases at BPL. Deliver licence approvals to enable increased sales into Europe and the USA and work together with DH/DCI to secure higher volumes of plasma.
- v. Maintain and, where appropriate, improve compliance with standards, ensure robust emergency preparedness arrangements are deployed and improve customer satisfaction and service levels.

- vi. Further develop the service directorate and support function structures, commence plans to deliver significant efficiencies in Corporate Services and optimise use of the estate.
- vii. Deliver the 2009/10 financial plan. Work within the agreed red cell price of £133/unit agreed with the NCG. Reducing the gap between income and expenditure in Specialist Services by 35% (£24.5 million to £15.8 million) and meeting the BPL grant in aid targets.

Moving Forward – 2010/12

60. As indicated above, the focus of this plan is on delivery of existing transformation plans, the majority of which will be implemented in 2009/10.
61. However, NHSBT is committed to delivering continuous improvement in operational efficiency and to commencing work to identify improvements in Corporate Services and the use of our estate.
62. Although progress will continue to be made in 2009/10, this will be limited by the focus on delivery of the current Transformation Programme. However, 2009/10 will see the start of activities that will pilot, test or develop the plans designed to deliver benefits beyond the current transformation plan. The objectives anticipated by this plan beyond 2009/10 include:
 - Ongoing improvement in efficiency within the blood supply chain driven by introducing “lean manufacturing” and by reference to benchmarking with and learning from, other blood services. This is reflected in the operational efficiency targets that are included in the detailed work plans in section three of this document.
 - Developing Filton as our ideal Blood Centre operating model, driving it to world class status and rolling out learning across other blood processing and testing centres.
 - Improving the customer interface through improved processes and use of appropriate technology – in essence making us both more efficient and “easier to do business with”. 2009/10 will see some specific piloting of electronic ordering systems and development of broader designs for the customer interfacing processes.
 - Increased efficiencies in Corporate Services. The 2008/09 plan included savings of £3.0 million in 2010/11. This plan now anticipates savings of £1.2 million in 2009/10, £6.5 million in 2010/11 and a further £4.7 million in 2011/12. These are provisional targets pending development of detailed plans for delivery. Delivery will include a mix of short-term actions but will critically depend on improvement to our core administrative processes and utilising new technology to dramatically reduce the number of transactions and replace the existing manually driven paper systems. This work is commencing now and will be developed through 2009/10.

- Developing corporate information systems in place of the multiplicity of local databases currently in existence to ensure that data is more accurate, more consistent and better controlled, while being easier to use and access.
 - Improved efficiencies in the use of estate. This will be initially focused on the short term opportunities identified last year and primarily generated by the transformation programme and the space released by those changes.
63. Delivery of these plans will be different in nature from the priorities in 2009/10 but will be no less difficult given the end-to-end process thinking and change management implications implied. It will be important that we transfer skills from the existing external programme management resource (Sapient) and develop this capability in house. In addition, we will need to ensure that we have the organisational capability and capacity to develop and implement complex projects.
64. Delivery of these projects has the potential to deliver significant improvements in our product/service delivery and will contribute to ongoing cost savings beyond the current transformation programme. The headline that will demonstrate delivery is the price of red cells. This plan is projecting a red cell price of below £130/unit in 2010/11/12, based on flat red cell demand and assuming delivery of the benefits from the transformation programme (and no implementation of mandated safety initiatives).
65. Section three of this document captures the high-level work programme for the next three-years in relation to each of our strategic objectives and describes:
- The strategic objectives, supporting activities and associated performance measures and targets to be achieved over the 2009/12 period.
 - The individual initiatives through which they will be delivered.
66. Section four summarises the key corporate financial headlines over the 2009/12 period and our approach to performance management and assurance.
67. Progress against this plan will be regularly monitored through our performance management framework, which focuses on key performance measures and targets related to our strategic outcomes. These metrics, along with other “health monitoring” KPIs and regular milestone reporting, will form the basis against which our progress during 2009/10 will be measured.

Section Three: Strategic Objectives for 2009/12

a) Blood Components

Strategic Objective: To deliver a modern, world class blood service that provides a sustainable and dependable supply of blood components, that meet all safety, quality, compliance and service standards, as efficiently as possible.

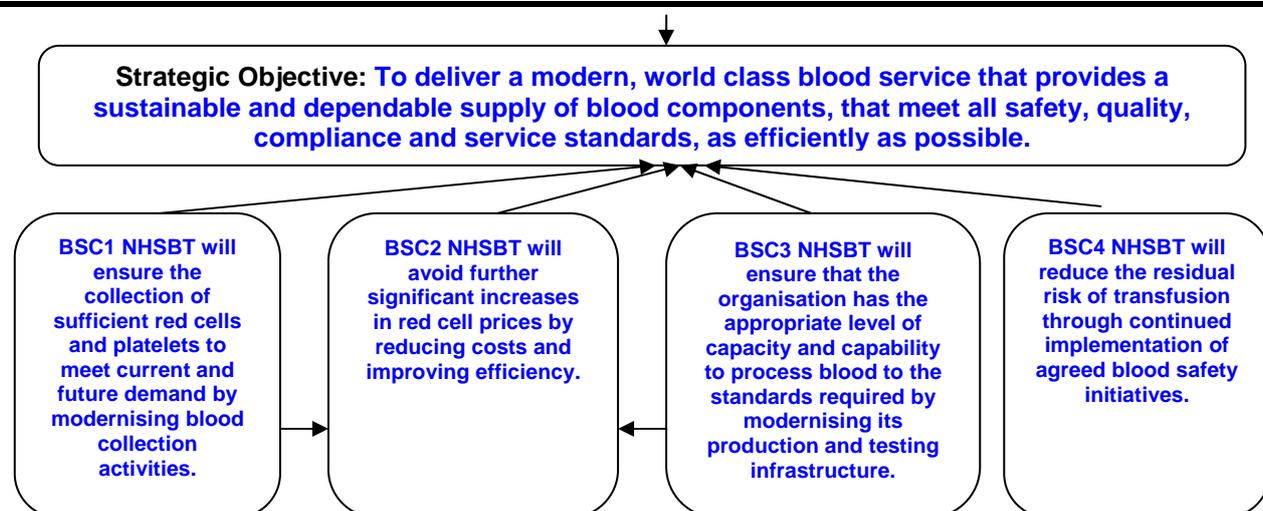
68. In line with our strategic direction, as captured in section one, we will continue to pursue initiatives within the four Blood Supply Chain (BSC) strategic activities that were identified last year:

- a) BSC1 - ensure the collection of sufficient red cells and platelets to meet current and future demand by modernising blood collection activities.
- b) BSC2 - avoid further significant increases in red cell prices by reducing costs and improving efficiency.
- c) BSC3 - ensure that the organisation has the appropriate level of capacity and capability to process blood to the standards required by modernising its production and testing infrastructure.
- d) BSC4 - reduce the residual risk of transfusion through continued implementation of agreed blood safety initiatives.

We will continue to work with the Department of Health (DH) to ensure appropriate briefings to the Board and the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO) on blood safety matters.

69. The following pages capture our high-level activities, key outcome measures and initiatives planned over the 2009/12 period.

Strategic Objective measures and targets (level 1)	2008/09	2009/10	2010/11	2011/12
Percentage of product requests met	>99.9%	>99.9%	>99.9%	>99.9%
Number of occasions where red cell stocks (for any blood group) are below the three day alert level for three or more consecutive days	0	0	0	0
Number of occasions where opening stock of platelets is below average daily demand for two or more consecutive days	0	0	0	0
Percentage of blood collection target achieved in order to meet customer demand (Red cell issue & collection forecast)	100% (1.860m & 1.958m)	100% (1.859m / 1.957m)	100% (1.859m & 1.957m)	100% (1.859m & 1.957m)
Percentage of blood donors very / totally satisfied	65%	68%	73%	75%
Number of 'critical' regulatory non-compliances	0	0	0	0
Unit price of red cells	£139.72	£133.19	£127.00	£126.00



Strategic Activity measures and targets (level 2)	2008/09	2009/10	2010/11	2011/12
BSC 1 Percentage of donations NOT converted to validated red cells	4.7%	4.7%	4.7%	4.7%
BSC1 Number of Complete Donations per WTE	1,125	1,155	1,250	1,500
BSC2 Income and expenditure position (cost reduction target reflected within financial plan)	£0m (£10.2m)	£0m (£8.7m)	£0m (£19.7)	£0m (£8.2m)
BSC3a Productivity within Processing - number of red cell (equivalent) units per WTE	5,300	6,400	7,700	8,200
BSC3a Productivity within Testing - number of samples (excluding NAT) per WTE	12,300	13,000	17,700	18,200
BSC3b Percentage of external non-compliances with overdue actions	0%	0%	0%	0%
BSC3c Percentage of hospitals very / totally satisfied with overall service	53%	55%	58%	61%
BSC4a No. of TRALI cases (probable / highly likely)	12	10	8	6
BSC4b No. of confirmed TTIs from bacterial contamination	5	2	1	1

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
BSC1 NHSBT will ensure the collection of sufficient red cells and platelets to meet current and future demand by modernising blood collection activities.				
1a) Redress the decline in blood collection focusing on targeted donor marketing and communications activities.				
<ul style="list-style-type: none"> Following on from the short-term marketing initiatives in 2008/09, undertake a review of Marketing, Session Planning, and market evaluation & segmentation in order to create a Strategic Marketing Plan for Blood Donation. 	Complete short-term marketing initiatives	Embed in operations. Implement review outcome		
<ul style="list-style-type: none"> Evaluation of Future Business Improvement Opportunities and build resilience in blood collection for any future safety initiatives. 		Evaluate and Plan		
<ul style="list-style-type: none"> Implement the renewal of key contracts - National Contact Centre and Mailing fulfilment. 	Complete Tender	Implement by Q 3		
1b) Increase donor satisfaction through improved session convenience.				
<ul style="list-style-type: none"> Revised opening times and more accessible locations. 	Plan approach, Retail partner pilot, Double RC feasibility	Complete opening hours pilots Commence Implementation	Complete roll out by quarter 2	
<ul style="list-style-type: none"> Decoupling panels. 	Plan and start pilot	Complete pilot & plan delivery	Implement	
1c) Increase operational productivity (and improve donor experience) through realisation of the benefits of the Blood Donation Operational Transformation Programme and from the reorganisation of structures (BDOT).	Redesign, pilot and roll out processes. Review structure and capabilities	Consolidate Donor Records in the North and South East. Realise benefits of OTP		
1d) Develop plans to import red cells as an important aspect of NHSBT contingency planning.	Feasibility study. Tender specification	OJEU tender. Shortlist suppliers	Tender award. FBC approval from DH	Prepare for implementation if mandated
1e) Improve blood donor safety through:				
<ul style="list-style-type: none"> Better research, training and education, and by Implementing new donor procedures to reduce donor adverse events. 	Establish SAE baseline. Pilot changes to procedures	Develop proposals Implement procedures and new SAE reporting system	Implement	
Key (level 3) outcome-measures:				
<ul style="list-style-type: none"> Donor complaints per million donations. 	3.541	3.541	3.541	3.541
<ul style="list-style-type: none"> Faints per 10,000 donors bled. 		220	220	220
<ul style="list-style-type: none"> Re-bleeds per 10,000 donors bled. 		50	50	50
<ul style="list-style-type: none"> Bruises per 10,000 donors bled. 		41	41	41
<ul style="list-style-type: none"> Reduction in "do nothing" shortfall. 	50k	120k	300k	300k
<ul style="list-style-type: none"> Donation Frequency. 	1.41	1.43	1.56	1.56
<ul style="list-style-type: none"> Average in-session queuing time. 		<20 mins	<20 mins	<20 mins

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
BSC2 NHSBT will avoid further significant increases in red cell prices by reducing costs and improving efficiency.				
2a) Reductions in supply chain costs related to the continued decline in blood component demand.	£4.6m	-	-	-
2b) Reductions in cost and efficiencies from increasing capacity utilisation through consolidation and productivity improvements within Processing and Testing and by implementing best practice (linked to 3a).	£0.3m	£2.6m	£5.8m	£0.7m
2c) Implementation of an Operational Transformation Programme to deliver greater productivity in blood collection (linked to 1c above).	£1.4m	£1.8m	£5.4m	£0.8m
2d) Procurement savings.	£2.5m	£3.1m	£2.0m	£2.0m
2e) Release of non-recurring safety funding in prices.	£1.4m	-	-	-
2f) Efficiencies delivered from within NHSBT support functions.	-	£1.2m	£6.5m	£4.7m
Total Cost Reduction Programme	£10.2m	£8.7m	£19.7m	£8.2m

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
BSC3 NHSBT will ensure that the organisation has the appropriate level of capacity and capability to process blood to the standards required by modernising its production and testing infrastructure.				
3a) Increasing capacity utilisation through consolidation, productivity improvements and by implementing best practice.				
<ul style="list-style-type: none"> Complete the consolidation in the South West (SW) on-time and to budget. 	Filton build complete Activity transferred from Southmead SW consol nearing completion	Filton fully operational end June Develop SW SHU Decom mission Southmead end June		
<ul style="list-style-type: none"> Develop Filton as the model for driving efficiency improvement, driving it to world class status and rolling out learning across other blood processing and testing centres. 		Plan and develop targets		
<ul style="list-style-type: none"> Consolidation in the South East (SE) and North: <ul style="list-style-type: none"> Move Tooting Processing into Colindale. Move Brentwood and Tooting Testing into Colindale / Filton. Move Leeds Testing to Sheffield. 	Plan	Consult April to Sept Implement from October	Complete by April	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Move Leeds Processing to Sheffield. 		Consult April to Sept	Implement April to Sept	
<ul style="list-style-type: none"> Operational improvement programme (OIP) linked to consolidation driven by introducing "lean manufacturing" processes and by reference to benchmarking with and learning from other blood services. 	Plan OIP	Complete "lean" assessment & begin implementation	Complete Implementation	
<ul style="list-style-type: none"> Cold chain improvement programme. 	Begin Cold Chain	Complete Phase 1 Plan phase 2	Implement Phase 2	
<ul style="list-style-type: none"> Develop logistics infrastructures to support consolidations in the SW. 	Plan & implement	Complete		
<ul style="list-style-type: none"> Develop logistics infrastructures to support consolidations in the SE. 		Plan Commence implementation	Complete implementation	
<ul style="list-style-type: none"> Develop logistics infrastructures to support consolidations in the North. 				
3b) Initiatives which contribute to delivering 'compliance' targets.				
<ul style="list-style-type: none"> Reinforce a compliance culture through increased self-inspection resource to identify and correct problems in advance, ensuring all major non-compliances are managed effectively and within defined timescales. 	Recruit and train staff Increase internal inspection	Audit and compliance activity updated for org change		
<ul style="list-style-type: none"> Implement a process for the production of 'quality accounts'. 		Planning & preparation	Implement	
<ul style="list-style-type: none"> Implement a records management policy. 		Planning & preparation	Implement	
<ul style="list-style-type: none"> Plan for non-compliance - to maintain the percentage of external non-compliances with overdue actions at 0%. 	Implement	Compliance Officer, Cold Chain specialist and Quality Champions in post	Ongoing	

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
BSC3 NHSBT will ensure that the organisation has the appropriate level of capacity and capability to process blood to the standards required by modernising its production and testing infrastructure.				
3c) Implementation of improved service to hospitals.				
<ul style="list-style-type: none"> Plan and implement electronic ordering system for blood components – High Value recommendation arising from customer process modelling project which adds value to the customer. 	Prioritise developments	Pilot & develop roll out plan of EBOS & develop plan for order fulfilment	Complete roll out of EBOS. Order fulfilment TBD	
<ul style="list-style-type: none"> Undertake a high level review of NHSBT Customer relations to define a Customer Strategy and resource plan (to include assessment of partnership / integrated working models). 	Review & plan complete	Implement changes to align infrastructure to strategy		
<ul style="list-style-type: none"> Improve hospital customer satisfaction scores through a programme of pro-active interactions with key customers. 	Strategy for Commercial Business Team developed	Implement top 10 quick wins. Plan further changes		
<ul style="list-style-type: none"> Planning for the introduction of routine weekend deliveries to hospitals and alternative pricing framework for hospital deliveries. 	Assess outcome of Tooting & Newcastle weekend deliveries	Establish costs of expanding weekend deliveries to other sites		
<ul style="list-style-type: none"> Implement initiatives to improve performance around stock management working with hospitals supported by the Tooting blood centre 	Review recommendations from the Tooting supply chain work with logistics and PTI	Develop work plan for up to 5 hospitals which will deliver optimal return on investment		
<ul style="list-style-type: none"> Develop improved demand and supply chain planning processes. 	Review demand & stock planning toolkit	Define resource & skill sets. Implement improved process		
<ul style="list-style-type: none"> Replace 6 monthly Customer Satisfaction survey with a system which provides more regular feedback to monitor NHSBT changes 		Develop & Implement		
<ul style="list-style-type: none"> Improve the customer interface through developing processes and use of appropriate technology. 		Plan and develop		
<ul style="list-style-type: none"> Better Blood Transfusion (BBT): <ul style="list-style-type: none"> Develop and implement an integrated BBT strategy and structure. 		Implement phase 1		
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Explore mechanisms to capture and report data on the clinical use of blood by speciality in hospitals. 		Complete Feasibility	Pilot	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Engage with patients and the public to align NHSBT Better Blood Transfusion activities with wider NHS objectives around patient involvement. 		Develop patient involvement programme		
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Provide hospitals with comparative data sets on blood components to assist them in meeting the objectives of the current health service circular. 	Develop Business objects queries	Deliver first set of comparative data		

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
BSC4 NHSBT will reduce the residual risk of transfusion through continued implementation of agreed blood safety initiatives.				
4a) Ongoing implementation of blood safety initiatives:				
<ul style="list-style-type: none"> Continued implementation of sustained platelet production by component donation (baseline production at 60%). 	80% by March	80%	80%	80%
<ul style="list-style-type: none"> Further testing and processing initiatives to reduce TRALI. 	Production of male donor cryo Option appraisal of PAS vs. testing of platelet donors	100% male FFP and cryoprecipitate. Suspend 100% platelet pools in male plasma	Consider antibody testing of current female apheresis donors	
<ul style="list-style-type: none"> Extend the use of imported virus inactivated plasma from low risk BSE countries for the preparation of cryoprecipitate for children. 	10k units imported	New plasma supply contract in place. Transfer of stock to Hospitals complete		
4b) Ongoing evaluation of further potential blood safety plans.				
<ul style="list-style-type: none"> Implications of red cell prion filtration – NHSBT will continue to participate in the UK Blood Services Prion Reduction Working Group and produce papers for SaBTO as required. 	Ongoing evaluation. Option appraisal to SaBTO.	Preliminary reports on efficacy and safety to SaBTO	Endogenous studies ongoing. Safety study B started	Efficacy and safety studies complete.
<ul style="list-style-type: none"> Evaluate whether bacterial screening or pathogen inactivation should be implemented. 	Clinical study – including 4 day retest trial	Paper to SaBTO. Actions as agreed with the DH. Complete 7-day Platelet trial	Actions as agreed with the DH	Actions as agreed with the DH
<ul style="list-style-type: none"> Continue with assessment of Prion Test Assay. 	Ongoing evaluation. Option appraisal to SaBTO	Complete specificity evaluation	Actions as agreed with the DH	Actions as agreed with the DH
<ul style="list-style-type: none"> NHSBT will assess the costs, feasibility and timescales of further vCJD risk reduction steps. <ul style="list-style-type: none"> Double Dose Red Cells Importation of red cells for Children. Prion Assay 100% Platelets by Component Donation. Importation of FFP for all Patients. 	Ongoing evaluation. Option appraisal to SaBTO	Ongoing evaluation. Option appraisal to SaBTO	Ongoing evaluation Actions as agreed with the DH	Ongoing evaluation Actions as agreed with the DH
<ul style="list-style-type: none"> Review and develop structure for evaluation and implementation of blood safety initiatives. 		Establish Process & agree governance structure		

b) Specialist Services

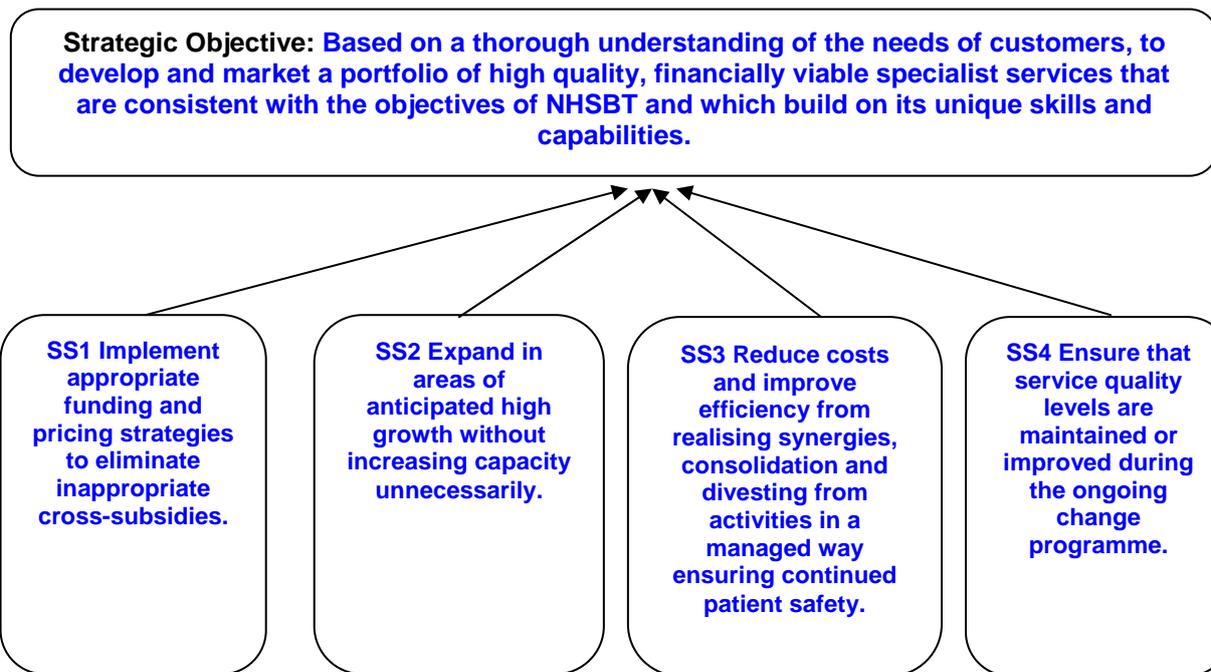
Strategic Objective: Based on a thorough understanding of the needs of customers, to develop and market a portfolio of high quality, financially viable Specialist Services that are consistent with the objectives of NHSBT and which build on its unique skills and capabilities.

70. In line with our strategic direction, as captured in section one, we will continue to pursue initiatives within four Specialist Services (SS) strategic activities:

- a) SS1 - implement appropriate funding and pricing strategies to eliminate inappropriate cross-subsidies.
- b) SS2 - expand in areas of anticipated high growth without increasing capacity unnecessarily.
- c) SS3 - reduce costs and improve efficiency from realising synergies, consolidation and divesting from activities in a managed way ensuring continued patient safety.
- d) SS4 - ensure that service quality levels are maintained or improved during the ongoing change programme.

71. The following pages outline the high-level activities, key outcome measures and initiatives planned over the 2009/12 period that will build on this level of progress.

Strategic Objective measures and targets (level 1)	2008/09	2009/10	2010/11	2011/12
Overall Specialist Services funding gap	£24.50m	£15.85m	£12.35m	£8.75m
Number of 'critical' regulatory non-compliances	0	0	0	0



Strategic Activity measures and targets (level 2)	2008/09	2009/10	2010/11	2011/12
SS1 Contribution to reduced funding gap (pricing)		£5.50m	£2.30m	£1.90m
SS2 Contribution to reduced funding gap (growth)		£0.70m	£0.70m	£0.70m
SS3 Contribution to reduced funding gap (cost reduction)		£2.45m	£0.50m	£1.0m
Total Contribution 1+2+3 (£m)		£8.65m	£3.50m	£3.60m
SS4 Maintenance of service quality				
4.a Percentage of external non-compliances with overdue actions	0%	0%	0%	0%
4.b SLA Compliance (RCI)	95.0%	95.0%	95.0%	95.0%
4.c Tissues: orders met on time in full (OTIF)	98.5%	98.5%	98.5%	98.5%

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
SS1 Implement appropriate funding and pricing strategies to eliminate inappropriate cross-subsidies.				
• Implement RCI Reference price increase.	5.97%	6.7%	6.6%	6.6%
• Implement H&I Immunogenetics price increase.	5.97%	3.7%	3.7%	3.7%
• Implement H&I Support for Stem Cells price increase.	5.97%	6.7%	6.6%	6.6%
• Implement H&I Support for Solid Organs price increase.	5.97%	6.7%	6.6%	6.6%
• Implement RCI Reagents price increase.	5.97%	6.1%	6.1%	6.1%
• Implement Stem Cells price increase.	5.97%	21.0%	21.0%	8.0%
• Implement Tissues price increase.	10.0%	10.0%	5.0%	5.0%
• Implement BBMR price increase.	5.97%	3.5%	3.5%	3.5%
• Implement Ante Natal price increase.	5.97%	158%	10.0%	-
• Obtain increased GIA funding from DH to cover full costs of BBMR.	£326k	-	-	-
• Obtain increased GIA funding from DH to cover full costs of CBB.	£1,068k	-	-	-

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
SS2 Expand in areas of anticipated high growth without increasing capacity unnecessarily.				
• Increase H&I referrals to support the increase in solid organ and stem cell transplantation (year on year growth increase).	5%	5%	5%	5%
• Increase Clinical Stem Cell procedures through increased business development (year on year growth increase).	5%	5%	5%	5%
• Increase the number of cord blood units held in stock.	12,500	15,000 Implement 5 th Cord Blood Site	17,200	19,300
• Maintain the proportion of Black and Minority Ethnic (BME) Cord Blood units held in stock.	41%	41%	41%	41%
• Increase Tissue sales through increased marketing and product development (year on year growth increase).	5%	5%	5%	5%
• Introduce new Tissue products.		Acellular Dermis, Pericar dium & Tibial struts	Articular Cartilage	Deminer alised bone matrix, Acellular tissue grafts
• Implement high throughput genotyping.	Validation & planning foetal genotyping from maternal blood	Validation & planning foetal genotyping from maternal blood	5,000 pa	20,000 pa
		Concept Paper on high throughput genotyping		

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
SS3 Reduce costs and improve efficiency from realising synergies, consolidation and divesting from activities in a managed way ensuring continued patient safety.				
<ul style="list-style-type: none"> Consolidate RCI reference services. <ul style="list-style-type: none"> Manchester to Liverpool. Plan alternatives for Cambridge (Addenbrooke's or Colindale). 	Plan	Complete move by January		
<ul style="list-style-type: none"> Inform and consult with Trusts and PCTs affected by divestment of routine antenatal testing services. Support Trusts through networking and training opportunities. Manage the diminishing number of samples referred to NHSBT through phased consolidation. Ensure SLA targets are met and quality is maintained. 	Consult hospitals & implement (4% divestment achieved). Stop testing at Liverpool by year-end	Achieve 36% divestment & stop testing at Leeds & Cambridge by year-end	Achieve 100% divestment & stop testing at Birmingham & Sheffield by year-end	
<ul style="list-style-type: none"> Consolidate CBB services in one location. <ul style="list-style-type: none"> Transfer Cord Blood Bank processing, storage and issue (CBB) from Edgware to Filton. 	Plan and consult	Complete move by January		
<ul style="list-style-type: none"> Re-alignment of H&I and RCI services. 		Concept paper by April		
<ul style="list-style-type: none"> SCI efficiencies and growth - embed Manchester SCI in Liverpool. 	Plan	Complete by January		
<ul style="list-style-type: none"> H&I efficiencies. Concept Paper to look at the opportunities for further efficiencies in H&I for inclusion in 2010/11 baseline. 		Concept Paper		
<ul style="list-style-type: none"> RCI efficiencies. Concept Paper to look at the opportunities for further efficiencies in RCI for inclusion in 2010/11 baseline. 		Concept Paper		

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
SS4 Ensure that service quality levels are maintained or improved during the ongoing change programme.				
<ul style="list-style-type: none"> Percentage of hospitals satisfied with overall service (RCI - top two boxes – from customer satisfaction surveys). 	57%	60%	63%	66%
<ul style="list-style-type: none"> Implement the safe and effective transfer of Specialist Therapeutic Services (STS) from Blood Donation to Specialist Services 		Transfer complete. Produce proposals for service development	Implement service developments	
<ul style="list-style-type: none"> Robust monitoring of performance against plan in relation to external non-compliance and RCI SLA strategic targets above plus: <ul style="list-style-type: none"> Achieve H&I turnaround targets. Achieve SCI turnaround targets. 	80%	80%	80%	80%
<ul style="list-style-type: none"> Re Tissues SLA (strategic target above). 	NAT testing of femoral heads	New demand planning system & 2 nd amnion collection site		

c) Organ Donation

Strategic Objective: To facilitate a 73% increase in organ donation within 5 years through developing NHSBT as a UK wide Organ Donation Organisation and implementing related activities as envisaged by the Organ Donation Taskforce.

72. In line with our strategic direction, as captured in section one, we will continue to pursue initiatives within five Organ Donation (OD) strategic activities:

- a) OD1 Remove the obstacles to organ donation and effectively performance manage the identification and referral of potential donors.

- b) OD2 Maximise the conversion of potential donors into actual donors by developing and implementing a robust, sustainable donor co-ordination service.

- c) OD3 Develop and implement a flexible, robust and sustainable organ retrieval service that delivers viable organs to transplant units.

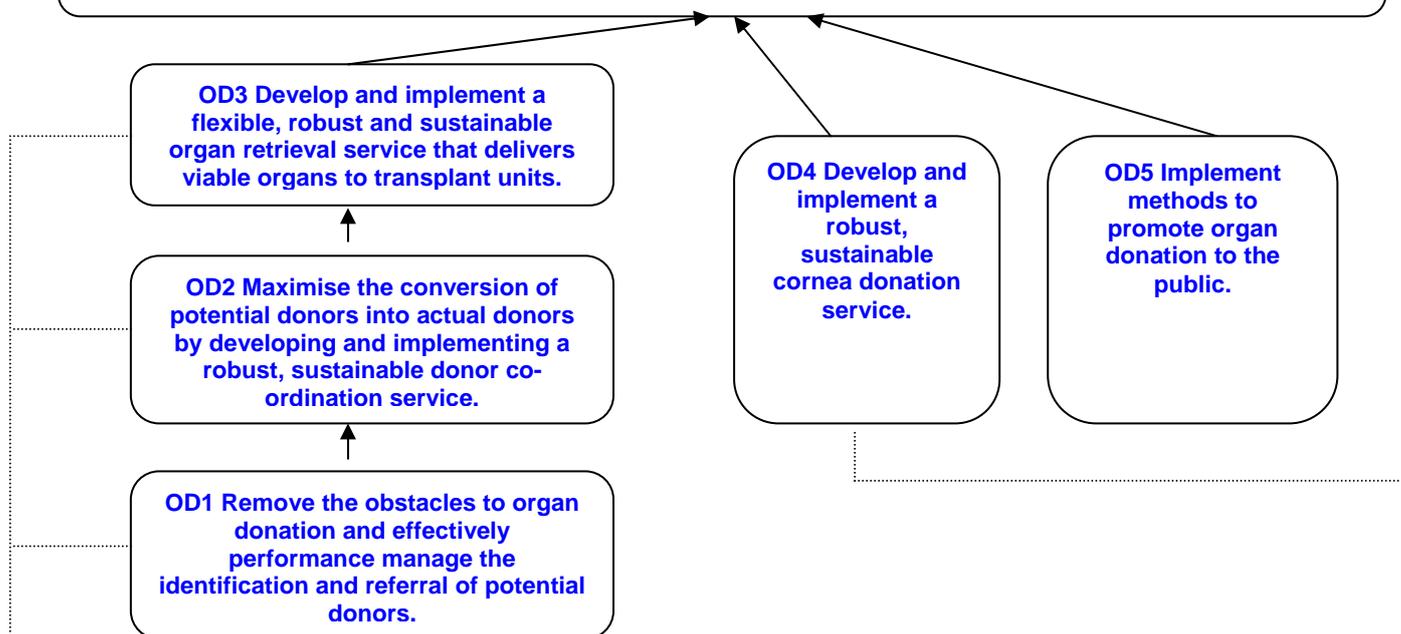
- d) OD4 Develop and implement a robust, sustainable cornea donation service.

- e) OD5 Implement methods to promote organ donation to the public.

73. The following pages outline the high-level activities, key outcome measures and initiatives planned over the 2009/12 period that will build on this level of progress.

Strategic Objective measures and targets (level 1)	2008/09	2009/10	2010/11	2011/12
Number of Deceased Organ Donors	827	974	1,104	1,249
Cumulative percentage increase in deceased organ donation Please note: 2012/13 targets = 1,400 donors / +73%	2%	20%	36%	54%
Number of Living Organ Donors	820	1,044	1,100	1,155
Number of Organ Transplants	3,262	3,868	4,308	4,857
Number of people registered on the Organ Donor Register (ODR)	15.7m	17.5m	20.0m	22.0m

Strategic Objective: To facilitate a 73% increase in organ donation within 5 years through developing NHSBT as a UK wide Organ Donation Organisation and implementing related activities as envisaged by the Organ Donation Taskforce.



Strategic Activity measures and targets (level 2)	2008/09	2009/10	2010/11	2011/12	
OD1 Percentage of patients where Brain Stem Death (BSD) is a possible diagnosis that following identification, testing and referral are suitable donors	76%	78%	80%	85%	
OD2 Percentage of HB donor families approached that consent to / authorise donation within the ICUs	61%	63%	66%	69%	
OD3 Number of transplantable organs per donor	Heart-beating	3.91	3.95	3.95	4.05
	Non Heart-beating	2.35	2.40	2.45	2.50
OD4 Number of Cornea Donors	1,950	2,250	2,250	2,250	
OD4 Number of Cornea Transplants	2,730	3,000	3,000	3,000	

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
OD1 Remove the obstacles to organ donation and effectively performance manage the identification and referral of potential donors.				
<ul style="list-style-type: none"> Implement clinical "Donor Champions" and an Organ Donation Committee within donating hospitals (ODTF 4). 	45 / c22%	202 / 100%	202 / 100%	202 / 100%
<ul style="list-style-type: none"> Support the implementation of effective performance management within all donating hospitals through provision of information and analysis (ODTF 6). 	Agree structure for the provision of information	Provide actual data quarterly in arrears	Provide actual data quarterly in arrears	Provide actual data quarterly in arrears
<ul style="list-style-type: none"> Implement financial reimbursement to all hospitals for the additional costs incurred when facilitating a potential or actual donor (ODTF 8). 	100% quarterly in arrears	100% quarterly in arrears	100% quarterly in arrears	100% quarterly in arrears
OD2 Maximise the conversion of potential donors into actual donors by developing and implementing a robust, sustainable donor co-ordination service.				
<ul style="list-style-type: none"> Implementation of a centrally employed Donor Transplant Co-ordinator network (ODTF 9). 	4 teams in place (not fully operational)	12 teams in place, 4 fully operational	12 teams in place & fully operational	12 teams in place & fully operational
<ul style="list-style-type: none"> Improve, and streamline, the process of donor registration through the introduction of an electronic (web-based) system (ODTF 9), making use of the platform established to develop systems for the effective capture of data for the Potential Donor Audit (PDA) and transplant-related datasets (as phase 2 & 3). 	Pilot EOS system & begin roll out by March. Develop plan phase 2 & 3	Complete Phase 1 roll out & Phase 2 by January. Complete phase 3 by year-end		
<ul style="list-style-type: none"> Maintain and increase the current level of investment in Living Donor schemes. 	Maintain investment in 25 Transplant Units	Maintain plus invest additional funding in up to 10 Units	Review outcomes & benefit from additional investment	
	Maintain investment in 11 Non Transplant Units	Review & develop options for future funding		
OD3 Develop and implement a flexible, robust and sustainable organ retrieval service that delivers viable organs to transplant units.				
<ul style="list-style-type: none"> Implement nationally commissioned Organ Retrieval Teams (ODTF 10). 	Prepare and deploy framework Develop capability	Contracts in place for existing service. Appoint providers for NORS	NORS in place. Number of multi abdominal & cardio thoracic teams agreed	NORS in place. Number of multi abdominal & cardio thoracic teams agreed
OD4 Develop and implement a robust, sustainable cornea donation service.				
<ul style="list-style-type: none"> Review eye retrieval units - performance manage each against a target of retrieving 70% of all donated corneas by 2011/12, whilst achieving an annual quality indicator of 70% retrieved corneas suitable for transplantation. 	Establish SLAs for 10 new providers	Implement 10 new providers. Complete review of 6 Units	Complete review of 10 Units	Complete review of 10 Units
OD5 Implement methods promote organ donation to the public.				
<ul style="list-style-type: none"> Develop and implement a national public awareness campaign to promote organ donation and the "gift of life" to the general public and specifically to the BME population via targeted marketing campaigns (ODTF 13). 	Plan and develop	Develop & implement 1 st stage Develop 2 nd stage	Develop & implement stage 2	

d) Fractionated Products

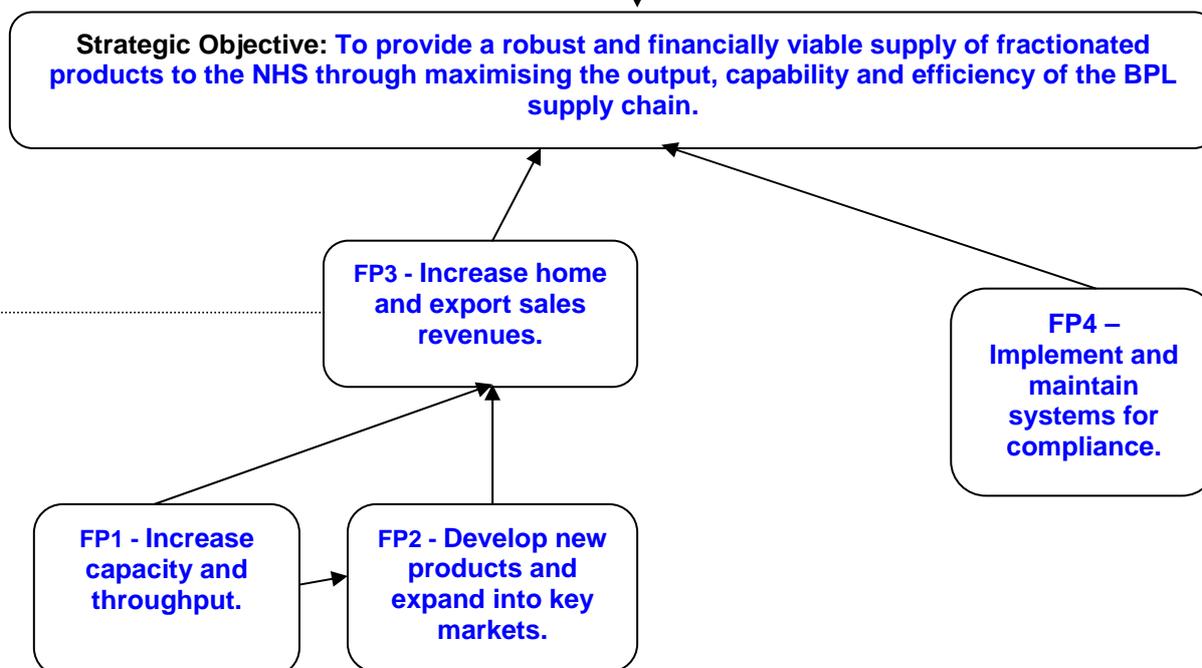
Strategic objective: To provide a robust and financially viable supply of fractionated products to the NHS through maximising the output, capability and efficiency of the BPL supply chain.

74. In line with our strategic direction, as captured in section one, we will continue to pursue initiatives within four Fractionated Products (FP) strategic activities:

- a) FP1 - Increased capacity and throughput.
- b) FP2 - Develop new products and expand into key markets.
- c) FP3 - Increase home and export sales revenues.
- d) FP4 - Implement and maintain systems for compliance.

75. The following pages outline the high-level activities, key outcome measures and initiatives planned over the 2009/12 period that will build on this level of progress.

Strategic Objective measures and targets (level 1)	2008/09	2009/10	2010/11	2011/12
Cumulative reduction in central funding / grant in aid requirements (from a 2007/08 planned baseline)	41%	73%	100%	100%
Number of 'critical' regulatory non-compliances	0	0	0	0



Strategic Activity measures and targets (level 2)	2008/09	2009/10	2010/11	2011/12
FP1 - Cumulative percentage increase in annual fractionation capacity	20%	22%	29%	34%
FP2a - Launch new products		Launch two products	Launch one new product & one new product on a named patient basis	Launch one new product
FP2b - Contract fractionation and licensing out IP	Secure small scale contract fractionation	Secure small scale contract fractionation	Contract fractionation to back-fill capacity	Contract fractionation to back-fill capacity
FP3 - Cumulative percentage increase in sales revenues from a 2007/08 baseline	13%	69%	91%	100%
FP4a - Maintain MHRA GMP Certificate		Routine certificate issued		Routine certificate issued
FP4b - Achieve Environmental standard ISO14001		ISO14001	EMAS	

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
FP1 Increase capacity and throughput.				
<ul style="list-style-type: none"> Review and develop production processes. 	New production scripts developed and implemented	Fill to release system developed and implemented by July		
<ul style="list-style-type: none"> Secure plasma supply to achieve output in accordance with planned growth. 	Agreement for 2009 by Jan 2009	Agreement for remaining years by Nov 2009		
<ul style="list-style-type: none"> Cumulative increase in annual fractionation capacity from a 2007/08 baseline. 	20%	22%	29%	34%
<ul style="list-style-type: none"> Recurring revenue investment (or reduction). 	£120k	£120k	£240k	£240k
<ul style="list-style-type: none"> Capital Investment. 	£6.5m	£6.0m	£6.5m	£6.5m
<ul style="list-style-type: none"> Budgeted WTE. 	432	454	454	454
FP2 Develop new products and expand into key markets.				
<ul style="list-style-type: none"> FP2a - Launch new products. 		Launch two existing products in Europe	Launch one new product in the UK & in US Introduce New Product on a named patient basis	Launch one new product Worldwide
<ul style="list-style-type: none"> Non-recurring revenue. 		£2.9m	£3.0m	
<ul style="list-style-type: none"> Capital Investment. 		£0.5m		
<ul style="list-style-type: none"> FP2b - Contract fractionation (CFr) - Licensing out BPL IP (LO). 	Secured Contract fractionation of clinical trial batch for a novel IVIG protein	Secure small scale contract fractionation	Contract fractionation to back-fill capacity	Contract fractionation to back-fill capacity
FP3 Increase home and export sales revenues.				
<ul style="list-style-type: none"> Total Sales revenues. % increase from 2007/8 baseline 	13%	69%	91%	100%
<ul style="list-style-type: none"> Year on Year % increase in sales revenues. 	13%	50%	13%	5%
FP4 – Implement and maintain systems for compliance.				
<ul style="list-style-type: none"> FP4a - Maintain MHRA GMP Certificate. 		Routine certificate issued		Routine certificate issued
<ul style="list-style-type: none"> FP4b - Achieve Environmental standard ISO14001. 		Prepare for inspection and achieve ISO14001	EMAS	

e) NHSBT: An Ambitious Organisation

Strategic objective: To establish NHSBT as a world class provider of products and services, passionate about service to donors and customers and underpinned by modern and highly efficient systems and processes.

76. In line with our strategic direction, as captured in section one, we will continue to pursue initiatives within four organisation strategic activities:

- a) EA1: Ensure NHSBT corporate structures enable effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems.

- b) EA2: Build support for the NHSBT strategy through a programme of proactive engagement with internal and external stakeholders.

- c) EA3: Improve NHSBT's capacity and capability to deliver strategic change through the deployment of appropriate resource, leadership and skill, supported by the development of appropriate performance management systems.

- d) EA4: Ensure NHSBT develops and maintains appropriate governance and business continuity structures and systems.

77. The following pages outline a summary of the plans within each of these areas.

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
EA1 Ensure NHSBT corporate structures enable effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems.				
<ul style="list-style-type: none"> • 1a) NHSBT: Implementation of a revised organisation structure <ul style="list-style-type: none"> ○ Establishes NHSBT as the Organ Donor Organisation and demonstrates further synergies across its total supply chain. ○ Undertake an option appraisal to provide an NHSBT-wide integrated model of tissue consent and referral. ○ Understand the potential for synergies between Blood Donation & Organ Donation ○ Review Group and Administrative Services - planning delivery of cost reductions and efficiencies in support service functions in line with external benchmarks. 	ET structure in place			
<ul style="list-style-type: none"> ○ Establishes NHSBT as the Organ Donor Organisation and demonstrates further synergies across its total supply chain. 	Develop Structure	Implement		
<ul style="list-style-type: none"> ○ Undertake an option appraisal to provide an NHSBT-wide integrated model of tissue consent and referral. 	Complete review	Implement		
<ul style="list-style-type: none"> ○ Understand the potential for synergies between Blood Donation & Organ Donation 		Analysis & production of options	Implement	
<ul style="list-style-type: none"> ○ Review Group and Administrative Services - planning delivery of cost reductions and efficiencies in support service functions in line with external benchmarks. 	Begin review process January 2009	Implement action plan and realise savings	Implement action plan and realise savings	Implement action plan and realise savings
<ul style="list-style-type: none"> • 1b) In addition complete the realignment of support team sub-structures to enable successful delivery of strategic plans. <ul style="list-style-type: none"> ○ Clinical: Review the current structure of the Clinical Directorate and implement changes aligned to the new organisation structure and strategic priorities. ○ Clinical: Develop an R&D strategy that recognises the need for succession planning, the opportunities presented by the creation of the National Institute for Healthcare Research (NIHR) and includes proposals for structuring of development. ○ HR: Implement a reorganisation of the HR Function to provide a more effective and responsive general HR and recruitment service. ○ Finance: Continue the restructure / development of Finance to improve support to the development & delivery of strategy. ○ Finance: complete benchmarking analysis with NHS SBS and develop an action plan. ○ Finance: Review systems and processes within Employee Services and develop an action plan for consolidation. ○ Restructure CPA creating three new professional functions - Strategic Communications, Public Affairs and Strategic Marketing. 	New top level structure in Place	Complete recruitment to support structures		
<ul style="list-style-type: none"> ○ Clinical: Develop an R&D strategy that recognises the need for succession planning, the opportunities presented by the creation of the National Institute for Healthcare Research (NIHR) and includes proposals for structuring of development. 	Develop plan	Implement and refine plans	Work with NIHR to develop plans beyond 2011/12	5-year plan agreed with NIHR
<ul style="list-style-type: none"> ○ HR: Implement a reorganisation of the HR Function to provide a more effective and responsive general HR and recruitment service. 	Complete	Plan additional resources to support NHSBT plans as necessary		
<ul style="list-style-type: none"> ○ Finance: Continue the restructure / development of Finance to improve support to the development & delivery of strategy. 		Implement by the end of quarter 3		
<ul style="list-style-type: none"> ○ Finance: complete benchmarking analysis with NHS SBS and develop an action plan. 	Complete by March	Implement action plan		
<ul style="list-style-type: none"> ○ Finance: Review systems and processes within Employee Services and develop an action plan for consolidation. 	Create a project role within Employee Services	Action plan by October. Implement quick wins		
<ul style="list-style-type: none"> ○ Restructure CPA creating three new professional functions - Strategic Communications, Public Affairs and Strategic Marketing. 	Complete restructure of Strategic Comms & Public Affairs Develop single NHSBT magazine & organisation -wide intranet	Complete structure of, and recruit to, new Strategic Marketing function, creating a new, integrated CPA team providing an organisation -wide service		

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
EA1: Ensure NHSBT Corporate structures enable effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems.				
1c) Review and develop NHSBT's systems in support of key strategic deliverables, improving our core administrative processes, building on existing systems and utilising new technology as appropriate to dramatically reduce the number of transactions and replace the existing manually driven paper systems.				
o BTS: Harmonisation of infrastructure services and support structures across NHSBT.		Access to all services available from all locations		
o BTS: Continue to renew the components of Pulse with business support.	Complete Pulse 16.1 live	Pulse 16.2 & 17.1 live	Pulse components completely renewed	
o BTS: Replacement of the telecommunications system.	Procured & begin deployment	Complete		
o BTS: Work with Blood Donation to replace the Session IT infrastructure.	Agree roll out plan	Implement (subject to business case approval)	Complete Q3	
o BTS: Upgrade core IT infrastructure components.	Active Directory & Web services complete Other activities commence	Phases 1 to 3 complete		Infrastructure upgrade complete
o BTS: Develop a plan to consolidate and integrate corporate information systems in place of current local databases.		Analysis complete, quick wins identified and implemented		
o Specialist Services: Implement the new standardised Laboratory Information Management System (Hematos) in line with project milestones.	Conversion of H&I labs BBMR CBB & SCI	Hematos fully deployed		
o Specialist Services: Implement a full Electronic Data Interchange (EDI) solution.		Concept paper & proposals developed	Pilot electronic test requests to & from Hematos	Full Implementation Hematos & BBMR
o Finance: Upgrade Oros ABC software to SAS ABM to enable improved performance reporting, drill down access, improved model automation and data integration.	Implement upgrade Output by March	Model Actual 2008/09 by August Budget 2010/11 by January	Model Actual 2009/10 by August Budget 2011/12 by January	Model Actual 2010/11 by August Budget 2011/12 by January
o Finance: reduction of transaction levels / manual processing in Accounts Payable and Procurement.		Implement EDI link for 10 key suppliers. Define implementation plan for purchasing cards	Continual improvement in order volumes through Oracle	Continual improvement in order volumes through Oracle

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
EA1: Ensure NHSBT Corporate structures enable effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems.				
o Finance: Integration of core systems into billing processes / completing the review of Debtors processes.	Complete review by October	Commence issue of invoices by e-mail for blood SLAs and use of dunning letters	Ongoing use	Ongoing use
o Finance: Progress ESR Benefits Realisation.	Commence E-expenses project & identify / procure solution	Implement ADI upload. Complete E-expenses by October	Review opportunities to implement Managers self-service	
o E&L: Implementation of a Transport Planning System.		Evaluation of products	Plan and Procure	Implement Phase 1
o E&L: Implementation of upgraded TABS FM system.		Complete		
o E&L Assess and evaluate appropriateness of utilisation of MRP2 within NHSBT Warehousing operations.	Scoping	Report and Evaluation	TBD	
Level 3 performance measures:				
• Maintain the availability of key IT services (% availability).	≥99.95%	≥99.95%	≥99.95%	≥99.95%
• Maintain customer satisfaction with IT services offered at the desktop.	≥70%	≥70%	≥70%	≥70%
• Reduce the number of invoices processed.	136,000	120,000	110,000	100,000
• Extend the coverage of Procured spend.	Analyse baseline position	Oracle coverage of 70%	Oracle coverage of 80%	Oracle coverage of 90%
• Better Payment Practice Code by volume and value.	≥92.00%	≥94.00%	≥95.00%	≥96.00%
• Number of debtor days.	20	20	20	20
1d) Develop an outline Estates strategic plan in line with 'internal' stakeholder requirements, optimising space utilisation.				
o Refurbish Leeds Bridle Path and relinquish lease at Capitol Park.		Serve notice October	Refurbish accommodation	
o Refurbish Birmingham Vincent Drive and surrender lease at Research Park.	Plan	Surrender lease August Transfer staff March		
o Lease surplus space at Southampton to third party organisation(s).	Negotiating	Lease		
o Lease surplus space at Cambridge to third party organisation.	Planning	Negotiation	Lease	
o Surrender the agreement at Deansbrook Road.		Complete		
o Evaluate further options for withdrawal from rented accommodation.		Commence evaluation of options	Complete options evaluation	
o Complete space planning, utilisation assessment and build re-modelling at Colindale.	Planning	Complete		
o Management and progression of Estate minor developments programme (Pink list).	Implement	Implement	Implement	Implement
o Survey estates utilisation, suitability, cost and condition against internal stakeholders' needs.	Complete pilot	Complete tender process	Phase 1 survey and report	Phase 2 survey and report
o E&L: Develop and implement 5 year estates investment plans to meet internal stakeholders' needs.			Business case by year end	Implement agreed plan

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
EA2 Build support for the NHSBT strategy through a programme of proactive engagement with internal and external stakeholders.				
<ul style="list-style-type: none"> HR: continued development of more effective consultative structures and an effective policy framework, developed in partnership. 	First phase revisions in place	Revised arrangements fully in place	Ongoing policy review	Ongoing policy review
<ul style="list-style-type: none"> HR: increase the response rate for the staff survey. 		45% response Survey issued Q3, results reported Q4	Action plan to 09/10 survey. 55% response. Survey issued Q3, results reported Q4	Action plan to 10/11 survey. 60% response. Survey issued Q3, results reported Q4
<ul style="list-style-type: none"> CEO: attendance of the NHS ODTF Programme Delivery Board to ensure overall alignment and engagement with the NHS on implementation of the ODTF recommendations. 	Ongoing	Ongoing	Ongoing	Ongoing
<ul style="list-style-type: none"> Finance: Ensure that sufficient funding is generated, effectively managed and made available in line with planned requirements. This includes support to the NCG for Blood process and submission of revenue, brokerage and capital GIA bids in line with the DH planning timetable. 	NCG Autumn	NCG Autumn	NCG Autumn	NCG Autumn
	Fin Plan November 2008	Fin Plan November 2009	Fin Plan November 2010	Fin Plan November 2011
<ul style="list-style-type: none"> Finance: Continued delivery of a supplier development programme. 	10 key suppliers	15 key suppliers	20 key suppliers	25 key suppliers
<ul style="list-style-type: none"> Finance: Development of an integrated NHSBT Sustainable Development Action Plan. 		Develop SD policy & Implement	Monitor Progress and Report	Monitor Progress and Report
<ul style="list-style-type: none"> Finance: Create and build a sustainable procurement programme, which supports the NHSBT strategy through a programme of proactive engagement with internal and external stakeholders. 	SP Policy in place. First communication to suppliers	Integrate SP factors into specifications, contracts, processes & procedures. Deliver training to staff	Review refine policy, procedures & processes to ensure delivery of national targets	Review refine policy, procedures & processes to ensure delivery of national targets
	Benchmark current position against flexible framework	Level 4 in 2 areas of the framework. Level 3 in remaining	Level 5 in 2 areas of the framework. Level 4 in remaining	Level 5 in 2 areas of the framework. Level 4 in remaining
<ul style="list-style-type: none"> Finance: establish process for self-regulation in line with DH gateway arrangements. 	Develop and agree process	Implement from April		
<ul style="list-style-type: none"> Finance: Effective development and deployment of an NHSBT planning framework, working within DH guidelines and frameworks. 	Q1 review strategy Q2 review & develop plans. Q3 draft plans complete. Q4 final plans approved	Q1 review strategy Q2 review & develop plans. Q3 draft plans complete. Q4 final plans approved	Q1 review strategy Q2 review & develop plans. Q3 draft plans complete. Q4 final plans approved	Q1 review strategy Q2 review & develop plans. Q3 draft plans complete. Q4 final plans approved

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
EA3: Improve NHSBT's capacity and capability to deliver strategic change through the deployment of appropriate resource, leadership and skill, supported by the development of appropriate performance management systems.				
<ul style="list-style-type: none"> HR: Continued support for strategic workforce change to ensure successful implementation of change projects. 	Workforce Plan developed for key operational changes	Deploy, review and refine	Deploy, review and refine	Deploy, review and refine
<ul style="list-style-type: none"> HR: To develop more effective HR structures and systems, supported by the development of a system of KPIs. 	KPIs in place	Review KPIs at mid-year. Refine by Q3	Ongoing improvement	Ongoing improvement
<ul style="list-style-type: none"> HR: In conjunction with relevant directors, implement programmes to achieve a significant and sustainable reduction in areas with high absence levels. Particular target areas within Donor Services and Estates & Logistics. 	BD -1.25% to 5.51% E&L -2% to 6.42% Action on absence initiative,	BD -2% to 4.76% E&L -3% to 5.42% Monitor, review and revise actions plans	BD -2.5% to 4.26% E&L -4% to 4.42%	BD 4.26% E&L 4.42%
<ul style="list-style-type: none"> HR: To implement a revised appraisal and PDR process and achieve 85% penetration of this system by 2011. 	New system developed	Roll out new system until fully deployed 70%	85%	
<ul style="list-style-type: none"> HR: To continue to comply with (and where appropriate) exceed Health and Safety Legislation requirements, specifically to develop management action plans to achieve overall reduction in accidents and work related sickness absence by 10%. 		10% reduction		
<ul style="list-style-type: none"> HR: to ensure that an effective Organisation Development Plan is designed and implemented in support of strategic priorities. 	New programme developed building on skills audit and gap analysis	Ongoing implementation. Review and develop plans for future years	Ongoing	Ongoing
<ul style="list-style-type: none"> BTS: Develop and implement a plan to enable the effective transfer of knowledge and skills from our external Programme and Project Management provider to internal resource, ensuring in-house capacity and capability is expanded to support ongoing and future NHSBT strategic change programmes. 		Develop plan and implement		
<ul style="list-style-type: none"> Finance: Development of improved performance management systems, frameworks and processes. 	Review and revise ET & Board Framework and reports	Implement updated reports in April	Review and refresh	Review and refresh
<ul style="list-style-type: none"> Clinical: Provide support for the replacement of the Chair of UK JPAC, and assist with the review of JPAC modus operandi. 	Appoint new Chair of JPAC	Complete review & implement	New arrangements in place	

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
EA4 Ensure NHSBT develops and maintains appropriate Governance and Business Continuity structures and systems.				
<ul style="list-style-type: none"> Patient Services: Maintenance and development of an effective emergency preparedness infrastructure and framework. <ul style="list-style-type: none"> Implement and update Flu pandemic plans. BS2599 compliance. Define and implement a new EP structure for the SW, North & SE. Update PULSE contingency plan. Revised command and control arrangements. 		Begin operational exercises Stock pile key consumables		
<ul style="list-style-type: none"> Finance: Development of an action plan in response to NHSBT's NHSLA and Standards for Better Health Self-assessments. Target is to maintain assessment as "Good". 	Define and implement	Proposals developed	Work towards	BS2599 Audit and certification
<ul style="list-style-type: none"> Finance: Implementation of the findings from the review of risk management systems and processes. 	Develop	Recruitment Complete		
<ul style="list-style-type: none"> Clinical: Review Clinical Governance arrangements, including Clinical Audit, with a view to improving the integration of Clinical Governance issues within NHSBT's management arrangements. <ul style="list-style-type: none"> Agree proposals with Chairs of Organ Advisory Groups for handling possible breaches of organ allocation system and alerts on CUSUM monitoring. Appoint Clinical Governance officer to collate events, alerts etc. Purchase software and establish system for alert handling. Fully functioning systems for handling and reporting incidents. 	Review complete Action plan developed	Review and define	Implement	
	Agree & implement	Action plans agreed by July with clear milestones	Action plans agreed by July with clear milestones	Action plans agreed by July with clear milestones
	Develop action plan & Implement	Complete training. Review maturity of processes	Implement software tool	
		Create merged Stats and Clin Audit function		
		End of quarter one		
		End of quarter one		
		End of quarter two		
		Year-end		

Section Four: Financial Overview, Performance and Assurance

NHSBT Financial Summary - Revenue Account

78. Overall, during the period of this strategic plan, NHSBT will deliver an income and expenditure surplus in each financial year. This reflects the continued improvement in BPL's financial position.

Table one - NHSBT Revenue Statement

Key movements	2009/10 £ million	2010/11 £ million	2011/12 £ million	Total £ million
Opening Expenditure Position (2008-09 plan)	491.8	577.1	576.6	491.8
Estimated cost pressures and developments	95.0	38.7	31.0	164.7
Estimated one time costs / Transition costs	3.7	(16.7)	(3.0)	(16.1)
Estimated cost reduction programme	(13.4)	(22.5)	(10.4)	(46.2)
Net expenditure (reduction) / increase	85.3	(0.5)	17.6	102.5
Estimated Total Expenditure [A]	577.1	576.6	594.3	594.3
Opening Income Position	491.8	591.5	588.4	491.8
Grant in Aid funding	20.9	12.0	5.0	37.9
One time costs / Transition cost funding	3.4	(22.5)	(3.0)	(22.1)
Movement in income from devolved administrations	0.1	0.1	0.1	0.2
Movement in income from product and service sales	75.4	7.3	10.0	92.7
Net income (reduction) / increase	99.8	(3.2)	12.0	108.7
Estimated Total Income [B]	591.5	588.4	600.4	600.4
Net Income & Expenditure Surplus [B-A]	14.5	11.8	6.2	6.2

Revenue Investment Plans

79. The financial plan outlines growth in revenue expenditure totalling £102.5 million over the 2009/12 period. This includes additional costs in support of our strategic activities with the following areas of material investment:

- Organ Donation - £44.6 million investment over the 2009/12 period

This is predominantly (£44.8 million) attributable to phased revenue expenditure to continue the programme of work to deliver those recommendations of the ODTF that we have been asked by the DH to take forward. Table two below summarises this over the 2009/12 period.

Table two – Organ Donation Investment

Planned Initiatives	2008/09	2009/10	2010/11	2011/12
• OD1: Implement clinical “Donor Champions”, Organ Donation Committees and effective performance management (ODTF 4)	£0.3m	£3.5m	£3.6m	£3.6m
• OD1: Implement financial reimbursement to all hospitals for the additional costs incurred when facilitating a potential or actual donor (ODTF 8)	£1.9m	£2.3m	£2.7m	£3.1m
• OD2: Implementation of a centrally employed Donor Transplant Co-ordinator network (ODTF 9)	£2.2m	£9.5m	£16.1m	£18.6m
• OD2: Introduction of an electronic (web-based) system (ODTF 9).	£1.8m	£2.0m	£0.2m	£0.3m
• OD3: Implement nationally commissioned Organ Retrieval Teams (ODTF 10)	£0.4m	£17.7m	£20.9m	£22.8m
• OD5: Promote organ donation and identify appropriate methods of public recognition (ODTF 12&13)	£0.5m	£4.3m	£3.7m	£3.7m
• EA1: Establish a UK wide Organ Donor Organisation (ODTF 1&2)	£0.8m	£1.4m	£1.3m	£0.6m
TOTAL INVESTMENT	£7.9m	£40.7m	£48.5m	£52.7m

- Fractionated Products – 70% increase in costs over the 2009/12 period (from a 2007/08 baseline).

This relates to growth in costs to enable a further increase in cumulative sales value to c100% (from the baseline 2007/08 position). The value of sales planned in excess of these costs will result in a financial surplus in each year and will eliminate our grant in aid funding requirement for fractionated products by 2010/11.

- Blood Components and Specialist Services – net cost reduction of £2.1 million

The impact of cost reduction plans over the 2009/12 period (£40.5 million – see strategic activities BSC2 and SS3) plus an overall reduction in the level of non-recurring costs in baseline (£16.3 million) offsets the impact of forecast cost pressures and developments (£54.7 million).

We will require significant levels of non-recurring funds, prudently estimated at £22.7 million over the 2009/12 period, to cover the potential cost of reorganisation, change management support and other non-recurring costs associated with delivery of the strategic change programmes within these areas. Table five below outlines our approach to funding these costs.

Table three - Transition Funding

	2008/09 (X)	2009/10	2010/11	2011/12 (Y)	Movement (X-Y)
Expenditure	£16.3m	£19.7m	£3.0m	£-	-£16.3m
<i>Funded via:</i>					Total 2009/12
• Prices	£9.0m	£9.8m	£3.0m		£12.8m
• Brokered funding	£7.3m	£9.9m	-		£9.9m
TOTAL	£16.3m	£19.7m	£3.0m	£-	£22.7m

Capital Investment Plans

80. During 2009/12, we are planning to deliver a capital investment programme totalling £46.0 million. These plans are largely centred on BPL's ongoing capital investment plan, estate, IT and system development, plus rolling equipment replacement and renewal programmes.

Table four – Capital Investment Plans

Plan Initiative	2009/10	2010/11	2011/12
Fractionated Products (BPL) Capital Programme	£6.5m	£6.5m	£6.5m
Estates Investment Programme	£2.5m	£1.0m	£1.1m
IT and system development	£2.5m	£3.1m	£1.6m
Minor Capital Programme – asset replacement programme	£4.5m	£4.4m	£5.8m
TOTAL	£16.0m	£15.0m	£15.0m

81. The appropriate level of capital charges on our fixed asset base, in the form of interest and depreciation, are included within the Income and Expenditure account.

82. We will be working closely with our DH partners to progress and deliver this capital programme in a timely manner, with plans being progressed in conjunction with the DH Business Support Unit and Capital Investment Branch where necessary.

Performance and Assurance

83. We adopt an integrated approach to planning, performance, governance and assurance. This means that each strategic objective has been subjected to risk evaluation and assessment and that supporting activities and work plans (and their respective controls) have been developed to mitigate the risks of failing to achieve these objectives. Such risks are captured within our Strategic Risk Register (appendix three) and this forms a key aspect of our Assurance Framework.

84. Progress against delivery of this plan will be reported each month to the NHSBT Executive Management Team and NHSBT Board, using our Performance Management Framework to generate an exception report. This consolidates information from within the Performance Scorecard (see page 42 below) with other "health monitoring" KPIs, progress against key milestones, key performance trends and risks.

85. Risks to delivery of our work-plan, which arise in-year, are captured within our Programme Governance arrangements and as part of each Functional Management Team's ongoing review of performance and management of risk. Risks are escalated, as appropriate, for resolution via the monthly performance review process.

86. The performance report will form the basis for NHSBT's formal accountability review arrangements with DH sponsors. This work is subject to scrutiny by the Governance and Audit Committee (GAC) and our Internal Auditors.

NHSBT 2009/10 Performance Scorecard

	Level	Description	2008/09	2009/10		
Blood Components	Sufficient Supply	Objective	Percentage of Product requests met	>99.9%	>99.9%	
		Objective	Number of occasions where red cell stocks (for any blood group) are below the three day alert level for three or more consecutive days	0	0	
		Objective	Number of occasions where opening stock of platelets is below average daily demand for two or more consecutive days	0	0	
		BSC1	Percentage of donations NOT converted to validated red cells (Blood Donation & Processing)	4.7% (2.5%/2.2%)	4.7% (2.5%/2.2%)	
	Modernise Blood Collection	Objective	Percentage of blood collection target achieved in order to meet customer demand (forecast demand is 1.859m, collection target 1.957m)	100%	100%	
		Objective	Percentage of blood donors very / totally satisfied	65%	68%	
		BSC1	Number of Complete Donations per WTE	1,125	1,555	
	Cost Reduction and Efficiency	Objective	Unit price of red cells	£139.72	£133.19	
		BSC2	Income and expenditure position (cost reduction target reflected within financial plan)	£0m (£10.2)	£0m (£8.7m)	
	Capacity to process to required standards	Objective	Number of 'critical' regulatory non-compliances	0	0	
		BSC3a	Productivity within Processing - number of red cell (equivalent) units / WTE	5,300	6,400	
		BSC3a	Productivity within Testing - number of samples (excluding NAT) / WTE	12,300	13,000	
		BSC3b	Percentage of external non-compliances with overdue actions	0%	0%	
		BSC3c	Percentage of hospitals very / totally satisfied with overall service	53%	55%	
	Blood Safety	BSC4	BSC4a No of TRALI cases (probable / highly likely)	12	10	
		BSC4	BSC4b Number of confirmed TTIs from bacterial contamination	5	2	
		BSC4	Platelet production by component donation	80%	80%	
	Specialist Services	I&E Gap	Objective (SS1-3)	Overall Specialist Services funding gap - managed through delivery of the financial plan	£24.50m	£15.85m
			Objective	Number of 'critical' regulatory non-compliances	0	0
		Service quality maintained	SS4	Percentage of external non-compliances with overdue actions	0%	0%
SS4			SLA Compliance (RCI)	95.0%	95.0%	
SS4			Tissues: orders met on time in full (OTIF)	98.5%	98.5%	
Organ Donation	Organ Donation	Objective	Number of Deceased Organ Donors	827	974	
		Objective	Cumulative percentage increase in deceased organ donation	2%	20%	
		Objective	Number of Living Organ Donors	820	1044	
		Objective	Number of Organ Transplants	3,262	3,868	
		Objective / OD5	Number of people registered on the Organ Donor Register (ODR)	15.7m	17.5m	
		OD1	Percentage of patients where Brain Stem Death (BSD) is a possible diagnosis that following identification, testing & referral are suitable donors	76%	78%	
		OD2	Percentage of Heart-beating donor families approached that consent to / authorise donation within the ICUs	61%	63%	
		OD3	Number of transplantable organs per donor - Heart-beating	3.91	3.95	
	OD3	Number of transplantable organs per donor - Non Heart-beating	2.35	2.40		
	Cornea Donation	OD4	Number of Cornea donors	1,950	2,250	
OD4		Number of Cornea transplants	2,730	3,000		
Fractionated Products	I&E Gap	Objective	Cumulative reduction in central funding / grant in aid requirements (from a 2007/08 planned baseline)	41%	73%	
		FP1	Cumulative percentage increase in annual fractionation capacity	20%	22%	
		FP3	Cumulative percentage increase in sales revenues from a 2007/08 baseline	13%	69%	
	Compliance	Objective	Number of 'critical' regulatory non-compliances	0	0	

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Blood Donation	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Strategic Activity BSC1 NHSBT will ensure the collection of sufficient red cells and platelets to meet current and future demand by modernising blood collection activities.						
BSC1a -01 Redress the decline in blood collection focusing on targeted donor marketing and communications activities – Undertake a review of Marketing, Session Planning, and market evaluation & segmentation in order to create a Strategic Marketing Plan for Blood Donation.			Initiate Review	Assess review recommendations and commence implementation	On-going monitoring of Marketing, Programming	
BSC1a -02 Redress the decline in blood collection – Evaluation of Future Business Improvement Opportunities and to build resilience in blood collection for any future safety initiatives.	BTS		BD Workshop to explore future Business Improvement Opportunities. Understand implications of Session Infrastructure pilot and review options for Operational Improvement Programme Long Term Solution. Develop customer strategy approach and finalise options		Review outcomes of Session Infrastructure pilot and create implementation plan. Create implementation plan and roll out customer strategy	
BSC1a -03 Renew National Contracts: Call Centre & Mailing fulfilment.	IT OD			Submit recommendations	New contract in place	
BSC1b -04 Increase donor satisfaction through improved session convenience - Revised opening times and more accessible locations.	HR E&L PS CPA BTS	TP 8608	Pilots ongoing Promote developments to staff and external audiences throughout the year	Understand potential benefits of working in partnership with 3 rd parties	Finish Opening Hours Pilots Provide evidence for 120K WB Units shortfall reduction if implemented	Review implementation options
BSC1b -05 Increase donor satisfaction through improved session convenience - Decoupling panels.	BTS	TP 8585			Finish Pilot Provide evidence for 30K WB Units shortfall reduction if implemented	Review implementation options
BSC1c -06 Increase operational productivity (and improve donor experience) through the realisation of benefits of the donation Operational Transformation Programme and the reorganisation of structures (Blood Donation Organisation Transformation: BDOT).		TP 8548 & 9009	Analysis and confirm approach	Start implementation org. structure changes Maintain average in-session queuing time <20mins	Ongoing roll-out of new structure and processes Maintain average in-session queuing time <20mins	Ongoing roll-out of new structure and processes Deliver Shortfall reduction of 100K WB Units in 2009/10 Maintain average in-session queuing time <20mins

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Blood Donation	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
BSC1c -07 Increase operational productivity (and improve donor experience) through the implementation of a donation operational improvement programme (Donor Records Restructure).		TP 9005		Donor Records restructuring (North)		
BSC1c -08 Increase operational productivity (and improve donor experience) through the implementation of a donation operational improvement programme (Donor Records restructure).		TP 9004		Donor Records restructuring (South East)		
BSC1e -09 Improve blood donor safety through: better research, training and education.	Clin BTS PS		Develop proposals for external education and training in donor medicine, with the aim of establishing post-graduate qualifications			
BSC1e -10 Improve blood donor safety through: implementing new donor procedures to reduce donor adverse events.			Establish new system for collecting, collating and reporting donor adverse events. Include adverse events in Nursing performance management framework. Develop care pathways for all adverse event types. Assess donating criteria. Implement pre-donation fluids for donors and embed changes to donor resting	Develop proposals for further research into donor fainting		
Strategic Activity BSC2 NHSBT will avoid further significant increases in red cell prices by reducing costs and improving efficiency.						
BSC2c -11 Implementation of an Operational Transformation Programme to deliver greater productivity in blood collection (linked to financial benefit of 1c 06 above).		TP 8548 & 9009				£1.8m
Strategic Activity BSC4 NHSBT will reduce the residual risk of transfusion through continued implementation of agreed blood safety initiatives.						
BSC4a -12 Ongoing implementation of blood safety initiatives: Sustained platelet production by component donation to target levels.		TP 8561	80%	80%	80%	80%

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Patient Services	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Strategic Activity BSC1 NHSBT will ensure the collection of sufficient red cells and platelets to meet current and future demand by modernising blood collection activities.						
BSC1d -13 Develop plans to import red cells as an important aspect of NHSBT contingency planning.	BD		Issue OJEU PIN notice. Prepare specification	Assess suitability of OJEU PIN respondents	Shortlist suppliers	Make recommendations to NHSBT ET
Strategic Activity BSC2 NHSBT will avoid further significant increases in red cell prices by reducing costs and improving efficiency.						
BSC2b -14 Reductions in cost and efficiencies from increasing capacity utilisation through consolidation and productivity improvements within Processing and Testing and by implementing best practice.		TP	See 3a			£2.6m
Strategic Activity BSC3 NHSBT will ensure that the organisation has the appropriate level of capacity and capability to process blood to the standards required by modernising its production and testing infrastructure.						
BSC3a -15 Increasing capacity utilisation through consolidation, productivity improvements and by implementing best practice – Complete the consolidation in the South West (SW) on-time and to budget.		TP 6306 6433 7489 7538 7539	Filton fully operational; Post MHRA validation; Decommission areas and development of SHUs in Plymouth, Southampton and Birmingham Decommission Southmead			
BSC3a -16 Develop Filton as the model for driving efficiency improvement, driving it to world class status and rolling out learning across other blood processing and testing centres.		TP 8611				Productivity within Testing - number of samples (excluding NAT) per WTE at 19,138. Productivity within Processing - number of red cell (equivalent) units per WTE at 7,250
BSC3a -17 Increasing capacity utilisation through consolidation, productivity improvements and by implementing best practice - Consolidation in the South East (SE) and North: Move Tooting Processing into Colindale.	Gp Serv SS BD	TP 8610	Consult April to Sept		Implement south east consolidations from October	
BSC3a -18 Increasing capacity utilisation through consolidation, productivity improvements and by implementing best practice - Consolidation in the South East (SE) and North: Move Brentwood and Tooting Testing (inc NAT Black box) into Colindale.	Gp Serv SS	TP 8610	Consult April to Sept		Implement from October; Transfer some SE testing activity into Filton	
BSC3a -19 Increasing capacity utilisation through consolidation, productivity improvements and by implementing best practice - Consolidation in the South East (SE) and North: Close Leeds Testing and redistribute work.	Gp Serv SS	TP 8609	Consult April to Sept		Implement from October	

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Patient Services	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
BSC3a -20 Increasing capacity utilisation through consolidation, productivity improvements and by implementing best practice - Consolidation in the South East (SE) and North: Close Leeds Processing and redistribute work.	HR	TP 8609	Consult April to Sept			
BSC3a -21 Increasing capacity utilisation through consolidation, productivity improvements and by implementing best practice - Operational improvement programme (OIP) linked to consolidation driven by introducing "lean manufacturing" processes and by reference to benchmarking with and learning from other blood services.	E&L	TP 8611	Procure "Lean" Consultancy	Complete initial "Lean" Assessment for all sites – agree implementation plan Complete OIP Business plan	Commence implementation of "Lean" plan	Ongoing "Lean" Development work
BSC3a -22 Increasing capacity utilisation through consolidation, productivity improvements and by implementing best practice - Cold Chain improvement programme.	E&L		Upgrade of temperature probes	Complete upgrade of temperature probes	Planning for long term Strategy	Commence delivery of cold room replacement
BSC3b -23 Initiatives which contribute to delivering 'compliance' targets - Reinforce a compliance culture through increased self-inspection resource to identify and correct problems in advance, ensuring all major non-compliances are managed effectively and within defined timescales.	All SS		Identify the effect of organisational change on compliance arrangements; Audit Manager in post	Begin implementation changes required to remediate the effect of organisational change on compliance arrangements	Continue to implement changes required to remediate the effect of organisational change on compliance arrangements; Establish change control library	Audit changes implemented as a result of organisational change; Ongoing
BSC3b -24 Implement a process for the production of 'quality accounts' from 2009 /2010			Planning and preparation, implementation from April 2010			
BSC3b -25 Implement a records management policy.	BTS		Planning and preparation, implementation from April 2010			
BSC3b -26 Initiatives which contribute to delivering 'compliance' targets - Plan for non-compliance - to maintain external non-compliance with overdue actions at 0%.	HR Fin		Compliance Officer&; QA Cold Chain specialist in post; At least one compliance meeting with each directorate; Process audit of training records	Quality Champions identified and at least one Centre walk round Identify resource required for production audit trail to MHRA required standard	Ongoing / 0%	
BSC3c -27 Implementation of improved service to hospitals –Plan and implement electronic ordering system for blood components –High Value recommendation arising from customer process modelling project which adds value to the customer.	BTS	TP 9008	Scope order fulfilment process & deliver specification for electronic ordering system for blood components Undertake an assessment of hospital IT capability	Deliver business plan for electronic order fulfilment process	Design prototype ordering system; Pilot new system	Review Pilot outcome and develop rollout plan

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Patient Services	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
BSC3c -28 - Implementation of improved service to hospitals –Define Customer Strategy	HR		Undertake a high level review of NHSBT Customer Relations to deliver a Customer Strategy and resource plan. (to include assessment of partnership/integrated working models)		Begin implementation of changes to align infrastructure to strategy	Ongoing
BSC3c -29 Implementation of improved service to hospitals - Improve hospital customer satisfaction through a programme of pro-active interactions with key customers.	Fin E&L BTS		Implement top 10 quick wins to improve service to customer	Work plan developed for implementation of other changes which will improve CS. Communicate to external groups including NBTC	Develop new customer satisfaction survey tools for SpS & Tissue- Communication plan developed for customers	Plan Stakeholder event itinerary for 2010/11 to provide feedback on changes & discuss new developments
BSC3c -30 Implementation of improved service to hospitals. Business planning for the introduction of routine weekend deliveries to hospitals and alternative pricing framework for hospital deliveries	E&L		Assess outcome of Tooting & Newcastle weekend deliveries	Establish business costs of expanding weekend deliveries to other sites. Consider new pricing options for transport service. Build in to NCG plans for 2010/11. Hospital consultation	Develop operational plan for implementing routine weekend deliveries & evaluate the impact of NCG pricing decisions	
BSC3c -31 Implementation of improved service to hospitals Implement initiatives to improve performance around stock management working with hospitals supported by the Tooting blood centre			Review recommendations from the Tooting supply chain work with logistics and PTI	Develop work plan for up to 5 hospitals which will deliver optimal return on investment	Develop spreadsheet based hospital stock management tool and ensure that business architecture that sits behind electronic order system can feed this database	Pilot manual hospital stock model (including stock management training tool) with Tooting hospitals, based on SNBTS tool
BSC3c -32 Implementation of improved service to hospitals - Develop improved demand and supply chain planning processes.	BD		Develop SLA between PS & BD which describes stock & collection targets- implement monthly review. Define resource & skill sets to drive future demand planning and supply chain processes in PS. Analyse feedback from hospitals on predicted changes in blood use 09/10	Recruit or source supply chain expertise. Engage hospitals in NHSBT demand planning process at the Blood Stocks Management Scheme national meeting	Directors of PS & BD to undertake high level review against SLA	BSMS to deliver improved DP forecasting model for NHSBT

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Patient Services	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
BSC3c -33 Implementation of improved service to hospitals :Replace 6 monthly Customer Satisfaction survey with a system which provides more regular feedback to monitor NHSBT changes	BD BTS Fin		Develop a new system for capturing Customer Satisfaction Survey responses monthly	Provide Q1 response data and initiate corrective action plans	Ongoing	
BSC3c -34 Implementation of improved service to hospitals: Improve the customer interface through developing processes and use of appropriate technology.	BTS Fin		HL commissioning to work with finance to establish improved system for issue of contract monitoring data	HL & finance to Evaluate use of NHSnet/e-mail)transfer as an interim solution	HL to consult with users on data requirements for implementation of future improvements	
BSC3c -35 Implementation of improved service to hospitals: BBT. Develop and implement an integrated BBT strategy and structure.	Clin		Develop proposals for an integrated BBT structure. Feed in to strategic review for Customer		Seek Executive sign off and begin consultation	Finalise consultation and implement phase 1 of BBT structure
BSC3c -36 Implementation of improved service to hospitals: BBT. Explore mechanisms to capture and report data on the clinical use of blood by speciality in hospitals.	Clin BTS		Appoint data analyst as part of the Blood Stocks Management scheme to lead on this initiative	Initiate feasibility study	Completed feasibility study	Business approval process for new initiative and to proceed to pilot
BSC3c -37 Implementation of improved service to hospitals: BBT. Engage with patients and the public to align NHSBT Better Blood Transfusion activities with wider NHS objectives around patient involvement	Clin		Review results from the 2008 omnibus survey	Develop a patient involvement programme (through the Patient Involvement Group. Finalise a review of all patient information provided to hospitals regarding blood transfusion		
BSC3c -38 Implementation of improved service to hospitals: BBT. Provide hospitals with comparative data sets on blood components to assist them in meeting the objectives of the current health service circular.	BTS			Develop Business objects queries	Test BOBS output & issue to test sites	Q4, Deliver first set of comparative data for red cells & platelets
Strategic Activity BSC4 NHSBT will reduce the residual risk of transfusion through continued implementation of agreed blood safety initiatives.						
BSC4a -39 Ongoing evaluation of further potential blood safety plans: Further testing and processing initiatives to reduce TRALI.	Clin		Agree and implement monitoring for use of male only plasma for platelets and FFP	Implement Overnight Hold in key centres	Complete Overnight Hold in Key centres 100% male FFP and suspend 100% platelet pools in male plasma	100% male cryoprecipitate (excluding MB Cryo) Implementation of control through Pulse

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Patient Services	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
BSC4a -40 Ongoing implementation of blood safety initiatives: Extend the use of imported virus inactivated plasma from low risk BSE countries for the preparation of cryoprecipitate for children.	PS		Stock transfer of MB Cryo to all hospitals completed	New plasma import contract in place		Ongoing
BSC4a -41 Review and develop structure for evaluation and implementation of blood safety initiatives	Clin		Establish Process and agree governance structure.			
BSC4a -42 Prion Assay: Implement and complete specificity testing on available test kit	Clin	TP	Assess and develop project plan for vCJD Test (PAWG recommendation)	Implement Project for vCJD Test Assessment	Complete OJEU for vCJD test kits	Complete Sensitivity Analysis Report on vCJD Test Kit.
Strategic Activity EA4 Ensure NHSBT develops and maintains appropriate Governance and Business Continuity structures and systems.						
EA4 -43 Review and develop NHSBT's Governance systems. Maintenance and development of an effective emergency preparedness infrastructure and framework.	HR		Paper on EP & BCM performance measures. EP Officer (SW) in post; Revised Command and Control arrangements published; PULSE contingency report. Review and definition of pulse contingency planning	Exercise for pandemic arrangements (strategic and executive level); Begin training to revised C&C arrangements; Emergency Planning Officer (South East) in post	Begin exercising pandemic arrangements (operational level)	Implement and update Flu pandemic plans based on Gap Analysis reports and findings Stock pile key consumables; Paper to PS SMT on steps towards BS25999; Begin recruitment for Emergency Planning Officer (North)

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Specialist Services	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Strategic Activity SS1 Implement appropriate funding and pricing strategies to eliminate inappropriate cross-subsidies.						
SS1 -44 Implement RCI price increases (6.7%).	Fin PS		Increase by 6.7%		NCG Approval of 2010/11 price increases	
SS1 -45 Implement H&I Immunogenetics price increase (3.7%).	Fin PS		Increase by 3.7%		NCG Approval of 2010/11 price increases	
SS1 -46 Implement H&I Support for Stem Cells price increase (6.7%).	FIN PS		Increase by 6.7%		NCG Approval of 2010/11 price increases	
SS1 -47 Implement H&I Support for Solid Organs price increase (6.7%).	Fin ODT PS		Increase by 6.7%		NCG Approval of 2010/11 price increases	
SS1 -48 Implement RCI Reagents price increase (6.1%).	Fin PS		Increase by 6.1%		NCG Approval of 2010/11 price increases	
SS1 -49 Implement Stem Cells price increase (21%).	Fin PS		Increase by 21%		NCG Approval of 2010/11 price increases	
SS1 -50 Implement Tissues price increase (10%).	Fin PS		Increase by 10%		NCG Approval of 2010/11 price increases	
SS1 -51 Implement BBMR price increase (3.5%).	Fin PS		Increase by 3.5%		NCG Approval of 2010/11 price increases	
SS1 -52 Implement Antenatal price increase.	Fin PS		Increase by 158%		NCG Approval of 2010/11 price increases	
SS1 -53 Obtain GIA funding from DH to cover full costs of BBMR.	Fin				Submit GIA funding bid to the DH	
SS1 -54 Obtain GIA funding from DH to cover full costs of CBB.	Fin				Submit GIA funding bid to the DH	
Strategic Activity SS2 Expand in areas of anticipated high growth without increasing capacity unnecessarily.						
SS2 -55 Increase H&I referrals to support the increase in solid organ and stem cell transplantation (5%).	ODT		H&I Marketing Plan produced	Review & sign off of H&I Marketing Plan by SpS & PS Director	Inclusion of H&I Marketing Plan proposals in NCG planning	Incorporate H&I Marketing Plan proposals into 2010/11 plans

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Specialist Services	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SS2 -56 Increase Clinical Stem Cell procedures through increased business development (5%).	PS		SCI Marketing Plan produced	Review & sign off of SCI Marketing Plan by SpS & PS Director	Inclusion of SCI Marketing Plan proposals in NCG planning	Incorporate SCI Marketing Plan proposals into 2010/11 plans
SS2 -57 Increase the number of cord blood units held in stock: 15,000.	PS Clin		Continue collections from 4 NHS Hospitals in London	Commencement and scale-up of activity at St.George's Hospital, Tooting, the 5th Cord Blood collection site		
SS2 -58 Maintain the proportion of Black and Minority Ethnic (BME) Cord Blood units held in stock (41%).	PS Clin					
SS2 -59 Increase Tissue sales through increased marketing and product development (5%).	PS		Deploy Tissues Marketing Plan	Review impact of Tissues Marketing Plan on tissue sales	Inclusion of Review of impact of Tissues Marketing Plan proposals in NCG planning	Incorporate Tissues updated Marketing Plan proposals into 2010/11 plans
SS2 -60 Introduce new Tissue products.			Introduce approved new products following assessment by the Tissues Product Development Group			
SS2 -61 Plan / implement high throughput foetal genotyping from maternal blood.	Clin IBG RL	TP	Commission relevant 'research' to establish proof of viability. Concept paper produced	Review & sign off of concept paper on foetal genotyping of maternal blood	Review by CPB and sign off of IBC	
Strategic Activity SS3 Reduce costs and improve efficiency from realising synergies, consolidation and divesting from activities in a managed way ensuring continued patient safety.						
SS3 -62 Consolidate RCI reference services – Manchester to Liverpool.	HR E&L	TP 8601	Recruitment requirements fulfilled	Collective and individual staff consultation complete	Training complete. Cessation of RCI services in Manchester	Redeployment of Manchester staff. Decommissioning project closure scheduled for January 2010
SS3 -63 Consolidate RCI reference services - Plan alternatives for Cambridge (Addenbrookes or Colindale).	Fin E&L BTS HR	TP 8599	Complete FBC	Complete detailed planning and commence collective staff consultation	Collective and individual staff consultation complete and undertake any necessary recruitment and training	Complete implementation of plan with project closure scheduled for April 2010
SS3 -64 Inform and consult with Trusts and PCTs affected by divestment of routine antenatal testing services. Support Trusts through networking and training opportunities. Manage the diminishing number of samples referred to NHSBT through phased consolidation. Ensure SLA targets are met and quality is maintained.	PS Fin HR	TP 8602	Residual work transferred from Liverpool to Birmingham		Completion of consultation with staff at Leeds & Cambridge	Divestment at 36%. Transfer residual testing from Leeds and Cambridge to Sheffield and Birmingham

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Specialist Services	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SS3 -65 Transfer Cord Blood Bank (CBB) processing, storage and issue from Edgware to Filton.	HR Clin BTS PS E&L	TP 8586		Complete Recruitment, Staff Consultation and Training (CBB)	Relocation of CBB processing & storage activities to Filton. Relocation of Edgware based collection staff to Colindale	Project closure scheduled for January 2010.
SS3 -66 Re-alignment of H&I and RCI services.	HR	TP	Production of concept paper on Immunodiagnostics function	Hand over to Patient Services Director, who will then determine the future alignment of these services		
SS3 -67 SCI efficiencies and growth - Embed Manchester SCI in Liverpool.	HR E&L Fin	TP 8603		Staff consultation complete	Transfer of services to Liverpool	De-commissioning of Manchester. Project closure scheduled for January 2010
SS3 -68 H&I efficiencies.	Fin			Concept Paper to look at the opportunities for further efficiencies in H&I for inclusion in 2010/11 baseline		
SS3 -69 RCI efficiencies.	HR Fin			Concept Paper to look at the opportunities for further efficiencies in RCI for inclusion in 2010/11 baseline		
Strategic Activity SS4 Ensure that service quality levels are maintained or improved during the ongoing change programme.						
SS4 -70 Percentage of hospitals satisfied with overall service (RCI - top two boxes – from customer satisfaction surveys: target 60%).	PS		Based on customer satisfaction information, agree and implement relevant improvements			
SS4 -71 Implement the safe and effective transfer of Specialist Therapeutic Services (STS) from Blood Donation to Specialist Services	Clin		Implement agreed short term improvements to maintain and enhance the safety and effectiveness of the clinical service	Monitor effectiveness of changes and develop further proposals for strengthening STS	Agree relevant changes for inclusion in 2010/11 plan	

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Specialist Services	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
SS4 -72 Achieve RCI turnaround targets as specified in SLAs. Target 95%	PS Clin		Regular and robust monitoring of performance through the RCI function, and SpS SMT			
SS4 -73 Achieve H&I turnaround targets as specified in SLAs. Target 80%	PS		Regular and robust monitoring of performance through the H&I function, and SpS SMT			
SS4 -74 Achieve SCI turnaround targets as specified in SLAs. Target 100%	PS		Regular and robust monitoring of performance through the SCI function, and SpS SMT			
SS 4 -75 Tissues: orders met on time in full (OTIF) as specified. Target 98.5%	PS		Develop a stock control model to ensure that issue stock levels reflect current mean demand plus a buffer based on variability of demand	Regular and robust monitoring of performance through the Tissues function, and SpS SMT. Second amnion site functional		

Strategic Activity EA1 Ensure NHSBT corporate structures enable effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems.						
EA1c -76 Specify the scope of standardised Laboratory Information Management System / Systems (Hematos where agreed).	BTS	TP 3064	Define project milestones	Implement in line with agreed project milestones		
EA1c -77 Specialist Services EDI Initiative.	BTS			Scoping of costs & benefits of EDI for diagnostic functions	Development of specific proposals for the implementation of EDI including achievable milestones	Secure relevant approvals and support resources as part of planning process for 2010/11

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Organ Donation & Transplantation	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Strategic Activity OD1 Remove the obstacles to organ donation and effectively performance manage the identification and referral of potential donors.						
OD1 -78 Implement clinical "Donor Champions" and an Organ Donation Committee within donating hospitals (ODTF 4).	Fin CPA Clin	TP 8604	Additional 42 clinical donation champions appointed	Appointment of 30 Clinical Donation Champions	Appointment of 30 Clinical Donation Champions	Appointment of 30 Clinical Donation Champions. 202 in place by year-end
OD1 -79 Support the implementation of effective performance management within all donating hospitals through provision of information and analysis (ODTF 6).	Clin		Provide data quarterly in arrears	Provide data quarterly in arrears	Provide data quarterly in arrears	Provide data quarterly in arrears
OD1 -80 Implement financial reimbursement to all hospitals for the additional costs incurred when facilitating a potential or actual donor (ODTF 8). (100%)	Fin Clin	TP 8612	Ongoing reimbursement quarterly in arrears	Ongoing reimbursement quarterly in arrears, review of cost profile to inform 10/11 reimbursement	Ongoing reimbursement quarterly in arrears	Ongoing reimbursement quarterly in arrears
Strategic Activity OD2 Maximise the conversion of potential donors into actual donors by developing and implementing a robust, sustainable donor co-ordination service (ODTF 9).						
OD2 -81 Implementation of a centrally employed Donor Transplant Co-ordinator network (ODTF 9).	Fin HR BTS E&L	TP 8588	Number of teams transferred into NHSBT employment: 2. Number of additional staff (e.g. recruitment): 18	Number of teams transferred into NHSBT employment 5. Number of additional staff (e.g. recruitment): 12	Number of teams transferred into NHSBT employment 3. Number of additional staff (e.g. recruitment): 15	Number of teams transferred into NHSBT employment: 2 Number of additional staff (e.g. recruitment): 12. 4 teams transferred into NHSBT employment in 08/09 to be fully operational
OD2 -82 Improve, and streamline, the process of donor registration through the introduction of an electronic (web-based) system (ODTF 9) , making use of the platform established to develop systems for the effective capture of data for the Potential Donor Audit (PDA) and transplant-related datasets (as phase 2 & 3).	BTS Fin	TP 8570	Commence EOS Phase 2	Commence EOS Phase 3	Complete roll out of EOS Phase 1 and complete EOS Phase 2	Complete EOS Phase 3
OD2 -83 Maintain the current level of investment in the 25 Living Donor schemes in transplanting units and provide additional funding to extend their programmes in up to 10 of them.	Fin Clin		Allocate additional investment to up to 10 units	Review performance against agreed activity levels	Review performance against agreed activity levels	Review performance against agreed activity levels
OD2 -84 Maintain the current level of investment in the 11 Living Donor schemes in non transplanting units.	Fin Clin				Review options for continued funding	
Strategic Activity OD3 Develop and implement a flexible, robust and sustainable organ retrieval service that delivers viable organs to transplant units (ODTF 10).						
OD3 -85 Implement nationally commissioned Organ Retrieval Teams (ODTF 10).	Fin Clin	TP 8612	Contracts in place for abdominal & cardio-thoracic organ retrieval. Appointment of commissioning function. Consultation on donor management model	Appoint providers for implementation of the National Organ Retrieval Service	Work with providers on the establishment of full service to start 04/10	Finalise the role out of the full service
Strategic Activity OD4 Develop and implement a robust, sustainable cornea donation service.						
OD4 -86 Review eye retrieval units - performance manage each against a target of retrieving 70% of all donated corneas by 2011/12, whilst achieving an annual quality indicator of 70% retrieved corneas suitable for transplantation.	Tiss Serv Clin		Implement new Eye Retrieval Schemes (10)			Complete review of 6 Units

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Fractionated Products	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Strategic Activity FP1 Increase capacity and throughput.						
FP1 -87 Increase capacity and throughput. Review and develop production processes, Secure plasma supply to achieve output in accordance with planned growth.			Assessment of fill- to-release system complete and implemented. Supplement to existing plasma contract in place	Engineering scheduling system assessment complete and implemented	Secure plasma supply contracts to achieve output in accordance with business growth in 2010 to 2012	5% increase in process efficiency achieved
Strategic Activity FP2 Develop new products and expand into key markets.						
FP2a -88 Launch new products.					Launch new product in the UK	Register two existing products for sale in Europe
FP2b -89 Contract Fractionation (CFr) and license out (LO) BPL Intellectual property rights.			Commence contract with Kazpharm on technology transfer	Agree technology transfer project plan with Kazpharm	Secure small scale contract fractionation	Target implementation of small scale contract fractionation
Strategic Activity FP3 Increase home and export sales revenues.						
FP3 -90 Cumulative percentage increase in sales revenues.			8%	17%	25%	34%
Strategic Activity FP4 Implement and maintain systems for compliance.						
FP4a -91 Maintain MHRA GMP Certificate.			FDA inspection	Complete RABS project on filling line 1	MHRA routine Inspection	Review of quality systems complete
FP4b -92 Achieve Environmental standards ISO14001.			Phase 3 (stages 1-5) Evaluation of environmental impacts, finalise environmental policy and management programme	Phase 3 (stages 6-7) Develop operational control procedures. Launch policy, targets and indicators	Phase 4 – Implementation and operation of the environmental management system	Phase 5 – Audit and review. Phase 6 (stage 1) BSENISO 14001 certification

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Finance	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Strategic Activity BSC2 NHSBT will avoid further significant increases in red cell prices by reducing costs and improving efficiency in line with expected falls in blood demand.						
BSC2d -93. Procurement savings.			£0.75m	£0.75m	£0.8m	£0.8m
BSC2f -94. Efficiencies delivered from within NHSBT support functions linked to EA1b – (see below).						Specific savings re Finance and Clinical delivered in-year £1.2m
Strategic Activity EA1 Ensure NHSBT corporate structures enable effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems.						
EA1a -95 Review of Group and Administration Services - planning delivery of cost reductions and efficiencies in support service functions in line with external benchmarks.	All Gp Serv		Presentation of opportunities and risks/dependencies to EMT	Agreed projects phased into transformation programme	Detailed projects/plans incorporated into revised plan and savings targets adjusted accordingly	Specific savings re Finance and Clinical delivered in-year £1.2m
EA1b -96 Continue the restructure / development of Finance to improve support to the development & delivery of strategy.	HR		Announce first level structure	Develop plans for other levels	Implement revised structures	
EA1 – 97 Complete benchmarking analysis with NHS SBS and develop an action plan.			Develop implementation plan in line with recommendations agreed at March 09 Board review	Implement as appropriate	Implement as appropriate	Implement as appropriate
EA1b –98 Review systems and processes within Employee Services and develop an action plan for consolidation.					Action plan by October	
EA1c -99 Review and develop NHSBT's systems in support of key strategic deliverables: Upgrade Oros ABC software to SAS ABM.	BTS		Phase 2 improvement plan by end of April. Begin improved data integration	Complete improved data integration and produce Actual 2008/09 model by end of August	Review, plan and action next iteration improvements	Budget 2010/11 model by end of January 2010
EA1c -100 Review and develop NHSBT's systems in support of key strategic deliverables: reduction of transaction levels in Accounts Payable and Procurement.	BTS PS BD ODT			EDI implemented for top 10 suppliers	Review options for purchasing cards	Implementation plan for introduction of purchasing cards
EA1c -101 Review and develop NHSBT's systems in support of key strategic deliverables: Integration of core systems into billing processes / completing the review of Debtors processes.	BTS PS		Analysis of invoicing processes in specialist services	Implement invoice email solution in Oracle.	Commence sending invoices by e-mail for blood SLAs	Commence use of dunning letters within Oracle Implementation plan for rationalising and automating specialist services invoices
EA1c -102 Review and develop NHSBT's systems in support of key strategic deliverables: Progress ESR Benefits Realisation.	BTS			Implement ADI upload	Complete e-expenses by October	

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Finance	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Strategic Activity EA2 Build support for the NHSBT strategy through a programme of proactive engagement with internal and external stakeholders.						
EA2 -103 Ensure that sufficient funding is generated, effectively managed and made available in line with planned requirements. This includes support to the NCG for Blood process and submission of revenue, brokerage and capital GIA bids in line with the DH planning timetable.	PS			Quarter 1 financial review by mid-July	Mid-year financial review by mid-October, NCG and Financial Plan by Autumn 2009	Quarter 3 financial review by mid-January
EA2 -104 Continued delivery of a supplier development programme (15 key suppliers).						Roll out to further 5 suppliers
EA2 -105 Development of an integrated NHSBT Sustainable Development Action Plan				Develop and publish a SD Policy	Implementation	
EA2 -106 Create / build a Sustainable Procurement (SP) programme which supports the NHSBT strategy through a programme of proactive engagement with internal and external stakeholders (Level 4 in 2 areas of the Framework, level 3 in remaining).	PS BD		Develop departmental and supplier KPIs. Introduce SP processes and procedures into PPM. Begin roll out of the risk/value based Supplier Development Programme with identified key suppliers	High level awareness training to procurement staff, and key stakeholders. Begin interim measurement of supplier and departmental development against the policy, KPIs and Flexible Framework. Include Sustainability factors and criteria in all contracts where appropriate	Assess all specifications for goods/services and ensure relevant sustainable considerations are included. Version control and maintain Specifications in a centrally accessible database with shared ownership between procurement and the internal customer	Key procurement staff trained . Measure all 'SP' savings and report. Measure development of the department and suppliers against the policy, KPIs and Flexible Framework. Review position against the Flexible Framework.
EA2 -107 Establish process for self-regulation in line with DH gateway arrangements.	CPA		Implement			
EA2 -108 Effective development and deployment of an NHSBT planning framework, working within DH guidelines and frameworks.	All		By the end of Q1 - review and agree strategic planning process. Update environmental analysis. Produce amended strategic objectives. Identify and score the risks to delivery of our strategic objectives	Review / develop strategic activities etc. ET planning session in mid-September to review. Review / develop detailed work-plan initiatives etc. 3-yr financial plan, annual budget build and NCG processes run in parallel	Draft plans completed and submitted for consolidation mid-October. Draft Strategic Plan and Annual Work-plan to ET & Board in November and onto the DH in December	Detailed budget, programme and project planning complete. Refine plans to reflect DH feedback and in-year performance by end of February. Board and DH approve final plan by March. Communications & PA publish Strategic Plan.
Strategic Activity EA3: Improve NHSBT's capacity and capability to deliver strategic change through the deployment of appropriate resource, leadership and skill, supported by the development of appropriate performance management systems.						
EA3 -109 Development of improved performance management systems, frameworks and processes.	All		Review and refresh reports by end of April			

Appendix 1 NHSBT Work-Plan 2009/10

Finance	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
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Strategic Activity EA4 Ensure NHSBT develops and maintains appropriate Governance and Business Continuity structures and systems.						
EA4 -110 Review and develop NHSBT's Governance systems. Development of an action plan in response to NHSBT's NHSLA and Standards for Better Health Self-assessments.	BD ODT PS Clin H&S		Work with lead SFBH & NHSLA leads to develop clear action plans	Action plans agreed by July. Mid-year report on compliance against standards with subsequent linked actions to address gaps/weaknesses NHSLA paper on options going forward – Level 1 or Level 2 compliance	Monthly Report on compliance against standards with subsequent linked actions to address gaps/weaknesses	Monthly reporting leading to Director and subsequent Board Sign-off - Self-Declaration against SFBH
EA4 -111 Review and develop NHSBT's Governance systems. Implementation of the findings from the review of risk management systems and processes.	All		Complete level one training / instruction for senior managers. Review	Complete level two training. Options appraisal for 'sustainable practices' recommendations in KPMG report.	Internal review of risk management maturity	Review

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Communications and Public Affairs	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Strategic Activity OD5 Implement methods to promote organ donation to the public.						
OD5 -112 Develop and implement a national public awareness campaign to promote organ donation and the "gift of life" to the general public and specifically to the BME population via targeted marketing campaigns (ODTF 13).	Fin	TP 9002	Tender for communications planning and creative agencies	Develop campaign	Launch stage 1 of campaign and develop stage 2	Develop stage 2 of campaign
Strategic Activity EA1 Ensure NHSBT corporate structures enable effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems.						
EA1b -113 Restructure CPA creating three professional functions - Strategic Communications, Public Affairs and Strategic Marketing.	HR BTS		Complete CPA restructure with recruitment to new Strategic Marketing function			

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Human Resources	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Strategic Activity EA1 Ensure NHSBT corporate structures enable effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems.						
EA1b -114 Complete the realignment of support team sub-structures to enable successful delivery of strategic plans. Implement a reorganisation of the HR Function to provide a more effective and responsive general HR and recruitment service.	All		Plan for additional resources to support NHSBT plans, implement as appropriate	Plan for additional resources to support NHSBT plans, implement as appropriate	Plan for additional resources to support NHSBT plans, implement as appropriate	Plan for additional resources to support NHSBT plans, implement as appropriate
Strategic Activity EA2 Build support for the NHSBT strategy through a programme of proactive engagement with internal and external stakeholders.						
EA2 -115 Continued development of more effective consultative structures and an effective policy framework, developed in partnership.			Ongoing implementation of first phase revisions			Revised consultative arrangements fully in place
EA2 -116 Increase the response rate for the staff survey.			Action plan implemented, phasing of future surveys to be aligned with wider NHS timetable (Surveys issued in Q3 (October))		2009/10 Survey issued to staff	Survey results consolidated and report produced
Strategic Activity EA3: Improve NHSBT's capacity and capability to deliver strategic change through the deployment of appropriate resource, leadership and skill, supported by the development of appropriate performance management systems.						
EA3 -117 Continued support for strategic workforce change to ensure successful implementation of change projects.	Change Projects		Deploy plans and review as appropriate, continue to refine ODT aspects	Deploy plans and review as appropriate, continue to refine ODT aspects	Deploy plans and review as appropriate, continue to refine ODT aspects	Deploy plans and review as appropriate, continue to refine ODT aspects
EA3 -118 To develop more effective HR structures and systems, supported by the development of a system of KPIs.				Review of KPI appropriateness and effectiveness by Mid Year	Additional/refinement of KPIs as recommended from the MYR	Ongoing improvement
EA3 -119 In conjunction with relevant directors, implement programmes to achieve a significant and sustainable reduction in areas with high absence levels. Particular target areas within Donor Services and Estates & Logistics.	All		Ongoing monitor and analysis of targets, formulation of agreed actions to mitigate variances	Ongoing monitor and analysis of targets, formulation of agreed actions to mitigate variances	Ongoing monitor and analysis of targets, formulation of agreed actions to mitigate variances	Review of targets and development of revisions for 2010/11 plan
EA3 -120 To implement a revised appraisal and PDR process and achieve 85% penetration of this system by 2011.	All		Roll out of new appraisal system	Monitoring and continued roll out	Monitoring and continued roll out	Appraisal system fully deployed
EA3 -121 Health & Safety: To develop management action plans to achieve overall reduction in accidents and work related sickness absence by 10%.	All		Plans agreed with main Directorates	Monitoring and continued roll out	Monitoring and continued roll out	Monitoring and continued roll out
EA3 -122 To ensure that an effective Organisation Development programme is designed and implemented in support of strategic priorities.	All		Ongoing Implementation of agreed Programme	Ongoing Implementation of agreed Programme	Ongoing Implementation of agreed Programme	Review of Programme and develop proposals for activities in 2010/11

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Clinical	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Strategic Activity BSC4 NHSBT will reduce the residual risk of transfusion through continued implementation of agreed blood safety initiatives						
BSC4b -123 Ongoing evaluation of further potential blood safety plans: Implications of red cell prion filtration – NHSBT will continue to participate in the UK Blood Services Prion Reduction Working Group, and produce papers for SaBTO as required.	PS Clin		Produce operational plans for implementation of prion filtration; commission endogenous studies; establish Kings as study centre; paper to SaBTO	Review bioassay reports from HPA scrapie studies	Study A ongoing	Study A ongoing; plan Study B. Review bioassay data from BSE studies
BSC4b -124 Ongoing evaluation of further potential blood safety plans: : NHSBT will assess the costs, feasibility and timescales of further vCJD risk reduction steps.	PS Clin		Produce papers for SaBTO on: i) Double Dose Red Cells; ii) Red Cell Importation for Children; iii) Prion Assay	Produce papers for SaBTO on (iv) 100% platelets by apheresis. input to DH SaBTO paper on FFP importation	Ongoing evaluations plus other actions agreed with the DH	Ongoing evaluations plus other actions agreed with the DH
BSC4b -125 Ongoing evaluation of further potential blood safety plans: Evaluate whether bacterial screening or pathogen inactivation should be implemented.	PS		Review implementation plans for bacterial screening and pathogen inactivation	Actions as agreed with DH re implementation or further evaluation	Actions as agreed with DH	Complete and report on clinical trial of 7-day platelets.
Strategic Activity EA1 Ensure NHSBT corporate structures enable effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems.						
EA1b -126 Review the current structure of the Clinical Directorate and implement changes aligned to the new organisation structure and strategic priorities.	HR PS SS BD		AMDs for Blood Donation and Patient Services to appoint and develop Clinical Leads as required. Develop and implement structure for administrative support. Finalise and implement proposals for a multidisciplinary Patients Team	Review structure of merged Stats and Audit department along with a work plan which maps to clinical risk	Work with STT to define the strategy for the delivery of Transfusion Medicine education to haematology trainees	Refine strategy for joint consultant appointments, combining BBT3 and specialist services responsibilities, and developing "Centres of Excellence" in Transfusion Medicine
EA1b -127 Develop an R&D strategy that recognises the need for succession planning, the opportunities presented by the creation of the National Institute for Healthcare Research (NIHR) and includes proposals for structuring of development.	HR ODT BD E&L IBG RL		Implement plans to recruit Clinical Fellows. Work with E&L and SS to agree terms of transfer of research space at Cambridge to University of Cambridge. Call for transplant-related research	Work with University of Cambridge to replace Chair and Senior Lecturer. Finalise plans for recruitment of new Principal Investigators to ensure succession planning	New PIs recruited. Continue to explore new strategic alliances with academic units	Systematic Review Initiative – production of an Annual Report. Refine strategy for beyond 2012

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Clinical	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Strategic Activity EA3: Improve NHSBT's capacity and capability to deliver strategic change through the deployment of appropriate resource, leadership and skill, supported by the development of appropriate performance management systems.						
EA3 -128 Provide support for the replacement of the Chair of UK JPAC, and assist with the review of JPAC modus operandi.	BD		With the rest of the UK Forum, complete the review of JPAC by Jun 09	Commence implementation of the findings of the JPAC review, and as part of that, work with the new Chair of SAC Care and Selection of Donors (Sue Barnes) to ensure adequate infrastructure		Complete implementation of the findings of the JPAC review
Strategic Activity EA4 Ensure NHSBT develops and maintains appropriate Governance and Business Continuity structures and systems.						
EA4 -129 Review and develop NHSBT's Governance systems: Review Clinical Governance arrangements, including Clinical Audit, with a view to improving the integration of Clinical Governance issues within NHSBT's management arrangements.	PS ODT		Agree proposals with Chairs of Organ Advisory Groups for handling possible breaches of organ allocation system and alerts on CUSUM monitoring Appoint Clinical Governance officer to collate events, alerts etc	Purchase software and establish system for alert handling	Implement new systems for handling alerts and incidents	Fully functioning systems for handling and reporting incidents

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Business Transformation Services		Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Strategic Activity EA1 Ensure NHSBT corporate structures enable effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems.							
EA1c -130 Review and develop NHSBT's systems in support of key strategic deliverables: Harmonisation of infrastructure services and support structures across NHSBT.			Access to all NHSBT services is available from all NHSBT locations				
EA1c -131 Review and develop NHSBT's systems in support of key strategic deliverables: Continue to renew the components of Pulse with business support.		TP 3165			Version 16.2 live		Pulse 17.1 live.
EA1c -132 Review and develop NHSBT's systems in support of key strategic deliverables: Replacement of the telecommunications system.			Phase 1 deployed		Phase 2 deployed	Phase 3 deployed	All major services deployed
EA1c -133 Review and develop NHSBT's systems in support of key strategic deliverables: Working with Blood Donation, replace the session IT infrastructure.	BD		Pilot underway		Pilot complete	Business case and rollout plan confirmed. Rollout commences (subject to business case approval)	Rollout underway (subject to business case approval)
EA1c -134 Review and develop NHSBT's systems in support of key strategic deliverables: Upgrade core IT infrastructure.					Phase 1 complete	Phase 2 complete	Phase 3 complete
EA1c -135 Develop a plan to consolidate and integrate corporate information systems in place of current local databases.					Analysis of corporate information systems complete	Quick wins identified and delivered	
Strategic Activity EA3: Improve NHSBT's capacity and capability to deliver strategic change through the deployment of appropriate resource, leadership and skill, supported by the development of appropriate performance management systems.							
EA3 -136 Develop and implement a plan to enable the effective transfer of knowledge and skills from our external Programme and Project Management provider to internal resource, ensuring capacity and capability is available to support ongoing and future NHSBT strategic change programmes.					Plan developed	Implement agreed actions for this period	Implement agreed actions for this period

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Estates & Logistics	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Strategic Activity BSC3 NHSBT will ensure that the organisation has the appropriate level of capacity and capability to process blood to the standards required by modernising its production and testing infrastructure.						
BSC3a -137 Increasing capacity utilisation through consolidation, productivity improvements and by implementing best practice - Develop logistics infrastructures in the South West to support planned consolidations in the region.	PS	TP 7483	Implement			
BSC3a -138 Increasing capacity utilisation through consolidation, productivity improvements and by implementing best practice - Develop logistics infrastructures in the South East to support planned consolidations in the region.	PS					Planning & Commence Implementation
BSC3a -139 Increasing capacity utilisation through consolidation, productivity improvements and by implementing best practice - Develop logistics infrastructures in the North to support planned consolidations in the region.	PS					Planning & Commence Implementation
Strategic Activity EA1 Ensure NHSBT corporate structures enable effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems.						
EA1c -140 Implementation of Transport Planning System.	BTS PS					Scoping/evaluation of products
EA1c -141 Implementation of upgrade to TABS FM system.	BTS					Upgrade implemented
EA1c -142 Assess and evaluate appropriateness of utilisation of MRP2 within NHSBT Warehousing operations.	PS					Report and Evaluation
EA1d -143 Refurbish Leeds Bridle Path and relinquish lease at Capitol Park	PS				Scoping and planning for transfer, Serve notice to Landlord (latest 26 Oct09)	
EA1d -144 Refurbish Birmingham Vincent Drive and surrender lease at Research	PS		Preparation of accommodation, Serve notice to landlord (latest by 15 May 09)	Surrender existing lease (15 Aug 09). Take new short term lease until transfer complete		Relinquish accommodation
EA1d -145 Lease surplus space at Southampton to Trust or other third party organisation(s).	SS					Space leased
EA1d -146 Lease surplus space at Cambridge to NHS Trust.	SS					Negotiate and report
EA1d -147 Surrender of Occupation Agreement at Deansbrook Road.	SS Clin					Dilapidations survey and agreement of cost, Hand accommodation back to Trust
EA1d -148 Evaluate options and opportunities for withdrawal from leased/rented sites.					Identify & evaluate options/opportunities	Prepare interim options appraisal report

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Estates & Logistics	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
EA1d -149 Complete space planning and utilisation assessment, and building remodelling at Colindale.		TP 8569				Reconfiguration of internal space and accommodation
EA1d -150 Management and progression of Estates Minor Developments Programme (Pink List).			Progress reporting	Progress reporting	Progress reporting	Progress reporting
EA1d -151 Survey estates utilisation, suitability, cost and condition against internal stakeholders' needs.			Review procurement method	Agree and commence OJEU or framework		Complete tender

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NHSBT Corporate	Link	TP	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Strategic Activity EA1 Ensure NHSBT corporate structures enable effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems.						
EA1a -152 NHSBT: Implementation of a revised organisation structure that establishes NHSBT as the Organ Donor Organisation and demonstrates further synergies across its total supply chain.		TP 9003	Consultation	Senior appointments in place. Commission review of Clinical Pathway	Consultation on next level (if required)	Complete restructure
EA1a -153 Develop and implement an action plan following completion of an option appraisal to provide an NHSBT-wide integrated model of tissue consent and referral.			Option appraisal complete	Action plan complete	Implement	Implement
EA1a -154 Understand synergies between Blood Donation & Organ Donation	ODT		Analysis of opportunities		Recommendations	Plan implementation
Strategic Activity EA2 Build support for the NHSBT strategy through a programme of proactive engagement with internal and external stakeholders.						
EA2 -155 Attendance of the NHS ODTF Programme Delivery Board to ensure overall alignment and engagement with the NHS on implementation of the ODTF recommendations.			Ongoing	Ongoing	Ongoing	Ongoing



Blood and Transplant

CONSOLIDATED REVENUE STATEMENT

	Plan 08/09 £k	Forecast 08/09 £k	Plan 09/10 £k
Income			
Revenue Cash Limit	35,056	35,056	55,959
Inter Year Flexibility in	23,000	23,000	15,700
Operational Income	447,537	451,420	517,962
Contribution from devolved administrations	1,863	1,863	1,914
Sub-total Income	507,455	511,339	591,535
Inter Year Flexibility out	(15,700)	(15,700)	0
Total Income	491,755	495,639	591,535
Expenditure			
Blood Donation	100,659	102,723	106,582
Patient Services	95,910	95,787	98,059
Specialist Services	44,542	42,178	43,444
Organ Donation	19,355	18,114	52,893
Fractionated Products (including overheads)	100,510	103,883	130,238
Chief Executive and Board	887	550	728
Communications & Public Affairs	2,582	2,554	2,613
Estates & Logistics	59,586	63,680	62,324
Finance	7,401	7,219	7,921
Human Resources	6,363	6,296	6,585
Business Transformation Services (including IT)	15,108	16,012	17,238
Clinical Directorate	19,892	17,183	19,995
Transition, Reserves & Other Blood & Specialist Services	18,960	19,460	28,457
Total Expenditure	491,755	495,639	577,076
Surplus/(Deficit)	(0)	0	14,459



NHS
Blood and Transplant

CONSOLIDATED BALANCE SHEET

	Forecast 08/09 £k	Plan 09/10 £k
<u>Fixed Assets</u>	335,794	349,361
<u>Current Assets</u>		
Stocks	60,240	68,586
Trade Debtors	31,046	31,901
Prepayments	4,822	4,822
Other Debtors	3,966	3,966
Bank and Cash	100	158
	100,174	109,433
Less:-		
<u>Current Liabilities</u>		
Trade Creditors	19,677	14,287
Accruals	11,480	11,480
Others	10,535	10,583
	41,692	36,350
Net Current Assets	58,482	73,083
Provisions	4,479	4,622
	4,479	4,622
Total Net Assets	389,797	417,822
Represented by:-		
<u>Department of Health Funding</u>		
General Reserve	256,902	263,620
Revaluation Reserve	132,895	154,202
	132,895	154,202
Total Dept of Health Funding	389,797	417,822

CONSOLIDATED FUNDS FLOW STATEMENT

	Forecast 08/09 £k	Plan 09/10 £k
Surplus/(Deficit)	0	14,459
(Increase)/Decrease in stocks	(60,240)	(8,346)
(Increase)/Decrease in trade debtors	(31,046)	(855)
(Increase)/Decrease in prepayments and other debtors	(8,788)	0
Increase/(Decrease) in trade creditors & accruals	31,157	(5,390)
Increase/(Decrease) in other creditors	10,535	48
Increase/(Decrease) in Inter Auth Loan	0	0
Increase/(Decrease) in provisions	4,479	143
	(53,903)	(14,400)
Increase/(Decrease) in working capital	(53,903)	59
Opening cashbook balance	90	100
Closing cashbook balance	142	158
Increase/(Decrease) in cash	52	58

CONSOLIDATED CASH FLOW FORECAST

	Apr-09 £k	May-09 £k	Jun-09 £k	Jul-09 £k	Aug-09 £k	Sep-09 £k	Oct-09 £k	Nov-09 £k	Dec-09 £k	Jan-10 £k	Feb-10 £k	Mar-10 £k	Total £k
Opening bank balance	100	16,444	16,459	17,189	23,357	25,850	12,462	16,730	21,682	25,290	22,990	22,051	100
<u>Income</u>													
Debtors & Other Receipts	45,099	40,494	38,514	44,347	42,114	42,382	43,243	43,745	43,343	42,906	42,926	42,472	511,585
Revenue Cash Limit	13,300	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	8,359	5,000	71,659
Capital Cash Limit	450	650	700	1,100	800	800	1,000	1,000	1,200	3,100	2,700	2,500	16,000
Total income	58,849	46,144	44,214	50,447	47,914	48,182	49,243	49,745	49,543	51,006	53,985	49,972	599,244
<u>Expenditure</u>													
Staff Expenses	17,957	17,957	17,957	17,957	17,957	17,957	17,957	17,957	17,957	17,957	17,957	17,961	215,488
Other Revenue costs	24,098	27,522	24,827	25,222	26,664	24,442	26,018	25,836	26,778	32,249	34,267	33,032	330,955
Capital Charges	-	-	-	-	-	18,371	-	-	-	-	-	18,372	36,743
Capital costs	450	650	700	1,100	800	800	1,000	1,000	1,200	3,100	2,700	2,500	16,000
Total costs	42,505	46,129	43,484	44,279	45,421	61,570	44,975	44,793	45,935	53,306	54,924	71,865	599,186
Closing bank balance	16,444	16,459	17,189	23,357	25,850	12,462	16,730	21,682	25,290	22,990	22,051	158	158

Strategic Objective A) To deliver a modern, world class blood service that provides a sustainable and dependable supply of blood components, that meet all safety, quality, compliance and service standards, as efficiently as possible.

Risk Description	Consequence (s)	Inherent Risk Assessment		Risk Score	Ownership (lead Director)	Mitigating Strategic Activity	Sources of assurance	Residual Risk Assessment		Risk Score
		Likelihood	Impact					Residual Likelihood	Residual Impact	
What might occur?	What are the possible consequences if the risk occurs?	1 = Rare 2 = Unlikely 3 = Possible 4 = Likely 5 = Almost certain	1 = Insignificant 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic		Who has overall accountability for this risk?	What existing processes / controls are in place to manage the risk?	What assurance to you get over these controls?	1 = Rare 2 = Unlikely 3 = Possible 4 = Likely 5 = Almost certain	1 = Insignificant 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic	
SR-B-0001. Turnover in donors - active donor database declining at a faster rate than the decline in demand.	NHSBT and the wider NHS experience a shortage of blood in the region of 100k to 300k units	5	4	20	Director of Blood Donation	BSC1 Ensure the collection of sufficient red cells and platelets to meet current and future demand by modernising blood collection activities.	Overall progress overseen by NHSBT Board and Executive Team. (Minutes of Meetings) Quarterly and Monthly Performance Reports At a Divisional Level, overseen by BD SMT.	3	5	15
SR-B-002. Blood collection model not providing the right environment for donors - blood stocks are falling below optimum levels.	Major reduction in donor numbers impacting on NHSBT ability to meet demand for blood, potential shortfall of 100k to 300k units	5	4	20	Director of Blood Donation	BSC1 Ensure the collection of sufficient red cells and platelets to meet current and future demand by modernising blood collection activities.	Overall progress overseen by NHSBT Board and Executive Team. (Minutes of Meetings) Quarterly and Monthly Performance Reports At a Divisional Level, overseen by BD SMT.	3	5	15
SR-B-0003. Stakeholder pressure to reduce costs and stabilise previously rising prices.	Reduced stakeholder satisfaction, customers pursue alternative sources of supply,	4	5	20	Director of Blood Donation Director of Patient Services Finance Director	BSC2 Avoid further significant increases in red cell prices by reducing costs and improving efficiency in line with expected falls in blood demand.	Overall progress overseen by NHSBT Board and Executive Team. (Minutes of Meetings) Quarterly and Monthly Performance Reports At a Divisional Level, overseen by BD SMT.	4	4	16
SR-B-0004. NHSBT behind European counterparts on efficiency and productivity benchmarks.	NHSBT customers may find alternative (cheaper) sources of supply.	5	5	25	Director of Blood Donation Director of Patient Services Finance Director	BSC2 Avoid further significant increases in red cell prices by reducing costs and improving efficiency in line with expected falls in blood demand.	Overall progress overseen by NHSBT Board and Executive Team. (Minutes of Meetings) Quarterly and Monthly Performance Reports At a Divisional Level, overseen by BD SMT.	3	4	12
SR-B-0005. Significant over capacity exists and will grow if not addressed.	Impact on NHSBT ability to deliver efficiency savings	5	4	20	Director of Blood Donation Director of Patient Services	BSC3 Ensure that the organisation has the appropriate level of capacity and capability to process blood to the standards required by modernising its production and testing infrastructure	Overall progress overseen by NHSBT Board and Executive Team. (Minutes of Meetings) Quarterly and Monthly Performance Reports At a Divisional Level, overseen by BD SMT.	3	5	15
SR-B-0006. Product and service infrastructure will not meet future regulatory and safety requirements.	Loss of licence and accreditation resulting in an inability to operate some or all of our production facilities	3	5	15	Director of Patient Services	BSC 3 Ensure that the organisation has the appropriate level of capacity and capability to process blood to the standards required by modernising its production and testing infrastructure	Overall progress overseen by NHSBT Board and Executive Team. (Minutes of Meetings) Quarterly and Monthly Performance Reports At a Divisional Level, overseen by BD SMT.	3	5	15
SR-B-0007. Some Blood component products continue to cause adverse reactions in patients.	Harm or death to patients	5	5	25	Medical Director	BSC4 Reduce the residual risk of transfusion through continued implementation of agreed blood safety initiatives.	Overall progress overseen by NHSBT Board and Executive Team. (Minutes of Meetings) Quarterly and Monthly Performance Reports At a Divisional Level, overseen by BD SMT.	2	5	10

Strategic Objective B) Based on a thorough understanding of the needs of customers, to develop and market a portfolio of high quality, financially viable specialist services that are consistent with the objectives of NHSBT and which build on its unique skills and capabilities.

Risk Description	Consequence (s)	Inherent Risk Assessment		Risk Score	Ownership (lead Director)	Mitigating Strategic Activity	Sources of assurance	Residual Risk Assessment		Risk Score
		Likelihood	Impact					Residual Likelihood	Residual Impact	
What might occur?	What are the possible consequences if the risk occurs?	1 = Rare 2 = Unlikely 3 = Possible 4 = Likely 5 = Almost certain	1 = Insignificant 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic		Who has overall accountability for this risk?	What existing processes / controls are in place to manage the risk?	What assurance to you get over these controls?	1 = Rare 2 = Unlikely 3 = Possible 4 = Likely 5 = Almost certain	1 = Insignificant 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic	
SR-SS-0001. Inability to meet growing demand for many NHSBT specialist services.	NHS Customer hospitals wont receive the services they require. Reduction in customer satisfaction and potential harm/death to patients. Failure to supply and to comply with DH requirements e.g. Cord Blood.	5	5	25	Director of Specialist Services	SS1 Implement appropriate funding and pricing strategies to eliminate inappropriate cross-subsides. SS2 Expand in areas of anticipated high growth without increasing capacity unnecessarily. SS3 Reduce costs and improve efficiency from realising synergies, consolidation and divesting from activities in a managed way ensuring continued patient safety.	Overall progress overseen by NHSBT Board and Executive Team (Minutes) Quarterly and Monthly Performance Reports At a Divisional level overseen by SMT (s)	3	4	12
SR-SS-0002. Some services do not fit with wider NHSBT supply chain.	NHSBT provides NHS services that it is not best placed to provide in terms of effectiveness, efficiency and economy.	5	4	20	Director of Specialist Services	SS1 Implement appropriate funding and pricing strategies to eliminate inappropriate cross-subsides. SS2 Expand in areas of anticipated high growth without increasing capacity unnecessarily. SS3 Reduce costs and improve efficiency from realising synergies, consolidation and divesting from activities in a managed way ensuring continued patient safety.	Overall progress overseen by NHSBT Board and Executive Team (Minutes) Quarterly and Monthly Performance Reports At a Divisional level overseen by SMT (s)	4	4	16
SR-SS-0003. Services are currently subsidised by income from the provision of blood component products.	Inappropriate influences on NHSBT and its customers clinical and business decisions.	5	4	20	Director of Specialist Services	SS1 Implement appropriate funding and pricing strategies to eliminate inappropriate cross-subsides. SS2 Expand in areas of anticipated high growth without increasing capacity unnecessarily. SS3 Reduce costs and improve efficiency from realising synergies, consolidation and divesting from activities in a managed way ensuring continued patient safety.	Overall progress overseen by NHSBT Board and Executive Team (Minutes) Quarterly and Monthly Performance Reports At a Divisional level overseen by SMT (s)	3	4	12
SR-SS-0004. Inability to Maintain Clinical Quality	Failure to maintain agreed quality levels could lead to unacceptably poor patient health outcomes, and/or the loss of relevant licences and accreditation.	3	5	15	Director of Specialist Services	SS4 Ensure that service quality levels are maintained or improved during the ongoing change programme	Overall progress overseen by NHSBT Board and Executive Team (Minutes) Quarterly and Monthly Performance Reports At a Divisional level overseen by SMT (s)	3	5	15

Strategic Objective C) To facilitate a 73% increase in organ donation within 5 years through developing NHSBT as a UK wide Organ Donation Organisation and implementing related activities as envisaged by the Organ Donation Taskforce.

Risk Description	Consequence (s)	Inherent Risk Assessment		Risk Score	Ownership (lead Director)	Mitigating Strategic Activity	Sources of assurance	Residual Risk Assessment		Risk Score
		Likelihood	Impact					Residual Likelihood	Residual Impact	
What might occur?	What are the possible consequences if the risk occurs?	1 = Rare 2 = Unlikely 3 = Possible 4 = Likely 5 = Almost certain	1 = Insignificant 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic		Who has overall accountability for this risk?	What existing processes / controls are in place to manage the risk?	What assurance to you get over these controls?	1 = Rare 2 = Unlikely 3 = Possible 4 = Likely 5 = Almost certain	1 = Insignificant 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic	
SR-OD-0001. Current structures and arrangements act as a barrier to organ donation. Organs are currently retrieved from 30%-40% of potential donors.	Current systems do not optimise donor retrieval	5	5	25	Director of Organ Donation and Transplantation	OD1 Remove the obstacles to organ donation and effectively performance manage the identification and referral of potential donors.	Overall progress overseen by NHSBT Board and Executive Team (Minute of Meetings) Quarterly and Monthly Performance Reports At a Divisional level overseen by ODT SMT. Also performance reporting to DH around implementation of Organ Donation Taskforce Recommendations	3	4	12
SR-OD-0002. Organ donation is not effectively performance managed within the NHS.	Opportunities to increase organ donation is not optimised resulting in potential patient deaths	5	5	25	Director of Organ Donation and Transplantation	OD1 Remove the obstacles to organ donation and effectively performance manage the identification and referral of potential donors.	Overall progress overseen by NHSBT Board and Executive Team (Minute of Meetings) Quarterly and Monthly Performance Reports At a Divisional level overseen by ODT SMT. Also performance reporting to DH around implementation of Organ Donation Taskforce Recommendations	4	5	20
SR-OD-0003. Current donor co-ordination arrangements are fragmented and are not sustainable for the future.	Organisational objectives are difficult to deliver and result in inability to improve organ donation and transplants	5	4	20	Director of Organ Donation and Transplantation	OD2 Maximise the conversion of potential donors into actual donors by developing and implementing a robust, sustainable donor co-ordination service.	Overall progress overseen by NHSBT Board and Executive Team (Minute of Meetings) Quarterly and Monthly Performance Reports At a Divisional level overseen by ODT SMT. Also performance reporting to DH around implementation of Organ Donation Taskforce Recommendations	4	4	16
SR-OD-0004. Current organ retrieval arrangements are fragmented and are not sustainable for the future.	Organisational objectives are difficult to deliver and result in inability to improve organ donation and transplants	5	4	20	Director of Organ Donation and Transplantation	OD3 Develop and implement a flexible, robust and sustainable organ retrieval service that delivers viable organs to transplant units.	Overall progress overseen by NHSBT Board and Executive Team (Minute of Meetings) Quarterly and Monthly Performance Reports At a Divisional level overseen by ODT SMT. Also performance reporting to DH around implementation of Organ Donation Taskforce Recommendations	4	4	16
SR-OD-0005. Current eye retrieval arrangements are fragmented and are not sustainable for the future.	Organisational objectives are difficult to deliver and result in inability to improve donation and transplants	5	4	20	Director of Organ Donation and Transplantation	OD4 Develop and implement a robust, sustainable cornea donation service.	Overall progress overseen ny NHSBT Board and Executive Team (Minute of Meetings) Quarterly and Monthly Performance Reports At a Divisional level overseen by UKT SMT. Also performance reporting to DH around implementation of Organ Donation Taskforce Recommendations	3	4	12
SR-OD-0006. There is an urgent need to address health inequalities particularly for people of Asian or Afro-Caribbean origin.	Health inequalities will continue especially for people of Asian or Afro-Caribbean origin.	5	4	20	Director of Organ Donation and Transplantation	OD5 implement methods to promote organ donation to the public.	Overall progress overseen ny NHSBT Board and Executive Team (Minute of Meetings) Quarterly and Monthly Performance Reports At a Divisional level overseen by ODT SMT. Also performance reporting to DH around implementation of Organ Donation Taskforce Recommendations	4	4	16
SR-OD-0007. No overall NHS alignment and engagement on ODTF recommendations	This may inhibit NHSBTs ability to deliver its strategic objective and associated targets	3	5	15	Chief Executive	EA2 Ensure support for the NHSBT strategy is secured through a programme of proactive engagement with internal and external stakeholders.	Overall progress overseen by NHSBT Board and Executive Team (Minute of Meetings) Quarterly and Monthly Performance Reports At a Divisional level overseen by ODT SMT. Also performance reporting to DH around implementation of Organ Donation Taskforce Recommendations	2	5	10
SR-OD-0008. Significant legal/ethical/PR issues e.g. presumed consent and brain stem testing	This may inhibit NHSBTs ability to deliver its strategic objective and associated targets	4	4	16	Chief Executive	EA2 Ensure support for the NHSBT strategy is secured through a programme of proactive engagement with internal and external stakeholders.	Overall progress overseen by NHSBT Board and Executive Team (Minute of Meetings) Quarterly and Monthly Performance Reports At a Divisional level overseen by ODT SMT. Also performance reporting to DH around implementation of Organ Donation Taskforce Recommendations	3	4	12

Strategic Objective D) To provide a robust and financially viable supply of fractionated products to the NHS through maximising the output, capability and efficiency of the BPL supply chain.

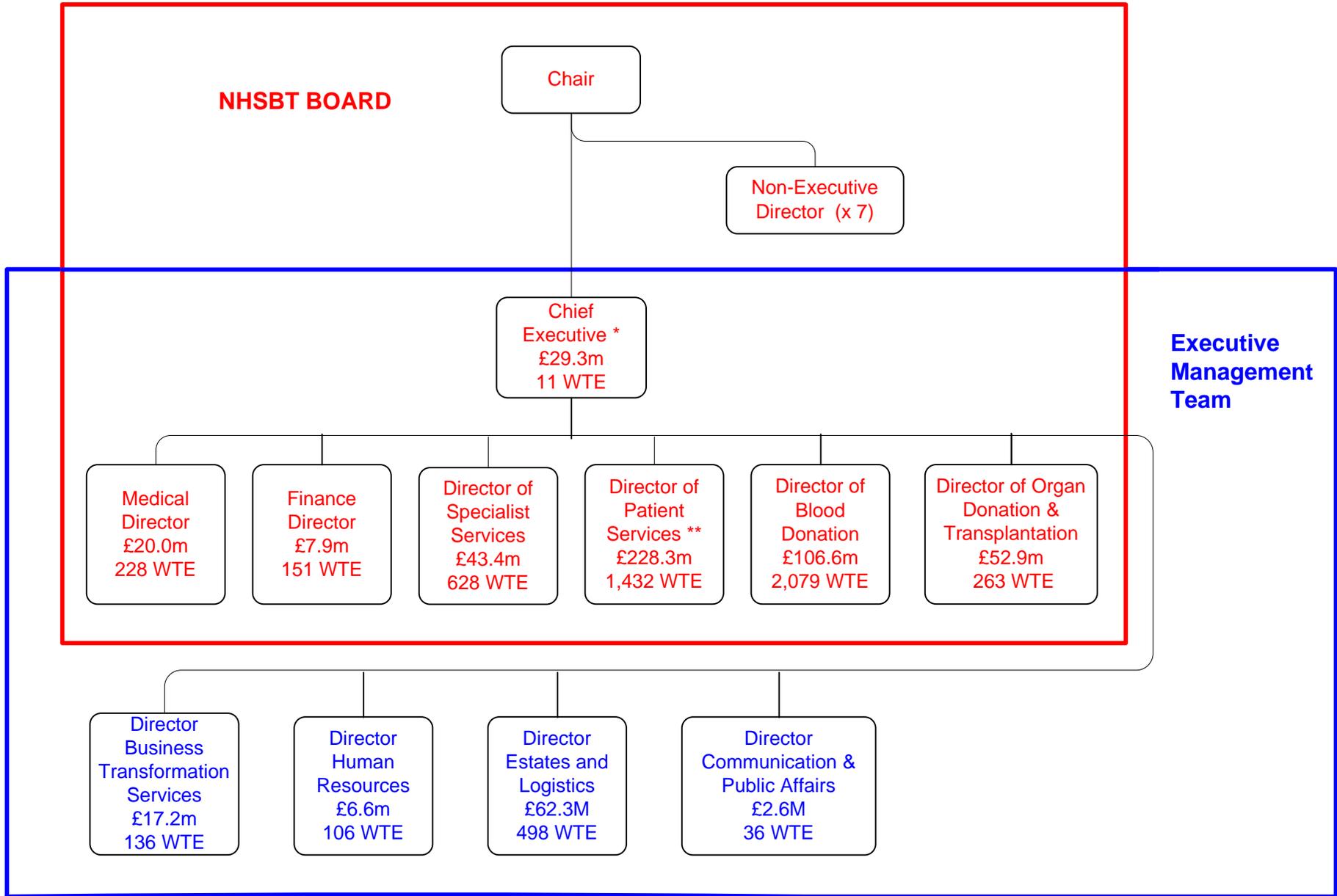
Risk Description	Consequence (s)	Inherent Risk Assessment		Risk Score	Ownership (lead Director)	Mitigating Strategic Activity	Sources of assurance	Residual Risk Assessment		Risk Score
		Likelihood	Impact					Residual Likelihood	Residual Impact	
What might occur?	What are the possible consequences if the risk occurs?	1 = Rare 2 = Unlikely 3 = Possible 4 = Likely 5 = Almost certain	1 = Insignificant 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic		Who has overall accountability for this risk?	What existing processes / controls are in place to manage the risk?	What assurance do you get over these controls?	1 = Rare 2 = Unlikely 3 = Possible 4 = Likely 5 = Almost certain	1 = Insignificant 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic	
SR-FP-0001. Plasma sourced from the US due to vCJD risk in the UK, increasing costs and constraining capacity to available plasma supply.	BPL make a loss, Patients don't receive products, Reputation, Inability to Supply	5	4	20	BPL Managing Director	FP1 Increase capacity and throughput. FP2a Develop new products and expand into key markets. FP2b Contract fractionation and licensing out IP FP3 Increase home and export sales revenues.	Overall progress overseen by NHSBT Board and Executive Team (Minutes of Meetings) Quarterly and Monthly Performance Reports At a Divisional level, overseen by BPL SMT	3	4	12
SR-FP-0002. Lack of overseas product licences (barriers to entry) hinders export sales and revenue, particularly for coagulation factors.	Inability to expand	4	4	16	BPL Managing Director	FP2a Develop new products and expand into key markets.	Overall progress overseen by NHSBT Board and Executive Team (Minutes of Meetings) Quarterly and Monthly Performance Reports At a Divisional level, overseen by BPL SMT	3	4	12
SR-FP-0003. BPL is a relatively small player in a competitive global market, which impacts on plasma supply, product supply and prices.	BPL open to market forces and possible targeted campaigns from competition. Inability to survive	4	4	16	BPL Managing Director	FP1 Increase capacity and throughput. FP2a Develop new products and expand into key markets. FP2b Contract fractionation and licensing out IP FP3 Increase home and export sales revenues.	Overall progress overseen by NHSBT Board and Executive Team (Minutes of Meetings) Quarterly and Monthly Performance Reports At a Divisional level, overseen by BPL SMT	3	4	12
SR-FP-0004. Risk of infected products and critical quality / compliance failures	Harm or Death to Patients, loss of reputation, withdrawal of manufacturers licence, unable to manufacture.	2	5	10	BPL Managing Director	FP5a Continued implementation of agreed strategic quality procedures in plasma supply, manufacturing, batch release and bio safety monitoring and assessment.	Overall progress overseen by NHSBT Board and Executive Team (Minutes of Meetings) Quarterly and Monthly Performance Reports At a Divisional level, overseen by BPL SMT	1	5	5
SR-FP-0005. Risk of critical environmental failure.	Damage to reputation, legal action,	3	4	12	BPL Managing Director	FP5b Continued implementation of agreed strategic environmental plans. Energy and environment manager appointed. Plan to achieve ISO14001 registration by 2010.	Overall progress overseen by NHSBT Board and Executive Team (Minutes of Meetings) Quarterly and Monthly Performance Reports At a Divisional level, overseen by BPL SMT	2	4	8

NHSBT Strategic Risk Register - 2009/12 Strategic Plan

Strategic Objective E) To establish NHSBT as a world class provider of products and services, passionate about service to donors and customers and underpinned by modern and highly efficient systems and processes.

Risk Description	Consequence	Inherent Risk Assessment		Risk Score	Ownership (lead Director)	Mitigating Strategic Activity	Sources of assurance	Residual Risk Assessment		Risk Score
		Likelihood	Impact					Residual Likelihood	Residual Impact	
What might occur?	What are the possible consequences if the risk occurs?	1 = Rare 2 = Unlikely 3 = Possible 4 = Likely 5 = Almost certain	1 = Insignificant 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic		Who has overall accountability for this risk?	What existing processes / controls are in place to manage the risk?	What assurance to you get over these controls?	1 = Rare 2 = Unlikely 3 = Possible 4 = Likely 5 = Almost certain	1 = Insignificant 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic	
SR-ORG-0001 Current organisational structures and systems are not conducive to successful delivery of changes to front line services. Some Group Service costs are in excess of external benchmarks.	Negative impact on organisations ability to effectively deliver strategy.	5	4	20	Chief Executive	EA1 Ensure NHSBT enables effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems.	Overall progress overseen by NHSBT Board and Executive Team. (Minutes of Meetings) Quarterly and Monthly Performance Reports, At a Divisional and Group Services level - overseen by SMTs.	3	4	12
SR-ORG-0002. Development and innovation is not strategically managed	R&D investment does not contribute effectively to delivery of NHSBT strategic objectives	5	4	20	Medical Director	EA1 Ensure NHSBT enables effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems. (Specific initiative to develop and implement an R&D strategy in 2008/11).	Overall progress overseen by NHSBT Board and Executive Team. (Minutes of Meetings) Quarterly and Monthly Performance Reports, At a Divisional and Group Services level - overseen by SMTs.	3	5	15
SR-ORG-0003 Difficult to secure support for strategic plans from multiple stakeholders with conflicting interests.	Resistance to major change management process being undertaken as part of strategic direction	5	5	25	Chief Executive	EA2 Ensure support for the NHSBT strategy is secured through a programme of proactive engagement with internal and external stakeholders.	Overall progress overseen by NHSBT Board and Executive Team. (Minutes of Meetings) Quarterly and Monthly Performance Reports, At a Divisional and Group Services level - overseen by SMTs.	3	4	12
SR-ORG-0004. Failure to respond to changing clinical needs and ensure alignment with wider NHS.	Clinical strategic outcomes not aligned to customer and stakeholder needs, satisfaction levels drop.	3	5	15	Medical Director	EA2 Ensure support for the NHSBT strategy is secured through a programme of proactive engagement with internal and external stakeholders. (Specific initiatives on engagement with key clinical stakeholders)	Overall progress overseen by NHSBT Board and Executive Team. (Minutes of Meetings) Quarterly and Monthly Performance Reports, At a Divisional and Group Services level - overseen by SMTs.	2	5	10
SR-ORG-0005 Insufficient leadership skills, skilled resource and workforce capability in some areas to deliver a challenging change agenda. Lack of a performance led culture within NHSBT.	NHSBT does not successfully deliver key strategic objectives. May also lose key personnel.	5	5	25	Chief Executive	EA3 Improve NHSBTs capacity and capability to deliver strategic change through the deployment of appropriate resource, leadership and skill, supported by the development of appropriate performance management systems.	Overall progress overseen by NHSBT Board and Executive Team. (Minutes of Meetings) Quarterly and Monthly Performance Reports, At a Divisional and Group Services level - overseen by SMTs.	4	5	20
SR-ORG-0006 Lack of effective Governance and Business Continuity arrangements across NHSBT.	Organisation unable to maintain business continuity and adapt effectively to both internal / external factors e.g. - Pandemic Flu - National Major Emergency	3	5	15	Chief Executive	EA4 Ensure NHSBT develops and maintains appropriate governance and business continuity structures and systems.	Overall progress overseen by NHSBT Board and Executive Team. (Minutes of Meetings) Quarterly and Monthly Performance Reports, At a Divisional and Group Services level - overseen by SMTs.	3	5	15

Appendix Four - NHSBT Organisation Chart



* Includes reserves and transition funds. ** Includes BPL.

Glossary of Terms

ABC/ABM	Activity Based Costing / Activity Based Management
BBMR	British Bone Marrow Registry
BSE	Bovine Spongiform Encephalopathy
CBB	Cord Blood Bank
CMOs BBT3	Chief Medical Officers Better Blood Transfusion III (initiative)
DH	Department of Health
EOS	Electronic Offering System (re: organ matching)
ESR	Electronic Staff Record (National database initiative within NHS)
Foetal genotyping	Determination of the genotype of an unborn baby by the use of biological assays.
GIA	Grant in Aid (Central cash limit funding from DH)
GMP	Good Manufacturing Practice
H&I	Histocompatibility and Immunohaematology
HB	Heart Beating (relating to Organ Donation)
KPI	Key Performance Indicators
MHRA	Medicines and Healthcare products Regulatory Agency
NCG	National Commissioning Group
NHSLA	NHS Litigation Authority
ODR	Organ Donor Register
ODTF	Organ Donation Taskforce (DH-led group)
OTP	Operational Transformation Programme
Pathogen inactivation	Technique to render harmful agents (in blood products) inactive
PDR	Personal Development Review
Prion	A protein, thought to be an infectious agent
PULSE	One of NHSBTs Core Computer systems (blood collection, processing, issue)
R&D	Research and Development
RCI	Red Cell Immunohaematology
Reagents	Substance/compound/reactant used in laboratory testing
Residual risk	The resultant risk after safety measures have been applied
SaBTO	Advisory Committee on the Safety of Blood, Tissues and Organs
SCI	Stem Cell Immunotherapy
TRALI	Transfusion Related Acute Lung Injury
TTI	Transfusion-transmitted infection
vCJD	Variant Creutzfeldt-Jakob Disease
WTE	Whole Time Equivalent