

Strategic Plan 2012-17

April 2012





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Introduction

NHSBT is a Special Health Authority in England and Wales, with responsibilities across the United Kingdom for organ donation and transplantation. Our core purpose is to **'save and improve lives'** through the provision of a safe and reliable supply of blood components, solid organs, stem cells, tissues and related services to the NHS, and to the other UK Health Services where directed.

The supply of these critical products and services depends entirely on the loyalty of our donors. In 2010-11 they contributed:

- Two million units of blood
- 3,700 organs
- 4,800 tissue donors
- 1,600 banked cord blood units.

In performing this essential activity, NHSBT engages with millions of people throughout the country and connects directly with more people on a daily basis than any other single part of the NHS. In addition to supplying the life saving products that are needed by NHS patients we are proud that our activities support the incredible altruism and generosity of our donors and bring communities together across the country.

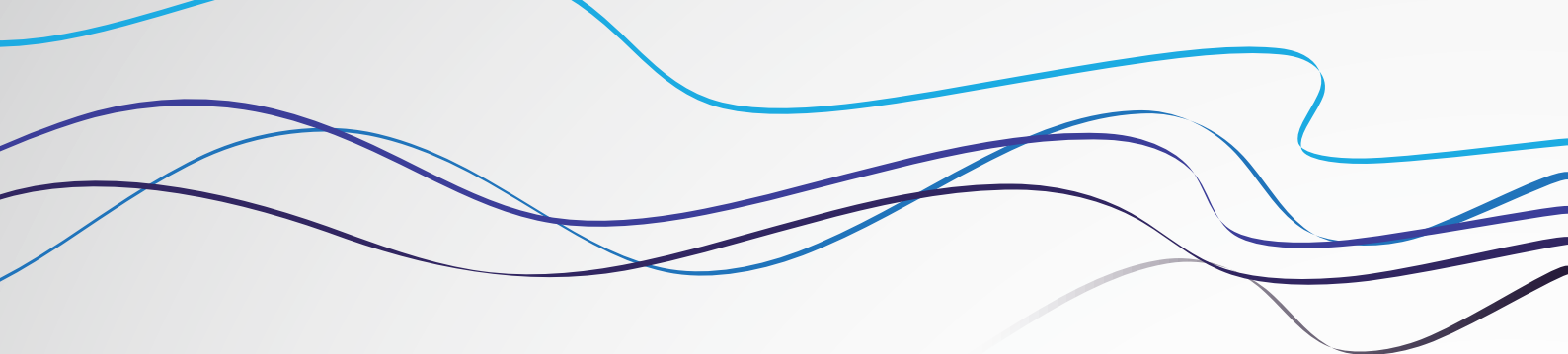
In these respects NHSBT is unique. We operate supply chains that are similar in nature to those found in the private sector but with characteristics which cannot be found anywhere else apart from similar services in other countries across the world. As a result, comparing and benchmarking our effectiveness with other national services is a fundamental part of our strategic process. ***Our ambition is simple – to be demonstrably the best service of our type in the world.***

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 both the first Organ Donation Taskforce (ODTF) report and the National Blood Service Strategy Review. The programme of initiatives and projects generated by the 2008 plan is effectively complete. Our objectives have been met and benefits fully secured, including £30 million pa savings to the NHS, before inflation, through reducing the prices of red cells to hospitals.

Our 2012-17 plan is focused on:

- continuing to modernise our blood donation service so that we continue to attract enough donors to meet the needs of NHS patients
- improving our interfaces with NHS hospitals so that we understand their needs and provide services that are as accessible and effective as possible. As part of this we plan to integrate the management of hospital blood bank stocks and use this to facilitate better planning of the end-to-end blood supply chain from donor through to patient
- delivering the 50% growth in deceased organ donation by 2013 that was targeted by the ODTF whilst bringing stakeholders together to identify the strategy and aspirations for organ donation and transplant in the UK beyond 2013
- building on our unique skills and capabilities in tissues, stem cells, diagnostic services and apheresis based therapies to support the provision of life changing treatments to NHS patients.

The new plan is very different from the previous plan which included a strong focus on consolidation and the removal of excess capacity in the blood supply chain. The new plan requires that we take a longer-term view, introduce more effective planning processes and provide more modern interfaces with both our donors and the hospitals we serve.



This represents a significant investment in 'change' in both systems and processes and the development of our leadership skills. Change of this scale is never easy but the opportunities are significant.

Taken together the new plan represents an enormous challenge for NHSBT. At the same time we are well aware of the pressures on public spending and the difficulties faced by our customers, NHS hospitals. The broad initiatives described above are capable of delivering significant financial benefits and maintaining, if not further reducing, the prices of our products and services.

Our plan also confirms our commitment to continuous improvement of our 'back office' functions so that any efficiency savings that can be generated can further contribute to delivering the pricing targets within this plan. As such we will continue to fully engage with Government and DH partners in exploring all opportunities to improve efficiency and share functions.

It will be vital, however, that the solutions are consistent with the integrated IT architecture that will be required to deliver the significant supply chain based benefits generated by this plan.

NHSBT is a relatively complex organisation with a number of distinct strategic operating units that include, along with the supporting corporate strategy:

- Blood Components
- Organ Donation and Transplantation
- Tissues
- Diagnostic Services
- Stem Cells
- Specialist Therapeutic Services.

The strategic objectives and themes for each area are described in Section 2 (page 6). The following sections consider each of the areas in turn and describe their strategic targets and related broad action plans.

Strategic Objectives: NHSBT

1. Blood Components: 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 effectively as possible.

Our first concern will always be the safe and dependable supply of blood components to NHS hospitals, as well as providing a safe and high quality service to our donors without whom our service would not exist.

We will continue to develop and improve the quality of service to donors and the experience they undergo when donating whole blood or platelets. We will continuously review donor satisfaction and monitor changes in the profile, values and expectations of our donor base to ensure that we can anticipate their needs and respond accordingly.

We intend to further strengthen the interfaces with our customers, NHS hospitals, to ensure we deliver our life saving products on time and in full, without fail. We will develop modern, technology based processes that make NHSBT easy to do business with and ensure that we are seen as a supplier of choice, rather than necessity.

In conjunction with this, we will continue to modernise processes and systems throughout each stage of the blood supply chain, from the collection of blood to the processing, testing, issue and delivery of blood components to hospitals. We will work with hospitals to improve the service to patients and realise benefits from the development of an end-to-end supply chain, from donor to patient.

We will build on our strong collaboration with international blood services. In particular we will continue to benchmark our performance against our international partners and will use this to identify opportunities for improvement within NHSBT.

2. Organ Donation and Transplantation:

To increase deceased organ donation by 60% in 2016-17 and sustain and improve thereafter. To work towards self sufficiency in donation and transplantation across the UK, taking into account the changing donor pool. To change public behaviour with regard to organ donation, especially amongst Black and Minority Ethnic (BME) communities.

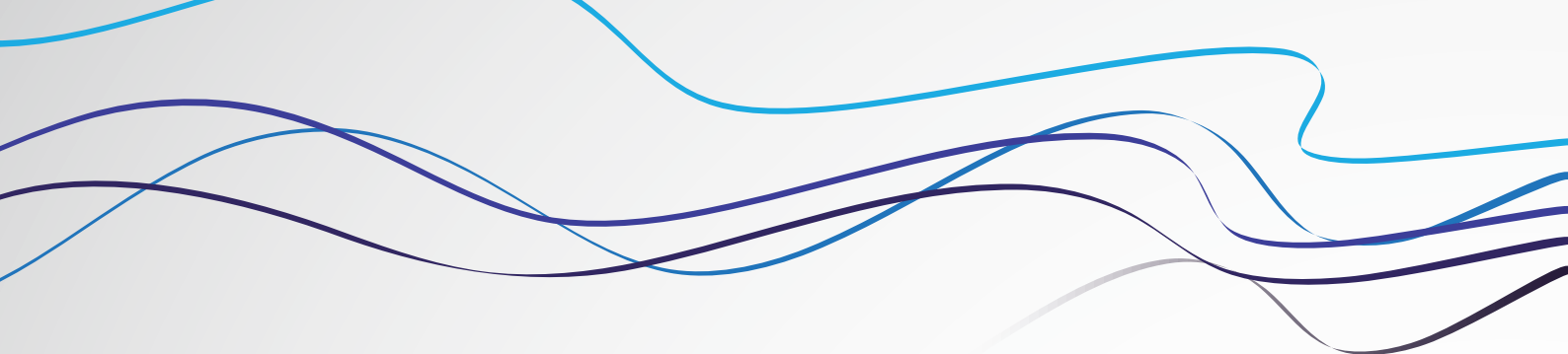
We are committed to continuing the development of NHSBT as the UK wide Organ Donation Organisation envisaged by the report of the first Organ Donation Task Force (ODTF).

We will deliver the recommendations of the task force that relate specifically to NHSBT and aim to achieve the aspiration for a 50% increase in deceased organ donation in the UK by 2012-13 (versus a 2007-08 baseline). We will build on the infrastructure that has now been put in place and will work with our partners to increase the number of transplants through optimising each stage of the clinical process from (potential) donation through to transplantation.

We will continue to work with the public to inform and influence their perceptions of organ donation. We will seek approval and funding for appropriate marketing campaigns that will facilitate this and ultimately lead to increased numbers of registrants on the Organ Donation Register (ODR). We will particularly seek to work with BME communities where there is a proportionately lower probability of receiving a matching organ than in the general population.

During 2012-13 we will work with all of our stakeholders to generate the next strategy for organ donation and transplantation beyond 2013.

As part of this we will work closely with all of the UK Health Services to support the specific objectives and intentions of their national governments with regard to organ donation. Specifically we will work with the Welsh Government whose legislative programme includes the development of an Organ Donation (Wales) Bill to provide an opt out system for organ donation.



3. Tissues: To develop an 'NHS Tissues' organisation, for the overall benefit of the NHS, that builds on the capability and capacity of the Speke tissue bank, and which is capable of meeting the present and future needs of NHS patients.

We aim to leverage the capacity of the Speke tissue bank and its highly capable and skilled team. We will grow our revenue and generate a positive financial contribution, through increasing the visibility and recognition of our capabilities by NHS clinicians, and supporting these with high quality sales and marketing plans.

We will develop an appropriate and sustainable new product pipeline, focused on the unmet needs of NHS patients, and will support this with effective evaluation tools and professional marketing and launch plans.

4. Diagnostic Services: To ensure the clinically effective use of blood, organs and stem cells through the provision of high quality diagnostic services.

We will continue to develop a portfolio of clinically relevant and financially viable diagnostic services sourced from our unique national network of accredited laboratories and their highly trained staff.

We will provide services where these are consistent with the capabilities and objectives of NHSBT in supplying blood components, organs, tissues and stem cells. We will look to provide such services where NHSBT is best placed to meet the needs of NHS hospitals and provide them with value for money.

5. Stem Cells: To work with partners across the UK in the provision of an efficient and effective source of donor haemopoietic stem cells for the treatment of UK patients and provide translational services in support of the development of innovative cell therapies for NHS patients.

We will continue to work with third sector partners and the other UK Health Services organisational structure and leadership to deliver the recommendations of the UK Stem Cell Strategic Forum that are aimed at improving the availability and outcomes of stem cell transplants. In particular NHSBT is committed to growing the NHS Cord Blood Bank to 20,000 units of donated cords by 2012-13 and maximising the donation of cords from BME communities and the proportion of rare blood types.

NHSBT intends to become a prime partner for NHS, academic and commercial organisations seeking to take established cell therapies and next generation cellular and molecular therapies to the clinic by exploiting our strengths in the provision of donor stem cells, expertise in specialist manufacturing, scientific skills, translational experience, regulatory expertise and distribution.

6. Specialist Therapeutic Services (STS): To become the NHS preferred provider of high quality, cost effective therapeutic apheresis services.

NHSBT has a long history of providing life-saving and life-enhancing therapeutic apheresis services to the NHS. STS provides over 1,000 patients each year access to a portfolio of therapies across a range of clinical specialties using technology that exchanges, removes, or collects certain components within the blood. STS will build on its national network and regional service delivery model to become the NHS 'Go To' provider of the highest quality and most effective services.

6. NHSBT Corporate: To be the advocate for the voluntary donation of blood, organs and tissues; to champion a culture of sustainability across all of our activities; to develop organisational capacity, capability and processes in support of our objectives; to identify opportunities for effective collaboration across our Operating Divisions and support them with an effective programme of research and development and an efficient operating infrastructure.

NHSBT is one of the largest and most complex organisations of its type in the world requiring strong leadership and a broad range of skills. In support of this we will continue to review and develop the leadership skills and capabilities that will be necessary to meet our ambitious objectives.

We will seek to identify and deliver synergies between our operating units (Blood Components, Organ Donation and Transplantation, Tissues, Diagnostic Services, Stem Cell Services and Specialist Therapeutic Services and underpin them with an effective programme of research and development and efficient functional services.

As an organisation whose mission is to 'save and improve lives' we are committed to sustainable development and carbon reduction. We aim to minimise wherever possible the impact of our operations on our environment for the benefit of our donors, the patients we serve and our staff, along with the generations to follow. We believe that sustainability is an important value of our donors and that NHSBT should meet their expectations when they make their 'gift of life'. Being a low carbon organisation is part of our commitment to meeting their expectations.

We will therefore apply sustainable principles to all that we do and will, as a minimum, meet all government and statutory targets for carbon reduction. Our carbon management plan commits us to reducing carbon emissions by 25% over the five years starting in 2009-10.

Strategic Objectives, Themes and Targets for 2012-17

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 effectively as possible.

We have identified four strategic themes that underpin the strategic objective for Blood Components:

Customer Service

To be the 'supplier of choice' to our customers through the introduction of modern, value adding, service and supply chain models that ensure reliability and dependability, minimise wastage 'vein to vein' and ensures that NHSBT remains at all times the most cost-effective option for the provision of the complete range of services and clinical advice needed for transfused patients.

Sufficiency of Supply

To ensure there is a sustainable supply of red cells and platelets that will be sufficient to meet current and future demand through modernising blood collection activities and by providing a service to our donors that is both a convenient and positive experience.

Safety and Compliance

To proactively identify new risks and to implement the highest standards of safety and compliance across the full range of NHSBT activities.

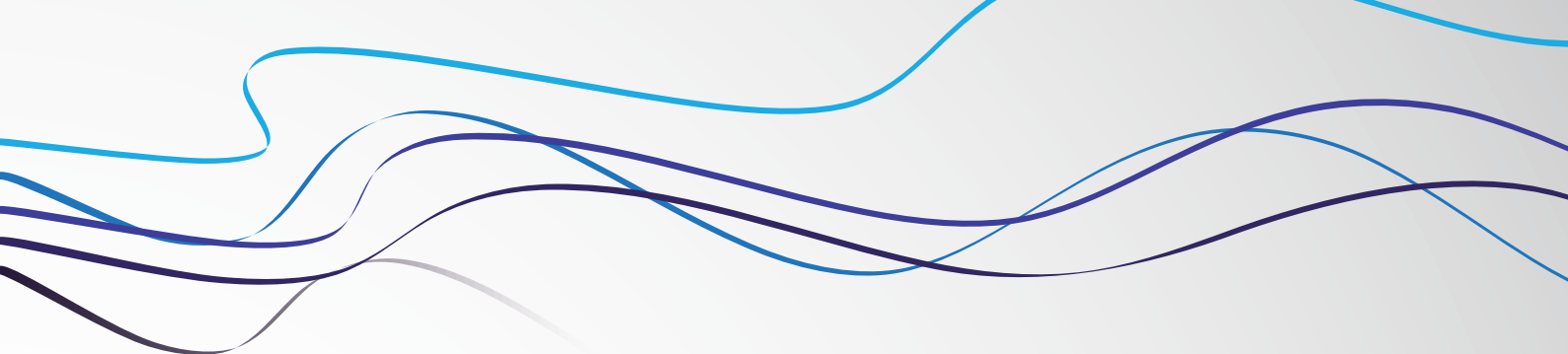
Efficiency and Effectiveness

To be a highly cost-effective supplier of blood and components to NHS hospitals through the continuous improvement of processes across operational and support functions.

Underlying each of these themes is a programme of action plans at varying stages of implementation, from initial analysis through to implementation and roll-out.

With regard to **customer service** we are completing the roll-out of our Online Blood Ordering System (OBOS) to hospitals. This is bringing much needed modernisation to our interface with customers and represents the creation of a new web portal on which further initiatives will be developed as part of a broader initiative to make NHSBT easy to do business with. As well as bringing better visibility to customer orders OBOS is now allowing us to measure and report our 'on time in full' (OTIF) delivery performance versus customer orders.

A major priority within our plan is to introduce new processes that integrate the management of hospital blood stocks with those of NHSBT. This will be based on monitoring stocks at hospitals and introducing automated replenishment for high usage components. We will start by trialling the process with a limited number of partners during 2012-13 whilst developing the underlying systems that will allow us to roll it out nationally.



We anticipate demand for red cells growing 7% by 2020-21 but with flat (+/-1%) demand over the near term. The current donor base is able to satisfy this demand and we continue to meet our targets for stock/availability that ensure we can safely meet the needs of NHS patients.

The donor base will, however, evolve over time as it reflects the impact of demographic changes. Our blood donation service will, therefore, need to adapt to ensure that we can continue to attract sufficient donors to meet the projected future demand of the NHS.

We will therefore continue to review donor satisfaction and monitor changes in the profile, values and expectations of our donor base to ensure that we can anticipate their needs and respond to demand increases as we see these emerging. This will include a specific focus on donors born in, or after 1996 ('Club '96') in the anticipation that their donations may be considered as vCJD free by the scientific community at some point in the future.

The picture in platelets is very different. Demand is currently growing at 9% pa and demand models project 34% growth by 2020-21. Given this level of demand increase NHSBT is at risk of not being able to ensure that a minimum of 80% of the demand is met via component donation. Our initiative in 'Better Blood Transfusion' in partnership with the National Blood Transfusion Committee, will be focused on the usage of platelets. We will seek to understand, and where possible reduce, the level of any inappropriate use that is currently being experienced. With regard to supply we rely on the incredible loyalty and commitment of some 13,000 donors to provide these very critical and short shelf life products. We anticipate that our current donor base and infrastructure is capable of meeting demand over the near term, but that we will need to invest in capacity to meet the ongoing high level of demand that is projected. This will require a focused supply/demand plan, supported by appropriate donor recruitment and marketing and investment in the configuration and standard of our collection centres.

We will continue to improve the session environment in blood donation starting with the roll-out of new and highly innovative donor chairs. These are being piloted now and will be introduced nationally in 2012-13. We intend to supplement this with web based technologies to improve on-session communications and reduce the high dependence on paper based processes.

We will also initiate a programme of research into donor health, beginning with a study of donor iron and anaemia, a major cause of donor deferral. The first phase, demonstrating the feasibility of the trial will be completed by October 2012. We also aim to conduct a study of donor genotyping to identify donors with rare blood types to ensure better matching and availability for NHS patients with rare antigen profiles. We will also continue with our highly successful efforts to improve the safety and experience for donors on session through reduction in fainting, bruising and rebleeding.

The introduction of safety initiatives into the blood components supply chain can have a major impact on donors, operations and costs. We are currently completing the implementation of the bacterial screening of platelets and have managed to do this whilst still reducing prices. We are currently implementing testing for West Nile Virus for donors who have recently returned from areas where the virus is active. Again we will implement testing within the price targets set in this plan.

The NHSBT Board has adopted a safety framework and will continue to use this to assess the risks and benefits of any new safety steps. We will also continue to review opportunities to make our processes more efficient by the removal of any steps that have been superseded by new measures and can be clinically proven to be no longer necessary.

We are working closely with the Department of Health (DH) on contingency planning for the Olympics in 2012 and are setting revised collection plans for blood, tissue and skin stock targets in response to the agreed emergency planning assumptions. In addition we will continue to work

with the Cabinet Office and DH to seek ongoing approval for the publicity campaigns that are essential to bringing blood donors into NHSBT in advance of winter flu, holidays and events such as the Olympics.

We remain acutely aware of the financial pressures facing public sector services and, in particular, our customers, NHS hospitals. We work on the basis that every £1 on the price of our products and services is £1 that is unavailable for the treatment of NHS patients.

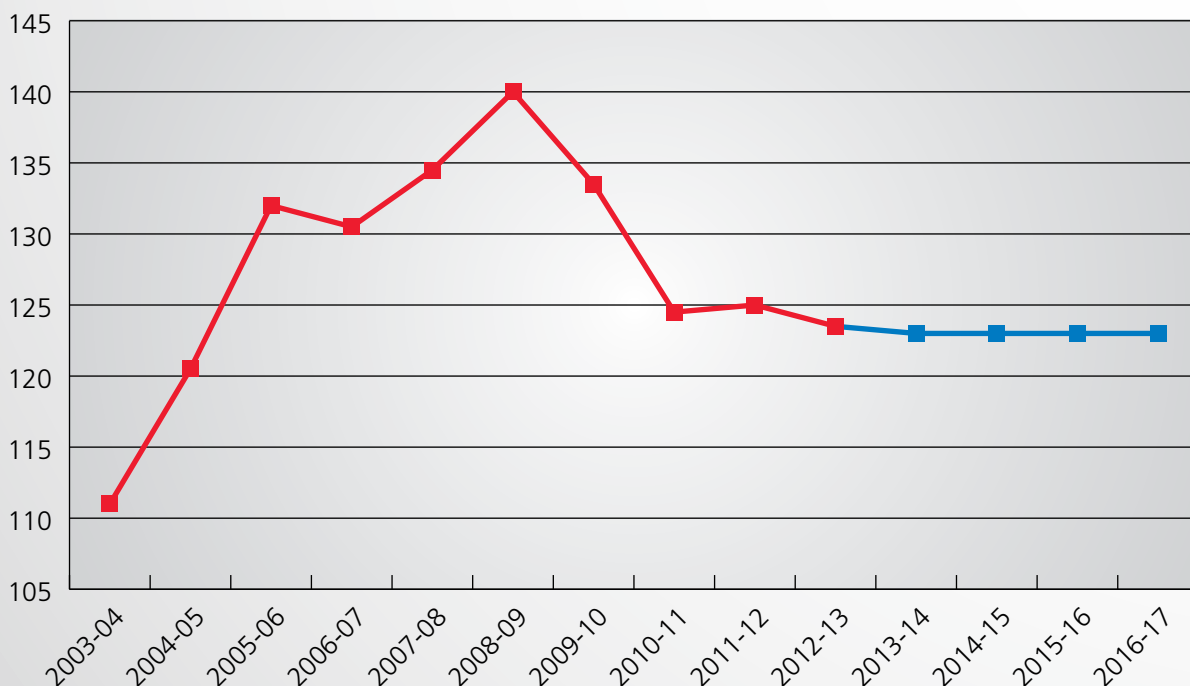
This attitude has underpinned our actions of the last two years and our efforts in removing over-capacity in the blood supply chain. As a result NHSBT is now achieving productivity levels in processing and testing that are world-class. The most visible outcome of this is the trend in the 'headline' price of red cells, which has reduced from a high of c.£140/unit in 2008-09 to a price in 2011-12 of c.£125/unit.

Through the National Commissioning Group for Blood we have agreed to reduce prices further to £123/unit in 2012-13 and our planning assumption is to maintain this price through to 2016-17 (assuming flat demand growth and no new blood safety initiatives are mandated).

If achieved, the price in 2016-17 would be lower than the price in 2005-06 despite lower volumes and higher levels of safety and availability.

In order to avoid price increases we will need to find further substantial efficiency improvements about 3% pa (about £10 million pa) across our supply chain and supporting functions. We will underpin this through continual benchmarking of our operations with other blood services and the broader public and private sectors in respect of our group functions.

Red Cell Prices (£/Unit)



In the near term our focus will be on further developing the **effectiveness of the blood supply chain** through:

- ongoing review of the configuration and optimisation of our manufacturing, laboratory and office estates footprint
- new logistical processes in support of the movement of people, equipment and consumables to session in order to minimise wastage and reduce infrastructure costs
- further development of lean thinking and continuous improvement of processes
- the impact of integrated stock management with hospitals as noted above. The tracking and replenishment model involved will provide a much better view of demand and will allow NHSBT to plan and manage the supply chain back to blood donation
- supporting this by the introduction of a sales and operational planning (S&OP) process
- optimisation of logistics costs through the introduction of a Transport Management System that will allow better tracking and planning of movements.

This will be supported by other initiatives including a continued focus on improving the efficiency of our estate, seeking procurement savings through increased collaboration with the other UK and European blood services and engagement with Cabinet Office and DH initiatives on delivering benefits through shared service models.

The ability of NHSBT to hold or reduce the price of red cells in the future will, however, increasingly depend on progress in Blood Donation. Productivity has increased by 19% since 2008-09 but remains some 40% lower than top quartile performance in Europe.

During 2012-13 work will be required to:

- further optimise the processes models in blood donation
- review European models for blood donation and assess what elements could be incorporated into NHSBT in the longer-term
- review the size, configuration and geographic profile of blood collection activity.

Our strategic target is to hold red cells prices flat at about £123/unit through the period of this plan. This is likely to represent the *minimum* expectations of our customers and stakeholders.

On present projections prices will increase to £130/unit by 2016-17 unless we are able to establish firm cost saving plans arising from the initiatives described above. In a long-term plan such a 'gap' is not unusual in the latter years of the plan where ideas have yet to be turned into reality. NHSBT is fortunate that its current momentum has allowed the time to plan for the difficult process changes that will be necessary to meet the pricing challenge.

The objectives and themes described above are reflected in a number of strategic targets. These are described on page 10.

Strategic Targets for 2012-17

Strategic Targets – Blood Components	2011-12 Plan	2011-12 Actual	2012-13 Plan	2013-14 Plan	2014-15 Plan	2015-16 Plan	2016-17 Plan
Percentage of product requests met	>99.9%	99.97%	OTIF	OTIF	OTIF	OTIF	OTIF
On Time In Full Delivery (OTIF)*	n/a	n/a	tbd	tbd	tbd	tbd	tbd
Percentage of hospitals scoring $\geq 9/10$ for satisfaction	58%	60%	>60%	>61%	>62%	>62%	>62%
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	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	0	0	0
Percentage of blood donors scoring $\geq 9/10$ for satisfaction	67%	69%	68%	69%	70%	70%	70%
Number of TRALI* cases	≤ 2	1	≤ 2	≤ 2	≤ 2	≤ 2	≤ 2
Number of confirmed TTIs** from bacterial contamination (incidents)	≤ 1	0	≤ 1	≤ 1	≤ 1	≤ 1	≤ 1
Percentage of platelets produced by component donation	>80%	83%	>80%	>80%	>80%	>80%	>80%
Number of 'critical' regulatory non-compliances	0	0	0	0	0	0	0
Number of 'major' regulatory non-compliances (new)	new	1	1	0	0	0	0
Unit price of red cells	£124.21	£124.21	£123.31	£123.00	£123.00	£123.00	£123.00

Note:

*OTIF targets to be developed for 2012-13 pending data collection from OBOS.

TRALI = Transfusion Related Acute Lung Injury, *TTI = Transfusion Transmitted Infection.

2011-12 actual performance is based on the position as at January 2012.

Unit price of red cells assumes no further instructions to implement additional blood safety initiatives.

Strategic Objectives, Themes and Targets for 2012-17

Organ Donation and Transplantation

Strategic Objective: To increase deceased organ donation by 60% in 2016-17 and sustain and improve thereafter. To work towards achieving self sufficiency in donation and transplantation across the UK, taking into account the changing donor pool. To change public behaviour with regard to organ donation, especially amongst BME communities.

The strategy for organ donation and transplantation that was developed in 2007-08 was originally constructed around those recommendations of the Organ Donation Task Force (ODTF) for which NHSBT are accountable. Activities were largely focused on creating the infrastructure identified as being critical to improving the rates of organ donation in the UK.

Much of that work is now complete and the recent focus has been on driving processes to increase the level of organ donation across the UK and meet the aspirational 50% growth target by 2013 that was identified by the ODTF.

During 2012-13 NHSBT will be working with all of its stakeholders to develop a new strategy for organ donation beyond 2013 and to establish the new targets that will apply. As such the plan identifies seven strategic themes in support of the *current* strategic objective for Organ Donation and Transplantation:

Enable NHSBT to fulfil its role as the UK Organ Donor Organisation

Enable NHSBT to fulfil its role as the UK Organ Donor Organisation ensuring compliance with EU directives, implementation of an integrated quality and governance system and development of modern IT systems to support donor registration and organ allocation.

Development support for organ donation throughout the wider NHS

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

Maximise conversion of potential organ donors into actual donors

Maximise the conversion of potential donors into actual donors by developing and implementing a robust, sustainable donor coordination service and further developing the network and effectiveness of clinical leads and donation committees.

Ensure organ retrieval services are sustained through a period of change

Ensure organ retrieval services are sustained through a period of change in commissioning across England, and potentially the other UK health services, and are able to respond in a constrained financial environment.

Change public behaviour with regard to organ donation

Change public behaviour with regard to organ donation through social marketing strategies to promote organ donation as 'expected behaviour' amongst UK citizens.

Develop living organ donation

Develop and implement a strategy for increasing Living Donation.

Sustainable cornea donation

Develop and implement a robust, sustainable cornea donation service.

There are currently 18.7 million people – 30% of the UK population – on the NHS Organ Donor Register, with c.0.8 million names added in the last year. There has been a steady increase in the number of transplants in this country over the past seven years, with 3,732 transplants recorded in 2010-11, a 7% increase on the previous year.

Progress on organ donation over the last three years, since the creation of ODT within NHSBT, has also been very encouraging. As at March 2012 deceased organ donation had increased by 34% over the 2007-08 baseline and is on course to deliver the 50% increase by 2012-13 targeted by the ODTF report.

Nevertheless, UK donor rates are significantly below those of our European counterparts, such as Portugal and Spain. Currently 10,000 people in this country need an organ transplant. Put simply, this translates into more than 1,000 people (three each day) who die every year waiting for a transplant. In addition to saving and improving lives there is an economic case for organ transplantation. The existing transplantation programme is estimated to realise gross annual savings in excess of £300 million versus alternative medical treatments. The impact of increasing the number of organs available by 50% for transplant by 2013 would increase the savings to the NHS by an additional £200 million pa (per report by the Specialised Commissioning Team, West Midlands – October 2010).

The challenge to increase organ transplantation is, however, increasing due to changes in the donor pool as a result of the increasing age profile and relative body mass index of donors. This adversely impacts the number and quality of organs that can be retrieved such that growth in transplantation is proportionately lower than the growth in donation.

Our underlying broad action plans therefore include:

- promoting more widely the economic case for organ donation and transplantation
- deriving the benefits from the deployment and ongoing development of the Regional Specialist Nurse (Organ Donation) Teams and the Clinical Leads for Organ Donation (CLOD) now in place, and building on the CLOD Professional Development Programme
- creating and sustaining regional collaboratives, bringing together clinicians from all parts of the donation and transplantation pathway, with identifiable, accountable Regional Clinical Leads in each Region. Part of this is the creation and roll-out of supportive, visible performance improvement systems on a quarterly basis
- driving performance improvement through reporting a balanced scorecard of performance data that measures national, regional and team performance at each stage of the clinical pathway
- continued development and optimisation of the commissioning of organ retrieval and supporting processes. Begin exploring options for integrating the commissioning/funding of retrieval and transplantation across the UK
- implementation of tactical improvements to the ODR
- close collaboration with the other UK Health Administrations to ensure we can support any proposals to change the basis of organ donation within their nations (eg support for the decision to implement a system of presumed consent in Wales)
- implementation of a Quality Management System that will ensure compliance with the EU Directive on Organ Donation
- developing a strategy for data collection and processing and the development of supporting IT systems
- continued development of the Electronic Offering System (EOS) system for the offering of donor organs and review of the collection and analysis of Potential Donor Audit (PDA) data

- developing strategies and processes aimed at increasing the representation of BME communities within the ODR and assisting the donation process
- implementation of a research and development framework and approval process that will lead to an agreed programme of work that reflects our intent to work with hospital partners to assess novel methods for improving the quality and number of organs available for transplant
- subject to Cabinet Office approval, marketing plans to sustain and further develop public awareness, especially within BME communities
- optimising transplant activity from living donors in order to enable further expansion in live donation. Optimising pre-emptive living donor kidney transplantation and transplant activity from non-directed altruistic donation. Facilitating appropriate expansion in other forms of living donation, development of ABO incompatible and antibody incompatible transplants and encouraging paired pooled live donation.

Strategic Targets for 2012-17

Strategic Targets – Organ Donation and Transplantation	2011-12 Plan	2011-12 Actual	2012-13 Plan	2013-14 Plan	2014-15 Plan	2015-16 Plan	2016-17 Plan
Number of Deceased Organ Donors	1,095	1,095	1,214	1,252	1,273	1,289	1,298
Cumulative percentage increase in deceased organ donation (from a 2007-08 baseline of 809 donors)	35%	34%	50%	55%	57%	59%	60%
Number of people registered on the Organ Donor Register (ODR)	18.9m	18.8m	19.8m	20.8m	21.8m	22.8m	23.8m
Number of Living Organ Donors	1,050	1,050	1,081	1,112	1,143	1,174	1,205
Number of Organ Transplants	4,108	<4,108	4,230	4,348	4,407	4,454	4,480

Note:

2011-12 actuals based on January 2012 data with % variance projected to full year.

The targets for improving the rate of organ donation and transplant are a shared objective of all stakeholders within the DH, the other UK Health Services and partners across Government. They have been incorporated into the Terms of Reference of the DH Programme Delivery Board, and reflected in the strategic targets of NHSBT.

Strategic Objectives, Themes and Targets for 2012-17

Tissues

Strategic Objective: To develop an 'NHS Tissues' organisation, for the benefit the NHS, that builds on the competencies and capabilities of the Speke tissue bank, and which is capable of meeting the present and future needs of NHS patients.

Four strategic themes have been identified in support of the strategic objective in Tissues:

Visibility and Recognition

To develop the visibility and recognition of the business by adopting and leveraging 'NHS Tissues' as the business name, building a supporting brand and vision supported by a detailed sales and marketing plan with education as a core entry point.

New Product Development

To develop a new product pipeline, underpinned by appropriate tools and evaluation processes, targeted on appropriate markets and customers and with a professional launch plan.

Capability and Capacity

To build the capability and capacity of the tissues organisation and its supporting processes in support of the strategic plan.

Safety and Compliance

To proactively identify and implement the highest standards of safety and compliance across the full range of the tissue business activities.

As with blood, organs and stem cells the altruistic donation of tissues is at the core of what we do.

This is facilitated by a team of dedicated senior nurses in our national referral centre at Speke, Liverpool who every day talk to the grieving families of potential donors who may be interested in donating tissues to those in need. At this point it is critical that NHSBT coordinates the consenting process for organ and tissue donation so that it is a single discussion and limits the potential stress on the families of grieving donors.

Once consent for a tissue donation has been received our three retrieval teams around the country retrieve the donated tissue and transport it to Speke for processing, in state-of-the-art, purpose built facilities, to produce the life saving and enhancing products needed by NHS patients.

Other tissue banking activities exist in NHS Trusts but these are smaller and do not have the scale, capability and national reach of Speke or the obvious synergy with our activity in organ retrieval. In addition there is excess demand for some tissues (eg heart valves) and a concern that allocation of supply within the NHS is not optimal. Hence there is opportunity for NHSBT to consolidate activities for the broader benefit of the NHS.

In addition to the fragmented tissue banking activities within the NHS there are also very large private sector competitors which have resources and product development budgets that far outweigh anything that NHSBT can deploy.

Hence our challenge is to leverage our capability for the benefit of the NHS and its patients, whilst operating within a highly competitive market. In this environment our focus will be to consolidate activities within the NHS where appropriate and to concentrate on the development of products that meet the unmet needs of NHS patients and/or using our capability to support organisations who are seeking to provide such products. Our ethos will be to remain as a 'not for profit' organisation that seeks to save and improve lives but we will adopt a more commercial approach and compete in sectors where it is appropriate for us to do so.

However, the capability and skills we possess at Speke are very poorly recognised by the wider NHS and we do not have the requisite sales and marketing experience. We have therefore sought and recruited the necessary expertise in sales/marketing and product management and have generated a strategy and plan for driving our tissues business forward over the short/medium term. At the heart of this plan is the opportunity to build on existing capabilities and promote these across the NHS to generate incremental sales income.

In parallel we are adopting a more professional process for reviewing new product opportunities and defining those that can meet a real and potentially unmet need within the NHS whilst being financially viable.

Hence the key actions underpinning the strategic objectives and themes described above include:

- developing a profile for the 'NHS Tissues' organisation that engages target customers
- identifying an appropriate customer segmentation, focused on clinical speciality, and development of targeted sales and marketing plans per segment
- adopting an education lead approach to marketing with development of high quality supporting materials and presence at national conferences and exhibitions
- establishment of a direct sales team, initially based on the existing customer services and donor teams and eventually supported by specific field personnel
- development of a product development road map with biological products as a theme (natural tissue, enhanced by biological processing and potentially combined with therapeutic additions)
- introduction of professional new product evaluation tools leading to high quality, targeted launch plans
- developing improved customer management and order fulfilment processes and building these into an NHSBT IT application strategy
- continued focus on development of the GMP capability at Speke and partnering with new start-ups to offer access to our processing capacity and capability.

Strategic Targets for 2012-17

Strategic Targets – Tissue Services	2011-12 Plan	2011-12 Actual	2012-13 Plan	2013-14 Plan	2014-15 Plan	2015-16 Plan	2016-17 Plan
Sales Income – Tissues (£m)	7.6	8.0	8.4	9.1	>10.0	>10.0	>10.0

Strategic Objectives, Themes and Targets for 2012-17

Diagnostic Services

Strategic Objective: To ensure the clinically effective use of blood, organs and stem cells through the provision of high quality financially viable diagnostic services.

Our red cell immunohaematology (RCI) and histocompatibility and immunogenetics (H&I) services support blood transfusion, organ transplantation and stem cell transplantation. These services are delivered as a nationally managed pathology network from laboratories managed by a highly skilled and dedicated workforce, supported by modern equipment and a national IT system.

Our focus in the past three years has been on financial viability and reducing the significant cross subsidy that blood prices were providing to these services. The response has included a tactical mix of volume growth, price increases, cost reduction (via consolidation of facilities) and divestment of routine antenatal screening. These programmes are now complete.

The modernisation and consolidation of pathology services across the NHS, including the entrance of private sector service providers, is a major risk to the services provided by NHSBT. In addition the impact of DNA based technologies for extended blood group typing is capable of bringing significant changes to the service landscape. As a result of our national reach and high levels of capability NHSBT is extremely well placed to participate in these changes but a fundamental review of diagnostic services provision is necessary and is underway. At this time our specific strategic responses are still under development and are reflected in a limited set of underlying strategic themes:

Strategic Development

To develop the business case and associated design blueprints for the integration of transfusion services. To conduct a fundamental review of services and customer requirements that will enable NHSBT to respond to changes in the service landscape, for H&I.

Service Delivery and Effectiveness

To review and develop existing service models and ensure these are fit for purpose and meet developing customer needs for quality and cost-effectiveness.

Efficiency

To continue the focus on efficient delivery of services so that all services are capable of making an appropriate financial contribution to NHSBT and avoid any need for cross subsidy.

The actions that we will undertake in support of these themes include:

- working with partners to develop the business case and associated design blueprints for the integration of transfusion services
- validating this through pilots with a limited number of partner Trusts, starting in 2012-13
- identifying the need for any revised pricing processes and methodologies reviewing the scope of the current national commissioning process for blood and the need to adopt a commercial pricing approach in some of our services

- engagement and consideration of partnerships with the private sector that would enable the broader roll-out of an integrated transfusion model
- introduction of product management and enhanced sales and marketing capabilities within the organisation
- introduction of electronic reporting of pathology results
- a review of existing IT applications for diagnostic services (Hematos) to better support the integration of end-to-end processes between hospitals and NHSBT
- analysis and equalisation of productivity/activity levels across our network of laboratories
- development of a strategy for reagents.

Strategic Targets for 2012-17

Strategic Targets – Diagnostics and SpS Group	2011-12 Plan	2011-12 Actual	2012-13 Plan	2013-14 Plan	2014-15 Plan	2015-16 Plan	2016-17 Plan
Contribution to Overheads – Group (£m)*	2.4	5.0	5.4	7.3	8.5	>8.5	>8.5
Number of 'critical' regulatory non-compliances – Group*	0	0	0	0	0	0	0
Percentage of hospitals scoring $\geq 9/10$ – RCI	55%	63%	>60%	>60%	>60%	>60%	>60%
Percentage of hospitals scoring $\geq 9/10$ – H&I	55%	44%	>60%	>60%	>60%	>60%	>60%

Note:

*These metrics relate to the overall performance of Specialist Services.

Strategic Objectives, Themes and Targets for 2012-17

Stem Cell Services

Strategic Objective: To work with partners across the UK in the provision of an efficient and effective source of donor haemopoietic stem cells for the treatment of UK patients and provide translational services in support of the development of innovative cell therapies for NHS patients.

Stem cell transplantation is firmly established as a curative treatment for patients with leukaemia and other haematological malignancies. Every year, however, in the UK over 400 patients are denied access to a transplant. This loss of life disproportionately affects BME patients because of the particular challenges in identifying suitably matched donors. In July 2010, the UK Stem Cell Strategic Forum set out a strategy to save at least 200 more lives each year by increasing the UK inventory of cord blood donations and by improving collaboration between national stem cell registries.

NHSBT provides stem cells, from unrelated donors, for the treatment of patients with various forms of bone marrow failure and provides a complete service through our network of Specialist Therapeutic Service (STS) Units, H&I laboratories, the British Bone Marrow Registry, the NHS Cord Blood Bank (CBB) and stem cell immunotherapy (SCI) laboratories. SCI supports around 50% of NHS bone marrow transplants with the remaining 50% supported by laboratories in NHS teaching hospitals, predominantly in the London area, the North East (Newcastle) and North West (Liverpool). STS provides a stem cell collection service as part of its portfolio of therapeutic services (see section Seven – page 20).

There is recognition among governmental, commercial, medical and scientific communities that NHSBT's network of SCI laboratories (including

the Clinical Biotechnology Centre (CBC)) provide the capacity and capability required to support the development and delivery of the next generation of cell therapies for new patient populations.

NHSBT therefore intends to support NHS, academic and commercial organisations seeking to take current generation and next generation stem cell therapies to the clinic by exploiting our unique strengths including scientific skills, translational experience, regulatory expertise, specialist facilities and distribution.

As with other services NHSBT will continue to maintain a 'non-profit' ethos with our mission to 'save and improve lives'. The contribution that will be generated through the more commercial approach to leveraging NHSBT's unique activities will be transparently reported and either returned to DH or used to explicitly support the pricing of our other critical and life saving services.

The corresponding strategic themes that underpin our activities in stem cells are therefore:

Improved Provision of Cord Blood Stem Cells

Contribute to the development of a UK inventory of 50,000 cord blood units with 30-50% of donations from BME women and high resolution typing of new and selected units.

Supporting the Regenerative Medicine Industry

To provide infrastructure and translational services to partners seeking to bring innovative cell therapies to clinic.

The actions that we will undertake in conjunction with our partners, subject to funding, include:

- maintaining cord blood collection at existing sites and establishing an additional cord blood collection site outside London
- improving the provision of stem cells from adult donors by typing at high resolution an additional 20,000 pa young ethnically diverse donors for three years, leading to a cord blood bank of 32,000 units by 2016-17
- implementing standardised commissioning frameworks.

Improved Provision of Donor Stem Cells

To increase the number of UK patients finding an acceptable match within a clinically appropriate timescale:

- using NIMA typing and matching to increase the number of patients benefiting from the NHS-CBB

- developing educational tools and platforms
- consolidating resources and expertise for cord blood transplantation into regional centres of excellence
- implementing standardised data collection and outcome monitoring
- implementing predictive search technologies to increase the chance of matching across international registries
- develop strong and commercially viable partnerships with NHS, academic and commercial organisations
- secure collaboration with the Cell Therapy Technology and Innovation Centre via submission of a successful bid and leverage our position to direct specialist cell therapy manufacturing opportunities towards NHSBT
- introduce enhanced product and sales/ marketing capabilities and develop a robust Intellectual Property Rights (IPR) strategy
- pursue commercially viable contract manufacturing opportunities
- defining a supporting programme of research and development.

Strategic Targets for 2012-17

Strategic Targets – Stem Cells	2011-12 Plan	2011-12 Actual	2012-13 Plan	2013-14 Plan	2014-15 Plan	2015-16 Plan	2016-17 Plan
Cord Blood stock (units with high Total Nucleated Count)	9,100	9,500	14,000	18,500	22,800	27,200	31,600
Cord Blood – proportion of BME units (percentage of all units banked)	40%	40%	40%	40%	40%	40%	40%

Note:

The targets within the Specialist Services area will continue to be refined, reflecting the ongoing development of strategies.

Cord Blood Stock units 2012-17 are subject to DH approval of the Stem Cell Forum re-bid.

Strategic Objectives, Themes and Targets for 2012-17

Specialist Therapeutic Services

Strategic Objective: To become the NHS preferred provider of high quality, cost-effective therapeutic apheresis services.

NHSBT has a long history of providing life-saving and life-enhancing therapeutic apheresis services within the NHS.

Specialist Therapeutic Services (STS) provides over 1,000 patients each year with access to a portfolio of therapies across a range of clinical specialties using technology that exchanges, removes, or collects certain components within the blood. The main therapeutic apheresis procedures offered by STS are:

- Extracorporeal Photopheresis (ECP)
- Plasma Exchange
- Peripheral Blood Stem Cell Collection.

The service is delivered from six units that are based within NHS Trusts and which operate an outpatient model for non-acute patient procedures. Delivering services from within an acute setting also enables STS to offer a peripatetic outreach model for paediatrics and acutely unwell patients. Units are located in the following NHS Trusts:

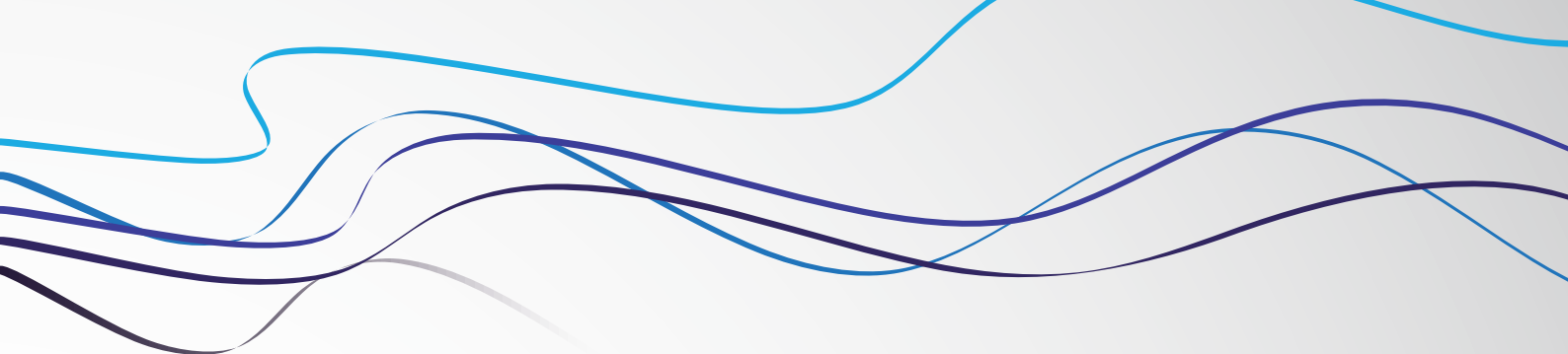
- The Christie NHS Foundation Trust
- North Bristol NHS Trust
- Oxford University Hospitals NHS Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust
- Royal Liverpool and Broadgreen University Hospitals NHS Trust.

Each unit operates as a regional service provider as part of a national infrastructure. This has established a scale (for what are low volume activities for individual hospitals) that enables STS to offer a robust, responsive and comprehensive portfolio of high quality and cost-effective services for the NHS.

NHSBT has traditionally provided these services as a result of utilising staff and equipment that was used to collect apheresis platelets. Over time NHSBT has built on this to establish the largest installed therapeutic apheresis equipment base in the NHS.

Over the last two years the focus for STS has been to strengthen the governance and oversight of the service it provides. The operating model for service delivery has been consolidated to maximise the efficiency of both machine and staff resource and to make it financially self sustainable.

There is increasing recognition within the NHS that delivery of specialised services should be consolidated and are best delivered by centres of excellence. Building on its strengths as a national provider, and the economies of scale that it generates, NHSBT is uniquely positioned to improve the quality and efficiency of therapeutic apheresis services to the NHS. Over the long-term STS therefore intends to become the supplier of choice to the NHS.



There are two key themes that underpin this intent:

Safety and Compliance

To provide apheresis therapies that meet the highest standards of safety and regulatory compliance.

Operational Excellence

To develop the regional service delivery model and national network to deliver the highest quality and most cost-effective therapies in the NHS. As a result, to position STS as the national NHS 'Go To' supplier for apheresis therapies.

To anticipate the demand for apheresis therapies, developments in related technologies and changes to the commissioning landscape.

STS is the only area of NHSBT where we provide treatment directly to NHS patients. Our first priority, therefore, will always be their safety and the quality of their experience when under our care.

In this respect STS is well placed given NHSBT's strong regulatory culture and quality assurance systems. STS has a longstanding exemplary performance in this area having never received a major or critical non-compliance and no attributable Serious Untoward Incidents.

Patient care, however, is much more than regulatory compliance and NHSBT is assured that it is providing a good service by the numerous compliments received from customers and patients and the fact that the service has never received a formal complaint.

To build on this, the focus for STS over the last two years has been to strengthen its governance and ensure it delivers a high quality and financially viable service for customers and patients. Central to this objective has been implementation of an estates strategy to ensure patients are treated in the most appropriate clinical environment and with the relevant clinical support services readily available.

In June 2011 the STS unit in Leeds was relocated from the Leeds Blood Centre into Leeds Teaching Hospitals NHS Trust. In January 2012 the Manchester unit relocated from the Manchester Blood Centre into The Christie NHS Foundation Trust.

Both of these relocations have resulted in significant benefits for patients and have supported improved collaboration with customers.

Recent improvements to customer and patient relationships include development of a compliments and complaints system and the launch of dedicated web pages on the NHSBT Hospitals & Science website.

STS is actively working to further improve its service by gaining a better understanding of the needs of its customers. This is being achieved through the introduction of local and national key account meetings. A customer satisfaction measurement tool has been developed and a survey to establish a baseline of customer satisfaction is planned for mid 2012.

A survey to measure patient experience was piloted in November 2011. Patients reported an extraordinary high level of satisfaction with the service they received with an outstanding overall experience top box score of 98%. The pilot questionnaire survey will now be refined and repeated to establish a baseline satisfaction measure for 2012-13.

Therapeutic apheresis is used for routine and standard indications, as well as for emerging new applications driven by advances in clinical medicine. The NHSBT service is delivered through a team of highly experienced medical, nursing and ancillary staff with a breadth and depth of experience in therapeutic apheresis.

A regional service delivery model is operated with patients being referred to an STS unit located in an acute NHS Trust.

The provision of therapeutic apheresis services is a significant challenge for any single organisation. Procedure volumes are relatively low (very low for more specialised/infrequent procedures) and the demand for some treatments can be highly variable with significant unpredictable peaks in referrals.

Unless an organisation has a dedicated team to undertake therapeutic apheresis treatments across a range of clinical specialties, the service can be fractured and, as a result, may fail.

NHSBT is therefore ideally positioned to provide therapeutic apheresis services as our national capability provides scale that:

- allows us to deploy high levels of nursing and medical experience
- enables staff to maintain competence in all procedures (especially important for low volume and specialist procedures)

- enables NHSBT to provide cover across units and provide a responsive and flexible seven day service through an on-call system
- allows provision of a comprehensive range of patient procedures
- provides economies of scale/leverage in procurement.

STS will therefore build on its unique regional/national model and its strong partnerships with customers, to develop as the NHS's most effective provider of therapeutic apheresis services.

Expansion of Extracorporeal Photopheresis (ECP) services is central to the STS plan. The preference of clinicians to use ECP, emerging new indications for treatment and the confidence of Commissioners in NHSBT's ability to deliver this service will result in a significant increase in demand for this service. ECP therefore generates the majority of increased income over the strategy period.

Strategic Targets for 2012-17

Strategic Targets – Specialist Therapeutic Services	2011-12 Plan	2011-12 Actual	2012-13 Plan	2013-14 Plan	2014-15 Plan	2015-16 Plan	2016-17 Plan
Income	£3.6m	£4.2m	£4.5m	£5.8m	£7.1m	£8.0m	£8.8m
Percentage of hospitals rating ≥ 9/10 for satisfaction	n/a	n/a	Set baseline	≥2%	≥3%	≥4%	≥4%
Percentage of patients scoring ≥ 9/10 for experience	n/a	n/a	Set baseline	≥2%	≥3%	≥4%	≥4%
Number of 'critical' and 'major' regulatory non-compliances	0	0	0	0	0	0	0

Strategic Objectives, Themes and Targets for 2012-17

NHSBT Corporate

Strategic Objective: To be the advocate for the voluntary donation of blood, organs and tissues; to champion a culture of sustainability across all of our activities; to develop organisational capacity, capability and processes in support of our objectives; to identify opportunities for effective collaboration across our Operating Divisions and support them with an effective programme of research and development and an efficient operating infrastructure.

The Plan identifies six strategic themes in support of the above objective:

Structures and Governance

To ensure NHSBT corporate and accountability structures enable effective and efficient delivery of its strategy and management of risk.

Capacity, Capability and Leadership

To develop NHSBT's capacity and capability to deliver strategic change through the deployment of appropriate resource, leadership and skills.

Stakeholder Engagement

To maintain NHSBT's position and reputation as the supplier of choice and ensure effective engagement with our workforce, their representatives and key stakeholders.

Research & Development

To ensure the strategic objectives and targets of our Operating Divisions (Blood Components, Organ Donation and Transplantation, Tissues, Diagnostic Services, Stem Cell Services and Specialist Therapeutic Services) are supported by a targeted programme of R&D.

Group Systems and Processes

To ensure our Operating Divisions are supported by highly effective and efficient group systems and processes.

Sustainable Development

To be a strong advocate for sustainable development across NHSBT, promoting it effectively across the organisation and workforce and meeting, as a minimum, all targets set by our stakeholders.

Our broad action plans include:

- ongoing review and identification of operational synergies across NHSBT (eg marketing, donor consenting etc)
- ongoing development of performance management and integrated governance structures, adherence to regulation, risk management capability and business continuity management
- continued focus on leadership development and our capacity and capability for managing change
- a programme of effective stakeholder engagement that supports delivery of our corporate strategy and ensures our purpose, opportunities and achievements are clearly understood

- development of an overall IT applications strategy in support of the objectives and plans of the individual operating divisions utilising common standards and fit for purpose platforms
- ongoing optimisation of our Estates footprint and strategies
- targeting a reduction of 10% in our non-frontline management costs (band 7 and above)
- continuous improvement of group systems and processes based on reducing manual transactional activity and increasing automation
- ongoing engagement with the DH Business Support Services Transformation (BSST) programme to identify and deliver efficiencies through shared services
- implementation of our detailed sustainable development action plan.

Research & Development

In blood components we will focus our efforts and invest in research into donor health and the behavioural factors which lead people to donate. We will continue to investigate emerging infectious threats and the possibilities for screening and inactivation of such threats.

In addition we will continue to invest in research which defines the optimal use of blood components and potential alternatives.

In support of diagnostic services we will explore an appropriate portfolio of next generation diagnostics using genotyping and recombinant proteins with the aims of:

- improving clinical outcomes, including alloimmunisation, by improved donor/patient matching
- increasing availability of extended genotype stock to hospitals.

We will continue to develop our strong research programme in Tissues. This will make partnerships with a focused set of academic partners that is aimed to identify the next generation of products and services where NHSBT can add value and support the NHS and its patients.

In ODT we will develop an R&D programme intended to support our activities with hospital partners to assess novel methods for improving the quality and number of organs available for transplant. We will in particular look to support the development of ABO incompatible and antibody incompatible transplants.

Strategic Targets for 2012-17

Strategic Targets – Corporate	2011-12 Plan	2011-12 Actual	2012-13 Plan	2013-14 Plan	2014-15 Plan	2015-16 Plan	2016-17 Plan
Corporate Service costs as a percentage of total costs (IT, HR, Finance & Procurement, as per VFM definitions)	8.0%	7.8%	7.7%	7.5%	7.3%	<7.3%	<7.3%
Estate costs as a percentage of total costs (as per VFM definitions)	8.7%	8.6%	8.7%	8.5%	8.3%	<8.3%	<8.3%
Reduction of CO ₂ emissions (tonnes) (estate based emissions as per the Carbon Reduction Commitment)	11%	11%	16%	21%	25%	>25%	>25%

The key actions required to meet our strategic objectives, and their related milestones are identified below. These are a mix of:

- existing projects in the process of implementation
- planned projects with identified business case/benefits not yet implemented
- initiatives that require further planning/analysis and development of the business case

- plans to develop long-term strategies for specific areas of NHSBT.

Once established via an agreed business case initiatives are managed as formal projects through the NHSBT Transformation Project process with monthly reporting and update to the Executive Team and Board.

Initiative	Target Dates
Maintain 80% CD platelets – develop a long-term demand/supply plan <i>In response to the continued increase to demand in 2011-12 and the projections of our long-term demand model.</i>	Q4 2012-13
Establish a no ‘majors’ culture in regulatory inspections <i>Extending the ambition of the ‘no criticals’ culture that has now been established.</i>	2013-14
Development of a ‘Club 96’ strategy <i>Commence plans to attract blood donors born in 1996, and thereafter, whose donations may be deemed as ‘vCJD safe’ in the future.</i>	Q3 2012-13
Blood Donation Organisational Design (BDOD) <i>Restructuring of the management organisation and regional/team structures within Blood Donation and to position it for future performance challenges and change.</i> <ul style="list-style-type: none"> • business case • implementation 	Q2 2012 tbc
Donor trend analysis/session, marketing and communication planning <i>Analysis of trends in the donor base and the impact of future demographic changes leading to a set of strategic assumptions and the development of longer-term strategies (venues, marketing and communications) to ensure that the service can continue to attract donors in sufficient numbers.</i> <ul style="list-style-type: none"> • horizon scanning input • assumptions and strategy 	June 2012 Q3 2012-13
Donor self-service portal <i>Development of web based tools that will allow donors to access information and book appointments to donate etc.</i> <ul style="list-style-type: none"> • business case • implementation/launch 	June 2012 July 2013
West Nile Virus – testing for donors returning from infected areas <i>To minimise the potential increase in deferral rates that might otherwise occur and ensure sufficiency of supply (especially during Olympics year).</i>	Q2 2012-13

Initiative	Target Dates
Donation Interval Project (R&D) <i>A randomised trial of 50,000 blood donors to generate evidence for reducing the intervals between donation and to explore whether donation intervals can be tailored to donors based on demographic, haematological, lifestyle or genetic factors.</i> <ul style="list-style-type: none"> validation of trial feasibility (phase 1) business case/funding for full trial identified trial completion/benefits 	Q2 2012 Nov 2012 March 2015
Order to Cash <i>Design and implement a modern order to payment process with hospitals in order to replace existing manual processes, securely manage any patient identifiable data and to make NHSBT easy to do business with.</i> <ul style="list-style-type: none"> workshops/assess 'as is/to be' status business case (alignment with stock management design) 	March 2012 March 2013
Sales & Operational Planning <i>An element of the Integrated Transfusion Services (ITS) programme – to implement integrated demand and supply planning processes across the blood components supply chain.</i> <ul style="list-style-type: none"> appoint external support/design pilot fully implement and embed 	Q1 2012 tbc Q1 2013
Integrated stock management <i>The stock replenishment element of the ITS programme – to implement automated replenishment of hospital stocks of high volume red cell groups.</i> <ul style="list-style-type: none"> complete three replenishment pilots business case for national roll-out develop underlying stock management systems roll-out 	Sept 2012 March 2013 tbc tbc
Estates Strategy <ul style="list-style-type: none"> review Fox Den Road possible consolidation into Filton Brentwood business case for future of the site 	Q4 2012-13 tbc
Transport Management System <i>Implement a transport planning system</i> <ul style="list-style-type: none"> business case commence implementation 	March 2013 2013-14

Initiative	Target Dates
Blood Donation strategy plan <i>Longer-term strategy for opportunities to match productivity in Blood Donation to levels comparable with the most productive services in Europe. Validation of the steps required and generation of a road map and risk assessment.</i>	tbc
Organ donation strategy post 2013 <i>Development, with stakeholders, of a new strategy beyond the timetable established by the original ODTF.</i> <ul style="list-style-type: none"> • collect and summarise the views of the original ODTF stakeholders • emerging strategy to NHSBT Board • new strategy approved 	May 2012 Sept 2012 Jan 2013
Implement a new Quality Management System for ODT <i>Required to ensure that NHSBT satisfies the requirements of the new EU Directive on organ donation.</i> <ul style="list-style-type: none"> • implement 	Oct 2012
Integrated Transfusion Systems <i>Implementation of processes that will enable the consolidation of transfusion laboratories</i> <ul style="list-style-type: none"> • develop business case, complete design and build supporting process required to implement solutions with identified partners 	tbc
Secure MHRA licences for four SCI laboratories (Liverpool, Oxford, Bristol and Birmingham) <i>Required to establish NHSBT as a national provider of services to the regenerative medicines industry.</i>	Q2 2013-14
Develop strong commercially-viable partnerships with NHS, academic and commercial institutions seeking to take innovative cell therapies to the clinic. <ul style="list-style-type: none"> • deliver an additional £3.4 million sales income by year 2017 	Ongoing
Refresh Tissues long-term strategy	July 2012
Establish new services for Extracorporeal Photopheresis (RCP) <i>Significantly increases the revenue of STS and positions STS as a strong national supplier of apheresis therapies</i> <ul style="list-style-type: none"> • new service established in South West • new service established in South Central 	Sept 2012 2013-14
Back Office Shared Services <ul style="list-style-type: none"> • ongoing review with DH • payroll transferred to NHS SBS 	Ongoing April 2012

Revenue

NHSBT is an Special Health Authority and is therefore required to plan for a balanced income/expenditure position.

Income for blood components and much of tissues and diagnostic services derives from the sales of these products/services to NHS hospitals. Prices are set to recover costs and are agreed via a national commissioning process.

Income for ODT comes from grant in aid (GIA) provided via the DH along with contributions from the other UK Health Services. Beyond 2012-13 the income from GIA and the other UK Health Services is indicative only. Due to ongoing pressures in public funding it can be assumed that funds will be limited. For the purposes of this plan flat funding has been assumed.

It is anticipated that expenditure in Blood, Tissues, Diagnostic Services and Stem Cells will, aside from volume changes, remain broadly flat over the period of the plan. This primarily reflects the intention to further reduce red cell prices to a maximum of £123/unit and drive efficiency initiatives that will deliver this outcome.

It is also anticipated that ODT can deliver its core objectives within the financial envelope described. In the latter years of the plan, however, if GIA remains constrained as indicated, then ODT may need to reconfigure its service provision to match the available funding.

NHSBT Revenue Statement

	2012-13 £ million	2013-14 £ million	2014-15 £ million	2015-16 £ million	2016-17 £ million
Opening Expenditure Position	434.4	432.2	443.8	447.0	451.1
Estimated volume impacts	2.9	9.8	0.8	1.1	1.2
Inflation	5.4	7.7	7.7	7.7	7.7
Estimated cost pressures and developments	3.6	3.3	3.0	2.7	2.7
Estimated cost reduction programme	-14.1	-9.2	-8.3	-7.4	-7.0
Net expenditure (reduction)/increase	-2.2	11.6	3.2	4.1	4.6
Estimated Total Expenditure [A]	432.2	443.8	447.0	451.1	455.7

Funded by	2012-13 £ million	2013-14 £ million	2014-15 £ million	2015-16 £ million	2016-17 £ million
Income from product and service sales	361.8	371.8	375.1	379.2	383.8
Grant in Aid funding	61.9	61.9	61.9	61.9	61.9
Income from Devolved Administration	8.5	10.0	10.0	10.0	10.0
Estimated Total Income [B]	432.2	443.8	447.0	451.1	455.7
Net Income and Expenditure Surplus [B-A]	0	0	0	0	0

Revenue Investment Plan

The 2012-13 prices for blood components and specialist services have been agreed with the National Commissioning Group for Blood. The headline price for red cells of £123.31 will be achieved by delivering efficiency savings of 2.8% on our cost base for 2011-12. These include a mix of productivity improvements, cash releasing consolidations and operational efficiencies.

The blood price also incorporates a number of material cost pressures, including the testing of a defined cohort of donors for West Nile Virus, who would otherwise be deferred (£0.5 million) and also costs associated with meeting pay scale increments driven by Agenda for Change (£1.5 million).

The impact of inflation is mostly confined to Non-Pay and is based on the forecast Treasury deflator of 2.5%. Pay inflation is set to zero for all but those employees below a salary of £21,000.

NHSBT has received notification that the indicative level of GIA will be reduced by an agreed £2 million/about 3.5% cost improvement to £61.9 million for 2012-13 and will remain flat for 2013-14.

There are a number of uncertainties at the point of preparing the plan. It should be noted that the target red cell price assumes there is no direction from the DH to implement a new blood safety initiative.

Capital Investment Plan

During 2012-17, we are planning to deliver a capital investment programme totalling £37.5 million. These plans are largely centred on maintaining our processing, testing and laboratory facilities, IT and system development, plus rolling equipment replacement and renewal programmes, largely driven by regulatory requirements.

The requested allocation for the period does not include major non-recurring items (for example a Transport Management System). Such items will be the subject of separate and independent bids for funding subject to development of a compelling and prioritised business case.

Summary of Capital Investment Plans

Plan Initiative	2012-13 £ million	2013-14 £ million	2014-15 £ million	2015-16 £ million	2016-17 £ million
Estates Investment Programme	£2.8	£1.7	£2.8	£2.8	£2.8
IT and system development projects	£1.5	£1.2	£0.6	£0.6	£0.6
Minor Capital Programme – asset replacement programme	£3.2	£4.6	£4.1	£4.1	£4.1
TOTAL	£7.5	£7.5	£7.5	£7.5	£7.5

Performance and Assurance

We adopt an integrated approach to planning, performance, governance and assurance. This means that each strategic objective is 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 and forms a key element of our Assurance Framework.

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. This consolidates reporting of progress against our strategic targets with other key operational KPIs, progress against key milestones, key performance trends and risks.

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.

The performance report will form the basis for the formal NHSBT accountability review arrangements with the UK Health Departments.

The process and reporting is subject to scrutiny by the Governance and Audit Committee (GAC) and by our Internal Auditors.



NHS Blood and Transplant
Oak House
Reeds Crescent
Watford
WD24 4QN

L23485