

**Appendix 1 NHSBT Work-Plan 2008/09
Strategic Objective a) Blood Components**

**PM = Programme Management (resource needed)
BAU = Business As Usual (no additional resources)**

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.	Resp Dir.	PM / BAU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
1a) Redress the decline in blood collection focusing on targeted donor marketing and communications activities:						
<ul style="list-style-type: none"> o Implement short-term initiatives focused on retention and frequency - cumulative reduction in potential "do nothing" shortfall <ul style="list-style-type: none"> • Improved planning of marketing and communication activities to be more effective in attracting and retaining donors • Retained / maintained frequency of 3 times donors through a specific marketing campaign. (Increase in the number of donors donating three times in the year) • Conversion of new donors into second donation by differentiating the service and communications. (Number of new donors who donate for a second time within six months of first donation) • Sending SMS or e-mail appointment reminders. (Proportion of donors from target group for who we hold the relevant information) • Tracing donors lost due to change of address (Proportion off "lost donors" that we have tried to trace) o Achieve whole blood collection target 1.890m in 2008/09 	CRo	PM	11K	14K	12K	13K
<ul style="list-style-type: none"> o Medium to long-term initiatives focused on defined sections of the donor population and areas where collection rates are currently poor (London and North West) – plan segments and target areas 	CRo	PM	Planning and evaluation			Feasibility assessed
1b) Increase donor satisfaction through improved session convenience, increasing the percentage of blood donors very / totally satisfied from 63% to 65%						
<ul style="list-style-type: none"> o Plan Decoupling panels 	CRo	PM				Plan & specification written
<ul style="list-style-type: none"> o Plan revised opening times and more accessible locations 	CRo	PM				Plan & approach signed off
<ul style="list-style-type: none"> o Pilot collection centre sited with retail partner – Boots in Poole 	CRo	PM			Site in Poole operational	Ramp up Collections
<ul style="list-style-type: none"> o Double dose red cells 	CRo	PM	Evaluate requirement & feasibility			

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<p>1c) Increase operational productivity (& improve donor experience) through the implementation of a donation operational improvement programme – redesign and pilot new processes</p> <p>The quarter 4 targets will be achieved In the areas where roll out has been completed</p>	CRo	PM	Pilot/ evaluation	Commence Roll-out	Continue Roll-out	Continue Roll-out Reducing total queuing time by 20% and end-to-end donation time by 15% Collect to target
1d) Develop plans to import red cells as an important aspect of NHSBT contingency planning – feasibility study	PAG	BAU	Report to EMT			

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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.	Resp Dir.	PM / BAU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
The 2008/09 cost reduction programme (£10.2m) is reflected in baseline budgets. Delivery will be monitored via the cumulative income and expenditure position (including Group Services)			I&E to plan	I&E to plan	I&E to plan	I&E to plan
2a) Reductions in supply chain costs related to the continued decline in blood component demand - £4.6m	CRo	BAU				
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	CRo	BAU				
2c) Implementation of an operational improvement programme to deliver greater productivity in blood collection (linked to 1c) - £1.4m	CRo	BAU				
2d) Procurement savings - £2.5m	RB	BAU				
2e) Release of non-recurring safety funding in prices - £1.4m	CRo	BAU				

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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.	Resp Dir.	PM / BAU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
3a) Increasing capacity utilisation through consolidation, productivity improvements and by implementing best practice (5,300 units of red cell (equivalent) per WTE productivity within P&T).						
<ul style="list-style-type: none"> o Complete the consolidation in the South West on-time and to budget 						
<ul style="list-style-type: none"> • Complete the new build at Filton 	DD	PM	By Mid-June			
<ul style="list-style-type: none"> • Filton business readiness and occupation 	CRo	PM	Planning	SCI, BITS and office moves into Filton	100% of Southmead and Aztec West	
<ul style="list-style-type: none"> • South West regional operations 	CRo	PM	New Leadership Team in place			New SW service model in place
<ul style="list-style-type: none"> • Complete the relocation of Donation Testing into Filton 	CRo	PM	Planning and staff consultation	Planning and staff consultation MHRA licensing	Routine Testing move into Filton	NAT move into Filton
<ul style="list-style-type: none"> • Complete reconfiguration of Issue (Hospital Services) facilities in the South West 	CRo	PM	Planning and staff consultation	Planning and staff consultation MHRA licensing	Move Issue from Southmead to Filton	Implement action of new model
<ul style="list-style-type: none"> • Complete consolidation of Processing (manufacturing) into Filton 	CRo	PM	Planning and staff consultation	Planning and staff consultation MHRA licensing	Move manufacturing from Southmead into Filton	Consolidation of manufacturing into Filton
<ul style="list-style-type: none"> • Complete logistics and supply chain reconfiguration in the South West 	DD	PM	Planning	Planning	Planning	Implement new service model
<ul style="list-style-type: none"> o Plan consolidation in the South East and North in advance of consultation beginning in 2009/10 	CRo	PM	Planning			
<ul style="list-style-type: none"> o Develop logistics infrastructures in the SE and North to support planned consolidations in the regions 	DD	BAU	Planning			
<ul style="list-style-type: none"> o Operational improvement programme linked to consolidation 	CRo	PM	Planning			

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<ul style="list-style-type: none"> o Replenishment model – improvements to the distribution of blood components to hospitals and NBS stock holding units 	CRo	PM		Planning		Pilot
<ul style="list-style-type: none"> o Estates optimisation - improvements in space utilisation – decommission Bristol Aztec West 	DD	BAU			By December	
3b) Initiatives which contribute to delivering 'compliance' targets (zero 'critical non-compliances and 0% of external non-compliances with overdue actions).						
<ul style="list-style-type: none"> o 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 and increase internal inspection 	CRo	BAU		Ongoing		
<ul style="list-style-type: none"> o Plan for non-compliance - to reduce the percentage of external non-compliance with overdue actions from c14% to 0% in line with the strategic plan targets 	CRo	BAU		Ongoing		
3c) Implementation of improved service to hospitals (53% of hospitals very / totally satisfied)						
<ul style="list-style-type: none"> o Develop process maps for all NBS / hospital service interactions and identify improvements which add value to the customer <ul style="list-style-type: none"> • Implement quick win changes • Work with IT and supply chain managers to plan longer term initiatives for implementation 09/10 	CRo	PM	Process maps complete by end June08	Develop & initiate promotional campaign to introduce foetal genotyping	Outline plan for longer term initiatives By Nov for Mid-Yr 2008/09	Develop & initiate promotional campaign NBS sci & tech training
<ul style="list-style-type: none"> o Improve hospital customer satisfaction scores with respect to NBS decision making and strength of partnership through a programme of pro-active interactions with key customers Initiate face to face customer satisfaction survey completion with key accounts 	CRo	BAU	Hospital key account visits complete	Initiate "customer value" visits with strategy teams	Define service standards for Specialist Services	3 percentage points increase in top 2 boxes
<ul style="list-style-type: none"> o Implement initiatives to improve performance related to the level of component ordering/despatch errors demonstrated through a reduction in complaints and an improvement in the top box score for accuracy of delivered orders (baseline 25% top box satisfaction) o Undertake hospital audit of ordering substitutions 	CRo	BAU	Complete audit of order substitutions	Implement service excellence with Issues & Logistics staff in SW	Implement service excellence with Issue & Logistics staff in L&SE & North	

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<ul style="list-style-type: none"> o Increase hospital satisfaction with service from non NBS drivers o Initiate pilot of platelet issue via NBS drivers o Hospital Liaison to work with logistics to define customer centric performance measures in courier contract 	CRo	BAU	Transport survey feedback to hospitals	Define customer values criteria for courier contract	Implement pilot of platelet issue	
<ul style="list-style-type: none"> o Provide hospitals with comparative data sets on red cells, platelets and frozen components to assist hospitals in meeting CMO BBT3 and compliance requirements 	CRo	BAU	Develop Business Objects queries	Issue Red cell datasets to RTCs	Issue platelet & frozen component datasets	Refine and review dataset format

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Strategic Activity BSC4 NHSBT will reduce the residual risk of transfusion through continued implementation of agreed blood safety initiatives.	Resp Dir.	PM / BAU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
4a) Ongoing implementation of blood safety initiatives (reduction in red cell issues of 1.765m / 3%)						
<ul style="list-style-type: none"> o Continued implementation of expanded platelet production by component donation increasing production to 80% by year-end 	CRO	BAU	Plans developed and potential assessed	Roll out	Roll out	80%
<ul style="list-style-type: none"> o NHSBT will continue to lead the CMO's BBT initiatives introducing new steps to: 						
<ul style="list-style-type: none"> • Reduce inappropriate use of ORhD negative red cells through audit and provision of comparative data 	CRO	BAU	Develop audit tool, consider how to facilitate inter-hospital transfers	Audit sent to hospitals for completion	Audit report issued to hospitals	Group ORhD neg constitutes <11 % of total red cell issues
<ul style="list-style-type: none"> • Reduce inappropriate use of FFP and platelets through audit and provision of comparative data, strengthening the evidence base through systematic literature reviews and clinical trials, and contribution to guidelines in areas of critical care, cardiac surgery and haematology 	LW	BAU	Audit sent to hospitals for completion	Audit report issued to hospitals	Review comparative data with RTCs	<340,000 frozen components issued <214,000 platelets issued
<ul style="list-style-type: none"> o Reduction in errors resulting in ABO incompatible red cell transfusions reported to SHOT by continuing education, training and audit; exploring new approaches to error reduction in conjunction with NPSA, NBTC and SHOT. 	LW	BAU	2.5	2.5	2.5	2.5
<ul style="list-style-type: none"> o Extend the use of imported virus inactivated plasma from low risk BSE countries for the preparation of cryoprecipitate for children 	CRO	BAU	Stock building Import 2.5k units	Make product available Import 2.5k units	Import 2.5k units	Import 2.5k units
<ul style="list-style-type: none"> o Develop new overarching measure for monitoring of blood safety (including donor safety) 	LW	BAU	Ongoing	Complete by mid-year		

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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 	LW	BAU	Option appraisal to SaBTO by 30 April	Commence filter arm of Study A	Product for exchange transfusion	Plan for Study B
<ul style="list-style-type: none"> ○ Implications of a licensed test for vCJD - NHSBT will continue to participate in the UK Blood Services Prion Assay Working Group 	LW	BAU	Option appraisal to SaBTO by 30 April	Ongoing evaluations	Ongoing evaluations	Ongoing evaluations
<ul style="list-style-type: none"> ○ Further testing and processing initiatives to reduce TRALI: screening of potential female platelet donors, manufacture of cryoprecipitate from male donors 	CRo	BAU	Ongoing	Ongoing	Ongoing	Ongoing
<ul style="list-style-type: none"> ○ Evaluate whether bacterial screening or pathogen inactivation of platelets should be considered for phased implementation 	LW/ PAG	PM to BAU	Ongoing clinical study	Complete clinical study	Option appraisal to SaBTO	Plan for implementation as required

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Strategic Objective b) Specialist Services**

Strategic Activity SS1 Implement appropriate funding and pricing strategies to eliminate inappropriate cross-subsidies.	Resp Dir.	PM / BAU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<ul style="list-style-type: none"> o Price and funding targets have been reflected in each service budget for 2008/09 – delivery will be monitored via the cumulative income and expenditure position for specialist services 	PAG	BAU	I&E to plan	I&E to plan	I&E to plan	I&E to plan

Strategic Activity SS2 Expand in areas of anticipated high growth without increasing capacity unnecessarily.	Resp Dir.	PM / BAU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<ul style="list-style-type: none"> o Increase H&I referrals to support the increase in solid organ and stem cell transplantation 	PAG	BAU	2%	3%	4%	5%
<ul style="list-style-type: none"> o Increase Clinical Stem Cell procedures through increased business development 	PAG	BAU	2%	3%	4%	5%
<ul style="list-style-type: none"> o Increase the number of Cord Blood units held in stock 	PAG	PM	10,600	11,200	11,850	12,500
<ul style="list-style-type: none"> o Increase the proportion of Black and Minority Ethnic (BME) Cord Blood units held in stock. 	PAG	PM	40%	40.3%	40.7%	41%
<ul style="list-style-type: none"> o Increase Tissue sales through increased marketing and product development 	PAG	BAU	2%	3%	4%	5%
<ul style="list-style-type: none"> o Introduce foetal genotyping from maternal blood 	PAG	BAU	Continue validation at Southmead	Procure Equipment	Plan for implementation	Complete plan

Strategic Activity SS4 Ensure that service quality levels are maintained or improved during the ongoing change programme.	Resp Dir.	PM / BAU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<ul style="list-style-type: none"> o Percentage of hospitals satisfied with overall service (RCI - top two boxes) <ul style="list-style-type: none"> - Maintenance of excellent communications and service during period of change 	PAG	BAU	57%	57%	57%	57%
<ul style="list-style-type: none"> o Achieve RCI turnaround targets 	PAG	BAU	95%	95%	95%	95%
<ul style="list-style-type: none"> o Achieve H&I turnaround targets 	PAG	BAU	80%	80%	80%	80%
<ul style="list-style-type: none"> o Achieve SCI turnaround targets 	PAG	BAU	90%	90%	90%	90%

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Strategic Objective b) Specialist Services**

Strategic Activity SS3 Reduce costs and improve efficiency from realising synergies, consolidation and divesting from activities in a managed way ensuring continued patient safety.	Resp Dir.	PM / BAU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Consolidate RCI reference services						
o Complete the move of Southampton to Filton	PAG	PM	Plan	Complete		
o Plan the move of Manchester to Liverpool	PAG	PM	Plan	Plan	Plan	Plan
o Plan alternatives for Cambridge (Addenbrookes or Colindale)	PAG	PM	Plan	Plan	Plan	Plan
Consolidate Reagent services						
o Complete the move of Birmingham to Liverpool	PAG	PM	Plan	Complete		
o Complete the move of Cambridge to Liverpool	PAG	PM	Plan	Complete		
Consult with hospitals affected by divestment of routine ante natal services, and plan alternatives for each. Cessation by 2010/11.	PAG	PM	Appoint Project Team	Draft Business Case	Early consultation	Consultation complete
Consolidate BBMR, H&I, SCI and CBB services in one location.						
o Transfer Cord Blood Bank from Edgware (CBB) to Filton	PAG	PM	Plan	Plan	Draft Business Case	Consultation
o Donor-facing H&I activities from Colindale to Filton	PAG	PM	Plan	Plan	Draft Business Case	Consultation
Alignment of H&I and RCI services into a single diagnostics function	PAG	PM/BAU			Draft Business Case	Early Implementation
SCI efficiencies and growth						
o Transfer SCI Cambridge to Addenbrookes Hospital	PAG	BAU	Complete			
o Embed Manchester SCI in Liverpool	PAG	PM	Plan	Plan	Plan	Plan
H&I efficiencies and growth	PAG	BAU				Review logistics for PGI
RCI efficiencies and growth	PAG	BAU	Develop workforce plan	Filton pilot extended working day		

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Strategic Objective c) Organ Donation**

Strategic Activity OD1 Remove the obstacles to organ donation and effectively performance manage the identification and referral of potential donors.	Resp Dir.	PM / BAU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
o Implementation of clinical "Donor Champions" and an Organ Donation Committee within 51 (c19%) donating hospitals (ODTF recommendation 4)	TM	PM	JDs and recruitment process			51 / 19%
o Implement effective performance management with donating hospitals within all donating hospitals (ODTF recommendation 6)	TM	PM	Indicators for HCC standards	Indicators for HCC standards		
o Implement financial reimbursement to all NHS Trusts for the additional costs incurred when facilitating a potential or actual donor (ODTF Recommendation 8)	TM	PM	Preparation	Q1 in July	Q2 in October	Q3 in January
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).						
o Implementation of a centrally employed Donor Transplant Co-ordinator network in four teams	TM	PM	Commence recruitment of new staff			4 teams (not fully operational)
o Improve, and streamline, the process of donor registration through the introduction of an electronic (web-based) system	TM	PM	Architecture developed	Application development underway	Application development complete	Pilot EOS system deployed
o Maintain and increase the current level of investment in Living Donor schemes, through funding the deployment of 4 additional Live Donor co-ordinators	CRu	BAU	SLAs in place April	Funding new living donor schemes		30 live donor co-ordinators
Strategic Activity OD3 Develop and implement a flexible, robust and sustainable organ retrieval service that delivers viable organs to transplant units (ODTF 10).						
o Implement nationally commissioned Organ Retrieval Teams (ODTF 10) - develop a framework within which the commissioning of Organ Retrieval Teams can be implemented in time for the 2009/10 financial year	TM	PM	Develop specification and model	Commiss'ng agreements for 2009/10	Deployed November	NHSBT commiss'ng capability
Strategic Activity OD4 Develop and implement a robust, sustainable cornea donation service.						
o 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	CRu	BAU				3 units
Strategic Activity OD5 Implement methods to publicly recognise the act of donation and actively promote donation to the public.						
o Plan and develop a national public awareness campaign (implement in 2009/10).	HJ	BAU	Plan and develop			
o Promoting organ donation and the "gift of life" to the general public, and specifically to the BME population, via targeted marketing campaigns (ODTF recommendation 13). This will include the commissioning of research through DH Research and Development funding	HJ	BAU		Develop marketing campaigns	Implement campaigns	Implement campaigns
o Promoting public recognition of individual organ donors through national memorials, local initiatives and personal follow up to all donor families (ODTF recommendation 12)	TM	PM		Develop specification for commissioning research	Commission research	

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Strategic Objective d) Fractionated Products**

Strategic Activity FP1 Increase capacity and throughput.	Resp Dir.	PM / BAU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
o Increase annual fractionation capacity by 4%	JM	BAU				483k L
o Average batches per week	JM	BAU				1.75
o Capital Investment – cumulative expenditure	JM	BAU	£1.1m	£2.7m	£4.3m	£6.5m
o Budgeted WTE	JM	BAU	432	432	432	432
Strategic Activity FP2 Develop new products and expand into key markets						
o Launch new products	JM	BAU				
• Optivate sales in Europe			MHRA advice – clinical data refresh	MHRA expert report	January	Mutual recognition filing
• Replene sales in Europe			MHRA advice – clinical data refresh	MHRA expert report	January	Mutual recognition filing
o Contract fractionation (CFr) - Licensing out BPL IP (LO)	JM	BAU				
• Gammacon – contract signed (trial 2 – plasma dependant)			April	Clinical trial batches - 1	Clinical trial batch -2	
• Anti-D – contract signed			Preliminary contract discussion	TBA	TBA	TBA
Strategic Activity FP3 Increase home and export sales revenues						
o Deliver home sales plan – year on year increase of £8.5m	JM	BAU	£17.1m	£34.3m	£51.4m	£68.5m
o Deliver export sales plan – year on year increase of £2.1m	JM	BAU	£5.9m	£11.8m	£17.7m	£23.7m
Strategic Activity FP4 Consider options for commercial partnership						
o Respond to the outcome of Ministerial review of the OBC on ownership options	LH & JM	BAU	TBC	TBC	TBC	TBC

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Strategic Objective e) NHSBT Organisation and Enabling Activities**

Strategic Activity EA1 Ensure NHSBT corporate structures enable effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems	Resp Dir.	PM / BAU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<ul style="list-style-type: none"> ○ NHSBT: Implementation of a revised organisation structure that integrates formation of an Organ Donor Organisation and demonstrates further synergies across its total supply chain 	LH	BAU	Outline structure agreed and four of the new posts advertised and selection completed	Top Team in place, Operational Divisions changes agreed. Board Development Plan in place	Organisational Development Plan agreed	
<ul style="list-style-type: none"> ○ NHSBT: Review of Group Services - planning delivery of cost reductions and efficiencies in support service functions in line with external benchmarks 	LH	BAU				Begin January
<ul style="list-style-type: none"> ○ Complete the realignment of support team sub-structures to enable successful delivery of strategic plans 						
<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, and includes proposals for structuring of development. 	LW	BAU	Gather information on development activities	Formulate plans for Research	Present plan to NHSBT Board	Commence implementation
<ul style="list-style-type: none"> • Clinical: Review the current structure of the Clinical Directorate in the light of NHSBT organisational restructure 	LW	BAU	Option appraisal and development of job descriptions	Appoint to new structure	Further appointments	New structure in place
<ul style="list-style-type: none"> • Implement a reorganisation of the HR Function to provide a more effective and responsive general HR and recruitment service. 	DE	BAU	Ongoing	Restructure complete		
<ul style="list-style-type: none"> • Finance: Continue the restructure / development of Finance to improve support to the development & delivery of strategy. 	RB	BAU				By March
<ul style="list-style-type: none"> • IT: Implement the IT organisational change to deliver the structure outlined in the IT Strategy 	AMcD	BAU			IT organisation blueprint agreed.	Security Mgmt, Business Systems Solutions Mgmt and Relationship Mgmt structures in place.

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<p>Communications & Public Affairs:</p> <ul style="list-style-type: none"> Restructure of the CPA Directorate (the subsequent activities are dependent on this) Development and introduction of a single internal communications function across NHSBT Development and introduction of a single professional and responsive press and media function across NHSBT – with one integrated on-call team Recruitment of staff with relevant experience to build a Public Affairs function 	HJ	BAU			Single NHSBT magazine Begin the process of developing a single NHSBT Intranet	
<ul style="list-style-type: none"> Review and develop NHSBT's Governance systems 						
<ul style="list-style-type: none"> NHSBT: Maintenance and development of an effective emergency preparedness infrastructure and framework 						
<p>Renewed SLA DH Antidote service in place</p>	CRo	BAU	Signed SLA in place			
<p>Flu pandemic plans in place and mechanism for regular review.</p>	CRo	BAU	Develop assessment tool in collaboration with DH.	Gap analysis.	Report on Flu Preparedness	
<p>Review EP management arrangements</p>	CRo	BAU	Report for NBS SMT	Business case(s) if required		
<ul style="list-style-type: none"> DSM: Development of an action plan in response to NHSBT's NHSLA and Standards for Better Health self-assessments 	TM	BAU	Action Plan agreed & Implemen'd	Q2 update report	Q3 update report	Actions complete Q4 report
<ul style="list-style-type: none"> DSM: Implementation of the findings from the review of risk management systems and processes 	TM	BAU	Recommendations and actions agreed	Implementation	Implementation	Actions complete
<ul style="list-style-type: none"> DSM: Development of an integrated NHSBT Sustainable Development Action Plan 	TM	BAU	SDAP developed	Agreement & Implementation of actions	SDAP integrated to NHSBT Planning & Governance Processes by December	
<ul style="list-style-type: none"> Finance: complete benchmarking analysis with NHS SBS and develop an action plan 	RB	BAU				March

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<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 	LW	BAU	Clinical Audit Workshop, Medicines Mgt, Infection Control	Adverse events, medical records.	Present proposals to the Board	New arrangements in place
<ul style="list-style-type: none"> Review and develop NHSBT's systems in support of key strategic deliverables 						
<ul style="list-style-type: none"> IT: Complete the consolidation of Pulse onto new hardware and a single database 	AMcD	PM	New hardware fully validated and in place and migration plans agreed with stakeholders	Migration complete		
<ul style="list-style-type: none"> IT: Continue to renew the components of Pulse, with business support 	AMcD	PM		Version 15.3 & 15.4 live	Version 16.1 live	
<ul style="list-style-type: none"> IT: Replacement telecommunications system procured and deployment underway 	AMcD	PM		Award contract	25% complete	50% by year-end
<ul style="list-style-type: none"> IT: Implement the new standardised Laboratory Information Management System (Hematos) in line with project milestones 	PAG	PM	Ongoing	H&I BBMR HITS live	CBB & BBMR office	SCI live
<ul style="list-style-type: none"> IT: With Donor Services support, IT Session infrastructure replacement. 	AMcD	PM	Procurement underway. Rollout plans agreed with DS.	Procurement complete. Rollout ongoing.	Rollout meets targets agreed with DS.	Rollout meets targets agreed with DS.
<ul style="list-style-type: none"> IT: Enterprise print management system procured and deployed in Filton. 	AMcD	PM	Planning complete and procurement begins	Procurement complete and deployment begins	Deployment complete	
<ul style="list-style-type: none"> IT: NBS Data Warehouse developed and deployment underway. 	AMcD	PM		Begin development and procurement	Complete development and procurement	Deployment commenced
<ul style="list-style-type: none"> IT: Plan and design the infrastructure for the UKT ODO 	AMcD	PM		Planning and design work for ODO underway	Planning and design complete	Initial implementation

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Strategic Activity EA1 Ensure NHSBT corporate structures enable effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems	Resp Dir.	PM / BAU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<ul style="list-style-type: none"> IT: Secure corporate data on NHSBT laptops and removable media 	AMcD	PM	Procure encryption. Begin to implement	Implementation continues	Complete implementation	
<ul style="list-style-type: none"> IT: Upgrade core IT infrastructure components - <ol style="list-style-type: none"> Active Directory, Data centre SAN, Microsoft Exchange Core Network, Web Services Components. 	AMcD	PM	<ol style="list-style-type: none"> deployment plan agreed. 4 design in progress. 5. Design and implementation plans developed . 	<ol style="list-style-type: none"> deployment in progress Detailed requirements complete 4. design requirements complete. 5. Procurement begins 	<ol style="list-style-type: none"> deployment in progress procurement procurement requirements complete Procurement complete and deployment begins 	<ol style="list-style-type: none"> deployment complete Contract award deployment started Contract award deployment started procurement complete deployment complete
<ul style="list-style-type: none"> Function?: Development of a system for the 35 outstanding transplant-related datasets 	CRu / AMcD	BAU	Initial analysis	Requirement Defined		
<ul style="list-style-type: none"> Finance: Upgrade Oros ABC software to SAS ABM to enable improved performance reporting, drill down access, improved model automation and data integration 	RB	PM	Ongoing	Complete		
<ul style="list-style-type: none"> Finance: Complete ABC iteration 4 and 5 including UKT. 	RB	BAU	Ongoing	Ongoing	October	
<ul style="list-style-type: none"> Finance: Complete the feasibility study on Intelligent invoice processing 	RB	PM				March
<ul style="list-style-type: none"> Finance: Integration of core systems into billing processes / completing the review of Debtors processes completed 	RB	BAU		September		
<ul style="list-style-type: none"> Finance: Progress ESR Benefits Realisation – implement e-expenses and ADI upload 	RB	PM			E-expenses Oct ADI upload Decr	
<ul style="list-style-type: none"> IT: Maintain the availability of key IT services (% availability) 	AMcD	BAU	≥99.95%	≥99.95%	≥99.95%	≥99.95%
<ul style="list-style-type: none"> IT: Maintain customer satisfaction with services offered at the desktop 	AMcD	BAU	≥70%	≥70%	≥70%	≥70%
<ul style="list-style-type: none"> Finance: Better Payment Practice Code by volume and value 	RB	BAU	≥92.00%	≥92.00%	≥92.00%	≥92.00%
<ul style="list-style-type: none"> Finance: Number of debtor days 	RB	BAU	20	20	20	20

**Appendix 1 NHSBT Work-Plan 2008/09
Strategic Objective e) NHSBT Organisation and Enabling Activities**

Strategic Activity EA 2 Build support for the NHSBT strategy through a programme of proactive engagement with internal and external stakeholders.	Resp Dir.	PM / BAU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<ul style="list-style-type: none"> ○ HR: continued development of more effective consultative structures and an effective policy framework, developed in partnership 	DE	BAU	Ongoing	Ongoing	First Phase Revisions in place	
<ul style="list-style-type: none"> ○ HR: develop and implement a revised action plan in response to the 2008 staff survey and improve the response rate to the 2009 survey to over 45%. 	DE	BAU	Action Plan agreed			Response rate improved to 45%
<ul style="list-style-type: none"> ○ HR: develop and implement a Single Equality Scheme and associated Action Plan 	DE	BAU	SES agreed and adopted			
<ul style="list-style-type: none"> ○ Communications & PA: Build on progress made in strategic stakeholder engagement on NBS review and launch of ODTF report so that this becomes part of business as usual across NHSBT 	HJ	BAU	Engagement Plans developed			
<ul style="list-style-type: none"> ○ Finance: Ensure that sufficient funding is generated, effectively managed and made available in line with planned requirements 	RB	BAU				
<ul style="list-style-type: none"> • Support to the NCG for Blood process 				NCG1 July	NCG 2 November	
<ul style="list-style-type: none"> • Submission of revenue, brokerage and capital GIA bids in line with the DH planning timetable. 					Mid December	
<ul style="list-style-type: none"> ○ Finance: Continued delivery of a supplier development programme 	RB	BAU	7 key suppliers	8 key suppliers	9 key suppliers	10 key suppliers
<ul style="list-style-type: none"> ○ DSM: Establish process for self-regulation in line with DH gateway arrangements 	TM	BAU		Agreed by Mid-year		Implement
<ul style="list-style-type: none"> ○ DSM: Effective development and deployment of an NHSBT planning framework, working within DH guidelines and frameworks 	TM	BAU	Review and agree process, update strategic direction by end of Q1	Outline plans 2009/12 to Nov Board Planning day and draft documents to the DH	Refine plans to reflect DH feedback and in-year performance	Board and DH approval by March
<ul style="list-style-type: none"> ○ Clinical: Engage stakeholders on the implementation, success monitoring and roll out of BBTIII and relevant and influential clinical audit outcomes and systematic reviews. 	LW	BAU	Workplan for Clinical Audit	Greater involvement through NBTC Executive sub-group	Take part in public awareness day	Ongoing

**Appendix 1 NHSBT Work-Plan 2008/09
Strategic Objective e) NHSBT Organisation and Enabling Activities**

Strategic Activity EA 2 Build support for the NHSBT strategy through a programme of proactive engagement with internal and external stakeholders.	Resp Dir.	PM / BAU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<ul style="list-style-type: none"> o Clinical: Engage with clinical colleagues in NHS Hospital Trusts involved in transplantation, to help ensure the successful implementation of the Organ Donation Taskforce recommendations. 	LW	BAU	Develop job descriptions for clinicians to lead	Appoint to clinical lead posts within NHSBT	Activities as part of ODO plans	Activities as part of ODO plans
<ul style="list-style-type: none"> o E&L: Develop an outline Estates and Logistics Strategic Plan in line with 'internal' stakeholder requirements 	DD	BAU				By March
<ul style="list-style-type: none"> • Survey estates utilisation, suitability, cost and condition against internal stakeholders' needs 	DD	BAU		Commence survey	Complete survey and report	
<ul style="list-style-type: none"> • Develop and implement 5 year estates investment plans to meet internal stakeholders' needs 	DD	BAU				Propose draft Plans
<ul style="list-style-type: none"> • Review warehouse operations models against internal stakeholders' needs and propose improvements 	DD	BAU		Complete review		

Appendix 1 NHSBT Work-Plan 2008/09
Strategic Objective e) NHSBT Organisation and Enabling Activities

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	Resp Dir.	PM / BAU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<ul style="list-style-type: none"> ○ HR: Provide effective support to key strategic organisational changes, in particular; <ul style="list-style-type: none"> • Completion of the Filton and South West project • Implementation of the Organ Donation Taskforce recommendations • Transformational change within Donor Services 	DE	BAU	Ongoing	Ongoing	Ongoing	Ongoing
<ul style="list-style-type: none"> ○ HR: Introduce a new system of HR KPIs which will allow more effective workforce management by line managers 	DE	BAU	Ongoing	KPIs Introduced		
<ul style="list-style-type: none"> ○ HR: In conjunction with the relevant Directors, ensure a significant reduction by year-end in absence levels in areas with high absence rates. Key target areas - Donor Services and Estates/Logistics, as follows: E&L – 2% reduction by year end Donor Services – 1.25% reduction by year end 	DE	BAU	Revised absence policy implemented	New monitoring system in place	Targeted action	Target reductions achieved in key areas
<ul style="list-style-type: none"> ○ HR: Develop and implement a new Appraisal and Personal Development Review Process, linked to E-KSF. 	DE	BAU			Consultation on new system	New system launched
<ul style="list-style-type: none"> ○ HR: Implement improved control and monitoring systems for the management of Agency/temporary staffing. 	DE	BAU	Controls in place			
<ul style="list-style-type: none"> ○ HR: To ensure that an effective Leadership and Management Development programme is designed and implemented in support of strategic priorities 	DE	BAU	Priorities identified	Programme spec developed	Resource identified /tender process completed	Revised programme in place
<ul style="list-style-type: none"> ○ IT: Continue to ensure that effective programme management structures are available to support business change in all operating divisions, including the provision of appropriate resources, standards and governance frameworks 	AMcD	BAU	Roll-out of new lifecycle & associated templates continues	Roll-out of new lifecycle & associated templates complete		
<ul style="list-style-type: none"> ○ IT: Continue to ensure that suitable and sufficient Project Management resources are available to deliver NHSBT initiatives, and that appropriate project management standards and methods are developed and deployed 	AMcD	BAU		Extend / replace the contract to provide project managt support to the change programme.	Ensure project managt support is commensurate with NHSBT strategic needs	Ensure project managt support is commensurate with NHSBT strategic needs

**Appendix 1 NHSBT Work-Plan 2008/09
Strategic Objective e) NHSBT Organisation and Enabling Activities**

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	Resp Dir.	PM / BAU	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<ul style="list-style-type: none"> DSM: Development of improved performance management systems, frameworks and processes 	TM	PM		Recommendations and actions agreed	Begin to implement	
<ul style="list-style-type: none"> Clinical: Review Clinical Directorate workforce requirements and geographical spread in light of NBS strategy review – appoint to new joint posts in Transfusion Medicine (with HPA), Tissue Services (Wrightington Hospital), and in Nottingham, Liverpool, Kings, and St. Mary's London. Review arrangements in Birmingham and Manchester. Implement new contract for non-consultant career grade doctors in line with national arrangements and develop. 	LW	BAU	Finalise JDs, and advertise tissues, epidemiology, Kings, Nottingham	Finalise JDs and advertise St. Mary's	Review arrangements in Birmingham and Manchester	Plan for Liverpool
<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 	LW	BAU	Develop JD for Chair of JPAC	Appoint Chair of JPAC	Review JPAC modus operandi	Implement changes



Blood and Transplant

PLAN 2008/09 CONSOLIDATED REVENUE STATEMENT

	Plan 07/08 £k	Forecast 07/08 £k	Plan 08/09 £k
Income			
Baseline Revenue Cash Limit	33,732	29,842	27,354
ODTF Revenue Funding	0	0	7,702
Inter Year Flexibility in	20,000	20,000	23,000
Divisional Income	427,456	422,284	447,537
Contribution from devolved administrations	1,813	1,813	1,863
Sub-total Income	483,001	473,939	507,456
Inter Year Flexibility out	(20,000)	(23,000)	(15,700)
Total Income	463,001	450,939	491,756
Expenditure			
NBS Operating Division	247,707	245,207	257,341
BPL Operating Division	91,490	88,488	97,024
UKT operating Division	9,422	9,422	15,439
Total Operating Division	348,619	343,117	369,804
Chief Executive and Board	933	933	957
Communications & Public Affairs	3,713	3,713	3,543
Estates & Logistics	54,506	54,479	55,919
Finance	7,042	7,026	7,103
Human Resources	7,305	7,442	7,432
Information Technology	18,719	18,719	18,963
Clinical Directorate	9,792	9,792	10,831
Directorate of Strategy Management	854	854	927
Reserves & Other	11,518	1,864	8,978
Brokered Transition Fund	20,000	23,000	23,000
Sub-total Group Support Services	134,382	127,822	137,652
Inter Year Flexibility out	(20,000)	(23,000)	(15,700)
Total Group Support Services	114,382	104,822	121,952
Surplus/(Deficit)	0	3,000	0



Blood and Transplant

PLAN 2008/09 CONSOLIDATED BALANCE SHEET

	Forecast 07/08 £k	Plan 08/09 £k
<u>Fixed Assets</u>	346,945	368,002
<u>Current Assets</u>		
Stocks	57,965	58,384
Trade Debtors	20,590	20,119
Prepayments	6,219	5,600
Other Debtors	2,993	4,166
Bank and Cash	70	70
	87,837	88,339
Less:-		
<u>Current Liabilities</u>		
Trade Creditors	15,411	13,411
Accruals	12,401	13,680
Inter Authority Loan	0	0
Others	2,689	4,925
	30,501	32,016
Net Current Assets	57,336	56,323
Provisions	3,088	3,088
Total Net Assets	401,193	421,237
Represented by:-		
<u>Department of Health Funding</u>		
General Reserve	401,193	421,237
Revaluation Reserve		
Total Dept of Health Funding	401,193	421,237

**CONSOLIDATED CASH FLOW FORECAST
PLAN 2008/09**



Blood and Transplant

	Apr-08 £k	May-08 £k	Jun-08 £k	Jul-08 £k	Aug-08 £k	Sep-08 £k	Oct-08 £k	Nov-08 £k	Dec-08 £k	Jan-09 £k	Feb-09 £k	Mar-09 £k	Total £k
Opening bank balance	70	8,578	11,131	13,686	16,240	18,793	21,347	20,810	20,272	19,736	18,821	17,528	70
Income													
Debtors & Other Receipts	37,450	37,450	37,450	37,450	37,450	37,450	37,450	37,450	37,449	37,450	37,450	37,451	449,400
Revenue Cash Limit	10,295	4,341	4,341	4,340	4,340	4,341	4,341	4,341	4,342	4,341	4,341	4,352	58,056
Inter year flexibility out												-15,700	-15,700
Capital Cash Limit	2,277	2,281	2,281	2,281	2,281	2,281	2,280	2,280	2,281	2,280	2,281	2,281	27,365
Total income	50,022	44,072	44,072	44,071	44,071	44,072	44,071	44,071	44,072	44,071	44,072	28,384	519,121
Expenditure													
Staff Expenses	16,871	16,871	16,871	16,871	16,871	16,871	16,974	16,974	16,973	17,168	17,365	17,374	204,054
Other Revenue costs	19,277	19,277	19,277	19,277	19,277	19,277	22,265	22,265	22,265	22,448	22,631	22,967	250,503
Capital Charges	3,089	3,090	3,088	3,089	3,089	3,089	3,089	3,089	3,089	3,090	3,088	3,220	37,199
Capital costs	2,277	2,281	2,281	2,280	2,281	2,281	2,280	2,281	2,281	2,280	2,281	2,281	27,365
Total costs	41,514	41,519	41,517	41,517	41,518	41,518	44,608	44,609	44,608	44,986	45,365	45,842	519,121
Closing bank balance	8,578	11,131	13,686	16,240	18,793	21,347	20,810	20,272	19,736	18,821	17,528	70	70



Blood and Transplant

PLAN 2008/09 CONSOLIDATED FUNDS FLOW STATEMENT

	Forecast 07/08 £k	Plan 08/09 £k
Surplus/(Deficit)	0	0
(Increase)/Decrease in stocks	(57,965)	(419)
(Increase)/Decrease in trade debtors	(20,590)	471
(Increase)/Decrease in prepayments and other debtors	(9,212)	(554)
Increase/(Decrease) in trade creditors & accruals	27,812	(721)
Increase/(Decrease) in other creditors	2,689	2,236
Increase/(Decrease) in Inter Auth Loan	0	0
Increase/(Decrease) in provisions	3,088	0
	(54,178)	1,013
Increase/(Decrease) in working capital	(54,178)	1,013
Opening cashbook balance	114	70
Closing cashbook balance	70	70
Increase/(Decrease) in cash	(44)	0

**Blood and Transplant****PLAN 2008/09
CAPITAL EXPENDITURE PLAN**

	2008/09 £m
South West Regional Restructuring - Bristol Filton New Build	7.815
South West Regional Restructuring - minor equipment	4.207
Specialist services system replacement	0.191
Minor Capital Programme	8.652
BPL Capital Programme	6.500
Total NHSBT	27.365

Appendix 3 NHSBT Assurance Framework April 2008

Objective (a)	Blood Components									
	<i>What do we want to do?</i>	<i>How will we know? What will be different in 2008/09/10/11?</i>	<i>What will stop us?</i>	<i>How is the risk controlled</i>	<i>How do we know the risk is controlled?</i>	<i>What are the gaps in managing the risk</i>	<i>What should we do about the risk gaps</i>		<i>Following quarterly review, has the risk moved up, down or stayed the same?</i>	
Blood Supply Chain (BSC)	Principal corporate objective	Success criteria / end outcome and expected dates	Constraints / risks to meeting the objective	Control	Assurance	Gaps identified	Priorities for actions from risk, control, assurance, gaps	Risk rating	Movement in risk rating	Lead
	To provide a sustainable supply of blood component products and services that meet all safety, quality, service provision and compliance standards, as efficiently as possible, via the modernisation of the blood component supply chain.	BSC1a Blood collection target achieved (100% -2007/08 / 100% -2008/09 and onwards) BSC 1b / 1c Blood donor satisfaction levels increase (63% - 07/08 / 65% - 08/09 / 68% - 09/10 / 73% - 10/11)	BSC1 Turnover in donors - active donor database declining at a faster rate than the decline in demand. BSC1 Blood collection model not providing the right environment for donors - blood stocks are falling below optimum levels.	BSC1 Ensure the collection of sufficient red cells and platelets to meet current and future demand by modernising blood collection activities.	BSC – Overall progress overseen by NHSBT Board and Executive Management Team. (Minutes of Meetings)	None	None			CRo
		BSC 2 Cost reduction target - £10.5m - 07/08, £10.2m - 08/09, £11.1m - 09/10, £15.4m - 10/11	BSC 2 Stakeholder pressure to reduce costs and stabilise previously rising prices. BSC 2 NHSBT behind European counterparts on efficiency and productivity benchmarks.	BSC2 Avoid further significant increases in red cell prices by reducing costs and improving efficiency in line with expected falls in blood demand.	Quarterly and Monthly Performance Reports			CRo		
		BSC 3a Productivity within Processing and Testing no of red cell (equivalent) units per WTE - 5,200/WTE 07/08, 5,300/WTE 08/09, 6,300 WTE 09/10 & 7,000/WTE 10/11. BSC 3b Reduction in external non-compliances with overdue actions – 14% - 07/08, 0% - 08/09 - 10/11 BSC 3c % of Hospitals satisfied with overall service (Top Box) 50% - 07/08, 53% - 08/09, 56% - 09/10, 60% - 10/11.	BSC 3a Significant over capacity exists and will grow if not addressed. BSC 3b/c Product and service infrastructure will not meet future regulatory and safety requirements without corrective action.	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.	At a Divisional Level, overseen by NBS SMT. Also:- Donor Services SMT Minutes Process, Testing and Issues SMT minutes			CRo		
		BSC 4 Year-on-year reduction in red cell issues 1.820m in 07/08 1.765m (-3.0%) in 08/09 1.724m (-2.3%) in 09/10 1.700m (-1.4) in 10/11	BSC 4 Some blood component products continue to cause adverse reactions in patients.	BSC4 Reduce the residual risk of transfusion through continued implementation of agreed blood safety initiatives.			CRo/ LW			

Appendix 3 NHSBT Assurance Framework April 2008

Objective (b)	Specialist Services										
	What do we want to do?	How will we know? What will be different in 2008/09/10/11?	What will stop us?	How is the risk controlled	How do we know the risk is controlled?	What are the gaps in managing the risk	What should we do about the risk gaps		Following quarterly review, has the risk moved up, down or stayed the same?		
Specialist Services (SS)	Principal corporate objective	Success criteria / end outcome and expected dates	Constraints / risks to meeting the objective	Control	Assurance	Gaps identified	Priorities for actions from risk, control, assurance, gaps	Risk rating	Movement in risk rating	Lead	
	To move Specialist Services towards financial sustainability, while maintaining quality, service provision and compliance standards.	Contribution to reduced funding gap: SS1 (Pricing) £5.4m - 08/09, £1.4m - 09/10, £1.4m - 10/11	SS1, 2 & 3 Ability to meet growing demand for many NHSBT specialist services.	SS1 Implement appropriate funding and pricing strategies to eliminate inappropriate cross-subsidies.	SS – Overall progress overseen by NHSBT Board and Executive Management Team. (Minutes of Meetings) Quarterly and Monthly Performance Reports At a Divisional Level, overseen by NBS SMT. Also:- Specialist Services SMT Minutes	None	None			PAG	
Contribution to reduced funding gap: SS2 (Growth) £0.0m - 08/09, £0.8m - 09/10, £0.7m - 10/11		SS1, 2 & 3 Some services do not fit with wider NHSBT supply chain.									SS2 Expand in areas of anticipated high growth without increasing capacity unnecessarily.
Contribution to reduced funding gap: SS3 (Cost reduction) £0.7m - 08/09, £2.0m - 09/10, £1.0m - 10/11		SS1, 2 & 3 Services are currently subsidised by income from the provision of blood component products.									SS3 Reduce costs and improve efficiency from realising synergies, consolidation and divesting from activities in a managed way ensuring continued patient safety.
SS4 Maintenance of Quality a) Reduction in external non-compliances with overdue actions - 7% - 07/08, 0% - 08/09 to 10/11. b) SLA Compliance 95% 07/08 to 10/11 c) Tissues: orders met on time in full (OTIF) 96% - 07/08, 98.5% - 08/09 to 10/11		SS4 Failure in quality levels could lead to harm / death to patients and loss of license / accreditation	SS4 Ensure that service quality levels are maintained or improved during the ongoing change programme.								

Appendix 3 NHSBT Assurance Framework April 2008

Objective (c)	Organ Donation									
	<i>What do we want to do?</i>	<i>How will we know? What will be different in 2008/09/10/11?</i>	<i>What will stop us?</i>	<i>How is the risk controlled</i>	<i>How do we know the risk is controlled?</i>	<i>What are the gaps in managing the risk</i>	<i>What should we do about the risk gaps</i>		<i>Following quarterly review, has the risk moved up, down or stayed the same?</i>	
Organ Donation (OD)	Principal corporate objective	Success criteria / end outcome and expected dates	Constraints / risks to meeting the objective	Control	Assurance	Gaps identified	Priorities for actions from risk, control, assurance, gaps	Risk rating	Movement in risk rating	Lead
	To identify and refer increasing numbers of potential donors and to increase the number of actual donors, enabling an increase in the number of transplants.	OD1 % of patients where BSD is a possible diagnosis that following identification, testing and referral are suitable donors - 70% - 07/08, 76% - 08/09, 78% - 09/10, 80% - 10/11.	OD1 Current structures and arrangements act as a barrier to organ donation. Organs are currently retrieved from 30%-40% of potential donors. OD1 Organ donation is not effectively performance managed within the NHS.	OD1 Remove the obstacles to organ donation and effectively performance manage the identification and referral of potential donors.	OD – Overall progress overseen by NHSBT Board and Executive Management Team. (Minutes 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 Findings	None	None			TM/ CRu
		OD2 % of HB donor families approached that consent to / authorise donation within ICU - 61% - 07/08, 63% - 08/09, 66% - 09/10, 69% - 10/11.	OD2 Current donor co-ordination arrangements are fragmented and are not sustainable for the future.	OD2 Maximise the conversion of potential donors into actual donors by developing and implementing a robust, sustainable donor co-ordination service.						
		OD3 Number of transplants per donor - <u>HB</u> - 3.91 - 07/08, 3.91 - 08/09, 3.95 - 09/10, 3.95 - 10/11 <u>N-HB</u> - 2.35 - 07/08, 2.35 - 08/09, 2.40 - 09/10, 2.45 - 10/11	OD3 Current organ retrieval arrangements are fragmented and are not sustainable for the future.	OD3 Develop and implement a flexible, robust and sustainable organ retrieval service that delivers viable organs to transplant units.						
		OD4 % no. of corneas that is sufficient to meet demand - 84% - 07/08, 91% - 08/09, 100% - 09/10 & 10/11.	OD 4 Current eye retrieval arrangements are fragmented and are not sustainable for the future.	OD4 Develop and implement a robust, sustainable cornea donation service.						
		OD5 People on ODR 15.0m - 07/08, 15.7m - 08/09, 16.3m – 09/10, 16.9m - 10/11	OD5 There is an urgent need to address health inequalities particularly for people of Asian or Afro-Caribbean origin.	OD5 implement methods to publicly recognise the act of donation and actively promote donation to the public.						

Appendix 3 NHSBT Assurance Framework April 2008

Objective (d)	Fractionated Products									
	<i>What do we want to do?</i>	<i>How will we know? What will be different in 2008/09/10/11?</i>	<i>What will stop us?</i>	<i>How is the risk controlled</i>	<i>How do we know the risk is controlled?</i>	<i>What are the gaps in managing the risk</i>	<i>What should we do about the risk gaps</i>		<i>Following quarterly review, has the risk moved up, down or stayed the same?</i>	
Fractionated Products (FP)	Principal corporate objective	Success criteria / end outcome and expected dates	Constraints / risks to meeting the objective	Control	Assurance	Gaps identified	Priorities for actions from risk, control, assurance, gaps	Risk rating	Movement in risk rating	Lead
	To achieve financial viability while continuing to meet all quality, service provision and compliance standards.	FP1 Cumulative % increase in annual fractionation capacity - 4% - 08/09, 9% - 09/10, 16% - 10/11.	<p>FP1, 2 & 3 Plasma sourced from the US due to vCJD risk in the UK, increasing costs and constraining capacity to available plasma supply.</p> <p>FP1, 2 & 3 Lack of overseas product licences (barriers to entry) hinders export sales and revenue, particularly for coagulation factors.</p>	FP1 Increase capacity and throughput.	<p>FP – Overall progress overseen by NHSBT Board and Executive Management Team. (Minutes of Meetings)</p> <p>Quarterly and Monthly Performance Reports</p> <p>At a Divisional Level, overseen by BPL SMT.</p>	None	None			JM
		<p>FP2.1 <u>Launch new products:</u> Full scale optivate sales UK/Brazil – 07/08 Optivate & Replene sales in Europe – 08/09 Gammalex sales factor X named patient – 09/10 Optivate VWD sales, Factor X sales – 10/11</p> <p>FP2.2 <u>Contract fractionation and licensing out IP</u> Kazpharm (LO) – 07/08 Gammacon (CFr) Recombinant Anti-D (LO) – 08/09 Secure small scale contract fractionation – 09/10 Secure large scale contract fractionation – 10/11.</p>		FP2 Develop new products and expand into key markets.						
		FP3 Cumulative % increase in sales revenues - 13% - 08/09, 26% - 09/10, 37% - 10/11.		FP3 Increase home and export sales revenues.						
		FP4 Consider Options for Commercial Partnership - OBC complete - 07/08, Plan response to OBC review - 08/09		FP4 BPL is a relatively small player in a competitive global market, which impacts on plasma supply, product supply and prices.				FP4 Consider options for commercial partnership.		

Appendix 3 NHSBT Assurance Framework April 2008

Objective (e)	NHSBT: An organisation fit for purpose									
	<i>What do we want to do?</i>	<i>How will we know? What will be different in 2008/09/10/11?</i>	<i>What will stop us?</i>	<i>How is the risk controlled</i>	<i>How do we know the risk is controlled?</i>	<i>What are the gaps in managing the risk</i>	<i>What should we do about the risk gaps</i>		<i>Following quarterly review, has the risk moved up, down or stayed the same?</i>	
NHSBT: An organisation fit for purpose	Principal corporate objective	Success criteria / end outcome and expected dates	Constraints / risks to meeting the objective	Control	Assurance	Gaps identified	Priorities for actions from risk, control, assurance, gaps	Risk rating	Movement in risk rating	Lead
	To establish NHSBT as an acknowledged, effective and efficient provider of products and services, focused on service to donors and customers, flexible to meet changing needs and ambitious to succeed.	Achievement of BSC, SS, OD and FP Objectives Further success criteria to be developed	EA1 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.	EA1 Ensure NHSBT corporate structures enable effective and efficient delivery of its strategy through the provision of appropriate organisational structures and systems.	EA – Overall progress overseen by NHSBT Board and Executive Management Team. (Minutes of Meetings) Quarterly and Monthly Performance Reports At a Divisional & Group Services Level, overseen by NBS, BPL, UKT, Finance, HR E&L, IT, Clinical, PCA and SD SMTs.	Success criteria not fully developed and may limit clarity around performance management	All Group Service functions are developing detailed resource plans with success criteria to support delivery of the above objectives			LH
EA2 Difficult to secure support for strategic plans from multiple stakeholders with conflicting interests.			EA2 Build support for the NHSBT strategy through a programme of proactive engagement with internal and external stakeholders.							
EA3 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.			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.							

APPENDIX 4 - Emergency Preparedness

The NHSBT Emergency Planning System

NHSBT is a key health provider within the NHS. Without blood, transplantation, tissues and other services the NHS would rapidly find its capabilities significantly compromised. NHSBT services must not falter or fail. NHSBT therefore takes its responsibility for emergency preparedness (including business continuity) extremely seriously. NHSBT has a comprehensive and mature Emergency Planning System that has been developed to meet the needs of NHSBT within the wider healthcare system.

Central to the Emergency Planning System are cohesive and integrated crisis management arrangements based on a single, robust, national to local command and control structure. In addition to this over-arching system, there are detailed major incident supporting plans and continuity plans for each Operating Division / Function. Many key Group Services functions have detailed emergency plans that aim to support the wider organisation's emergency arrangements.

Governance

The NHSBT Chief Executive takes personal responsibility for Emergency Planning, exercising these responsibilities on behalf of the NHSBT Board, using an Emergency Planning Group structure which reflects the organisation as a whole. The NHSBT Board receives a report on Emergency Planning arrangements at least annually.

Standards

The following current legislation, guidance and standards are relevant to developing and maintaining Emergency Planning across NHSBT;

- Civil Contingencies Act (CCA) 2004 and its associated Guidance,
- Healthcare Commission Core Standard C24 – Major Incident Planning,
- NHS Emergency Planning Guidance 2005,
- UK Pandemic Influenza Planning Guidance 2007,
- Business Continuity Standard BS25999:1&2 – 2006/2007.

Although NHSBT does not currently have statutory obligations under the CCA, it is important as a public service provider that it continuously works toward ensuring that its Emergency Planning System is aligned and consistent with all of the above regulations, standards and guidance.

Activities Within 2007/08

The main focus for the year was Pandemic Flu. Although scientific and medical understanding of the impact of Pandemic Flu is still evolving, NHSBT has made progress in the development and publication of its plans, both in terms of internal resilience and its response to wider healthcare pressures. By the end of 2007/08 business year, NHSBT will have completed its second full Pandemic Flu planning cycle updating its plans in light of the latest (2007) UK Government guidance.

Detailed areas of development for Pandemic Flu in 2007/08 have included;

- Infection control guidance,
- Staffing,
- Donor and Patient facing plans,
- Impact on Operations,

APPENDIX 4 - Emergency Preparedness

- Blood shortage plans,
- Supply chain assessment, including critical suppliers,
- Communication planning,
- IT and remote working.

NHSBT played an active part in 'Exercise Winter Willow', co-ordinating the UK Blood response and contributing to national feedback, as well as responding formally to the consultation on new draft UK Government plans. As a result, NHSBT services now have a profile in central UK plans which would otherwise not be the case. NHSBT also participated in 'Exercise Phoenix'. Areas for further Pandemic Flu plan development include completing the above items and developing an adjusted Command and Control system for deployment in the event of a prolonged Pandemic Flu outbreak.

In addition to Pandemic Flu, other Emergency Planning activities have included: keeping the system up to date, training, running necessary practices, monitoring the system and identifying learning points. In addition, relationships with other UK Blood Services and international collaborations to assist NHSBT's preparedness have been developed in 2007/08.

Planning against new Government fuel shortage guidance is also being undertaken and the NBS antidote service provision is being reviewed.

Activities Planned for 2008/11

Early 2008 will see the appointment, induction and development of the new Head of Emergency Planning as well as the continued use of expert external support services in this key area. There will therefore be an opportunity to review more fully the arrangements and strategic direction for NHSBT's Emergency Preparedness in 2008/09. This will, of course, be done without compromising existing arrangements.

Further development work will be required for Pandemic Flu (see above) and NHSBT will need to formally confirm its state of preparedness for this eventuality as will all other NHS organisations. Preparedness will be gauged against a planned NHS audit tool being developed by the Department of Health (DH). In addition, in 2008/09 we will bring forward proposals for stock-piling of flu specific consumables in 2009/10 (where relevant). The stated goal is for "all NHS organisations to have robust plans in place" (Secretary of State to House of Commons, Nov 22 2007). Planners at the DH are setting a deadline of end 2008 for the NHS to be "ready to implement", although stock-piling is expected to take until 2010 to complete.

Specific planned activities for 2008/09 also include;

- Completion of 2008 UK Capabilities Survey,
- Develop and deliver new training cycle for National Emergency Planning Managers,
- Closer integration of NHSBT EP system with Department of Health at EPD level,
- Improve pandemic preparedness through further training and exercising,
- Self assessment (HC Standard 24 - plus possible external HC assessment),
- NHS self audit on Pandemic Flu planning (plus possible NHS audit of NHSBT),
- Addressing gaps, actions and learning arising from above processes,
- Implement renewed SLA with DH on Antidote Service provision,
- Fulfil all obligations for practising, training and monitoring and learn from activations,
- Commence review of EP system against BS25999 (Business Continuity).

APPENDIX 5 - Sustainable Development Action Plan

Introduction

The document “Securing the Future – UK Government Sustainable Development Strategy” was issued in 2005 and updated the Government's previous strategy of 1999, which set out to help deliver a better quality of life through sustainable development. It outlines a number of requirements, targets and aspirations on sustainability, towards which all Government departments and executive agencies must work.

This paper is a high-level summary of the actions planned by NHSBT to meet and fulfil its obligations on Sustainable Development.

Background

Sustainable development is based on five key principles;

- Living within environmental limits,
- Ensuring a strong healthy and just society,
- Achieving a sustainable economy,
- Promoting good governance, and
- Using sound science responsibly.

Within these principles, there are currently four priority areas which agencies are being asked to address;

- Sustainable consumption and production,
- Climate change and energy,
- Natural resource protection and environmental enhancement, and
- Sustainable communities.

Although there is no current mandate for ALB's to meet new Government targets on sustainability, there are strong indications that these targets will be compulsory in the very near future.

NHSBT 2008/11 Plan

During 2008/09 NHSBT will develop a Sustainable Development Action Plan (SDAP) as part of the first steps to embedding sustainable development activities into the organisation over the 2008/11 period. This will include:

- Development of adequate structures and processes to manage the formulation, execution and performance management of the plan,
- Establishment of formal links with the DH lead on sustainable development and the Sustainable Development Commission,
- Implementation of appropriate communications and robust governance arrangements,
- Establishment of a baseline position against published targets for Sustainable Operations on the Government Estate (SOGES),
- Production of a Sustainable Procurement Strategy, and
- Integration of SDAP planning into the extant planning process and associated procedures.

Glossary of Terms

ABO	Major Blood Grouping system (Types A, B, AB, O)
ALBR	Arms Length Body Review
ABC/M	Activity Based Costing / Management
BBMR	British Bone Marrow Registry
BBT III	Better Blood Transfusion 3 (A DH initiative led by the CMO)
BME	Black and Minority Ethnic
BPL	Bio-Products Laboratory
BSE	Bovine spongiform encephalopathy
CBB	Cord Blood Bank
CMO	Chief Medical Officer
DH	Department of Health
ESOR	Economics Statistics & Operational Research (department within DH)
ESR	Electronic Staff record (National database initiative within NHS)
FFP	Fresh Frozen Plasma
GIA	Grant in Aid (Central cash-limit funding from the Department of Health)
Granulocyte Immunology	The science of antibodies directed against antigens on the surface of white blood cells. Granulocytes contain enzymes that digest micro-organisms
H&I	Haematology and Immunogenetics
HB	Heart-Beating (relating to organ donation)
IBGRL	International Blood Group Reference Laboratory
ICUs	Intensive Care Units
KSF	Key Skills Framework
LIMS	Laboratory Information Management System
NBS	National Blood Service
NBTS	National Blood Transfusion Committee
NCG	National Commissioning Group (Through which price of blood is agreed annually)
NHSBT	National Health Service Blood and Transplant, the new authority formed on October 1 st , 2005, through the merging of NBA and UKT
NHSLA	NHS Litigation Authority
NPSA	National Patient Safety Agency
OBC review	Outline Business Case review
ODO	Organ Donation Organisation
ODTF	Organ Donation Task Force
PAS	Platelet Additive Solution
PDR	Personal Development Review
PGI	Platelet & Granulocyte Immunology
Plasma Fractionation	The extraction of a variety (over 700) of proteins from Human plasma which are of considerable therapeutic value

Glossary of Terms

<i>Prion filtration</i>	Abnormal prions (small proteinaceous infectious particles) can attack the brain, killing cells and creating gaps in tissue or sponge-like patches. The vCJD prion is the same prion found in cows with Bovine Spongiform Encephalopathy (BSE). Research companies are looking to develop abnormal prion reduction systems, (primarily filters) to remove prions from donated blood.
<i>PTI</i>	Processing Testing and Issue
<i>R&D</i>	Research and Development
<i>RCI</i>	Red Cell Immunohaematology
<i>SaBTO</i>	Advisory Committee on the safety of Blood, Tissues and Organs
<i>SAS</i>	Industry standard Business / Finance software
<i>SBS</i>	Shared Business Services
<i>SCI</i>	Stem Cell Immunotherapy
<i>SDAP</i>	Sustainable Development Action Plan
<i>SHOT</i>	Serious Hazards of Transfusion
<i>SLA</i>	Service Level Agreement
<i>TRALI</i>	Transfusion Related Acute Lung Injury
<i>UKT</i>	UK Transplant
<i>VCJD</i>	Variant Creutzfeldt-Jakob Disease
<i>WTE</i>	Whole Time Equivalent