

STRATEGIC PLAN 2010 - 2012



**Irish Blood
Transfusion Service**
Seirbhís Fuilaidriúcháin na hÉireann

**“The IBTS
vision is of
a blood
transfusion
service that
delivers
excellent
transfusion
healthcare
to the people
of Ireland.”**



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“The drive to deliver value for money, in the context of an overall more efficient service will not diminish our commitment to a safe and quality focused service to patients and donors.”

Foreword

I am pleased to present the IBTS Strategic Plan for 2010 – 2012. The challenges facing the public service at a time of great economic difficulty are many. The particular challenges facing the IBTS to continue delivering a safe, consistent blood supply to those who need it, while implementing change and achieving greater efficiencies will require the implementation of the strategic themes set out in this Plan.

The Plan sets out six strategic themes and outlines the goals and objectives to be met to implement these themes over the next 3 years. It will guide the organisation's activities over that period. The IBTS will focus its energies on continuously monitoring international developments in blood transfusion and emerging threats to the blood supply, strengthening effective relationships with the Department of Health and Children, the HSE and academic institutions with an interest in blood transfusion, getting the best value from our existing resources and maximising the use of technology. This is vital in the provision of an appropriate and efficient transfusion service.

The drive to deliver value for money, in the context of an overall more efficient service will not diminish our commitment to a safe and quality focused service to patients and donors.

I wish to thank the Board and the staff of the IBTS for their input in developing this Plan, recognising that the real tasks lie ahead, in delivering on the objectives set out in this Strategic Plan.

Ms Katharine Bulbulia

Chairperson

Strategic Plan 2010 - 2012

The IBTS is a national organisation responsible for providing blood transfusion services to patients in Ireland. It relies completely on the generosity of voluntary non-remunerated donors to provide sufficient donations to ensure a consistent supply of blood and blood components to patients. It is a critical part of modern health care and provides blood, blood components and blood products for patients. It is funded through the charging of hospitals for its products and services at a price agreed with the Department of Health and Children.

As a Non – Commercial State Agency its governance arrangements are set out in the revised Code of Practice for the Governance of State Agencies. The responsibility for governance of the IBTS falls on the Board which is appointed by the Minister for Health and Children and comprises twelve members. To assist the Board in carrying out its function there are a number of Sub-Committees who deal with specific aspects of the business of the organisation, namely, Medical Advisory Committee, Finance Committee, Audit and Compliance Committee, Remuneration Committee and Research Development Committee. There is a clear delineation of roles and responsibilities between the Board and the Executive.

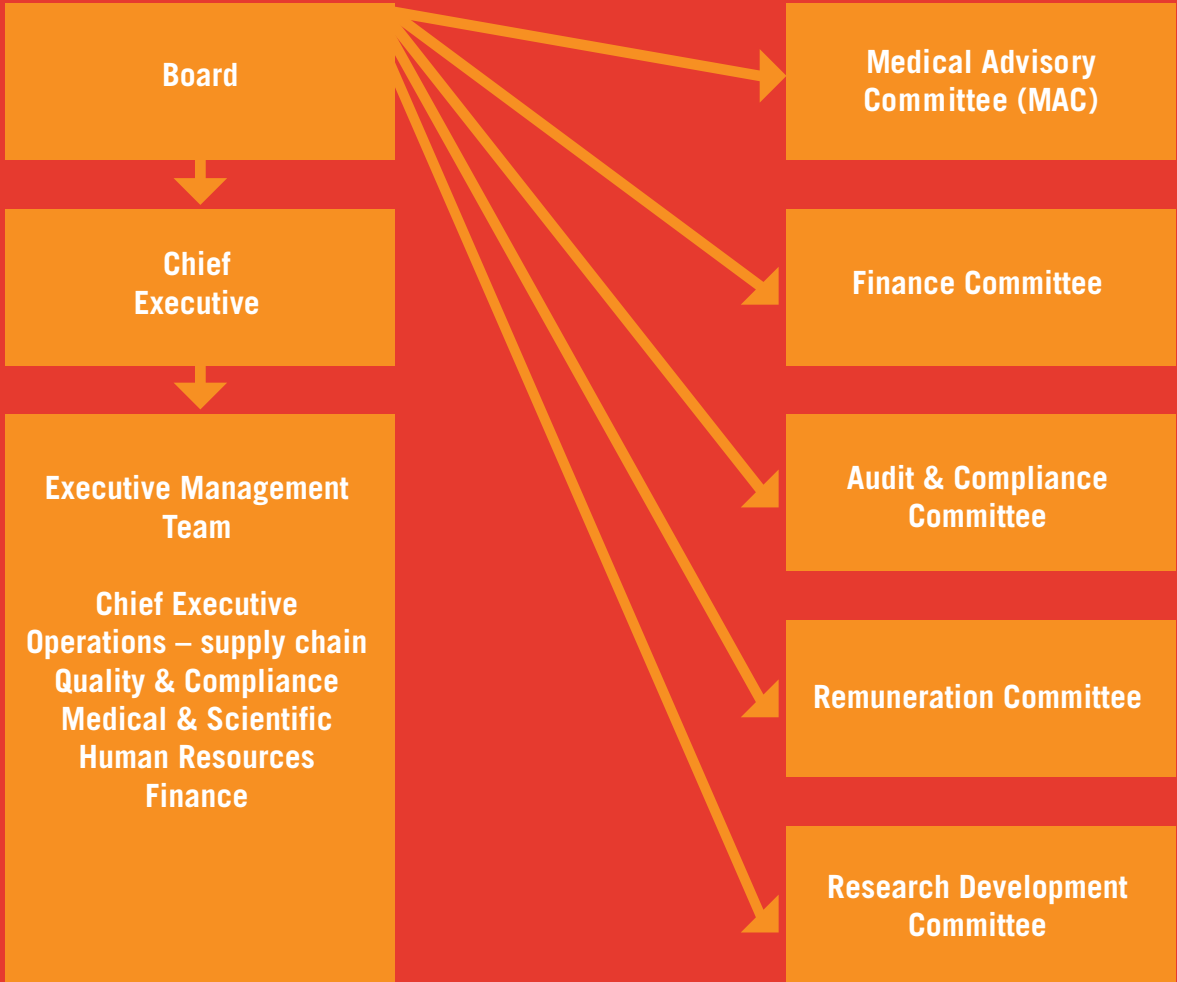
In Statutory Instrument 78 of 1965, the functions of the IBTS are described as follows:

- (a) to take over the property (including choses-in-action), assets, rights and liabilities of the Company;
- (b) to organise and administer a blood transfusion service (hereinafter referred to as “the Service”) including the processing or supply of blood derivatives or other blood products and also including blood group and other tests in relation to specimens of blood received by the Board;
- (c) to make available, blood and blood products;
- (d) to make available equipment or re-agents suitable for use in relation to the service;
- (e) to make such charges (if any) as the Board thinks fit, for the services referred to at (b), (c) and (d) above and, where the Minister gives any direction in relation to such charges, to comply with such direction.

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- (f) to furnish advice, information and assistance in relation to any aspect of the service to the Minister, any health authority or any hospital authority;
 - (g) to make any necessary provision for publicity in relation to the service;
 - (h) to organise, provide, assist or encourage research and the training and teaching of persons in matters relating to blood transfusion and the preparation of blood products and
 - (i) to co-operate with other bodies with analogous scientific functions.

These functions were amended in 1988, 2000 and 2003 as follows:

- to organise and administer an eye banking service.
- to organise and administer a service for obtaining and assessing reports of unexpected or undesirable effects of transfusion of blood or blood components made available by the Board, including the furnishing to the Irish Medicines Board of reports of any unexpected or undesirable effects of any transfusion of such blood or blood components.
- to make available clotting factor concentrates which do not contain blood or blood products, and other biological medicinal agents including recombinant protein preparations, used for the treatment of coagulation disorders and other congenital or acquired disorders that are characterized by diminished levels of, or dysfunctional forms of, plasma proteins.



Governance Structure

Organisation Structure

The organisation of work is carried out through a number of key functions organised on a national basis. The primary decision making body is the Executive Management Team with a devolved budgetary system. The chart showing the current Executive Management Team is attached. The headquarters is located in Dublin with the main testing and processing centre, there is also a testing and processing centre in Cork and collections teams in Dublin, Cork, Carlow, Limerick, Ardee and Tuam with fixed donation clinics in Dublin (2) and Cork.

Business Environment

The IBTS operates within a highly regulated environment. The conditions applying are similar to those that operate in the pharmaceutical industry. A safe transfusion service is assured by close collaboration between the IBTS and clinicians in managing the aspects of the transfusion process for which they are responsible. Only blood, which has been donated by appropriately selected donors and has been tested for transfusion transmissible infectious agents, can be issued for transfusion.

The inherent and inevitable problem is that blood transfusion is highly prone to attack from viruses and other infectious forms by its very nature.

Potentially the greatest threat to the provision of a safe blood supply is the emergence of a new virus or an infectious disease where the scientific / epidemiological origins are not very clear and for which no test has been developed. By definition once it is known that a virus/infectious disease is transmissible it has already caused harm or even fatalities. This threat will never go away, and a formal scientific approach is needed to deal with that reality rather than simply reacting to each threat as it becomes known. There are certain measures that can be implemented to limit the exposure should transmissibility be proven. The IBTS adopted this policy in the manner it has dealt particularly with the threat from vCJD and bacterial contamination in platelets. This will continue to be our approach despite the challenging economic environment.

Who we are

Our Purpose

The core purpose of the IBTS is to meet the transfusion needs of patients in Ireland.

Our Mission

The IBTS is committed to excellence in meeting patient's needs through the professionalism of our staff and the generosity of our donors.

Our Vision

The IBTS vision is of a blood transfusion service that delivers excellent transfusion healthcare to the people of Ireland.

We want

Patients

to know that the blood they will receive will be as safe as possible.

Donors

to feel appreciated, respected, and satisfied with their experience.

The healthcare community

to recognise that the product and services that we provide meet the best international standards, essential for them to deliver their goals, and good value for the resources deployed.



Achieving our vision means...

Better outcome for patients

Patients will know that the IBTS puts the highest priority on safety and efficacy of the products provided for transfusion.

Improved recruitment and retention of donors

Donors will have a satisfying and rewarding experience when donating which will improve donor loyalty.

Improved clinical services to healthcare staff

Healthcare staff will experience clinical services that enables them to provide the best possible transfusion service to their patients.

Our Values

- Excellence in Service
- Honesty
- Respect
- Learning
- Accountability
- Teamwork





“The IBTS has undergone significant change over the past decade in all aspects of its business. There has been increased sophistication in the technologies used, changes to specification to products brought about by responding to emerging infections and a change in the how we carry out our business.”

Context for the Strategic Plan 2010 – 2012

The environment in which the IBTS operates is ever changing and for the IBTS to operate to international best practice with constrained resources will require a new way of doing business and a more effective and efficient organisation that is flexible, agile and has the capacity to respond to the many challenges we will face in the period 2010 – 2012. This must be achieved within a framework of delivering better value for money in a dramatically changed economic environment.

We must build on the progress made from the implementation of the Strategic Plan 2005 – 2009 and respond to the changing demands of hospitals, regulators, donors and members of the public who expect the highest standard of products and service delivery.

The IBTS has come to the end of the term of its first strategic plan and to develop a new Strategic Plan it is essential that the Environment in which the IBTS operates is analysed to inform the new Strategic Plan. This has been carried out using the PESTEL model and the salient points are outlined below. The Performance Framework for 2010 has been agreed with the Department of Health and Children with specific targets across the business.

Legal Framework

The provision of a blood transfusion service is governed by a number of EU Directives which set out the legal framework within which the IBTS must operate. These cover the core functions of collection, processing and testing, the quality system and technology.

Code of Practice for the Governance of State Bodies

The Code of Practice for the Governance of State Bodies was revised in June 2009. It requires that a performance framework be developed between State agencies

and their parent department, which would define the expectations that Government and Ministers have of the State Body (and the body's own expectations), clarify the body's role in the policy sector and define the parameters surrounding the body's resources/income. A performance framework allows for the adoption of both annual and multiannual targets, and the development of output and outcome indicators, based on clear outputs including milestones to measure their delivery. It further requires that annual output statements should also be produced by the State agency.

PESTEL Analysis

Political factors

The IBTS remains accountable to the Department of Health and Children, while the HSE is our main customer. Managing and growing relationships with the Department and the HSE remains a priority for the IBTS. Introducing operational and service efficiencies over the duration of this strategic plan will be achieved against a background of a constrained national industrial relations environment and a recruitment and promotion moratorium.

Economic factors

A cut of €1 billion on HSE expenditure has been imposed for 2010, and this will have a direct impact on the level of activity in hospitals. The draft HSE Service plan for 2010 is proposing 54,000 less admissions, which should have a direct impact on blood usage in hospitals.

The implementation of the EU Blood Directive in 2006 has meant that an EU-wide standard for the collection and testing of blood now applies across Europe, which opens up the possibility of competition from external suppliers.

Context for the Strategic Plan 2010 – 2012

Significant State investment in the IBTS over the last 10 years has resulted in a world class facility for the processing and testing of blood in Ireland – maintaining this standard in facilities and technologies in a recession will be a major challenge. The development of a new facility in Cork will further enhance the services available to hospitals. The resultant consolidation of services will provide for cost savings that will have to be channelled into reductions in price.

The drive to achieve efficiencies and effect savings has gathered momentum and will absorb much of the effort over the next few years, as the use of scarce resources to deliver health care comes under increased scrutiny.

Sociological factors

The 2006 census shows that the population of Ireland had increased by 322,645, that is 8.2% over a 4 year period. The population estimate in April 2006 was 4.6 million people. The number of persons aged 65 and over has increased at every census since 1961 from 315,000 in that year to 468,000 in 2006. This category now represents 11% of the population. The change in this age cohort is not expected to result in an increase in demand for blood over the lifetime of this Plan.

The amount of foreign travel undertaken by Irish people peaked in 2007/2008, and during those years there was an increase in the number of people travelling to exotic locations. Foreign trips taken by Irish residents declined by 6.5% to 1,927,000 in quarter 2 2009, compared to quarter 2 2008. Holiday trips fell by 15% while those for business purposes were down 5.3%. This will be reflected in a reduction in the deferrals in the various travel categories which is a positive from a donation perspective.

In 2006 there were 420,000 non-Irish nationals living in Ireland from 188 different countries. While this

number has diminished with the recession it remains an important consideration in delivering services in the future. Overall, it is expected that there will be a minor reduction in blood usage over the lifetime of the plan.

Technological factors

Technological advances in blood banking over the past decade have contributed to enhanced safety for patients. The IBTS, as an early adopter of new technologies has been to the forefront of many of these developments. Continuing to deliver blood as safe as it can be, remains our imperative and new and innovative ways of benefiting from developments in technology that does not absorb significant resources, through partnerships and alliances with other blood banking establishments, will help to achieve this.

New technologies will in future be first evaluated by the Health Technology Assessment Process of the Health Information and Quality Authority

Environmental

There is an increased emphasis on the Green Agenda and this has and will continue to impact on the IBTS. The manner in which we dispose of clinical waste will continue to evolve. In addition, the IBTS needs to review its carbon footprint specifically the NBC and take appropriate measures to reduce it.

Legal

Changes to employment law will continue to impact on how IBTS manages its staff. There are constant changes emanating from Europe which necessitate changes to our policies and procedures. The regulation environment for blood and tissue continues to get more demanding with the standards required to be met increasing. The question of governance of the NHO must be resolved so that there is arms length governance in this area. The future role and funding envisaged for the NHO will be the subject of discussion between the IBTS and the DOH&C.

Strategic Direction

Our Strategy is based on 6 broad themes

1. To provide a sustainable and safe blood supply and services that will meet all safety and compliance standards

We will continue to review and adapt our supply chain; focusing on the donor experience through to processing and testing of blood to issue and distribution to hospitals.

2. Maintain international best practice

We will maintain best practice and the high standards in quality and compliance attained across all areas of our business against the backdrop of constrained resources. We will develop a set of measurable outputs from the Quality Management System that will ensure that there is continuous quality improvement.

3. The provision of appropriate Patient Services that meet the needs of patients and clinicians

We will continue to provide the current range of patient services and look for opportunities to develop further specialist services in a cost effective manner.

4. Adapting to the changing business environment

We will develop more focused business processes and governance arrangements with key stakeholders. We will continue to review our organisation and systems of work and make the necessary changes to our structures and

systems to deliver our plans successfully in the most cost effective manner possible. This will require using ICT to best advantage to deliver better quality business information to the IBTS, improve processes, develop closer links with our stakeholders and provide more dynamic interaction.

5. Relationships and Alliances

We will forge strong relationships with the Department of Health and Children and the HSE and other key stakeholders specifically our donors and expand our collaboration both nationally and internationally.

We will proactively look to have a series of principles of engagement agreed in a partnership style with the Department. This agreement would provide both parties with a framework within which significant issues like the Strategic Plan, Cork Centre, vCJD, pricing and funding models could be discussed. The Revised Code of Practice for the Governance of State Bodies and the development of a Performance Framework should facilitate this

6. Reconfiguration of Services

Resulting from the Government decision on the provision of a new Centre for Cork and the Transformational Programme of the HSE the IBTS will have to reconfigure its services to enable it to continue to deliver excellent patient care. This will be influenced by the pace of change in the HSE, the moratorium on recruitment and promotion, cost savings required to be made and the coming into operation of the new Centre in Cork.



To provide a sustainable and safe blood supply and services that will meet all safety and compliance standards


This will involve managing demand and blood stocks so that the donor's gift is optimally used. This can be achieved through;

- Full rollout of Blood Stock Management System which will give full transparency to the location of the national supply and assist in reducing wastage.

Key Deliverables
<ul style="list-style-type: none"> • Support Hospital networks in the establishment of Hubs and stock movement to reduce red cell wastage. The objective is to reduce hospital wastage from 4% to 2% of issued red cells. In 2011 develop inter hospital transport and transfer logistics
<ul style="list-style-type: none"> • In 2010 get hospitals to join the BSMS scheme, undertake VANESSA training and commence inputting data
<ul style="list-style-type: none"> • 2011 full participation by hospitals and visits to hospitals/networks that are not reducing wastage
<ul style="list-style-type: none"> • 2012 review and analyse results of full year data input to BSMS and agree further corrective measures with hospitals

- Management of O negative issues. The use of O negative in many hospitals is inappropriate. There is a great danger of over bleeding these donors with the resultant difficulty in supply. We must deliver a set of measures to ensure appropriate use and reduced wastage.

Key Deliverables
<ul style="list-style-type: none"> • In 2011 introduce a differential pricing or rebate mechanism to encourage appropriate usage of O negative
<ul style="list-style-type: none"> • Develop a platelet stocking model for hospital networks to promote more efficient use of IBTS and hospital platelet stocks. The objective is to reduce IBTS platelet wastage from 15% to 10% of platelets procured
<ul style="list-style-type: none"> • In 2010 pilot model in HSE West network
<ul style="list-style-type: none"> • In 2011 commence roll out of the model following review to other networks • Develop and implement platelet usage protocol – reduce platelet usage in line with best international practice
<ul style="list-style-type: none"> • Over the lifetime of the plan, the aim is to reduce platelet usage to between 3 and 4 per 1,000 population

 Encourage and promote appropriate blood usage in hospitals, through education and technology. The Optimal Use programme will provide the platform for achieving this goal. This programme must be led by a senior consultant experienced in transfusion medicine if it is to succeed.

Key Deliverables
<ul style="list-style-type: none">• In 2010 have developed, circulated for discussion and published in electronic form within the HSE a comprehensive guideline for clinical indications for transfusion of red cells and platelets; have developed a website for optimal blood use within the HSE system and uploaded the guidelines and appropriate supporting links
<ul style="list-style-type: none">• In 2011 have developed, trialled, and refined ward based resources to support optimal transfusion practice including a single national transfusion ordering request. Have developed and agreed national audit and benchmarking structures across the entire hospital system. Identify structural weaknesses in the Irish system compared to international best practice, specifically in Canada, Northern Ireland and the UK, and developed a cost-neutral scheme to rectify them

- In 2010 have developed and circulated for discussion a comprehensive guideline for clinical indications for transfusion of red cells and platelets. In 2012, implement an audit and feedback system which will provide timely information to the clinician and help to shape future practice.
- Establish a National Transfusion Committee that will report into the HSE structure working through the Hospital Transfusion Committees, Haematologists, blood banks and haemovigilance system

To provide a sustainable and safe blood supply and services that will meet all safety and compliance standards

Delivering a consistent blood supply is dependant on having sufficient donors willing to donate and therefore the recruitment and retention of donors is crucial This can be achieved through;

Continue to change/improve the way we procure donations through a range of media outlets to maximise the response. Reaching out to new donors so that the donor base is broadened and particularly targeting young people. Communicating with donors in a manner that reflects modern communication medium.

Key Deliverables
<ul style="list-style-type: none"> To develop and strengthen our comprehensive communication strategy with our donors including:
<ul style="list-style-type: none"> In 2010 continue to develop the IBTS website
<ul style="list-style-type: none"> 2010 – 2012 strengthen the IBTS Facebook page presence
<ul style="list-style-type: none"> 2010 – 2012 develop the IBTS presence on Twitter

Specific emphasis to be placed on improving the number of donations procured from Dublin.

Key Deliverables
<ul style="list-style-type: none"> 2010 carry out a review of the options available to increase donations in Dublin Following an evaluation begin to implement the agreed measures
<ul style="list-style-type: none"> In 2010 develop an approach where donation appointments are matched to client company requirements
<ul style="list-style-type: none"> In 2011 roll out this approach across client companies in the D'Olier Street and Stillorgan clinics

Reviewing the donation venue and times of opening to make donation more accessible and convenient while driving efficiency in donor processing simultaneously.

Key Deliverables
<ul style="list-style-type: none"> In 2010 continue to review and change opening times, frequency of visits to certain locations and improve communication on clinics
<ul style="list-style-type: none"> 2011 pilot donor appointment systems for mobile clinics
<ul style="list-style-type: none"> 2012 evaluate the effectiveness of the pilot and develop the way forward
<ul style="list-style-type: none"> To achieve donors bled, per collection staff WTE of 1.5

Revamping the award criteria so that donors feel that their contribution is valued.



Maintain International Best Practice

Keeping Blood Safe

We are aware for the most part of the major advances and emerging threats that could impact the blood supply over the next 3 years. This includes patterns of infection – especially Influenza, Chikungunya virus, Dengue, West Nile virus, and vCJD, as well as HIV, Syphilis, Hepatitis C&B, and developing technology such as molecular blood typing, NAT testing, and pathogen reduction.

The IBTS must develop a series of effective strategies to deal with these emerging threats.

National Haemovigilance Office

The National Haemovigilance Office will continue to play a central role in monitoring, receiving and recommending corrective actions arising from reported serious adverse events and serious adverse reactions.

Key Deliverables
<ul style="list-style-type: none"> Vigilance on developments in vCJD – particular reference to any decision by the UK to implement prion filtration
<ul style="list-style-type: none"> Participation on relevant committees in the UK dealing with blood safety and where appropriate other International Committees
<ul style="list-style-type: none"> Horizon scanning to give early warning of new threats so that effective strategies can be delivered in a timely manner
<ul style="list-style-type: none"> Constant review and evaluation of risk and adopting preventative actions
<ul style="list-style-type: none"> If the decision is taken to implement prion filtration on any scale, then this will require separate funding from the Government.

Demonstrating the achievement of high standards and assure public confidence in the

blood supply. IBTS will ensure that regulatory accreditation and compliance requirements are maintained at all times.

Key Deliverables
<ul style="list-style-type: none"> Develop a set of measurements that demonstrate that the QMS is delivering continuous improvement
<ul style="list-style-type: none"> Carry out a full review of the structure of Quality Function to ensure it is organised in the most effective and efficient manner
<ul style="list-style-type: none"> Implement appropriate succession planning 2010 – 2012 to ensure that the knowledge base is protected and enhanced

The IBTS delivers a reference serological service in the immunohaematology laboratory and this laboratory must achieve ISO 15189 accreditation.

Key Deliverables
<ul style="list-style-type: none"> Submit application for licence in 2010 for Diagnostics Laboratory in Dublin
<ul style="list-style-type: none"> Once licence granted to Dublin submit application for licence for Diagnostic Laboratory in Cork
<ul style="list-style-type: none"> In tandem prepare other testing laboratories for application for this standard. Have licence approval for testing laboratories by end 2012

The National Tissue Typing Laboratory retaining EFI accreditation.







The provision of appropriate patient services that meet the needs of patients and clinicians

Clinical Governance


The focus of Clinical Governance will be quality of patient care. This will involve an integrated and structured approach in harnessing all the relevant resources within the IBTS to achieve this. A Clinical Governance Framework will be implemented during the lifetime of this plan, through which the IBTS and its staff are accountable for continuously improving the services we deliver to patients.

The provision of appropriate patient services that meet the needs of patients and clinicians will involve a number of initiatives;


-  Providing the right blood for right patient through closer collaboration with clinicians and specific measures from the IBTS such as algorithms.
-  The proposed optimal use programme will deliver on this initiative in 2011 if adopted by the HSE.
-  The provision of clinical advice to clinicians, working groups and other interested parties who are involved in the delivery of patient services where the IBTS has a vested interest.
-  The expansion of tissue services to include cord blood banking, limbal stem cells and other areas within the remit of the IBTS and

which will assist in providing these services to the HSE.

Key Deliverables
<ul style="list-style-type: none"> • Limbal stem cell programme approved and funding received for 2 year project
<ul style="list-style-type: none"> • Outline agreement has been reached with NIBTS in relation to the development of a national cord blood bank located in Belfast. In period 2010 – 2011 bring this initiative into operation

 The use by hospitals of the testing in the HLA laboratory has increased significantly over the past few years. The laboratory must be capable of responding to this growing demand and retain the technological capacity to deliver for patients.

Key Deliverables
<ul style="list-style-type: none"> • In 2010 – 2011 implement best quality practice to provide a more efficient service to an increasing number of patients undergoing HSCT transplants
<ul style="list-style-type: none"> • 2010 – 2012 implement a new database for HLA patients that is integrated with the blood bank control system

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-  The Haemochromatosis programme has been very successful and we must expand this service nationally over the lifetime of this plan.




Key Deliverables

- 2010 – 2012 Implement sample only clinics at venues around the country that will allow IBTS to place people with haemochromatosis on the donor database thereby enabling them to donate at our regular donor clinics
- Provide opportunities for patients of other Hospitals to donate





Adapting to the Changing Business Environment

Due to the changed economic circumstances there will be significant pressure on IBTS to reduce costs thereby reducing the price charged to customers for our products. This will involve significant cost savings delivered through improved productivity and greater efficiencies. This will impact in a number of ways;





-  Pace of change – over the past ten years the rate of change has been at times frenetic. However, with the constrained resources this will change and will require greater forward planning to ensure that the priority issues are dealt with.
-  There will be a need for a full examination of all aspects of our business and more rigorous assessment of requests for expenditure with the emphasis on what is essential and achievable to deliver our Strategy.
-  We must consolidate where appropriate and outsource services that can be delivered more efficiently by external providers without compromising quality.


Key Deliverables



-  2011 – 2012 Outsourcing aspects of the transport function to effect savings and bring increased efficiency to this area of activity

 We must engage in more collaborative purchasing initiatives particularly with the HSE but also with our European partners.

Key Deliverables

-  Explore purchasing electricity and other utilities with HSE and take advantage of their discounted prices
-  Participate in the Joint Purchasing Group being established by the European Blood Alliance
-  Explore options for shared services that will bring savings to IBTS while not reducing the level of service or accountability
-  Participate fully in the EBA benchmarking process and adopt appropriate measures which will improve efficiency and effectiveness of IBTS processes

 This review of our services will also require us to look for opportunities to develop new income streams.

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 To deliver the operational efficiencies in donation collection we must maintain the momentum on the Donor Process Review initiative.
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 Continue to examine operational processes for streamlining and value adding opportunities.

Key Deliverables
<ul style="list-style-type: none"> • 2010 plan and prepare to centralise donor services back office operations
<ul style="list-style-type: none"> • 2011 implement the centralisation plan
<ul style="list-style-type: none"> • Explore other areas for shared services. Develop shared services with a view to consolidating the existing services on a single site in Dublin in the first instance
<ul style="list-style-type: none"> • Use technology to change process flows and reduce manual processing • Review all support services and develop more effective and efficient ways of providing these services

Blood operators are continually faced with the challenge of maintaining safety of the blood supply, while sustaining a healthy financial structure and maximising the value provided given the available resources. Achieving this balance will be increasingly difficult considering changes in the global economy and the continued strains on healthcare systems, new and emerging pathogens which need to be addressed, technologies which are being developed that may further shape our industry and other challenges to the supply chain that are currently difficult to predict.

Risk Management

The IBTS manages its risk by identifying, assessing and implementing controls to mitigate these risks. They are managed by three categories, operational, ICT and clinical. Risk assessment methodologies will be continuously reviewed to ensure that the relevant risks are being managed and that the emphasis for corrective action is placed on the critical areas. The IBTS operates Risk Registers for organisation, ICT and clinical risks. These are actively managed to ensure that identified risks are kept under review and mitigated




Key Deliverables
<ul style="list-style-type: none"> • Agree a revised methodology for risk identification and evaluation

Organisation Development

The IBTS is a learning organisation and training and development of staff is of paramount importance as the IBTS cannot easily import the specialist

Adapting to the Changing Business Environment

skills it requires to operate at the high standards necessary in a safety dependant and highly regulated environment. The Human Resources strategy must align with the IBTS vision and values; developing quality leaders and attracting and retaining best talent to achieve strategic objectives. This will involve:

-  Developing the EMT and senior / middle managers to optimise resource allocation and embed a performance culture in the organisation.
- Develop and agree at EMT/Board level a clear understanding of how the business needs to be structured to meet the changing environment now and in the future.
 - Continue the work on KPIs and agree the core KPIs which will clearly indicate that we are delivering on the changes we have set out within this Strategy.
 - Continue to participate with the benchmarking exercise currently being carried out with other agencies across Europe and determine precisely where we should be in the relevant key areas of our business.
 - Communicate the key benchmarks clearly to line management and staff so they have a clear understand of the targets being set, our expectations of them in their role in achieving those targets and measure and report against these benchmarks. This will in effect become the performance management tool we require.
 - Review annually with the board the decision making responsibilities that rest with the board and those that rest with EMT.
- Review the operation of EMT to ensure it is operating to maximum efficiency for the service as a whole Q2-3 2010.
-  Having leaders and management aligned around the key strategic objectives and being accountable for their delivery.
- identify natural leaders in all areas of the business and ensure that they are enabled to assist in leading the delivery of the changes we require across our business. Where necessary agree development plans for these individuals to prepare them for succession.
 - Ensure that performance management is carried out so that the goals are achieved and manage any blockages in the system that are preventing these being achieved.
 - Revitalise/Re-energise teams who are blocked in their efforts to achieve the changes necessary to ensure the business's success. This could be done with a specialist team that is assigned to the Area Manager/Area Organiser for a specified period to help build its momentum to change.
 - Embed the learning in Quantum Leap through:
 - The development of a coaching and mentoring system for line managers.
 - Refresher ½ day courses on key areas of the Quantum leap programme.
-  Developing appropriate succession plan to ensure smooth transition especially in critical positions.
- Develop a succession plan which ensures that key roles are filled with the right people with the

right skills in a timely manner Q3-4 2010.
This needs to be linked in with a review of structure so that people are being appointed to the structure that meets the business needs best.

- Provide opportunities for staff to grow and develop through collaborative research, presenting at conferences and study days and by fostering a learning culture across all sections of the organisation.




This will also require a significant shift in how ICT is delivered in IBTS. The focus of ICT over the lifetime of the Plan will be;

- Embedding a strategic approach to the management of ICT resources and capabilities throughout the organisation.
- Embedding a collaborative approach to ICT – enabled change which will include a system of continuous evaluations of all major ICT – enabled change programmes and projects. The immediate requirement is to upgrade the blood bank system.
- The creation of an integrated over-arching management information system.
- Review, streamline and consolidate ICT operations and exploit opportunities for outsourcing aspects that can be more efficiently and cost effectively carried out by external parties.



Relationships and Alliances

The IBTS operates within the global health care environment and building effective relationships with our key stakeholders is vital in providing an appropriate and efficient transfusion service. The key relationships are;

-  The Department of Health and Children – as the line department it is essential that an appropriate framework is agreed on what services the IBTS should provide and at what cost. This is also warranted by the revised Code of Practice and should lead to improved decision making and a joint approach to the management of infectious diseases.
-  HSE – we will develop strong relationships with the HSE both influencing and participating in change initiatives that will ensure optimal use of blood donations and foster a partnership approach in delivering transfusion services.
-  Collaborate with relevant academic institutions to grow our research base and develop our research strategy.

Key Deliverables

- Partner with Medical School to deliver research agenda agreed by the Board
- Establish a Research Committee with relevant external expertise to ensure relevance of research and value for money



Clinicians – working collaboratively in meeting patients transfusion needs and working together in developing appropriate guidelines that underpin those needs.

Key Deliverables

- Optimal use programme will make significant advances in the area over the lifetime of that programme
- Develop our relationship with the clinicians in hospitals, responding appropriately to their needs



Reconfiguration of Services

The drive internationally towards consolidation and the need for the IBTS to effect cost savings and the decision of the Government to approve a new Centre for Cork, will require the IBTS to reconfigure services. In addition there is a plan in HSE South to reconfigure acute hospital services which will impact on how IBTS delivers services nationally but specifically in Munster. This will require;

- Development and bringing into operation a new Centre in Cork.

2010

Communicate and consult with staff at local level to outline clearly what is planned and the implication of these plans on their employment within the IBTS in Cork and determine the staffs desired outcome under the following headings:

- Relocation to:
 - IBTS laboratory Services
 - Other IBTS Services, which will require a retraining programme
 - HSE laboratory Services
 - HSE South - Other Services, which will require a retraining programme
- Consult with the HSE and the DoH&C regarding the redeployment of IBTS staff across the Health

Service, which will arise from the development of in the new Cork Centre.

- Develop a strategy to manage the retraining and or redeployment of staff.

2010

- Complete the transfer of the laboratory services provided to the Mercy Hospital.

2010

- Complete the transfer of the laboratory services provided to the South Infirmary Victoria Hospital with any transfer of staff if required. Review the service delivery to St Mary's Orthopaedic, Bantry and Mallow hospitals.

2011

- Agree with HSE South how serological reference services will be delivered to hospitals in HSE South.

- Consolidation of testing services in Dublin.

- Donor Grouping to be consolidated in 2010.
- Consolidation of testing is scheduled to occur when new Centre is operational. However, this must be kept under review in light of available finances and staffing levels.

Laboratory Services 2011-2012

- Develop a strategy for delivering laboratory services which will take the IBTS through the next 5- 10 years. The following should be considered within this strategy:
 - Restructure the management of laboratory services looking for synergies.
 - Restructure the skill mix within the laboratories to ensure optimum use of resources.



“For 2010 there has been decreases in the price of products and this trend will continue for 2011 and 2012. This requires cuts in our cost base, increased efficiencies and consolidation of services.”

Finance Strategy

The IBTS budget is agreed on an annual basis with the Department of Health and Children. For 2010 there has been decreases in the price of products and this trend will continue for 2011 and 2012. This requires cuts in our cost base, increased efficiencies and consolidation of our services.

The forecasts for 2011 and 2012 show potential budget deficits that have to be addressed as part of the 2010-2012 strategy. These forecasts must be read in the context of

- Any new agreement on public sector pay
- Change to pension scheme funding
- Suppliers seeking to recoup some of the savings achieved over the past two years
- By 2012 inflationary pressure as cost of living increases through increased economic activity

The strategic actions required:

- Target additional cost savings, efficiencies and income streams to achieve at least break-even budget in 2011 and 2012

Key Deliverables
<ul style="list-style-type: none"> • Reduce price of red cells by 9% and contribution from Recombinant Products by 3%
<ul style="list-style-type: none"> • In 2010, review Operations Change programme and prepare supporting business plan

<ul style="list-style-type: none"> • In 2010, finalise consolidation of Laboratory services
<ul style="list-style-type: none"> • For 2011, maintain savings gains for 2009 and 2010
<ul style="list-style-type: none"> • By 2012, reduce contribution from blood products significantly or transfer business in consultation with Department of Health and Children and the HSE

- Implement plan to achieve budget targets through 2010-2012.
- Improve budgetary and reporting systems to support the strategic plan

Key Deliverables
<ul style="list-style-type: none"> • Actively manage budgets with budget holders through frequent accounts review meetings
<ul style="list-style-type: none"> • From 2010 onwards, increase the level of financial and other information available to budget managers
<ul style="list-style-type: none"> • From 2011, provide advanced training to budget managers

Finance Strategy

- Establish an understanding of the cost drivers in the organisation

Key Deliverables

- In 2010, identify cost bases and drivers in the IBTS through an activity based costing project
- From 2011, establish a robust and flexible costing model to provide transparency on pricing decisions which will set a baseline for negotiation with stakeholders
- In 2012, implement the output of the ABC project

- Internal Control

Ensure that systems of internal control provides reassurance to the Executive, Board and Department of Health and Children that appropriate controls are in place and are being operated effectively. Target internal audit programme to test critical controls and where corrective actions are deemed necessary the Executive must address these issues.



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