



Strategic Plan

05-09



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Foreword



I am pleased to present this Strategic Plan. It is indeed an opportune time to set out our strategy. We have learned and progressed from the difficulties and the mistakes of the past. The present is a changing and challenging environment and we can be sure that the future will bring complexities and challenges but also opportunities as it unfolds.

This plan will be a constant reminder of our shared goals and aspirations and of the standards and values which will be required to achieve them. It will help to focus and guide us as we fulfil our primary objective: the provision of blood and blood products of the highest quality to our patients, while satisfying the needs of our donors and delivering value for money.

The ethos of the Plan will not change over the period but the implementation of core elements of it will demand flexibility and adaptability. We must build and maintain a vibrant, modern organisation and the Board of IBTS will encourage and support innovation and creativity to ensure this.

I acknowledge and thank all those people who were involved in developing this Plan and, now again it is people, every person in the IBTS who can bring it to life. Your own individual contribution to a team effort, underpinned and sustained by a commitment to and a pride in our organisation, will result in a successful outcome.

The progress made in recent years clearly demonstrates that collectively we have the qualities and the capability to deal with any challenges and avail of any opportunities as they arise. We can therefore go forward with confidence and build on our successes to date. We have our strategic plan and with a unified approach we can create an organisation of which we can all be proud.

Maura McGrath | Chairperson

Introduction



The Irish Blood Transfusion Service is an integral part of the health care system in this country. We face ever-changing demands and challenges in providing therapeutic products for patients that are as safe as we can make them. The organisation has, over the last number of years, made significant progress in facilities, staffing and procedures and practices with a view to providing the safest blood, blood components and blood products for patients. This all took place against the background of tribunals, high levels of publicity in the media with the attendant difficulties that poses for staff. We now need to ensure that we build on the good work over the past number of years and we are ready to face the challenges ahead so that we can maintain our position at the leading edge of transfusion medicine in Europe.

Over the past number of months we have had much consultation regarding the development of a Strategic Plan for the IBTS for the period 2005 – 2009. This process has been invigorating and has involved many staff in ensuring that we meet the challenges ahead and that we are positioned to provide a 'best in class' transfusion service. This strategy must be a 'living' document and must be flexible to ensure that we meet the ever-changing demands of transfusion medicine.

Andrew Kelly | Chief Executive



strategic plan 05-09

Environmental influences on IBTS

01

1.1 International Trends and Developments

Viruses: single donor NAT

Single donor NAT testing of donations will replace current pooling approaches in the near future to enable the technology to attain adequate sensitivity to cover hepatitis B, and to allow the introduction of new tests for emerging viruses or for established viruses that are currently not included in test protocols: these include Parvovirus B19, hepatitis A, and West Nile Virus. These are transfusion transmissible viruses with a low burden of transfusion transmitted disease; nevertheless as the technology to prevent their transmission evolves and becomes practicable using single donor NAT testing, the state of the art will almost certainly shift to include testing for them. In addition the speed with which it was possible to introduce effective safeguards for WNV in the USA using single donor NAT testing indicates that this is a powerful tool in dealing with emerging viruses – something which will continue to be a problem in the future.

vCJD

While the IBTS has always worked on the basis that vCJD could be transmitted by transfusion this has, unfortunately been recently confirmed. In addition the evidence suggests that it may be very effectively transmitted by transfusion between humans. This has resulted in the extension of donor deferral for UK residency to those who have lived there for one year or more.

While screening tests for blood donors for vCJD have yet to emerge, two companies have indicated that prion removal technologies for blood components will be in the marketplace in 2005. These approaches might usefully reduce the risk of transmission by blood transfusion.

Red Cell Apheresis

Collection of red cell components by apheresis is likely to gain some utility in cost effectiveness and donor acceptability. It may also improve the supply management of red cell components, particularly for specific components such as neonatal red cells.

Platelets Extended Life

The current shelf life of platelets is 5 days and the FDA recently licensed a bag for the storage of platelets up to 7 days provided there was an appropriately approved bacterial screening process in place. The IBTS introduced bacteriological screening of platelets in the Autumn of 2004 and will monitor very carefully the bacterial load in the platelets with a view to extending the shelf life to 7 days at the earliest possible opportunity. This will allow for a more flexible approach to procurement, processing and meeting hospital requirements.

Provision of Extended Phenotype and Rarer Blood Types

There is a requirement for provision of extended phenotype and rarer blood types and this will continue to rise in Ireland in the future; reliance on the UK for this material is further compromised by the increased exposure to vCJD transmission that UK-sourced blood entails. For this reason a frozen blood bank is currently being re-developed. Cryopreservation of platelets and of autologous donated units from highly alloimmunised donors is also envisaged in the future.

Testing for Sickle Cell Trait

Guidelines for transfusion of neonates and patients with sickle cell disease recommend that the blood selected is from donors confirmed negative for sickle cell trait. In addition leucodepletion failures have been linked in some instances to the presence of Hb AS (sickle cell trait). Therefore, it is planned to introduce a screening test within the next six months to identify donors who carry the sickle cell trait.

Tissue

The IBTS will prepare a plan for the future development of tissue services in line with the EU Directive on Tissues and Cells. This plan to be drawn up in consultation with the Department of Health and Children and other key stakeholders.

Platelet Immunology Laboratory

Currently the testing of patient samples for disorders of National Histocompatibility and Immunogenetics Reference Laboratory (NHIRL). There is a need to develop a separate specialised laboratory for platelet immunology as has occurred in other transfusion services. This new laboratory would be able to provide a reference service for investigation of NAITP, PTP, platelet refractoriness and other immunological platelet disorders. In addition it would carry out HPA phenotyping and genotyping of donors and patients and perform the investigations involved in transfusion reactions such as TRALI and TAGvHD.

Sufficient supply

Transfusion services across the World face the difficult challenge of ensuring that hospitals have consistent supplies of blood and blood components to meet patient requirements when they need it. This must be done against the backdrop of ever increasing exclusion criteria where the donor pool is dwindling due to the stringent safety precautions in place to make blood as safe as possible for patients. In the Irish context approximately 5% of the population donate but only a very small percentage donates regularly. The challenge is to ensure that we recruit sufficient donors to replace those who are either deferred or who cannot any longer donate because of the age criteria and also to retain those donors who are loyal and regular donors. Sufficiency of supply also relies on the optimum use of blood by clinicians in hospitals.

This can be assisted through alternative strategies such as cell salvage and pre-deposit donations. The IBTS must play a leading role in educating clinicians and hospital blood banks on the optimum use of blood and reduce the outdated that currently exists in the hospital system.

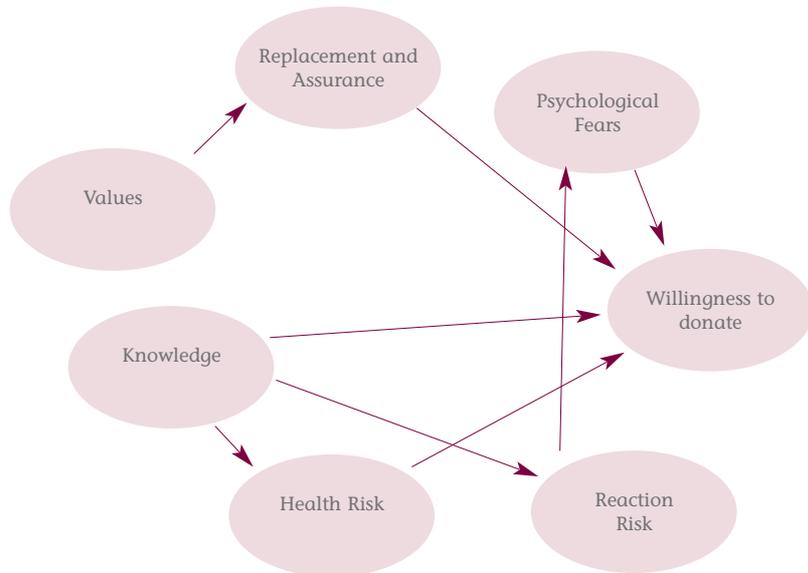
Donor Retention

The challenge facing the IBTS is to find ways to convert potential donors into actual donors and ensure existing donors continue to donate and do so regularly.

Adam and Souter (1999) model of people’s willingness to donate blood clearly suggests that there is a learning hierarchy.

Model of People’s Willingness to Donate Blood

*A proposed Model of the Blood Donation Process
Adam D and Soutar GN
Edith Cown University*



It is assumed that the decision process moves from recognition to affect to behaviour and is influenced by people’s values, knowledge and attitudes and the risks they perceive in being a blood donor.

The model was then tested and further dependencies were discovered and these related to underlying attitude

dimensions. Replacement and assurance related to whether people who were recipients found they had benefited from donation had a duty to replace that blood. Psychological fears were associated with fear of hospitals and blood or needles. There was an inconvenience dimension related to time and access to clinics and health concerns related to worries about catching HIV from donating blood and a general concern about the safety of blood bank procedures.

There is no doubt that the participation rate of donors has been falling in recent years. Both external macroeconomic factors as well as internal factors have been cited as reasons for this fall off in participation. The external factors include, a lesser sense of community responsibility (decreased altruism), and greater competition for the potential donor's attention and time, both personal and workplace.

The internal factors relate to the donation experience where donors are waiting too long, excluded in a non-sympathetic way and the totality of the experience does not entice some donors to return.

Greater attention has had to be given to meet the needs of the busy lifestyles of today's donors, convenience, ready access to information on how, where and when to donate as well as a caring concern for their welfare. Sophisticated marketing techniques now need to be used to reach prospective donors, as there is an expectation that we will find them, not them us. This expectation has come to the fore in the recent appeal whereby some donors and prospective donors expect a donation clinic at their doorstep.

One of the most potent methods of recruiting donors is if

they are individually asked to donate. This is all the more successful if it is managed and carried out locally. People are more likely to respond to a local request for donation than to a request from a distant central authority. It is also vital to recognise the value of the blood donor. Satisfied blood donors stay. Regular blood donors are safer than first-time donors because they are better informed and repeatedly tested. The donation from a regular blood donor is also less costly. When blood donors feel valued they may decide to help further by becoming a platelet apheresis donor or by recruiting other donors.

Safe blood supply

There is always a balance to be struck between sufficiency of supply and safety. This debate has yet to occur in any meaningful way across the developed world. The first mechanism used to enhance the safety of blood and blood products is to exclude a risk category donor from entering the blood supply. The incremental increase in safety is often very marginal but those donors are lost to the donor pool indefinitely if not forever. It also has the impact of acting as a disincentive to other donors or to members of the general public from becoming donors or regular donors.

However, the IBTS can never act alone in this area and we should build strategic alliances with key stakeholders such as the Department of Health, and Children, Health Service Executive, Hospital Transfusion Committees and such structures that may emerge through implementation of the recommendations of the Blood Strategy Implementation Group and the European Blood Alliance.

Zero Risk

There is an expectation by the general public that blood transfusion should be zero risk. As with any other medical intervention blood transfusion carries an element of risk. No matter what testing regimes are in place or donor screening programmes it is not possible to have blood 100% safe. This must be appreciated by members of the public and patients but the benefit of receiving a blood transfusion when you require it far outweighs any risk attaching to that blood transfusion. The concept of zero risk is also informed by the decision of the Burton Judgment in the UK which effectively decided that a blood transfusion service should be aware of any risk to the patient's health by the products they supply for a transfusion.

EU Directive

The European Union has adopted a blood directive to come into force on 8th February 2005. This directive has set down standards for blood establishments and these will be transposed into Irish law. It also has implications for hospital blood banks although these will be less stringent and will result in the hospital blood banks being inspected for the first time by the competent authority as set out in the Directive. The Government has decided that the competent authority will be the Irish Medicines Board. There will also be a technical annex setting out the Quality System for blood establishments, which must be adopted by all countries.

There is also a EU Directive on Tissues and Cells, which is expected to come into force in 2006 and again will have significant implications for the operation of the tissue suite

in the NBC and the bone bank in the MRTC. This directive is currently being discussed at national level to consider how best to implement it particularly with regard to hospitals who are involved in tissues throughout the country.

Population demographics

The population of Ireland, like the rest of Europe, is ageing but not at the same rate. There has been a shift of 1% in the Irish populations' age since the census of 1996. This is a significant shift and will undoubtedly lead to increased demand for blood in the coming 10 – 15 years. The other aspect of population demographics is the move towards major centres of population thereby denuding the rural countryside of population density. Major centres of population in the main both in Ireland and internationally do not deliver proportionate blood donations. Therefore, this concentration of population in a few centres could impact on the availability of supply and would require different sets of strategies to ensure that the same number of donations can be achieved through the change in demographics.

Lifestyle

With the boom in the Irish economy in the past five years, the standard of living for most people has increased and they have more discretionary income. With this discretionary income there are more choices available to people on how to spend their leisure time and how to avail of and partake in other activities. This means that inevitably voluntary activities of all kinds become less

important to people and they are less inclined to engage in these activities irrespective of the benefit that can be derived from them. Blood donation is no exception. Therefore, with the likelihood of continued growth within the Irish economy in the next 3 – 5 years it is likely that the continuing change in the lifestyle of people in this country, particularly in the 18 – 30 age group, could prevent them coming through as the next generation of blood donors.

This will demand different strategies of marketing and awareness raising to ensure that supply is sufficient to meet hospital requirements.

Branding

Raising the awareness of blood donation is a unique activity for marketing companies. They find this a unique challenge because of the special requirements of donors and the fact that incentives are not available to attract people to give of themselves for the benefit of others. However, there is a need to establish the institution of transfusion as a brand to which loyalty can be commanded. This needs significant planning with careful and sensitive handling so that the ethical position regarding blood donation and its place in medicine is not in any way compromised. Branding will have the benefit of attracting people to want to give something because of the nature of the brand and the linkage with their own self-esteem and willingness to help others. It will be a relatively new concept for blood transfusion services but is one that is worth embracing and developing to ensure that we capture the next generation of donors in a time when there are greater emphasis and attractions on their leisure time and the options available to them due to their improved living standards and lifestyles.

Automation

There is increased automation within laboratory services and also with regard to certain collections of platelets and red cells. This will require a different skill mix in staff and will also require different grades of staff to ensure that resources are used to the optimum and that the appropriate levels of expertise are available to the organisation.

There is expected to be significant developments in automation over the coming 3 – 5 years, which will reduce the time taken to process donations, and eliminate many of the manual processes currently in place.

ICT (Information Communication Technologies)

The merger of computing and networking technologies through ICT offers a more efficient and more cost effective means of operating for businesses. It provides huge benefits through the use of a single IP (internet protocol) network that can carry voice, data, multimedia and video – all within a secure environment. ICT is an enabling tool to allow an organisation meet its goals and objectives through the use of technology in its widest sense.

Technology must be used both to provide services but also to communicate both within and without the organisation to ensure that the central message of the IBTS is translated into increased donor loyalty and donations and a better environment and retention of staff. It is also a major tool in diagnosing and subsequently implementing change within the organisation. It must be developed in all its aspects if we are to reap the rewards that ICT can provide within our operating environment.

Enhancements

Technology transfer is vital if we are to remain at best practice with regard to the delivery of transfusion services. We must be positioned to ensure that we can take advantage of advances in technology to enhance our process and procedures and ultimately the safety of the product we provide for patients.

1.5

Environmental Factors

Waste Management

It has been well highlighted that Ireland is rapidly running out of landfill space, which for years was the traditional solution to Ireland's waste problems. To date national policy has been targeted mainly at commercial entities using a mixture of compliance controls and market economics to regulate the production/handling of waste such as: polluter pays principle, landfill charges, Waste Packaging Directive, hazardous waste management, criminal based legislation for flouting waste legislation etc.

However the area of waste management is becoming more sophisticated. Waste is no longer seen as an after thought to production, but an area which needs to be managed from start to finish, from procurement to the final consumer. The questions to be asked are; why are we creating waste? And how can we eliminate it?

As it currently stands the IBTS is compliant with waste management and only beginning to evolve towards best practice. The next steps are to position waste management within the organisation in order that elimination of waste is seen as everyone's responsibility and that eliminating and handling waste receives dedicated management time.

By the end of the timeframe for the implementation of the strategic plan, the IBTS will have evolved from being merely compliant to be in a position to demonstrate best practice.

Health and Safety

The IBTS is committed to creating and maintaining a work environment in all Centres that is healthy and safe. This can only be achieved through the active commitment of management and staff.

We have designed our facilities and processes, conducted risk assessments and provided training in order to eliminate work-related risks. We will continue to focus on health and safety enhancement through the implementation and integration of a Health and Safety Programme of Excellence.

Under the Safety, Health and Welfare at Work Act, 1989 and associated regulations, the IBTS has a duty of care to provide a safe working environment for employees, contractors, visitors and donors. The IBTS will conform to nationally recognised practices and will develop written health and safety policies and programmes. To this end, the IBTS has adopted a written Parent Safety Statement setting out the arrangements in place to safeguard safety and health. The Parent Safety Statement also outlines how with the co-operation of all staff this objective can be achieved.

Managers are responsible for implementing the principles and practices embedded in this Parent Safety Statement. Staff are responsible for workplace health and safety within the scope of their job and are encouraged to take

responsibility for their own health and well-being. Staff are also encouraged to contribute to, and accept individual responsibility for health and safety matters and work in partnership with management to ensure compliance and support continuous improvement.

The implementation of this policy will require sustained commitment and will have to be adequately resourced.

Energy consumption

HVAC (heating ventilation and air conditioning), refrigeration, lighting and transport are the principle areas of consumption of energy in the IBTS. Electricity, natural gas and diesel are the main energy resources consumed. Energy is a raw material and an overhead that is becoming more expensive year on year.

The deregulation of the supply of gas and electricity to Irish consumers from the state monopolies has increased the cost of the energy rather than decreasing it. Uncertainty over oil supply has increased the cost of fossil fuels. The Irish Government is considering implementing “carbon taxation” to encourage the use of renewable or environmentally friendly fuels.

The overall picture is one in which the cost of fuels will continue to rise, and therefore if the IBTS wishes to maintain in control of energy costs it must look to manage its energy consumption.

- Inefficiencies in the use of energy should be sought out, questioned and managed out.
- Invest in projects that have an energy payback of 3-5 years.
- Monitor and target energy use within the organisation.

- Publicise energy management to bring about better awareness and understanding of energy use.

These are all vital tools for controlling energy consumption.

Space Planning & Building Projects

In the context of space provision, the most significant development facing the IBTS is securing funding for a new centre in Cork. It is hoped to progress this to the planning phase at the earliest opportunity.

Space is a premium commodity. The IBTS's processing centres do not possess available space for easy or rapid expansion. Therefore careful planning of the IBTS's future space requirements is required. The mix of office, clinic, laboratory and processing space is important. It is necessary to balance the need of current and future requirements when assigning space.

It is also important to note that building related projects are costly and have long lead in times. The implementation of the strategic plan needs to identify those objectives which have space consequences in order that planning of a range of building solutions can commence as early as possible and a facilities development plan can be produced.

Some questions should be asked:

Feasibility

- Has the IBTS optimally used the space available now?
- Does the IBTS need to procure more space?
- What amount of design is required?

- Can the design be implemented in a live working environment?
- Can the organisation afford the space - opportunity and financial?
- What is the impact on the other areas of operation?

Delivery

The delivery of building projects is very much a function of size, design complexity and the planning process. All of the elements of major projects are timeline driven either through legislative frameworks or protocol.

Good Manufacturing Practice (GMP)

The IBTS operates to the standards of cGood Manufacturing Practice (GMP) in all its aspects. This relates to personnel, training and facilities. The IMB regularly inspects all IBTS sites to assure compliance with cGMP standards.

At European Community level, action in regulating blood transfusion was begun with the Treaty of Amsterdam, which for the first time gave the EU a mandate to legislate for public health matters, and specifically named blood transfusion and tissue transplantation as areas of public health concern.

Changing Accounting Standards

The IBTS publishes its annual accounts in accordance with laid down accounting standards. These standards are constantly being reviewed in light of practice and events. Occasionally new standards are introduced that have an

impact on the financial well-being of an organisation. One such standard is Financial Reporting Standard (FRS) 17, which lays down how defined pension schemes are to be accounted for in the annual accounts of entities. This sets out to show the liabilities likely to accrue for the fund and how the fund can meet those liabilities.

Depending on the investment strategy, the prevailing economic conditions and the state returns from the investment market the fund could either meet or fail to meet the accrued liabilities.

If it fails to meet them then the deficit would be a charge on the income and expenditure account of the entity for that year. Depending on the size of the deficit there could be significant funding issues for the entity. In the case of the IBTS how such a deficit will affect the funding mechanism depends on the approach taken by the Department of Health and Children to the implementation of the disclosure requirements.

Employment Rights Legislation - Social Partnership

The primary objectives of employment rights legislation are to protect employees against arbitrary behaviour by employers, to protect the health and safety of workers and to promote personnel policies that minimise conflict and maximise fairness.

The social partnership approach in recent years has facilitated a move away from the more traditional adversarial forms of industrial relations to a more employee relations approach where dialogue and inclusion are the mechanisms used to create a better working environment.

The IBTS is an employer which strives towards a more inclusive environment where diversity of opinion is recognised and where input is sought from interested stakeholders. The need to embrace legislative changes places a significant burden on our HR function but also calls for an equally committed approach by the union leadership to ensure that the IBTS reflects through our policies and procedures the rights outlined in legislation.

The development of Partnership Forum must be seen by all as the vehicle for the creation of a better working environment for all through which the IBTS can grow and develop.

1.7

Economic Factors

Public Finances

Exchequer finances are strong and will remain so for the foreseeable future provided the Government maintain appropriate levels of public spending and that any new pay agreements are linked to greater productivity with a demonstrable modernisation of services.

This solid financial base should allow for greater spending in healthcare with the emphasis on greater access, more timely intervention and a significant reduction in the waiting time for surgical procedures.

Provided key decisions affecting competitiveness and local conditions on the balance remain benign the economy could continue to recover this year and next. GNP growth in 2004 was 5.5% and may well exceed 4% in 2005. At this stage it is likely that growth rates of around these figures will continue into the foreseeable future provided

that the Government maintains a favourable domestic climate.

One of the most significant difficulties on the horizon is the continued rise in crude oil prices, which is having a significant impact on rates of inflation across the developed world. It is likely that liquid fuels and waste management, water supply and miscellaneous services will continue to see an increase in costs over the coming years and will significantly add to the burden of our cost base which will impact on our funding mechanism and pricing strategy.

The healthy state of the public finances will again influence how people spend their discretionary income, which in turn has a relationship between the willingness to donate as people enjoy greater freedom and opportunities to spend their discretionary income.

In those circumstances blood donation tends to be affected and therefore it will require a new set of strategies to continually strive to inform the public of the need to help others who are less fortunate than them and that blood donation is indeed a civic act.

On the employment side with regard to the public finances it will mean that employment levels will remain high and therefore the available labour supply will be difficult and competition will be strong to attract the best graduates and skilled personnel.

Pension Scheme

The requirement to ensure that the pension scheme, which is a defined benefit scheme, remains solvent is considerable

on the finances of the IBTS. Between 2002 and 2003 a lump sum payment of €5.5 million was invested in the pension fund together with an increase of 5% of the contribution rate from the employer. Clearly this level of investment either as a revenue cost or on a once off basis is not sustainable into the future. The IBTS was fortunate to be in a position to invest a large lump sum to help defray the deficit in the scheme and allow the actuary to provide a solvency certificate in relation to the scheme for 2003. However, with the continuing pressure on investment markets and the rate at which wage inflation is increasing it is inevitable that demands for further investment both on a lump sum and revenue cost basis will be required in the future. Therefore, it is prudent to review the scheme while at the same time ensuring that it remains a feature of attracting employees to the IBTS and is not of lesser value to prospective employees than the schemes of our competitors.

Budgeting Mechanism

A budget process was introduced within the organisation four years ago following recognition of a severe deficit in financial information and funding. Budgets within the IBTS have been successful in two ways; internally they have raised financial awareness with managers and externally they have informed our pricing policy. Budgeting is of course much more than a financial process. It is the glue that connects the entire management system together, from strategy and planning through resource and cost management to measurement.

Many criticisms of traditional budgeting have been voiced over the last number of years such as:

- > The setting of fixed financial targets and measuring

performance against them makes little sense when the environment in which we operate is subject to continuous change.

- > The traditional measurement emphasis is on past events and to control performance against the predetermined budget.
- > Controlling costs through budgets may give the impression of tight management but in reality they may prevent managers from asking the really interesting questions that may lead not just to cost control but to cost reduction.
- > They encourage incremental thinking and tend to set a ceiling on growth expectations and a floor for cost reductions, thus stifling real improvement breakthrough.
- > They fail to deal with most of the important drivers of stakeholder values - strong brands, skilled people, excellent management processes, strong leadership and loyal customers (or in our case donors) are assets that are outside the measurement of the accounting system.

It is critical that our budget process is appropriate for the environment in which we will operate over the lifetime of our strategic plan. The budget will always play a role in planning for the future, however it should be seen as only part of the plan. The budget should be no more than the strategic plan for the year translated into financial data. However strategies and plans need to unfold continuously as new knowledge emerges. It may now be necessary to have rolling forecasts against which actual outturn is reported to managers on a regular basis e.g. quarterly.

Management focus should move from costs to value. It should be concerned with the future and ensuring that the right questions are asked and the right decisions taken that add maximum long-term value. Sometimes this can simply

be questioning why particular activities are done, but the introduction of activity-based management can achieve a more systematic approach. Each activity should be made to pass a value test, that is, whether or not it adds value to products, customers or other strategic business needs.

Focus needs to move from past events to future outcomes. Measures should be derived from strategy by identifying key performance drivers. They are also relative to external and or internal competitors and are more effective if they are discussed and agreed at operating unit or team level. The fewer the measures the better – managers only need to see crucial KPIs. We are talking about a good scorecard reporting system giving managers an early warning that results are off track.

Pricing Strategy

At present the IBTS pricing strategy is determined through negotiation with the Department of Health and Children regarding blood components and blood products. It is derived from an examination of budgetary requirements of the IBTS to maintain current services and to provide for developments, which are necessary to enhance the provision of transfusion medicine in Ireland. These developments can take the form of additional tests, facility developments or other initiatives requiring both people and equipment. For many years our pricing policy was crudely based on spreading incremental costs over all products and services. This did not lead to accurate product pricing and indeed has encouraged the current situation whereby there is an over reliance on wholesale activities to cross subsidise other products and services. In recent years attempts have been made to unbundle our pricing structure and realign the charges for our products and

services to economic prices. To progress this further, significant work needs to be done to fully understand our costs and the reasons why they are incurred. Activity based costing should be introduced to identify costs and the activities that drive them. It should also identify (i) non-value added activities and their associated costs and (ii) activities that do not generate revenue. This will lead to accurate product and service costings. It is important that this information is available prior to negotiations with the Department of Health and Children / Health Services Executive in relation to future pricing policies. It is fundamental that the information gathered from an activity based costing exercise is both available and understood by management prior to undertaking any benchmarking exercises.

Value for Money

With the growing demands on public finances, particularly in the area of health care, there will be a requirement to provide products and services within a value for money framework. This will be especially required when the IBTS is integrated into the Health Service Executive where we will be competing for resources with the hospital system and other health providers. The public procurement mechanism through which all major contracts are secured provides a safeguard in ensuring that the most economically advantageous tender is accepted for products and services. This does not always mean that the cheapest tender is accepted because all of the other criteria must be taken into account to ensure that a balanced approach is taken to the awarding of tenders for products and services.

We must always be mindful of ensuring that taxpayers money is spent on the appropriate issues and with a value

for money philosophy, which derives greater benefit to the users of our services.

While it is difficult to benchmark internationally we must develop a model that provides us with the necessary information to ensure that our cost base is in line with an appropriate comparator.

1.8

Employment Resourcing
and Changing Nature
of Work

In a tightening labour market there are many difficulties in ensuring a sufficient supply of labour to meet our objectives. These staffing shortage difficulties result from a combination of factors including:

- ▲ Competition from hospitals for many of our staff grades including nursing and laboratory scientists: This is expected to increase as organisations are required to comply with the impending EU Blood Directives.
- ▲ Market rates: We are a public sector body and apply public sector pay rates, which in themselves are competitive. However, a limiting factor is that a new employee must start at the first increment should one not have relevant public sector experience.
- ▲ Demographics: Research shows that younger employees seek variety in their work and move jobs more often to achieve this. Thus retention of trained staff becomes a factor.
- ▲ History: The recent history of the IBTS has no doubt caused some to steer clear of seeking employment here.
- ▲ Location: The high cost of living in Dublin together with time spent travelling means that many employees seek employment closer to home.

- ▲ **Flexibility:** The collecting and processing of blood is time sensitive and we have to ensure that we are available to collect blood when it is most convenient for donors and process it with urgency so as to have it available for patients who require it. In order to meet these needs staff are required to work varied hours and shifts. These shifts do not suit many potential employees.

Workforce Planning and Profiling

Delivering high quality care and products requires the organisation to have the correct staffing levels, the optimum skill mix and efficient and effective work practices. Thus, workforce planning is more than simply forecasting future staffing needs to avoid shortages but is also about determining the skill mixes and competencies required to meet future strategies. The constant and ongoing changes in medicine, Ireland's demographics and the use of technology all impact on successful workforce planning and profiling.

Culture

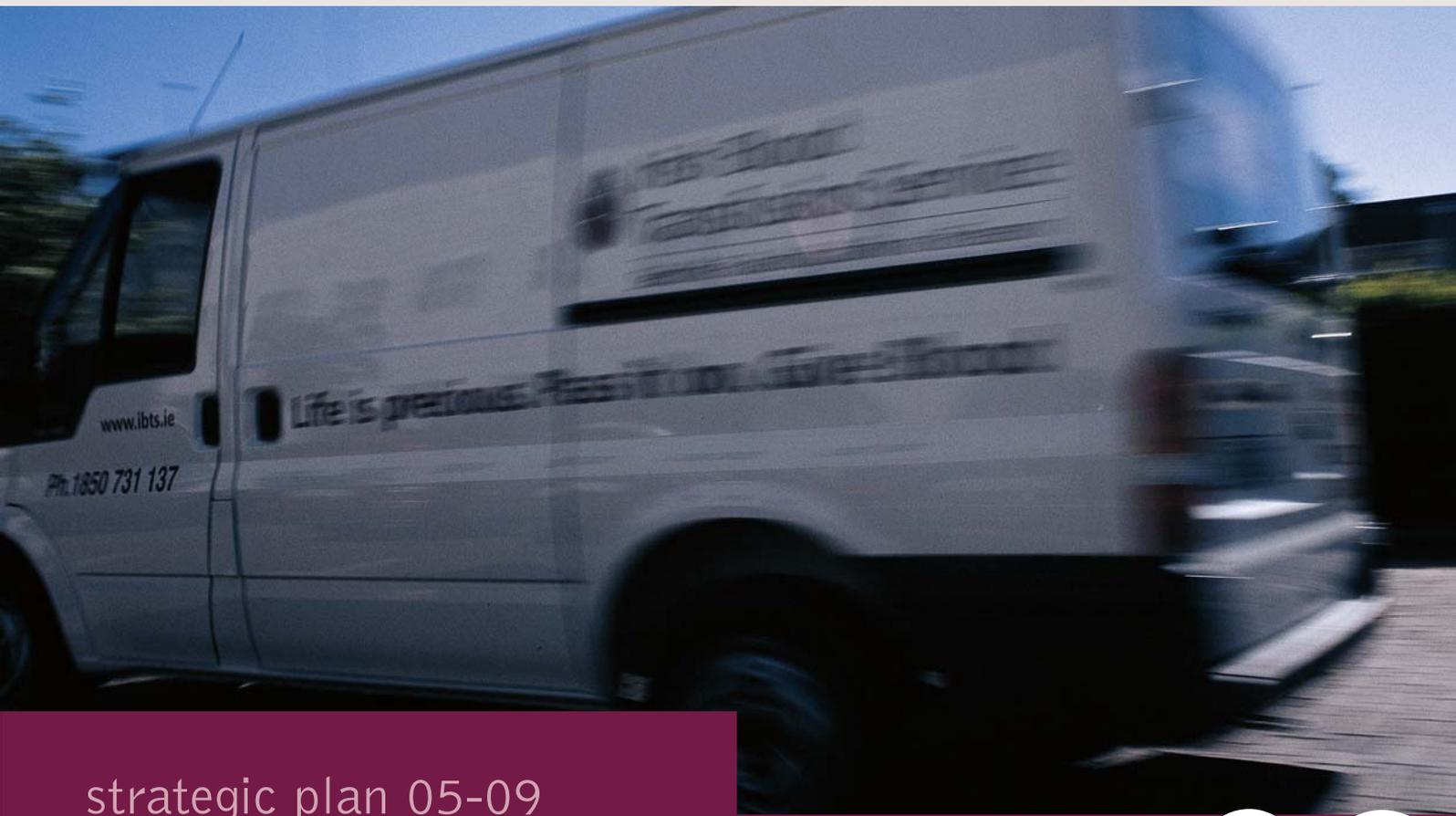
Our culture consists of those interconnected values and ways of behaving that characterise the IBTS. These have been developed over time and are the basis for our strengths in technical excellence, quality and safety. However, corporate cultures can also become so engrained that they cause organisations to be backward looking, internally focused and slow to respond to a changing environment.

We recognise that the changes called for in this strategy document will require a more adaptive culture with changed values and norms of behaviour throughout the organisation. We cannot continue to do things in the future simply because that was the way they were done in the past. The organisation has suffered from a lack of stability and continuity in the top management position since the mid-1990s. This revolving door phenomenon has deprived the organisation of the necessary leadership to develop and oversee change in culture and value systems of the organisation. The changes envisaged in this strategy are not either/or, but less of/more of, in nature.

Conservative	>	Adaptive
Internally focused	>	Externally focused
Individual	>	Team
Management	>	Leadership
Entitlement	>	Earned
Role/status	>	Performance
Bureaucracy	>	Business-like

There has been many successes for the IBTS over the past five years but there has also been evidence of reluctance to embrace new ways of thinking and doing without industrial conflict and adversarial position taking. Our culture needs changing in some respects and so does our change management capability. We can learn to value and manage change as a natural part of organisation life.





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Drivers of change

02

It is clear that the most important advance in blood safety in the past 50 years was the conversion to a volunteer blood supply. At the time of this change the donor questionnaire was reasonably simple, there was limited knowledge of transfusion transmitted disease and there were few tests for infectious markers. However, we now face different challenges where the blood supply is drawn from donors who are extensively questioned, deferred for the slightest suggestion of risk and screened by very sensitive tests for the major transfusion transmitted diseases. The demand for blood has increased concurrent with these changes and we now have a situation whereby we have in the main a marginal supply of very safe blood.

Consequently, this places a significant burden on transfusion services to adopt new strategies in attracting new donors and retaining existing regular donors to ensure sufficiency of supply. The maintenance of an adequate blood supply requires the concerted effort of medical, technical and front line clinic staff together with the support and proactive approach of donor procurement staff. Through the efforts of all of these professionals a constant and safe blood supply will be available for patients as and when they require it. This will require the development of strategies at all levels within each of these areas to ensure that a cohesive approach is taken to maintaining a sufficient blood supply consistent with best practice in donor recruitment, donor screening and existing regimes.

2.2

Risks

The organisation has recently completed a risk assessment exercise and has identified the major risks that could impact on the operating environment. These risks have been categorised as follows:

Strategic, Operational, Clinical, Financial and Reputational

The impact and likelihood of each major risk has been assessed with preventative and contingent controls identified. An action plan has been drawn up to deal with each of these risks with assigned responsibility. Management of risk will form an integral part of the management ethos of the organisation and will be 'how we do our business'.

2.3

Directions in Blood
Transfusion
– the next five years

Factors likely to have strategic relevance in the next five years can be expected to be at a stage of development at present that should allow them to be identified, even if their course of development and impact may not be accurately predicted. Major factors such as pathogen inactivation and single donor NAT can be assessed with some confidence; platelet substitution with alternative medicines, demands for fresher red cells and other changes in practice less so. The advent and impact of a test for prion diseases in donors has the potential to be the most demanding event that could occur in the next five years, and is considered separately.

Testing

Development **Single donor NAT testing for current or emerging diseases.**

Major Factors Test developments for new diseases such as WNV and other arthropod borne diseases of changing epidemiology will probably focus on single donor NAT testing; in addition tests for existing diseases will develop down the lines of single donor NAT – hepatitis B, Parvovirus B19, CMV. This will also supplant pooled NAT for HIV and HCV.

Timescale/degree of confidence Within 5 years; very likely.

Development **Development of black box technology for NAT testing.**

Major Factors Machines that limit the hands on requirement for NAT testing have been in the pipeline for some time; this is a severe engineering challenge that has failed to fulfil its promise on several occasions.

Timescale/degree of confidence May reach the marketplace in a robust form within 5 years; wait-and-see approach is warranted. Economic impact may be neutral if staff savings can be achieved. Contracts with NAT supplier should take this into account.

Production

Development **Robotic Component Manufacture.**

Major Factors Devices that perform docking, filtration and separation in a closed system are at an advanced stage of development. They are likely to be in routine use in blood centres towards the end of the next five years.

Timescale/degree of confidence Reasonably likely (provision should be considered and included in planning new buildings or contracts) in three or four years.

Development **Pathogen inactivation.**

Major Factors Demanding technology that is finding it difficult to gain regulatory acceptance and market position. Several approaches are in or have performed clinical trials. Will eventually become established, though this could well stretch beyond the next five years.

Timescale/degree of confidence Likely. Building plans should include provision; likely to postdate prion removal.

Development**Prion removal.****Major Factors**

Two methods are expected by their manufacturers and sources in the UK Department of Health to reach regulatory approval and marketability in 2005. Will predate a test for vCJD in donors. Likely to be recommended for adoption by the consultants, MAC and endorsed by CJD advisory committee when available.

Timescale/degree of confidence

Very likely; will not be included in budget proposals for 2005. Will require separate funding from Government. Impact on production workflows, real estate requirements and staffing will be developed as rapidly as possible once a production machine and plan is available from the manufacturers. Impact outside of production is likely to be negligible.

Collection

Donation strategies are likely to include the following:

Development**Increased machine based collections of platelets, leucocytes and red cells.****Major Factors**

Increased demand for platelets by apheresis, increased demand for leucocytes as technology enables the efficacy of this medicine to be improved in clinical use;

Timescale/degree of confidence

Very likely. Requirement can be modified upwards on an annual basis.

Development	Simplified whole blood collection routines in association with robotic component manufacture.
<i>Major Factors</i>	Single bag used for all collections – considerably simplifies the logistics at the clinic level.
<i>Timescale/degree of confidence</i>	Reasonably likely to need consideration in defining bag requirements in three years time.
Development	Use of altruistic donor population for additional health resources – genetic information, public health surveillance, engineered medicines.
<i>Major Factors</i>	Population genomics as a tool for health planning is likely to develop in Ireland; in addition the use of societal altruism may provide a useful tool in the development of gene and cell based medicines.
<i>Timescale/degree of confidence</i>	The IBTS will be asked to support the establishment of a national gene bank within the next year or so – impact outside of the project itself is likely to be negligible in the next five years.

Pharmaceutical developments – external

Development Haemoglobin solutions, other oxygen carriers.

Major Factors These are included for completeness of the discussion – there are still two companies making promising haemoglobin solutions, but the road to market remains a very difficult one, and progress is disappointing. Perfluorocarbons are also finding licensure difficult.

Timescale/degree of confidence Unlikely to impact IBTS in the next five years; they haven't gone away though, and will merit periodic reassessment.

Development Platelet substitutes or replacements; Erythropoietin; Gene therapies.

Major Factors Factor VIIa has made some impact but will not reduce platelet demand. No other product in advanced development at this time.

Erythropoietin may be used increasingly for surgical and cancer patients, and will have a modest influence on demand.

Gene therapy could well find a secure place for the treatment of Haemophilia B within the next five years – the impact on the IBTS will be almost nil.

Pharmaceutical developments - internal

Development It is possible that there will be a demand for fresher red cells for critically ill patients; this may extend to all surgical patients with time.

Major Factors This would cause considerable pressure on supply and would require a major development programme to implement.

Timescale/degree of confidence Certainly possible – some studies looking at the outcomes in patients treated with younger versus older blood are planned and may be in progress. Needs to be kept under review.

Development Longer dated platelets should become a standard product.

Major Factors Bacterial testing protocols for this will likely be accepted – it is provided for in the EU Blood Directive. Should ease pressures in supply and reduce outdating.

Timescale/degree of confidence Very likely within twelve months.

Clinical Practice

Development Implementation of the Report of the National Blood Strategy Implementation Group.

Major Factors Preadmission clinics, national blood stock management unit, national blood transfusion committee, national audits of practice, IT developments to enable these.

Timescale/degree of confidence Depends on the commitment of the Department of Health and Children and the hospital community. This may require the establishment of a separate unit or a large expansion of the haemovigilance role. Cannot be meaningfully done with current IBTS resources.

Regulatory

Development Implementation of the requirements of the EU blood Directives – 2002/98/EC and associated technical directives.

Major Factors Within the walls of the IBTS this will have at most a modest impact over and above our current dealings with the IMB and government. However the application of the directives to the hospital community and the IMB staffing needs to implement it will quite possibly drain staff resources from the IBTS.

Timescale/degree of confidence Active consideration of this issue required as the IMB develops its approach.

2.4

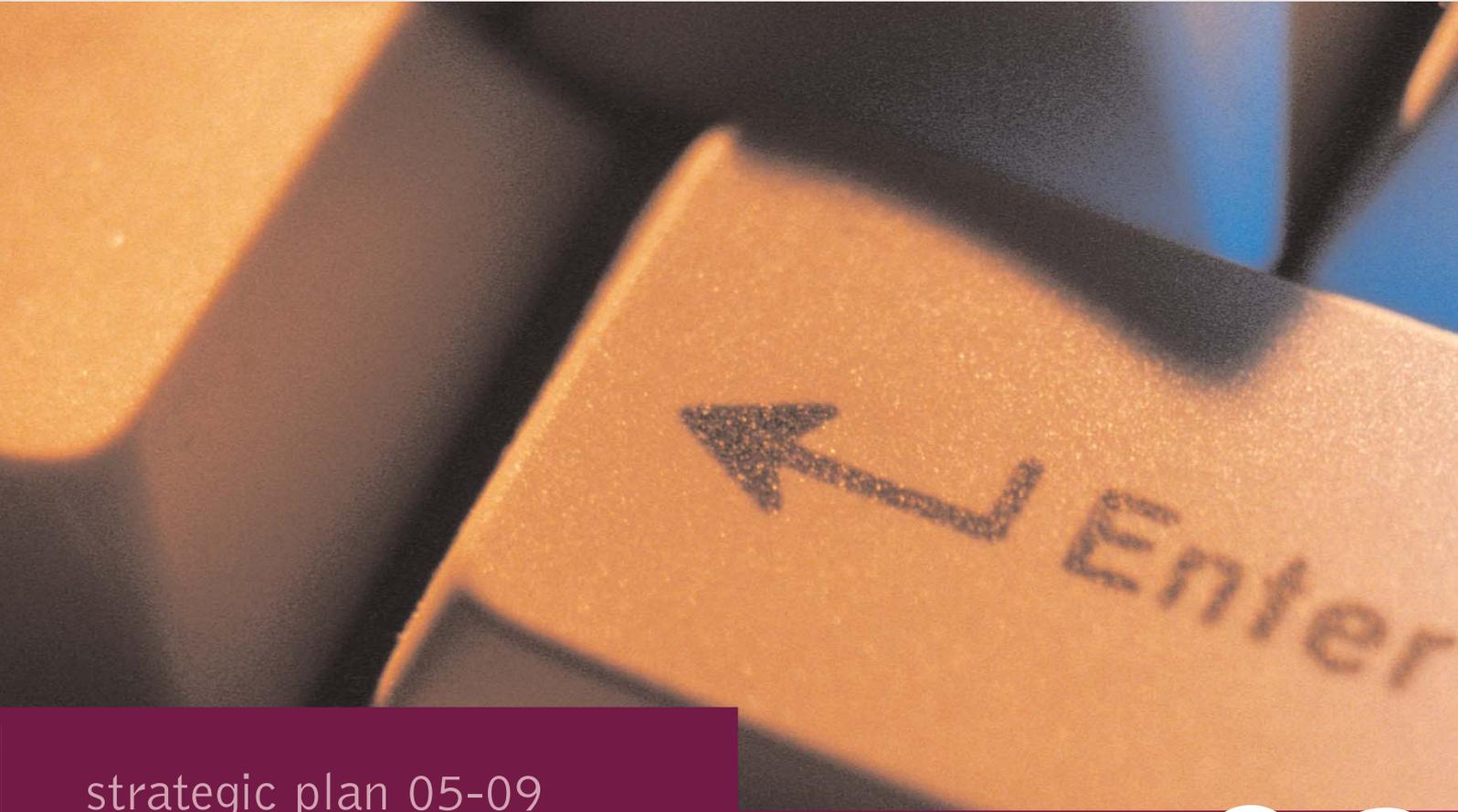
vCJD Testing

A test for vCJD in donors is quite possible within the next two to five years. At least two companies have methods that may achieve the required sensitivity and specificity. The implications are enormous – testing donors for this disease would be considerably more demanding than the introduction of HIV testing was twenty years ago. Considerable resources would be required to provide the pre-test donor counselling, and the follow up of positive tests. A very large amount of work would be required to offset the real possibility that donors would decline to undergo the testing, leading to a severe blood shortage.

Preliminary work would include anonymous donor testing to establish the prevalence of disease, as well as development of strategies for confirmatory testing in the presence of a positive screening test.

A very large amount of deliberation will be needed – we would to a large extent be on our own; the UK and USA would be in very different situations, and the underlying philosophies in countries with similar risk profiles to ours such as France and the Netherlands are somewhat different to ours.

In terms of building programmes, supplier contracts and resource allocation no action is needed at present, with the proviso that a decision to introduce a test (a decision which would not be in the sole hands of the IBTS) would consume a large amount of the energy of senior managerial and medical staff over some time should it become a feasible option, in addition to the requirements of implementing the technology itself.



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The Mission, Structure and Strategic Objectives

03

3.1 Our Mission

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

3.2 Pillars of our Strategy

This strategy becomes a reality through the development of action plans under the four pillars. These are:

- Pillar One – Adapting to Changing Business Environment
- Pillar Two – Quality
- Pillar Three – Technology and Research
- Pillar Four – Organisation Development

3.3 Structure of the IBTS

The organisation of work and management structures reflect the core functions that will deliver the Strategic Plan in an effective and efficient manner, emphasising core activities, facilitating better decision making and able to embrace change more readily.

The structure allows for inclusivity of all relevant stakeholders in the development of the IBTS and in delivery of better patient care.

Medical, Nursing and Donor Services will include Research and Development programmes and will be responsible for the implementation of Pillar One.

The Quality function will have the responsibility for implementing the goals and actions of Pillar two.

The goals and actions of Pillar Three will be implemented by the Medical, Scientific and Procurement functions and enabled by Finance and Human Resources.

The HR function will drive the Organisation Development Programme to ensure that the IBTS has the human capital to operate to the highest international standards. This will include developing appropriate change programmes to ensure the IBTS keeps abreast of the ever-changing world of transfusion medicine.

3.4 Our Strategic Objectives

Within these four pillar structures, the following strategic objectives will guide our priority actions during the period of this Strategic Plan.

Adapting to Changing Business Environment

IBTS will be recognised as being a high quality, reliable supplier of blood and blood products operating to the highest international standards and providing value for money. We will have developed within the new health environment and managed the emerging threats in a timely manner. We will have developed a public image that commands trust and loyalty from our donors and health care professionals.

- > The IBTS will play an integral role in the reform of the health services through direct discussions with the key stakeholders.
- > We will develop a financial strategy that will deliver:
 - An appropriate pricing strategy
 - A capital programme to include a new centre for Cork
 - Changing management focus from cost management to value, and

- Deliver value for money using key performance drivers
- > We will continue to create a customer focused environment in delivering services to donors, hospitals, clinicians, and patients.
- > Our advertising/promotion campaigns will play a significant role in establishing the institution of transfusion as a brand that inspires loyalty in our donors.

Quality

We will be operating to a single national quality system consistently applied throughout the organisation. A quality culture will be manifested in all activities/processes and functions. We will be recognised as a quality led organisation and have achieved accreditation to appropriate standards.

- > As we continue to develop systems of quality assurance we will add value to our operations and provide the highest standards of patient care.
- > We foster a culture of doing things Right First Time Every Time.
- > We will grow our skills and organisation capabilities to continuously improve our services to our customers and stakeholders at all levels.

Technology, Research

The IBTS will move up the value chain of transfusion medicine by developing a collaborative research programme with academic/pharmaceutical and international partners. The IBTS will become early adaptors of emerging technologies.

- > We will prioritise investment in science and technology to embrace changes in processing, testing and distribution of blood and blood components, tissue services, and blood products.
- > We will develop an active research programme in collaboration with medical schools, pharmaceutical companies and the European Blood Alliance to inform current practice and develop our capability in emerging areas to further transfusion medicine initiatives.
- > We will use Information Communication Technologies (ICT) as an enabling tool to effect change in how we carry on our business and integrate it in operational output.

Organisation Development

The IBTS will achieve its mission through an organisation and a working environment, which attracts the finest people; fully develops and challenges our individual talents and encourages individual and team based initiatives to drive the organisation forward.

- > The revised management structures and organisation of work will provide the IBTS with the capacity to respond in a timely manner to emerging opportunities and threats.

- > We will develop an externally orientated culture that will better guide internal process and procedures.
- > We will encourage teamwork across disciplines, divisions and geography to get the most effective integration of the ideas and efforts of our staff.
- > We will maximise the development of individuals through training and coaching on what they are doing well and how they can do better.
- > We will develop competency-based human resource systems to ensure that the IBTS has people with the right knowledge, skills and attitudes to enable them to do their work.
- > We are committed to a problem-solving, partnership approach to management of issues through initiatives such as interest-based bargaining and outputs from climate survey.
- > We will deliver an organisation that gives value for money and makes effective use of public monies.



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Strategic Actions and Performance Indicators

04

4.1

Pillar One
Adapting and changing
business environment

Department of Health & Children (DOH&C)

- > Enhance the relationship with DOH&C through greater involvement in the Strategic Planning process.

Performance Indicator: set up quarterly meetings with DOH&C / Health Service Executive to outline progress on strategy implementation and future development.

- > Secure funding for a new centre in Cork.
Performance Indicator: Board and Executive continue to proactively seek funding for a new centre in Cork, so that construction would be well underway during the lifetime of this plan.

- > Develop funding model that will deliver a cost-effective transfusion service.

Performance Indicator: reach agreement with DOH&C on funding model – end 2006.

- > Ensure that the IBTS and DOH&C work closely in monitoring international developments through the EU Commission and Council of Europe.

Performance Indicator: gain agreement with the DOH&C on representation rights on appropriate committees – end 2005.

HSE – Health Reform Programme

- > IBTS participate in any meetings, workshops and other fora where the Health Service Reform Programme is being debated and input into process.

Performance Indicator: seek a meeting with CE of HSE to discuss role of the IBTS. This will take place late 2005. Meet with Chief Executive of the National Hospitals Office to discuss areas of mutual benefit.

- > Keep HSE informed of major developments in IBTS and international trends.

Performance Indicator: prepare report quarterly for HSE.

Donor Attendance

- > The IBTS must deliver a donation experience that will attract and retain donors.

Performance Indicator: Following implementation of the recommendations of the Task Group (expected end 2005) we will carry out exit interviews with donors to gather their satisfaction levels and implement appropriate corrective actions - end 2006.

- > Develop a marketing/promotion campaign that will attract new donors in sufficient numbers to replace those that are permanently excluded.

Performance Indicator: each month the Operations Director will provide relevant statistics to demonstrate achievement of targets in this area. This will commence September 2005.

Financial

- > Design an appropriate budgeting and reporting system to support the successful delivery of the strategic plan.

Performance Indicator: Link management reports to rolling forecasts and key performance indicators. Financial year 2006.

- > Develop an understanding of our cost base and the activities that drive these costs.

Performance Indicator: Conduct an activity based costing exercise in specific sections of the organisation by late 2005.

- > Develop an appropriate benchmarking model to measure the effectiveness of our service and service delivery and cost effectiveness.

Performance Indicator: Using the information derived from the activity based costing exercise, develop appropriate benchmarking by late 2006/2007.

The IBTS must manufacture blood products and deliver service, so as to ensure that they are fit for their intended use, comply with the requirements set down in applicable legislation/guidelines and do not place patients/donors at risk.

Achieving this objective is the responsibility of management in conjunction with the participation and commitment of all IBTS staff at all levels.

In order to consistently achieve this objective, the Quality

Management System (QMS) in place in the IBTS must be comprehensively implemented throughout the organisation.

At a fundamental level, compliance with regulatory requirements is essential to staying in business, but it is also imperative that through a culture of continuous improvement, the QMS contributes to improvement in the organisations' performance.

Regulations

- > Compliance with the Blood Directive and forthcoming Tissue Directive.

Performance Indicator: through satisfactory internal audit and inspection by the Competent Authority.

- > Compliance with other directives examples - Pharmaceutical GMP Directive 91/356/EEC, InVitro Diagnostic Directive as applicable to IBTS businesses.

Performance indicator: through biannual internal compliance audits and external inspection by regulator in line with the Directive.

Value and Continuous Improvement

- > Agreement on identification and implementation of appropriate quality management standards for differing aspects of IBTS business.

Performance indicator: successful implementation and achievement of certification/accreditation to appropriate standards by end 2006 following evaluation of industry best quality systems.

- > Through the application of Quality Management Principles throughout the IBTS businesses, to contribute to cost reduction and risk management.

Performance indicator: establishment of appropriate metrics by end 2006 to measure improvements and evaluate effectiveness.

- > Through establishment of linkages to similar organisations to inform the IBTS on best Quality Management Practice.

Performance indicator: benchmark IBTS against comparable services. This exercise to commence during 2006 and become part of ongoing business review.

Science & Technology

- > IBTS expenditure on research and development.

Performance Indicator: a detailed research and development plan will be prepared and presented to the Board – end 2005.

- > Enhancement of development to underpin strategic technologies of ICT – to be measured against baseline assessment of these areas within IBTS in 2005.

Performance Indicator: an action plan will be prepared and presented to the Board for approval early 2006.

Research Programme

- > Establish a R & D programme with an agreed programme and funding.

Performance Indicator: established by end 2005.

- > Build collaborative programmes between IBTS and selected academic institution.

Performance Indicator: initial outline agreement sourced by end 2005.

- > Impact of research and development on practice both within the IBTS and in the Health Sector.

Performance Indicator: a full project plan together with approval by the Board to be in place by late 2006.

ICT as an enabling tool

- > Integration of ICT into business planning and implementation.

Performance Indicator: all project managers will ensure that ICT is included at very early stages in the process.

- > ICT seen as a partner in the achievement of a more effective and efficient blood transfusion service.

Performance Indicator: ICT will agree service level agreements with all departments during 2006.

- > Develop strategy for integration of ICT to planning and execution of operations of IBTS.

Performance Indicator: strategy developed following consultation with relevant stakeholders – end 2005.

Regulatory

- > Implementation of EU Blood Directive 2002/98/EC.

Performance Indicator: full implementation of relevant provisions of EU Directive 2002/98/EC and associated Directives.

Testing

- > Introduce test for vCJD.

Performance Indicator: continually monitor technical advances in the area.

- > Introduce single donor NAT testing for new diseases as they occur.

Performance Indicator: report to Medical Advisory Committee (MAC) on a monthly basis.

- > Use of technology to automate NAT testing.

Performance Indicator: provide biannual papers on progress with “Black Box” technology in association with the budgetary cycle and prepare business case for its introduction when technology is stable.

Production

- > Implement robotic component manufacture.

Performance Indicator: at end 2005 present update on progress to date and actions required for 2006.

- > Introduce prion removal during 2005.

Performance Indicator: maintain contact with companies developing technologies and continuously benchmark with UK and other authorities.

Collection of Blood

- > Meet demands through increased platelet collection by apheresis.

Performance Indicator: review performance and policy on a regular basis in both centres.

Pharmaceutical Developments

- > Production of fresher red blood cells for critically ill patients.

Performance Indicator: research to be carried out over next four years to prepare approach.

- > Extend the life period of platelets.

Performance Indicator: bacteriological testing introduced in late 2004 and implement seven day platelet protocol in 2005.

Clinical Practice

- > Report of National Blood Strategy Implementation Group.

Performance Indicator: engage with DOH&C and other relevant bodies on the recommendations of the report. The establishment of a National Transfusion Committee a priority.

Structure

- > Review organisation internal structures to ensure best fit with our new strategy and implement changes as required.

Performance Indicator: New structure put in place and effectively communicated in December 2004, reviewed at the end of 2005.

- > Undertake a review of all aspects of operations to improve service delivery and achieve value for money.

Performance Indicators: All management will be required to assess their areas and to provide plans for improved services. Reviews to be completed and submitted to senior management by agreed date.

- > Deepen change and modernisation by benchmarking best practices in similar international organisations and through cross functional teams progress issues of Medical, Quality, Customer Service, Human Resource Management, Financial Management and Information Systems.

Performance Indicator: Teams formed 2005, report to the Management Group annually.

- > Continue to develop, implement and negotiate changes in our Laboratories.

Performance Indicator: Agreement reached with the Association representing staff and implementation of outcomes in 2005.

Human Resources Management

- > Continue to develop and implement the Human Resources Review and Strategy.

Performance Indicator: Report prepared in early 2005 on progress to the end of 2004 and action plans developed and approved by Business Review Group.

- > Continue to design and get agreement on implementation of our Performance Management System, so as to enhance organisation and staff competencies and performance.

Performance Indicator: Agreement reached on the design of the system and clear project plan for its implementation, end of December 2004. Senior Management to pilot the programme early 2005 and full rollout for all employees 2006.

- > Following an organisation training needs analysis provide specific training and development, addressing the technical and development needs of individuals and categories of staff using the most cost effective solutions.

Performance Indicator: Successfully gaining the Excellence in People award by the end of 2006 and the allocation of resources based on a percentage of payroll.

- > Adding to our equality agenda with more affirmative action.

Performance Indicator: Continue to develop policies to achieve greater participation for people with disability and to carry out an audit that will allow us to see how this might be achieved. To be completed by end 2005 with a report to the Board.

- > Further developing our recruitment and selection methods to ensure we meet the needs of the business with the appropriate people in the right jobs at the right time.

Performance Indicator: Development of an annual recruitment plan, which will be linked to the budgeting process therefore capturing all proposed developments. This will commence autumn 2005. Project plans will be drawn up for each competition outlining all stages with specific dates.

- > Develop Management Development interventions to ensure all management have the appropriate competencies to deliver on their agreed objectives and their strategic plan.

Performance Indicator: A full needs-analysis to be completed by the end of 2006 with detailed development plans in place for 2006 and beyond, addressing the most urgent needs.

- > The continuing development of an Employee Relations agenda.

Performance Indicator: Creation of an Employee Relations Strategy to be completed end 2005 with a detailed action plan.

- > Through the Partnership Steering Group promote enhanced communication with staff on key issues on the process of change and improvement.

Performance Indicators: The use of interest-based bargaining to become more commonplace to resolve many changes. The numbers of meetings held by the PSG and the issues being dealt with will demonstrate progress in this key area.

Culture

- > Create a performance enhancing and adaptive culture

Performance Indicators: The use of a performance management system that includes objectives that value all key constituencies and practices that fit the business context. Annual reports by each department to demonstrate this.

- > Develop values for the organisation and implement these through behavioural and practical anchors.

Performance Indicators: Through the Partnership Steering Group these will be established and communicated and plans established to monitor the effectiveness of these. This to be completed mid 2006 with annual reviews.

- > Top Management's actions.

Performance Indicator: Management clearly differentiate adaptive values and behaviours and show strong commitment to these by setting the example, by communicating the values and behaviours consistently, by not tolerating arrogance in others and re-emphasising that we are here to serve those who donate blood and those who require it.

- > Identify areas that impact on achieving a performance enhancing culture for the organisation and take actions to negate these.

Performance Indicators: An employee opinion survey to be carried out, the results validated and action plans in place. These will be completed by March 2005 and every two years after this.



Irish Blood Transfusion Service

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Web www.ibts.ie Aertel p691 Donor Infoline 1850 73 11 37

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Dublin Blood Donor Clinic
2-5 D'Olier Street, Dublin 2
Telephone 01 6703366

Stillorgan Blood Donation Clinic
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Carlow Centre
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Tuam Centre
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