

Corporate Plan

2017 - 2021



Northern Ireland
Blood Transfusion Service

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1 INTRODUCTION

1.1 Background

The Northern Ireland Blood Transfusion Service (NIBTS) is the sole supplier of blood components and products to Health and Social Care bodies in Northern Ireland. All blood components prepared from donations are provided by voluntary, non-remunerated donors. Any costs referred to in this document relate to the operational costs of collection, testing, processing, storage, supply and distribution of blood and blood products.

NIBTS statutory duties are set out in The Northern Ireland Blood Transfusion Service (Special Agency) (Establishment and Constitution) Order (Northern Ireland) 1994 and the subsequent Northern Ireland Blood Transfusion Service (Special Agency) Accounts and Financial Provision Direction (NI) 1995.

NIBTS holds a blood establishment authorisation licence from the MHRA. Licensed activities include collection, processing, storage, testing and distribution of blood components.

The organisation also retains a wholesale distributor's licence for plasma products.

The Blood Safety and Quality Regulations (BSQR) 2005 (as amended) require adherence to good manufacturing practice principles which are supported by a quality management system. NIBTS is committed to retaining its licences and maintaining a state of readiness for licensing inspection visits.

NIBTS also provides the regional antenatal testing programme and specialist immunohaematology support to hospital blood banks and is UKAS accredited to ISO 15189 standards.

In order to protect against the possible risk from variant Creutzfeldt-Jakob Disease (vCJD) in the UK population, since June 1998, UK Transfusion Services have been required to use imported plasma for the manufacture of plasma products.

NIBTS has established Service Level Agreements (SLAs) with Northern Ireland hospital Trusts for the supply of whole blood and blood components. In addition, NIBTS supplies products used in the management of haemophilia patients that are

funded by the HSC Board. There is also an SLA between NIBTS and the HSC Board for the provision of patient testing services including antenatal testing.

As with all organisations operating in Northern Ireland, NIBTS will continue to abide by all of its statutory responsibilities in relation to Equality and Human Rights as contained within Section 75 of the Northern Ireland Act (1998). We have developed an Equality Scheme which describes how we fulfil our duties required by Section 75.

1.2 Facilities and Services

NIBTS operates from its headquarters on the Belfast City Hospital site which incorporates:

- whole blood and plateletpheresis collection unit
- processing and testing laboratories
- donor administration
- medical team
- nursing team (which provides staff for headquarters and mobile donation units that collect blood around the eastern area of Northern Ireland)
- quality and regulatory compliance department incorporating the quality control laboratories and
- corporate functions including Finance and HR

Additionally, NIBTS has a satellite blood collection team based in the Tyrone and Fermanagh Hospital in Omagh. There is a newly refurbished donation facility in College Street, Belfast and a purpose-built BloodMobile Unit that supports the collection of blood across Northern Ireland.

1.3 Purpose

NIBTS was established to collect, process and deliver high quality blood and blood products and appropriate advice to the Health Service in Northern Ireland to the required regulatory standard. It also provides antenatal screening for all of Northern Ireland.

1.4 Values

We have identified four key values that underpin the work that we do:

1. Respect the altruistic values of donors
2. Treat donors as we would wish to be treated ourselves
3. Listen to complaints and suggestions and respond positively to those
4. Listen to our colleagues and value their contribution

1.5 Vision

These values are supported by five key themes:

1. Donor and patient safety
2. Maintenance of licences
3. Maintenance of supply of blood and blood products to the HSC
4. Prudent use of public funds
5. Developing staff to improve the services we provide

These themes are reflected in the five key strategic objectives detailed in the Board Assurance Framework:

1. **Donor/Patient** – *Improving the Donor/Patient experience*
2. **People** – *Engage, empower and encourage learning and development*
3. **Improvement** – *Embedding a culture of continuous improvement*
4. **Quality** – *Ensuring governance and compliance*
5. **Resources** – *Improving performance and achieving excellent results*

2 STRATEGIC CONTEXT

2.1 Regional



At a strategic level the Agency's objectives stem from the Northern Ireland Executive's Programme for Government (PfG). PfG is yet to be finalised. However, the Agency will be cognisant of the strategic outcomes contained within PfG and, where relevant, develop its strategic vision accordingly.

Additionally, the recommendations and actions flowing from Health and Wellbeing 2026, as well as the Expert Panel's Report of 2016 will influence the Agency's strategic goals and ambition. In particular, proposals for modernising HSC Pathology Services highlight NIBTS' pivotal role and its unique regulatory environment within the HSC. A range of

proposals for reform of pathology services are currently under consideration, pending consultation with stakeholders.

Mindful of the strategic changes outlined above and the potential outcomes for the Agency, this Corporate Plan has been developed to ensure our aims and objectives for the next four years continue to support resilience and readiness for strategic change. This will ensure NIBTS continues to provide a safe, high quality service to patients – underpinned by regulators – and to further enhance its excellent reputation within the HSC and the Northern Ireland public.

Financial challenges

Whilst the extent of funding available during this period is unclear, NIBTS is required to deliver its services efficiently, ensuring value for money with maximum productivity. As a consequence, NIBTS will develop a number of work streams to support these objectives which will be agreed with the HSCB and DoH.

2.2 Blood Transfusion Environment

NIBTS must maintain three licences and accreditations:

- The Medicines and Healthcare Products Regulatory Agency
 - Blood Establishment Authorisation
 - Wholesale Dealers Licence
- UK Accreditation to ISO 15189 standards for NIBTS diagnostic screening laboratories.

NIBTS is also subject to inspection by the Regulation and Quality Improvement Authority (RQIA).

In addition, the organisation is required to ensure it retains Investors in People accreditation.

2.3 Blood Stocks and Supply to Hospital Blood Banks

Demand for red cell components has reduced and this is expected to continue for the next three years. The main reasons for this are changes to clinical practice following NICE guideline NG24 which is recommending minimal transfusion at lower transfusion thresholds. There are a number of target patient groups such as haemato



oncology and patients with acute upper gastrointestinal haemorrhage where even further reductions in red cell transfusions are likely. Continued progress is contingent upon an audit and implementation plan published by the Northern Ireland Transfusion Committee which has been submitted to GAIN for funding. Projections for the medium term are given in the following table.

Financial Year	Red Cell Components Issued	Red Cell Components Transfused
2017/18	46,000	44,000
2018/19	45,000	43,000
2019/20	44,000	42,000
2020/21	44,000	42,000

The situation for platelet components is more fluid and expected increases in the last three years have not materialised.

Clinical practice guidelines and audit activity with action plans for improvement have optimised appropriate use. For example, historically, multiple unit platelet transfusions accounted for 30% of transfusion episodes but this has reduced to 10%.

The patient demographic, the increasing incidence, earlier diagnosis and more intense treatment protocols for cancer illnesses is expected to lead to an increase in demand. The opening of a new cancer radiotherapy centre in Altnagelvin Hospital should also increase clinical activity. With these caveats in mind, projections for the medium term are given in the table below.

Financial Year	Platelet Components Issued	Platelet Components Transfused
2017/18	9,500	9,000
2018/19	10,000	9,500
2019/20	10,500	10,000
2020/21	11,000	10,500

Following a stable period, there has been an unexpected increase in issues of fresh frozen plasma and pooled cryoprecipitate components in year 2016/17. This reflects changes in major haemorrhage protocols which are using balanced component ratios of red cells and plasma for resuscitation of trauma patients. It is anticipated this is a one off shift and sets a new threshold. Estimates for frozen components issued are given in the table below.

Financial Year	Fresh Frozen Plasma Components Issued	Fresh Frozen Plasma Components Transfused
2017/18	6,000	6,000
2018/19	6,000	6,000
2019/20	6,000	6,000
2020/21	6,000	6,000

Financial Year	Pooled Cryoprecipitate Components Issued	Pooled Cryoprecipitate Components Transfused
2017/18	1,500	1,500
2018/19	1,500	1,500
2019/20	1,500	1,500
2020/21	1,500	1,500

2.4 Blood Collection Programme

A new blood collection strategy was developed in 2016 for the period 2016-2020. Key to this strategy is the rationalisation of the whole blood donor programme to address the reduction in need for whole blood and the increased demand for platelet production.

2.5 Variant CJD

There have been no reported transfusion transmitted cases since 2006. Seroprevalence studies of random unselected appendices indicate a reduced estimate of risk. No further initiatives in this area are planned in the medium term.

2.6 Clinical Transfusion Practice and Haemovigilance

The NIBTS medical team continues to work collaboratively with the Northern Ireland Transfusion Committee and other key stakeholders in haemovigilance, hospital blood banks and medical specialties.

NIBTS is part of the Northern Ireland Transfusion Committee (NITC) which has developed a work stream to implement NICE guideline NG24.

These recommendations have the potential to further reduce red cell demand and increase platelet component demand.



3 STRATEGIC OBJECTIVES

This section sets out the key issues, developments and improvements expected by NIBTS over the next four years against each of the five strategic themes. The financial context for the next four years is also referenced.

Donor/Patient – *Improving the Donor and Patient Experience*

- NIBTS will continue to improve the Donor and Patient experience by providing excellent service.
- A number of intervention strategies to reduce adverse events in donors will be implemented.
- We will develop innovative ways to engage and communicate with donors.
- Service users will be engaged through the development of a comprehensive Personal and Public Involvement (PPI) strategy in collaboration with the BTS Communities Partnership.
- Promotion of excellent clinical practice to support patients' and clinical teams' expectations for high quality blood components that comply with all relevant safety and quality standards.
- In collaboration with NITC, a strategy will be developed to ensure that blood components are only transfused where this is appropriate according to best available evidence.
- The genetic hemochromatosis (GH) programme will be extended to include patients who attend the hepatology and gastroenterology services of BHSCT.

This will be supported by collaborative working models to enable a greater number of these patients to enrol as blood donors.

- Implementation of a regional laboratory information management system - potentially including NIBTS core blood management system - has the potential for electronic tracking and complete audit trail from vein to vein. This will enhance regulatory compliance.
- All blood donors will be screened for HEV in keeping with advice from DoH issued in January 2017.
- Platelet additive solution for buffy coat derived platelet components will be introduced during 2017/18.
- In collaboration with Trusts and HSCB, we will assess the National Institute for Healthcare and Clinical Excellence (NICE) recommendation regarding the introduction of non-invasive prenatal testing for Rhesus D negative antenatal patients.

People – *Engage, Empower and Encourage Learning and Development*

- The Agency Board will support the objectives outlined in the NIBTS HR Strategy which will be introduced in 2017/18. NIBTS will continue to ensure full implementation of effective individual staff development reviews and personal development plans linked to NIBTS corporate goals and objectives.
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- NIBTS remains committed to developing staff within the framework of the Generation Six Investors in People standard.
 - We will continue to ensure effective learning and development for all staff through a range of methods including encouragement of continuing professional development, participation in the Agency's Post Entry Qualification scheme as well as bespoke management training interventions.

- NIBTS will continue to develop its people-centred practises and develop good management practices and exhibit exemplars of knowledge, skills and behaviours (KSB) in its senior and line managers.
- We will implement a programme to develop the Board and Senior Management Team.

Improvement – *Embedding a Culture of Continuous Improvement*

- During this period, NIBTS will embed a culture of continuous quality improvement. This will be facilitated through CPD, awareness of developments in the relevant professions, departmental service improvement plans and taking account of staff and user suggestions for service enhancement.
- NIBTS continues to examine all operational aspects of its services with a focus on improving compliance, safety and quality. The quality management system through internal audit, change control and incident management provides further opportunities to enable continuous quality improvement.
- It is intended during this period to assess the feasibility of the introduction of pathogen reduction technology for apheresis platelet component donations.
- We will engage with the Northern Ireland Pathology Network and HSCB to support the modernisation of pathology services in Northern Ireland.
- NIBTS will continue to develop and test its emergency planning protocols and business continuity plans in line with relevant DHSSPS standards.
- The current Blood Management IT system is under review to determine how future blood tracking requirements will be supported in the context of a new regional laboratory information management system (LIMS).
- The Agency's purpose, objectives, values and vision will be reviewed as part of the Investors In People programme.

Quality – *Ensuring Governance and Compliance*

- During this period, NIBTS will remain ready for all external licensing inspections.
- The NIBTS Board Assurance Framework ensures that NIBTS meets its obligations in terms of the operation of its Board, Audit Committee, and Governance and Risk Management Committee. Its governance and risk management structures will continue to comply with all relevant regulations and standards.
- In addition, NIBTS will continue to develop substantive compliance across a range of Controls Assurance Standards which will be reported to the Agency Board. The internal audit programme will be expanded to include outcome as well as process assessments.

Resources – *Improving performance and achieving excellent results*

- NIBTS will continue to develop its performance management arrangements in order to achieve excellent results.
- Every staff member will have a clear link from NIBTS corporate goals and objectives to their individual objectives within the staff review process to enable them to contribute to the success of the organisation and achieve excellent results.
- NIBTS will continue to deliver cash release and efficiency targets as required by HSCB and DoH.
- In the context of a constrained financial environment, business processes will be examined and redesigned for maximum operational efficiency and demonstrate value for money.
- NIBTS will continue to participate in benchmarking exercises with other UK Blood Transfusion Services and with other Blood Services within the European Blood Alliance.

- NIBTS has developed a corporate business planning cycle which outlines to all staff the business planning process and reinforces the key business stages throughout the year. Departments will support the key corporate objectives with objectives for each individual linked corporate objective.
- The Agency will ensure that each year employees have an opportunity to be consulted upon the Annual Business plan in advance of formal publication.
- Over the next four years, NIBTS will maximise collaboration with other UK Blood Services through joint procurement exercises which has been endorsed by the UKBTS Forum.

4 Glossary

Haemochromatosis: An inherited condition in which iron levels in the body slowly build up over many years.

Foetal genotyping: Blood test to predict the blood group status of foetuses at risk from haemolytic disease of the foetus and newborn (HDFN).

Variante Creutzfeldt-Jakob Disease (vCJD): Rare and fatal human neurodegenerative condition which is classified as a Transmissible Spongiform Encephalopathy (TSE) because of its ability to be transmitted and the characteristic spongy degeneration of the brain that it causes.

Platelets: Also called thrombocytes, are a component of blood whose function is to stop bleeding by clumping and clotting blood vessel injuries.

NICE guideline NG24: National Institute for Health and Care Excellence is an executive non-departmental public body of the Department of Health in the United Kingdom. This guideline (NG 24) covers the assessment for and management of blood transfusions in adults, young people and children over 1 year old.

Hepatitis E Virus (HEV): Hepatitis E is a viral hepatitis caused by infection with a virus called hepatitis E virus. It is one of five known human hepatitis viruses: A, B, C, D, and E. HEV is a single-stranded non-enveloped RNA virus. Principally it has a faecal-oral transmission route, but can be transmitted via blood transfusion and organ transplantation.

Buffy coat platelets: The buffy coat is the fraction of anticoagulated blood that contains most of the white blood cells and platelets following density gradient centrifugation of the blood. The buffy coat of four whole blood donors can be combined to produce a buffy coat platelet component for patient use.