

NHSBT Board
January 26 2017

Matters Arising (Public) from meeting held on Thursday 24 November 2016

| Agenda item no. | Issue | Lead | Action Taken |
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| 6 | PATIENT STORIES | | |
| | Ms Johnson highlighted the supply challenges the UK experiences with heart valves as these have to be matched to the age of the recipient. We are currently undertaking an intensive piece of work in neo-natal donation and hope that people will still donate hearts for valves even if the whole heart cannot be used. | SJ | Work ongoing |
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| 7 | CHIEF EXECUTIVE'S REPORT | | |
| | Mr Trenholm began his report by drawing attention to the promising completion rates of the YourVoice survey. Currently over 73% of NHSBT colleagues have filled out the survey, which was distributed for the first time entirely digitally. The Board will see a paper about the responses in March 2017. Mr Evans noted that we hope to be able to share some early outcomes in January. | DE | A verbal update will be given at the January Board meeting. |
| | The Board noted that our stocks alert levels are currently at 5.4 days, but noted that Christmas was a challenging time and we are aiming to drive levels higher. | MS | Collection targets were achieved in total and for O- and B- during both November and December, and as a result stock levels grew through December achieving 32.3k on Christmas Eve, 6.2 days cover and 43.5k including WIP. |
| | Mr St John asked what interim arrangements had been made to cover Mr Lidstone's departure. Mr Trenholm informed the Board that Stuart Penny, Assistant Director National Operations Blood Supply, would handle the majority of Mr Lidstone's responsibilities. Mr Stredder will expand his duties to include logistics governance. | SP | Mr Penny and Mr Stredder have been operating in this capacity since Mr Lidstone's departure. |

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| | Building on the report's note that we are still aiming to increase ODT registrations, Ms Austin informed the Board that we have been in contact with DWP and HMRC and are aiming to set up end of transaction registration prompts, replicating our success with the DVLA initiative. | LA | HMRC have responded positively that they will work with us to integrate prompts to join the Organ Donor Register on the tax credits and personal tax accounts pages. We are still waiting to hear back from DWP. |
| 8 | BOARD PERFORMANCE REPORT | | |
| | We are still around 50 deceased donors behind plan. The ODT team remain focused on closing the gap but there is a risk that if we continue at current levels, we would not be on trend to deliver the ODT strategic plan and were at risk of falling below the levels of 2015/16. We may therefore need to look at adjusting the targets for 2017/18 and within the 5 year plan. | SJ | We are now only 20 donors behind plan but are making adjustments to the distribution of targets to 2020 |
| | Mr Pattullo praised the formatting of the Triennial Review updates, appended to the Board Performance Report. He requested that a more substantial update be scheduled as a separate agenda item, every third Board meeting. | OR | This has been included in the forward plan. |
| | Mr Pattullo suggested that it would be useful to calculate the return on our investment from the recent two new Therapeutic Apheresis Service (TAS) sites, noting that we should approach any judgements from the perspective of a UK Plc ROI calculation. | HW | A slide deck was circulated offline to address this matter, which outlined the benefits of TAS to the NHS and the profitability of new and existing units. |
| | Mr St John requested that SCDT clarify the split between international and UK business in graph 31, without creating an additional graphic. | HW | The Board performance report has been amended accordingly. |
| | Mr Pattullo suggested that it may be useful to produce an update concerning this, which would highlight the benefits of transferring eye bank ownership to NHSBT. He further noted that it may be useful if an appropriate consultancy were to underwrite our conclusions. | HW | A slide deck was circulated offline to address this matter, demonstrating that NHSBT has driven substantial improvements in the eye banking operation following its transfer in April 2015. |
| 9 | CLINICAL GOVERNANCE REPORT | | |
| | The second incident involved the HTA inspection of East Grinstead Eye Bank, which noted that some samples have been tested outside of manufacturer | GM | The incident is updated in Clinical Governance report. |

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| | specifications with regard to timeframes. The clinical risk is very low. Dr Mifflin informed the Board that we have already put measures in place to reduce the time frames. | | |
| 10 | CSM READINESS TEST | | |
| | Mr Lidstone informed the Board that each of the metrics on the checklist was underpinned by a more detailed set of criteria. The final decision about whether we are able to go live would be made at the TPB. | PL | CSM programme now reporting into Mr. Trenholm. Go live decisions will be taken at the TPB as required. |
| 11 | EQUALITY AND DIVERSITY ANNUAL REPORT | | |
| | The Board learned that we will be diversifying our efforts to focus on disability and LGBT issues as well as our commitment to addressing race equality in the organisation. We aim to have 'disability confident' status within 12 months. | SJ | Work ongoing |
| | Mr Pattullo said that in his experience networks are empowered by senior sponsorship and asked how the Board could help develop these initiatives. The Board learned that the Executive Team will make a proactive effort to meet individuals involved with these networks when visiting centres. | OR | The relevant representatives will be attending the Executive Team Directors' Breakfast at the next visit to a centre. |
| | Mr Pattullo asked for an update in six months, in order to ensure that we are making progress. | SJ | An update will be provided in 6 months as requested |
| 12 | BLOOD PERFORMANCE REVIEW | | |
| | The report informed the Board that despite a decline in the overall demand for whole blood, certain requirements are increasing, particularly Ro blood. Mr Stredder noted that we need to analyse the gap between demand and issues. | MS | We have significantly increased the number of issues of Ro over the last year, however have not been able to satisfy demand. The unconstrained demand forecast for 17/18 is 47k v actual issues for this year expected to be 33k. We need to increase the recruitment of Ro donors by in excess of 300% to achieve this. |
| | Mr Pattullo noted that we should determine whether to keep our published VMI targets, given the acknowledged difficulties we will experience meeting them. | HW | The 20 hospitals in the current phase of VMI will be completed by April 2016. At this stage, a review of the project will be undertaken, and plans for the next stage devised accordingly. The targets for VMI will be revised at that point, should the project continue. |
| 14 | ODT HUB UPDATE | | |
| | There is still some uncertainty around ICT platform | BH | Work ongoing |

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| | dependencies, and we are in daily discussions with the wider CSM team about ICT platform enablement. | | |
| 15 | COMMITTEE MINUTES | | |
| | The Board noted that the terms of reference would be compared to the recommendations from the Triennial Review and amended if required. | LA | The National Administrations Committee secretariat has reviewed the Triennial Review recommendations and has agreed with the Committee Chair that no amendments are needed to the Terms of Reference. |