

NHS BLOOD AND TRANSPLANT

24 November 2016

UPDATE ON THE IMPLEMENTATION OF THE RECOMMENDATIONS OF THE TRIENNIAL REVIEW REPORT

	Owner	NHSBT Lead	Actions	Timing	NHSBT Comment
STAGE 1					
Recommendation 1 <i>The review team recommends that the range of functions currently undertaken by NHSBT should continue.</i>	N/A	N/A	N/A	N/A	N/A
Recommendation 2 <i>The review team recommends that DH takes advantage of the opportunity presented by the end of the five year strategy for stem cell transplantation to engage with NHSBT and Anthony Nolan and agree a way forward that addresses any infrastructure duplication and plays to the respective strengths of NHSBT and Anthony Nolan in supporting DH objectives and priorities.</i>	DH <i>(Genomics Science and Emerging Therapies Team)</i>	HW	DH has been steering NHSBT in this direction for some time and it is now firmly on their business planning radar. DH is also supporting two initiatives, on cell manufacture and maximising uptake into clinical trials, that both respond to these recommendations.	End 2016/17	The strategy for Stem Cell Donation and Transplantation (SCDT) was formally reviewed by the NHSBT Board in September 2016. The strategy will be further reviewed and modified to incorporate any subsequent actions emerging from DH by end 2016/17.

Recommendation 3 <i>The review team recommends that NHSBT remains a Special Health Authority in England and Wales.</i>	N/A	N/A	N/A	N/A	N/A
Recommendation 4 <i>The review team recommends that NHSBT should adopt a stretch target for DTS.</i>	NHSBT	IT	Stretch target to be confirmed at the January 2017 meeting,	Inclusion in 2017/18 business planning	
Recommendation 5 <i>The review team recommends that NHSBT, working with DH and NHS England, and the Devolved Governments, undertake a specific project to develop a proposal on the future of ODT funding in England.</i>	NHS England, DH, and NHSBT	SJ	Triona Norman to discuss with Jeremy Mean.	Summer 2017 (and allow inclusion in the NHS England Mandate 2018/19 if required)	A Sustainable Funding Group, chaired by Elizabeth Buggins, is in place and includes representatives of NHS England, the four UK Health Departments and NHSBT. Its primary remit is to consider funding levels and mechanisms in the context of what is needed to deliver the outcomes of the TOT 2020 strategy.
STAGE 2 – GOVERNANCE AND RELATIONSHIPS					
Recommendation 6 <i>The review team believes that NHSBT (for executive appointments) and DH Ministers (for non-executive appointments) should seek to use any upcoming appointments to consider strengthening specific skills and areas of knowledge on the board. In particular: donation from Black, Asian and Minority ethnic communities and individuals and</i>	DH (Public Appointments Unit) and NHSBT	JP	This is provided by the existing planning submission where a JD/PS covering the role/responsibilities and the essential/desirable criteria is provided and describes the diversity of the current Board and whether we are looking to attract female/BME applicants for a	Ongoing, as posts become vacant	

<p><i>Regenerative Medicine.</i></p>			<p>campaign. Advertising or promotion of the role is also covered eg targeting specific groups. This is then provided within the recommendation sub when the Minister is asked to make a decision on who they wish to appoint.</p>		
<p>Recommendation 7 <i>The review team recommends that NHSBT and Welsh Government Officials review information flow to assure themselves that they are systematically sighted on all key areas of work and upcoming developments.</i></p>	<p>NHSBT, DH (Major Health Conditions Policy Team) and Welsh Government</p>	<p>IT</p>	<p>Welsh Government to confirm that existing arrangements with NHSBT satisfy the recommendation.</p>	<p>Immediate</p>	<p>The National Administrations Committee (a sub committee of the NHSBT Board) will oversee that policy priorities and developments are appropriately aligned.</p>
<p>Recommendation 8 <i>The review team recommends that NHSBT amends the board pages on the NHSBT website to indicate which executive directors are full members of the board and which are non-voting members.</i></p>	<p>NHSBT</p>	<p>IT</p>	<p>Done</p>	<p>Immediate</p>	

<p>Recommendation 9 <i>The review team recommends that the National Administrations Committee of the NHSBT Board works with government officials from each of the four nations, as well as the respective national commissioners, to identify and advise the NHSBT Board on future policy divergences.</i></p>	<p>NHSBT, DH (Sponsor Team) and Devolved Administrations</p>	<p>JP</p>	<p>Done</p>	<p>For the next meeting of the Committee</p>	<p>Built into the Terms of Reference of the National Administrations Committee.</p>
<p>Recommendation 10 <i>The review team recommends that the relationship and expectations of each service in terms of contingency planning should be formalised, to guarantee that blood provision across the whole of the UK will be maintained if there is a crisis in one of more of the four services.</i></p>	<p>NHSBT, DH (Sponsor Team) and Devolved Administrations</p>	<p>IT</p>	<p>No progress to report at this stage.</p>	<p>Q3 2016/17</p>	
<p>Recommendation 11 <i>The review team recommends that NHSBT continues to work to create greater and more consistent branding for its DTS products and services within the context of maintaining and developing the existing strong brand for blood and ODT.</i></p>	<p>NHSBT</p>	<p>HW</p>	<p>Branding for DTS services has been developed in line with corporate guidelines and is used consistently across the Directorate. Externally-facing websites have also been upgraded.</p>	<p>Immediate</p>	

<p>Recommendation 12 <i>The review team recommends that the Department of Health coordinates arrangements to support CQC, MHRA, HTA and other health and care system regulators, plus UKAS, to provide an even more joined-up regulatory framework, including to identify ways to improve their current information sharing arrangements.</i></p>	<p>DH (Triennial Review Team)</p>	<p>IT</p>	<p>No progress to report at this stage.</p>	<p>As part of the ongoing DH programme of reviews</p>	
STAGE 2 – STRATEGIC LEADERSHIP					
<p>Recommendation 13 <i>The review team recommends that NHSBT should develop clear priorities for its role in the development of translation medicine, plus gene and cell diagnostics therapies in healthcare, and actively seek partnerships with relevant organisations to promote this work.</i></p>	<p>NHSBT</p>	<p>HW</p>	<p>NHSBT’s strategy for regenerative medicine was agreed by the Board in 2015. This included defining NHSBT’s core competencies, positioning and priorities in this market. NHSBT is actively working with relevant clinical, academic and commercial organisations to support cell therapy development, clinical trials and translational medicine. NHSBT has also been active in developing policy in this area and is a member of various cross-government groups.</p>	<p>To be included in NHSBT objectives in 2017/18 business planning round</p>	

STAGE 2 – EFFICIENCY

<p>Recommendation 14 <i>The review team recommends, that DH should consider NHSBT's expertise in LEAN and HR as potential shared services for other ALBs.</i></p>	<p>DH (Triennial Review Team)</p>	<p>RB</p>		<p>As part of the ongoing DH programme of reviews</p>	
<p>Recommendation 15 <i>The review team recommends that NHSBT's blood collection modernisation strategy is accelerated, but is monitored through a phased plan with key decision points reflecting analysis of the impact on donor behaviours.</i></p>	<p>NHSBT</p>	<p>MS</p>	<p>This will be initially considered in the review of performance vs the Blood 2020 strategy in November 2016 and captured in the updated 2017/22 five year business plan (issued March 2017).</p>	<p>Agreed programme of acceleration to be reached in Q1 2016/17.</p>	
<p>Recommendation 16 <i>The review team recommends that work to actively reduce blood use is included in the implementation of the Model Hospital proposed by Lord Carter's review of operational efficiency.</i></p>	<p>Carter Review Team</p>	<p>IT</p>	<p>DH will discuss this with the project leads on the various clinical compartments of the model hospital. These projects are only beginning from September 2016 and the timelines for producing content for the model hospital are currently being established. The Carter implementation team will be discussing appropriate metrics on blood use with the clinical project leads once the timelines have been</p>	<p>Integrated with the ongoing Carter Programme</p>	

			agreed.		
<p>Recommendation 17 <i>The review team recommends that NHSBT and DH undertakes further analysis to establish whether there is scope of drive behavioural change through alternative pricing structures for blood.</i></p>	<p>NHSBT and DH (Public and International Health Directorate Analysis Team)</p>	HW	<p>Following consultation with the NHS the NCG pricing proposals for 2017/18 will not include differential pricing. Feedback from consultees was that differential pricing would be unlikely to change prescribing behaviour.</p>	<p>Analysis undertaken and tabled for consideration at the November 2016 meeting of the NCG</p>	<p>Demand / supply trends will continue to be monitored through 2017/18 and differential pricing will be considered for inclusion in proposals for 2018/19 (at the November 2017 NCG).</p>
<p>Recommendation 18 <i>The review team recommends that The Productivity and Efficiency Programme supports NHSBT to access appropriate data from providers to build a more effective business case, with specific case studies, to understand the levels of efficiency that hospitals could achieve.</i></p>	<p>Carter Review Team</p>	IT	<p>No progress to report at this stage.</p>	<p>Integrated with the ongoing Carter Programme</p>	