

**One Hundred and Seventeenth Meeting of the NIBTS Agency Board**

**Thursday 10 December 2015**

**Venue: Lecture Room, Northern Ireland Blood Transfusion Service**

**Present:** Mr Jim Lennon, Chairman  
Mr Philip Cathcart  
Mr Ian Henderson  
Mrs Lorraine Lindsay  
Mr Paul Simpson

**In attendance:** Mr Glenn Bell  
Mr Charles Kinney  
Ms Angela Macauley  
Mr Patrick Madden  
Dr Kieran Morris  
Mr Ivan Ritchie

**1. Apologies**

There were no apologies received.

**2. Declaration of potential conflict of interests with any business item on the agenda**

There were no declarations of interest received.

**3. Chairman's Business**

Mr Lennon requested the non-executives meet with him following this meeting for a brief discussion to follow on from the board development day which took place yesterday.

**4. Minutes of One Hundred and Sixteenth meeting held 20 October 2015 and action list**

These minutes were agreed as correct and signed off by Chairman.

<b>Action</b>	<b>Responsible Person</b>	<b>Update</b>
Arrange an evening for the Board to meet with Mr Barkley	Joanne Dowie	Complete
Provide an update to the Board following meeting with HSCB officials in relation to Cord Blood Bank	Dr Morris	Complete

**5. Matters arising from minutes of meeting held on 20 October 2015**

Mr Lennon queried whether an agenda had been received for the Accountability Review meeting which is scheduled 06 January 2016. Mr Simpson confirmed as yet no agenda had been received. Mr Lennon suggested a brief resume of issues we want to discuss should be drafted.

Mr Simpson confirmed the Ground Clearing meeting took place on 25 November 2015. There were no outstanding issues arising from this meeting.

**6. Governance and Risk Management Committee update**

Mrs Lindsay reported a few housekeeping issues were discussed in relation to colour coding of documents as red when a target date has not yet been reached.

A package for PPI e-learning has been created and will be made available.

The date for the next meeting has been changed and will now take place 10 March 2015.

**7. Report from Chief Executive**

*Review of ALBs*

Mr Simpson attended the Pathology Network Board meeting on 08 December 2015 to try to get more information on the strategic direction.

*BloodMobile*

Notice was provided to Lynton's solicitor informing them of our intention to proceed to litigation. A response was due by 17 November 2015 however an extension of one week was granted. As yet there has been no appraisal received and BSO solicitor is following up.

It has also been brought to our attention the company may have changed hands however this does not affect liability.

The business case for replacement BloodMobile is ongoing. DHSSPS are aware.

*Replacement of PULSE*

Mr Kinney, Ms Macauley, Mr Madden and David Moore (IT Manager) are visiting WBS on Monday 14 December 2015 to hear about their experience using e-Progesa. A visit to SNBTS will be arranged in January 2016.

*Cord Blood Bank*

Mr Simpson sought the views of the Board in relation to a public announcement regarding the closure of the Belfast Cord Blood Bank and writing to families of public donors informing them of the fate of their donation.

The Board was in agreement that the public should be informed of the outcome of consultation and it is only good manners and courtesy to be transparent.

It was agreed Mr Simpson would write to DHSSPS to inform them of this decision. Dr Morris will write to families of donors only when the fate of the donation is identified.

A meeting in relation to Musgrave Park Hospital bone bank was held this morning. It was agreed as we no longer require an HTA license Musgrave Park Hospital will extend their license testing and NIBTS will test as a third party on their behalf. Musgrave Park Hospital is extremely happy with the service provided to them and if possible do not want to disturb the service.

#### *BSO Service Offering*

This process has been suspended until there is clarification of the structural options for the Regional Pathology Service.

#### *Mid-Year Ground Clearing Accountability Review*

There were no issues arising from this meeting. The formal Mid-Year Accountability Review meeting with the Permanent Secretary is scheduled for 06 January 2016.

#### *Public Accountability and Governance for Accounting Officers*

Mr Simpson attended this course on 24 November 2015.

### **8. Progress report on 2015/16 Business Plan**

This item was formally noted. This document has been forwarded to DHSSPS.

### **9. Publication of 2014/15 Annual Report**

Board members have received their copy. Further copies available from Joanne Dowie.

### **10. Report from Medical Director**

#### *Platelet supply*

Dr Morris presented a detailed business case examining options for platelet supply for consideration. Financial numbers were included and option four – a second platelet collection facility was the favoured option.

The business case was approved by the Agency Board.

#### *Belfast Cord Blood Bank*

Dr Morris provided an updated position on the Belfast Cord Blood Bank following a meeting with Health and Social Care Board officials on 03 November 2015. Please see point 7 for further information.

**11. Finance and IM&T report for the period 01/04/2015-31/10/2015**

The cumulative revenue position for the 7 months ended 31 October 2015 shows a net surplus of £533k. Excluding haemophilia, a surplus of £210k is noted. In accordance with funding arrangements for haemophilia products, a refund of any surplus on haemophilia products will be made to HSCB if necessary at the year end.

Current projections indicate that a breakeven position can be achieved by year end. A projected surplus of £26k has been reported to DHSSPS which is within tolerance limit.

Capital Resource Limit (CRL) has been revised from £196k to £91k as flow cytometers cannot be purchased and installed in year.

The notional value of blood components issued to hospitals is 4.5% below the Service Level Agreement (SLA) value at the end of October 2015. The South Eastern Trust (13.8%) is currently outside the SLA tolerance limit.

NIBTS payment, income and payroll services are all provided by BSO Shared Service Centre. A quarterly assurance report is received from BSO on these services, which are currently being delivered in accordance with the SLA. A number of governance issues arising from previous internal audits of BSO Shared Service Centre are currently being addressed.

**12. Cash release efficiency gains 2016/17**

Mr Bell presented initial plans and schemes which have been identified to achieve the 2016/17 cash efficiency saving. The paper assumes that the minimum cash release efficiency target for NIBTS for 2016/17 will be 2.5% which amounts to a value of £268k.

The proposed schemes identified are noted as:

- Microbiology testing tender savings
- Europheresis platelet set tender savings
- Revised HTLV testing arrangements

It is expected the above schemes can be fully implemented during 2016/17.

Plans are in place to deliver 2.5% cash release and assuming there is no increase to the cash release requirement, a balanced financial plan can be achieved.

**13. Business cases for approval**

The following four business cases were approved:

- Replacement equipment vehicle
- Replacement of flow cytometers
- Replacement of platelet agitator

- Replacement of two hospital services freezers

Hospital services freezers, equipment vehicle and platelet agitator will be funded in year and an assurance has been provided by senior managers that these will be fully committed by end of year. The flow cytometers will be funded in 2016/17.

#### **14. Report from Responsible Person/MHRA**

Ms Macauley noted Edwin Lindsay has completed an internal audit on our behalf; the final report will be presented to the next meeting.

As yet, Kevin Page our inspector has not given any indication as to when the next inspection will be.

The position in relation to open incidents remains positive with no incidents over 60 days currently open. Incidents have been extensively discussed at QIR meetings including issues being identified regarding staff failing to use the appropriate process for requesting extensions to target dates.

SOPs beyond review date have slipped slightly from last report with 4% overdue their target date.

As discussed at previous meetings, NIBTS continues to struggle with implementing changes within target dates agreed. Ms Macauley presented BSO Internal Audit on Change Management and change control action plan. It was noted these reports have not yet been through the Audit Committee.

Limited assurance was provided by internal audit in relation to performance management focusing on change management in NIBTS. Limited assurance is provided on the high number of changes that have not been implemented that are beyond their implementation date. A number of priority one findings and one priority two finding were identified. All recommendations have been accepted and actions are being taken forward.

#### **15. Complaints**

*Complaints review 2014/15*

During 2014/15 22 complaints were received which is a considerable reduction in the number seen previously (31 in 2013/14). Feedback following complaints was favourable and an increase was noted in the number of complainants returning to donate.

There was some discussion in relation to complaints received from hospitals which are captured as incidents. Dr Morris noted annual users' meetings are held for both antenatal and immunohaematology where feedback and suggestions are received

from users. It was agreed Dr Morris will feedback to the Agency Board the discussions at these meetings after they take place.

#### **16. Corporate Risk Register**

The corporate risk register currently contains 12 risks. Four risks have been added this quarter and one risk has been deleted.

1. Impact of new donor programme strategy 2012-2016 on blood stocks. Donor panel and donor satisfaction. This risk remains as was at last quarter but has been amended to reflect to programme strategy dating to 2016.
2. Lack of secure platelet supply for hospital blood banks and transfusion to patient recipients. New tasks/action plan section has been updated to reflect that the Agency Board approved proposal for second platelet collection facility and business case will be submitted at the December board meeting.
3. Down 3.5 qualified BMS staff due to retirements/maternity leave/sickness/rotation. The risk score remains the same and the organisation is waiting for DHSSPS approval to advertise two senior posts.
4. Insufficient staff to apply key aspects of QMS. The risk remains as was at last quarter.
5. Deficiencies in the application of the quality management system due to lack of detail (increased focus as a result of BSQR 2005/50, HT (QS) R 2007. HTA/CPA. This risk remains as was at last quarter and will remain until 31 December 2015.
6. Lack of Pulse Experts. This risk remains although Pulse Project Board have met regularly and considered options to address the risks being presented. Review 31 December 2015.
7. Change management system – high percentage of changes past target date. Inability to differentiate risks associated with overdue changes. This is a new risk added this quarter.
8. Extension of shared services with BSO. This is a new risk added this quarter due to the BSO offering. No further information on this item is available at present.
9. Failure to recruit staff (donor services). This is a new risk added this quarter.

10. Breakdown of BloodMobile. This risk remains the same as at last quarter. Further update from the manufacturer's external inspection is due. Review 31 March 2016.
11. Compressors have reached end of life. This is a new risk added this quarter.
12. Uncertainty around the outcome of the Review of ALBs. This risk remains as same as last quarter.

Risk in relation to Belfast Cord Blood Bank has been deleted as a result of the decision to close.

#### **17. HR & Corporate Service report**

The overall percentage of working days lost due to sickness during the period 01 April 2015 to 31 October 2015 was 5.63%.

During 2014/15 97% of staff eligible for development reviews had an SDR completed in line with the Knowledge and Skills Framework (KSF). As at November 2015, 95% of staff have completed the annual SDR process.

The Agency has again provided a health fair which was run using our SLA with Belfast Trust Occupational Health Department. Events took place in September for both Omagh and headquarters.

Once again the Agency has not recorded either adverse or serious adverse incidents during this reporting period (April 2015 – September 2015).

There have been no fire incidents reported during this year. An unannounced fire evacuation will take place during the last quarter of 2016/17 to test staff reactions and knowledge of appropriate actions as laid out in training and the fire policy. Compliance around timely completion of mandatory fire training remains a concern and departments have been encouraged to ensure this is resolved in a more timely fashion.

During September and October 2015, the Agency arranged for two three day courses to re-certify staff identified as providing the role of first aiders.

Since the previous report, the Agency has completed the installation of a new shutter in the prep room in the bulk stores as well as replacement of one of the rear exit doors at the stores department to strengthen physical security of the premises.

Work will commence in the last quarter on the HQ building passenger and goods lift. The upgrade of the lift controllers and facilities will be arranged through the estates department.

Prior to the MHRA inspection expected in January 2016 installation of a new hatch in the blood issue laboratory in the hospital services department will take place. This is considered necessary work to ensure increased security of product and staff working alone at night. A minor works programme is on-going within GMP areas to ensure readiness ahead of the MHRA inspection which is currently scheduled for January 2016.

**18. 2014/15 Board Governance Self-Assessment submission**

The Board is content with this submission.

**19. Any other business**

It was suggested the next Board Meeting could be held in the newly refurbished College Street building.

Post meeting note – unfortunately the building is not yet available. The meeting will be held in NIBTS HQ.

**20. Action list from meeting held 10 December 2015**

Action	Responsible Person
Draft a brief resume of issues to be discussed at the Mid-Year Accountability Review meeting on 06 January 2016	Mr Lennon/Mr Simpson
Write to DHSSPS informing them of the Board's decision to communicate the fate of public cord blood donations to families.	Mr Simpson
Present final report of internal audit carried out by Edwin Lindsay to the next Board meeting.	Ms Macauley
Provide feedback to the Board following antenatal and immunohaematology users' meetings	Dr Morris

**20. Date of next meeting**

Wednesday 27 January 2015, 1pm, Lecture Room

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_