

One Hundred and Eighteenth Meeting of the NIBTS Agency Board
Wednesday 27 January 2016
Venue: Lecture Room, Northern Ireland Blood Transfusion Service

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

In attendance: Mr Glenn Bell
Mr Patrick Madden
Mr Charlie Martyn
Dr Kieran Morris
Mr Ivan Ritchie

1. Apologies

Apologies were received from Mr Philip Cathcart.

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 confirmed that the Permanent Secretary had agreed at the Mid-Year Accountability Review meeting on 6 Jan that the review of NIBTS should be taken forward as part of the review of Pathology Services. It was agreed this was a successful outcome.

Mr Lennon has agreed to extend his tenure as Chairman of the NIBTS Agency Board; as yet this has not been confirmed by the Department.

The Permanent Secretary had also agreed at the Mid-Year Accountability Review meeting that NIBTS should operate in an open and transparent fashion and contact cord blood donors to inform them of the fate of their donation following closure of the Belfast Cord Blood Bank.

4. Minutes of One Hundred and Seventeenth meeting held on 10 December 2015 and action list

One amendment was made to page 6, point 3 in section 16 – Corporate Risk Register. The word adverse was corrected to read advertise.

Action	Responsible Person	Update
Draft a brief resume of issues to be discussed at the Mid-Year Accountability Review meeting on 06 January 2016	Mr Lennon/Mr Simpson	Complete
Write to DHSSPS informing them of the Board's decision to communicate the fate of public cord blood donations to families	Mr Simpson	Complete
Present final report of internal audit carried out by Edwin Lindsay to the next Board meeting	Ms Macauley	Not complete
Provide feedback to the Board following antenatal and immunohaematology users' meetings	Dr Morris	Will provide feedback following the next meeting scheduled October 2016.

5. Matters arising from minutes of meeting held on 10 December 2015

There were no matters arising.

6. Audit Committee update

Mr Henderson presented in the absence of Mr Cathcart.

Internal audit provided satisfactory assurance on the system of internal control surrounding financial processes with no priority one weaknesses identified and a number of priority two weaknesses noted. All recommendations were accepted.

Internal audit provided limited assurance on the system of laboratory expenditure 2015/16. Limited assurance was provided on the basis that current on-call arrangements are not sufficiently robust to provide assurance that costs incurred are necessary and appropriate. Furthermore the processes and arrangements currently in place for procurement and contract monitoring need strengthened. A number of priority one weaknesses were identified in relation to on-call and contract management. A number of priority two weaknesses were also identified in relation to STAs. All recommendations were accepted.

Internal audit provided limited assurance 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. There is a need to develop performance management arrangements and management information in respect of change and there is a need to undertake a process to help streamline change management processes. A number of priority one weaknesses were identified and all recommendations were accepted.

The draft External Audit Strategy for 2015/16 accounts was presented and accepted by the Audit Committee.

7. Report from Chief Executive

Mid-Year Accountability Review 06 January 2016

The Permanent Secretary has accepted that the review of NIBTS should be taken forward as part of the review of Pathology Services. The consultation document, which NIBTS will participate in preparing, will be presented to the Board for its views when the final document is received.

It was agreed the Chairman's appointment should be extended for a further period and the Department will consider appointing a secondee to take over as interim Chief Executive.

Permission was granted for senior laboratory positions to be filled on a permanent basis.

Review of Pathology Services

Mr Simpson and Dr Morris met with the Pathology Review Team on 21 January 2016 to consider how best to include NIBTS in the review process. It was agreed any consultation document would need to identify structural options and there was a recognition that the creation of a specialist Regional Pathology Agency had merit. The Pathology review team will meet the NIBTS staff on Thursday 28 January 2016 to make a pre-consultation presentation.

MHRA inspection

The MHRA will carry out a one day inspection on Thursday 25 February 2016. Consideration will be required as to how to take forward cover arrangements for Ms Macauley including naming alternative members of staff on the two licenses.

Platelet collection in the West

The new Omagh Hospital is expected to be completed in September 2016 and an

apheresis suite in the new Kidney Unit has been offered to NIBTS. It is our aim to have this new unit operational by January 2017. In the meantime College Street will be used as an interim solution.

Gold Award

The next gold award donor evening is scheduled 03 March 2016 at the Bannville House Hotel, Banbridge. Board members are invited and should inform Joanne Dowie if they intend to attend.

Mr Simpson reported general issues in relation to staffing in the Donor Services department due to a number of retirements and resignations. Immediate steps have been taken to remedy this including taking nursing staff from waiting lists and making those acting up on a temporary basis permanent. There has also been difficulty experienced with the recruitment processes and the use of HRPTS. Mr Ritchie has a meeting scheduled with BSO to discuss.

BloodMobile

BSO/Legal Services and NIBTS have now received a copy of Lynton's independent inspection and a supporting letter from Lynton's solicitors.

The report states much to support our view that there are many shortcomings in the unit and makes reference in particular to poor welding. The report concludes the unit is not fundamentally flawed, a conclusion with which NIBTS and both our inspection reports disagree.

It has been recommended by our English solicitor, Browne-Jacobsen, that we enter into an Alternative Dispute Resolution process to ensure that if we do reach court we will have been seen to pursue every possible avenue to resolve the matter.

Mr Simpson expressed concern in relation to the English legal system; specifically the outcomes in an English court can be very different to Northern Ireland. It appears even if we do 'win' we may not be awarded our entire purchase price back and may also face the possibility of not getting all legal costs returned.

Corporate/Business Plan

This was formally approved by the Board.

8. Report from Responsible Officer

Mr Martyn reported he is content that annual medical appraisals are being carried out and has been impressed by those who have been to see him.

Revalidation has been carried out for Dr Morris (February 2015) and Dr Bradley (July 2015) with Dr Sadiq scheduled 09 March 2016. Dr Maguire is scheduled for revalidation September 2018 and is fully aware of her requirements.

Mr Martyn thanked the Medical Team for completing the RQIA medical questionnaire and queried if he should attend the RQIA meeting to discuss governance arrangements for the medical team. Dr Morris confirmed Dr Maguire is scheduled to attend for the medical team however Mr Ritchie agreed to investigate if the Responsible Officer should attend.

Mr Martyn confirmed he has no clinical or medical issues to report and meets regularly with Dr Morris for mentoring.

9. Report from Medical Director

Medical Education

Dr Morris and Dr Maguire have been nominated for an excellence in teaching award. This will be by competitive interview with results declared in May 2016.

Group O Rh D negative red cell stocks

Over the two to three week holiday period Christmas and New Year stocks of this blood group averaged 2.5-4 average days issues. Demand during this period was not excessive however there were two specific clinical cases which required 18 and 12 red cell units transfused respectively. This depleted stocks to critically low levels and an importation of 50 group O Rh D negative red cells was authorised from NHSBT Manchester. This coincided with an excellent response from donors following special measures taken by the donor recruitment team including messaging donors and accessing Facebook and Twitter accounts.

Anti-D immunoglobulin

Excellent results were obtained following an audit of the anti-D prophylaxis programme which was undertaken by a multidisciplinary team of the Northern Ireland Transfusion Committee. The result was calculated as 0.3% alloimmunisation rate which compares favourably with national programmes.

Linked to this audit, it is proposed to test antenatal samples of Rh D negative mothers to predict the Rh D type of the foetus/newborn. If the result of the baby can be predicted accurately and the test is validated, anti-D immunoglobulin may be withheld in these cases with potential significant cost savings in terms of product and other patient advantages.

Belfast Cord Blood Bank

Dr Morris reported he has shared plans for the closure of the Belfast Cord Blood Bank with the regulator who is content with this proposal. The limiting factor on progress is the confirmation of a service level agreement between NHSBT Birmingham and either the Department of Health or the Health and Social Care Board for transfer of dedicated cord blood donations.

10. Finance and IM&T report for the period 01/04/2015 – 31/12/2015

The cumulative revenue position for the 9 months ended 31 December 2015 shows a net surplus of £327k. Excluding haemophilia, a surplus of £187k is noted. Haemophilia products are showing a net surplus of £140k which is the net effect of a £540k underspend and a refund of £400k to HSCB in accordance with funding arrangements for haemophilia products. An additional refund may be made to HSCB if required.

Current projections indicate that a breakeven position can be achieved by year end. A projected surplus of £52k has been reported to DHSSPS. Mr Bell indicated there is some doubt in relation to £40k non-recurrent expenditure which may not be committed by year end. Scheduled repairs to both lifts in headquarters cannot be carried out at the same time which may result in a delay in completion. Mr Ritchie is following this issue up with Belfast Trust Estates Department and the supplier and have informed them NIBTS will not pay any more than the agreed costs.

Capital Resource Limit (CRL) remains unspent however Mr Bell has received an assurance this will be finalised by year end.

Compliance with the prompt payment policy remains on track.

The notional value of blood components issued to hospitals is 4.0% below the Service level agreement value at the end of December 2015. The South Eastern Trust (12.6%), Southern Trust (8.4%) and Western Trust (7%) are currently outside tolerance limit. Mr Bell confirmed any refunds have been factored into year-end projections.

11. Report from Responsible Person/MHRA

Quality Improvement Report

Incidents remain positive with one incident over 90 days noted however since the figures for this report were compiled this incident has been closed.

SOPs beyond review date have remained as before with 4% overdue their target date. SOPs overdue review have been highlighted to relevant departments for action.

The review of open change controls is well advanced however is taking slightly longer than originally anticipated. Agreement has been reached with regard to how each change will be progressed depending on the associated risk level. A process has been finalised to document how any changes have been implemented without appropriate completion of change control processes stages and any residual risk identified.

Audits are satisfactory with one audit due in December still within the one month slippage.

Preparation for the MHRA inspection visit 25 February 2016 was discussed. It was suggested points of weakness should be identified and the use of position papers considered.

Mr Simpson noted discussions are ongoing as to delegates for the licenses and consideration will be given to acting up arrangements in the absence of Ms Macauley.

12. Complaints

No issues noted. It was highlighted that staff related complaints have reduced greatly from 7 received in 2014/15 to 2 received so far in 2015/16.

13. Smoke Free Policy

This policy was approved by the Board. It was noted this document is broadly similar to the Belfast Trust smoke free policy. Implementation date is national no smoking day – 09 March 2016.

14. Risk Management Strategy

This strategy was approved by the Board.

15. Board Assurance Framework

This framework was approved by the Board.

16. Any Other Business

Mr Lennon agreed to act as Chair of interview panel for Consultant in Transfusion Medicine position which is scheduled 23 March 2016.

It was agreed that the summer Board meeting will now be held on Tuesday 05 July 2016 with Audit Committee preceding.

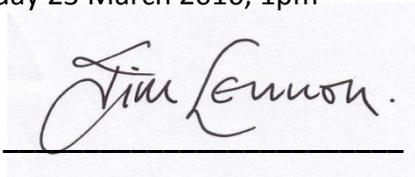
17. Action list from meeting held 27 January 2016

Action	Responsible Person
Inform Joanne Dowie if attending the Gold Award evening, 03 March 2016.	Board Members

17. Date of Next Meeting

Wednesday 23 March 2016, 1pm

Signed:



Dated:
