



**One Hundred and Twenty Fifth meeting of the NIBTS Agency Board
Thursday 19 January 2017, 1pm
Venue: Lecture Room, Northern Ireland Blood Transfusion Service**

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

In attendance: Mrs Karin Jackson – Chief Executive
Dr Kieran Morris – Medical Director
Mr Ivan Ritchie – Head of HR & Corporate Services
Mr Glenn Bell – Finance & IM&T Manager
Ms Angela Macauley – Quality & Regulatory Compliance Manager
Mrs Alison Geddis – Laboratory Manager
Mr Charles Kinney – Donor Services Manager

Mrs Alison Carabine – Minutes

1. Apologies

None.

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

There were no declarations of interest.

3. Chairman's Business

The Chair advised the meeting would break at 2.00pm to allow for a presentation from the Pathology Network (NI) Team and would reconvene afterwards.

Board Effectiveness Audit

Following this audit, there were three recommendations:

- 1) The minutes should reflect all the actions carried forward from the previous meetings and progress against each matter arising;
- 2) When Board members challenge and scrutinise information presented to them, this should be accurately reflected in the minutes;
- 3) The Chairman should remind all members of the importance of regular attendance at Board Meetings to ensure appropriate discussion of core issues.

DoH Circular – Key Lessons learned from NIAO report and PAC Hearing into the NI Events Company

This was listed as Item 15 on the Agenda but was discussed at Chairman's Business. This document was circulated to all Government Departments including Arm's Length

Bodies. The issue of Declaration of Interests was the only issue relevant to NIBTS and the following is noted:

Declarations of interest must be recorded formally annually. Declarations of interest with regard to items on the agenda are declared at each Board meeting. NIBTS does not currently have a Conflicts of Interest Policy but this will be developed before end of 2016/17.

Board & Corporate Development

NIBTS Board have now agreed a programme for both Board and Corporate Development.

Letter of Complaint

A letter of complaint has been received from a member of the public regarding waiting times at a donor session. Mr Lennon will respond and also apologise for the delay in responding to the donor.

Pathology Modernisation

A significant volume of work has already been done on the Pathology Review Modernisation. NIBTS will continue to engage with this work.

4. Minutes of One Hundred and Twenty Fourth meeting held on 1 December 2016 and action list

The minutes were agreed as an accurate account of the meeting and signed off by the Chairman.

5. Matters arising from minutes of meeting held on 1 December 2016

Blood Mobile

Tender has closed. There is one bidder. Their bid is higher than the funds granted by the Department. DSM will liaise with the Department regarding additional funds.

RQIA – Whistleblowing

To be updated in March.

6. Report from Chief Executive

Early Retirements

The business case has been reviewed by the Department's Health Economists. The business case will go to the Permanent Secretary for approval and then to the Department of Finance for final approval.

Pathology Modernisation

Members of the Pathology Network (NI) and HSCB will give a presentation to the Board today.

Plateletpheresis in the West

Mrs Jackson and Mr Kinney visited WHSCT, Omagh and met with colleagues there who gave assurances for the approval of the business case by WHSCT Senior Management Team. They advised that work could be completed by end of June 2017 and NIBTS are hopeful that collections of platelets can commence by September 2017. Mr Henderson asked how NIBTS will promote the new location, Mr Kinney advised that

donors will be written to and this should provide sufficient additional capacity to satisfy demand. Mrs Jackson also advised the business case regarding demand will be reviewed once exact timescales for completion of works are known. Mr Lennon asked were there any additional funds required? Mr Kinney advised that there had been some provision for this in an earlier business case but this would be reviewed.

PULSE Replacement

The PULSE replacement will proceed as part of the Regional LIMS project. Mrs Jackson has discussed this with BSO and the Pathology Network Board will be providing support for this project. NIBTS are currently focused on developing the specification and identifying the level of support NIBTS will require from the eHealth directorate.

Payment to Board Members

There has been no formal response from the Department of Health. Mrs Jackson will follow up. It is anticipated that approval will be given to increase the days allocated to Board members.

Building Refurbishment

The refurbishment of the public stairwell, foyer and donor reception area (including lighting, flooring and wall coverings) is due to start before the end of January. Mr Ritchie will be meeting BHSCT Estates on Monday 24 January 2017. Assurances have been given by BHSCT Estates that all work will be completed by 31 March 2017.

NHS BT

30 March 2017 NHS BT will be holding their Annual General Meeting in Belfast and would like to visit NIBTS. Mrs Jackson will arrange for NHS BT personnel to meet with NIBTS Board members. Mr Lennon will also be present.

7. Report from Medical Director

Clinical Appraisal & Revalidation Policy & Procedure

Submitted for Board consideration and approval.

The focus of this policy is on larger Trusts. NIBTS do not have Clinical Leads. NIBTS are compliant with this policy. The document details objectives and benefits of appraisal; purpose and principles of revalidation; details of documentation supporting appraisal discussions; the requirement for an annual report from the Medical Director to the Chief Executive; alternative arrangements where there are conflicts and disagreements and an appeal mechanism.

The Board felt that this document will require further information and consideration. Dr Morris will provide this.

Genetic Haemochromatosis (GH) Programme

Dr Morris has had meetings with BHSCT regarding the potential for haemochromatosis patients to donate their blood at NIBTS. Any development and its implications for NIBTS will be carefully considered and will inform an options appraisal and a detailed business case. Dr Morris will then inform and advise the Board.

Molecular Foetal D Genotyping Study and NICE Guidance

NIBTS are developing this test which is progressing and the validation of the assay is expected within six months. NIBTS are confident that this fact can be implemented and will meet with PHA / HSCB to discuss implications for the regional antenatal screening programme.

NIBTS Charitable Funds

- The Anthony Nolan Trust has been identified as a suitable recipient for the transfer of the cord blood charitable fund. Mr Bell advised that formal Board approval needs to be provided before funds can be transferred. Dr Morris is to prepare a paper for formal Board approval as an audit trail.
- The 100 most suitable stored HLA samples for high resolution typing with a greater chance of clinical application have been identified and costs awaited.
- A position paper on the future of adult volunteer stem cell activity is deferred until completion of closure of umbilical cord stem cell bank and all associated actions.

Belfast Cord Blood Bank Update

All public donations have either been discarded or transferred to the Department of Experimental Stem Cell Research, QUB. Of the dedicated Cord Blood Units, 34 have been discarded in line with protocol, 15 have been identified for transfer to NHS BT Birmingham and 18 remain. These will require final decision regarding on-going storage.

Frozen blood components

There is a marked increase in issue of clinical fresh frozen plasma and pooled cryoprecipitate fractions as noted in the nine month activity report to December 2016. This has implications for whole blood donation source material for buffy coat derived platelet component manufacture. Demand needs to be profiled for 2017/18.

8. Finance and IM&T report from the period 01/04/2015 – 31/09/2016

Revenue

The cumulative revenue position for the 9 months ended 31 December 2016 shows a net surplus of £508k. NIBTS, excluding haemophilia, shows a surplus of £233k. Current projections indicate that a breakeven position can be achieved by the year end. A projected surplus of £7k has been reported to DoH. Haemophilia products are showing a net surplus of £275k. The projected year end position has been discussed with HSCB and refund arrangements agreed.

Capital

The Capital Resource Limit (CRL) for the year has been confirmed as £404k. There is one piece of equipment which was not delivered before the 2015/16 year end as expected and this is now reflected in 2016/17 year.

Prompt Payment Policy

Compliance with the prompt payment policy remains on track.

Monitoring

In overall terms, the notional value of blood components issued to hospitals is 3.1% below the Service Level Agreement (SLA) value at the end of December 2016. The Southern Trust (+11.2%); the Western Trust (-11.0%) and South Eastern Trust (-12.8%) are currently outside the SLA tolerance limit. An appropriate adjustment will be agreed with each Trust at the year end.

Trust Funds

Initially, some Charitable Funds were to be used for the refurbishment of staff areas. This has been deferred pending completion of the foyer and reception refurbishment.

Funding for 2017/18 will be challenging. Cost pressures and service development will have to be met by NIBTS and amount to 3 - 4% on base line funding. Changes to some services will be required to deliver savings. However, projections are that breakeven in 2017/18 is achievable.

9. Quality Improvement Report

Open Incidents

There are three open incidents over 60 days due to donor sample follow up with external reference laboratory, issues with PULSE for producing and issuing buffy coat pools and resolution of issues re: transport of product to hospitals. Overdue incident investigation actions continue to be highlighted to staff involved and SMT.

Documents & Change Control – Past Review / Due Date

Overall percentage of SOPs outside review is 3%. Ms Macauley noted that policy QP013 currently indicated that NIBTS target is 0%, however, she proposed to change this to 4% on the basis that 0% was not operationally feasible, target prior to changing to 0% was 5%, however, as NIBTS wished to maintain a culture of continuous improvement it was desirable to set the target lower than previously. 4% was agreed on the basis that this would be reviewed at next policy update.

Change Control open changes and percentage overdue have remained consistent for several months. There has been a review of open and overdue Changes and action plans are being developed. Ms H Kinghan has circulated a paper to the Senior Management Team for comment. The actions outlined in this paper will require input from staff in order to reduce the number of overdue changes. The finalisation of action plans will be completed before MHRA. A risk assessment has been included for Change Controls and those with the higher risk will be addressed first.

Audit – Scheduled Audits Completed

All findings from last year's September UKAS audit have been cleared although we still need to address findings for the remote audit carried out by UKAS on the Microbiology testing platform, however, it would appear NIBTS are on target for UKAS accreditation. Feedback has been provided by B. Morris regarding the recent mock audit and she is satisfied with the progress NIBTS is making. An Action Plan to address audit findings has been developed and is being reviewed by the SMT monthly.

The Board Meeting was paused to receive the presentation from members the Pathology Network (NI) and HSCB. After the presentation there was a discussion regarding same. The Pathology Network (NI) acknowledged NIBTS challenges and are keen to receive a response from NIBTS. Mr Lennon advised that NIBTS will respond and offered an opportunity to have views on all aspects. Mrs Jackson proposed that NIBTS make a presentation to the Pathology Network (NI) and HSCB, whilst also advising that all staff members have been given the opportunity to make an individual written response.

10. Key Performance Indicators (KPIs) – monitoring form

Donor Services - Waiting times in the last quarter have decreased. As previously advised, the new donor target will be reviewed for the next financial year.

People

Staff absences remain high. Eight staff members remain on long-term sick leave. However, 4 or 5 members of staff are due to return to work in the coming weeks.

The completion of SDRs will be over 90% by the end of the financial year.

Quality

This has been previously reviewed.

Resources

This was covered in the Finance Managers report. Mr Bell re-iterated that NIBTS will be in a break-even position by the end of the financial year.

11. Complaints

Mr Kinney presented his report which was in keeping with previous reports. Waiting times continue to be of concern. However, these are mainly due to staffing levels, both in recruitment and absences. Donor satisfaction feedback is positive at 97.8%. There was a discussion regarding staffing levels with the emphasis remaining on customer focus.

12. Board Assurance Framework

The document before the Board is Version 7 and is substantively the same as Version 6. In line with audit recommendations the Remuneration Committee has now been included in this document and a meeting of same will take place before the end of the financial year. Mr Ritchie advised that this will occur after the next Board meeting. This document was approved.

13. Conflicts of Interest Policy

Following a regional strategy, this document is brought before the Board for Approval. It formalises the position of the existing policy within NIBTS. The only change is on Page 4 which now reads “Board and all staff”, instead of “Board and SMT”. There was a discussion regarding the policy content. It was then felt that the Policy should

reflect the Nolan principles. Mr Ritchie advised he would reference the Nolan principles in the Appendix.

After some minor changes were agreed, the Board Approved this Policy.

14. Corporate Risk Register

Mr Ritchie presented the Corporate Risk Register to the Board for Approval.

The register contains seven corporate risks:

Risk 1 – Lack of secure platelet supply for hospital blood banks and transfusion to patient recipients – this remains the same as last quarter and NIBTS are awaiting a detailed plan of work from WHSCT.

Risk 2 – Breakdown of Blood Mobile – has been amended to include the target date of a new pod as June 2017.

Risk 3 – Change Management system – high percentage of changes past target date – the new tasks section of this risk have been updated to confirm that the change control procedure has been amended to allow recording of GMP risk. The remaining open changes have now been risk scored to allow focus on those with a higher risk.

Risk 4 – Compressors have reached end of life – Three new compressors have now been installed. The temperature monitoring is on target for completion by 31 March 2017.

Risk 5 – Modernising of HSC Pathology Services, uncertainty and the potential impact on staff / donors / HPSSPS stakeholders and final organisational structure of the outcome of the 'Pathology Review' – The risk remains the same. However, the Chairman advised he will contact the author of the Risk Register regarding wording of this risk.

Risk 6 - Failure to replace PULSE – The risk remains the same.

Risk 7 – Failure to recruit staff – This risk has been updated to include consideration to alternative occupational health arrangements as recruitment is still slow, however, has stabilised in recent weeks. Mr Ritchie, Mr Kinney and Mr Bell have been meeting with BSO to highlight issues.

Mrs Lindsay, Chair of the Governance and Risk Management Committee, advised that any changes needed to be made to these risks should be done prior to the next Governance and Risk Management Committee meeting in March 2017.

15. DoH Circular – Key Lessons learned from NIAO report and PAC Hearing into the NI Events Company

This was covered under Chairman's Business.

16. Any Other Business

There was no further business.

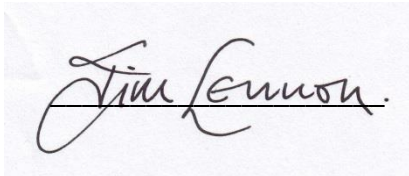
17. Action list from meeting held 19 January 2017

| Action | Responsible Person |
|---|--------------------|
| Respond to letter of Complaint | Mr Lennon |
| Visit by NHS BT to meet Board members | Mrs Jackson |
| Genetic Haemochromatosis (GH) Programme | Dr Morris |

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| Business Cases | |
| Molecular Foetal D Genotyping Study and NICE Guidance – NIBTS to meet with PHA / HSCB | Dr Morris |
| Anthony Nolan Trust – paper for Board approval | Dr Morris |
| Board Assurance Framework – Remuneration Committee | Mr Ritchie |
| Conflicts of Interest Policy – Administrative Changes | Mr Ritchie |
| Corporate Risk Register – Risk 5 Wording | Mr Lennon |

18. Date of next meeting: 16 March 2017 at 1.00pm – Lecture Room

Signed:

A handwritten signature in black ink that reads "Tim Lennon". The signature is written in a cursive style and is positioned over a light blue rectangular background.

Dated: 16 March 2017