

**One Hundred and Nineteenth Meeting of the NIBTS Agency Board
Wednesday 23 March 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
Ms Heather Kinghan
Mr Patrick Madden
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 items on the agenda

There were no declarations of interest received.

3. Chairman's Business

Mr Lennon has a meeting with the Department of Health this afternoon for his annual appraisal. The opportunity will also be taken to discuss implications which may arise following the Pathology Services Review including the Chief Executive position.

4. Minutes of One Hundred and Eighteenth meeting held on 27 January 2016 and action list

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

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

5. Matters arising from minutes of meeting held on 27 January 2016

Ms Kinghan confirmed she will take forward the internal audit carried out by Edwin Lindsay to completion.

6. Audit Committee meeting update

Mr Henderson presented in the absence of Mr Cathcart.

Internal Audit presented their end year follow up report which confirmed 114 (90%) of the 126 recommendations examined were fully implemented, a further 11 (9%) were partially implemented and 1 (1%) was not yet implemented at the time of review.

Mr Charles, Internal Audit reported this is a good position and the NIBTS percentage has materially increased from previous years

The Internal Audit strategy plan was presented and approved detailing 55 days has been allocated by Internal Audit to complete their workload within NIBTS however this includes days for additional assignments which will be considered by the Audit Committee later in the year.

There were no issues in relation to fraud reported to the Audit Committee.

7. Governance and Risk Management meeting update

Mrs Lindsay reported all controls assurance standards reviewed at the March meeting were healthy and on track to be substantively compliant at year end.

The corporate risk register was reviewed and will be discussed fully at the Governance and Risk Management meeting.

There were no issues reported in relation to clinical negligence.

An Alternative Dispute Resolution process has been entered into in relation to the Blood Mobile, Mr Kinney will keep the Board apprised of developments.

8. Report from Chief Executive

Senior posts

The laboratory manager post has been approved by the Department and will be advertised with a closing date of 28 April 2016.

Interviews are scheduled for a Consultant in Transfusion Medicine position on 23 March 2016.

Heather Kinghan has agreed to take over as acting Regulatory Affairs and Compliance Manager in the absence of Angela Macauley. We are currently seeking Departmental

approval for the appointment of Barbara Morris to provide expert advice, support and training to Heather and the RAC team.

Review of Pathology Services

NIBTS has been fully involved in the final stages of preparing the consultation document which was due to be issued for public consultation on 14 March 2016 with a closing date of 06 June 2016. There was some discussion in relation to whether the consultation document had actually been issued, since as yet NIBTS have not seen it. It was agreed Mr Lennon would ask Deborah McNeilly to clarify the position.

MHRA inspection

The MHRA one day inspection on 25 February 2016 was successful with no critical or major findings. Five “other” deficiencies were noted. A formal response and action plan is currently being prepared which will be shared with the MHRA by 22 March 2016. A number of amendments are required to the Blood Establishment Authorisation licence and Wholesale Dealers licence which are being taken forward.

Platelet collection in the West

The completion date for the new Omagh Enhanced Hospital has slipped until December 2016. The operational date for our apheresis suite in the Renal Unit has now moved to April 2017.

BloodMobile

The arrangements for Alternative Dispute Resolution are now being finalised. A business case for a new BloodMobile has been forwarded to the Department of Health for approval as a contingency measure.

Corporate/Business Plan

The Department has decided in line with the requirements of Managing Public Money Northern Ireland (MPMNI) that corporate plans for all of the Department ALBs should be aligned with the NI Executive’s Budget process and therefore should run from 2017-2021. Alignment with the Programme for Government (PfG) should flow from this. Our NIBTS Corporate/ Business Plan recently approved by the Board falls outside of this proposed planning cycle.

The Department proposed that in 2016/17 those ALBs without an extant corporate plan should roll forward/extend their previous corporate plan or reflect the strategic context in their 2016/17 business plan. The Chief Executive tabled a 2016/17 Business Plan amended to include the strategic context and this amended document was presented to the Board and approved.

9. Report from Medical Director

Implementation of HEV screening

HEV screening has slipped and is now expected to be available from 11 April 2016 as advised by Mark Clarke. Testing will be in minipools of 24 rather than single tests due to costs. It is expected selected patient groups requiring HEV RNA negative blood components will be extended going forward.

SABTO/SHOT update

Methylene blue treated and removed pooled cryoprecipitate components are now available for recipients born after 01 January 1996.

Manufacture of cryoprecipitate fractions from male only accredited donors is included in the service improvement plan for hospital services and component processing – scheduled July 2016.

A rapid change control was used to extend the geographical area deferrals for Zika virus.

Clinical transfusion practice

There are now doubts about funding for a series of important audit implementation projects planned by the Northern Ireland Transfusion Committee. Dr Morris advised if projects are unable to go forward red cell demand will not be reduced in Northern Ireland.

Belfast Cord Blood Bank

The Department has requested a deferral of notification to mothers until June 2016. Mothers' contact address details are being updated currently.

The research community has been made aware of the availability of cord blood units which may be available to them.

Service level agreements for transfer of directed cord blood bank inventory and the ongoing procurement of dedicated cord blood donations between NHSBT and other parties have not yet been forthcoming.

10. Finance and IM&T report from the period 01/04/2015 – 29/02/2016

The cumulative revenue position for the 11 months ended 29 February 2016 shows a net surplus of £404k. Excluding haemophilia, a surplus of £220k is noted. Haemophilia products are showing a net surplus of £184k which is the net of a £584k

underspend and a refund of £400k to HSCB in accordance with funding arrangements for haemophilia products.

Current projections indicate that a break even position can be achieved by the year end. A projected surplus of £46k has been reported to DHSSPS.

The confirmed Capital Resource Limit for the year has been revised from £196k to £87k. This is because the flow cytometers cannot be purchased and installed in year. Mr Bell has an assurance from SMT colleague all capital 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 4.1% below the service level agreement at the end of February 2016. The South Eastern Trust (-12.5%), Southern Trust (5.6%) and Western Trust (-7.6%) are currently outside the tolerance limit.

11. Charitable Trust Fund Plan

NIBTS currently has three Trust funds with a combined value of £187,000.

Blood Transfusion Service Fund

There are a number of minor refurbishment schemes currently being planned for NIBTS HQ as part of the Estates Strategy. It is expected that some of these will meet the criteria for this fund and would be an appropriate use of funds. Specific proposals for the application of funds for this purpose will be brought forward by the Head of HR&CS.

Human Umbilical Cord Blood Fund

NIBTS, with effect from 30 November 2016, will not be undertaking any cord blood activities and the existing Belfast Cord Blood Bank will be closed and cease to exist. In light of this it is proposed that this fund be closed and any remaining balance donated to a charity with similar aims for which the funds have been donated to NIBTS. This proposal is subject to clarification with Charities Commission.

Bone Marrow Transplant Fund

It has been proposed during 2016/17 year to secure high resolution typing of 100 bone marrow samples (approx. £300 each) and provide a paper to HSCB on the future of bone marrow activity. This will be taken forward by the Medical Director.

12. Report from Responsible Person/MHRA

Quality Improvement Report

Incident figures remain positive with no incidents open over 90 days.

SOPs beyond review date have remained as before with 4% overdue their target date. Those SOPs overdue review will be highlighted to the relevant departments for action. Ms Kinghan noted some documents are overdue review in the RA&C area while she catches up since taking on the acting position.

There has been good progress in relation to change controls. The review of open changes is well advanced however is taking slightly longer than originally anticipated and 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 which have been implemented without appropriate completion of the change control processes stages and any residual risks identified. While percentage past date has increased these consist of changes categorised as low risk/priority. There has been a sharp decrease in the total number of open changes.

All audits are currently on schedule, with one audit scheduled for February which is still within the allowed one month slippage. Mrs Kinghan and Steven Jamison plan to meet to discuss and schedule audits for the next year.

13. Complaints

Eighteen complaints have been received in the first nine months of 2015/16. Longer waiting times have resulted in the greatest number of problems. It was noted that staff shortage has played a large part in waiting times and this has been due to changes in the process of recruiting staff with HSC.

Mr Simpson highlighted concerns staff shortages are resulting in cancelled sessions and noted he has regular meetings with Mr Kinney and Patricia Mackey, to ensure he is aware of all issues.

14. Business case for blood analyser

This business case was approved.

15. Records management strategy

This strategy is approved.

16. Procurement assurance report

Since the last procurement assurance report there have been an additional three STAs

with a total contract value of £84,010. These contracts were awarded to three different suppliers – one contract was completed retrospectively for mailing services, one was for the repair of the freezer in the Microbiology Laboratory and the final was for the maintenance and supply of reagents for the Pochi Blood Analyser in Donor Services.

The total value of all STA contracts for the year was £431,988 with twelve STAs awarded to nine different suppliers.

17. Claims management policy

This policy was written following an audit recommendation. The policy was approved.

18. Corporate risk register

1. Lack of secure platelet supply for hospital blood banks and transfusion to patient recipients.

This risk has been updated to include the fact the Board has approved the business case for second platelet collection facility.

2. Down 3.5 qualified BMS staff due to retirements/maternity leave/sickness/ rotation

This risk has been updated to include the DHSSPS approval to advertise Laboratory Manager and BGRL Manager posts.

3. 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 has been updated to include an action plan being drafted in response to the February 2016 MHRA audit.

4. Lack of Pulse experts

This risk has been update to include the fact that more laboratory membership needs to be included in the Pulse Expert Group.

5. Change management system – high percentage of changes past target date. Inability to differentiate risks associated with overdue changes

This risk has been amended to include the need for the change control process to contain risk scoring.

6. Failure to recruit staff (Donor Services)

This risk should be removed next quarter when the outstanding posts are filled.

7. *Breakdown of Blood Mobile*

No change.

8. *Compressors have reached end of life*

No change.

9. *Modernising of HSC Pathology Services – Uncertainty and potential impact on staff/donors/HPSSPS stakeholders and final organisational structure of the outcome of the review*

This risk has been amended to 'Modernising of HSC Pathology Services' as per Chair of the Board.

19. Any other business

Mr Lennon formally noted the legal case in relation to MSM has been resolved in favour of the former Minister.

Mr Madden noted a proforma report in relation to medical devices and equipment will be presented to the Board routinely in the future.

20. Action list from meeting held 23 March 2016

Action	Responsible Person
Discuss implications which may arise following Pathology Services Review with Department of Health.	Mr Lennon
Take forward internal audit carried out by Edwin Lindsay	Ms Kinghan
Clarify the position in relation to the Review of Pathology Services consultation document with the Department of Health	Mr Lennon
Share formal response and action plan following inspection with MHRA	Ms Kinghan

21. Date of next meeting

Wednesday 11 May 2016, 1pm

Signed:



Dated:
