



**One Hundred and Twenty Sixth meeting of the NIBTS Agency Board
Thursday 16 March 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 that he would soon be having a surgical procedure and would be unavailable as Chair for a period of time but assured the Board that alternative arrangements will be put in place.

RQIA Review of Governance Arrangements in HSC Organisations that Support Professional Regulation

NIBTS received a letter and a report on the RQIA Review of Governance Arrangements in HSC Organisation . . . The report examined the clinical and social care governance arrangements to see if there were in keeping with HSC guidelines and to provide assurances to the public that all health professionals are registered and fit to practice.

Letter from CPANI re: QUB Postgraduate School and NI Public Bodies – Mentoring Scheme

The Board were provided with a copy of this letter and the Chairman advised the Board of his intention to participate in a new mentoring scheme involving collaboration between Queen's University and NI's public sector.

Letter of Complaint

The Chairman responded to this letter and there has been no further correspondence.

Board & Corporate Development

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

Board Effectiveness

Following an internal audit, the Chairman will provide quarterly updates on the action plan of the Board. The Chairman, Non-Executive Members and the Chief Executive are undertaking to identify key issues, e.g. Board training, appointments;

- Training – The Board is currently undertaking a development programme with the King's Fund and are progressing with issues identified. This programme is due to be finished by mid-August 2017
- Appointments – NIBTS currently does not have a Non-Executive Board member with a professional background in Blood Donor Products, this has been on-going and will continue to be raised with the Department of Health.

Pathology Modernisation

No further updates at the moment.

Blood Donation

The Chairman has had a request for the Blood Mobile to go to a business park to receive multiple donations. The Chairman will speak to the Donor Services Manager regarding the logistics and development of this request.

4. Minutes of One Hundred and Twenty Fifth meeting held on 19 January 2017 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 19 January 2017

RQIA – Whistleblowing - update

The Chairman's name has now been forwarded to the Department of Health as NIBTS representative.

6. Report from Chief Executive

Early Retirements

The business case has been approved by the Permanent Secretary with all queries addressed. It has now passed to the Department of Finance and NIBTS await further feedback from the Department of Finance.

Pathology Modernisation

The consultation period closed on 24 February 2017. A letter from the Agency Board regarding its views on the opportunities for modernisation of pathology services in Northern Ireland was sent to the HSCB Director of Commissioning on 1 March 2017 and would be still keen to meet with the Project Board. There have been over 400 responses with the vast majority coming from workers in the service.

Blood Mobile

The procurement process for the Blood mobile is on-going. The unit has been ordered and the first payment is due at the end of March 2017 with delivery expected towards the end of September 2017.

Plateletpheresis in the West

WHSCOT have requested that NIBTS enter into a formal lease arrangement for the premises currently occupied at the Omagh Hospital. NIBTS have requested further clarification on these arrangements and their financial implications for NIBTS.

PULSE Replacement

The regional LIMS project is progressing. A "Request for Information" has been issued to the market with 14 responses from interested software houses. These responses are being evaluated and will establish if there is scope to develop a blood tracking module within the LIMS project or whether this needs to run parallel to the LIMS project.

Payment to Board Members

The business case has gone to the Department of Finance for approval, NIBTS are awaiting a response.

Building Refurbishment

The refurbishment of the public stairwell and donor reception area has been completed, work on the toilet facilities on the second floor are due for completion by the week ending 24 March 2017. Following that refurbishment of both meeting rooms will commence.

Corporate, Business and Finance Plans

These items are on the agenda for further discussion and approval.

7. Report from Medical Director

Belfast Cord Blood Bank Update

All cord blood bank operations have ceased and a revocation of license application has been submitted to the Human Tissue Authority and has been confirmed.

Disbursement of NIBTS Cord Blood Charitable Fund

As the Belfast Cord Blood Bank has ceased its operation and revocation of licence has been confirmed. One outstanding action relates to disbursement of the above mentioned fund which is no greater than £3,000.

It is proposed that these monies which were donated to promote and support cord blood collection are transferred to the Anthony Nolan Trust. The Anthony Nolan Trust is a voluntary organisation which is active in the area of stem cell banking. There is an audit trail of communication between the designated individual for the Belfast Cord Blood Bank (Dr Morris) and the Head of Cord Blood Development (Mr Daniel Gibson) confirming these proposed arrangements. The Board discussed this and Mr Bell did not foresee any issues arising from the Charity Commission. The Board gave due consideration and approved this request.

SaBTO

SaBTO have recommended a number of significant relaxations of donor deferral rules, e.g. piercings, tattoos. These recommendations have yet to be formally approved, however, it will impact on staff training and operational practice. There was a discussion regarding the recommendations and NIBTS' right to reply.

Genetic Haemochromatosis (GH) Programme

Dr Morris outlined plans for expansion of the genetic hemochromatosis programme which have been developed for Belfast Trust patients who attend the hepatology service.

Molecular Foetal D Genotyping Study and NICE Guidance

Interim results for validation of non-invasive prenatal testing for Rh D indicate full reconciliation of predicted and actual results. Validation and sign off of assay scheduled for end of June 2017.

Responsible Officer, medical profession –NIBTS

Mr Charles Martyn will cease in his role as Responsible Officer for NIBTS on 31 March 2017. Dr Kieran Morris will assume this role with effect from 1 April 2017. The GMC have been informed of the change.

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

Revenue

The cumulative revenue position for the 11 months ended 28 February 2017 shows a net surplus of £258k. NIBTS, excluding haemophilia, shows a surplus of £282k. Projections indicate that a breakeven position can be achieved by the year end. Mrs Lindsay enquired about 'Non Pay' showing a deficit, Mr Bell was able to advise that this is routine and is cost neutral.

Capital

The Capital Resource Limit (CRL) for the year has been confirmed as £379k. There is one piece of equipment which was not delivered before the year end as expected and will now be reflected in 2016/17 year. In summary, 80% of expenditure was in March 2017.

Mr Lennon enquired if any BSO issues impact on NIBTS, Mr Bell advised that they do to a limited degree.

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 4.8% below the Service Level Agreement (SLA) value at the end of February 2017. The Southern Trust (+10.5%); the Western Trust (-10.9%) and South Eastern Trust (-14.3%) are currently outside the SLA tolerance limit. An appropriate adjustment will be agreed with each Trust at the year end.

9. Report from Head of Human Resources & Corporate Services

Investment in People (IiP)

The first meeting of a newly formed IiP implementation team has taken place. The team are assessing compliance with the new IiP standard. Existing controls are in place across departments and will continue. The Governance and Risk Management Committee will be advised of progress.

Procurement Assurance – Direct Award Contract

The Board were advised at the September 2016 meeting of the existing position. By way of update at year end a total of 9 Direct Award contracts have been approved for the 2016/17 period. The total value of the contracts awarded was £168,220.

Whistleblowing

The Board was previously advised of the outcome of the RQIA review across HSC bodies and specifically the recommendations and current compliance within NIBTS. The Agency does not currently have any outstanding actions to take forward against the recommendations. Actions remaining relate to matters to be taken forward regionally by Department of Health. It is noted that the Chairman has been designated as the non-executive board member to have oversight of the culture of raising concerns within the organisation.

Staff Absence

The Department of Health corporate absence target for ALB's during 2016/17 is to "improve or maintain sickness absence rates on 2015/16 levels" which for NIBTS is 5.96%. The overall percentage of working days lost due to sickness during the period April 2016 to January 2017 is 7.6%. The Agency is unlikely to meet the target set by the Department of Health by 31 March 2017. The number of days lost continues to be attributable to long-term illness of a relatively small number of staff.

Staff Appraisal

The Department of Health corporate target is to improve take-up of annual appraisals on the previous year, which for NIBTS was 98%. Presently 91% of staff have had an appraisal and the majority of remaining staff including the Senior Management Team are scheduled for completion by 31 March 2017.

Post meeting update – these outstanding appraisals have now been completed.

Control Assurance and Audit

All action plans remain on target. All areas are indicating 'green status'. Due to significant changes in the Human Resources standard, and as a precaution, this area is currently categorised as an amber pending audit. Year-end audits relating to the work of the Human Resources & Corporate Services Department will be carried out during mid-March in the areas of Emergency Planning, Risk Management, Governance and Human Resources.

10. **Quality Improvement Report**

Open Incidents

There are nine open incidents over 60 days due to external factors, i.e. delays in obtaining relevant information / reports from suppliers. Incidents remain fairly static and closure rates remain consistent. The 30 day targets set by the regulators can be unpractical due to the investigatory process e.g. if involving bacterial investigations, however, extensions can be applied for. NIBTS have in place a process for approving extended timelines for investigations / completion of actions, where justified, however compliance with requirements for applying for extensions is noted to be poor. This has been highlighted to the Senior Management Team and Ms Macauley is currently devising a system to ascertain what can be closed before the 30 day period and what cannot be.

Documents & Change Control – Past Review / Due Date

Overall percentage of SOPs outside review remains at 3%. Ms Macauley informed the Board that all staff are reminded on a regular basis by the Document Control Officer to review any SOPs and policy documents before their due date. The Chairman asked if 600 documents was too large a number for an Agency of this size, Ms Macauley advised that some may get rationalised and others may be reopened or split, however, will ascertain if this is too large a number.

Change Control open changes and percentage overdue have remained consistent for several months. The Deputy Quality & Regulatory Compliance Manager is currently compiling reports on all open changes by department with those reports related to Hospital Services, Quality, HR & Corporate Services, Finance and IM&T and Donor Services complete and provided to the relevant departmental manager and SMT member. The Chief Executive will be the responsible person under the accountability process. These reports contain information regarding the status of the changes, identifies actions required to bring target date under control, the need to assign a risk categorisation. This report is designed to allow the department to compile a project plan regarding how they intend to progress their changes.

Audit – Scheduled Audits Completed

Apart from one (QA Lab. Coagulometer due for completion within the next month), all audits are completed. Following recent training, potential new auditors are now available to be given practical experience.

There have been no dates received from MHRA regarding pending audit. B Morris has completed her contract and NIBTS are progressing and resolving her findings. NIBTS may ask her to return in the autumn for an informal audit.

NIBTS Policy for Incident Management

The Board read, discussed and approved this policy.

11. **Key Performance Indicators (KPIs) – monitoring form**

Donor Services - Waiting times will breach the 30 minute target by end of year. Due to reduced demand, new donor recruitment will not meet target. This target will be reassessed for 2017/18. Mr Kinney advised that a special session was organised for Extras NI to attract new donors. There was a good turnout and great publicity for the

service. Following a discussion regarding attracting new donors, the Chairman is to furnish Mr Kinney with some information concerning new donors.

People

Staff absences remain high and will not meet target by the end of year. 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.

12. Corporate, Business and Financial Plans

These documents were previously considered on a Board development day and a previous Board meeting, where any changes requested by the Board were made. There is a slight amendment to be made for the Department of Health. The Board again discussed these documents and they were formally approved and will be added to NIBTS website.

13. Corporate Risk Register

Mr Ritchie presented the Corporate Risk Register to the Board for Approval. The position of all risks have been clarified by all departments and some risks have been withdrawn.

The register contains six corporate risks:

- Risk 1 – Lack of secure platelet supply for hospital blood banks and transfusion to patient recipients – the only change in this risk is the ‘Likelihood’ have reduced from a 3 to a 2. NIBTS are still awaiting a detailed plan of work from WHSCT.
- Risk 2 – Breakdown of Blood Mobile – remains on with no change to the scoring.
- Risk 3 – Change Management system – high percentage of changes past target date – continues as a long-term risk with no change to any of the scoring.
- Risk 4 – Compressors have reached end of life – The action plan for temperature monitoring remains 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’ – No change to the score and the situation remains fluid. The Chairman queried if reference to the letter sent by NIBTS to HSCB and Pathology review should be referred to in the narrative.
- Risk 6 - Failure to replace PULSE – The risk remains the same and the narrative is up to date.
- Risk 7 Insufficient staff numbers to deliver service – This risk was discussed and further discussion will take place at SMT to identify options for mitigating this risk.

- Risk 8 – Failure to recruit staff – This risk is being removed from the Corporate Risk Register as it is being scored and managed locally within departments and does not need to appear on the Corporate Risk Register. Mrs Lindsay queried if there was still shortages within the service, Mr Ritchie advised that there were and were mainly around nursing, exacerbated by the UK wide staff shortages.

There followed a discussion regarding what was appropriate and should be included on the Corporate Risk Register and how NIBTS assess the impact on services. There was also a discussion regarding of HMRC guidelines using recruitment agency staff, Mr Bell advised NIBTS have low exposure and therefore the risk was low.

The Governance and Risk Management Committee will continue to develop the Corporate Risk Register. The document was approved.

14. Any Other Business

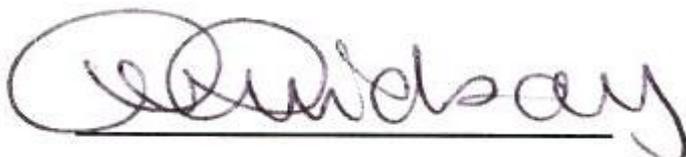
There was no further business.

15. Action list from meeting held 16 March 2017

There were no actions

Action	Responsible Person
To develop a new system for Open Incidents	Ms A Macauley
Update Controls Assurance to reflect revised HR standard	Mr I Ritchie
To review all change controls with individual SMT members	Chief Executive – Mrs K Jackson
To discuss opportunity for new donors	Chairman – Mr J Lennon and Mr C McKinney

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

Signed: 

Dated: 18 May 2017