

**One Hundred and Thirteenth Meeting of the NIBTS Agency Board  
Thursday 14 May 2015  
Venue: Lecture Room, Northern Ireland Blood Transfusion Service**

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

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

**Observer:** Ms Fiona Carroll, RCN

**1. Apologies**

No apologies have been received for this meeting.

**2. Declarations of Interest**

Nil

**3. Chairman's Business**

*DHSSPS Review of Arms' Length Bodies*

The first stage of this review has been completed and the report is being considered by the Departmental Board. Outcome unknown as yet.

*Reappointment of Board Members*

The tenure of the Chairman has been extended until 31 July 2016. Formal minute of appointment has not yet been received.

**4. Minutes of one Hundred and Twelfth meeting held on 26 March 2015 and action list**

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

**5. Matters arising from minutes of meeting held on 26 March 2015**

*Penrose Inquiry*

There has been no further developments since the report was published.

### *Donaldson Report*

There has been no further developments. Mr Barkley noted himself and Ms Macauley attended a Quality 2020 day in March which focused entirely on the Donaldson report. Presentations from the day were circulated to SMT and Board members. Mr Barkley has reminded SMT to read the report and reflect on how it applies to their areas of responsibility.

### *BloodMobile*

The BloodMobile remains off road following identification of further malfunctions. Mr Kinney reported BSO Directorate of Legal Services have written to the supplier on 21 April 2015 who responded indicating they required more time and a response would be provided no later than 22 May 2015. Mr Kinney indicated the supplier has been provided with an opportunity to repair and a replacement or refund of monies would be expected. The preferred option would be to have a replacement with the company having learned lessons from their mistakes on the old unit.

DHSSPS are aware of the situation and have also been made aware of continuity and longer term plans in relation to refurbishing the old BloodMobile unit to be deployed to boost platelet supply.

Mr Kinney will provide a further update when a response is received from the supplier toward the end of the month.

## **6. Audit Committee update**

Ms Hilda Hagan, representative from DHSSPS was in attendance as an observer at the meeting

The annual accounts have been prepared and submitted in accordance with Departmental guidance and circulars. A number of amendments were identified and suggested which Mr Bell has agreed to take forward.

The Internal Audit progress report, Shared Services progress report and Internal Audit annual report 2014/15 were also discussed and found to be satisfactory.

## **7. Report from interim Chief Executive**

### *DHSSPS Review of Arms' Length Bodies*

Outcome of this Review is still unknown at present. The report will be considered by the Departmental Board at a meeting in May or June 2015.

### *Review of ALB Administrative Services*

This Review is ongoing. Mr Bell recently attended a scoping meeting at which questions for each ALB were identified. It is anticipated the first stage of this review should be complete by the end of June.

### *Platelets*

The response to the need for increased platelet volumes is the main operational priority for the new financial year. The short term aim is to increase the quality of the platelets generated through Buffy Coats to reduce losses, this includes increasing the initial volumes received from donors and improving laboratory techniques to increase yield.

Dr Morris indicated lower doses will provide an inferior outcome for patients who may then need to be transfused more regularly.

There was some discussion in relation to the appropriate mix of buffy coats versus apheresis and taking forward the platelet project. Mr Lennon advised he would like to see this item brought to a substantial conclusion and requested an options paper to be presented at the next Agency Board meeting.

### *Chief Executive recruitment*

The recruitment process remains paused at the request of DHSSPS.

### *Nurse Governance and Management*

Advertisements for both the new Nursing Services Manager post and the replacement of the Senior Nurse/Unit Manager post are currently being prepared.

### *Annual Report*

The annual accounts have been prepared and submitted in accordance with Departmental guidance and circulars.

### *BloodMobile*

Please see item 5.

### *Investors in People*

NIBTS has retained IIP accreditation. An informal review will take place in April 2016 with a further follow up review scheduled six months later. The reaccreditation review will take place 18 months following this. Mr Barkley thanked Mr Ritchie and the HR team on successfully taking this forward.

### *Cord Blood*

The public consultation which was undertaken by HSCB is due to close 22 May 2015. At present no enquiries or comments have been received. Mr Barkley and Dr Morris met with HSCB and PHA officials to discuss technical issues and the fate of some cords which may not meet NHSBT criteria for acceptance.

## **8. DHSSPS Review**

Please see item 3.

**9. Report from Medical Director**

Dr Morris provided an update in relation to the Chief Medical Officer's Annual Blood Safety Committee meeting which took place on 17 April 2015. This meeting addresses safety and quality issues for patients receiving transfusions.

**10. Finance and IM&T report for the period 01/04/2014 – 31/03/2015**

The cumulative revenue position for the 12 months ended 31 March 2015 shows a net surplus of £7k. Excluding haemophilia, a surplus of £3k is noted. A total of £238k was refunded to HSCB in accordance with funding arrangements.

A breakeven position was achieved for 2014/15. The annual accounts are currently being audited by ASM with no issues are expected.

Mr Bell reported capital has been fully committed for 2014/15.

As previously reported, compliance with prompt payment policy has not been achieved. It is expected this target will be achieved in 2015/16.

As one Trust was significantly below the Service Level agreement value for blood components issued to Trusts they received a refund at marginal cost. This is unlikely to continue into 2015/16 following renegotiation and activity level rebased for 2015/16.

Mr Barkley thanked Mr Bell for managing the 2014/15 accounts very well despite a challenging financial year.

**11. Corporate Risk Register**

Two new risks were added to the corporate risk register this quarter:

- *Breakdown of BloodMobile*  
Prolonged unavailability – impact on collection, reputational damage, loss of public funds. This risk was scored as 12 and will be reviewed in June 2015.
- *Uncertainty around the outcome of the Review of ALB's*  
Interim lack of clarity on management roles. This risk was scored as 20 and the Agency awaits further information from DHSSPS.

There were no risks deleted from the corporate risk register this quarter.

**12. Risk Management Strategy**

This strategy was formally approved by the Agency Board.

Mr Henderson requested that where documents have been reviewed, changes should be highlighted and easily identified.

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

#### *Quality Improvement Report*

NIBTS continue to maintain improvement in closing incidents within the desired timeframe.

The significantly improved position in relation to documents has been maintained with 1% of SOPs being reported as outside their review date, therefore making good progress towards the revised target of 0% outside review which has been agreed with the MHRA. Staff have been notified and congratulated on this achievement and urged to continue to maintain this effort.

As previously noted there is further work to do in relation to change controls due to the struggle with implementing changes within target dates assigned. This has been discussed at both the Quality Improvement Review forum and SMT and broad agreement reached that both the way the process is monitored and target dates assigned requires review.

One audit has gone beyond the acceptable slippage level. Ms Macauley noted she has no concerns, the audit has been discussed with the relevant department and the audit process has commenced.

#### *MHRA January 2015 audit*

Ms Macauley confirmed the MHRA action plan is progressing in line with the agreed target dates. Difficulty has been experienced in developing a formal computer control policy however after receiving some further advice the IT manager is more content to take this forward.

#### *Audit of Signatures*

An independent assessor undertook an audit of the signatures contained within the Quality Management System in the past 12 months. This independent assessor provided assurance that they are satisfied with the system.

### **14. Complaints for year 2014/15 (interim review)**

Complaints remain satisfactory in terms of numbers despite staffing pressures and absences.

More than 70% of staff related problems came from one of the four teams servicing the donor programme and continues to be monitored.

Donor satisfaction for 2014/15 is noted as 97.2% (against a target of >95%).

### **15. Annual Business Plan**

The Agency Board formally approved the 2015/16 Annual Business Plan.

**16. Any Other Business**

Nil

**17. Action List from Meeting held 14 May 2015**

<b>Action</b>	<b>Responsible Person</b>
Provide update when further information is available in relation to the BloodMobile	Mr Kinney
Options paper in relation to platelet project to be brought to next Agency Board meeting.	WHO?

**18. Date of Next Meetings**

01 July 2015, 1pm, Lecture Room, preceded by Audit Committee meeting 11.30am

24 September 2015, 1pm, Lecture Room, preceded by Audit Committee meeting 11.30am

22 October 2015, 1pm, Lecture Room

03 December 2015, 1pm, Lecture Room