

**One Hundred and Twentieth meeting of the NIBTS Agency Board  
Wednesday 11 May 2016  
Venue: Lecture Room, Northern Ireland Blood Transfusion Service**

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

**In attendance:** Mr Glenn Bell  
Ms Heather Kinghan  
Mr Charles Kinney  
Mr Patrick Madden  
Dr Kieran Morris  
Mr Ivan Ritchie

**1. Apologies**

There were no apologies received for this meeting.

**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**

*Board Governance Self-Assessment*

This document has been completed.

Mr Lennon noted this will be Joanne's final Board meeting and thanked her for all her assistance.

**4. Minutes of One Hundred and Nineteenth meeting held on 23 March 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
Discuss implications which may arise following Pathology Services Review with Department of Health	Mr Lennon	Complete

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

## 5. Matters arising from minutes of meeting held on 23 March 2016

### *Chief Executive recruitment*

Approval has been received to recruit a chief executive for a fixed term period of two years. Mr Ritchie agreed to put together a timeline and schedule a suitable date in diaries of Board members.

### *Pathology Services Review*

Awaiting appointment of new Minister.

### *BloodMobile*

A date for an alternative dispute resolution is awaited.

A business case for replacement BloodMobile has been presented to the Department who have returned it with some comments. Mr Kinney and Mr Bell are working on these with a view to resubmit to the Department in the near future.

## 6. Audit Committee update

Mr Charles, Internal Audit confirmed all scheduled audits were completed.

- Financial Review – Satisfactory level of assurance achieved
- Management of lab expenditure – Limited level of assurance achieved
- Stocktaking – Satisfactory level of assurance achieved
- Governance – Management of assurances on quality management – Satisfactory level of assurance achieved
- Performance Management (including change management targets) – Limited level of assurance achieved
- Risk management – Satisfactory level of assurance achieved

A number of audits have been conducted in BSO Shared Services, as part of the BSO Internal Audit plan and are noted as follows:

- Recruitment Shared Services – Unacceptable
- Payroll Shared Services (September 2015) – Limited
- Payroll Shared Services ( March 2016) – Limited
- Payments Shared Service (September 2015) – Satisfactory
- Payments Shared Service (March 2016) – Satisfactory

Mr Cathcart cited examples of poor performance by shared services with regard to recruitment, pensions and maternity pay and noted this service is unacceptable. Services provided by BSO to NIBTS in relation to recruitment have been disastrous with unacceptable delays causing gaps in staffing which in turn are affecting services.

Mr Cathcart noted NIBTS should consider carefully using further services from BSO Shared Services following these audit reports.

## **6. Report from Chief Executive**

### *Senior Posts*

Ten applications have been received for the laboratory manager position. The appointment panel is expected to sit in the week commencing 13 June 2016.

### *Review of Pathology Services*

The consultation document was not issued as expected on 14 March 2015. DHSSPS have decided to withhold it for the present. DHSSPS have not indicated whether it will be issued after the Assembly election.

### *BloodMobile*

Negotiations continue with Lynton and their legal advisors in relation to the Alternative Dispute Resolution process.

### *Annual Report*

The 2015/16 report is currently being finalised. DHSSPS has set out a new template for the structure and content of the report which will be presented to the 05 July 2016 Agency Board meeting for approval.

### *2016/17 Business Plan*

This has been accepted by the Department subject to clarification from HSCB and the Trust on the level of cash release expected.

#### *End of year Performance Report*

Included in the papers for information. Overall NIBTS has met or is in the process of meeting 93% of the 53 objectives set by DHSSPS.

#### *Draft Governance statement*

This was approved by the Agency Board and will be included in the 2015/16 Annual Report which will be presented to the 05 July 2016 meeting for approval.

#### *Report on Terumo/Test bed initiative meeting with DHSSPS*

Following an initial meeting with Terumo to explore the possibility of cooperation on a number of new blood products, DHSSPS convened a follow up meeting on 28 April 2016 with NIBTS.

Three possible research and development initiatives were identified:

- Exploration between NIBTS and Terumo on the possible use of pathogen reduction technology
- Exploration with the DHSSPS and R&D office about the possibility of a clinical trial of the use of whole blood treated with pathogen reduction technology
- In the longer term exploration of the possibility of moving to componentisation of whole blood treated with pathogen reduction technology

Please see report from Medical Director for further detail.

#### **7. Report from Medical Director**

Two proposals for innovation were outlined:

##### *Partnership arrangement with Terumo BCT to develop test bed for implementation of pathogen reduction technology applied to apheresis platelet component donations*

The key points are outlined below:

- Pathogen reduction technology blocks replication of DNA and effectively sterilises blood components.
- There is inactivation of bacteria, viruses, protozoa, other infectious agents and lymphocytes.
- The method is validated and has 350,000 applications globally.
- Clinical trial studies confirm non-inferiority with standard platelet component donations.
- The technology is expensive with a proposed additional charge of £8.00 per unit based on double dose platelet collection.

- The successful introduction of the component would permit the deselection of other measures which include automated bacterial detection, CMV serology typing, gamma irradiation.
- There is future proofing in relation to emerging pathogens which is highly relevant because of recent epidemics related to dengue, chikungunya, ebola and zika virus. There would be the possibility of relaxing travel restrictions for our platelet donors.
- The new technology greatly simplifies the process, will improve platelet yield because of reduced sampling requirement and gives greater visibility day 0 with a seven day shelf life.
- It is proposed at the end of an 18 month period to complete a health technology assessment which would inform a decision in relation to selection or otherwise as the case may be.

Mr Simpson confirmed his support for the project and highlighted there are no financial implications for NIBTS and Terumo have agreed to provide whatever investment is necessary. A further meeting has been scheduled with Terumo 20 July 2016.

The Agency Board supports this proposal.

*Invitation to become a centre of operational excellence for the European School of Transfusion Medicine*

To receive an invitation from the School is highly significant. It is recognition for and validation of the clinical work that we do and how we cooperate across an extensive network of healthcare professions.

There are advantages in accepting such an invitation which include showcasing our service, improving our performance, learning new things, adopting new practices, learning and innovation and obtaining better results for our patients.

Our commitment would be to host an international delegate conference once a year which will be self-financing. Centres of operational excellence are also requested to make an annual subscription of €10,000 for a minimum three year period by way of contribution.

Mr Simpson again confirmed his support for this invitation which will enhance the image of NIBTS. The Agency Board confirmed Dr Morris should respond to this invitation indicating NIBTS are minded to accept, pending a business case and approval from the Agency board at the next meeting.

*HEV testing*

Dr Morris confirmed HEV tested and labelled components will be available from

Monday 16 May 2016. A great deal of work has gone into achieving this result which was unfortunately delayed due to unforeseen circumstances.

#### **8. Finance and IM&T report for the period 01/04/2015-31/03/2016**

The cumulative revenue position for the 12 months ended 31 March 2016 shows a net surplus of £2k. Accordingly, the key financial performance objective for the year, breakeven, has been achieved.

A surplus of £20k was noted which relates to ordered equipment which was not delivered prior to 31 March 2016. This is now a contracted capital commitment for 2016/17.

The objective of paying 95% of invoices within 30 days has been achieved.

The notional value of blood components issued to hospitals is 4.2% below the service level agreement value at the end of the year. The South Eastern Trust, Southern Trust and Western Trust were outside the SLA tolerance limit and each received a credit at marginal cost which was reflected in the bottom line of the accounts.

NIBTS payment, income and payroll services are all provided by BSO Shared Service Centre. A provisional assurance letter has been received from BSO advising of the BSO governance arrangements that were in operation during the year. Where weaknesses were identified an assurance has been provided that recommendations will be implemented.

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

##### *Quality Improvement Report*

Incident figures remain positive. There is currently one incident over 60 days and one incident over 90 days open. Both of these incidents remain open due to external factors. Mr Lennon noted this is a marked improvement from quality improvement reports in the past and congratulated the team.

SOP's beyond review date remains as before with 4% overdue their target date – all SOPs overdue review have been highlighted to the relevant department for action.

The number of change controls past their implementation date has risen slightly to 50%. Ms Kinghan confirmed some significant critical change controls are included in this figure however all change controls are categorised as high/low risk and taken forward accordingly. Ms Kinghan noted implementation of HEV screening should reduce this figure.

All 2015/16 audits are on schedule and audits for 2016/17 will be scheduled.

### *MHRA report and response*

This was noted by the Agency Board.

## **10. Complaints**

26 complaints were received during 2015/16. Longer waiting times have resulted in the greatest number of complaints which is a result of staff vacancies and sickness. Several new staff are now in post but the introduction of a new staff recruitment system in the HSC has significantly delayed this process.

Monitoring reports indicate waiting times to be in the region of 25 minutes. Overall satisfaction remains high at 98%.

## **11. HR & Corporate Services report**

### *Staff Absence*

The overall percentage of working days lost due to sickness during the period 01 April 2015 to 31 March 2016 was 5.96%. The majority of days lost continues to be attributable to long term absence.

### *Staff Reviews*

During 2015/16, 98% of staff eligible for development reviews had an SDR completed in line with the Knowledge and Skills Framework by the financial year end. During April 2016, 13 SDRs have been completed - 11 in Donor Services and 2 in laboratories. All departments are aware of the requirement to schedule SDRs during the months of April-June 2016.

### *Health and Safety*

The Health and Safety Committee continued to meet throughout the year and have made good progress against their action plan. Risk assessments continue to be departmentally driven. The Health and Safety Committee also has responsibility for a number of associated standards including waste management, security management, fire safety and environmental management. All controls assurance standards for these areas have been self-assessed as substantively compliant for the 2015/16 year.

### *Health Promotion*

During 2015/16 the Health and Safety Committee commissioned a health fair via SLA with BHSCT Occupational Health Department and events took place during September in both Headquarters and Omagh. Mr Ritchie confirmed Board Members will be extended an invitation to the next health fair event.

### *Health and safety incidents reported, April 2015 – March 2016*

The Agency has not recorded any adverse or serious adverse incidents during this reporting period.

#### *Fire safety*

There have been no fire incidents reported this year. An unannounced fire evacuation took place in March 2016 to test staff response and knowledge of appropriate actions as laid out in the training and fire policy. The evacuation time was recorded as just over 3 minutes. Fire wardens have recently undertaken update training to equip them to safely and adequately perform their roles. .

Compliance around timely completion of mandatory fire training remains a concern and departments have been encouraged to ensure this is resolved in a more timely fashion. The fire Safety management controls assurance standard remains substantively compliant.

#### *Other health and safety training*

During September and October 2015, the Agency arranged for two three-day courses to recertify staff identified as providing the role of first aiders.

#### *Facilities – completed works*

The Agency has completed the installation of a new shutter in the prep room in the bulk stores as well as replacement of one of the rear exit doors at the stores department to strengthen physical security of the premises.

Work commenced on the HQ building passenger and goods lifts during the final quarter of 2015/16 and was completed in April 2016.

A new blood hatch was installed during December prior to the MHRA inspector's return in January 2016.

Work was completed at the end of March to install two new donor interview cubicles in the donation suite following previous recommendations by the MHRA.

A schedule of forthcoming works for the 2016/17 year has been agreed and a progress report will be provided to the board during the course of the year.

## **12. Any other business**

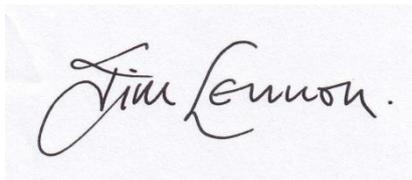
Nil.

## **13. Action list from meeting 11 May 2016**

Action	Responsible Person	Update
Take forward internal audit carried out by Edwin Lindsay	Ms Kinghan	Ongoing
Ce recruitment – agree timeline and dates for Board members	Mr Ritchie	Complete
Present Annual Report to Board	Mr Simpson	Complete
European School of Transfusion Medicine – Business case	Dr Morris	Complete

**14. Date of next meeting**

05 July 2016



Tim Lennon.