



**One Hundred and Thirty Sixth meeting of the NIBTS Agency Board
Thursday 30 August 2018 at 11.30am
Venue: Lecture Room, Northern Ireland Blood Transfusion Service**

Present: Mr Jim Lennon – Chairman
Mrs Lorraine Lindsay – Non Executive Board Member
Mr Ian Henderson – Non Executive Board Member
Mr Philip Cathcart – Non Executive Board Member
Mrs Karin Jackson – Chief Executive

In attendance: Dr Kieran Morris – Medical Director
Mr Glenn Bell – Finance & IM&T Manager
Ms Angela Macauley – Quality & Regulatory Compliance Manager
Mr Ivan Ritchie – Head of HR & Corporate Services
Mrs Alison Geddis - Laboratory Manager & Interim 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. Minutes of One Hundred and Thirty Fifth meeting held on 28 June 2018 and action list
The minutes were agreed as an accurate account of the meeting on 28 June 2018 and signed off by the Chairman.

Action list from 28 June 2018

- i. The Board members and NIBTS website was updated post meeting.

4. Matters arising from minutes of meeting held on 28 June 2018

Self-Assessment dates

Mr Lennon advised that he will forward the Self-Assessment document to the Chief Executive and Head of HR & Corporate Services upon completion.

5. **Chairman's Business**

Mr Lennon advised the Board that during the Year-End Accountability meeting with DoHNI in July 2018, he was asked to remain as Chairman of NIBTS Board for a further six months. Mr Lennon also advised that this was recorded in the minutes of the Year-End Accountability meeting. DoHNI have sent Mr Lennon a letter of continuation which Mr Lennon has forwarded to the Chief Executive and Head of HR & Corporate Services.

Hyponatraemia Inquiry

Mrs Jackson advised that further guidance from DoHNI is awaited. Once received, the impact on NIBTS activities will be reviewed. Dr Morris advised from a medical perspective, nine work streams were identified by DoHNI which are due for completion within 18 months. Key points worth noting are:

- i. Duty of Candour (Statutory)
- ii. Independent Medical Examiner
- iii. Revised and updated Serious Adverse Incident Procedure for Paediatric and Neonatal deaths.

6. **Report from Chief Executive**

6.1 Chief Executive's Report

Review of Pathology Services

The first meeting of the Pathology Modernisation Steering Group, chaired by the Deputy Secretary of DoHNI was held on 20 August 2018. A number of work streams have been identified, IPT for transformation funds for the next two years has been developed. DoHNI are awaiting guidance from the Departmental Solicitors Office regarding the legal structure for pathology services including NIBTS. The Deputy Secretary re-iterated that the NIBTS brand will be retained. Mr Lennon enquired if staff were being kept appraised. Mrs Jackson responded advising that DoHNI are liaising with Staff Side have on a briefing document. Once this has been agreed, NIBTS will appraise all staff.

Blood Mobile

The Blood Mobile is back on site with the livery complete. Mrs Jackson invited the Board members to view the vehicle following the meeting. As the design was created by NIBTS staff, NIBTS own the copyright of the images and will be able to use these on other vehicles and promotional material. Mrs Geddis, Laboratory and Donor Services Manager thanked Ms Macauley, Quality & Regulatory Compliance Manager, and her team for the completion of the validation. The vehicle will be in use from Tuesday 2 September. The official launch date has yet to be confirmed but is anticipated for late October / November.

Plateletpheresis in the West

Mrs Jackson has received feedback from WHSCT, who advise they are completing a benefits realisation assessment in the Omagh hospital and this will inform options for NIBTS accommodation. Mrs Geddis, Laboratory and Donor Services Manager will follow up.

PULSE Replacement

A project manager has been identified for the blood tracking project. A start date has yet to be confirmed.

Payment to Board Members

The determination approval by DoF is awaited.

Hyponatraemia Inquiry Report

Covered under Chairman's Business.

6.2 UK Infected Blood Inquiry

Mrs Jackson appraised the Board. The Inquiry is due to open on 24 September 2018 in London and is UK wide. It is the intention of the Inquiry to look at events from the 1970s to date. NIBTS are working closely with BSO Legal Services. The Inquiry has requested information including storage and the archiving of documents since the inception of NIBTS in the 1940s. Steps have been taken in NIBTS to secure, review and catalogue all relevant documentation and data both on-site and in storage. The Chief Executive has met with the directors of other Trusts to share information and DoHNI have forwarded a letter from the Chair of the Inquiry regarding the scope of the Inquiry. The NIBTS Senior Management Team will initially co-ordinate the Agency's response to the Inquiry and will be liaising closely with the Director of Legal Services, BSO. The Director of Legal Services, BSO, has been in communication with the Inquiry Solicitor and will seek to appoint Senior Counsel which will represent HSC. DoHNI are represented by the Departmental Solicitor's Office, DSO. NIBTS will also be collaborating across UK Blood Services in Scotland, Wales and England through the UK Forum. Mrs Jackson further advised the Board of the way the Inquiry will be scheduled and run. Hearings should open in Spring 2019. The detailed schedule has yet to be finalised. There are key issues for NIBTS:

- i. Identifying all available documentation.
- ii. Time and resource required.

Mrs Jackson has advised DoHNI that support for the Inquiry needs to be properly resourced. NIBTS will continue to engage with the Inquiry solicitors and provide regular updates. The Northern Ireland response to the Inquiry needs to be a collaboration of knowledge from all HSC bodies. The Board discussed the Inquiry format, retrieving documentation, prescribing practices and product purchasing. NIBTS will have a shared intranet site to keep staff apprised.

7. Report from the Finance & IM&T Manager

7.1 Finance and IM&T report from the period 01/04/2017 – 31/07/2018

Mr Bell presented the report to the Board.

Revenue

The cumulative revenue position for the 4 months ended 31 July 2018 shows a net surplus of £10k. NIBTS, excluding haemophilia, shows a deficit of £21k. with effect from 1 October 2018, the supply of immunoglobulin will transfer from NIBTS to Trust Pharmacies. This will result in a significant reduction in income and expenditure on plasma products. However, Mr Bell anticipated a breakeven position by year end.

Capital

Capital Resource Limit (CRL) of £243.6k has been provided to NIBTS in respect of laboratory equipment, vehicles and ICT. The procurement process is on-going for two key items of laboratory equipment. Business cases are being prepared for vehicles, further laboratory equipment and an equipment refresh.

Prompt Payment Policy

Compliance with the prompt payment policy for 4 months to 31 July 2018 was 97.0% which is improving and returning to target.

Monitoring

In overall terms, the notional value of blood components issued to hospitals is 6.0% below the Service Level Agreement (SLA) value at the end of July 2018. The South Eastern Trust (-15.0%); Northern Trust (-6.0%) and the Belfast Trust (-8.5%) are currently outside the SLA tolerance limit. An adjustment will be agreed with each Trust as appropriate.

Shared Services

NIBTS payment, income and payroll services are all provided by BSO Shared Service Centre (SSC). Quarterly assurance reports are received from BSO. A number of governance issues that have arisen are being addressed by BSO. The Chairman queried if NIBTS had been affected by payroll issues that had been highlighted in the media in recent days. Mr Bell outlined the background to the issue, which related to Pension Banding Review and how it had impacted on NIBTS.

8. Report from Quality & Regulatory Compliance Manager

8.1 Quality Management System Report

Ms Macauley presented the report and advised that since the compilation of the report, figures have been slightly updated.

Open Incidents

The increase in incident numbers are primarily due to a rise in incidents regarding late declaration of donor travel information. A specific pro forma has been developed to help process these investigations and the health check questionnaire has been amended to assist in identifying more accurate donor travel information.

SOPs Beyond Review Date

The upward trend reported for the period from January – May 2018 reduced during June and has been maintained throughout July 2018.

Change Control – Past Due Date

Current figures highlight an improvement with fewer changes past target date recorded. Another meeting of the Change Control Process Review Task and Finish Group is scheduled for October 2018 to continue to identify and implement improvements to the process.

Audit – Scheduled Audits Completed

Due to a significant portion of the audits being assigned to Quality Department staff , current staff vacancies and other high priority projects some slippage was experienced in the audit schedule however this has since been largely addressed. Mr Lennon commented that a graph for incident figures showing progress over a defined period would be useful to show any movement.

MHRA

Ms Macauley advised that to date there has been no contact from MHRA re further inspection dates.

9. Report from Head of HR & Corporate Services

9.1 Key Performance Indicators report

Mr Ritchie advised that there were no 'reds' in the report which was very positive. The 'ambers' pertained to:

Staff Absence which is due to continuing a high level of short-term absence. The next set of figures will be available mid-September and Mr Ritchie expected a further reduction.

CAPAs within 30 days the high number of incidents are due to resources within Donor Services and Laboratories.

Changes Outside Target the high number of changes include legacy changes.

Audits Completed on Time this is due to resourcing issues within the Quality Dept.

Invoice Payment within 30 days only 1% outside target and is improving.

10. Governance & Risk Management Committee Update – Mrs Lorraine Lindsay

Mrs Lindsay reported that the last meeting held on 8 August 2018 was very positive with progress being made and nothing untoward to report. Mrs Lindsay offered congratulations from the Committee to NIBTS for a positive result in attaining the new liP Generation 6 and being awarded the new Health & Well-being Standard.

Mrs Lindsay did have one query from the Corporate Risk Register relating to the risk of; *Modernising of HSC Pathology Services – Uncertainty and the potential impact on staff/donors/HSC stakeholders and final organisational structure of the outcome of the 'Pathology Review.'* The Chairman advised that there was less of a concern now as there are processes in place which are well managed. The Chief Executive advised that this risk should be reviewed, tabled at Governance & Risk Management Committee and brought back to Board for decision.

11 Any Other Business

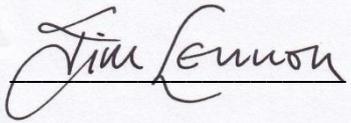
- i. The date of the next Governance & Risk Management Committee needs to be re-scheduled. The Board discussed and agreed Monday 5 November at 10.00am. Mrs Carabine will send diary invitations.
- ii. The date of the next Board meeting also needs re-scheduling and will now be held Thursday 25 October 2018. Mrs Carabine will send diary invitations and update NIBTS web page.

12 Action list from meeting held 30 August 2018

Action	Responsible Person
Send diary invitations to the re-scheduled Governance & Risk Management Committee and Board meetings and update NIBTS web page.	Mrs Carabine Completed post meeting

13 Date of next meeting: Thursday 25 October 2018 at 11.30am – Lecture Room

Signed:



Tim Lennon.

Dated:

25 October 2018