



**One Hundred and Twenty Eight meeting of the NIBTS Agency Board
Thursday 29 June 2017, 1pm
Venue: Lecture Room, Northern Ireland Blood Transfusion Service**

Present: Mr Jim Lennon - Chairman
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

Mrs Lorraine Lindsay

2. Declaration of potential conflict of interests with any business items on the agenda

There were no declarations of interest.

3. Chairman's Business

Accountability Review

The Chairman informed the Board that the Department of Health's, Permanent Secretary was very complimentary of NIBTS at the recent year end Accountability Review. The Pathology Review was also discussed and NIBTS awaits an update on progress from the Department.

MHRA Inspection

The inspection provided a reasonable outcome with continued progress to be made. MHRA advised that the next inspection will be in two years' time.

4. Minutes of One Hundred and Twenty Seventh meeting held on 18 May 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 18 May 2017**

There were two actions from the previous meeting for Mrs Jackson;

- i. NIBTS response of the Review of Pathology Services
- ii. Pulse Replacement Telecon – Update to Board

both will be covered in the Chief Executive's report.

6. **Report from Chief Executive**

MHRA Inspection

The inspection concluded at the end of last week. The Inspector had an in-depth agenda and reported zero critical findings, two major findings, 1) Data Integrity and 2) Mapping as well as nine minor findings. NIBTS has 28 days to respond to these and will do so in detail. There was a discussion regarding Data Integrity which will be addressed. NIBTS has an Equipment Group putting together a schedule for the replacement of equipment which will in turn be forwarded to the Department of Health. The minor findings were also discussed with SMT responding to queries from the Non-Executive Board Members. In the report the Inspector highlighted the Processing Area was rather 'tired'. He was advised that a refurbishment of this area was being planned. NIBTS will do what is needed both in actions and responses to resolve all findings in as short a period as possible. The Board requested quarterly updates on actions.

MARS Scheme

Mr Charles Kinney formally retires at the end of June 2017. Mrs Jackson and the Board thanked him for the enormous contribution he has made during his career in NIBTS and wished him all the best for his retirement. The long-term management arrangements for Donor Services are being reviewed in the interim, Mrs Alison Geddis, Laboratory Manager, will manage Donor Services supported by the Chief Executive.

Pathology Modernisation

The next LIMS Project Board meeting will take place on 27 July 2017. Mrs Jackson will keep the Board apprised of the progress of this project

Blood Mobile

The anticipated delivery date remains on track as September 2017.

Plateletpheresis in the West

This project is currently paused. NIBTS and WHSCT are considering other locations for the Unit on the Omagh Hospital site.

PULSE Replacement

The option to replace PULSE are being considered as part of the regional LIMS project. The LIMS outline business case is currently due for submission to the Department of Health by the end of Autumn 2017.

Payment to Board Members

The position remains the same. This is currently awaiting Ministerial approval.

7. Report from Medical Director

Report to NI Chief Medical Officer's Advisory Committee on Blood Safety

-Blood Component Issues – Apart from fresh frozen plasma components, there has been a reduction in the demand for red cells and platelets.

-Clinical Practice and Haemovigilance

There have been four projects completed within the 2016/1017 period.

-Donor Related Issues

Selective testing for HEV RNA was introduced in May 2016 and has been subsequently been extended and applied universally from May 2017.

-Blood Safety issues including SaBTO recommendations

A number of donor deferral rules have been relaxed and are now being implemented. SaBTO has recommended that the deferral for MSM currently standing at twelve months, is due to be reduced to three months.

-Medical Education

NIBTS Medical Team was the organiser of an international conference under the auspices of the European School of Transfusion Medicine. 113 delegates attended from 13 European countries and feedback has been positive.

-Transfusion Medicine Speciality Forum of Pathology Network

NIBTS Medical Director chairs this forum. There has been a further standardisation of blood transfusion practice.

-Future Developments

There is a proposal to introduce non-invasive prenatal testing for D gene in Rh D negative antenatal patients. This is being discussed with PHA. There is also a scoping exercise to extend blood donations to haemochromatosis patients attending BHSCT.

Clinical Appraisal & Revalidation Policy & Procedure

This policy document has been discussed at SMT and amendments made. Board members have had an opportunity to read and discuss. The policy was approved by the Board.

Response to Equality Commission for Northern Ireland

Board members have had an opportunity to read and discuss this. It was approved by the Board.

8. Annual Report and Accounts

The Annual Report and Accounts were presented for approval by Mr Bell. These had previously been presented to the Audit Committee. There were no material changes with the exception of additional comment in the Governance Statement regarding the 2017/18 Financial Position, as requested by the Department of Health. The Accounts indicate that breakeven has been achieved and that compliance with Prompt Payment Policy had been achieved.

NI Audit Office has issued a draft Report to Those Charged With Governance which provided an unqualified opinion on the Accounts.

Mr Cathcart advised that the Audit Committee had considered the Annual Report and Accounts; endorsing the Governance Statement; reviewed the findings in the Report to Those Charged With Governance and supports Board approval.

The Board considered and approved the Annual Report and Accounts.

9. Charitable Trust Fund Accounts and Trustees Annual Report

No amendments have been made from the draft that was presented to the Audit Committee on 18 May 2017. Board members discussed and approved the Trust Fund Accounts and Trustees Annual Report.

10. Finance and IM&T report from the period 01/04/2016 – 31/03/2017

Revenue

The cumulative revenue position for the 2 months ended 31 May 2017 shows a net surplus of 127k (excluding haemophilia)

Capital

The Capital Resource Limit (CRL) of £260k has been provided to NIBTS in respect of the new Bloodmobile. The in year cost of the Bloodmobile will be £274k resulting in a potential £14k deficit. It is anticipated the Department of Health will increase the CRL to cover this amount.

Prompt Payment Policy

Compliance with the prompt payment policy for 2 months to 31 May 2017 was 96.4%.

Monitoring

In overall terms, the notional value of blood components issued to hospitals is 6.8% below the Service Level Agreement (SLA) value at the end of May 2017. The Southern Trust (+13.4%) and the Belfast Trust (-14.7%) are outside the SLA tolerance limit. An adjustment will be agreed with each Trust at the year-end as appropriate.

Shared Services

NIBTS payment, income and payroll services are all provided by BSO Shared Service Centre (SSC). A quarterly assurance report is received from BSO on these services and services are being delivered in accordance with the SLA. A number of governance issues arising from previous internal audits of BSO SSCs are currently being addressed by BSO.

Regarding IT security, the Chairman enquired if the integrity of the IT systems within NIBTS were at risk in light of the recent cyber attacks. Mr Bell advised that there was always a degree of risk, however, NIBTS have strong security measures in place which comply with all regional policies. The IT Dept. have been communicating with all staff regarding recent cyber-attacks, spam e-mails and how to manage and minimise risk. Older XP machines are being phased out. Mr Bell also advised that although staff have been advised, some staff are not properly shutting down their PC's in the evening, which has a knock on effect for IT running security updates. Mr Lennon advised that if there is a risk to the organisation appropriate action should be taken with the staff members concerned.

Mr Lennon informed the Committee that there is new legislation is being introduced in May 2018 regarding Data Protection.

11. Report from Head of HR & Corporate Services

Governance

The Risk Management & Governance Controls Assurance standards have been externally verified by BSO Internal Audit as substantively compliant. The standards for Human Resources and Emergency Planning were also assessed and reported as substantively compliant for 2016/17. For 2017/18 all standards remain in place and action plans for each area have been developed.

Fire Safety

The Department of Health's Safety Strategy Unit has written to all HSC organisations regarding arrangements to ensure compliance with Fire Safety Regulations (NI) 2010. In light of the Grenfell Tower fire incident the Department of Health has sought clarification that all aluminium composite material present within external cladding is not present in HSC buildings. NIBTS has confirmed same.

Emergency Planning

Due to recent terrorist attacks in the UK, NHS and HSC organisations have in place a range of plans and contingency measures which include preparedness in such circumstances NIBTS continue to have access to information regarding how other blood services have responded to such situations and participates in networks both at a regional level with Trusts and other blood services in other parts of the UK. The Department of Health are to issue a Mass Casualty Framework document to all HSC organisations to ensure each organisation cover the planning assumptions contained within the framework.

Business Continuity

An exercise was conducted in NIBTS on Tuesday 27 June 2017 by the Business Continuity & Risk Manager and attended by various senior managers. This was a desk top exercise which was successful. All Trusts and NHS-BT were informed and were part of the exercise. A full report will be made available to the SMT and all actions will be advised to the Board.

Staff Absence

The Corporate absence target for 2017/18 is to improve or maintain 6% corporate absence. The target represents the combined short-term and long-term absence across the organisation. At the end of May 2017, the Corporate figure was 7.08% which represents a continuing gradual reduction. Most staff absence relate to long-term illness which accounts for seven members of staff, all of whom have been referred to Occupational Health.

Staff Appraisal

Staff appraisals recommenced in April 2017, currently the update is lower than expected. However, NIBTS have recorded 90% of appraisals by year-end for the past number of years, which is anticipated to be the same for 2017/18. As previously

reported to the Governance & Risk Management Committee all mandatory revalidation for medical and nursing staff is up to date.

12. Corporate Risk Register

The Corporate Risk Register was presented to the Governance & Risk Management Committee and was attached with the Board papers. Board members have discussed and approved the report.

13. SIRO Report

The Head of HR & Corporate Services is the Senior Information Risk Owner (SIRO) for NIBTS. All Senior Managers have been trained in the role of Information Asset Owner (IAO), whose role is to manage and address risks associated with information assets. Several additional staff have been identified to act as Information Asset Administrators (IAA's) and training has been provided. An Information Governance audit was conducted by BSO Internal Audit and NIBTS achieved the required satisfactory level of assurance. During 2016/17, a total of 17 Freedom on Information requests were processed. 13 were dealt with within the 20 day timescale with 4 outside this timescale. During November 2016 a physical Information Governance workspace inspection was carried out to ascertain if staff were keeping their workspaces clear of any documentation deemed confidential or sensitive in nature (Policy IGP004 NIBTS Security of Confidential information), a number of general findings were identified and communication was relayed to all staff and managers. A further inspection was carried out on 13 June 2017 and there was a noticeable improvement.

New General Data Protection Regulations (GDPR)

As previously mentioned by the Chairman, from May 2018 the new GDPR regulations will replace the Data Protection Act. NIBTS are keeping apprised of any new developments and requirements and will produce a plan of work to implement the new regulations. The Chairman enquired if there were any expenditure issues in relation to this new policy, Mr Ritchie advised there may be but had not received any communication regarding same.

Board members have had an opportunity to read and discuss the SIRO report which was subsequently approved.

14. Quality Improvement Report

Open Incidents

There are a total of 27 open incidents. Timeline extensions are fewer and have improved.

SOPs Beyond Review Date

The figure of 609 was generated prior to the meeting and has since improved. The overdue SOPs will be highlighted to the relevant departments for action.

Documents & Change Control – Past Review / Due Date

Change Control open changes and percentage overdue have remained consistent for several months. There was a comment in the recent MHRA report, however, it was acknowledged that there is an improvement. At the time of the compilation of the report, 62% of changes were past their target implementation date. The Quality Department provides reports to each area concerned. All progress on these actions are monitored by the relevant SMT member and are discussed and reviewed at SMT 1:1 meetings with the Chief Executive.

Audit – Scheduled Audits Completed

The audit schedule is acceptable with no areas of concern.

15. Complaints

The paper presented was an interim report. Mr Henderson enquired if, so far within the 2017/18 period, have any complaints been received. Mr Kinney advised that NIBTS had received four and were mainly due to cancelled sessions. There was a discussion regarding session management and staffing.

16. Key Performance Indicators (KPIs) – monitoring form

Most areas of the report are green apart from Staff Absence, which had been previously discussed.

17. Any Other Business

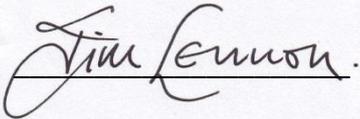
None

18. Action list from meeting held 29 June 2017

Action	Responsible Person
Confirmation of cladding on NIBTS HQ	Mr Ritchie (Action completed)
Report on the Business Continuity exercise	Mr Ritchie

19. Date of next meeting: 7 September 2017 at 11.30am – Lecture Room

Signed:



Dated:

7 September 2017