



**One Hundred and Thirty Third meeting of the NIBTS Agency Board
Wednesday 7 March 2018 at 11.00am
Venue: Lecture Room, Northern Ireland Blood Transfusion Service**

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

In attendance: 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 & Interim Donor Services
Manager
Ms Patricia Boyle – Kingsfund London, observing

Mrs Alison Carabine – Minutes

1. Apologies

None

Mr Jim Lennon and Mr Philip Cathcart arrived late.

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 Second meeting held on 8 February 2018 and action list

The minutes were agreed as an accurate account of the meeting on 8 February 2018 and signed off by Mrs Lindsay as acting Chair.

Action list from 8 February 2018

- i. GDPR training dates have been circulated to Non-Executive Board Members.
- ii. Self-Assessment dates – Mr Lennon and Mrs Jackson will meet in May 2018 to complete.
- iii. KPI Targets Review – discussed at SMT this morning. Benchmarking against the Scottish Blood Service KPIs, SMT will develop, looking at NIBTS operations and how KPIs measure NIBTS business and targets.

4. Matters arising from minutes of meeting held on 8 February 2018

There were no matters arising from the meeting held on 8 February 2018.

5. Chairman's Business

Was discussed at the end of the meeting.

Hyponatraemia Inquiry Report

Mrs Jackson had previously updated the Board and Mr Lennon added that the Chair of the Inquiry has asked the Department of Health for additional funding to investigate allegations of non-disclosure during the Inquiry. Mr Lennon felt it likely that the 96 recommendations would, in the future, contain addendums.

6. Report from Chief Executive

Review of Pathology Services

The recommendations of the Project Assessment Review (PAR) have been shared with the Pathology Network Board, NIBTS Board and Senior Management Team. The Pathology Network Board broadly endorsed the findings at a meeting on 20 February 2018. The report was also shared with the Transformation Implementation Group (TIG) on 21 February 2018. It is anticipated that the Department of Health will respond to the report and describe next steps in the near future.

Blood Mobile

The blood mobile is due for delivery by the end of next week (16/03/2018). Training, validation and livery will be done on site. The old blood mobile went to auction and was sold yesterday (06/03/2018) for £9,500. Deductions for commission and VAT to be established. There will be a launch event for the new vehicle organised after the vehicle is liveried.

Plateletpheresis in the West

There is no further update. We are regularly seeking updates. The Board agreed it was time to escalate enquiries to a more senior level. Mrs Jackson will contact WHSCT.

PULSE Replacement

As previously, the Pulse Replacement is part of the Regional LIMS programme. Mrs Jackson advised a further update the May Board meeting as further funding to support this programme will be released in April 2018.

Payment to Board Members

Mrs Jackson advised that DoH have been in contact to ascertain if the business case remained valid. Mrs Jackson advised it was and DoH have noted and passed the case to the Permanent Secretary for approval.

Hyponatraemia Inquiry Report

There has been no further information on next steps from DoH. However, a meeting of the Senior Management Team to review the findings of the Inquiry and actions

required in NIBTS has been arranged. An action plan to address any recommendations will be developed and progress monitored. This will be reviewed following further guidance from the Department of Health.

7. Report from Finance & IM&T Manager

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

Mr Bell presented the report and advised a continued breakeven position by year end.

Revenue

The cumulative revenue position for the 10 months ended 31 January 2018 shows a net surplus of £65k. NIBTS, excluding haemophilia shows a surplus of £373k. Mr Bell advised that the significant refund regarding haemophilia to HSCB has been recovered by NIBTS. Mr Bell explained the rationale behind the recovery of this money, which was due to new products being used within BHSC. The Board discussed and Mr Bell responded to all queries to the satisfaction of the Board. There was a further discussion regarding the new Blood Mobile which Mr Bell answered all queries.

Capital

An indicative Capital Resource Limit (CRL) of £298k has been provided to NIBTS. The End Year position will be breakeven.

Prompt Payment Policy

Compliance with the prompt payment policy for 10 months to 31 January 2018 was 92.7%.

As previously reported, prompt payment remains slightly outside compliance, however, this is an improving position.

Monitoring

In overall terms, the notional value of blood components issued to hospitals is 11.6% below the Service Level Agreement (SLA) value at the end of January 2018. The South Eastern Trust (-10.0%); Northern Trust (-11.2%) and the Belfast Trust (-18.0%) are currently 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 monthly monitoring 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 current and previous internal audits of BSO SSCs are currently being addressed by BSO.

7.2 EU Exit Planning

It was noted that NIBTS are fully participating in DoH EU Exit Planning and will return assurance statements to DoH as required.

8. Report from Quality & Regulatory Compliance Manager

8.1 Quality Management System Report

Open Incidents

Both incidents noted in the 30-60 day category are now closed. 56.6% of incidents raised during December 2017 were closed within the 30 day target. This is a decrease from the previous months but remains an improvement from the same period last year. During the UKAS inspection, NIBTS were complimented on the reporting and administration of incidents.

SOPs Beyond Review Date

There has been an increase in the number of SOPs beyond their target review date. SMT members have been provided with details of those documents within this category relevant to their department for redress. There has been a slight decrease in the number of policy documents past their target review date.

Change Control – Past Due Date

There has been a small increase in the number of changes past their target date. Mrs Jackson will be chairing 'Change Control Process Review Task and Finish Group' next week. Mrs Lindsay advised that this showed willingness by NIBTS to sort this issue and shows progress.

Audit – Scheduled Audits Completed

Out of the 2017 Audit Schedule, three remain overdue:

- i. GMP Training – trainer is unavailable at present, decision to be taken either to reschedule the training or appoint an alternative trainer to complete.
- ii. Equipment – the Quality Department has been tasked with completing this which will be done within four weeks.
- iii. Supplier – assigned auditor is currently unavailable. An alternative auditor will be assigned.

UKAS Inspection

Ms Macauley advised the recent visit was a 'surveillance audit' to ensure compliance with the standard. NIBTS has received the UKAS report which had two sections:

- i. Surveillance Actions – with a response time of four weeks
- ii. Accreditation – response time of twelve weeks

Ms Macauley appraised the Board of the findings and the nine areas of accreditation which UKAS reported as excellent. The Board congratulated NIBTS staff on a successful audit.

9. Report from Head of HR & Corporate Services Manager

9.1 Equality and Disability Action Plan

Mr Ritchie advised that every five years the action plan of the document requires revision / updating. The document is a 'living document' which is reviewed both by public consultation and at an organisation level. Mr Henderson enquired as to why

the document was written in a juvenile manner. Mr Ritchie advised that it is purposely written this way to target all people of reading age ability, understand NIBTS obligations, be practical to use and is the standard within HSC. Mrs Jackson advised it may be useful for someone from the Equality Commission to attend NIBTS Board meetings to discuss obligations and experiences of the Commission and why documents should be written in this way. The Board had received this document with papers, discussed the document and subsequently approved the document.

9.2 Controls Assurance Standards (CAS) Framework update

The Department of Health will discontinue the use of Control Assurance Standards at the end of the financial year. DoH have had discussions with all ALB's, however, an alternative system has not yet been agreed. NIBTS have provided input into the process. However, NIBTS is not yet in receipt of a definitive position against each Controls Assurance. At the next meeting of the NIBTS Governance & Risk Management meeting assurance will be provided as per the latest standards. Mrs Lindsay was satisfied that assurance will be given.

9.3 Key Performance Indicators (KPI)

The Board acknowledged the Green areas, however, concentrated on the Amber and Red.

Staff Absence

Mr Ritchie advised that long-term is the main reason for absences, however, short-term absence has peaked in the past three months and when added to long-term breaches the >6%. An explanation will be provided to the Department of Health. SMT are working within policy to reduce absence.

Quality

By the end of 2016/17 Capa's were recorded as 50%, currently they stand at 61% which is an 11% improvement on last year. Ms Macauley reiterated that targets should be reviewed and revised.

Resources

As previously discussed this was an issue with invoicing outside NIBTS control.

10. Business Case – Blood Press

Mrs Geddis advised the Board that the current equipment is more than 20 years old, proving difficult to secure maintenance contracts and requires replacement. Mrs Geddis went through the options outlined in the business case and, after discussion, the Board agreed that Option 3 was the most appropriate. The Board approved the business case.

12 Any Other Business

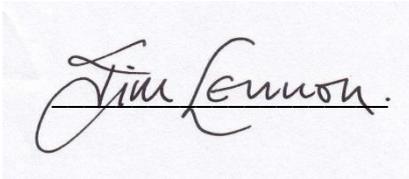
There was no further business.

13 Action list from meeting held 8 February 2018

Action	Responsible Person
Contact senior staff in WHSCT re: update on NIBTS position in WHSCT	Mrs Jackson

14 Date of next meeting: Wednesday 10 May 2018 at 11.30am – Lecture Room

Signed:

A handwritten signature in black ink that reads "Tim Lennon". The signature is written in a cursive style and is positioned over a horizontal line.

Dated:

10 May 2018