



**One Hundred and Twenty Seventh meeting of the NIBTS Agency Board
Thursday 18 May 2017, 1pm
Venue: Lecture Room, Northern Ireland Blood Transfusion Service**

Present: Mrs Lorraine Lindsay – Acting Chair
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

Mr Jim Lennon, Chairman

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

There were no declarations of interest.

3. Chairman's Business

Mrs Lindsay, Acting Chair, advised the Board that Mr Lennon had now received his surgery and is making a good recovery. Mr Lennon hopes to be in attendance for the June Board meeting.

Dept. of Health – Code of Conduct & Code of Accountability for Board Members of HSC Bodies

This document was posted with all Board papers, discussed and noted at the meeting.

Election Guidance

This was discussed and duly noted by the Board.

Review of Pathology Services

HSCB presented a summary of the consultation feedback to the Pathology Network on 4 May 2017. Further comment on proposals was requested by HSCB. The deadline for receipt of comments is mid-day 18 May 2017. The Board, Chief Executive with the

Senior Management Team (SMT) has drafted a response and returned subject to approval by the Board and SMT. The Board and the SMT are content with the submission and Mrs Jackson will submit the finalised document by the end of the working day.

4. Minutes of One Hundred and Twenty Sixth meeting held on 16 March 2017 and action list

The minutes were agreed as an accurate account of the meeting. However, it was noted there were no actions. These will be included post meeting and Mrs Lindsay will approve.

5. Matters arising from minutes of meeting held on 16 March 2017

Quality Improvement Report – Open Incidents

Mrs Jackson discussed how staff were managing and closing incidents and advised the Board that this was also discussed at the last Senior Management Team meeting on 17 May 2017.

6. Report from Chief Executive

Early Retirements

The MARS business case has been approved by the Department of Finance. The members of staff affected plan to leave between the end of May and end of July. Mrs A Geddis, Laboratory Manager will commence as Interim Laboratory and Donor Services Manager. From 1 June, Ms Carol Hegarty, Donor Administration Manager, will co-ordinate all donor administration and organisation - including the hub - for an interim period of 12 months. Ms Patricia Mackey will continue to co-ordinate nursing services.

Pathology Modernisation

Following on from the Chair's report, Mrs Jackson re-iterated that the draft response was in by the deadline with any further changes to be submitted by the end of the working day. There was an extraordinary meeting of the Pathology Board on the evening of Monday 15 May 2017 with a view to discuss changes and proposals. HSCB will present this feedback to the DoH Transformation Implementation Group (TIG) at the end of May 2017.

Blood Mobile

The procurement process for the Blood mobile is on-going. The delivery date is still anticipated for September 2017. Mr Bell explained to the Board the impact of the pro-rata capital allocation which. This will not affect the payment schedule for the BloodMobile.

Plateletpheresis in the West

Discussions with WHSCT colleagues regarding capital works required are on-going. NIBTS have sought further clarity regarding lease and revenue consequences and still await a response from WHSCT. Works are unlikely to be completed by September

2017. Dr Morris advised the Board of platelet demand and NICE recommendations regarding platelet collection.

PULSE Replacement

Savant has indicated that they are in a position to support PULSE at NIBTS for the foreseeable future. Discussions are on-going with the regional LIMS team as to how PULSE might be supported to interface with LIMS. The Chief Executive is speaking to NHS BT Chief Executive next week and will update the Board of the discussion.

Payment to Board Members

On 17 May 2017, the Chief Executive was advised by the Department of Health that, in the absence of a Minister of Health, this is currently on hold.

Corporate, Business and Finance Plans

The Corporate and Business Plans have been approved by Department of Health. These have been shared with staff on the intranet and at staff meetings. The Finance Plan has not yet approved.

7. Report from Medical Director

Implementation of Universal HEV testing

The implementation of universal HEV testing was discussed. The provisional date for going live from donations bled is 29 May 2017.

Platelet supply

The Medical Director has prepared a further paper on platelet supply and demand which will be discussed at next week's Senior Management Team, Performance and Planning meeting.

Equality Commission Translation Services

A request has been received from the Equality Commission regarding Translation Services for potential donors who do not have English as their first language. A detailed paper addressing this and balancing compliance with Blood Safety and Quality Regulations with Section 75 responsibilities is in preparation.

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

Revenue

The cumulative revenue position for the 12 months ended 31 March 2017 shows a net surplus of £2k and hence the financial performance objective of breakeven has been achieved.

Capital

The Capital Resource Limit (CRL) for 2017/18 has been confirmed as £379k. There is a net project balance underspend of £24k for 2016/17, due from one element of the condensers replacement project not being progressed.

Prompt Payment Policy

Compliance with the prompt payment policy for 12 months to 31 March 2017 was 96.4%.

Monitoring

In overall terms, the notional value of blood components issued to hospitals is 4.7% below the Service Level Agreement (SLA) value at the end of March 2017. The Southern Trust (+10.6%); the Western Trust (-11.5%) and South Eastern Trust (-14.3%) are outside the SLA tolerance limit. No adjustments were made to the SLA values at the year end.

Shared Services

NIBTS are reliant on a range of services provided by BSO. A provisional Assurance letter has been received from BSO in respect of these services. This noted a number of governance issues and weaknesses which had identified in previous audits of BSO SSC's. Action plans to address the issues identified are in place and will be progressed by BSO.

9. Quality Improvement Report

Open Incidents

There are a total of 18 open incidents. Two of these are over 60 days due to delay in return of supplier reports and feedback and co-ordination of different departmental forms for critical goods temperature lists. During March 2017, closure targets were met and the trend shows open incidents are being closed faster and extensions did not need to be used, leading to an improving position. Mr Henderson asked Mrs Geddis for an example of a Laboratory open incident. Mrs Geddis provided one highlighting human error. Mr Henderson then asked Mr Kinney for an example from Donor Services. Mr Kinney provided an example of labelling. Most open incidents have limited risk with many having no patient consequences. Mrs Jackson advised that all open incidents are discussed at the Quality meetings, risk assessed and any consequence discussed.

Documents & Change Control – Past Review / Due Date

Change Control open changes and percentage overdue have remained consistent for several months. There has been a drive to bring the level of overdue changes under control, Ms Macauley advised that there are at least 31 old changes which should be suspended or withdrawn. The Deputy Quality & Regulatory Compliance Manager is producing a report regarding risk level and this will be shared with the Chief Executive on a monthly basis.

Mrs Lindsay enquired if it were possible to know the number of SOPs and changes in each department per year to put some context on the number of overdue changes.

Audit – Scheduled Audits Completed

NIBTS are keeping up to date with all audits. The document listed a number that were not previously listed and some were re-call audits to test the protocol and traceability. The MHRA are scheduled to arrive the week beginning 19 June 2017 and Ms Macauley will be submitting a compliance report at least 10 days before their arrival.

10. Complaints

During the period 1 April 2016 – 31 March 2017, there were 16 complaints logged which is a significant reduction on previous years. Concerns related to staff and waiting times on six occasions with a further five complaints attributed to procedure which was mostly due to complex donor eligibility. Staff related and waiting time concerns are due to staffing levels. However, communication issues have been raised and these are being addressed by relevant line managers.

11. Key Performance Indicators (KPIs) – monitoring form

The document has an amended format

Staff absence

The target for 2016/17 was not met due to long-term illness. The latest data shows an improvement to 7.11% June's figures will show this downward trend.

Finance

Year ended with a break-even position.

12. Any Other Business

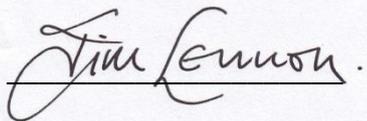
Mr Henderson asked when the date of the next Donor Awards was. Mr Kinney advised that he is currently compiling a list of eligible donors and the next awards evening should be held in the North West, possibly in September 2017. The Board was in full agreement that the awards evenings were valuable and should continue.

13. Action list from meeting held 18 May 2017

Action	Responsible Person
NIBTS response of the Review of Pathology Services	Mrs K Jackson
Pulse Replacement Telecon – Update to Board	Mrs K Jackson

14. Date of next meeting: 29 June 2017 at 1.00pm – Lecture Room

Signed:



Dated:

29 June 2017