



**One Hundred and Thirty Fourth meeting of the NIBTS Agency Board
Thursday 10 May 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 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

Mrs Alison Carabine – Minutes

1. Apologies

Mr Ian Henderson, Mr Ivan Ritchie and Mrs Alison Geddis

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 Third meeting held on 7 March 2018 and action list

The minutes were agreed as an accurate account of the meeting on 7 March 2018 and signed off by the Chairman.

Action list from 7 March 2018

- i. Mrs Jackson has written to the Chief Executive of WHSCT regarding options for the relocation of the NIBTS Omagh Team and awaits a response.

4. Matters arising from minutes of meeting held on 7 March 2018

Self-Assessment dates

Mr Lennon advised that the Department of Health (DoHNI) have forwarded the Self-Assessment forms to him. Mr Lennon will meet with Mrs Jackson and Mr Ritchie on 15 May 2018 to complete this. Mr Lennon will then finalise with the Non-Executive Board Members.

Payment to Board Members

Payment has been approved by DoHNI. Mr Bell advised as soon as the necessary documentation is received, payment will be authorised.

Shared Services Update

Mr Lennon requested an update regarding Shared Services. Mr Bell advised that there was no real impact for NIBTS currently.

5. Chairman's Business

Mr Lennon expressed condolences on behalf of NIBTS to Mrs Lindsay on the recent death of her mother.

Hyponatraemia Inquiry Report

Will be covered in the Chief Executives report.

Post of Chairman

Mr Lennon will meet with DoHNI and finalise any actions before handing over to the new Chair and leaving post.

6. Report from Chief Executive

Review of Pathology Services

Proposals for the modernisation of pathology services in Northern Ireland have been reviewed and discussed by the DoHNI Transformation Implementation Group (TIG). Following this, DoHNI will advise the next steps in this process and meet with Chairs and Chief Executives. There has been discussion on the regional recruitment of biomedical scientists. which NIBTS will participate in this project.

Blood Mobile

The new Blood Mobile has been delivered. However, it will not be put into use until the livery is complete. Mrs Jackson advised that blood supply will not be affected. The Chairman was invited to view the new vehicle after the meeting.

Annual Report

The draft Annual Report has been submitted to the Audit Office in line with guidance.

Plateletpheresis in the West

As discussed in the 'Action List', Mrs Jackson awaits a response from the WHSCT.

PULSE Replacement

The development of the OBC for the blood tracking project is due to commence in May 2018 subject to recruitment of a project manager. Following an update from NHSBT their new system will not be introduced when first advised. The contract for support of Pulse by Savant is to be extended for a further three years.

Payment to Board Members

Previously discussed at 'Matters Arising'.

Hyponatraemia Inquiry Report

An action plan to address the Inquiry recommendations relevant to NIBTS has been developed and is being completed by SMT. This will be reviewed following further guidance from DoHNI. The Board discussed the on-going processes and Mrs Jackson advised that Mr Ritchie recently attended a 'Workforce Strategy – Duty of Candour' that discussed openness and transparency.

7. Report from Medical Director

Blood Components

Dr Morris advised that the year-end figures for blood components showed a downward trend, mainly due to targeted interventions in clinical and prescribing practice.

Implementation of Clinical Practice Guidelines NICE NG24

NIBTS, in collaboration with the NI Transfusion Committee and individual hospital transfusion committees, has tracked all red cell components transfused and checked for compliance with NG24 over a two week period. Areas of high use and non-compliance have been identified. Feedback has been issued and improvements documented.

Donor related issues

- Dr Morris advised that this is the first year of reporting that no infectious disease markers were detected in blood donors in NIBTS.
- Universal testing for HEV and RNA was introduced and applied to all blood components issued after 4 July 2017.
- In November 2017, SaBTO relaxed a number of deferral rules in alignment with other UK blood transfusion services. NIBTS has followed these deferral rules with the exception of MSM. NIBTS await further guidance from DoHNI.

Introduction of New Laboratory Services

The NIBTS blood group reference laboratory has introduced molecular genotyping of human platelet antigen (HPA 1). The proposed prenatal testing for foetal D genotype has been validated and NIBTS is in discussions with the Public Health Agency (PHA) regarding the delivery of this test.

8. Audit Committee Update

Mr Cathcart, Chair of the Audit Committee reported on the last meeting which was held on 25 April 2018.

- Internal Audit reported that the audits conducted in Finance, Year End Stock Count and Corporate Risk and Governance have been completed and all have a Satisfactory level of assurance.
- Internal Audit reported that with regard to the verification of compliance with Controls Assurance Standards (CAS) 2017/18, NIBTS has met the DoH requirement for Substantive compliance.

- The audits conducted in Shared Services provided a Limited level of assurance for Payroll and Satisfactory levels of assurance for Accounts Payable and Governance.
- External Audit advised that an audit of the Annual Accounts would commence the week beginning 30 April 2018

9. Report from the Finance & IM&T Manager

9.1 Finance and IM&T report from the period 01/04/2017 – 31/03/2018

Mr Bell presented the report to the Board. The Year End financial position, was breakeven with a £7,000 surplus which is within the agreed tolerance of 0.25%.

Revenue

The cumulative revenue position for the 12 months ended 31 March 2018 shows a net surplus of £7k.

Capital

Capital Resource Limit (CRL) of £298k has been provided to NIBTS. A breakeven position has been achieved on capital income and expenditure.

Prompt Payment Policy

Compliance with the prompt payment policy for 12 months to 31 March 2018 was 93.0%.

As previously reported, prompt payment remains slightly outside compliance, due to a system upgrade. Mr Bell anticipates compliance for 2018/19.

Monitoring

In overall terms, the notional value of blood components issued to hospitals is 12.6% below the Service Level Agreement (SLA) value for the year. The South Eastern Trust (-12.0%); Northern Trust (-11.4%) and the Belfast Trust (-18.8%) are currently outside the SLA tolerance limit.

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.

Appendix 1 of the Finance Report was included for both information and is an extract from the draft NIBTS Annual Report.

The Board discussed all aspects of the report with Mr Bell responding to all enquiries.

10. Governance & Risk Management Committee Update

Mrs Lindsay, Chair of the Governance & Risk Management Committee reported on the last meeting which was held on 25 April 2018.

- The Quarterly Governance Report covers 19 business items. Mrs Lindsay advised that she would like to discuss with the Chief Executive what she reports back to Board as most areas will be covered by Ms Macauley, Quality & Regulatory Compliance Manager.
- IIP - the three stages of the new 6th Generation assessment commenced at the beginning of May 2018 and will continue during June 2018. It is anticipated that the final outcome should be known by the end of June 2018.
- KPIs are now reported during the Governance & Risk Management meeting. As previously discussed, SMT is examining the format of this report. During 2017/18, only six targets were reached. The seven remaining targets will be discussed with DoHNI during the forthcoming Year End Ground Clearing meeting.
- Committee members were invited to view the new Blood Mobile and were impressed with the design, layout and potential of the vehicle.

11. Report from Quality & Regulatory Compliance Manager

11.1 Quality Management System Report

Open Incidents

Ms Macauley advised that all three incidents open over 60 days are now closed.

SOPs Beyond Review Date

There has been an increase in the number of SOPs beyond their target review date. This was discussed at the April QIR meeting which showed an improvement and will be reviewed again at the next QIR meeting scheduled for 16 May 2018. Mrs Jackson further advised that SoPs are also discussed at 1:1 meetings with SMT members, SMT meetings and QIR meetings which have attended by mid-tier managers.

Change Control – Past Due Date

There are 37 changes past due date. The Task and Finish Group have agreed the process which is being implemented. This group is monitoring the progress of changes which are continually reviewed.

Audit – Scheduled Audits Completed

Twelve audits were scheduled, seven were completed with no major findings, of which five have now been closed. Ms Macauley advised that out of the five remaining outstanding audits, two have since been completed. Ms Macauley further advised that training for new auditors will commence in May 2018 which will reduce outstanding audits further.

Mr Lennon highlighted that within the past two years there has been a marked improvement and felt that these improvements should be reported in different manner to emphasise.

11.2 UKAS Audit Report

A copy of the full UKAS Audit Reports were presented for information:

1. Surveillance visit March 2018 to maintain current accreditation

2. Visit to ascertain the extension to scope to include molecular testing for HPA1 (proposal needs to be returned to UKAS by June 2018)

Ms Macauley advised that regarding the surveillance visit, there were 18 findings which have all been cleared and NIBTS has received confirmation that accreditation has been maintained.

To congratulate staff for their hard work in maintaining accreditation a celebratory event is being planned for Tuesday 26 June at 1.00pm. Board members are welcome to attend.

12. Report from Head of HR & Corporate Services

Mrs Jackson presented this report in Mr Ritchie's absence.

Governance – The changes in Controls Assurance Standards have previously been discussed at Governance & Risk Management Committee meetings. Following information sent from the Permanent Secretary, DoH, NIBTS will develop action plans based on the revised governance requirements and progress will be reported via the Governance & Risk Management Committee.

Emergency Planning – NIBTS continues to participate in networks both regionally (with other Trusts) and with other blood establishments in UK and Ireland. NIBTS has also participated in a regional mass casualty exercise. During May 2018 NIBTS will meet with other UK blood services to consolidate mutual resilience arrangements. Mr Ritchie will be taking the lead for NIBTS.

Staff absence – 2017/18 Year-End position – The Year-End figure was 8.35% which is a significant increase on the KPI target of <6%. The majority of staff absence relates to long-term illness. All staff on long-term illness have been referred to Occupational Health for assessment and on-going support. Mrs Jackson advised that she will be meeting with managers and reviewing the absence policy to ensure it remains fit for purpose. Any amendments to the policy will be consulted upon with Trade Union colleagues.

Staff Appraisal – 2017/18 Year-End position – the Year-End figure was 83% which fell short of the KPI target of 90%. SMT are reviewing to address any issues to improve.

Risk Management – The Corporate Risk Register was presented at the last Governance & Risk Management Committee meeting. The Board reviewed, discussed and subsequently approved the Corporate Risk Register.

Information Governance – GDPR comes into effect in UK law on 25 May 2018. Mrs Jackson highlighted the main actions required ahead of implementation. There was a discussion regarding donor information and the legal requirement to hold such information. Mrs Jackson advised that all donors will be written to explaining what information is held and why.

Procurement Assurance Report – There were a total of 12 Direct Award Contracts (DACs) for the financial year 2017/18. Contracts were awarded to 11 different

suppliers. A copy of the DAC's awarded was included with Board papers and Board approved the report.

13 Any Other Business

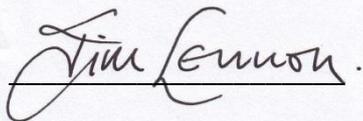
1. Terms of Reference for Infected Blood Inquiry – Mrs Jackson advised that NIBTS responded to the consultation on the Terms of Reference for this Inquiry./

14 Action list from meeting held 10 May 2018

| Action | Responsible Person |
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| Discuss Governance & Risk Management Committee update to Board | Mrs Lindsay and Mrs Jackson |

15 Date of next meeting: Thursday 28 June 2018 at 11.30am – Lecture Room

Signed:



Dated:

28 June 2018