



**One Hundred and Forty First meeting of the NIBTS Agency Board
Thursday 9 May 2019 at 11.30am
Venue: Lecture Room, Northern Ireland Blood Transfusion Service**

Present: Ms Bonnie Anley - Chair
Mrs Lorraine Lindsay – Non Executive Board Member
Mr Ian Henderson – Non Executive Board Member
Mrs Karin Jackson – Chief Executive

In attendance: Dr Kieran Morris – Medical Director
Mr Glenn Bell – Finance & IM&T Manager
Mrs Alison Geddis – Donor Services & Laboratory Manager
Mr Ivan Ritchie – Head of HR & Corporate Services
Mrs Heather Kinghan – Deputy Quality & Regulatory Compliance
Manager

Ms Danielle Allen – QUB PhD Pharmacy Student - Observing

Mrs Alison Carabine – Minutes

Ms Anley welcomed Ms Allen to the NIBTS Board meeting.

1. Apologies

Mr Philip Cathcart and Ms Angela Macauley

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 Fortieth meeting held on 21 March 2019 and action list

The minutes were agreed as an accurate account of the meeting on 21 March 2019 and signed off by the Chair.

There were no actions from the previous meeting.

4. Matters arising from minutes of meeting held on 21 March 2019

There were no matters arising.

5. Chair's Business

Ms Anley thanked her predecessor, Mr Jim Lennon personally and from NIBTS Board for his service to NIBTS. Ms Anley met with Mr Lennon to be briefed and discuss key strategic issues within NIBTS. She has also attended a meeting on budgets in the Department of Finance (DoF). Ms Anley thanked the Chief Executive and SMT for a

warm welcome, very useful and interesting laboratory tours and her induction and is looking forward to attending the donor session later today. Ms Anley gave a background to her career. She has worked for 18 years in transport, mainly shipping which lead to a governance role within Warrenpoint Port. Following that role, Ms Anley moved to become Chair of Board for Londonderry Harbour Commissioners, Foyle Port for over four years.

Ms Anley has also been a Board member and Chair of Friends of the Earth.

6. Report from Chief Executive

6.1 Chief Executive's Report

Pathology Transformation

The Transformation Implementation Group (TIG) endorsed the DoH's recommendation of granting additional funding to NIBTS to enable it to take forward the necessary planning for the establishment of a new regional body for pathology services. The next steps are to establish a formal project, DoH will work with NIBTS senior management to agree the scope of issues in planning and project management. Planning work will take up to 24 months and will be followed by Ministerial and Assembly approval for new legislation to dissolve the current NIBTS special agency and create a new regional pathology services body. No decisions have yet been taken on the future relationship between the HSC Trusts and the proposed regional body. A Steering Group meeting scheduled for 7 May was cancelled at short notice. However, Mrs Jackson has re-arranged with DoH will meet on 22 May to update. Mrs Jackson advised that she will keep the Board appraised. A steering group needs to be established prior to a project team and project board. The Board members discussed and Mrs Jackson responded to all queries as currently known.

Donation Facilities in the West

As previously reported there has been a change to personnel in WHSCT with the contact person being on long-term leave. NIBTS continue to follow up. A location has now been identified which will require modernisation and compliance to GMP standards. Both Mrs Geddis and Mrs Jackson gave Ms Anley background on the project and what facilities NIBTS will require. Mr Henderson did note that this subject has been taking place a long time without proceeding very much. Mrs Jackson advised that she has escalated it to WHSCT Chief Executive.

PULSE Replacement

The business case preparation is still on track for completion by Autumn 2019. The Project Team met on 8 May 2019 and structures are in place. There is good representation from NIBTS and Trusts.

UK Infected Blood Inquiry

Hearings recommenced in London on 30 April with evidence presented from those infected and affected. Northern Ireland was represented by the NIBTS Chief Executive, DLS consultant solicitor and Counsel and members of staff from BHSC. Both Counsel and the consultant solicitor had an opportunity to meet and clarify points with the Chair of the Inquiry. Northern Ireland hearings are scheduled for 21-24 May 2019 and will be attended daily by NIBTS staff. A Rule 9 request relating to an individual has been received and is being processed by NIBTS. Mrs Lindsay requested

more information regarding the one Rule 9 request, Mrs Jackson responded. Mrs Jackson advised that the two year scheduled for evidence remains. Witness Statements will conclude by September 2019, hearings from clinicians will commence Spring 2020. All hearings are being streamed on YouTube. The Board discussed all aspects e.g. risk, media etc, DoH is co-ordinating all communications which has been discussed at the regional meetings. Mrs Jackson advised that the next regional meeting is scheduled for 16 May, NIBTS will be in attendance as will the regional press officer. Ms Anley had some observations regarding risk which was discussed and responded to satisfactorily. Mr Henderson enquired if NIBTS had any missing files, Mrs Jackson responded that NIBTS do not, however, there may be gaps in patient notes from Trusts due to record retention. IBI are aware of same.

7. Audit Committee Update

Mr Cathcart reported that the Audit Committee met on 24 April 2019. There were no material items to bring to the attention of the Board. The key reports were from Internal Audit:

- Progress Report contained audit reports on; Financial Review, Stocktaking and Information Governance. Each of these had satisfactory level of assurance provided.
- Internal Audit Annual Report provided a satisfactory assurance on the adequacy and effectiveness of the framework of governance, risk management and control.
- Internal Audit Strategy and Plan for 2019/20, was presented, discussed and approved including mandatory items.

The Internal Audit Charter and External Quality Assessment were also presented.

8. Report from the Finance & IM&T Manager

8.1 Finance and IM&T report from the period 01/04/2018 – 31/03/2019

Mr Bell presented the report to provide the Board with the financial position at the year-end / month twelve and reported that a breakeven position was achieved.

Revenue

The cumulative revenue position for the 12 months ended 31 March 2019 shows a net surplus of £20k. NIBTS, excluding haemophilia, shows a deficit of £138k. The Pay position shows a surplus of £130k, most areas reported an under spend due to vacant posts during the year. The exceptions were Donor Services which had overspend due to Agency Staff costs and HR / Corporate Services with additional costs due to the Infected Blood Inquiry.

Capital

Capital Resource Limit (CRL) of £166k 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 2019 was 94%.

SLA Monitoring

In overall terms, the notional value of blood components issued to hospitals is 6.7% below the Service Level Agreement (SLA) value for the year. The South Eastern Trust (-7.6%) and the Belfast Trust (-11.0%) are outside the SLA tolerance limit.

Ms Anley enquired about SLA indicative activity level for each Trust. Mr Bell advised of a 5% tolerance level and that any adjustments for activity level outside the tolerance was not automatic but would be agreed as required.

2019/20 Year

The Financial Plan for 2019/20 was developed and approved by Board, February 2019. There have been no developments to indicate that the plan cannot be achieved in 2019/20, therefore, a breakeven position is expected. 2019/20 capital requirements have been requested by and notified to DoH. Full funding is anticipated and accordingly breakeven position is expected.

8.2 Replacement of PULSE Computer Servers

Mr Bell presented the business case for approval and reported that NIBTS PULSE (Blood Management System) servers are 10 years old and need to be updated. This business case recommends replacement of the PULSE servers.

The current servers were purchased in 2009, the model used has been out of production for some time and are now into extended support arrangements whose maintenance costs rise annually. The PULSE system supplier have also indicated that increase in their support costs are likely to rise due to maintaining support for the system on older equipment. The replacement of PULSE servers would also provide an opportunity to implement a shared storage infrastructure that could provide additional capacity and performance gains for other NIBTS systems. The Board discussed costs, timescales, installation and sharing capacity. Mr Bell responded to all queries to the satisfaction of Board and approved the business case.

9. Report from Quality & Regulatory Compliance Manager

9.1 Quality Management System Report

Mrs Kinghan presented the report.

Open Incidents

The number of open incidents beyond the 30 day target date lie within the Donor Services Department and are largely due to resource issues within the department. This is an on-going problem which can be partly attributed to the lack of nursing resource in the department. NIBTS have appointed a Band 7 position within the Donor Services department to address issue.

SOPs Beyond Review Date

The small increase recorded during February 2019 has been reversed during March 2019. All departments have met or exceeded the 4% target. Policy documents outside review remain at a low level.

Change Control – Past Due Date

The number of changes beyond their target review date has increased during March. This is largely due to a decision taken by the Quality Department to delay inputting new action plans / suspension in place for changes raised by the department until a formal risk assessment of older changes has been completed. Mrs Kingham highlighted problem areas and the reasons behind. Ms Anley enquired if it were possible to change the Change Control process. Mrs Jackson advised on how changes are being made, however, the process has been paused in preparation for the MHRA visit. Ms Anley enquired if the changes to the Change Control process can be updated, providing work completed to date, including examples be brought to the September Board. Mrs Jackson advised Ms Anley on the process and meetings that informs these figures and how changes come about.

Audit – Scheduled Audits Completed

Mrs Kingham advised that the overdue UKAS – Automated Serology Routine has been completed and the audit schedule is on track with more than 80% having been completed.

10. Governance & Risk Management Committee update

Mrs Lindsay reported that the Audit Committee met on 24 April 2019. There were 21 items on the agenda, with no major incidents to report. There is an improving picture on incidents and change control as previously discussed. During the meeting there was a lengthy discussion on KPIs within the Quality Dept and how NIBTS compares to other UK blood establishments. The next MHRA visit is scheduled for the week beginning 3 June 2019 and all preparations will be completed prior to the inspection.

11. Report from Head of HR & Corporate Services

11.1 Conflict, Bullying and Harassment Policy

Although NIBTS have a Harassment in the Workplace Policy, representatives from across the HSC have developed a regional wide Conflict, Bullying and Harassment Policy which will supersede the existing policy. The policy has been approved by the HSC Joint Negotiating and Consultation Forum (JNCF) as well as at the local NIBTS Joint Negotiating and Consultative Committee (JNCC). NIBTS will assess awareness needs and if necessary and provide any relevant awareness sessions including participation in regional training for staff involved in investigations. The Board had previously received this new policy in their Board paper. The Board discussed with Mr Ritchie responding to any queries, the Board approved the new policy.

11.2 Key Performance Indicators

Mr Ritchie advised that these are the year-end figures.

Donor Complaints

All targets were met for the year. Ms Anley had a query regarding donor supply and the Active Donor Panel. Mrs Geddis responded and advised that people were invited to blood donor sessions via invitation, social media, mainstream media and

information events. SMT regularly discuss stock levels and target donors for a specific blood group and always try to maintain a five day stock level.

Staff Absence

The target of 6% was not achieved for 2018/19 recording 6.9%. Mr Ritchie advised that this was due to short term absence. Staff on long-term absence have been referred to Occupational Health. Currently the short-term absence figures are 4.6%.

11.3 2018/19 Business Plan – Year-end position on objectives

Each year NIBTS decides upon key objectives on which to make progress. These objectives are shared with DoH at mid and end-year accountability review meetings. Progress against the objectives are also provided in the NIBTS Annual Report. With the exception of one red and three amber (all discussed by Board) the objectives were met. SMT have previously discussed and do not consider that any serious implications with the year-end ratings arise as a result.

11.4 Head of HR & Corporate Services Report

Mr Ritchie presented his report and advised the report was an overview of HR & Corporate Service activities. The report gave an update on; Emergency Planning, Business Continuity, Brexit (inc. known risks), Staff Appraisal, Risk Management, Investors in People (IiP), Facilities and Estates works 2019/20. The appendices included Emergency Planning and Business Continuity completed during 2018/19 and Corporate Risk Register.

Ms Anley had a query on the 'Impact on Critical supplies', Mr Ritchie went through the details of managing the risk and these objectives had been met. DoH have further advised that stock levels were to be maintained until further notice.

The Corporate Risk Register was discussed and although IBI media response was previously discussed, Ms Anley advised of the importance of a risk register and the commitment from NIBTS Governance & Risk Management Committee that the Corporate Risk Register is challenged during the meetings. Mrs Lindsay queried the journey of risks and the dissemination of information to Board. Mr Ritchie advised that the Corporate Risk Register is a live document, the journey starts with the risk owners, moving to departmental risk, scored and discussed a SMT for inclusion (if necessary) on the Corporate Risk Register.

11.5 Information Governance Report

Mr Ritchie presented the report which is for information purposes.

In February 2019, BSO Internal Audit conducted a planned Information Governance audit in NIBTS. The audit reported a Satisfactory level of assurance, with no priority one findings. NIBTS have developed an action plan to take forward the audit recommendations made under priority two findings.

Mr Ritchie advised that assurance is provided to DoH via an Information Management Assurance Checklist which provides a systematic and planned approach. The checklist will be signed off by the Chief Executive in consultation with Senior Information Risk Owner (SIRO) and Personal Data Guardian, Dr Morris. Mr Ritchie will also share this document with NIBTS Governance & Risk Management Committee.

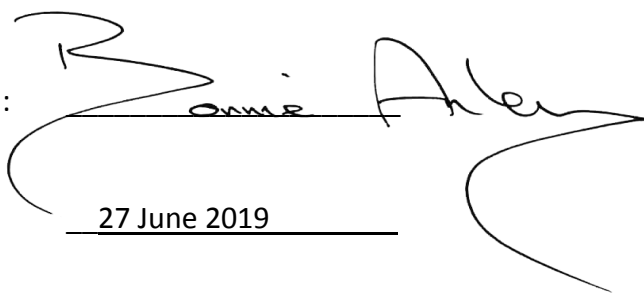
12. Any Other Business

Ms Anley enquired if Ms Allen had found her first Board meeting useful. Ms Allen advised that she had found it informative, interesting and useful.

13. Action list

Action	Responsible Person
For September Board update on changes inc. examples on Change Control	AM and HK
Share finalised IMAC Departmental Assurance report at the next NIBTS Governance & Risk Management meeting – 7 August 2019	IR

14 Dates of next meeting: 27 June 2019, 11.30am, Lecture Room, NIBTS HQ

Signed:  Bonnie Allen

Dated: 27 June 2019