



**One Hundred and Thirty Second meeting of the NIBTS Agency Board
Thursday 8 February 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
Mr Ian Henderson – Non Executive Board Member

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 & Interim Donor Services
Manager

Mrs Alison Carabine – Minutes

1. Apologies

There were no apologies.

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 First meeting held on 7 December 2017 and action list

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

All actions from 7 December 2017 have been completed.

The Chair advised that he has already attended training / awareness sessions for GDPR. Mr Ritchie will send out dates to the Non-Executive Board Members, currently training is scheduled for 22 March 2018.

4. Matters arising from minutes of meeting held on 7 December 2017

- The Year-End Accountability meeting with the Department of Health is scheduled for 23 July 2018.
- The advertisement for NIBTS Chair has yet to be published.
- British Bone Marrow Appeal Fund – Dr Morris will be bringing a paper to the March 2018 Board meeting.
- Business Case – Microsoft License renewal is currently with Procurement.

- There has been no more contact from the media.

5. Chairman's Business

Hyponatraemia Inquiry Report

The Chairman advised members that he together with all other Chairs, had been requested to attend a meeting at short notice with the Permanent Secretary on Friday, 2 February 2018.

The purpose of the meeting was to be briefed on the release of the O'Hara Report on Hyponatraemia deaths, the Department's response to TV and the expectations and responses necessary from the Health Services and all its constituent parts.

The Chair advised members that, following the meeting, he read the Report in full. It had identified systemic failings which had contributed to deaths of patients. In particular the issue of under performance.

"the purpose of identifying under performance is to highlight acts or omissions, attitudes or assumptions to be avoided in future. Whilst it is proper that individuals be accountable, it is also better to learn than to punish".

It is clear from the Departmental response that a significant programme of action will ensue as a result of O'Hara;

NIBTS will be expected to study and learn the lessons so comprehensively outlined in the Report. It will be included as an item on future Board agendas.

Details of the recommendations will be circulated to all members.

6. Report from Chief Executive

Review of Pathology Services

A Project Assessment Review (PAR) has been undertaken by the Department of Health. A panel was convened and Mrs Jackson attended for interview to share the NIBTS view. LIMS was discussed including process and staff engagement. Mrs Jackson gave NIBTS position focusing on, (corporate identity) and the importance of keeping the NIBTS brand in the future. The Department of Health are due to provide feedback on the review by the end of February 2018.

Blood Mobile

Delivery is due for the end of February 2018. Staff training will commence on arrival. The vehicle needs to be liveried which will be done in once the vehicle arrives. It is expected to be in use by the end of March 2018.

Plateletpheresis in the West

There has been no further update or response from WHSCT.

PULSE Replacement

The LIMS programme will incorporate a vein to vein IT project. Mrs Jackson explained that the core LIMS project will report hospital blood stocks. All stages of the blood journey will be linked. The outline business case for the project is still scheduled to be initiated in April 2018 when project funding will become available with an anticipated roll out of the project in 2021.

Payment to Board Members

The position remains the same - approval from the Department of Health is still awaited.

7. Audit Committee Update

Mr Cathcart, Chair of the Audit Committee provided an update.

- Two audits were presented by Internal Audit; Financial Review 2017/18 and Laboratory Expenditure, both had a Satisfactory Level of Assurance.
- External Audit – ASM presented the 2017/18 Audit Strategy for NIBTS.
- The Self-Assessment checklist for Non-Executive Members on the Audit Committee was conducted at the end of the Audit Committee meeting.

8. Report from Finance & IM&T Manager

8.1 Finance and IM&T report from the period 01/04/2017 – 31/12/2017

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

Revenue

The cumulative revenue position for the 9 months ended 31 December 2017 shows a net surplus of £129k. NIBTS, excluding haemophilia shows a surplus of £316k.

Capital

An indicative Capital Resource Limit (CRL) of £282k has been provided to NIBTS. The End Year position will be breakeven.

Prompt Payment Policy

Compliance with the prompt payment policy for 9 months to 31 December 2017 was 93.4%.

Internal Audit also highlighted non-compliance with Prompt Payment. Mr Bell noted that the level of compliance had fallen since an upgrade to FPL system. Action being taken to ensure return to compliance.

Monitoring

In overall terms, the notional value of blood components issued to hospitals is 13.4% below the Service Level Agreement (SLA) value at the end of December 2017. The South Eastern Trust (-12.8%); Northern Trust (-11.5%) and the Belfast Trust (-21.3%) 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.

The Board discussed the report and Mr Bell answered all queries.

8.2 Financial Plan 2018-2019

Mr Bell presented this report which had been included with Board papers. The Plan sets out how NIBTS can achieve a 3% saving on core services. Appendix I sets out the risks associated with the proposed schemes. The Board discussed the Plan with all queries being answered by the relevant SMT member. The Board approved the Financial Plan 2018-2019.

9. Report from Quality & Regulatory Compliance Manager

9.1 Quality Improvement Report

Ms Macauley advised that this report had been discussed in detail at the Governance & Risk Management Committee meeting.

Open Incidents

Ms Macauley advised that since the compilation of the report a further four incidents have now been closed.

SOPs Beyond Review Date

All remain within target.

Change Control – Past Due Date

The number of changes past their target date have shown a decreasing trend during the quarter.

Audit – Scheduled Audits Completed

Is on track and continues to be reviewed by SMT.

Ms Macauley advised that the MHRA requirement to submit an interim report by the end of January 2018 has been completed. There is some work still required on Data Integrity, particularly in the back-up / archiving aspect which needs to be available for access for 30 years whilst keeping up with new methods and technology. The IT Manager is helping set up a system to enable this. All other Data Integrity issues have been addressed.

9.2 Business Case – Replacement of Haematology Analysers

Ms Macauley presented the Business Case and advised the analysers have been in use since 2004 and do not meet the data integrity requirements. NIBTS wish to purchase one analyser to replace the current two. A smaller analyser is available in the Apheresis Suite as a short term contingency should the main analyser be out of

service. The Board members had previously received the business case with their Board papers. The business was discussed with all queries addressed. The Board approved the Business Case for a replacement Haematology Analyser.

10. Business Case – Review of Automated Blood Group Serology Equipment

Mrs Geddis presented the Business Case and advised that the equipment was 10 years old and reaching the end of its lifecycle. The Board members had received the business case with their Board papers. Mrs Geddis discussed the three options with the Board addressing all questions. The Board approved the Business Case.

11. Governance & Risk Management Committee Update

Mrs Lindsay, Chair of the Governance & Risk Management Committee advised that the last meeting was held on 24 January 2018 and provided an update to the Board.

- Mrs Lindsay summarised the Corporate Risk Register, highlighting the four key risks, the new risk which has been added and the deleted risk.
- Mrs Lindsay advised the Board that after discussion with the Chief Executive, it had been agreed that Complaints would be discussed at the Governance & Risk Management meetings with serious complaints reported to Board as necessary. The Board were in agreement with this.
- The Governance & Risk Management Committee has received a copy of the IIP Internal Report Review which was discussed at December's Board meeting. The Report was generally positive and noted there was still work to complete before the assessment due in March / April 2018.

The next meeting of the Governance & Risk Management Committee meeting will be held on Wednesday 25 April 2018.

Mr Lennon requested that the Governance & Risk Management Committee and Board members complete the Self-Assessment checklist as soon as possible. The Chief Executive will advise of dates.

12. Report from Head of HR & Corporate Services Manager

12.1 Key Performance Indicators (KPIs) – monitoring form

Staff Absence remains higher than declared target. The projected year end position has changed to Amber as the target of <6% may not be met. Mr Ritchie advised that January figures will not be available until mid-February.

SDR figures have improved since the production of the report.

Quality Ms Macauley advised that revising the target figures had previously been discussed at the Task and Finish Group and she would bring a proposal to the next Board meeting.

Resource had previously been discussed during the Finance Report.

Mrs Lindsay enquired what would happen if targets were not achieved by year end. Mrs Jackson advised these would be discussed at the Year End Ground Clearing meeting with the Department of Health.

12.2 Business Plan 2018-2019

The Board had received the Plan with Board papers. Mr Ritchie advised that this Plan is required to be reviewed annually, approved by the Board and would form part of the Year End Accountability meeting with the Department of Health. The Board discussed the Plan and subsequently approved.

12.3 Board Assurance Framework

This document must be reviewed annually and approved by the Board. The document has been updated to reflect the 'Purpose' of NIBTS instead of the 'Mission'. Following instructions from the Department of Health, all references to the Australia/New Zealand Risk Management Model have been removed. The Board had previously received the document with Board papers. The Board discussed the document and Mr Lennon felt that 'Protecting Patients / Donors' should be emphasised and moved to the forefront of the document. Mr Lennon drew attention to some grammatical and spelling errors, he also felt that the document needed to incorporate other developments. The Board discussed and approved the Framework, however, the document does need to be revised going forward to reflect the earlier comments.

12.4 Risk Management Strategy 2018

The Risk Management Strategy must be reviewed annually as part of the Controls Assurance Standard and approved by the Board. As with the Board Assurance Framework document, following instructions from the Department of Health, all references to the Australia/New Zealand Risk Management Model have been removed. In addition, reference to an 'Operational Risk Register' has also been removed due to NIBTS no longer requiring this register. The Risk Management Strategy sets out how NIBTS currently manages risk (as per the NIAO guidance). The Board had previously received the document with Board papers. The Board discussed and approved the document. However, as with the Board Assurance Framework, the Board felt that future versions should be updated and revised.

12.5 Fire Safety Assurance Statement

This statement contains assurance regarding compliance with legislation, technology, controls assurance compliance and testing. Mr Ritchie advised that all electricians within NIBTS have been or are on course to be tested by 31 March 2018. Fire safety training for all staff is on-going and has reached 80%. NIBTS HQ has eight Fire Wardens who are up to date with all training. Procedures regarding Fire Safety are robust and are regularly reviewed. Board members had also previously received this document with Board papers. The Board discussed and had queries around procedures and drills, assurance was provided. The Board approved the Fire Safety Assurance Statement.

12.6 Business Case – Refurbishment of Staff Room

The purpose of this document is to provide the Board with a business case for the refurbishment of the Staff Tea Room. The refurbishment will be funded through Charitable Funds and is undertaken to improve staff morale and modernise the staff room environment. Mr Ritchie advised that there is further work to be completed by the end of March 2018/. The Board had previously received this business case with their paper, they discussed and approved.

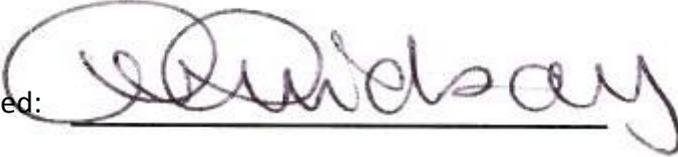
13 Any Other Business

There was no further business.

14 Action list from meeting held 8 February 2018

Action	Responsible Person
Circulate GDPR awareness session dates for the Non-Executive Board Members	Mr Ritchie - Completed
Self-Assessment checklist, dates to be provided	Mrs Jackson
Revised targets for KPI Quality	Ms Macauley

15 Date of next meeting: Wednesday 7 March 2018 at 11.30am – Lecture Room

Signed: 

Dated: 7 March 2018