MINUTES

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| *Date of Meeting* | | Monday 13/02/17 | | ***Ref*** | 17/01/PMcN | |
| *Meeting* | | IBTS Board | | | | |
| *Present* | | Professor Anthony Staines, Chairperson, Dr Jorgen Georgsen; Deidre Cullivan; Dr Ronan Desmond; Dr Liz Kenny; Dr Julie Heslin; John Malone; Kate Williams; Linda Hickey | | | | |
| *Apologies* | | Brian O’Mahony; Yvonne Traynor; Simon Mills | | | | |
| *In attendance* | | | Andy Kelly, Chief Executive; Patricia McNally, Acting Secretary to the Board; Dr. Stephen Field | | | |
| *By Audio-link* | | | Professor Ian Hann, Acting Medical & Scientific Director | | | |
|  | The Chairperson welcomed Dr Stephen Field to the meeting. Dr Field will be joining the IBTS as the new Medical & Scientific Director commencing in April 2017. Dr Field outlined his experience to date noting that he was looking forward to joining the IBTS. | | | | |  |
| **#** | Item | | | | | Notes/Action |
| **1.0** | **Minutes of the Board meeting of 12th December** | | | | |  |
| **1.1** | The minutes of the Board meeting of 12th December were agreed subject to amendment to attendance. | | | | |  |
| **2.0** | **Matters arising** | | | | |  |
| **2.1** | All issues in Matters arising are covered by the Agenda. | | | | |  |
| **3.0** | **Chief Executive’s Report** | | | | |  |
| **3.1** | *Shareholder / Government;* The IBTS are still awaiting the report from the HPRA citation regarding Zika following the recent inspection. A concern expressed by the CE was that the IBTS needs to ensure that they alone are responsible for deciding deferral criteria and not the HPRA and this is a very important issue in relation to how the IBTS conducts its business. We should be consistent in determining and quantifying risk and have an evidence basis for changes to deferral criteria.  The CE noted that there were no reported accidents / injuries in the IBTS in January 2017 and this is a first for the organisation.  It was noted the IT Manager is developing a plan to test the DR site on a phased basis starting with eQMS and eFinancials. Other areas will be tested once the initial testing has been done with no major problems for the IBTS.  Usage of blood and platelets significantly increased in January. There is no obvious reason for the increase.  *Customer;* The IBTS is commencing a Donor Survey with Behaviour & Attitudes and this will take place over the coming weeks. *Excellence in Donor Services;* The IBTS has started texting donors to inform them when their unit of blood has been issue to a hospital. This will be reviewed to see if there is any impact on donors returning.  The CE confirmed that he has met with Dr M Moloney in Nenagh and the specialist nurses who operate a clinic in Dundalk to review how they operate HH clinics and compare / contrast these against the two models currently in operation in the IBTS. He confirmed that there is a meeting of the HH group with the Minister for Health on Thursday 16th February and he would be attending. Dr Kenny noted that a partnership approach may result in more patients becoming donors and is something that should be actively pursued by the IBTS.  *Building a high Performance organisation;* The results of the GPTW survey is being given to all Senior Managers tomorrow (14th February) to enable the next steps to be taken in relation to the outcome of the survey.  The IBTS is in the process of appointing an Oracle Database Service provider which will mean that this area will no longer be dependent on one staff member.  The CE noted that he is meeting with a representative from MAK on Monday 20th February to discuss a number of issues including the Semester Patch for eProgesa. | | | | |  |
| **4.0** | **Presentation on Business Plan 2017 & Review 2016** | | | | |  |
| **4.1** | The CE presented a Review of 2016 highlighting what had been successfully implemented and some areas that had not been achieved. He noted that FTD retention had been set at 55% however only 45% had been achieved. There was a discussion about how increasing FTD retention could be achieved.  The Quality Compliance Metrics Summary was noted and it was agreed that the CE would circulate the up-to-date table in relation to Performance Measures. He noted that there was still an issue in relation to the reporting of mandatory SAR / SAE to the HPRA and this has to be sorted by the Department. . He noted that absence management was an area which required further work by the IBTS.  He outlined some of the priorities for action in 2017 including the reform of the Quality Management System, PMDS, Prometheus ~ Bone Marrow, Histotrac ~ HLA Lab, foetal genotyping, automating part-time hours, dealing with outputs from the staff survey and review of Pathogen Reduction (PR) Technology. | | | | | CE to circulate up-to-date slide on Performance Measures |
| **5.0** | **Presentation on Suspected TTI** | | | | |  |
| **5.1** | Dr O’Flaherty made a presentation to the Board on the suspected TTI of Hepatitis B. She outlined the background to this suspected TTI and how it had been dealt with. All relevant agencies had been informed promptly. It was noted that a sample had been sent to NSHBT, for review. The final report from NHSBT is expected in a few weeks and will be discussed at the March MAC meeting. After this, a public report will be released. The donor and recipient will have to be informed before any statement is made. | | | | |  |
| **6.0** | **Minutes of MAC of 14th November and 12th December 2016** | | | | |  |
| **6.1** | The minutes were noted. The issue of implementing a question on the HLQ in relation to Zika was discussed by the MAC and the report by Dr O’Riordan as circulated to Board after the January meeting was noted which outlined that even though risk assessment from a number of countries had shown the risk of transfusion transmission (1 : 38m) was extremely low the MAC were recommending that implementation of a new deferral for Zika by the IBTS.  The new MSM deferral had been implemented in January 2017 and the new policy had caused no issues for the IBTS. The deferral criteria for STIs will be kept under review by the Consultants. The Chair thanked Dr McSweeney, the consultants, the CE and the MAC for the smooth implementation of this new policy.  The issue of succession planning for medical consultants will be considered by the new M&SD once he has taken up the post. | | | | | New policy for Zika deferral to be developed / implemented |

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| **7.0** | **Minutes of the Finance Committee 3rd November 2016** |  |
| **7.1** | The Chair of the Finance Committee reported on the meeting of 3rd November. The deficit for 2016 was noted which was less that had been anticipated and it was noted that the Haemospect issue had not been budgeted for. The CE updated the Board on the legal case for Haemospect.  It was noted that REMEDI have not drawn down funds for 2016 and the CE has been in contact with them regarding this but has not received a response as yet. | CE to contact REMEDI again |
| **8.0** | **Minutes of Audit, Risk and Compliance of 1st December 2016** |  |
| **8.1** | In the absence of the Chair of the Committee Mr Malone updated the Board on the meeting. He noted the Committee met on 8th February and one issue discussed was the C&AG Management Letter. An area of concern in the letter related to the Pension Scheme. He noted that the C&AG were effectively saying that the IBTS Board had a responsibility for ensuring that the trustees carried out their duties appropriately. This is disputed by the Committee and their view has been communicated to the C&AG. The Pension Scheme produces its own accounts and is audited separately. |  |
| **8.2** | The Internal Audit Review of Internal Financial Controls and the Internal Audit Annual Report 2016 were noted. Both reports were approved by the Board. |  |
| **9.0** | **Combined Risk Register** |  |
|  | The Register was circulated in advance of the meeting. The CE noted the Top Ten Current Rated Risks and noted that risks 3 – 6 which are IT related are actively being addressed by the IBTS. The Chair thanked all involved in getting the Register to the current level and invited any members of the Board who have any questions to send them to him and the CE. The CE confirmed that the A&CC reviews the Risk Register at their meeting, it is also reviewed by the EMT on a quarterly basis and it will be tabled to Board on a yearly basis. It was agreed that the Board would review **the Risk 3 – 6** at the September meeting and Risk 1 (giving the new M&SD time to review his Department) will be reviewed at the November Board meeting. |  |
| **10.0** | **Strategy 2017 – 2020** |  |
|  | The IBTS Strategic Plan 2017 – 2020 was presented to the Board. The CE noted that the plan pulls together both the BSC and Strategy. The Board agreed the Strategy as presented. |  |
| **11.0** | **Cork Centre** |  |
|  | The CE reported on a meeting which was held with the Steering Group in Cork on 17th January 2017. He confirmed that progress had been made at this meeting and noted the next step is to appoint a Design Team to progress the project. The CE presented block drawings on the proposed building as discussed at the meeting. It was agreed that a copy of the minutes of this meeting would be sent to relevant people in HSE. It was agreed that the CE will go to Cork and communicate with staff about the current situation in relation to the New Centre. | CE to circulate proposed drawings.  CE to forward copy of minutes to HSE personnel |

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| **12.0** | **Date of Next Meting** |  |
| **12.1** | The next meeting of the Board will take place on **Monday 15th May at 12 noon.** |  |

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_