

MINUTES

Date of Meeting	14/11/2016	Ref	16/05/MO'D
Meeting	IBTS Board		
Present	Professor Anthony Staines (Chairperson); Deirdre Cullivan; John Malone; Dr Ronan Desmond; Dr Jorgen Georgsen; Dr Liz Kenny; Brian O'Mahony; Dr Julie Heslin; Kate Williams; Yvonne Traynor		
Apologies	Linda Hickey; Simon Mills		
In attendance	Andy Kelly; Mirenda O'Donovan		
By Audio-link	Professor Ian Hann, Acting Medical & Scientific Director		
#	Item	Notes/Action	
1.0	Minutes of the Board meeting of 12th September 2016		
1.1	The minutes of the Board meeting were agreed, subject to amendment.		
2.0	Matters arising		
2.1	<i>Haemospect issues</i> – the CE advised the Board on the latest developments with the Haemospect case.		
3.0	Chief Executive's Report		
3.1	<i>Shareholder/Government</i> – HPRA inspection will take place on the last week of November. There has been contact from OLCHC regarding Cord, CE referred the consultant to their own CE. A desktop Business Continuity Plan (BCP) exercise was carried out over the Summer. The report identified a number of action items and the next test of the BCP will be unannounced. The IBTS is also participating in the EBA Emergency Planning Group. ISBT is being hosted in Denmark next year.		
3.2	<i>Customer</i> – impact of the appeal on 18/10 has been significant and has lifted the blood supply from critically low at 2/3 days in the main groups, to 8 days supply. MAK visit in August involved a number of workshops on the SAHQ and on - line appointments. The report has only just been received and the IBTS will be sending a comprehensive response to MAK. Proposal for changes in D'Olier Street clinic being progressed. A new premises has been identified in Tuam and the lease is currently under negotiation.		
3.3	<i>Effective relationships</i> – CE meeting Assistant Director of Acute hospitals, HSE next week regarding blood usage and HSE Service Plan for 2017 .		
3.4	<i>Excellent Donor Services</i> - IBTS recently received a copy of the report on HH services submitted to the DoH. The existing service is patchy and different models are in use, depending on where you are located in the country. There has been resistance previously from the hospitals and GPs to the IBTS extending the reach of its service. New donors by the end of October were at 17,191. The target for 2016 is 20,000.		
3.5	<i>Learning & Growth</i> – a decision has to be made regarding the Semester patch for eProgesa before the end of the year. Oracle support services are being outsourced as the Oracle DBA is currently unavailable. There are 2 candidates for the M&SD post. The CE confirmed he has asked the Medical & Scientific Director of the SNBTS to be the external on the panel and dates for interviews are		

	currently being arranged. The CE also spoke to Professor Browne regarding the Trinity element of the post and he is happy for the IBTS to proceed with the interviews and will discuss this further once a candidate is selected. The CE confirmed the A/M&SD is finishing at the end of February. CE also confirmed that Dr Niamh O'Flaherty is commencing on 5 th December to replace Dr Joan O'Riordan. The CE advised the Board that a change in platelet pooling technology may take place next year as the existing technology would no longer be supported. Dr Georgsen confirmed that Denmark had decided not to implement the technology change, and had returned to a more manual process. This will be considered further.	
3.6	<i>Pension Scheme Trust Deed</i> – an amendment to the Trust Deed regarding the trustees requires the approval and seal of the Board. The Board approved and the seal was applied. A proposal to change the investment manager also requires the employer approval. The CE proposed that a Joint Investment Committee with nominations from trustees and the employer be established to consider this issue and to agree and recommend changes in investment strategy. This was agreed by the Board.	
4.0	Board self-assessment workshop – final report	
4.1	<p>The Chairperson noted the list of action items in the report. He urged Board members to consider training opportunities that are available to them. The Finlay report has been circulated to all Board members, and that the Lindsay Tribunal Report will now be made available to the Board members.</p> <p>The Board discussed the various action items, succession planning and leadership. The visibility of the Board to the staff was discussed. It was agreed that presentations on other areas of the business not normally presented to the Board be considered. It was agreed that the schedule of staff lunchtime seminars be made available to the Board so that members can attend if they are available. The Chairperson noted that the IBTS used to have one Board meeting a year in Cork and it was agreed that this should be reinstated. It was further agreed that the Board should visit one of the other centres every year. The CE confirmed that a presentation on Quality would take place in the new year. The CE suggested that the Chairperson might join him for the presentation sessions with the staff at all of the Centres in the New Year. This was agreed. The Chair confirmed his view that the current skills mix on the Board was appropriate. It was agreed to revisit this item again on 12/12 after the Strategy Review session on 07/12.</p>	
5.0	Presentation on Budget 2017	
5.1	The Finance Director joined the meeting to present the 2017 budget for approval. The drop in income from the sale of red cells and to a lesser extent the sale of platelets was also highlighted as key drivers for the budget in 2017. The key assumptions underlying next year's budget are red cell income based on 114,000 Units. This is a decrease of 2,500 units (2.15%) from 2016 forecast sales which is in line with HSE forecast usage. Platelet Income budget is based on 22,000 units in 2017. This is a 500 units (2.2%) drop on the 2016 forecast sales. Pricing based on ABC model (Activity Based	

	<p>Costing) is proposed as the preferred option as in previous years but has yet to be approved by the DOH. The FD went through the impact of ABC on the price of red cells and platelets products and testing services. It is not possible to introduce full ABC prices due to the deficits from Crossmatch testing in both NBC and MRTC. It is however proposed to increase Crossmatch charges by 26% in order to recover some additional monies for these services. The FD went through the main changes to the proposed budget for 2017. He further advised that the proposal to implement the Semester patch is on hold at this time to allow time for option appraisal. He outlined the fixed assets proposal which is to bring into line the Fixed Asset Register and the General Ledger balances for both cost and depreciation. This is an issue that has been raised by the C&AG.</p> <p>The Board approved the proposal to bring the General Ledger Fixed Asset balances in to line with the Fixed Asset Register. The Board also approved the 2017 budget and pricing proposal as presented. The FD advised that the budget will now be presented to the Department of Health for final approval. The Chairperson thanked the Finance Director and his team for their hard work preparing the budget for 2017.</p>	
6.0	MAC minutes of 22nd August and 12th of September	
6.1	<p>HEV testing is continuing and an analysis of the test data is ongoing. The appendix study undertaken in the UK was discussed. The decision to retain the existing permanent deferral for vCJD exposure was affirmed. There have been 12 confirmed cases Zika virus, in Ireland and 170 cases in the UK, monitoring is ongoing. Dr Georgsen confirmed that cases of Zika in Southern Europe are expected next year and that testing is likely in the near future. He added that Denmark is reconsidering its commitment to NAT testing but the introduction of a test for Zika would have an impact on this. Concerns were expressed regarding the implementation of a 5 year deferral for all STIs rather than just notifiable STIs. The MAC agreed that STI's in this context meant notifiable STI's only. The CE confirmed that a question on the use of a medical prophylaxis for HIV will be included in the revised HLQ. The Chair of the MAC confirmed that a review of the data from the change in policy will be carried out by the MAC 12 months post implementation. The Chairperson confirmed that the IBTS was committed to carrying out academic research on donor behaviour regarding self selection and self deferral.</p>	
9.0	MSM deferral policy	
9.1	<p>The Board agreed to take this item now. The CE is meeting the implementation team regularly. He has also met GLEN, spoken to the Patients Association, the IHS and to the Editor of Gay Community News. He is arranging a meeting with the Gay Health Network.. A Q&A for staff on clinic and for the general public to be put on the website is being developed. B O'Mahony also suggested that the CE meet the Sickle Cell Group, Thrombosis Ireland and Transfusion Positive. The Chairperson and B O'Mahony offered to assist with these meetings. The Chairperson suggested that it would be a useful exercise to look at what can be learned from the entire process used</p>	<p>CE to raise issue of Monitoring Committee with DoH at quarterly governance meeting.</p>

	<p>to arrive at the decision and the timing of it regarding MSM. It was suggested that the Board and the MAC be brought together for such issues in future.</p> <p>The CE corrected the record in MAC minutes where there were factual errors regarding permission for Consultant foreign travel which was not refused and an assertion that safety measures were not implemented. He added that a proposed safety measure has never been refused.</p> <p>B O'Mahony confirmed that the IHS will outline its position regarding the MSM deferral change in a public statement. The Monitoring Committee to be set up by the DoH has yet to be established.</p>	
7.0	Code of Practice on the Governance of State Bodies	
7.1	<p>The CE advised that the Revised Code of Practice for the Governance of State Bodies has been published. The Code emphasises 'comply or explain' and a full review of the IBTS existing compliance practices will be undertaken in light of the new requirements.</p>	<p>It was agreed that a workshop on the revised Code be organised in early 2017.</p>
8.0	Presentation on Strategy 2017-2019	
8.1	<p>The CE presented an overview of the Strategy at this stage in the process. The Board discussed the organisation values and it was agreed to leave these as is and to revisit the values with the staff as part of the strategy presentation process in 2017. It was agreed that the Board be part of the staff consultation regarding revisiting the values.</p> <p>The CE advised that the Dutch have just concluded a study on ferritin and it is expected that they will make a decision in the near future on their protocol for ferritin testing. He has been in touch with the Donor Consultant in Sanquin.. The CE also confirmed that he is discussing component expertise with the NHSBT.</p>	
12.0	Cork Centre	
12.1	<p>The Chairperson reported to the Board on a call he took from the CE of the Southern Hospitals Group during the meeting. G O'Dwyer has asked that a decision by the Board on the future location of the Cork Centre be deferred until after a meeting has been arranged between the IBTS CE, IBTS Chairperson, G O'Dwyer and the Chair of the Southern Hospitals Group. The CE explained the background to the proposal from management before the Board.</p> <p>The Chair of the MAC proposed that the meeting go ahead before going to the DoH with a decision of the Board. The Board agreed to go ahead with the meeting and defer the decision to the December Board. The CE said he would keep the DoH informed. It was noted that the CE and the Chairperson would be in Cork on 05/12 and it was hoped the meeting could be organised for that date.</p>	
11.0	Combined Risk Register	

11.1	This item was deferred to the December Board meeting, and Board members were asked to review the register before then.	Board members
10.0	Finance Committee meetings of 27th July and 28th September	
10.1	K Williams briefed the Board on the Finance Committee minutes. The drop in income from the sale of red cells was a cause for concern. The sale of plasma has been intermittent. Purchasing authorisation levels have been increased. TORs of the Finance Committee were approved. Work on the budget commenced in July. Insurance renewals were at the end of August and the supplier has been changed. K Williams thanked the FD and his team for their work on the budget.	
10.2	The Chair of the Audit & Compliance Committee advised that the Committee's TORs have also been revised and will be brought to the next Board meeting for approval. The CE confirmed that a gap analysis would be carried out on the new Code of Practice for the Governance of State Bodies. The Chair of the Audit & Compliance Committee also added that she was proposing a sub-committee self evaluation exercise similar to that carried out by the Board in the new year. The Chairperson suggested that the Chair of the MAC might like to consider a similar exercise for the MAC.	
13.0	Schedule of Board meetings 2017	
13.1	The schedule of meetings for 2017 was discussed. The schedule was approved.	
14.0	Date of next meeting	
14.1	The next meeting of the Board will be on Monday 12th December at 12 noon.	

Signed: _____

Date: _____