MINUTES

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| *Date of Meeting* | 11/12/2017 | ***Ref*** | 17/7/MO’D |
| *Meeting*  | IBTS Board  |
| *Present* | Prof Anthony Staines, Chairperson; Linda Hickey; John Malone; Deirdre Cullivan; Dr Satu Pastila; Dr Liz Kenny; Kate Williams |
| *Apologies* | Simon Mills; Dr Ronan Desmond; Yvonne Traynor; Brian O’Mahony |
| *In attendance* | Andy Kelly, Chief Executive; Dr Stephen Field, Medical & Scientific Director |
| **#** | Item | Notes/Action |
| **1.0** | **Minutes of the meeting of the Board on 13th November 2017**  |  |
| **1.1** | The minutes of the Board meeting of 13th November were agreed, subject to amendment. |  |
| **2.0** | **Matters arising** |  |
| **2.1** | There were no matters arising not already covered on the agenda. |  |
| **3.0** | **Chief Executive’s report**  |  |
| **3.1** | *Shareholder/Government* – the HPRA inspection at the NBC took place in November, there were no critical or major deficiencies. There were seven ‘others’ and two points to note. The CE confirmed the new Director of Quality & Compliance was starting on 29/01. The current Director of Quality & Compliance has agreed to stay until mid-February to ensure a smooth handover. The Board expressed its thanks and appreciation to the Director of Quality & Compliance for her many years of excellent service to the organisation. Under Health and Safety there was one reportable incident in November. The CE confirmed that the new Risk &Resilience Manager has commenced in post. The CE also added that the EMT had held a special meeting to discuss the organisation’s response to Hurricane Ophelia and that the R&RM attended that meeting. The CE, M&SD and Dr J Power are meeting the HSE about the NTC on 13/12. |  |
| **3.2** | *Excellence in Donor Services* – the supplier of Haemospect paid the monies as agreed as part of the mediated settlement. The CE also confirmed that all of the references to the IBTS have been removed from their website. Two additional locations have been selected for the Know Your Type project to provide additional promotional support in advance of clinics. Tuam Centre – revised project costs are awaited. The CE also noted that the PM from Facilities for this project has resigned. A new phase of the haemochromatosis programme will be piloted on the Cork mobile clinic in February. The M&SD assured the Board that the processes being put in place will be robust. The CE expressed concern about the continued excessive use of O negative blood.  | O negative usage to be raised at meeting with HSE. |
| **3.3**  | *Learning & Growth* – implementation of the L&D Programme and the PD Programme are progressing. The IT paper on outsourcing has been included in the Board papers, the intention is to go to tender for this service in 2018. The CE advised the Board that the management team has decided to proceed with the Semester Patch for eProgesa. The timing of this has not yet been decided. The CE has completed a breakdown of projects in the organisation and has assembled a group to look at prioritising these over the next two years primarily linked to the IBTS Strategy for 2017-2020. This group will have its first meeting tomorrow. GDPR and legislative change – CE confirmed that an official from the DoH said that advice sought from the AG’s office indicates that this is not necessary as the IBTS collects data in the course of our statutory obligations. The issue of patient consent was discussed. The CE confirmed that the marketing strategy would come to the February Board and the IT Strategy would be presented in April. | CE & M&SD to raise the issue of patient consent with the HSE. |
| **4.0** | **Presentation on Operations**  |  |
| **4.1** | The Director of Operations joined the meeting for his presentation. He advised the Board that the blood supply as of this morning was 7 days of O positive and 5 days O negative. He added that 4 Sunday clinics were held yesterday but that these were very disappointing due to the adverse weather conditions across the country. The 80:20 ratio for apheresis vs pooled platelets has been adjusted by the M&SD to 75:25 which has made it an easier target to meet. The OpsD pointed out that the platelet panel in Dublin is short about 400 donors and a programme is in place to correct this deficit. The requirements of Sickle Cell patients was discussed as these are generally treated with O negative and this is putting significant pressure on the O negative donor population. OpsD confirmed that a meeting was scheduled with the private hospitals for Wednesday to discuss their O negative usage. Comparator statistics were presented based on anonymised data from the EBA. IBTS features favourably on the number of units transfused per 1000 of the population. There was some discussion around the figures for collection losses and OpsD confirmed he was querying these figures as the measurement in use by the EBA has been adjusted. Overall deferrals for 2017 YTD are at 19.3% and Hb deferrals account for 7.9% of this figure. There was a 3.13% drop in attendance over the last year. The OpsD confirmed that the average age of a donor was now 41 and 5 years ago it was 38. Donor research indicates the 3 main reasons why people do not come back to donate again are waiting times, accessibility and convenience. The OpsD added that there is a pilot project ongoing for selected clinics to contact first time donors directly when their next clinic is due and that this has had some success in increasing the numbers returning to donate. The Chairperson thanked the OpsD for his detailed and informative presentation. | OpsD to confirm the rate of attrition among nursing staff for D Cullivan. |
| **5.0** | **Presentation on GDPR** |  |
| **5.1** | The DPO joined the meeting for this item. The DPO outlined the programme of work being undertaken to ensure that the IBTS is GDPR compliant when the Regulation comes into effect on 25th May 2018. She confirmed that this is being resourced as a dedicated role for 3 years. The data inventory being undertaken is being done through 3 different working groups looking at different strands of data in the organisation, that is medical/scientific, staff/employee data and donor data management. The Board thanked her for her detailed and informative presentation. |  |
| **6.0** | **Medical Staffing in the IBTS** |  |
| **6.1** | The M&SD explained that the IBTS is currently one consultant short. The composition of this post has changed from sharing with SVUH to sharing with OLCHC and approval for this change is awaited. M&SD added that the on call roster has been difficult to maintain and that he had looked at filling the gap with a locum but that this had not been possible. M&SD confirmed that leadership and management training was being looked at for the existing consultants and the succession planning for the M&SD post was discussed. The CE added that he had discussed with the M&SD the possibility of looking at a very different mix/model involving molecular scientists and medical consultants . He said that a different emphasis on clinical practice vs IBTS hours could be considered. An MO development programme was also discussed. Dr Pastila confirmed that the Finnish Blood Service has also had difficulty in recruiting medical staff. The M&SD added that he would discuss this further at the MAC before reverting to the Board. The structure of the scientific community in the IBTS was discussed. The CE outlined the arrangements for registration under CORU and how this could impact non-MLSA scientists working in the health services. |  |
| **7.0** | **MAC meeting of 11th December 2017**  |  |
| **7.1** | The Chairperson of the MAC briefed the Board on the discussion at the MAC earlier that day. The 4 month deferral for STIs has been agreed and will be implemented in Q1 2018. The MSM review will also be undertaken in January. It was noted that the DoH were to set up a monitoring group and this has not yet happened and the IBTS was to arrange research on compliance and while an initial meeting was held with the HRB, this has not been finalised. The M&SD confirmed that 7 cases of HIV have been confirmed in the donor population this YTD compared to an average of one a year previously. The high incidence of HCV among MSM who use Prep and Pep elsewhere was also discussed. Testing for malaria was also discussed. The MAC has agreed to reduce HTLV testing to one instance only when feasible. This requires a change on eProgesa and the interface between the Alinity testing platform is under discussion between MAK and the supplier, so this change may be introduced in 2018.  |  |
| **8.0** | **Performance Development Committee minutes 13/02/2017** |  |
| **8.1** | The minutes were taken as read. The Committee last met in October. The Committee had a presentation on the roll out of the L&D strategy. It is recommended that the GPTW survey is carried out again in Q4 2018, so that the actions currently being taken to address issues raised can be evaluated by staff. |  |
| **9.0** | **Cork Centre** |  |
| **9.1** | The letter from G O’Dwyer which was circulated to the Board was discussed. The CE advised that he had been in contact with commercial auctioneers in Cork and there was a possible options for premises in Mahon and a second one may become available shortly. The Board decided to agree to meet with G O’Dwyer and his colleagues to discuss the siting of the reference service in CUH and to move forward with a donor centre and stockholding unit elsewhere.  | CE, Chairperson and M&SD to draft email to G O’Dwyer and cc the rest of the Board. |
| **10.0** | **AOB** |  |
| **10.1** | M&SD advised the Board that he had made a presentation to an FDA panel on bacterial cultures in platelets and that the IBTS test protocol is now being adopted as an FDA position.  |  |
| **11.0** | **Date of next meeting** |  |
| **11.1** | The next meeting of the IBTS Board will take place in the NBC on **Monday 12th February at 12 noon** |  |

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