



**One Hundred and Fifty Third meeting of the NIBTS Agency Board
Thursday 3 December 2020 at 11.30am
Venue: Video Conferencing meeting**

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

In attendance: Dr John Simpson – Interim Medical Director
Mr Glenn Bell – Finance & IM&T Manager
Ms Angela Macauley – Quality & Regulatory Compliance Manager
Mrs Alison Geddis – Laboratory & Donor Services Manager

Observing: Mr Desi McKinney – BSO Internal Audit

Mrs Alison Carabine – Minutes

1. Apologies

Mr Ivan Ritchie and Ms Jenna Ledden, CPANI Board Mentee

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 Fifty Second meeting held on 15 October 2020 and action list

The minutes were agreed as an accurate reflection of the meeting. All actions had been completed.

4. Matters arising from minutes of meeting held on 15 October 2020

There were no matters arising.

5. Chair's Business

- Ms Anley advised that Ms Ledden was unable to attend the Board meeting due to work commitments. Ms Anley further advised that Ms Ledden had received results back from her dissertation and had achieved a First. Ms Anley is awaiting correspondence from CPANI if Ms Ledden will continue to participate in NIBTS Board meetings during 2021.

- Ms Anley advised that she has written to NIBTS staff thanking them for continued hard work throughout the course of 2020. Ms Anley also thanked the Chief Executive and Senior Management Team for their leadership and hard work throughout the course of the year.
- NEM tenure – Ms Anley advised that she has been in contact with DoH Public Appointment Unit regarding the two NEMs due to finish their tenure in February 2021. DoH PAU would like to extend these contracts for a further period and Ms Anley is in discussion with the NEMs.
- Consultant in Transfusion Medicine – Ms Anley thanked Mr Henderson and other Panel members for conducting these interviews.
- Board Effectiveness Audit – Ms Anley thanked Mr Desi McKinney, BSO Internal Audit for attending the Board meeting as part of the on-going audit into Board Effectiveness.
- Northern Ireland Chair's Forum – Ms Anley attended the meeting on 2 December 2020. The Minister of Health gave a presentation on the roll out of the COVID-19 vaccine. The Forum will meet again to discuss Workforce Planning. Ms Anley also discussed with the Chairs' Forum Board succession planning issues which will be collated with other organisations and presented to the Minister in due course.

6. Chief Executive's Report

COVID-19

Mrs Jackson advised that the investigation into the circumstances that led to a number of staff members to self-isolate was nearing completion and will be reported back at a future Board meeting. Staff currently isolating due to illness or contact is in single numbers and there is no evidence of staff to staff or donor to staff/staff to donor transmission.

Stock levels are currently very good. Mrs Jackson reported that O⁻ stock is the highest that it has been in a year and thanked Mrs Geddis and Mr Gillespie for continued hard work.

Collection of convalescent plasma (CP) to support clinical trials remains on-going. The bid for funding from the EU has been successful and has been awarded. Funding from HSC Research and Development Office has been secured with the details currently being finalised. Discussions are on-going regarding funding for service development. Mrs Jackson advised that trials will be concluding soon with a report due before the end of December 2020. After which, DoH will decide if this treatment is viable. Mrs Lindsay enquired if there would be issues obtaining equipment and/or materials particularly if DoH do not wish to continue with the trial. Mrs Jackson advised that the materials in short supply are for testing and not CP collection. Mrs Jackson further advised that any equipment purchased that will then not be used, could be used for other purposes.

Pathology Transformation

With agreement from DoH and the Pathology Network, progress on this project will be paused until April 2021 to allow capacity to respond to the on-going pandemic. Mrs Jackson expanded on funding and staff recruitment.

Plasma for Fractionation (PFF)

The current ban on the use of UK plasma to manufacture some pharmaceutical products is under review by the Commission for Human Medicines (CHM) and the MHRA. Mrs Jackson will give a presentation on PFF after Chair's Business.

FAIR Project

The UK blood services, Public Health England, Nottingham University and stakeholders including LGBTQ+ groups have been working together to research whether FAIR (For the Assessment of Individualised Risk) can be safely introduced. FAIR provides an opportunity for a more individualised risk assessment to blood donor selection policy whilst ensuring the safe supply of blood to patients. Dr Kathryn Maguire, Consultant in Transfusion Medicine, NIBTS is also part of the Steering Group.

This change will require a Government and Devolved Administration policy change as well as significant operational changes. It is hoped that any changes will be agreed and implemented by the four UK blood services simultaneously. SaBTO has agreed to this approach. A policy decision across the four nations is expected during December 2020 with implementation planned for June 2021. Mrs Jackson further advised that there has been a lot of engagement with LGBTQ+ groups nationally and this will be progressed locally. Training will be required for donation staff, particularly in relation to the health questionnaire. The Board discussed and agreed the benefits of this new development.

NIBTS Facilities in the West

There are no further updates on this project at present. However, dependent on a policy decision regarding future collection opportunities, the option of additional fixed donation sites will be considered in the feasibility study. Mrs Jackson further advised that communication will continue with WHSCT.

PULSE Replacement

The business case has been submitted to DoH and feedback is awaited by early 2021.

Infected Blood Inquiry

Hearing of evidence from haemophilia centre witnesses is on-going. Evidence from the Belfast haemophilia centre was due to be heard in January 2021 but this has been delayed. There is no confirmation of a date for evidence from blood establishments.

Medical Director

A shortlist of recruitment agencies has been identified for the MD appointment. It is expected that a contract will be awarded soon with a view to identifying candidates for interview before the end of January 2021. As well as the usual locations for advert, the details of the post have been shared with the UK Joint Professional Advisory Committee (JPAC) and the European Blood Alliance. The Board discussed the recruitment and interview process. Ms Anley enquired if the Interim Medical Director would be in a position to continue with NIBTS. Dr Simpson advised that he would be leaving NIBTS by the end of January 2021. Mrs Jackson advised that she has engaged with the Leadership Centre to identify another Interim Medical Director.

A substantive consultant appointment has been made and will be available by early February 2021. As two members of consultant staff will commence maternity leave in March 2021, arrangements are being made for locum cover. A locum has also commenced for a period of six months and may be in a position to cover maternity leave. Dr Simpson advised that the locum has settled in well to NIBTS. The Board discussed.

Head of HR & Corporate Services

The Head of HR & Corporate Services remains on long term sick leave. A job description for interim support is currently being matched and will be provided to recruitment agencies to fill. Mrs Jackson has requested that this matching be expedited.

7. Presentation on Plasma for Fractionation

As highlighted in the Chief Executive's Report. Mrs Jackson gave a presentation on the collection of Plasma for Fractionation (PFF) and advised that she had previously presented to HSC Board on 25 November 2020.

The implications of collecting PFF were discussed.

8. Finance Report

Mr Bell presented the report.

Revenue

The cumulative revenue position for the seven months ended 31 October 2020 showed a net surplus of £436k. Excluding haemophilia the surplus was £89k. Mr Bell advised a breakeven position was projected for year-end including additional costs associated to COVID-19 required to maintain baseline services. Ms Anley queried the budget lines showing overspends. Mr Bell advised that most were incurred due to COVID-19.

Capital

The Capital Resource Limit (CRL) of £256.2k has been allocated by DoH to date. This consists of £205.7k for IT and £50.5k for General Capital. Further General Capital requirements for the year have been identified to DoH and confirmation of the funding level is pending. Mr Bell advised that NIBTS have received additional funding for the Sterile Connection Devices and the telephony upgrade which were approved at the last Board meeting. Funding for the Business Case for Network Switch Refresh tabled for approval at today's meeting has not yet been received but is anticipated.

Prompt Payment Policy

Compliance with Prompt Payment Policy for six months to 31 October 2020 is 94.2%.

Monitoring

In overall terms, the notional value of blood components issued to hospitals is 12.8% below the Service Level Agreement (SLA) value at the end of October 2020. Trusts are showing activity levels of 1% above - 18% below SLA. This reflects reduced activity

resulting from COVID-19. The position will be kept under review and adjustments with each Trust at the year-end.

Shared Services

HSC Digital – formally known as Digital Shared Services has the objective of delivering a shared service model for ICT across HSC. NIBTS are participating in the project which is also relevant to the recent Cyber Security audit. The business case for the project is being completed and subject to DoH approval is anticipated the project will commence in June 2021. The proposed option will see a phased transfer of services in BSO.

9. Business Case – Network Switch Refresh

Mr Bell presented the business case and advised the NIBTS IT Switch Infrastructure is nine years old, unsupported and needs updating. Mr Bell highlighted the business case and recommended that Option 2 – Replace switches was the most viable option in terms of value for money and risk. The business case had been included with Board papers prior to the meeting. The Board discussed both options and approved Option 2.

10. EU Exit

Mr Bell presented and advised that the paper was to provide Board with an update on key issues and referred also to the DoH EU Exit Operational Readiness Guidance. There were three areas of consideration by NIBTS:

- i. Supply Chain
Is an area of most concern, however, NIBTS are assessing possible disruptions to supply on key consumables and services. NIBTS have reviewed supplies and have modestly increased to ensure the continuity of service. Feedback from the Regional ALB EU Exit Forum suggests no particular concern on supply.
- ii. HR / Movement of People
NIBTS have no immediate staffing issues.
- iii. Data Transfer
NIBTS does not transfer data outside the UK and no data transfer issues have been identified.

There are a further two areas to note:

- i. Medical Device Regulations – steps being taken by NIBTS to ensure compliance.
- ii. Proposed Common Framework for Blood safety & quality

11. Quality Management System Report

Ms Macauley presented the report and advised that the Quality Management System is functioning at a satisfactory level. Ms Anley enquired, arising from EU Exit, if there were concerns on licencing arrangements. Ms Macauley advised that there were not, however, there may be delay in stock arriving from Great Britain.

Documents

KPI targets relating to SOP reviewed were met. A slight increase was observed in the number of Policy Documents outside review (5 documents out of 123 documents). A list of which have been circulated to senior and departmental managers and discussed at QIR, managers have been requested to address.

Incidents

There were 31 incidents raised during October 2020. Six of twelve incidents raised within Donor Services related to donor travel. There were no incidents classed as 'Red' within the last quarter with the majority being classed as Yellow/Green (low, minor incidents). Compliance with KPI target for incident closure continues to be poor. Implementation of the revised system for incident management is at an advanced stage and training has largely been completed. SOP issue was slightly delayed due to training. SOPs will go out during the week beginning 7 December 2020.

Changes

There has been a small decrease in the number of changes, mainly due to work pertaining to Convalescent Plasma and COVID-19. Ms Macauley has scrutinised the two changes outside target and neither are of a serious nature.

Audits

An outstanding audit has now been completed without any major findings identified. One further audit is outside the four month slippage period due to the unavailability of staff expert in the area. All other audits are progressing within the timelines.

External Audits

NIBTS have been notified by UKAS to inspect NIBTS to confirm maintenance of accreditation to ISO 15189 during January 2021. This inspection will be undertaken remotely.

12. Business Case – Quality Laboratory Coagulometer Analyser

Ms Macauley presented the business case and advised that NIBTS is required to perform quality monitoring checks to ensure they meet required specification as defined by BSQR and the UK Guidelines for Blood Transfusion. The coagulometer is used by the Quality Control Laboratory for quality monitoring of frozen products. The current coagulometer is functioning adequately, however is more than 10 years old and will require replacing within 12 months. The Board reviewed the business case, discussed and approved.

13. Business Case for an Automated Blood Group Analyser

Mrs Geddis presented the business case, which outlined changes to workload and practice, advised that the current analyser is being used to full capacity highlighting the need for a second analyser which will facilitate the increasing workload pressure and provide enhanced business continuity for Blood Group Reference Laboratory. The Board discussed and Approved.

Ms Anley requested an update on Donor Services. Mrs Geddis advised on all aspects. A discussion then developed around the roll out of COVID-19 vaccine. Mrs Jackson advised that DoH are currently advising on a schedule.

14. Governance & Risk Management Update

Mrs Lindsay advised that the last meeting was held on 21 October 2020 and gave an update:

- i. *Corporate Risk Register* – All extreme risks were reviewed in depth by the Committee with some additional controls being added. The new risk added ‘Significant reduction in Blood Stock’ was also reviewed and it was agreed that an additional impact on the service relating to finance would be added. It was also agreed that importing blood would only be actioned when all other options had been exhausted.
- ii. *Board Effectiveness Audit* - Will commence in November 2020. Questionnaires will be issued with follow up telephone conversations where necessary.
- iii. *Component Monitoring* – it was agreed that this topic should be brought to the attention of the Board to determine if it should be routinely reported at Board as part of the QMS report.
- iv. *Complaints / Customer Satisfaction* – The Committee viewed ‘Comments from Donor Report and were pleased to read the positive and complimentary comments. It was noted that any complaints received were dealt with efficiently and effectively.
- v. *Cyber Security* – progress on updates and antivirus measures for computers and IT equipment across the organisation is at 99%.
- vi. *Risk Management Strategy* – NIBTS have reviewed the Risk Register to not only show inherent and residual risk but to move towards Expected Risk and Target Risk. The Risk Management Strategy has been updated appropriately and a new form developed for future use. This document has been supported by the Governance & Risk Management Committee and is presented to Board for final approval.

Component Monitoring discussion - Mrs Lindsay advised that Pooled Platelets were not meeting standard and is currently under investigation. Mrs Lindsay enquired of Board if this issue was to continue being reported to the Governance & Risk Management Committee or if Board wanted regular updates or only if there were issues. Ms Macauley advised that if there is an issue of particular concern it should be brought to Board. Ms Macauley then gave an update on Pooled Platelets and advised that there was no impact on service.

Ms Anley advised that this issue would be better discussed at the forthcoming workshop.

15. Corporate Risk Register

The Corporate Risk Register has been previously presented and reviewed at the last Governance & Risk Management Meeting (21 October 2020) and was discussed in length with some amendments made. It is tabled at Board every quarter for approval. Mr Bell went through the Register and highlighted the actions around the risks.

Ms Anley advised that, under 'People', a risk relating to the tenure and succession of the NEMs should be included as although the topic is in discussion, it is not resolved. Mrs Jackson advised that the appointment and tenure of NEMs falls to the Chair of the Board to discuss with the Public Appointments Unit. Mrs Jackson will discuss this with Ms Anley post meeting as the 'risk' will need to be risk assessed and scored.

Ms Anley enquired why the Medical Team was still scored as High Risk on the Register. Mrs Jackson advised that the Medical Team remain on the Corporate Risk Register and that existing controls are in place. The risk will be reviewed again during December 2020.

The Board discussed the Corporate Risk Register and approved same.

16. Risk Management Strategy

Mr Bell presented the Risk Management Strategy and advised that it had been tabled at the last Governance & Risk Management meeting (21 October 2020) and was being presented at Board for Approval.

For the benefit of the Chair Mr Bell further advised that there is one new item around the introduction of a 'Target Risk Score' and the documentation has been updated to reflect this. The Target Risk Score provides additional clarity.

Ms Anley advised that she this was the first time that she had seen this document and would like to propose a few changes. Mrs Jackson enquired if Ms Anley was still copied into the Governance & Risk Management e-mails as this document was included in the papers for the last meeting. Ms Anley advised that she was included in the circulation list but this is the first formal opportunity for her to contribute to this document as she is not a Governance & Risk Management committee member. Ms Anley's changes on Page 3, 5 and 11 were discussed and agreed.

The Board approved the Risk Management Strategy subject to some wording amendments. These wording amendments will be circulated to Board members for final agreement.

Post meeting Note: NEMs agreed the wording. An additional query from the Chair was also resolved.

17. Key Performance Indicators

All Donor/Customer - targets met apart from Donor Complaints which was due to a spike in complaints during May 2020 due to COVID-19. The number of complaints have now returned to normal.

Average Waiting Time – the KPI will be discussed at the forthcoming workshop. An appointment system is now in place and waiting time is no longer measurable.

Staff Absence - met target.

SDRs Complete - are challenging due to COVID-19, however, are expected to meet target by year end.

Quality - KPIs had previously been discussed.

Financial Breakeven - did not reach target due to a surplus not a deficit. A breakeven position is predicted.

Invoice Payment within 30 days – is within target.

Mrs Lindsay suggested that CAPAs within 30 days indicator should be changed and requested that this is discussed at the workshop.

18. Any Other Business

- i. On 10 December 2020 the Board Assurance Framework workshop is scheduled. Mrs Jackson reminded Board to send any comments to Mr Bell or herself.

- ii. Mr Henderson congratulated the Marketing Team as NIBTS Facebook page goes from strength to strength.

19. Action List

Action	Responsible Person
Board members to get comments on Board Assurance Framework to Chief Executive & Finance & IM&T Manager as soon as possible	Chair & NEMs

**Date of next meeting: 4 February 2021, 11.30am
via video conferencing**

Signed: 
Dated: 4 February 2021