



**One Hundred and Fifty Fourth meeting of the NIBTS Agency Board
Thursday 4 February at 11.30am
Venue: Video Conferencing meeting**

Present: Mrs Lorraine Lindsay – Non Executive Member - Chair
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

Mrs Alison Carabine – Minutes

1. Apologies

Ms Bonnie Anley – Mrs Lindsay acting as Chair and Mr Ivan Ritchie

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 Third meeting held on 3 December 2020 and action list

There was one typographical error which was corrected and minutes were agreed as an accurate reflection of the meeting and signed off by the Chair.

All actions had been completed.

4. Matters arising from minutes of meeting held on 3 December 2020

There were no matters arising.

5. Chair's Business

Mrs Lindsay gave an update on Ms Anley's behalf.

- Ms Anley forwarded her thanks to all staff involved in the recent UKAS inspection on an excellent result.
- Ms Anley forwarded her thanks to Dr John Simpson for his work as Interim Medical Director and wished him well.

- Ms Anley forwarded her congratulations to Dr Joanne Murdock on being successful in her appointment as Medical Director.
- NEM Tenure – The Minister of Health has confirmed that the tenure for the two NEMs will be extended for a further nine months. Mrs Lindsay advised that she has found the position of NEM fulfilling and hopes that there will be a seamless transition at the end of this extension.
- Northern Ireland Chair's Forum – Ms Anley will provide an update at the next Board meeting on 4 March 2021.

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 has concluded. A report will be available during March 2021 which will be brought to the attention of Board. Staff currently isolating due to illness or contact is very low and there remains no evidence of staff to staff or donor to staff/staff to donor transmission. Mrs Jackson advised that approximately 80% of NIBTS staff have received their first vaccine.

During mid-December 2020, there was a significant increase in the demand for red cells and platelets which depleted stocks. This resulted in the need to import red cells during the first week of January 2021. The importation went well due to considerable communications between the transport company, HMRC, NHSBT and NIBTS staff. Stocks have stabilised, but are still lower than desired. NIBTS has requested that DoH keep NIBTS apprised of plans for the recommencement of elective surgery.

Although not currently required, the Micro Lab remains on stand-by to support testing of COVID-19 swabs.

The collection of Convalescent Plasma for clinical trials was halted as data suggested that there was no benefit to hospital patients receiving this therapy. NIBTS has now received permission from DoH to collect for a further six weeks for new trials focussing on pre-hospital care.

Pathology Transformation

An HR manager has been appointed for one year to assist with the recruitment of staff for this programme. The manager will work between NIBTS and the Pathology Network team.

Plasma for Fractionation (PFF)

There is on-going consideration by DHSC regarding the current ban on collecting UK plasma for fractionation.

For the Assessment of Individual Risk (FAIR) Project

The Minister of Health (NI) announced on 14 December 2020 that Northern Ireland would implement the FAIR guidance in line with other parts of the UK by summer 2021. NIBTS is developing plans for a summer roll out of these guidelines.

NIBTS Facilities in the West

There are no further updates on this project at present. Mrs Lindsay enquired about the challenges for staff working in the current location. Mrs Geddis advised that whilst the accommodation is not entirely satisfactory, there has been no negative feedback from staff, who spend limited time there. Mrs Geddis advised that WHSCT have yet to identify a new location.

PULSE Replacement

Mrs Jackson appraised the Board on the feedback received from Digital Health & Care NI (DHCNI) regarding the BPaT business case and the plan for subsequent meetings. Board members discussed the implications of the delay in funding for this project.

Infected Blood Inquiry

Hearing of evidence from haemophilia centre witnesses is on-going. Evidence from the Belfast haemophilia centre will now be heard in March 2021. Evidence from blood services has been pushed back to Autumn 2021.

Medical Director & Medical Staff Recruitment

Dr Joanne Murdock has been appointed to the role of Medical Director. Dr Murdock will take up post during March 2021. An additional consultant will be appointed to cover the period of maternity leave of the current consultant and will be commencing by the end of February 2021.

Head of HR & Corporate Services

The Head of HR & Corporate Services remains on long term sick leave and will hopefully commence a phased return during April 2021. As previously reported, interim support has now been put in place to assist with the recruitment of staff for the Pathology Transformation Programme.

7. Finance Report

Mr Bell presented the report.

Revenue

The cumulative revenue position for the nine months ended 31 December 2020 showed a net deficit of £32k. Excluding haemophilia the deficit was £77k. Mr Bell advised a breakeven position was projected for year-end. The Pay position showed a surplus of £59k. This is the net effect of the overspends in Donor Services, Sessions and Administration are being offset by underspends in most other areas. The Non Pay position shows a deficit of £259k.

Mr Henderson enquired about the high expenditure and overspend on Postage. Mr Bell advised that this was due to extra communication to donors because of COVID-19 and although not finalised, the January 2021 figures are back in line with budget. Mrs Geddis further advised that donor communication had moved to First Class postage because of delays in donors receiving letters and as information moved to being on-line this cost would reduce. Mr Bell further advised that the postage budget for 2020/21 has been reduced.

Mrs Lindsay enquired about Transport costs. Mr Bell advised that this was largely due to the delivery of blood to Trusts and the overspend is offset by additional income. Mrs Lindsay further enquired about the budget for legal fees. Mr Bell advised that this is a fixed amount agreed with BSO and the budget is unlikely to change.

Capital

The Capital Resource Limit (CRL) of £468k has been allocated by DoH. This consists of £308.5k for IT and £159.5k for General Capital.

Prompt Payment Policy

Compliance with Prompt Payment Policy for nine months to 31 December 2020 is 94.3%.

Monitoring

In overall terms, the notional value of blood components issued to hospitals is 12.5% below the Service Level Agreement (SLA) value at the end of December 2020. Trusts are showing activity levels of 5% above - 18% below SLA. The reduced activity results from COVID-19. The position will be kept under review and adjustments with each Trust agreed at year-end.

8. Audit Committee Update

Mr Cathcart and Mr Henderson appraised Board on this morning's meeting.

External Audit Strategy

Mr Cathcart advised the Board of the audit timetable and plans for attendance at this year's year-end stocktake. It is the auditors intention to attend at the end of March 2021, dependent on lockdown restrictions. If unable to attend in person, the suggestions are either 1) video audit or 2) attend early April 2021. The Board discussed these options.

Internal Audit Reports

Mr Henderson appraised the Board on this report and advised that Internal Audit indicated that any outstanding audits will be completed by year-end.

A Satisfactory level was given to NIBTS on Governance during COVID-19. Any findings have been agreed with the recommendations being implemented. Mr Henderson congratulated the Senior Management Team dealing with unknown challenges. Mr Henderson suggested that this report should be brought to the attention of the Agency Chair and should be discussed at the forthcoming Workshop. Mrs Jackson advised that the findings are being worked on and during April 2021, there will hopefully be time for reflective learning. Mr Henderson further enquired if the wider HSC was going to do a lessons learned exercise. Mrs Jackson advised that the Trusts will be having the same audit. Dr Simpson advised that Trusts were still 'firefighting', however, a lessons learned exercise would be conducted in due course.

9. Governance & Risk Management Committee

Mrs Lindsay advised that the documentation was for noting as all members of today's Board also attended the recent Governance & Risk Management Committee. Ms

Macauley advised that the report required an addendum on item 3 – Component Monitoring. The last sentence should now read:

Conformance KPI is achieving the required 75% for Apheresis platelets, red cells and frozen products.

The original report will be amended to include the addendum.

10. 10.1 Quality Management System Report

Ms Macauley presented the report and advised that the Quality Management System continue to function at a satisfactory level.

Documents

KPI targets relating to SOP reviewed were met for the majority of 2020, however, a slight rise above target was noted in December and will be kept under review. There was an increase in the number of policy documents outside review periods. 7% of policies were overdue during December 2020. This has been discussed at the January 2021 QIR meeting and a number of these documents have now been reviewed.

Incidents

There was a small decrease in the number of incidents raised during November 2020 (18). However, this increased during December 2020 to 27 open incidents. The majority of which fall into the yellow/green classification. There have been no 'red' incidents raised. Two of the incidents raised had an organisational impact. The first, previously reported, related to a staff member testing positive for COVID-19. The second incident occurred during December 2020 and related to a power cut on the Belfast Trust site in which back-up generators did not function. NIBTS are working closely with BHSC to identify the cause. Ms Macauley advised that no product was discarded as a result of the incident.

The KPI regarding closures of incidents within 30 days failed to meet the target of 75%. From 12 January 2021, NIBTS has introduced an amended process for incident management which will allow greater visibility on the progress of the incident and allow more targeted monitoring of time to complete the investigation and CAPA against the agreed target time. Ms Macauley outlined these new changes.

Changes

The number of open changes continues to decrease. However, Ms Macauley noted that during December 2020 a rise was noted in the number of changes past target implementation date. There are no major concerns, but, progress is disappointing. Ms Macauley advised that these changes are being monitored and are not currently posing a significant degree of risk to the organisation

Audits

Three audits from the 2020 schedule are outstanding. One is still within the permissible timeframe of one month. Ms Macauley advised that all three audits will be completed by the end of February 2021.

External Audits

NIBTS have now been inspected by UKAS against ISO 15189. The inspection identified a number of minor findings. These findings will require evidence to allow clearance. The lead inspector indicated that maintenance of accreditation would be recommended.

10.2 Revised Incident Management Policy

As discussed above and during the recent Governance & Risk Management Committee, NIBTS have introduced an amended process for incident management. Board discussed with Ms Macauley responding to all queries. Ms Macauley further advised that this process should be reviewed annually. The Board approved the new policy.

10.3 UKAS Inspection Report

As discussed above, Ms Macauley advised that during January 2021, NIBTS underwent a UKAS inspection to maintain ISO 15189 accreditation. The Board discussed and Mrs Lindsay acting as Chair, on behalf of Board, congratulated all staff involved for their hard work in maintaining accreditation.

11. Corporate Risk Register

The Corporate Risk Register has been previously presented and reviewed at the last Governance & Risk Management Meeting (20 January 2021) where some amendments were requested. It is tabled at Board every quarter for approval. Mr Bell advised that the register has since been reviewed and updated. Mr Bell went through the Register and highlighted same.

Mrs Lindsay enquired if the risk around staff absence, i.e recruitment of more staff, cost implications is reducing. Mrs Jackson advised of identifying any risk and the scoring of same. Mrs Geddis gave an update on donation staff, including recruitment, non Covid illness and measures being taken to mitigate. It was agreed that this topic should be on the agenda for the Board / SMT Workshop.

The Board discussed the Corporate Risk Register and approved same.

12. Key Performance Indicators

Mrs Jackson presented the report.

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 and the target may be 'green' by year end.

Average Waiting Time – to be discussed at the Board / SMT workshop.

Staff Absence - met target.

SDRs Complete - there is some concern about the progress being made.

Quality - KPIs had previous been discussed.

Financial Breakeven – target expected to be met.

Invoice Payment within 30 days – is within target.

Board advised that KPIs, targets and format will be fully discussed at the forthcoming workshop.

13. Business Case for replacement platelet incubators

Mrs Geddis presented the business case and advised of the background and the preferred option (4). Under Option 4, two incubators would be purchased. One to replace the problematic/end of life incubator and the second one to replace one that has been in use since 2009 and is likely to become problematic in the foreseeable future. The incubators would replace the old ones within the maintenance contract with no additional costs. The Board discussed and agreed. Mrs Lindsay enquired if this was part of 2020-21 capital plan as shown in the financial report. Mr Bell advised that this would be progressed in the 2021-22 financial year. Mr Cathcart enquired if shipment would be problematic in light of EU Exit issues. Mr Bell advised that, to date no EU Exit supply issues had been highlighted and it was not anticipated there would be any issues with this item.

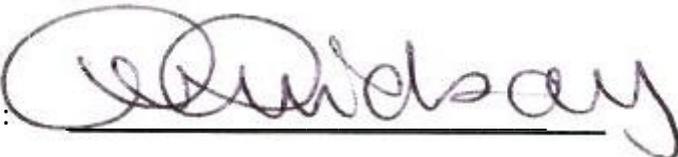
14. Any Other Business

There was no further business.

15. Action List

Action	Responsible Person
Forward Agency Chair the BSO Internal Audit Progress Report	Mrs Carabine <i>Completed</i>
Addendum for Governance & Risk Management Report	Mrs Carabine <i>Completed</i>

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

Signed: 

Dated: 4 March 2021