



**One Hundred and Fifty Eighth meeting of the NIBTS Agency Board
Thursday 9 September at 11.30am
Venue: Video Conferencing meeting**

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

In attendance: Ms Angela Macauley – Quality & Regulatory Compliance Manager
Dr Joanne Murdock – Medical Director
Mr Matt Gillespie – Head of Supply Chain & Testing Services

Mrs Alison Carabine – Minutes

1. Apologies

Mr Glenn Bell and Mr Ivan Ritchie

2. Declaration of potential conflict of interests with any business items on the agenda

Mr Cathcart advised of a potential conflict of interest regarding the Infected Blood Inquiry item, under Chief Executive's Report. He has now been interviewed by the Inquiry Team; not as an NIBTS Non-Executive Member, but as a private individual.

All other Board members and attendees declared no conflicts of interest.

3. Minutes of One Hundred and Fifty Seventh meeting held on 17 June 2021 and action list

There was a missing word on page 3, which was corrected. The minutes were then agreed as an accurate reflection of the meeting and signed off by the Chair.

Two of the three actions had been completed with the remaining one (Board Self-Assessment) to be finalised by the next Board meeting of 14 October 2021. Ms Anley advised that she would like a workshop to complete prior to the next Board meeting.

4. Matters arising from minutes of meeting held on 17 June 2021

None

5. Chair's Business

- Ms Anley welcomed Mr Gillespie to Board and congratulated him on his new appointment.

- The Annual Report and Accounts has been circulated to Board members. Ms Anley congratulated Mrs Jackson and her team for producing the report.
- NEM appointments – Ms Anley advised, there has been no further update from DoH Public Appointments Unit regarding advertising and interview dates. However, the three Non-Executive positions have been announced in the PAU Newsletter. The Board discussed the timing of new appointments and agreed that it was unlikely that any new appointee would be in place prior to the Agency Board meeting scheduled for 2 December 2021. With that in mind, Ms Anley would like any business scheduled for December to be tabled at October’s meeting. Ms Anley also advised that this issue should be reflected on the Corporate Risk Register.
- Remuneration Committee – Ms Anley would like to meet prior to the next Board meeting on 14 October and the retirement of the NEMs.
- BSO Internal Audit – Board Effectiveness Audit – Ms Anley advised that actions were still be finalised and would like an action plan to complete.
- Board Self-Assessment – Ms Anley requested a workshop be organised to finalise this report prior to the next Board meeting.

6. Chief Executive’s Report

COVID-19

Mrs Jackson advised that the number of staff currently isolating due to illness or contact is low and there remains no evidence of staff to staff or donor to staff/staff to donor transmission. Mrs Jackson further advised that this continues to be monitored and she will continue to appraise the Board.

Mrs Jackson advised that platelet stocks are stable, however, the demand for red cells continues to be at higher levels than pre-Covid. Mr Gillespie advised that whist stock remains stable, there are a number of available slots for donation this week. Mrs Lindsay enquired of the situation should stock levels fall. Mrs Jackson advised of the current situation, business critical plans and latest government guidance.

As previously reported, the Micro Lab remains on stand-by to support testing of COVID-19 swabs as required.

Dr Murdock joined the meeting and provided an update on:

- Medical Team – Dr Murdock advised that NIBTS are trying to secure a locum Specialty Dr to cover annual leave etc. Ms Anley enquired if Dr Piccin was helping the staffing situation. Dr Murdock advised that Dr Piccin is still on probation and learning.
- FAIR has been successfully launched.
- Convalescent Plasma (CP) – NIBTS have received requests for compassionate use of Convalescent Plasma for severely unwell Covid patients who are immunocompromised as a result of their haematological or other condition, or their immunosuppressive treatment, as there is potentially some evidence the

use of CP can help in this patient group. NIBTS have requested guidance from CMO, DoH and MHRA to these requests and await responses. In the meantime, NIBTS are responding to concessionary requests under special circumstances. Ms Anley enquired about responsibilities to the patient. Mrs Jackson advised that Clinicians are responsible for patient care. Dr Murdock advised that in the absence of guidance, the cases have been scrutinised and discussed with the Clinician. Risks are discussed with the patient's consultant and currently there is no suggestion of additional risk with CP above the inherent well recognised risks of FFP/plasma transfusion in general. Emails and correspondence trails are retained and the product is released using NIBTS concessionary release procedure through QPulse, and with full documentation and logging through incident management system. Dr Murdock assured the Board that in the light of these circumstances she supports the supply of CP by NIBTS. Mr Gillespie updated the Board the trials of Convalescent Plasma will recommence, however, collections of same will not. Mr Gillespie advised that any patient that has received CP have met the criteria for forthcoming trials. Board discussed the criteria and usage of CP. Ms Anley enquired about the amount of stock. Mrs Jackson advised that there is limited stock available. Ms Macauley advised that the MHRA was contacted last week regarding guidance and a response is awaited. She has also been in touch with JPAC regarding previous recommendations. Ms Macauley assured the Board that NIBTS is working within our concessionary release procedures for CP and CP has been collected using the same stringent safety measures as used for all blood collections.

- Bone Marrow Fund – Ms Anley requested an update on the fund. Dr Murdock advised that BHSCT Histocompatibility & Immunogenetics Laboratory have commenced work and NIBTS will be releasing funds in the very near future.

Dr Murdock left the meeting

Pathology Transformation

Interviews for the Pathology Blueprint Programme Manager will be conducted on Friday 10 September. Mrs Jackson advised the Board of the high calibre of candidates and is confident that an appointment will be made.

Plasma for Fractionation (PFF)

DoH are still considering the options for policy in this area.

For the Assessment of Individual Risk (FAIR) Project

The FAIR guidelines were successfully implemented on 16 August 2021. Mrs Jackson advised of a very positive launch and, to-date, feedback has been positive too. Mrs Jackson will be attending a Webinar with the Rainbow Project in the coming weeks. Mr Henderson enquired about the new donor questions. Mr Gillespie advised they were similar to other blood establishments and NIBTS. Also, of note, there has not been an increase in the number of donor deferrals. Ms Anley enquired if there had been any

requests from Anti-vax recipients requesting blood from donors who have not been vaccinated. Mrs Jackson advised that there is no plan from blood services to differentiate between donors who have been vaccinated and those who have not. Mrs Jackson will forward the position paper from JPAC to Board members.

NIBTS Facilities in the West

There has been no further update from WHSCT. However, Mrs Jackson and Mr Gillespie will discuss how to approach this in the future.

PULSE Replacement

The Project Board had a number of queries from DoH in respect of the outline business case for Blood Production and Tracking solution, the responses to which have been returned.

Infected Blood Inquiry

Responses to previous Rule 9 requests have been submitted. A further request has been received and the response should be completed and submitted to the Inquiry by the end of September 2021. Although not confirmed, indicative weeks for hearing oral evidence from all UK blood services are 1 November – 13 December 2021. Mr Cathcart provided an update on his experience of giving evidence.

Head of HR & Corporate Services

The Head of HR & Corporate Services phased return to work is on-going and progressing well. He is currently working on a number of projects.

Infrastructure Upgrade

Mrs Jackson advised that the requirement for capital funding to support the development of infrastructure has been included in the ten-year capital plan for NIBTS and has been submitted to DoH. NIBTS awaits a response from DoH.

Head of Supply Chain & Testing Services

Mr Matt Gillespie has been successfully appointed to the new role of Head of Supply Chain & Testing Services which replaces the Laboratory & Donor Services Manager. Mrs Jackson welcomed Mr Gillespie to the senior team.

We Invest in People (formerly Investors in People / iIP)

The Head of HR & Corporate Services met with the Assessor over the summer and has developed a draft plan with actions to be taken forward over the coming year. This plan will be tabled at SMT with the final report and action plan being presented at the next Governance & Risk Management Committee (20 October 2021) for further discussion. The report will then be tabled at Board.

7. Finance Report

In Mr Bell's absence, the Chief Executive presented the report.

Revenue

The cumulative revenue position for the 4 months ended 31 July 2021 showed a net deficit of £130k. Excluding haemophilia, the deficit was £36k. The Pay position shows

a deficit of £8k. This is the net effect of overspends in Donor Admin and HR & Corporate Services which are being offset by underspends in other areas. The Non-Pay position shows a deficit of £94k, primarily due to an overspends in; postage and telephones, heat, light and power and transport arising from bus hire required for staff travel ensuring social distancing.

Mrs Jackson advised that this was a challenging picture. The deficit from haemophilia products will be reconciled and breakeven for this year is expected. Ms Anley enquired if NIBTS has had to absorb financial press due to the pandemic. Mrs Jackson advised that some IPTs had been acknowledged by HSC Board to assist with managing Covid pressures and re-iterated that breakeven is projected for this year. However, next year presents a much more challenging picture.

Ms Anley further enquired if there had been any operational issues arising from staff experiencing long-Covid. Mrs Jackson advised that currently there is only one member of staff experiencing long-Covid.

Mrs Lindsay enquired as costs have risen due to the pandemic, e.g. cleaning, transport etc, would these costs continue and is it the intention to absorb and sustain these costs. Mrs Jackson advised that the cleaning costs will be absorbed. However, transport costs need to be addressed. Mrs Jackson explained various issues and ways to mitigate and reconcile.

Ms Anley enquired of Mr Gillespie about estate facilities. Mrs Jackson advised that this had been addressed in her report and has been identified in the 10-year capital plan. NIBTS await a decision from DoH.

Capital

A Capital Resource Limit (CRL) of £51k has been received in respect of General Capital. Mrs Jackson advised that NIBTS is awaiting approval for other schemes, some of which may be deferred to the next financial year.

Prompt Payment Policy

Compliance with Prompt Payment Policy for 4 months to 31 July 2021 was 98.4%.

Monitoring

In overall terms, the notional value of blood components issued to hospitals is 0.1% below the Service Level Agreement (SLA) value at the end of July 2021. Trusts are showing activity levels of 11% above - 14% below SLA. The position will be kept under review and adjustments agreed with each Trust.

8. Trust Fund Strategy

The Chief Executive presented the report on behalf of the Finance & IM&T Manager and appraised the Board that this strategy followed on from approval of the approach given at the Board meeting on 17 June 2021. The purpose of the strategy was to outline the governance, management, investment and expenditure arrangements for 2021/22. Board discussed and agreed with the approach outlined in the strategy for the use of

the funds. Ms Anley requested that the Trust Fund to be reviewed bi-annually instead of annually. Mrs Jackson advised that she would discuss with the Finance & IM&T Manager and the Chair of the Audit Committee. The Board further discussed and approved.

9. Audit Committee minutes

The ratified minutes from May 2021 Audit Committee meeting were tabled for noting as per the recommendation from the BSO Governance Review. Likewise Governance & Risk Committee minutes would be tabled with the board papers for noting, when available. Mr Cathcart, Chair of the Audit Committee, appraised Board of papers expected to be tabled at the next Audit Committee meeting. Mr Cathcart further advised that a physical stock take was conducted this year.

10. Governance & Risk Management Committee Update

The Chair of the Governance & Risk Management Committee, Mrs Lindsay appraised the Board on the last meeting held on 21 July 2021.

- i. Governance Standards Action plan - all relevant actions for the quarter had met their target date. Any actions not meeting their dates would be reported by exception.
- ii. Corporate Risk Register – Mrs Lindsay appraised the Board on all the risks and actions. There were no Extreme Risks, 8 High Risks (two of which were new) and no risks had been removed throughout the quarter. All risks were discussed in detail and the Committee agreed that the proposed actions were appropriate.
- iii. Component Monitoring – issues continue with Pooled Platelets was discussed at length. Mrs Lindsay advised that the Governance & Risk Management Committee had been assured that product is higher than the discard level and the issue was not impacting on NIBTS service to hospitals.
- iv. Incidents – June’s figures show that the conformance target for investigations had been achieved. Changes – staff continue to address open changes.
- v. Investors in People (IIP) – the assessment report was received and is being reviewed. Culture values scored highly. An action plan will be brought to the next Governance & Risk Management Committee and subsequently presented to Board.

Ms Anley enquired if this was going to be shared with Board. Mrs Jackson advised as highlighted in her report, the action plan, following on from the report will be tabled at the next Governance & Risk Management Committee and subsequently presented to Board.

- vi. Key Performance Indicators (KPIs) – The report in its new format was discussed at length during the Committee meeting. The Committee agreed that the information captured had been well thought out and considered. Mrs Lindsay felt it now needs to move forward to try the new approach, however, had no concerns.

Ms Anley enquired if these figures included any Covid absences. Mrs Jackson advised that Covid absences are reported separately and not captured in the Absence KPI. Ms Anley further enquired if long and short term absences could be

separated out. Mrs Jackson advised that the figures are collated by the HR Department and would seek advice.

11. Corporate Risk Register (CRR)

The Corporate Risk Register that had been tabled at the last Governance & Risk Management Committee meeting (21 July 2021) was presented at Board for approval. Mrs Lindsay went through the detail of each risk and existing controls. Mrs Jackson provided updates on each risk and responded to all queries to the satisfaction of Board.

Ms Anley felt that business continuity and business interruption should appear on the CRR in light of the delay in advertising the NEM positions. Mrs Jackson advised that the CRR is a live document and this version of the register was discussed at Governance & Risk Management and was tabled at Board for approval of the risks that were live at the time. The NEM position had previously been on the CRR, was reviewed, rescored and removed. However, as the positions have yet to be advertised, the risk will again be reviewed, rescored and be put back on the CRR, if required.

The Board further discussed and approved the CRR.

12. Quality Management System Report

The Quality & Regulatory Compliance Manager presented the report.

Documents

Targets relating to SOP documents have fluctuated around the target figure of 4%, with targets being achieved during June and July 2021. The number of policy documents outside their review date remain slightly above the set target. A small number (6) of policy documents are beyond their target review date, however, are currently being addressed.

Incidents

Compliance with target dates for investigations has steadily increased over the past four months. Compliance with the completion of corrective and preventative actions within target date has decreased over the summer months. This issue has been emphasised at QIR meetings. Mrs Lindsay enquired about the challenges of catching up. Ms Macauley advised that this work will be caught up on.

Changes

The number of changes past their target date has remained static during the last quarter, however, a fall in the number of open changes has been observed during July and early August 2021. As of 20 August 2021, a review of changes greater than six weeks shows one classified as Red and eight as Amber. The Amber status changes show a decrease of 50% from the previously reported figure of 12. Ms Macauley appraised the Board on each change.

Audits

The audit schedule for 2021 has been agreed and auditors assigned. All audits that were scheduled for January – July 2021 have been completed with the exception of one, which requires assistance to the auditor to develop a checklist. No major findings have been raised.

Component Quality

As previously reported and although an improving picture, NIBTS have been experiencing difficulties in meeting target parameter regarding the number of platelets in pooled platelets. New settings have been agreed with the supplier, these have been adjusted, validated and confidence is improving on standard levels.

Other issues

As previously reported via CRR, EU regulations on In Vitro Diagnostic Regulation (IVDR) come into effect in May 2022 and will impact on currently performed non-CE marked tests. This European legislation remains applicable to Northern Ireland under the NI Protocol. The legislation requires the use of CE marked medical devices for the provision of diagnostic test and includes equipment and reagents used in testing. This legislation will significantly impact on the Reference Laboratory, regarding the provision of molecular testing. NIBTS has established a project team to take forward various workstreams to address compliance with legislation including drafting a business case for the purchase of CE marked equipment, test reagents and staff. Capital requirements have been notified to DoH. Contingency for this area will also be explored should the new platform fail to be implemented by the active date of the legislation.

Ms Anley enquire if Ms Macauley was content and could provide assurances to the Board. Ms Macauley advised that she was content and could provide assurances.

13. Key Performance Indicators

Mrs Jackson presented the report in its new format and advised that a narrative is required and will be included for the next meeting. Mrs Jackson went through the report and advised that there are a large number of SDRs being conducted over the course of the next few months.

14. Any Other Business

Mrs Lindsay advised that she would be out of the country for the next Board meeting. However, she will be attending remotely and was advising in case of any connectivity issues.

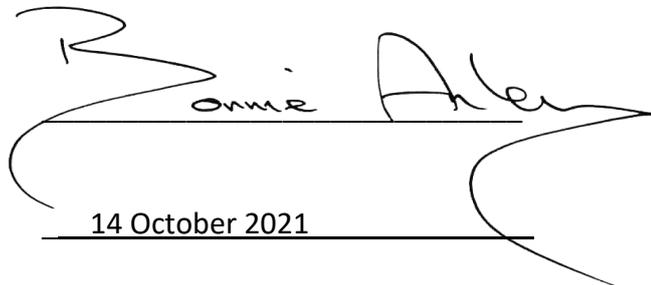
15. Action List

| Action | Responsible Person |
|--|---------------------------|
| Action plan to be included with Board papers to assist with the completion of the Board Effectiveness audit findings | Mrs Jackson & Mr Bell |

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| Schedule a date for the Remuneration Committee prior to the next Board meeting | Mrs Carabine <i>Post meeting note: Completed - meeting arranged for Monday 4 October 2021</i> |
| Workshop to be arranged to complete the Board Self-Assessment document | Mrs Carabine <i>Post meeting note: Completed - Workshop arranged for Tuesday 12 October 2021</i> |
| Position paper from JPAC regarding anti-vaccinated donors and recipients to be forwarded to Board members | Mrs Jackson |
| Discuss review of Trust Fund with the Finance & IM&T Manager and Chair of Audit Committee | Mrs Jackson |
| Provide a narrative to the KPI report | Mrs Jackson <i>Post meeting note: Completed - a narrative has been included on the report</i> |

**Date of next meeting: 14 October 2021, 11.30am
via video conferencing**

Signed:



Dated:

14 October 2021