



**One Hundred and Sixtieth meeting of the NIBTS Agency Board
Thursday 2 December 2021 at 11.30am
Venue: Video Conferencing meeting**

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

In attendance: Ms Angela Macauley – Quality and Regulatory Compliance Manager
Mr Glenn Bell – Finance & IM&T Manager (Items 1-9)
Mr Matt Gillespie – Head of Supply Chain and Testing Services

Mrs A Carabine – Minutes

1. Apologies

Mr Philip Cathcart, Dr Joanne Murdock and Mr Ivan Ritchie

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

There were no conflicts of interest.

3. Minutes of One Hundred and Fifty Ninth meeting of the NIBTS Agency Board meeting held on 14 October 2021 and action list

The minutes were agreed as an accurate reflection of the meeting and signed off by the Chair.

4. Matters arising from the minutes of meeting held on 9 September 2021

There were no matters arising.

5. Chair's Business

- Ms Anley on behalf of Board forwarded condolences to Mr Ritchie and his family.
- Ms Anley advised it is noted in the Chief Executive's report that the Medical Director will be stepping down from post at the end of March 2022. On behalf of Board, Ms Anley is grateful for the advanced notice and is saddened by the loss of the Medical Director.

- NEM Appointments - Ms Anley advised that the recruitment process is well underway. Interviews are due to be held early December 2021 and is hopeful an announcement of appointments will be made in January / early February 2022. Ms Anley expressed her continued gratitude to the current Board Members for extending their term to provide continuity.
- The Director of Secondary Care, Sponsor Branch, was due to attend the Board meeting to update the Board on the Pathology Management Structure Blueprint Programme. However, they are currently unable to attend. Arrangements will be made for them to meet the Board in the New Year.
- NI Chairs Forum – work is on-going with the next meeting scheduled for 15 December 2021. Ms Anley will continue to appraise the Board. The delay in the implementation of the new Partnership Agreement has been escalated to NICF.
- Business Case – Chair Remuneration – The Chief Executive has provided the Chair with some comments on this case. A meeting will be scheduled in January for a collective discussion on the case before it is brought back to Board for approval prior to being submitted to DoH.
- Board Support – Ms Anley requested a meeting to be scheduled to discuss the feasibility of a board support function which has not been a dedicated role for nearly two years. Although some of this work has been carried out by various members of the SMT, the importance of this function is raised by an imminent transition to a new board with all that this change will entail.
- Board Self-Assessment document – Ms Anley requested another meeting to be scheduled to finalise this document.

6. Chief Executive's Report

Covid-19

Mrs Jackson advised that the number of NIBTS staff self-isolating due to illness or contact remains low. There remains no evidence of staff to staff or donor/staff, staff/donor transmission indicating measures put in place in NIBTS are continuing to be effective.

Platelet stocks are stable, however, the demand for O negative red cells remains high and makes up approximately 16% of all red cell issues. Trust Chief Executives, Medical Directors, Transfusion Committees and Blood Bank staff have been contacted and provided with updated guidance to help manage the use and wastage of O Neg red cells and is being kept under review. The Board discussed the use of O negative red cells. Mrs Lindsay noted increased TV and Radio advertisements for donors. Mrs Lindsay further enquired, if elective surgery has decreased, why is demand so high? Mr Gillespie advised that people are not attending hospital until they are quite ill, requiring more help and increasing the demand for transfusions. Mrs Jackson further advised that the prevalence of COVID-19 and seasonal viruses in the community have had an impact on the availability of donors.

The Micro Lab remains on stand-by to support the testing of COVID-19 swabs.

There has been interest from groups who are keen to have separate blood banks for vaccinated and non-vaccinated donors. Mrs Jackson advised that this would be very challenging to achieve and, currently NIBTS is following UK wide advice provided by JPAC.

Convalescent Plasma – There has been no further update on the REMAP-CAP trial.

Pathology Transformation – Mrs Jackson advised that Sarah Buckley will be commencing in her post as Pathology Management Structure Blueprint Programme Manager on 10 January 2022.

Plasma for Fractionation (PFF) – DoH is liaising with DHSC and other devolved administrations to determine the appropriate approach for Northern Ireland.

Facilities in the West – A meeting was held in early November 2021 with WHSCT staff. Plans are in development to refurbish the existing space in Omagh Hospital that is used by NIBTS. Work is due to commence in January 2022. Mr Gillespie advised that WHSCT are optimistic that completion will be by the end of March 2022. The Board were content that work will begin soon. Board discussed future options for collection.

Pulse – approval of the BPaT business case is still awaited. Queries have been received by DoF and are being responded to. It is hoped that a decision will be received during January 2022. Work remains on-going to develop the procurement strategy and statement of requirements by the project teams.

Infected Blood Inquiry – work on Rule 9 responses remain on-going. Oral evidence from a former NIBTS Chief Executive and Medical Director is scheduled for early February 2022. NIBTS continues to meet with Counsel regularly.

Head of HR & Corporate Services – The Head of HR & Corporate Services is on a phased return to work and is progressing well. Mrs Jackson advised that, sadly, due to a family bereavement, he is currently on compassionate leave, but hopes to return shortly.

Infrastructure Upgrade – Mrs Jackson advised that NIBTS still awaits feedback from DoH on the ten-year capital plan.

Occult Hepatitis B Testing – Mrs Jackson advised that NIBTS tests all donations for Hep B. However, it is likely that SaBTO and DoH will recommend Occult Hep B testing of donations soon. This test looks for historical hepatitis B infection in donors. There is a significant workload in the lookback of previous donations. A business case is currently being prepared to address the additional workload this will require. Mrs Lindsay sought clarification on testing and retrospective testing. Ms Macauley advised. Ms Anley enquired if NIBTS is working with other blood services. Mrs Jackson advised that we are and are all awaiting SaBTO's final recommendation. A meeting of

the UK Forum is scheduled for 3 December 2021 where the introduction of Occult Hep B testing will be discussed and will provide a clear UK wide approach.

Medical Director Update – The Medical Director will step down from post at the end of March 2022. Mrs Jackson advised that options are being explored for medical leadership from April 2022. Ms Anley enquired about these. Mrs Jackson advised the need for clinical leadership, however, the position of Medical Director also carries a managerial role and suggested these roles may be split and gave examples of where this has been done elsewhere. Ms Anley enquired how Board could be assured on the medical cover. Mrs Jackson advised ~~of cover~~ and gave the Medical Team update.

Mrs Jackson provided Board with an update on haemochromatosis patients and engagement with liver specialists who are wishing to extend services to deliver a Regional Services Haemochromatosis.

7. Financial Report

Mr Bell presented the Financial Report and advised that current projections indicate that a breakeven position can be achieved by year end.

Revenue

The cumulative revenue position for the 7 months ended 31 October 2021 showed a net deficit of £444k. Excluding haemophilia, the deficit was £148k. The Pay position shows a deficit of £103k and is a net effect of overspends in; Donor Services Sessions (£98k), Donor Admin (£18k) and HR & Corporate Services (£59k) which are being offset by underspends in other areas. The overspends on Sessions relates to Donor Triage as part of the COVID-19 risk mitigation and an additional £65k has been sought. Mrs Lindsay enquired about staffing levels and the requested monies.

The Non-Pay position shows a deficit of £211k, primarily due to an overspends in; postage and telephones (£19k), heat, light and power (£20k) and transport (£130k) arising from bus hire required for staff travel ensuring social distancing.

Income showed a surplus of £166k and relates to additional income for blood delivery to Trusts.

Haemophilia Products are showing a deficit of £296k. Additional funding will be sought from HSCB to cover this as required and as per SLA. Mr Bell advised of a recent meeting with HSCB which was positive and confirmation of some additional funding has been received.

Ms Anley enquired about the costs associated with the importation of blood. Mr Bell advised that this had been included in year-end projections. Mrs Jackson advised that as the other blood services were experiencing the same issues as NIBTS, importing blood was becoming less of an option and the need to for NIBTS to ensure self-sufficiency.

Mr Henderson enquired about collection sessions being held in hotels and if there would be an increase in costs. Mr Bell advised that they would be an increase in charges using such premises. Board discussed the advantages and disadvantages of using hotels over local halls. Mrs Jackson advised that NIBTS do consider costs. Board further discussed the delivery of services, particularly in the future.

Capital

A Capital Resource Limit (CRL) of £185k has been received for approved schemes which will be completed by the end of the financial year.

Prompt Payment Policy

Compliance with Prompt Payment Policy for 7 months to 31 October 2021 was 98.4%.

Monitoring

In overall terms, the notional value of blood components issued to hospitals is 2.2% below the Service Level Agreement (SLA) value at the end of July 2021. Trusts are showing activity levels from 9.7% above – 15.2% below SLA. The position will be kept under review and adjustments agreed with each Trust.

8. Governance and Risk Management Committee

The unratified minutes of the G&RMC held on 20 October 2021 were included in the papers and noted.

- Mrs Lindsay advised that she had met with Ms Macauley to discuss the Quality KPI position paper and its content.
- KPIs were also discussed in detail.
- Investors in People (IiP) – Ms Anley requested that the Action Plan be tabled at Board. Mrs Jackson advised she will present the document to Board at the next meeting in February 2022.
- A date has yet to be received for the MHRA inspection. It was noted that NIBTS maintain standards and are ready for the MHRA inspection at any time.
- Corporate Risk Register – although the CRR requires bi-annual approval by Board, Mrs Jackson advised that it is a live document and is kept under current review. Ms Anley advised that she would like the CRR tabled at Board after every Governance & Risk Management Committee meeting. The document was shared on screen and after discussion the Board approved.
- Board Effectiveness Action Plan – Mrs Jackson went through each item on the action plan, advising that some actions had already been closed off. Ms Anley advised that she would like the action plan to be a standing item on future agendas until complete so that the plenary Board can keep sight of progress.
- Committee Minutes being tabled at Board – After some discussion, Ms Anley proposed that it might be more practical to table approved committee minutes at Board for noting. In the event that committee minutes have not been approved by the Committee, the Committee Chair could provide a verbal update. Ms Lindsay agreed with this proposal in principle and it was agreed to discuss at the next Governance & Risk Management Committee and feedback the Committee recommendation at the next Board meeting.

9. Quality Management System Report

Ms Macauley presented the Quality Management System report and also advised that a date has yet to be received from MHRA. However, NIBTS are inspection ready.

Documents – targets relating to the review of SOPs have not been achieved during the last three-month period. 18 out of 47 SOPs are overdue review within one month of their review date, however, a significant proportion are more than 60 days past their review date. The overdue SOPs have been highlighted and sent to the document owners and the relevant SMT member. A review on 22 November 2021 shows a reduction in the numbers since circulating to the document owners.

Incidents – compliance with the new target dates for investigations have fluctuated over the past three months. Targets were not achieved during August and September, however, compliance improved in October 2021. Compliance with the completion of corrective and preventative actions within target continues to be problematic. This continues to be addressed at the QIR meetings.

Changes – the number of changes past target have remained relatively constant during the past three months, a small decrease in the number of open changes has been observed. At review on 22 November 2021 there were 4 changes classified as Red and 10 as Amber. Ms Macauley updated Board on each of these changes. The use of a formal risk assessment template for changes which are past their target date is being implemented by the Quality Dept. Mrs Lindsay agreed with developments regarding the formal risk assessment. Mrs Jackson advised of the format of the QIR meetings where Heads of Depts have to account for risk and actions during these meetings. Ms Anley enquired of Ms Macauley if these were capacity or performance related delays. Ms Macauley advised that they are capacity related. Ms Anley further enquired if there are business cases being developed for the procurement of more staff. Both Ms Macauley and Mrs Jackson advised there are. Mrs Jackson appraised the Board of the recent meeting with HSC Board.

Internal Audits – all audits scheduled for completion during January to October 2021 have been completed with the exception of an audit of Change Control, which is well advanced. This audit remains within the permissible one-month slippage period. Of the completed audits, no major findings have been raised.

Component Quality – the new programme for buffy coat derived platelet pools was put into routine use on 1 November 2021. Ms Macauley further advised of good levels of conformance (90%) and all issues seem to be resolved. The Board acknowledged the hard work of the laboratories.

10. Key Performance Indicators (KPIs)

The KPI report was presented by Mrs Jackson with an additional report on Absence Management to the satisfaction of the Board. Ms Anley enquired about COVID-19 absence figures. Mrs Jackson advised that following DoH guidance, the COVID-19 absence figures are not included in the Staff Absence KPI. However, on page 4 of the Absence Management report data and a narrative on COVID absences are included.

Ms Anley further enquired how NIBTS are benchmarked against other HSC bodies. Mrs Jackson advised that NIBTS have relatively low levels in comparison to other HSC bodies, albeit, not without its own challenges.

11. Conflict of Interest Policy and Form

Mrs Jackson presented and advised that this was a periodic review of policy. Mrs Jackson highlighted the updated detail. The Board discussed and ratified the reviewed policy.

12. Business Case for Outdoor Staff Seating Area

Mrs Jackson presented the business case. NIBTS has a Health & Wellbeing Committee to improve the wellbeing of staff which has the autonomy to make recommendations on activities and investment to improve staff wellbeing. If acceptable, Charitable Funds may be used if approved by Board. The Health & Wellbeing Committee seek to improve and use the outdoor space at the end of the NIBTS car park to upgrade the space and create an outdoor dining area with a garden. The Board discussed the business case. Ms Anley enquired if this new area would reduce car parking spaces. Mrs Jackson advised that it would not, as the area in question was the green space at the end of the car park. Mr Henderson enquired if this new space would be open to vandalism. Mrs Jackson advised of the CCTV in the car park, regular patrolling by security and fencing. Board further discussed and approved.

13. Business Case for Stock Management System

Mrs Jackson presented the business case and advised that, currently, stock management is paper based and requires updating to an electronic system thus providing contingency for staff. SMT had previously discussed and agreed it was a reasonable use of capital, however, as the overall investment is over £10,000, the business case requires Board approval. Option 2 is the preferred option within the business case. The Board discussed. Ms Anley enquired about Option 3 – Cloud hosted. Mrs Jackson advised that NIBTS IT Dept has hesitancy regarding cloud-based solutions with a third party and Option 2 gives NIBTS and BSO more controls and scrutiny to mitigate any cyber-security concerns. Mr Henderson enquired if cloud-based solutions were external companies and further enquired if Internal Audit consulted. Mrs Jackson advised that Internal Audit have not been consulted as they would not generally advise on such matters. Board further discussed the options and approved Option 2.

14. Meeting dates for 2022

Board approved the meeting dates for 2022.

15. Any other business

There was no further business.

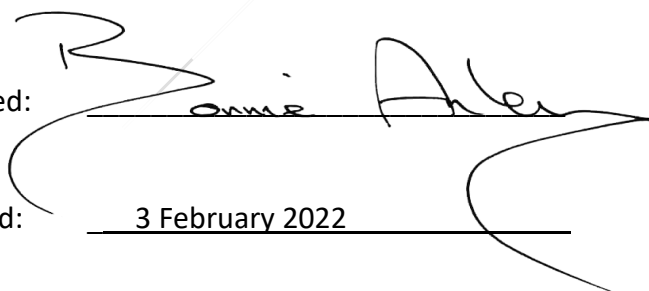
16. Action List

Action	Responsible Person
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Schedule a meeting to discuss Chair Remuneration Business Case	Mrs Carabine <i>Post meeting note – scheduled for 19 January 2022 after Governance & Risk Management Committee</i>
Schedule a meeting to discuss Board support	Mrs Carabine <i>Post meeting note – scheduled for 1 February 2022</i>
Schedule a meeting to discuss the Board Self-Assessment document	Mrs Carabine <i>Post meeting note – scheduled for 1 February 2022</i>
Board Effectiveness Action Plan to remain as a standing agenda item	Mrs Carabine <i>Post meeting note – completed, on agenda</i>
liP Action Plan to be tabled at February’s Board	Mrs Carabine
Governance & Risk Management Committee to discuss and agree ‘approved’ minutes being tabled at Board	Governance & Risk Management Committee – 19 January 2022
Corporate Risk Register to be tabled at Board following every Governance & Risk Management Committee meeting	Mrs Carabine
Board meeting dates to be advertised on NIBTS website	Mrs Carabine <i>Post meeting note – completed.</i>

**Date of next meeting: 3 February 2022, 11.30am
via video conferencing**

Signed:



Dated:

3 February 2022