



**One Hundred and Sixty First meeting of the NIBTS Agency Board  
Thursday 3 February 2022 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 and Regulatory Compliance Manager  
Mr Glenn Bell – Finance & IM&T Manager  
Mr Matt Gillespie – Head of Supply Chain and Testing Services  
  
Mrs A Carabine – Minutes

**1. Apologies**

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 Sixtieth meeting of the NIBTS Agency Board meeting held on 2 December 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 2 December 2021**

There were no matters arising.

**5. Chair's Business**

• Non-Executive Members of Board

As the tenure of the current NEMs comes to an end and this meeting will be their last. Ms Anley, on behalf of the Agency Board thanked the outgoing NEMs for their hard work and knowledge that they brought to the role. Their contributions are very much appreciated by Board.

Mrs Jackson also thanked the NEMs for their invaluable support and diligence provided to the Board and to the Chief Executive.

Mrs Lindsay thanked NIBTS advising it was a tremendous learning curve and very enjoyable. Mrs Lindsay further advised that the SMT are very professional and their work is critical. Mrs Jackson has steered the ship very well since her appointment. During Mrs Lindsay's tenure, the past and present Chair have been excellent and her fellow NEMs have been a joy to work with. Mrs Lindsay thanked the Board and wished all well for the future.

Mr Cathcart concurred with Mrs Lindsay citing that he has enjoyed the experience of working with NIBTS and hopes in the future NIBTS can get back to face to face meetings.

Mr Henderson agreed with Mrs Lindsay and Mr Cathcart and advised the work has been fascinating and challenging at times over the past 11 years. Mr Henderson reflected on the on-going work of IBI which he felt put into context the work of Board and input into decision making. Mr Henderson agreed with Mr Cathcart in his hope that meetings can get back to face to face as a certain nuance has been lost with video conferencing meetings. Mr Henderson thanked the Board for the opportunity of working with NIBTS.

Ms Anley again thanked the NEMs, who will be missed and wished them well for the future.

Ms Anley further advised that DoH, Public Appointments Unit have notified her of the incoming NEMs, who have all received their letters of appointment. As the next Board meeting is currently scheduled for 3 March 2022, the Board discussed moving the next meeting date to 31 March 2022 and agreed the proposed date in order to give the incoming NEMs time to receive their inductions.

## **6. Board Effectiveness Action Plan**

This plan was tabled at the Governance & Risk Management Committee on 19 January 2022 and is tabled as an aide memoir. Board went through each action on the plan and updated progress. The action plan will continue to be tabled at Board until all actions have been completed.

## **7. 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/donor transmission indicating that current measures in place are continuing to be effective.

Platelet and blood stocks have stabilised following successful media campaigns and new guidance to Trusts.

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

Pathology Transformation – Sarah Buckley, the Pathology Management Structure Blueprint Programme Manager commenced post on 10 January 2022. The initial focus will be on preparing draft Terms of Reference and governance structures for the programme. Job descriptions for project manager posts are also being developed.

Plasma for Fractionation (PFF) – DoH continue to liaise with DHSC and other devolved administrations to determine the appropriate approach for Northern Ireland. Guidance is being sought from PaLS and DLS in respect of a Memorandum of Understanding (MoU) with NHS England/NHS Improvement (NHSEI).

Facilities in the West – WHSCT are programming this work which should be completed by 31 March 2022.

Pulse Replacement / Blood Production and Tracking (BPAT) Project – The business case for the project has been approved by DoH. Work is on-going by the project teams to develop the procurement strategy and statement of requirements.

Ms Anley requested clarification on the above. Mrs Jackson advised of the process from the current position to tender, awarding contracts, development of design through to implementation.

Infected Blood Inquiry – work on Rule 9 responses remain on-going. Oral evidence from a former NIBTS Chief Executive and Medical Director took place on 1 & 2 February 2022. Counsel and NIBTS were content on progress. NIBTS will not be requested to give further oral evidence and will await the report.

Mr Henderson advised that he felt that the former Chief Executive and Medical Director evidence was honest and given with integrity. The responses were open, transparent and reflected the hard work of Counsel, NIBTS staff and, in particular, the Information Governance Manager.

The Board discussed the Inquiry and Ms Anley gave the Board's appreciation of the hard work that has been conducted by NIBTS staff.

Head of HR & Corporate Services – The Head of HR & Corporate Services' phased return to work is on-going and progressing well. The Chief Executive meets with him regularly to review progress.

Infrastructure Upgrade – Mrs Jackson advised that no further update has been received from DoH and that NIBTS still awaits feedback on the ten-year capital plan.

Occult Hepatitis B Testing – Mrs Jackson advised that DoH have confirmed that there will be funding to introduce this new test. Clarity is still required on the duration of a look back exercise. The target date for commencement of testing for current donors is the end of April 2022.

Medical Director Update – The job description for this post has been updated and sent for approval to DoH and RCPATH prior to being advertised. Interim arrangements for medical leadership is being explored through the Leadership Centre. Ms Anley enquired if it is likely to be successful. Mrs Jackson advised that NIBTS are hopeful that it will be. The current Medical Director is planning for a clinical lead role which will coordinate the medical activities.

## **8. liP Action Plan**

This action plan was previously tabled at the Governance & Risk Management Committee on 19 January 2022 and agreed. The plan is brought to Board for information and final approval. The Head of HR & Corporate Services has met with the liP Assessor who supports the Plan.

The Board discussed each Theme on the Plan and acknowledged progress. Ms Anley felt that the actions were quite remote and instead of using on-line surveys, management should 'sit down' with staff. Mrs Jackson advised due to Covid measures this has not been possible. However, moving forward it was hoped that more face to face interactions will be achievable. The Board further discussed and approved the plan.

## **9. Audit Committee Update**

Mr Cathcart advised of this morning's meeting. BSO Internal Audit tabled their Progress Report and advised of two Priority 2s, pertaining to increased expenditure on transport and staffing due to Covid. There are no issues anticipated with this year's stock take. The NIAO Audit Strategy was also tabled and accepted by the Audit Committee.

On behalf of the Audit Committee, Mr Cathcart congratulated Mr Bell and his team for all achieving all targets during his tenure.

Ms Anley, on behalf of Board, thanked Mr Cathcart for Chairing the Audit Committee throughout his tenure.

## **10. Financial Report**

Mr Bell presented the Financial Report and advised that current projections indicate that a breakeven position can be achieved by year end. A project surplus of £3k will be reported to DoH which includes COVID-19 related expenditure.

### Revenue

The cumulative revenue position for the 9 months ended 31 December 2021 showed a net deficit of £448k. Excluding haemophilia, the deficit was £219k. The Pay position shows a deficit of £94k and is a net effect of overspends in; Donor Services Sessions (£110k), Donor Admin (£10k) and HR & Corporate Services (£77k) 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 and agreed.

The Non-Pay position shows a deficit of £349k, primarily due to an overspend on; Laboratory (£53k), Postage and Telephones (£26k), Heating, light and power (£41k), Drugs (£58k) and Transport (£171k). Transport overspend arises from the hire of buses required for staff travel to sessions as part of COVID-19 risk mitigation and blood delivery for which additional income is recovered. Drugs overspend and part of the Laboratory overspend relate to the supply of plasma products, which additional income has been secured.

Income showed a surplus of £224k and relates to additional income for blood delivery to Trusts and additional plasma products supplied and income arising from an evaluation study. Further income is anticipated in respect of pay awards, Pathology Transformation projects and COVID-19 pressures.

Haemophilia Products are showing a deficit of £229k. Additional funding has been sought and agreed by HSCB to cover this as per SLA.

#### Capital

A Capital Resource Limit (CRL) of £229k 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 9 months to 31 December 2021 was 98.4%.

#### Monitoring

In overall terms, the notional value of blood components issued to hospitals is 3.3% below the Service Level Agreement (SLA) value at the end of December 2021. Trusts are showing activity levels from 12.8% above – 14.1% below SLA. The position will be kept under review and adjustments agreed with each Trust.

### **11. Governance and Risk Management Committee**

Mrs Lindsay advised that the Governance & Risk Management Committee met on 19 January 2022.

- Approved minutes from this Committee and the Audit Committee should be tabled at Board for noting.
- Inspection dates are still awaiting from MHRA and UKAS.
- Governance Standards are on target with no issues.
- Corporate Risk Register is tabled at Board for approval. During the G&RM Committee all risks were fully discussed and the action plans were agreed. Mrs Lindsay gave detail on all risks.
- Incidents – a discussion was held on the drop off of closing incidents, particularly during March 2021. The Committee felt that Head of Departments should close off incidents or reassign to other members of staff. The majority of incidents are yellow or green (low risk).
- Changes – Mrs Lindsay provided a summary of red and amber changes that remain open. The Committee discussed the risk assessments of open changes.
- NEMs interrogated the information and received assurances.

- KPIs – COVID-19 still presents challenges but these are being well managed.

Ms Anley thanked Mrs Lindsay for Chairing the Governance & Risk Management Committee meetings during her tenure and for the expertise that she has provided.

Board agreed that the date of the next Governance & Risk Management meeting may need to be moved as a new Chair needs to be nominated.

## **12. Corporate Risk Register**

Mrs Jackson presented the Corporate Risk Register (CRR), which was tabled at the Governance & Risk Management Committee meeting on 19 January 2022, for approval by the Board. The CRR was discussed including the new risk added and the risks removed. Board agreed that the IBI should remain on the Register with a reduced risk score. Board approved the CRR.

## **13. Quality Management System Report**

Ms Macauley presented the Quality Management System report.

Documents – targets relating to the review of SOPs have not been achieved during the last five-month period, peaking at 7% during October 2021. Some improvement was noted during November and December 2021. As of 21 January 2022, there were 14/39 SOPs overdue review are within one month of their review date. A list of the documents involved has been sent to document owners and SMT and have been further discussed at QIR.

The number of policy documents outside their review remains above target. 10/124 (8%) were noted to be beyond target review dates. 2/10 of these are within 30 days of their due review date.

Incidents – compliance with the new target dates for Investigations was met during October and November 2021, showing a decrease during December 2021. The Investigation stage for three incidents raised in December 2021 remain open and are classified as Yellow. Mrs Lindsay noted that drops in Investigations tend to occur during holiday periods. However, the number of days for closure, past target dates tend to be relatively short. Ms Anley enquired if staff should complete Investigations prior to going on leave. Ms Macauley advised that they should.

Compliance for the completion of the Corrective and Preventative actions within target continues to be problematic, although some improvement was observed during December 2021. The need to address the slippage continues to be highlighted at QIR.

Changes – the number of changes past target have remained relatively constant, but showing a small improvement during the past five months. Ms Macauley updated Board on the one change classified as Red and the seven changes classified as Amber. The new process for risk assessment for changes past their target date of a period of more than six weeks is now in place and working well. Compliance with this requirement will continue to be closely monitored. Ms Anley enquired if the risk

assessment for the lower scoring changes would take even longer to close due to their scoring. Ms Macauley accepted the point but did not think it very likely as all changes are monitored.

Internal Audits – audits scheduled for completion during January to December 2021 have been completed with the exception of two, one of which has commenced and the other agreed for completion in January 2022. Of the audits which have been completed, 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 and is performing well and meeting targets.

Ms Anley requested Ms Macauley assure the Board that the Quality Management System is working well. Ms Macauley provided assurances.

Ms Anley further requested that Ms Macauley provide a pictorial induction as well as a narrative is provided for the incoming NEMs.

#### **14. Key Performance Indicators (KPIs)**

The KPI report was presented by Mrs Jackson and reported on the KPIs not achieving target:

Active Donor base (whole blood) – Mr Gillespie advised the target for this has previously been discussed and will be reviewed. The donor base continues to decrease and is due to donors who do not respond to one request to donate being listed as inactive on the system.

Active Donor base (platelets) – Mr Gillespie advised that this KPI is being monitored with the reduction in December due to the number of donors who were unable to attend due to illness.

Red cells imported as % of issues – Mr Gillespie advised that there was a need to import during December 2021, due to low donation rates and ‘no show’ donors.

CAPA completed on target and Audit completed with scheduled year – both discussed at QMS section.

SDRs completed in past 12 months – senior staff have been advised of outstanding appraisals within their departments. These have been arranged with the expectation that the target will be met by year end.

Staff Absence – the KPI requires review. The year end average is close to target and it is hoped absence figures will continue to reduce.

Ms Anley enquired of Mr Gillespie how hospitals reduce their O Neg usage. Mr Gillespie advised. Ms Anley further enquired if hospitals note their O Neg wastage.

Mr Gillespie advised they do and due to a lot of work with NIBTS Medical Director and the NI Transfusion Committee, hospitals have been able to reduce their wastage.

Mrs Lindsay advised that all KPIs were scrutinised at the last Governance & Risk Management Committee.

**15. Business Case for platelet antibody testing platform.**

Mr Gillespie presented the business case. NIBTS is responsible for the supply of blood and blood components to hospitals in Northern Ireland. A key aspect of the safe supply is the provision of a red cell immunohaematology and platelet immunology service which is undertaken by the Reference Laboratory. The current platforms used by the Reference Laboratory requires replacement as they are no longer fit for purpose. Mr Gillespie outlined the options and recommended that option 2 be approved for the purchase of a new testing platform. The Board discussed with Ms Macauley and Mr Gillespie responding to queries from the Board. The Board agreed to approve the business case.

**16. Any other business**

Ms Anley advised that the end of the meeting was a bitter/sweet moment and wished the three outgoing NEMs well for the future and hopes they stay in touch.

**17. Action List**

| Action   | Responsible Person |
|--|--------------------|
| Continue to table updated the Board Effectiveness, Audit Action Plan until all items have been closed. | Mrs Carabine       |

**Date of next meeting: 31 March 2022, 11.30am  
via video conferencing**

Signed:   
Dated: 31 March 2022