



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

**Present:** Ms Bonnie Anley – 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:** 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**

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 Fourth meeting held on 4 February 2021 and action list**

The 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 4 February 2021**

None

**5. Chair's Business**

- Ms Anley thanked Mrs Lindsay for Chairing the last Agency Board meeting in her absence.
- Ms Anley, on behalf of Board expressed continued good wishes to Mr Ritchie.
- Northern Ireland Chair's Forum – Ms Anley attended the draft Programme for Government Framework and Workforce Strategy and updated Board.
- BSO Internal Audit – Board Effectiveness Audit – Ms Anley, Mrs Jackson and Mr Bell attended a meeting with Internal Audit to discuss the findings. Ms Anley

advised that there were no Priority 1 findings and some Priority 2 and 3 findings. There are a number of discussion points which will be brought to the NEMs attention.

- Board Assurance Framework (BAF) – work is on-going and the document will be brought back to Board for discussion.
- Corporate Strategy – is in development and will be brought to Boards attention.
- Board Self-Assessment – the document needs to be reviewed. There are red flags which Internal Audit would like drawn up into an Action Plan.
- Ms Anley welcomed Ms Claire Edgar to NIBTS.

## 6. Chief Executive's Report

### COVID-19

Mrs Jackson advised that the report into the investigation that led to a number of staff having to self-isolate is being finalised. The report will be shared with the 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.

Blood and platelet stocks are relatively stable. There have been some challenges in maintaining O negative stock due to increased demand particularly during February 2021. NIBTS is communicating with DoH and there are Trust plans to increase elective surgery. NIBTS is considering additional sessions to meet demand. Board discussed NIBTS being self-sufficient in all blood groups. Mrs Geddis advised that NIBTS could not be 100% self-sufficient as there is always a need to import specialist units. Ms Anley enquired from a governance perspective, if the stock KPI could be amended. Mrs Jackson advised that the metric is included in the new KPIs. Board discussed self-sufficiency, transport costs and customs challenges with importing from England.

As HSC currently has sufficient testing capacity therefore, whilst not currently required, the Micro Lab remains on stand-by to support testing of COVID-19 swabs if needed.

The collection of Convalescent Plasma is on-going. There has been no confirmation of a new trial potentially focussing on pre-hospital care.

### Pathology Transformation

Development of a job description for a programme manager is on-going. Recruitment is planned for early in the 2021/22 financial year. After which, further roles will be developed. Ms Anley enquired about funding and Mrs Jackson advised.

### Plasma for Fractionation (PFF)

On 25 February 2021, the UK Health Minister announced lifting the ban on the collection of PFF in the UK. Mrs Jackson continues to liaise with policy leads within DoH regarding next steps.

### For the Assessment of Individual Risk (FAIR) Project

Planning for implementation is on-going. Mrs Jackson advised that this will also be discussed during the forthcoming meeting of the UK Forum (5 March 2021).

### NIBTS Facilities in the West

A meeting is schedule with WHSCT in Omagh on 24 March 2021.

### PULSE Replacement

The Chief Digital Information Officer (CDIO) in DoH continues to advise insufficient funds are available for this project. Additional information and clarity requested by Digital Health & Care NI (DHCNI) has been provided. A Gateway Review is currently underway which will highlight the impact in the delay of a funding decision. Board discussed the potential significant risk to blood supply a delay in business case approval would create. Mrs Jackson responded to all queries to the satisfaction of the Board.

### Infected Blood Inquiry

Evidence from the Belfast Haemophilia Centre will be heard during the last week of March 2021. Evidence from blood services will potentially be heard in Autumn 2021. Mrs Jackson updated Board on the legal aspects and recent substantial Rule 9 requests for information and advised NIBTS will be meeting with the solicitors and counsel next week.

### Medical Director & Medical Staff Recruitment

Dr Murdock has been appointed to the role of Medical Director and will take up post on 1 April 2021. A new permanent consultant in transfusion medicine has also been appointed. Ms Anley enquired if the Chief Executive was content to provide the Board with assurances for the Medical Team until the appointment of Dr Murdock. Mrs Jackson advised that she was.

### 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. A band 7 HR officer has been appointed to assist with some HR activities in the interim.

## **7. Finance Report**

Mr Bell presented the report.

### Revenue

The cumulative revenue position for the ten months ended 31 January 2021 showed a net deficit of £99k. Excluding haemophilia the deficit was £39k. Mr Bell advised a breakeven position was projected for year-end. The Pay position showed a surplus of £60k. This is the net effect of the overspends in Donor Services, Sessions and Administration which are being offset by underspends in most other areas. The Non Pay position shows a deficit of £237k.

Ms Anley enquired about the cost of importation and if further imports were affordable. Mr Bell advised that importation has been relatively low since the start of 2021 and that, if necessary, small volumes could be accommodated.

Mr Henderson enquired about the year-end stock take. Mr Bell advised this plan will be discussed further with External Audit later in the month and with regard to

restrictions at that time. Mrs Lindsay enquired about the potential of External Audit not being able to attend a physical stock count and the notion of a video stock count. Mr Bell advised that the practicalities of this would need to be discussed with External Audit.

Ms Anley enquired if staff resource concerns are being discussed. Mr Bell advised that it was being discussed at SMT level and will be included in the Financial Plan to be presented at the next Board meeting.

#### 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. All relevant schemes have been identified and were noted.

#### Prompt Payment Policy

Compliance with Prompt Payment Policy for ten months to 31 January 2021 is on track at 95%.

#### Monitoring

In overall terms, the notional value of blood components issued to hospitals is 12.6% below the Service Level Agreement (SLA) value at the end of January 2021. Trusts are showing activity levels of 7% above - 19% 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 and have been factored into the breakeven position.

### **8. 8.1 Quality Management System Report**

Ms Macauley presented the report and advised that the Quality Management System continue to function at a satisfactory level. Ms Anley enquired if Ms Macauley was content the QMS was functioning to a satisfactory standard. Ms Macauley advised that she was.

#### Documents

Targets relating to SOP documents have been reviewed within the appropriate review periods and have met the KPI targets set. The slight rise observed in December 2020 has been reversed. Policies outside review are also now within the KPI targets.

#### Incidents

The amended system for incident management was introduced during January 2021. Analysis of the figures, using the new system determined that 72.2% of investigations were completed as per their target date. Although there has been an improvement in compliance, incidents remain slightly below the KPI target of 75%. Ms Macauley highlighted an additional table (contained within the report) showing best and worst case scenario included for Corrective Action (CA) and Preventative Action (PA). Ms Anley enquired about the difference between CA and PA. Ms Macauley explained. The Board discussed and Mrs Lindsay agreed that this is a positive way forward and felt that the challenge will be in developing PA.

### Changes

The number of changes rose by a small number in January 2021 and a small decrease in the number past their target date was observed. A number of those changes beyond target date are classified as Red or Amber. Ms Macauley highlighted the Red and Amber changes and responded to queries by Board to their satisfaction.

### Audits

Ms Macauley advised that the Audit calendar would now be recorded and timetabled on a calendar year and not a financial year. There were two outstanding audits from 2020, Ms Macauley advised one has been completed and the remaining one nearing completion. The audit scheduled for 2021 has been agreed and auditors assigned.

### External Audits

NIBTS are currently addressing the findings of the recent UKAS report. Ms Macauley advised that no date has yet been received for the MHRA audit. However, NIBTS will be prepared for June 2021.

## **9. Key Performance Indicators**

Mrs Jackson presented the report and advised that this would be the last report presented in this format. At the Board meeting in May, metrics identified during the Board/SMT Workshop will be used. These may need to be refined. Mrs Jackson will share the new format with Board prior to the next Board meeting.

All Donor/Customer - targets met apart from Donor Complaints which was due to a spike in complaints during May 2020 due to COVID-19. Mrs Geddis advised of one complaint regarding the waiting time of a donor which was due to staff absence.

Average Waiting Time – As all donations are by appointment, waiting times are no longer recorded.

Staff Absence – the figure is increasing, however, the target was met.

SDRs Complete - the target will not be met at year end. However, a new system of using a rolling calendar year will be implemented from 1 April 2021.

Quality - KPIs had been discussed previously.

Financial Breakeven – did not meet target due to the timing of haemophilia blood product expenditure. Breakeven is projected for year-end.

Invoice Payment within 30 days – is within target.

Ms Anley enquired if wastage is being measured. Mrs Jackson and Mr Bell advised this is monitored and is currently very low.

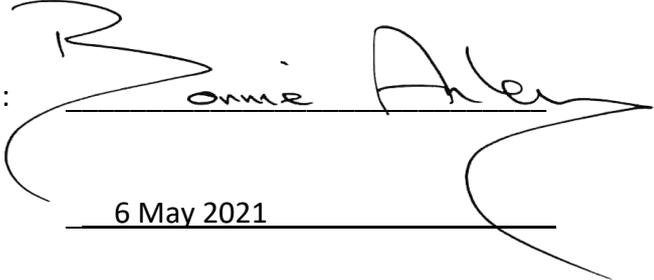
## **10. Any Other Business**

Mrs Lindsay thanked all NIBTS staff on continued hard work during the pandemic.

**11. Action List**

Action	Responsible Person
Share new KPI format with Board members	Mrs Jackson

**Date of next meeting: 6 May 2021, 11.30am  
via video conferencing**

Signed:   
Dated: 6 May 2021