



**One Hundred and Sixty Second meeting of the NIBTS Agency Board
Thursday 31 March 2022 at 11.30am
Venue: Video Conferencing meeting**

Present: Ms Bonnie Anley – Non-Executive Chair
Mr Brendan Garland – Non-Executive Member
Mr David Small – Non-Executive Member
Mr Michal Graham – 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 Ivan Ritchie – Head of HR & Corporate Services
Mr Matt Gillespie – Head of Supply Chain and Testing Services

Mrs A Carabine – Minutes

1. Apologies

Dr Joanne Murdock

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 Sixty First meeting of the NIBTS Agency Board meeting held on 3 February 2022 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 3 February 2022
There were no matters arising.

5. Chair's Business

- Ms Anley advised that the date of the Board meeting had been changed from 3 March to 31 March 2022 to facilitate the new Non-Executive Members of Board.
- Non-Executive Members of Board – Ms Anley welcomed the three new NEMs to NIBTS and looks forward to working with them. Mr Garland, Mr Small and Mr

Graham thanked the Senior Management Team for the Laboratory tours and very useful and informative inductions.

- Subject to ratification by Board, Ms Anley has requested approval for:
Mr Garland, Chair the Governance & Risk Management Committee
Mr Small, Chair the Audit Committee and be the Board representative on the Pathology Management Blueprint Programme.
Mr Graham to take the Board lead on the on-going Investigation.

Ms Anley thanked the Chief Executive for the informative and interesting presentation to Board on 29 March 2022 on the Pathology Management Blueprint Programme.

- NI Chairs Forum – Ms Anley provided an update and noted shared appreciation to the Health Minister by NICF.
- Ms Anley attended the recent Leadership & Governance conference and noted an interesting day with discussions about budgets.
- Ms Anley welcomed Mr Ritchie, Head of HR & Corporate Services.
- Ms Anley thanked Dr Murdock for her excellent service as Medical Director and wished her well.
- Three future meeting dates need to be changed. Mrs Carabine will send out a Doodle Poll to ascertain availability.
- The Equality Unit presentation to Board needs to be arranged. However, Mr Ritchie suggested that the NEMs should complete their e-learning before the presentation.

6. Board Approval of nomination of Chair for the Governance & Risk Management Committee

Mr Garland was nominated as Chair for the Governance & Risk Management Committee. Board discussed and approved.

7. Board Approval of nomination of Chair for the Audit Committee and Board representation on the Pathology Management Blueprint Programme

Having been approved as Chair of the Audit Committee, Mr Small was nominated to represent the NIBTS Board on the Pathology Blueprint Programme Board. Board discussed and approved.

8. Board Effectiveness Action Plan

Ms Anley provided the background to the new NEMs on this action plan and then went through each item. The action plan will be updated and will continue to be tabled at Board until all actions have been completed. Mrs Jackson will share the Draft

Partnership Agreement with Non-Executive Board members. The current MSFM document was included in the NEMs Induction Packs.

9. Board Self-Assessment document and Action Plan

The Board Self-Assessment document and action plan were included in the Board papers. The Board discussed each item on the action plan. Mr Graham had queries about the red flags. Mrs Jackson advised that the text and narrative had been developed and agreed by the previous NEMs at an earlier workshop. It was agreed to include only the red flag narrative on NIBTS detail and to remove the template narrative as it is not relevant and causes confusion. Mr Bell advised that BSO Internal Audit had considered the documents as part of the year end follow up of previous audit recommendations. Internal Audit advised that there was not sufficient evidence to close the audit finding regarding the Self-Assessment document and action plan. In the light of Mr Bell's comments, it was agreed to postpone a consideration of an approval of this document and that the Audit Committee would consider the issue and report back with their recommendations to the Board.

10. Chief Executive's Report

Covid-19

Mrs Jackson continues to provide weekly reports to Board which give the most up to date position. Mrs Jackson further advised that the number of NIBTS staff self-isolating due to illness or contact remains low. There remains no evidence of transmission between staff or donors indicating that current measures in place are continuing to be effective. NIBTS will continue with measures previously in place to mitigate the spread of Covid-19.

Mr Graham enquired if NIBTS noted Covid-19 absences separately from 'normal' absences. Mrs Jackson advised of DoH guidance on recording absences.

Platelet and blood stocks remain stable with very limited stock requiring import.

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

NIBTS will not be participating directly in the REMAP-CAP trial but have supported the distribution of products for NHSBT. NIBTS was part of the original national study. The development of new medicines and therapies has negated the need for NIBTS to continue to collect Convalescent Plasma. However, if Convalescent Plasma is required for a patient in Northern Ireland, NIBTS can request from NHSBT.

Pathology Transformation – The first meeting of the Pathology Management Structure Blueprint Board (PMSB Board) will take place on Friday 1 April 2022. NIBTS will be represented by Mr Small and Mrs Jackson. The Terms of Reference (ToR) will be presented for discussion and approval at this meeting. Mr Garland enquired if the ToR is to be approved on 1 April 2022, what has the Board approved historically and whether there are there any caveats. Mrs Jackson advised of the NIBTS position, funding and brand. The work of the PMSB Board will not have a negative impact on the core NIBTS business. Mrs Jackson advised that documents have been previously

tabled and approved by NIBTS Board and work by the PMSB Board is a reflection on what has been previously agreed by NIBTS Board. Mrs Jackson anticipates some amendments to the ToR and will be advising that all documents are shared with NIBTS Board. Mrs Jackson will share previous documents from 2017 to date with NIBTS Board as the new NEMs will not have had sight of same. Mr Garland thanked Mrs Jackson for this assurance.

Ms Anley advised that most of this work occurred before her tenure, however, there had been previous correspondence. Ms Anley felt that there remained areas around the governance role for the NIBTS Board that had not yet been adequately addressed in specific correspondence. Mrs Jackson advised of previous meetings between DoH and NIBTS under the previous Chair where there had been significant discussion on this subject.

Both Mr Small and Mrs Jackson have seen a draft ToR. Mrs Jackson will raise at the PMSB Board meeting that NIBTS Board want to agree the ToR before the PMSB Board approve.

Mr Graham agreed with the discussion but felt that there needs to be a process with regular updates to NIBTS Board. Mrs Jackson advised of the intent to put Pathology Transformation as a standing item on the agenda and not as part of her report to Board. The Board agreed with this approach

Plasma for Fractionation (PFF) – Mrs Jackson provided the background and history of PFF, procedure and uses for the new NEMs. Mrs Jackson advised of her presentation at a previous Board meeting, which she will deliver again at May's Board meeting.

At the beginning of March 2022, DoH approved the inclusion of NIBTS with other UK blood services in a future contract notice for the procurement of a plasma fractionator to manufacture plasma derived medicinal products (PDMP). This commitment is not legally binding, but does allow NIBTS to engage with the procurement process. Mr Small enquired if the inclusion in the UK contract allows options to be kept open. Mrs Jackson advised it does and does not mean that NIBTS are committed to a future contract. Mrs Jackson further advised of EU regulations, blood safety standards and increased testing procedures that will need to be considered. The Board fully discussed all knowns.

Facilities in the West – NIBTS await a further update. However, the Head of Supply Chain and Testing Services will be meeting WHSCT during April 2022 and is hopeful work will be completed within the next few months.

Pulse Replacement / Blood Production and Tracking (BPAT) Project – Board members were appraised on this project and latest developments during a presentation on 29 March 2022. Work continues by the project teams to develop the procurement strategy and statement of requirements. Mr Small enquired how this is managed in terms of governance. Mrs Jackson advised of the NIPMS programme and the series of gateway reviews that had occurred.

Infected Blood Inquiry – No further Rule 9 requests or requests for additional information have been received from the Inquiry Team. Responses to previous Rule 9 requests is nearing completion.

Head of HR & Corporate Services – The Head of HR & Corporate Services' phased return to work is on-going and progressing. Mr Ritchie was in attendance at today's Board meeting.

Infrastructure Upgrade – Mrs Jackson advised that no further update has been received from DoH and is unlikely prior to the return of the NI Assembly and approval of budgets.

Occult Hepatitis B Testing –Confirmation of funding to introduce the new test and progress the look back exercise is awaited from DoH. All information requested by DoH has been provided. NIBTS will proceed to introduce this new test during April 2022. The look back exercise will not commence until the full scope of the exercise and funding have been formally approved.

Medical Director Update – The job description for this post remains with DoH for approval. Interim arrangements for clinical leadership will be in place by 1 April 2022. Northern Trust are currently providing Responsible Officer to GMC.

Ms Anley requested assurances. Mrs Jackson was able to provide assurances, advising that there were no issues with the medical team and the On-Call Rota was 1:4, citing the most cover to-date.

11. Financial Plan

Mr Bell presented the plan for Board approval advising that the financial plan contains plans and budgets that are required to achieve the financial performance objective of breakeven in 2022/23. Mr Bell advised that the financial planning assumption is that funding will be provided for pay awards, inflation and other regionally agreed cost increases. Mr Bell appraised Board of the main financial risks, in particular energy costs and cost pressures, service developments and changes including current funding arrangements.

Mr Garland thanked Mr Bell for the report, however, had queries on assurances regarding funding that had not been confirmed in respect of Pathology Transformation. Mr Bell advised that NIBTS have received allocation letters for £220k and can incur expenditure up to that limit. If further funding does not become available, expenditure on the schemes will only run up to funding available.

Mr Graham enquired about the management of funding and additional funding. Mr Bell advised of various workstreams in Pathology, £70k has been received and plans are in place to utilise. Mr Graham further enquired how Board control. Mr Bell advised of internal financial monitoring and reporting.

Mr Small enquired about the funding for the Pathology programme and pressures on spending and how NIBTS manage financial pressures. Mr Bell advised of the approach and how it is managed. Mrs Jackson provided assurances on the Pathology programme and if additional funding is not received, staff recruitment would have to cease. Recruitment is currently be managed through agencies and will not progress if funding is not received.

Mr Small also enquired if there were any indications on funding cuts. Mr Bell advised that there was currently no indication of a reduction in baseline funding but NIBTS would need to reduce costs and absorb some cost pressures in order to achieve breakeven position.

Ms Anley enquired about donor administrative costs and if this budget was going to be increased. Mr Bell advised that budgets in this area had been previously increased and the expectation was that expenditure would be reduced to come back in line with budget. If this is not the case cost reductions will have to be found elsewhere.

The Board discussed and approved the Financial Plan, however are mindful that some funding is not yet in place.

12. Financial Report

Mr Bell presented the Financial Report and advised of a current breakeven position on revenue.

Revenue

The cumulative revenue position for the 11 months ended 28 February 2022 showed a net deficit of £61k. Excluding haemophilia, the deficit was £35k. The Pay position shows a deficit of £180k and is a net effect of overspends in; Donor Services Sessions (£135k), HR & Corporate Services (£48k) and Pathology Transformation (£55k) which are being offset by underspends in other areas. Additional funding (£65k) has been received for Donor Services Sessions in respect of triage of blood donors at sessions. Funding is available to match the Pathology Transformation expenditure.

The Non-Pay position shows a deficit of £332k, primarily due to an overspends on; Postage and Telephones (£23k), Heating, light and power (£63k), Drugs (£96k) and Transport (£194k). Transport overspends arise 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 relate to the supply of plasma products, which additional income has been secured.

Income showed a surplus of £477k and relates to additional income for: excess pay award costs, blood delivery to Trusts, additional plasma products supplied, an evaluation study undertaken and triage of donors.

Haemophilia Products are showing a deficit of £26k. Additional funding has been sought from HSCB to cover this as per SLA.

Capital

A Capital Resource Limit (CRL) of £229k has been received for approved schemes and has a potential surplus of £8k.

Prompt Payment Policy

Compliance with Prompt Payment Policy for 11 months to 28 February 2022 was 98.4%.

Monitoring

In overall terms, the notional value of blood components issued to hospitals is 4.9% below the Service Level Agreement (SLA) value at the end of February 2022. Trusts are showing activity levels from 12.8% above – 14% below SLA. Mr Bell advised that baseline funding remains the same. There remains on-going monitoring on the SLAs, however, re-negotiation of the SLAs is not required.

13. Quality Management System Report

Ms Macauley presented the Quality Management System report.

Documents – NIBTS aim to have less than 4% of documents outside their review period. This target has not been achieved, with a figure of 5% being recorded at 16 March 2022 when the QIR metrics were produced, representing 34/659 SOPs overdue review. At 23 March 2022 there was a small improvement, showing 27 SOPs remain overdue

The number of policy documents outside their review remains above target. At 23 March 2022, 9/125 (9%) were noted to be beyond target review dates.

Mr Graham enquired if there is clarity around SOPs and Policies and if they are defined as such. Ms Macauley advised SOPs are required and Policies are all necessary.

Incidents – compliance with the new target dates for Investigations was met during February 2022, but fell below target during December 2021 and January 2022. However, when approved extension periods were applied for December and January, the 75% target was achieved.

Compliance with the completion of corrective and preventative (CAPA) actions within target date continues to be problematic. Ms Macauley advised that there appears to be specific issues with the completion of actions where the action owner is absent from NIBTS (due to leave or sickness) around the due date of the action. Head of Departments have been requested to ensure staff complete the CAPA, before leave is granted or in the case of absence, the relevant line manager completes the action.

Mr Small enquired of the consequences of performing below target rate. Ms Macauley advised that it depends severity of the Incident i.e. failing to complete the actions on a red flag incident would be serious. However, it is important that NIBTS address all incidents and CAPA and aim to do so within the set target date and if an

extension needs to be applied for, the staff member would have to show what actions were being taken to complete and what residual risks remained.

Mr Small further enquired if areas where a Department are failing to complete are identified and what happens. Ms Macauley advised that areas are always identified and if needed help would be provided to the relevant Department.

Mr Garland advised that he will meet with Ms Macauley prior to the next Governance & Risk Management Committee meeting to further understand the process.

Changes – the number of changes past target have remained relatively constant and similar to previous months. A review of overdue changes on 24 January 2022, greater than six weeks show five changes classified as Amber and 12 classified as Yellow/Green. Ms Macauley appraised the Board on the Amber changes.

Internal Audits – all audits scheduled for completion within 2021 have been carried out. The audit schedule for 2022 has been agreed with the first four audits due for completion during March 2022.

Mr Graham enquired if the internal audits go through committee. Ms Macauley advised that they don't, however, if there were any major findings, these would be raised as quality incidents.

Ms Anley enquired if NIBTS had received a date for the MHRA inspection. Ms Macauley advised a date has not yet been received by MHRA, NIBTS inspection was due June 2021.

Ms Macauley further advised that she is still awaiting a date from UKAS for the surveillance visit.

Ms Anley asked Ms Macauley to provide assurances around the overarching integrity of the Quality Management System. Ms Macauley provided assurances that there were no major issues of concern. Mrs Jackson noted that Ms Macauley has a legal responsibility on the MHRA licence and it is on this bases that she provides assurances.

14. Standing Orders

Mr Ritchie presented the Standing Orders document and advised that the Standing Orders and Standing Financial Instructions (SO/SFI) document underwent review following a BSO Internal Audit. The recommendations were accepted, the document reviewed and amended and requires Board approval.

Mr Ritchie further advised that the changes have no risk to governance and most of the changes (highlighted on the Board cover sheet) are around terminology. Mr Ritchie went through all the changes.

Mr Small advised that he could see no substantive changes.

Mr Garland felt that there were contradictions around; notice period, Board appointments, Financial Director/Financial Manager but was content to meet with Mr Ritchie outside the Board meeting.

Ms Anley felt that when a governance document is being amended there should be a working group or committee before being tabled at Board.

Mr Graham is content with the changes, but enquired if there was a reference to other documents. Mr Ritchie advised that this had been completed.

Mr Garland will meet with Mr Ritchie to discuss his queries and after satisfactory outcome, Board will consider the request to approve this document.

15. Key Performance Indicators (KPIs)

The KPI report was presented by Mr Ritchie.

Donor Satisfaction – Mr Gillespie advised that this metric is collected via the donor comment cards and remains high.

Active Donor base (whole blood) – Mr Gillespie advised that the donor base continues to fall. Donors are only counted as inactive if they fail to respond to call up. This target has previously been discussed and will be reviewed.

Active Donor base (platelets) – Mr Gillespie advised donors are recruited from the Active Donor base (whole blood) and become inactive due to not showing up for an appointment. It was highlighted during January and February 2022 and Donor Services are looking at changes to how donors are marked as active or not.

Red cells imported as % of issues – Mr Gillespie advised that there were no imports during February 2022. Imports have been necessary due to O Neg usage. NIBTS have liaised with Trusts to ascertain O Neg usage and is being controlled.

Platelets imported as % of issue – There were no platelets imported during February 2022.

Number of donor complaints – There have been a very low number of complaints, which are mainly due to the mandatory wearing of face masks.

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

SDRs completed in past 12 months – >90% is an aspirational target set by NIBTS. It is unlikely that this KPI will achieve target this year. SMT have received a breakdown of areas where there are gaps and further dates have been scheduled during March 2022.

Staff Absence – Within month absence has reduced from 5.9% in December 2021 to 2.63% in February 2022 and should meet target at year end.

Variance from Breakeven position – the KPI showed the figure each month. Funding is being received and breakeven is projected.

Invoice Prompt Payment – both the KPIs for % within 30 days and % within 10 days are have met target and compliance with prompt payment requirements are being achieved.

Mr Graham enquired if the process is a rolling target. Mrs Jackson advised that the rolling figures commenced during the financial year 2021-22.

Mr Small enquired if any of the KPI currently red are expected to meet target and change to green. Mr Ritchie advised that it was unlikely that the SDR KPI would achieve target. However, there is no risk associated with this.

Board discussed the KPI targets and agreed that any change in target must be meaningful.

16. Business Case - Replacement and Disposal of the Gamma Irradiator

Mr Gillespie presented the business case, provided history on the gamma irradiator, use and costings. Mr Gillespie further advised that in line with best practice the current gamma irradiator should be replaced with an x-ray irradiator and the gamma irradiator removed for disposal. The Board discussed and had queries about operational and staff costings, including purchase and disposal costings. Mr Bell advised on these and highlighted Appendix 1 on the business plan. Unfortunately, Board were unable to open this document. Mr Bell appraised Board on the content. Board further discussed and agreed to approve the business case on receipt of the ‘Net Present Cost Calculation’s document.

17. Any other business

The date for the forthcoming Governance & Risk Management Committee meeting needs to be amended. The Board discussed and agreed to re-schedule the meeting to Wednesday 4 May 2022.

18. Action List

Action	Responsible Person
Doodle Poll to be created to reschedule some meetings	Mrs Carabine <i>Post meeting note - completed</i>
Completion of e-learning before Equality Unit presentation	NEMs
Continue to table updated the Board Effectiveness, Audit Action Plan until all items have been closed.	Mrs Carabine <i>Post meeting note - completed</i>
From Board Effectiveness Audit Action Plan - Draft Partnership Agreement to be shared with Board	Mrs Jackson <i>Post meeting note – document sent to Non-Executive Board members</i>

Completion of the Board Self-Assessment document to be considered at the next Audit Committee.	Mr Small
Share Blueprint documents with NIBTS Board for the attention of the new NEMs	Mrs Jackson <i>Post meeting note – documents sent to Non-Executive Board members</i>
Table Pathology Transformation as a standing item on Board agenda	Mrs Carabine <i>Post meeting note - completed</i>
Plasma for Fractionation presentation at May's Board meeting	Mrs Jackson <i>Post meeting note - completed</i>
Standing Orders – Mr Garland to meet with Mr Ritchie to discuss	Mr Garland and Mr Ritchie <i>Post meeting note – meeting arranged for 14 April 2022.</i>
Forward Board members the costing document for the replacement and disposal of irradiator	Mr Bell <i>Post meeting note – document sent and Board was approved via email</i>

**Date of next meeting: 5 May 2022, 11.30am
via video conferencing**

Signed: 
Dated: 5 May 2022