



**One Hundred and Forty Eighth meeting of the NIBTS Agency Board  
Thursday 7 May 2020 at 11.30am  
Venue: Video Conferencing meeting**

**Present:** Ms Bonnie Anley – Non Executive 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 Forty Seventh meeting held on 5 March 2020 and action list**

Mrs Jackson advised that the wording in the Medical Director section of the previous minutes was potentially confusing and requested it was amended reflect that she would communicate business from the medical team as required. The action from the previous meeting remains on-going. The minutes were agreed as an accurate account of the meeting on 5 March 2020 and signed off by the Chair.

**4. Matters arising from minutes of meeting held on 5 March 2020**

There were no matters arising.

**5. Chair's Business**

- a) On behalf of the Board, Ms Anley wished Mr Ritchie a speedy recovery.
- b) Ms Anley advised NIBTS Board that she was now a member of the Board for Northern Ireland Fire & Rescue Service.
- c) COVID-19 – Ms Anley and the NEMs commended and stated how proud they were of the staff and senior management team for the measures taken to

maintain the service and safety of staff and donors. Ms Anley further advised that the Board are there to assist and support as required.

- d) NICON Annual Conference – originally scheduled for 30 April & 1 May 2020, Le Mon Hotel, has been postponed until 8 & 9 October 2020. Ms Anley further advised that she has been liaising with the NI Chairs' Forum on Governance and Accountability.
- e) Board Self-Assessment Document – Ms Anley advised that this document is currently in draft. However, Ms Anley would like the NEMs to assist with its completion to ensure proper compliance. When this document is completed, Ms Anley will table at Board.

## **6. Report from Chief Executive**

### **6.1 Chief Executive's Report**

#### COVID-19

Mrs Jackson gave a comprehensive report to Board:

- Staff – any staff who are able to work at home are doing so and have been provided with remote IT access. All departments are split into teams to reduce the number of staff on site protecting staff working from home, thereby providing greater protection for staff whose work can only be conducted in the workplace. Ms Anley enquired about staff morale and what measures are in place to support staff. Mrs Jackson advised of work undertaken both in NIBTS and regionally. There are links to support on the PHA website which also includes information on working from home. The NIBTS intranet has a dedicated COVID-19 page containing helpful information and useful links. NIBTS line managers regularly liaise with staff and are conscious of staff with challenging domestic arrangements and offer support. Mrs Jackson has been providing regular staff updates to keep those at home and in work up to date with the many changes that have occurred in recent weeks. The Chief Executive and SMT have been going out on session supporting staff and providing information to both donors and staff. Advice on Information Governance requirements whilst working from home has been issued to staff. Ms Anley enquired if staff are being fully utilised. SMT advised that there has been little reduction in workload and it has vastly increased in some areas. Mrs Geddis advised on shift working arrangements for Laboratory staff and the redeployment of some staff into NIBTS from Belfast Trust. Ms Macauley advised of her staff shift work patterns which are five days per week including the weekends on alternative weeks. Ms Anley enquired if staff are spoken to weekly. Mrs Jackson advised of a range of lines of communication and that staff are communicated to at least once per week, but frequently more often. A number of staff living alone do come into HQ at least once per week. Mrs Jackson advised of improvements made to the working environment with the addition of a quiet room and an extended range of refreshments available free of charge to staff. Mrs Lindsay encouraged SMT to take their own best advice and not take on all the burden of work. Mrs Jackson advised that new challenges will be faced over the coming weeks when more staff return to HQ to meet the increased demand for blood components. However, SMT are developing safe systems in partnership

with staff to ensure continued safe working practices. To-date, no donation staff have reported sick with COVID-19, nor have any donors contacted the service to advise that they have acquired COVID-19 within 28 days of donation. Two members of staff tested positive for COVID-19 in the first week of lockdown which is considered to be acquired outside the workplace. As of 7 May 2020, no staff have tested positive for COVID-19, some staff are self-isolating but are not unwell.

- Booking system – All donations are now by appointment. A significant amount of work has been undertaken by staff to develop and operate a call centre to enable donors to make an appointment to donate. NIBTS has identified and is using larger venues (e.g. leisure centres, academic facilities) to ensure social distancing. An extensive social media campaign and updated information on the NIBTS website has been rolled out to keep donors and staff informed. Mr Henderson stated that he is pleased to note that feedback on social media indicates that these measures are working well. Mrs Geddis re-iterated the success of the booking system and feedback from donors and advised that appointment booking may well be continued in the future.
- PPE – Mrs Jackson advised that, although it has been challenging, there is now adequate levels of appropriate PPE and sanitiser available. Detailed risk assessments of the donation process have been carried out. These risk assessments will continue to be reviewed.
- NIBTS is supporting national testing by collaborating with BHSCT Regional Virology Laboratory (RVL) and H&I staff. The Microbiology Laboratory is now able to test respiratory samples. This initiative has significantly increased the testing capacity for the region. This service is not available to blood donors and currently there are no plans to test donations for COVID-19 as it is not a blood borne virus.
- A revised change control process has been implemented to support the number of changes required as a result of COVID-19 to ensure appropriate governance. One of these changes is the creation of a new COVID-19 testing area for the Reference Laboratory ensuring that there is no mix of COVID-19 and non-COVID-19 samples.
- Convalescent Plasma - Plans have been developed to enable NIBTS to support trials of convalescent plasma. If this treatment proves viable, NIBTS will increase capacity to acquire plasma by whole blood and plasmapheresis donation. Validation of the testing is on-going. NIBTS is gathering expressions of interest, initially via a web form to establish if individuals meet the criteria to donate. Currently there are 50 expressions of interest which are being reviewed. Mrs Jackson advised that NHSBT has to date obtained around 400 donations of convalescent plasma, however, not all of these will be suitable for use in the clinical trial. NHSBT has provided a small number of units for treatment. Convalescent Plasma clinical trials has created a significant workload for NIBTS.
- In addition to the above, there are daily 'catch up' calls with SMT, medical and corporate services staff which in turn informs the SitRep on the daily telecom report to Silver Command. If necessary, matters can then be escalated to Gold

command. NIBTS also participates in weekly European Blood Alliance video teleconferencing and is in regular contact with other blood services in the UK and Ireland. This ensures consistency of approach. Ms Anley enquired about the membership of EBA. Mrs Jackson and Ms Macauley advised of the countries involved and the work being conducted.

- Stock levels have fallen by approximately 20%. However, so has demand. Mrs Jackson advised that there should be an increase in demand as soon as elective surgery comes back on line.

#### Pathology Transformation

Progress across the region has paused to support the focus of COVID-19.

#### Donation Facilities in the West

No update as staff focus on COVID-19.

#### PULSE Replacement

The completion of the BPaT business case has been delayed until June 2020. Mrs Jackson advised of a meeting next week and the availability of additional funding for the business case development. There is no negative impact on NIBTS.

#### UK Infected Blood Inquiry

No further updates.

#### Collaborative Procurement

The three new plateletpheresis machines have been validated and are now in service. On-going procurement for the longer term is progressing.

#### Medical Director post

The recruitment process for the post has been paused due to the of Recruitment Service and DoH focus on COVID-19. The contract of the current interim consultant has been extended. Medical Director support was been sought from The Leadership Centre. However, the consultant who was intending to provide support can no longer do so due to other commitments. The Leadership Centre has advertised for an expression of interest and in the meantime the Clinical Director of the Pathology Network will provide support. Ms Anley advised that she was mindful that the Medical Director post had been removed from the Corporate Risk Register which is tabled for approval. Mrs Jackson advised that this approval was sought from the time of writing and agreed the situation had diverged and MD post may be put back on the Corporate Risk Register. This will be discussed by SMT during a review of the departmental risk register next week. The Clinical Director of the Pathology Network is available to meet with both Mrs Lindsay and Ms Macauley to support the governance arrangements. Mrs Lindsay advised that she is happy to work with the Clinical Director of the Pathology Network.

#### Head of HR & Corporate Services

Mrs Jackson advised that the Head of HR & Corporate Services remains on sick leave and will require a phased return to work which will probably not commence until August / September 2020. In the meantime, workload has been distributed to the

senior team and other staff. HR support is also being provided by BSO and the regional HR Directors Forum.

Ms Anley requested that Mrs Jackson provide assurances to the Board regarding the Medical Team and the HR Team. Mrs Jackson provided these assurances.

Mrs Geddis advised of referrals received to Reference Laboratories and how the Medical Team have assisted with these. NIBTS is in regular dialogue with other blood banks and hospital managers.

**7. COVID-19**

Covered under the Chief Executive's Report.

**8. EU Exit – Brexit**

Mrs Jackson advised that there has been no further update relevant to NIBTS. Ms Anley gave an update on her experiences of Brexit preparations elsewhere. Mr Bell advised the DoH's position remains unchanged.

**9. Report from the Finance & IM&T Manager**

**9.1 Finance and IM&T report from the period 01/04/2018 – 31/03/2020**

Mr Bell presented the report to provide the Board with the 2019-2020 year-end financial position.

Revenue

The cumulative revenue position for the 12 months ended 31 March 2020 shows a net surplus of £17k. NIBTS, excluding haemophilia, shows a deficit of £91k. Breakeven position was achieved for 2019-2020. There was a high level of non-recurrent expenditure in 2019-20 which by definition should not recur. Mr Bell advised that looking forward to 2020-2021 expenditure will be constrained and the opportunity for non-recurrent expenditure will be limited.

Capital

A Capital Resource Limit (CRL) of £208k has been allocated by DoH. A small surplus of £10k is reported. This is due to delayed delivery of IT equipment which was delivered to NIBTS after 31 March 2020.

Prompt Payment Policy

Compliance with Prompt Payment Policy for 12 months to 31 March 2020 is 94% which is slightly below the KPI target.

Monitoring

In overall terms, the notional value of blood components issued to hospitals was 5.0% below the Service Level Agreement (SLA) value for the year. The Belfast Trust (-9.5%) was the only Trust outside the SLA tolerance limit.

2020/2021 Year

Mr Bell noted that a Financial Plan for 2020-2021 has been developed and approved by Board. As previously indicated, maintaining financial balance and delivering the approved plan in 2020/21 was likely to be extremely challenging outwith COVID-19.

The plan will be impacted by the financial consequences of COVID-19 and the subsequent funding arrangements for the associated net expenditure. Additional separate monthly expenditure returns are to be made to DoH in respect of COVID-19.

Normal monthly financial monitoring and reporting will commence in month 2 / May 2020.

Mr Henderson enquired if COVID-19 measures are causing NIBTS extra expenditure. Mr Bell advised that there have been additional costs associated with COVID-19 but also some small reductions in expenditure. Mr Bell advised it is difficult to be accurate until the costing return for April is completed next week but a conservative estimate would be at least £20k per month. Ms Anley enquired if the additional costs will be taken out of 2020-2021 funding. Mr Bell advised baseline budgets will only allow for normal service. However, there was non recurrent slippage on another scheme. This meant that NIBTS could absorb some cost but is likely to require additional funding.

Ms Anley congratulated Mr Bell and his team for achieving a breakeven position for 2019-2020.

Ms Anley further enquired about the business case for the refurbishment of the laboratories. Mr Bell advised that this work has been placed 'on hold' as it is not feasible currently. Mrs Geddis advised that personnel have been assigned for this work and re-iterated that the work is on hold.

#### Annual Report and Final Accounts

Mr Bell advised that DoH has issued revised guidance and timetables. The NIBTS Annual Report and Accounts now needs to be completed by the end of May 2020. The draft Financial Statements has been prepared and are with the auditors. Ms Anley enquired about the process for preparation of the Annual Report. Mr Bell advised of the normal process and the impact of the extended timescale.

#### Audit Committee

Mr Bell advised that the scheduled meeting for today (07/05/2020) was postponed as only limited papers were available. Internal Audit have issued a draft version of their Annual Report. All business will be picked up at the next Audit Committee scheduled for 18 June 2020.

### **10. Governance & Risk Management Committee Update**

Mrs Lindsay (Chair) advised that the Committee last convened on 22 April 2020. Zoom was used to connect members remotely and enable business to proceed. Clarification was sought by the Chair as to the security of the information discussed via Zoom. Assurance was given by the Chief Executive that in these difficult times many organisations from high level Government to Northern Ireland Health Committees were availing of internet video conferencing. Also the report being discussed was

available under the Freedom of Information Act. A new section added to the Quarterly Report which highlighted the effect the virus was having on the delivery of services. The Chair was pleased to note that despite the substantial challenges facing the organisation staff actions are to be commended in dealing with day to day work and the growing pandemic. New ways of working have to be rapidly developed and the willingness of all staff to be involved in creating and managing new testing and production procedures is a credit to the organisation and the work of the SMT. It was noted throughout the Quarterly Report that many NIBTS services would be impacted as a result of COVID-19, some negatively. It was noted by the Chair and the other NEMs that disruption to services had been, and continues to be, fully Risk Assessed and mitigated and minimised as far as possible. The Chair thanked everyone for their response in this crisis and trusted all staff remain safe and healthy in the days and weeks to come.

Key items of note from the report included:

- (a) Governance Standards – there were six areas outstanding at the year-end. These items related to areas of HR, assurance was given that these were either due to be completed or not of a high priority given the pandemic. Members were assured these would be completed in the 2020-21 year.
- (b) Corporate Risk Register – 3 risks were deleted this period and two new “extreme” risks added, namely –
  - i. Significant staff absence due to Covid-19
  - ii. Insufficient supply of PPEBoth new items were discussed at length and the members were assured that appropriate action was currently taking place. Both new and existing risks are reviewed on a regular basis by SMT. NEMs queried the current situation regarding appointment of the new Medical Director and following discussion were assured that although interviews would not be able to be set up at present due to the fact that the Chief Medical Officer would be a member of the Panel, measures had been put in place to ensure the most appropriate and up to date medical advice was available to the SMT and Board.
- (c) Component Monitoring – new graphs were produced by the Quality Department to give a visual report on the production of Red Cells, Platelets and Frozen Components. Members considered the graphs to be very helpful and the Chair expressed her satisfaction that the production exceeded the required standards.
- (d) Health & Safety Incidents – up by two on the last quarter, but no significant injuries to report.
- (e) Complaints – increase in this quarter (9) and will be kept under review.
- (f) Inspection reports - UKAS have provided confirmation that all findings from the last surveillance visit have been cleared and NIBTS accreditation to ISO 15189 has been maintained.
- (g) Change Control and SOPs – an inevitable result of the Coronavirus has led to a substantial increase in Changes and SOPs. Members were assured that although small changes had been introduced to the Change Process (only for COVID-19 actions) to enable rapid response these were being duly risk assessed and quality approved.
- (h) KPI's - were unable to be met in key areas such as staff absence, SDRs and the quality issues highlighted above. Invoice payment was at 94% and did not meet the target of 95%, however this was in part due to issues outside of NIBTS control.

## **11. Report from Deputy Quality & Regulatory Compliance Manager**

### **11.1 Quality Management System Report**

Ms Macauley presented the report.

#### Documents

Targets relating to SOP documents were met. Ms Macauley advised that target relating policy documents have not been met since January 2020. The majority of the overdue review policies fall within two departments HR&C and IM&T. A number of the IM&T policies are currently in draft with amendments in progress. The HR&C Policy list has been provided to the Chief Executive for follow up. Ms Macauley advised of changes to the way SOPs and policies are prepared for issue with the removal of the need for a wet signature on the master copy document and the use of Q Pulse to acknowledge distribution of the document to facilitate members of staff working from home.

#### Incidents

The number of incidents raised remains consistent with previous months as does the severity distribution. Compliance with the KPI target for incident closure within 30 days has been poor. As indicated previously NIBTS intend to discontinue the use of this KPI provided a more appropriate KPI can be identified which will ensure appropriate monitoring of the completion of the various incident stages within acceptable target dates. Ms Anley enquired if this is of concern. Ms Macauley advised that this KPI target is one of the targets that require adjustment and will be discussed with Mrs Lindsay and the Clinical Director of Pathology Network. It should be noted that of the 13 incidents shown as open over 30 days in March the vast majority (11) are at an advanced stage of completion and/or have appropriate extension approvals applied. The remaining two have been highlighted to SMT during QIR discussions.

#### Changes

Ms Macauley advised of an increase in the number of changes open. A significant number of the changes raised were directly attributable to amendments required to current practice as a result of the COVID-19 pandemic. The number of changes past their target date decreased slightly during February 2020. However, has increased during March 2020. A number of the changes overdue are classified as Red or Amber. A review of these changes demonstrates various reasons for delay in progression including awaiting response from external suppliers, unforeseen issues occurring during validation and delays obtaining returned paperwork from internal sources. Each department has provided a list of their open changes and its current status, allowing a review of any slippage and associated risk. It is noted that due to current changes in working practices due to COVID-19 and the number of additional changes required as a result of the pandemic it is anticipated some changes not related to the current pandemic may have to be suspended temporarily.

NIBTS has amended the change control process to allow the progression of COVID-19 related changes in a more rapid fashion whilst still retaining an appropriate level of control and quality oversight. Ms Anley enquired what changes have been made and Ms Macauley advised.

### Audits- Internal & External

The internal audit schedule for 2019 is now complete. The schedule of 2020 was agreed and those audits due during the January to March 2020 period have been completed. Again, due to the COVID-19 pandemic, the current restrictions required and amended working arrangements it has been necessary to postpone completion of a number of audits until the latter half of the year. Appropriate risk assessment and change management have been applied. Ms Macauley advised this was spoken about at the recent Governance & Risk Management Committee where it was highlighted and agreed risk assessments would be carried out on all audits. Ms Anley enquired if UKAS would be satisfied with this approach. Ms Macauley advised that she had been in contact and yes they were satisfied with this approach. Ms Anley further enquired about the UKAS inspection. Ms Macauley advised that UKAS will conduct a remote audit in June 2020, if this proves unsuccessful, they will attend NIBTS in December 2020.

## **12. Report from Head of HR & Corporate Services**

In Mr Ritchie's absence, Mrs Jackson presented the report.

### **12.1 Key Performance Indicators**

Donor / Customer – all targets have been achieved.

People – Staff Absence remains below target but as staff return, the figure is improving.

SDRs - did not meet target at year end, largely due to staff working from home. However, some SDRs are now being conducted remotely. It is anticipated that target will be reached in 2020-2021.

Quality – previously discussed.

Resources – targets have been achieved.

### **12.2 Corporate Risk Register**

The Corporate Risk Register is presented at the Governance & Risk Management Committee and approved by Board on a quarterly basis. Mrs Jackson went through all the risks. Ms Anley advised that she would like the Medical Director risk added back on to the Corporate Risk Register. Mrs Jackson advised that the risk remains on the departmental risk register, however, based on discussion during the meeting the Medical Director risk will be reviewed. The Board further discussed and approved the Corporate Risk Register apart from the Medical Director risk which will be reviewed and communicated to the Chair of the Governance & Risk Management Committee and then to Board members via e-mail.

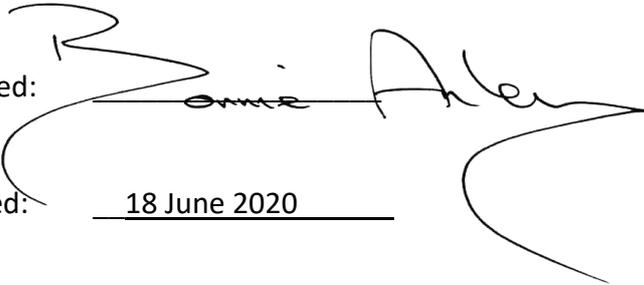
## **13. Any Other Business**

There was no further business.

## **14. Action list**

Action	Responsible Person
Update Board on clinical trials of convalescent plasma	Mrs Jackson
Review Medical Director risk	Mrs Jackson, Mrs Lindsay, Board members and SMT

**15. Date of next meeting: 18 June 2020, 11.30am via video conferencing**

Signed: 

Dated: 18 June 2020