



**One Hundred and Fifty Sixth meeting of the NIBTS Agency Board
Thursday 6 May 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
Dr Joanne Murdock – Medical Director

Mrs Alison Carabine – Minutes

1. Apologies

Mr Ivan Ritchie

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

Mrs Jackson advised that she would have a conflict of interest with agenda item number 8 – Remuneration Committee Update.

All other Board members and attendees declared no conflicts of interest.

3. Minutes of One Hundred and Fifty Fifth meeting held on 4 March 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 March 2021

None

5. Chair's Business

- Ms Anley advised that the list on the agenda under Chair's Business, was an aide memoire for the Board. Ms Anley advised that it may be worth considering an overarching action plan (as a separate agenda item) to ensure that various times of Board work are discharged in a timely way.

- Ms Anley congratulated Dr Murdock on being appointed Medical Director and looks forward to working with her.
- Ms Anley, on behalf of Board welcomed back Mr Ritchie on his phased return to NIBTS.
- Northern Ireland Chair's Forum – Ms Anley has attended all recent meetings and has forwarded on information to the Non-Executive Members. Ms Anley has also contributed to the discussion around the DoH NEM appointment processes.
- NEM appointments – Ms Anley advised that DoH Public Appointment should be advertising for NIBTS NEMs during June 2021, however, this has not yet been confirmed. DoH will also consider a request for a fourth NEM. This will require a business case and it was proposed that the Board would meet to discuss this further with assistance from Mrs Jackson and Mr Bell.
- BSO Internal Audit – Board Effectiveness Audit – Ms Anley, Mrs Jackson and Mr Bell attended an exit meeting with Internal Audit to discuss the findings. Ms Anley further advised that all recommendations have been accepted and NIBTS received a Satisfactory level of assurance.
- Corporate Strategy – is nearing completion and will be circulated to Board by Mrs Jackson by Friday 7 May 2021.
- Board Self-Assessment – Ms Anley advised that this document is now overdue for completion. Following the recent Board Effectiveness audit there were some recommendations arising from the Board Self-Assessment document. Board discussed the recommendations and the logistics of meeting and completing. Mrs Jackson suggested that the Non-Executive Members of Board take a section each and then meet as a group to finalise. Ms Anley suggested that Mrs Carabine distribute a blank document and then arrange a video conferencing meeting to finalise. The Non-Executive Board Members will complete the sections and then meet with Mrs Jackson and Mr Bell as part of the group to finalise.
- KPIs – Ms Anley advised that a separate meeting may be needed to conclude.
- Investigation Report of NIBTS processes – Ms Anley advised that this continues to be a work in progress.

6. **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 remained content the QMS was functioning to a satisfactory standard. Ms Macauley advised that she was, however, more work was needed on Changes.

Documents

Targets relating to SOP documents were met for January and February 2021. However, target was not reached for March 2021 and 6% were outside the review date. It was noted however that a large number of overdue documents were overdue by less than 4 weeks. This was discussed at QIR and Department Heads were requested to address the SOPs overdue.

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 during January 2021. 81.5% were completed

during February 2021, however a significant decrease was observed during March 2021. Ms Macauley observed that this appeared to be mainly due to the high levels of leave taken during March which in turn delayed the submission of the investigations. The percentage compliance for completion of corrective and preventative actions remains encouraging with the target KPI being met in February and March 2021.

Changes

The number of changes past their target date showed an upward trend in the last quarter to March 2021. Eight of these changes beyond target date were classified as; two Red and six Amber. Ms Macauley highlighted these changes and advised that since writing the report for Board, one of the Red changes had been resolved and would be closed off. Of the six Amber changes, Ms Macauley advised that they were controlled, however, updated action plans were still required.

Audits

The audit schedule for 2021 has been agreed and auditors assigned. All audits that were scheduled for January – March 2021 have been completed with no major findings identified.

External Audits

NIBTS have submitted the evidence required to clear the findings of the recent UKAS inspection. The Lead Inspector has indicated that UKAS are content to clear the findings on the basis of evidence submitted and will recommend maintenance of accreditation.

Ms Macauley advised that it is unlikely that the MHRA inspection will take place in June 2021 but awaits further information from MHRA.

Component Quality

NIBTS have been experiencing difficulties in meeting the target parameters regarding the number of platelets in pooled platelets. NIBTS have carried out extensive investigations as to the cause of the non-conformance and have made several changes. Investigations are on-going including supplier involvement to identify the root cause. This issue was brought to the attention of the Governance & Risk Management Committee and the Chair (Mrs Lindsay) advised that it should be brought to the attention of Board for information and discussion. Board discussed and Ms Macauley assured the Board that the issue is being worked on. Mrs Jackson assured the Board that there is no substandard product being issued.

7. QP015 – Equipment & Medical Device Management Policy

Ms Macauley advised that NIBTS have in place a policy describing the management of medical devices and equipment. The aim of which is to ensure that the processes are in place and meeting the requirements of the Blood Safety & Quality Regulations, incorporating Good Practice Guidelines for Blood Establishments, that of ISO 15189 and other regulatory requirements. This policy already exists with NIBTS and was revised and previously tabled at Governance & Risk Management Committee where it was approved. The policy was included in the Board papers. Ms Macauley further advised that the changes were identified as part of the review of the arrangements for the management of equipment and medical devices at NIBTS against best practice and this

review also indicated the policy should be presented to Board for approval. The Board discussed and approved the policy.

8. Remuneration Committee Update

The Remuneration Committee met on 7 April 2021 to discuss the 2016/17 and 2018/19 Senior Pay Award and recommend approval to Board. The Board approved the Senior Pay Awards.

9. BSO Board Effectiveness Review Audit

Ms Anley advised that as this item had been discussed at the Audit Committee meeting that had immediately preceded this Board meeting, there was no useful purpose in discussing it in detail at this stage. Ms Anley felt it had been a positive process and that the Board would look forward to comments from the Audit Committee Chair later in the meeting.

10. 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 has been completed. The Laboratories & Donor Services Manager is considering the conclusions and recommendations and is preparing a report to the next Governance & Risk Management Committee.

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 stable and have improved since the introduction of an extra session per week including some double sessions. Mrs Jackson reported during the week beginning 3 May 2021 there was a dip in stock of O Neg. Ms Anley enquired if the increase of COVID-19 in Co Donegal had any impact on NIBTS. Mrs Jackson advised that there was no significance or issue for NIBTS.

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

The collection of Convalescent Plasma has been paused for the foreseeable future and there are currently no plans for any new trials in Northern Ireland.

Pathology Transformation

The job description for the Programme Manager has been finalised and will progress to matching. It is anticipated that an appointment will be made during summer 2021. Mrs Lindsay enquired about recruitment, placement and location for Pathology Transformation staff. Mrs Jackson advised that this will be line managed through NIBTS and the Programme Manager will progress this once appointed. Ms Anley enquired about funding for Pathology Transformation. Mrs Jackson and Mr Bell advised. Ms Anley further enquired about the role of NIBTS Board in relation to Pathology Transformation. Mrs Jackson advised.

Plasma for Fractionation (PFF)

Mrs Jackson and Dr Murdock continue to liaise with DoH regarding the next steps required to scope the feasibility and implications of implementing a collection programme in Northern Ireland.

For the Assessment of Individual Risk (FAIR) Project

Planning for implementation is on-going and progressing in collaboration with other UK blood establishments. Discussions with DoH regarding implementation dates are on-going. However, it is likely to be towards the end of summer 2021 at which time, information will be posted on NIBTS social media sites. The Board discussed staff training and changes to donor health questionnaires, criteria and potential deferrals.

NIBTS Facilities in the West

A meeting with WHSCT took place on 24 March 2021. Although a positive meeting, there was no further progress. The Laboratories & Donor Services Manager escalated this lack of progress with WHSCT and was able to appraise the Board on latest developments.

PULSE Replacement

The Outline Business Case for Blood Production and Tracking has progressed to DoH Investment Branch for economic appraisal. Mrs Jackson and the NIPIMS Programme Manager gave a presentation to the health economists and appraisers on 26 April 2021 which was well received and are hopeful for approval by summer 2021. The Board discussed and Mrs Jackson responded to all queries.

Infected Blood Inquiry

Evidence from the Belfast Haemophilia Centre was heard in March 2021. Evidence from blood services is still anticipated for autumn 2021. Mrs Jackson updated Board on IBI processes and advised that NIBTS received an extensive Rule 9 request and has asked for a submission date extension, which has been granted until the end of June 2021.

Medical Director & Medical Staff Recruitment

Dr Murdock took up post on 1 April 2021 and Mrs Jackson welcomed her to NIBTS and Board. The start date of the new permanent consultant in transfusion medicine has been delayed as they are an EU citizen and now require a visa to work in NI. The Welsh Blood Service is providing consultant cover when needed under mutual aid arrangements. The On Call Rota remains covered. Mrs Jackson advised Board that an advertisement for a 12-month contract for Speciality Doctor to assist with FAIR will soon be published.

Head of HR & Corporate Services

The Head of HR & Corporate Services has commenced a phased return which will be reviewed after the first three months. Ms Anley forwarded best wishes from the Board.

Infrastructure Upgrade

An upgrade of NIBTS infrastructure was paused during the pandemic and is now restarting. NIBTS has been engaging with DoF Construction & Procurement Directorate (CPD) to explore options. Mrs Jackson gave background of the original focus and the

challenges of refurbishment. CPD is guiding to a new build/extension as it would most likely be more cost efficient overall. NIBTS will need to develop a strategic outline case to inform options. A further meeting is scheduled to discussion options and project managed.

11. Board Assurance Framework

The Board Assurance Framework document has been completed via email by the Non-Executive Members of Board, the Chief Executive and the Finance IM&T Manager. Mrs Lindsay enquired about the accountability of SMT (page 28) and suggested some amendments which will be made prior to re-issue a final version and upload onto Q-Pulse. Board approved the document subject to the agreed amendments being made.

12. Audit Committee Update

Mr Cathcart, Chair of the Audit Committee, provided Board with an update of the earlier Audit Committee.

Progress Report

There were four audits undertaken and all have Satisfactory assurances.

- i. Financial Review – there were six Priority 2 and one Priority 2 recommendations which have been accepted.
- ii. Year-End Stock Take
- iii & iv Board Effectiveness including Retention of Board and Committee Papers - There were six Priority 2 and three Priority 3 recommendations which have been accepted.

Head of Internal Audit Annual Report

Provided Satisfactory assurances on the adequacy and effectiveness of the organisation's framework of governance, risk management and controls.

Shared Services

Two audits were conducted, Payroll returned both Satisfactory and Limited assurances. The effect on NIBTS is minimal. Recruitment returned Satisfactory assurance.

Audit Strategy

The strategy was tabled for approval. During 2021/22, Internal Audit will provide 55 days of audits. The Audit Committee discussed and approved this strategy.

Draft Annual Report and Accounts

Audit Committee advised it was satisfactory. Breakeven was achieved and Prompt Payments met target.

Draft Trust Fund Annual Report and Accounts

There was investment gain and a large individual donation was noted.

Ms Anley enquired if the accounts will still be qualified. Mr Cathcart advised that they would because the closing balance last year could not be audited and this impacted on the opening balance for 2020/21 year. The closing balance for 2020/21 had been

audited and hence the issue is now resolved. Ms Anley further enquired if the statement on the qualification of the accounts will be in the Annual Report. Mr Bell advised that it had been included.

Mr Bell further advised that the Annual Report now goes to DoH and Internal Audit and will be brought back to the June's Board meeting for approval. Ms Anley requested that the current draft be circulated. Mr Bell will forward the draft to Board members.

13. Finance Report

Mr Bell presented the report and reported that the financial performance objective was achieved.

Revenue

The cumulative revenue position for the 12 months ended 31 March 2021 showed a net surplus of £3k. Excluding haemophilia the surplus was £50k. The Pay position showed a deficit of £171k. This position was influenced by additional costs in respect of annual leave accrual and forthcoming staff recognition payments. The Non Pay position shows a deficit of £231k, primarily due to overspends in cleaning, postage and transport. Additional income was received during the year and hence a breakeven position was achieved.

Capital

A Capital Resource Limit (CRL) of £468k has been advised by DoH. A capital surplus against CRL was reported for the year. All relevant schemes have been identified and were noted. Mrs Lindsay enquired on CRL funding arrangements. Mr Bell advised that CRL funding starts afresh in the new financial year. Mr Bell further advised that there are capital commitments outstanding from 2020/21 year.

Prompt Payment Policy

Compliance with Prompt Payment Policy for 12 months to 31 March 2021 was 95.2%.

Monitoring

In overall terms, the notional value of blood components issued to hospitals is 8.6% below the Service Level Agreement (SLA) value at the end of March 2021. Trusts are showing activity levels of 6% above - 18% below SLA. The reduced activity results from COVID-19.

14. Financial Plan 2021/22

Mr Bell presented the plan for Board approval and advised that NIBTS financial plans and budgets are required to achieve the financial performance objective of breakeven in 2021/22. Should any aspects of the plan not be achieved, then corrective actions will be implemented during the year.

Mr Bell advised of the financial pressures and challenges facing all HSC organisations. NIBTS had identified two particular cost pressures:

- i. Staffing required for the operation of an appointment system for blood donations which is considered a recurrent cost.

- ii. Additional staff required on blood collection sessions to implement Covid-19 risk mitigations i.e. triage of donors and additional cleaning regimes which is assumed to be an in year cost only.

To address these recurrent and non-recurrent costs, Mr Bell noted cost reductions relating to plasma products, reduced travel costs and non-recurrent slippage on service developments.

Ms Anley enquired if corrective action would be required if there was a need to import blood components. Mr Bell advised. Mrs Lindsay sought clarification regarding the recurrent and non-recurrent costs and also about the funding for transport. Mr Bell clarified and advised. Mr Henderson enquired about the development of the on-line booking system for appointments. Mrs Geddis advised of the latest position.

Board further discussed and approved the Financial Plan 2021/22.

15. Governance & Risk Management Committee Update

Mrs Lindsay, Chair of Governance & Risk Management Committee updated Board on the last meeting held on 21 April 2021.

- i. Corporate Risk Register – it was agreed to remove the risk around the recruitment of NEMs in light of confirmation received from DoH that recruitment of new members would commence in June 2021.
- ii. Components Monitoring – Red Cells and Frozen Components continue to exceed conformance levels. Pooled platelets continue to meet conformance levels, however, buffy coats continue to be problematic, investigations are on-going, although no root cause has not been identified.
- iii. Incidents- showed improvement during January and February 2021, however dipped in March 2021. It is anticipated to improve over the coming months.
- iv. Changes – a slight decrease in open Changes during the last quarter. The Red and Amber changes were reviewed and discussed.
- v. KPIs – were reviewed by the Committee and it was note that COVID-19 had an impact in some areas. It was noted, going forward from April 2021 new and revised KPIs would be used, subject to Board approval.

Mrs Lindsay reported that the Committee had received assurances on all work.

Ms Anley advised that the KPIs need to be agreed at the July meeting to be in line with commitments made as part of the BSO Board Effectiveness Review Audit recommendations.

16. Corporate Risk Register

Mr Bell presented the report and advised that the register now reflects three scores in line with departmental registers. Some further work is required on risk appetite. The Corporate Risk Register had been tabled at the recent Governance & Risk Management Committee and is tabled at Board for approval.

Mr Bell outlined the risks included in the risk register. One new risk was added during the quarter, *Delay in the business case for approval for Blood Production and Tracking (BPAT)*.

Ms Anley enquired if this risk should be removed as the score had reduced to five. Mrs Jackson advised that it probably will be removed from the CRR in the next quarter, however, the CRR is tabled at Board for approval showing the same position as when tabled at Governance & Risk Management Committee.

The Board further discussed and approved.

17. Business Plan 2020/21 Year End

Mr Bell presented the plan and advised it was a year-end update to appraise and review. Due to the Covid pandemic, not all Business Plan Objectives were completed in year and will be carried forward to 2021/22. Mr Bell advised that of the 38 objectives; 25 were completed, 6 partially completed and 7 were not achieved.

Ms Anley enquired if the 'partially completed' or the 'not achieved' get removed from the business plan. Mrs Jackson advised that these objectives would move forward to the 2021/22 Business Plan.

18. Key Performance Indicators - new format

Mrs Jackson presented the report and advised of the background to the document which is taking quantifiable targets from the Business Plan. Data will be updated each month. Mrs Jackson advised that graphs could be added against the target and a narrative could also be added under each KPI. Mrs Jackson further advised that Quality metrics had not been included as these are currently fully discussed in the Quality Management System Report.

Board discussed and felt the Quality metrics should be included in the KPI document. Mrs Jackson further advised that this KPI document could be a summary report which would be underpinned by a more detailed document. Ms Anley felt that it should perhaps include metrics from Partnerships to keep the metrics in line with the main themes of the Corporate Strategy document. Mr Henderson advised that when the booking system comes online, there will be data trends that could be used. Mrs Jackson advised that this data is already available. Board discussed the content further and agreed that there would be further discussion at the next Governance & Risk Management Committee.

19. Any Other Business

Ms Anley advised that given the time constraints, she would propose that the Board develop a draft business case for a fourth NEM by email correspondence with a final meeting to sign it off. Mrs Jackson advised that she will share a previous business case relating to the increased monthly hours of the NEMs.

20. Action List

Action	Responsible Person
Arrange a meeting to discuss a business case for the fourth NEM	Mrs Carabine <i>Post meeting note - completed</i>
Distribute a blank Board Self-Assessment Form	Mrs Carabine <i>Post meeting note - completed</i>
Chair and NEMs to complete the Board Self-Assessment document	Ms Anley, Mrs Lindsay, Mr Henderson & Mr Cathcart
Amend wording and forward a new copy of the Board Assurance Framework document to Chair and NEMs	Mrs Jackson and Mrs Carabine <i>Post meeting note - completed</i>
Forward previous NEM business case to Chair and NEMs	Mrs Jackson <i>Post meeting note - completed</i>
Forward draft Annual Report and Accounts to Board	Mr Bell <i>Post meeting note - completed</i>

**Date of next meeting: 17 June 2021, 11.30am
via video conferencing**

Signed:



Dated:

17 June 2021