



**One Hundred and Fifty Second meeting of the NIBTS Agency Board  
Thursday 15 October 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:** Dr John Simpson – Interim Medical Director  
Mr Glenn Bell – Finance & IM&T Manager  
Ms Angela Macauley – Quality & Regulatory Compliance Manager  
Mrs Alison Geddis – Laboratory & Donor Services Manager  
Ms Jenna Ledden – CPANI Board Mentee

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 First meeting held on 3 September 2020 and action list**

The minutes were agreed as an accurate reflection of the meeting. All actions had been completed.

**4. Matters arising from minutes of meeting held on 3 September 2020**

There were no matters arising.

**5. Chair's Business**

- Ms Anley welcomed Ms Ledden to the NIBTS Board meeting.
- Ms Anley thanked the Chief Executive for continued weekly reports.
- Ms Anley advised of a meeting with the Head of Internal Audit regarding governance and the forthcoming Board Effectiveness audit.
- NICON Conference – Ms Anley, Mrs Jackson and Mrs Lindsay attended the virtual conference. Ms Anley felt the conference was very informative and well run.

- Chair's Forum – Ms Anley is unable to attend today's meeting due to a clash with Agency Board meeting and advised that the Minister of Health was giving his six week update. However, Ms Anley advised she will provide feedback as soon as this becomes available.
- Board Assurance Framework document – Ms Anley advised of the need for a half day workshop to complete. The workshop should comprise of the Chair, NEMs, Chief Executive and Finance & IM&T Manager. Mrs Carabine will organise.
- Board / SMT Workshop – Ms Anley advised that a workshop needs to be organised to discuss and agree the Corporate Plan and KPIs. Mrs Jackson advised of recent correspondence from DoH advising that the Mid-Year Ground Clearing and Mid-Year Accountability meetings have been postponed which in turn, gives more flexibility. Mrs Jackson suggested one workshop at the beginning of January and a further date towards the end of January. The Board were in agreement with this suggestion. Mrs Carabine will organise.
- NEM tenure – Mrs Jackson enquired of Ms Anley if there had been any communication regarding NEM tenure as two are due to expire in February 2021. Ms Anley will again contact the Public Appointments office.

## 6. Chief Executive's Report

### COVID-19

Mrs Jackson reported that on the weekend of 3 October 2020, a member of staff tested positive for COVID-19 (contracted via family member). Consequently, following advice from PHA, 21 members of staff were required to self-isolate. Due to a reduction in the capacity to collect blood, 263 units of blood had to be imported (75 platelets and 188 red cells). A formal investigation has been initiated and early indications suggest that away from donation sessions, staff were not always adhering to NIBTS guidance. An early alert was sent to DoH. Communication to donors was issued via social media and risk to donors is minimal. Mrs Jackson advised that as well as already established measures, staff are now required to wear face coverings whilst circulating throughout the building, in laboratories and office spaces where space is shared. There remains no evidence of staff to staff or donor to staff/staff to donor transmission. Regular ad hoc audits of compliance will continue to be undertaken. NIBTS continue to engage with Trusts to manage demand of blood stock.

The Laboratories and Donor Services Manager will provide a further update.

Collection of convalescent plasma (CP) to support clinical trials is on-going. There has been no feedback regarding funding from EU on NIBTS submitted bid. Mr Bell is exploring other sources of funding. Ms Anley enquired about this funding and funding for staff. Mrs Jackson advised. Mrs Lindsay enquired if jobs created to support the clinical trial would be permanent or temporary. Mrs Jackson advised as convalescent plasma is still a clinical trial, positions in the first instance, will be temporary. The Micro Lab remains on stand-by to support testing of COVID-19 swabs and there are plans to extend testing for the region using the Grifols testing platform.

### Pathology Transformation

A meeting is being arranged with the DoH Deputy Secretary, Director of Secondary Care and the Chair of the Pathology Network to discuss Pathology Transformation in

light of on-going pressures associated with COVID-19. NIBTS Chief Executive will also be in attendance at this meeting.

#### Donation Facilities in the West

Contact with WHSCT has been re-established and a review of options is being considered by WHSCT.

#### PULSE Replacement

The business case has been submitted to DoH and feedback is awaited.

#### Infected Blood Inquiry

Mrs Jackson advised that the hearings from haemophilia centre witnesses are on-going. Although not yet confirmed, it is expected that evidence from blood transfusion services will be heard after Easter 2021.

#### Medical Director

NIBTS have engaged with recruitment consultants, both local and national, to establish a process to recruit a new medical director. The Leadership Centre has been contacted to source another interim medical director to ensure continuity following the end of Dr Simpson's contract. Dr Simpson has advised that he will continue to provide support until another medical director is appointed.

#### Head of HR & Corporate Services

The Head of HR & Corporate Services remains on long term sick leave. NIBTS plan to recruit interim HR support until his return.

#### Blood Mobile

The Blood Mobile is currently being utilised for the flu vaccination programme for NIBTS and BHSC staff. Mrs Jackson advised that take up for the vaccination programme has been very high this year. The College Street venue will be used for flu vaccination for BSO staff.

### **7. Donation suite closure due to COVID-19**

Mrs Geddis presented a report to Board providing the preliminary facts and actions taken following the closure of the donation suite during the week beginning 5 October 2020. In addition to the new measures reported by the Chief Executive, daily meetings have been scheduled to monitor emerging issues. An incident has been raised via Q-Pulse and an independent investigation team are organising a full investigation and root cause analysis. Stock levels, both blood and platelets are being closely monitored. Extra sessions have been arranged for the following two Saturday's to increase blood stock. A nurse from BHSC has been provided to assist with sessions. The Omagh team have maintained sessions for red cell collection. Ms Anley enquired if Board should write to staff thanking and giving support. Mrs Geddis advised that this would be very welcome. Dr Simpson advised that staff need to be extra vigilant and fully adhere to the measures already in place. Mrs Jackson advised that whilst NIBTS had to import blood, this was very costly and could not be maintained. Ms Anley enquired about the cost and its financial implications on NIBTS.

Mr Bell advised. Ms Anley enquired how risk is being handled. Mrs Jackson advised risk has been quantified and communicated.

## **8. Finance Report**

Mr Bell presented the report.

### Revenue

The cumulative revenue position for the six months ended 30 September 2020 showed a net surplus of £475k. Excluding haemophilia the surplus was £2k. Mr Bell advised a breakeven position was projected for year-end including additional costs associated to COVID-19 required to maintain baseline services. COVID-19 costs not associated with routine NIBTS business cannot be covered and additional funding will be requested as applicable.

### Capital

The Capital Resource Limit (CRL) of £220.2k has been allocated by DoH to date. This consists of £205.7k for IT and £14.5k for General Capital. Further General Capital requirements for the year have been identified to DoH and confirmation of the funding level is pending.

Mrs Lindsay enquired if capital was spent on the expectation of further capital being secured. Mr Bell advised that capital expenditure should not be incurred in advance of confirmed funding.

Ms Anley enquired if funding for the business case 'TSCDII' (on agenda) had been secured. Mr Bell advised that this was part of the funding requested and advised to DoH but the business case could be approved.

Mrs Lindsay further enquired about funding for previously approved business cases. Mr Bell advised about capital allocations and funding already received for IT projects.

Ms Anley enquired about recent spending on imported blood. Mr Bell advised about spending on normal business and non-recurrent underspends on existing budgets.

### Prompt Payment Policy

Compliance with Prompt Payment Policy for six months to 30 September 2020 is 93.7% which is slightly outside target but is expected to recover.

### Monitoring

In overall terms, the notional value of blood components issued to hospitals is 13.7% below the Service Level Agreement (SLA) value at the end of September 2020. Trusts are showing activity level of 1% -17% below SLA. This reflects reduced activity resulting from COVID-19. The position will be kept under review and adjustments with each Trust at the year-end.

## **9. Bank Account Mandate**

Mr Bell introduced and gave background to the Bank Account Mandate, proposing that members of SMT be the authorised signatories as any two signatories are

required for any transaction which is consistent with previously approved Bank Mandates. The Board discussed and approved the mandate. Ms Anley's signature is required on the mandate and this will be arranged.

#### **10. Audit Committee Update**

Mr Cathcart, Chair of Audit Committee provided the Board with an update of today's Audit Committee meeting. Reports from both Internal Audit (IA) and External Audit (EA).

##### Progress Report - IA

Year to date there has been limited progress due to COVID-19. With the exception of one, KPIs met target.

##### Mid-Year Follow up Report - IA

NIBTS have completed 86% of all recommendations. NIBTS were trying to fully implement, however, some of the recommendations were outside NIBTS' control.

##### Mid-Year Assurance Statement - IA

This was discussed and reviewed and no material issues highlighted. Mr Cathcart advised that notice has been received from DoH advising that Mid-Year Assurance reporting to DoH is not now required.

##### Report To Those Charged with Governance- EA

Auditors will discuss with Mr Bell arrangements to prevent the stock valuation issue recurring. The qualification to the 2019/20 accounts, relating to stock valuation, previously discussed by Board was the main item in the Report.

##### Fraud

The previous case reported to BSO Counter Fraud is being addressed. NIBTS are participating and progressing with the National Fraud Initiative Programme.

Mr Cathcart congratulated Mr Bell and his team for continued hard work and advised that the next Audit Committee meeting would be 3 December prior to Board on the same day.

#### **11. Quality Management System Report**

Ms Macauley presented the report and advised that the Quality Management System is functioning at a satisfactory level. Ms Macauley further advised that departments have returned to split team working. Ms Anley enquired if these changes to staff working patterns will impact the work of the Quality Dept. Ms Macauley advised that she did not envisage any problems from Quality staff, however, there may be increased pressures on Laboratory and Donor staff to complete paperwork as other priorities increase.

Ms Anley further enquired if there are any license / regulatory issues. Ms Macauley advised that she has requested changes to licenses and there are no concerns.

### Documents

KPI targets relating to SOP and Policy documents reviewed were met.

### Incidents

The number of incidents raised remains consistent with previous months. The majority being classified as minor incidents (yellow/green). There was a small increase within 'Amber' category. Compliance with the KPI target for incident closure within 30 days continues to be poor, although a small improvement was recorded during the last month.

Two incidents were reported to SABRE during August 2020. One related to donor travel and the other to an incorrectly typed red cell.

### Changes

The number of open changes remains broadly consistent with previous months. An improvement was noted during August 2020. Ms Macauley advised that there are a lot of open changes, however, these are being worked on. There are reasons for being behind target, but there is no significant risk to the organisation.

### Audits

Audits are progressing within the allowed timelines. There is one outstanding audit since August 2020. This has been discussed with the auditor involved and the audit will be completed during October 2020.

## **12. Key Performance Indicators**

All Donor/Customer - targets met apart from Donor Complaints which was due to a spike in complaints during May 2020 due to COVID-19. The number of complaints have now returned to normal.

Staff Absence - met target.

SDRs Complete - are challenging due to COVID-19, however, are expected to meet target by year end.

Quality - KPIs had previous been discussed.

Financial Breakeven - did not reach target due to a surplus not a deficit. A breakeven position is predicted.

Invoice Payment within 30 days – slightly above target.

Mr Henderson noted that Staff Absence are actually below target and enquired if self-isolation counts in the return figures. Mrs Jackson advised that self-isolation is reported in a different manner and not part of the KPIs.

## **13. TSCDII Business Case**

Mrs Geddis presented the business case, gave background and advised that it is business critical. Mrs Geddis highlighted the various options and advised that Option 2 was the preferred approach. The Board discussed and Mrs Geddis responded to all queries. The Board approved the business case.

**14. Any Other Business**

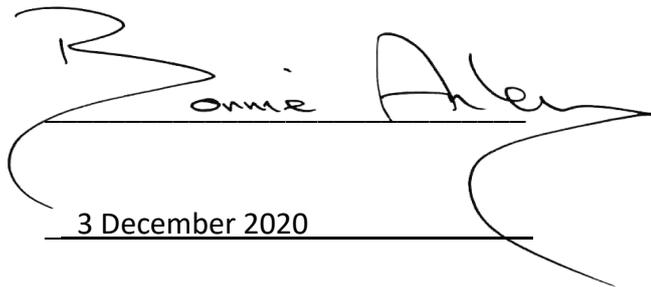
There was no further business.

**15. Action List**

Action	Responsible Person
Set up workshop for finalising the Board Assurance Framework	Mrs Carabine – completed - 10 December 2020 2.00-4.00pm
Set up workshop for Corporate Plan etc	Mrs Carabine -
Contact Public Appointments Office re: NEM tenure	Ms Anley
Board to write to NIBTS staff thanking and supporting during COVID-19	Ms Anley

**Date of next meeting: 3 December 2020, 11.30am  
via video conferencing**

Signed:



Handwritten signature of Ronnie Anley in black ink, written over a horizontal line.

Dated:

3 December 2020