



**One Hundred and Sixty Fifth Meeting of the NIBTS Agency Board  
Tuesday 20 September 2022 at 2.00pm  
Venue: Video Conferencing meeting**

**Present:** Ms Bonnie Anley – Non-Executive Chair  
Mr David Small – Non-Executive Member  
Mr Brendan Garland – Non-Executive Member  
Mr Michael 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 Matt Gillespie – Head of Supply Chain and Testing Services

Mrs A Carabine – Minutes

There was a presentation by Sandra Rafferty, BSO Equality Unit, who explained that the purpose of the presentation was to emphasize key commitments and to honour the commitment to provide briefings to NIBTS Board. Ms Rafferty further advised that NIBTS has the following legislation and action plans in place;

- Equality and Disability Legislation under Section 75 of the NI Act, 1998.
- Disability and Discrimination (NI) Order, 2008

NIBTS has an Equality Scheme which was reviewed in 2021 and will be reviewed again in 2026. The Equality Action Plan for 2023-2028 is in the process of being developed. Under the Disability Legislation, there is an Action Plan which includes the requirement for a Disability Champion. Ideally from Board level which NIBTS Board members may like to consider. Ms Rafferty highlighted the accountabilities of Board members and the Equality Unit will lead on the consultations.

Mr Small thanked Ms Rafferty advising that he found her presentation very useful. Mr Small noted that given the Equality Legislation and associated arrangements have been in place for many years, was there evidence in relation to equality, if it had improved and enquired of Ms Rafferty how improvements have been highlighted. Ms Rafferty advised that following five-year reviews, improvements are highlighted.

Mr Small further enquired if all significant submissions being brought to Board had been screened for Equality. Mrs Jackson advised that there are equality assessments pertaining to all policies. Ms Macauley further advised that policies are not issued until the equality screening had been completed. Mrs Jackson also advised that both disability and equality will be addressed in the Collections Strategy and how we will facilitate this.

Mr Garland thanked Ms Rafferty for the presentation which he also found useful and helpful, particularly around responsibilities falling to the Chair and Chief Executive and whether a NEM could take any of these responsibilities. Mrs Jackson advised that a key role is Champion and it would be good for the Board to nominate a Board Non-Executive Member as Champion.

Ms Anley also thanked Ms Rafferty and advised that she and the Chief Executive have been in correspondence regarding a Disability Champion.

Ms Rafferty advised that Equality and Disability Action Plans work has commenced and some actions will be significant, particularly regarding the Collection Strategy.

Ms Rafferty left the meeting.

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#### **1. Apologies**

Mr Ritchie.

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

There were no declarations of potential conflicts of interest.

#### **3. Minutes of One Hundred and Sixty Fourth meeting of the NIBTS Agency Board meeting held on 30 June 2022 and action list**

There was one small omission on Page 5 which was corrected. The minutes were agreed as an accurate reflection of the meeting and signed off by the Chair.

##### **Action List:**

All actions had been completed prior to the meeting, with the exception of:

##### *Donor Strategy*

Mr Gillespie is hopeful that this new strategy will be presented to Board at the next meeting (10 November 2022).

#### **4. Matters arising from the minutes of meeting held on 30 June 2022**

There were no matters arising.

#### **5. Chair's Business**

- Ms Anley thanked Mr Small for acting as Chair for June's meeting.
- Ms Anley advised that the Head of HR & Corporate Services will not be returning to NIBTS and on behalf of NIBTS Board members issued all good wishes.
- Ms Anley congratulated SMT, particularly the Quality and Regulatory Compliance Manager and her Team for a successful MHRA inspection.
- Ms Anley advised that a number of Board workshops need to be scheduled;
  - Remuneration Committee workshop to address outstanding issues. Including formal acknowledgment around Senior Staff Pay Awards.
  - Partnership Agreement Workshop – from January 2023 onwards.
  - Board Effectiveness Workshop now that the new NEMs are established in their positions.

- Investigation Report – Board have received further update from Board lead and require a further workshop to discuss in detail.
- Pathology Blueprint – Ms Anley advised that Blueprint Programme Board SRO and the Deputy SRO have responded to NIBTS Board. NIBTS Board would like to meet with the SRO and Deputy SRO.

Board members discussed the merits of an ‘Away Day’. Mrs Jackson was mindful of the latest Covid regulations and finances to facilitate an ‘Away Day’. Ms Anley would like to meet ‘face to face’ whilst adhering to social distancing.

## **6. Board Effectiveness Action Plan**

The plan was discussed and agreed that the position had not changed since the last Board meeting. The action plan is progressing and will remain as a standing item on the agenda.

## **7. Chief Executive’s Report**

### MHRA Inspection

The inspection was undertaken from 30 August – 2 September and was conducted by two inspectors. The inspection went extremely well with no critical or major findings. There were seven ‘Other’ findings and two further comments. The inspectors were particularly positive with staff engagement. Mrs Jackson thanked Ms Macauley and her team from the Quality Dept, who co-ordinated the inspection.

### Covid-19

The number of staff required to self-isolate due to illness or contact is presently stable. Staff are being encouraged to receive the autumn booster when it becomes available. Mrs Jackson continues to provide weekly situation reports to Non-Executive Members of the Board.

There is a national Covid Inquiry in which feedback will be received from the main participant, DoH. NIBTS remain a participant in the regional Covid committee.

Platelet and blood stocks remain generally stable. The Micro Lab remains on stand-by to support the testing of COVID-19 swabs.

Plasma for Fractionation (PFF) – There is no current update. Liaison between DoH, other Devolved Administrations and DHSC regarding a memorandum of understanding (MoU) is continuing. However, the timeline for the start of this is now 2024.

Facilities in the West – Work has now been completed. There were some minor issues with a store which has now been resolved by WHSCT.

Pulse Replacement/Blood Production and Tracking (BPAT) Project – work remains on-going by the project teams to develop the necessary documentation for tender. Tender proposal will be issued in January 2023 to enable vendors ample time to respond. It is anticipated that contracts could be awarded by April 2023. Mr Graham enquired about the timeline. Mrs Jackson advised that during 2025-26, it is expected

that the vein-to-vein blood tracking will be established and Core LIMS will be implemented by May 2023.

Infected Blood Inquiry – A response to the final Rule 9 request is being finalised. No further Rule 9s or requests for additional information have been received from the Inquiry team. There is an opportunity by December 2022 (originally October 2022), to submit recommendations to the Inquiry Team following initial submissions in June 2022. At the moment, NIBTS are not intending to make a significant submission and will liaise with Counsel.

Head of HR & Corporate Services – As noted under ‘Chair’s Business’, the Head of HR & Corporate Services is currently on long-term leave with a view to retirement. Mrs Jackson wished him well for the future and thanked him for his commitment and support during his 18 years in NIBTS. A recruitment process will commence soon.

Infrastructure Upgrade – The Chief Executive met with the CPD Programme Director for Healthcare Projects to discuss options for NIBTS. Unfortunately, due to lack of budget approval, it is not possible to progress firm plans. It was agreed that NIBTS could collaborate with BHSCT to co-ordinate the development of a business case. CPD will offer some project management support for this development. Mrs Jackson contacted BHSCT to ascertain if they could assist with project management with CPD’s agreement. NIBTS await written confirmation of this by CPD.

Board discussed the resources, allocation plans etc. Mrs Jackson clarified timelines and requirements that would be needed. However, this project cannot be brought forward due to the lack of Assembly and budget approval. Ms Macauley, Mr Bell and Mrs Jackson further advised from a MHRA and budget perspectives. Mr Graham felt that Board need to remain apprised on this topic. Mrs Jackson advised that this topic will also be highlighted at the forthcoming Mid-Year Ground Clearing and the future Mid-Year Accountability meetings with DoH. Mr Garland queried the underspend in staffing, how this impacts on staff turnover and if Board needed to meet to develop a plan. Mrs Jackson advised that the underspends in staff refer to a number of retirements and advised of the number of posts being recruited and of current positions. Mr Garland suggested it may be useful for a graphic illustration to see where there are vacancies.

Mr Small enquired how the Medical Director role is being covered. Mrs Jackson advised Responsible Officer is being covered by NHSC and that the day to day work is being covered by the Medical team. Mrs Jackson further advised that NIBTS is mainly scientific driven and the MHRA are aware that the Medical Director role is currently vacant. Ms Anley asked if the Chief Executive could provide assurances to Board regarding the Medical team. Mrs Jackson advised that she is comfortable that work is currently being covered and could provide these assurances.

Occult Hepatitis B Testing – Testing of donors is in place. Retrospective testing of donors who donated plasma for FFP or cryoprecipitate is underway. The lookback exercise will not commence until the full scope of the exercise and funding have been agreed and formally approved. Confirmation of funding to introduce the new test and

progress a look back exercise remains outstanding. No further information has been requested by DoH/SPPG.

Medical Director Update – The scope of the role was amended and the post re-advertised with an initial closing date of 31 August, which was extended to 14 September 2022. There were no applicants. As advised, Responsible Officer duties are still being provided by NHSCT. NIBTS are exploring the option of using a recruitment agency to assist.

## **8. Blueprint Programme**

A summary document of activity since June 2022 to date was included with Board papers. Mrs Jackson advised that there are a number of workstreams progressing. The key issue is funding, which cannot be approved due to no Assembly. There is currently slippage of approximately three months. Phase 1 may slip to September 2023. Mr Garland advised after reading the report he is anxious regarding budgets and slippage. Mrs Jackson advised that the Assistant Director in SPPG with responsibility for Pathology is seeking the re-allocation of funding to fund more immediate pressures until a NI Budget is agreed.

Ms Anley enquired about the attached letter on the report (from Blueprint Programme Deputy SRO to Chief Executives) and advised it would have been more appropriate to copy NIBTS Board into to the letter. Mrs Jackson advised that as Ms Anley is engaging directly with the SRO/CMO, it may be perceived that the engagement referred to in the letter is already being addressed.

## **9. Finance Report**

Mr Bell presented the report for the 5 months ended 31 August 2022.

### Revenue

The cumulative revenue position showed a net deficit of £93k. Mr Bell advised that, subject to funding support for energy costs, a breakeven position is expected.

### Capital

A Capital Resource Limit (CRL) of £808k has been allocated by DoH for 2022/23. This comprises of £451k for General Capital and £357k for ICT projects. Schemes are on-going and are fully committed, but may be subject to slippage.

### Prompt Payment Policy

Compliance with Prompt Payment Policy was below target at 95.6% during March – August 2022. Mr Bell advised of some slippage, however, corrective action being put in place to bring back on line. Mr Small enquired if the reason for slippage is known. Mr Bell advised that delays are a combination of BSO issues, NIBTS staff processing delays and recent unavailability of systems.

### Monitoring

The notional value of blood components issued to hospitals is 2.6% below the Service Level Agreement (SLA) value at the end of August 2022. Trusts are showing activity levels ranging from 5.1% above to 14.5% below SLA. This position will be kept under review and adjustments agreed with each Trust as appropriate. Mr Graham enquired

how the process of review and the potential impact. Mr Bell advised pay the SLA has a tolerance of 5% of the value and that a marginal cost adjustment for activity in excess of the 5% could be agreed with Trusts. In year the potential impact is small.

Mr Small enquired about requests for additional capital. Mr Bell advised that additional capital can be requested, but require a business case.

Ms Anley enquired about using Charitable Trust Funds. Mr Bell advised that a Charitable Trust Fund report will be brought to the next Board meeting.

#### **10. Audit Committee Annual Report**

Mr Small presented the report and advised it was a routine formal report from the Chair of the Audit Committee to Board, for information and not approval. Mr Small advised it was a positive report, noting the strong governance within NIBTS. The report included:

- Meetings and Membership
- Audit Committee Activity 2021/22
- Post Year-End Activity
- Matters for Board Consideration
- Audit Committee Opinion.

#### **11. Governance & Risk Management Committee – Update**

Mr Garland (Chair of C&RM) advised that the last meeting was held on 4 August 2022 where all agenda items were fully discussed and there was nothing in particular to bring to Board's attention.

#### **12. Corporate Risk Register**

Mr Garland advised that the Corporate Risk Register was presented at G&RM, where it was fully discussed and brought to Board for approval. Mr Garland advised that there were no new risks added and none removed.

Mr Small noted the '*Significant staff absence due to illness / self-quarantine / caring responsibilities related to COVID-19*' was still regarded as 'High Risk'. Mrs Jackson advised that the impact is now different from previous reports as quarantine requirements have changed to 5 days reducing from 10 days for COVID. Mr Gillespie advised of a high level of sickness within his departments, mostly these were seasonal viruses, however, there are currently five members of staff quarantining with COVID.

Mr Graham highlighted two risks (Cyber Security and IT infrastructure) that have been on the CRR for a long-time, but was aware that these are regional risks and must remain until resolved.

Ms Anley suggested that perhaps Infrastructure should be added to the CRR. Mrs Jackson advised that this would be scored and if it meets the criteria for the CRR it would be added.

Board approved the Corporate Risk Register.

### **13. Quality Management System Report**

Ms Macauley presented the Quality Management System report.

Documents – The target of 4% was not met for either SOPs or Policies, which are currently sitting at 6%. A number of these documents are overdue review by greater than 60 days, however, in several cases there are specific valid reasons as to why the review/revision has not been completed. A list of the overdue documents have been sent to document owners and SMT and is further discussed at QIR.

Incidents – compliance with the new target dates for Investigations has been met during for the past three months. Compliance with the completion of Corrective and Preventative (CAPA) actions within the target date has been variable over the past three months. However, the metrics suggest better consistency with regard to compliance with the target and leave periods are not causing such a pronounced adverse impact as previously recorded. The need to set realistic target dates and delivery within these dates continue to be emphasised at QIR.

Changes – As of 17 August 2022, there were 111 open changes of which only 17 were past their target implementation date. This shows a significant improvement. At a further review on 12 September 2022, there remain seven outside target by a period of greater than six weeks, of these, there are no 'Red' classification, three 'Amber' with the remaining being classified as 'Yellow/Green' (low risk). Ms Macauley advised Board of the three Amber changes and advised that two of these have now been cleared.

Internal Audits – four audits remain incomplete (1 in June, 2 in July and 1 in August 2022), two have of which have been partially completed. The audit scheduled for June 2022 was rescheduled to late August, however, the auditor had to cancel due to other issues requiring immediate attention. The need to complete the outstanding audits have been brought to relevant auditors attention.

### **14. MHRA Inspection Report 2022**

Ms Macauley advised that the MHRA inspection was conducted over four days, 30 August – 2 September 2022 by two inspectors. The inspectors visited several areas of NIBTS including; blood processing, validation and issue, automated serology, microbiology, reference laboratory, quality monitoring, bacteriology and visited two blood donation sessions. The inspectors acknowledged excellent knowledge from staff and a willingness to engage with inspectors. The inspectors raised seven findings, classified as 'Other' and two Comments. NIBTS are drafting a response to these findings with corrective and preventative actions which will be submitted to MHRA by 5 October 2022. Ms Anley enquired if MHRA respond to our response. Ms Macauley advised they will respond initially either to accept the submission in the form of a close down letter or if the response isn't satisfactory to request any required changes or a request for further information. If the latter, NIBTS will be required to submit a further response addressing this which if acceptable will result in a close down letter being issued or if not acceptable the process will be repeated until the response is considered satisfactory. Mr Garland advised the report reflects an improving picture which provides assurance to Board. Ms Anley enquired if Ms Macauley could provide Board with assurances on QMS. Ms Macauley provided assurances.

## 15. Key Performance Indicators (KPIs)

The KPI report was presented by Mrs Jackson who advised that it was discussed at length at the G&RM Committee meeting and based on that discussion the KPI table has been amended.

Active Donor base (whole blood and platelets) – Mr Gillespie advised that Active Donor and Platelet Base remains below target, however, a slight improvement was noted during August 2022. A donor strategy will be tabled at the next Board meeting on 10 November 2022.

Mr Graham noted that blood supplies have not met target for a number of months. Mr Gillespie advised that NIBTS now have a Blood Donor Engagement Manager who is recruiting new donors. Mr Gillespie advised of the need to remove 'non-active' donors from the active donor panel and advised of some ways to change the KPI. Mr Graham noted that the Chief Executive weekly reports to Board members reports on blood stock and enquired if this KPI correctly measures stock. Mr Gillespie advised that the KPI does not highlight the difficulty in filling appointment slots and how these are converted into blood units. Mr Graham further enquired if NIBTS have enough stock. Mrs Jackson advised the front page of the intranet advises of how much stock NIBTS hold at any given time, and the graph is continually refreshed to provide the latest information. Mr Small advised that Mr Gillespie's forthcoming donor strategy will hopefully advise and assure Board members. Ms Anley advised that the KPI cannot have meaning until Board is happy with them and able to evaluate trends.

Red cells imported as % of issues – Mr Gillespie noted that the import during July 2022 was due to a fridge failure in BHSCT.

Number of donor complaints – Mr Gillespie advised that during June 2022 there were five complaints; one was related to donor deferral, one was a complaint that NIBTS do not segregate blood donations from people who have previously had COVID and two were lack of communication from staff during blood donation. There were no complaints during July 2022.

Mr Small enquired if the target should be amended for this KPI. Mr Gillespie advised there are issues, however, he did not feel that the target should be amended.

Incidents investigations completed on target - discussed at the QMS section.

CAPA completed on target – as above.

Audit completed with scheduled year – as above.

SDRs completed in past 12 months – whilst still recording red, it is an improving situation, with year-end target expected to be achieved. Mr Small noted the improvement, but the KPI remains below target. Mrs Jackson advised there have been challenges conducting SDRs with some staff who are rarely in the building and protecting time to ensure SDRs are completed.

Invoice Prompt Payment % within 30 days – Mr Bell advised that compliance with prompt payment requirements fell below target due to delays in processing invoices. Corrective actions are being implemented.

#### **16. HSC Emergency Planning Core Standards**

The HSC Emergency Planning Core Standards is required to be completed and returned to DoH. This document was previously tabled at the G&RM Committee meeting on 4 August 2022 where it was fully discussed and recommended approval at Board level. As it requires Board oversight, it has been brought to Board for formal approval. Board discussed the document and approved.

#### **17. Business Case for Equipment Vehicle**

Mr Gillespie presented the business case for approval. The Belfast Team equipment vehicle is due for replacement. Vehicles are replaced based on age and mileage, this vehicle is over eight years old with a current mileage of 160,160 miles and costs over £3k per annum to service. Board fully discussed the business plan, options and the assessment of need and approved the business case.

#### **18. Business Case for Micro Lab Centrifuges**

Mr Gillespie presented the business case for approval of capital expenditure to replace three centrifuges. The centrifuges are used in the preparation of donor samples for mandatory microbiology marker testing and testing of patient samples. All three centrifuges are over 10 years old and are becoming prone to breaking down. Failure of this equipment would make it difficult to process samples and could impact service delivery. The business case recommends a phased replacement of one centrifuge per financial year over the next three years. Ms Anley enquired if all three require replacement, should all three not be replaced. Mr Gillespie advised that a phased replacement was most appropriate for operational reasons and for ensuring continuity of service.

Board approved the business case.

#### **19. Any other business**

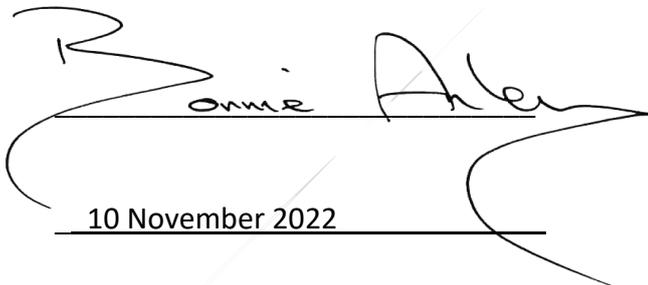
- i. Meeting dates – a date is required for December 2022 meeting and meeting dates were tabled for all meetings in 2023. The Board discussed, agreed the meeting dates for 2023 and identified 12 January 2023 in lieu of December's meeting. Mrs Carabine will circulate these dates.
- ii. Ms Anley had a request from PHA for a Disability Champion. Mrs Jackson advised that a member of staff from the HR Dept attends these meetings and one member of Board is required to attend. Ms Anley will forward her email to other Board members and this subject will be discussed at November's Board meeting.
- iii. Mr Garland advised that both he and Mrs Jackson have been in communication regarding a MHPS process. Mr Garland thanked Mrs Jackson for her continued assistance.

## 20. Action List

Action	Responsible Person
Dates to be identified for a number of Board Workshops	Mrs Carabine <i>Post meeting note - two workshops will be held on 8 November 2022 – dates for others to be determined</i>
Charitable Trust Fund Report to be tabled at Board on 10 November 2022	Mr Bell
Presentation of an action plan regarding Active Donor Base to Board on 10 November 2022	Mr Gillespie
Circulate 2023 meeting dates	Mrs Carabine <i>Post meeting note – 2023 dates and invitations circulated</i>
Forward email regarding Disability Champion to Board members	Ms Anley

**Date of next meeting:  
Thursday 10 November 2022 at 11.30am  
via video conferencing**

Signed:



Ms Anley

Dated:

10 November 2022