



**One Hundred and Sixty Third Meeting of the NIBTS Agency Board
Thursday 5 May 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

The Board meeting was lengthy and Mr Small, Ms Macauley and Mr Gillespie had to leave the Board meeting at 2.00pm to attend other scheduled meetings.

1. Apologies

There were no apologies.

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

Mrs Jackson declared a potential conflict of interest with the Senior Executive Pay Award which will be discussed under Item 6. Mrs Jackson advised that this should have been discussed at a Remuneration Committee meeting. Ms Anley advised that the Remuneration Committee will reconvene soon.

3. Minutes of One Hundred and Sixty Second meeting of the NIBTS Agency Board meeting held on 31 March 2022 and action list

There were a number of amendments to the minutes. Changes will be made and re-issued before signing off by the Chair.

Action List:

Completion of e-learning prior to the Equality Unit presentation: Mr Ritchie will re-issue the e-learning link. Board agreed the Equality Unit could present to Board at the meeting scheduled for 20 September 2022.

Completion of the Board Self-Assessment document to be considered at the next Audit Committee meeting: Mr Small has discussed with the Head of BSO Internal Audit and will provide an update under Item No. 12.

Standing Orders: Mr Garland and Mr Ritchie met to discuss and agreed the Standing Orders document can be approved. Board agreed with the approval.

Forward Board members the costing document for the replacement and disposal of the irradiator: Mr Bell forwarded the documentation and the business case was approved via email.

4. Matters arising from the minutes of meeting held on 31 March 2022

There were no matters arising.

5. Chair's Business

- NI Chairs' Forum the Forum Committee met on 14 April 2022 and Ms Anley attended. DoF and CEF also attended and work continued on the report on ALB Sponsorship. Ms Anley advised of constructive discussions with some action points being agreed including the potential of setting up a Leadership Forum to represent ALBs. Ms Anley will further discuss with NIBTS Board during the autumn.
- Meeting dates: The date for the September meeting has been re-scheduled to 20 September 2022. However, this has a knock-on effect for the October's Board meeting. Mrs Carabine will create another Doodle Poll to ascertain availability.
- Ms Anley advised that she and the other Non-Executive Board members met on Friday 29 April 2022 to discuss the on-going investigation. Regarding the investigation report, the Non-Executive Board members agreed to forward the report to the Chief Executive in confidence. Mrs Jackson requested clarification from the Chair as to the expectation of the non-executive members following her receipt of this report. Ms Anley advised that the non-executive members would be keen to meet with Mrs Jackson and that she could liaise, in the first instance, with Mr Graham regarding next steps.

6. Remuneration Committee and Senior Executive Pay Awards

Ms Anley advised that, due to time constraints, a Remuneration Committee would, be re-scheduled for a fortnight's time, again in the Leadership Centre. There were two DoH Senior Executive Pay Award Circulars (2018/19 and 2019/20) to be discussed, in advance of a Remuneration Committee meeting. Mr Small enquired if these pay awards were to be backdated. Mr Bell advised that they would be. Mr Garland enquired if these pay awards applied across the whole of HSC. Mr Bell advised they were. Mr Graham enquired about inclusion in pay remit. Mr Bell advised that NIBTS feed into the DoH pay remit process as applicable. The non-executive members of the Board discussed and approved the Senior Executive Pay Awards.

7. Board Effectiveness Action Plan

The plan was discussed and updated. The plan will also remain as a standing item on the agenda.

8. Board Self-Assessment document

The Board Self-Assessment document was discussed during the previous agenda item. It was agreed by Head of BSO Internal Audit and the Chair of the Audit Committee to pause the process until the new NEMs settle in and re-commence the process during January/February 2023.

9. Chief Executive's Report

Covid-19

Mrs Jackson continues to provide weekly reports to non-executive members of the Board regarding the most up to date position for NIBTS. Mrs Jackson further advised that the number of NIBTS staff self-isolating due to illness or contact remains low. There has been one occurrence of staff to staff transmission in recent weeks. NIBTS will continue with measures previously in place to mitigate the spread of Covid-19. The prevalence of COVID-19 and seasonal viruses in the community are still presenting some challenges with donor availability. However, platelet and blood stocks remain stable with very limited requirement for stock import.

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

Plasma for Fractionation (PFF) – Mrs Jackson advised that a presentation on PFF has been included in the agenda. A contract notice for the contracting of a plasma fractionator to manufacture plasma derived medicinal products (PDMP) was issued by NHSEI on 12 April 2022. There are on-going discussions between DoH, other devolved administrations and DHSC regarding a memorandum of understanding (MoU) between the four nations for the supply of PFF.

Facilities in the West – A meeting took place with WHSCT Estates staff at the beginning of April 2022. Plans have been presented and are due to be agreed. Work is due to start in four to five weeks' time. Ms Anley requested an update on the work. Mr Gillespie advised that there would be no major building work. The work is refurbishment in nature i.e. lights, floors etc. Mr Small enquired what the work was trying to achieve. Mr Gillespie advised that it is for renovation and refurbishment.

Pulse Replacement/Blood Production and Tracking (BPAT) Project – Mrs Jackson advised that work continues by the project teams to develop the procurement strategy and statement of requirements. Some phases of the work are nearing completion, with the rest on-going. NIBTS have staff involved in this project.

Infected Blood Inquiry – Responses to Rule 9 requests are nearing completion. No further Rule 9s or requests for additional information have been received by the Inquiry Team. Mrs Jackson advised of a potential opportunity to provide comments to the Inquiry in October 2022.

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 NIBTS requirements were included in the DoH draft 10-year planning process and that any relevant information would be shared with the Board members as appropriate.

Occult Hepatitis B Testing – Mrs Jackson advised of the latest position of the funding to introduce this new test and progress a look back exercise. No further information has been requested by DoH from NIBTS. The look back exercise will not commence until the full scope of the exercise and funding have been formally approved.

The business case for testing has been finalised and will be submitted to DoH. Validation for the new testing is progressing well with results indicating the test is suitable for use. Due to the need for further work on the transmission of the test result to PULSE, a small delay is anticipated. Implementation is expected to be completed by late May 2022. This timeframe is consistent with other UK Blood establishments.

Medical Director Update – The post has been advertised with a closing date of the 9 May 2022. Interviews are scheduled for 23 June 2022. The advertisement has been shared with colleagues in the UK Forum and European Blood Alliance. Mr Small enquired about interim arrangements and Mrs Jackson advised. Ms Anley requested sight of the job description for the Medical Director post. This will be forwarded to Ms Anley. Mr Garland enquired if the closing date was flexible. Mrs Jackson advised that if there are no applications, the closing date can be extended, by closing and re-opening the advertisement, thereby negating re-advertising.

Mrs Jackson further advised that the Clinical Lead post has been advertised. Dr Maguire is co-ordinating the Medical Team and there are points of contact with the SMT. Ms Anley enquired if the Consultant would attend Board meetings to provide assurances. Mrs Jackson advised that she has written to the Consultant to enquire if there are any issues to bring to Board's attention. Mrs Jackson enquired if the NEMs are happy to receive assurances from the Chief Executive on behalf of the Medical Team. Mr Small, Mr Garland and Mr Graham advised that they would. Mr Garland advised that if there was an issue, he would like the Consultant to attend Board to explain.

Ms Anley highlighted Board's concerns and cited that it is not an ideal situation that the NIBTS Board cannot question or hear from a clinician to seek assurances. Mrs Jackson advised that a Medical Director is not a member of Board and it is only in recent years that the Senior Management Team attend Board meetings. The Chief Executive is the only executive member of Board. The Chief Executive cited the operational work of the Medical Team and that all work is being covered. Ms Anley again requested that a member of the Medical Team attend Board to give an overview of their work to Board. Mrs Jackson highlighted the role of the Quality and Regulatory

Compliance Manager and if there were any issues Ms Macauley would be aware of these. Mr Ritchie explained that all consultants have a Duty of Candour and the line of assurance can come from the Consultant to the Chief Executive to appraise Board. Ms Anley enquired if the Chief Executive had any concerns regarding the Medical Team. Mrs Jackson provided assurances on workload, capacity, on-call rota and operational issues. The medical work is covered. Mrs Jackson further advised if there were any issues regarding any individual staff member they should not be discussed in an open Board, but under a confidential section.

Mr Graham enquired about the role of the Responsible Officer. Mrs Jackson advised that the Responsible Officer reports to the GMC and advises on revalidations and appraisals and any other concerns of a professional nature. The Responsible Officer is an oversight and leadership role.

BSO Data Breach

On 7 April 2022, the NIBTS Information Governance Manager was advised of a data breach within BSO. This breach involved personal details of approximately 1700 HSC employees. There are 20 NIBTS employees affected by this breach. These staff members have been contacted directly by BSO and are being followed up by the NIBTS IG Manager. The circumstances of the breach are currently being investigated by ICO directly with BSO.

10. Pathology Transformation

The inaugural Pathology Blueprint Programme Board occurred on Friday 1 April 2022 and was attended by Mr Small and Mrs Jackson. Papers for this meeting were shared with Board and the minutes from the meeting will also be shared with Board when they are available. The Terms of Reference will be updated to reflect recent discussions at NIBTS Board and the Blueprint Programme Board. They will also reflect the updated functions directive that is to be shared by DoH following updated guidance from DoH Solicitor's Office and will be communicated to the NIBTS Chair. In terms of NIBTS hosting, there is a budget allocated to NIBTS to facilitate this programme.

The Programme Manager is progressing the recruitment of project managers and administrative support as well as the development of a comprehensive communication and engagement strategy. A draft strategy has been shared with the Programme Board and will be shared with the NIBTS Board once a final version has been agreed. This strategy will include a description of how the Programme SRO and DoH will engage with the NIBTS Board once there is more clarity on the additional functions for NIBTS. The Programme is progressing within the budget allocated and the planned timelines.

Mr Small enquired if the SRO is accountable and responsible for delivering the programme. Mrs Jackson advised the SRO is accountable. Mr Graham enquired if Mrs Jackson had received a formal letter for the SRO role. Mrs Jackson advised that she is not the SRO, but Programme Director.

Mr Garland enquired that if the SRO or Deputy SRO cannot attend a meeting, would accountability fall to the Programme Director? Both Mr Small and Mrs Jackson advised.

Mr Small advised that the ToR will be amended and updated and re-circulated to NIBTS Board. Ms Anley is content with progress so far however she is keen properly to understand the accountability around the term 'hosting' for the NIBTS Board. Mrs Jackson advised that Ms Anley would be receiving written correspondence directly from Ryan Wilson at Sponsor Branch and Professor Sir Michael McBride as SRO for the Programme. Ms Anley advised that, following receipt of this correspondence, the NIBTS Board will need to take guidance from BSO DLS on functions, accountability etc. Legal advice will take time so Ms Anley asked Mrs Jackson to ensure that correspondence is forthcoming as speedily as possible.

Mr Small advised that he will be unable to attend the next Pathology Blueprint Board meeting on 1 July 2022. Mrs Jackson will be in attendance. Ms Anley thanked Mr Small for his engagement on the Pathology Blueprint Board. Mrs Jackson gave assurances on the progress, staff appointments and the development of the Blueprint Programme.

11. Plasma For Fractionation (PFF) Presentation

The Chair requested that the PFF presentation scheduled on today's agenda and which was requested at the Board meeting of 31 March 2022, be deferred due to time constraints and requested that another time be made available. The Chief Executive advised the Chair that this was an extremely important matter for the Board to consider.

12. Audit Committee Update

The Audit Committee met this morning (5 May 2022) prior to the Board meeting.

Mr Small advised that there were no issues arising from the meeting. Colleagues from Sponsor Branch attended in an observational role.

As this was the first Audit Committee meeting for the incoming NEMs, Mr Small sought assurances from Mr Bell that the minutes were correct. Mr Bell provided this assurance and the minutes were agreed and signed off by the Chair.

BSO Internal Audit documentation – There were no significant issues arising from the BSO Internal Audit (IA) documents and IA were complementary on NIBTS continued work. Past recommendations are being implemented in a timely fashion. Recent audits on BSO Shared Services showed Satisfactory and Limited assurances, however, contained no material risks for NIBTS.

The Internal Audit Strategy for 2022/23 was tabled for approval. The Committee discussed the plan and resources and approved the Strategy.

NIBTS Annual Report and Accounts – Mr Small advised that the Annual Report and Accounts were presented prior to submission to NIAO . Mr Small suggested that more detail on KPIs and objectives should be included in the Annual Report. Ms Anley advised that she would like the NIBTS Board to see a full draft of the Annual Report prior to it being presented to the Board for approval. Mr Bell advised of the process and timelines for this year. Mr Bell sought clarification on the KPIs contained within the Annual Report and how much detail Board wanted to include. Mrs Jackson sought clarification on whether it was the Business Plan objectives or the KPIs that more information was requested. Mrs Jackson advised that she works very closely with Mr Bell in the development of the Report.

Mr Garland enquired why the Chief Executive is not present at all Audit Committee meetings. Mrs Jackson advised that in order to maintain the independence of the Audit Committee, the Chief Executive, as Accounting Officer, had been advised that she should not attend but is available to attend should the Committee request her presence. Ms Anley advised that she had been given similar advice. Mrs Jackson will discuss this further with Mr Bell.

Draft NIBTS Trust Fund Annual Report – Mr Small reported that this Report was very comprehensive with no issues.

Fraud – there were no issues and Mr Small thanked Mr Bell for confirming the process.

Mr Small noted that although there was time today, he would like the Audit Committee moved to occur 2/3 days prior to the Board meetings allowing time for reflection. Ms Anley agreed.

13. Finance Report

Mr Bell presented the Financial Report and advised NIBTS had achieved the objective of a breakeven position.

Revenue

The cumulative revenue position for the 12 months ended 31 March 2022 showed a net surplus of £2k. The Pay position shows a deficit of £391k and is a net effect of overspends in; Donor Services Sessions (£154k), HR & Corporate Services (£54k) and Pathology Transformation (£69k) and underspends in most other areas. The Finance & IM&T overspend (£214k) includes accruals for a number of outstanding NIBTS pay related matters.

The Non-Pay position shows a deficit of £411k, primarily due to an overspends on; Postage and Telephones (£27k), Heating, light and power (£143k), Drugs (£141k) and Transport (£206k). 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 £750k and relates to additional income for: excess pay award costs, blood delivery to Trusts, additional plasma products supplied, an evaluation study undertake, triage of donors, additional funding in respect of in year cost pressures and Pathology Transformation.

Capital

A Capital Resource Limit (CRL) of £229k has been received for approved schemes. There is a current surplus of £30k due to suppliers being unable to supply by year-end.

Prompt Payment Policy

Compliance with Prompt Payment Policy for 12 months to 31 March 2022 was 98.4% and has achieved compliance.

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 March 2022. Trusts are showing activity levels from 13% above – 14.6% below SLA. No year adjustments were agreed with Trusts.

Mr Small and Mr Garland congratulated Mr Bell and his team on the report.

14. Governance & Risk Management Update

Mr Garland gave a verbal update on yesterday's (4 May 2022) Governance & Risk Management Committee. Like the Audit Committee, as this was the first meeting with the new NEMs, Mr Garland sought assurances from the Chief Executive that the minutes were an accurate reflection of the meeting. Mrs Jackson provided this assurance and the minutes were signed off by the Chair.

Mr Garland noted that Ms Calvert, Business Continuity Manager has retired and forwarded her best wishes for her retirement from the Governance & Risk Management Committee and Board.

Governance Standards – were noted. Some actions were incomplete and explained, however, held no risk to the organisation.

Corporate Risk Register – Mr Garland advised that a lot of time was spent scrutinising the Corporate Risk Register and noted that the key risks were unchanged, with no new risks added or removed.

Health & Safety Incidents – the number of incidents, albeit the numbers small, have reduced further.

Information Governance & Cyber Security – the BSO data breach was discussed and there are no issues with Cyber Security.

Incidents, SoPs, Policies, CAPAs, Audits, Change Control, Validations etc – were all discussed in full and will be presented again at Board by Ms Macauley.

KPIs – it is an improving picture and there was a discussion on the Amber status at year-end and will be discussed further.

Risk Management Strategy – the strategy also included risk appetite. The NEMs agreed that this was an excellent document. The NEMs will reflect on this document but it will be tabled at a future Board meeting for approval.

Ms Anley thanked Mr Garland and Ms Macauley for their work and is pleased to see an improvement on the KPIs.

15. 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. The current quality metrics data confirms that this target has been achieved for SoPs.

The number of policy documents outside their review remains above target, currently 6% (7/125) of policies are outside their target review date. Ms Macauley advised that a list of the documents involved has been sent to the document owners, SMT and discussed at QIR.

Incidents – compliance with the new target dates for Investigations was not met during March 2022. However, when approved extension periods were applied, the 75% target was achieved. Over the last financial year NIBTS closed 76% on incident investigations within the set target date.

Compliance with the completion of corrective and preventative (CAPA) actions within target date continues to be problematic and the need to address the slippage continues to be emphasised at QIR.

Changes – there is currently a total of 129 open changes. As of 26 April 2022, 16 open changes were passed their target implementation date. 6/16 have an Amber status. Ms Macauley highlighted the six amber changes. The recently implemented process for risk assessment of overdue changes does appear to be working well and the situation regarding overdue changes is improving.

Internal Audits – all audits scheduled for completion within 2021 have been carried out. The audit schedule for 2022 has been agreed with 33 audits scheduled for completion in 2022. 2/4 audits due for completion in March 2022 have been performed.

Ms Anley advised that she found the new graph pertaining to Audits very helpful.

Ms Anley further enquired if there were any outstanding issues. Ms Macauley advised of no significant issues.

No dates have been received regarding the MHRA or UKAS inspections. An interim compliance report advising of changes in staffing and testing was submitted to MHRA at the end of April 2022, however, to date NIBTS have not received a reply.

16. (i) Key Performance Indicators (KPIs)

The KPI report was presented by Mr Ritchie who advised that the KPIs were discussed at length at the Governance & Risk Management Committee (4 May 2022) and would report the Amber, Red figures.

Mr Small enquired if KPIs could be Amber at year-end. KPIs targets are either met or not, thereby recording a Red or Green result. Board discussed and Ms Anley enquired if the year-end position should be revised to record either Red or Green. Ms Anley advised that KPIs should be discussed at the next Governance & Risk Management Committee. Mr Small further enquired when KPIs would be set for 2022/23 and when would the Business Plan be developed. Mrs Jackson advised of the latest guidance received from DoH regarding the development of business plans for 2022/23.

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 March 2022. Imports have been necessary due to O Neg usage. NIBTS have liaised with Trusts to ascertain O Neg usage and is being controlled.

Number of donor complaints – Mr Gillespie advised that there 5 complaints received during March 2022 and were mainly due to the mandatory wearing of face masks.

CAPA completed on target – discussed at the QMS section. Ms Macauley advised that the table reflects monthly totals rather than cumulative figures as previously reported.

Audit completed with scheduled year – discussed at QMS section.

SDRs completed in past 12 months – SDRs that have been completed improved during January – March 2022. However, the year-end target was not achieved.

Staff Absence – This is improving, within month absence has reduced from 5.9% in December 2021 to 3.03% in March 2022.

(ii) Year-end Position on Business Plan Objectives

The year-end position of the KPIs were measured against the Business Plan Objectives and RAG'd. Of the 38 Business Plan objectives, 30 were met and returned as Green, 5 were Amber and 3 were Red. These were discussed by Board.

17. Any other business

There was no further business.

18. Action List

Action	Responsible Person
Amend the minutes from 31 March 2022 and re-circulate for agreement	Mrs Carabine Post meeting note - completed
Re-issue the e-learning link and mandatory training to Board members	HR & Corporate Services Dept Post meeting note - completed
Equality Unit to make a presentation to Board at the meeting scheduled for 20 September 2022	Equality Unit Post meeting note – the Equality Unit have been informed of this date.
Doodle Poll to be created to reschedule the October Board meeting	Mrs Carabine Post meeting note – Board meeting scheduled for 10 November 2022
Re-schedule the Remuneration Committee meeting	Mrs Carabine Post meeting note – completed. Meeting scheduled for 9 June 2022
Circulate the Draft Annual Report to Board	Mr Bell Post meeting note – completed.
Forward the job description link for the Medical Director post to Ms Anley	Mrs Carabine Post meeting note - completed
Ask Pathology Blueprint to contact Ms Anley re: NIBTS accountability / role	Mrs Jackson Post meeting note – completed
Investigate Medical Team representation at Board	Mrs Jackson
Medical Team presentation to Board	Medical Team
Re-scheduled the Plasma For Fractionation presentation	Mrs Carabine Post meeting note – completed, re-scheduled, Board meeting 30 June 2022
Review KPIs at the next Governance & Risk Management Committee meeting – 4 August 2022 including RAG'd at year-end	Governance and Risk Management Committee members

**Date of next meeting: 30 June 2022, 11.30am
via video conferencing**

Signed: 
Dated: 30 June 2022