



**One Hundred and Sixty Eighth Meeting of the NIBTS Agency Board
Thursday 2 March 2023 at 2.00pm
Venue: Video Conferencing meeting**

Present: Ms Bonnie Anley – Non-Executive Chair
Mr David Small – Non-Executive Member
Mr Michael Graham – Non-Executive Member
Mr Brendan Garland – Non-Executive Member
Mrs Karin Jackson – Chief Executive

In attendance: Mr Glenn Bell – Finance & IM&T Manager
Ms Angela Macauley – Quality and Regulatory Compliance Manager
Mr Matt Gillespie – Head of Supply Chain & Testing Services

Mrs A Carabine – Minutes

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 Seventh meeting of the NIBTS Agency Board meeting held on 12 January 2023 and action list

The minutes were agreed as an accurate reflection of the meeting and signed off by the Chair.

Action List:

Collection Strategy

The Collection Strategy including donor core issues will be tabled to Board at the next meeting on 18 May 2023.

4. Matters arising from the minutes of meeting held on 12 January 2023

There were no matters arising.

5. Chair's Business

- **Mid-Year Accountability Meeting** – Tuesday 10 January 2023 – Ms Anley and Mrs Jackson attended with the Deputy Permanent Secretary and the Director of Secondary Care from DoH. Ms Anley noted that DoH have a good understanding of NIBTS. The minutes of the meeting were tabled and shared with Board. The topics covered for discussion included:

Succession Planning - The Chair's tenure expires on 31 March 2023, however, Ms Anley advised that she would remain in post until the end of June 2023. The role of Chair is to be advertised and it is hoped that a new Chair should be in post no later than November 2023.

The business case for the fourth NEM is with DoH and NIBTS awaits a response.

Pathology Blueprint – the Statutory Functions document requires amendment and should be resolved shortly.

There were also discussions by Board on Blood Supply, Ten Year Capital Plan and MHRA inspections. All queries raised during these discussions were answered by Ms Anley and Mrs Jackson to the satisfaction of Board.

- *Board Effectiveness* – Board met twice during February 2023. The Self-Assessment document has been completed, however, Ms Anley would like SMT input and feedback. The Action Plan has been completed and Mrs Jackson has included a timeline for completion of these over the next two years. Ms Anley is content with progress.
- *Corporate Strategy* – Ms Anley would like Board to review and finalise between Board meetings.
- *Remuneration & Terms of Service Committee* – Ms Anley would like two meeting dates scheduled; one in April and one in May 2023. Mr Garland advised of new guidance received from DoH where it is advised that members of the Audit Committee should not sit on the Remuneration & Terms of Service Committee. Mr Garland will share this document and Mrs Carabine will follow up with DoH.
- Ms Anley advised of two new appointments; Head of HR & Corporate Services and Medical Director and thanked Mrs Jackson and Mr Garland for their work with recruiting.

6. Chief Executive's Report

Covid-19 – The number of staff required to self-isolate due to illness or contact is presently stable. There have been some challenges due to the high level of general illness (seasonal viruses, non-Covid) amongst staff and donors. There remains no evidence of staff to staff or donor to staff/staff to donor transmissions. The Micro Lab remains on stand-by to support the testing of COVID-19 swabs. Following a consultation with staff, it has been agreed that mask wearing in HQ, on transport and during sessions is no longer mandatory.

General sickness – Short term sickness has reduced significantly, but is still high which reflects general sickness within the community.

Industrial Action – has caused some reduction in capacity at donation sessions which is making it challenging to maintain adequate stocks. Work to mitigate the impact of industrial action is on-going. No further strike dates have been received, however, Trade Union members are partaking in action short of strike.

Plasma for Fractionation (PFF) – The Memorandum of Understanding (MoU) between DHSC, NHSBT and devolved administrations is with DoH for approval. Monthly meetings with four nations’ representatives continue. Mrs Jackson advised that there will be no progress from NIBTS until clear direction is received from DoH.

PULSE Replacement/Blood Production and Tracking (BPAT) Project – the tender documentation for the project is now scheduled to go live by early March 2023, with contract award and Gateway 3 scheduled for May 2023.

UK Infected Blood Inquiry – Oral hearings have now concluded. There is one outstanding Rule 9 to be submitted and work is on-going with a former employee, DLS and Counsel to complete.

Head of HR & Corporate Services – The new Head of HR & Corporate Services was appointed in January and will take up post in May subject to all pre-employment checks being completed.

Infrastructure Upgrade – An update on the 10-year Capital Plan has been shared with DoH. A response is awaited.

Occult Hepatitis B Testing – Plans to deliver the look back exercise is progressing and testing remains on-going.

Medical Director Update – A new Medical Director has been appointed and will take up post in June 2023, initially on a six-month contract.

On-line appointment system – The contract for this system is close to award with the implementation date of April 2023. Ms Anley advised of positive feedback she has received regarding the donation chairs. Mr Gillespie concurred with feedback received directly to NIBTS.

7. Blueprint Programme

The latest position was tabled at Board. Mrs Jackson advised of high activity now and up to the end of July 2023 in establishing criteria prior to shortlisting, including a number of ‘Roadshows’ this week and next, to which Board members are welcome to join. There will be a workshop early June to appraise options before going for agreement to the Pathology Blueprint Programme Board at the end of June 2023.

Ms Anley enquired if the programme was on track. Mrs Jackson advised it was on track. Mr Small enquired if the business case was approved. Mrs Jackson it was, under the current financial position. Mr Small further enquired if NIBTS still has capacity to resource the Programme. Mrs Jackson affirmed the position. Mr Small noted that the stakeholder engagements were successful. Mrs Jackson advised that there are a lot of people involved, providing opportunities to engage and work is starting to crystallise and noted feedback from staff is positive. Ms Anley enquired how feedback is collated. Mrs Jackson advised of the team who will be pulling this together for future dissemination and highlighted the FAQ sections which can be accessed now.

Mr Graham enquired if May 2023 was the next key date for options to be communicated to stakeholders. Mrs Jackson advised it was and during March, options

will be agreed and the agreement of shortlisting criteria can commence, following that, during early April, this information will be in the public domain. Options shortlisting will occur mid-April and on 4 May 2023 will go to the Programme Board for approval. On 8 June 2023 options will be appraised and the preferred option will be determined. All this information will then be tabled at the Programme Board meeting in July where it will be decided whether or not to accept the recommendations.

Mr Graham enquired as to how do NIBTS Board oversees its input. Mrs Jackson advised that Mr Small sits on the Programme Board and will attend workshops making him the key point of contact for NIBTS Board. Information will be tabled at the May and June NIBTS Board. Mr Small advised of the need to ensure adequate time is in the agenda to cover a Board discussion.

8. Audit Committee Update

Mr Small advised that the minutes from 1 December 2022 were ratified at the meeting on 9 February 2023 and were for noting.

The meeting on 9 February 2023 contained two main items; BSO Internal Audit update and the NIAO Audit Strategy. BSO Internal Audit noted good progress was being made against their performance standards.

Of the two audits conducted – Financial Review received a satisfactory level of assurance with no significant findings. There were six Priority 2 and one Priority 3 recommendations which management has accepted. The Performance Management & Reporting received a limited level of assurance. There were two Priority 1, six Priority 2 recommendations which have been accepted by management. The limited assurance was received due to lack of clarity over objectives. Mr Small advised that account needs to be taken of the recommendations when developing the next Business Plan.

Ms Anley requested clarity on the two Priority 1 recommendations. Mr Small advised the recommendations are around the Corporate Plan which lacks strategic objectives and the recommendation to further develop the Performance Management Framework. Mrs Jackson advised on the audit priorities, how objectives are run through the organisation and how this will link into the Board Assurance Framework, which is due to be reviewed during June 2023. Mrs Jackson further advised that the Business Plan is tabled at today's meeting and it was mindful of the audit's recommendations.

Mr Small also advised of the NIAO Audit Strategy which is a standard plan and further advised that the Qualified opinion should not continue past the end of this financial year.

9. Finance Report

Revenue

Mr Bell presented the report for the 10 months ended 31 January 2023. A breakeven position is projected.

The cumulative revenue position showed a net deficit of £376k. NIBTS excluding haemophilia, shows a deficit of £130k.

The pay position, shows a surplus of £311k, due to underspends in most areas due to staff vacancies arising from staff turnover. The Non-Pay position shows a deficit of £886k which is primarily due to overspends on Drugs (£208k), Laboratory (£221k), Heat, Light and Power (£234k) and Transport (£211k).

Mr Bell advised the income has been received in respect of energy costs and the report also included additional funding for haemophilia. However, funding is still required for the agreed Pay Awards.

Mr Small noted that breakeven was projected and enquired if Mr Bell had concerns regarding the overspends. Mr Bell advised that these were Non-Pay in four areas: Drugs – a non-recurrent stock issue which was previously reported.

Heat, Light & Power – the costs of which are now being covered through additional funding for this year.

Transport – additional income has been received as per Service Agreement.

Laboratory spends – driven by importation of blood products.

Mr Bell advised that the overspends are being managed.

Mr Graham enquired if the Collection Strategy will see a saving in the cost of importing blood. Mrs Jackson advised that there would be a reduction in the cost pressure arising from importation of product. Mr Bell advised that breakeven is achievable this year due non-recurrent slippage and underspends offsetting the cost of importation.

Capital

A Capital Resource Limit (CRL) of £496k has been allocated by DoH for 2022/23. This comprises of £162k for General Capital and £334k for ICT projects.

Prompt Payment Policy

Compliance with Prompt Payment Policy continues to be a challenge and remains slightly below target 95% for the ten months to 31 January 2023.

Monitoring

The notional value of blood components issued to hospitals is 2.3% below the Service Level Agreement (SLA) value at the end of January 2023. Trusts are showing activity levels ranging from 6.4% above to 9.9% below SLA. This position will be kept under review and adjustments agreed with each Trust as appropriate.

10. Financial Plan 2023-24

Mr Bell presented the Financial Plan to Board for approval and advised that the financial plans and budgets are required to achieve the financial performance objective of breakeven in 2023/24. Mr Bell advised of the balanced position with no underlying deficit carrying forward into 2023/24. However, Mr Bell noted a constrained financial position across HSC including NIBTS. DoH requested information in respect of a number of financial planning scenarios and NIBTS have made a submission. Mr Bell advised in order to address the current financial planning assumptions, NIBTS is currently considering a number of options for cost reduction

schemes. The current assumption is that any funds released will be retained within NIBTS baseline and used to help address pay and price cost pressures.

In reply to a query from Mr Graham, it was noted that any savings requirements resulting in a reduction in baseline funding would be presented to the Board.

Ms Anley enquired if there was any indication from DoH that energy costs would be covered next year. Mr Bell advised that the current funding was non-recurrent and that future funding arrangement were to be confirmed.

Board discussed and approved the Financial Plan 2023/24.

11. Governance & Risk Management Committee update

Mr Garland advised that the minutes from 19 October 2022 were ratified at the meeting on 25 January 2023 and were for noting.

During the meeting on 25 January 2023 all items in the Quarterly Report were discussed:

Audit Calendar – is on track.

Governance Standards Action Plan – all actions had been completed apart from one action on the HR Standard which referred to the Disability & Equality Action Plan which is a regional document which is scheduled for consultation from 3 April 2023.

Corporate Risk Register – had ten risks; two extreme and eight high risks. Three risks were added and no risks deleted during the quarter. There was no change to the scoring on the existing risks.

Component Monitoring – was discussed with no issues.

Incidents – there were 67 incidents (0 Red, 5 Amber, 60 Yellow/Green and 2 classified as Observations).

Inspection Reports – any outstanding actions following the MHRA inspection report are nearing completion.

Change Control – Policies and SOPs – no major risks were identified.

Ms Anley noted that although there was only a requirement to table the Corporate Risk Register (CRR) bi-annually, it had been previously agreed that the CRR should be tabled every quarter at Board. Mr Garland agreed that the CRR should be brought to Board as a matter of course.

Mr Small enquired about staff shortages within the organisation. Mr Garland advised that a draft was tabled at the last Board meeting. However, Board would like a summary of any major gaps and this to be updated and brought to every Board. Mrs Jackson advised that staff pressures are due to an increase in activity over what is funded. There is work on-going looking for increased funding which is not related to staff vacancies. Mr Bell advised it would be useful for Board to clarify what is required for this, most vacancies are covered by agency staff. Mr Bell further advised it may be appropriate for the risk owners to articulate vacancies. Mr Garland suggested an organisational chart and a 'heat map' showing vacancies in areas including the number of agency staff covering work. Mr Small suggested perhaps the Governance & Risk Management Committee would be more appropriate for this information rather than Board. Mr Bell advised that this information was not readily available. Mrs Jackson

advised that some staff members may be acting up under Expression of Interest vacancies and suggested that the new Head of HR & Corporate Service looks at a workforce report and turnover. Board discussed and agreed to leave this to the new Head of HR & CS and report to the Governance & Risk Management Committee 3-4 times per year.

12. 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 5% and 13% respectively. Two departments (Quality and HR & Corporate Services) account for a large percentage of the overdue SOPs. Overdue Policies are spread across a number of departments which has been discussed at the QIR meetings, with the need to address emphasised. Ms Macauley advised that the number of overdue documents are not impacting any regulatory requirements, however, still require focus. Ms Macauley advised that the PULSE upgrade is scheduled for mid-March which will reduce document numbers.

Ms Anley enquired if the overdue documents were a capacity issue. Ms Macauley advised they were, as focus was mainly on new systems, i.e. PULSE and LIMS. Mr Garland enquired about the migration of data for LIMS and are NIBTS relying on BSO. Ms Macauley advised that the data migration for LIMS is not totally within the control of NIBTS as it is a regional project and we are awaiting DSS/BSO to migrate data. However, NIBTS will complete a data migration check. There are some concerns which are hoped to be resolved over the coming weeks. Mr Garland further enquired if NIBTS is holding this migration back. Ms Macauley advised once the data checks commence it should not hold up the regional project. Mrs Jackson advised that the original timeline was the end of May 2023, however, the timeline has slipped to the end of June 2023. The reason for the shift from an automated test to more manual testing which is impacting, however, NIBTS should be ready for delivery.

Incidents – Compliance with the target dates improved during January 2023 meeting the 75% target conformance level. 100% of major/critical incident investigations were closed within their set target dates.

Investigations – Compliance with the completion of CAPAs within target date improved during December 2022 and January 2023 and surpassed target, reaching 78.3% during January 2023 which reflects a good start on the new monitoring system. 100% of CAPAs associated with major/critical incidents raised in January were completed within their set target dates.

Changes – The quality metrics produced for February 2023 indicate that the number of open changes and the number past the target date has been stable. However, the number past target date showed a small increase during December 2022 and January 2023. As of 20 February 2023, 39 changes were past target, of these 3 were categorised as Red and 9 Amber. Ms Macauley appraised Board of the Red and Amber changes and noted since compiling the report, one Red change had been completed, one has been risk assessed and re-submitted and the final Red change remains on-going.

Internal Audits – progress is being made on the overdue audits with auditors catching up on the schedule.

MHRA Inspection – Action Plan – All actions within the action plan have been submitted to the MHRA and are progressing as per the target dates. The target date for two findings relate to technical agreements and user requirement specifications, which with the agreement of MHRA were extended to the end of January 2023 have now been completed.

Ms Macauley provided assurances that the Quality Management System is operating at a satisfactory level.

13. Key Performance Indicators (KPIs)

The KPI report was presented by Mrs Jackson who advised that the QMS and Finance metrics have been discussed during the meeting.

Mrs Jackson further advised that SDR completion is still challenging and unlikely to meet target by year-end. The cumulative Staff Absence figure for the year remains within target. However, monthly Staff Absence figures did not, as short-term sickness is still high and due to seasonal viral infections.

Mr Gillespie advised that the Donor Base continues to fall, however, is levelling off. There are issues with the high level of imports and the recruitment of new donors. Ms Anley enquired, whilst considering donor availability, what is the outlook in getting donor numbers up. Mr Gillespie appraised Board on new changes to sessions e.g. shorter, but more sessions which has shown a small improvement and ratio of DSA to donors etc. It is hoped that the on-line booking system will also improve donor figures as appointments will become easier to book.

Mr Small noted that half the KPIs are red which is a concern and enquired if there were plans for improvement next year. Mrs Jackson advised Mr Gillespie has covered some areas as a consequence how staff time is configured to include training, SDRs in consultation and collaboration with staff, should create capacity to complete training and SDRs. Mr Graham was pleased that there will be a plan to improve KPIs. However, moving to a fundamental change in the organisation, there is a need to understand the plan to deliver against the KPIs. Mrs Jackson agreed with Mr Graham and advised of benchmarking around staff e.g. DSA / donor ratio which will create capacity. Mrs Jackson further advised that when efficiency can be demonstrated, then extra funding can be requested for staffing. Mr Graham felt this was strategic planning and the way forward.

14. Business Plan 2023/24

Mr Bell presented the Business Plan and advised that the plan sits in context of the earlier Audit Committee discussion to develop Corporate and Business Plans and was for approval by Board. Mr Bell further advised that the Business Plan has been submitted to DoH in line with their timelines but was subject to NIBTS Board approval. Going forward a review of the Corporate Plan/Strategy will inform the Business Plan.

Mr Garland advised that each objective should be matched against a detailed strategic theme. Mr Garland further advised that he thought 1.3 and 1.4 were an ambitious target. Mrs Jackson advised that the number of donors required is based on the frequency of donors being able to donate which equates to 480 per month, 10% of which should be new donors. Mr Small enquired how NIBTS are performing currently against these figures. Mrs Jackson advised figures are down at the moment and the focus is on recruiting new donors, particularly on younger male donors. Mr Small agreed with Mr Garland regarding the link with the Corporate Plan.

Mr Small felt 2.1 and 2.3 and their respective targets were too vague and not a smart target as how can it be measured. Mrs Jackson advised this is an entry point on how to measure.

Mr Small also enquired if there was a budgetary impact on objective 5.2. Mrs Jackson advised there has been a business case submitted to DoH and testing will not commence until funding is agreed

Mr Small enquired if objective 5.4 required resourcing. Mrs Jackson advised it did and agreement from DoH.

Mr Small further enquired if this is a Business Plan or a list of targets. Mrs Jackson advised the document was the Business Plan already submitted to DoH (as per their timelines). In the past there was a longer narrative, however, it is appropriate to keep the document proportionate and focused.

Mr Graham enquired where the new systems are picked up within the Business Plan. Mrs Jackson advised under objective 5.3.

Ms Anley noted in objective 2.1 the narrative read 'support and participate' and would prefer it read 'support and deliver'.

Ms Anley further noted smart targets need to be clear and deliverable and felt that there was work to be done to bring objectives together to assure the Board.

Mrs Jackson advised that the Corporate Strategy would be the link to refer to other strategies. Ms Anley suggested a workshop to discuss.

Board were happy that the work is in progress, the plan has been submitted to DoH and approved the 2023/24 Business Plan.

15. Equality & Disability Action Plan

Mr Bell presented the Action Plan and advised is it required to be endorsed by the Chair and Chief Executive prior to being issued for public consultation.

The Plan sets out what has been work has been completed so far and includes future plans. These have been discussed and cleared by the Senior Management Team. The process started a number of months ago and is going to the regional public consultation on 3 April 2023.

Ms Anley enquired if the document comes back to Board following the public consultation. Mrs Jackson advised it can do if there are particular comments and/or feedback following the public consultation.

Ms Anley noted the requirement of a Disability Champion at Board level and advised NIBTS Board is small and already has a high commitment.

Mrs Jackson advised that there is a requirement of a Board member being a Disability Champion. The Head of HR & Corporate Services takes the lead and would report regularly to Board on any developments or feedback.

It was noted that all Board members are committed to the Action Plan and that the requirements regarding a Disability Champion would be fulfilled.

The Board approved the Action Plan and Ms Anley will include her signature.

16. Board Assurance Framework

Mr Bell presented the Framework and advised that the document is updated and requires approval annually. There have been no significant changes to the document, however, meeting dates and attendance were updated and the document now refers to the Partnership Agreement between NIBTS and DoH. Ms Anley assured the Board that there was a full in-depth review of this document last year and recommended Board approval. Mr Garland advised it was an excellent document and in light of evidence from audit findings, it is working in practice.

Mr Small had queries on section 5.4 – Audit Committee advising that NIBTS have a separate Governance & Risk Management Committee. Mrs Jackson advised 5.4 deals with the Audit Committee as a support mechanism. The second point is a reference to the other Committees which gives context on how the document is written and references to the 'handbook'.

Mr Bell noted that the Framework should be reviewed annually and that the next review would incorporate any changes arising from the Partnership Agreement and the Performance Management audit.

The Board approved the Board Assurance Framework.

17. Discontinuation of College Street as a Venue

Mr Gillespie advised that a venue in College Street, in the city centre was being used as a blood collection point approximately once a month up to 2020. During the time it was used, the number of donors attending and the efficiency of collection at this location was low. This decrease was further impacted by the pandemic and post pandemic the footfall in the area has significantly decreased. Since the beginning of 2022, the venue has been used on a number of occasions and donor numbers have been very low. Collecting blood at this fixed site is no longer an efficient way to collect blood and it is proposed that NIBTS discontinue the use of this location.

Mr Small enquired how low were donor numbers. Mr Gillespie advised the best that was achieved was 50-60 donors for a full day. Mr Small further enquired if a change

control has been raised to manage the impact. Mr Gillespie advised a change control has been raised. Mr Garland enquired if there is any continued use for the building. Mr Gillespie advised it is owned by BHSCT who require the space previously rented by NIBTS. Ms Anley enquired if this was going to be included in the Collection Strategy. Mr Gillespie advised it would be and the Strategy will show new drives to recruit new donors. Ms Anley further enquired if the space can be re-rented in the future. Mr Gillespie advised it could not as BHSCT require the space. However, NIBTS can use other venues or the Bloodmobile.

Ms Anley enquired if Board members are content to discontinue use. Board members advised they were following an impact assessment. However, Mr Garland queried if the decision could be made in the absence of a Collection Strategy. Ms Anley advised that Board needs to be assured of this decision.


18. Any other business

There was no further business.

19. Action List

Action	Responsible Person
Collection Strategy to be presented to Board before 31 March 2023	Mr Gillespie – Strategy to be tabled to Board 18 May 2023
Detailed paper on Donor core issues, marketing and any changes	Mr Gillespie – will be included in the Collection Strategy
Share new R&TS Committee guidance received by DoH Seek clarification on new guidance	Mr Garland <i>Post meeting note – Mr Garland forwarded the document on 2 March 2023</i> Mrs Carabine <i>Post meeting note – DoH contacted – response sent to Board members on 19 April 2023</i>
Identify dates in April and May 2023 for R&TS Committee meetings	Mrs Carabine <i>Post meeting note – Doodle Polls sent and dates identified</i>
Agenda time slots to be made available for full discussion of Blueprint	Mrs Carabine <i>Post meeting note – agenda times will be added to future agendas</i>
Summary of workforce, staff turnover and staff vacancies to be brought to Governance & Risk Management Committee 3-4 times per year	New Head of HR & Corporate Services
Issue the Corporate Risk Register to Chair and NEMs	Mrs Carabine <i>Post meeting note – CRR sent to Board members 2 March 2023</i>

**Date of next meeting:
Thursday 18 May 2023 at 11.30am
via video conferencing**

Signed: 
Dated: 18 May 2023