Northern Ireland Blood Transfusion Service

Board Assurance Framework
February 2019

Changes in this version:

(Change history is held on previous versions in Q-Pulse)

Version	Section	Change
09	4.2, 6.1, 6.2, 7, Figure 4, Appendix 1	Reference to Controls Assurance Standards has been removed and replaced with a reference to Areas of Governance Assurance instead.
	4.2	Addition of listing the areas of governance assurance
	6.1 (b)	Changed 'Biannual' Accountability Review to read 'Mid and end year' Accountability review
	6.2	Addition of GDPR
	6.3 (c)	Addition of Facilities Management
	6.3 (d)	Changed 'Blood Transfusion Service Communities Partnership' to 'PPI Public and Personal Involvement/Co Production' and changed 'Blood Donation Co-ordinating Group' to Laboratory and Donor Services Management Team'
	6.3 (e)	Changed 'Laboratory Operational Management Team' to Laboratory and Donor Services Operational Management Team'
	Figure 3	Updated titles Addition of Information Governance Working Group Removal of Environment & Waste as it is included in the Health & Safety Committee Addition of PPI/Co Production Changed 'LMT plus 4 sub groups' to 'Laboratory and Donor Services Operational Team' Removed BDCG Removed HTC Tissue Banks Removed Clinical Quality Support Services
	7	Updating wording to reflect the current position with areas of governance assurance Removal of reference to SOP QA:106 Management of Control Assurance Standards
	Table 1	Removal of Blood Donation Co-ordinating Group and Donor Services Team Changed Laboratory Operational Management Team to include Donor Services Addition of Information Governance Working Group
	Appendix 1	Removal of Reference to SOP QA:106 Management of Control Assurance Standards
	Appendix 2	Updated scheduled meeting dates for Serology Removal of Blood Donation Co-ordinating Group Addition of 'Laboratory' to Donor Services Team Addition to Senior Management Team to include Performance & Planning, QIR and Audit Improvement

Content

1   Introduction

HSC organisations and other Arm's Length Bodies of the Department of Health (DoH) must be able to demonstrate effective systems of internal control. It is essential that such systems facilitate assurance throughout the organisation to Board level. This document has been drafted in keeping with guidance issued by DoH March 2009. This guidance on assurance frameworks has been commended for use within Arm's Length Bodies. NIBTS is committed to adopting principles set out within this guidance in the development of the assurance framework within the Service. In developing the assurance framework within NIBTS it is important to note that it is a relatively small organisation with a Board of commensurate size. The key objective in developing this assurance framework is to ensure that there are systems and controls, put in place to manage NIBTS, which are comprehensive. This assurance framework does not impose any new requirements on staff within NIBTS but rather provides the Agency Board with an instrument for making full use of the existing governance capacity:

- In terms of how the various aspects of governance organisational responsibilities and accountability relate to each other.

- In relation to the information the Board needs to discharge its responsibilities and accountability.

- To know how the different facets of governance are working.

- To ensure effective management of risk.

It should be noted that the NIBTS Board have completed the Board Governance Self-Assessment Tool.

It is the responsibility of NIBTS to protect donors, patients, staff and others in the employment and delivery of services. Reducing risk is not just about financial management aspects; it is in fact about improving safety and quality of the user's experience of the Service. For this reason the assurance framework will reinforce governance across all aspects of the organisation. Key to this is the application of an organisation wide risk management scheme. Within the HSC the Regulation Quality and Improvement Authority (RQIA) have a role in ensuring that integrated governance processes are in operation. NIBTS will co-operate fully with any monitoring or inspection undertaken by the RQIA.

2 Governance

The NIBTS Board must be confident that the Agency is managed effectively. Board members must be assured that they will be able to identify and manage risks inherent in the provision of services by the organisation.

As accountable officer, the Chief Executive must sign a "Governance Statement" as part of the statutory accounts and annual report process. A further mid-year assurance statement to attest to the maintenance and improvement of control systems is also required. This assurance framework aims to harness the existing risk management activity to resolve uncertainties and deepen the organisation's understanding of these aspects of governance. The NIBTS Board must determine the level of assurance required to manage the principle risks and to take stock of the various forums of assurance available to them. This is set out in this document. The assurance framework will provide a tool by which the Board can monitor the effectiveness of internal control and hence commit to a statement of internal control as required.

3 Accountability

NIBTS recognises that accountability can be defined in four domains - Corporate Control, Safety and Quality, Finance and Operational Performance and Service Improvement. In developing this assurance framework NIBTS has considered the four domains and its operational objectives. These are translated into five themes/objectives.

1. **Quality** – Patient Safety and maintenance of Licences.

2. **Donor/ Customer** – Improving the Donor/Customer experience.

3. **Improvement** – Constantly seeking to improve our service.

4. **Resources** – Maximising the use of resources allocated to us and minimising waste.

5. **People** – Engage, Empower and Encourage learning and development.

4 Objectives

This assurance framework is dependent on identification of key objectives for the NIBTS; looking at the principal risks to those objectives and what controls can be applied. Independent assurance and controls, and co-ordination are also important to allow for Board reports and further development of Board action plans to improve control and ensure delivery of principle objectives and gain assurance.

<u>Figure 1 – the Key Stages</u>

NIBTS CORPORATE OBJECTIVES

Principal Objectives

Principal Risks

Key Controls

Management checks, Quality Management System, Internal Audits, BSO Internal Audit, Clinical and Multi-professional Audit, DoH Quality and Service Standards, Controls Assurance Standards, Circulars and Guidance, RQIA, Professional and Staff Regulatory Bodies, External Audit, Medicines Healthcare products Regulatory Agency, UKAS , Counter Fraud Unit etc.

Sources of Independent Assurance on Controls and their co-ordination

Board Reports, positive assurances, gaps in control & gaps in assurance

To improve control, ensure delivery of principle objectives and gain assurance

Board Action Plan

NIBTS sets out its objectives taking into account the purpose, vision and core values for the organisation. These are:

Purpose

NIBTS was established to collect, process, and deliver high quality blood and blood products and appropriate advice to the Health Service in Northern Ireland to the required regulated standard. It also provides antenatal screening for all of Northern Ireland.

Our Values

1. Respect the altruistic values of donors.
2. Treat donors as we would wish to be treated ourselves.
3. Listen to complaints and suggestions and respond positively to those.
4. Listen to our colleagues and value their contribution.

Vision

The following five themes set the organisations strategic direction. These feed into individual staff development reviews; team development plans; DoH objectives and corporate goals. These are:

1. Donor and patient safety.
2. Maintenance of licences.
3. Maintenance of supply of blood and blood products to the HSC.
4. Prudent use of public funds.
5. Develop our staff to improve the services we provide.

4.1 Donor and patient safety

Patients

NIBTS key external customers are blood donors and hospital patients. There are other stakeholders including the DoH, the Health and Social Care Board which commissions our services, the Health and Social Care Trusts which use our services and the wider public who provide the donors the system relies on.

Donors

NIBTS must maintain a donor base, sufficient to meet the needs of the patients in Northern Ireland and set appropriate targets for an active donor list, replacement of donor numbers and maintenance of adequate blood stocks. Retaining donors on the panel is key to the success of the Agency. Therefore how donors view themselves as being treated and valued by the organisation is very important.

4.2 Maintenance of Licences

NIBTS statutory duties are set out in the Northern Ireland Blood Transfusion Service (Special Agency) (Establishment and Constitution) Order (Northern Ireland) 1994 and associated relevant legislation.

What is more visible to NIBTS staff and colleagues are the licensing regulations which relate to our Blood Establishment Authorisation and Wholesale Distribution Authorisation from the Medicines and Healthcare products Regulatory Agency (MHRA) which is dependent on compliance with the Blood Safety Quality Regulations 2005 (as amended) (BSQRs) and Good Manufacturing/Distribution Practice. NIBTS has had excellent results across these standards in the past year and holds the relevant licences. NIBTS also participates in the UKAS scheme. One of the key methods by which the NIBTS Board and the population can be assured over the quality of our work is through the maintenance of the licences/authorisation/accreditation overseen by these Regulators.

NIBTS Agency Board governance is supported by this framework which is consistent with current DoH Guidance. NIBTS submits returns in relation to 17 areas of governance assurance to the Department. Three, in relation to financial management, risk management and governance are externally verified by internal audit, further areas may be selected for external verification using a risk based approach. The remainder are self-assessed.

The 17 areas of governance assurance are:-

Risk Management

Governance

Emergency Planning

Information Management (Information Governance)

Management of Purchasing & Supply

Financial Management

Health & Safety

Security Management

Human Resources

Research Governance

ICT

Buildings, Land and Plant

Medical Devices and Equipment

Environmental Management

Waste Management

Fire Safety

Fleet and Transport Management

NIBTS is also required to adhere to all statutory duties with regard to Section 75 of the Northern Ireland Act (1998). The Agency's commitment to Section 75 is demonstrated through adherence to the Agency Equality Scheme and associated Action Plan.

4.3 Maintenance of supply of blood and blood products to the HSC

This theme focuses on maintaining the supply of blood and blood products to all hospitals within Northern Ireland. NIBTS is the sole supplier of blood and blood products to the HSC in Northern Ireland. Currently, there is a gradual reduction in the HSC's need for red cells. This has not however affected the Agency's blood collection requirements and it is anticipated that this reduction has 'bottomed out' and as such the Agency will be required to supply the HSC at similar levels in the future.

4.4 Improvement of Clinical Transfusion Practice

The medical team works closely with the Northern Ireland Transfusion Committee and individual transfusion committees on work streams to optimise clinical transfusion practice for patients. Separately, the medical team leads the Transfusion Medicine Specialty Forum of the Pathology Network whose remit is standardisation of laboratory practice and integration of the blood supply chain.

4.5 Develop our staff to improve the services we provide

This theme focuses on the development of a culture of continuous improvement. It is the responsibility of all staff but particularly managers to seek ways to improve the service. This can be facilitated through CPD, awareness of developments in the relevant professions, understanding what initiatives and developments other similar organisations across the world are doing, departmental service improvement plans and taking account of staff suggestions for service enhancement.

In 2019/20 there will be a continued focus on our IiP objectives with particular attention being given to strengthening the middle management tier through staff development. Middle managers will continue to be empowered to deliver the organisation's objectives while being accountable for the services they provide.

The key principles are delegating and holding to account, recognising and encouraging excellent performance and challenging poor performance

5 Risk Management

NIBTS have developed a comprehensive risk management process.

Figure 2 –Risk Management Process – An Overview
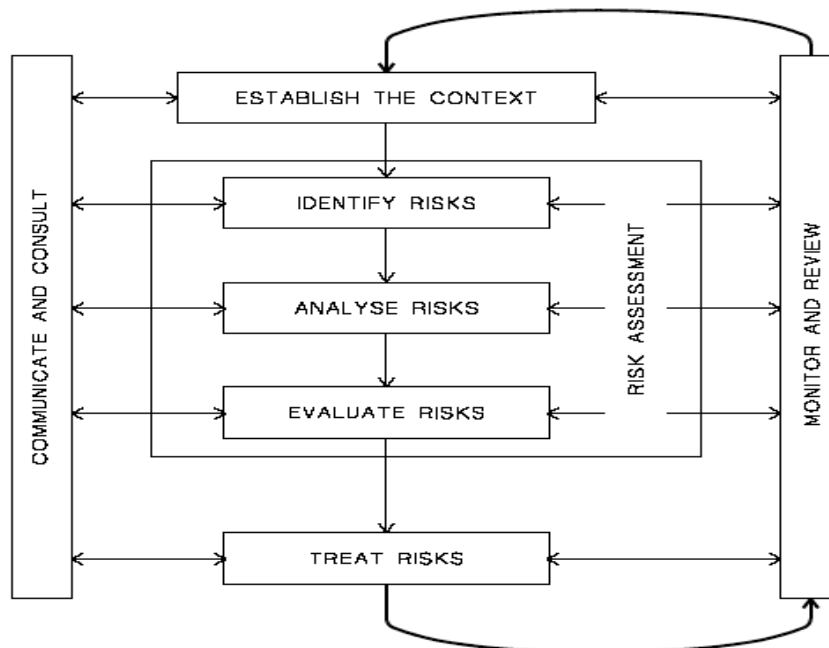
The NIBTS risk management system seeks to ensure:

- Board and senior management are committed to risk management and that there is a clear sense that risk management is integral to all planning, the achievement of objectives and to being accountable.
- An understanding that risk taking can bring both rewards and penalties and that certain risks are not to be accepted
- A common framework for the analysis of risk
- A single point of coordination for the process

The NIBTS approach to risk management is detailed in the following documents:

- STG:RMS:001   Risk Management Strategy
- SOP:RM:001   Risk Register Process
- SOP:RM:002   Operational Risk Assessment Procedure
- SOP:HS:011   Health and Safety Risk Assessment Procedure

These processes and others embedded in NIBTS processes such as incident reporting and change control, allow an effective risk management system to apply both from the top down and from the bottom up.

6   Performance Management Framework

Key objectives are set out in the annual business plan which is approved by the Agency Board. Performance management involves a range of external bodies and internal groups. General oversight is provided by the DoH sponsor branch and NIBTS Agency Board. The roles and reporting relationships of the various bodies and groups are summarised below:

6.1   General Oversight

(a) Agency Board

- Assures corporate governance, approves business plan and three year corporate plan and monitors performance.

- Audit Committee – assures internal governance, receives reports from external and internal auditors and other reports which it considers appropriate.

- Governance and Risk Management Committee – assures governance and risk management systems and processes including governance, risk assessment and management, governance areas of assurance and action plans, quality development, clinical standards and audit, IiP, business continuity planning and how compliance is managed and reported.

- As the executive board member, the Chief Executive has ultimate responsibility for providing assurance on the quality of data and information presented to the Agency Board. This assurance relates primarily to scrutiny at a range of meetings – some of which are described above - at which SMT members provide data and information relating to their areas of responsibility. The information provided for identified Key Performance

Indicators is discussed and where necessary challenged at SMT meetings. Data relating to MHRA regulatory compliance is also tabled at regular QIR meetings.

(b) <u>DoH</u>

- Regular reports on progress with governance and implementation of policies.

- Mid and end year Accountability Review meetings

- Northern Ireland Blood Safety Committee (chaired by Chief Medical Officer).

6.2 External Assessment and assurance is provided by:

- Medicines and Healthcare products Regulatory Agency (MHRA). Responsible for inspection in respect of compliance with the Blood Safety Quality Regulations 2005 (as amended) (BSQRs) and the requirements relating to Wholesale Distributors Licensing.

- UKAS– Diagnostic Laboratory Services.

- NI Audit Office – External audit of financial statements.

- Compliance with DoH 'Codes of Conduct and Accountability'.

- Equality Commission NI.

- Information Commissioners Office (GDPR, Freedom of Information and Data Protection Acts).

- Regulation & Quality Improvement Authority.

- Investors in People.

- Health and Safety Executive NI.

- National Health Service Blood and Tissues (for Bone Marrow Donor Registry).

- BSO Internal Audit – NIBTS Processes and Compliance with Governance area of Assurance.

6.3 Internal Arrangements

A range of operational teams and processes are involved in the monitoring and management of governance and performance. These include:

(a) <u>General</u>

- Senior Management Team.

- Quality Improvement Review Committee - Quality Management Programme – quality monitoring reports (blood component testing etc.), incident management programme, change control, internal quality audit programme (all departments), document control (policies, procedures). The Quality Management System is described in the 'NIBTS Site Quality (Master File) Manual' (MAN:QD:001).

- ICT Steering Committee.

- Health and Safety Committee – Health and Safety, Fire safety, Security management, Environmental and Waste Management

- Equality and Human Rights Committee – Equality, Human Rights and Good relations, and general Section 75 responsibilities.

- Estates Management Group.

(b) <u>Finance</u>

- Audit Committee meetings and assurance systems.

- External audit (Annual Report and Accounts).

- Internal audit programme (Business Services Organisation).

- Monthly reports to Agency Board and to DoH.

- Budgetary control systems.

- Customer contracts: monitors performance against Service Level Agreements with Hospitals and HSCB.

(c) <u>HR & Corporate Services Department</u>

- Human Resources: recruitment, retention, turnover, employee and industrial relations, absence monitoring, workforce planning, employment law, policy and strategy development, learning and development, pensions & employee benefits administration, HR systems and best practice HR.

- Coordination, development and performance monitoring of corporate service level agreements.

- Health and Safety Management.

- Security and Fire Management.

- Medical and Board secretarial support.

- Purchasing and Supply Management including stores.

- Waste Management and Environmental Management.

- Ante-natal system and administrative support.

- Domestic Services and Facilities Management including buildings, land plant and equipment.

- Equality and Human Rights and Section 75 obligations.

- Corporate Governance.

- Facilities Management.

- Risk Management, Emergency Planning and Business Continuity.

- Information Management.

(d) Blood Collection Programme

- External input: PPI (Public and Personal Involvement / Co-Production.

- Internal: Laboratory and Donor Services Operational Management Team meetings / planning meetings (co-ordinating, planning and general oversight).

- Quarterly and monthly performance management reports, donor satisfaction and complaints, waiting times, blood donation/collection data and quality incidents.

(e) Laboratory Departments

- External: User Group Meetings (hospital blood bank, immunohaematology and antenatal departments) and the Regional Blood Bank Managers meeting- monitor service provided to customers.

- Internal: Laboratory and Donor Services Operational Management Team and Departmental meetings (blood bank, serology, microbiology) – role in performance monitoring in addition to planning and general oversight.

(f) Medical Department

- Extensive teaching and training commitments across HSC and multi-disciplinary.

- Development of clinical practice guidelines for transfusion and supervision of implementation.

- Clinical audit on topics selected because high volume, high risk, high cost.

- Improvement initiatives which relate to introduction of new tests and processes informing patient care pathways.

(g) Learning and Development

- External: Requirements for training and development as determined by relevant professional bodies – medical, biomedical scientists, nurses and managers.

- Individual appraisal and performance development systems for all staff.

- Delivery of a Learning and Development Strategy (currently under review)

Figure 3 – Performance Management

External Assurance

Agency Board

Audit

SMT

Governance & Risk Management Committee

RQIA, MHRA, UKAS Information Commissioner

Finance

ICT Steering Group

Internal /

Medical Team NITC Transfusion Medicine Specialty Forum

H&S Committee

HSE NI

Laboratory and Donor Services Operational Managers Team

QIR

MHRA UKAS Hospital User

PPI/Co Production

Risk Management Sub Group

Emergency Planning

Equality

MHRA BCC

Information Governance working group

Equality & Human Rights

ECNI

IIP

7 Independent Assurance

All core services provided by NIBTS are subject to Regulatory Inspection and /or Accreditation. NIBTS Board fully acknowledges that it is appropriate to obtain independent assurance that good governance systems are in place and working effectively. Bodies from which the NIBTS will seek independent assurance include: Regulatory and Improvement Authority (RQIA); Business Services Organisation (internal audit), NI Audit Office (external audit), Medicines and Healthcare products Regulatory Agency, UKAS. Independent assurance is applied against a wide range of standards which include relevant Areas of Governance Assurance, Blood Safety and Quality Regulations 2005 (as amended)(BSQRs), Human Tissue Quality and Safety Regulations 2007; UKAS standards. An overview of such external assessments is provided by the application of SOP:QA:096 'Procedure for the Management of Assessments of NIBTS by External Bodies'. The management of compliance with areas of governance assurance is in keeping with departmental guidance and forms an integral part of the organisation assurance framework. Progress on governance will be reported to the Governance and Risk Management Committee. Proportionate assurance will be provided to relevant policy leads in the Department where appropriate. Assurance will be provided in mid and end year assurance and the governance statement. The formal accountability process remains the vehicle for highlighting any exception issues.

8 Co-ordination

NIBTS has a range of committees and groups which meet periodically. This is set out in Table 1. A schematic diagram is included at Figure 3.

Table 1

NIBTS Agency Board
NIBTS Agency Board – Audit Committee
NIBTS Agency Board - Governance and Risk Management (GRM)
Remuneration Committee
Senior Management Team
Risk Management (GRM Sub-committee)
Quality Improvement Review Group
Incident Management Group
Health and Safety Committee incorporating Environmental and Waste Management, Fire Safety and Security
Estates Management Group
Medical Team
Northern Ireland Transfusion Committee
Transfusion Medicine Specialty Forum
Laboratory and Donor Services Operational Management Team
Hospital Services Committee
Serology Committee
Microbiology Committee

Medical Devices and Equipment Group
ICT Steering Committee
Equality and Human Rights Committee
JNCC
Emergency Planning
Change Control Group
Information Governance Working Group

<u>Figure 4 – Assurance Framework</u>

Agency Board

Audit Committee

- Governance Statement
- Audit Reports
- External Audit
- Internal Audit
- Internal Assurances,
- Financial and non-Financial
  reports

Governance & Risk Management Committee

- Governance & Risk Management Reports

Chief Executive Report

Senior Management Team

- Corporate Management
- Corporate Governance
- Business and Operational Planning
- Corporate Development

Information on:

- Risk
- Areas of Governance Assurance and Action Plans
- Adverse Incident Management
- Claims Management
- Learning & Development &CPD
- Clinical Audit & Research
- Quality Management System
- User Groups (hospital, donors)
- Complaints Management
- Information Governance
- Research Governance
- IiP

Functional Groups, Medical, Support Operational, Regulation / Quality

- Blood Donation Coordinating Group
- Laboratory Groups
- Quality Group reports

Other Assurance Reports, including   Departmental reports, for example:. Finance, MHRA, UKAS, RQIA. Other information will include minutes of relevant meetings.

FMW:10:QD:001:09:NIBT

The Board Terms of Reference are included in the NIBTS Standing Orders and Terms of Reference have been developed for all Committees to facilitate coordination and management of progress with objectives and management of risks.

Where appropriate key agenda items include:

- Performance management.
- Risk Assessments and management plans.
- Corporate issues.
- Learning and development issues.
- Service developments.
- Quality issues including incidents, complaints.

Meetings are scheduled to facilitate effective management, assurance, communication and development. An annual schedule of key meetings is included at Appendix 3. It should be noted that Terms of Reference for each committee are regularly reviewed. The Audit Committees TORs are reviewed annually and have been reviewed in approving this document.

9   Reporting

The NIBTS Board is scheduled to meet seven times during 2019/20. A number of reporting mechanisms have been put in place to assure governance and provide appropriate reports to the Board.

The Governance Statement and "mid-year assurance statement" will be provided to assure the Agency Board, DoH, Minister and the public that the operations within NIBTS are of a high standard and quality. The collation of these statements is based on robust information and involves the collation, sharing and agreement on a range of information generated internally and from internal and external audit. This Assurance framework is key to the development of robust Governance/Internal Control Statements.

10 Assessment and Review

- This framework document will be reviewed in conjunction with the Annual Business Planning process and any improvements will be applied.

Author: J Calvert, Business Continuity and Risk Manager

Signature: _____   **Date:** _____

Author: I Ritchie, Head of Human Resources and Corporate Services

Signature: _____   **Date:** _____

Approved By: K Jackson, Chief Executive

Signature: _____   **Date:** _____

Approved By: NIBTS Agency Board

Signature _____   **Date:** _____

Appendix 1

Assurance Framework

Theme 1- Donor and Patient Safety

Risk: Reduction in donor numbers and inability to supply

	Area	Existing Controls	Assurances Internal (I) and External E)	Gaps in Controls and Assurance	Action	Reporting Arrangements
1.1	Blood Collection	Blood Collection Strategy, Corporate Plan, Business Plan, Performance Management Processes, Quality Management Systems	Corporate Plan, Business Plan, Performance Management Reporting(I) BSO IA (E) MHRA IA (E)			Department Operational meetings. Incident Management and Quality Improvement Review meetings. Reports to Governance and Risk Management Committee, Performance Management reports against Corporate Plan and Business Plan to Board

Theme 2 –Maintenance of all licences

Risk: Failure to maintain licensing/accreditation

	Area	Existing Controls	Assurances Internal (I) and External E)	Gaps in Controls and Assurance	Action	Reporting Arrangements
2.1	Blood establishment authorisation. Blood Bank Compliance	Corporate Plan, Business Plan, Performance Management Processes, Quality Management Systems	Corporate Plan, Business Plan, Performance Management Reporting(I) NIBTS Internal Quality Audit Programme (I) MHRA (E)			Department Operational meetings. Incident Management and Quality Improvement Review meetings. Reports to Governance and Risk Management Committee Performance Management reports against Corporate Plan and Business Plan to Board Specific Reports to the Board on this subject
2.2	UKAS accreditation of laboratory diagnostic service.	Corporate Plan, Business Plan, Performance Management Processes, Quality Management Systems	Corporate Plan, Business Plan, Performance Management Reporting(I) NIBTS Internal Audit Programme (I)			Department Operational meetings. Incident Management and Quality Improvement Review meetings. Reports to Governance and Risk Management Committee Performance Management reports against Corporate Plan and Business Plan to Board, Specific Reports to the Board
2.3	DoH requirements	Corporate Plan, Business Plan, Performance Management Processes, Quality Management Systems Specific Controls Assurance and Action Plans	Corporate Plan, Business Plan, Performance Management Reporting, Self Assessments(I) BSO IA(E)			Department Operational meetings, Specific Committees, Reports to Governance and Risk Management Committee Performance Management reports against Corporate Plan and Business Plan to Board

Theme 3- Maintenance of supply of blood and blood products in the HSC

Risk –Inability to meet demand for blood and blood products

	Area	Existing Controls	Assurances Internal (I) and External E)	Gaps in Controls and Assurance	Action	Reporting Arrangements
3.1	Blood Safety Initiates Comply with mandatory national developments on blood safety. This will ensure appropriate planning (financial & operational) pending Government decisions on implementation	Corporate Plan, Business Plan, Performance Management Processes, Quality Management Systems	Corporate Plan, Business Plan, Performance Management Reporting(I) BSO IA (E) MHRA (E)			Department Operational meetings. Reports to Governance and Risk Management Committee, Performance Management reports against Corporate Plan and Business Plan to Board,
3.2	Support hospital transfusion practice • Clinical advice and support Support NITC initiatives relating to improved clinical transfusion practice	Commitment to Transfusion Committees including, NI Regional Transfusion Committee, Regional Pathology Network	Clinical audit outcomes. Feedback measures from hospitals. User Surveys, Incident Reporting procedures			Department Operational meetings. Reports to Governance and Risk Management Committee Performance Management reports against Corporate Plan and Business Plan to Board. Incident Management and Quality Improvement Review.
3.3	Reference testing service	Corporate Plan, Business Plan, Performance Management Processes, Quality Management Systems	Clinical audit outcomes. Feedback measures from hospitals. User Surveys, Incident Reporting procedures MHRA (E)			Department Operational meetings. Incident Management and Quality Improvement Review meetings. Reports to Governance and Risk Management Committee Performance Management reports against Corporate Plan and Business Plan to Board

Theme 4 – Prudent use of public funds

Risk – Inability to meet HSC efficiency gains

	Area	Existing Controls	Assurances Internal (I) and External E)	Gaps in Controls and Assurance	Action	Reporting Arrangements
4.1	Finance Achieve statutory requirements. (will involve meeting the require HSC efficiency gains)	Budgetary control and financial management systems	Breakeven -revenue -capital			Monthly reports to SMT, Board and DoH

Theme 5 – Develop our staff to improve the service

Risk: Failure to meet Departmental Targets

	Area	Existing Controls	Assurances Internal (I) and External E)	Gaps in Governance Assurance	Action	Reporting Arrangements
5.1	HR & CS Action Plan	Corporate Plan, Business Plan, Performance Management Processes	Corporate Plan, Business Plan, Performance Management Reporting(I) BSO IA(E)			Department Operational meetings. Performance Management reports against Corporate Plan and Business Plan to Board Specific Reports to the Board or Governance and Risk Management Committee on this and Relevant Action Plans
5.2	KSF	Corporate Plan, Business Plan, Performance Management Processes	Corporate Plan, Business Plan, Performance Management Reporting(I) BSO IA(E) IIP(UK)			Department Operational meetings. Performance Management reports against Corporate Plan and Business Plan to Board Specific Reports to the Board or Governance and Risk Management Committee on this and Relevant Action Plans
5.3	Service modernisation	Corporate Plan, Business Plan, Performance Management Processes	Corporate Plan, Business Plan, Performance Management Reporting(I) BSO IA(E)			Department Operational meetings. Performance Management reports against Corporate Plan and Business Plan to Board
5.4	IiP	Corporate Plan, Business Plan, Performance Management Processes	Corporate Plan, Business Plan, Performance Management Reporting(I) BSO IA(E)			Department Operational meetings. Performance Management reports against Corporate Plan and Business Plan to Board Specific Reports to the Board or Governance and Risk Management Committee on this and Relevant Action Plans

Appendix 2

Table 1– Schedule of key meetings 2019-20

Year 2019-2020	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.
NIBTS Agency Board		X	X			X	X		X		X	X
NIBTS Agency Board – Audit Committee			X			X						X
Remuneration Committee*						X						
Governance and Risk Management (GRM)			X		X				X			X
Senior Management Team (includes Performance & Planning, QIR, Audit Improvement)	X	X	X	X	X	X	X	X	X	X	X	X
Risk Management (GRM Sub-committee)		X			X			X			X	
Quality Improvement Review	X	X	X	X	X	X	X	X	X	X	X	X
Incident Management	X	X	X	X	X	X	X	X	X	X	X	X
Health and Safety Committee	X	X	X			X		X		X	X	X
Equality and Human Rights Committee		X			X			X			X	
Estates Management Group	X	X	X	X	X	X	X	X	X	X	X	X
Medical Team	X	X	X	X	X	X	X	X	X	X	X	X
Northern Ireland Transfusion Committee		X				X				X		
Transfusion Medicine Specialty Forum		X			X			X			X	
Laboratory and Donor Services Team	X	X	X	X	X	X	X	X	X	X	X	X
Hospital Services	X		X		X		X		X		X	

	1	2	3	4	5	6	7	8	9	10	11	12
Serology		X		X		X		X		X		X
Microbiology	X		X		X		X		X		X	
Medical Devices and Equipment Group	X			X			X			X		
ICT Steering Group		X			X			X			X	
JNCC			X				X				x	
Information Governance Working Group	X			X			X			X		

*Remuneration Committee & JNCC may meet more often if required.