

# Northern Ireland Blood Transfusion Service



Board Assurance Framework  
January 2016

**Copy No: 1**  
**Issued To: Master**

**Change History**

Version	Section	Change
06	3	Updating of the new themes.
	4	Updating of the new themes
	Appendix 1	Updating of new themes
	Appendix 2	Removal of TOR to be issued in a separate document. Appendix 2 is now the 'schedule of key meetings'
	Appendix 3	Deletion see Appendix 2.
05	9	Amendment to the number of Board meetings in 2015/16
	Appendix 2	Addition of revised TOR for Health and Safety Committee.
	Appendix 3	Update to schedule of key meetings.
04	4	Update to reflect vision and mission as in business plan for 2013/14
	8	Update to table of committees
	Appendix 2	Addition of revised TOR for Health and Safety Committee
03		Addition of Change History table
	1 Introduction	Update to reflect established and current Board Assurance Framework
	All sections	Revised to reflect current structures including removal of references to the Learning and Development and Clinical Audit Group. Specific comments regarding Clinical Audit and delivery of a Learning and Development Strategy are included on Page 14 (f) and (g)
	Appendix 2	Addition of TOR for Serology, Medical Devices and Equipment Group, Incident Management Group and ICT Steering Committee

## Content

		<b>Page Numbers</b>
	Change History	2
1	Introduction	4
2	Governance	5
3	Accountability	5
4	Objectives	6-9
5	Risk Management	10
6	Performance Management	11-15
7	Independent Assurance	16
8	Coordination	16
9	Reporting	18
10	Assessment of Review	18
App. 1	Assurance Framework	19-22
App. 2	Meeting Schedule	23

## 1 Introduction

HSC organisations and other Arm's Length Bodies of the Department of Health Social Services and Public Safety (DHSSPS) 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 DHSSPS March 2009. This guidance on assurance frameworks has been commended for use within Arm's Length Bodies. NIBTS are 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 limited 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 will not impose any new requirements on staff within NIBTS but will in fact provide the Agency Board with an instrument for making full use of the existing governance capacity:

- In terms of how the various aspects of governance relate to organisational responsibilities and accountability to each other.
- In relation to the information they need to discharge their 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 and recommendations have been made.

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 fully co-operate with any monitoring or inspection undertaken by the RQIA.

## 2 Governance

The NIBTS Board needs to 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.

The Chief Executive, NIBTS, as accountable officer, 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 required. This assurance framework aims to harness the existing risk management activity to resolve uncertainties and deepen NIBTS understandings of these aspects of governance. The NIBTS Board must determine the level of assurance required to manage their 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

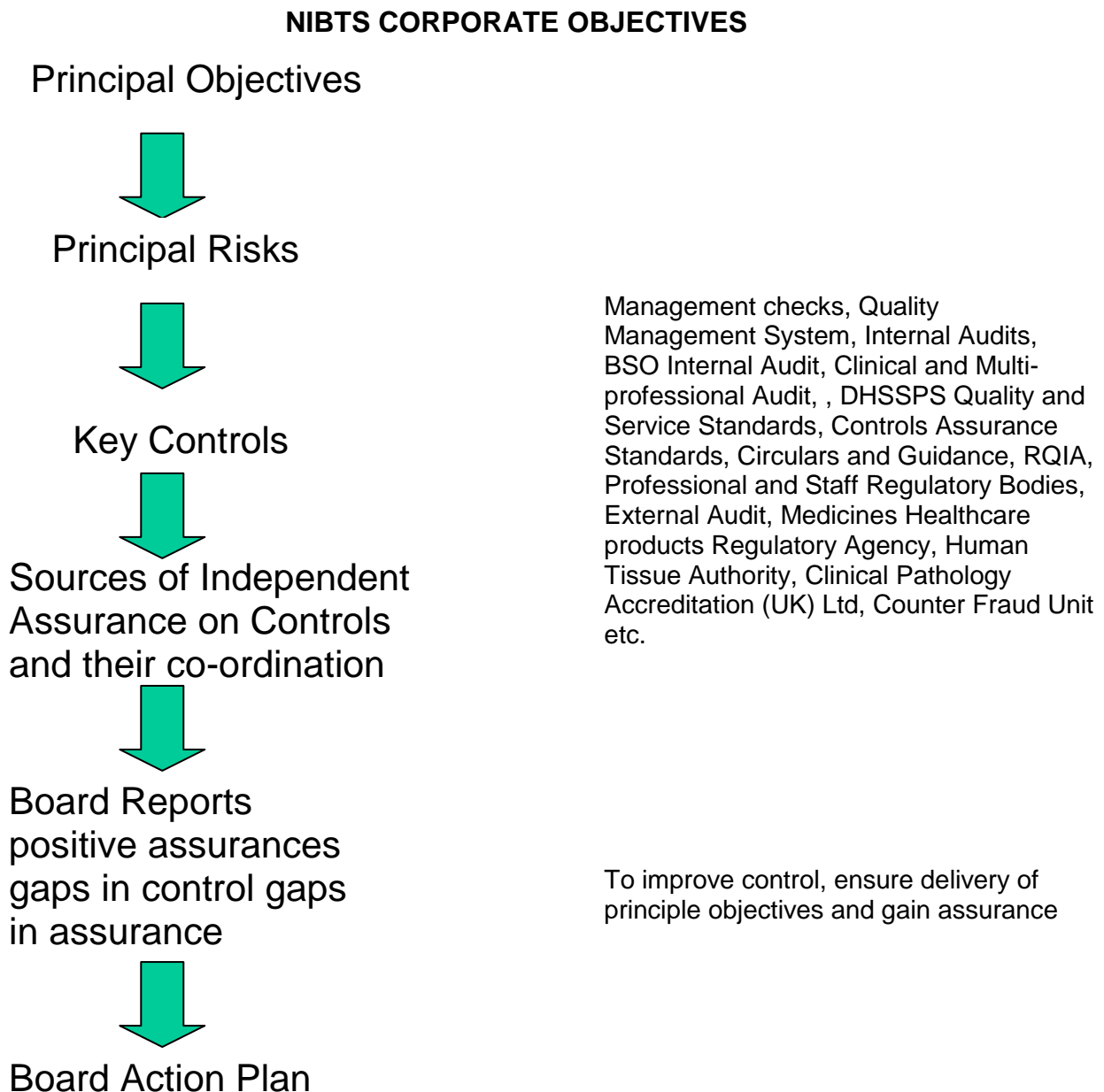
NIBTS recognizes that accountability can be defined in four domains - Corporate Control, Safety and Quality, Finance and Operational Performance and Service Improvement. In developing this assurance framework NIBTS have considered the four domains and its operational objectives. These are translated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

**Figure 1 – the Key Stages**



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

### **Mission**

The Mission statement for the organisation is “To collect, process, and deliver high quality blood and blood products and appropriate advice to the HSC in Northern Ireland to the standard required by the Regulators”.

### **Our Values**

1. Respect the altruistic values of the 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; DHSSPS 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 service

## **4.1 Donor and patient safety**

### **Patients**

NIBTS key external customers are blood donors and hospital patients. There are other stakeholders including the Department of Health, 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 sets appropriate targets for an active donor list, replacement donor numbers and maintaining adequate blood stocks. Retaining donors on the panel is key to the success of the Agency and as such 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 from the Medicines and Healthcare product Regulatory Agency (MHRA) which are dependent on compliance with the Blood Safety Quality Regulations 2005 (BSQRs) as amended and cord blood authorisation provided by the Human Tissue Authority (HTA). NIBTS has had excellent results across these two standards in the past year and holds relevant licenses and accreditation from both bodies. NIBTS also participates in the Clinical Pathology Accreditation (CPA) scheme. In 2009 CPA became a wholly owned subsidiary of the United Kingdom Accreditation service (UKAS), which is currently managing the transition of all CPA accredited laboratories to UKAS accreditation to the internationally recognised standard ISO 15189, Medical Laboratories- requirements for Quality and Competence. 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 DHSSPS Guidance. NIBTS submits returns in relation to 18 controls assurance standards to the Department. Three in relation to financial management, risk management and governance are externally verified by internal audit, a further 2-3 may be selected for external verification using a risk based approach. The remainder are self-assessed.

NIBTS will continue to adhere to all statutory duties with regard to Section 75 of the Northern Ireland Act (1998).



### **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 effected 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. It is expected that the requirement for platelets will increase by 5% over the next 5 years. Plans to meet this projected demand are being prepared.

### **4.4 Prudent use of public funds**

This relates to both the finances allocated to the Agency but also wastage of any products either through the processes we are following or in the usage of our products by the Trusts. As part of the HSC, NIBTS is fully aware of the significant financial pressures facing the HSC system and is committed to playing its part in addressing these. Since the inception of the Agency in 1994, NIBTS has delivered cash release savings and productivity improvements as required by the DHSSPS and in line with those achieved by HSC Trusts. NIBTS will continue to deliver such cash release savings in 2015/16 and is planning for a 2.5% reduction in its funding for the year.

### **4.5 Develop our staff to improve the service**

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 profession, 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 2015/16 there will be a continued focus on our liP objectives with particular attention being given to strengthening the middle management tier through improved appointments and staff development. Middle managers will be empowered to deliver the organisation's objectives while being accountable for the services they provide.

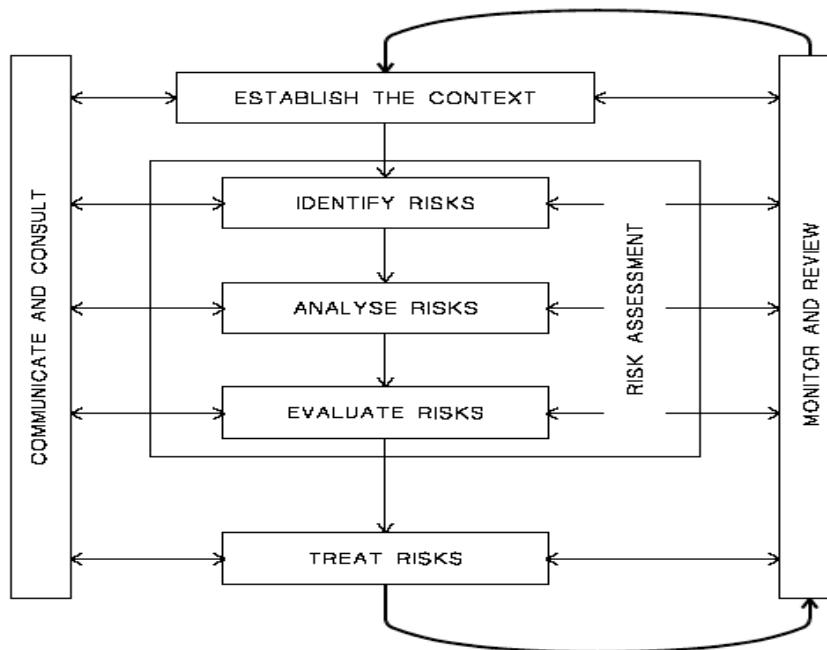
The key principles are delegating and holding to account, management accountability, challenging poor performance and recognising and encouraging excellent performance.

Additionally in 2015/16 NIBTS will ensure that the necessary steps are being taken to prepare for the introduction of revalidation for Nurses and Midwives from 31 December 2015. This includes engagement as required with the Nursing Revalidation Programme Board and its Working Group.

## 5 Risk Management

NIBTS have developed a comprehensive risk management process in compliance with the Controls Assurance Standard for risk management AS/NZS 4360

**Figure 2 – The AS/NZS 4360:2004 Model<sup>1</sup> – 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 and achieving 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
- POL:RP:001 Risk Management Policy
- SOP:RM:001 Risk Register Process
- SOP:RM:002 Operational Risk Assessment and GxP Risk Assessment Procedure
- SOP:HS:011 Health and Safety Risk Assessment Procedure

<sup>1</sup> Based on material originally developed by SAI Global

These processes and others embedded in NIBTS processes such as incident reporting and change control, allow an effective risk management systems 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 by the DHSSPS 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 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, Controls Assurance Standards, quality development, clinical standards and audit, learning and development, business continuity planning and how compliance is managed and reported.

#### **(b) DHSSPS**

- Regular reports on progress with governance and implementation of policies.
- Biannual Accountability Review meetings
- Annual Performance Review meeting.
- 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 and the requirements relating to Wholesale Distributors Licensing.
- Clinical Pathology Accreditation Ltd. (UK) – Diagnostic Laboratory Services.
- Human Tissue Authority
  - Licensing of Cord Blood Bank.
  - Responsible for ensuring compliance with the Human Tissue Act.

- External financial audit – NI Audit Office.
- Compliance with DHSSPS ‘Codes of Conduct and Accountability’.
- Equality Commission NI.
- Information Commission (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 Controls Assurance Standards.

### 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) General

- 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 Quality Manual (MAN:10: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) Finance

- Audit Committee meetings and assurance systems.
- External audit (financial accounts)
- Internal audit programme (Business Services Organisation)
- Monthly reports to Agency Board and to DHSSPS
- Budgetary control systems
- Customer contracts: monitors performance against Service Level Agreements with Hospital and HSCB

(c) HR & Corporate Services Department

- Human resources: recruitment, retention, turnover, employee relations, absence monitoring, workforce planning, employment law, policy and strategy development, training and development and best practice HR.
- Coordination, development and performance monitoring of corporate service level agreements.

- Domestic Services and Facilities Management
- Equality and Human Rights and Section 75 obligations.
- Risk Management, Emergency Planning and Business Continuity
- Information Management

(d) Blood Collection Programme

- External input: Blood Transfusion Service Communities Partnership.
- Internal: Blood Donation Co-ordinating Group (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) - monitor service provided to customers.
- Internal: Laboratory Management Team and Departmental meetings (blood bank, serology, microbiology, cord blood) – role in performance monitoring in addition to planning and general oversight.

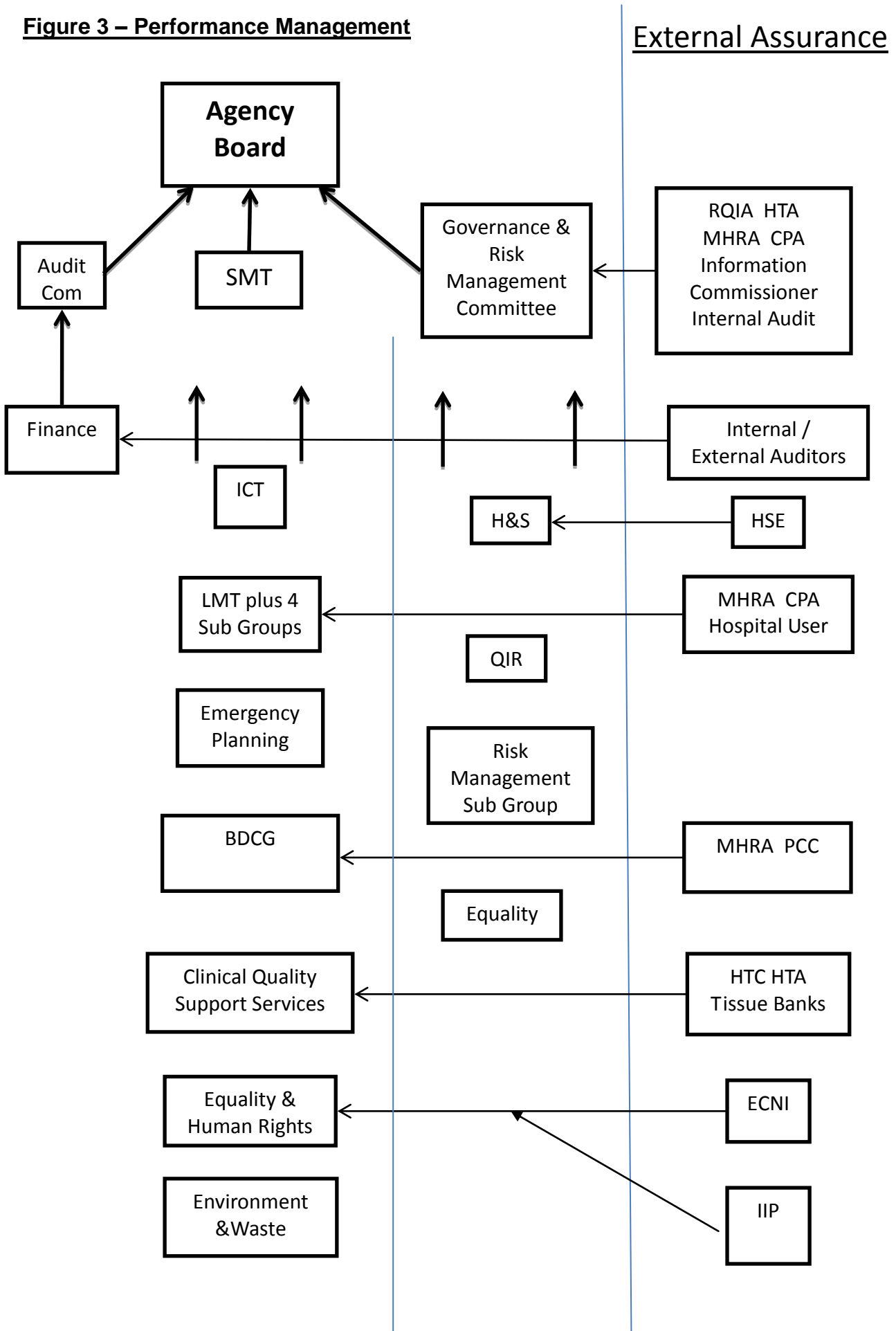
(f) Clinical Audit

- NIBTS are committed to on-going clinical audit and will identify clinical audits for completion. Results of such audits will be incorporated into training and development for relevant clinical/medical staff

(g) Learning and Development

- External: Requirements for training and development as determined by relevant professional bodies – medical, biomedical scientists, nurses and managers.
- Internal: As set out in the annual training plan.
- Individual appraisal and performance development systems for all staff.
- Delivery of a Learning and Development Strategy (currently under review)

**Figure 3 – Performance Management**



## 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, Human Tissue Authority, Clinical Pathology Accreditation Ltd (UK). Independent assurance is applied against a wide range of standards which include relevant Controls Assurance Standards, Blood Safety and Quality Regulations 2005, Human Tissue Quality and Safety Regulations 2007; CPA standards. An overview of such external assessments is provided by the application of SOP:QA:096 i.e. Procedure for the management of assessments of NIBTS by external bodies. The management of compliance with controls assurance standards is in keeping with departmental guidance and forms an integral part of the organisation assurance framework. This is described in an NIBTS procedure SOP:QA:106

## 8 Co-ordination

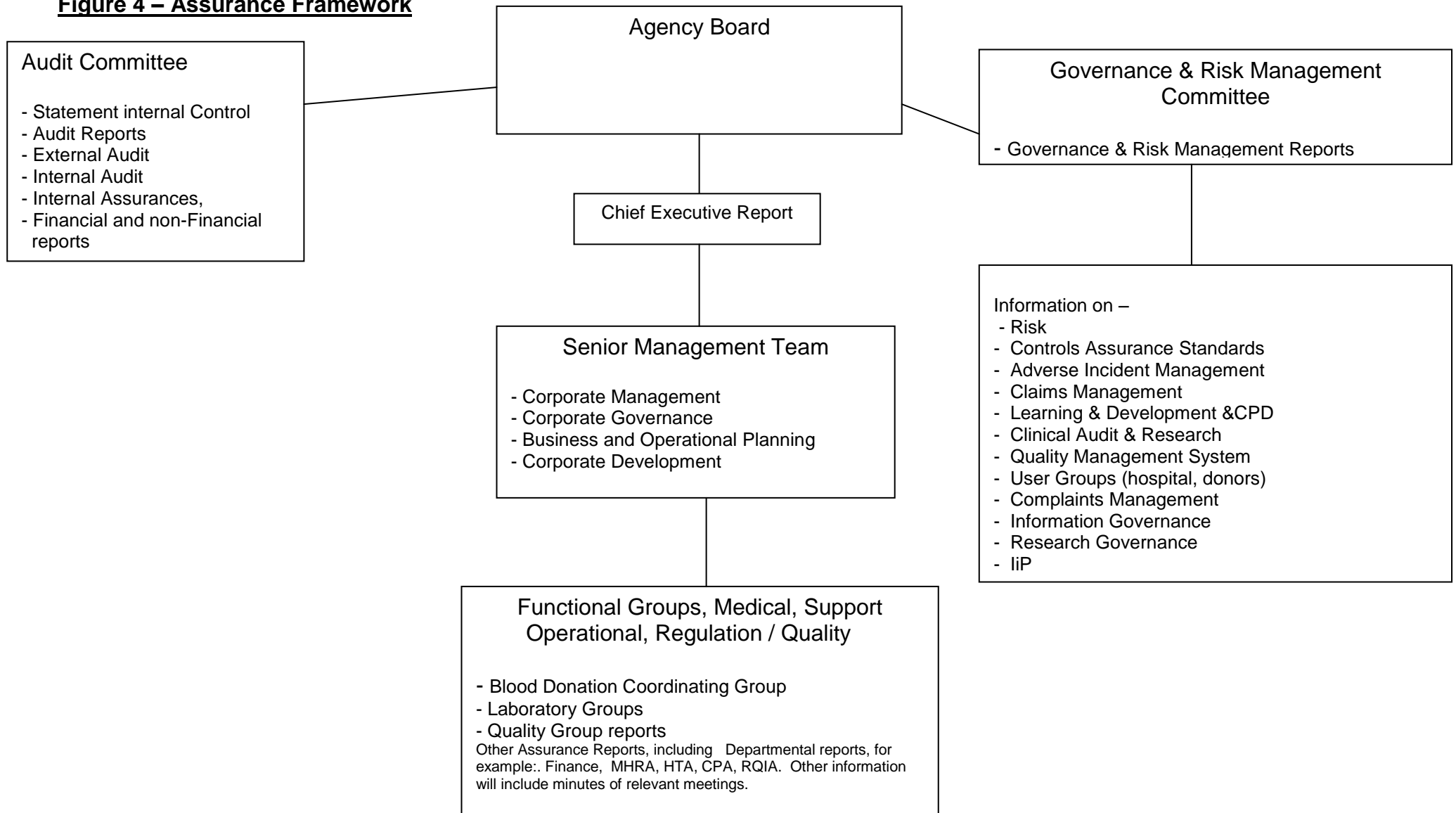
NIBTS have a range of committees and groups which meet periodically. This is set out in Table 1. A schematic diagram is included at Figure 3.

Table 1

NIBTS Agency Board
NIBTS Agency Board – Audit Committee
NIBTS Agency Board - Governance and Risk Management (GRM)
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
Blood Donation Co-ordinating Group
Donor Services Team
Laboratory Management Team
Hospital Services Committee
Serology Committee
Microbiology Committee
Cord Blood Bank Committee
Medical Devices and Equipment Group
ICT Steering Committee
Equality and Human Rights Committee



**Figure 4 – Assurance Framework**



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**

NIBTS Board is scheduled to meet seven times during 2015/16. A number of reporting mechanisms to assure governance have been put in place to provide appropriate reports to the Board.

The Governance Statement and “mid-year assurance statement” will be provided to assure the Agency Board, HSC Board, DHSSPS, 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.

<b>Author:</b> C Boyd, Business Continuity and Risk Manager
<b>Signature:</b> _____ <b>Date:</b> _____

<b>Approved By:</b> P Simpson, Chief Executive
<b>Signature:</b> _____ <b>Date:</b> _____

<b>Approved By:</b> NIBTS Agency Board
<b>Date:</b> _____

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	CPA 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) CPA (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
2.3	HTA licensing (cord blood)	Corporate Plan, Business Plan, Performance Management Processes, Quality Management Systems	Corporate Plan, Business Plan, Performance Management Reporting(I) NIBTS Internal Audit Programme (I) Use of third party audits by other tissue banks(E) HTA inspections(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

2.4	DHSSPS requirements Controls Assurance Standards	Corporate Plan, Business Plan, Performance Management Processes, Quality Management Systems Specific Controls Assurance procedures 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 as per SOP QA:106, 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	<u>Blood Safety Initiates</u>  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) HTA (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 <ul style="list-style-type: none"> <li>Clinical advice and support</li> </ul> Support HPA initiative 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,
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) CPA (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 mandatory targets ( will involve meeting the require HSC efficiency gains)	Meet statutory requirements	Breakeven -revenue -capital			Reports to SMT Board and DHSSPS

**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 Controls and 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 2015-16

Year 2015/16	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.
NIBTS Agency Board		X		X		X	X		X			X
NIBTS Agency Board – Audit Committee		X		X		X						
Governance and Risk Management (GRM)			X			X		X			X	
Senior Management Team	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												
Equality and Human Rights Committee		X			X			X			X	
Estates Management Group	X	X	X	X	X	X	X	X	X	X	X	X
Blood Donation Co-ordinating Group		X		X		X		X		X		X
Donor Services Team	X	X	X	X	X	X	X	X	X	X	X	X
Hospital Services	X		X		X		X		X		X	
Serology	X		X		X		X		X		X	
Microbiology	X		X		X		X		X		X	
Cord Blood		X			X			X			X	
Medical Devices and Equipment Group	X			X			X			X		
ICT Steering Group		X			X			X			X	