

## **Infected Blood Inquiry Implementation Group**

### **Terms of Reference**

#### **1. Constitution**

The purpose of the group (IBIIG) is to develop and assure a resourced and cohesive action plan for the implementation of recommendations from the IBI published on the 20<sup>th</sup> May 2024.

The NHSBT IBI Implementation plan developed by the IBIIG will be approved by the NHSBT board.

The IBIIG is a non-executive group of the Executive Team (ET) and has no executive powers, other than those specifically delegated in these Terms of Reference.

#### **2. Objectives and Responsibilities**

- The scope of the meetings will be managed in accordance with these Terms of Reference.
- The chair (or deputy) of the IBIIG will report to the NHSBT Executive team (ET), and the Clinical Governance Committee (CGC) and via the Clinical Quality and Safety Governance Group (CQSGG) on progress against plan.
- The IBIIG and its members will ensure an effective cascade of key messages, information and decisions made by the IBIIG in line with any agreed communications plan.
- The IBIIGs responsibilities are to assure the CQSGG and Executive Team (ET) that there is a resourced, timely and supported plan to manage the recommendations of the IBI as they apply to NHSBT directly, to report on their timescales for achievement, and any exceptions to their recommendations. The IG will also report and escalate any resources or change required to implement any of the recommendations.
- Ensure that any implementation plan is robust, has patient and donor safety as its primary focus, building and maintaining public trust in NHSBT.
- Analyse the recommendations for any actions that may have a wider remit within NHSBT and make recommendations to the CQSGG and ET.
- Record any resultant risks on the NHSBT risk register.
- Ensure any implementation plan is managed into Business as Usual (BAU) planning across NHSBT.

#### **3. Attendance and meeting Frequency**

- The IBIIG is a task and finish group for an expected period of 12 months from June 2024, initially twice a month and any change at the discretion of the Chair.

#### **4. Membership**

The Committee will be chaired by the Chief Nursing officer (CNO) for NHSBT or a nominated deputy.

## ***Blood and Transplant***

The membership will be reviewed in conjunction with the terms of reference, or at any time at the discretion of the Chair. If members are unable to attend a meeting, they must nominate a deputy and/or notify the Chair of any urgent governance issues prior to the meeting.

The meeting will be attended by the NHSBT Responsible Person or their nominee (under the Blood Safety and Quality Regulations (BSQR) as a key means of discharging their regulatory duties and ensuring all actions are in line with regulatory requirements.

Attendees/ membership of the IBIG are recommended as follows. Nominates senior deputies are able attend on members behalf, but each department as below must be represented at each meeting.

### IG Membership (TBC)

- Chair- Chief Nursing Officer
- Chief Nurse, Blood Supply
- Chief Medical Officer
- Director of Blood Supply
- Director of Plasma
- Chief Nurse/ AD operations, OTDT
- Director of Quality & Corporate Governance
- Head of Nursing, Plasma for Medicines
- Head of Clinical Governance, Blood Supply
- Associate Director, Testing and Development, Blood Supply
- Consultant in Epidemiology and Health Protection, Clinical Services
- Assistant Director, Communications
- Assistant Director, Donor Experience Services
- Project Manager or Quality Lead
- Chief Clinical Scientist, NHSBT
- Director, Digital Data & Technology Services (DDTS)
- Medical Director, SHOT
- Programme Director Transfusion 2024, Clinical Services
- Consultant in Donor Medicine (representing Blood Supply and Plasma)
- Additional External stakeholders- NHSE etc.

### Additional members co-opted as required

- BTRU Lead in Data Driven Transfusion

- NHSE Representative
- Infected/ Affected Representation
- Clinical Tutor (re GMC liaison)
- Head of Donor and Patient Safety (Corporate Clinical Governance team)
- Head of Patient Blood Management, Clinical Services
- AD, Health, Safety and Wellbeing

## **5. Quorum- TBC**

- Chair- CNO, NHSBT
- Chief Medical Officer
- Director of Quality
- Chief Nurse Blood Supply
- Head of Nursing, Plasma for Medicines
- Head of Clinical Governance, Blood Supply
- Associate Director, Testing and Development, Blood Supply
- Assistant Director Manufacturing Operations, Blood Supply
- Consultant in Epidemiology and Health Protection, Clinical Services
- Assistant Director, Communications
- Assistant Director, Donor Experience Services
- Project Manager or Quality Lead (TBC)

Or a delegated deputy.

Additional Workstreams will be establish reporting to the Implementation Group.

## **6. Accountability and Reporting Relationship**

The IBIIG is accountable to the ET and then CGC, who will approve the implementation plan from the IG and monitor its implementation for assurance. Any changes will be agreed by the ET in the first instance.

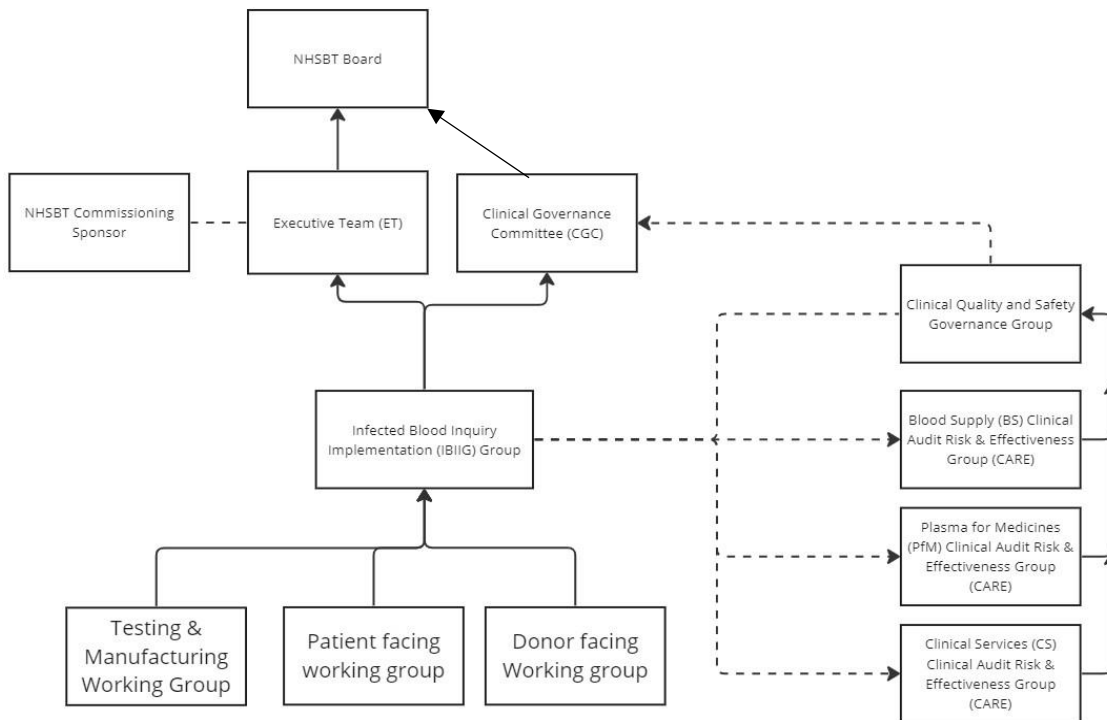
The Committee will refer to the CGC any issues of concern it has regarding any lack of assurance in respect of the management of risk of implementation of the IBI recommendations.

The Chair of the IBIIG will draw to the attention of the ET to any issues that require disclosure to the CGC and or full NHSBT Board or require executive action.

Chair of the IBIIG will confirm the route of external reporting to NHSBT commissioning sponsor.

The IBIIG will establish appropriate management arrangements including any further sub-groups, in order to agree and report progress against the implementation plan as shown in figure one

**Figure One** Reporting for IBI Implementation Group



## 7. Declaration of Interests

Members of the Committee will be invited to declare any interests that they might have in any issues arising at the meeting, which might conflict with the business of the organisation.

## 8. Monitoring Effectiveness

The IBIG will report on its effectiveness in terms of implementing the recommendations of the IBI at the close of the group and will report this via the Chair to the CGC and ET.

## 9. Responsible Senior Executive

The lead Director providing Executive Leadership to the group is the NHSBT CNO.

## 10. Secretariat

A Senior Administrative Assistant will provide administrative secretariat support to the IG. Secretariat services to the IG are provided by the CNOs office, or the NHSBT Company Secretariat. PMO resource may be required to support the delivery of the recommendations.

Duties of the secretariat will include:

- Agreement of agenda with Chair and attendees
- Drafting of notes and or reports for the Chair to enable reporting to the CGC and ET.