



Northern Ireland Blood Transfusion Service

JOB TITLE: Chief Executive

LOCATION: Agency Headquarters, Belfast City Hospital Site (or any location within the Agency's area, as needs of the service demand).

ACCOUNTABLE TO: Agency Board through to the Permanent Secretary, Department of Health in Northern Ireland

HOURS: As required to fill the needs of the post

BACKGROUND

The Northern Ireland Blood Transfusion Service (NIBTS) was established in 1994 as an independent Special Agency of the Health and Personal Social Services in Northern Ireland. It is the sole supplier of blood and blood components to Health and Social Care (HSC) in Northern Ireland.

NIBTS is bound by the legislation described in The Blood Safety and Quality Regulations (BSQR) 2005 (as amended) and holds a Blood Establishment Authorisation licence issued by the Medicines and Healthcare Products Regulatory Agency (MHRA) for the collection, testing, processing, storage and distribution of blood components. In addition, a wholesale distributor's licence for plasma products is also retained.

NIBTS provides the regional antenatal testing programme for all maternity services in Northern Ireland and specialist immunohaematology support to hospital blood banks. Both of these services are accredited ISO 15189 and audited by UKAS annually.

JOB SUMMARY

The Chief Executive is the executive member of the Agency Board and provides leadership and develops the vision for the strategic direction of the Agency. They secure the success of the Agency through the achievement of corporate and individual objectives in line with the overall policies and priorities of the Department of Health (DoH) and the Health and Social Care Board (HSCB).

As the Accounting Officer for the Agency, the Chief Executive is accountable to the Agency Board, the DoH and HSCB (and ultimately the Minister) for the performance and governance of the Agency in the provision of high quality blood and components testing as well as donor care, responsive to the needs of the population in line with prevailing performance standards and targets.

The Chief Executive is responsible for ensuring the collection, manufacture and supply of high quality blood components and for the provision of highly specialised clinical services to meet the emergency and elective needs of Patients in Northern Ireland within statutory and regulatory requirements set out in the Blood Safety and Quality Regulations (2005) as amended, the Health and Safety at Work Order (NI), GDPR and the Data Protection Act (2018).

They are responsible and accountable for research, development and innovation to ensure a sustainable, safe supply of blood and components.

As the chair of the Senior Management Team, the Chief Executive will lead, contribute to and participate in the corporate management and governance of NIBTS.

The Chief Executive is accountable to the Permanent Secretary for ensuring that blood and its components issued by NIBTS are of the highest safety and quality produced through processes compliant with EU Directives 2002/98/EC and 2004/33/EC which are translated into the Blood Safety and Quality Regulations (BSQR) 2005.

The Chief Executive is also responsible for ensuring NIBTS laboratory testing systems are compliant with ISO 15189.

The Chief Executive has overall responsibility for the management and performance of the Agency, including meeting Ministerial priorities as defined by the DoH and HSCB, fulfilling statutory requirements, ensuring compliance with the Blood Safety and Quality Regulations (BSQR) 2005, delivering against performance targets, securing continuous improvement and for providing safe, high quality and effective services within a clear financial framework.

The Chief Executive will lead ongoing modernisation and reform within the Agency including the achievement of all organisational objectives, ensuring that appropriate, robust systems are in place and necessary changes are achieved within a transparent and effective governance framework.

The Chief Executive is responsible for ensuring the Agency delivers on its vision, values and priorities, continually aligning these to the Agency's Strategic Plan and the regional Programme for Government.

KEY RESULT AREAS

DELIVERY

1. Lead the development of the annual business plan and corporate plan for the provision of services in partnership with key stakeholders internally and externally.
2. Deliver against Ministerial priorities as established in Departmental strategies and policies and translated into targets. In particular, the Chief Executive will be expected to deliver against all targets which are identified as critical and mandatory by the DoH and HSCB.
3. Ensure that the needs of patients, donors and clients are at the core of the way that the Agency delivers services and that human, physical, capital and financial resources are effectively deployed to meet those needs, in line with targets, and achieve the best outcomes possible.
4. Manage an effective process to ensure the continuing, objective and systematic evaluation of services offered by the Agency and ensure rapid and effective implementation of indicated improvements.

5. Lead the Agency in making an effective contribution to education, teaching and research.
6. Maintain an Education, Learning and Training Programme for staff which meets statutory and professional training requirements and secure the knowledge and skills necessary to achieve the Agency's organisational, managerial and clinical objectives.
7. Ensure that systems to provide high standards of care are based on good practice, research evidence, national and international standards and are in accordance with guidelines and ensure compliance to those standards and the statutory duty of care through audit.
8. Achieve high levels of performance and excellence against HSC Governance and other standards as required.
9. Achieve and sustain a high level of public confidence in the appropriateness, priority, safety and effectiveness of the products and services provided by the Agency.
10. Ensure that effective systems are in place to take learning from patient and donor experience/complaints and other actions against the Agency and translate these into actions for improvement.

STRATEGIC LEADERSHIP

11. Provide clear leadership for the Agency in the development of strategic plans, ensuring these are aligned with regional requirements and are effectively implemented through the annual business plan, developing a common understanding of the vision, values and strategic aims of the Agency.
12. Provision of clear and positive leadership, motivation and development to all staff throughout the Agency to ensure their engagement with and commitment to achieving strategic change and delivering on the business plan.

13. Provide strong and effective leadership at a time of considerable challenge, change and modernisation for both NIBTS, pathology services and the wider Health and Social Care (HSC) family.

14. Work with the Agency Board, staff and partners in the local health economy to ensure aligned delivery against strategic plans.

CORPORATE MANAGEMENT

15. With the Chair, be responsible for the organisational structure of the Agency, its probity and effectiveness in meeting the needs of the population served whilst honouring its statutory and other obligations.

16. Manage the Agency through the Senior Management Team, ensuring and maintaining effective operational management processes and ensuring policies and procedures are in place for the delegation of authority to other levels of management.

17. Establish and maintain performance management arrangements to enable people to perform to the best of their ability and to address under-performance quickly and effectively.

18. Ensure that the work of the Agency is clearly and effectively communicated to employees throughout the organisation and promote a culture of engagement where staff feel valued and their opinions are considered in service planning and made known to members of the Board.

19. Continually evaluate and review all services in order to ensure it is user centred. Change systems and practices as necessary to improve services and establish a culture of continuous improvement and innovation.

20. Ensure that systems and processes are in place to enable the Agency Board and relevant external bodies to evaluate the effectiveness of the Agency's use of human, capital and financial resources.

GOVERNANCE

As "Accounting Officer" the Chief Executive will:-

21. Ensure the financial performance of the Agency accords with DoH and HSCB requirements and that an effective financial framework is in place to manage and monitor financial performance.
22. Work with the Chair to ensure the efficient and effective working of the Board in fulfilling its role in ensuring the delivery of targets to deliver effective governance in accordance with public sector values and the relevant code of practice.
- 23 .Work with the Chair and Agency Board to deliver effective governance in accordance with public sector values and the codes of operation and accountability.
24. Lead the Senior Management Team to ensure that assessment and fulfilment of statutory functions and associated reports to Agency Board and externally are completed as necessary to enable the discharge of its functions, whilst ensuring that any action to manage risks internally in the Agency is taken promptly.
25. Monitor and report on performance against delivery targets, risk assessment and mitigation and ensure corrective action is taken when there is unacceptable deviation from the Agency's agreed business plan.
26. Ensure that robust arrangements are in place to meet statutory clinical and integrated governance requirements.
27. Ensure robust contingency and business continuity arrangements are in place to address a range of scenarios.
28. Ensure an appropriate risk management framework is integrated into all aspects of the Agency's functions
29. Ensure that arrangements are in place to assure all quality standards.

30. Ensure arrangements are in place to meet the exacting standards of the Blood Safety & Quality Regulations (BSQR) 2005 to maintain a blood establishment licence from the MHRA.

31. Ensure the Agency maintains compliance against ISO 15189 externally audited annually by UKAS.

32. Ensure delivery of services in compliance with HSC Governance standards.

33. Ensure, where appropriate, that arrangements are in place for staff to maintain registration with the relevant professional bodies including GMC, NMC and HCPC.

EXTERNAL RELATIONSHIPS

34. Establish collaborative relationships with external partners in the public, private and voluntary sectors to develop initiatives which will improve services and inter-agency communication.

35. Represent Northern Ireland at the UK Forum of Blood Establishments and at the Board of the European Blood Alliance attended by the Chief Executives, Medical Directors and Directors of those Establishments.

36. Represent NIBTS at the regional Chief Executive's Forum.

37. Develop and maintain linkages with hospital Trusts, the HSCB, Public Health Agency (PHA) and the DoH to promote best practice and innovation in the provision of services.

38. Work with the DoH, the HSCB, the PHA and Trusts in developing a strategy for dealing with the media which reflects Ministerial views and which secures the confidence of public representatives.

39. Develop a strategy to maximise effective engagement of the local population with the Agency and ensure that Personal and Public Involvement (PPI) is embedded in Agency processes.

40. Represent NIBTS at the regional Pathology Network Board and undertake areas of work that support the operation of the Board to support regional pathology services.

FINANCES

41. Work with the Senior Management Team to ensure that budgets are managed appropriately and give the best outcomes for resources available

42. Ensure that robust financial systems and controls are in place to achieve 'break-even' on budgets and that immediate action is taken to control over-spends.

43. Develop, through the Heads of Finance and Human Resources/Corporate Services, effective and relevant management information on financial spend and inter-linkages such as overtime, absence and agency costs, which inform management and control of budgets.

STAFF RESOURCES

44. Ensure that people management practices support continuous improvement in staff capability and quality of services provided including encouragement of, and widening participation in, learning opportunities.

45. Lead the development of systems to promote the health and well-being of staff.

46. Ensure systems are in place to support development and performance appraisal for all staff to ensure that poor performance is dealt with quickly and remedial action taken.

47. Ensure systems are in place to develop, management information on staff utilisation, development and return on investment, which improve management and a rigorous continuous improvement culture.

48. Ensure that the Agency has a diverse and representative workforce, and that the right skills are in the right place to deliver its objectives.

DEVELOPMENT OF SELF

49. Lead by example to ensure that the Agency demonstrates respect, through its culture and actions, for all aspects of diversity in the population it serves and the staff who provide the services.

50. Lead by example in practicing the highest standards of conduct in accordance with the Code of Conduct for HSC managers and Code of Conduct for Board members.

51. Strive to develop self and improve capability in the leadership of the Agency and its staff.

HUMAN RESOURCE MANAGEMENT RESPONSIBILITIES

52. Review individually, at least annually, the performance of immediately reporting staff, provide guidance on personal development requirements and advise on and initiate, where appropriate, further training.

53. Maintain staff relationships and morale amongst staff.

54. Delegate appropriate responsibility and authority consistent with effective decision making, while retaining overall responsibility and accountability for results.

55. Develop and maintain effective relationships and engagement with representatives from Trade Union bodies to ensure effective partnership working and employee/industrial relations.

56. Participate, as required, in the selection and appointment of staff reporting to him/her in accordance with procedures laid down by the Agency.

57. Take such action as may be necessary in disciplinary and grievance matters in accordance with procedures laid down by the Agency.

GENERAL REQUIREMENTS

58. Ensure the Agency's policy on equality of opportunity is promoted through his/her own actions and those of any staff for whom he/she has responsibility.

59. Co-operate fully with the implementation of the Agency's Health and Safety arrangements.

60. Adhere at all times to all Agency policies/codes of conduct, including for example:

- Smoke Free policy
- IT Security Policy and Code of Conduct
- Standards of attendance, appearance and behaviour

All employees of the Agency are required to be conversant with the Agency's policy and procedures on records management. The Chief Executives is responsible for all records held, created or used as part of their business including patient/client, corporate and administrative records whether paper-based or electronic and also including emails. All such records are public records and are accessible to the general public, with limited exceptions, under the Freedom of Information Act 2000, the Environmental Information Regulations 2004 and the Data Protection Act 1998.

Represent the Agency's commitment to providing the highest possible standard of service to patients, donors, clients and members of the public, by treating all those with whom he/she comes into contact in the course of work in a pleasant, courteous and respectful manner.

Available/able to work any 5 days out of 7 over the 24 hour period, which may include on-call/stand-by, shifts, night duty, weekends and Public Holidays if required, immediately on appointment, or at a later stage following response to changing demands of the service.

As "Accounting Officer" comply with the Code of Business Conduct.

This Job Description will be subject to review in the light of changing circumstances and is not intended to be rigid and inflexible but should be regarded as providing guidelines within which the post holder works.

It is a standard condition that all Agency staff may be required to serve at any location within the Agency's area, as needs of the service demand.

JUNE 2017