



**One Hundred and Seventh Meeting of the NIBTS Agency Board
Thursday 29 June 2023 at 11.30am
Venue: Lecture Room, NIBTS HQ**

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
Mrs Gladys McKibbin – Head of HR & Corporate Services
Dr Allameddine Allameddine – Medical Director
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 Ninth of the NIBTS Agency Board meeting held on 18 May 2023 and action list

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

Action List:

Contact with BSO Chief Executive – Mrs Jackson advised that she has been in touch with BSO Chief Executive, who is aware of issues. A suitable date will be identified to meet. Ms Anley advised that she would like this action point to remain until resolved.

RAG'd KPI boundaries – will be discussed at the August meeting of Governance & Risk Management Committee and will be tabled at Board in September 2023.

Corporate Business Continuity Management Plan – changes were approved via email with Board members. Mr Garland had one query, in which Mrs McKibbin will respond to directly. Ms Anley formally noted her approval of the document.

4. Matters arising from the minutes of meeting held on 18 May 2023

There were no matters arising.

5. Chair's Business

- Ms Anley welcomed Dr Allameddine to NIBTS as the new Medical Director. Dr Allameddine thanked Ms Anley and advised that he has been made feel very welcome at NIBTS and has received excellent inductions.
- Ms Anley on behalf of Board, offered condolences to the family of the staff member who died suddenly. Mrs Jackson advised that a number of staff attended the funeral and recognition of the staff member's service to NIBTS will be celebrated with his family at a future date.
- Remuneration & Terms of Service Committee – Ms Anley advised that the Committee met on 22 June 2023.
- Ms Anley noted that this was her last Board meeting with NIBTS as her tenure expires tomorrow (30 June 2023). Ms Anley thanked the NEMs, Chief Executive, the Senior Management Team and DoH Sponsorship Branch for their support during the past four years. Ms Anley advised that she has thoroughly enjoyed her time with NIBTS and is impressed with the service. Ms Anley further advised that she will follow the development of the service within pathology transformation. Finally, Ms Anley noted that a fourth NEM has yet to be appointed which remains a potential risk for Board.

6. Chief Executive's Report

Covid-19 – The number of staff required to self-isolate due to illness or contact is stable. Covid-19 infection remains on-going in the community and continues to be reflected in staff absence and donor availability. Mrs Jackson advised that in keeping with regional advice, Covid infections are now recorded under normal sickness. Mr Small enquired if this topic was still required as a Board item. Mrs Jackson advised that Covid infections could be noted under 'General Sickness' and reported by exception. If infection rates increase, the item can be reported separately once more. Board agreed with this approach.

General sickness – Mrs Jackson advised that sickness levels have reduced further during May 2023 and are comparable with the same period in 2022/23.

Industrial Action – there is no further update on additional planned industrial action over and above the action short of strike which is currently in place. There is no indication of a formal walk out during the summer months.

Plasma for Fractionation (PFF) – The Memorandum of Understanding (MoU) between DHSC, NHSBT and devolved administrations remains with DoH for approval. Monthly meetings with four nations' representatives continue and there has been a start of procurement with NHS England and NHSBT.

PULSE Replacement/Blood Production and Tracking (BPAT) Project – contract evaluation on the tender is on-going and is scheduled to conclude by September 2023 when a contract will be awarded.

CoreLIMS Project – The CoreLIMS system, WinPath Enterprise (WPE) supplied by Clinisys will replace the laboratory information systems in all hospital laboratories in Northern Ireland. This new system will also replace the DSS database used by NIBTS automated serology and reference laboratories. The new system is currently undergoing User Acceptance Testing (UAT) at NIBTS which is planned to go live in the autumn. Go live is dependent on a number of activities external to the CoreLIMS project as well as a satisfactory completion of testing and validation at NIBTS.

Mr Small advised that risks around the new project were discussed at NIBTS Audit Committee and enquired if we are satisfied with any risk this new project might pose to NIBTS. Mrs Jackson advised how risk is managed through the project management programme and there was some discussion as to where risks may sit.

Mr Graham enquired about risks with the current systems. Ms Macauley advised that the current system is old and has no external support. Until the new system is in place, the IT Manager is supporting the system, however, there is no operational risks. There is a risk of catastrophic failure, but this is unlikely.

Ms Macauley further advised that UAT should be completed before the next scheduled Governance & Risk Management Committee on 2 August 2023 at which an update could be provided.

UK Infected Blood Inquiry – The Rule 9 from the Inquiry Team was responded to on 16 May 2023 and was published on their website on 16 June 2023.

Infrastructure Upgrade – There has been no update received from DoH in respect of the draft 10-year capital plan. A statement made by DoH regarding funding will be made as part of the NHS 75 year celebrations.

Occult Hepatitis B Testing – Plans to deliver the look back exercise remain on-going. One of the NIBTS consultants chairs a meeting with regional colleagues to develop a plan to co-ordinate this across the region and is progressing.

Medical Director Update – Mrs Jackson formally welcomed Dr Allameddine, who commenced with NIBTS on 1 June 2023.

On-line appointment system – The implementation of the on-line booking system has commenced with the system being validated. It is not yet publicly available, however, specific donors have received links to complete the validation process. It is expected to go live by 5 July to coincide with the NHS 75 celebrations. Regarding stock issues, Mr Gillespie advised of current advertising campaigns and whilst stock remains under the 5-day stock level, there has not been a need to import. Mr Gillespie further advised that the on-line booking system should improve stock levels. For the time being, donors will continue to receive invitation letters to donate. However, it is hoped, following a donor survey to cease sending invitation letters by post. Ms Anley

enquired about donors who do not attend (DNAs). Mr Gillespie advised that there will always be DNAs, but it is hoped with the new system, these will reduce as it will be possible for donor to cancel appointments directly online.

Mr Graham advised that he would like 'Stocks' to be added to the Chief Executive's report to Board. Mrs Jackson advised that she would discuss with Mr Small what he (as Interim Chair) would like reported. Mrs Jackson further advised that live stock levels can be found on the homepage of the intranet.

NIBTS Chair

Mrs Jackson wished Ms Anley a happy retirement and advised that in the first instance Mr Small would be the Interim Chair, followed by Mr Garland.

7. Blueprint Programme

The latest position report was tabled. In addition, following the Options Appraisal Workshop in early June 2023, Mrs Jackson gave a presentation to Board which cited the preferred options. The presentation highlighted changes and what remains the same. Mrs Jackson spoke of key themes, options, next steps and delivery of service. Mr Graham enquired if there was any political interest. Mrs Jackson advised that the last Minister of Health was very involved and supported the Blueprint Programme.

Mrs Jackson showed the detail of the risk assessments following the workshop and advised that work is on-going to mitigate any risks which were identified. Mrs Jackson advised of the cost assessment and clarified funding from March 2024.

Mrs Jackson advised that the Programme Board will meet on 7 July 2023 and will consider all options, agreeing on one. This will develop the design and inform the business case. The business case will need to be approved after March 2024.

Ms Anley enquired what the biggest issues are for a new Special Agency. Mrs Jackson advised of anxieties coming from the recent workshop. Mr Small enquired if the new model will provide any savings. Mrs Jackson advised that this would be detailed in the forthcoming business case and any efficiencies made will be put back into the system.

8. Audit Committee Update

Mr Small advised that the minutes from 4 May 2023 were ratified at the meeting on 15 June 2023 and were for noting.

At the meeting on 15 June 2023, the Chair and NEMs had a pre-meeting with the auditors without senior managers to discuss controls, which is good practice and governance which should be completed at least once per year. This was a very positive meeting and the NEMs were re-assured by auditors.

During the full Audit Committee meeting the draft Report To Those Charged With Governance was fully discussed, including the uncorrected misstatement which was agreed to remain uncorrected. The report also included the draft letter of representation and audit certificate.

Annual Report and Charitable Trust Fund Annual Report – the final draft of both reports were discussed and agreed.

Ms Anley enquired if the risk of Mr Small being Chair of the Audit Committee and Interim Chair of Board was discussed. Mr Small advised that he will be picking this up again next week. Mr Garland enquired about co-opting. Mrs Jackson advised that this is contained within the Standing Orders document.

9. Audit Committee Annual Report

Mr Small advised that the Audit Committee is required to provide a formal report to the Board on its activities during the year. The Annual Report contained a description of activity including the Audit Committee Opinion of its actions.

Mr Small advised that there were no significant issues. There was one small issue that the Chair of the Audit Committee should meet with the Accounting Officer once per year, which has now been completed.

10. Annual Report and Accounts

The Annual Report was tabled for approval. Mr Small advised that this had been fully discussed at the Audit Committee who were satisfied that the report covered all issues. There were only minor adjustments which have now been made. The Annual Report has been cleared by NIAO and approved by the Audit Committee, who are recommending approval. The Board discussed the minor adjustments and approved the Annual Report.

11. Trust Fund Annual Report and Accounts

As with the Annual Report, the Annual Trust Fund Report has been fully discussed by the Audit Committee, cleared by NIAO and is the Audit Committee's recommendation to approve.

Mr Small asked if there were plans to utilise the Bone Marrow Fund. Mr Bell advised that there is previous Board approval to use some of the Bone Marrow Fund for enhanced testing of some samples. The Medical Director will be restarting previous work and will provide updates to the Board as required.

The Board approved the Trust Fund Annual Report and Accounts.

12. Finance Report

Revenue

Mr Bell presented the report for the two months which ended on 31 May 2023, which shows a net deficit of £223k. NIBTS, excluding haemophilia, shows a deficit of £58k. Mr Bell advised based on the first two months, a breakeven position is projected by year-end. The Non-Pay position shows a deficit of £91k, primarily due to costs in Transport (£35k), Heat, Light, Power (£14k) (for which additional income is anticipated), Postage and Telephones (£11k), Legal Fees (£10k) and General Services (£19k). Year to date expenditure on imported blood components is £40k.

Board discussed funding for this year and if additional funding will be required. Mr Bell advised of a balanced financial plan, however, increased energy costs may require additional funding and advised that the biggest risk to the balanced financial plan is

the importation of blood. Mr Bell will keep Board apprised of any emerging financial issues.

Capital

A Capital Resource Limit (CRL) for 2023/24 is yet to be confirmed. However, funding of £270k for the BPAT project and £100k for the Heat Exchange system is anticipated.

Prompt Payment Policy

Compliance with Prompt Payment Policy remains slightly below target which can be attributed to catch up on outstanding invoices. Mr Bell's expectation is for improvement in the coming months.

Monitoring

The notional value of blood components issued to hospitals is 1.9% below the Service Level Agreement (SLA) value at the end of May 2023. Trusts are showing activity levels ranging from 14.9% above to 2.6% below SLA.

13. 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 6% and 14% respectively. As previously reported to Board, four departments (Quality, IM&T, Medical and HR & Corporate Services) account for a large percentage of the overdue SOPs. The focus on documents was again highlighted at the last QIR meeting and also highlighted and discussed at the recent Annual Quality Review meeting.

Mr Garland enquired if there was any organisational risk associated with the overdue documents. Ms Macauley advised there was no significant organisational risk in that when a process changes the SOP is updated at that time and would be included in the related change control whereas these reviews are 'routine' two-year reviews, however, they do need to be completed to ensure the SOPs/Polices remain current. Mr Small noted that the trends are too high. Mr Graham enquired if we set our own review periods. Ms Macauley advised that review periods are in line with other UK blood establishments and are every two years.

Incidents, Investigations and CAPAs – Ms Macauley advised for Critical/Major investigations and CAPA there has been 90% completion within the target date and 100% completion within target date with an approved extension. For Minor/Other investigations remained within target and above the KPI of 75%. However, the CAPA failed to meet target during April 2023. This has been discussed at QIR with each department being requested to review prior to the next QIR and if not completed by then, will be asked to provide reasons for lack of completion. Mr Graham noted with staff taking annual leave the investigations may fall away again. Ms Macauley advised that it may as there is a lot of focus on CoreLIMS, however, it will continue to be impressed upon at QIR meetings. Mr Graham further noted that if these figures are important enough to bring to Board's attention, it must be addressed and the figures improve. Mrs Jackson advised that there is a distraction with the new systems, but

work needs to be prioritised and be equitable in focus, not allowing distraction with other work.

Mr Small enquired if Board could have more detail around the graphs. Ms Macauley advised that three of the corporate KPIs around audits and incidents were to be removed with an alternative more focus KPI around the business objective of maintaining the licences/accreditations added. The Quality Report to the Board would be used to provide greater detail around key quality metrics.

Changes – The quality metrics produced on 19 June 2023, 49 changes were recorded as past their target date. Of these, 4 were at review stage, 3 were at implementation stage and 8 had a status of new, i.e. not yet commenced. 15 out of the 49 were overdue by a period of six weeks. One of these was categorised as Red and 4 categorised as Amber. Ms Macauley appraised Board on the Red and Amber changes. The Red change has now had the risk assessment completed and three of the four Amber changes have also had the risk assessment completed.

Internal Audits – As of 19 June 2023, 12 of the 16 audits scheduled have been completed with findings raised where appropriate. A further three have commenced but are yet to have the findings raised. One has yet to commence, however, is within the four week slippage period.

MHRA Inspection – Action Plan – All actions have now been completed within the timescale.

UKAS Inspection – Ms Macauley advised that provisional dates have been received, one in August and one in September 2023. Confirmation of the dates are awaited.

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

14. Key Performance Indicators (KPIs)

Mrs McKibbin presented the report and advised that good progress has been made particularly on SDRs.

Mr Gillespie advised that the April figures for Active Donor Panel (whole blood and platelets) was unavailable, but would report further at the Governance & Risk Management meeting. There was discussion on blood usage and the active donor panel targets. Mrs Jackson advised that Dr Allameddine is engaging with Trusts to help improve O Negative usage to bring it in line with other parts of the UK.

There was discussion on the KPI's and the merits of each metric. There was agreement that the focus of the KPI's should be on bloodstocks.

15. Any other business

Ms Anley requested that Dr Allameddine give an update on the Medical Team. Dr Allameddine reported that KPIs have been set and the first objective was on safety, both donors and recipients. There are two objectives on Performance, importing less than 0.5% product and aim to hold at least 5 days stock. Dr Allameddine advised that

10% of the population in Northern Ireland has hemochromatosis. Research is ongoing to use more of donations from hemochromatosis patients. Mrs Jackson advised that NIBTS currently bleed a high percentage of hemochromatosis patients, however, there are more patients that could be used as donors.

Dr Allameddine further advised that currently wastage in hospitals is 5%, which is in excess of the <2% model.

Dr Allameddine advised that he is comfortable with staffing levels within the Medical Team.

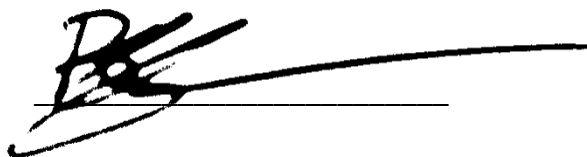
16. Action List

Action	Responsible Person
Chair of Audit Committee to discuss writing to BSO CEO with NIBTS CEO prior to the Chair of Audit Committee taking forward with BSO.	Mrs Jackson & Mr Small – keep action until resolved
RAG'd KPI boundaries for Board in September, following discussion at G&RM in August.	SMT – to be tabled at September's Board meeting
Collection Strategy to be tabled at September's Board meeting for review.	Mr Gillespie
Specific agenda item to be included for Governance & Risk Management Committee on risks associated with new IT projects	Mrs Carabine <i>Post meeting note – agenda item included</i>

**Date of next meeting:
Thursday 21 September 2023 at 11.30am
via video conferencing**

The Board meeting concluded and the Confidential Section commenced.

Signed: _____



Dated: 21 September 2023