



**One Hundred and Seventy First Meeting of the NIBTS Agency Board
Thursday 21 September 2023 at 11.30am
Venue: Lecture Room, NIBTS HQ**

Present: Mr Brendan Garland – Interim Non-Executive Chair
Mr David Small – Non-Executive Member
Mr Michael Graham – Non-Executive Member
Mrs Karin Jackson – Chief Executive

In attendance: Mr Glenn Bell – Finance & IM&T Manager
Mrs Gladys McKibbin – Head of HR & Corporate Services
Dr Allameddine Allameddine – Medical Director
Mrs Barbara Mullin – Head of Blood & Component Supply Chain
Mr Matt Gillespie – Head of Testing Services

Mrs A Carabine – Minutes

1. Apologies

Ms Angela Macauley

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 Seventh of the NIBTS Agency Board meeting held on 29 June 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 and Head of Customer Care who are fully aware of the issues. Mrs Jackson further advised of a follow up meeting regarding regular communication and other specific issues. Mrs Jackson will write to the BSO CEO and Head of Customer Care rectifying lines of communication. Both Interim Chairs agreed that these actions will resolve and closed this action.

RAG'd KPI boundaries – was discussed and agreed at the August meeting of Governance & Risk Management Committee. RAG'd boundaries are now included with the KPI information.

Collection Strategy to be tabled at September's Board meeting for review – Mrs Jackson advised that this Strategy should be tabled at November's Board meeting. In the meantime, an update will be provided under Chief Executive's report to Board.

4. Matters arising from the minutes of meeting held on 29 June 2023

Stock Report – Mr Graham noted at the last Board meeting, he requested that a Stock report should be included in the Chief Executives report. Mrs Jackson advised that she does provide weekly reports which include stock levels. Mr Graham and Mr Small acknowledged this, however, would still like the topic included in the CEO report. Mrs Jackson agreed that she would include going forward.

5. Chair's Business

- Mr Garland advised that both he and Mr Small will share the role of Interim Chair until a new Chair is appointed by DoH.
- Mr Garland advised that both Mr Small and Mrs Jackson met with the Permanent Secretary for the Year-End Accountability Meeting. The following items were discussed:

Benchmarking – Mrs Jackson advised that NIBTS participate in the EBA Annual Benchmarking to inform metrics. Mr Small advised that Board have not had sight of this document and asked Mrs Jackson to provide a paper. Mrs Jackson advised that a benchmarking paper/presentation will be provided.

Brexit Challenges – regarding regulatory approaches in the rest of the UK and NIBTS remaining compliant with EU guidance. Mrs Jackson advised that NIBTS must remain compliant with both UK and EU regulations. The MHRA licences have been amended for export. Mr Garland advised that Board must be kept aware in case there are any further changes and if these changes are being managed. Mrs Jackson advised that issues for NIBTS are pharmaceutical products and blood imports if there were delays at ports. Mrs Jackson appraised Board of current arrangements.

Financial Challenges – the Permanent Secretary acknowledged the challenges faced across HSC. The Permanent Secretary was advised that NIBTS will return a breakeven position at year end. This information will also be shared at Mid and Year End Ground Clearing meetings.

- Interim Chairs – Mr Garland advised that the Interim Chairs will have fortnightly meetings with the Chief Executive.

6. Chief Executive's Report

Industrial Action – is scheduled for Thursday 21 and Friday 22 September 2023 which includes strike action. There has been considerable engagement with staff side to secure derogation to minimise the impact on collections. Staff have been advised of derogation, however, can refuse to work and some have. Sessions have been scheduled to maximise capacity on non-strike days. Sessions on Friday 22 September have been cancelled and staff are trying to re-book donors for Monday 25 September 2023.

Mrs McKibbin advised that staff today (21 September) have agreed to derogation, but may strike tomorrow. Mr Small asked about worst-case scenario. Mrs Jackson advised that stock would have to be imported. Both Mr Garland and Mr Small were reassured that fall-back plans are in place. Mr Graham enquired if there are other known strike days. Mrs Jackson advised that Trade Unions are obliged to provide seven days' notice. Mrs Jackson further advised that it is anticipated that action will escalate over the coming months. There is on-going liaison with staff and Unions to maintain blood supply.

Plasma for Fractionation (PFF) – The Memorandum of Understanding (MoU) between DHSC, NHSBT and devolved administrations has been signed. Plans are being developed to scope the business case. Until that time NIBTS will continue with current arrangements.

PULSE Replacement/Blood Production and Tracking (BPAT) Project – contract evaluation and clarification are nearing completion. A lot of work regarding 'go live' is on-going which may cause a slight delay. This issue is currently being risk assessed.

CoreLIMS Project – User Acceptance Testing (UAT) at NIBTS is nearing completion. Mrs Jackson advised that there has been a push back to the 'go live' date of 9 November 2023 which is not in NIBTS' control. Mr Gillespie advised of fluid timetables which are changing to include delays from other organisations. Mr Garland enquired if NIBTS is at risk with these hold ups. Mr Gillespie advised that we were not. Trusts are dependant on NIBTS data and will have checks completed by 9 November 2023. Mr Small enquired if there are concerns over UATs. Mr Gillespie advised that there are no serious risks to NIBTS and changes are being made.

UK Infected Blood Inquiry – Mrs Jackson advised that on 20 September 2023, a letter had been received from the Inquiry Chair advising that publication will be delayed until March 2024. This information is in the public domain.

Infrastructure Upgrade – There has been no update received from DoH in respect of the draft 10-year capital plan.

Occult Hepatitis B Testing – remains on-going. Currently awaiting software changes which will prevent the re-testing of donors. To-date 50 donors have tested positive and have been removed from the donor panel. Nine previous donors have been identified and archive sample retrieval has commenced. When look back testing results are available, any patients who received components will be contacted by the Trust they received the transfusion and will be offered testing. NIBTS clinical staff will assist Trust clinicians to ensure they have the appropriate knowledge and a consistent approach is delivered.

Donation Session Incident – On Friday 8 September 2023, an agency nurse sustained fractures to both ankles following a fall at a donation session. The incident has been reported to HSENI, RQIA and through the Serious Adverse Incident system. An internal investigation is on-going. Mr Garland advised that on behalf of Board he hopes that the agency nurse recovers quickly.

Irradiator – Since previously reported to Board, there have been no further failures of the irradiator. Activity is on-going to secure a replacement, with capital funding allocated and the business case to DoH progressing. Mrs Jackson also advised that contingency arrangements are in place in case of a critical fail. Mr Small enquired what happens in the event of a critical fail. Mrs Jackson advised that the product would have to be destroyed.

Mr Graham enquired why this machine cannot be repaired. Mrs Jackson advised that it requires updating and a move to a newer system. However, it is only recently been running into operational issues. Mrs Mullin advised that there is a maintenance schedule in place and the equipment was going to be replaced. However, the cost of fixing this piece of equipment is now close to the price of a new machine.

Mr Graham further enquired about a contingency plan. Mrs Mullin advised that there is one in place. Mr Graham asked if this risk was on a Risk Register. Mrs Jackson advised that it was.

Mr Garland enquired about lead time for the new equipment. Mrs Jackson advised that the business case and DAC need to be approved. Following that between 4-6 weeks for delivery.

Mr Garland enquired if the number of items can be reduced for each cycle. Mrs Mullin advised that this was discussed with the supplier who advised that this would create more wear.

Mr Small enquired if the business case was finished. Mrs Jackson advised that it was and should be turned around quickly by DoH as they are aware of it and it is a critical piece of equipment. Mr Small further enquired if the business case would be coming to Board for approval. Mrs Jackson advised that due to the cost, the business case would be sent directly to DoH. A previous business case had been tabled and approved by Board in March 2022.

Collection Strategy – Mrs Jackson advised that it had been planned to table this at Board today. However, the expectation now is to bring to November's meeting.

7. Blueprint Programme

Together with a letter on behalf of the SRO HSC Blueprint Programme, the latest position report was tabled. Mrs Jackson advised of high-level design, funding models and engagement with stakeholders, critical friends and clinicians. Workshops and meetings are on-going. A risk workshop was held during August 2023 and will feed into the business case.

Mr Small confirmed that the statutory change has been made to NIBTS to broaden work. Board noted and discussed the change. Confirmation correspondence will be sent from the Interim Chair to DoH.

Mr Graham enquired about resourcing and funding. Mrs Jackson advised that funding remains the same as previously reported and work is progressing with the funding

available. Mr Graham further enquired if there were any concerns or pressures in the programme. Mrs Jackson advised that the programme was on track.

8. Governance & Risk Management Committee Update

Mr Garland advised that the minutes from 25 April 2023 were ratified at the meeting on 2 August 2023 and were for noting.

At the meeting on 2 August 2023, Mr Garland noted:

- Departmental Risk Register – HR & Corporate Services
- Component Monitoring
- Incidents – increase in SABRE reportable incidents, which were discussed
- Change Control Summary – there are 120 open changes. Whilst these are a concern there are no significant risks
- New Policies for Approval – Performance Management Framework
- Research Governance.

9. Corporate Risk Register

The CRR was also discussed at the Governance & Risk Management Committee meeting on 2 August 2023.

Mr Garland advised that there was one new risk added – *Significant disruption to blood supply caused by insufficient donors*. The other risks were updated to reflect the current position. There were three risks removed during the Quarter which included the reason for their removal.

Mr Garland advised that the Irradiator will be added back on to the CRR.

Mr Small enquired about risk no. 4 *Insufficient staff in Blood Group Reference Lab* and if the business case had been completed. Mr Gillespie advised that a draft had been completed and he was gathering comments before amending. Mr Gillespie further advised that the business case would be completed within the next two months.

Mr Small further enquired about the *Transport Boxes*. Mrs Mullin advised that validation was on-going with a target for completion early 2024.

The Board approved the Corporate Risk Register.

10. Finance Report

Revenue

Mr Bell presented the report for the five months which ended on 31 August 2023, which shows a net deficit of £848k. NIBTS, excluding haemophilia, shows a deficit of £192k. Mr Bell advised that a breakeven position is projected by year-end.

The Pay position shows a deficit of £7k. There are overspends in HR & Corporate Services (£37k), Medical (£52k) and Finance (£12k) due to staff in excess of funding staffing levels. Most other areas show an underspend.

Mr Garland enquired how did the situation arise on Pay. Mr Bell advised that this is due to a delay in the processing of ill health retirement, medical recruitment and

additional staff for cyber security. Mr Garland was content that there were valid reasons for the overspends.

The Non-Pay position shows a deficit of £361k, primarily due to costs in Transport (£103k), Plasma Products (£61k), Heat, Light, Power (£61k) for which additional income is anticipated.

Haemophilia products are showing a net deficit of £656k. Additional funding to cover will be sought in accordance with the SLA.

Mr Graham enquired about the SLAs and if they needed to be re-negotiated. Mr Bell advised that the SLAs allow for recovery of the actual costs of haemophilia and plasma products. The remainder of expenditure has to be managed within NIBTS baseline funding.

Mr Graham further enquired about additional costs to deliver increased activity within the SLAs. Mr Bell advised that there is a provision within the SLAs to recover marginal costs in excess of an agreed tolerance limit. More significant issues arise from unplanned costs such as importation.

Mr Small noted that £67k has been spent on the importation of blood and how does this compare to last year. Mr Bell advised that it is significantly lower than last year.

Capital

The opening Capital Resource Limit (CRL) for 2023/24 is £480k. Comprising of £270k for LIMS/BPaT and £210k for General Capital. Additional funding has been agreed by DoH in respect of a replacement blood irradiator.

Prompt Payment Policy

Compliance with Prompt Payment Policy is improving and targets have been achieved for the last three months.

Monitoring

The notional value of blood components issued to hospitals is 4.1% below the Service Level Agreement (SLA) value at the end of August 2023. Trusts are showing activity levels ranging from 17.9% above to 6.8% below SLA.

11. Quality Management System Report

Mr Gillespie 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 17% respectively. As previously reported to Board, four departments (Quality, IM&T, Medical and Donor Services) account for a large percentage of the overdue SOPs. This continues to be addressed at the QIR meetings.

Incidents, Investigations and CAPAs – Mr Gillespie 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 and CAPA remain within target and above the KPI of 75% and 100% completion with target date assigned with approved extension.

Changes – The quality metrics produced for August 2023, indicated that the number of open changes increased over the previous three months. However, the number of changes past target date showed a decrease during the same period.

Internal Audits – As of 9 September 2023, 25 of the 29 scheduled have been completed. Three audits have commenced, but are yet to have findings raised. The remaining audit has not commenced, but remains within the permitted four-week slippage period.

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

UKAS Inspection – During August and September 2023, UKAS carried out inspections of the QMS and three accredited laboratories. During the inspection 10 findings and 9 recommendations were raised. Corrective actions for the findings were agreed and have been implemented with evidence submitted to UKAS for consideration and to close. The medical portion of the UKAS visit has yet to be scheduled.

Mr Gillespie was able to provide assurances that the Quality Management System is operating at a satisfactory level.

12. Medical Directors report to Board

Dr Allameddine presented his report and advised:

- Pre-Amber Alert which was activated in October 2022. Blood stocks have improved slightly and are stable. Dr Allameddine advised of a step down from Pre-Amber to Green.
- O Negative usage is at 15% when the national target is 12.5%. NIBTS are meeting with NITC, blood bank managers and regional stakeholders to address.
- Blood usage is set to increase 1-2% this year.
- Wastage over that past 12 months was 5.6%. Dr Allameddine advised that 30-50% of wastage is avoidable. This is also being addressed by NIBTS, NITC, Blood Banks and extensively discussed with clinicians.
- NIBTS Reference Lab – there has been a significant increase in the workload of this laboratory. A business case for additional staff is being developed.
- Occult Hepatitis B Testing – is in progress. The first stage will be completed by mid-November 2023. NIBTS continue to engage with DoH and workshops with colleagues.
- British Bone Marrow Donor Registry – work is on-going with BHSCT H&I laboratory. Priority will be given to donors up to the age of 40 who have registered during the past five year to maximise the impact.

Mr Graham enquired about the percentage of wastage and if that captures wastage across the whole system including Trusts. Dr Allameddine advised it was and NIBTS now receive monthly data which will inform new working. Mr Graham further enquired if there was positive engagement from Trusts. Dr Allameddine advised it was very positive and NIBTS provide each Trust monthly data to reduce wastage.

The NEMs thanked Dr Allameddine for his report which they found very useful and informative. Mr Small noted that the use of O Negative and the wastage element of his report very helpful and would like this to continue.

13. Business Case for Road Resurfacing – NIBTS HQ

Mrs McKibbin presented the business case and advised that the road surface in the car parks and around HQ have deteriorated and have not been resurfaced since the opening of HQ in 1995. BHSCT Estates Department have advised that the roads should be completely resurfaced as continued patch repairs are no longer effective or cost efficient. Mrs McKibbin advised that if the work is not completed, there are potential risks to both staff and visitors in terms of health and safety. There is also a potential of claims for damage to vehicles caused by potholes. Mrs McKibbin recommended that Option 3 be approved.

Mr Garland enquired if Capital Funding had been approved. Mr Bell advised that three-quarters of the work is covered to address the most urgent areas.

Mr Graham enquired if it is the responsibility of NIBTS to maintain. Mrs Jackson advised that the property and land belongs to NIBTS. However, there is an SLA with BHSCT to maintain.

Board discussed and agreed that the need is clear and approved Option 3.

14. Business Case for Two Blast Freezers

Mrs Mullin presented the business case and advised that NIBTS require two blast freezers to ensure appropriate production of Fresh Frozen Plasma (FFP) and Cryoprecipitate. The current freezers are reaching end of life and parts are becoming harder to source. The freezers were installed in 2006 and have exceeded their expected life of 10 years. Increasing faults, the expense and availability of calibration probes and probe bags mean the equipment urgently requires replacement to ensure business continuity. Mrs Mullin recommended that Option 3 be approved.

Board discussed and Mr Garland enquired if these were specialised freezers. Mrs Mullin advised that they are. Board approved Option 3 in the business plan.

15. NIBTS Equality & Disability Action Plan

Mrs McKibbin presented the Action Plan and advised that the document has been out for consultation and was previously tabled at Board on 2 March 2023. This final draft is for Board's consideration. Mrs McKibbin advised that the action plan has been approved by the Chief Executive and the Senior Management Team, however, requires Board approval and signature of the Chair.

Mr Garland noted that there is reference made to a person and queried where this should be a job title and not a person's name. Mrs McKibbin agreed and subject to Board approval would get this amended to state job title.

Mr Graham enquired about the management of the Action Plan and how an outcome is managed. Mrs McKibbin advised that NIBTS have a working group to take forward

the Actions. Mrs McKibbin then reports to SMT and Board. The Plan is required to be reviewed annually.

The Board discussed and approved the Equality & Disability Action Plan.

16. Key Performance Indicators (KPIs)

Mrs McKibbin presented the report and advised that progress continues to be made. A slight increase on Staff Absence was noted, however it is still below target recording 5%. Collection of whole blood and platelets continue to reach target. Mrs Mullin advised this was in part due to the new Booking Live system. Mrs Mullin advised that a recruitment drive for platelet donors is required. Mr Graham enquired that Mr Gillespie had previously spoken about donors 'settling in' before being approached to be platelet donors. Mr Gillespie advised that not all donors were suitable to donate platelets and re-iterated the need for further development. Mr Small advised that it was encouraging to see improvements to the KPIs.

17. Any other business

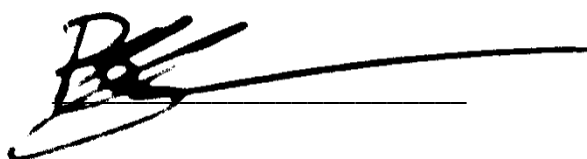
Dr Allameddine reverting to an earlier discussion regarding benchmarking, shared screens to show the latest benchmarking figures. Mr Small advised that benchmarking can show areas of success and also where improvement is required. Board members thanked Dr Allameddine for this information.

18. Action List

Action	Responsible Person
Stock level update to be included in the CEO report to Board	Mrs Jackson
Benchmarking paper/presentation to Board at November's meeting	Mrs Mullin
Collection Strategy to be tabled at November's Board meeting for review.	Mr Gillespie
Mr Graham requested recommendations on report be discussed at the next Board meeting	Mrs Jackson

**Date of next meeting:
Thursday 9 November 2023 at 11.30am
Lecture Room, NIBTS HQ**

Signed:



Dated:

9 November 2023