



**One Hundred and Seventy Second Meeting of the NIBTS Agency Board
Thursday 9 November 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: Dr Allameddine Allameddine – Medical Director
Mr Glenn Bell – Finance & IM&T Manager
Ms Angela Macauley – Quality & Regulatory Compliance Manager
Mrs Gladys McKibbin – Head of HR & Corporate Services
Mrs Barbara Mullin – Head of Blood & Component Supply Chain
Mr Matt Gillespie – Head of Testing Services

Mrs A Carabine – Minutes

1. Apologies

There were no apologies.

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 Seventy First of the NIBTS Agency Board meeting held on 21 September 2023 and action list

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

Action List:

All actions were completed and Board updated.

4. Matters arising from the minutes of meeting held on 21 September 2023

There were no matters arising.

5. Chair's Business

- NICON meeting 3 October 2023 – Mr Garland attended this meeting where the Permanent Secretary was present. There were discussions involving; a collective approach for NEM training, Primary Care, Children's Services amongst other issues.
- Mr Garland attended a meeting on 3 November 2023 with the MHPS Engagement Team and HSC Board Members.

- Recruitment of NIBTS Chair – Mr Garland has been advised that the advertisement will not be placed until January 2024. Mr Garland will discuss this with the Deputy Secretary at a meeting later today. Mr Garland advised at a previous meeting with DoH, Mr Small and himself discussed the business case for the fourth NEM. Mrs Jackson advised that this topic continues to be raised at Accountability and Ground Clearing meetings. This issue will be kept under review particularly in light of NIBTS having no Chair.

6. Chief Executive's Report

Industrial Action – no strike action is scheduled for the coming weeks. Action short of strike remains on-going. Impact of action short of strike and potential strike action is under constant review to ensure minimal impact on supply.

Plasma for Fractionation (PFF) – NIBTS is working collaboratively with WBS to develop a business case which will determine NIBTS involvement. Mrs Jackson is the Northern Ireland lead and partakes in the DHSSC meetings.

PULSE Replacement/Blood Production and Tracking (BPAT) Project – Contract evaluation is on-going and is anticipated to be completed by the end of the calendar year. Completion of this has been delayed to enable focus on the CoreLIMS 'go-live' in BHSCT and SEHSCT.

CoreLIMS Project – Following 'go-live' with BHSCT and SEHSCT this week, the focus will then be on the three remaining modules; blood transfusion, cellular pathology and genetics. 'Go-live' with blood transfusion across Trusts and in NIBTS is scheduled for February 2024. Mrs Jackson advised that the roll out so far is going well, minor issues have been reported and are easily resolved.

Mr Small enquired what that means for NIBTS. Mr Gillespie advised that it will replace the DSS system and allow greater visibility with Trusts; patient testing and stock.

UK Infected Blood Inquiry – The publication of the report is expected in March 2024 and there are no other on-going issues.

Infrastructure Upgrade – DoH have sought clarity on revenue costs for a new building. This information has been provided and is now being considered by DoH as part of the regional capital plan.

Irradiator – Since last reported to Board, there have been no further failures with the irradiator. A business case and DAC are with DoH for approval. Procurement can progress as soon as this has been completed. Contingency arrangements are in place in case of critical failure.

Mr Graham enquired if the equipment did not arrive until the next financial year, would it still be fully funded. Mr Bell advised that it would be.

Stocks – Blood stock is currently excellent with over eight days stock across all blood groups. There have been some challenges with apheresis platelet collection due to long-term sickness. Plans are being developed to address this.

7. Blueprint Programme

Mrs Jackson reported on the current programme status and advised that some meeting dates are being re-profiled as a result of capacity constraints in the wider HSC system associated with the roll-out of CoreLIMS and Encompass in BHSCT and SEHSCT. Other Trusts are also involved in supporting these roll-outs, which are being taken forward through a regional approach. Timetables have been pushed back as the business case may not be completed until June 2024. This decision has been agreed with DoH, but needs to be ratified by the Programme Board.

The design of the funding model and costings of the shortlisted options will continue to be informed by data that has been requested from Trusts and NIBTS via Finance Departments. Mr Garland enquired how long the current level of funding is valid until. Mrs Jackson advised funding is agreed up to September 2024. However, there should be more clarity by the start of the next financial year. Mr Small enquired if the cost of the current operation is known. Mrs Jackson advised that there are two elements of direct costs; staffing and consumables. The Blueprint team are liaising with DoH regarding the funding model.

Mr Small enquired if the future arrangements with clinical practitioners have been agreed. Mrs Jackson advised that this is one of the pieces of work that has been pushed back until December 2023 due to CoreLIMS.

8. Governance & Risk Management Committee Update

Mr Garland advised that the minutes from 2 August 2023 were ratified at the meeting on 1 November 2023 and were for noting.

At the meeting on 1 November 2023, Mr Garland noted:

- Control Assurance Standards are progressing and reassuring.
- Corporate Risk Register – there was one new risk and none were removed.
- Departmental Risk Register – Reference Laboratory – was reviewed.
- Component Monitoring – there were some issues with buffy coats.
- Incidents – 72 incidents, 1 Red, 11 Amber, 56 Yellow/Green and 4 as Observations. As of 23 October 2023, 2 investigations remain open and classified as Yellow.
- UKAS have confirmed that the 2023 surveillance inspection has now been completed. There was a total of 10 findings with six recommendations.
- Risk Management – BSO Internal Audit – recommendation that NEMs complete all e-learning.
- Equipment Validation – new tables for reporting, which the Committee found very useful.

9. Corporate Risk Register

The CRR was fully discussed at the Governance & Risk Management Committee meeting on 1 November 2023.

Mr Graham noted that the indicator colours on three of the risks are not correct. They were reading Amber but the risk score denotes that these should be Yellow.

Mr Small enquired if the risk score reduces a risk to Green, should the risk be removed from the CRR. Mrs Jackson advised when that occurs, SMT discuss whether the risk should be removed from the CRR.

The Board approved the Corporate Risk Register.

10. Audit Committee Update

Mr Small advised that the minutes from 15 June 2023 were ratified at the meeting on 12 October 2023 and were for noting.

The Risk Management audit has been completed with no Priority 1 recommendations, 9 Priority 2 recommendations and one Priority 3 recommendation. All of which have been accepted by management with agreed implementation dates. An overall Satisfactory level of assurance has been provided.

Mid-Year Follow Up – noted that 70% of recommendations have been implemented.

Mr Small advised that implementation of the recommendations will be monitored by the Audit Committee.

The Audit Charter is reviewed every two years and tabled at the Audit Committee for approval. The Charter was fully discussed and approved by the Committee.

The final Report To Those Charged With Governance was also tabled. The draft copy was fully discussed at the meeting in June 2023 and the final report was accepted by the Audit Committee.

11. Finance Report

Revenue

Mr Bell presented the report for the six months which ended on 30 September 2023, which shows a net deficit of £933k. NIBTS, excluding haemophilia, shows a deficit of £97k.

The Pay position shows a surplus of £82k. There are overspends in HR & Corporate Services (£45k), Medical (£56k) and Finance (£13k) due to staff in excess of funding staffing levels. Most other areas show an underspend.

The Non-Pay position shows a deficit of £395k, primarily due to costs in Transport (£123k), Plasma Products (£84k), Heat, Light, Power (£77k) for which additional income is anticipated. One off, non-recurrent expenditure for overspends in Computer hardware/software (£31k), Legal Fees (£10k) and general services (£25k). Year to date expenditure on blood components is £67k.

Haemophilia products are showing a net deficit of £836k. Additional funding to cover will be sought in accordance with the SLA. Mr Bell advised since the report was compiled, additional income has been received which is in line with the SLA and SPPG and will resolve the issue.

Mr Bell advised that a breakeven position is projected by year-end. Mr Small enquired how breakeven could be projected with such a deficit. Mr Bell advised that part of the deficit related to non-recurrent expenditure and balanced with income received and predicted income for energy costs will produce breakeven.

Mr Graham enquired if the pay differentials are causing any concern. Mr Bell advised that in the short-term these have been factored into projections. In the long-term these could become an issue if not resolved and could only be balanced by other underspends in other areas.

Mr Small enquired if there are controls in place regarding new staff positions. Mrs Jackson advised that there are. There are detailed approval processes for the replacement of staff. Mrs Jackson further advised that Mrs McKibbin has developed a HR/Finance scorecard.

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 and BPaT and will be fully committed.

Prompt Payment Policy

Compliance with Prompt Payment Policy is now meeting targets.

Monitoring

The notional value of blood components issued to hospitals is 3.2% above the Service Level Agreement (SLA) value at the end of September 2023. Trusts are showing activity levels ranging from 14.0% above to 5.9% below SLA.

Mr Small enquired what this means for NIBTS. Mr Bell advised the SLAs have a tolerance level of +/- 5%+. If activity is outside the 5% tolerance, there can be an extra charge/refund at marginal cost. There is not expected to be a material impact in year. The activity level of this year forms the basis of next years agreed activity levels.

12. 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 22% and 7% respectively. As discussed at the Governance & Risk Management Committee meeting, the majority of these lie within the Medical Dept., who have addressed several of their overdue policies (as reflected in the September's figures). Several others have been revised and will be ready for issue shortly.

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 and CAPA remain within target and above the KPI of 75% and 100% completion with target date assigned with approved extension.

The 12-month cumulative figure for closure of CAPA for major/critical incidents is -34.4%. Mr Small noted that this figure is very low and enquired how this transferred into such a low figure. Ms Macauley advised that the figure is not totally indicative of the position. One or two actions can have an impact and record a low percentage.

Changes – The quality metrics produced for October 2023, indicated that the number of open changes increased during August and September. Ms Macauley advised Board of the one Red and four Amber changes.

Internal Audits – As of 31 October 2023, 31 of the 39 scheduled have been completed with findings raised where appropriate. A further two audits have commenced, but not yet completed. Six audits have yet to commence but remain within the four-week slippage period. Ms Macauley advised that as a result of an action arising from the UKAS visit, some additional audits have been scheduled during November and December 2023. Therefore, the number of audits has increased from previously advised to Board.

Mr Graham enquired if internal audits will catch up. Ms Macauley advised they will, but we are currently struggling with staff numbers.

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

UKAS Inspection – As previously reported, 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. UKAS have confirmed that the inspection visit is complete and have decided to postpone the clinical aspect of the inspection until the next surveillance visit.

13. Annual Quality Report

Ms Macauley presented the report to Board. Mr Small enquired where the Report is held. Ms Macauley advised that the Report is an initiative by DoH 'Quality 2020', where all ALBs and Trusts are required to produce. The report is sent to DoH and also published on NIBTS website.

Mr Garland enquired if there was an opportunity for Board to review prior to next submission to DoH. Ms Macauley advised that the report could be brought to the Governance & Risk Management Committee prior to submission.

Mr Graham enquired if the report could feed into our Business Plan. Mrs Jackson advised that the Annual Quality Report receives its information from the Business Plan.

14. Medical Directors report to Board

Dr Allameddine presented his report and advised:

- Pre-Amber Alert which was activated in September 2022, has been stepped down to Green status. Blood stocks have improved, but challenges remain around

staffing, industrial action and borderline O negative stock. The On-line booking system has made significant impact in building and maintaining stock levels.

- There has been no blood importation since May 2023.
- 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.
- Blood wastage is 4.1% (aim for <3%). Dr Allameddine noted that 30-50% of wastage is potentially avoidable.
- There is significant variation in practice between healthcare organisations. Wastage ranges between hospitals from 0.9% to 8.3%

Dr Allameddine advised of a meeting towards the end of November to raise awareness, discuss wastage and data will be shared for benchmarking. Mr Small enquired as to who carries the cost of wastage. Dr Allameddine advised that Trusts would have to carry the cost of wastage. Dr Allameddine further advised building relationships, benchmarking and sharing data should address this.

Mr Graham enquired how the wastage compares to the rest of the UK. Dr Allameddine advised that it is not as high as some. However, 30-50% wastage is too high.

- NIBTS will soon be able to provide sickle cell negative blood components. Validation has been completed and testing will commence mid-January 2024. This will bring NIBTS in line with JPAC guidance and other blood services.
- Occult Hep B Testing – testing on archive samples from nine donors who require a lookback is on-going. Once completed, the regional group will meet to finalise a pathway for recipient contact and testing. This should be completed by the end of December 2023.
- British Bone Marrow Donor Registry (BBMR) – all documentation should be completed by the end of December 2023.

Mr Graham advised that given the level of detail in this report, the Board find it useful and helpful. Mr Graham further advised that the hemovigilance collaboration with Trust and the structural support is very useful. Mr Graham enquired as stock levels increase would exportation be considered. Mrs Mullin advised that we have exported in the past. Mrs Jackson also advised that this was cost neutral, but would export if stock was available and a request was made.

15. EBA Benchmarking - feedback

Mrs Mullin attended an EBA Benchmarking workshop in October 2023 and gave a presentation to Board on the findings. NIBTS are working with the Welsh Blood Service (WBS) to bring forward workforce challenges, which are similar to other blood establishments, sharing similar struggles and potential problem solving and solutions.

Benchmarking for annual red cells, platelet issue and FFP issue show NIBTS scores well for its size, but there is room for improvements and the latest figures will be included in the final draft of the Collection Strategy. NIBTS are looking at the efficient use of donations for red cells and platelets.

Mr Graham queried NIBTS range of collections in context with other blood services. Dr Allameddine advised that ranges depend on the size of the service. Larger blood establishments have more staff and facilities, thereby an ability to collect more red cells and platelets. Mrs Mullin advised that there are a number of educational pieces of work for donors, i.e. referrals and making donors fully aware of issues that may exclude donation and for staff to changes of practice.

16. Collection Strategy

Mrs Mullin presented the Collection Strategy and advised that the figures needed to be adjusted following the EBA Benchmarking. Mrs Mullin further advised that NIBTS are following the WBS model to inform the Strategy. Regarding future demand, Mr Small enquired how assumptions on demand are made. Mrs Jackson advised starting with baseline figures, which include information from Trusts, i.e. surgery, haematology, oncology and any new therapies.

Mr Small advised it is good to have the strategy and a focus. Mr Small enquired about new initiatives. Mrs Jackson advised of the on-line booking system, staff engagement i.e. people and culture strategy. Mrs Jackson further advised the business plan will be developed within the scope of the strategy, staff model and links to Trusts.

Mr Garland enquired if there was a tool to compare progress. Mrs Jackson advised there was and the business plan will have performance indicators.

Mr Graham enquired who is managing the consultation piece. Mrs Jackson advised this would be managed internally, similar to how public consultations are managed. Mr Graham further enquired if donors were being engaged with. Mrs Jackson advised that the consultation will also be engaging with donors.

Board discussed and had a number of questions which were answered to their satisfaction by the Senior Management Team.

Board approved the direction of the strategy.

17. KPIs

Mrs McKibbin presented the report and advised that progress continues to be made. Collection of whole blood and platelets continue to reach target. The KPI of *Recruit 480 new whole blood donors per month* and *Maintain active donor panel – whole blood* failed to meet target. Mr Small enquired if the 26,000 figure for whole blood active panel could be reached. Mr Gillespie advised that this is unlikely, but may not be required. The target will be reviewed following the EBA benchmarking and finalisation of the Collection Strategy.

Board would like to be involved in the development of the business plan. Mrs McKibbin advised that work is about to commence and Board will be involved.

18. Any other business

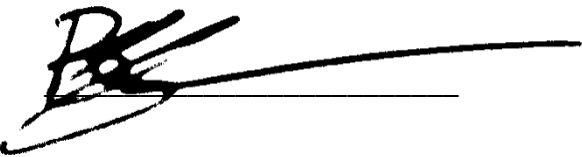
- i. Mr Small advised that both he and Mr Garland attended an Annual Audit Committee Chairs meeting in DoH. Both found the meeting useful and interesting.

- ii. Mr Garland thanked the Senior Management Team and their respective teams for their hard work, which is evidencing itself in the reports to Board.

19. Action List

Action	Responsible Person

**Date of next meeting:
Thursday 7 December 2023 at 11.30am
Venue: To be confirmed**

Signed: 

Dated: 11 January 2024