



**One Hundred and Seventy Third Meeting of the NIBTS Agency Board
Thursday 11 January at 11.30am
Venue: Video Conferencing**

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 Barbara Mullin – Head of Blood & Component Supply Chain
Mr Matt Gillespie – Head of Testing Services

Mrs A Carabine – Minutes

1. Apologies

Mrs Gladys McKibbin.

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 Second of the NIBTS Agency Board meeting held on 9 November 2023 and action list

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

Action List:

There were no actions from the last meeting.

4. Matters arising from the minutes of meeting held on 9 November 2023

There were no matters arising.

5. Chair's Business

- On behalf of Board, Mr Garland passed on his condolences to Mrs McKibbin.
- Non-Executive Members of Board – Mr Garland advised that Mr Small will be leaving NIBTS at the end of January 2024. Mr Garland has written to DoH regarding the Chair's competition and expressing concern regarding the upcoming vacant position of the third NIBTS NEM.
Mr Small enquired about timelines. Mr Garland advised that the Chair's competition was issued on 3 January 2024. Interviews are expected to be held

during March 2024 and if an appointment is made, NIBTS should have a new Chair by June 2024.

- Board Workshop – 7 December 2023 – A Workshop to discuss corporate, business and financial plans and objectives was held in lieu of December’s Board meeting. Draft plans will be discussed and seek approval at today’s meeting.
- Mid-Year Accountability meeting with DoH – is scheduled for 26 January 2024.

6. Chief Executive’s Report

Industrial Action – Formal notification has yet to be received. However, it is anticipated that strike action will take place on 18 January 2024. This is in addition to on-going action short of a strike. In collaboration with staff and unions, plans are being put in place to minimise the impact on stock. It is likely that there will be no blood collection on 18 January 2024. Stock levels are currently good and plans are being put in place for additional sessions in the days leading up to strike action.

Plasma for Fractionation (PFF) – NIBTS continues to work collaboratively with WBS to develop a business case which will determine NIBTS involvement.

PULSE Replacement/Blood Production and Tracking (BPAT) Project – Contract evaluation has been completed. Final checks on the tender and suppliers are on-going. Contracts are expected to be awarded during January 2024. Timetables will be issued following this with planning for the project to ‘go-live’ by the end of 2025.

CoreLIMS Project – To prioritise ‘go live’ with cell path, ‘go live’ for blood transfusion across Trusts and in NIBTS is now scheduled for April 2024.

Mr Small enquired if there was an impact for NIBTS with this new revised ‘go live’ date. Mr Gillespie advised that timelines would be tight, however, NIBTS will aim to be ready by April 2024.

UK Infected Blood Inquiry – There is no new update and the report remains expected by March 2024.

Infrastructure Upgrade – There is no new update. Mrs Jackson advised she will attend a meeting next week with a regional group. NIBTS will be planning with BHSCT.

Irradiator – There have been no further failures since previously reported to Board. The business case and DAC have been approved by DoH and procurement started. It is anticipated that the commissioning of the new equipment will commence late January 2024 depending on estates work being completed. The contingency arrangements remain in place.

Mr Garland enquired what estate work was required. Mrs Jackson advised that extract units need to be installed and the new location needs to be converted from an office space to laboratory space.

Stocks – Blood stock levels are currently very good but will be kept under review in light of industrial action and winter viruses which can impact donor and staff availability.

Mr Small noted the improvement and enquired if this was related to the on-line booking system. Mrs Jackson advised that the booking system was having a positive

effect as is the social media impact. Mrs Mullin also advised that the on-line booking system was working well for donors. The text messaging needs to be refined, staffing and venues can have an impact on stock. The working model needs to be refined to stream services. Mrs Mullin further advised that NIBTS are working closely with WBS and NIBTS staff to develop a staffing model for collections. NIBTS will also be engaging with unions to bring a future staffing model forward.

7. Blueprint Programme

Mrs Jackson reported on the programme's current status and advised that a more up to date highlight report became available after papers were issued. Mrs Jackson summarised the latest report and advised that the new report would be issued. Mrs Jackson advised that the risk assessment has moved from Red to Amber which indicates that there is medium risk to the programme's ability to deliver on time, to budget or any other matter. However, the timeline remains constricted. One member of the team has moved to a different position, but another staff member has been recruited into the vacant position.

Work remains on-going with critical friends and clinical practitioners. The funding model is tying in with the Design Team. All new updates will be presented to the Programme Board on 9 February 2024. Mrs Jackson advised of a Blueprint Benefit Workshop on 12 January 2024.

The Programme team has written to the Department of Justice State Pathologist to initiate engagement with the Programme. The State Pathologists Office (SPO) is part of the Department of Justice. It was agreed that the Programme will add SPO to the mailing list and will contact the State Pathologist directly to ascertain if there are any relevant matters to discuss.

Mr Garland enquired if there were any implications for NIBTS given the new specific responsibilities. Mrs Jackson advised the timeline for completion is 2026 which will not change. Other work may be compressed and it may be possible to overlay work to get the business case approved.

Mr Small advised that the Programme Board and the SRO need to reflect on the challenges. Mr Small enquired if completion for Phase 1 has slipped. Mrs Jackson advised Phase 1 takes the programme to the point of bringing the business case to DoH including work undertaken and costings.

Mr Graham enquired if each delay has a cost implication. Mrs Jackson advised funding is guaranteed until September 2024. However, it is critically important to get the business case approved in order to release funding. Currently there is no funding risk for NIBTS.

8. Finance Report

Revenue

Mr Bell presented the report for the eight months which ended on 30 November 2023, which shows a net deficit of £93k. NIBTS, excluding haemophilia products, shows a surplus of £30k. Mr Bell advised of a projected breakeven position at year end. However, this will require additional funding for haemophilia products.

The Pay position shows a surplus of £124k. There are overspends in HR & Corporate Services (£64k), Medical (£77k), Finance (£17k) and Donor Admin (£9k) due to staff in excess of funding staffing levels. All other areas show an underspend.

The Non-Pay position shows a deficit of £398k, primarily due to costs in Transport (£154k), and Heat, Light, Power (£19k) for which additional income is anticipated. Laboratories has an overspend of £123k, which relates to imported blood components of £67k and the timing of expenditure. A one off, non-recurrent expenditure in Computer hardware/software (£32k), Legal Fees (£10k) is mainly responsible.

Haemophilia products are showing a net deficit of £123k after allowing for additional funding from SPPG. Further funding to cover this deficit will be sought from SPPG in accordance with the SLA.

Mr Garland enquired if income from disposal of surplus plasma would be taken into consideration for the accounts. Mr Bell advised that any income from this is passed to DoH and is not included in NIBTS accounts.

Mr Graham enquired if there were any issues regarding the deficit from the haemophilia products. Mr Bell advised that there are clear assumptions in line with the SLA that these will be fully funded.

Mr Small enquired how the deficit will be reduced by year end. Mr Bell advised that part of the deficit will be matched with additional income. The expenditure to date includes a number of one-off the non-recurrent items.

Capital

The Capital Resource Limit (CRL) for 2023/24 is £690k. This comprises of £480k for LIMS/BPaT project and £210k for General Capital. All proposed schemes are progressing and funding fully committed.

Prompt Payment Policy

Compliance with Prompt Payment Policy is meeting targets, with no issues.

Monitoring

The notional value of blood components issued to hospitals is 2.5% above the Service Level Agreement (SLA) value at the end of November 2023. Trusts are showing activity levels ranging from 8.7% above to 4.3% below SLA.

9. 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 9% and 28% respectively. The largest number of overdue policies are with the HR & CS Dept.

Mr Graham enquired if it would be helpful if Board were directive on the position by end of March as there is an expectation by Board that targets are met. Ms Macauley

advised that it is not unreasonable of Board that targets should be met. Ms Macauley further advised that after a lot of hard work and focus, the latest figures (produced since the report written) was showing that targets are improving with SOPs currently at 5% and Policies at 19%.

Mr Garland advised that as Chair of the Governance and Risk Management Committee he feels responsible in this area. Both he and Ms Macauley have previously discussed and he acknowledges the adjustments that have been made and the hard work to reduce figures and meet target.

Mr Garland enquired if there are any significant risks to the organisation. Ms Macauley advised that is no significant risk other than targets are not being reached.

Mrs Jackson advised that the Performance Management Framework will be used to assist in discussing the challenges, what resources are required and focus teams.

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 has improved over the last three-month period to 51.6%. The cumulative figure for minor incidents is 67.5%. Trends show improvement, the targets are necessarily stringent, but are not being consistently met however need to work towards meeting the targets rather than amend the targets. Mr Garland advised that it is encouraging to note that heads of departments are required to provide feedback for slippage. Ms Macauley noted that it is being managed reasonably well.

Changes – The quality metrics produced for December 2023, indicated that the number of open changes decreased during the September to November period. As of 29 December 2023 there were 42 changes past the target date. 17 of the 42 changes are overdue by a period of six weeks. Of these 17, one is classified as Red, six as Amber and the remainder as Yellow/Green.

Ms Macauley appraised the Board of the one Red and six Amber changes.

Mr Graham enquired when considering Blueprint, does this area need more resources and has it been considered. Mrs Jackson advised that resources within NIBTS is being progressed. An element of Phase 2 of the Blueprint programme is scoping resources and NIBTS will be included in this. The business case will include NIBTS resources, economy of scale to avoid duplication.

Mr Garland enquired if there was any organisational risk. Ms Macauley advised that the only one of concern was the falsified medicines app. There have been several issues with the app, which is not working properly. The IM&T manager is assisting with resolving this. Ms Macauley advised that Northern Ireland is the only part of the UK that needs to comply and the app is used for counterfeit medicines. The risk is mitigated as NIBTS would only need to use the app for discarded product which needs

to be decommissioned via the app. Until the issue is resolved, the discarded product has been quarantined prior to decommissioning. All NIBTS product is purchased via a regional tender using bona fide suppliers. Therefore, there is no organisational risk.

Internal Audits – As of 29 December 2023, 38 of the 53 scheduled audits have been completed with findings raised where appropriate. Three have been started but are not completed. Five have yet to commence, however are within the permissible slippage period. There have been delays due to staff absences due to illness and the reallocation of resources to cover this illness. Ms Macauley advised that scheduled audits should catch up during January 2024.

Mr Garland enquired if there was any organisational risk. Ms Macauley advised that there was not and conducting internal audits gives assurances that work and procedures are being completed properly. Ms Macauley advised that she will risk assess internal audits at the end of January 2024.

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

UKAS Inspection – Awaiting confirmation of clearance of findings and maintenance of accreditation post 2023 surveillance visit.

10. Medical Directors report to Board

Dr Allameddine presented his report and advised:

- Blood stock has improved and has been stable over five days, with no importation since May 2023. NIBTS have exported blood to WBS.

Dr Allameddine appraised the Board on wastage and cumulative wastage throughout Trusts and NIBTS. Dr Allameddine further advised that NIBTS are working with NITC to share data and address wastage.

Mr Small enquired if wastage occurs in a Trust, is it a monetary cost to that Trust. Dr Allameddine advised it would be.

Dr Allameddine advised the more data is gathered, the greater the understanding and the more can be done to reduce wastage.

Mr Garland requested that Dr Allameddine take an example from the spreadsheet and talk through it. Dr Allameddine advised of the usefulness of benchmarking and NIBTS are leading the process. Data is provided every month to all hospitals. The Board felt the data was very useful.

Mr Graham enquired if there had been any challenges to providing hospitals with this data. Mrs Jackson advised that by doing so, hospitals can make their own decisions on wastage which will be discussed and agreed through the NITC.

Mr Small enquired if this information has been shared or conversations regarding wastage have been conducted with Trusts. Mrs Jackson advised that hospitals have always had access to this data, the focus is on the management of use.

- From the end of January 2024, NIBTS will provide sickle-negative blood components for specific patient groups. Validation has been completed. The Health Check Questionnaire will be amended to capture data on donor ethnic background which will assist support for sickle cell patients.
- Occult Hep B Testing – testing on the first stage is nearly complete. The second stage of testing recipients should commence shortly.

- NIBTS hosted the regional NITC meeting on 27 November 2023 with representation from all hospitals transfusion services, hemovigilance teams and transfusion leads to discuss interaction and shared experience.
Mr Garland enquired what happens to hemochromatosis blood. Mrs Jackson advised that NIBTS do bleed some patients and their blood is used. Dr Allameddine advised of the current procedures for hemochromatosis patients and of discussions to the changes in practice that will see more patients being bled in NIBTS.

11. Corporate Strategic Objectives

12. Business Plan 2024-25

13. Financial Strategy 2024-26

Following the Board Workshop held on 7 December 2023 in place of the scheduled Board meeting, these three items were taken together.

Corporate Strategic Objectives – Mr Small advised that the wording on value for money should be added to objective number 15. Subject to this addition, Board were content and approved the document.

Business Plan 2024-25 – Mr Small enquired what happens to the newly agreed objectives. Mrs Jackson advised that these will slot into the Corporate Plan which runs through the Business Plan and will commence from 1 April 2024. Board approved the document.

Financial Strategy 2024-26 – Mr Small enquired if this fits into the Corporate Plan. Mr Bell advised it will append to the existing Corporate Plan and will be presented to BSO Internal Audit at the year-end follow up. Board approved the document.

14. Performance Management Framework

This framework now translates into Policy. Mr Garland enquired if the Framework addressed audit findings and recommendations. Mrs Jackson advised that the amended documents will clear the audit findings. Mr Bell advised that BSO Internal Audit as part of their 2024-25 audit plan will re-audit performance management and test all aspects around it to ensure that they are working correctly. Board approved the Framework.

15. KPIs

Mr Bell presented the KPIs and advised of an improved position for a number of indicators.

Mr Small enquired if the targets regarding blood supply should be revisited. Mrs Jackson advised that NIBTS are funded to be self-sufficient, the half percent leeway built into the KPIs is for imports and she would not be keen to reduce this further. Mr Gillespie advised of recent incidents that NIBTS have been in a position to issue blood to support another UK service meaning that we are currently over the KPI target and producing more than 100% supply.

Mr Graham noted Dr Allameddine's work on wastage and usage to become more efficient advising that the current KPI targets may not be correct in the future.

Mr Garland enquired if the Collection Strategy is coming back to Board. Mrs Jackson advised that it is currently out for consultation. However, following this Board will receive a feedback report.

16. Any other business

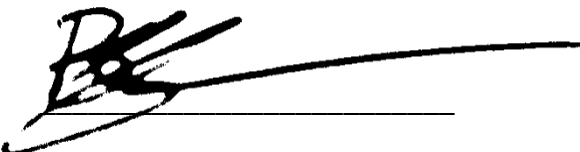
- i. Mr Garland advised that Mr Small would be leaving NIBTS at the end of January 2024 and congratulated him on his appointment to BHSCT Board. Mr Garland noted the collaborative work of the NEMs and has valued this. Mr Garland further noted that Mr Small’s departure is a loss to NIBTS.

Mr Small appreciated these comments, is looking forward to new challenges, but will miss NIBTS. Mr Small noted NIBTS has a strong SMT and Board which works well and has improved over the past year.

17. Action List

Action	Responsible Person
Forward the latest Blueprint Programme highlight report to Board members	Mrs Carabine <i>Post meeting note: paper forwarded 11 January 2024</i>

**Date of next meeting:
Thursday 7 March 2024 at 11.30am
Venue: To be confirmed**

Signed: 

Dated: 7 March 2024