



**One Hundred and Seventy Fifth Meeting of the NIBTS Agency Board
Thursday 16 May 2024 at 11.30am
Venue: Video Conferencing**

Present: Mr Brendan Garland – Interim Non-Executive Chair
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

For agenda item No: 7

Mrs Paula Johnston – Information Governance Manager
Miss Jennifer McErlean – Blood Donor Engagement Manager

Mrs A Carabine – Minutes

1. Apologies

There were no apologies.

2. Declaration of potential conflict of interests with any business items on the agenda

Mr Garland advised that given there are currently only two NEMs and he is Chair of Board and Chair of the Governance & Risk Management Committee, the position is not entirely appropriate. However, until new appointments are made to fill the vacant non-executive posts this unsatisfactory position will continue. The risk has been included on the Corporate Risk Register and was raised at the Governance & Risk Management Committee on 1 May 2024.

3. Minutes of One Hundred and Seventy Fourth of the NIBTS Agency Board meeting held on 7 March 2024 and action list

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

Action List:

Ms Macauley advised that the new supplier process will be included in the Governance & Risk Management Committee papers for the August 2024 meeting.

4. Matters arising from the minutes of meeting held on 7 March 2024

There were no matters arising.

5. Chair's Business

Chair of Agency Board – Mr Garland advised that he is delighted to have been appointed as Chair of Board, a position he is very proud to hold.

NEM appointments – Mr Garland advised of a delay in the process. However, shortlisting should commence on 24 June and it is hoped by autumn a new appointment will be made. Mr Garland advised that there has been no further update on the fifth NEM, but he will continue to raise at DoH meetings.

BPaT Media Launch – Mr Garland attended this media launch in NIBTS HQ on Wednesday 15 May 2024. Mr Garland advised that it was a very positive launch which was attended by the Minister of Health.

Senior Management Interviews – Interviews for the position of Head of HR & Corporate Services will be held during the week beginning 20 May 2025. The interviews for the position of Medical Director will be held during the week beginning 27 May 2024.

Infected Blood Inquiry – the report is scheduled to be published on Monday 20 May 2024. The Chief Executive will be representing NIBTS.

6. Chief Executive's Report

Chair Appointment – On behalf of SMT, Mrs Jackson congratulated Mr Garland on his appointment as Chair of Agency Board. Mrs Jackson advised his appointment will create a sound footing for forthcoming events.

Industrial Action – Mrs Jackson advised that this morning (16 May 2024) a letter has been received from BMA advising that a consultant ballot for industrial action is ongoing and due to close on 10 June 2024. They notified that in the event of a vote in favour of industrial action, there would be a 24-hour strike starting on 26 June 2024. The Junior Doctor industrial action, scheduled for 6 & 7 June 2024, should not have an impact on NIBTS. However, any impact will be considered when this is available. The Medical Director and Head of HR & Corporate Services will assess any impact.

Mrs Jackson further advised that in relation to agenda for change staff, and the recent pay offer, that industrial action has been resolved for the majority of unions. There is however some action short of strike action remaining however the impact of this is minimal for NIBTS at present.

Plasma for Fractionation (PFF) – the business case has been completed. The consultant who prepared the document will present to SMT during May 2024 which will provide an opportunity to clarify the detail. Mrs Jackson advised that this information will be brought to Board at a future meeting prior to being submitted to DoH.

PULSE Replacement/Blood Production and Tracking (BPAT) Project – this project is on track to 'go-live' during autumn/winter 2025 subject to the completion of the discovery phase with the contractor. Mrs Jackson advised that the discovery phase has commenced which will ascertain that the system does what it is required to do. This in turn will inform the timeline.

CoreLIMS Project – 'Go live' for the blood transfusion module across Trusts and in NIBTS has been delayed until 3 June 2024 to allow for the completion of the PQ testing. Mr Gillespie advised that work to deliver is on-going and on schedule to deliver by 3 June 2024. Ms Macauley advised that training is being undertaken and SOPs are on track. The review of documentation is on-going and progressing.

Mr Garland enquired if NIBTS is dependent on other aspects outside our control. Ms Macauley advised that some factors are outside the control of NIBTS and are largely dependent on BHSCT and SEHSCT.

Mr Garland further enquired if there would be 'cut-over' testing. Mrs Jackson advised that there was and gave detail.

UK Infected Blood Inquiry – The Inquiry Report will be published on Monday 20 May 2024 at 12.30pm. There are on-going discussions between NIBTS, DoH and other blood services regarding communications. Mrs Jackson, along with the Medical Director from BHSCT, Minister Swann and his Team, will attend the public event when the Inquiry Chair will present the report. A separate agenda item will cover our communication plan. Mrs Jackson advised the main focus of all blood services will be on the infected. There will be an apology and then reflection on the report's findings. Mr Garland advised that this was reassuring.

Infrastructure Upgrade – There has been no further update. NIBTS will keep this on the agenda with DoH.

Mr Graham enquired how long do NIBTS wait for risks to increase before contacting DoH. Mrs Jackson advised that currently, MHRA have only commented on the laboratory space, air handling systems and keeping an older building clean. However, PFF may raise other risks.

Irradiator – Estate enabling works have been completed and the process of validation and commissioning remains on-going.

Mr Garland enquired until work is completed, is there a greater risk to NIBTS. Mrs Mullin advised that the contingency arrangements remain in place and there have been no further failures since advised to Board.

Mr Garland advised that as Chair, he is content with all aspects of the Chief Executive's report and level of assurances given.

7. IBI Communications Strategy

The Blood Donor Engagement Manager and the Information Governance Manager presented a communications strategy to Board. These included a timeline of external

and internal communications, training for staff, frequently asked questions and the press release from NIBTS which is available on the website.

Mr Garland noted that the press release does not advise of regulations and testing for blood safety. Mrs Jackson advised that NIBTS is and remains compliant with all blood safety regulations. However, the key message in the press release is to acknowledge the Infected and Affected and apologise for the hurt and loss evidenced through the Infected Blood Inquiry.

Mr Garland thanked both Mrs Johnston and Miss McErlean for their work and professionalism. Mrs Johnston advised that she would be available on Monday 20 May 2024 to provide any advice to the Infected, Affected and respond to questions that may arise from the Report.

8. Blueprint Programme

Mrs Jackson presented the report and advised that on 27 March 2024, the Programme Board met to consider a draft Target Operating Model (TOM) for a Pathology Special Agency. This model was developed through the Programme Workstreams and Design Team with input and support from Critical Friends.

Mrs Jackson further advised that there will be slippage in the timelines due to staffing issues, forthcoming industrial action by medical staff, revised 'go-live' dates with other new systems and various Inquiries. The timeline will be reviewed by the NI Pathology Blueprint Programme Board on Friday 17 May 2024. Mr Garland requested that Board be kept apprised of new timelines.

The current risk assessment of the programme remains Amber, indicating medium risks to the programme's ability to deliver on time, to budget and any other matter. Mr Garland enquired when the full budget will be known. Mrs Jackson advised that the Programme Manager will be meeting with SPPG to finalise and formally sign off.

9. Finance Report

Mr Bell presented two Financial Reports; one for Month 12 – a year end report and the second for Month 1 – April 2024

Month 12 – 1 April 2023 – 31 March 2024 – year end

Revenue

Mr Bell advised that the breakeven position had been achieved with a surplus of £2k.

Capital

The Capital Resource Limit (CRL) for 2023/24 is £670k. This comprises of £380k for LIMS/BPaT project and £290k for General Capital which has been fully utilised.

Prompt Payment Policy

Compliance with Prompt Payment Policy object has been met at year end.

Monitoring

The notional value of blood components issued to hospitals is 1.1% above the Service Level Agreement (SLA) value at the end of March 2024. Trusts are showing activity levels ranging from 5.9% above to 2.8% below SLA.

Month 1 – 1 April 2024 – 30 April 2024

Revenue

Mr Bell presented the report for the first month which ended on 30 April 2024 and shows a net deficit of £242k. Overall NIBTS, excluding haemophilia products, shows a surplus of £46k. Mr Bell advised that additional funding will be sought for the overspend in haemophilia products. A breakeven position is projected at year-end.

The Pay position shows a surplus of £37k. Most areas are showing an underspend with the exception of a Medical overspend of £10k due to staff in excess of funded staffing levels.

The Non-Pay position shows a deficit of £36k, primarily due to costs in Transport (£15k), Drugs (£8k) for which additional income is secured.

Capital

The Capital Resource Limit (CRL) for 2024/25 has yet to be confirmed. However, £848k income in respect of BPaT is anticipated. There are capital commitments of £87k and roof repairs of £90k for which funding is anticipated.

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 0.6% below the Service Level Agreement (SLA) value at the end of January 2024. Trusts are showing activity levels ranging from 7.5% above to 25.7% below SLA.

Mr Garland enquired about SLAs being below target. Mr Bell advised of a tolerance level of 5%.

10. Financial Plan 2024-2025

Mr Bell advised that the financial plans and budgets that are required to achieve the objective of breakeven was being presented to Board for approval. Mr Bell appraised Board members on; the Assumptions, Cost Pressures and Other Revenue Funding Considerations and Projected Revenue Funding Requirements 2024/25 contained within the plan. Mr Bell further advised without the assumed funding breakeven may not be achieved.

Mr Garland enquired about the status of the business case in relation to Blood Group Reference Laboratory. Mr Bell advised that increased demand and volume of testing creates a significant pressure on the Laboratory. However, the business case has been submitted to SPPG and is being considered. Mr Garland further enquired about these new tests. Mr Gillespie explained about the new therapies, increase costings of consumables and increased workload on staff.

Mr Garland noted that as the income from plasma is now treated differently and enquired if there was a contingency plan if income is different. Mr Bell explained the rationale of this income with SPPG income and how it is offset against and advised that there was no significant risk.

Mr Graham enquired about Non-Pay pressures Mr Bell explained the position.

Board approved the Financial Plan 2024-2025.

11. Audit Committee Update

Mr Graham, Interim Chair of the Audit Committee advised that the last meeting was held on 2 May 2024. The minutes from 23 January 2024 were for noting. Mr Graham advised it was a positive meeting. There were reports from; BSO Internal Audit which included the Progress Report, Follow Up Report at Year-End 2023/2024, Head of Internal Audit Annual Report where the overall opinion from was Satisfactory.

Mr Graham enquired about the timeline of NIBTS Annual Report. Mr Bell advised that it is currently being audited which will be concluded by early June. A draft Annual Report will be tabled at the next Audit Committee on 13 June 2024 and should be recommended to Board for approval on 4 July 2024.

12. Governance & Risk Management Committee Update

Mr Garland advised that the last meeting of the Governance & Risk Management Committee was held on 1 May 2024. All aspects of the Quarterly Report were discussed including the Corporate Risk Register to the satisfaction of the Committee.

13. Corporate Risk Register (CRR)

There are 10 risks on the CRR, with one new risk added during the reporting period (1 January – 31 March 2024). The new risk is *Two vacancies for Non-Executive Board Members (including Board Chair)* which will be kept under review. No risks were removed. All risks had been reviewed by SMT prior to the Governance & Risk Management meeting.

Board approved the Corporate Risk Register.

14. Quality Management System Report

Ms Macauley presented the Quality Management System report.

Documents – The targets for SOPs and Policies (<4%) was not achieved with SOPs at 6% and Policies at 15%. Ms Macauley advised that two new measures have been implemented at QIR to correct this trend. Mr Garland was satisfied that new measures are in place to address.

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. Ms Macauley further

advised that the risk assessment investigations are being turned around quite quickly. However, corrective actions do require more work to increase performance.

The 12-month cumulative figure for closure of CAPA for major/critical incidents shows a small decrease and currently sits at 49.3%. The cumulative figure for minor incidents is 67.6%, which is still below target.

There were six incidents reported to SABRE/SHOT during February – April 2024. Five were related to donor travel and the other incident was in regard to the issue of a unit which was not typed for the requested antigen.

Changes – The quality metrics produced for April 2024 indicate that numbers have remained relatively stable. The number of changes past their target date are showing an increase.

As of 7 May 2024, the number of changes past target was 44. Of these, three were at review stage, three at implementation stage, six were new and not yet commenced, 11 have been currently suspended and the remaining 21 are in progress. 15/44 of the overdue changes are overdue by a period of six weeks. Of these 16 changes, none were classified Red, seven were classified as Amber and the remainder Yellow/Green. Ms Macauley appraised the Board of the seven Amber changes and advised that there are no significant risks to the organisation.

Internal Audits – there were no internal audits scheduled between January and April 2024. The majority of the GMP audits have now been scheduled throughout the remainder of 2024.

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

UKAS Inspection – Confirmation of clearance of findings and the maintenance of accreditation has been received. NIBTS is completing a gap analysis of the new ISO15189 standard against current practice. Completion of this gap analysis is required prior to the next surveillance visit, the date for which is still to be agreed.

Ms Macauley advised that the Quality Management System is functioning at a satisfactory level.

15. Medical Directors report to Board

Dr Allameddine presented his report and advised:

- Blood stock have been stable, with no importation in the last 12 months.
- Dr Allameddine apprised the Board on usage and wastage including figures and targets.
Mr Garland noted the small reduction in O negative usage. Dr Allameddine advised that usage is being shared with bloodbanks, clinicians and the NITC to benchmark which highlights improvement and shows cost of wastage.
Mr Graham noted that figures over the coming months should show a reduction in wastage.

- Sickle-negative blood is being issued to eligible recipients.
- Molecular genotyping workload is increasing. Training on reporting and interpretation of complex cases are being explored with NHSBT.
- Regional Fetomaternal haemorrhage (FMH) has gone live.
- Regional Fetal DNA testing is awaiting a decision from PHA.
- HEV individual testing – the business case is awaiting approval.
- Workload in Reference Laboratory – the business case has been submitted. Scheduled Laboratory Planning & Performance meetings are addressing issues. Mr Garland enquired where the initiative for new testing and projects come from. Dr Allameddine they are UK wide recommendations from JPAC.
- Occult Hep B Testing – First stage of donor surveillance has been completed. Stages 2 and 3 will now commence. Mr Garland enquired if there was any risk associated with these donations. Dr Allameddine advised at the moment there was not. All samples that have been tested have been negative and do not require follow up. There are no high-risk categories, therefore the risk is low.
- Audit on Blood Donor Deferrals – there was a 10.7% deferral rate, mostly due to donor travel, low haemoglobin, infection and MAT.
- Platelet Strategy 2024-2027 – is complete and awaiting further review and approval.
- Haemochromatosis – a pathway has been agreed with the hepatology teams and referrals are being accepted.
- British Bone Marrow Donor Registry (BBMR) – the SLA has been signed off. Registered donors are being called for screening. Recruitment and staff training will commence soon. Dr Allameddine noted that higher screening has a cost and the Bone Marrow Fund will help cover the cost.
- There are a number of partnership and engagement opportunities on-going. Dr Allameddine appraised the Board of these.

Board discussed if this report should be tabled at the Governance & Risk Management meetings. Mrs Jackson advised that wastage will be noted on the KPI reports.

16. Annual Business Plan Objectives

Mrs McKibbin presented a report which detailed the year end position in relation to the achievement of the objectives contained within the 2023-2024 annual business plan. 11/16 objectives had reached target. The remaining five were either on-going or the KPI target is under review. Mr Garland advised that it was helpful to receive a

year-end summary report. Mr Graham advised that it was a useful report, reflective and easy to read.

17. Risk Management Strategy

Mrs McKibbin presented the Strategy and advised that the final report had been tabled at the recent Governance & Risk Strategy meeting on 1 May 2024. There were no changes made to the Strategy since then and it was being tabled for approval by Board. Mr Graham noted that it was a clear and concise document.

Board Approved the Strategy.

18. KPIs

Mrs McKibbin presented the year end KPI position. Mr Graham asked how the Board would be updated on the achievement of objectives contained within the 2024-2025 annual business plan given the changes that have been made. Mrs McKibbin advised that a new template was being developed to update the Board on all of the objectives contained within the Annual Business Plan.

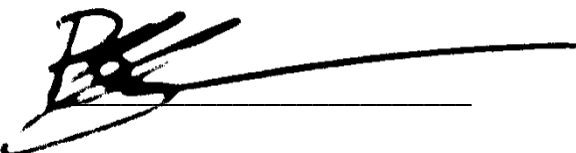
Mrs McKibbin advised that she will share the proposed new template with Board members for their consideration.

19. Any Other Business

- i. Mr Garland advised that this Board meeting was the last meeting for Mrs McKibbin. Both Mr Garland and Mr Graham congratulated Mrs McKibbin on her new post and are sorry that she is leaving NIBTS.
- ii. Mr Garland thanked SMT Board members for their hard work and advised that NIBTS is an organisation of excellence.

Action	Responsible Person
Share the new KPI report with Board members	Mrs McKibbin <i>Post meeting note – action completed</i>

**Date of next meeting:
Thursday 4 July 2024 at 11.30am
Venue: Lecture Room, NIBTS HQ**

Signed: 

Dated: 4 July 2024