



**One Hundred and Seventy Fourth Meeting of the NIBTS Agency Board
Thursday 7 March 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: 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

Dr Allameddine.

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 Third of the NIBTS Agency Board meeting held on 11 January 2024 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 outstanding actions from the last meeting.

4. Matters arising from the minutes of meeting held on 11 January 2024

There were no matters arising.

5. Chair's Business

- Finance & IM&T Manager post – interviews were held on Monday 4 March 2024. An appointment has been made.
- Leadership & Governance Conference 6 March 2024 – a very good conference with a lot of discussion regarding AI (artificial intelligence).
- NIBTS Board Chair – interviews are forthcoming. After an appointment is made the NEM interviews will follow.

6. Chief Executive's Report

Industrial Action – In light of the recent pay offer, industrial action has paused until the outcome of a recent ballot is known.

Plasma for Fractionation (PFF) – the business case is on-going and is on target for completion by the end of March 2024 when it will be forwarded to DoH.

PULSE Replacement/Blood Production and Tracking (BPAT) Project – The contract for delivery of the project has been awarded. The contractor is preparing the delivery schedule and it is anticipated 'go live' of the new system will be autumn/winter 2025. Roll out for patients is anticipated to take place during 2026.

CoreLIMS Project – 'Go live' for the blood transfusion module across Trusts and in NIBTS is on track for the end of April 2024. User acceptance testing and PQ testing including the migration of necessary data are being closely managed.

UK Infected Blood Inquiry – The Inquiry report is scheduled for publication on 20 May 2024. NIBTS has received a number of Inquiry Warning Letters and is considering if a response to these is required. Along with the other blood services, Mrs Jackson will be attending the launch of the report. Mrs Jackson further advised that the four nations blood services will be meeting towards the end of March 2024 to discuss key messages. Board discussed potential outcomes and resources.

Infrastructure Upgrade – There is no new update from DoH. Mrs Jackson advised she attended a meeting with a regional group. NIBTS have been included in the scope with BHSCT.

Irradiator – There have been no further failures with the irradiator since previously reported to Board. The Estates enabling work is nearing completion. Delivery and commissioning for the new irradiator are on track for the end of March 2024. Contingency plans remain in place.

7. Blueprint Programme

Mrs Jackson presented the report and advised that during an extraordinary Pathology Blueprint Programme Board on 9 February 2024, future employment arrangements for some groups of Clinical Practitioners and the funding model for the design of a Pathology Special Agency were approved. Development of the business case continues; the Economic case is well advanced and the Strategic case almost complete. The current Phase Programme business case has been revised and re-submitted to DoH during February 2024.

The risk assessment for the programme remains at Amber/Medium risk. This status is due to the funding of the programme. Mrs Jackson advised that the funding model includes SLAs and managing overheads. Mr Graham enquired if the funding model was NIBTS' preference. Mrs Jackson advised that the Programme Board is trying to achieve a balance to make a new agency as efficient as possible. Mr Garland enquired when new funding will be known. Mrs Jackson advised that the current funding is in place until 30 September 2024. The business case is due for approval before September 2024 and allocation will be known then. Mr Garland further enquired if

the Board had responsibilities for any risks at this point in time. Mrs Jackson advised there were currently none, however, this would be re-assessed following submission of the business case.

8. Finance Report

Revenue

Mr Bell presented the report for the ten months which ended on 31 January 2024, which shows a net deficit of £248k. Overall NIBTS, excluding haemophilia products, shows a deficit of £58k. The year-end position projects a surplus of £1k and a breakeven position is expected.

The Pay position shows a surplus of £163k. There are overspends in HR & Corporate Services (£59k), Medical (£98k), Finance (£22k) and Donor Admin (£10k) due to staff in excess of funding staffing levels. All other areas show an underspend.

The Non-Pay position shows a deficit of £724k, primarily due to costs in Transport (£198k), Drugs (£102k) and Heat, Light, Power (£28k) for which additional income is anticipated. Laboratories has an overspend of £270k, 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 (£11k) is mainly responsible.

Mr Bell further advised that haemophilia products are showing a net deficit of £190k after allowing for additional funding from SPPG. However, further funding has been confirmed.

Mr Bell informed the Board that currently income from surplus plasma is forwarded to DoH and does not form part of NIBTS income. However, DoH are proposing to advise NIBTS to retain the income and off-set against the SLA value with SPPG. Mr Garland enquired if that means the normal baseline allocation is reduced. Mr Bell advised that the total amount of income will remain the same, however, the SLA value will be reduced by the equivalent amount.

Capital

The Capital Resource Limit (CRL) for 2023/24 is £776k. This comprises of £380k for LIMS/BPaT project and £396k for General Capital. All proposed schemes are progressing and funding fully committed. Mr Bell advised that capital for the irradiator is anticipated by year-end.

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 1.4% above the Service Level Agreement (SLA) value at the end of January 2024. Trusts are showing activity levels ranging from 6.7% above to 2.7% below SLA.

9. Audit Committee Update

Mr Garland advised that the last meeting of the Audit Committee was held on 23 January 2024. Mr Small chaired, but as he has now left NIBTS, Mr Graham has agreed to become Chair of the Audit Committee.

Mr Garland advised that work to address the issues are being managed following the *Fleet Management* audit that received Limited assurance. BSO Internal Audit will follow up again at year-end.

Mr Garland further advised that NIAO have engaged Cavanagh Kelly as an audit partner.

Fraud – Mr Garland advised that there were no cases of fraud and NIBTS continue to participate in the National Fraud initiatives.

10. Governance & Risk Management Committee Update

Mr Garland advised that the last meeting of the Governance & Risk Management Committee was held on 24 January 2024. All aspects of the Quarterly Report were discussed including the Corporate Risk Register.

The Corporate Risk Register remained unchanged. There were nine risks on the Register, eight high and one medium. During the quarter, no risks were added or removed. These were all discussed. The departmental risk register tabled for this quarter was from the Hospital Services Department, which was reviewed by the Committee.

Mr Garland noted that the Internal Audit Updates were improving and the majority of the KPIs have been achieved.

11. Quality Management System Report

Ms Macauley presented the Quality Management System report.

Documents – The target of 4% was met for SOPs during January and February 2024. The target for Policies was not met and currently sits at 16%. Ms Macauley advised that there has been a noted improvement during January and February 2024. Ms Macauley further advised that the QIR report now has a new section showing and recording the number of documents which are open over 60 days. Overdue polices are spread across several departments. However, the largest number of impacted documents are owned by the Medical Department, who are working 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.

The 12-month cumulative figure for closure of CAPA for major/critical incidents shows a small decrease and currently sits at 49.9%. The cumulative figure for minor incidents is 67.5%, which is still below target.

There were three incidents reported to SABRE/SHOT during November 2023 – January 2024. Ms Macauley appraised Board on these and advised that one had been fully closed and the actions for the other two are under control and staff are working to complete.

Changes – The quality metrics produced for February 2024 indicate that numbers have remained relatively stable. The number of changes past their target date are decreasing. Ms Macauley advised that as of 6 March 2023, the number were down to 19 from 26.

Of these open changes one is classified as Red and five were classified as Amber with the remainder being classified as Yellow/Green. Ms Macauley appraised the Board of the one Red and five Amber changes.

Mr Garland enquired about the amount of medicines requiring decommissioning through the Falsified Medicines App. Mrs Mullin advised there were less than 20, which have been quarantined and will be dealt with very shortly, as soon as the problematic App issues have been resolved.

Internal Audits – As of 26 February 2024, 52 of the 53 scheduled audits have been completed with findings raised where appropriate. The outstanding audit scheduled is to look at the supplier process including a significant revision of the process. Ms Macauley advised that the new process is due to be implemented shortly and an audit of suppliers scheduled in 2024. The risk assessment for the slippage in the 2023 audit schedule is largely completed, will be finalised by the end of March 2024 and will be included in the Governance & Risk Management papers.

Mr Graham enquired about resources for audits. Ms Macauley advised of previous audit training for staff. However, some of these staff have now left NIBTS, leaving a shortfall. Ms Macauley is exploring possible avenues to address this issue.

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 due to occur during April 2024.

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

12. Medical Directors report to Board

Mrs Jackson presented the medical director's 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.

- Sickle-negative blood is being issued to eligible recipients.
- Genotype screening programme – is on-going and part of the national programme with UK blood services. Training for laboratory and medical staff is being addressed in collaboration with SNBTS.
- Regional Fetomaternal haemorrhage (FMH) screening is due to go live in April 2024.
- Regional Fetal DNA testing is awaiting a decision from PHA. NIBTS Reference Lab can potentially undertake this work after Summer 2024.
- The business case to support the increased workload in the Reference Lab is being submitted today (7 March 2024).

- Occult Hep B Testing – donor stage screening is not yet completed and are awaiting on further confirmatory testing from SNBTS.

- Audit on Blood Donor Deferrals – Mrs Jackson appraised Board on the detail of the audit and advised SMT will discuss to ascertain what can be done in terms of information and guidance which will be benchmarked against EBA data.

Mr Graham advised that he was pleased to note that work is being achieved around deferrals. Mrs Mullin advised deferrals will be monitored and an educational piece for donors and training for staff will be completed to reduce the number of deferrals.

Mr Garland noted that it is positive for Board to receive this level of detail and sent thanks to Dr Allameddine for providing.

13. Staff Survey

Mrs McKibbin presented the Staff Survey and advised that this survey was conducted during September 2023. There was a 47% response rate which was a significant increase on the 2018 survey which gained a 25% response.

28 quantitative questions were used within the survey which were taken from the previously used HSC staff survey containing all the staff engagement questions. This will enable SMT to calculate staff engagement scores and compare results against other HSC employers. Five qualitative questions were also asked to gather staff suggestions and feedback.

SMT are undertaking individual departmental action plans to address findings. Mr Graham enquired if the survey results and findings had been communicated to staff. Mrs McKibbin advised that by the end of March 2024, all departments will have had meetings to discuss.

There were a number of recommendations:

- The need to develop People and Culture Strategy to clearly outline all of the people priorities for the agency. This strategy should incorporate feedback received from staff.
- Development of a recognition strategy and approach to ensure individual and team achievements are identified and celebrated.

- Development of a performance management framework to ensure all departments develop a departmental business plan with their staff. This framework will align the corporate strategy, annual business plan, departmental business plans and staff appraisals and include how feedback on performance, at all levels, is undertaken.
- Establishment of a communications forum to develop and agree channels of communication across the organisation, taking on board staff feedback.
- Development of an organisational change policy that will ensure staff are engaged and involved in changes that impact them. At a local level, all departments and managers should ensure that staff are involved and engaged in relation to updates and changes impacting them on a day to day and ongoing basis.
- Promotional campaigns to encourage staff to speak up if they have a concern.
- Establishment of an overarching people and culture steering group to oversee the development of a staff survey action plan and its implementation.

Mrs McKibbin advised that there will be a follow up survey during September 2024.

Mr Graham enquired who would be in the make up of the People & Culture Strategy Group. Mrs McKibbin advised there would be representatives from departments, unions and HR staff.

Board congratulated the organisation on a successful staff survey.

14. KPIs

All KPIs are within target with the exception of:

Platelet Donor Panel - red

Donor Complaints – red

SDRs – amber

Prompt Payment; within 30 days – red and within 10 days – amber

SMT gave rationale for these and Mr Garland noted that KPIs were in the best position all year and are generally doing well.

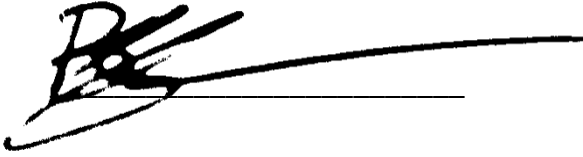
15. Any Other Business

There was no further business.

Action	Responsible Person
Include new supplier process in the Governance & Risk Management Committee papers for the next meeting	Ms Macauley

**Date of next meeting:
Thursday 16 May 2024 at 11.30am
Venue: To be confirmed**

Signed:

A handwritten signature in black ink, consisting of stylized, overlapping letters, positioned above a horizontal line.

Dated:

16 May 2024