



**One Hundred and Seventy Seventh of the NIBTS Agency Board
Thursday 19 September 2024 at 9.30am
Venue: Lecture Room, NIBTS HQ**

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

In attendance: Dr Allameddine Allameddine – Medical Director
Mr Eamon McCann – Finance & IM&T Manager
Mrs Barbara Mullin – Head of Blood & Component Supply Chain
Mr Matt Gillespie – Head of Testing Services
Mrs Verity Cochrane – Head of HR & Corporate Services
Mr Declan Gillespie – Corporate Governance, Risk & Emergency
Planning Manager

Mrs A Carabine – Minutes

1. Apologies

Ms Angela Macauley.

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 has been raised at Board previously and all scheduled Committee meetings.

3. Minutes of One Hundred and Seventy Sixth of the NIBTS Agency Board meeting held on 4 July 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.

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

There were no matters arising.

5. Chair's Business

New SMT appointments –

- Mr Garland on behalf of Board, welcomed Mrs Verity Cochrane as our new Head of HR & Corporate Services.
- Mr Garland advised that two NEMs have been appointed and should be commencing with NIBTS early October 2024.
- Mr Garland attended the NICON meeting on 4 September 2024 – 'Grasping the Nettle'. Mr Garland further advised of a positive meeting with honest dialogue regarding a number of issues, which included workforce, workforce training and changes in Primary Care.
- Mr Garland also attended a Chair's Forum meeting with the Minister of Health on 12 September 2024.

6. Chief Executive's Report

Industrial Action – the industrial action by consultants has now been resolved. The junior doctor dispute has not affected NIBTS.

Plasma for Fractionation (PFF) – The business case is being amended to reflect storage and transport costs as well as a phased introduction of plasmaphereses collection. The business case will be presented to Board once completed before submission to DoH.

Mr Garland enquired when the business case would be completed. Mrs Jackson advised it is scheduled for completion by the end of September 2024. It is hoped that it will 'go-live' by then second quarter of 2026.

PULSE Replacement/Blood Production and Tracking (BPAT) Project – Work to support the project is on-going and on schedule. Due to scheduled equipment installation during 2025, it is likely the timeline for implementation of the digital solution will slip to early 2026 to enable procurement, installation and validation of the equipment before the digital validation and 'go-live' dates.

UK Infected Blood Inquiry – The recommendation from the Inquiry are being considered by DoH, NIBTS and UK Blood services with a view to these being effectively co-ordinated across services, geographical boundaries and ensuring cross-cutting themes from other inquiries are collectively considered.

Mr Graham enquired about organisational risk. Mrs Jackson advised of current working by DoH, NIBTS, SaBTO, UK Forum and JPAC where blood safety is progressing. These will include Duty of Candour and post graduate training.

Infrastructure Upgrade – DoH have requested a business case for the resource required to develop the business case for a new build centre. Liaison with BHSCT to enable this is on-going. Mrs Jackson advised of a further meeting towards the end of October 2024.

Irradiator – HSENI has agreed to issue consent to enable the completion of the equipment validation. The contingency arrangement remains in place.

Mr Garland requested a timescale for completion. Mrs Mullin advised the equipment will be fully installed on 3 & 4 October 2024 and the validation work will be completed by the end of January 2025.

New Appointments – as previously mentioned by the Chair. Mrs Jackson advised that Mrs Cochrane took up post as Head of HR & Corporate Services at the beginning of September 2024. Mrs Jackson formally welcomed Mrs Cochrane to NIBTS and looks forward to working with her.

European Blood Alliance (EBA) – Mrs Jackson advised that she was nominated by the UK Forum of Blood Establishments to become a member of the Executive Board of EBA. The appointment has been confirmed and will formally commence in October 2024 for a period of four years.

Mr Garland on behalf of Board congratulated Mrs Jackson.

7. Blueprint Programme

Mrs Jackson presented the report and advised that the programme team has progressed work in accordance with the updated timelines and is on target to meet the deadline at the end of October 2024 for the submission of deliverables. There has been engagement with the proposed design funding model which is needed to complete the business case. At the next meeting of the NI Pathology Blueprint Board meeting on 27 September 2024 a draft business case will be presented.

There was a Funding Model Working Group meeting yesterday, 18 September 2024 which met with Trust Directors of Finance and reviewed the current costs of pathology and the financial elements of the draft business case.

The programme risk status remains at Amber which indicates a medium risk of the programmes ability to deliver on time, to budget or any other matter. The Amber status is due to the programme remaining underfunded against the full costs of the business case.

Mr Garland requested a Shadow Agency Board update. Mrs Jackson advised that detail is currently being worked on during the design phase and noted that executive roles will be permanent appointments.

8. Finance Report

Revenue

Mr McCann presented the report for the four-month period which ended on 31 August 2024 which showed a net surplus of £243k. NIBTS, excluding haemophilia products, shows a surplus of £199k.

The Pay position shows a surplus of £215k. Most areas are showing an underspend with the exception of a Medical overspend of £53k due to staff in excess of funded staffing levels.

The Non-Pay position shows a deficit of £306k, primarily due to costs in Transport (£94k), for which additional income has been secured. Laboratory (£74k) and drugs (£86k) which is in line with trends in previous years.

Haemophilia products are showing a surplus of £44k. The current underspend is due to timing of invoices from BHSCT which have been delayed due to the implementation of Encompass. Funding to match the overspend will be sought from SPPG as per the SLA.

Mr Garland enquired if there were risks associated with the delay of invoices. Mr McCann advised that there was no risk.

The Year-End position projects breakeven.

Capital

The Capital Resource Limit (CRL) for 2024/25 has been confirmed as £1,020k and is made up of general capital of £384k and £636k in respect of BPaT.

Mr Graham enquired of the capital in respect of vehicle replacement. Mr McCann advised that the business case will be presented to Board for approval once complete and the funding is included in the main capital allowance.

Prompt Payment Policy

Compliance with Prompt Payment Policy exceed target at 96.2%, the target being 95% with no issues.

Monitoring

The notional value of blood components issued to hospitals is 1.3% below the Service Level Agreement (SLA) value at the end of August 2024. Trusts are showing activity levels ranging from 13.7% above to 8.7% below SLA.

9. Bank Mandate

Under Standing Orders of the Agency, the Head of Finance & IM&T is responsible for managing the Agency's banking arrangements. Due to changes in Board composition and SMT staff it is necessary to update the Bank Mandate.

The Board is responsible for approving the banking arrangements. The Bank Mandate is a legal document that specifies who is authorised to access and manage the NIBTS bank account. The Bank Mandate must be signed as approved by the Board.

Both Mr Garland and Mr Graham provided two pieces of identification, which were copied and certified and both signed all requisite forms.

10. Update for Governance & Risk Management Committee

Mr Garland advised that the last meeting was held on 30 August 2024 and further advised that the minutes from 1 May 2024 were for noting.

Mr Garland advised that all items on the Quarterly Report were discussed. Mr Garland noted the recent UKAS inspection, which were audited against the new 2022 version

of the ISO 15189 including a gap analysis from the older version. There were a number of recommendations which require a response by the end of October 2024. NIBTS has retained all licences. Mr Garland on behalf of Board congratulated all staff on the successful inspection. No dates have yet been received for the forthcoming MHRA inspection. Mr Garland also noted that the BSO Finance audit which had been scheduled for November 2024 has been put back to January 2025 and enquired if there were any risks associated with the delay. Mr McCann advised that there were not. Mr McCann further advised that NIBTS await a date from BSO regarding the IA Performance audit.

Mr Garland thanked Mr D Gillespie for forwarding further information regarding the Control Assurance Standards.

Mr Garland advised that the Corporate Risk Register contains 11 risks with one risk added during the quarter which pertained to the global shortage of albumin. No risks were removed.

Mr Garland further advised of the new policy 'Raising a Concern in the Public Interest' – formally Whistleblowing, which is on today's agenda and the Feedback from the Collection Strategy, which is also on today's agenda.

11. Corporate Risk Register

There had been no updates made to the Corporate Risk Register since the Governance & Risk Management Committee meeting held on 30 August 2024.

Mr Graham enquired if there was an increased risk on Risk 2 – *"In the event of a new pandemic . . ."* Mrs Jackson advised of a new variant of Covid-19. The UK Forum is working on a scenario of a new pandemic. Contingency and business continuity continues.

Mr Graham further enquired of Risk 2 – *"Insufficient staff in Blood Group Reference Laboratory . . ."* if the contingency plans in place will continue to reduce the risk. Mr M Gillespie advised that it was the expectation that it will.

Board approved the Corporate Risk Register.

12. Business Case for HQ Roof Repairs

Mr McCann presented the business case and advised that following a severe storm in October 2023, roof and ridge tiles were blown off sections of the roof. These fell and smashed to the ground close to the main car park creating a serious health and safety risk to the public and NIBTS staff. The purpose of the business case was to seek Board approval for proceeding with capital expenditure on roof repairs.

The costs have increased since the initial costing and this is due to increased costs in the hiring and erection of scaffolding. The cost of the repairs will be funded through the Capital Resource Limit.

Board discussed and approved the business case.

13. Quality Management System Report

Mr M Gillespie presented the Quality Management System report on behalf of Ms Macauley.

Documents – The targets for SOPs (<4%) was not achieved but showing a downward trend to 5%. Policies have met target of <4%.

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

Mr M Gillespie advised of an increase in Incidents raised during the summer period. Closure times for the investigations and associated actions has shown a decrease with regard to conformance with target dates. These issues were raised and discussed at length during the QIR meetings. Subsequently further discussions regarding what actions are being taken to address the closure rates, have been undertaken by the Chief Executive and the Quality & Regulatory Compliance Manager with Senior Managers whose departments have open Incidents. Several actions have been agreed and the relevant Senior Managers charged with implementing and reporting progress back at QIR.

Mr Garland queried the incident that required reporting to SHOT. Mr M Gillespie advised that there was no risk to the patient, as treatment was not impacted. The root cause was in regard to the lack of a warning flag on the patient record due to the delay in completing the post 'go-live' Delta data migration. The resultant action included implementation of a solution to manage such patients until data migration had been completed. Mr Garland sought assurances on patient safety. Mr M Gillespie provided this assurance.

Changes – As of 11 September 2024, the number of changes past target was 42. Of these, two were at review stage, five at implementation stage, seven were new and not yet commenced, 11 have been currently suspended and the remaining 17 are in progress. 20/42 of the overdue changes are overdue by a period of six weeks. Of these 20 changes, one was classified as Red, nine were classified as Amber and the remainder Yellow/Green. Mr M Gillespie appraised the Board on the Red and Amber Changes.

Internal Audits – All internal audits have now been scheduled for 2024. Auditor training was completed during August 2024 and auditors assigned. Mr M Gillespie advised although a challenge, he was confident that all audits would be completed by December 2024.

Mr Garland advised that Board would like to be kept appraised if there were any issues. Mr M Gillespie advised that if the schedule proves unachievable, a risk assessment will be conducted to ascertain which audits should be prioritised.

MHRA Inspection – Action Plan – the 2022 audit action plan has been closed. The next inspection by the end of 2024. However, dates have not yet been received.

UKAS Inspection – the 2024 surveillance visit has been completed with the lead inspector indicating recommendation of retention of our accreditation to ISO 15189 against the 2012 standard and the transition to the 2022 standard. The inspector commented very favourably on the knowledge and competence of staff, the quality of documents and the open and honest nature of the discussions. He was also impressed with the detail of the gap analysis returned by NIBTS against the revised version of the standard.

There were four findings and four recommendations/opportunities for improvement raised. The target date to clear these findings is 21 October 2024.

Mr Garland again congratulated staff and advised it was reassuring for Board members to see positive results.

Mr Garland sought assurances of the Quality Management System. Mr M Gillespie advised that the Quality Management System is functioning at a satisfactory level.

14. Medical Directors report to Board

Dr Allameddine presented his report and advised:

- Blood stocks have been stable. With the exception of special blood products that NIBTS do not produce, there have been no importation in the last 12 months.
- Blood Wastage – Dr Allameddine included in his paper figures regarding wastage which is causing concern. BSMS reports are sent monthly to each hospital blood bank to report on issue data and wastage data. NIBTS have met with Northern Trust staff in relation to this and plan to meet BHSCT in October to discuss their management of blood components.

Mr Garland enquired how this can be challenged. Dr Allameddine advised that he will be visiting blood banks in each Trust. Mr Garland further enquired if blood banks should be written to prior to visiting. Mrs Jackson advised blood banks have been written to previously and usage practice has been discussed with the focus on using stock appropriately. Mrs Jackson further advised that NIBTS continue to support Trusts and there is an SLA to supply product. Discussions with blood banks is hoped to encourage a change in practice, the main area of focus are platelets and O Negative whole blood.

Dr Allameddine is on the Northern Ireland Transfusion Committee (NITC) and has presented changes in practice to the Medical Leaders Forum. Mrs Jackson further advised when BPAT comes on board, NIBTS will be able to see stock levels, expiry dates etc, which will better inform the management of stock for Trusts.

Mr Garland enquired if there is anything Board can do. Mrs Jackson advised that whilst there is work to be completed on stock management and changes in practice, Board could support and highlight changes to practice and stock

management at meetings of the Chair's Forum. Mr Garland advised that he will arrange meetings with Trust Chairs to discuss.

Dr Allameddine advised that this topic, including resources and benchmarking will be discussed at a meeting of the NITC next week. Mrs Mullin advised that she will be presenting at the NITC conference during November 2024 and will be able to include more information following a meeting of the NITC in October 2024.

- The *Platelet Strategy* is awaiting approval and implementation.
- *Infected Blood Inquiry* – there were 12 recommendations issued from the Report which are being considered by the UK DoH, NI DoH, NHS England, NHSBT, MHRA, UK Forum, JPAC, SaBTO, NITC and NIMDTA. NIBTS have established an IBI working group and are co-ordinating with all the above groups to support regional implementation. Dr Allameddine will represent Northern Ireland and DoH for training and education and has been asked by QUB to provide training for first- and second-year medical students.
- *Occult Blood Inquiry* – the first stage of the donor surveillance has been completed to identify affected donors and components. 272 components were identified to be at risk from 13 donors. Letters have been sent to all hospital blood banks at the end of July 2024 and data has been received. Completion of this inquiry is imminent.
- *British Bone Marrow Registry (BBMR)* – all documentation has been updated and work is in progress to update staff training to enhance active recruitment. Charitable fund will support the cost of high-resolution testing. Out of the current donor panel on BBMR only 100 have been identified as suitable candidates for high-resolution testing.
- *Substances of Human Origin (SoHo) Regulations* – new regulations became active on 7 August 2024. It ensures a high level of human health protection, for SoHo donors and recipients and offspring from medically assisted reproduction. Northern Ireland must be compliant to both UK and EU regulations. However, the Democratic Scrutiny Committee has the option of requesting the implementation of the 'Stormont Brake' that may prevent EU legislation application in Northern Ireland. The UK DHSC has initiated a SoHo review programme. The programme will consider potential changes to UK legislation for SoHo.

Mr Garland enquired if it is the case that this legislation would implement a higher level of safety. Mrs Jackson advised that NIBTS are liaising on the policy with DoH and the DoH Democratic Scrutiny Committee have asked for more information which is due back at the end of September 2024. Imports and supply should remain unaffected.

- *European Directorate on the Quality of Medicines & Healthcare (EQDM) Blood Guide* – the 22nd edition has been sent out for consultation. A UK response to the draft 22nd edition has been collated and submitted to EQDM, with no areas of concern. NIBTS ensures compliance as part of the Windsor Framework and

relevant to Northern Ireland as we are required to be compliant with EU regulations.

- *Donor website refresh and additional share points for NIBTS clinical webpage and NIBTS* – A draft business case in progress.
- *Fetal DNA* – meetings have been re-established with PHA to recommence regional testing and could take 18 months to establish testing in house.

Mr Graham enquired if it were necessary that NIBTS complete the testing and not continue sending samples to NHSBT. Mrs Jackson advised that NIBTS should do the regional testing. However, PHA will make the decision if it is going to be done. NIBTS will be looking at all aspects of funding to deliver this testing and if additional resources are required, it will be requested.

- *Laboratories* –. The business cases partially funded additional staff. This will help progress on-hold projects such as Sickledex, sickle free blood and molecular genotyping.

15. Feedback from the Collection Strategy

Mrs Mullin advised that after review by SMT and Board the document underwent a consultation exercise. The document link was sent to all NIBTS staff, Regional Blood Bank Managers, all Union representatives, Head of NITC including the Regional Haemovigilance Lead. There were three responses received and Mrs Mullin appraised the Board of these which were mainly for consideration.

The document was amended where required and after Equality screening, it was confirmed as complete and activated on 27 June 2024.

16. Policy – Raising a Concern in the Public Interest – formally Whistleblowing

This document was fully discussed at the Governance & Risk Management Committee meeting on 30 August 2024 and brought to Board for approval. Board advised that they were happy with the content and previous discussions and approved the policy.

17. KPIs

Mrs Cochrane presented the paper and advised that the August figures for SDR and Staff Absence had become available after Board papers had been issued. The SDR figure has increased to 82.4% and the Staff Absence figure has reduced to 5.01%. The KPI target for Staff Absence is still awaited from DoH.

Mr Garland enquired if NIBTS uses the Bradford scoring method for staff absences. Mrs Cochrane advised that it is not used anymore.

18. Any Other Business

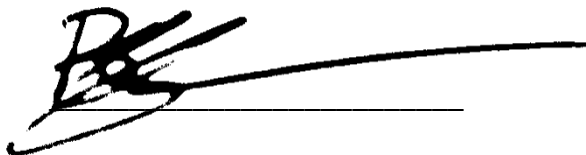
Mr Graham advised that he will be the Board representative for the Northern Ireland Pathology Blueprint Programme Board meeting scheduled for Friday 27 September 2024.

Mr Garland thanked everyone for attending today's meeting and for their hard work and positive reports.

Action	Responsible Person

Date of next meeting:
Thursday 24 October 2024 at 9.30am
Venue: Lecture Room, NIBTS HQ

Signed:

A handwritten signature in black ink, appearing to be 'D. E.', written over a horizontal line.

Dated:

24 October 2024