



**One Hundred and Seventy-Eighth of the NIBTS Agency Board
Thursday 24 October 2024 at 9.30am
Venue: Lecture Room, NIBTS HQ**

Present: Mr Brendan Garland – Non-Executive Chair
Mr Michael Graham – Non-Executive Member
Ms Bernie Lunney – Non-Executive Member
Mr Noel Brady – Non-Executive Member
Mrs Karin Jackson – Chief Executive

In attendance: Dr Allameddine Allameddine – Medical Director
Mr Eamon McCann – 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 Verity Cochrane – Head of HR & Corporate 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 interest.

3. Minutes of One Hundred and Seventy Seventh of the NIBTS Agency Board meeting held on 19 September 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 19 September 2024

There were no matters arising.

5. Chair's Business

New appointments –

- Mr Garland welcomed Mr Noel Brady and Ms Bernie Lunney as NEMs to NIBTS Board and asked all other attendees to introduce themselves. Mr Garland further advised that he has had introductory meetings with both new Board members and a full day of NEM Induction will take place on Wednesday 13 November 2024.

- Mr Garland advised that both he and the Chief Executive attended the Year-End Accountability meeting with DoH on 26 September 2024. It was a very positive meeting, no concerns were raised albeit finances are stretched. However, financial breakeven is projected. BSO IA recommendations were discussed and are under control.
- Minister Nesbitt attended NIBTS on 3 October 2024 and met with Board members, SMT and had a tour of the laboratories. DoH subsequently made a short video of the visit which can be found on LinkedIn.
- Mr Garland advised that he completed his annual appraisal with DoH.
- Due to illness, Mr Garland was unable to attend NICON and was also unable to join remotely due to technical problems at the venue on the first day of the conference.
- Mr Garland will be meeting with all Trust Chairs in the coming months. Amongst topics to discuss, Mr Garland will be highlighting blood wastage. Mr Garland further advised that he will attend endeavour to attend a Board meeting of each Trust.

6. Chief Executive's Report

Industrial Action – The junior doctor dispute has not affected NIBTS. Mrs Jackson advised that there may be industrial action in the future relating to pay. NIPSA and Unite unions are still partaking in actions short of strike.

Plasma for Fractionation (PFF) – The business case, in collaboration with other blood services, is in the final stage of completion. This will be presented to a future Board meeting prior to onward submission to DoH.

PULSE Replacement/Blood Production and Tracking (BPAT) Project – A revised timeline to deliver 'go-live' in NIBTS is scheduled for early 2026 and is being developed to create capacity for the installation and validation of a number of new testing platforms during 2025.

UK Infected Blood Inquiry – A business case detailing the additional resources required to deliver the NIBTS element of the recommendations of the Inquiry is being developed and should be completed by the end of November 2024 prior to submission to DoH.

Infrastructure Upgrade – A meeting with BHSCT Capital Redevelopment Team has been arranged for the end of October 2024 to agree how a business case for this can be supported. Funding for this build is currently included in the DoH 15-year capital plan.

Mr Garland enquired how this fits with the Blueprint project. Mrs Jackson advised that the final structure of the senior team will be confirmed in consultation with staff during Phase II. In order to ensure equality of opportunity, the location of the agency

office accommodation will likely be flexible. Again, this will be confirmed, in consultation, during phase 2.

Mr Graham enquired if there were any risks with the current building that Board should be aware of. Mrs Jackson advised of the issues maintaining a 30+ year infrastructure and issues with space. Mr Graham further enquired about risks from a licencing perspective. Ms Macauley advised that at this stage no serious concerns have been raised by the regulatory bodies. However, they have noted that the building is old, becoming difficult to maintain and issues with space will become more problematic going forward.

Irradiator – the new irradiator requires a repair under warranty. Once completed, validation will commence. The contingency arrangements remain in place.

Mr Garland enquired if damage was caused by a power surge. Mrs Mullin advised that the engineer who came to perform dose mapping of the device had found that the x-ray tube was not functioning and that power to it must have been depleted at some stage from initial install until that date. Replacement x-ray tube has now been installed and first dose mapping exercise has been completed. Mr Garland further enquired why the equipment was not properly commissioned by the supplier. Mrs Mullin advised that at delivery the equipment was moved from battery power to mains power in line with the supplier's usual practice. On board water supply was also connected and checks to ensure the device was operational were performed and signed off in the validation folder. Mrs Mullin is sharing lessons learned in regard to the need for UPS support for the x-ray units and consent application process with other national blood service colleagues.

EU SoHO Regulations – Revised EU regulations repealing Directive 2002/98/EC were published in July 2024. The new regulation takes effect from September 2027 and affects Northern Ireland under the Windsor Framework. The regulation covers Substances of Human Origin (SoHO) which includes blood. In collaboration with other blood services through the Joint Professional Advisory Committee (JPAC), NIBTS is assessing the impact of the new legislation. The regulation is also being considered by the independent Government Advisory Committee on Safety of Blood, Tissues and Organs (SaBTO) to ascertain if there will be any impact on UK blood services. At present, it is not clear if the UK BSQR will be amended to align with the new EU regulations. If not, then NIBTS will be the only UK blood service required to comply with both BSQR and the EU regulations.

7. Blueprint Programme

Mrs Jackson presented the report and advised that the programme team has progressed work in accordance with the updated timelines. The business case will be presented to the Programme Board on 28 October 2024 for approval.

There was a Funding Model Working Group meeting on 17 October 2024 where non-monetary benefits were agreed. There was an agreement to engage again with DoH economists to confirm the approach.

Mr Garland enquired of any financial risk. Mrs Jackson advised that funding for the programme has been approved until March 2025 which will conclude Phase 1, the delivery of the business case. Mr Garland noted that the paper is still reporting underfunding for the future and enquired if NIBTS Board should become involved. Mrs Jackson advised that this has always been the case and the programme timeline has extended due to the limited resources. However, the business case for Phase 2 will highlight funding that is required for delivery of the programme.

Mr Brady enquired what the Pathology Blueprint Programme was. Mrs Jackson advised that it was initiated to identify a single management structure for all pathology services throughout the region. There has been an ongoing process of engagement and working with Trusts to develop the design for this structure. The Programme Board has approved the establishment of a new agency as the preferred option. This will incorporate NIBTS and, subject to business case approval, should occur by 2028. Mrs Jackson advised that during the NEM induction day, there will be a presentation about Blueprint from the Senior Programme Manager.

Ms Lunney enquired who makes the decision on funding. Mrs Jackson advised the decision will be DoH's to make. The timeline includes six months for the business case to be approved.

Mr Graham enquired if the release of funds from the Trusts to a new service will happen. Mrs Jackson advised the amount identified is based on the indirect resources each Trust allocates to support pathology services. If not released by Trusts, then additional new funding will need to be included in the business case.

8. Finance Report

Revenue

Mr McCann presented the report for the six-month period which ended on 30 September 2024 which showed a net deficit of £149k. NIBTS, excluding haemophilia products, shows a surplus of £290k.

The Pay position shows a surplus of £278k. Most areas are showing an underspend with the exception of a Medical overspend of £57k due to staff in excess of funded staffing levels.

The Non-Pay position shows a deficit of £263k, primarily due to costs in Transport (£112k), for which additional income has been secured. Laboratory (£77k) and drugs (£80k) which is in line with trends in previous years.

Income is £274k in excess of the original budget. This primarily relates to plasma product income which is only being recognised this year.

Haemophilia products are showing a deficit of £439k. Forecast spend on Haemophilia products is in excess of budget. Funding to match the overspend will be sought from SPPG as per the SLA.

The Year-End position projects breakeven.

Ms Lunney enquired how it is known that breakeven will be achieved at year-end, is there more guaranteed income or additional funding. Mr McCann advised breakeven can be projected due to careful management of funding and additional income expected for transport. Ms Lunney further enquired if the financial position will be better next month. Mr McCann advised that due to the timings of calculations, it is likely that a deficit will be noted until year-end. Ms Lunney then enquired how one keeps track. Mr McCann advised of a forecast position and logs kept on drugs and other outgoings.

Mr Garland enquired what was the tolerance level. Mr McCann advised that this was £50k. Mr McCann further advised of monthly returns that are submitted to DoH, finances are well managed, albeit there are cost pressures.

Capital

The Capital Resource Limit (CRL) for 2024/25 is £1,294k and is made up of general capital of £384k and £848k in respect of BPaT and £62k for NIPIMS. Allocation letters have been received for general capital and BPaT.

Prompt Payment Policy

Compliance with Prompt Payment Policy exceed target at 96%, the target being 95% with no issues.

Monitoring

The notional value of blood components issued to hospitals is 1.8% above the Service Level Agreement (SLA) value at the end of September 2024. Trusts are showing activity levels ranging from 9.4% above to 7.8% below SLA.

9. Update from Audit Committee

Mr Brady as the finance NEM has taken over chairing the Audit Committee. He thanked Mr Graham for the handover.

Mr Brady advised the last meeting was held on 10 October 2024 and the minutes from 19 June 2024 were ratified at the last Audit Committee meeting and were for noting. Mr Brady advised that it was a good meeting with clear papers which were well organised.

The final Report To Those Charged With Governance was discussed along with all other items. The RTTCWG report highlighted the *PSNI Pay Provision* and Mr Brady advised that NIBTS will follow all guidance by DoH and NIAO, which is expected soon.

Mr Brady advised that he has requested a report on Priority 3 audit findings and an update on the outstanding Internal Audit recommendations. Mr Brady further advised that he would like these cleared by year-end, particularly those that have been outstanding for some time.

10. Update for Governance & Risk Management Committee

Mr Garland advised that the last meeting was held on 23 October 2024 that the minutes from 30 August 2024 were for noting. Mr Garland further advised that he Chaired the meeting on 30 August and Mr Graham Chaired the meeting on 23 October

2024. Mr Garland advised that future Chairing of this Committee would be discussed at the NEM Induction day of 13 November 2024.

Mr Graham advised that it was a long meeting with all items on the Quarterly Report being discussed. Mr Graham highlighted the risks on staffing levels both in the Quality Department and the Reference Laboratory. Mrs Jackson acknowledged staffing is low and is being exacerbated with new programmes, including IBI recommendation implementation and the need for NIBTS to be compliant with EU and UK regulations, causing staff to be pulled in many directions. There are a number of business cases being developed to counteract staff shortages.

11. Corporate Risk Register

Mrs Cochrane presented the register which is tabled for Board approval. There had been no updates made to the Corporate Risk Register since the Governance & Risk Management Committee meeting held on 23 October 2024. Mrs Cochrane advised that there is a robust system and structure to review departmental risk registers and if necessary moving them to the Corporate Risk Register. Mrs Cochrane further advised that there were no new risks added and one risk removed.

Mr Brady enquired how the scores are aligned to the risk. Mrs Cochrane referred to the Risk Matrix and explained how the scoring worked.

Ms Lunney enquired if risks were decreasing or increasing. Mrs Jackson advised that whilst some risks had been on the register for some time, the original situation may have been resolved, however, the risk evolved and remains on the CRR if the risk score has not changed.

Mr Garland noted that the risk regarding the NEMs had been removed, however, the business case for the fifth NEM has not yet been agreed by DoH and it should remain on the CRR. Mrs Jackson advised that this risk had been discussed by SMT and agreed closing down the original risk and opening a new risk regarding the fifth NEM.

Board approved the Corporate Risk Register.

12. Quality Management System Report

Ms Macauley presented the Quality Management System report and advised that her report had been discussed in detail at the Governance & Risk Management Committee yesterday which had been attended by the majority of the Board members. However, she was content to answer any queries that Board may have.

Mr Garland advised that as Chair of Board, he should now step away from the Governance & Risk Management Committee as this will provide an opportunity for him challenge or further discuss aspects of the Committee's work at Board level. Mr Garland further advised this topic can also be discussed during the NEM Induction day.

13. Medical Directors report to Board

Dr Allameddine presented his report and advised:

- There have been no imports, apart from product that NIBTS does not manufacture since May 2023.
- *Blood Wastage* – has increased since last year. Monthly reports on usage, wastage and cost are sent to each Trust. NIBTS SMT have met with BHSC Transfusion Team to discuss their transfusion practice and their blood wastage, currently between 50-60% of the total regional blood wastage. Information has also been sent by the Chief Executive to the Director of the service to offer support in helping to reduce wastage. This topic was also discussed at a number of Northern Ireland Transfusion Committee (NITC) meetings and will be presented at the Annual NITC Conference in November 2024. Dr Allameddine gave background information on usage, wastage and costings to the new NEMs. Dr Allameddine further advised that practice is good, some wastage is unavoidable and there is benchmarking data between hospitals.

Mr Garland advised that he would like some of Dr Allameddine's presentation at the NEM Induction day to focus on wastage.

- The *Platelet Strategy* – a document describing the process of collection and manufacturing of platelets and actions to improve these processes. Platelet usage and wastage is slightly higher compared to other nations and there is a need to address some of the issues to improve the practice. The platelet strategy is due to be approved and implemented within a few weeks. Dr Allameddine advised the Platelet Panel is 600+ donors and instead of donating 6-7 per year, the Strategy will be looking at collection yields where the donor donating more platelets but less often. The Strategy will also include increasing the collecting of platelets from whole blood and optimising the process.

Ms Lunney noted that she is looking forward to receiving more information on this topic.

Mr Brady noted that there are a large number of hemochromatosis patients in Northern Ireland and if their blood could be donated. Mrs Jackson advised that NIBTS have always taken hemochromatosis patients, if they meet the criteria to donate. The Strategy will encourage these patients to donate, but only if they meet the criteria and there is a clinical benefit to the patient to donate. NIBTS is working closely with BHSC to facilitate transfer of eligible patients with haemochromatosis to NIBTS to become regular donors.

Mr Brady enquired if there was a budget for marketing. Mrs Jackson advised that there is but it is not very large. NIBTS have accounts with all social media e.g. LinkedIn, X, Facebook and Instagram.

- *Infected Blood Inquiry* – NIBTS is contributing to all IBI regional and national working groups along with DHSC, DoH, SaBTO, UK Forum, NIMDTA, SHOT, JPAC, NITC etc. These groups are co-ordinating the implementation of the IBI recommendations. It's expected that NIBTS will play a central role in implementing in the region those actions that are relevant to the transfusion.

- *Occult Hep B* – there are 272 blood components at risk from 13 donors which were issued to regional hospitals over two decades. Information has been gathered on recipients of the implicated components with no patients identified as having contracted Hep B. Some historical paper archive data is still pending.

Mrs Jackson advised that NIBTS test all blood for active Hep B. The OBI looks at historical infection and this is being checked with the new parameters.

Mr Brady enquired what is meant by occult. Dr Allameddine advise that Hep B is a core virus and there is a hidden element (occult) of Hep B which is part of the nucleus of the virus. Dr Allameddine further advised that blood from NIBTS is very safe.

- *British Bone Marrow Registry (BBMR)* – Additional high-resolution screening is on-going for existing donors which is funded by the Bone Marrow Charitable Fund. A financial update will be given at a future Board meeting. Mr McCann advised of NIBTS charitable funds and their uses.
- *Regional Teaching* –
 - Non-medical prescribing course.
 - NITC regional conference
 - NIBTS is considering providing structured modules to QUB first and second year medical students on transfusion.
- *Fetal DNA* – meetings with PHA are on-going to discuss costing proposals and timescales for approximately 3,000 tests per year. The regional screening is for testing pregnant people who are Rh negative to recommend anti-D prophylaxis only to those who are pregnant Rh-positive babies.
- *Laboratories* – The business cases have partially funded additional staff. This will help allocate resources to undertake additional projects such as fetal DNA and Sickledex. Sickledex screening will support issuing sickle free blood to eligible patients. Sickledex will be complemented with the implementation of the donor ethnic background monitoring which is part of new guidance and it is becoming relevant giving the change of the ethnic demographic in the region.

14. KPIs

Mrs Cochrane presented the paper and advised that this was also discussed at the Governance & Risk Management meeting on 23 October 2024. Some data for September 2024 is missing due to reporting dates against date the paper was issued.

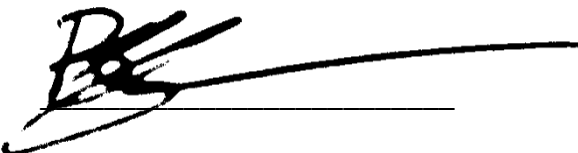
15. Any Other Business

There was no further business.

Mr Garland thanked everyone for attending today's meeting.

Action	Responsible Person
Financial update on Bone Marrow Charitable Funds	Mr McCann

Date of next meeting:
Thursday 5 December 2024 at 9.30am
Venue: Lecture Room, NIBTS HQ

Signed:  _____

Dated: 5 December 2024