



**One Hundred and Seventy-Ninth of the NIBTS Agency Board
Thursday 5 December 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 A Carabine – Minutes

1. Apologies

Mrs V Cochrane.

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

There were no declarations of interest.

3. Fraud Presentation

There was a presentation on fraud by Mrs Donna Scott and Mrs Gillian McCutcheon from BSO Counter Fraud Services. The presentation included slides on 'Your Role as a Board Member'. Following the presentation, Board discussed the matters raised and the implications for NIBTS. The Chair thanked both Mrs Scott and Mrs McCutcheon for presenting to NIBTS Board.

4. Minutes of One Hundred and Seventy Eighth of the NIBTS Agency Board meeting held on 24 October 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.

5. Matters arising from the minutes of meeting held on 24 October 2024

There were no matters arising.

6. Chair's Business

- Mr Garland advised that he had attended training on skills for ARAC members.
- Mr Garland advised that he, Ms Lunney and Mr Brady had met and discussed audit skills. There was also an Audit Chair's meeting that Mr Brady and Mr Garland attended.
- Mr Garland advised that he attended a NICON event with the Welsh Confederation where the focus was on preventions.
- Mr Garland continues to meet with Trust and ALB Chairs. Mr Garland advised that he has spoken about wastage and advised that relevant NIBTS staff send monthly wastage statistics to Hospital Blood Banks.

Mr Garland further advised that to date, none of the Chairs that he has met with have come across NIBTS either positively or negatively. Only two Chairs were aware of the Blueprint programme, citing that their main issues were with staffing.

Mr Garland again advised that going forward he will continue contact with Chairs and will be attending a Board meeting of each Trust and ALB.

- Mr Garland updated Board on the recent meetings of the Remuneration & Terms of Service Committee. Correspondence has been sent to the Chief Executive and discussions remain on-going.

7. Chief Executive's Report

Industrial Action – There has been no further update regarding Industrial Action. Mrs Jackson advised that there have been proposals made to Staff Side on AfC pay award for 2024/25. However, no award has been agreed yet.

Plasma for Fractionation (PFF) – due to limited space, NIBTS is exploring options for storage of frozen product prior to finalising the business case for presentation to Board.

Mr Garland enquired about current storage space, how much can be stored before losing product and if this poses a risk to the organisation. Mrs Jackson advised that recovered plasma is frozen and stored prior to being shipped. There would only be a risk associated with storage, if the plasma could not be used. It was felt that this issue did not need to be included on the Corporate Risk Register at this time as there is no significant risk to the organisation.

Mr Brady enquired if there were any ethical concerns with using plasma in this way. Mrs Jackson advised that when a donor donates, they complete a consent form which includes consent to their plasma being used for research, commercial purposes or disposed of as clinical waste. This has full traceability and any plasma for commercial purposes is not for human use.

PULSE Replacement/Blood Production and Tracking (BPAT) Project – work to support the project is on-going with ‘go-live’ scheduled for early 2026.

Mr Garland advised that he would like a full discussion at Board level. Mrs Jackson advised that bringing a briefing paper to Board was discussed at SMT yesterday. A paper and full discussion will be tabled at Board.

UK Infected Blood Inquiry – the first meeting of the Regional IBI group took place in November 2024 and was Chaired by DoH. The main focus of the first meeting was the ToR and membership of the group. Subsequent meetings have been scheduled. The requirement for recurrent revenue funding to support the delivery of the IBI recommendations was emphasised during the meeting. Mrs Jackson advised that a draft submission of requirements will be sent to DoH prior to submission of a business case.

Mr Graham enquired since the publication of the Report, were there any concerns regarding the delay in implementing the Recommendations. Mrs Jackson advised that NIBTS are linking in with other blood services to ensure a common approach. However, resources for NIBTS are an issue and we are currently doing what we can within existing resources, but proper funding and resources are required.

Infrastructure Upgrade – funding for a new HQ building has been included in the DoH 15-year Capital Plan. During a meeting with the Head of Capital Redevelopment in BHSCT, options for resources to assist with the development of a strategic outline case for a new build were considered. A decision on the final option is anticipated during January 2025.

Irradiator – the repairs have been carried out and a new UPS has been installed. The process of validation is on-going and should be completed in early 2025. The contingency arrangements remain in place.

Mr Garland enquired if the contingency plans are safe. Mrs Mullin advised that they are and there are intense daily checks.

Mr Garland further enquired if there was anything Board needed to do. Mrs Mullin advised that there was not as the checks and validations are on-going.

Mr Brady advised that he Chairs a company that supply UPS and enquired if it were the same company, as he would then declare a potential conflict of interest. Mrs Mullin advised it was not the same company used.

EU SoHO Regulations – No further update on the plans for implementation of the EU SoHO regulations in Northern Ireland has been received. There has been some discussion that the UK might align with the EU legislation, but no decision has been made on this. Whatever the outcome, Northern Ireland will have to align with all EU regulations.

8. Blueprint Programme

Mrs Jackson presented the highlight report and advised that the business case was presented to the Programme Board on 28 October 2024 where it was approved in

principle subject to update, following the on-going quality assurance review of the financial elements of the OBC by the HSC Directors of Finance. Mrs Jackson further advised that the Extraordinary Programme Board meeting on 3 December 2024 discussed the amendment to the funding and approved the amendments to the financial profiles.

Currently there is only one member of staff working full time in the programme with support from Mrs Jackson as Programme Director and staff substitution support from PA Consulting.

Mr Brady enquired if there was a timeline for implementation of the recommendations. Mrs Jackson advised that the business case will be submitted to DoH before the end of 2024, with up to six months factored in for approval. By late 2025, early 2026, the shadow structure should be established and it is anticipated that the new organisation will be fully established by April 2028.

ONS classification could take between 6-18 months and can run in parallel with other work.

Ms Lunney enquired if there were any monetary, legal or timing implications. Mrs Jackson advised that a lot of this work has already been completed. However, establishing a new agency is relatively unique and will set the benchmark of what is achievable within the region.

Ms Lunney further enquired if this was a rolling budget. Mrs Jackson advised that any underspends in year will be returned to DoH.

Mr Garland enquired how long the national statistics process take. Mrs Jackson advised that DoH are working on this. However, the process could take up to 18 months.

Mr Garland enquired, regarding the ongoing work, if monetary benefits were identified. Mrs Jackson advised that resources have been allocated to the next phase of the programme to explore further with Critical Friends what could be achieved based on similar services in England.

Mr Garland further enquired if there was concern about the budgets for this year. Mrs Jackson advised not. However, there is still a lot of work to be completed.

9. Finance Report

Revenue

Mr McCann presented the report for the seven-month period which ended on 31 October 2024 which showed a net deficit of £337k. NIBTS, excluding haemophilia products, shows a surplus of £311k.

The Pay position shows a surplus of £340k. Most areas are showing an underspend with the exception of a Medical overspend of £34k due to staff in excess of funded staffing levels.

Mr Graham enquired if there was any flexibility on staffing recruitment. Mrs Jackson advised that SMT are trying to avoid pressures for next year and have used funding to recruit staff. There are challenges in recruiting staff with specialised skills.

The Non-Pay position shows a deficit of £300k, primarily due to costs in Transport (£136k), for which additional income has been secured. Laboratory (£124k) and Heat, Light and Power (£64k).

Income is £271k in excess of the original budget. This primarily relates to plasma product income.

Haemophilia products are showing a deficit of £648k. 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 if we have surplus income that can be brought forward to the following year. Mrs Jackson advised that breakeven must be achieved and any in year surplus cannot be carried over to the following year.

Mr Garland enquired if the overspend in haemophilia products will be paid. Mr McCann advised that it will be.

Mr Garland further enquired about the overspend in the medical team. Mrs Jackson advised that a Consultant was recruited on a permanent contract to cover maternity leave. Mr McCann also advised of 'On-Call' expenditure. This figure will reduce by year-end, but will not reach zero.

Mr Garland also enquired about the budget for surplus plasma and if this goes back to DoH. Mr McCann advised of the surplus plasma budget. The surplus will fund non-recurrent pressures which is in agreement with SPPG.

Mr Brady noted the presentation of the tables and would like the surplus and deficit to be presented differently. Mr McCann advised that the presentation will be changed as per Mr Brady's suggestion.

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. To-date £119k of general capital has been expended. £343k of BPaT related capital funding has also been expended.

Mr Brady enquired if the remaining capital will be expended by year end. Mr McCann advised that the general capital will be spent.

Prompt Payment Policy

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

Monitoring

The notional value of blood components issued to hospitals is 0.1% above the Service Level Agreement (SLA) value at the end of October 2024. Trusts are showing activity levels ranging from 14.6% above to 19.5% below SLA.

10. Quality Management System Report

Ms Macauley presented the Quality Management System report.

Documents – The targets for SOPs (<4%) and Policies (<5%) has not been achieved. However, a small improvement has been noted. SOPs outside review are currently recorded at 5%, but a decrease has been noted during October and November 2024. Policies outside review have also failed to meet target with 10% beyond their review period. As with SOPs a decrease has been noted with Policies during October and November 2024.

Mr Graham noted the pattern is similar year on year and enquired if there is any correlation. Ms Macauley advised that there does not appear to be any correlation for year on year.

Mr Graham enquired why there was an increase in HR policies. Ms Macauley advised this could be due to staff turnover. However, most HR policies are also reliant on regional policies, which can be at different times to NIBTS policy reviews.

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. Minor/Other investigations and CAPA remain within target and above the KPI of 75% and 100% completion with target date assigned with approved extension. Closure times for incident investigation improved during October 2024 and the KPI target for major/critical incidents was met. A figure of 71% closure times for minor incidents was recorded which is a small improvement on previous months. However, this figure is still slightly below target.

Changes – As of 26 November 2024, the number of changes past target was 36, representing a small decrease. Of these, two are at review stage, five at implementation stage, eight were new and not yet commenced, five have been currently suspended and the remaining 16 are in progress. 24/36 of the overdue changes are overdue by a period of six weeks. Of these 24 changes, one was classified as Red, 11 were classified as Amber and the remainder Yellow/Green. Ms Macauley appraised the Board on the Red and Amber Changes.

Mr Garland enquired if the 'Red' change had been previously listed. Ms Macauley advised that it had been, however, it is no longer a high risk and should be closed by next week.

Mr Garland enquired of one of the 'Amber' changes – Falsified Medicines Directive and enquired if there were any implications of this. Ms Macauley advised that there was not and NIBTS hold a very small number of medicines to decommission.

Ms Lunney enquired about the 34 outstanding changes and how they are being managed. Ms Macauley advised they are all passed target date and the Red and Amber changes will be risk assessed.

Ms Lunney further enquired how many changes are dependant on more income. Ms Macauley advised not many, they are more dependant on resources and prioritising higher risk changes.

Mr Garland enquired about the 'Amber' change of migration of the REES database. Ms Macauley advised that this is progressing. However, a date is awaited from the supplier to return to complete the work. Mrs Mullin advised that should be completed before Christmas.

Internal Audits – Of the 36 audits scheduled, seven have been completed and a further four have commenced. It is recognised that there are a large number of audits yet to be performed which is due to limited resources. Ms Macauley advised that audits overdue by a period of four weeks have had risk assessments with no significant risks identified.

Mr Garland enquired what are the implications of these audits not being completed by the end of the calendar year. Mrs Jackson advised, as mentioned by Ms Macauley, outstanding audits will be risk assessed.

Mr Graham enquired about the plan for Internal Audits before the end of 2024. Ms Macauley advised that the audits are scheduled. A staff member is co-ordinating the dates, schedule and check lists so the auditors can conduct the audit on that day. The delay is caused by a constraint on resources.

Mr Graham further enquired as NIBTS move towards a potential new agency are these pressures going to increase. Mrs Jackson advised that they may not as there will be more staff that already have the skills.

MHRA Inspection – Action Plan – the 2022 audit action plan has been closed. The next inspection was due by the end of 2024. However, dates have not yet been received. Therefore, it is likely for the inspection to be conducted early 2025.

UKAS Inspection – evidence has been submitted to clear all findings raised. No feedback regarding suitability of evidence to close the findings has been received to date. UKAS have indicated they will carry out a further inspection during late January / early February 2025. This inspection will be solely against the 2022 standard and will include focus on the Laboratory Information Management System (LIMS) which was recently installed.

Mr Brady enquired if the Regulators will pick up on the outstanding Internal Audits. Ms Macauley advised that it could be a finding and a recommendation.

Ms Lunney enquired what are the outcomes of Internal Audits. Ms Macauley advised that there are very minor findings.

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

11. Medical Directors report to Board

Dr Allameddine presented his report and advised:

- There have been no imports since May 2023, apart from product that NIBTS does not manufacture. Blood stocks have been stable with 4-5 days for most blood groups including O neg and platelets.
- *Blood Wastage* – Hospital wastage is a concern and will be escalated to the Medical Director’s Forum. Dr Allameddine has had intensive talks with Trust colleagues via Northern Ireland Transfusion Committee (NITC). NIBTS continue to share monthly basis comparative data on blood wastage including the costs with hospital transfusion teams.
- *Infected Blood Inquiry* – NIBTS is working with and on the Regional IBI Working Group and continues to contribute to all IBI regional and national working groups along with DHSC, DoH, SaBTO, UK Forum, NIMDTA, SHOT, JPAC, NITC etc. NIBTS is expected to co-ordinate for the region on behalf of DoH, the implementation of some of the recommendations. This will require significant resources.

Ms Lunney enquired what the timescale would be to implement the recommendations, who is leading and what are the risks. Mrs Jackson advised that leadership is coming from the Cabinet Office in Westminster. The IBI Report was published in May 2024 and DoH established regional meetings in October 2024. DoH have reviewed the recommendations and produced a Terms of Reference for the Regional Working Group. Dr Allameddine is looking to re-establish the Regional Blood Safety Group.

- *Occult Hep B* – there are 272 blood components at risk from 13 donors which were issued to regional hospitals over two decades. Initial screening suggests that of these 58 patients are still alive. The second stage of the investigation is nearing completion as is operational work with no significant risks associated.
- *Northern Ireland Transfusion Strategy 2025-2030* – Currently a strategy does not exist. However, this should be a regional document agreed with DoH, NIBTS, NITC, other clinicians and aligned with the IBI recommendations. Dr Allameddine is currently engaging with other stakeholders and will draft the document.

Mr Graham enquired about the development of a long-term strategy and will it be brought to the Pathology Network Board. Mrs Jackson advised that the Pathology Network Board meets 3-4 times per year and the NI Transfusion Strategy will be brought to the Pathology Network Board.

- *Regional Teaching* – From January 2025, NIBTS will provide a structured teaching module on blood transfusion to Year 1 QUB students. From October 2025, teaching will be given to Year 2 QUB students.

- *Fetal DNA* – is in progress along with DoH. NIBTS will provide regional antenatal screening for D-negative pregnant people to reduce their risks of inappropriate exposure to anti-D prophylaxis.

12. Laboratories – Additional funding was provided and the validation of Sickledex screening is progressing and expected to go live in January 2025.

13. Future Plans for use of Trust Funds

Mr McCann presented the plan and advised that NIBTS hold two funds;

- 1) Blood Transfusion Service General Fund – for staff training, staff and donor welfare.
- 2) Bone Marrow Transplant Fund – Furtherance of bone marrow transplant activity including recruitment to donor registry.

Mr McCann advised that a paper was brought to Board in July 2023 and approval was given for additional high-resolution HLA typing for volunteer stem cell donors. Work in this area is progressing with 18 potential bone marrow donors typed and a further 81 to be typed and sent to the Bone Marrow Register.

Funds for the Blood Transfusion General Fund are smaller in scale and will continue to be utilised to fund staff training and staff and donor welfare.

Mr Brady enquired as it is a charitable fund should the funds not go to charity. Mrs Jackson advised that some of the funds have been transferred to charities. However, the Bone Marrow Fund is required to be spent on bone marrow research.

14. KPIs

Mrs Jackson presented the paper and advised of the latest KPI figures. The Board had no queries.

15. Vehicle Replacement Business Case

Mrs Mullin presented the report and advised that the current NIBTS fleet consists of 14 vehicles. These vehicles are considered for replacement when they are seven years old or have a mileage of over 100,000. The business case is to replace three of these vehicles.

Mrs Mullin advised that due to pressures of ordering, the business case was dealt with via email over the past few weeks. The paper came to Board for formal approval. Board were in agreement to approve the business case.

16. Any Other Business

There was no further business.

Mr Garland thanked everyone for attending today’s meeting.

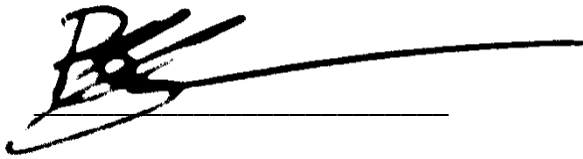
Action	Responsible Person
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Finance Report – Present the surplus/deficit table as per discussion

Mr McCann

**Date of next meeting:
Thursday 9 January 2025 at 9.30am
Venue: TBC**

Signed:

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

Dated:

23 January 2025