



**One Hundred and Eightieth of the NIBTS Agency Board
Thursday 23 January 2025 at 9.30am
Venue: via Video Conferencing**

Present: Mr Brendan Garland – Non-Executive Chair
Mr Michael Graham – Non-Executive Member
Ms Bernie Lunney – 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

Mr N Brady.

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-Ninth of the NIBTS Agency Board meeting held on 5 December 2024 and action list

There were two minor amendments, which were agreed. The minutes were then agreed as an accurate reflection of the meeting and signed off by the Chair.

Action List:

The outstanding action was completed.

4. Matters arising from the minutes of meeting held on 5 December 2024

There were no matters arising.

5. Chair's Business

- Mr Garland enquired about the corporate background whilst using video conferencing. Mrs Mullin advised that she will share with Board members the background that the Engagement Team have created.
- Mr Garland noted the Christmas edition of the TV programme, Casualty where it highlighted the role of blood donation and transfusions services. Mr Garland

thought it was well edited and brought attention to the importance of blood donation.

- Mr Garland further noted a local story where Mrs Mullin was on the news showing the journey of blood from donation to transfusion.
- Mr Garland continues to meet with Trust and ALB Chairs and recently met with the Chair of NIAS. Mrs Jackson advised that BHSCT supply blood to the Air Ambulance and not NIBTS. Ambulances do not transfuse at the scene of an accident, however, the Air Ambulance does.

Mr Garland noted that the Chairs of Trusts and ALBs do not have much information regarding the Blueprint and BPAT programmes and queried if these projects were reaching Board level. Mrs Jackson advised of communications and Townhall events targeted not only at Chief Executives but all employees of Trusts and ALBs. These included personalised letters to all Chief Executive for forward dissemination to their Boards.

- Mr Garland along with Mrs Jackson attended the NICON Strategic Planning event on 14 January 2025.

Ms Lunney enquired how the DoH Strategic Planning will roll out to NIBTS Business Planning. Mr Garland advised that at this stage the Strategic Planning is out for consultation. Mrs Jackson advised how this plan will be disseminated through Trusts and ALBs. It is a three-year strategy which will require agreement and funding for the workflow, which will then feed into the Programme for Government.

Mrs Jackson further advised that NIBTS are slightly behind our business planning development. However, SMT will review the Business Plan and check the recommended KPIs. This will then be brought to Board, a workshop to agree will be scheduled to manage resources to deliver including business as usual.

- Mr Garland attended a NICON presentation with DoH on the three-year Strategic Plan on 17 January 2025.
- There is a review of Senior Executive Pay. Work is being undertaken by Korn Ferry, Chairs and Chief Executives have been asked to engage. Mrs Jackson advised of a meeting on 22 January 2025 with Chief Executives and HR Directors.

6. Chief Executive's Report

Industrial Action – There has been no further update regarding Industrial Action. Mrs Jackson advised that some Unions continue with 'action short of strike'. Mrs Cochrane advised that there have been meetings regarding AFC pay awards for 2024-25. There are plans to pay this award in March 2025. Medical pay awards will also be issued during March 2025. Mrs Jackson advised that there are outstanding pay awards for Senior Executives.

Plasma for Fractionation (PFF) – The financial data for the business case is being finalised prior to being presented at Board. Mrs Jackson and Mr McCann have had discussions with finance colleagues in DoH to advise that the business case will be presented to them soon. Mrs Jackson further advised that this does present resourcing challenges for NIBTS and the project will be unable to progress without the necessary funding.

Mr Garland enquired if challenges regarding storage have been solved. Mrs Jackson advised that it has been resolved for the remainder of this financial year.

PULSE Replacement/Blood Production and Tracking (BPAT) Project – work to support the project is on-going with 'go-live' remaining on track for early 2026. Mrs Jackson advised that an update for BPAT is now an item on the agenda.

UK Infected Blood Inquiry – the second meeting of the Regional IBI group, chaired by DoH, was held earlier this week. There is no further update on the provision of recurrent funds to support the implementation of the Recommendations. NIBTS has emphasised the challenges around funding regarding work to be done to meet the Recommendations. DoH is exploring the options for funding.

Mr Graham enquired if DoH is content that NIBTS is doing all possible with limited resources. Mrs Jackson advised that there was a six-month activity report submitted to The Cabinet Office during December 2024 and a further update scheduled for May 2025. NIBTS has quantified what resources are required to implement the recommendations and this has been captured in the Corporate Risk Register. Mrs Jackson appraised Board on the work NIBTS has been involved in via BPAT, QUB teaching, JPAC and SHOT.

Mr Graham further enquired if there had been a response from DoH in general terms regarding the Recommendations and associated pressures for NIBTS. Mrs Jackson appraised Board of the current situation whilst maintaining business as usual for NIBTS, resource pressures associated with other projects and staffing levels within the Quality Department.

Mr Garland advised that if there was anything that Board can do to assist, to let Board know as the IBI recommendations are a priority. Mrs Jackson advised that DoH also has other pressures and advised of a recent meeting she and Mr McCann had with DoH to discuss pressures and associated risks.

Infrastructure Upgrade – currently paused as the NIBTS contact in BHSCT is on sick leave.

Irradiator – the irradiator is a priority project for the Quality Department, validation remains on-going and is scheduled for completion before the end of February 2025. The contingency arrangements remain in place. Mrs Mullin advised that the decommissioning project scheduled for completion by the end of March 2025 has been delayed for six months. The earliest date to decommission the equipment will be August 2025 and liability will cease as soon as the equipment is removed from the

premises. Ms Macauley advised that a lot of the delay has been outside the control of NIBTS. However, there should not be any further delays by outside agencies.

EU SoHO Regulations – No further update on the plans for implementation of the EU SoHO regulations in Northern Ireland has been received. Further guidance is awaited from both the MHRA and DoH.

7. Blueprint Programme

Mrs Jackson presented the report and highlighted the OBC and associated deliverables which were submitted to DoH on 11 December 2024. These will first be considered by DoH SPPG, Policy and Finance teams, then by DoF and finally by the Minister along with any comments by the previous groups.

Virtual 'Townhall' events continue, with the last one occurring on 16 December 2024 to update staff and other stakeholders.

DoH Policy Team is organising an independent assurance review of the programme to inform the Minister's decision on whether to proceed with Phase 2 of the Programme.

The Programme Team now consists of only one staff member, the Programme Manager. Mrs Jackson appraised Board on the summary of changes to the OBC. Mr Garland enquired if there were any risks and Mrs Jackson advised, not currently.

Mr Garland advised that during his meetings with Trust and ALB Chairs, he has noted that there is no visibility regarding this Programme. Mrs Jackson advised that communication to all Chief Executives, Medical Directors, Directors of Finance and Management Groups has occurred and is on-going. In addition, there have been numerous Townhall events and visits to Trusts. The expectation is that executive teams communicate this to their Boards. Mr Garland advised that he is concerned that Chairs may not be getting all the information. Mr Garland further advised that he is reassured that the Project Board is doing as they should. Mrs Jackson noted that this exemplifies that the focus is not on pathology services at Trust Board level which needs to be given focus including the collective management of pathology services throughout Northern Ireland.

Ms Lunney enquired if there were any concern about funding being released by Trusts. Mrs Jackson advised of the work undertaken in developing the Business Case to run a new pathology service. Work included corporate inputs from Trusts and this was costed. The Programme Team has met with Directors of Finance to discuss staffing and finances.

Ms Lunney further enquired if any of the IBI recommendations could go through a new pathology service. Mrs Jackson advised the only advantage would be the vein to vein tracking, which is already covered in the BPAT project.

Mr Garland noted that a response from the Minister is due by June 2025 and if this could delay progress. Mrs Jackson advised that it is clear from policy that this is the appropriate process to create a new service. Priorities in the Minister's three-year

Strategy include a new pathology service and this is the only project ready to commence.

8. Blood Tracking and Production (BPAT) update

Mr Gillespie presented the report and advised that the BPAT project has been on-going since 2019. The contract was awarded during 2024 which will be a comprehensive vein to vein solution, replacing the old Pulse system. Mr Gillespie advised that the project will impact on all NIBTS departments, the largest impact being on the Quality and IT departments. Delivering the project, whilst maintaining business as usual requires additional staffing. To date 13 fixed term posts have been recruited, including a project manager.

NIBTS has been working with the supplier and the Northern Ireland Pathology Information Management System (NIPIMS) on system requirements, set up and build. A detailed project plan has been agreed and the new system will 'go-live' in February 2026. The design phase and build phase is 90% completed. The next step will be testing functionality which should be completed by the end of February 2025.

Mr Gillespie advised that data migration is not yet been completed. However, lessons will be learned from the data migration process for the CoreLIMS project.

Ms Lunney enquired how it is being managed for change management. Mr Gillespie advised that the project is controlled by a Regional Board and a Regional Team. NIBTS have weekly meetings, with monthly SMT progress meetings and a progress update paper will be tabled at Board.

Mrs Jackson advised that there has been discussion at SLT to internally project manage and develop a change management strategy which will include communication to all staff. Session staff are currently using a paper-based system and this new system will be a digital.

Mr Garland advised that he would like to see a GANTT chart to show progress. Mr Gillespie advised that a GANTT chart and the main metrics will be tabled at SLT meetings and these can be tabled at Board.

Mr Graham advised that the project management structure would also be useful and would like this brought to Board.

9. Finance Report

Revenue

Mr McCann presented the report for the nine-month period which ended on 31 December 2024 which showed a net deficit of £252k. NIBTS, excluding haemophilia products, shows a surplus of £588k.

The Pay position shows a surplus of £385k. Most areas are showing an underspend, due to vacancies. The exception is a Medical overspend of £66k due to staff in excess of funded staffing levels.

The Non-Pay position shows a deficit of £580k, primarily due to costs in Transport (£190k), for which additional income has been secured. Laboratory (£286k) and Heat, Light and Power (£78k).

Income is £784k in excess of the original budget. This primarily relates to plasma product income and additional income invoiced to Trusts for transport of blood products.

Haemophilia products are showing a deficit of £840k. 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.

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. £454k of BPaT related capital funding has also been expended. Mr McCann advised that £150k of the BPaT budget has been released to DoH and will be updated in the next report.

Prompt Payment Policy

Compliance with Prompt Payment Policy exceeds target at 95.60%, the target being 95% with no issues.

Monitoring

The notional value of blood components issued to hospitals is 1.2% below the Service Level Agreement (SLA) value at the end of December 2024. Trusts are showing activity levels ranging from 11.4% above to 18.8% below SLA.

Mr Garland noted that litigation fees are significantly higher than anticipated. Mr McCann advised there is a provision for legal costs and there has recently been a settlement which is a pressure on the system. Mrs Jackson advised of two cases that have been settled within the current financial year.

10. Quality Management System Report

Ms Macauley presented the Quality Management System report.

Documents – The targets for SOPs (<4%) and Policies (<5%) outside their review period has not been achieved. The figures up to the end of December 2024 show SOPs with a figure of 8%, which is a large decrease in conformance compared to the previous figures. The figures for Policies for the same period are also failing to meet target with 5% beyond their review period. Although not achieving target this is an improvement on previous figures. Ms Macauley advised that a lot of the SOPs are non-GMP critical areas and from a regulatory perspective are not overly critical. However, potentially would attract a finding in an audit by regulators.

Incidents, Investigations and CAPAs – Ms Macauley advised for Critical/Major incidents the KPI target for investigations was met when use of extension approvals was applied during November, an improvement on the previous month. Investigations for Minor/Other incidents also met the KPI target during November.

Closure times for CAPA showed a slight decrease overall. A decrease was also noted for minor incidents, with a failure to meet the KPI. An improvement was noted to CAPA for major incidents, but also failed to meet the KPI.

Ms Macauley advised that Mrs Jackson, a member of the Regulatory and Compliance team and herself have again met with SMT to go through each department's incidents. This has been useful to highlight and clear what is causing delays, particularly in CAPAs.

Ms Lunney enquired if there were any risks associated as a consequence of not clearing Investigations and CAPAs. Ms Macauley advised that investigations although not always closed on target tended to be overdue by a small number of days post the target date therefore no significant risks identified. There was a dip noted during December 2024, however, this is always a consequence of a holiday period. Ms Macauley also advised that some of the CAPA are reliant on outside involvement which is beyond the control of NIBTS. CAPA do on occasion overrun their target by longer periods however these are heavily scrutinised which should prevent any significant risks.

Ms Lunney further enquired if there is learning coming out of these meetings and if these are being addressed. Ms Macauley advised that Incidents are trended to look for issues. There are not many correlations, other than lack of staff resources, which is being addressed. Ms Macauley advised that there has been a lot learned from the implementation of CoreLIMS which can be brought forward for BPaT. There is no significant organisational risk.

Changes – As of 26 November 2024, the number of changes past target was 51. Of these, nine are at review stage, five at implementation stage, eight were new and not yet commenced, five have been currently suspended and the remaining 24 are in progress. 20/51 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. Ms Macauley appraised the Board on the Red and Amber Changes and advised that the BPaT changes have been discussed at QIR and have Quality oversight. The rest are low level risk.

Mr Garland enquired about the change of replacing air conditioning units and if this change would impact business as usual. Ms Macauley advised that it had only a minor impact and other solutions are being utilised.

Internal Audits – Progress has been made on the challenging audit schedule. 14 audits have now been completed, although some findings are yet to be raised on Q-Pulse. A further three audits have commenced. Any audits overdue by a period greater than four weeks have been risk assessed, with no significant risks identified. Ms Macauley however noted that the slippage was likely to attract a finding during the UKAS inspection.

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.

UKAS Inspection – A full UKAS re-assessment will take place between January – March 2025, commencing next week with the assessment of the Microbiology Lab and QMS.

Mr Graham noted that whilst Board appreciates the effort of staff, the general picture of QMS is concerning and suggested that the annual Business Plan needs to be utilised to implement the required fixes. Ms Macauley advised that SMT are trying to fix this and have asked for more resources. Ms Macauley has reconfigured posts and developed additional posts which are needed to run the Quality Management System efficiently. This will come through the Business Planning process.

Mr Garland acknowledged staff efforts and has noticed trends. Mr Garland sought assurances of the Quality Management System. Ms Macauley advised that the Quality Management System is functioning at a satisfactory level, albeit not at optimum levels.

11. Business Case for BacT ALERT screening equipment

Ms Macauley presented the business case and advised that NIBTS are currently participating in a regional tender process which will ensure best value for money. This tender will afford NIBTS the opportunity to replace the current BacT ALERT system. NIBTS carry out bacterial screening on all platelet components which is a quality standard. Failure to replace the equipment presents some risk due to on-going usage of equipment which has reached the end of its life. Equipment failure would present operational issues for NIBTS regarding stock management of platelets and could potentially decrease product safety.

Ms Macauley recommended approval of this business case.

Ms Lunney noted that the benefits are clear. However, Ms Lunney enquired about the maintenance contract and the benefits of resource streaming. Ms Macauley advised that the tender will include the equipment purchase and a maintenance contract of 5+ years. Maintenance costs are in the Capital Expenditure. Mr McCann advised that this cost increases year on year, which is a pressure, but will be managed. Ms Macauley advised that benefits included the ability to extend the shelf life of platelets for longer than five days which greatly assists stock control.

Mr Garland enquired if participating in a regional tender process is a strategic decision and what are the risks. Ms Macauley advised that the current equipment is still working and there are currently no reliability risks. However, the equipment is old and it is getting more problematic to source spare parts. By participating in a regional process is the best way to achieve economy of scale.

The Board discussed and approved the business case.

Mr McCann advised Board that currently this is approval in principal as there is no capital funding, this will be applied for prior to purchase.

12. 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 over 5 days for most blood groups and components.
- *Blood Wastage* – There has been no significant variation in blood issue over the past year compared with previous years. Hospital wastage continues to be a concern. Dr Allameddine continues to meet with other Medical Directors and NITC and other forums and will continue to share data.

Mr Garland noted that the tables provided on wastage are very useful and enquired if there had been any improvement. Dr Allameddine advised that NIBTS are attending Trust Transfusion Committees and are sharing information and data. Dr Allameddine advised that the focus currently is regarding wastage with BHSCT as the largest Trust and advised that NIBTS will continue to support Trusts with transfusion practices to reduce wastage.

- *Bone Marrow Registry* – the process on recruitment and charitable fund utilisation continues to be monitored.
- *Haemochromatosis* – the Medical Team and Donor Services are supporting BHSCT to transfer eligible haemochromatosis patients to NIBTS to donate blood, which will improve patient experience and assist the blood stock. NIBTS will attend an event organised by the UK Haemochromatosis Society and a presentation at Parliament.
- *Infected Blood Inquiry* – Following on from the earlier discussions, NIBTS continue to work with and is 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. As previously noted, this will require significant resources.
- *Occult Hep B* – Dr Allameddine advised that NIBTS are slightly behind other nations. However, work is progressing. The hospital lookback on involved components has been completed and data returned to NIBTS. This data will be reviewed.
- *Other projects* –
 - *Introducing ethnic background monitoring*
 - *Introducing transgender guidance*
 - *Platelet Strategy*Dr Allameddine advised that progress on these projects has been delayed, due to staff focus on BPAT.
- *Northern Ireland Transfusion Strategy 2025-2030* – As previously advised there is a need to re-establish the NI Blood Advisory Group to co-ordinate the regional

transfusion strategy. Dr Allameddine advised that the first draft of the document has been written and now needs to be shared and discussed with stakeholders i.e. NIBTS, ITC, DoH and regional matter experts.

- *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. Dr Allameddine advised that this is a significant potential for partnership and will also assist with IBI Recommendations.
- *Fetal DNA* – is progressing with PHA and NIBTS are awaiting financial consideration.
- *Proposed Regional Blood Governance Structure* – Dr Allameddine advised that the Northern Ireland Blood Advisory Group (NIBAG) has not met in some time. The group comprises of DoH, NIBTS, Hospital Transfusion Committee (HTC) Chairs from each Trust and subject matter experts. The advisory group will help ensure effective blood transfusion practice, promote safe and effective blood transfusion practices, ensure compliance with national guidelines and standards, oversee the implementation of best practice and monitor the effective use of blood and blood products.

Mr Garland enquired how this fits in with the new Blueprint structure. Mrs Jackson advised that this is a re-establishment of a structure for regional oversight. DoH will have a Deputy CMO to oversee.

13. KPIs

Mrs Cochrane presented the paper and advised of the latest KPI figures. HR & Corporate Services are meeting all targets. However, targets for Staff Absence have yet to be received from DoH and NIBTS are working on last years target of below 6%. Mrs Cochrane advised that staff absence has increased over the past month, currently 5.84%, which is not unusual for this time of year. Staff on long-term absences are being supported through Occupational Health.

Mr McCann advised Prompt Payment slipped in December 2024, which was mainly due to leave. Mr McCann further advised that focus will remain on staff processing payments in a timely manner.

Mrs Mullin advised that the target figures for red cells and platelets are issue figures. This will be taken into consideration when agreeing annual targets.

Mr Graham noted that platelet donors are a long-term issue and enquired if red cell donors are being encouraged to move to becoming platelet donors. Mrs Mullin advised that staff working to implement the Platelet Strategy are nurses. However, there are very limited numbers of nurses and removing nurses from donation sessions to focus on the Platelet Strategy can be problematic. Mrs Mullin advised that moving red cell donors to platelet donors involves; a donor assessment, more tests for the donors, donors remain on the machinery for longer and agreeing to give double and triple doses instead of a single dose as would be in red cells.

Mrs Mullin also advised that due to resources, projects are being prioritised. Staff are currently engaged with AB Negative donors to encourage them to convert to platelet donation.

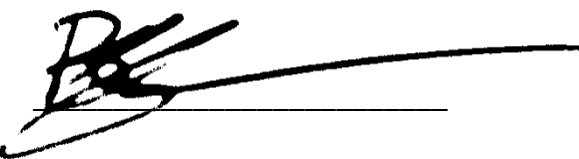
14. Any Other Business

Mrs Jackson advised of the red weather warning in place for Friday 24 January 2025. The plan is to cancel sessions and encourage those staff who can to work from home, in order to keep donors and staff safe. Mrs Jackson further advised that suppliers will not be making any deliveries tomorrow. The roofing contractors are carrying out a safety assessment and will secure scaffolding and tiling today. SLT will meet following this meeting to further discuss.

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

Action	Responsible Person
Share with Board members the corporate background for video conferencing.	Mrs Mullin
BPAT – GANTT chart and main metrics to be tabled at Board for the BPAT update	Mr Gillespie
BPAT – project management structure to be tabled at Board	Mr Gillespie

Date of next meeting:
Thursday 6 March 2025 at 9.30am
Venue: TBC

Signed: 

Dated: 6 March 2025