

Annual Quality Report 2019 - 20

Northern Ireland
BLOOD TRANSFUSION SERVICE



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Blood Transfusion Service

Introduction

The Northern Ireland Blood Transfusion Service (NIBTS) is the sole supplier of blood components and products to Health and Social Care (HSC) in Northern Ireland. All blood components prepared from donations are provided by our voluntary, non-remunerated donors. In addition to supplying blood components and products, NIBTS provides a Regional Antenatal Testing Service and Regional Reference Laboratory Service for Northern Ireland.

NIBTS staff have a strong commitment to quality as demonstrated by our mission statement:

“To collect, process and deliver high quality blood and blood products and appropriate advice to the HSC in Northern Ireland to the standard required by the Regulators”.

Four key values underpin the work NIBTS does. These are as follows:

- Respect the altruistic values of donors
- Treat donors as we would wish to be treated ourselves
- Listen to complaints and suggestions and respond positively to those
- Listen to our colleagues and value their contribution

These values are supported by five key themes:

The following statements set out the vision and strategic direction for NIBTS based on these five themes.

- 1. Donor and Patient Safety**
- 2. Maintenance of Licences**
- 3. Maintenance of supply of blood and blood products to the HSC**
- 4. Prudent use of public funds**
- 5. Developing staff to improve the service**

The corporate goals, service improvement plans for individual departments and individual staff development reviews are linked to these themes reflected in the five key strategic objectives:

- **Donor/ Patient** – Improving the donor/patient experience

- **People** – Engage, empower and encourage learning and development
- **Improvement** – Embedding a Culture of continuous improvement.
- **Quality** – Ensuring governance and compliance
- **Resources** – Improving performance and achieving excellent results.

NIBTS is required to maintain a Blood Establishment Authorisation licence in order to continue to supply blood and blood products. In order to retain this licence the organisation is required to maintain a Quality Management System to ensure the safety and quality of blood products in line with the Blood Safety and Quality Regulations 2005 (as amended).

This system includes the following elements which contribute to quality improvement; by the identification of:

- Non-conformances
- Observations, suggestions etc. (opportunities for quality improvement)
- Risks

These in turn drive the process of Root Cause Analysis through to the implementation, monitoring and review of corrective and or preventative actions.

NIBTS has developed and maintains processes which ensure effective management of:

- Internal Audit – Assessment of user satisfaction
- Processing of complaints
- External quality assessment schemes
- Quality incidents
- Assessments by external bodies
- Change control
- Validation
- Risk management



In 2011, “Quality 2020: A 10-year Strategy to Protect and Improve Quality in Health and Social care in Northern Ireland” was launched by the Department of Health, Social Services and Public Safety.

This Strategy has identified five strategic goals to be achieved by 2020 that will turn the vision of being “recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in health and social care” into a reality.

The five strategic goals are:

- **Transforming the Culture**
- **Strengthening the Workforce**
- **Measuring the Improvement**
- **Raising the Standards**
- **Integrating the Care.**

The five strategic themes for NIBTS can be mapped to the strategic goals of Q2020 with some NIBTS themes encompassed by more than one of the Q2020 strategic goals:

Q2020 Goal	Corresponding NIBTS theme
1. Transforming the Culture	People/Quality
2. Strengthening the Workforce	People
3. Measuring the Improvement	Quality/Improvement/Resources
4. Raising the Standards	Donor/Patient/Improvement/Quality
5. Integrating the Care	Donor/Patient/Resources

Many of the quality improvement initiatives undertaken by NIBTS are consistent with the strategic goals of Q2020. This report will demonstrate progress made under the five strategic headings during 2019/20. A further review of quality objectives will be undertaken during 2020/21.

Transforming the Culture

One of the key elements to transforming the culture of an organisation is staff involvement in changes and the recognition that these changes will improve the quality of products and services provided.

As in previous years the organisation used the mechanisms for trending root cause and fault categories previously developed to identify and investigate trends highlighted as a result of incident investigation and/or audit findings.

The use of the trending mechanism has provided the opportunity to focus on an area of product improvement during 19/20 which first came to light in the previous year. This involved an issue around the storage of platelet product which potentially could impact on product efficacy at end of shelf life.



NIBTS have identified several potential causal factors and are currently working with the supplier of the collection equipment for this product to investigate if increasing the collection volume could potentially play a role in alleviating this issue.

Trending data for NIBTS generated from the incident management system is collated and presented monthly to the Quality Improvement Review Group. Additionally a further breakdown of trends to department level is carried out on a quarterly basis and the outcome shared with the relevant department.

We continue to strive to ensure a 'no blame' culture, with the incident management system used to address each incident in a fair and just manner. To ensure learning across the

organisation, incidents and their outcomes are reviewed on a monthly basis by the Incident Management Group with representatives from all areas of the organisation. Learning points identified and discussed at the group are then disseminated throughout the organisation via the group members.

We recognise that change sometimes can be challenging. To minimise the risk and impact of change to staff, products or services NIBTS have established a Change Management Process which aims to assess the impact of each change, put in place appropriate action plans to implement the change involving all stakeholders, monitor progress of the change and, after implementation, review the change to identify any learning points and determine if the desired benefits were delivered.

A Change Control Group representative of the organisation continued to meet on a weekly basis throughout 2019/20 to review new changes or revision of action plans for existing changes. This supports dissemination of information regarding change throughout the organisation and encourages team working. We continue to review the process for managing change on an ongoing basis to identify improvements with a cohort of staff drawn from various sections of the organisation. The identification of risks associated with change or delay in implementing changes remain area of focus for the organisation during 19/20.

We continue to involve staff in the business planning process of the organisation with comments and suggestions invited from all members of staff.

The organisations Investors in People team, which consists of staff from across departments and disciplines continues to meet and take forward a range of objectives including events aimed at staff well being and improving cohesiveness.

We recognise that users of our service must also have the opportunity to voice any suggestion for improvements or concerns.

During 2019/20, we carried out user surveys for the patient testing and blood supply aspects of our organisation. Follow up user meetings after the completion of analysis of the

surveys allowed opportunity for further discussion of potential service developments. Both the survey and meeting indicated high levels of satisfaction with the services provided.

We recognise that communication is key to ensuring staff are informed of service developments. The organisation continues to strive to improve communication with staff via a number of established channels such as:

- Posting news and documents on the staff intranet in a user friendly format
- Use of screensavers, corporate email messages, noticeboards and team meetings to communicate information to staff
- Provision of data terminals in various locations for those staff who do not routinely interact with computers during their daily duties
- Staff briefings and daily staff huddles in certain operational departments.
- Events celebrating key achievements where staff are encouraged to present the role they played.

NIBTS in recognition that the environment in which staff work is important in ensuring a culture which strives to produce the best possible service/product for our customers continue to progress a programme of improvement to offices and communal areas within the building. During the 19/20 year a further 7 offices underwent refurbishment and 4 laboratory areas. Other work completed included the installation of a bicycle shelter, electric car re-charging point, parking bollards and exterior lightening.

Strengthening the Workforce

Our staff are paramount to the delivery of quality products and service. We recognise the importance of staff being trained for the roles they fulfil whether this be with regard to clinical expertise, laboratory, processing, communication or management skills.

During 2019/20, we continued our commitment to support staff training by:

- 1. Delivery of mandatory training in:**
 - a. Fire Safety Awareness
 - b. Health and Safety
 - c. Equality and Disability Awareness
 - d. Risk Management
 - e. Manual Handling
 - f. Recruitment and Selection Refresher Training
 - g. Information Governance
 - h. Fraud awareness

- 2. Induction for new staff**

- 3. Tier 3 Leadership Training**

- 4. NSPCC Safeguarding Training**

- 5. Leadership Training for Nurses**

- 6. Conflict, Bullying and Harassment Training**

- 7. Screening Training**

- 8. Customer Service training**

- 9. Good Manufacturing Practice**

A range of staff from various professional and non-professional backgrounds were supported in the completion of post entry qualifications. As with previous years all staff who applied for post entry study were granted assistance with costs and where applicable time for study and attendance at courses.

NIBTS continued to participate in GMC Revalidation procedures for all medical staff. The revalidation process for all Medical Staff during 2019/20 was maintained. All Nursing Staff employed by NIBTS achieved NMC revalidation requirements by the required date.

NIBTS Biomedical Scientists are required to maintain registration with the Health and Care Professions Council. A condition of this registration is participation in continued professional development which is subject to audit. All Biomedical Scientists employed by NIBTS maintained their registration during 2019/20.

Our staff are required to participate in an annual staff development review process during which training needs are identified. During the 2019/20 period 57.7% of staff were reviewed. This is a significant reduction in the percentage obtained during the previous years due largely to the scheduling of reviews in the last quarter of the year. The onset of the Covid 19 pandemic resulted in significant changes in working patterns including where possible staff working from home, team working and some staff shielding all of which disrupted the ability to complete staff development reviews. The organisation will endeavour to improve this area during 20/21.

We strive to reduce staff absence rates both due to long term and short term illness. The 2019/20 was < 6%. However this target was not met due in part to a significant number of serious long-term illnesses.

Allied to reducing staff absence is improving the health and wellbeing of our staff. During 2019/20, NIBTS participated in or ran a number of programmes aimed at improving staff wellbeing including:

- Stress Awareness Month
- Mental Health Awareness week Biomedical Science day
- Fibromyalgia Awareness
- National Blood Cancer Awareness month
- National Cholesterol month
- World Menopause Day
- Movember Men's Health Awareness Month
- National work life week
- Breast Cancer Awareness month
- Cervical Cancer Prevention Week
- Time to Talk
- Flu Vaccination Programme
- Step up for 30 month
- Festival of Winter Walks

Measuring the Improvement

We recognise the importance of gathering data and statistics as a means of examining performance and identifying areas of strength and where improvements are required.

Information is gathered throughout the organisation and presented at a number of fora to monitor performance. These include regular departmental and interdepartmental meetings and monthly meetings attended by the Senior Management Team. Reports are also provided for each Agency Board Meeting.



During 2019/20, the key aspects of NIBTS service objectives have been achieved. The service maintained an adequate panel of blood donors as well as collecting, testing, processing and issuing high quality blood components. In addition the demand for blood components from hospitals was met, the various regulatory requirements delivered, relevant licences maintained and ISO 15189 accreditation maintained. The financial performance objective of breakeven was also achieved.

The onset of the Covid 19 pandemic early 2020 presented some challenges in maintaining blood collections at an adequate level. NIBTS were able to avail of larger venue locations with the assistance of many community groups/leisure centres and schools throughout Northern Ireland to allow appropriate social distancing and implemented a triage system for donors prior to entering the donation venue. Translink also provided assistance in supplying larger buses to safely transport staff to and from sessions.

The most significant improvement made by donor services during the pandemic was the introduction of an appointment system for donors. This has aided donor safety by minimising the number of donors at any one time at a venue and improved the work flow for NIBTS donation staff. This initiative has proven extremely popular with our donors.

Corporate Quality

During 2019/20 NIBTS have continued to provide an agreed governance report covering the key areas of the service on a quarterly basis at the Governance and Risk Management Meeting. Additionally a corporate quality document with Key Performance Indicators and targets for collection figures, donor satisfaction and complaints, waiting times, financial targets, staff absence and Staff Development Review completion is presented at this forum.

Effectiveness of Quality Management System

A set of corporate quality metrics data for various elements of the Quality Management System - product quality, incidents (including trending data), documents, change management, audit, external assurance exercises and recall - is produced on a monthly basis and reviewed by the Senior Management Team. This data is shared at the Agency Board meeting.

The Covid 19 pandemic resulted in the need for some amendments to the Quality Management System to facilitate the ongoing operation of the service while maintaining appropriate levels of quality, safety and regulatory compliance. These changes were made with due consideration to any risk and progressed as appropriate through change management. The changes aimed to facilitate revised working patterns including working from home and to limit the need for direct staff contact. The changes included:

1. Amendment of the Document Control process to remove the need for wet signatures on new versions of hard copy documents such as policies and standard operating procedures. Staff were encouraged to reduce the number of hard copy documents issued where possible and the use of electronic documents encouraged.
2. The recall reconciliation process was amended to allow all paperwork to be scanned and e mail communications to be used as confirmation of completion of the process.

3. Internal audit schedule was reviewed and audits carried out remotely where possible or re-scheduled for a later date.
4. Amendments to the change management process to facilitate changes required due to Covid 19 which required rapid implementation
5. Minor amendments to the incident management process to allow acceptance of completed investigations submitted by e mail in place of hard copy documents.

Quality of products and services

Progress on quality objectives and other quality indicators relevant to each department are reviewed during departmental and interdepartmental meetings with a standard quality metric template completed for each meeting. This template captures data such as progress on change controls, departmental incidents, equipment maintenance, audit progress, document review completion and turnaround times for reports. Targets are set for each of these areas and the captured data reviewed in line with these targets.

One of the more visible measures of the antenatal patient testing service to users is the turnaround time for samples to be tested and the report issued.

Automated Serology antenatal patient testing meet the target KPI for turnaround times recording improvements in both metrics i.e. the average number of days to produce a patient report and average percentage turnaround for patient report issue when comparing the average yearly figure between 2018/19 and 2019/20 as follows:

Average number of days for report issue decreased. from 2.02 days for 2018/19 to 1.85 days in 2019/20 a decrease in average reporting time of - 0.17 days or 8.41% improvement in time required to produce a report from the previous 2018/2019 year period.

Average percentage turnaround of reports issued within three days improved with a slight increase from 96.44.% in 2018/19 to 97.56% for 2019/20 a 1.12% increase in the percentage of reports issued within three days from the previous 2018/2019 year period.

Turnaround times for Antenatal Virology report issue also exceeded the set targets and improved on the previous year's figures. 97.45% reports were issued within three days with a mean day for report issue of 2.19

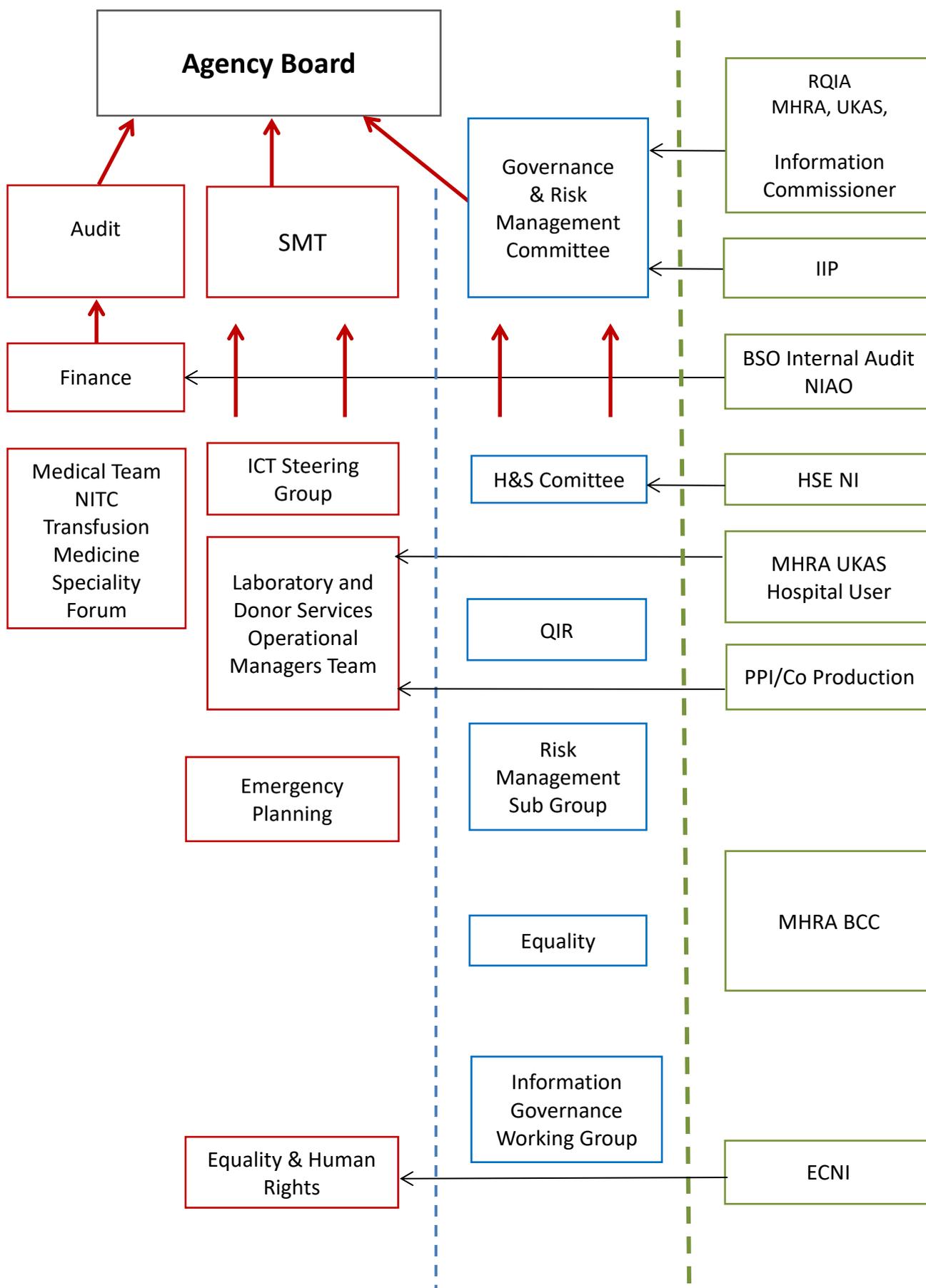
Quality of the products produced is monitored via a sampling programme on an ongoing basis with reports provided to the production department on a daily basis. A monthly report focussing on quality monitoring of the components produced is reviewed by senior staff from within collection, clinical, production and quality to ensure prompt address of any potential slippage in conformance and/or identify areas for improvement.



The following diagram diagrammatically shows how performance is monitored and managed throughout the organisation.

Performance Management

External Assurance



Through the Incident Management System, we have the opportunity to assess and improve working practices where appropriate. The organisation investigates all errors and incidents. The level of investigation required is determined by the risk level of the incident. Incident investigations, actions taken as a result and any learning opportunities can be viewed by staff in electronic format and are discussed at various fora including the monthly incident management meeting attended by staff from throughout the organisation to promote sharing of any learning points.

The change management process allows full consideration of any changes to be made, what benefits are anticipated and the impact on all areas of the service and its users. Where appropriate, a review step is built into the process to allow an assessment of the completed change, any learning points and to determine if the benefits have been delivered.

We, as part of our Quality Management System, have implemented a programme of internal audits. During 2019/20 a total of 54 internal audits were performed with no critical or major findings identified.

External Regulation

NIBTS is subject to inspection by the Medicines and Healthcare Products Regulatory Agency (MHRA) and UKAS. An inspection by MHRA was carried out during June 2019 which confirmed NIBTS was operating to a satisfactory standard and confirmed maintenance of both the Blood Establishment Authorisation and Wholesale Distributors Licence. NIBTS was subject to a surveillance visit by UKAS during the 2019/20 period with subsequent confirmation that accreditation to ISO 15189 had been maintained. Additionally an application to extend the scope of our accreditation was successful.

The external audits confirm that the Quality Management System (QMS) is operating at an effective level. However we recognise that it is essential to both maintain and improve performance of the system and to this end continue to focus on implementing improvements to our systems. The organisation has within the 2019/20 period improved

the process for recalls by implementing a more streamlined process for logging recalls on the Q Pulse Quality Management Software and continued to develop the trending process for incidents and audit findings.

NIBTS is also subject to audit by the Business Services Organisation Internal Audit function which completes an annual plan of work. During 2019/20 this included Finance Audits, Corporate Risk Audits and Governance Audits. With the exception of Cyber Security Audit which received limited assurance, audits in each of these areas reported a satisfactory level of assurance. Implementation of Internal Audit recommendations are the subject of detailed action plans and progress is assessed by the auditors at their mid-year and end of year reviews. The Chief Executive prepares a Governance Statement for the Annual Report which is supported by an Annual Report and opinion from the Head of Internal Audit. In 2019/20, a Mid-Year Assurance Statement was completed for Department of Health (DoH). There was a mid-year accountability review meeting with Department of Health which had a satisfactory outcome. The normal year end accountability review meeting with DoH was deferred due to Covid-19.

Raising the Standards

NIBTS is one of four blood services in the United Kingdom. It also has links with other blood services within Europe through the European Blood Alliance (EBA). Each year, NIBTS participates in the EBA Scorecard which compares data for key processes within blood services across Europe as well as influences policy on blood collection and sharing best practice and experience.

In addition, the UK Blood Services Forum collaborates in a number of areas including identifying best practice and shared learning.

The NIBTS Chief Executive chairs the UK Forum and holds the voting rights for the UK in the European Blood Alliance (EBA). The UK blood services will remain members of EBA post-Brexit.



The UK Forum identifies and shares best evidence based practice and shares learning across the UK, Europe and worldwide. In addition, it agrees the strategic approach for challenges that affect the four UK blood services. Examples include national procurement of essential consumables and equipment, support of the Joint Professional Advisory Committee (JPAC), representation to the advisory committee for Safety of Blood Tissues and Organs (SaBTO) on donor related issues and innovations in practice such as pathogen reduction and blood collection models as well as interaction with the Serious Hazards of Transfusion (SHOT) group.

In 2020, the UK Forum has continued to focus on the impact of Brexit on blood components supply as well as the implications for the ongoing relationship with the EBA. In addition, NIBTS has collaborated closely with NHSBT to ensure continuation of supply should a mass casualty event occur.

The UK Forum has also supported and monitored the impact of the ongoing Infected Blood Inquiry as well as the Council of Europe European Directorate for the Quality of Medicines and Healthcare (EDQM) consultation on the revision of EU Directive 2002/98/EC which is translated in to the Blood Safety and Quality Regulations (BSQR) in the UK.

The UK Blood Services Joint Professional Advisory Committee (JPAC) provides detailed service guidelines to blood establishments as well as providing advice to blood establishment medical directors and Departments of Health. Both these committees have a number of sub-groups and advisory committees which focus on specialised areas of Blood Transfusion Practice including regulatory affairs, risk management, business continuity and emergency planning.

In the last twelve months JPAC continued to focus on revising and updating donor eligibility rules, updating the Guidelines for the Blood Transfusion Services in the United Kingdom and completing risk assessments on blood donor screening for transfusion transmitted infections.

The Northern Ireland Blood Transfusion Service medical team collaborates closely with the Northern Ireland Transfusion Committee and haemovigilance network. Achievements in the last twelve months include further reductions in issues of blood components, standardisation of blood transfusion related documentation, and progress towards finalising a user specification for the proposed new regional laboratory information management system.

Key Achievements

NIBTS Laboratory Departments identify a series of quality objectives each year to improve service delivery/quality. The key Laboratory objectives/achievements for are included in the following table:

Department	Activities	Key Achievements
Hospital Services	<p>Preparation and manufacture of blood components</p> <p>Hospital issues department</p>	<p>Contract for Transport of Blood and Blood Components from UK/Irish blood services to NIBTS evaluated and awarded.</p> <p>Framework tender for Albumin and immunoglobulin products evaluated and awarded</p> <p>HDT-10cc cold chain data loggers validated for use in transport boxes carrying imported units</p> <p>6 x G5 plus blood presses validated</p> <p>Validation Haemonetics buffycoat pooling pack completed</p> <p>Validation Fresenius Kabi sextuplet paediatric red cell split pack P4232 completed</p> <p>Validation Macopharma BAT pack for Day 0 processing completed</p> <p>Process validated to streamline exchange transfusion red cell product to consistently produce units with haematocrit levels within specified range</p>

<p>Automated Serology</p>	<p>Blood grouping of all donations</p> <p>Blood grouping and antibody screening of all donations including medical reporting of at risk pregnancy results</p>	<p>Commencement of project to automated and expand high titre testing and from analysers to NIBTS donor LIMS.</p> <p>Ongoing participation in Pathology LIM modernisation projects i.e. Core LIMS for patients and Blood production and tracking project (BPAT) for donors.</p> <p>Replacement of reagent fridges, waterbaths and cell washers.</p> <p>At request of users move to an electronic system of notification for rejected samples.</p>
<p>Department</p>	<p>Activities</p>	<p>Key Achievements</p>
<p>Blood Group Reference Laboratory</p>	<p>Specialist referral service for hospital blood banks for complex red cell investigations and cross matching red cell units for difficult clinical cases: Includes on call service. Provision of platelet antibody testing.</p>	<p>Continued training of staff for participation in the on-call rota and training of hospital lab staff and medical staff.</p> <p>Optimising automation within the laboratory. Introduction of a new immunohaematology analyser has facilitated full automation of blood grouping, antibody identification, crossmatching, extended red cell phenotyping & antibody titration</p>

		<p>with secure transfer of results to LIMS.</p> <p>In response to the COVID pandemic, a secure laboratory area was set up with a microbiological safety cabinet to ensure 'High Risk' samples could be safely processed to ensure provision of blood in a timely manner.</p> <p>Ongoing verification of manual examination procedures to maintain UKAS compliance.</p>
Department	Activities	Key Achievements
Transfusion Microbiology Laboratory	<p>Testing of all donations for infectious diseases markers</p> <p>Antenatal screening for infectious diseases in pregnancy</p>	<p>Implementation of software upgrades for the Griffols testing platform.</p>

<p>Quality Control Laboratory</p>	<p>Quality monitoring of blood components</p> <p>Bacteriological testing of platelet components</p> <p>Environmental monitoring of component production areas</p>	<p>Completion of implementation of 2 x Flow Cytometers.</p> <p>Completion of tender for replacement haematology analyser.</p>
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Donor Satisfaction

Donors give blood on a voluntary, non-remunerated basis and are critical to the success of our service. We have a system to record complaints from donors or members of the public to allow analysis, investigation and improvement to the service. We also record and monitor donor satisfaction levels with a 98 % satisfaction level recorded for 2019/20 Donor complaints for this period were just below the target of <4 per 10,000 donor attendances (a total of 26 complaints were received which is an increase of 19 from the previous year.).

We are a member of the Regional Forum for Personal and Public Involvement (PPI) which is central to the NIBTS programme of engagement with donors and service users.

During 2019/20 we held two Donor Information evenings one in Portadown and one in



Bangor, where donors were invited to attend. These evenings included presentations by the Chief Executive, senior staff including the showing of the video following the journey of blood from collection to issue plus a question and answer session

Integrating the Care

The NIBTS medical team actively collaborate with the Northern Ireland Transfusion Committee (NITC) on an agreed programme of work. The work programme is derived from the clinical practice guideline issued by NICE referred to as NG 24.

Key achievements in 2019/20 are detailed in the table below.

Project	Status
Current	
Patient Blood Management	Audit of Patient Blood Management against NICE standards in planning stage
Transfusion trigger threshold for red cell transfusion	NITC invited clinical staff in early 2019 to participate in a consultation on the regional guidelines for the use of red cells, and in particular NG 24 recommendation for a transfusion trigger of 70g/L in stable patients. NITC have drafted updated regional guidelines for red cell transfusion on responses received and these will soon be implemented.
Patient Information	NITC Audit Lead participated in SaBTO – Review of Consent for transfusion . This includes eight key recommendations. SaBTO has requested BBTN (Better Blood Transfusion Network) to develop a national patient information leaflet on consent for transfusion.
Alternatives to Blood Transfusion	Regional Bloodless Pathway updated

The NIBTS diagnostic screening laboratories have maintained accreditation from United Kingdom Accreditation Scheme for standard ISO 15189 post completion of a surveillance visit by this body.

We continue to work closely with colleagues in the three other UK Blood Services with representation in the UK Quality Managers group and linked subgroups which concentrate on Quality Monitoring, Supplier Audit, Validation and Data Integrity. This allows sharing of expertise, information and learning throughout the four services and assists benchmarking similar process such as recall rates and categories, SABRE reportable incident occurrence and bacterial positivity rates in platelet components. Regulatory audit outcomes for all services are shared as are any actions taken to address non-conformances. Each group aims to meet up to four times per year either face to face or by teleconferencing. Participation in these groups ensures each service is aware of changes and developments in service provision and maintains consistency of service across the UK.

Notable workstreams for the UK Quality Managers Group during 2019/20 include:

- Continued comparison of key performance indicators
- Comparison/discussion of external audit reports to facilitate shared learning.
- Monitoring the workstreams of the subgroups.
- Preparation for the implementation of the Falsified Medicines Directive
- Preparation for the implementation of the Medical Device Directives
- Brexit Preparations

The Quality Monitoring, Supplier Audit, Data Integrity and Validation subgroup's workstreams include:

- Commonality in approaches to ensure data integrity.

- Collation and discussion of Quality Monitoring statistics from all the UK Blood Services.
- Review of specification limits for new edition of Guidelines for the Blood Transfusion Services in the UK
- Sharing supplier audits to reduce duplication of effort between services and collaboration in completion of audits.

Covid 19 Arrangements and Lessons Learnt

NIBTS maintained 'business as usual' throughout the Covid 19 pandemic. This has been possible thanks to the co-operation and help from our donors and our staff. Department of Health and Public Health guidance has been noted and reviewed constantly throughout the pandemic with appropriate measures put in place to ensure compliance.

Several amendments to processes have been required due to the pandemic and are noted throughout the report. However, a summary of the actions taken during the pandemic to ensure continued service delivery at an appropriate level of quality and safety whilst safeguarding donors and patients is detailed below.

A series of risk assessments were completed to establish and mitigate risks to staff, donors and essential contractors as well as the operation of NIBTS during the pandemic. Home working arrangements were put in place for those members of staff who could complete their duties off site. This included the provision of IT equipment and the amendment of some process to allow the submission of electronic documents and approvals rather than hard copies.

Hand hygiene arrangements were enhanced throughout the building with sanitiser made available at regular intervals and at entry/exit points. A triage process was introduced for all visitors to the building including contractors and for donors attending donation sessions. This involved ascertaining the individual's temperature, ensuring they had not had/did have any symptoms associated with Covid 19 or had been in contact with others who had tested positive and ensuring they had sanitised their hands.



During the initial lockdown phase, staff in departments were split into teams to reduce the number of staff on site at any one time and to provide contingency should one team be impacted by the virus.

Office spaces and other areas were assessed to determine the maximum number of individuals who could share the area while maintaining social distancing and this number indicated on the door to the area.

The use of fluid resistant masks was introduced in all shared areas of the building or where social distancing could not be continually maintained.

Social distancing arrangements for donors and session staff were enhanced by:

- Introduction of donor appointments to better control the flow of donors
- Larger venues were sourced for donation sessions
- Larger vehicles were sourced to transport staff to the session venues

To ensure staff were able to keep in touch, Zoom is used to facilitate meetings and provide a means for managers to keep in touch with staff working off site. Daily meetings were held to update senior staff on any issues related to Covid.

A Covid 19 section was added to the NIBTS Intranet Site to provide a central point of information for staff.

Staff were offered the opportunity to be vaccinated against Covid 19 as part of the roll out of the vaccination programme for health care workers.

Lessons Learnt

The Covid 19 pandemic continues and a full review of lessons learnt will be undertaken once the pandemic is no longer considered a significant threat. This will be reported in next year's annual report. A number of 'lessons learnt' have already been identified and are noted below.

Communication is vital to ensure effective implementation of agreed actions. While decisions regarding actions to take were generally made quickly, on occasion, the delivery of these actions was sometimes not as effective as it could have been due to staff being at home or off site on donation sessions. However, it is clear that change can happen quickly and effectively when it is needed! Homeworking presented many challenges to the way we operate some of our processes and solutions to these were required quickly whilst ensuring these did not impact on product quality and safety. Such changes were delivered while meeting this criteria.

Challenge can be a positive driver - the pandemic has shown that some pre-conceptions the organisation has held regarding the acceptability of changes to the way donation sessions are managed to both staff and donors were incorrect and the changes introduced have been well received and popular with both.

Change can also be a source of anxiety. Due to the changes required for Covid 19, many of our staff were required to make significant changes to working practices and patterns. This required high levels of co-operation from all staff and allowed the organisation to maintain full service. Some staff members however found the increased anxiety around Covid 19 infection and the changes required challenging. This highlighted the need to ensure all staff were kept fully aware of all changes, the measures being taken to minimise risk to both staff and donors and the need to maintain contact with those staff members primarily working from home.