



One Hundred and Eighty-Second Meeting of the NIBTS Agency Board
Thursday 15 May 2025 at 9.30am
Venue: Lecture Room, NIBTS HQ

Present: Mr Brendan Garland – Non-Executive Chair
Mr Michael Graham – Non-Executive Member
Mr Noel Brady – Non-Executive Member
Mrs Karin Jackson – Chief Executive
Dr Allameddine Allameddine – Medical Director
Mr Eamon McCann – Head of Finance & IMT
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

Miss J Calvert – Minutes

1. Apologies

Apologies from Ms Bernadette Lunney were noted.

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 Eighty-First Meeting of the NIBTS Agency Board held on 6 March 2025 and action list

Mr Garland highlighted a small number of typographical errors. Aside from these, the minutes were agreed as an accurate reflection of the meeting and signed off by the Chair.

Action List:

All actions were completed.

4. Matters arising from minutes of meeting held on 6 March 2025

There were no matters arising.

5. Chair's Business

- Mr Garland advised he had attended a meeting with Mike Farrar, Interim Permanent Secretary where he shared his aspirations for the role over the next year. He also advised that a visit was anticipated in September 2025.

- Mr Garland referred to the recently issued circular regarding Senior Executive Pay and confirmed that a meeting of the Remuneration & Terms of Service Committee would be arranged as soon as possible to consider.

6. Chief Executive's Report

Mrs Jackson referred to her report and advised that there were no significant updates since it had been circulated.

Industrial Action

Mrs Jackson advised that there was no further update in relation to this item.

Plasma for Fractionation (PFF)

Mrs Jackson advised that NIBTS had engaged support from an external provider, with previous experience within NHSBT, in assisting with this project, particularly in planning for logistical requirements. Mr McCann stated that the financial data required for the business case is currently being worked on. It was noted that prices of plasma derived medicines have changed and have been affected by the implementation of plasma for medicines in other devolved nations. These price changes need to be factored into the workings on the business case and may affect the approach which NIBTS takes.

Infected Blood Inquiry

Mrs Jackson advised that NIBTS continues to engage with the DOH regarding the implementation of the IBI recommendations and that the associated requirement for resources has been documented accordingly, as well as highlighted at the NIBTS mid-year accountability review. It was noted that there had been some recent media activity in relation to compensation arrangements and this remains the priority focus. Mrs Jackson confirmed that there had been no direct approach to NIBTS as a consequence of the recent activity and, indeed, NIBTS had received limited media attention overall in relation to the IBI.

Infrastructure Upgrade

Mrs Jackson advised that there was no further update in relation to this item.

Irradiator

Mrs Jackson advised that the new blood irradiator is now fully operational and wished to extend her congratulations to all staff involved in the successful achievement of this project within a tight timeframe. It was noted that plans are underway to decommission the existing irradiator by October 2025.

EU SoHO Regulations

It was noted that Mrs Jackson had attended the EBA Board on 8th/9th May 2025, where discussion had focused on the establishment and management of a central European database to facilitate reporting.

7. Blueprint Programme – Update

Mrs Jackson referred to her report and advised that the OBC remained under consideration by the DOH, although feedback has already been received regarding a requirement for information in relation to explicit financial benefits. She also advised that the Gateway Zero Review had been completed and that the Gateway Report was being finalised. It was noted that a meeting was scheduled with DOH within the next two weeks to discuss next steps.

Mrs Jackson advised that the Programme has facilitated an assessment of the NI Pathology Network against the NHS England Pathology Network Maturity Matrix, with an outcome of emerging. It was noted that those pathology networks assessed as maturing or thriving have a single governance structure and are able to demonstrate tangible financial benefits.

Mrs Jackson advised that the Programme has commissioned a specific piece of work to demonstrate the potential range of monetary and non-monetary benefits achievable through pathology transformation. The Programme also continues to engage with critical friends to facilitate benchmarking in relation to operating costs, management structures and investment required to transition. Collaborative work with the NI Pathology Network has commenced to specifically review logistics and transportation arrangements and make recommendations for improvement.

Mrs Jackson confirmed that the EQIA public consultation had closed and indicated that further communication is required in relation to design.

Mr Garland commended the progress made to date and Mrs Jackson confirmed that no additional input was required from the Board at this time.

8. Blood Production & Tracking (BPAT) – Update

Mr Gillespie referred to his report and advised that the project timeline has been revised following engagement with, and learning from, the Welsh Blood Service (WBS). However, he confirmed that the revised plan remains aligned with the go-live date of February 2026. He updated the Board on the following project activities:

Data Migration

Discrepancies arising from the initial data extract are currently being reviewed to ensure a successful data migration. Data migration is expected to conclude by mid-July, however, some contingency is built in to take account of the significant input required from NIBTS IT Department.

Dry Run Testing

Dry run testing is due to commence in early June and conclude at the end of July. Preparation of test scripts is progressing steadily and MAK systems have been on site to support this.

Interfacing

It was noted that interfacing required to be completed before end to end testing could commence.

Mr Gillespie confirmed that NIBTS continued to engage with other users of eProgesa such as the Scottish National Blood Transfusion Service (SNBTS) and WBS to ensure that learning from their experience and future proofing was incorporated in implementation.

In relation to the project timeline, Mr Garland requested that a visual indicator be included in future to clearly illustrate an assessment of actual progress against the timeline.

Staffing

It was noted that project staffing levels had improved. It is expected that the Training Team will be place by November 2025. While the team's initial focus will be delivering training associated with eProgesa implementation, these will be permanent appointments, comprising of a Nurse Training Lead and two Clinical Facilitators, with responsibility for delivering a range of training requirements in relation to Donor Services staff.

Risks and Issues

It was noted that there are two red risks currently identified. There was some discussion regarding the risk in relation to BAU support of NOMAD and Mr Gillespie advised that the project continues to engage with BSO and others in relation to this. Mrs Macauley stated that, from a validation perspective, risk assessments have been undertaken and in areas where there are a higher number of risks, there should be greater intensity of testing and oversight. Mr Gillespie advised that a review of the format of the risk register is underway to improve clarity.

9. Finance Report

Revenue

Mr McCann presented the report for the 12-month period that ended 31 March 2025, which showed a surplus of £1k. As such NIBTS achieved a breakeven financial position for the year ending 31/03/25.

The Pay position, detailed in Appendix 2, shows a deficit of £10k. The position is distorted by the inclusion of additional expenditure in period 12 for payment of arrears related to the 2024/2025 pay award, for which additional income was received. The Non-Pay position shows a deficit of £1,002k. This is primarily due to overspends in Transport (£240k), for which additional income is secured, Laboratory (£473k) and Heat, Light and Power (£65k).

Income is £2,671k in excess of the original budget. This primarily relates to additional income for Haemophilia products, plasma product income and additional income invoiced to Trusts for transports of Blood Products.

The Net Expenditure Account is shown in Appendix 1. This is part of the monthly financial monitoring information provided to DOH. The year-end position shows a surplus of £1k and as such the financial performance objective of breakeven has been achieved.

Mr Garland acknowledged the breakeven position for the financial year and commended the team on this achievement.

Mr Brady queried some budget variances, highlighting in particular that income was in excess of original budget as well as Non-pay costs, and asked whether this increase had been forecast in the original budget. Mr McCann acknowledged Mr Brady's comments and noted that monthly reports were in place throughout the year. The NIBTS budget is based on the funds and income derived from SLA's with Trusts, along with allocations from SPPG. These are the figures that are required for monthly monitoring returns to DOH. Any variances between budgets and actuals are reflected in forecasts, which are used to demonstrate that overall breakeven will be achieved through monthly reporting.

Mrs Jackson provided context around Haemophilia-related expenditure. This expenditure is currently underfunded, however, the requirement for SPPG to fund any overspends is explicitly stated within the SLA with SPPG. This position is carefully managed through reporting mechanisms and constant communication between Belfast Trust, NIBTS and SPPG. There were some issues with accurate reports being available during the year, which may have affected forecasts, due to the implementation of Encompass in Belfast Trust.

Mrs Jackson advised that a financial plan for 2025/26 will be brought to the Board in July for further review.

Mr Brady raised concerns regarding overspend in several areas. Mr McCann advised that these overspends were managed through revising forecasts to ensure that they were managed and breakeven would be achieved. Mr McCann further highlighted that budgets were set according to allocated funds from DOH and that budgets could not be amended without allocations from SPPG. Overspends indicated that some areas were under resourced and that these pressures were managed through revising forecasts to ensure that the net effect of overspends in non-pay, underspends in pay and over-recovery of income resulted in a breakeven position.

Mr McCann explained that overspend in laboratories had been offset by £200k in additional funding and that this adjustment will appear in the following year's budget allocation.

Mr Garland highlighted that under-budgeting often results in shortfalls and narrow margins make it difficult to forecast with confidence and asked whether it was possible to negotiate for more realistic allocations. Mrs Jackson responded that, while historically there have been no significant concerns, a review of budgeting assumptions may still be worthwhile.

Mr McCann highlighted that the Finance Team was not sufficiently resourced to create multiple versions of the budget. Mrs Jackson reiterated that the organisation had achieved breakeven, however, work will be undertaken to determine the most effective way to present this more clearly in the future.

Capital

The Capital Resource Limit (CRL) for 2024/2025 was £1,114k, made up of general capital of £384k and £698k in respect of BPAT. The expenditure on capital was £1,140k, resulting in a surplus of £4k. Expenditure on approved schemes are outlined in Appendix 3. Allocation letters have been received for general capital and for BPAT.

Compliance with Prompt Payment Policy

Compliance with Prompt Payment Policy for the 12-month Period to 31 March 2025 exceeds target at 95.60%, the target being 95%.

Contract Monitoring

The notional value of blood components issued to hospitals is 1.2% below the Service Level Agreement (SLA) value at the end of March 2025. Trusts are showing activity levels ranging from 10.1% above to 16% below SLA.

10. Update from Audit Committee – 12 May 2025

Mr Brady stated that the Audit Committee meeting on 12 May 2025 had had a comprehensive agenda and that feedback from audit had been overwhelmingly positive. Two audits had been conducted in the last quarter (performance management and stock management), both of which were satisfactory with a particularly strong commentary on performance management. All audits conducted during the year had achieved satisfactory assurance, with the overall level of assurance described as high. While follow-up audits indicated that some recommendations remained open, these are on track to be closed by September 2025. It was noted that the audit calendar for the year had been completed and that all audits for the current year have been approved.

The Board acknowledged this as a positive position, reflecting strong oversight and continuous effort.

An initial draft of the Annual Report has been approved and will be brought to the Board in July for formal review. There was some discussion regarding the use of charitable funds and it was agreed that the existing criteria would be reviewed and a proposal brought to a future Board.

11. Update from Governance & Risk Committee – 7 May 2025

Mr Brady provided an update on behalf of Ms Lunney. He advised that the meeting was dominated by discussions in relation to Quality & Regulatory responsibilities and current staff pressures in delivering these, particularly within the Quality Team itself. There was discussion regarding the priority actions required to alleviate staffing pressures. In particular, it was noted that while financial resources were available, Managers needed protected time in developing job descriptions and undertaking

recruitment exercises. There also some discussion regarding the potential for accessing alternative avenues of support. Mr Garland thanked everyone for their input and contributions to the discussion.

Mr Garland enquired about a recent incident regarding the inability to reach scientific staff in an emergency. Mr Gillespie confirmed that signal coverage has been increased and that landlines have been configured to ring up to 10 phones around the building. However, there are still some difficulties in effectively delivering alert signals and alternative options are being explored. Mr Gillespie also highlighted that there have been occasions when Trusts have not followed agreed communication procedures.

12. Quality Management System Report

Documents

At 6%, the SOPS target (<4%) is currently not being achieved. Laboratories and IM&T are within the KPI, however, all other departments did not achieve this target in April, with figures ranging from 6-14%. Similarly, at 6%, the Policy target (<4%) has also not been achieved. Donor Services, Finance and IM&T are within KPI, however, all other departments did not achieve this target in April, with figures ranging from 5-17%. It was noted that staffing resources is currently limited within the Quality Team as a consequence of recent retirements, sickness absence, maternity leave and the involvement of key staff in high priority corporate projects. Ms Macauley advised that a small number of SOP and Policy documents remain overdue by a significant period, however, discussion at QIR has indicated that this does not pose any significant risk.

Incident Investigations and CAPA's

Compliance with target dates for incident investigations and CAPA's remain a challenge. It has been agreed that incidents classified as red/amber must be prioritised by the relevant department. It has been proposed that regular meetings are established with the Quality Team and incident investigators to discuss investigation progress and to ensure that investigation reports are of sufficient quality prior to submission to the Quality Team.

Change Controls

It was noted that there is a high number of open changes, with a significant number past their target date. In particular, Ms Macauley outlined the risks associated with red/amber changes that are 6 weeks post their target date. A number of recent changes raised are related to BP&T and it is intended that these will be separated out for future Board reports. Given the volume of work associated with BP&T and limited resources, particularly in the Quality and IM&T Teams, Departmental Heads have been asked to prioritise their changes for discussion at SLT.

Internal Audit

Mrs Macauley reported that 29 out of 35 audits scheduled within 2024/25 were completed and that a risk assessment had been carried out on those not completed. Based on this assessment, 4 of the audits were re-scheduled for April/May 2025 and the remaining two for the latter half of the 2025 year. The audit schedule has been

agreed for the Audit Scheduling has been agreed upon for 2025/26. Concerns regarding resourcing within the Quality Team were again acknowledged.

MHRA Inspection

The next inspection was due in the latter part of 2024, however, a date has not yet been notified.

UKAS Inspection

UKAS has completed the 2025 re-assessment inspection, as well as that associated with the NIBTS application to extend the scope of practice to include molecular testing. The findings raised against the ISO 15189 2022 standard during the 2025 reassessment visit have all been cleared with one exception. This requires a regional solution and NIBTS and UKAS are working to resolve. A number of findings are open in relation to expanding NIBTS scope of practice to include molecular testing, however, these remain with their target dates.

13. Medical Director Report

Blood Wastage

Dr Allameddine advised that the wastage rate in 2024/25 has increased compared to the previous year, with a financial cost of approximately half a million pounds per year. He highlighted that the lack of a regional blood governance structure was a significant contributing factor in this increase and that he has raised this matter regionally. It has been agreed that the Regional Blood Advisory Group is to be re-established to develop a clear regional strategy, chaired by the DOH and incorporating representation from NIBTS, the NITC and the five Trusts.

Bone Marrow Registry

Dr Allameddine advised that progress on recruitment and charitable fund utilisation continues to be monitored.

Haemochromatosis

Dr Allameddine advised that NIBTS continues to engage Belfast Trust's Hepatology Team to facilitate transfer of active, eligible haemochromatosis patients to NIBTS to become blood donors and that this trial will be reviewed over 3 months.

Infected Blood Inquiry

NIBTS continues to actively contribute to both regional and national working groups on this matter. Dr Allameddine advised that a draft annual report has been agreed with the four devolved nations to update government and infected/affected people on progress regarding implementation of recommendations. A regional gap analysis is in progress. As previously discussed, availability of resources to support the implementation of the recommendations has been highlighted.

Occult Blood Infection

Dr Allameddine advised he is awaiting further discussion with DOH.

Platelet Strategy

Dr Allameddine advised that current approaches to platelet donor recruitment, collection, manufacturing, planning required review to improve performance and minimise wastage.

Regional Teaching

Dr Allameddine reported that NIBTS completed delivery of a teaching module “Essentials in Transfusion Medicine” to medical students at Queens University Belfast in April 2025. Mr Garland welcomed this development.

Fetal DNA (antenatal screening for D-Negative pregnant women)

Dr Allameddine confirmed that discussions with PHA are progressing, with the aim of reducing unnecessary exposure for women during pregnancy to blood products and mitigating against the risk of anti-D shortage.

14. KPI's

Mrs Cochrane presented the KPI figures for the 2024/25 financial year. Discussion focused on those areas which were in the red. It was noted that both health and safety incidents and complaints were significantly higher than the target KPI. Mrs Cochrane advised that work was ongoing to ensure appropriate recording and reporting in these areas and it was acknowledged that the current targets were potentially unrealistic and should be reviewed.

In relation to absence figures, Mrs Cochrane advised that a DOH target had not been set in 2024/25, however, the absence figure was higher than the previous year. The absence figure has been impacted by a number of long-term absences throughout the year. Mr Garland asked whether any comparison could be made against other Trusts and Mrs Cochrane confirmed that these figures are available if required.

Mrs Cochrane reported that appraisal completion rates was just below the 85% target, however, this was most likely due to the decrease in rates during May and June due to the focus on implementing LIMS.

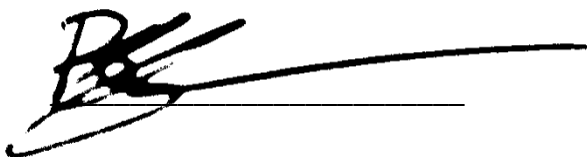
15. Any Other Business

There was no other business.

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

**Date of next Meeting:
Thursday 3 July 2025 at 10:00am
Venue: NIBTS HQ**

Signed:

A handwritten signature in black ink, consisting of stylized letters and a long horizontal stroke extending to the right.

Dated:

3 July 2025