



**One Hundred and Eighty-Fifth Meeting of the NIBTS Agency Board
Tuesday 21st October 2025 at 10.00am
Venue: Lecture Room, NIBTS HQ**

Present: Mr Brendan Garland – Non-Executive Chair
Mr Michael Graham – Non-Executive Member
Ms Bernie Lunney – Non-Executive Member (via teams)
Mrs Karin Jackson – Chief Executive

In Attendance: 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 Tammarra Harty - Minutes

1. Apologies

Mr Eamon McCann – Head of Finance & IMT
Dr Allameddine Allameddine – Medical Director
Mr Noel Brady – Non-Executive Member

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-Fourth Meeting of the NIBTS Agency Board held on 18th September 2025 and action list

The minutes were agreed as an accurate reflection of the meeting and will be signed off by the Chair at a later date.

Noting one minor update, regarding BPAT updates to the Board between formal Board meetings – BG & KJ to meet separately to discuss options.

4. Matters arising from minutes of meeting held on 18th September 2025

There were no matters arising.

5. Chair's Business

- Mr Garland referred to Mike Farrar, Interim Permanent Secretary's visit to NIBTS on 7 October, noting it had been a very positive visit, pleasing to see Mr Farrar's cross references to our work to the work of other organisations, great symmetries.
- Mr Garland attended NICON25, noting presentations by the following:
 - Prof Sir Michael Marmot and the progress of 'Marmot Places' in the UK, who have embraced the challenge of addressing the health inadequacies and social issues that are affecting people's lives and how it could be implemented in NI.
 - The Equip Programme's progress and how it will change the way we will report on HR, Finance, Procurement, Logistics and Payroll within healthcare.
- Mr Garland is meeting with the Chair of NICON in the next few weeks, this engagement highlights the strategic importance of maintaining and strengthening our presence within the health and social care system.

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

Other than what has been picked up from recent media, nothing new from RCN and BMA. There could be a potential gap of £100m across the HSC in the pay deal, but we have had no formal notification of that and it will not affect our delivery.

Plasma for Fractionation (PFF) (Plasma for Medicines)

The Board approved the business case to proceed to the next stage and submit the OBC document to the SPGG DoHNI in November 2025.

Infected Blood Inquiry

This item will be covered in the Medical Director's report.

Infrastructure Upgrade

- No confirmation of capital funding as yet and it has been difficult to obtain any clarity or updates on this matter.
- NIBTS aims to get a feel for the current status and assess progress at the accountability meeting. It will be important to discuss the progress we have made but still highlight the challenges we face with an aging infrastructure.

Staffing

- Recruitment is ongoing for BPaT including the Donor Session Training Team. Recent Biomedical Scientist recruitment has been conducted with 60 individuals currently on the waiting list.

- Ms Macauley confirmed that Q&RC are currently facing significant challenges. There are four additional posts that are planned to be filled. There were no objections raised regarding filling these roles within the scope of current funding.
- A new HR Business Partner will be recruited in the next few weeks, as well as support for the Blueprint Programme.

7. Blueprint Programme – Update

Mrs Jackson referred to her report and highlighted the following:

Progress Update

Much work has been undertaken since the last report to Board. However, staffing is still an ongoing issue. This should improve in the coming weeks with new staff in post. Continuing engagement with trade unions and a regional workshop has been confirmed by the Pathology Blueprint Programme and Pathology Network on Thursday 27th November 2025. A meeting with Professional Bodies held on the 14th October went reasonably well with a focus on finances both in terms of the cost to set up an agency and assumptions around financial benefits that could be generated.

Programme Finance Update

The communication approach was acknowledged as balanced and transparent. It was explained that the extension of the scope was driven from feedback from the economists and the Gateway Review.

Over the past 10 years, pathology service operational costs have doubled. However, there is a shared commitment to slowing this trend through smarter service delivery and workforce planning. Continued emphasis on building career pathways starting from school and university and plans to introduce structured development programmes to support long-term workforce sustainability are areas for further consideration.

8. Blood Production & Tracking (BPAT) – Update

Project Status

Mr Gillespie reported NIBTS received the production version of the eProgesa system on Friday 10th October, marking a significant milestone.

Discussions have taken place with MAK to highlight our areas of concern. MAK acknowledged the impact of the delays, agreed to address all concerns raised and agreed to the new proposed time line, with a planned go live date of the 5th May 2026. The project plan and timelines have been updated to meet the new go live date.

Mr Garland sought clarification on the BPAT production workstream time line and how we are progressing against our original targets. Mr Gillespie confirmed that most targets

are slightly behind, but he is not concerned and he will update the table to reflect discussion.

The Go Live date has been agreed for the 5 May 2026, over the long weekend, to reduce any disruptions to service. To further support NIBTS and ensure the project progresses appropriately MAK have agreed that the project lead will attend the weekly BPAT Senior team meeting. Additionally, MAK have offered on site support to the testing schedule over the next few months.

The issue of milestone payments has been clarified. The milestone payment that was due at the end of September, linked to the commencement of the testing phase, was not made. This milestone payment will not be made until all production modules of the system have been handed over, the outstanding configuration issues have been resolved and the vendors installation documentation has been signed off. This is expected to happen by the end of October.

9. Finance Report

Ms Jackson referred to Mr McCann's report in his absence to the end of 30th September 2025 and highlighted the following:

Revenue Position

As of 30 September 2025, the cumulative revenue position shows a deficit of £873k.

Year-End Forecast

The year-end position is forecast to break even.

Capital Position

The Capital Resource Limit (CRL) for 2025/26 is £1,172k. This relates to funding for the BPAT programme of £736k and General Capital of £436k.

10. Update from Audit Committee – 9th October 2025

Mr Graham provided an update regarding the Audit & Risk Committee meeting on 9th October 2025 and highlighted the following:

- Following the completion of the BSO Mid-Year Follow up for 2025/26, only a few findings from 2022/23 remain.
- Review of the DACs, six in total, most of them are contract extensions for existing projects that have re-procurement plans in place.
- Both the BSO Internal Audit General Progress Report and BSO Shared Services Audit were presented, noting overall ratings are satisfactory.

11. Quality Management System Report

Ms Macauley updated the Board on the following:

- No significant change since the September Board meeting. Progress on reviewing SOP documents has been slow, with current 7% of documents beyond their review period. It is, however, due to the focus on BPaT documents at the moment this may not be viewed as a priority by the various departments.
- Policy document review have made slight improvements however KPI target has still not been achieved. Medical and Finance & IMT have met the KPI target. The numbers of policy documents outside review numbers are relatively low and no significant risks associated with the delay in review have been identified.
- Completing incident investigations and CAPA remains problematic as discussed at previous Board meeting with work ongoing with SLT to address.
- The team is currently struggling to complete audits, due to capacity, but efforts are ongoing, with some follow-up undertaken to try and maintain momentum. A number of auditors have committed to completing the audits within the next few weeks. A risk assessment will be required regarding the slippage in the audit schedule.
- Ms Macauley advised the Board that in the event of an external audit, we are likely to receive some findings classified as majors around the Quality Management System. It would be less likely that we would receive a 'critical' finding which would indicate the potential for patient harm. Although we have not had an external MHRA inspection for several years and a date has yet to be confirmed, it is essential that the team remain focused on ensuring that the QMS continues to comply with all regulatory requirements.
- Mr Graham advised that although the Board is aware of the current challenges and risks, it could present an issue from a Board perspective if the current steps to manage and improve conformance were not producing the required results, given the length of time some of the issues had been ongoing. Mr Garland and Mrs Jackson will manage next steps going forward and report back to the Board in due course.
- Mr Garland thanked Mrs Macauley for the team's ongoing work and appreciates the transparency.

12. Medical Director Report

Ms Jackson referred to Dr Allameddine's report in his absence and provided updates on the following:

Blood Stock Management

Blood stocks have been generally low, especially O negative, over the past few weeks. Dr Allameddine has been pushing for talks with the NITC on the need for more transfusion leadership at Belfast Trust where there is an absence of a Trust Transfusion Lead and Chair of the Hospital Transfusion Committee, impacting performance and decision-making. Such gaps are detrimental to NIBTS service delivery, already

constrained by a limited donor pool. Additionally, staffing challenges persist across other trusts. Mrs Jackson will reach out to the Trust CEOs to progress as necessary.

The Northern Ireland Blood Transfusion Strategy (2025-2029) and Blood Oversight Group (NIBOG)

The final draft of the transfusion strategy has been shared with all relevant stakeholders for input and feedback. Mrs Jackson thanked the team for their significant work on this piece of work.

SoHO

An external advertisement is scheduled for one full-time or two part-time consultant-level positions with experience in transfusion medicine, which hopefully will be filled by December 2025.

Haemochromatosis

Ms Lunney reported that she had found the report very helpful noting the important work on haemochromatosis, which we have been supporting in NI for many years. Noting there is a significant delay in secondary care for patients, up to four years, to see a hospital consultant.

Platelet Strategy

This incorporates a wider collection strategy, which has been undertaken since June last year, reviewed against benchmarking. We are due to return the data before the EBA Board meeting in November and will consider next steps to implement a strategy.

13. KPIs

Mrs Cochrane presented the KPI figures for October 2025, referring specifically to those areas which were amber/red. It was noted that, while appraisals have been ongoing, figures remain below target which is a reflection on the team pressures.

While still above target, complaints have been reducing, the complaints received have been in relation to donors attending as walk-ins and being turned away due to capacity restraints. It was noted that a DOH staff absence target has not yet been confirmed and that the majority of sickness absence was due to a number of long-term absences. A flu vaccination clinic will be held at HQ in November.

The new HR Business Partner is due to be recruited and will support work on developing a People Strategy.

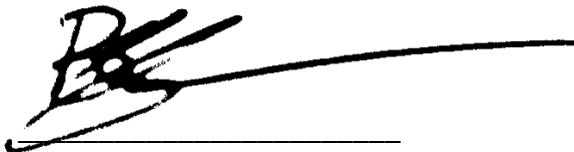
14. AOB

There was no further business. Mr Garland thanked everyone for their continued hard work and the continued transparency of Mrs Jackson and the SLT team and are extremely encouraged by the work that is being done.

Action	Responsible Person
Include lessons learned from the SHSCT outage as an agenda item in the next Board meeting.	Head of Finance & IMT
Schedule a specific session for Board members on Business Continuity Planning.	Head of HR & Corporate Services
Circulate short update paper on BPaT subsequent to milestone meeting.	Head of Testing
Consider options for providing assurance to Board re BPaT progress between formal Board meetings.	SLT
Include a refresher session on Corporate Equality Duties as an agenda item at a future Board meeting.	Head of HR & Corporate Services
Mr Garland to attend the Blueprint regional workshop on 27/11/25	Note – This meeting was cancelled, to be rescheduled at a later date.

Date of next Meeting:
Subsequently confirmed as 4 December 2025 at 9.30 am
Venue: NIBTS HQ

Signed: _____



Dated: 04 December 2025