



**One Hundred and Eighty-Fourth Meeting of the NIBTS Agency Board
Thursday 18th September 2025 at 10am
Venue: Lecture Room, NIBTS HQ**

Present: Mr Brendan Garland – Non-Executive Chair
Mr Michael Graham – Non-Executive Member
Mr Noel Brady – Non-Executive Member
Ms Bernie Lunney – Non-Executive Member
Mrs Karin Jackson – Chief Executive

In Attendance: 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
Mrs Hannah Wilson – Minutes

1. Apologies

There were no apologies.

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-Third Meeting of the NIBTS Agency Board held on 3rd July 2025 and action list

The minutes were agreed as an accurate reflection of the meeting and signed off by the Chair.

4. Matters arising from minutes of meeting held on 3rd July 2025

There were no matters arising.

5. Chair's Business

- Mr Garland advised that a meeting of the Remuneration & Terms of Service Committee had taken place to discuss the tenure of NIBTS CEO, Karin Jackson.
- Following communication with DoH, it was agreed Mrs Jackson should be offered the CEO position on a permanent basis.

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 confirmed that notification of action had been received from RCN in relation to the AfC 2025/26 pay award and from BMA in relation to the resident doctors pay award.

Plasma for Fractionation (PFF) (Plasma for Medicines)

This item will be covered as a separate agenda item.

Infected Blood Inquiry

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

Infrastructure Upgrade

There has been no confirmation of capital funding. The proposal for a new building is still included in the 10-15-year plan and is on a list of prioritised projects. Belfast Trust has agreed to assist with work on a business case, however, this cannot be progressed until confirmation of funding is received. Across the region, the value of capital bids far outweighs the budget available. Recent media reports on flagship capital projects demonstrate the pressures in this area.

Mr Graham asked if the infrastructure upgrade was on the Risk Register. The Board agreed that it should be included, particularly in the context of MHRA recommendation. Mr Graham recommended that the risk is assessed according to where the risk would be in three years' time, as a major infrastructure project will take over three years from time of agreement to delivery.

EU SoHO Regulations

A meeting of the UK Forum was held on Friday, 12th September 2025. The UK approach will be broadly similar to the EU, with implementation expected to take 1-2 years. Northern Ireland will serve as the initial test site before roll-out across the UK.

Concerns remain around the volume of paperwork and the uncertainty regarding the regulatory body that will oversee compliance.

The EU is likely to apply SoHO and other EU regulations for a transitional period. The UK is expected to align with SoHO, which covers a wider scope than EU blood regulations. Potential challenges may arise with importation and exportation between the UK and EU, highlighting the importance of strengthening relationships with Ireland.

A high-level gap analysis will be required ahead of 2027 to meet European Council requirements, with the EU Parliament strongly influencing future direction. NIBTS are in a strong position to bid for funding and develop training and development packages aligned with the regulations. The MHRA have had some involvement with SoHO, which cover fertility, breast milk, gut bacteria as well as blood. These regulations will also affect Hospital Trusts.

JPAC have released the 22nd edition of the Guidelines for the Blood Transfusion and Tissue Transplantation Services in the UK.

Staffing

NIBTS continues to struggle with staffing resources due to illness, maternity and family leave, which is causing challenges to the delivery of services. There are several instances of long-term sickness absence due to serious, non-work-related reasons.

NIBTS are seeking support from other HSC bodies and Blood Services to help with staffing issues. Temporary staff often lack the necessary expertise, as there are limited opportunities to gain relevant experience in blood establishments.

Mrs Jackson agreed to keep the Board apprised of the position.

Southern HSC Trust IT Outage

The recent IT outage at SHSCT should be treated as a learning opportunity. Specific details of the incident are currently unknown. A review of lessons learned will be added to the agenda for the next board meeting. The NIBTS IT infrastructure was outlined as below:

- BSO manages email and internet services, as well as hosting key applications such as Core LIMS and EProgesa, therefore providing a good level of resilience;
- Pulse is hosted internally, although this will be replaced by EProgesa;
- Local servers are located at the core of the NIBTS building, presenting a potential vulnerability;
- It is unclear whether NIBTS has a dual-server setup - this requires confirmation;
- Encompass is not necessary for the day-to-day running of NIBTS.

A session for Board members is to be arranged regarding Business Continuity Planning, particularly in respect of cyber security and building damage/access issues.

7. Plasma for Medicines – Update

Mrs Jackson referred to her presentation and highlighted the following:

Current Position

NIBTS are currently providing surplus plasma to the diagnostic plasma market, generating approx. £0.8 million per annum. NIBTS has reduced plasma wastage to 12%, with wastage attributed to under/overweight donations, technical issues, medical discards and quality standards. Demand for Immunoglobulin (Ig) and Albumin is rising significantly, particularly in Oncology, with global Ig demand forecast to grow 6.3% annually through 2030.

Supply Chain Risks

Plasma supply is limited globally, driving up Ig prices. 60% of our plasma is imported, with 80% of that coming from the USA, creating dependency and vulnerability to trade disputes. Political polarisation and resource pressures in the US may affect European regulatory confidence. Recombinant alternatives for clotting factors mean Ig bears a greater share of processing costs.

Strategic Case for Self-Sufficiency

HSCNI could achieve 13–15% self-sufficiency in Ig and 53–61% in Albumin over 5 years. Additional funding from DOH will be required for staffing, equipment, testing, logistics and consumables. These costs are expected to be offset by reduced Ig/Albumin expenditure in Trusts. Maximising patient benefit from donations and visibly addressing supply risks would enhance trust with patients and donors. Opportunities exist to increase medicine yield per litre of plasma and explore additional products, subject to MHRA approval.

Implementation Timeline

PFM recovery to commence September 2027, with phased ramp-up to April 2028. A Fractionation Services Agreement (FSA) will allow medicines from plasma donated in England/Scotland to reach NI patients as early as April 2027.

Options Analysis

The recommended option is Option 4 ie discontinue Plasma for Diagnostics (PFD) and redirect recovered plasma to Plasma for Medicines (PFM), as it delivers long-term savings and improved resilience, with a small (£0.13m) loss over 10 years compared to Option 1 (do nothing); it protects nearly all current net benefit from

PFD and aligns NI with other Devolved Administrations; and it is the least risky option with strong ethical and strategic alignment.

It was further noted that Option 5 would potentially deliver better financial performance if Ig price increases exceeded 2% annually and that Option 6 would require Ig price increases above 4% annually to deliver the best 10-year net benefit.

The Board was asked to support the direction of travel for the OBC, which was provided. The full OBC document will be submitted to the Board for consideration and approval at the October 2025 Board meeting and then submitted to the Strategic Planning and Performance Group (SPGG) in November 2025.

8. Blueprint Programme – Update

Mrs Jackson referred to her report and highlighted the following:

Programme Mandate Extension

The Minister for Health and the Permanent Secretary have approved an extension of the Programme’s mandate. This extension includes designing the future operating model for pathology service delivery and working towards establishing the Agency before April 2028, if feasible. This extended mandate will enable clearer quantification of monetary benefits and business changes for inclusion in a revised Outline Business Case.

Laboratory Site Configuration

Configuration is constrained due to the need for laboratories on each acute hospital site for urgent testing. While regional consolidation into ‘hubs’ is being explored, the current configuration requires maintaining hospital-based labs. Centralised facilities are being considered for non-urgent testing, with automation reducing the need for overnight scientific staffing.

Staffing and Transport

A review of 24/7 staffing and blood/sample transport models is underway in partnership with the Pathology Network. Each Trust currently operates its own transport team with no regional coordination. Data collection is ongoing, with a draft report expected by December 2025 and a final report by January 2026. Learnings from England’s transplant GPL’s are being considered to inform the review.

Strategic Role and Framework

DOH plans to publish an HSC Pathology Strategy in 2025, subject to Ministerial approval. The Programme and Pathology Network are supporting DOH Policy Leads in shaping the strategic framework

Pathology Transformation Progress

HSCNI is participating in an IBMS-commissioned national report on progress in pathology transformation and has met with the management company contracted to undertake data gathering.

Roadshow Events and Engagement

The Programme has commissioned the HSC Leadership Centre to deliver eight roadshow events, the first being scheduled for SHSCT on 8th October 2025. These events will present Programme updates and provide opportunities for staff engagement. It was agreed to share the event details and presentation with Board members.

The Board discussed operational implications of maintaining hospital-based laboratories and the fact that the 10-year ALMS is due for renewal in 2027/2030. It was noted that currently individual Trusts procure equipment without regional co-ordination, leading to excess machine capacity and increased costs. There are opportunities for improved efficiencies, with for a co-ordinated approach enabled by a single Pathology Agency. Advances in Digital Pathology were highlighted, including the use of AI to analyse tissue and cell samples remotely, enhanced diagnostic capabilities through pattern recognition and automation, improving sample processing efficiency and job quality.

8. Blood Production & Tracking (BPaT) – Update

Project Status

The BPaT project is currently three months behind schedule, primarily due to unavailability of key staff on the vendor side. A revised implementation plan is being developed with key dates as follows:

- Production system handover by MAK anticipated by 29th September 2025;
- Phase 1 testing until 29th December 2025;
- Phase 2 testing until mid-May 2026;
- Go-live date of 26th May 2026.

It was noted that the current contract with SAVANT for Pulse runs until mid-June 2026; as such, NIBTS must be live with EProgesa to avoid any additional contract costs.

The Board discussed initiating early conversations with SAVANT regarding the potential to extend the contract. The Board also raised the potential for invoking penalty clauses for non-delivery of agreed milestones. Mr Brady requested that advice be sought from BSO on how best to manage the contract to ensure that MAK are fully cognisant of the requirement to deliver the production system without further delay. The Board requested that a short update paper is prepared following

the milestone meeting on 24th September 2025. The Board also suggested the establishment of a sub-committee to oversee progress between formal Board meetings and leverage the support of Board members.

Mr Garland and Mrs Jackson agreed to meet separately to discuss options for providing updates on BPaT to the Board between formal Board meetings.

9. Finance Report

Mr McCann referred to his report to the end of 31st August 2025 and highlighted the following:

Revenue Position

As of 31st August 2025, the cumulative revenue position shows an overall deficit of £601k; the NIBTS position excluding Haemophilia shows a surplus of £524k. The Pay budget shows an overall surplus of £117k, although overspends are noted in Donor Services and Medical Services. The Non-Pay budget is showing a deficit of £325k, primarily due to:

Transport costs (£105k) – additional income has been secured to offset this;
Laboratory costs (£21k);
Heat, Light & Power (£50k);
General Services (£81k).

Income

Income is £733k over-recovered against the original SLA budget; this includes £319k in surplus plasma income. Haemophilia products are showing a significant deficit of £1.125m, which is the main contributor to the overall revenue shortfall.

Year-End Forecast

The year-end position is forecast to breakeven.

Capital Position

The Capital Resource Limit (CRL) for 2025/26 is £1.172m, comprising:

£736k for the BPaT Programme; and
£436k for General Capital.

The Board was provided with assurance that there are sufficient projects in place to utilise the full capital allocation. Business cases for general capital spend will be brought to the Board for approval in due course.

10. Update from Governance & Risk Management Committee

Ms Lunney provided an update regarding the Governance & Risk Committee meeting on 6th August 2025 and highlighted the following:

Resourcing deficits, due to the diversion of existing staff to the BPAT project, as well as to difficulties in recruiting new staff with sufficient experience, continues to create challenges in operational delivery.

The Committee had noted that 14 complaints had been received during the reporting period; common themes included deferral due to health check questionnaire responses and donor rewards. It was also noted that a complaint had been received from within HSC regarding difficulties reaching the BMS on-call, however, this was due to a technical issue which has been resolved.

The Board were reassured that issues are being managed proactively and prioritised according to risk.

11. Quality Management System Report

Ms McAuley updated the Board on the following:

Documents and Change Controls have improved; however, Incidents remain an issue. Four Audits were delivered in the last week, however, the team are still struggling to catch up. Staffing resources continue to be an issue and this is likely to be highlighted in the next UKAS surveillance visit due in January 2026.

The need for a clear resourcing plan to support future service delivery was discussed and it was highlighted that HR should lead on identifying a sustainable solution, in the context of a future Pathology Agency structure. It was noted that the BPAT Project has already required augmented staffing and similar resource pressures are anticipated across other areas. The Board was assured that resourcing needs for both the BPAT Programme and NIBTS are being actively monitored, with a focus on identifying any patterns and emerging gaps. The Board requested consideration of measures to improve staff attraction and retention.

12. Medical Director Report

Dr Allameddine referred to his report and provided updates on the following:

Blood Stock Management

Blood stocks are stable, with no importation since May 2023. Hospital blood wastage continues to be a significant concern. NIBTS has been actively supporting colleagues in NI Transfusion Committee (NITC) with additional dashboard reports through the Blood Stock Management Scheme to help drive performance improvements. Work is currently underway to consolidate stock and wastage reports for the Hospital Transfusion Committees.

BHSCT has recently held an internal workshop focused on performance issues and the implementation of corrective actions. Early data indicates a positive trend, suggesting that these efforts may be starting to yield results.

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

NIBTS is leading the development of the Northern Ireland Blood Transfusion Strategy 2025–2029 to ensure a regional comprehensive approach (donor to recipient) for safe and sustainable use of blood. NIBTS feels that the blood supply is increasingly challenged by declining donor numbers.

NIBTS is seeking funding and resources to improve consistency through digital transformation, particularly leveraging EPIC electronic health records to improve data collection, benchmarking, and safety monitoring.

Infected Blood Inquiry (IBI)

The NI IBI Working Group of the DOH has recently taken a more proactive stance in addressing the gaps identified by the IBI to ensure compliance.

In response, NIBTS plans to request funding to support key areas, including support for the re-establishment of NIBOG, regional coordination efforts, enhancement of digital capabilities, regional governance and quality management systems, donor to recipient and the broader implementation of the Transfusion Strategy.

NIBTS continues to actively engage with NITC to re-establish NIBOG and finalise the Transfusion Strategy, ensuring a coordinated and effective response to the IBI recommendations.

Work is continuing to implement the IBI recommended actions and the transfusion-related standards produced by SHOT.

13. Equality Action Plan Annual Progress Report

Mrs Cochrane referred to the Annual Progress Report for 2024/25 in relation to the NIBTS Equality & Disability Action Plans for 2023-28 and advised that it had been submitted to the Equality Commission by the statutory deadline of 29th August 2025; no feedback has been received to date. Mrs Cochrane suggested that a short refresher session delivered by BSO Equality Unit on NIBTS corporate equality duties be included as a future Board agenda item.

14. KPIs

Mrs Cochrane presented the KPI figures for June, July and August 2025, referring specifically to those areas which were amber/red. It was noted that, while appraisals have been ongoing, overall figures remain below target. This is

most likely attributed to unavailability of staff due to sickness absence and annual leave during the summer period. It was also noted that a DOH sickness absence target has not yet been confirmed and that the majority of sickness absence was due to a number of long-term absences. While still above target, complaints have reduced during July and August; a recurring them in recent complaints received has been in relation to donors attending as walk-ins and being turned away due to capacity constraints.

15. AOB

There was no further business. Mr Garland thanked everyone for their continued hard work, especially in the content of current staffing resource issues.

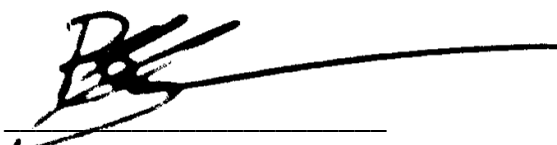
Action	Responsible Person
Include a risk on the Corporate Risk Register in relation to the infrastructure upgrade.	Chief Executive/Head of HR & Corporate Services
Include lessons learned from the SHSCT outage as an agenda item in the next Board meeting.	Head of Finance & IMT
Schedule a specific session for Board members on Business Continuity Planning.	Head of HR & Corporate Services
Present full OBC for PFM for approval at the next Board meeting.	Chief Executive/Head of Testing
Circulate the Blueprint Programme Roadshow events details and presentation to Board members.	Chief Executive
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.	Chief Executive & Chair
Include a refresher session on Corporate Equality Duties as an agenda item at a future Board meeting.	Head of HR & Corporate Services

Date of next Meeting:

Subsequently confirmed as 21st October 2025 at 9.30 am

Venue: NIBTS HQ

Signed:



Dated:

01 May 2026