



**One Hundred and Eighty-Sixth Meeting of the NIBTS Agency Board
Thursday 4th December 2025 at 9.30am
Venue: Lecture Room, NIBTS HQ**

Present: Mr Brendan Garland – Non-Executive Chair
Mr Michael Graham – Non-Executive Member
Ms Bernie Lunney – Non-Executive Member
Mr Noel Brady – Non-Executive Member
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
Mr Eamon McCann – Head of Finance & IMT
Dr Allameddine Allameddine – Medical Director

Mrs Jolene McNeice & Mrs Tammarra Harty - Minutes

- 1. Apologies** Nil
- 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-Fifth Meeting of the NIBTS Agency Board held on 21 October 2025 and action list**

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

- 4. Matters arising from minutes of meeting held on 21 October 2025**

Mr McCann explained there was a major outage within the Southern Health and Social Care Trust causing major disruption to services in September 2025. Although they have not received any formal advice on lessons learned, this was not a cyber related incident. The root cause of the outage was a local issue which was caused by failures within data centres. It is understood that investigations are ongoing and we will continue to engage

with colleagues at a regional level to address any issues arising. Assurance has been provided through a recent internal audit of NIBTS cyber security and recommendations following this audit that satisfactory controls are in place. Business continuity arrangements are also kept constantly under review as an organisation and at departmental level.

5. Chair's Business

With the HSC Chairs, Mr Garland met with the Health Minister and the Permanent Secretary on the 19/11. It was noted that the overall financial position remains extremely tight and is expected to become even more constrained in 2026. They also discussed the findings of the McBride Hill report into the bullying culture within a Belfast Trust cardiac surgical team. A number of recommendations were considered, along with in-principle guidelines regarding the recruitment of medical staff.

6. Chief Executive's Report

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

Industrial Action

It was noted that confirmation that pay awards for AFC staff and medical staff had been received and that payment would most likely be made in February 2026.

Plasma for Fractionation (PFF) (Plasma for Medicines)

Mrs Jackson, Mrs Cochrane and Mr McCann attended the Ground Clearing Accountability meeting with DoH on 20 November 2025. The business case for plasma for medicines has been submitted to SPPG and was discussed at the meeting. A meeting including NIBTS, DoH Sponsor and SPPG is to be arranged to discuss how this case might progress. The Chair and the Chief Executive will meet with the Permanent Secretary for the Accountability Review in January 2026.

Infected Blood Inquiry

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

Infrastructure Upgrade

The Infrastructure Upgrade was discussed at the Ground Clearing Accountability meeting with DoH on 20 November 2025 and DoH acknowledged this is on the draft capital plan. We have been encouraged to draft a strategic outline business case to clearly articulate the risks of not proceeding with this build. A DoH Health Estates contact was also provided.

Our most recent inspection by the MHRA highlighted some challenges with our current building infrastructure. Our corporate risk register has been updated to reflect the risk associated with our current building infrastructure.

EU SoHO Regulations

The NHSBT/JPAC (Joint Professional Advisory Committee for the UK) post funded by NIBTS has been appointed. Subject to funding, there is the potential that a second post could be recruited. The European Blood Alliance (EBA) has prepared and submitted the EU tender for funding to support the delivery of the regulations across Europe. As previously advised, this support will assist NIBTS in its preparations as previously shared with Board.

Staffing

- A new HR Business Partner has been advertised
- Interviews for the Corporate Governance, Risk & Emergency Planning Manager are scheduled for December
- The Band 7 Validation role has been offered and work has started on a Band 6 role within the Quality Dept.
- The Locum Consultant in Transfusion Medicine role is currently being advertised. Mr Graham will be on the interview panel along with Dr Allameddine and member from the Royal College and the Chief Executive.

Action - Mrs Jackson to meet with DOH estates regarding the development of a Strategic outline case and how this will be funded

7. Plasma for Medicines update

Noted

8. Blueprint Programme – Update

Mrs Jackson referred to her report and highlighted the following:

Progress Update

The Programme Team has agreed to a Trades Unions' request to pause stakeholder engagement workshops to allow more time for discussion about the potential impacts on staff from recent updates to the programme scope. The Programme Team met with Trade Unions on 3 and 12 November to provide updated information and reassurance about the limited potential impact on staff roles and locations of work. The NI Chair of LabMed, a Professional Body with a Trade Union arm, has sent correspondence to the Programme Team, detailing some concerns of their membership. These concerns had previously been raised and addressed in Phase 1 of the Programme, of which LabMed had been involved. The Programme Team has since discussed these concerns with the NI Chair of LabMed and it was agreed to respond to these queries in the updated version of the FAQ's booklet. LabMed represents clinical scientists.

A further meeting is planned for 10 December when it is anticipated that the Trade Unions would have reviewed all the information provided and the Programme can resume activities with the continued support of the Trade Unions thereafter.

Data Gathering

Data gathering continues, it was noted there has been a delay in submission of data from Trusts to the Programme Team which was due on 17.10.2025. The Programme Team has requested data return by the end of November 2025. The Programme Team met with the Permanent Secretary on 20 November 2025, who confirmed that support for the Programme remains consistent with the position expressed in June 2025.

Staffing

The Programme has recruited a Project Manager via Agency who took up post on 18.11.2025. Tanya McMinn worked on the project previously

Mr Garland expressed his concern regarding the Trusts' delay in submitting data, and if there is anything else that could be done. Both Mrs Jackson and Mr McCann confirmed that this is an ongoing issue and we continue to work on data sharing agreements for each individual Trust. It was noted BSO can progress with processing the data already supplied.

Mr Brady asked about the likely delay. Mrs Jackson advised that although stakeholder engagement has paused, work continues on business-as-usual components with the NI Pathology Network.

9. Blood Production & Tracking (BPAT) – Update

Project Status

There have been a lot of positive changes and progress in the past few weeks. MAK Systems (the supplier) have been onsite this week (2-4 December) and they have made some good progress resolving issues with the NIBTS team.

The delays to the commencement of OQ testing have been minimal and are not expected to impact the project time lines. OQ is approximately three weeks behind plan. To make up this time, staff have already been working additional hours and plan to continue this. We also plan to continue testing beyond the original target date of 19 December. Data migration is tracking well, the data is in a good state with only a small number of errors identified. Progress on interfaces has been steady.

The first Go Live Readiness Assessment (GLRA) meeting was held on the 3 December, with key stakeholders from NIBTS, BSO and MAK Systems present. Overall, it was a good meeting, highlighting some risks and issues. While some issues may remain unresolved, MAK will be expected to resolve these matters before go live.

Ms Lunney raised how we are assessing the impact of any manual workarounds necessary with the new system that are currently controlled or provided automatically by the current system.

Mrs Mullin advised that all areas where the system does not fully deliver what the current system delivers are being recorded in a gap analysis document, risk assessed

and mitigation or work arounds put in place. Where these workarounds involve additional staff time /resource they will be highlighted to the senior leadership team and the project team. The extent of the additional staff input will be reviewed before go live to ascertain if additional resource is required. In addition, NIBTS is in discussion with MAK about adding solutions to some of these manual workarounds to the development road map for eProgesa. NIBTS and the BAU team have agreed funding to recruit two band 7 staff to work on BPAT business as usual within NIBTS.

Action - Mr Gillespie to relabel the critical issues table.

Mr Garland thanked Mr Gillespie and his team for their continued hard work.

10. Finance Report

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

Revenue Position

As of 31 October 2025, the cumulative revenue position shows a deficit of £125k. The pay position detailed in appendix 2 shows an overall surplus of £450k. Underspends are being reported in Laboratory services and Quality Assurance. These underspends are expected to reduce as vacancies are filled throughout the year.

Income

Income is £71k under recovered against the revised budgeted SLA position. Surplus Plasma income received is £433k.

Year-End Forecast

The year-end position is forecast projects a breakeven position.

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. Mr McCann advised that he is confident we will spend the entire capital budget.

Mr Graham enquired about the pay position. Mrs Jackson advised that they are pushing hard with the resourcing plan and recruiting for several positions including both the BPAT and BAU posts, which when filled will reduce vacancy related pay underspends.

11. Laboratory Payments

Mrs Cochrane discussed the current arrangements for compensatory rest associated with the provision of out of hours laboratory cover. Following an Internal Audit, it was recommended that approval should be sought for the current compensatory rest arrangements within NIBTS Agenda for Change terms and conditions. The longstanding

current arrangements should be subject to review, in conjunction with HR, and updated approval sought where necessary.

Mrs Cochrane explained that lab staff could get called throughout the night and also may have to be on site. NIBTS has a formal SOP in place which indicates that where staff are disrupted after midnight, they will be stood down on a paid basis for the entire shift the following day, in order to ensure that the safety and quality of the work done during that shift is not compromised due to staff having insufficient rest.

The recommendation has been brought up at the audit and risk committee meeting re: impact of health and staff.

Mr Brady asked is there a measure on how many staff are being disturbed. Mrs Cochrane responded staff are constantly being disturbed, staff come onto the site so they don't have to travel back and forward.

The Board APPROVED the current arrangements.

12. Update from Gov & Risk Committee – 29 October 2025

Ms Lunney provided an update regarding the Governance & Risk Committee on 29 October 2025 and highlighted the following.

A new risk has been added regarding concern about resources and issues around performance. There is a self-assessment process and a plan in place to address the emergency planning core standards. Some KPIs – particularly quality system metrics and appraisals - continue to perform below the required standard.

Mr Garland referred to the reference 3rd party access cyber security Exercise Pine which was noted from the previous minutes. Mrs Cochrane advised that Exercise Pine is a proposed exercise by the UK related to cyber security.

13. Corporate Risk Register

Mrs Cochrane noted a new risk has been added regarding the building infrastructure. An additional new risk relating to the validation of the new IRIS platforms has also been raised.

Ms Lunney discussed progressing a deep dive review of the risk register; this will be discussed at the next Governance & Risk meeting. Three lines of defence to be discussed also at the next meeting.

Regarding the IRIS platforms, Mr Gillespie advised that the spin times of the samples have been reduced from 25 minutes to 5 minutes. This has significantly improved test performance increasing confidence in the platform capability. There will be further testing of the samples over the coming weeks. There will also be a report provided by

the platform manufacturer detailing the what the issues were and how they were resolved.

The Board APPROVED the Corporate Risk Register.

14. Quality Management System Report

Ms Macauley updated the Board on the following:

Documents – some small improvements noted in the number of SOPs overdue review with a figure of 5% recorded within the November QIR report. The number of policy documents outside review increased with 8% recorded however noted this is a relatively small number and at least one laboratory policy has been issued since the figures were generated.

Incidents – compliance with target dates for investigations and CAPA remain problematic. This has been discussed extensively both at QIR and with SLT with the need to exert focus on improving compliance within this area emphasised.

Changes – the number of changes open has remained relatively steady although a number are past target date by a period of greater than 6 weeks. A summary of those Red/Amber changes and the associated risk was provided within the QMS report.

Audit – The slippage in the audit schedule has not yet been fully addressed with a lack of time and availability of auditors being cited as the reason re the failure to complete audits. The quality department are currently in the process of recruiting a Validation and Audit Manager which will provide some additional resource within this area however delivery of the audit schedule will still require auditing resource from other departments.

Staffing resource within the quality department has been recognised as a risk with plans to increment staffing numbers in progress. The Board requested that Ms Macauley provided some further detail regarding plans for incrementing staffing at the next Board meeting.

Mr Garland acknowledged staff efforts and sought assurances about the Quality Management System. Ms Macauley advised that she gives her assurance.

Action – Ms Macauley to provide a summary document detailing plans for incrementing staff numbers within the quality department and bring to the next board meeting on January 14th 2026.

15. Medical Director Report

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

Blood Stock Management

NIBTS declared pre-amber alert for O negative blood shortage during the period between 14 October and 3 November 2025. This has now been stood down.

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

First meeting is due the middle of December, with aim to agree TOR, the transfusion strategy and how to support implementing IBI recommendations regional actions.

SoHO

The post for a full/part time consultant with experience in transfusion medicine to support SoHO implementation has been advertised.

Haemochromatosis

A discussion is underway to explore integrating eProgesa (NIBTS) with the EPIC EPR to enable electronic communication between NIBTS and RVH regarding these patients who donate.

Platelet Strategy

Platelet strategy will be agreed by SLT once completed.

Dr Allameddine advised that the donor deferral rate is becoming an issue at national level. This is currently 16% - 18% and was at 10% last year. This is due to an increase in complexity relating to health issues and travel. To note, 40% of women are being deferred.

16. KPIs

Mrs Cochrane presented the KPI figures for November 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. It was noted there will be a reminder put onto staff screen savers re: statutory and mandatory training. Absence figures were discussed, currently 5% reduction from last year 6.09%. There was an increase from last month on long term absence. The flu vaccination clinic was offered for staff, 25 attended. The flu vaccination figure rate was lower across the region.

17. Business Case Approval

- **Additional XRay Irradiator**

Purchase of an additional Xray machine for hospital services. There is a contingency plan on site having another x ray machine. There is a 7-year expected lifespan on the machine and renewed every 5 years. The new machine to be delivered by the end of the financial year.

The Board APPROVED the business case for the Additional Xray Irradiator.

- **Replacement vehicles for NIBTS fleet.**

Replacing vehicles over mileage or over their life cycle. These are to be delivered by end of financial year.

The Board APPROVED the business case for the replacement vehicle for NIBTS fleet.

18. AOB

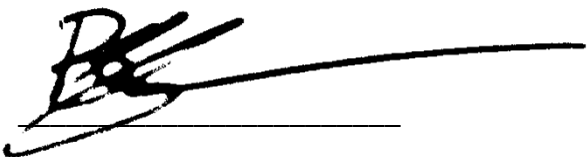
The draft annual business plan for 2026/27 is to be submitted to DoH by the end of January and approved by end of financial year 2025/2026.

A Board/SLT workshop is to be arranged before the end of the financial year to agree the five-year strategy for NIBTS.

Mr Garland thanked everyone for their continued hard work and was encouraged by the transparency of reporting.

Action	Responsible Person
Ms Macauley to provide a summary document detailing plans for incrementing staff numbers within the quality department and bring to the next board meeting on January 14 th 2026.	Ms Macauley – Quality and Regulatory Compliance Manager
Mr Garland and Mrs Jackson to discuss plans for NIBTS infrastructure with DoH	Mr Garland – Non executive chair and Mrs Jackson, Chief Executive
Mr Gillespie to relabel the critical issues table.	Mr Gillespie to update the critical issues table.
Deep dive review of the risk register to be discussed at the January 28 th 2026 Governance & Risk meeting. Three lines of defence approach to risk register to be discussed also at the 14 January 14 2026 Board meeting.	Minute Secretary.

Date of next Meeting:
Subsequently confirmed as 14 January 2026 at 10 am
Venue: NIBTS HQ

Signed: 

Dated: 14 January 2026