

Northern Ireland  
**Blood Transfusion Service**  
(A Special Agency of the HSC)



**ANNUAL REPORT**  
**2008/09**



May 2009

# *Northern Ireland Blood Transfusion Service A Special Agency of the N Ireland DHSS PS*

## **Mission Statement**

Excellence in meeting patient needs through the professionalism of our staff and the loyalty of our donors.

## **Core Values**

- **To achieve through people**
  - by working to the highest standards of safety and quality
  - by working together to get things right
  - by striving to meet the needs of our customers
  
- **To respect people**
  - by listening and by communicating clearly and openly
  - by involving people in planning and decision making
  
- **To encourage people**
  - to develop and be innovative
  - by giving feedback
  - by recognising achievements

## **Members of the Agency Board**

Chairman	Mr J Lennon
Non-Executive Directors	Dr M Lyons Mr B Titterington
Chief Executive/Medical Director	Dr W M McClelland

# **CONTENTS**

	Page
Chairman's Statement	5
Chief Executive/Medical Director's Report	6
Blood Donation Programme	8
Blood Products for Patient Care	11
Laboratory Services	13
Support Services	15
Governance Arrangements	17
Finance	22
Remuneration Report	26
Appendix 1 - Blood Donations	30
Appendix 2 - Issues of Blood Products	31
Appendix 3- Diagnostic Laboratory Services	37
Appendix 4 - Commitment to Care and Partnership	38
Appendix 5 - Donor Satisfaction and Complaints Monitoring	42
Appendix 6 – Summary Financial Statements	43

## **Chairman's Statement**

The NIBTS is a unique provider in the NHS

During the past year the service has met all its requirements for blood and blood products along with the associated services. For this we owe special thanks to our donors and the Board would like to thank and congratulate each one for this selfless and generous gesture for the good of others.

Each year the regulations surrounding the service become more rigorous and demanding. The service is regularly inspected and is endeavouring to keep in step or slightly ahead of these changing demands. The safety of blood and blood products is paramount and is constantly under review. The Human Tissue Authority inspected the service in May 2008 and was satisfied that it is suitable to be licensed to provide services. NIBTS was also inspected by the MHRA in April 2008 and as a result of this initiated a major programme of corrective action which was satisfactorily concluded in November and will be followed by a further inspection in 2009/10. This programme has involved significant change for the Service and will have resource implications both immediate and for the longer term. We have also been working with colleagues in the Department of Health and Public Safety reviewing the organisational form and accountability arrangements for the Agency and I look forward to the publication of the Ministers final recommendations on these important matters.

We are as ever wholly dependent on all the members of our staff in meeting the standards of excellence which we have to achieve. Their professionalism and commitment set a great example and the Board gives them a profound vote of thanks for all that they have achieved in the past year. I am also grateful for the work and support of my colleagues on the Board over the past year.

I look forward to working with Board colleagues, with the staff and with our donors over the next year to meet the needs of the Health Service and the people of Northern Ireland.

A handwritten signature in black ink that reads "Jim Lennon." The signature is written in a cursive, flowing style.

Jim Lennon,  
Chairman.

## **Report from Chief Executive/Medical Director**

During the year NIBTS achieved its key purpose in that all hospital requirements for blood and blood products were met. For this we are again grateful to all our donors for their continuing support.

Every blood donation we collect is used to prepare two or more blood components but it is the demand for red cell components which dictate the quantity of blood donations required. In 2008/09 red cell demand was similar to the previous year so following a progressive decrease during the previous five years demand appears to have reached a plateau.

Blood transfusion practice in the UK is covered by the Blood Safety and Quality Regulations 2005 (BSQR) and under this legislation organisations involved in the collection, processing and testing of blood require a blood establishment authorisation. This is granted by the MHRA based on the outcomes of regular inspections. As was noted in last year's report an MHRA inspection in April 2008 resulted in an adverse outcome and as a result NIBTS rapidly developed and implemented a comprehensive remediation plan. As a result a repeat inspection in November 2008 had a satisfactory outcome. This experience highlights the fact that the regulatory standards in this area have become increasingly rigorous and demanding. This applies particularly in the application of quality management systems which have been reviewed and revised by NIBTS during the year. The additional staff resources required to achieve these improvements have been and will continue to be substantial. The Service has had to make use of external resources (mainly consultants) as well as additional temporary staff to cover the short term developments but it is clear that maintaining compliance with the regulations in the longer term will require additional permanent staffing for which additional external funding is being sought.

Apart from the BSQR which covers the core business separate regulatory arrangements apply to the other services we provide. The Cord Blood Bank requires to meet the standards of the UK (Quality and Safety for Human Application) regulations for cells and tissues and the Human Tissue Act. During the year the Service was inspected by the Human Tissue Authority with a very satisfactory

outcome and almost all the ensuing corrective actions have been completed. The diagnostic laboratory services are covered by the Clinical Pathology Accreditation (UK) scheme. During the year issues arising from an interim inspection in the previous year were largely addressed and a full inspection will be carried out in the coming year.

In common with other HSC bodies NIBTS has been required to achieve resource releasing efficiency savings averaging 3% per annum over the period 2009/11. This has been achieved for 2008/09 and initial budgeting for 2009/10 indicate financial balance but this will be dependent on the achievement of efficiency gain targets. Efficiencies required to achieve the target (3.5%) in 2010/11 have yet to be developed.

2008/09 has been a challenging year for the Service requiring a very strong focus on maintaining regulatory compliance. This has been made possible by the commitment of our staff across all areas of the Service and I would like to pay tribute to them for their hard work and professionalism.

Finally our donors have again displayed outstanding loyalty and generosity and I would like to thank them for their continuing support.

A handwritten signature in black ink, appearing to read 'W M McClelland', written in a cursive style.

Dr W M McClelland  
Chief Executive/Medical Director

## Blood Donation Programme

### Donor activity

Blood collection and associated information for 2008/09 and the previous year is summarised in the following table and chart.

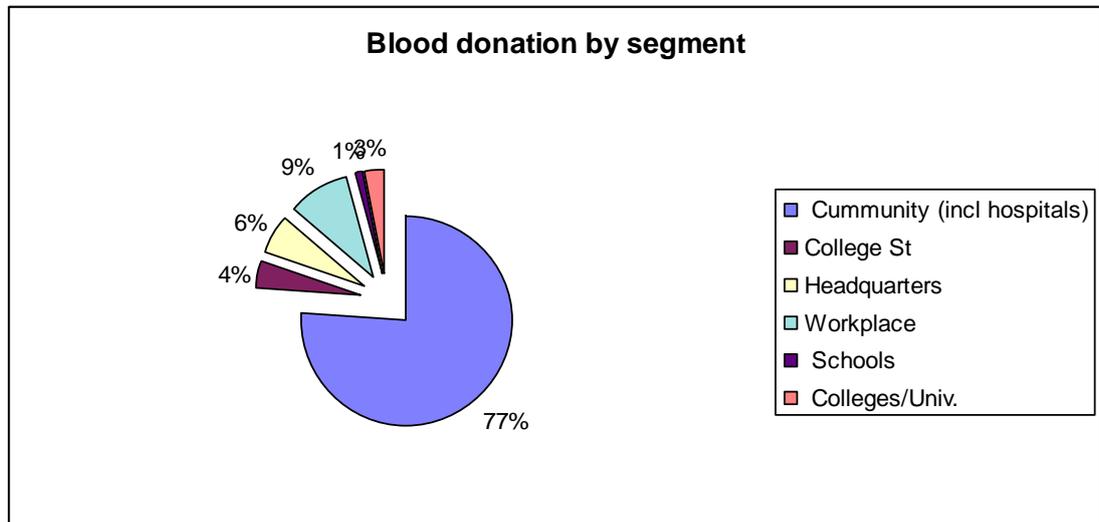
#### Donation activity

	<b>2008/09</b>	<b>2007/08</b>
<b>Whole blood donations</b>	<b>57,388</b>	<b>57,872</b>
<b>Whole blood donor attendances</b>	<b>71,915</b>	<b>71,624</b>
<b>New donor attendances</b>	<b>8,413</b>	<b>7,390</b>
<b>Plateletpheresis donations</b>	<b>3,854</b>	<b>3,905</b>
<b>Total donations</b>	<b>61,242</b>	<b>61,777</b>
<b>Deferral rate (%)</b>	<b>20.2</b>	<b>19.2</b>
<b>Red cell issues to hospitals (adult equivalent units)</b>	<b>53,164</b>	<b>53,475</b>

The table shown above highlights a number of key points.

- Whilst the number of whole blood donations showed a small reduction, the number of donors attending actually increased slightly; however, the impact of an ever-increasing rise in donor deferral resulted in fewer donors being bled. Nonetheless, blood stock levels were maintained at an average of around seven days stock.
- New donor attendance showed a modest increase on the previous year, but even more recruits will be required in the coming years to maintain a satisfactory donor panel.

## Blood donation by segment



## Developments in the Donor Programme

- Compared to 2007/08 a further 11 donation sessions, mostly on public holidays, were removed from the schedule; however, as noted earlier overall donor attendance increased.
- The number of donors volunteering to be sampled for the HLA-typed bone marrow programme more than doubled to 482 (181 in 07/08).
- The new Donor Session Assistant Band 3 post was introduced, and this will facilitate progress with venepuncture procedures for this group of staff.

## Personal and Public Involvement (PPI)

The Blood Transfusion Service Communities Partnership (BTSCP) continues to be central to our engagement with donors and the public in general. Core groups based in Belfast and Dungannon (with an additional Youth Forum group, also Belfast-based) met on a total of seven occasions during 2008/09).

PPI has now been embedded as a core agenda item at the Clinical Governance and Risk Management forum, but due to significant workload pressures, further PPI awareness training was not progressed. This is planned for early 2009/10.

Another key mechanism in donor communications is the comments card programme, which logged 365 responses during the year. This programme has been further developed to determine not only how the public rate our Service, but also to establish how important each of the areas monitored is to them.

### **Corporate Social Responsibility**

NIBTS has maintained an excellent relationship with Business in the Community (BICNI) through which we have continued to work in areas such as local schools through the Time To Read programme (with plans to expand on this through the Adopt-A-School project), Silver Surfers IT support days, and current discussions to develop a new entry-level job opportunity for people who may have been out of work for a period of time.

A team from the Service once again participated in the Belfast City Marathon, this time raising money for Carers Association Northern Ireland.

## **Blood Products for Patient Care**

### **Issues of blood components**

Blood components are prepared from donated blood in NIBTS laboratories. Issues of these components in 2008/09 were as follows (the corresponding issue figures for 2007/08 are in brackets):

Red cells (adults)	53,164 units (53,475)
Platelet concentrates	6,865 doses (7,369)
Fresh frozen plasma	6,621 units (6,766)
Cryoprecipitate	756 pools (680)

Detailed trends in usage for the previous 8 years are shown in Appendix 2.

The standard components described above are used for the majority of transfusions. Some patients require to receive blood components which are especially prepared and tested. During the year these included:

HLA matched platelets (doses)	373
Irradiated red cells (units)	3071

### **Plasma Products**

NIBTS is responsible for the procurement and distribution of plasma products from either commercial or NHS manufacturing facilities. This activity is regulated by the granting of Wholesale Dealers Licence from the MHRA.

These products include intravenous immunoglobulin, a range of specific immunoglobulins and albumin (4.5% and 20%). Of these by far the most important from a cost point of view is intravenous immunoglobulin. Usage of this product has been increasing steadily and during the year, following a successful grant application, a regional audit of the use of intravenous immunoglobulin was initiated, with NIBTS input. This audit will be completed in the coming year and an action plan produced

and implemented.

Detailed issue figures of plasma products are set out in Appendix 2.

### **Hospital Practice**

As well as supplying high quality blood products to hospitals NIBTS also has an important role in supporting transfusion practice in hospitals. The objectives are to ensure optimum use of a precious resource and safe practices in patient care. There is NIBTS consultant medical representation on hospital transfusion committees throughout the province and the coordination of this activity is carried out through a regional transfusion committee.

## **Laboratory Services**

Much of the NIBTS headquarters building is occupied by laboratories of which there are six departments or sections. These include four laboratories mainly concerned with the testing of donors and patients; a hospital services department (encompassing the cord blood bank) which is concerned with the production and issue of blood products; a quality control laboratory which is responsible for the performance of appropriate monitoring tests on finished products to ensure quality.

The production of test results is supported by the provision of medical advice to users of the service. Developments in the laboratories are carried out in conjunction with hospital users and during the year a number of hospital user meetings were again hosted by NIBTS.

The key functions of each laboratory department are listed in the table together with some key achievements in 2008/09. Detailed activity levels are provided in Appendices 2 and 3. In all departments a major focus was the development and implementation of new quality management system procedures, thus achieving compliance with MHRA requirements.

## **Future developments**

- Prion filtration of red cells
- vCJD testing of donors
- Inclusion of syphilis testing in antenatal patient screening profile
- Review NIBTS hospital interface including immunohaematology reference service and on-call service (working group to be established by DHSSPS)

Department	Basic Functions	Key Achievements in 2008/09
1 Hospital Services	Production, validation and issue of blood components and maintenance of cold chain. Procurement and issue of plasma products.	<p>Completion of project for disposal of surplus plasma.</p> <p>New supply agreement for plasma products.</p> <p>Ongoing developments including implementation of new quality management systems.</p>
2 Automated Serology	<p>Typing (ABO, Rhesus etc), antibody screening of all blood donations.</p> <p>Blood grouping of all pregnant women in the province, Screening, investigation and monitoring related to haemolytic disease of the newborn.</p>	<p>Implemented new automated test system (Galileo) in antenatal and donor grouping departments.</p> <p>Implemented new quality management systems.</p>
3 Microbiology Testing	<p>Screening donors for infectious disease markers and investigation of 'positives' (includes cord blood and bone donors)</p> <p>Screening antenatal patients for hepatitis B, HIV and rubella (since 1 November 2004).</p> <p>Organisation of perinatal hepatitis B vaccination programme.</p>	<p>Ongoing developments of test systems including implementation of new quality management systems.</p>
4 Blood Group Reference Laboratory	<p>Specialised investigation of blood samples referred from hospitals which include:</p> <p>Transfusion recipients (cross-match difficulties etc) and;</p> <p>Newborn babies (diseases caused by red cell or platelet antibodies).</p>	<p>Implemented new automated gel technology system.</p> <p>Implemented new quality management systems.</p>
5 Cord Blood Bank (part of Hospital Services Dept)	<p>Processing, testing, banking and distribution of cord blood donations.</p>	<p>Inspection by Human Tissue Authority with a satisfactory outcome.</p> <p>122 additional units banked</p>
6 Quality Control Laboratory (part of Quality Department)	<p>Tests on all blood components to ensure safety and efficacy.</p> <p>Bacterial monitoring – environmental donors, platelet concentrates.</p> <p>Full blood counting on all donors.</p>	<p>Ongoing activity</p> <p>Implemented new quality management system procedures.</p>

## **Human Resources**

### **Pay Modernisation**

The Agency continued to work in partnership with the Belfast Health and Social Care Trust regarding the implementation of Agenda for Change. Partnership with the Trust in 2008/09 has now seen the completion of existing staff to Agenda for Change pay bands.

### **Investors in People:**

The Agency remains an accredited Investors in People organisation. As part of the Agency's departmental approach to re-accreditation the liP Team continued to meet throughout 2008/09 to discuss progress and plan actions within each of the Agency's various departments. The Agency was assessed against the liP standard in March 2009 and was granted retaining recognition status. An action plan has been compiled and will be taken forward during 2009/10.

### **Development of HR Strategy**

The Agency has, in partnership with Trade Unions, developed a three year HR Strategy for the period 2006-2009. Progress on a range of areas was made during 2008/09. The Strategy, which forms an integral part of the organisations business plan identified ten key areas for development. The Agency is currently developing a new HR Strategy for the period 2009-12 which will be available upon request shortly.

### **Absence Levels**

The agency has policies and procedures in place for the reporting and control of staff absences. Data on long-term and short-term absence is reported to the Board. During the period 2008/09 the cumulative figure for short and long-term absence was within the Agency was 5.06%.

### **Equality and Human Rights**

The organisation continued to liaise closely with the CSA Equality Unit regarding the provision of a range of statutory information to external bodies as well as the provision of training and awareness programmes to all staff. The Agency continues to be represented at a regional level and has contributed to the development of a proposed HSC wide initiative for Good Relations in the Workplace. The Agency has also continued to progress objectives in relation to its Disability Action Plan.

### **Health and Safety:**

The Agency's Health and Safety Group, under the direction of the Facilities Manager, continued to make encouraging progress on a range of issues in 2008/09. The controls assurance standard in respect of Health and Safety was again assessed as substantively compliant. Health Promotion became a major focus for the committee throughout the year, with several events organised to promote health and well-being amongst staff

## **Governance Arrangements**

The Agency Board has four members – a Chairman, a Chief Executive/Medical Director and two Non-Executive Directors. During the year the Board had five standard meetings and in addition four extraordinary meetings specifically to oversee MHRA related issues.

The Board has an Audit Committee which met three times during the year and a Remuneration Committee which met once during the year.

Although not a formal committee of the Board the Clinical Governance and Risk Management Committee reports to it on a regular basis.

A Senior Management Team and six other coordinating groups provide high level operational oversight of the various departments.

## **Quality Assurance**

The Service is subject to a number of external regulatory schemes. The position on each of these is as follows:

### **1 Core Service**

This is covered by the Blood Safety and Quality Regulations 2005 and under these regulations the Service holds a Blood Establishment Authorisation with enforcement via regular MHRA inspections. An inspection in April 2008 resulted in an adverse outcome and following this the Service developed and implemented a comprehensive remediation programme. This was followed by a re-inspection in November 2008 which had a satisfactory outcome. The next MHRA inspection is scheduled for July 2009.

## 2 Diagnostic Laboratory Service

This service is covered by a scheme run by Clinical Pathology Accreditation (UK). During the year a corrective plan was completed following an interim (surveillance) inspection in 2007/08. The next full CPA inspection is scheduled for January 2010.

## 3 Cord Blood Bank

This service is covered by the UK (Quality and Safety for Human Application) Regulations for Cells and Tissues 2007 and the Human Tissue Act. In May 2008 an inspection was carried out by the Human Tissue authority with a satisfactory outcome. Following this a corrective action plan against the inspection findings was developed and implemented.

### **Quality Management Systems**

The position with respect to BSQR and MHRA inspections is noted above. Blood establishments like NIBTS now require that quality management systems (QMS) are applied at a similar level to that of the pharmaceutical industry. During the year all quality management systems were reviewed and revised and new systems implemented throughout the Service. This area will continue to be the key focus of activity for the coming year. The resource needs to ensure sustained compliance with the regulations have been reviewed and a business case for additional funding submitted to DHSSPS.

### **Controls Assurance Standards**

During 2008/09 the Agency continued its progress towards compliance with 18 controls assurance standards in accordance with guidance from DHSSPS. An independent review of the level of compliance was undertaken by an internal audit for 5 standards and of those corporate governance, financial management and risk management were assessed as showing substantive compliance. Records management and emergency planning were assessed as moderate compliance.

The remaining 13 controls assurance standards are listed below and these were all

assessed as showing substantive compliance:

Buildings, Land, Plant and Non Medical  
Equipment  
Environmental Management  
Fire Safety  
Fleet and Transport Management  
Research Governance  
Waste Management  
Security Management  
Health & Safety  
Human Resources  
Information and Communication Technology  
Management of Purchasing and Supply  
Medical Devices and Equipment Management  
Medicines Management

Action plans have been developed to address non compliance issues identified during these audits and assessments.

### **Information Governance and Records Management**

Information Governance encompasses the areas of Records Management, Data Protection and Freedom of Information. During the financial year 2008/09 NIBTS have received and responded to 15 requests for information under the Freedom of Information Act and five requests under the Data Protection Act.

In June 2008 a second Data Protection self-assessment was completed for the NI Civil Service, (first was completed in December 2007). This was then audited by PWC in October 2008.

During the year one personal data related incident occurred and appropriate actions were taken.

The NIBTS Publication Scheme has been updated and an outline of the scheme has been put on the current website. This will be further developed and put on to the new website when it is introduced.

A Retention and Disposal Schedule is in place and several departments have commenced sending records to external storage. It is anticipated that this will roll out throughout the organisation with all departments sending records during the next year.

### **Risk Management**

Risk Management has continued to be of key importance within NIBTS. The Risk Management Strategy, the Risk Register format along with the Risk Matrix tool have been reviewed following the appointment of the Business Continuity and Risk Manager. The corporate risk register has played a significant role in helping to focus on the key priorities and is reviewed both by Senior Managers and the Board on a quarterly basis.

### **Emergency Planning**

The NIBTS continued to participate in the UKBTS EP Working Group. This group was established to ensure a consistent approach towards Emergency Planning across all blood services in the UK and to ensure a link existed with European and International Blood Service Emergency Planning Groups. The Agency has also fully reviewed and validated their Emergency Plan during 2008-2009.

### **Declaration of Interests**

The Agency has a register of Board members and senior manager's interests which is available on request from the Chief Executive, NI Blood Transfusion Service.

## Finance

### 1 Financial Review

The Agency is committed to sound financial management and ensuring that the objectives of the Agency are met in the most efficient and effective way.

The summary financial statements shown in Appendix --- are prepared in accordance with Article 90(2) of the Health and Personal Social Services (NI) Order 1972 as amended by Article 6 of the Audit and Accountability (NI) Order 2003.

Due to changes in HM Treasury budgeting guidance, the Department of Health, Social Services and Public Safety has directed that HSC bodies are accounted and budgeted for as Non Departmental Public Bodies (NDPB's). As a direct result, HSC bodies are now required to adopt a new format of accounts in line with the NDPB format . The main changes are:

- a) Net Expenditure Account - The Income & Expenditure account has been replaced by the Net Expenditure Account, which shows the net operating cost rather than surplus/deficit.
- b) Revenue Resource Limit (RRL)- The RRL is a new mechanism for measuring performance against breakeven. The RRL is a resource budget for ongoing operations and is a combination of agreed funding from Commissioners, DHSSPS and other Departments. These income streams would previously have been reflected within the income and expenditure account as income, but are now classified as Grant in Aid income and therefore do not appear within the Net Expenditure account.

The primary financial performance objective of the Agency is to break even each year. In effect this is assessed as surplus or deficit against RRL.

The Net Expenditure Account shows net expenditure of £25.876m. (£21.174m for 2007/08). After adjustment for non cash items the surplus against RRL is £0.077m

(£0.071m).

## **2 Income and RRL**

During 2008/09 the Agency received income of £0.241m (£0.032m). The increase in income in 2008/09 is due to the disposal of surplus plasma to commercial companies.

NIBTS supplies safe and effective blood and blood products and related services to hospital Trusts within in the province and this is primarily through a Revenue Resource Limit (RRL).

The 2008/09 RRL of £25.200m (£20.831m) is comprised of £25.130m from HSC Boards in respect of Haemophilia Blood Products and Patient Testing Services and HSC Trusts for the supply of blood and blood products; and £0.070m from DHSSPS..

The increase in RRL primarily reflects the increase in funding for haemophilia blood products and other plasma products; funding for increased superannuation costs and pay and price inflation.

## **3 Expenditure**

During the year the Agency's expenditure totalled £26.117m compared to £21.540m in the previous year . This was comprised of Salaries and Wages £5.908m (23%); Clinical Supplies and Services £17.409m (66%); Other Operating Expenses £2.047m (8%) and Non cash items £0.753m (3%).

The main reason for the increase in expenditure is an increase in demand for haemophilia blood products (£2.783m) and other plasma products supplied to Trusts (£0.664m). Other significant areas of increased expenditure relate to actions arising from the April 2008 MHRA inspection. These are use of Management Consultants (£0.141m) and repairs and maintenance of buildings (£0.100m). Within Staff Costs, an increase from 7% to 15.7% for employers superannuation contributions resulted in increased cost.

Due to the serious nature of the April 2008 MHRA inspection, NIBTS engaged

management consultants to undertake a root cause analysis of the weakness identified and to assist with the development and implementation of corrective actions plans required to achieve a rapid return to satisfactory regulatory compliance. The engagement of consultants was required as a matter of urgency and delay in their use would have posed an unacceptable risk to the Agency. Although the nature and urgency of the consultancy assignment was accepted by DHSSPS, the expenditure did not have prior approval as per the requirements of HSS (F) 20/06. The cost of the consultancy work not receiving prior approval was £0.130m.

#### **4 Capital Expenditure**

Due to the new format of accounts outlined above, the capital income and expenditure account is no longer produced. Instead a note outlining the Capital Resource Limit (CRL) is prepared. This is shown at note 4 and indicates that there was an under spend of £0.001m against the CRL.

#### **5 Prompt Payment Policy**

The Agency is required to comply with the Public Sector Payment Policy whereby trader's invoices are paid within thirty days of receipt of a valid invoice. This constitutes another important performance measure for the service. During the past year 94% of invoices were paid within thirty days.

#### **6 Further Information**

The summary financial statements for the year ended 31 March 2009 are shown in Appendix 6.

The summary financial statements do not contain the statement of internal control or provide sufficient information to allow a full understanding of NIBTS financial performance.

The full statement of accounts, including statement of internal control, are available on request from the Finance Manager, Finance Department, NI Blood Transfusion

Service, Lisburn Road, Belfast BT9 7TS.

## **Remuneration Policy**

During the year, NIBTS had a Remuneration Committee which consisted of the following members:

Mr. J Lennon, Dr. M Lyons and Mr. B Titterington.

All staff within NIBTS are paid in accordance with circulars issued by DHSSPS. All non medical staff are covered by Agenda for Change Terms and Conditions of Service Handbook.

The Chief Executive is a Medical Consultant and also undertakes the role of Medical Director and is paid in accordance with DHSSPS Circular HSS (TC8) 3/2008 – “Pay and Conditions of Service: Remuneration of Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service and Dental Public Health Staff.”

### **Salary and Pension Entitlements**

For each Board member who served during the year, the salary, pension entitlements, and the value of any taxable benefits in kind are reported as follows:

Name	2008 - 09		2007- 08	
	Salary incl. Performance related pay £000	Benefits in kind nearest £100	Salary incl. Performance related pay £000	Benefits in kind nearest £100
Executive members				
Dr W M McClelland	170 – 175	0	170 – 175	0
Non Executive members				
Mr J Lennon*	6– 8	0	4 – 6	0
Dr. M Lyons **	0 – 2	0	2 – 4	0
Mr B Titterington	0 – 2	0	0 – 2	0

\* Mr J Lennon was Chairman from 1 August 2007

\*\* Dr. M Lyons was Acting Chairman with effect from 1 December 2006 to 31 July 2007.

Name	Real increase in pension and related lump sum at age 60 £000	Total accrued pension at age 60 and related lump sum £000	Cash equivalent transfer value (CETV) at 31 March 2008 £000	Cash equivalent transfer value (CETV) at 31 March 2009 £000	Real increase in CETV after adjustment for inflation and changes to market investment factors £000	Employer contribution to partnership pension account incl. Risk benefit cover nearest £100
Executive members						
Dr W M McClelland	0 – 2.5 pension 0 - 2.5 lump sum	75- 80 pension 215-220 lump sum	1,281	1,758	477	-
Non executive members						
Mr J Lennon	-	-	-	-	-	-
Dr. M Lyons	-	-	-	-	-	-
Mr B Titterington	-	-	-	-	-	-

As non executive members do not receive pensionable remuneration, there are no entries in respect of pensions.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves the scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures include the value of any pension benefits in another scheme or arrangement, which the individual has transferred to the HPSS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV - This reflects the increase in CETV effectively funded by the

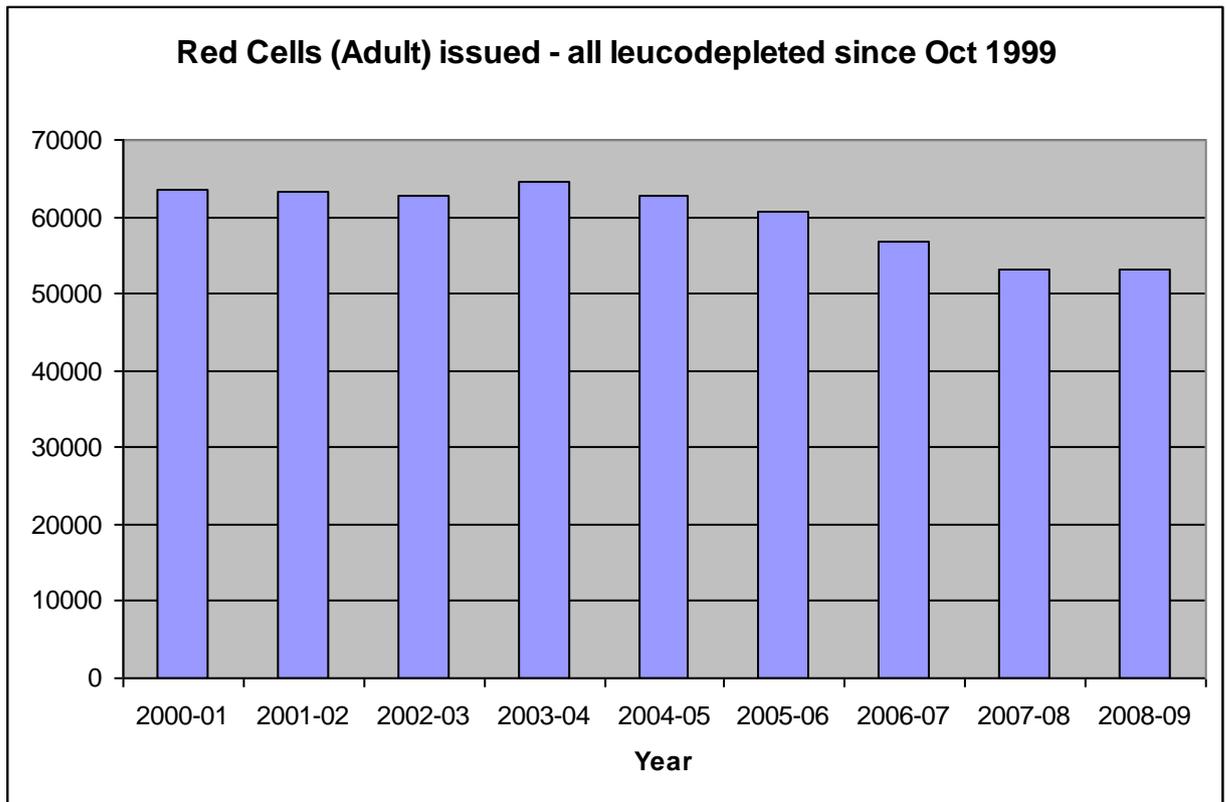
employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

## Appendix 1

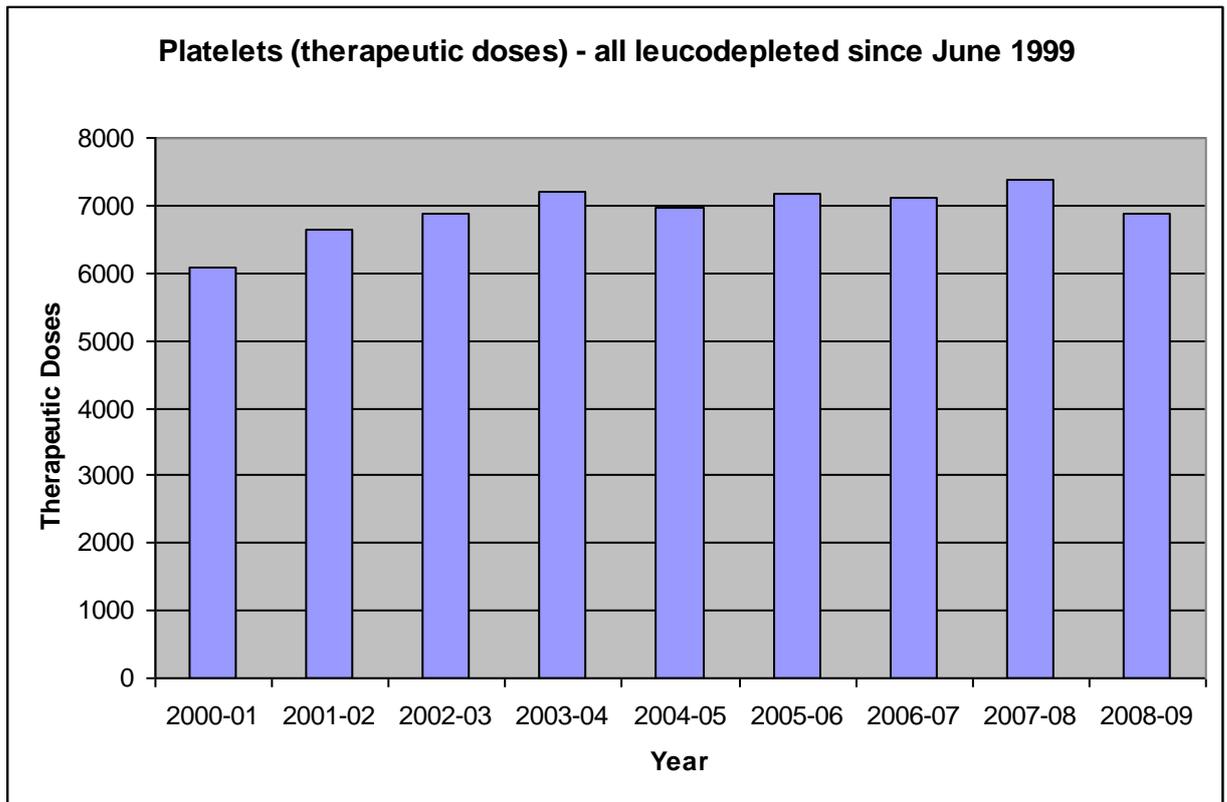
### Blood Donations

	Red cell	Plasmapheresis	Plateletpheresis	Total
1991/92	70,856	2,328	455	73,639
1992/93	71,950	3,033	728	75,711
1993/94	71,394	3,642	858	75,894
1994/95	69,201	3,346	886	73,433
1995/96	68,072	3,511	976	72,559
1996/97	70,804	3,772	1,097	75,673
1997/98	72,009	3,820	1,212	77,041
1998/99	73,154	574	2,500	75,699
1999/00	71,411	-	2,704	74,145
2000/01	69,575	-	2,890	72,465
2001/02	66,982	-	2,981	69,963
2002/03	67,797	-	3,064	70,861
2003/04	68,799	-	3,296	72,095
2004/05	67,384	-	4,049	71,433
2005/06	64,338	-	3,716	68,054
2006/07	61,132	-	3,483	64,615
2007/08	57,872	-	3,905	61,777
2008/09	57,388	-	3,854	61,242

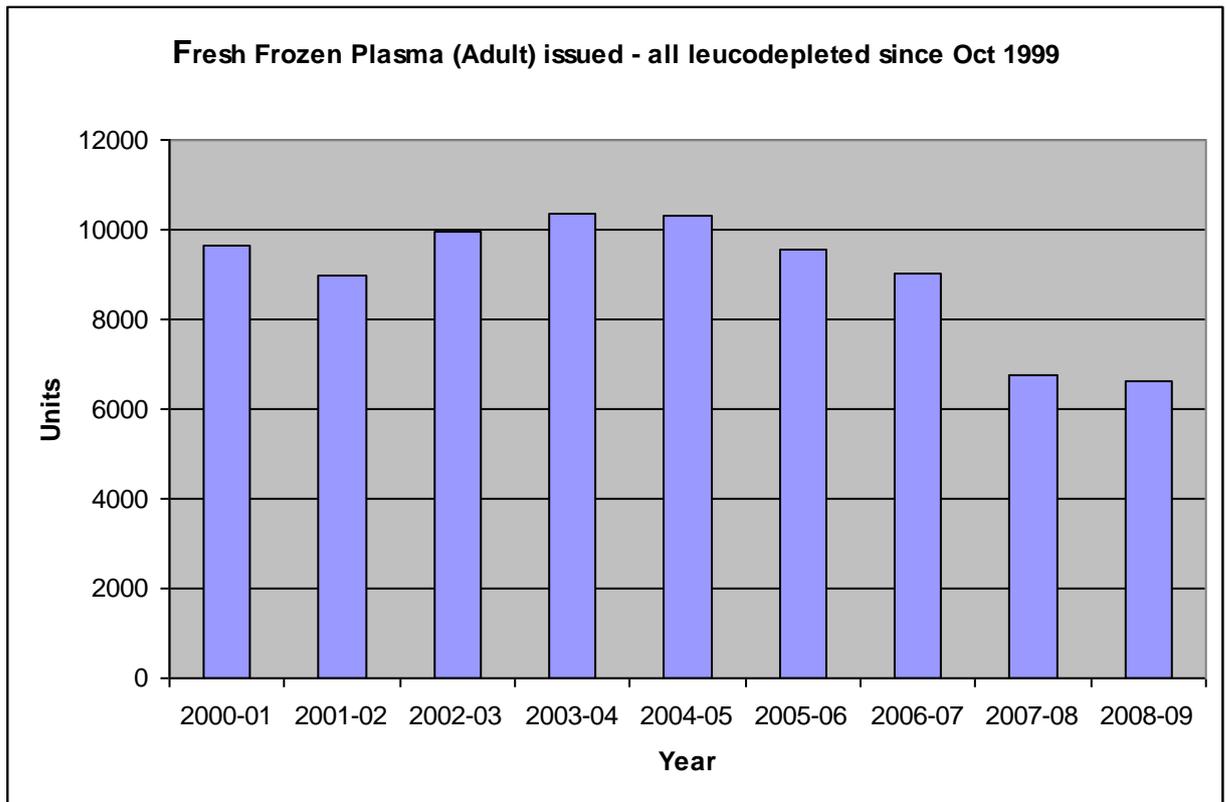
Appendix 2



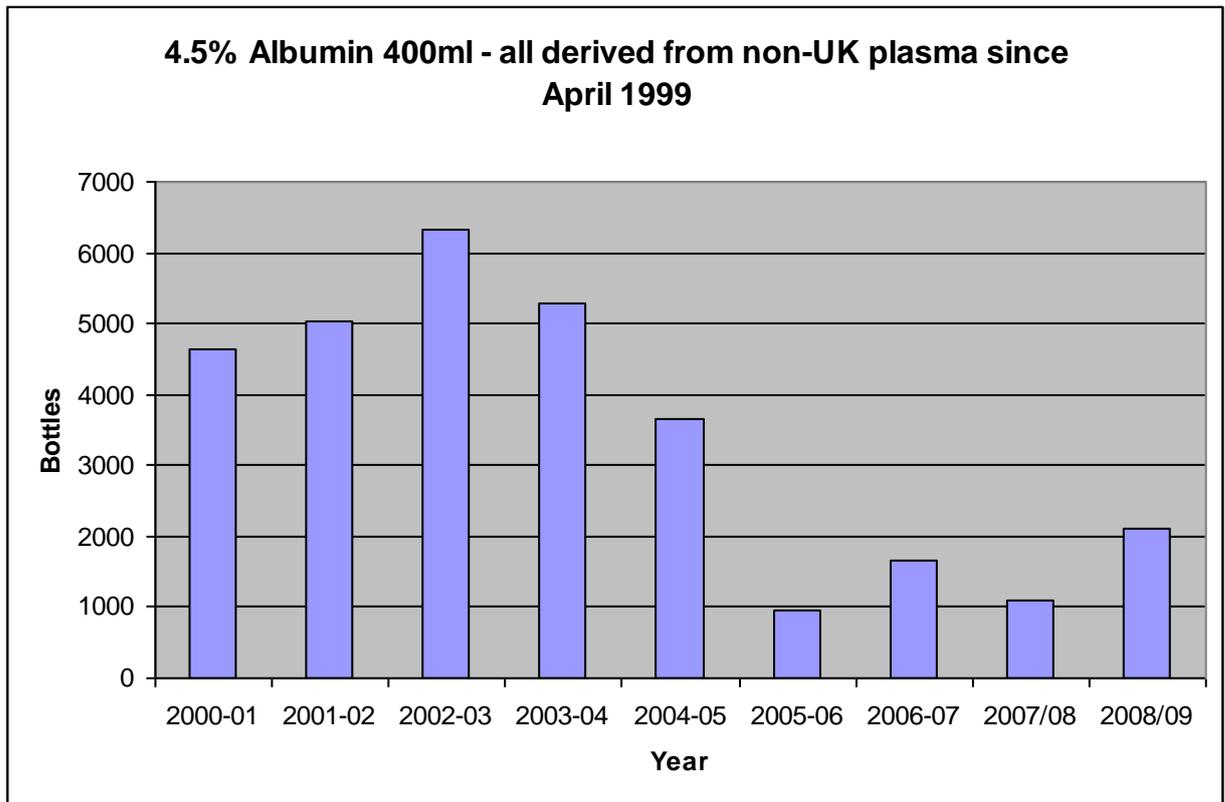
Appendix 2 contd



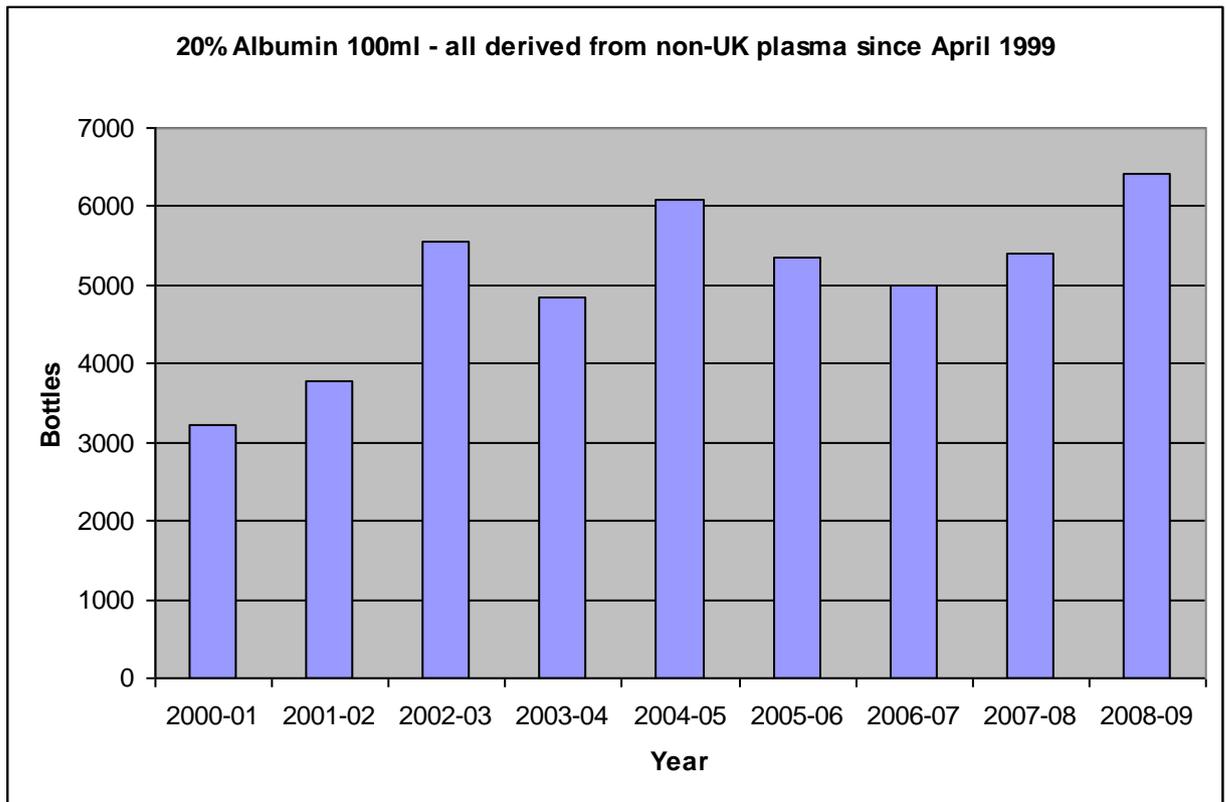
Appendix 2 contd

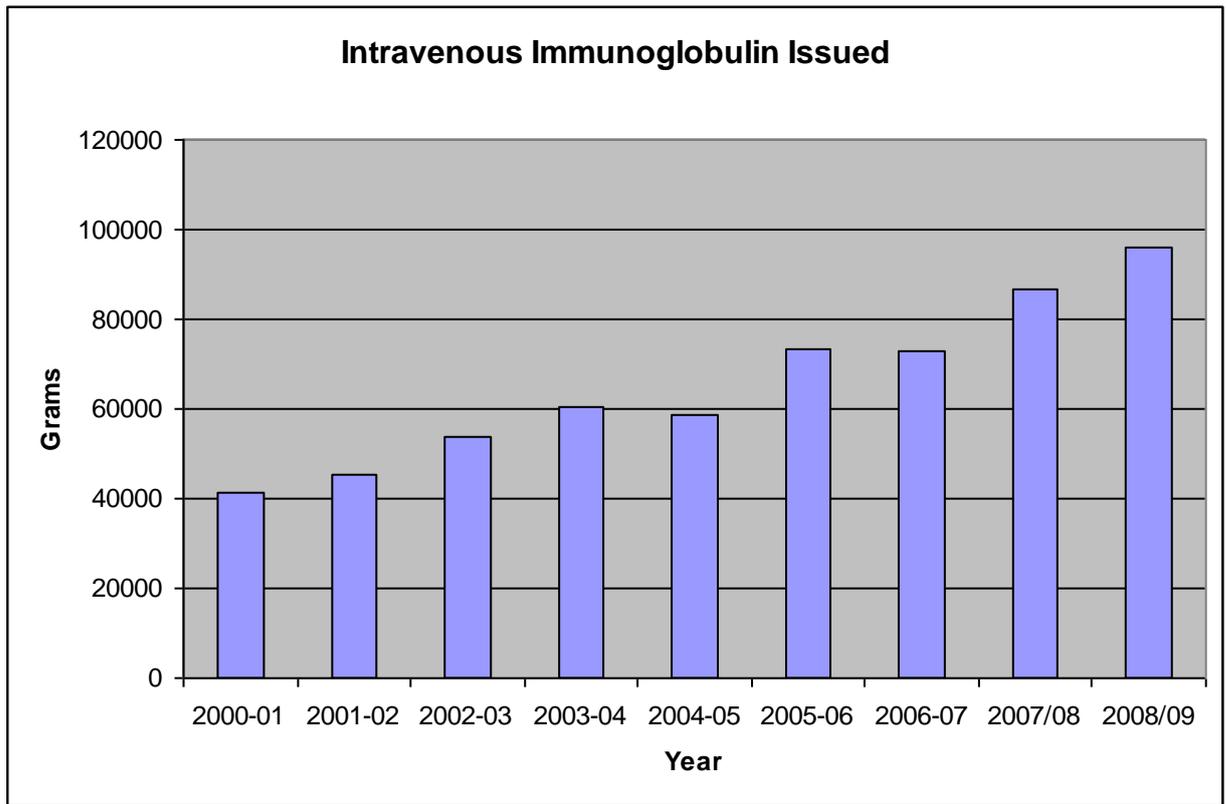


Appendix 2 contd



Appendix 2 contd





## Appendix 3

### **Diagnostic Services**

#### Antenatal Patients

During 2008/09 a total of 77,448 blood samples from approximately 25,000 patients were received.

These patients were all tested for:

ABO and Rhesus blood group  
Red cell antibody screening  
Rubella antibody  
Hepatitis B  
HIV

Other tests carried out on selected cases were:

Anti-D quantitation  
Antibody titration  
Rhesus genotypes  
Other red cell typings  
Antibody investigations

### **Immunohaematology Reference Service**

A range of immunohaematological investigations were carried out on patient samples referred from all hospitals in the province:

Full red cell antibody investigations	1349
Units of typed red cells issued for crossmatching	1732
ABO and Rhesus blood groups	2526
Other blood group typings	3852
Full blood typings	78
Platelet antibody investigations	30

## Appendix 4

### **\*Commitment to care and partnership\***

#### *... our standards*

- Your donation is voluntary and non-remunerated. You should not feel pressurised in any way.
- The Health and Safety of our donors and patients are of primary importance to us. On some occasions it may be better not to donate.
- Acceptable donations will be made available to all those in need.
- Your donation will remain anonymous upon subsequent distribution.
- Information given by you will not be used for any purpose other than that intended and will be treated in confidence.
- Information about you that is held by us will be made available on request. However, not all information will be available at the donation session.
- We ask you for personal information as part of our HealthCheck screen. Please answer the questions as accurately as possible.
- You are asked to sign your HealthCheck questionnaire. If as a result of your contact with the Service we detect anything that may affect your health, we will let you know.
- It is best if you can attend your donation session during the earlier part of each session period. This should prevent undue waiting for you and allow your donation to be returned to our headquarters without delay.

#### Appendix 4 contd

- If you are unhappy about any aspect of our service, you are entitled to comment and seek an explanation. If you have a complaint, it is better if you raise the matter with staff at the earliest possible opportunity. Alternatively, you may telephone or write to one of the people noted on the Information Point that is available at each donation session. An advice leaflet: ***Complaints - Can We Help?*** will provide further details. It should take us no more than 20 working days to deal with your complaint.
- Our aim is to make your visit to a blood donation session a pleasant and relaxing experience, and for this year we have set a donor satisfaction target of 98%.
- Blood donation sessions will not finish before the stated closure time. However on occasions it may be necessary to end sessions early due to advice from local organisers or where large numbers attending may prevent blood being returned to our laboratories for processing.
- 98% of sessions will start on time.
- Average waiting time should be less than 20 minutes. Where an appointment has been made, average waiting times should not exceed 15 minutes.

**\*Commitment to care and partnership\***

*... our performance*

**Session closing.**

- During 2008/09 no donation session closed earlier than publicised (and this was a repeat of 07/08).

**Session start time.**

- Over 99% of sessions commenced on time (again, similar to 07/08).

**Session waiting time.**

- Average waiting times (from reception until donation venepuncture) was 21.2 minutes, a small increase on the previous year (< 20 minute average). This change was due to a number of factors e.g an increase in the number of donors attending, and the introduction of the ChloroPrep arm cleanser (a product which requires additional time to dry prior to venepuncture). A number of unfilled vacancies may have also contributed to this.

**Session Invitation Letter.**

- Due to the planned outsourcing of donor invitation mailing, no survey of letter receipt times was carried out. However, as this

#### Appendix 4 contd

project is progressed it will be important to closely monitor the performance of the mailing provider selected.

## Appendix 5

### Donor Satisfaction

- 365 comments cards were received (significantly up on the 243 in 07/08).
- A satisfaction rating of 97.6% was achieved (98% in 07/08). Whilst this was a little disappointing, it should be considered in the light of the numerous changes introduced following the regulatory inspections which took place throughout the year.
- Despite the small change noted above, performance against the 'Top Box' indicator (those responses recording the highest possible score) improved to 82.6% (81.6% in 07/08)..

### Complaints

- A total of 33 complaints were received (24 in 07/08)
- Further analysis of these complaints has shown there to be a problem in one particular area, and this is currently being addressed.

Year	Total	Venepuncture - related	Staff - related	Waiting	Turn - away	Other
93/94	47	17	9	5	11	9

**SUMMARY FINANCIAL STATEMENTS****NET EXPENDITURE ACCOUNT FOR YEAR ENDED 31ST MARCH 2009**

	Note	2009 £000	Restated 2008 £000
<b>Expenditure</b>			
Staff costs		(5,908)	(5,350)
Depreciation	1	(423)	(414)
Other Expenditure	1	<u>(19,786)</u>	<u>(15,776)</u>
		<u>(26,117)</u>	<u>(21,540)</u>
<b>Income</b>			
Income from activities	2	32	31
Other Income	2	209	1
Reimbursements receivable		<u>0</u>	<u>0</u>
		<u>241</u>	<u>32</u>
<b>Net Expenditure</b>		<b><u>(25,876)</u></b>	<b><u>(21,508)</u></b>
<b>Credit reversal of notional costs</b>			
Cost of capital		325	325
Notional costs (audit fees)		<u>6</u>	<u>9</u>
<b>Net Expenditure for the financial year</b>		<b><u>(25,545)</u></b>	<b><u>(21,174)</u></b>
<b>Summary of Revenue Resource Outturn</b>			
Net expenditure		(25,876)	(21,508)
Adjustments		<u>753</u>	<u>748</u>
Net resource outturn		<u>(25,123)</u>	<u>(20,760)</u>
Revenue Resource Limit (RRL)	3	25,200	20,831
<b>Surplus against RRL</b>		<b><u>77</u></b>	<b><u>71</u></b>

**SUMMARY FINANCIAL STATEMENTS**  
**BALANCE SHEET AS AT 31 MARCH 2009**

		<b>2009</b>	<b>Restated</b>	
	<b>Note</b>	<b>£000</b>	<b>£000</b>	<b>2008</b>
			<b>£000</b>	<b>£000</b>
<b>FIXED ASSETS</b>				
Tangible assets	7.0	9,321		9,199
Intangible assets	7.0	0		0
Financial Assets	8.0	0		0
Total non current Assets			9,321	9,199
<b>CURRENT ASSETS</b>				
Stocks and work in progress	9.0	1,997		1,634
Debtors: Amounts falling due within one year	10.1	987		876
Debtors: Amounts falling due after more than one year	10.2	0		0
Short term investments	11.1	0		0
Cash at bank and in hand	11.2	39		78
<b>TOTAL CURRENT ASSETS</b>			3,023	2,588
<b>CREDITORS:</b> Amounts falling due within one year	12.1		2,224	1,859
<b>NET CURRENT ASSETS</b>			799	729
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>			10,120	9,928
<b>CREDITORS:</b> Amounts falling due after more than one year	12.2		0	0
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	14.0		(25)	(32)
<b>TOTAL ASSETS EMPLOYED</b>			<b>10,095</b>	<b>9,896</b>
<b>FINANCED BY:</b>				
<b>CAPITAL AND RESERVES</b>				
Revaluation reserve	16.0		6,129	5,930
Donation reserve	16.0		4	4
General fund	16.0		3,962	3,962
			<b>10,095</b>	<b>9,896</b>

**SUMMARY FINANCIAL STATEMENTS****CASHFLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2009**

	<b>2009</b>	<b>2008</b>	
	<b>£000</b>	<b>£000</b>	<b>10</b>
<b>Net Cash Outflow from Operating Activities</b> <b>(Note 29.1)</b>		(25,351)	(20,894)
<b>Returns on Investments and Servicing</b> <b>of Finance</b>			
Interest received	0	0	
Interest paid	0	0	
Interest element of finance lease rental payments	<u>0</u>	<u>0</u>	
<b>Net Cash Inflow from Returns</b> <b>on Investments and Servicing of Finance</b>		0	0
<b>Capital Expenditure</b>			
Payments to acquire intangible fixed assets	0	0	
Receipts from sales of intangible fixed assets	0	0	
Payments to acquire tangible fixed assets	(235)	(129)	
Receipts from sale of tangible fixed assets	<u>2</u>	<u>0</u>	
<b>Net Cash Outflow from Capital Expenditure</b>		(233)	(129)
<b>Dividends paid</b>	0	0	
<b>Management of Liquid Resources</b>			
Purchase of current asset investments	0	0	
Sale of current asset investments	<u>0</u>	<u>0</u>	
<b>Net Cash Inflow from Management of</b> <b>Liquid Resources</b>		<u>0</u>	<u>0</u>
<b>Net Cash Inflow before Financing</b>		(25,584)	(21,023)
<b>Financing</b>			
Funding	25,545	21,020	
Movement in general fund working capital	<u>0</u>	<u>0</u>	
Cash drawn down	25,545	21,020	
Additional public dividend capital advances in year	0	0	
Repayment of prior year impairment	0	0	
<b>Net Cash Inflow/(Outflow) from Financing</b>		<u>25,545</u>	<u>21,020</u>
<b>Decrease in Cash (Notes 29.2 and 29.3)</b>		<u><b>(39)</b></u>	<u><b>(3)</b></u>

## NOTES TO SUMMARY FINANCIAL STATEMENTS

### Note 1: Operating Expenses

	<b>2009</b>	<b>Restated</b>
	<b>£000</b>	<b>2008</b>
		<b>£000</b>
Purchase of care from non-HPSS bodies	0	0
Revenue Grants to voluntary organisations	0	0
Capital Grants to voluntary organisations	0	0
Personal social services	0	0
Recharges from other HPSS organisations	102	95
Supplies and services - clinical	17,409	13,872
Supplies and services - general	51	34
Establishment	482	465
Transport	271	246
Premises	738	543
Bad debts	0	0
Rentals under operating leases	0	0
Interest charges	0	0
PFI Service charges	0	0
CN Other	0	0
Miscellaneous	403	187
<b>Non cash items</b>		
Depreciation	423	414
Amortisation	0	0
Impairments	0	0
Profit on disposal of fixed assets (excluding land)	(2)	0
Loss on disposal of fixed assets ( including land)	0	0
Cost of Capital	325	325
Provisions provided for in year	0	0
Unwinding of discount on Provisions	1	0
Auditors remuneration	6	9
<b>Total Operating Expenses</b>	<b><u>20,209</u></b>	<b><u>16,190</u></b>

Miscellaneous includes £141,000 on expenditure on Management Consultants.

**NOTES TO SUMMARY FINANCIAL STATEMENTS****Note 2: Income**

	<b>2009</b>	<b>Restated</b>
	<b>£000</b>	<b>2008</b>
		<b>£000</b>
<b>Income from Activities</b>		
GB/Republic of Ireland Health Authorities	27	15
Non-HSS:- Private patients	5	3
Non-HSS:- Other	0	13
	<u>32</u>	<u>31</u>
<b>Other Income</b>		
Other income from non-patient services	208	0
Donated asset reserve transfer for Depreciation	1	1
Total	<u>209</u>	<u>1</u>

**Note 3: Revenue Resource Limit**

The Agency is given a Revenue Resource Limit which it is not permitted to overspend. The Revenue Resource Limit for NI Blood Transfusion Service is calculated as follows:

	<b>2009</b>	<b>2008</b>
	<b>£</b>	<b>£</b>
HSC Board / Trust allocation	25,130	20,767
SUMDE & NIMDTA	0	0
DHSSPS resource budget	70	64
Other Gov Department	0	0
<b>Revenue Resource Limit</b>	<u>25,200</u>	<u>20,831</u>

**Note 4: Capital Resource Limit**

The Agency is given a Capital Resource Limit (CRL) which it is not permitted to overspend.

	<b>2009</b>	<b>2008</b>
	<b>£</b>	<b>£</b>
Gross Capital Expenditure	346	190
Receipts from sales of fixed assets	<u>(2)</u>	<u>-</u>
Net capital expenditure	344	190
Capital Resource Limit	<u>345</u>	<u>190</u>
Underspend against CRL	<u>(1)</u>	<u>0</u>

**NOTES TO SUMMARY FINANCIAL STATEMENTS****Note 5: Prompt Payment Policy**

The Department requires that Trusts pay their non HPSS trade creditors in accordance with the CBI Prompt Payment Code and Government Accounting Rules. The Agency's payment policy is consistent with the CBI prompt payment codes and Government Accounting rules and its measure of compliance is:

	<b>2009 Number</b>	<b>2008 Number</b>
Total bills paid	<u>3,514</u>	<u>3,306</u>
Total bills paid within 30 day target	<u>3,289</u>	<u>3,141</u>
% of bills paid within 30 day target	<u><u>93.6%</u></u>	<u><u>95.0%</u></u>

**Note 6: Related Party Transactions**

NI Blood Transfusion Service is a Special Agency sponsored by the Department of Health, Social Services and Public Safety.

During the year NIBTS has had various material transactions with that Department and with other entities for which the Department of Health, Social Services and Public Safety is regarded as the parent Department. These are :

Eastern Health and Social Services Board, Northern Health and Social Services Board  
Southern Health and Social Services Board, Western Health and Social Services Board,  
Belfast HSC Trust, South Eastern HSC Trust, Southern HSC Trust, Northern HSC Trust,  
Western HSC Trust.

During the year, none of the board members, members of the key management staff or other related parties has undertaken any material transactions with the Agency.

I certify that the summary financial statements are consistent with the Agency's Annual Accounts and that these statements and the annual report were approved by the Board of Directors on 23 June 2009.



Chairman



Chief Executive

**5 Statement of the Comptroller and Auditor General to the Northern Ireland Assembly**

**NORTHERN IRELAND BLOOD TRANSFUSION SERVICE (SPECIAL AGENCY)**

I have examined the summary financial statements which comprises the Net Expenditure Account, Balance Sheet, Cashflow Statement and Notes 1 to 6 to the Summary Financial Statements.

**Respective responsibilities of the Agency, Chief Executive/Accounting Officer and auditor**

The Northern Ireland Blood Transfusion Service and Chief Executive/Accounting Officer are responsible for preparing the summary financial statement.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the full financial statements, and its compliance with the relevant requirements of the Health and Personal Social Services (Northern Ireland) order 1972, as amended, and Department of Health, Social services and Public Safety directions made thereunder.

I also read the other information contained in the Annual Report, and consider the implications for my certificate if I become aware of any apparent misstatements or material inconsistencies with the summary financial statement.

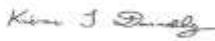
**Basis of audit opinions**

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board. My report on the Northern Ireland Blood Transfusion Service full annual financial statements describes the basis of my audit opinions on those financial statements and the part of the Remuneration Report to be audited.

Appendix 6 contd

**Opinion**

In my opinion, the summary financial statement is consistent with the full annual financial statements of the Northern Ireland Blood Transfusion Service for the year ended 31 March 2009 complies with the applicable requirements of the Health and Personal Social Services (Northern Ireland) Order 1972 as amended, and Department of Health, Social Services and Public Safety directions made thereunder.



KJ Donnelly  
Comptroller and Auditor General  
Northern Ireland Audit Office  
106 University Street  
Belfast BT7 1EU

26 October 2009