

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



ANNUAL REPORT
2010/11



July 2011

Northern Ireland Blood Transfusion Service

A Special Agency of the N Ireland DHSS PS

Mission Statement

“The NIBTS exists to fully supply the needs of all hospitals and clinical units in the province with safe and effective blood and blood products and other related services. The discharge of this function includes a commitment to the care and welfare of our voluntary 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

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Chairman's Statement

The NIBTS is the main provider of blood products and services to the health service in Northern Ireland and during the past year the Agency has met all its requirements for blood and blood products along with the associated services. For this we owe a special thanks to our donors who make this possible and the Board would like to thank and congratulate each one for this selfless and generous gesture for the good of others.

The past year has been one of significant change for NIBTS. It has seen the retirement of two Board members, Dr Morrell Lyons and Mr Basil Titterington both of whom have provided exemplary service to the Agency over the last decade.

Three new Board members have taken up the challenge of providing leadership to the Service, Mrs Siobhan Rooney, Mrs Lorraine Lindsay and Mr Ian Henderson. A new Chief Executive, Dr Kieran Morris has been appointed and has taken up post.

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 Agency has over the past year been working on a major programme of improvements to its quality control and assurance systems to continue to provide assurance to the users of its blood products and to the regulatory authorities.

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.

Mr Jim Lennon
Chairman
19 July 2011

Report from Chief Executive

2010/11 has been another largely successful year for the Service. We completed on our objectives and we made use of key performance indicators to track progress.

I would like to highlight some significant achievements in the last year. There was severe weather disruption in December and January but we were the only Service across the UK and Ireland not to cancel a single donor session. Our donors and staff responded in an exemplary fashion and I am deeply grateful for this.

We targeted single donor apheresis platelet components as a key development for 2010/11 with a target of 80% of issues of platelets as apheresis components averaged over the year. We achieved 87% and the figure is projected to continue to rise. Apheresis components are preferred for patients as they are single donor, provide a more consistent yield and are a precaution against variant CJD which may be transmitted by blood transfusion.

On the financial side we achieved a financial breakeven position and reported a small surplus. Our operating budget has reduced for the second year in succession and we continue to drive out efficiencies in our business processes. NIBTS not only benchmarks with other UK and Ireland Blood Services but also across Europe by participating in benchmarking exercises with the European Blood Alliance in relation to testing, collection and manufacturing productivity measures.

On the governance side we attained full CPA accreditation for the first time in our history in March 2011. Our relationship with the MHRA continues to improve and our action plans, accepted by the regulator, are on track. The Human Tissue Authority (HTA) renewed the licence for our cord blood operation and all conditions attached to the licence with one exception have been cleared.

I would like to thank two departing Non-Executive Directors, Dr Morrell Lyons and Mr Baz Titterington for the help they have given me and for their commitment and dedication as NIBTS Special Agency Board members over the past nine years.

I look forward to an exciting year ahead. Key targets relate to increasing the percentage of apheresis platelet components issued and further increases in productivity which benchmark well with best practice in other blood services.

We are making a special effort in relation to our staff and putting our staff at the centre of our decision making and planning processes. The adoption of good management practices or people centred practices is key for 20011/12 and will be externally verified by an inspection planned for the end of the year.

A handwritten signature in black ink, appearing to read 'K Morris', written in a cursive style.

Dr K Morris
Chief Executive
7 July 2011

Director's Report

NI Blood Transfusion Service Agency is managed by a Board comprising of the following:-

Chairman	Mr J Lennon
Non-Executive Directors	Dr M Lyons (until January 2011) Mr B Titterington (until January 2011) Mrs S Rooney (from February 2011) Mrs L Lindsay (from February 2011) Mr Ian Henderson (from February 2011)
Acting Chief Executive	Dr K Morris (September 2009 to February 2011)
Chief Executive	Dr K Morris (from March 2011)

From April 2009 - January 2011 the Agency Board had four members – a Chairman, an Acting Chief Executive and two Non-Executive Directors. During that time the Board met five times. In February 2011 a new Board was reconstituted and three new Non-Executives appointed.

The Chief Executive/Medical Director retired in August 2009. An Acting Chief Executive, Dr K Morris was appointed in September 2009 and subsequently appointed Chief Executive, effective from 7 March 2011.

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

Although not a formal committee of the Board, the 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.

The Agency has prepared a set of accounts for the year ended 31 March 2011 which have been prepared in accordance with Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department of Health, Social Services and Public Safety.

The Agency positively promotes the objectives and principles of equality of opportunity and fair participation and observes all of its statutory obligations in relation to all of the Section 75 groups in the Northern Ireland Act (1998).

The Agency maintains a Register of Interests covering Directors and key management staff and operates procedures to avoid any conflict of interest. On the basis of a review of this Register it has been confirmed that none of the Board members, members of the key management staff or other related parties had undertaken any material transactions with NIBTS. The Register can be viewed by contacting the Chief Executive's office.

The Agency's sickness absence rate continues to fall and at March 2011 was 6.02% against a target of 5.2%. A number of initiatives have been implemented in year to continually improve this result.

The Agency did not have any personal data related incidents in 2010/11.

The Agency did not make any charitable donations in 2010/11.

The Northern Ireland Audit Office (NIAO) is responsible for the audit of NIBTS. NIAO has appointed KPMG to undertake the statutory audit of NIBTS on its behalf. The notional cost of the audit for the year ended 31 March 2011, which pertained solely to the audit of the accounts, was £9,472.

An additional amount of £1,456 was paid to the NIAO in respect of work carried out on the National Fraud Initiative. This is reflected within miscellaneous expenditure within note 1 of the summary financial statements shown in Appendix 6. During the year the Agency purchased no other non-audit services from its external auditor, NIAO.

During the course of the year and in particular at the time of the audit, all relevant information was made available to the auditor. The Chief Executive and directors have confirmed there is no relevant audit information of which the auditors are unaware and that they have taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the Agency's auditor is aware of that information.

There were no events occurring after the balance sheet date that would have a material effect on the accounts.

A handwritten signature in black ink, appearing to read 'K Morris', written in a cursive style.

Dr K Morris
Chief Executive
7 July 2011

Management Commentary

The Northern Ireland Blood Transfusion Service supplies blood and blood products for patients in Northern Ireland hospitals and other related services including antenatal testing. The discharge of this function includes a commitment to the care and welfare of our voluntary non-remunerated donors. The Service is an independent Agency of the Health and Social Care sector. Its main stakeholders are hospital blood banks within five Health and Social Care Trusts, the Health and Social Care Board for antenatal screening, regional blood group reference and antibody service and haemophilia blood products.

The Service is regulated and licensed for its operating activities under a Blood Establishment Authorisation and Wholesale Distributors Licence from the Medicines and Healthcare products Regulatory Agency (MHRA). It is also in receipt of a licence from the Human Tissue Authority (HTA) for its cord blood bank operation. NIBTS diagnostic services are fully accredited with Clinical Pathology Accreditation (CPA).

The business review of 2010/11 indicates that the performance targets for the year were achieved. These are summarised as follows:

- Blood stocks were adequate throughout the whole of the year across all blood groups and there was no activation of the red cell shortage plan.
- Financial break even target met with small £45,000 surplus returned.
- Satisfactory inspection reports across MHRA, HTA and CPA. Note – full CPA accreditation awarded 31/03/2011.
- Quality management system functions in relation to incident management, change control management and validation have been devolved across departments and teams allowing greater ownership and participation by teams and individuals.
- A tender for the test which is currently outsourced to Scottish National Blood Transfusion Service (SNBTS) has been issued and it is proposed to bring this test in-house in the current financial year. This relates to viral genome testing for infectious diseases, i.e. human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV).
- Target for issue of 80% of platelets by apheresis components was exceeded with a result of 87.3%.
- One module of Q-Pulse version 5, which is an electronic quality management system, was implemented.

- NIBTS moved to the same version of PULSE as National Health Service Blood and Transplant (NHSBT). This is the core IT blood management system used by both Services.
- All relevant recommendations from the Deloitte review of NIBTS future organisational arrangements were completed in year.
- NIBTS has a project plan for implementation of prion filtration if required with a lead time of 6 months. The decision to implement for paediatric recipients under 16 years of age is subject to economic assessment by UK Department of Health.

The principal risks facing the Service relate to the blood collection programme through a reduction in the donor base, inadequate replacement of resigning or retiring donors and possible uncertainties around introducing a test for variant CJD.

The risks around blood collection are detailed in the NIBTS blood collection strategy with various mitigating factors and control steps put in place. The new donor target 9,000 was not met in 2010/11 but 8,500 new donors were recruited. The possibility of a test for variant CJD suitable for mass screening is receding.

Blood filtration to remove the prion protein which is the infectious agent in vCJD, is in development but several years off in terms of deployment.

Finally, it may be possible to recruit donors born after 01 January 1996 or who will be 17 after 01 January 2013 as suitable risk free donors for paediatric recipients i.e. who have not been exposed through the food chain to prions. The NIBTS blood collection strategy reflects targeted recruitment of this cohort of donors.

The past year has seen a further reduction in NIBTS operational budget and the cost containment agenda for the last 3 years will continue in the next 4 year period. NIBTS has met its targets in relation to cash release in 2010/11 and there will be a further constrained funding environment during the next period of comprehensive spending review 2011/12 - 2014/15.

NIBTS facilities and estates are managed via an SLA with BHSC and environmental concerns in relation to carbon emissions, energy efficiencies and disposal of waste are governed internally under existing governance arrangements.

NIBTS has a good reputation within Northern Ireland society and good relations with the media. This is important as the Health and Social Care sector body is very public facing in terms of donors. NIBTS staff have taken part in Business in the Community initiatives. Our Communities Partnership for blood donors demonstrates our commitment to Personal and Public Involvement (PPI). NIBTS participates in the Regional PPI Forum and also has established links with the Patient and Client Council.

Many of NIBTS goods and services are procured nationally in conjunction with the other three UK Blood Services and this has been highly successful in reducing costs for haemophilia products and plasma blood products such as intravenous immunoglobulin. NIBTS procurement schedules are on track with the other UK Blood Services for platelet harnesses, blood packs, reagent test kits and other consumables.

The regulatory environment in which NIBTS operates is very stringent. It has legal effect through the Blood Safety and Quality Regulations (November 2005) which is transposed into UK law. This is a European wide harmonisation of regulations which affect collection, processing, testing and issue of blood components.

NIBTS had a satisfactory MHRA inspection in June 2010, the next inspection is scheduled for November 2011.

There are no specific technological changes imminent in blood transfusion which will impact over the next 3 years.

While no sustainability reports were prepared, NIBTS fully expects to continue its normal operations for the foreseeable future.

Blood Donation Programme

Summarised information for 2010/11 and the previous year is presented in the table below.

Donation activity

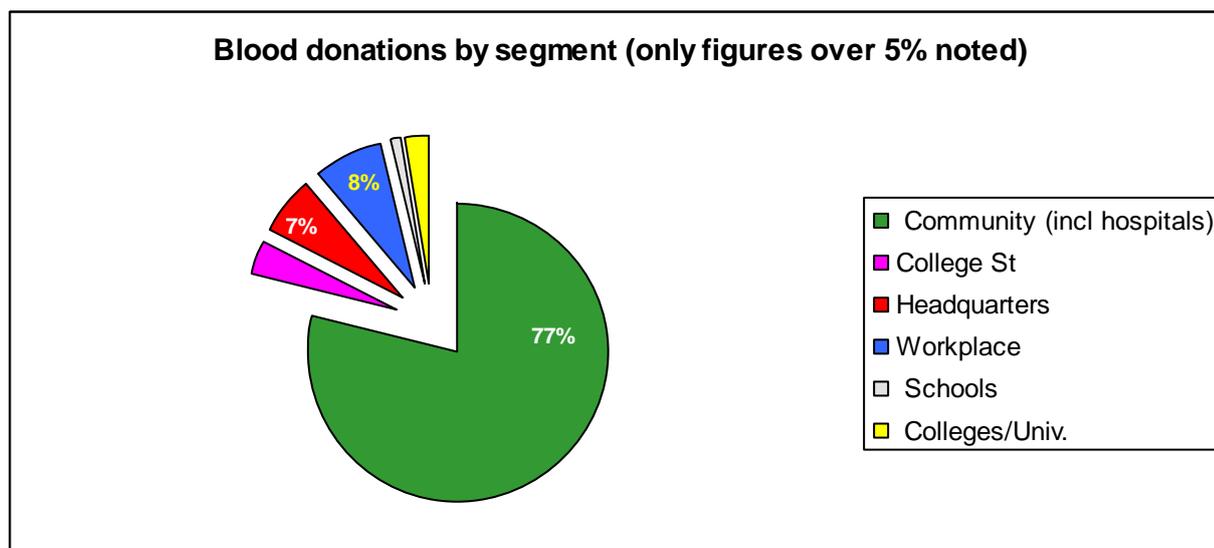
	2010/11	2009/10
Whole blood donations	57,683	59,566
Whole blood attendance	70,864	74,551
New donor attendance	8,547	8,414
Active donor numbers	65,193	64,130
Plateletpheresis donation	4,578	3,675
Total donations	62,261	63,241
Deferral rate (%)	18.6	20.1
Whole blood issues to hospitals (adult equivalent units)	53,559	53,640

See further details for previous years in Appendix 1

Overall collection (whole blood and plateletpheresis) showed a small reduction of 1.5%. In contrast, the number of active donors, and plateletpheresis donations increased by 2% and 25% respectively. It was also reassuring to see the number of new donors attending sessions showing a small increase.

Blood stocks for the year also improved, although there was pressure on O(Rh) negative over several months at the end of the year. That said, Northern Ireland encountered one of the most severe periods of harsh weather, with heavy snowfall and sub-zero temperatures persisting for several weeks. However, a combination of the tremendous support from donors and determination by staff ensured all blood donation sessions were able to open and make a vital contribution to blood stocks.

Red cell donation by segment



Personal and Public Involvement (PPI)

NIBTS continued to develop its PPI initiatives alongside the work being progressed through the Regional PPI Forum. Our Blood Transfusion Service Communities Partnership (BTSCP) continues to be key to involving and engaging with donors and the public. The two main Partnership groups based in Belfast and Dungannon and the additional Youth Forum group, also Belfast-based, again met regularly during the year. It is also noted that the NIBTS Draft Consultation Scheme was accepted by DHSSPS.

PPI continues to be an established agenda item at the Governance and Risk Management forum, and the donor comments programme was expanded to establish not only how the public rate our Service, but also how important each of the areas monitored is to them. In addition to this, the Service also launched a new web-based survey tool to complement the comments card programme.

Corporate Social Responsibility (CSR)

The Service's CSR engagement programme continues, with important links into Business in the Community. This includes the Time To Read schools support project, where recent research confirms the enormous benefit for the schools and children involved.

During the year NIBTS staff supported a number of charities and these again included the Shoe

Box Appeal, (Armenia); Christmas Hamper (Simon Community and the Welcome Centre for the Homeless, Belfast); Haiti disaster appeal, and Action Cancer.

Blood Products for Patient Care

Issues of blood components

Blood components are prepared from donated blood in NIBTS laboratories. Issues of these components in 2010/11 were as follows (the corresponding issue figures for 2009/10 are in brackets):

Red cells (adults)	53,318 units (53,206)
Platelet concentrates	7,313 doses (6,514)
Fresh frozen plasma	6,266 units (6,690)
Cryoprecipitate	1,042 pools (1,003)

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

Some components with an additional specification which are required for specific categories of patients are included in the above totals. The number for these special components is given below:

HLA matched platelets (doses)	147
Irradiated red cells (units)	3,350

Plasma Products

NIBTS participated in a national tendering exercise for intravenous immunoglobulin blood products and obtained a significantly reduced price going forward. NIBTS also led on an audit in relation to the appropriate use of intravenous immunoglobulin which has recommendations in relation to dose determining weight prescribing and appropriate use. NIBTS is taking the lead in completing on these recommendations and providing monitoring information to the Regional Health and Social Care Board and Hospital Trusts.

Hospital Practice

The Managed Clinical Network in Transfusion as recommended by the Pathology Services Review met four times in 2010/11 and this will allow better management of inventory. A significant reduction in the outdating of platelets in the supply chain from 13% to 8% and different supply chain delivery models have been trialled. This will allow better management of inventory and comply with regulations as they relate to maintaining the 'cold chain' for distribution and issue of blood components.

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 and 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 below together with some key achievements in 2010/11. 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 and other regulatory requirements.

Future developments

- Prion filtration of red cells for 5% of blood components transfused to recipients less than 16 years of age. The Safety Advisory Committee for Blood Tissues and Organs (SaBTO) has recommended this initiative, based on a risk assessment, to enhance patient safety but the final decision will depend on an economic assessment.
- vCJD testing of donors. A recommendation in relation to this is awaited. Initial attempts at developing a test for mass screening of blood donations has proved unsuccessful.

Department	Basic Functions	Key Achievements in 2010/11
1 Hospital Services	Production, validation and issue of blood components and maintenance of cold chain. Procurement and issue of plasma products.	Evolution of quality metrics in relation to incidents, change control, validation and audits has given the department more localised control over important quality measures. Detailed productivity report in relation to component processing has been completed.
2 Automated Serology	Typing (ABO, Rhesus etc), antibody screening of all blood donations. Blood grouping of all pregnant women in the province, Screening, investigation and monitoring related to haemolytic disease of the newborn.	Full CPA accreditation Further interaction with users in relation to antibody testing protocols and reporting. Introduction of anti c quantitation testing which is outsourced to the Scottish Blood Transfusion Service (SNBTS).
3 Microbiology Testing	Screening donors for infectious disease markers and investigation of 'positives' (includes cord blood and bone donors) Screening antenatal patients for hepatitis B, HIV and rubella (since 1 November 2004). Organisation of perinatal hepatitis B vaccination programme.	Full CPA accreditation The Public Health Agency has asked for an options appraisal to perform all antenatal screening for infectious diseases in a single laboratory location. This is to comply with national screening standards. NIBTS have responded recommending NIBTS as the single laboratory location. Tender completed in relation to managed service contract for automated NAT testing which is currently outsourced to SNBTS. It is intended to bring this function into NIBTS in 2011/12.
4 Blood Group Reference Laboratory	Specialised investigation of blood samples referred from hospitals which include: Transfusion recipients (cross-match difficulties etc) and; Newborn babies (diseases caused by red cell or platelet antibodies).	Full CPA accreditation Introduction of an automated gel station to replicate results in samples referred from hospital blood banks.
5 Cord Blood Bank (part of Hospital Services Dept)	Processing, testing, banking and distribution of cord blood donations.	Participate in UK Stem Cell Strategic Review. A detailed options appraisal for future of Belfast Cord Blood Bank completed in year.
6 Quality Control Laboratory (part of Quality Department)	Tests on all blood components to ensure safety and efficacy. Bacterial monitoring – environmental donors, platelet concentrates. Full blood counting on all donors.	Regulatory Affairs & Compliance Department set up with the primary responsibility of maintaining MHRA licence. Further development of Quality Management System (QMS) and the introduction of Q-Pulse Version 5 makes QMS more accessible for users.

Human Resources

Investors in People

During 2010/11 the Agency continued to retain recognition as a recognised Investors in People (IiP) organisation. During the year the implementation of actions was taken forward in line with an agreed corporate action plan. Following a staff survey and interview exercise in January 2011 a revised corporate action plan has been agreed with IiP which will address outstanding areas.

There has been extensive consultation with staff in relation to the survey findings. This has been progressed through individual meetings; team meetings and organisation wide meetings. It is expected that a formal reassessment will take place in March 2012. In the interim the organisation will continue to liaise closely with the IiP and will undergo formal assessment against objectives on a quarterly basis. Update on progress continues to be regularly reported to the Senior Management Team and NIBTS Agency Board.

HR Strategy 2009-12

Continued overall progress on a range of areas was made in the penultimate year of the strategy. Significant progress was made against a range of identified improvement areas within the strategy. The improvement areas continued to be informed by the Agency's on-going corporate and business plans, by wider external factors as well as good practice in the area of Human Resource Management. Across the 22 identified areas for improvement 18 key areas have been completed. It is anticipated that 2011/12 will focus upon a reassessment of current objectives against current and emerging pressures.

Equality and Human Rights

The organisation continued to liaise closely with the BSO 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 programme of on-going training and awareness continued throughout 2010/11

The Agency's internal equality group continued to meet to progress issues in relation to the Disability Action Plan and the Annual Review of Progress as well as a range of relevant issues

relevant to the business of the Agency. During 2010/11 an additional major piece of work was undertaken with a corporate wide audit of inequalities and submission of a new Equality Scheme to the Equality Commission. The Agency continues to be represented at a number of regional fora and progress reports on matters related to Equality and Human Rights are shared with the SMT and Agency Board

Health and Safety

The Agency's Health and Safety Committee continued to make encouraging progress on a range of issues in 2010/11. The controls assurance standard in respect of Health and Safety for 2010/11 was again assessed as substantively compliant as were a number of associated controls assurance standards. Health Promotion remained a focus for the committee throughout the year as well as an on-going programme of risk assessments. As in previous years 2010/11 witnessed another year of a very low number of recorded health and safety incidents as well as zero serious incidents recorded during the period. This bears testimony to the efforts of the Committee and indeed to the general vigilance of staff throughout the organisation.

Governance Arrangements

Research Governance

The Research Governance Committee submitted a return for the relevant controls assurance standard which is substantively compliant. A work plan has been developed with internal audit scheduled on key processes.

Quality Assurance

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. Following the MHRA inspection visit 21-25 June 2010 a satisfactory inspection report was received and inspection closed off on 25 August 2011. The next periodic inspection is scheduled for November 2011.

NIBTS must also retain a Wholesale Distributors Licence enabling it to supply plasma products to hospitals and pharmacies throughout NI. The MHRA regulate this licensing and through the inspection of June 2010 and the resulting action plan NIBTS retained its licence.

2 Diagnostic Laboratory Service

Following a further inspection in June 2010 a revised remedial action plan was put in place. As a result of this, full CPA accreditation was confirmed in March 2011.

3 Cord Blood Bank

This service is covered by the UK Human Tissue (Quality & Safety) Regulations, 2007. NIBTS was inspected in July 2010 by the Human Tissue Authority (HTA) and one remaining condition on the Cord Bank's HTA licence will hopefully be completed by July 2011.

Quality Management Systems

Significant progress has been made with enhancing the Quality Management Systems as applied within NIBTS. 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 NIBTS continued to review quality management systems and new systems have been implemented throughout the Service. Key to this has been work on the implementation of revised quality management software and the first phase of this is due for completion early in April 2011. A key focus of activity for the coming year will be achieving the necessary level of regulatory compliance.

Controls Assurance Standards

During 2010/11 the Agency continued its progress towards compliance with 19 controls assurance standards in accordance with guidance from DHSSPS. An independent review of the level of compliance was undertaken by internal audit for 6 standards - Corporate Governance; Financial Management; Risk Management; Emergency Planning; Fleet and Transport; and Medicines Management which were all assessed as showing substantive 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
- Information Communication Technology
- Records Management
- Research Governance
- Waste Management
- Security Management
- Health & Safety
- Human Resources
- Management of Purchasing and Supply
- Medical Devices and Equipment

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 2010/11 NIBTS has received and responded to 12 requests for information under the Freedom of Information Act and one request under the Data Protection Act.

Departments are continuing to send records to external storage in accordance with the Retention and Disposal Schedule. Retention and disposal guidelines have been developed for all laboratory departments, these inform users how records are to be managed during their lifecycle and at what point they should be moved to storage if appropriate.

An audit was conducted of the off-site storage company used by NIBTS, the systems and security measures in place for managing and storing our records were found to be satisfactory.

The Information Governance Officer is participating in a Regional project to develop a new more detailed retention and disposal schedule. Once it is in place NIBTS will implement the new schedule.

Risk Management

Risk Management continues to be embedded within the organisation. This has been aided by the quarterly review of risk registers and the completion of operational risk assessments.

Emergency Planning

NIBTS continued to participate in the UKBTS Emergency Planning Working Group throughout 2010/11. 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.

NIBTS has business continuity arrangements in place and emergency preparedness. The major

incident plan was tested in January 2011 and the drill included key stakeholders in hospital blood banks and clinical teams.

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 6 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.

The primary financial performance objective of the Agency is to break even on an annual basis. To meet the breakeven definition, any surplus or deficit must be contained within 0.25% of the Revenue Resource Limit (RRL) plus income from activities.

The Statement of Comprehensive Net Expenditure shows a surplus against RRL of £0.045m (2010:£0.027m). Against income from activities and RRL of £24.216m (2010:£25.509m) this represents a surplus of 0.19% (2010:0.11%). Accordingly, the breakeven objective for the year has been achieved.

2 Income

During the year the Agency received income of £23.791m (2010:£25.385m).

This mainly comprised of £9.740m (2010:£12.400m) in respect of Haemophilia Blood Products and Patient Testing Services from the Health and Social Care Board (HSCB) and £14.032m (2010:£12.640m) for the supply of blood and blood products from Trusts and £0.019m (2010:£0.012m) of other income. During the year there was no Other Operating Income as income for the disposal of surplus plasma (2010:£0.333m) was all forwarded to DHSSPS.

The movement in income reflects a transfer of funding to NIBTS from HSCB to Trusts of £1.050m and reduced cost of haemophilia blood products of £1.650m arising from reduced demand for product and reduced price resulting from a national procurement exercise.

3 Expenditure

During the year the Agency's expenditure totalled £24.171m (2010: £25.815m) in the previous year. This was comprised of Salaries and Wages £6.094m (25%); Clinical Supplies and Services £15.849m (66%); Other Operating Expenses £1.803m (7%) and Non-cash items £0.425m (2%).

Overall there was a 6% decrease in expenditure. This primarily reflected the reduced cost of haemophilia blood products noted above which resulted in the decrease in expenditure on Clinical Supplies and Services. There was no material change in the other areas of expenditure.

4 Capital Expenditure

Capital expenditure in the year amounted to £0.131m and provided essential updates for laboratory equipment, vehicles and ICT infrastructure. The Capital Resource Limit (CRL) 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 Better Payments Practice Codes and Government Accounting Rules. NIBTS is committed to the prompt payment of bills for goods and services received in accordance with the Late Payment of Commercial Debts Regulations 2002. This requires trader invoices to be paid within thirty days of receipt of a valid invoice. This constitutes another important performance measure for the Service. During the past year 97% of invoices were paid within thirty days.

6 Further Information

The summary financial statements for the year ended 31 March 2011 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,

REMUNERATION REPORT

Remuneration Policy

During 2010/11, NIBTS had a Remuneration Committee which consisted of:

Mr. J Lennon (Chairman), Dr. M Lyons and Mr B Titterington (Non-Executive Board members).

The Committee was operational from 1 April 2010 to 31 January 2011 when the Non-Executive members' terms of office ended.

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 and were paid in accordance with HSS(AfC)(3) 2010.

All medical staff were paid in accordance with HSS (TC8) 1/2010 – “Pay and Conditions of Service: Remuneration of Hospital Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service”.

Throughout the year Dr K Morris assumed the role of Chief Executive. As a medical consultant he was also paid in accordance with HSS(TC8) 1/2010

Retirement benefit costs

The Agency participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme both the Agency and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DHSSPS. The Agency is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis. Further information regarding the HSC Superannuation Scheme can be found in the HSC Superannuation Scheme Resource Account of the Department of Health, Social Services and Public Safety.

The costs of early retirement are met by the Agency and charged to the Statement of Comprehensive Net Expenditure at the time the Agency commits itself to the retirement.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required at intervals not exceeding four years. The actuary reviews the most recent actuarial valuation at the Statement of Financial Position date and updates it to reflect current conditions. The 31 March 2008 valuation will be used in the 2010/11 accounts.

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:

	2010/11 (Audited)			2009/10 (Audited)		
	Salary £000	Bonus/ Performance Pay £000	Benefits in Kind (Rounded to nearest £100)	Salary £000	Bonus / Performance Pay £000	Benefits in Kind (Rounded to nearest £100)
Executive Member						
Dr W M McClelland ***	-	-	-	60-65 (full year equivalent 175-180)	-	-
Dr K Morris ****	140-145		-	75-80 (full year equivalent 140-145)	-	-
Non-Executive Members						
Mr J Lennon	6-8	-	-	6-8	-	-
Dr M Lyons *	0-2	-	-	0-2	-	-
Mr B Titterington *	0-2	-	-	0-2	-	-
Mrs L Lindsay **	0-2	-	-	-	-	-
Mrs S Rooney **	0-2	-	-	-	-	-
Mr I Henderson **	0-2	-	-	-	-	-

	2010/11 (Audited)						
		Real increase in pension and related lump sum at age 60 £000	Total accrued pension at age 60 and related lump sum £000	CETV 31/03/10 £000	CETV at 31/03/11 £000	Real increase at CETV £000	Employer contribution to partnership pension account £000
Executive Members							
Dr K Morris ****	Pension	2.5-5	35-40	573	583	10	-
	Lump Sum	10-12.5	110-115				
Non-Executive Members							
Mr J Lennon		-	-	-	-	-	-
Dr M Lyons *		-	-	-	-	-	-
Mr B Titterington *		-	-	-	-	-	-
Mrs L Lindsay **		-	-	-	-	-	-
Mrs S Rooney **		-	-	-	-	-	-
Mr I Henderson **		-	-	-	-	-	-

* Dr M Lyons and Mr B Titterington left the Board on 31 January 2011.

** Mrs L Lindsay, Mrs S Rooney (wef 7 February 2011) and Mr I Henderson (wef 21 February 2011) were appointed to the Board during the year.

*** Dr W M McClelland, Chief Executive/Medical Director retired on 14 August 2009

**** Dr K Morris was Acting Chief Executive with effect from 22 September 2009 and was appointed Chief Executive with effect from 1 March 2011.

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.

The actuarial factors used in the calculation of Cash Equivalent Transfer Values (CETVs) were changed during 2010, due to changes in demographic assumptions and the move from the Retail Prices Index (RPI) to the Consumer Prices Index (CPI) as the measure used to uprate Civil Service pensions. The new factors mean that the CETV value shown in the report for 31.3.10 will not be the same as the corresponding figure shown in last year's report.

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.

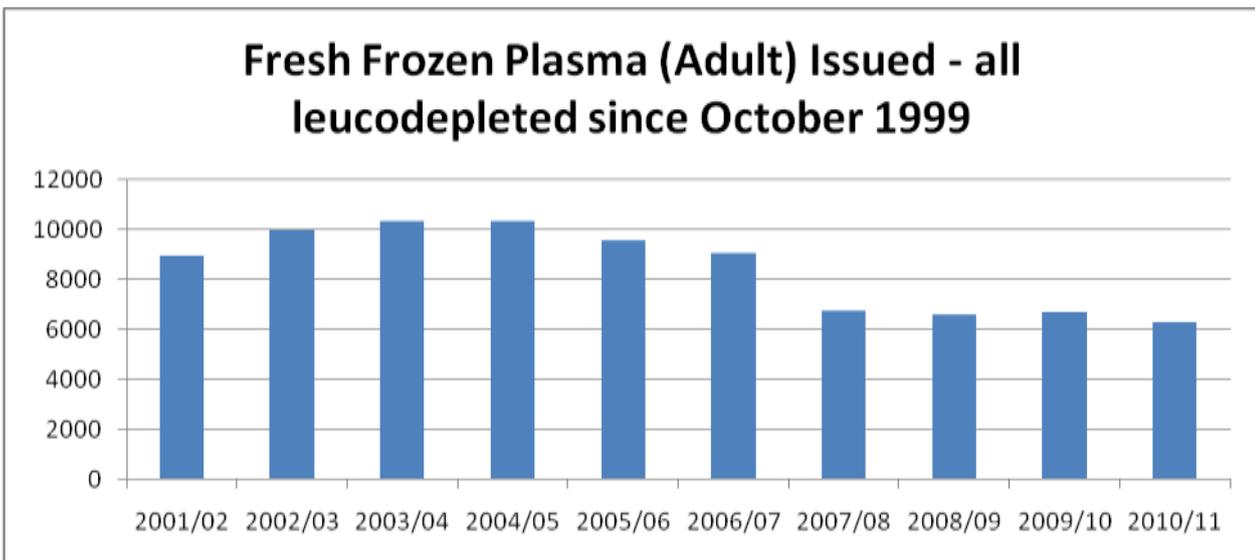
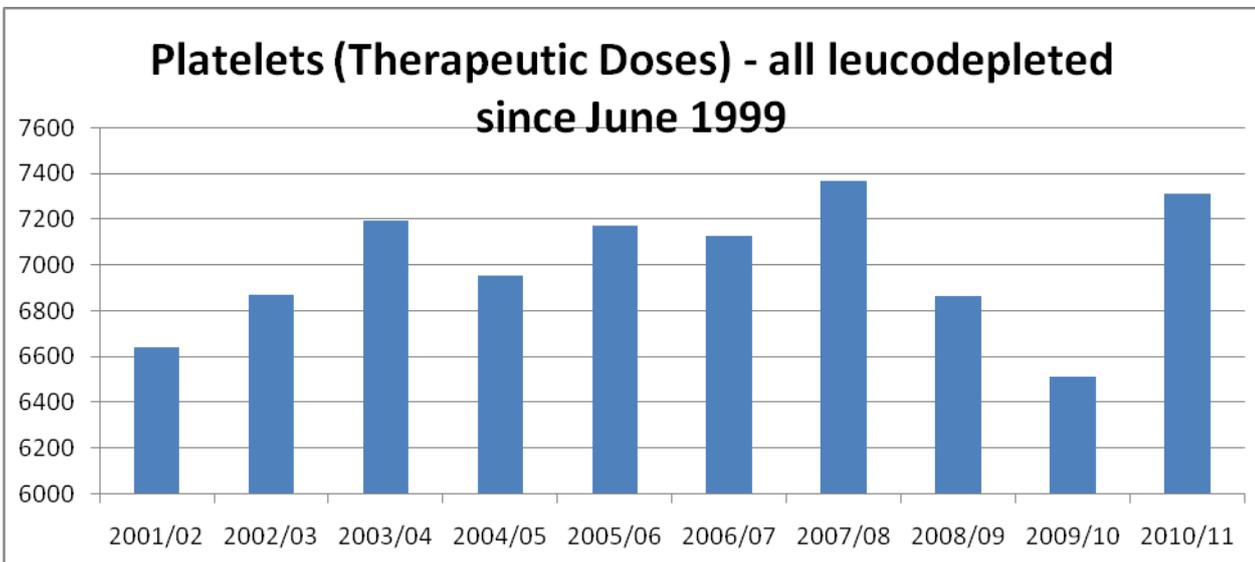
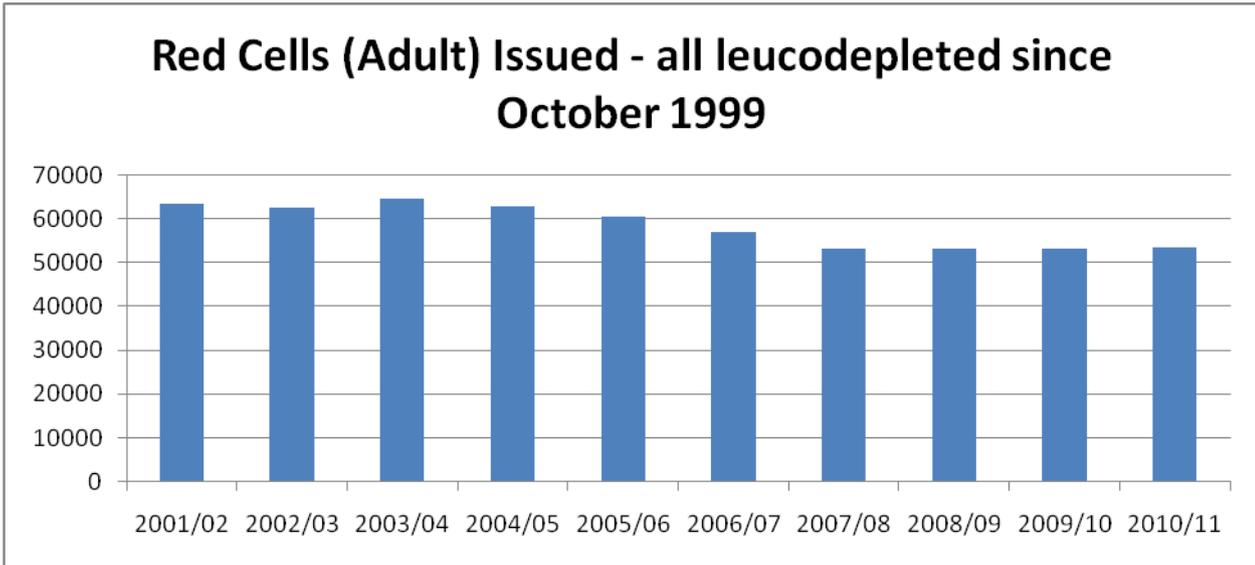


Dr K Morris
Chief Executive
7 July 2011

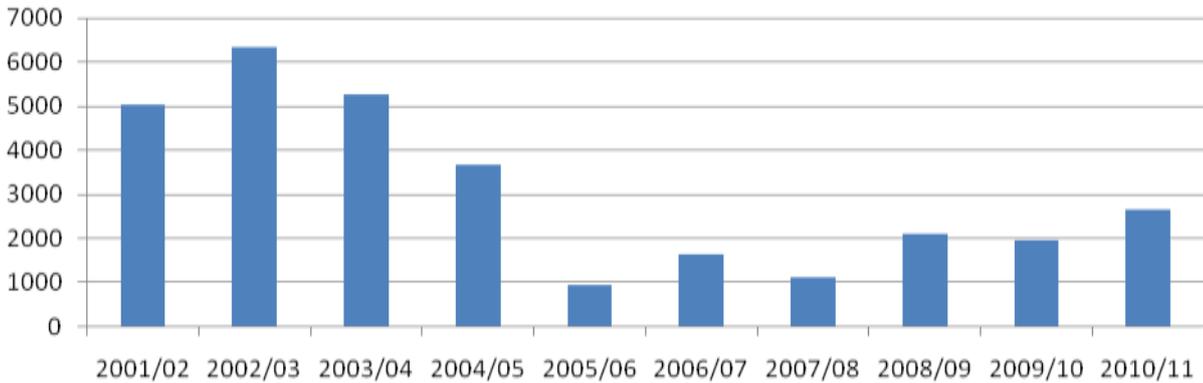
Appendix 1

Blood Donations

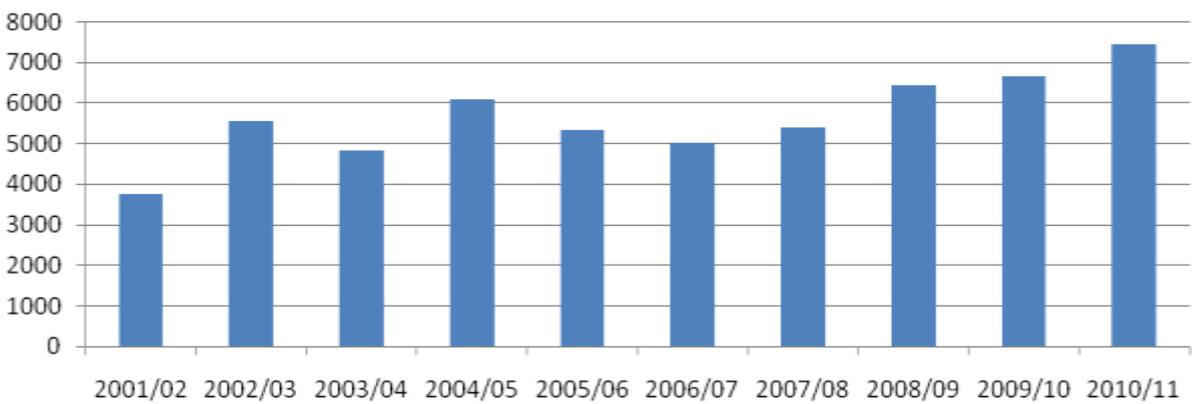
	Red cell	Plasmapheresis	Plateletpheresis	Total
1991/92	70,856	2,328	455	73,639
1992/93	71,950	3,033	728	75,711
1993/94	71,394	3,642	858	75,894
1994/95	69,201	3,346	886	73,433
1995/96	68,072	3,511	976	72,559
1996/97	70,804	3,772	1,097	75,673
1997/98	72,009	3,820	1,212	77,041
1998/99	73,154	574	2,500	75,699
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
2009/10	59,566	-	3,675	63,241
2010/11	57,683	-	4,578	62,261



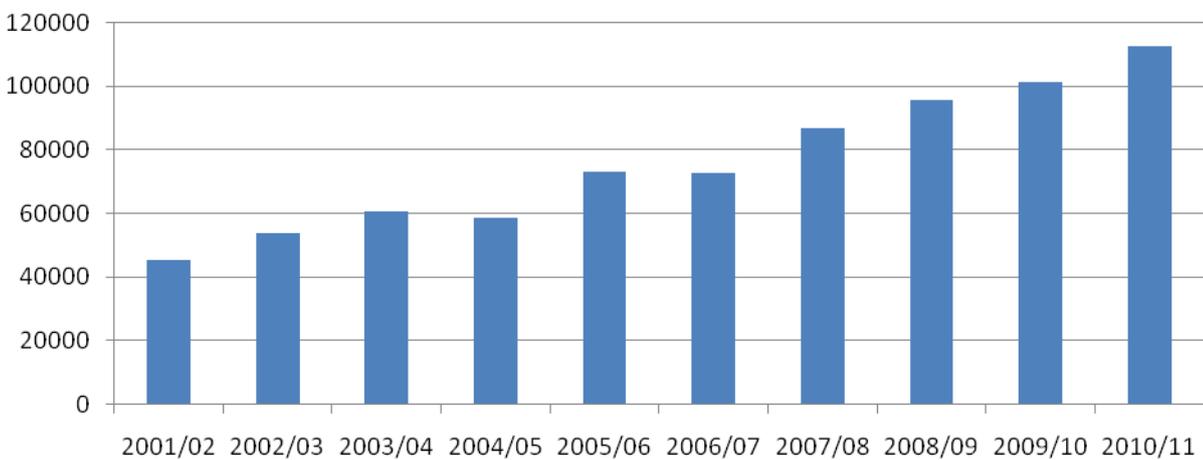
4.5% Albumin - all derived from non-UK plasma since April 1999 (includes 82 bottles 4.0% Albumin 400 ml for 2001/10)



20% Albumin 100 ml - all derived from non-UK plasma since April 1999



Intravenous Immunoglobulin Issued



Appendix 3

Diagnostic Services

Antenatal Patients

During 2010/11 a total of 80,414 blood samples from approximately 27,000 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	1,575
Units of typed red cells issued for crossmatching	3,113
ABO and Rhesus blood groups	4,704
Other blood group typings	1,835
Full blood typings	12
Platelet antibody investigations	35

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 95%.
- 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 30 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 the last quarter of the year several donation sessions closed earlier than publicised due to the significant snowfall and sub-zero temperatures. Nevertheless, overall performance was greater than 98%.

Session start time.

- Over 99% of sessions commenced on time (again, similar to 2009/10).

Session waiting time.

- Average waiting times (from reception until donation venepuncture) was 24.3 minutes (marginally better than the 24.6 mins in 2009/10).

Donor Satisfaction

- 182 comments cards were received (276 received in 09/10).
- A satisfaction rating of 94.2% was achieved (97.2% in 09/10). However, the 'Top Box' indicator (those responses recording the highest possible score) increased slightly to 80%. (79.3% in 09/10).

In 2010/11 we also introduced a new method to determine how important each of ten satisfaction parameters is to donors. It was not surprising to record that the most important factor reported was 'staff', followed by 'reception', and then 'where to go' (clarity of directions, and how to proceed).

Complaints Monitoring

- 28 complaints were received (25 in 09/10), with the main problem being related to increased waiting time.

Year	Total	Venepuncture -related	Staff -related	Waiting	Turn - away	Other
09/10	25	1	4	5	7	11
10/11	28	2	6	13	2	6

SUMMARY FINANCIAL STATEMENTS
STATEMENT OF COMPREHENSIVE NET EXPENDITURE
FOR THE YEAR ENDED 31ST MARCH 2011

	Note	2011 £'000	Restated 2010 £'000
Expenditure			
Staff costs		(6,094)	(6,086)
Depreciation		(403)	(445)
Other expenditures	1	<u>(17,674)</u>	<u>(19,284)</u>
		<u>(24,171)</u>	<u>(25,815)</u>
Income			
Income from activities	2	23,791	25,052
Other income	2	0	333
Transfers from reserves for donated property, plant, equipment & intangibles		0	0
Reimbursements receivable		<u>0</u>	<u>0</u>
		<u>23,791</u>	<u>25,385</u>
Net Expenditure		<u><u>(380)</u></u>	<u><u>(430)</u></u>
Revenue Resource Limit (RRL)	3	425	457
Surplus Against RRL		<u><u>45</u></u>	<u><u>27</u></u>
OTHER COMPREHENSIVE EXPENDITURE			
		2011	Restated
		£000s	2010
			£000s
Net (loss) on revaluation of Property, Plant and Equipment		(13)	(167)
Net gain on revaluation of Intangibles		0	0
Net gain on revaluation of available for sales financial assets		0	0
TOTAL COMPREHENSIVE EXPENDITURE for the year ended 31 March 2011		<u><u>(393)</u></u>	<u><u>(597)</u></u>
Breakeven in year position as % of RRL and income		0.19%	0.11%

SUMMARY FINANCIAL STATEMENTS
STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2011

	2011		2010	
	£'000	£'000	£'000	£'000
Non Current Assets				
Property, Plant and Equipment	8,656		8,949	
Intangible Assets	11		14	
Financial Assets	0		0	
Trade and Other Receivables	0		0	
Total non Current Assets		<u>8,667</u>		<u>8,963</u>
Current Assets				
Assets Classified as Held for Sale	0		0	
Inventories	2,101		1,904	
Trade and Other Receivables	525		768	
Other Current assets	0		0	
Financial Assets	0		0	
Cash and Cash Equivalents	38		47	
Total Current Assets		<u>2,664</u>		<u>2,719</u>
Total Assets		<u>11,331</u>		<u>11,682</u>
Current Liabilities				
Trade and Other Payables	(1,826)		(1,924)	
Other Liabilities	0		0	
Total Current liabilities		<u>(1,826)</u>		<u>(1,924)</u>
Non Current Assets plus Net Current Assets		<u>9,505</u>		<u>9,758</u>
Non Current liabilities				
Provisions	(24)		(25)	
Other Payables > 1 yr	0		0	
Financial Liabilities	0		0	
Total Non Current Liabilities		<u>(24)</u>		<u>(25)</u>
ASSETS LESS LIABILITIES		<u>9,481</u>		<u>9,733</u>
TAXPAYERS EQUITY				
Donated Asset Reserve	4		4	
Revaluation Reserve	5,949		5,962	
General Reserve	3,528		3,767	
		<u>9,481</u>		<u>9,733</u>

Signed...  (Chairman)

Date: 19 July 2011

Signed...  (Chief Executive)

Date: 7 July 2011

SUMMARY FINANCIAL STATEMENTS**STATEMENT OF CHANGES IN TAXPAYERS EQUITY FOR THE YEAR ENDED 31 MARCH 2011**

	Note	General Reserve £'000	Revaluation Reserve £'000	Donation Reserve £'000	Total £'000
Balance at 31 March 2009		3,920	6,129	4	10,053
Changes in accounting policy		0	0	0	0
Restated balance at 1 April 2009		3,920	6,129	4	10,053
Changes in taxpayers equity 2009-10					
Grant from DHSSPS		265	0	0	265
Transfers between reserves		0	0	0	0
Comprehensive expenditure for year		(430)	(167)	0	(597)
Donated asset receipts		0	0	0	0
Donated asset reserve - transfer to net expend for depreciation		0	0	0	0
Non cash charges - auditors remuneration	4	12	0	0	12
Balance at 31 March 2010		3,767	5,962	4	9,733
Changes in taxpayers equity 2010-11					
Grant from DHSSPS		132	0	0	132
Transfers between reserves		0	0	0	0
Comprehensive expenditure for year		(380)	(13)	0	(393)
Donated asset receipts		0	0	0	0
Donated asset reserve - transfer to net expend for depreciation		0	0	0	0
Non cash charges - auditors remuneration	4	9	0	0	9
Balance at 31 March 2011		3,528	5,949	4	9,481

SUMMARY FINANCIAL STATEMENTS
STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 31 MARCH 2011

	2011	Restated
	£'000	2010
		£'000
Cashflows from operating activities		
Net expenditure after interest	(380)	(430)
Adjustments for non cash costs	425	458
Decrease in trade & other receivables	243	218
<i>Less movements in receivables relating to items not passing through the net expenditure account:</i>		
Movements in receivables relating to the sale of property, plant and equipment	0	0
Movements in receivables relating to finance leases	0	0
Movements in receivables relating to PFI contracts	0	0
Decrease/(increase) in inventories	(197)	93
Decrease in trade payables	(98)	(342)
<i>Less movements in payables relating to items not passing through the net expenditure account:</i>		
Movements in payables relating to property, plant and equipment	(6)	35
Movements in payables relating to finance leases	0	0
Movements in payables relating to PFI contracts	0	0
Use of provisions	(3)	(3)
Net cash outflow from operating activities	(16)	29
Cashflows from investing activities		
Purchase of property, plant & equipment	(125)	(288)
Purchase of intangible assets	0	0
Proceeds of disposal of property, plant & equipment	0	2
Proceeds on disposal of intangibles	0	0
Proceeds on disposal of assets held for resale	0	0
Net Cash Outflow from investing activities	(125)	(286)
Cash flows from financing activities		
Grant in aid	132	265
Capital elements of payments - finance leases and on balance sheet PFI	0	0
Net financing	132	265
Net increase/(decrease) in cash & cash equivalents in the period	(9)	8
Cash & cash equivalents at the beginning of the period	47	39
Cash & cash equivalents at the end of the period	38	47

NOTES TO SUMMARY FINANCIAL STATEMENTS**Note 1: Operating Expenses**

	2011	Restated
	£'000	2010
		£'000
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	45	40
Supplies and services - clinical	15,849	17,469
Supplies and services - general	47	39
Establishment	476	500
Transport	287	287
Premises	679	584
Bad debts	0	0
Rentals under operating leases	0	0
Interest charges	0	0
PFI Service charges	0	0
Research & development expenditure	0	0
BSO services	50	50
Training	20	24
Professional fees	0	0
Patients Travelling expenses	0	0
Cost of exit packages not provided for	0	0
Elective Care	0	0
Miscellaneous	199	278
Non cash items		
Depreciation	403	445
Amortisation	3	0
Impairments	0	0
(Profit) on disposal of assets (excluding profit on land)	0	(2)
Loss on disposal of assets (including land)	8	0
Cost of Capital	0	0
Provisions provided for in year	0	1
Unwinding of discount on Provisions	2	2
Auditors remuneration	9	12
Total	<u>18,077</u>	<u>19,729</u>

During the year NIBTS paid NIAO £1,456 for participation in the National Fraud Initiative.

No other non-audit services were purchased from its external auditor (NIAO).

Appendix 6 contd

NOTES TO SUMMARY FINANCIAL STATEMENTS

Note 2: Income

Income from Activities

	2011	2010
	£'000	£'000
GB/Republic of Ireland Health Authorities	12	5
HSC Trusts and Board	23,772	25,040
Non-HSS:- Private patients	7	7
Non-HSS:- Other	0	0
Clients contributions	0	0
Total	<u>23,791</u>	<u>25,052</u>

5.2 Other Operating Income

	2011	2010
	£'000	£'000
Other income from non-patient services	0	333
Seconded staff	0	0
Charitable and other contributions to expenditure	0	0
Profit on disposal of land	0	0
Interest receivable	0	0
Total	<u>0</u>	<u>333</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:

	2011	2010
	Total	Total
	£'000	£'000
HSC Board	0	0
PHA	0	0
SUMDE & NIMDTA	0	0
DHSSPS (excl non cash)	0	0
Other Government Department	0	0
Non Cash RRL (from DHSSPS)	425	457
Adjustment for Grant in Aid	0	0
Total Revenue Resource Limit to Statement of Comprehensive Net Expenditure	<u>425</u>	<u>457</u>

Note 4: Capital Resource Limit

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

	2011	2010
	£'000	£'000
Gross Capital Expenditure	131	254
Receipts from sales of fixed assets	0	(2)
Net capital expenditure	131	252
Capital Resource Limit (CRL)	132	255
Underspend against CRL	<u>(1)</u>	<u>(3)</u>

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

The Department requires that HSC bodies pay their non HSC trade creditors in accordance with Better Payments Practice Code and Government Accounting Rules. The Agency's payment policy is consistent with the Better Payments Practice Code and Government Accounting rules and its measure of compliance is:

	2011 Number	2011 Value £000
Total bills paid	3,086	18,904
Total bills paid within 30 day target or under agreed payment terms	2,984	18,455
% of bills paid within 30 day target or under agreed payment terms	<u>96.7%</u>	<u>97.6%</u>

Note 6: Related Party Transactions

NI Blood Transfusion Service is a Special Agency is an arms length body of the Department of Health Social Service and Public Safety.

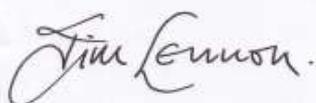
During the year NIBTS has had various material transactions with that Department and with other entities for which the Department of Health, Social Services and Public Safety is regarded as the parent Department.

These are :

Belfast HSC Trust, South Eastern HSC Trust, Southern HSC Trust, Northern HSC Trust, Western HSC Trust, Health and Social Care Board and Business Services Organisation (BSO).

During the year, none of the board members, members of the key management staff or other related parties 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 were approved by the Board on 21 June 2011. The annual report was approved by the Board on 7 July 2011.



Mr Jim Lennon, Chairman
Date: 19 July 2011



Dr Kieran Morris, Chief Executive
Date: 7 July 2011

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
**STATEMENT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND
ASSEMBLY**

I have examined the summary financial statement for the year ended 31 March 2011 set out on pages 41 to 47.

Respective responsibilities of the Accounting Officer and Auditor

The Accounting Officer is 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 annual 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.

In addition I read all the financial and non-financial information in the Annual Report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my certificate.

Basis of audit opinions

I conducted my work in accordance with Bulletin 2008/03 'The auditors' statement on the summary financial statement in the United Kingdom' issued by the Auditing Practices Board. My report on the Northern Ireland Blood Transfusion Service's 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.

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 2011 and 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

15 August 2011