

Northern Ireland Blood Transfusion Service

(A Special Agency of the HSC)



Annual Report and Accounts
For the year ended 31 March 2022

GIVE  BLOOD
Save Lives

©Northern Ireland Blood Transfusion Service copyright 2022
This information is licensed under the Open Government Licence v3.0.
To view this licence visit: www.nationalarchives.gov.uk/doc/open-government-licence/version/3/
Any enquiries regarding this publication should be sent to Alison.carabine@nibts.hscni.net

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE

Annual Report and Accounts For the year ended 31 March 2022

Laid before the Northern Ireland Assembly under Article 90(5) of the
Health and Personal Social Services (NI) Order 1972 by the
Department of Health

On

03 August 2022



Contents

	Page
Performance Report	4
1. Report of the Lead Non-Executive Member	4
2. Performance Overview	5
3. Performance Analysis	8
Accountability Report	17
1. Corporate Governance Report	17
• Director's Report	17
• Statement of Accounting Officer Responsibilities	19
• Governance Statement	20
2. Remuneration and Staff Report	28
3. Accountability and Audit Report	37
• Funding report	37
• Certificate and Report of the Comptroller and Auditor General to the Northern Ireland Assembly	38
Financial Statements for the Year ended 31 March 2022	43
1. Consolidated Statement of Comprehensive Net Expenditure	44
2. Consolidated Statement of Financial Position	45
3. Consolidated Statement of Cash Flows	46
4. Consolidated Statement of Changes in Taxpayers' Equity	47
5. Notes to the Financial Statements	48

Performance Report

1. Report of the Lead Non-Executive Member

On behalf of the Board I am pleased to report that the Northern Ireland Blood Transfusion Service (NIBTS) is performing well in the context of its statutory Mission

‘to collect process and deliver high quality blood and blood products and appropriate advice to the HSC Northern Ireland to the standard required by the Regulators’.

I can confirm that NIBTS has met all the regulatory and licencing requirements for blood products and associated clinical services. The external, independent inspections provided by the Medicines and Healthcare Products Regulatory Agency (MHRA) and the UKAS scheme provide an important safeguard of independent assurance to donors, patients and other users on the safety and quality of our blood products in Northern Ireland. NIBTS welcome the new FAIR guidelines which were introduced in August 2021 and which use a donor’s individual experiences to determine eligibility to donate, rather than applying across -the-board restrictions.

As we emerge from the unprecedented challenges presented by the pandemic, NIBTS has maintained a strong operation with dedicated front-line staff and an experienced wider staff body. It is testament to the strong leadership of the Agency that NIBTS has maintained a high level of service over the past two difficult years and continued to provide all blood products and blood services in Northern Ireland. The Board very much appreciate the tireless effort of NIBTS staff to support the crucial services of this Agency, despite the challenges of safety and remote working.

The success of our Mission is only possible with the un-swerving support of our donor family. I extend our grateful thanks to our donors who readily stepped up to what was required, despite the difficulties and changes to collection arrangements. Moving forward, NIBTS is keen to encourage new donors to engage with us on social media and assist NIBTS in supporting our patients in Northern Ireland with their personal gift of blood and blood products.

I would also like to thank Minister Swann and our colleagues at the Department of Health for their support to the work of NIBTS. The Agency proudly upholds our shared Values of Compassion, Working Together, Excellence Openness and Honesty, as we work to support shared objectives and mutually supportive goals.

The Chief Executive and I would like to express our sincere appreciation to three Non- Executive Board Members of the NIBTS; Lorraine Lindsay, Philip Cathcart and Ian Henderson who gave many years of experience and expertise to the governance of NIBTS and who collectively retired this year.

We would like extend a warm welcome to David Small, Brendan Garland and Michael Graham who joined our Board this year as Non-Executive Board Members. We very much look forward to working with our new Board members as we move forward.

The NIBTS Board are pleased to be supporting the transformation of pathology in Northern Ireland as part of the Pathology Blueprint Programme which will assess options for a new, NI wide, regional body for pathology services; whilst continuing to provide a safe and reliable service for donors and patients alike.



Bonnie Anley
Chair
07 July 2022

2. Performance Overview

This section describes the history, organisation, structure and services provided by NIBTS. The Agency's main service users and the external environment within which the organisation operates are also detailed.

2.1 Brief History

NIBTS was established in 1994 as an independent Special Agency of the Health and Personal Social Services in Northern Ireland. It is the sole supplier of blood and blood products to Health and Social Care (HSC) in Northern Ireland. In 2021/22, the Agency was funded through service and budget agreements with the Health and Social Care Board (HSCB) and HSC Trusts to recover the cost of services provided. The HSCB will be replaced by the Strategic Performance & Planning Group (SPPG) of the Department of Health in Northern Ireland from 1 April 2022.

2.2 Facilities and Services

NIBTS operates from its headquarters on the Belfast City Hospital site which incorporates:

- Whole blood and plateletpheresis collection unit;
- Processing and testing laboratories;
- Donor administration;
- Medical team;
- Nursing team (which provides staff for headquarters and mobile blood collection teams);
- Quality and regulatory compliance department including the quality control laboratories; and
- Corporate functions including Finance, Human Resources (HR) and Information Technology (IT).

Additionally, NIBTS has a satellite blood collection team based in the Omagh Hospital and Primary Care Centre. There is also a donation facility in College Street, Belfast and a purpose-built BloodMobile Unit that supports the collection of blood across Northern Ireland.

2.3 Equal Opportunities

NIBTS has established robust policies and procedures to ensure equality in the workplace. These include an overarching Equal Opportunities policy as well as specific procedures in relation to disability. Further reference on our Equal Opportunities policy can be found at page 35 of this report.

2.4 Structure, Main Services and Users

NIBTS is managed by a Senior Management Team, led by the Chief Executive, which reports to a Board. The Board consists of a non-executive Chair, three non-executive members and the Chief Executive.

NIBTS is required to respond to the needs of the health service in Northern Ireland and therefore works with HSC Trusts to establish the anticipated needs for blood components. Historical activity data and information from the UK Blood Establishments Forum and the European Blood Alliance is used to predict future demand.

2.5 The External Environment

NIBTS works closely with patients, donors and colleagues across a number of disciplines in the Health and Social Care Trusts as well as the Department of Health in Northern Ireland, the Health and Social Care Board (HSCB), the Public Health Agency (PHA) and the Patient and Client Council (PCC).

The Agency holds a blood establishment authorisation licence for the collection, testing, processing, storage and distribution of blood components issued by the Medicines & Healthcare products Regulatory Agency (MHRA). In addition, a wholesale distributor's licence for plasma products is retained.

The Blood Safety and Quality Regulations (BSQR) 2005 (as amended) require adherence to Good Manufacturing Practice principles supported by a quality management system. The organisation is committed to retaining its licences and maintaining a state of readiness for licensing inspection visits.

Although the core function of NIBTS is to supply blood and blood products for the needs of patients in Northern Ireland, NIBTS also provides the regional antenatal testing programme and specialist immunohaematology support to hospital blood banks. These services are accredited by United Kingdom Accreditation Service (UKAS) to the ISO 15189 standard.

NIBTS has been designated as a core participant of the UK Infected Blood Inquiry. Throughout 2021/22, we co-operated fully with all requests for information made by the Infected Blood Inquiry Team and will continue to do so as the Inquiry progresses.

The COVID-19 pandemic has obviously had a significant impact on NIBTS and this is described in the Performance Analysis.

2.6 Resources, principal risks and uncertainties

NIBTS has developed a Risk Management Strategy that identifies our objectives and risks and sets out a control strategy for each of the significant risks. Procedures have been established to verify that aspects of the risk management and internal control system are regularly reviewed and reported on. Risk management is also fully incorporated into the corporate planning and decision making processes of the organisation. This includes the development of corporate and departmental risk registers which identify, evaluate and manage risk.

As a Blood Establishment, risk management is embedded in all key activities, including the Good Manufacturing Practice (GMP) activities related to the management of change, incidents and validation.

The key risk for NIBTS in the next year is the maintenance of adequate blood and platelet stocks, particularly in the context of any ongoing implications of COVID-19. This risk is underpinned by the need to recruit and retain sufficient donors. Appropriate controls to mitigate this risk are in place.

NIBTS is required to deliver its services efficiently, ensuring value for money with maximum productivity. This will continue in 2022/23 and any financial risks will be identified through monthly financial monitoring.

2.7 Performance Summary

Despite the challenges presented by the COVID-19 pandemic, as Chief Executive, I am satisfied that the organisation has, during 2021/22, made good progress across the following key objectives:

- Maintaining an adequate panel of blood donors;
- Collecting, testing, processing and issuing high quality blood components;
- Meeting the demand for blood components;
- Meeting regulatory requirements;
- Maintaining relevant licences;
- Achieving financial breakeven; and
- Paying suppliers in accordance with prompt payment requirements.

More detail on these objectives is provided in the Performance Analysis section at page 8.

2.8 Going Concern

NIBTS provides a key service for the health service in Northern Ireland and is the sole supplier of blood and blood products in the region. As such, it will continue to operate as a going concern reflecting the ongoing demand for this service.

3. Performance Analysis

3.1 Assessment of Performance

COVID-19 Pandemic

The COVID-19 pandemic continued to have a major impact on NIBTS operations during 2021/22. We anticipate that this impact will reduce during 2022/23 but with likely pressures on staff and donor availability increasing during autumn and winter. Many lessons learned from the past two years have been embedded in “business as usual” including continued use of appointments for donors.

As hospital elective activity increases to address the backlog of procedures and long waiting lists, an increase in demand for blood products is likely with preparations ongoing to meet this.

During 2021/22, NIBTS continued to provide core services and has been able to meet the hospital requirements for blood and blood products.

As evidenced in 2021/22, and experienced across all health and social care organisations, this incredible achievement would not have been possible had it not been for the superb efforts made by all of our NIBTS staff. Equally, the continued support of our donors has been overwhelming in what has continued to be an extremely challenging environment.

The arrangements put in place at the beginning of the pandemic have been reviewed regularly during 2021/22 in light of new information and evolving public health guidance. In order to minimise risks and safeguard the wellbeing of our staff and donors, a range of measures have continued.

On blood donation sessions, these include:

- regular, detailed risk assessments of processes;
- donation by appointment only;
- use of larger blood collection venues to facilitate greater social distancing;
- restricting the number of staff per vehicle when travelling to donation sessions;
- compulsory mask wearing for staff and donors;
- the provision of appropriate personal protective equipment (PPE).

An extensive radio and social media campaign allied with updated website information has also ensured that sufficient numbers of our committed and loyal donors have continued to make outstanding efforts to provide their generous gift of blood and platelets to maintain stock levels and ongoing supply.

At NIBTS headquarters, working patterns have evolved to minimise the number of staff on site and also enhance business continuity arrangements in the event of staff contracting COVID-19.

In Laboratories, the testing area established during 2020/21 has remained on stand-by to back up hospital COVID-19 testing if required.

As the situation has changed, staff have been facilitated to blend working at home with working in the office. In addition, an extensive wellbeing programme has continued to support all staff.

Regular meetings monitoring the internal situation reporting continued to assess the impact of COVID-19 on the service and to agree any actions required. Similarly, this monitoring continued to be reported to the regional HSC system via HSCB/PHA and onwards to the Department of Health (DoH) as appropriate. For NIBTS, this reporting has scaled back significantly during the latter part of 2021/22 as service provision remains stable.

Convalescent Plasma

Whilst clinical trials in 2021/22 indicated that convalescent plasma does not provide benefit to patients in the later stages of their illness, further clinical trials have been developed to establish whether convalescent plasma might be beneficial to patients earlier in the disease process. These are being coordinated through NHSBT in England with NIBTS facilitating access to the trial for appropriate patients in Northern Ireland.

Introduction of Individualised Donor Risk Assessments (FAIR)

During 2020, the FAIR (For the Assessment of Individual Risk) UK-wide steering group assessed the feasibility of developing an individual risk-based approach to donor selection to minimise the transmission of transfusion transmitted infections (TTIs) due to sexual risk factors.

This was an in-depth review which brought together UK blood services, LGBT+ groups, medical and scientific experts, as well as patients and donors. The exclusion of men who have sex with men (MSM) has been viewed as discriminatory and outdated and there have been extensive campaigns to change this population risk-based criterion to a more individual risk-based donor selection process.

These changes mean a large number of people who have never been able to donate blood became eligible to do so. The outputs were reviewed by SaBTO (Safety of Blood, Tissues and Organs) in October 2020 and were accepted by all UK Ministers in December 2020.

The UK Blood Services have all now implemented these recommendations.

All donors, regardless of gender, will be asked the same sexual behaviour questions, meaning more people from LGBT+ communities are now eligible to donate. The process of giving blood will not change.

These changes acknowledge that all donors have the potential to carry infections - including heterosexual people.

It is important that donors are able to answer the pre-donation questions in a setting that makes them feel comfortable and safe. Staff have received training to make sure these more personal conversations are conducted with care and sensitivity and accurate information is captured.

Donors are notified of the changes so they can consider the new questions before their appointment and are able to reschedule if they do not meet the changed criteria to give blood at that time.

Quality and Regulatory Compliance

NIBTS underwent a successful inspection by the MHRA in the summer of 2019. A follow up audit is due but has been delayed by MHRA in response to the COVID pandemic.

In addition, following the UKAS audit of NIBTS diagnostic screening laboratories in January 2021, the auditors recommended continuing accreditation of NIBTS to ISO 15189.

To support the maintenance of these licences and accreditations, robust quality management processes and systems are embedded and are fully functioning across the organisation.

NIBTS also continued to develop its Governance Framework in line with DoH requirements. Progress on action plans for each area of the Framework continued to be reported to the NIBTS Governance and Risk Management Committee.

Investors in People (IIP)

NIBTS continued to maintain Investors in People accreditation during the year with the next accreditation assessment due in June 2022.

Activity

During the year, the demand for blood and blood components has returned to similar levels experienced before the pandemic.

Tables 1 and 2 show the donation activity for 2021/22 compared to 2020/21. There was a marked increase in issues of red cells and platelets over the year which reflects an increase in both urgent and elective hospital activity.

Whilst blood donations broadly matched issues, it was necessary to augment the supply of O Negative blood, blood with particular complex antigen combinations and platelets from NHS Blood and Transplant (NHSBT) in England. At just over 1% of total issues, this was significantly less than the 2.7% of issues in 2020/21. The main reason for augmenting stock during 2020/21 was COVID-19 related resulting in a decrease in blood donations due to the unavailability of donors and staff who were self-isolating.

Donors

During the year, the active donor panel reported has decreased by approximately 14%. Again, this is due to the COVID-19 pandemic and the method currently used to determine whether a donor is active. This method is being reviewed to ensure all those wishing to donate are contacted when donation sessions are in their area.

Donor satisfaction has remained consistently at 99% throughout the year and is a slight improvement from 98% the previous year. Again, this is a real achievement by all the donation staff during another challenging year for both staff and donors.

The introduction of the appointment system in 2020 has been a major success and has been broadly welcomed by donors and staff alike and has continued throughout 2021/22. An online booking system is being developed to further enhance donor experience.

Table 1: Donation Activity in 2021/22 and 2020/21

	2021/22	2020/21
Whole blood donations	40,067	36,764
Whole blood attendance	45,018	40,762
New donor attendance	2,886	2,999
Platelet donations	3,740	3,403
Haemochromatosis donations	669	727
Total donations	44,476	40,894
Deferral rate (%)		
- of overall attendance	9	8
- of new donors	18	11

Table 2: Blood Component Issues in 2021/22 and 2020/21

Blood Component	2021/22	2020/21
Red cell units (adult)	39,219	36,832
Platelets (adult therapeutic doses)	7,984	7,272
Fresh Frozen Plasma components	4,129	3,013
Pooled cryoprecipitate	742	616

Business Plan Objectives

At the start of 2021/22, NIBTS established 38 business plan objectives for the year. The objectives crossed a number of themes including those relating to our core function of collecting blood and issuing blood components. Thirty of these objectives were fully achieved, two were partially achieved, five were not achieved and one was deferred. The business plan objectives included a number of key performance indicators (KPIs) which were monitored during the year. The year end position in respect of these KPIs is provided in Table 3 below.

Table 3: Key Performance Indicators

	Target	2021/22	2020/21
Donor Satisfaction	95%	99%	98%
Active Donor Panel – Whole Blood	56,000 +/- 3%	51,330	54,662
Active Donor Panel - Platelets	750 +/- 3%	745	640
Percentage Red Cells Imported	0.5%	1%	2.7%
Percentage Platelets Imported	0.5%	0%	0%
Donor Complaints	<20	22	36
Activation of Blood Shortage Plan	Nil	Nil	Nil
Staff Development Reviews Completed	>90%	64%	-
Staff Absence	<5.6%	6.3%	5.6%
Variance from Breakeven	<0.25%	0.01%	0.02%
Prompt Payment Compliance (30 days)	>95%	95.6%	95.2%

The five objectives not achieved relate to a fall in the whole blood active donor panel; the volume of red cells imported to ensure adequate stock levels; donor complaints; staff development reviews and staff absence. Actions to ensure these objectives are met in 2022/23 are being progressed.

3.2 Long Term Objectives and Corporate Plan**3.2.1 Blood Stocks and Supply to Hospital Blood Banks**

Whilst demand for red cell components reduced in the three years pre-pandemic with a significant drop in 2020/21, it is expected to return to pre-pandemic demand in 2022/23. Increased elective activity over the coming years to address waiting list back logs coupled with an increasingly complex demographic is expected to result in an increase in demand for the next three to four years.

NIBTS continues to advise and support hospital clinicians on the application of NICE guideline NG24 which recommends minimal transfusion at higher transfusion thresholds. There are a number of target patient groups such as haemato-oncology patients and patients with acute upper gastrointestinal haemorrhage where further reductions in red cell transfusions might be possible.

On-going liaison with Trust transfusion committees and the Northern Ireland Transfusion Committee will continue to focus on the appropriate use of O-negative red cells and reduction of wastage across the supply chain. All of which will further support the self-sufficiency of the Northern Ireland supply chain.

As anticipated last year, the demand for platelets has plateaued. However, current planning assumptions are for an increase of around 2.5% year on year over the next four years to support increased elective activity and projected increases in demand associated with an increasingly complex demographic.

Clinical practice guidelines and audit activity with action plans for continued improvement have optimised appropriate use.

The effect of delayed diagnosis and treatment due to the pandemic continues to be difficult to predict at present. Initial data indicates that there is increasing demand. This will be closely monitored to ensure blood and platelet collections are sufficient to meet demand. With these caveats in mind, projections for the medium term are given in Table 4 below.

3.2.2 Projected Demand

The projected issues for each component are outlined in Table 4 below:

Table 4: Projected Demand

Year	Red Cells	Platelets	Fresh Frozen Plasma	Pooled Cryoprecipitate
2022/23	41,000	8,456	3,675	900
2023/24	41,000	8,668	3,675	900
2024/25	41,000	8,884	3,675	900
2025/26	41,000	9,106	3,675	900

3.3 New Developments

3.3.1 Plasma for Fractionation (PFF)

The change in guidelines for the collection of UK plasma in 2020 provides an opportunity for UK blood services to collect human plasma which can be used to create plasma derived medicinal products (PDMP) such as immunoglobulins. During the past year, the Department of Health in Northern Ireland has been liaising with colleagues in the Department of Health and Social Care (DHSC) in London to establish whether the collection of PFF in Northern Ireland is feasible. Consideration is ongoing with a decision on the way forward likely to be agreed during 2022/23.

3.3.2 Collection Strategy

The legacy of the COVID pandemic and its impact on blood and platelet collections will continue to be assessed during 2022/23 and will influence the future NIBTS collection strategy.

3.3.3 Clinical Transfusion Practice and Haemovigilance

The NIBTS medical team continues to work collaboratively with the Northern Ireland Transfusion Committee and other key stakeholders in haemovigilance, hospital blood banks and medical specialties.

It is also anticipated that there will be progress on the implementation of foetal Rh(D) screening to support maternity services across Northern Ireland as well as working with hospital colleagues to assist with the increasing prevalence of sickle cell disease in the local population.

NIBTS will continue to support hospital colleagues with transfusion advice. This is now more achievable as a further two additional consultant medical staff have been recruited to bring the team to full strength.

NIBTS will also continue to work with medical colleagues across the UK through the UK Forum of blood establishments as well as active participation in the Joint Professional Advisory Committee (JPAC).

3.3.4 Infrastructure

In order to continue to deliver a transfusion service that meets the regulatory compliance requirements of BSQR (2005) (as amended) and the EU Blood Directives, it is essential that the physical infrastructure for NIBTS meets the requisite standards. The existing NIBTS headquarters building was commissioned in 1995 and is now the oldest blood centre in the UK and Ireland. As the building and infrastructure ages, it is becoming increasingly difficult to meet compliance standards. As a result, NIBTS has begun to evaluate the options for upgrading and providing laboratory and collection facilities for Northern Ireland. Part of this evaluation will involve the development of a business case to consider and assess these options. NIBTS has engaged with the Department of Health to identify funding to support the development of the case.

3.3.5 Laboratories

NIBTS continues to evaluate emerging technologies – including molecular testing - that support automated serology, reference, microbiology and quality laboratories to ensure that the platforms used meet the required standards.

The most recent evaluation has led to the purchase of a new molecular testing platform for the Reference Laboratory. This platform meets the requirements of the EU Medical Device Regulations thus ensuring continuity of current testing and the ability to expand the molecular repertoire.

NIBTS will continue to work with hospital colleagues to develop training programmes for staff in hospital blood banks that will reduce reliance on the regional reference laboratory.

NIBTS will also continue to support the Harvey's Gang charity providing opportunities for young people and their families to see what happens in our laboratories and testing facilities.

3.3.6 Digital Developments

The next three years will see the introduction of a number of new digital developments across pathology and blood transfusion medicine in Northern Ireland.

A business case for a blood production and tracking digital solution has been approved with procurement for this scheduled for late 2022. This updated system will enable digital tracking of components from donor vein to patient vein as well as online donation appointment booking and better system blood stock management.

In addition, the roll out of the regional core Laboratory Information Management System (core LIMS) will see the replacement of the current automated serology DSS system with Clinisys WinPath in 2023.

3.3.7 Northern Ireland Pathology Transformation

As part of the wider transformation agenda, NIBTS has been asked by the Department of Health to host the Blueprint Programme to identify options for the future management structure of pathology services – including NIBTS – for Northern Ireland. This Programme will enable pathology stakeholders to assist in the design of the blueprint, explore the different options for creating this structure and recommend a preferred option to the Minister for Health. Subject to this recommendation receiving Ministerial approval, and funding availability, work will begin to enable transition to the new management structure during 2024.

3.4 Impacts on Financial Position in 2021/22 and Looking Forward

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

The primary financial performance objective of NIBTS 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 financial statements are shown in pages 43 to 47 and 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 and comply with relevant accounting standards.

The Statement of Comprehensive Net Expenditure shows a surplus of £0.002m (2021: £0.003m surplus) and against RRL plus income from activities of £19.307m (2021: £18.157m), this represents a surplus of 0.01% (2021: 0.02%). Accordingly, the breakeven objective for the year has been achieved.

During the year, NIBTS received income of £18.700m (2021: £17.616m). This comprised £7.377m (2021: £6.513m) in respect of Haemophilia Blood Products; Patient Testing Services and non recurrent cost pressure funding from the Health and Social Care Board and £11.209m (2021: £10.934m) for the supply of blood and blood products from HSC Trusts. The income noted above was invoiced in line with service agreements. Other income amounted to £0.114m (2021: £0.068m). In addition, a revenue resource limit of £0.607m was provided by DoH to cover non cash costs.

During the year, NIBTS spent £19.320m (2021: £18.155m). The majority of the expenditure was on Clinical Supplies and Services £8.927m (46%) (2021: £8.459m/47%). The average number of whole time equivalent persons employed during the year was 175.2 (2021: 171.2) and expenditure on these staff amounted to £7.688m (40%) (2021: £7.240m/40%). The remaining 14% of expenditure was on other expenditure £2.098 (11%) (2021: £1.902m /10%) and Non-cash items £0.607m (3%) (2021: £0.554m/3%).

The movement in expenditure from the prior year primarily relates to increased haemophilia blood product costs and additional costs required to ensure continuity of service during COVID-19 pandemic.

NIBTS also invests each year in laboratory equipment, vehicles, ICT and building infrastructure to provide the capital assets essential for the running of the service. During the year, capital income (from DoH) and expenditure amounted to £0.229m (2021: £0.420m) and £0.199m (2021: £0.403m) respectively.

The Department of Health requires that NIBTS pays their non HSC trade creditors in accordance with applicable terms and appropriate Government Accounting guidance. The Agency's payment policy is consistent with applicable terms and appropriate Government Accounting guidance and its measure of compliance is:

	2022 Number	2022 Value £000s	2021 Number	2021 Value £000s
Total bills paid	3,783	10,214	3,748	10,751
Total bills paid within 30 day target or under agreed payment terms	3,616	10,006	3,567	10,573
% of bills paid within 30 day target or under agreed payment terms	95.6%	98.0%	95.2%	98.3%
Total bills paid within 30 days of receipt of an undisputed invoice	3,616	10,006	3,567	10,573
% of bills paid within 30 days of receipt of an undisputed invoice	95.6%	98.0%	95.2%	98.3%
Total bills paid within 10 day target	2,979	8,851	2,918	9,586
% of bills paid within 10 day target	78.7%	86.7%	77.9%	89.2%

During the year, NIBTS paid no compensation or interest for payments being late.

The key financial issues looking forward are the cost implications of any changing profile of product demand; any ongoing financial implications of COVID-19; and any changes to how the service is delivered and increase in energy costs.

Within the bounds of the prudent use of public funds, the Agency, in its role as a supplier of critical blood and blood products to hospitals, is a viable organisation. The Agency operates with a capital asset base of approximately £11m and new capital schemes are funded by DoH.

3.5 Environmental, Social and Community Issues

During 2021/22, NIBTS continued to monitor its environmental impact in line with its objectives. This included the monitoring of energy performance including electricity, steam and water consumption. The environmental management action plan continued to inform actions designed to improve governance with regard to environmental management.

The overall reduction in the carbon footprint for the organisation for the previous year (2020/21) was 2%. During 2021/22, whilst there was no reduction in our overall carbon footprint there was no significant increase, with a 0% change in CO₂ emissions recorded by the Estates environmental management team.

NIBTS continues to work to improve on its target of reducing its carbon footprint by reducing greenhouse gas emissions by an average of 1% each year on 2012/13 levels until 2025.

To date, NIBTS has been able to demonstrate an 8% overall reduction in CO₂ gas emissions since monitoring began in 2013/14, which is on target with the DOH objectives. In order to further reduce our energy consumption, plans are in progress to upgrade our heating system in Headquarters, to a more energy efficient Plate Heat Exchange (PHE) system, which will replace our much older Calorifiers. This is expected to give savings in heating energy usage, by 10 -15% on current figures, over the coming years.

Measures such as those described above will help to ensure NIBTS makes progress in reaching its overall target of a 1% reduction in its carbon footprint each year until 2025. The Agency will continue to work with Estates Professionals within the Belfast Health and Social Care Trust to achieve these aims.

3.6 Employees and Board Members

As at 31 March 2022, NIBTS employed 203 staff and reported a sickness absence rate of 6.3% (2021: 5.6%). The target for absence in 2021/22 was <5.6%. More detailed information is provided in the Remuneration and Staff Reports on page 28.

3.7 Pension Liabilities

The treatment of pension liabilities is detailed in the Remuneration and Staff Report on page 28.

3.8 Information Governance

NIBTS had no reportable data breaches during 2021-22.

3.9 Emergency/Business Continuity Plans

NIBTS has reviewed its emergency planning protocols and business continuity plans in line with the relevant DoH standards. NIBTS continues to participate in the DoH Emergency Planning Forum and UK Blood Services Emergency Planning and Business Continuity Forum.

In 2021-22, we reviewed and updated the NIBTS Business Continuity Management Plan and the Business Unit Resumption Plans for all the functional areas. The Business Continuity Plans have been tested throughout the COVID-19 pandemic and resilience within functional areas has been verified.

3.10 UK Exit from the European Union (EU)

The UK exit from the EU had no material impact on the ability of NIBTS to meet key objectives or on the operation of the service during the year.



Mrs K Jackson
Accounting Officer
07 July 2022

Accountability Report

1. Corporate Governance Report

The Corporate Governance Report sets out the key governance fora within the organisation and, where applicable, their role in reporting to the NIBTS Board. In addition, the Corporate Governance Report provides further data via the Governance Statement with regard to the role and function of the Committees. This report also provides further detail on the framework for Business Planning, Risk Management and Information Risk.

Directors' Report

NIBTS is governed by an Agency Board and during the year had the following members:

Non-Executive Chair	Ms Bonnie Anley
Non-Executive Members	Mrs Lorraine Lindsay (until 04/02/2022) Mr David Small (from 05/02/2022) Mr Philip Cathcart (until 06/02/2022) Mr Michael Graham (from 07/02/2022) Mr Ian Henderson (until 20/02/2022) Mr Brendan Garland (from 21/02/2022)
Chief Executive	Mrs Karin Jackson

The Department of Health appoints non-executive members, with the approval of the Minister of Health. In February 2022, the term of the existing three Non-Executive Members, came to an end and new Non-Executive Members were appointed.

During 2021/22, the Board met on six occasions. Meetings are publicly advertised and are normally held in NIBTS HQ. However, in 2021/22 all meetings were held via video conferencing.

The NIBTS Board has three committees. These are the Audit Committee, which met on four occasions; the Governance and Risk Management Committee, which met on four occasions; and the Remuneration and Terms of Service Committee which met on two occasions.

Operational management is provided through the Senior Management Team (SMT) which meets each week. It provides quality assured data and information for the Board. The SMT considers a range of issues including:

- Progress against objectives set by DoH;
- Progress against corporate objectives declared in the annual business plan and corporate plan;
- Finance and budgetary control report; and
- Quality Management System performance review.

NIBTS has prepared a set of accounts which are included in this report for the year ended 31 March 2022. These 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.

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

NIBTS maintains a Register of Interests for Board members and the Senior Management Team (SMT) to identify any potential conflict of interest. None of the Board or SMT members have undertaken any material transactions with NIBTS during the year. The Register can be reviewed by contacting the Chief Executive's office.

NIBTS did not make any charitable donations in 2021/22.

The Northern Ireland Audit Office (NIAO) is responsible for the audit of NIBTS accounts. The notional cost of the audit for the year ended 31 March 2022, which pertained solely to the audit of the accounts, was £16,200 for Public Funds and £1,100 for Trust Funds. During the year, NIBTS purchased no other non-audit services from the NIAO.

In 2021/22, all relevant information was made available to the auditor. The Chief Executive and Board members have confirmed there is no relevant audit information of which the auditors are unaware. They have taken all steps required to make themselves aware of any relevant audit information and to establish that NIBTS' auditor is aware of that information.

The Chief Executive has confirmed that the annual report and accounts as a whole are fair, balanced and understandable and that she takes personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable.

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

There were no reportable data breaches during the year. NIBTS is a Public Sector Information Holder and has complied with the requirements set out in HM Treasury and the Office of Public Sector Information guidance.

Statement of Accounting Officer Responsibilities

Under the Health and Personal Social Services (Northern Ireland) Order 1972 (as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003), the Department of Health has directed the Northern Ireland Blood Transfusion Service to prepare for each financial year, a statement of accounts in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must provide a true and fair view of the state of affairs of the Northern Ireland Blood Transfusion Service and of its income and expenditure, changes in taxpayers equity and cash flows for the financial year.

In preparing the financial statements, the Accounting Officer is required to comply with the requirements of the Government Financial Reporting Manual (FREM) and in particular to:

- observe the Accounts Direction issued by the Department of Health, including relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in FREM have been followed, and disclose and explain any material departures in the accounts;
- prepare the financial statements on the going concern basis, and
- confirm that the Annual Report and Accounts as a whole is fair, balanced and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The Permanent Secretary of the Department of Health, as Principal Accounting Officer for Health and Social Care Resources in Northern Ireland, has designated Mrs K Jackson of Northern Ireland Blood Transfusion Service as the Accounting Officer for the Northern Ireland Blood Transfusion Service. The responsibilities of an Accounting Officer, including responsibility for the regularity and propriety of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding the Northern Ireland Blood Transfusion Service assets, are set out in the formal letter of appointment of the Accounting Officer issued by the Department of Health, Chapter 3 of Managing Public Money Northern Ireland (MPMNI) and the HM Treasury Handbook: Regularity and Propriety.

As the Accounting Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that Northern Ireland Blood Transfusion Service auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Governance Statement

1. Introduction / Scope of Responsibility

The Board of the Northern Ireland Blood Transfusion Service (NIBTS) is accountable for internal control. As Accounting Officer and Chief Executive of the Agency, I have responsibility for maintaining a sound system of internal governance that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am responsible in accordance with the responsibilities assigned to me by the Department of Health (DoH).

In essence, the role of Accounting Officer is to see that NIBTS carries out the following functions in a way that ensures proper stewardship of public money and assets:

- To meet statutory financial duties;
- To meet all relevant regulatory requirements;
- To enter into and fulfil service level agreements with commissioners; and
- To maintain and develop relationships with donors, commissioners and suppliers.

NIBTS is accountable to the DoH for the performance of these functions and normally participates in two formal accountability review meetings per annum with DoH. However, during 2021/22, due to COVID-19 such meetings were paused.

NIBTS works in partnership with DoH by agreeing and progressing annual objectives and has key relationships with the Health and Social Care Board (HSCB) and HSC Trusts, through established service level agreements, to deliver services to agreed specifications. NIBTS also works closely with the Business Services Organisation who provide a range of services under a service level agreement and with other groups such as the HSC Personal and Public Involvement forum.

2. Compliance with Corporate Governance Best Practice

The Board of NIBTS applies the principles of good practice in Corporate Governance and continues to further strengthen its governance arrangements. The Board of NIBTS does this by undertaking continuous assessment of its compliance with Corporate Governance best practice by completing the Board Governance Self-Assessment Tool as issued by the DoH. The last assessment, undertaken in December 2021, indicated that there were no significant departures from best practice identified in the tool. However, there are some opportunities for improvement and an action plan to facilitate this is being developed.

3. Governance Framework

In accordance with the Northern Ireland Blood Transfusion Service (Special Agency) (Establishment and Constitution) Order (Northern Ireland) 1994, NIBTS has a Board whose non-executive members are appointed by the DoH.

The Board consists of a Non-Executive Chair, three Non-Executive Members and the Chief Executive. The Senior Management Team attends and participates in Board meetings. In 2021/22 the Board met on six occasions.

Mrs K Jackson was appointed Chief Executive with effect from 1 October 2016 on a temporary basis for up to two years. This tenure has subsequently been extended to October 2022.

The NIBTS governance framework is described in the NIBTS Board Assurance Framework which has been developed in keeping with the guidance issued by the DoH. The framework is based on accountability and reporting for all activities undertaken by NIBTS thereby facilitating robust assurance to the Board. This assurance framework aims to harness the existing risk management activity to resolve uncertainties and deepen NIBTS' understanding of these aspects of governance.

The NIBTS Board oversees NIBTS' activities to ensure that governance and management arrangements are effective. The Board must be assured that they will be able to identify and manage risks inherent in the provision of services by the organisation.

The Board determines the level of assurance required to manage the principal risks and take stock of the various forms of assurance available to them. The Assurance Framework provides a tool by which the Board can monitor the effectiveness of internal control.

The Board has three committees. These are the Audit Committee; the Governance and Risk Management Committee; and the Remuneration and Terms of Service Committee.

Audit Committee

The Audit Committee is chaired by a Non-Executive Board member and consists of three Non-Executive Board members. The committee met four times during the year and was attended by Internal Audit, External Audit, the Finance Manager and other Senior Managers, as required.

The key role of the Audit Committee is to review the effectiveness of the internal financial control systems and advise the Board on the strategic processes for internal control; accounting policies and the annual accounts.

The Audit Committee reviewed internal and external audit reports, including the Head of Internal Audit's Annual Opinion, and reported any material matters arising to the NIBTS Board. The Audit Committee also advised and updated the Board on the internal and external audit reports received.

In February 2020, the Audit Committee Self-Assessment checklist was completed and found no significant divergences in its operation from the best practice identified in the checklist.

Governance and Risk Management Committee

The Governance and Risk Management Committee is chaired by a Non-Executive Board member and consists of a further two Non-Executive Board members. The Chief Executive, SMT members and the Business Continuity and Risk Manager also attended meetings during the year. The Committee met four times during 2021/22.

The Committee ensures that there are robust and regularly reviewed systems and structures in place to support the effective implementation and development of integrated governance and risk management systems across the organisation. Risk management is a planned and systematic approach to identifying, evaluating and responding to risks and providing assurance that responses are effective and ensuring principal risks and significant gaps in controls and assurances are considered by the Board in a timely fashion.

Remuneration and Terms of Services Committee

The Remuneration and Terms of Service Committee is chaired by the Board Chair and consists of the Non-Executive members.

The role of the Remuneration and Terms of Service Committee is to advise the Board about appropriate remuneration and terms of service for the Chief Executive and any senior executive. The committee met two times during the year.

Board and Committee Attendance Record

Attendance at the meetings of the Board and its committees during 2021/22 was as follows:

	Board	Audit Committee	Governance and Risk	Remuneration Committee
Ms B Anley – Chair	6 of 6	-	-	2 of 2
Mr I Henderson – Non-Executive	6 of 6	4 of 4	3 of 4	2 of 2
Mrs L Lindsay – Non-Executive	4 of 6	2 of 4	4 of 4	2 of 2
Mr P Cathcart – Non-Executive	5 of 6	4 of 4	3 of 4	2 of 2
Mrs K Jackson – Chief Executive	6 of 6	-	4 of 4	-

No Audit Committee, Governance and Risk Management Committee or Remuneration and Terms of Service Committee performance issues were raised as part of the Board Governance Self-Assessment.

4. Framework for Business Planning and Risk Management

Business planning and risk management is at the heart of governance arrangements to ensure that statutory obligations and ministerial priorities are properly reflected in the management of business at all levels within the organisation.

Business Planning

In drawing up the annual business plan, the Chief Executive and Senior Management Team discuss key issues affecting the service, develop appropriate objectives for the year ahead and prepare an initial draft.

The initial draft forms the basis of formal business planning consultation meetings which take place during the autumn with middle manager groups, who also discuss the draft plan with staff at their individual team and section meetings. Feedback from the consultation process is documented and factored into revised objectives and the business plan as appropriate. More widely, there are a range of communication channels designed to provide information to staff face to face and electronically. Staff are also represented by Trade Union organisations via the organisation's Joint Negotiation and Consultative Committee (JNCC).

DoH guidance in relation to business planning for arm's length bodies is considered and specific DoH objectives and requirements are included. The business plan is reviewed against the corporate risk register so that all risks are addressed in the plan. The organisation also produces a Corporate Plan which sets out the strategic direction of the organisation for a period of four years. This document is approved by DoH.

The performance and achievement of business plan objectives and associated key performance indicators are monitored through regular reporting of progress to the Senior Management Team and the Agency Board. In addition, reports are provided to DoH on progress against objectives and these form part of the Accountability Review process which are normally held twice a year. Due to COVID-19, these meetings were not held in 2021/22.

As detailed in the Performance Analysis (page 8), NIBTS achieved breakeven in 2021/22 and has a balanced financial plan in place for 2022/23.

Risk Management

NIBTS has developed a Risk Management Strategy which has identified the organisation's objectives and risks and sets out a control strategy for each of the significant risks. The Risk Management Strategy is also supported by policies and procedures and incorporates training and development plans appropriate to the level of responsibility.

The Risk Management Strategy clearly outlines the risk management arrangements in place within the organisation. These include the following:

- Risk management is an intrinsic part of NIBTS' business planning, decision making process and policy development. No change of direction, outcome or objective occurs without first considering the risks involved;
- Risks are assessed and monitored through the NIBTS corporate risk register which records all significant identified risks, along with action plans to reduce the risk to the lowest practicable level or to a level acceptable to the NIBTS Senior Management Team. The corporate risk register is reviewed on a quarterly basis by the Governance and Risk Management Committee and presented to the NIBTS Board; and
- The Governance and Risk Management Committee takes a holistic approach to risk that addresses all areas of NIBTS. The Committee reviews the development and performance of the organisation's risk management processes.

Procedures have been put in place for verifying that aspects of risk management and internal control are regularly reviewed and reported on and that risk management has been incorporated fully into the corporate planning and decision making process of the organisation. This includes the development of corporate, operational and departmental risk registers which are used to record and evaluate risk. The registers are formally reviewed quarterly and this process is used to identify and record new risks as well as reviewing existing risks. Identification of risk takes account of factors such as incident reporting, complaints, risk assessments as well as staff responsibility to report any risks to which they or the organisation may be exposed. The registers also detail factors used to control and mitigate risk. Risk management is embedded in all key activities including the management of change, incidents and validation. These mechanisms provide for effective risk identification. The Agency has developed a risk appetite statement which defines the level of risk the organisation is willing to accept. This will be implemented during 2022/23.

Risks are assessed in keeping with DoH guidance which has been refined to reflect the specialist activities undertaken by NIBTS. This work was overseen by the Governance and Risk Management Committee throughout 2021/22.

Risk management is integral to the training for all staff, as relevant to their grade, both at induction and in service. During 2021/22, Risk Management training was completed by 75% of NIBTS staff. To support staff through the risk management process, expert guidance and facilitation has been available along with access to policies and procedures outlining responsibilities and the means by which risks are identified and controlled.

5. Information Risk

The management of information within NIBTS remains a high priority. An Information Governance resource is in place to ensure that the information governance agenda is effectively progressed. NIBTS has in place a range of information governance and ICT security policies and procedures which ensure that information used for operational and reporting purposes is handled appropriately. Information governance risks are reported through the risk management process. Action plans have been developed and progressed following previous audits, Data Protection reviews and Information Management governance reviews. These action plans are approved by, and progress reported to, the Governance and Risk Management Committee.

Information Asset Owners (IAOs) have responsibility for identification and management of information risks in their areas and meet quarterly to discuss Information Governance and Information Security matters. Information Asset Registers have been established and are maintained in each area by IAOs. The organisation remains compliant with the requirements of the UK General Data Protection Regulation (UK GDPR).

The Finance Manager is the Agency's interim Senior Information Risk Owner and has a key role in considering emerging information risks and how these risks may be managed. The Information Governance Manager is the Agency's Data Protection Officer. The Chief Executive is the Agency's Personal Data Guardian (PDG).

Information governance training is mandatory for all staff and is undertaken by e-learning. New staff are also provided with specific Information Governance training sessions. Training was completed by 81% of NIBTS staff in 2021/22

During 2021/22, there were no incidents of potential data loss reported to the Information Commissioner's Office (ICO). An incident concerning payroll data processed by the BSO Payroll Service Centre (PSC) during 2021/22 has been identified during the first weeks of April 2022. The incident has been reported to the Information Commissioners Officer by BSO and an investigation is currently underway.

NIBTS complies with HSC IT Security Policies and is conscious of the risk posed to information security by malware and other similar attacks. As such, cybersecurity measures utilised within the NIBTS are aligned with those within the broader HSC. A proactive vulnerability assessment and remediation approach is also followed within the organisation. During the 2021/22 year, work was completed on findings from the previous Cyber Security Audit. Further, NIBTS is represented on the HSC Cyber Security Programme Board and fully participates in regional security initiatives.

The HSC has developed a regional Cyber Security e-learning module which is mandatory for all NIBTS staff. During the 2021/22 year, 71% of staff had completed this training.

6. Public Stakeholder Involvement

During 2021/22, there were no public stakeholder events due to the ongoing pandemic and lockdown rules. It is hoped that this work can begin again safely during 2022/23.

Complaints are managed through a well-established system. During 2021/22, all formal complaints received were investigated and closed. There was an overall decrease in the number of complaints received. The majority of complaints were COVID-19 related. Reports are presented quarterly and at year-end to the NIBTS Governance and Risk Management Committee. Information and complaints received from donors will be used to improve NIBTS practices and procedures where appropriate.

7. Fraud

NIBTS has a zero tolerance approach to fraud in order to protect and support our key public services. NIBTS has an Anti-Fraud Policy and Fraud Response Plan to outline our approach to tackling fraud, define staff responsibilities and the actions to be taken in the event of suspected or perpetrated fraud - whether originating internally or externally to the organisation. The Fraud Liaison Officer (FLO) promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud and Probity Services team and provides advice to personnel on fraud reporting arrangements. All staff are provided with mandatory fraud awareness training in support of the Anti-Fraud Policy and Fraud Response plan, which are kept under review and updated as appropriate every five years. NIBTS also participates in the National Fraud Initiative.

8. Raising Concerns

NIBTS has a Whistleblowing Policy and a Whistleblowing Procedure for Raising Concerns at Work. During 2021/22, there were no matters raised using this procedure.

9. Assurance

The Board is responsible for ensuring high standards of corporate governance with effective systems of internal control. Regular reports, including the Corporate Risk Register, are presented to the Board for review. The level of compliance with the various governance standards is reported to the Governance and Risk Management Committee. Where necessary, reports to address any non-compliances are presented to the Board for review and approval of associated action plans.

The Board, through the Audit Committee, receives assurance on the effectiveness of internal financial control systems. The Audit Committee reviews internal and external reports including the Head of Internal Audit's Annual Report and their overall opinion on risk management, control and governance. Internal Audit is an independent function which operates in accordance with Public Sector Internal Audit Standards. The Board also reviews reports arising from external inspections and assessments, endorses the relevant action plans and monitors progress against the action plans.

During the year, the Governance and Risk Management Committee ensured that there were robust and regularly reviewed systems and structures in place to support the effective implementation and development of integrated governance and risk management systems across the organisation. NIBTS has in place arrangements for reporting against each area of governance previously covered by Controls Assurance standards and continued to assess its compliance against these areas of governance via action plans, as applicable, and reported on these to the Governance and Risk Management Committee. This Committee reported all relevant matters to the NIBTS Board.

During 2021/22, NIBTS continued to enhance the effectiveness of the systems of internal control through the review and update of the NIBTS Assurance Framework. The updated Assurance Framework was approved by the Board in May 2021.

The Board considers that the information and assurance provided to it is of sufficient quality to support it and the Accounting Officer in their decision making and accountability obligations. This view is determined following completion of the Board Governance Self-Assessment Tool and by taking account of relevant comments by respective auditors.

10. Sources of Independent Assurance

NIBTS obtains independent assurance from the following sources:

Internal Audit

NIBTS utilises an internal audit function which operates to defined standards and whose work is informed by an analysis of risk to which the body is exposed and annual audit plans are based on this analysis.

In 2021/22, Internal Audit undertook three audits and provided the following level of assurances:

Financial Review	Satisfactory
Risk Management	Satisfactory
Quality Management	Satisfactory

Recommendations to address the control weaknesses identified by internal audit have been, or are being, implemented.

Overall, in their Annual Report, the Head of Internal Audit provided a satisfactory level of assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.

Northern Ireland Audit Office (NIAO)

The financial statements are audited by NIAO and the certificate and report to the Northern Ireland Assembly is included on page 38. The NIAO provides a Report to Those Charged with Governance and any recommendations are acted upon.

It is noted that a qualified opinion has been provided on the financial statements. This was related to the COVID-19 pandemic and Government advice on social distancing and travel restrictions which prevented auditors from attending NIBTS year-end stock counting in March 2020. As a consequence, auditors were unable to obtain appropriate audit evidence in respect of the 2020/21 opening balance which subsequently impacted on the comparability of a number of 2020/21 figures disclosed in the 2021/22 accounts. The qualification was due to circumstances outside the control of NIBTS.

RQIA

The RQIA has, in the past, undertaken reviews on NIBTS activities. However, no audits of NIBTS were undertaken by the RQIA in 2021/22.

Other Regulatory Bodies

All core services provided by NIBTS are subject to regulatory inspection and /or accreditation.

Legislation (Medicines Act 1968 and Blood Safety and Quality Regulations 2005/50 (as amended)) requires that the organisation possesses appropriate licences in order to perform its core functions. NIBTS holds the relevant licences and undergoes inspection by the Medicines and Healthcare products Regulatory Agency (MHRA) on a two yearly basis to ensure compliance with the relevant standards. The next inspection was due in 2021. However, due to the Covid pandemic this was delayed and is now expected to take place in 2022.

NIBTS is also audited by the United Kingdom Accreditation Service (UKAS) against ISO15189 standards for Medical Laboratories – Requirements for Quality and Competence. NIBTS continue to maintain accreditation against ISO 15189.

Business Services Organisation (BSO)

The Business Services Organisation (BSO) is responsible for providing NIBTS with a range of services through a Service Level Agreement. In 2021/22, these services included procurement, income, payments, payroll, recruitment and legal services.

BSO provides service monitoring and assurance reports during the year and an annual assurance letter confirming compliance with relevant guidance, regulations and legislation across a number of areas.

The BSO assurance letter refers to the HCL Axon managed service for the provision of HR, Payroll, Travel and Subsistence System (HRPTS) for Health and Social Care NI, including NIBTS. This service is provided from servers

hosted at data centres owned by Sungard AS. Sungard went into administration in March 2021. It is noted that BSO have been informed that Sungard will continue to trade as normal and to operate business as normal. It is further noted that BSO has invoked its business and technical contingency plans. NIBTS receives regular briefing updates from BSO and participates in relevant meetings as appropriate.

11. Review of Effectiveness of the System of Internal Governance

As Accounting Officer, I have responsibility for the review of effectiveness of the system of internal governance. My review of the effectiveness of the system of internal governance is informed by the work of the internal auditors and the executive managers within NIBTS who have responsibility for the development and maintenance of the internal control framework, and comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, Audit Committee and Governance and Risk Committee and a plan to address weaknesses and ensure continuous improvement to the system is in place.

12. Internal Governance Divergences

Update on Prior Year Control Issues Now Resolved

There were no significant control issues or internal governance divergences identified in the prior year.

New Significant Control Issues

There were no significant control issues or internal governance divergences identified in the year.

13. Budget Position and Authority

The Assembly passed the Budget Act (Northern Ireland) 2022 in March 2022 which authorised the cash and use of resources for all departments and their Arms' Length Bodies for the 2021-22 year, based on the Executive's final expenditure plans for the year. The Budget Act (Northern Ireland) 2022 also included a Vote on Account which authorised departments' and their Arms' Length Bodies' access to cash and use of resources for the early months of the 2022-23 financial year. The cash and resource balance to complete for the remainder of 2022-23 will be authorised by the 2022-23 Main Estimates and the associated Budget Bill based on an agreed 2022-23 Budget. In the event that this is delayed, then the powers available to the Permanent Secretary of the Department of Finance under Section 59 of the Northern Ireland Act 1998 and Section 7 of the Government Resources and Accounts Act (Northern Ireland) 2001 will be used to authorise the cash, and the use of resources during the intervening period.

14. Conclusion

NIBTS has a rigorous system of accountability upon which I can rely as Accounting Officer to form an opinion on the probity and use of public funds, as detailed in Managing Public Money NI (MPMNI). Further to considering the accountability framework within NIBTS and in conjunction with assurances given to me by the Head of Internal Audit, I am content that NIBTS has operated a sound system of internal governance during 2021/22.

2. Remuneration and Staff Report

The Remuneration and Staff Report sets out the role of the Remuneration Committee and in particular the Committee's adherence to appropriate Remuneration Policy including relevant DoH circulars and Agenda for Change terms and conditions.

Remuneration Report

Remuneration Committee

The Board of the Agency, as set out in its Standing Orders and Standing Financial Instructions has delegated certain functions to the Remuneration Committee including the provision of advice and guidance to the Board on matters of salary and contractual terms of the Chief Executive, guided by DoH policy. The membership of this committee during 2021/22 consisted of Ms B Anley (Chair), Mr I Henderson, Mr P Cathcart and Mrs L Lindsay (Non-Executive Board Members). The Remuneration Committee met twice during the year.

Remuneration Policy

All staff within NIBTS are paid in accordance with circulars issued by DoH. All non-medical staff are covered by the Agenda for Change Terms and Conditions of Service Handbook and were paid in accordance with these terms and conditions.

All medical staff were paid in accordance with DoH circular Pay and Conditions of Service: Remuneration of Hospital Medical and Dental Staff, Doctors and Dentists in Public Health, the Community Health Service, and Salaried Dental Staff.

Service Contracts

Mrs K Jackson was appointed Chief Executive with effect from 1 October 2016 on a temporary basis for up to two years. This tenure has subsequently been extended to October 2022. Mrs Jackson is on secondment from the Belfast Health and Social Care Trust and is paid through Belfast Health and Social Care payroll and the cost recharged to NIBTS.

Dr J Murdock was appointed Medical Director with effect from 1 April 2021 and was employed under a contract issued in accordance with HSC Medical Consultant Terms and Conditions of Service (Northern Ireland) 2004. Dr Murdock left this post on 31 March 2022.

All other members of the Senior Management Team are paid in accordance with Agenda for Change Terms and Conditions.

Termination Payment

There is a statutory provision for termination payments only, as detailed in the contracts of senior management. There were no payments made to directors in respect of compensation for loss of office during 2021/22.

Notice Period

For Senior Management, a period of three months' notice is to be provided by either party except in the event of summary dismissal. There is nothing to prevent either party waiving the right to notice or from accepting payment in lieu of notice.

Retirement Age

NIBTS does not operate a general retirement age for staff, although it reserves the right to require an individual employee or group of employees to retire at a particular age where this is objectively justified in the particular circumstances of the case.

Retirement Benefit Cost

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 DoH. The Agency is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

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

Pension benefits are administered by BSO HSC Pension Service. Two schemes were in operation during the year – the HSC Pension Scheme and the HSC Pension Scheme 2015. There are two sections in the HSC Pension Scheme (1995 and 2008). The 1995 section of the Scheme closed to new members with effect from 1 April 2008. Active members of the Scheme at this date were able to remain in this section of the Scheme. The 2008 section of the Scheme closed to new members with effect from 1 April 2015. Active members of the Scheme at this date were able to remain in this section of the Scheme. The pension from both these sections is based on final years pensionable pay.

On 1 April 2015 a new HSC Pension Scheme was introduced. The HSC Pension Scheme 2015 is a Career Average Revalued Earnings (CARE) scheme. From 1 April 2022, all active members will be members of the HSC Pension Scheme 2015. Any pension rights members have built up in the 1995 section or 2008 section of the HSC Pension Scheme prior to moving to the HSC Pension Scheme 2015 will be protected.

As per the requirements of IAS 19, full actuarial valuations by a professionally qualified actuary are required with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. FReM provides an interpretation of the IAS 19 standard and this standard requires the present value of defined benefit obligations to be determined with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date.

The 2021/22 accounts are based on membership data as at 31 March 2016 since it was not practicable to utilise data as 31 March 2020 within the time parameters available. The value of the liabilities as at 31 March 2022 has been calculated by rolling forward the liability calculated as at 31 March 2016 to 31 March 2022. The 2016 valuation assumptions are retained for demographics whilst financial assumptions are updated to reflect current financial conditions and a change in financial assumption methodology. The 2016 valuation is the most recently completed valuation, since the 2020 valuation is ongoing which is why the demographics assumptions are not updated.

Remuneration and Pension Entitlements

The salary, pension entitlements, and the value of any taxable benefits in kind of the most senior members of the HSC Body were as follows:

Senior Management Remuneration (Audited)

Name	Salary (£'000)		Bonus Payments (£'000)		Benefits in Kind (to nearest £100)		Pension Benefits (£'000)		Total (£'000)	
	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21	2021/22	2020/21
Non- Executive Members										
Ms B Anley (Chair)	5 - 10	5 - 10	-	-	-	-	-	-	5 - 10	5 - 10
Mrs L Lindsay (until 4/2/22)	0 - 5	0 - 5	-	-	-	-	-	-	0 - 5	0 - 5
Mr I Henderson (until 20/2/22)	0 - 5	0 - 5	-	-	-	-	-	-	0 - 5	0 - 5
Mr P Cathcart (until 6/2/22)	0 - 5	0 - 5	-	-	-	-	-	-	0 - 5	0 - 5
Mr M Graham (from 7/2/22)	0 - 5	-	-	-	-	-	-	-	0 - 5	-
Mr D Small (from 5/2/22)	0 - 5	-	-	-	-	-	-	-	0 - 5	-
Mr B Garland (from 21/2/22)	0 - 5	-	-	-	-	-	-	-	0 - 5	-
Executive Members *										
Mrs K Jackson ¹	90 - 95	80 - 85	-	-	-	-	32	12	120 - 125	95 - 100
Senior Management										
Mr G Bell	75 - 80	70 - 75	-	-	-	-	22	15	95 - 100	85 - 90
Mr I Ritchie	75 - 80	70 - 75	-	-	-	-	32	16	105 - 110	85 - 90
Mrs A Geddis ²	25 - 30	65 - 70	-	-	-	-	-	44	25 - 30	110 - 115
Ms A Macauley	60 - 65	60 - 65	-	-	-	-	22	14	80 - 85	75 - 80
Mr M Gillespie (1.0 FTE) ³	60 - 65	-	-	-	-	-	51	-	110 - 115	-
Dr J Murdock (0.4 FTE) ⁴	45 - 50	-	-	-	-	-	-	-	45 - 50	-

* Executive gross pay includes the 2016-17 and 2017-18 pay award but excludes pay award circulars issued post year end.

1. Mrs K Jackson, Chief Executive, is seconded from Belfast HSC Trust and is paid through Belfast HSC Trust payroll with the cost recharged to NIBTS. This is included under 'Others' in Staff Costs below.
2. Mrs A Geddis was Head of Supply Chain and Testing until 31 August 2021.
3. Mr M Gillespie was appointed Head of Supply Chain and Testing from 1 September 2021. Full year effect salary £65k - £70k.
4. Dr J Murdock was employed part-time by NIBTS as Medical Director from 1 April 2021 to 31 March 2022. Full year salary £110k - £115k. Dr Murdock was paid through Northern HSC Trust payroll and the cost recharged to NIBTS. This is included under 'Others' in Staff Costs below.

As Non-Executive Members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive Members.

'Salary' includes gross salary, overtime, on call and other allowances. There were no bonuses paid or benefits in kind provided to senior management during 2021/22 or 2020/21.

The value of pension benefits accrued during the year is calculated as (the real increase in pension multiplied by 20) plus (the real increase in any lump sum) less (the contributions made by the individual). The real increases exclude increases due to inflation of any increase or decrease due to a transfer of pension rights.

Fair Pay Disclosures (Audited)

Pay Ratios

Reporting bodies are now required to disclose the relationship between the remuneration of the highest paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce. The banded remuneration of the highest paid Director in NI Blood Transfusion Service in the financial year 2021/22 was £90k – £95k (2020/21, £80k - £85k). The relationship between the mid-point of this band and the remuneration of the organisation's workforce is disclosed below.

2021/22	25th percentile	Median	75th percentile
Total remuneration (£)	21,771	24,882	39,027
Pay ratio	4.2 : 1	3.7 : 1	2.4 : 1

2020/21	25th percentile	Median	75th percentile
Total remuneration (£)	-	22,392	-
Pay ratio	-	3.7 : 1	-

The 2021/22 financial year is the first year in which disclosures in respect of the 25th percentile pay ratio and 75th percentile pay ratio are required and the 2021/22 Financial Reporting Manual does not require comparative figures to be disclosed for 2020/21.

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. For 2021/22, the 25th percentile, median and 75th percentile remuneration values consisted solely of salary payments.

In 2021/22, no employees (2020/21:nil) received remuneration in excess of the highest paid director. Remuneration ranged from £18,546 to £92,500 (2020/21: £18,005 to £82,500).

Percentage Change in Remuneration

Reporting bodies are also required to disclose the percentage change from the previous financial year in the:

- a) salary and allowances, and
- b) performance pay and bonuses

of the highest paid director and of their employees as a whole. The percentage changes in respect of NIBTS are shown in the following table. It should be noted that the calculation for the highest paid director is based on the mid-point of the band within which their remuneration fell in each year.

Percentage change for:	2021/22 v 2020/21
Average employee salary and allowances	6.0%
Highest paid director's salary and allowances	12.1%

No performance pay or bonuses were paid to the highest paid director or employees during the year.

The average employee salary and allowances were 6% higher than the prior year due to a 3% pay award and the cost of additional medical staff employed during the year. The highest paid director is the Chief Executive. The highest paid directors salary was 12.1% higher than the prior year. This was influenced by pay award arrears relating to 2016/17 and 2017/18 years. Without these arrears there would have been no increase.

Pensions of Senior Management (Audited)

	Real increase in pension and related lump sum at age 60 £000	Total accrued pension at age 60 as at 31/03/22 and related lump sum £000	CETV at 31/03/21 £000	CETV at 31/03/22 £000	Real increase in CETV £000
Mrs K Jackson					
Pension	0 – 2.5	25 – 30	412	452	29
Lump sum	0 – 2.5	40 - 45			
Mr G Bell					
Pension	0 – 2.5	30 - 35	683	722	23
Lump sum	0	80 - 85			
Mr I Ritchie					
Pension	0 – 2.5	30 - 35	591	636	29
Lump sum	0 – 2.5	70 - 75			
Ms A Macauley					
Pension	0 - 2.5	30 - 35	581	616	21
Lump sum	0	60 – 65			
Mr M Gillespie					
Pension	2.5 – 5.0	20 – 25	298	349	43
Lump Sum	2.5 – 5.0	40 – 45			
Dr J Murdock					
Pension	2.5 – 5.0	40 – 45	691	785	75
Lump Sum	5 – 7.5	85 – 90			

Non-Executive members do not receive pensionable remuneration; therefore, there are no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital 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 a

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 HSC 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.

Pension contributions deducted from individual employees are dependent upon the level of remuneration receivable and are deducted using a scale applicable to the level of remuneration received by the employee.

Payments to Past Directors (Audited)

There were no payments made to past directors during the year (2021/22: nil).

Staff Report

Staff Costs (Audited)

	2022		2021	
Staff costs comprise:	Permanently employed staff £000s	Others £000s	Total £000s	Total £000s
Wages and salaries	5,566	533	6,099	5,717
Social security costs	530	0	530	486
Other pension costs	1,094	0	1,094	1,037
Sub-total	7,190	533	7,723	7,240
Less Capitalised staff costs	35	0	35	0
Total staff costs reported in Statement of Comprehensive Expenditure	7,155	533	7,688	7,240
Less recoveries in respect of outward secondments			0	0
Total net costs			7,688	7,240
Total Net costs of which:			£000s	£000s
NI Blood Transfusion Service			7,688	7,240
Charitable Trust Fund			0	0
Total			7,688	7,240

Staff costs exclude £35k which were charged to capital projects during the year (2020/21: £nil).

Average Number of Persons Employed (Audited)

The average number of whole time equivalent (WTE) staff employed during the year was as follows:

Category	Permanently employed staff No.	Others	2022 Total	2021 Total
Medical and dental	4.0	0.5	4.5	3.5
Nursing and midwifery	49.4	6.4	55.8	53.1
Ancillaries	7.0	0.0	7.0	7.1
Administrative and clerical	46.4	7.4	53.8	51.2
Other professionals and technical	54.3	0.1	54.4	57.3
Total average number of persons employed	161.1	14.4	175.5	172.2
Less average staff number relating to capitalised staff costs	0.5	0.0	0.5	0.0
Total net average number of persons employed	160.6	14.4	175.0	172.2
Of which:				
NI Blood Transfusion Service	160.6	14.4	175.0	172.2
Charitable Trust Fund	0.0	0.0	0.0	0.0
Total	160.6	14.4	175.0	172.2

Reporting of early retirement and other compensation scheme – exit packages

There were no redundancy or early departure costs paid in 2021/22 or in 2020/21.

Staff Benefits

There were no staff benefits paid in 2021/22 or in 2020/21.

Retirements due to ill-health

During 2021/22 there was one early retirement from the Agency, agreed on the grounds of ill-health (2020/21: Nil). The estimated additional pension liability of these ill health retirements will be £2k. These costs are borne by the HSC Pension Scheme.

Off Payroll Engagements

There were no 'off-payroll' engagements at a cost of over £58,200 per annum in place during 2021/22 (2020/21: Nil).

Consultancy Expenditure

During the year there were no consultancy assignments undertaken. (2020/21: £2k).

Staff Composition

The Agency employs a range of staff under a number of occupational groupings. This includes professional and technical, administrative and clerical, medical, nursing and ancillary grades.

As at 31 March 2022, the Agency employed a total of 203 staff (160 whole time equivalents). This figure included 195 staff employed on permanent contracts and 8 staff on temporary and/or fixed term contracts, including non-executive Board members.

The gender profile of staff employed by the Agency for the period was 61 male and 142 female.

For the senior manager group of employees (those defined as earning in excess of £71,000 p.a.) the gender breakdown of officers was three male and two female (members of staff).

Sickness data

During 2021/22 the Agency was required to comply with the Departmental target of maintaining or improving on the 2020/21 level of 5.6%. For the period ended 31/03/2022 the Agency did not meet this target. Cumulative absence for the workforce as a whole was 6.3%. Long term sickness, that is sickness lasting for four weeks or more, accounted for 4.8% (2021: 4.7%) with the remaining 1.4% (2021: 0.9%) of employee sickness attributable to short-term absences.

Staff turnover percentage

The staff turnover percentage, as defined as the number of leavers divided by the average of staff in post, was 13.3% (2021: 16.7%) for the year ended 31 March 2022.

Staff engagement

NIBTS continued to pursue actions arising from the Regional HSC Staff Survey, this survey examines key areas such as equality & diversity, health & wellbeing, the HSC as a place to work to include job satisfaction, management, appraisals & support for development as well as patient care & experience and issues with violence, harassment, bullying, errors and incidents

NIBTS undertook a health and wellbeing survey conducted by the Chest Heart and Stroke Association in February 2022, a number of actions have been identified and will be taken forward.

NIBTS also participate in the Investors in People standard, the standard looks at organisations high performance through its people. The last assessment took place in 2021, with a combination of hard survey metrics and softer interview-based data collection. NIBTS has retained recognition with a number of areas for development and will undergo a further assessment to confirm recognition in 2022.

Staff Policies

The Agency has in place a robust recruitment and selection policy which is regularly reviewed. All staff who are involved with the selection of staff for employment are required to undertake mandatory training as well as separate equality awareness training. Equality and diversity are also a core dimension discussed formally with each member of staff via the annual staff review process. Applicants for posts within the Agency who declare a disability are given full and fair consideration at all stages.

During 2021/22 the Agency was not made aware of any new employees having a disability. In circumstances when an employee is confirmed to have a disability, the Agency always engages with Occupational Health professionals and fulfils all of its legal obligations and in particular the duty to make reasonable adjustments and to consider retraining and reallocation of duties whenever possible. During 2021/22 the Agency made efforts to engage with

staff members to update their equality data in order for the organisation to better understand the composition of the workforce including those with disabilities.

Employees of the Agency who declare a disability, or who are known by the Agency to be disabled, enjoy the same benefits in terms of training, career development and promotion as those members of staff without disabilities.

3. Accountability and Audit report

The Accountability and Audit report provides detail of all audited losses and special payments during 2021/22 as well as confirmation of no remote contingent liability. Details of fees and charges and confirmation of long term expenditure and financial planning is also provided.

Funding Report

Losses and Special Payments (Audited)

In 2021/22 there were four losses recorded amounting to £16k (2020/21: £6k).

Fees and Charges (Audited)

There were no fee and charges payments made during the year.

Remote Contingent Liabilities (Audited)

In addition to contingent liabilities reported within the meaning of IAS 37, the NI Blood Transfusion Service also reports liabilities for which the likelihood of a transfer of economic benefit in settlement is too remote to meet the definition of contingent liability. NIBTS had no such liabilities as at 31 March 2022.

Long Term Expenditure Trends and Plans

It is anticipated that for the foreseeable future the current pattern of NIBTS expenditure will be maintained. The level of future expenditure will be influenced by any changes in demand for blood components (red cells, platelets and plasma) and any operational changes arising from COVID-19.

In terms of financial management and control, a financial plan is prepared and approved by the Agency Board at the beginning of each financial year and budgets are established. Financial performance is monitored and reviewed through detailed financial reporting on a monthly basis. An aggregate summary of the financial position to date and forecast year end position is presented by the Finance Manager to each meeting of the Agency Board.

NIBTS will continue to invest each year in laboratory equipment, vehicles, ICT and building infrastructure to provide the capital assets essential for the running of the service.

Regularity of Expenditure (Audited)

The Agency has continued to maintain sound systems of internal control which are designed to safeguard public funds and assets. These systems are subjected to annual internal audit by BSO Internal Audit. DoH guidance on expenditure is reviewed and implemented as appropriate. Approval of NIBTS expenditure is undertaken by a small number of senior staff. NIBTS uses BSO Procurement and Logistics, which is a Centre of Procurement Expertise (CoPE), for goods and services procurements. These processes are aimed at ensuring the regularity of expenditure within NIBTS.



Mrs K Jackson
Accounting Officer
07 July 2022

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE – PUBLIC FUNDS

THE CERTIFICATE AND REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE NORTHERN IRELAND ASSEMBLY

Qualified opinion on financial statements

I certify that I have audited the financial statements of the Northern Ireland Blood Transfusion Service for the year ended 31 March 2022 under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended. The financial statements comprise: the Consolidated Statements of Comprehensive Net Expenditure, Financial Position, Cash Flows, Changes in Taxpayers' Equity; and the related notes including significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by the Government Financial Reporting Manual.

I have also audited the information in the Accountability Report that is described in that report as having been audited.

In my opinion, except for the possible effects on the corresponding figures of the matter described in the Basis for opinions section, the financial statements:

- give a true and fair view of the state of the group's and of the Northern Ireland Blood Transfusion Service's affairs as at 31 March 2022 and of the group's and the Northern Ireland Blood Transfusion Service's net expenditure for the year then ended; and
- have been properly prepared in accordance with the Health and Personal Social Services (order) 1972, as amended and Department of Health directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for opinions

As a result of Government advice on social distancing due to the COVID-19 pandemic, I was unable to attend Northern Ireland Blood Transfusion Service's year-end stock count at NIBTS Headquarters and in clinical settings at 31 March 2020. As a result, I was unable to obtain sufficient and appropriate audit evidence about the existence and subsequent valuation of the closing inventory balance of £2,178,000 within Northern Ireland Blood Transfusion Service's 2019-20 financial statements and I was not able to satisfy myself by alternative means. My audit opinion on the financial statements for the period ended 31 March 2020 was qualified accordingly. In addition, my audit opinion on the financial statements for the period ended 31 March 2021 was qualified because of the possible effects of this matter on the comparability of the period's figures and the corresponding figures. My opinion on the current period's financial statements is also qualified because of the possible effect of this matter on the comparability of the current period's figures and the corresponding figures due to the movements in inventory. In particular, purchase of goods and services in the Statement of Comprehensive Net Expenditure; increase/decrease in inventories in the Cash Flow Statement; and Statement of Comprehensive Net Expenditure reserve at 1 April 2020 in the Consolidated Statement of Changes in Tax Payers Equity.

I conducted my audit in accordance with International Standards on Auditing (ISAs) (UK), applicable law and Practice Note 10 'Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom.

My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of this certificate. My staff and I are independent of the Northern Ireland Blood Transfusion Service in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and have fulfilled our other ethical responsibilities in accordance with these requirements. I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the Northern Ireland Blood Transfusion Service's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Northern Ireland Blood Transfusion Service's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

The going concern basis of accounting for the Northern Ireland Blood Transfusion Service is adopted in consideration of the requirements set out in the Government Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

My responsibilities and the responsibilities of the Northern Ireland Blood Transfusion Service and the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other Information

The other information comprises the information included in the annual report other than the financial statements, the parts of the Accountability Report described in that report as having been audited, and my audit certificate and report. The Northern Ireland Blood Transfusion Service and the Accounting Officer is responsible for the other information included in the annual report. My opinion on the financial statements does not cover the other information and except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, based on the work undertaken in the course of the audit:

- the parts of the Accountability Report to be audited have been properly prepared in accordance with Department of Health directions made under the Health and personal Social Services (Northern Ireland) Order 1972, as amended; and
- the information given in the Performance Report and Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

In light of the knowledge and understanding of the Northern Ireland Blood Transfusion Service and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report. Except for the matter described in the basis for qualified opinions section of my report and arising solely from the limitation on the scope of my work relating to inventory, referred to above, I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- adequate accounting records have not been kept; or
- the financial statements and the parts of the Accountability Report to be audited are not in agreement with the accounting records; or
- certain disclosures of remuneration specified by the Government Financial Reporting Manual are not made; or
- I have not received all of the information and explanations I require for my audit; or
- the Governance Statement does not reflect compliance with the Department of Finance's guidance.

Responsibilities of the Northern Ireland Blood Transfusion Service and Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Northern Ireland Blood Transfusion Service and the Accounting Officer are responsible for:

- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- such internal controls as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Northern Ireland Blood Transfusion Service's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer anticipates that the services provided by the Northern Ireland Blood Transfusion Service will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulation, including fraud.

My procedures included:

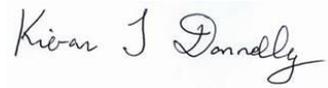
- obtaining an understanding of the legal and regulatory framework applicable to the Northern Ireland Blood Transfusion Service through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included the Health and Personal Social Services (Northern Ireland) Order 1972, as amended and Department of Health directions issued thereunder;
- making enquires of management and those charged with governance on the Northern Ireland Blood Transfusion Service's compliance with laws and regulations;
- making enquiries of internal audit, management and those charged with governance as to susceptibility to irregularity and fraud, their assessment of the risk of material misstatement due to fraud and irregularity, and their knowledge of actual, suspected and alleged fraud and irregularity;
- completing risk assessment procedures to assess the susceptibility of the Northern Ireland Blood Transfusion Service's financial statements to material misstatement, including how fraud might occur. This included, but was not limited to, an engagement director led engagement team discussion on fraud to identify particular areas, transaction streams and business practices that may be susceptible to material misstatement due to fraud. As part of this discussion, I identified potential for fraud in the following areas: revenue recognition, expenditure recognition and posting of unusual journals;
- engagement director oversight to ensure the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with the applicable legal and regulatory framework throughout the audit;
- documenting and evaluating the design and implementation of internal controls in place to mitigate risk of material misstatement due to fraud and non-compliance with laws and regulations;
- designing audit procedures to address specific laws and regulations which the engagement team considered to have a direct material effect on the financial statements in terms of misstatement and irregularity, including fraud. These audit procedures included, but were not limited to, reading board and committee minutes, and agreeing financial statement disclosures to underlying supporting documentation and approvals as appropriate;
- addressing the risk of fraud as a result of management override of controls by:
 - performing analytical procedures to identify unusual or unexpected relationships or movements;
 - testing journal entries to identify potential anomalies, and inappropriate or unauthorised adjustments;
 - assessing whether judgements and other assumptions made in determining accounting estimates were indicative of potential bias; and
 - investigating significant or unusual transactions made outside of the normal course of business.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my certificate.

In addition, I am required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Assembly and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Report

I have no observations to make on these financial statements.



KJ Donnelly
Comptroller and Auditor General
Northern Ireland Audit Office
1 Bradford Court, Galwally
BELFAST
BT8 6RB

21 July 2022

Financial Statements for the Year Ended 31 March 2022

Foreword

These accounts for the year ended 31 March 2022 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.

Certificates of Chair and Chief Executive

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 48 to 70) which I am required to prepare on behalf of the Northern Ireland Blood Transfusion Service have been compiled from and are in accordance with the accounts and financial records maintained by the Northern Ireland Blood Transfusion Service and with the accounting standards and policies for HSC bodies approved by the DoH.



Mrs K Jackson Chief Executive
07 July 2022

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 48 to 70) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



Ms B Anley Chair
07 July 2022



Mrs K Jackson Chief Executive
07 July 2022

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
Consolidated Statement of Comprehensive Net Expenditure for the year ended 31 March 2022

This account summarises the income and expenditure generated and consumed on an accruals basis. It also includes other comprehensive income and expenditure, which includes changes to the values of non-current assets and other financial instruments that cannot yet be recognised as income or expenditure.

	NOTE	2022 £000s		2021 £000s	
		Agency	Consolidated	Agency	Consolidated
Income					
Revenue from contracts with customers	4.1	18,700	18,700	17,603	17,603
Other operating income*	4.2	0	0	0	13
Total operating income		18,700	18,700	17,603	17,616
Expenditure					
Staff costs		(7,688)	(7,688)	(7,240)	(7,240)
Purchase of goods and services	3	(9,089)	(9,089)	(8,639)	(8,639)
Depreciation, amortisation and impairment charges	3	(549)	(549)	(540)	(540)
Provision expense	3	(42)	(42)	(2)	(2)
Other operating expenditure	3	(1,937)	(1,952)	(1,733)	(1,734)
Total operating expenditure		(19,305)	(19,320)	(18,154)	(18,155)
Net operating expenditure		(605)	(620)	(551)	(539)
Finance income	4.2	0	5	0	6
Net expenditure for the year		(605)	(615)	(551)	(533)
Revenue Resource Limit (RRL)	22.1	607	607	554	554
Add back charitable trust fund net expenditure*		0	10	0	(18)
Surplus against RRL		2	2	3	3
OTHER COMPREHENSIVE EXPENDITURE					
	NOTE	2022 £000s		2021 £000s	
Items that will not be reclassified to net operating costs:					
Net gain on revaluation of property, plant and equipment	5.1/5.2	434	434	1	1
Net gain on revaluation of charitable assets	7	0	17	0	51
COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2022		(171)	(164)	(550)	(481)

The notes on pages 48 to 70 form part of these accounts.

*All donated funds have been used by the Agency as intended by the benefactor. It is for the Board to manage the internal disbursements. The Board ensures that charitable donations received by the Agency are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Agency's Standing Financial Instructions, Departmental guidance and legislation.

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
Consolidated Statement of Financial Position as at 31 March 2022

This statement presents the financial position of NI Blood Transfusion Service. It comprises three main components: assets owned or controlled; liabilities owed to other bodies; and equity, the remaining value of the entity.

	NOTE	2022		2021	
		Agency £000s	Consolidated £000s	Agency £000s	Consolidated £000s
Non Current Assets					
Property, plant and equipment	5.1/5.2	10,911	10,911	10,828	10,828
Intangible assets	6.1/6.2	39	39	38	38
Financial assets	7	-	303	-	285
Total Non Current Assets		10,950	11,253	10,866	11,151
Current Assets					
Assets classified as held for sale	9	-	-	-	-
Inventories	10	1,654	1,654	1,650	1,650
Trade and other receivables	12	456	456	861	861
Other current assets	12	-	-	11	11
Cash and cash equivalents	11	774	774	632	632
Total Current Assets		2,884	2,884	3,154	3,154
Total Assets		13,834	14,137	14,020	14,305
Current Liabilities					
Trade and other payables	13	(1,795)	(1,806)	(2,097)	(2,097)
Provisions	14	(98)	(98)	(54)	(54)
Total Current Liabilities		(1,893)	(1,904)	(2,151)	(2,151)
Total assets less current liabilities		11,941	12,233	11,869	12,154
Non Current Liabilities					
Provisions	14	(5)	(5)	(7)	(7)
Total Non Current Liabilities		(5)	(5)	(7)	(7)
Total assets less total liabilities		11,936	12,228	11,862	12,147
Taxpayers' Equity and other reserves					
Revaluation reserve		10,469	10,469	10,063	10,063
SoCNE reserve		1,467	1,467	1,799	1,799
Other reserves - charitable fund		-	292	-	285
Total equity		11,936	12,228	11,862	12,147

The financial statements on pages 43 to 47 were approved by the Board on 30 June 2022 and were signed on its behalf by;

The notes on pages 48 to 70 form part of these accounts.

Signed:  (Chair)

Date: 07 July 2022

Signed:  (Chief Executive)

Date: 07 July 2022

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE

Consolidated Statement of Cash Flows for the year ended 31 March 2022

The Statement of Cash Flows shows the changes in cash and cash equivalents of the NI Blood Transfusion Service during the reporting period. The statement shows how the NI Blood Transfusion Service generates and uses cash and cash equivalents by classifying cash flows as operating, investing and financing activities. The amount of net cash flows arising from operating activities is a key indicator of service costs and the extent to which these operations are funded by way of income from the recipients of services provided by the NI Blood Transfusion Service. Investing activities represent the extent to which cash inflows and outflows have been made for resources which are intended to contribute to the NI Blood Transfusion Service future public service delivery.

	NOTE	2022 £000s	2021 £000s
Cash flows from operating activities			
Net expenditure after interest/Net operating expenditure		(615)	(533)
Adjustments for non cash transactions		607	554
Decrease / (Increase) in trade and other receivables	12	416	(164)
(Increase) / Decrease in inventories	10	(4)	528
(Decrease) in trade payables	13	(291)	(355)
<i>Less movements in payables relating to items not passing through the NEA</i>			
Movements in payables relating to the purchase of property, plant and equipment	5	-	(88)
Movements in payables relating to the purchase of intangibles	6	(15)	-
Use of provisions	14	-	(4)
Net cash inflow / (outflow) from operating activities		98	(62)
Cash flows from investing activities			
(Purchase of property, plant & equipment)		(182)	(297)
(Purchase of intangible assets)		(2)	(18)
Proceeds of disposal of property, plant & equipment		-	3
Share of income reinvested		(1)	(18)
Net cash outflow from investing activities		(185)	(330)
Cash flows from financing activities			
Grant in aid		229	420
Net financing		229	420
Net increase in cash & cash equivalents in the period		142	28
Cash & cash equivalents at the beginning of the period	11	632	604
Cash & cash equivalents at the end of the period	11	774	632

The notes on pages 48 to 70 form part of these accounts.

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE

Consolidated Statement of Changes in Taxpayers' Equity for the year ended 31 March 2022

This statement shows the movement in the year on the different reserves held by NI Blood Transfusion Service. The Statement of Comprehensive Net Expenditure (SoCNE) Reserve reflects a contribution from the Department of Health. The Revaluation Reserve reflects the change in asset values that have not been recognised as income or expenditure. The SoCNE Reserve represents the total assets less liabilities of the NI Blood Transfusion Service, to the extent that the total is not represented by other reserves and financing items.

	NOTE	SoCNE Reserve £000s	Revaluation Reserve £000s	Charitable Fund £000s	Taxpayers Equity £000s
Balance at 31 March 2020		1,898	10,079	216	12,193
Changes in Taxpayers Equity 2020-21					
Grant from DoH		420	0	0	420
Other reserves movements including transfers (Comprehensive net expenditure for the year)		17 (551)	(17) 1	0 69	0 (481)
Auditors remuneration	3	15	0	0	15
Balance at 31 March 2021		1,799	10,063	285	12,147
Changes in Taxpayers Equity 2021-22					
Grant from DoH		229	-	0	229
Other reserves movements including transfers (Comprehensive expenditure for the year)		28 (605)	(28) 434	0 7	0 (164)
Auditors remuneration	3	16	-	0	16
Balance at 31 March 2022		1,467	10,469	292	12,228

The notes on pages 48 to 70 form part of these accounts.

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 1 STATEMENT OF ACCOUNTING POLICIES

These financial statements have been prepared in a form determined by the Department of Health based on guidance from the Department of Finance's Financial Reporting Manual (FRoM) and in accordance with the requirements of Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972 No 1265 (NI 14) as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003.

The accounting policies contained in the FRoM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context. Where the FRoM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the DoH body for the purpose of giving a true and fair view has been selected. The particular policies adopted by the DoH body are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and liabilities.

1.2 Property, Plant and Equipment

Property, plant and equipment assets comprise Land, Buildings, Transport Equipment, Plant & Machinery, Information Technology and Assets under Construction.

Recognition

Property, plant and equipment must be capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the Agency;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £1,000, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building or unit, irrespective of their individual or collective cost.

On initial recognition property, plant and equipment are measured at cost including any expenditure such as installation, directly attributable to bringing them into working condition. Items classified as "under construction" are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred.

Valuation

All Property, Plant and Equipment are carried at fair value.

Fair value of Property is estimated as the latest professional valuation revised annually by reference to indices supplied by Land and Property Services.

Fair value for Plant and Equipment is estimated by restating the value annually by reference to indices compiled by the Office of National Statistics (ONS), except for assets under construction which are carried at cost, less any impairment loss.

RICS, IFRS, IVS & HM Treasury compliant asset revaluation of land and buildings for financial reporting purposes are undertaken by Land and Property Services (LPS) at least once in every five year period. Figures are then restated annually, between revaluations, using indices provided by LPS.

The last asset revaluation was carried out on 31 January 2020 by Land and Property Services (LPS) with the next review due by 31 January 2025.

Fair values are determined as follows:

- Land and non-specialised buildings – open market value for existing use;
- Specialised buildings – depreciated replacement cost; and
- Properties surplus to requirements – the lower of open market value less any material directly attributable selling costs, or book value at date of moving to non-current assets.

Modern Equivalent Asset

DoF has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. Land and Property Services (LPS) have included this requirement within the latest valuation.

Assets Under Construction (AUC)

Assets classified as “under construction” are recognised in the Statement of Financial Position to the extent that money has been paid or a liability has been incurred. They are carried at cost, less any impairment loss. Assets under construction are revalued and depreciation commences when they are brought into use.

Short Life Assets

Short life assets are not indexed. Short life is defined as a useful life of up to and including 5 years. Short life assets are carried at depreciated historic cost as this is not considered to be materially different from fair value and are depreciated over their useful life.

Where estimated life of fixtures and equipment exceed 5 years, suitable indices will be applied each year and depreciation will be based on indexed amount.

Revaluation Reserve

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure.

1.3 Depreciation

No depreciation is provided on freehold land since land has unlimited or a very long established useful life. Items under construction are not depreciated until they are commissioned. Properties that are surplus to requirements and which meet the definition of ‘non-current assets held for sale’ are also not depreciated.

Otherwise, depreciation is charged to write off the costs or valuation of property, plant and equipment and similarly amortisation is applied to intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. Assets held under finance leases are also depreciated over the lower of their estimated useful lives and the term of the lease. The estimated useful life of an asset is the period over which the Agency expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. The following asset lives have been used.

Asset Type	Asset Life
Freehold Buildings	25 – 60 years
Leasehold property	Remaining period of lease
IT Assets	3 – 10 years
Intangible assets	3 – 10 years
Other Equipment	3 – 15 years

Impairment loss

If there has been an impairment loss due to a general change in prices, the asset is written down to its recoverable amount, with the loss charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure within the Statement of Comprehensive Net Expenditure. If the impairment is due to the consumption of economic benefits the full amount of the impairment is charged to the Statement of Comprehensive Net Expenditure and an amount up to the value of the impairment in the revaluation reserve is transferred to the Statement of Comprehensive Net Expenditure Reserve. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited firstly to the Statement of Comprehensive Net Expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.4 Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure which meets the definition of capital restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

The overall useful life of the Agency's buildings takes account of the fact that different components of those buildings have different useful lives. This ensures that depreciation is charged on those assets at the same rate as if separate components had been identified and depreciated at different rates.

1.5 Intangible assets

Intangible assets include any of the following held – software, licences, trademarks, websites, development expenditure, Patents, Goodwill and intangible assets under construction. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible non-current asset. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use;
- the intention to complete the intangible asset and use it;
- the ability to sell or use the intangible asset;
- how the intangible asset will generate probable future economic benefits or service potential;
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it; and
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Agency's business or which arise from contractual or other legal rights. Intangible assets are considered to have a finite life. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the Agency; where the cost of the asset can be measured reliably. All single items over £5,000 in value must be capitalised while intangible assets which fall within the grouped asset definition must be capitalised if their individual value is at least £1,000 each and the group is at least £5,000 in value.

The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date of commencement of the intangible asset, until it is complete and ready for use.

Intangible assets acquired separately are initially recognised at fair value. Following initial recognition, intangible assets are carried at fair value by reference to an active market, and as no active market currently exists depreciated replacement cost has been used as fair value.

1.6 Non-current assets held for sale

The Agency has no non-current assets held for sale.

Property, plant or equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.7 Inventories

Inventories are valued at the lower of cost and net realisable value and are included exclusive of VAT. This is considered to be a reasonable approximation to fair value due to the high turnover of stocks.

1.8 Income

Income is classified between Revenue from Contracts and Other Operating Income as assessed in line with organisational activity, under the requirements of IFRS 15 and as applicable to the public sector. Judgement is exercised in order to determine whether the five essential criteria within the scope of IFRS 15 are met in order to define income as a contract.

Income relates directly to the activities of the Agency and is recognised on an accruals basis, when, and to the extent that a performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised. Income is stated net of VAT.

Where the criteria to determine whether a contract is in existence is not met, income is classified as Other Operating Income within the Statement of Comprehensive Net Expenditure and is recognised when the right to receive payment is established.

1.9 Grant in aid

Funding received from other entities, including the Department and the Health and Social Care Board are accounted for as grant in aid and are reflected through the Statement of Comprehensive Net Expenditure Reserve.

1.10 Investments

The Agency does not have any investments other than Trust Funds. Trust Funds are invested using the Northern Ireland Health and Social Services Charities Common Investment Fund and are shown at market value as at the balance sheet date.

1.11 Research and Development expenditure

Research and development (R&D) expenditure is expensed in the year it is incurred in accordance with IAS 38.

Following the introduction of the 2010 European System of Accounts (ESA10), and the change in the budgeting treatment (from the revenue budget to the capital budget) of R&D expenditure, additional disclosures are included in the notes to the accounts. This treatment was implemented from 2016/17.

1.12 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

1.13 Leases

The Agency had no leases during the year (2020/21: none).

1.14 Private Finance Initiative (PFI) transactions.

The Agency has had no PFI transactions during the year (2020/21: none).

1.15 Financial Instruments

A financial instrument is defined as any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

NIBTS has financial instruments in the form of trade receivables and payables and cash and cash equivalents.

- **Financial assets**

Financial assets are recognised on the Statement of Financial Position when the Agency becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are de-recognised when the contractual rights have expired or the asset has been transferred.

Financial assets are initially recognised at fair value. IFRS 9 requires consideration of the expected credit loss model on financial assets. The measurement of the loss allowance depends upon the HSC Body's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument where judged necessary.

Financial assets are classified into the following categories:

- financial assets at fair value through Statement of Comprehensive Net Expenditure;
- held to maturity investments;
- available for sale financial assets; and
- loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

- **Financial liabilities**

Financial liabilities are recognised on the Statement of Financial Position when the Agency becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services

have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

Financial liabilities are initially recognised at fair value.

- **Financial risk management**

IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the relationships with HSC Commissioners, and the manner in which they are funded, financial instruments play a more limited role in creating risk than would apply to a non-public sector body of a similar size, therefore the Agency is not exposed to the degree of financial risk faced by business entities.

There are limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks its activities. Therefore, the Agency is exposed to limited credit, liquidity or market risk.

- **Currency risk**

The Agency is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. There is therefore low exposure to currency rate fluctuations.

- **Interest rate risk**

The Agency has limited powers to borrow or invest and therefore there is low exposure to interest rate fluctuations.

- **Credit risk**

Because the majority of the Agency's income comes from contracts with other public sector bodies, there is low exposure to credit risk.

- **Liquidity risk**

Since the Agency receives the majority of its funding through its principal Commissioner, which is voted through the Assembly, there is low exposure to significant liquidity risks.

1.16 Provisions

In accordance with IAS 37, provisions are recognised when there is present legal or constructive obligation as a result of a past event, it is probable that the Agency will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties.

Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the relevant discount rates provided by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

1.17 Contingent liabilities/assets

Other than as outlined at Note 19, the Agency had no contingent liabilities at either 31 March 2022 or 31 March 2021.

1.18 Employee benefits

Short-term employee benefits

Under the requirements of IAS 19: Employee Benefits, staff costs must be recorded as an expense as soon as the organisation is obligated to pay them. This includes the cost of any untaken leave that has been earned at the year end. This cost has been estimated using staff numbers and costs applied to the untaken leave balance determined from the results of a survey to ascertain leave balances as at 31 March 2022. It is not anticipated that the level of untaken leave will vary significantly from year to year. Untaken flexi leave is estimated to be immaterial to the Agency and has not been included.

Retirement benefit costs

The Agency participates in the HSC Pension 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 DoH. The Agency is unable to identify its share of the underlying assets and liabilities in the scheme on a consistent and reliable basis.

The costs of early retirements 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 with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date. FReM provides an interpretation of the IAS 19 standard and this standard requires the present value of defined benefit obligations to be determined with sufficient regularity that the amounts recognised in the financial statements do not differ materially from those determined at the reporting period date.

The 2021-22 accounts are based on membership data as at 31 March 2016 since it was not practicable to utilise data as 31 March 2020 within the time parameters available. The value of the liabilities as at 31 March 2022 has been calculated by rolling forward the liability calculated as at 31 March 2016 to 31 March 2022. The 2016 valuation assumptions are retained for demographics whilst financial assumptions are updated to reflect current financial conditions and a change in financial assumption methodology. The 2016 valuation is the most recently completed valuation, since the 2020 valuation is ongoing which is why the demographics assumptions are not updated.

1.19 Value Added Tax

Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets.

1.20 Third party assets

The Agency does not hold any third party assets.

1.21 Government Grants

The Agency does not receive any government grants.

1.22 Losses and Special Payments

Losses and special payments are items that the Assembly would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments.

They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had HSC bodies not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses and compensations register which reports amounts on an accruals basis with the exception of provisions for future losses.

1.23 Charitable Trust Account Consolidation

The Agency is required to consolidate the accounts of controlled charitable organisations and funds held on trust into their financial statements. As a result, the financial performance and funds have been consolidated. The Agency has accounted for these transfers using merger accounting as required by the FReM.

However, the distinction between public funding and the other monies donated by private individuals still exists.

All funds have been used by the Agency as intended by the benefactor. The Board to manages the internal disbursements. The Board ensures that charitable donations received by the Agency are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the Agency's Standing Financial Instructions, Departmental guidance and legislation.

All such funds are allocated to the area specified by the benefactor and are not used for any other purpose than that intended by the benefactor.

1.24 Accounting Standards that have been Issued but have not yet been Adopted

The International Accounting Standards Board have issued the following new standards but which are either not yet effective or adopted. Under IAS 8 there is a requirement to disclose these standards together with an assessment of their initial impact on application.

IFRS10 Consolidated Financial Statements, IFRS 11 Joint Arrangements, IFRS 12 Disclosure of interests in Other Entities:

The IASB issued new and amended standards (IFRS 10, IFRS 11 & IFRS 12) that affect the consolidation and reporting of subsidiaries, associates and joint ventures. These standards were effective with EU adoption from 1 January 2014.

Accounting boundary IFRS are currently adapted in the FReM so that the Westminster departmental accounting boundary is based on ONS control criteria, as designated by Treasury. A similar review in NI (Review of Financial Process), which will bring NI departments under the same adaptation, has been carried out and the resulting recommendations were agreed by the Executive in December 2016. With effect from 2022-23, the accounting boundary for departments will change and there will also be an impact on departments around the disclosure requirements under IFRS 12. ALBs apply IFRS in full and their consolidation boundary may have changed as a result of these Standards.

IFRS 16 Leases:

IFRS 16 is effective from 1 April 2022 and has the effect of largely eliminating the current 'off-balance sheet' treatment of operating leases under IAS 17. A lessee is now required to recognise a "right-of-use" asset (the right to use the leased item) and a financial liability for any operating leases where the term is greater than 12 months, excluding those where the associated right-of-use asset is of low value.

NIBTS has no lease commitments and there is therefore likely to be no financial impact arising from IFRS 16 on the 2022/2023 financial statements.

IFRS 17 Insurance Contracts:

IFRS 17 Insurance Contracts will replace IFRS 4 Insurance Contracts and is effective for accounting periods beginning on or after 1 January 2023. In line with the requirements of the FReM, IFRS 17 will be implemented, as interpreted and adapted for the public sector, with effect from 1 April 2025.

Management currently assess that there will be minimal impact consider that on application to the Agency's consolidated financial statements.

NOTE 2 ANALYSIS OF NET EXPENDITURE BY SEGMENT

The core business and strategic objective of NI Blood Transfusion Service is the supply of blood products and related services to hospitals in Northern Ireland and the provision of patient testing services.

The Agency Board acts as the Chief Operating Decision Maker and receives financial information on the Agency as a whole and makes decisions on this basis. Hence, it is appropriate that the Agency reports on a single operational segment basis.

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 3 EXPENDITURE

	2022 £000s		2021 £000s	
	Agency	Consolidated	Agency	Consolidated
Operating Expenses are as follows:-				
Staff costs ¹ :				
Wages and salaries	6,064	6,064	5,717	5,717
Social security costs	530	530	486	486
Other pension costs	1,094	1,094	1,037	1,037
Recharges from other HSC organisations	10	10	10	10
Supplies and services - Clinical	8,927	8,927	8,459	8,459
Supplies and services - General	58	58	82	82
Establishment	319	319	374	374
Transport	332	332	226	226
Premises	984	984	888	888
BSO services	94	94	88	88
Training	28	28	21	21
Miscellaneous expenditure ²	258	273	212	213
Non cash items				
Depreciation	535	535	527	527
Amortisation	14	14	13	13
(Profit) on disposal of property, plant & equipment (excluding profit on land)	0	0	(3)	(3)
Increase / Decrease in provisions (provision provided for in year less any release)	42	42	2	2
Auditors remuneration ³	16	17	15	16
Add back of notional charitable expenditure	0	(1)	0	(1)
Total	19,305	19,320	18,154	18,155

¹ Further detailed analysis of staff costs is located in the Staff Report on page 33 within the Accountability Report.

² Miscellaneous expenditure includes the following material amounts: Waste Disposal £27k; UK Forum Recharges £57k; Hire of Halls £54k; BSO Leadership Centre £30k and Record Storage £13k.

³ During the year the Agency purchased no non audit services from its external auditor (NIAO).

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 4 INCOME

4.1 Revenue from contracts with customers

	2022 £000s		2021 £000s	
	Agency	Consolidated	Agency	Consolidated
GB/Republic of Ireland Health Authorities	0	0	0	0
HSC bodies	18,609	18,609	17,548	17,548
Non-HSC:- Private patients	1	1	1	1
Non-HSC:- Other	90	90	54	54
Total	18,700	18,700	17,603	17,603

4.2 Other Operating Income

	2022 £000s		2021 £000s	
	Agency	Consolidated	Agency	Consolidated
Charitable income received by charitable trust fund	0	0	0	13
Investment income	0	5	0	6
Total	0	5	0	19

TOTAL INCOME

18,700	18,705	17,603	17,622
---------------	---------------	---------------	---------------

4.3 Deferred Income

The Agency had no deferred income or income released from conditional grants at either 31 March 2022 or 31 March 2021.

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 5.1 Consolidated Property, plant & equipment - year ended 31 March 2022

	Land £000s	Buildings (excluding dwellings) £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Total £000s
Cost or Valuation							
At 1 April 2021	1,760	8,133	0	1,792	713	958	13,356
Indexation	0	416	0	100	23	2	541
Additions	0	0	0	130	0	54	184
Disposals	0	0	0	(330)	0	(61)	(391)
At 31 March 2022	1,760	8,549	0	1,692	736	953	13,690

Depreciation

At 1 April 2021	0	319	0	1,197	363	649	2,528
Indexation	0	29	0	63	13	2	107
Disposals	0	0	0	(330)	0	(61)	(391)
Provided during the year	0	323	0	81	63	68	535
At 31 March 2022	0	671	0	1,011	439	658	2,779

Carrying Amount

At 31 March 2022	1,760	7,878	0	681	297	295	10,911
At 31 March 2021	1,760	7,814	0	595	350	309	10,828

Asset financing

Owned	1,760	7,878	0	681	297	295	10,911
Carrying Amount At 31 March 2022	1,760	7,878	0	681	297	295	10,911

Asset Financing – All tangible assets are fully owned by the Agency. No assets relate to Trust Funds.

Any fall in value through negative indexation is also shown as an impairment.

The total amount of depreciation charged in the Statement of Comprehensive Net Expenditure Account in respect of assets under finance lease and hire purchase contracts is £nil (2021: nil).

Valuation of Land and Buildings

RICS, IFRS, IVS & HM Treasury compliant asset revaluation of land and buildings for financial reporting purposes are undertaken by Land and Property Services (LPS) at least once in every five year period. Figures are then restated annually, between revaluations, using indices provided by LPS. The last asset revaluation was carried out on 31 January 2020 by LPS with the next review due by 31 January 2025.

As a result of the ongoing impact of the COVID-19 pandemic, and in line with current RICS guidance, LPS have advised that for certain classifications of assets and categories of indices, across certain locations, an increased level of subjectivity exists in terms of informing opinions of value due to a continued lack of transactional activity. For the avoidance of doubt, this does not mean that figures provided cannot be relied upon, rather, the declaration of material uncertainty ensures transparency and provides further insight as to the market context under which valuation and indexation figures have been prepared. Whilst at this stage there is no evidence of impairment as at year-end, the future impact of COVID-19 on land and building values cannot yet be accurately assessed. The need for an asset revaluation prior to the next scheduled date in January 2025 will remain under consideration, subject to resources.

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 5.2 Consolidated Property, plant & equipment - year ended 31 March 2021

	Land £000s	Buildings (excluding dwellings) £000s	Assets under Construction £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Furniture and Fittings £000s	Total £000s
Cost or Valuation								
At 1 April 2020	1,760	8,133	0	1,900	752	758		13,303
Indexation	0	0	0	4	0	0		4
Additions	0	0	0	146	0	239		385
Disposals	0	0	0	(258)	(39)	(39)		(336)
At 31 March 2021	1,760	8,133	0	1,792	713	958	0	13,356
Depreciation								
At 1 April 2020	0	0	0	1,370	318	646		2,334
Indexation	0	0	0	3	0	0		3
Disposals	0	0	0	(258)	(39)	(39)		(336)
Provided during the year	0	319	0	82	84	42		527
At 31 March 2021	0	319	0	1,197	363	649	0	2,528
Carrying Amount								
At 31 March 2021	1,760	7,814	0	595	350	309	0	10,828
At 1 April 2020	1,760	8,133	0	530	434	112	0	10,969

Asset Financing – All tangible assets are fully owned by the Agency. No assets relate to Trust Funds.

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 6.1 Consolidated Intangible assets - year ended 31 March 2022

	Software Licenses £000s	Information Technology £000s	Total £000s
Cost or Valuation			
At 1 April 2021	59	68	127
Additions	0	15	15
At 31 March 2022	59	83	142
Amortisation			
At 1 April 2021	24	65	89
Provided during the year	11	3	14
At 31 March 2022	35	68	103
Carrying Amount			
At 31 March 2022	24	15	39
At 31 March 2021	35	3	38
Asset financing			
Owned	24	15	39
Carrying Amount			
At 31 March 2022	24	15	39

Asset Financing – All intangible assets are fully owned by the Agency. No assets relate to Trust Funds.

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 6.2 Consolidated Intangible assets - year ended 31 March 2021

	Software Licenses £000s	Information Technology £000s	Total £000s
Cost or Valuation			
At 1 April 2020	41	68	109
Additions	18	0	18
At 31 March 2021	59	68	127
Amortisation			
At 1 April 2020	15	61	76
Provided during the year	9	4	13
At 31 March 2021	24	65	89
Carrying Amount			
At 31 March 2021	35	3	38
At 1 April 2020	26	7	33

Asset Financing – All intangible assets are fully owned by the Agency. No assets relate to Trust Funds

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 7 FINANCIAL INSTRUMENTS

As the cash requirements are met through income from HSC bodies and which is provided by the Department of Health, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with the NI Blood Transfusion Service expected purchase and usage requirements and the NI Blood Transfusion Service is therefore exposed to little credit, liquidity or market risk.

	2022 Non-Current Assets £000s	2021 Non-Current Assets £000s
Balance at 1 April 2021	285	216
Additions	1	18
Disposals	0	0
Revaluations	17	51
Balance at 31 March 2022	<u>303</u>	<u>285</u>
Agency	0	0
Charitable Trust fund	303	285
	<u>303</u>	<u>285</u>

NOTE 7.1 Market value of investments as at 31 March 2022

	Held in UK £000s	2021 Total £000s
Investments in CIF	303	285
Total market value of fixed asset investments	<u>303</u>	<u>285</u>

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 8 IMPAIRMENTS

NIBTS did not have any impairments during 2021/22 (2020/21: nil).

NOTE 9 ASSETS CLASSIFIED AS HELD FOR SALE

NIBTS did not hold any assets classified as held for sale in 2021/22 (2020/21: nil).

NOTE 10 INVENTORIES

Classification	2022 £000s		2021 £000s	
	Agency	Consolidated	Agency	Consolidated
Clinical Supplies	1,616	1,616	1,595	1,595
General Supplies	4	4	9	9
Establishment	26	26	37	37
Other	8	8	9	9
	-	-		
Total	1,654	1,654	1,650	1,650

NOTE 11 CASH AND CASH EQUIVALENTS

	2022 £000s		2021 £000s	
	Agency	Consolidated	Agency	Consolidated
Balance at 1st April 2021	632	632	604	604
Net change in cash and cash equivalents	142	142	28	28
Balance at 31st March 2022	774	774	632	632

The following balances at 31 March 2022 were held at

	2022 £000s		2021 £000s	
	Agency	Consolidated	Agency	Consolidated
Commercial banks and cash in hand	774	774	632	632
Balance at 31st March 2022	774	774	632	632

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 12 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2022 £000s		2021 £000s	
	Agency	Consolidated	Agency	Consolidated
Amounts falling due within one year				
Trade receivables	331	331	683	683
VAT receivable	124	124	178	178
Other receivables - not relating to fixed assets	1	1	0	0
Trade and other receivables	<u>456</u>	<u>456</u>	<u>861</u>	<u>861</u>
Prepayments	0	0	11	11
Other current assets	<u>0</u>	<u>0</u>	<u>11</u>	<u>11</u>
Amounts falling due after more than one year				
TOTAL TRADE AND OTHER RECEIVABLES	<u>456</u>	<u>456</u>	<u>861</u>	<u>861</u>
TOTAL OTHER CURRENT ASSETS	<u>0</u>	<u>0</u>	<u>11</u>	<u>11</u>
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	<u>456</u>	<u>456</u>	<u>872</u>	<u>872</u>

The balances are net of a provision for bad debts of £nil (2020/21 £nil)

NOTE 13 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

13.1 Trade payables and other current liabilities

	2022 £000s		2021 £000s	
	Agency	Consolidated	Agency	Consolidated
Amounts falling due within one year				
Other taxation and social security	-	-	234	234
Trade capital payables - property, plant and equipment	105	105	105	105
Trade capital payables - intangibles	15	15	-	-
Trade revenue payables	1,006	1,006	1,248	1,248
Payroll payables	444	444	355	355
BSO payables	37	37	25	25
Other payables	-	-	1	1
Accruals	188	199	129	129
Trade and other payables	<u>1,795</u>	<u>1,806</u>	<u>2,097</u>	<u>2,097</u>
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	<u>1,795</u>	<u>1,806</u>	<u>2,097</u>	<u>2,097</u>

13.2 Loans

The Agency did not have any loans payable at either 31 March 2022 or 31 March 2021.

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 14 PROVISIONS FOR LIABILITIES AND CHARGES - 2022

	Liability Claims £000s	2022 £000s
Balance at 1 April 2021	61	61
Provided in year	42	42
(Provisions not required written back)	0	0
(Provisions utilised in the year)	0	0
Cost of borrowing (unwinding of discount)	0	0
At 31 March 2022	103	103

Comprehensive Net Expenditure Account charges	2022 £000s	2021 £'000
Arising during the year	42	6
Reversed unused	0	(4)
Total charge within Operating expenses	42	2

Provisions have been made for two types of potential liability: employment law and clinical negligence claims based on information provided by BSO Legal Services.

Analysis of expected timing of discounted flows

	Liability Claims £000s	2022 £000s
Not later than one year	98	98
Later than one year and not later than five years	5	5
Later than five years	0	0
At 31 March 2022	103	103

Discount rate for special damages awards

A discount rate is applied by courts to a lump-sum award of damages for future financial loss in a personal injury case, to take account of the return that can be earned from investment. Previously, the rate in Northern Ireland was set by the Department of Justice in accordance with principles set out by the House of Lords in Wells v Wells, and was changed under that framework (from 2.5%) to –1.75% with effect from 31 May 2021. Following enactment of the Damages (Return on Investment) Act (Northern Ireland) 2022 in February 2022, the rate is now determined by the Government Actuary who completed his first review under the new legislative framework in March 2022, resulting in the rate changing again to –1.5% with effect from 22 March 2022.

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 14 PROVISIONS FOR LIABILITIES AND CHARGES - 2021

	Liability Claims £000s	2021 £000s
Balance at 1 April 2020	63	63
Provided in year	6	6
(Provisions not required written back)	(4)	(4)
(Provisions utilised in the year)	(4)	(4)
Cost of borrowing (unwinding of discount)	0	0
At 31 March 2021	<u>61</u>	<u>61</u>

Provisions have been made for two types of potential liability: employment law and clinical negligence claims based on information provided by BSO Legal Services.

	Liability Claims £000s	2021 £000s
Not later than one year	57	57
Later than one year and not later than five years	4	4
Later than five years	0	0
At 31 March 2021	<u>61</u>	<u>61</u>

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 15 CAPITAL AND OTHER COMMITMENTS

	2022	2021
	£000s	£000s
Contracted capital commitments at 31 March not otherwise included in these financial statements		
Property, plant & equipment	28	13
	<u>28</u>	<u>13</u>

NOTE 16 COMMITMENTS UNDER LEASES

16.1 Finance Leases

The Agency had no commitments under finance leases at either 31 March 2022 or 31 March 2021.

16.2 Operating Leases

The Agency had no commitments under operating leases at either 31 March 2022 or 31 March 2021.

NOTE 17 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

The Agency has no PFI contracts.

NOTE 18 OTHER FINANCIAL COMMITMENTS

The Agency did not have any other financial commitments at either 31 March 2022 or 31 March 2021.

NOTE 19 CONTINGENT LIABILITIES

With the exception of the items noted below, the Agency had no contingent liabilities at either 31 March 2022 or 31 March 2021.

Backdated Holiday Pay

The Court of Appeal (CoA) judgment from 17 June 2019 (PSNI v Agnew) determined that claims for Holiday Pay shortfall can be taken back to 1998. However, the PSNI has appealed the CoA judgment to the Supreme Court. The Supreme Court hearing was scheduled for the 23rd and 24th June 2021 but this has subsequently been adjourned. An accrual at 31 March 2022 for the liability is included in these accounts. However, the extent to which the liability may exceed this amount remains uncertain. The potential additional financial effect of this is unquantifiable at present.

19.1 Financial Guarantees, Indemnities and Letters of Comfort

The Agency has not entered into quantifiable guarantees, indemnities or provided Letters of Comfort.

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

NOTE 20 RELATED PARTY TRANSACTIONS

NI Blood Transfusion Service (Special Agency) is an arm's length body of the Department of Health.

During the year NIBTS has had various material transactions with that Department and with other entities for which the Department of Health 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.

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.

NOTE 21 THIRD PARTY ASSETS

The Agency does not hold any third-party assets.

NOTE 22 FINANCIAL PERFORMANCE TARGETS

22.1 Revenue Resource Limit

The Agency is given a Revenue Resource Limit which it is not permitted to overspend

The Revenue Resource Limit (RRL) for NI Blood Transfusion Service is calculated as follows:

	2022 Total £000s	2021 Total £000s
Non cash RRL (from DoH)	607	554
Total agreed RRL	607	554
Total Revenue Resource Limit to Statement Comprehensive Net Expenditure	607	554

22.2 Capital Resource Limit

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

	2022 Total £000s	2021 Total £000s
Gross capital expenditure	199	403
(Receipts from sales of fixed assets)	0	(3)
Net capital expenditure	199	400
Capital Resource Limit	229	420
Underspend against CRL	(30)	(20)

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2022

22.3 Financial Performance Targets

The NIBTS is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25% of RRL and income from activities.

	2022	2021
	£000s	£000s
Net Expenditure	(605)	(551)
RRL	607	554
Surplus against RRL	2	3
Break Even cumulative position(opening)	836	833
Break Even cumulative position (closing)	<u>838</u>	<u>836</u>
RRL and Income from activities		
RRL	607	554
Income from activities per note 4.1	18,700	17,603
Total for inclusion in materiality test	<u>19,307</u>	<u>18,157</u>
Materiality Test:		
	2022	2021
	%	%
Break Even in year position as % of RRL & Income	<u>0.01%</u>	<u>0.02%</u>
Break Even cumulative position as % of RRL & Income	<u>4.34%</u>	<u>4.60%</u>

NOTE 23 EVENTS AFTER THE REPORTING PERIOD

There are no events after the reporting period having a material effect on the accounts.

DATE AUTHORISED FOR ISSUE

The Accounting Officer authorised these financial statements for issue on 21 July 2022.