Northern Ireland
Blood Transfusion Service

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Blood Transfusion Service

(A Special Agency of the HSC)

Annual Report and Accounts

For the year ended 31 March 2026

GIVE BLOOD
Save Lives

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE

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For the year ended 31 March 2026

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

3rd July 2026

Contents

PERFORMANCE REPORT

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1. Report of the Lead Non-Executive Member

It continues to be a privilege to serve as Chair of the Northern Ireland Blood Transfusion Service (NIBTS).

I remain grateful for the continued support of our Chief Executive, Karin Jackson, the Senior Leadership Team and all staff, as well as my fellow Non-Executive Members. I also extend sincere thanks to our voluntary blood donors, whose ongoing generosity sustains the Service and the patients who depend upon it.

NIBTS fulfils a unique and critical role as the sole provider of blood components and related services in Northern Ireland. This responsibility is underpinned by a clear strategic framework focused on Quality, Donor and Customer Experience, People, Continuous Improvement, and Effective Use of Resources.

Quality and safety remain our foremost priority. The Service has maintained healthy stocks of blood and blood components throughout the year with no requirement to import, supporting the delivery of safe Healthcare throughout Northern Ireland. We have achieved full compliance with regulatory and licensing requirements, achieving a positive UKAS (UK Accreditation Service) audit outcome during the year. While we have work to do following a recent inspection by the Medicines and Healthcare products Regulatory Agency (MHRA), the Board remains assured that the systems, culture and leadership in place will continue to support the highest standards of safety and governance.

Regarding Donor and Customer experience, the continued commitment of our donors is central to service sustainability. The Board is prioritising actions to strengthen donor recruitment and retention, with increased focus on engagement, accessibility and improving the overall donor experience. For example, we have developed a new approach to managing complaints which aligns to NIPSO requirements. Ensuring a resilient and diverse donor base will remain a strategic priority.

Our People are fundamental to delivery. I would like to acknowledge the professionalism, expertise and resilience demonstrated by staff across the organisation. The Board remains committed to supporting a culture that values staff, promotes development and enables high performance in a challenging operational environment. To that end we have developed a Recognition, Appreciation & Reward Strategy for implementation in 2026/27 in collaboration with our staff. We are confident that this will be hugely beneficial to staff and to the Service generally.

In respect of improvement, the organisation has made significant progress in both service transformation and digital capability. The rollout of the core Laboratory Information Management System (coreLIMS) is complete and provides a robust, regionally integrated platform for pathology services. In parallel, we have made significant progress towards the implementation of the electronic Blood Production and Tracking (BPaT) system. This is currently in Testing and will enhance traceability, safety and efficiency across the end-to-end blood pathway when implementation is completed in the coming year. Programmes like these are central to modernising the Service and supporting wider system transformation.

NIBTS continues to play an important role in the Department of Health's Pathology Blueprint Programme. We have undertaken substantial engagement with staff, and their representatives, across the HSC, on the future delivery model for pathology services. Progress has been made in defining this model, with further advancement anticipated subject to approval and resource availability. The Board will continue to support this programme as a key strategic enabler for sustainable pathology services in Northern Ireland.

The publication of the final report of the Infected Blood Inquiry last year represented a significant moment for the sector. NIBTS is actively engaged in regional and national workstreams to support implementation of the Inquiry's recommendations. Delivery will require sustained focus and appropriate resourcing, which the Board will continue to emphasise in its engagement with stakeholders.

It is important to acknowledge that the Resources theme remains particularly challenging in the current financial context. The Service continues to balance increasing demand, transformation requirements and cost pressures. Prudent financial management, prioritisation and efficiency will remain essential to maintaining service quality, delivering strategic objectives and supporting the Department's Financial goals. But adequate resourcing will remain front and centre in our priorities. We have recently been successful in securing additional resources to support preparation for implementation and compliance with SoHO (Substances of Human Origin) regulations. This will ensure success of these important regulations and help alleviate resource pressures across the Service.

I would like to thank the Minister of Health, Mike Nesbitt, Permanent Secretary, Mike Farrar and colleagues within the Department of Health and Sponsor Branch for their continued support and constructive partnership. This relationship, based on shared objectives and clear accountability, remains critical to the success of the Service. We have also continued to work collaboratively with our regional, national and international colleagues in improving services for donors, patients and wider community. This has included engagement with Chairs of other HSC organisations and collaboration with Trust Medical Directors and relevant staff on achieving reduction in hospital reported component wastage.

I also acknowledge the valuable contribution of Board members. I wish to recognise the service of Michael Graham, Bernie Lunney and Noel Brady, whose expertise further strengthens governance and oversight. In addition, Karin Jackson our CEO is a key Board member providing important advice, guidance and operational reporting.

In conclusion, I extend my sincere thanks to all those who contribute to the work of NIBTS. The Service continues to demonstrate strong performance in a complex and evolving environment. The Board will maintain its focus on strategic delivery, ensuring that NIBTS continues to provide a safe, high-quality and sustainable service for the people of Northern Ireland.

Brendan Garland

Chair
17th April 2026

2. Performance Overview

This section describes the history, organisation, structure and services provided by NIBTS as well as its main service users and the external environment within which the organisation operates.

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 components to Health and Social Care (HSC) in Northern Ireland. In 2025/26, the Agency was primarily funded through service and budget agreements with the HSC Trusts and Department of Health Strategic Performance & Planning Group (SPPG) to recover the cost of services provided.

2.2 Facilities and Services

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

- Whole blood and plateletpheresis collection;
- 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 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 advice and guidance in relation to disability issues in the workplace.

2.4 Structure, Main Services and Users

NIBTS is managed by a Senior Leadership 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 works with HSC Trusts to establish the anticipated need for blood and blood components. Historical activity data and information from the UK Blood Establishments Forum and the European Blood Alliance are used to plan for future demand.

2.5 The External Environment

NIBTS works closely with patients, donors and colleagues across a number of disciplines in the HSC Trusts as well as the Department of Health in Northern Ireland, the SPPG, the Public Health Agency (PHA) and the Patient and Client Council (PCC). In addition, NIBTS works with colleagues in the blood services in England, Scotland and Wales through the UK Blood Establishment Forum, as well as the Irish Blood Transfusion Service (IBTS) and other European Blood Establishments through the European Blood Alliance (EBA) to ensure services provided by NIBTS benchmark well against comparators.

The Agency holds a blood establishment authorisation licence issued by the MHRA for the collection, testing, processing, storage and distribution of blood components. 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 (GMP) 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 components 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. Following the publication of the Inquiry Chair's final report in May 2024, NIBTS has been an active participant in the IBI Regional Group established by the Department of Health to support co-ordination, oversight and reporting on the recommendations. Liability in respect of payments arising from the Infected Blood Inquiry does not rest with NIBTS and hence no provision is included in the financial statements.

2.6 Resources, principal risks and uncertainties

NIBTS has implemented a Risk Management Strategy that identifies our objectives and associated 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 systems 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 towards an acceptable target level.

The NIBTS Risk Management Strategy is underpinned by an assessment of risk appetite across five domains: safety and quality, partnerships and engagement, people and culture, resources and continuous improvement.

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

NIBTS is required to deliver its services efficiently, ensuring value for money with maximum productivity. This will continue in 2026/27 and any financial risks will be identified through monthly financial monitoring.

2.7 Performance Summary

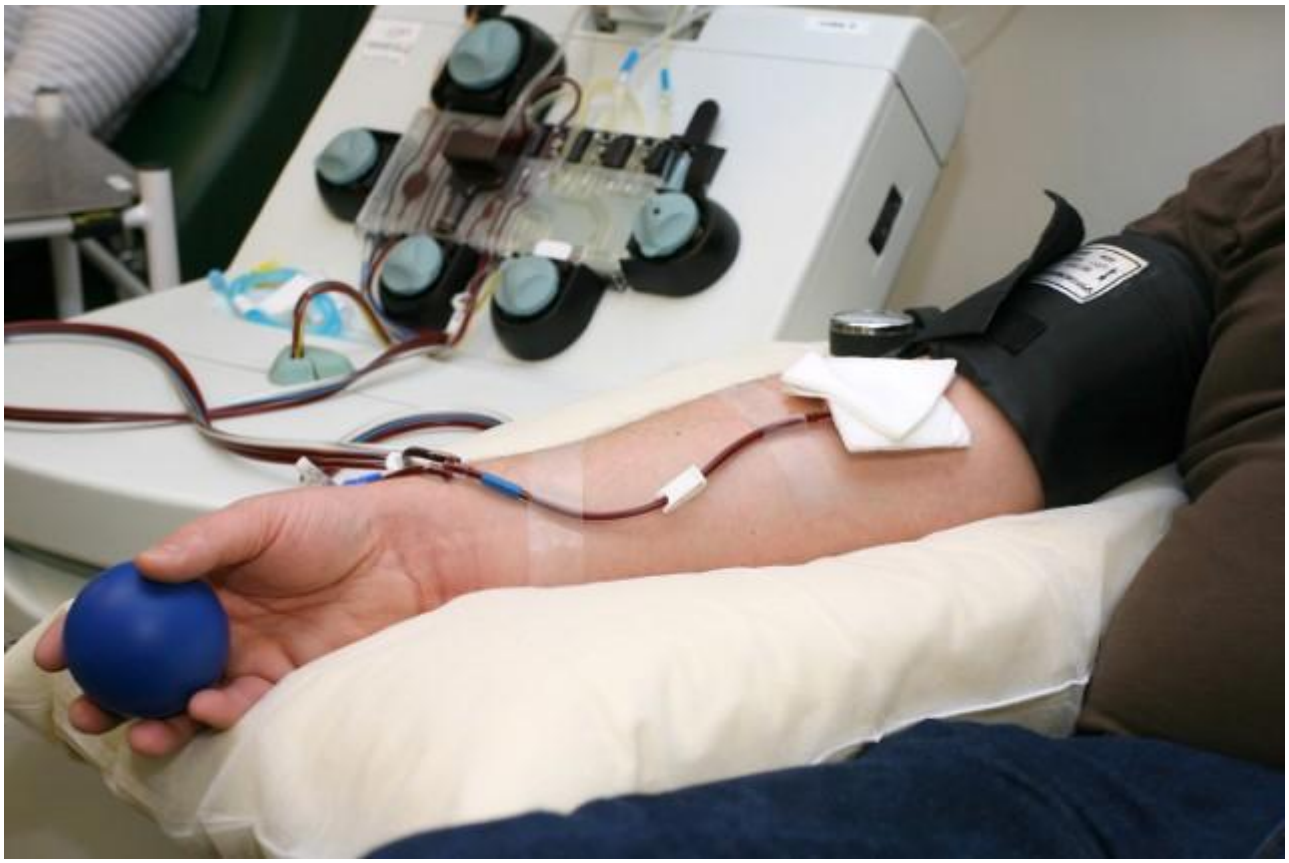
As Chief Executive, I am satisfied that the organisation has, during 2025/26, made significant progress across the following key objectives:

- 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 6.

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 components 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

Quality and Regulatory Compliance

NIBTS continue to comply with the Blood Safety and Quality Regulations 2005 (as amended), the EU Blood Directives and Good Distribution Practice, as required to maintain the Blood Establishment Authorisation and Wholesale Dealers licences. Compliance with the relevant standards is confirmed via inspection by the MHRA, with the last inspection taking place in 2026. An action plan to address the findings from the inspection has been submitted for agreement.

Following a UKAS surveillance visit of NIBTS diagnostic screening laboratories in early 2026, the auditors recommended continuing accreditation of NIBTS to the ISO 15189 standard. The organisation has also submitted an application to extend the scope of accreditation to cover additional testing on existing analysers and testing on replaced platforms.

To support the maintenance of these licences and accreditations, robust quality management processes and systems are embedded and are fully functioning across the organisation. As always, the commitment and diligence of all staff involved in maintaining these licences and accreditations is recognised particularly in light of many competing commitments and challenges throughout the year.

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

Activity

During the year, the demand for blood and blood components has shown a steady reduction.
Table 1 shows the issue data for blood components compared to the previous year. Red cell components show a reduction of 2.44%, however the demand for O negative red cells was 0.9% greater than for year 2024/25. Demand for platelet components showed a reduction of 3.67%, and FFP remained stable. Pooled cryoprecipitate demand was increased by 4.34%.

Table 1: Blood Component Issues in 2025/26 and 2024/25

Blood Component	2025/26	2024/25
Red cell units (adult)	38,322	39,279
Platelets (adult therapeutic doses)	8,181	8,493
Fresh Frozen Plasma components	4,002	4,014
Pooled cryoprecipitate	795	761

In 2025/26 the number of whole blood donations remained stable and there was no requirement for any importation of any stock blood components.

The online appointment booking system remains successful in achieving percentage bookings to ensure adequate supply. Donation sessions are booked in excess of required capacity to mitigate for donors who do not attend and deferrals.

Donors

During the year, the active whole blood donor panel decreased slightly and the number of new donors also decreased. The department objectives will reflect additional work required on focused donor engagement partnerships and recruitment and retention of donors. The BPaT regional project will introduce a new booking platform to provide additional efficiency in the donation booking process.

Table 2: Donation Activity in 2025/26 and 2024/25

	2025/26	2024/25
Whole blood attendance	47,477	48,921
New donor attendance	3,209	3,955
Whole blood donations	40,110	41,248
Haemochromatosis donations	870	647
Platelet donations	3,676	3,344
Total donations	44,656	45,239
Red cells imported from other blood services	0	0

To maximise efficiency of donation sessions NIBTS operate a hybrid system where walk-in donors can be accepted without an appointment. This is usually adopted when appointment capacity is high at a venue or if stocks of particular blood groups are reduced.

Donor satisfaction has remained high in 2025/26 and is a real achievement by all the staff who engage with donors from booking appointments through to the blood donation session.

Business Plan Objectives

At the start of 2025/26, NIBTS established 39 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. 17 of these objectives were fully achieved, 12 were partially achieved and 10 were not achieved. 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 the main KPIs is provided in Table 3 below.

Table 3: Key Performance Indicators

Key Performance Indicator	Target	2025/26	2024/25
Maintain at least 5 days' daily issuable stock of red cells 95% of the time.	At least 5 days' stock 95% of the time	Target Met	New Target set for 2025/26
Maintain at least 1 days' daily issuable stock of platelets 95% of the time.	At least 1 day's stock 95% of the time	Target Met	New Target set for 2025/26
Collect 99.5% of issued stock from NIBTS donors.	>99.5%	Target Met	100%
Maintain donor complaints at less than 4 per 10,000 donations visits.	<2 per month	54 / 4.5 pm	38 / 3 pm
Ensure compliance with all regulatory requirements and maintain all licences and accreditations required to deliver the service.	100% of licences and accreditations maintained	100%	100%
Monitor and reduce staff health and safety incidents.	≤5	2 / <1 pm	19 / <1.5 pm
Ensure timely completion of staff appraisals.	85% completion rate	82.30%	84.5%
Ensure timely completion of statutory & mandatory training.	90% completion rate	91.39%	94%
Achieve or exceed DOH staff absence target.	6.09%	7.22%	6.41%
Achieve financial breakeven.	<0.25%	<0.25%	<0.25%
Comply with invoice prompt payment requirements.	>95%; >70% annually	95%; 76%	96% / 75%

Other objectives not achieved in 2025/26 included people strategy development and implementation regarding culture, well-being, safety and communication; progression of business cases in relation to resources to support IBI implementation and future facility requirements; emergency planning testing; ethnicity monitoring of donors. Actions to ensure objectives not achieved in 2025/26 are being progressed for achievement in 2026/27.

3.2 Long Term Objectives and Corporate Plan

3.2.1 Blood Stocks and Supply to Hospital Blood Banks

Blood stocks across Northern Ireland remained stable throughout the year, with no requirement for imported blood. Overall usage continued to decline, with red cell demand falling by 3% and platelet usage by 1%. Although wastage levels remain slightly higher than desired, they are steadily improving as hospital transfusion teams, the Northern Ireland Transfusion Committee (NITC), and NIBTS work together to optimise transfusion practice, ordering, and stock management.

The reduction in red cell demand reflects stronger adherence to transfusion guidelines and increased use of alternative patient blood management strategies. Continued collaboration between hospital transfusion teams and the NITC remains essential to supporting good practice, ensuring the appropriate use of blood components, minimising wastage, and maintaining Northern Ireland's self-sufficiency in blood supply.

The use of O negative red cells remains a concern due to their limited availability and high clinical value. NIBTS continues to work closely with NITC, hospital teams, and blood bank colleagues to optimise O negative utilisation and safeguard adequate stock levels.

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
2026/27	38,500	8,000	4,000	825
2027/28	38,000	7,800	4,000	825

3.3 New Developments

3.3.1 Digital Developments

NIBTS continues to work closely with the core LIMS team and HSC laboratories to ensure the benefits of the new Clinisys WinPath Enterprise solution system are fully realised.

The contract for a blood production and tracking (BPaT) digital solution was awarded in January 2024 following detailed engagement with potential suppliers. 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. The project is progressing well and it is anticipated that the system will go live in NIBTS in 2026. User acceptance testing and validation of the new system is currently taking place. NIBTS has a project team in place to work alongside colleagues within the Business Services Organisation (BSO) digital team and the solution supplier, MAK System, during the implementation of this strategically important regional digital improvement project.

3.3.2 Collection Strategy

In order to support the challenges with sufficiency of the blood supply, a collection strategy has been developed which aims to forecast supply so that donation activities can be tailored to meet demand. This strategy will be reviewed annually to incorporate data from EBA benchmarking reports and the needs of patients.

3.3.3 Clinical Transfusion Practice and Haemovigilance

Blood transfusion plays a vital role in modern healthcare, underpinning patient care across a wide range of medical specialties. Many patients depend directly on the timely availability of blood and blood components. Each year, NIBTS collects over 50,000 units of blood from voluntary donors and manages the full pathway from collection and testing to processing, storage, and regional distribution. Maintaining a stable and resilient blood supply is essential, as it can be influenced by shifts in demand or changes in donor activity.

The NIBTS medical team provides clinical leadership to ensure the safety, quality, and appropriate use of blood components. Their work focuses on donor and patient safety, clinical governance, and ensuring that all aspects of transfusion practice meet the highest standards. The team collaborates closely with the Northern Ireland Transfusion Committee (NITC), hospital-based transfusion teams, haemovigilance specialists, blood bank colleagues, and a range of medical specialties to support the safe, effective, and timely use of blood across the region.

Of relevance, the Infected Blood Inquiry (IBI) which examined the tragic events of more than 30.000 individuals who were infected or affected by contaminated blood received from the 1970s to the late 1990s, resulting in over 3,000 deaths, including many children. The IBI provides a comprehensive roadmap for transforming transfusion practice through stronger governance, improved data use, and meaningful cultural change. In response, NIBTS has been working closely with the Department of Health, the NITC, and other subject matter experts through the regional IBI working group to review and implement the recommendations outlined in the final report.

Alongside this work, the NIBTS medical team is collaborating with our regional partners to develop the Regional Transfusion Strategy 2025–2029. This strategy will serve as a framework for optimising transfusion practice across Northern Ireland. It aims to embed best practice, safeguard the availability of blood components, and ensure alignment with accredited standards and the recommendations of the Infected Blood Inquiry. Key objectives include enhancing patient safety, improving efficiency and sustainability, strengthening governance and quality management systems, and advancing digital integration to ensure comprehensive donor to recipient traceability. The strategy also emphasises the importance of leadership, education, and continuous improvement across the transfusion system.

Northern Ireland has one of the highest rates of haemochromatosis globally, with around 1 in 10 people estimated to be carriers, and more than 1 in 100 being homozygous or double heterozygous. NIBTS is working collaboratively with regional hepatology services to facilitate blood donation from individuals with haemochromatosis who meet donor eligibility criteria, helping to support the regional blood supply while offering a meaningful contribution to patient care.

NIBTS is also engaged in strengthening wider healthcare partnerships, including a collaborative project with Queen's University Belfast (QUB) to enhance integration between medical education and public health. As part of the "Essentials of Blood Medicine" module, first-year medical students participated in an initiative designed to promote blood donation and address common barriers among young people. By equipping students with knowledge and advocacy skills, the programme establishes a network of young ambassadors capable of influencing attitudes within the university, their families, and their wider communities. The initiative highlights the value of combining scientific education with civic responsibility and serves as a model for promoting lifesaving behaviours through education, collaboration, and community engagement.

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 highlighted to the Department of Health the need for investment in updated facilities. This need has been recognised in the Department's draft 15 year capital plan with scoping work and work on the business case due to commence in 2026/27.

3.3.5 Laboratories

NIBTS continues to invest in modern laboratory infrastructure to strengthen resilience, improve patient outcomes, and support system-wide efficiency. The implementation of the WinPath Enterprise Laboratory Information Management System (LIMS) in June 2024, and its subsequent rollout across HSCNI pathology laboratories, represents a significant step towards a unified digital pathology environment. A single, standardised platform for the management of patient results underpins safer clinical decision-making, improved data quality, and more effective cross-organisational working. The strategic focus is now on optimising system utilisation and maximising integration with other pathology and clinical systems.

Building on this digital foundation, NIBTS is progressing the replacement of its core blood management system. The new system from MAK Systems will provide end-to-end management of blood collection, processing, testing, storage, and distribution. Its planned integration with hospital blood tracking systems will significantly enhance traceability, strengthen governance, and further reduce transfusion-related risks. This investment supports both regulatory compliance and the long-term sustainability of transfusion services.

In parallel, NIBTS is completing the replacement of its primary blood grouping platform for donors and antenatal patients and has commenced the replacement of two additional critical testing platforms. These upgrades ensure continued compliance with evolving standards while providing a more robust and future-proof testing environment that supports service continuity and innovation.

Strategic expansion of molecular testing within the Reference Laboratory continues, with additional assays added to the UKAS scope of accreditation. This enhances diagnostic capability, supports more personalised clinical care, and positions NIBTS as a key contributor to specialist diagnostic services across the region.

NIBTS remains an active participant in the national programme to improve transfusion outcomes for patients with sickle cell disease and other haemoglobinopathies. This work aligns with broader equality and patient-centred care objectives, ensuring that transfusion practice reflects best evidence and emerging national standards.

Workforce capability remains a strategic priority. In collaboration with hospital colleagues, NIBTS will continue to develop and deliver targeted training programmes for hospital blood bank staff, supporting consistent, high-quality transfusion practice across Northern Ireland.

NIBTS also maintains its commitment to public engagement and social responsibility, including ongoing support for the charity Harvey's Gang. These activities promote understanding of laboratory services, inspire future healthcare professionals, and strengthen trust in the service.

3.3.6 Plasma for Fractionation (PFF)

The development of plasma for fractionation remains a strategic priority for NIBTS as part of a UK-wide approach to improving resilience and self-sufficiency in plasma-derived medicinal products (PDMPs). NIBTS continues to work closely with NHS England and NHS Blood and Transplant to develop sustainable plans for the collection of human plasma in Northern Ireland. This programme will support the manufacture of essential PDMPs, including immunoglobulins and albumin, contributing to improved supply security and patient outcomes over the longer term.

3.3.7 Northern Ireland Pathology Transformation

Throughout 2025/26, NIBTS has continued to host the Pathology Blueprint Programme. The Programme Board has now endorsed the option of developing a pathology agency for Northern Ireland that incorporates the functions of NIBTS as well as the laboratory services of the five HSC Trusts. The business case to facilitate the transition to the new agency is being refined following feedback from the Department of Health with a view to progress to establishment of the new organisation by April 2028.

3.4 Impacts on Financial Position in 2025/26 and Looking Forward

NIBTS is committed to sound financial management and ensuring that the objectives of the organisation 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 NIBTS financial statements are shown in pages 43 to 71 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 £1k (2025: £1k surplus) and against RRL plus income from activities of £25.281m (2025: £22.585m), this represents a surplus of 0.004% (2025: 0.004%). Accordingly, the breakeven objective for the year has been achieved.

During the year, NIBTS received income of £25.281m (2025: £22.585m). This comprised £11.855m (2025: £10.332m) in respect of Haemophilia Blood Products; Patient Testing Services; Pathology Transformation and non-recurrent cost pressures funding from the SPPG and £11.448m (2025: £11.470m) for the supply of blood and blood products from HSC Trusts. The income noted above was invoiced in line with service level agreements. NIBTS income from surplus Plasma amounted to £0.735m. Other income amounted to £0.036m (2025: £0.031m). NIBTS also received non recurrent funding of £0.81m to support work on the implementation of SoHO (Substances of Human Origin) Regulations as part of departmental funding received in relation to the Windsor Framework

During the year, NIBTS expenditure was £26.502m (2025: £25.665m). The majority of the expenditure was on Clinical Supplies and Services £13.460m (51%) (2025: £11.797m/46%). The average number of whole time equivalent persons employed during the year (excluding staff whose costs were capitalised) was 171.9 (2025: 166.5) and expenditure on these staff amounted to £9.372m (35%) (2025: £8.472m/33%). The remaining 14% of expenditure was on other expenditure £2.522m (9%) (2025: £2.315m /9%) and non-cash items £1.148m (4%) (2025: £3.058m/12%).

The movement in expenditure from the prior year primarily relates to increases in haemophilia blood product costs and pay costs.

NIBTS also invests each year in new 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 £1.172m (2025: £1.139m) and £1.172m (2025: £1.139m) respectively.

Looking forward the financial outlook for HSCNI remains challenging. Funding levels for core services in NIBTS have remained flat and this is expected to continue into 26/27.

The key financial issues for NIBTS are the cost implications of ensuring demand for blood components are met, increases in demand for testing services and inflationary pressures. NIBTS also has regulatory requirements in relation to MHRA and UKAS licenses and accreditation. NIBTS is working to ensure that these requirements are met following recent inspections. Ensuring NIBTS is properly resourced to meet these requirements is a key objective for NIBTS in the coming year. This will require engagement and support from DOH and SPPG colleagues.

NIBTS will continue to assist with regional Blueprint, BPaT and other regional developments as well as leading on promoting the case for Plasma for Medicines, which could have a profound financial benefit for the health service but will require increased investment in NIBTS infrastructure to support this development.

NIBTS has received non recurrent funding from DOH as part of Windsor Framework funding provided to Northern Ireland (£1.24m for the next three years). This funding will be used to support the organisation in preparations for the implementation of new SoHo legislation. Recruitment of posts to support this work is well underway.

Within the bounds of the prudent use of public funds, NIBTS, in its role as a supplier of critical blood and blood components to hospitals, is a viable organisation. NIBTS operates with a capital asset base of approximately £14.3m with new capital schemes funded by DoH.

The Department of Health requires that NIBTS pays their non-HSC trade creditors in accordance with applicable terms and appropriate Government Accounting guidance. NIBTS payment policy is consistent with applicable terms and appropriate Government Accounting guidance. The target is to pay 95% of invoices within 30 days and 70% of invoices with 10 days. The measure of compliance is:

	2026 Number	2026 Value £000s	2025 Number	2025 Value £000s
Total bills paid	3,559	12,042	3,197	10,891
Total bills paid within 30 day target or under agreed payment terms	3,396	11,490	3,056	10,431
% of bills paid within 30 day target or under agreed payment terms	**95.4%**	**95.4%**	**95.6%**	**95.8%**
Total bills paid within 30 days of receipt of an undisputed invoice	3,396	11,490	3,056	10,431
% of bills paid within 30 days of receipt of an undisputed invoice	**95.4%**	**95.4%**	**95.6%**	**95.8%**
Total bills paid within 10 day target	2,688	10,010	2,412	8,512
% of bills paid within 10 day target	**75.5%**	**83.1%**	**75.4%**	**78.2%**

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

3.5 Environmental, Social and Community Issues

NIBTS continues to work to reduce its carbon footprint by reducing greenhouse gas emissions. NIBTS has established a carbon baseline and has been able to demonstrate an overall reduction in CO2 gas emissions since monitoring began in 2013/14. In conjunction with the Belfast Health and Social Care Trust (BHSCT) Estates Department, NIBTS will carry out works to replace the existing steam based heating system to a more efficient and environmentally friendly Plate Heat Exchange system, and to redesign the existing boiler house to use gas rather than steam, as the primary energy source for this system.

NIBTS continues to avail of regionally tendered contracts to ensure that our waste is managed with the interests of the environment as a major consideration. The majority of NIBTS non-clinical waste is currently recycled (i.e. cardboard, paper, food etc). NIBTS clinical waste is managed by a company that also recycles treated waste products, for the production of plastic goods such as clinical waste bins, which can be re-used by HSC in future, thus ensuring a complete cyclical approach to waste management.

Unfortunately, during 2025/26 NIBTS did not progress the installation of additional EV chargers for the NIBTS site, however, this is planned for the coming year.

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 December 2026 and continue into the future. NIBTS will continue to work with Estates Professionals within the BHSCT to achieve these aims.

3.6 Employees and Board Members

As at 31 March 2026, NIBTS employed 220 staff and reported a sickness absence rate of 7.22% (2025: 6.41%). The target for sickness absence in 2025/26 was 6.09% (2024/25 6.18%). More detailed information is provided in the Remuneration and Staff Reports on page 27.

3.7 Pension Liabilities

The treatment of pension liabilities is also detailed in the Remuneration and Staff Report on page 29.

3.8 Information Governance

NIBTS had no reportable data breaches during 2025-26.

3.9 Emergency/Business Continuity Plans

In 2025 NIBTS participated in the development of, and completed a self-assessment against, the newly published HSC Core Standards for Emergency Planning. The self assessment indicated partial compliance and priority workstreams have been identified to ensure full compliance by 2026/27. The NIBTS Mass Casualty Procedure and Pandemic Flu Plan were maintained. NIBTS continues to hold membership in various regional and national groups, such as the DoH Health Emergency Planning Forum, SPPG/PHA/BSO Emergency Planning Monitoring Group, and the UK Blood Services Forum for Business Continuity Leads, and was an observer in the DOH Exercise Pegasus Co-ordination Group.

Mrs K Jackson
Accounting Officer
15th June 2026

ACCOUNTABILITY REPORT

1. Corporate Governance Report

The Corporate Governance Report sets out the key governance forums 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 a Board which during the year, had the following members:

Non-Executive Chair	Mr Brendan Garland
Non-Executive Members	Mr Noel Brady Ms Bernadette Lunney Mr Michael Graham
Chief Executive	Mrs Karin Jackson

The Department of Health appoints non-executive members with the approval of the Minister of Health. The Board normally includes a non-executive Chair and three non-executive members.

During 2025/26, the Board met on seven occasions. Meetings are publicly advertised and were held both face to face and 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 three occasions.

Operational management is provided through the Senior Leadership Team (SLT) which meets each week. It provides quality assured data and information for the Board. The SLT 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 2026. 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 SLT to identify any potential conflict of interest. None of the Board or SLT 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 2025/26.

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 2026, which pertained solely to the audit of the accounts, was £21,500 for Public Funds and £1,600 for Trust Funds. During the year, NIBTS purchased no other non-audit services from the NIAO .

In 2025/26, 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, Statement of Financial Position 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 organisation, 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 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 participates in two formal accountability review meetings per annum with DoH. NIBTS participated in a positive accountability meeting with the DoH Deputy Secretary and Director of Secondary Care in March 2026.

A Partnership Agreement with DoH is in place and is due for formal review before January 2027 as a minimum. This agreement outlines the accountability arrangements for NIBTS.

NIBTS works in partnership with DoH by agreeing and progressing annual objectives and has key relationships with the Strategic Planning and Performance Group (SPPG) and HSC Trusts, through established service level agreements, to deliver services to agreed specifications. NIBTS also works closely with the Business Services Organisation which provides a range of services under a Service Level Agreement.

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 normally 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 March 2026, indicated that there were no significant departures from best practice identified in the tool.

3. Governance Framework

In accordance with the Northern Ireland Blood Transfusion Service (Establishment and Constitution) Order (Northern Ireland) 1994, NIBTS has a Board whose non-executive members are appointed by the Northern Ireland Department of Health, with the approval of the Minister of Health.

The Board consists of a Non-Executive Chair, three Non-Executive Members and the Chief Executive. The Senior Leadership Team attends and participates in Board meetings. In 2025/26, the Board met on seven occasions.

Mrs K Jackson was appointed Chief Executive with effect from 1 October 2016 on an initial fixed term basis for up to two years. During 2025/26, Mrs Jackson was appointed to the Chief Executive role on a permanent Senior Executive contract with effect from 1/1/2026.

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 is attended by representatives from 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 March 2026, 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, SLT members and the Corporate Governance, Risk & Emergency Planning Manager also attend these meetings. The Committee met four times during 2025/26.

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 Service Committee

The Remuneration and Terms of Service Committee is chaired by the Board Chair and consists of the Non-Executive members. The Head of HR and Corporate Services may also attend to provide advice as required.

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

Board and Committee Attendance Record

Attendance at the meetings of the Board and its committees during 2025/26 was as follows:

	Board	Audit Committee	Governance and Risk	Remuneration Committee
Mr B Garland – Chair	7 of 7	1 of 1	1 of 1	3 of 3
Mr M Graham – Non-Executive	7 of 7	3 of 4	2 of 4	3 of 3
Ms Bernie Lunney – Non-Executive	6 of 7	3 of 4	4 of 4	3 of 3
Mr Noel Brady – Non-Executive	5 of 7	4 of 4	4 of 4	3 of 3
Mrs K Jackson – Chief Executive	7 of 7	-	4 of 4	-

Note that the Chief Executive and Chair are not members of the Audit Committee

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 are 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 developing the annual business plan, the Chief Executive and Senior Leadership Team consider key issues affecting the service, develop appropriate objectives for the year ahead and prepare an initial draft.

The initial draft forms the basis of a formal business planning consultation meeting at Board level. In addition, each SLT member takes responsibility for engaging with their departmental staff on corporate and departmental business plans and feedback is documented and factored into revised objectives 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. While these meetings had been paused due to ongoing action short of strike, they have been re-established during 2025/26 and management also continues to engage with trade unions on an informal basis as required.

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 SLT and the Board. In addition, reports are provided to

DoH on progress against objectives and these form part of the Accountability Review process which are held twice a year.
As detailed in the Performance Analysis (page 6), NIBTS achieved breakeven in 2025/26 and has a balanced financial plan in place for 2026/27.

Risk Management
NIBTS has a Risk Management Strategy which identifies the organisation's objectives and risks, and sets out a control strategy for each of the significant risks. This strategy has been reviewed and updated for 2024-2026. The Risk Management Strategy is 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 processes and policy development. No change of direction, outcome or objective occurs without first considering the risks involved;
- Risks are assessed and monitored through departmental risk registers that feed into the NIBTS corporate risk register which records all significant identified risks, along with actions to reduce the risk to the lowest practicable level or to a level acceptable to the NIBTS SLT. 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 controls 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 Risk Management Strategy also includes a risk appetite statement which defines the level of risk each area of the organisation is capable of tolerating.

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 2025/26.

Risk management is integral to the training for all staff, relevant to their grade, both at induction and in service. Risk management awareness training is mandatory for everyone in the organisation and is completed by individuals every two years. NIBTS have a dedicated risk management awareness training module available on the HSC online learning management system. As at 31 March 2026, this training had been completed by 93.33% of NIBTS staff. To support staff through the risk management process, expert guidance and facilitation is available along with

access to policies and procedures outlining responsibilities and the means by which risks are identified and controlled.

Risk management was last audited by internal audit in 2023/24 year and attained a satisfactory level of assurance. A further audit is planned for 2026/27.

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.

Appropriate arrangements are in place to ensure the security of information both inside and outside of the organisation. Data Sharing Agreements, Data Access Agreements and Contracts are in place to ensure the confidentiality and security of any information shared with third parties.

Information Asset Owners (IAOs) have responsibility for the 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.

The Head of HR and Corporate Services is the organisation 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 organisation's Data Protection Officer. The Medical Director is the organisation's Personal Data Guardian.

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 95.56% of NIBTS staff as at 31 March 2026.

During 2025/26, there were no incidents of potential data loss reported to the Information Commissioner's Office (ICO).

Information Governance was last audited by Internal Audit in 2022/23 year and attained a satisfactory level of assurance.

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 2025/26 year, work continued to develop and enhance the organisation's cyber-security stance with updated technical controls and additional training being delivered via an HSC cyber security programme initiative to staff. NIBTS continues to be represented on the HSC Cyber Security Programme Board and fully participates in regional security initiatives.

The HSC regional Cyber Security e-learning module is mandatory for all NIBTS staff. During the 2025/26 year, 96.89% of staff had completed this training.

6. Public Stakeholder Involvement

The donation team have been involved in a number of events during 2025/26, including the half marathon expo, Halloween Blood run in partnership with Leukaemia and Lymphoma NI and numerous school presentations.
We have undertaken market research to understand the impact of our engagement with the public. This consisted of five focus groups across the province of NI made up of all age ranges, LGBTQIA+ and Ethnic minority groups. The results of this will influence plans for the coming year.

During 2025/26, there were 54 complaints raised (2024/25: 38). The most common themes for complaints relate to: donors attending session and being unable to donate due to medical/travel history, being accompanied by children or unavailability of walk-in appointments; and donors being unable to book suitable appointments. Reports detailing complaints are presented quarterly and 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. During 2025/26, NIBTS developed a new Complaints Handling Procedure which reflects the requirements of the NIPSO Model Procedure.

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 promotes fraud awareness, co-ordinates investigations in conjunction with the BSO Counter Fraud Service 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. NIBTS also participates in the National Fraud Initiative. NIBTS have a 'Raising concerns in the public interest (Whistleblowing)' Policy in place and promotes various avenues for reporting suspicions of fraud to increase awareness.

During the year there was one reported instance of Fraud. This related to suspected fraudulent timesheets submitted by an agency staff member. The sum of money obtained fraudulently was £756.91. BSO Counter Fraud Services were informed promptly and a report with recommendations was issued to NIBTS. All recommendations have been actioned. The case is now closed.

8. Raising Concerns

During 2025/26, there were no matters raised under 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 is reviewing its arrangements for reporting against each area of governance previously covered by Controls Assurance standards to ensure they remain robust and relevant. This Committee reports any relevant matters to the NIBTS Board.

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.

During 2025/26, NIBTS maintained compliance with its Performance Management Framework, with 82.3% (target 85%) of staff having had an appraisal during the previous 12 months. Implementation of the Performance Management Framework was audited by Internal Audit in March 2025 and attained a satisfactory level of assurance.

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 2025/26, Internal Audit undertook four audits and provided the following level of assurances:

Internal Audit Title	**Assurance Level**
Financial Review	Satisfactory
Stores Management and Ordering and Receipts of Goods	Satisfactory
Blood Production and Tracking (BPaT) System	Satisfactory
Business Continuity Planning	Limited

Recommendations to address the control weaknesses identified by internal Audit have been, or are being, implemented. The Audit Committee have reviewed management responses to Internal Audit recommendations and monitor progress with the implementation of recommendations.

Internal Audit conduct formal follow-up reviews in respect of the implementation of the priority 1 and 2 internal audit recommendations agreed in the Internal Audit reports. Internal Audit presented a full report which showed that 55 (89%) of agreed actions were fully implemented and a further 7 (11%) were partially 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 which is reviewed by the Audit Committee. Recommendations to address any control weaknesses identified have been, or are being, implemented.

RQIA

The RQIA has, in the past, undertaken reviews on NIBTS activities. However, no audits of NIBTS were undertaken by the RQIA in 2025/26.

NIBTS also liaise with other statutory bodies, e.g. the Health & Safety Executive, as necessary.

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 MHRA on a two-yearly basis to ensure compliance with the relevant standards. MHRA inspected NIBTS early 2026.

NIBTS is also audited by UKAS against ISO15189 standards for Medical Laboratories – Requirements for Quality and Competence. NIBTS continue to maintain accreditation.

Business Services Organisation (BSO)

BSO provides NIBTS with a range of services through a Service Level Agreement. In 2025/26, these services included procurement, income, payments, payroll, recruitment, internal audit and legal services.

BSO provides a series of in-year performance reports and assurances throughout the year. The annual BSO assurance letter received by NIBTS sets out a range of assurances on BSO processes, procedures and governance arrangements. It also provides assurance that BSO is compliant with relevant guidance, regulations and legislation.

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

NIBTS received limited assurance in relation to an internal audit carried out by BSO in relation to Business Continuity Planning. An audit action plan has been developed to deal with control weaknesses and recommendations made by the internal audit team.

13. Budget Position and Authority

The Budget Act (Northern Ireland) 2025, which received Royal Assent on 20 March 2026, together with the Northern Ireland Spring Supplementary Estimates 2025-26, provide the statutory authority for the Executive's final 2025-26 expenditure plans. The Budget Act (Northern Ireland) 2025 also provides a Vote on Account to authorise expenditure by departments and other bodies into the early months of the 2026-27 financial year.

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 2025/26.

2. Remuneration and Staff Report

The Remuneration and Staff Report sets out the role of the Remuneration and Terms of Service 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, as set out in its Standing Orders and Standing Financial Instructions, has delegated certain functions to the Remuneration Terms of Service 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 2025/26 consisted of Mr B Garland, Mr M Graham, Mr N Brady and Ms B Lunney in line with their Board tenure. The Remuneration Terms of Service Committee met three times during the year.

Remuneration Policy

All staff within NIBTS are paid in accordance with circulars issued by DoH. All non-medical staff with the exception of Senior Executives 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.

Senior Executives

There are separate arrangements for the Terms of Service and Remuneration for Senior Executives in HSC. Senior Executives are remunerated in accordance with the relevant Senior Executive pay circulars issued by DoH.

During 2025/26, following agreement on reforms to the senior executive pay structure, pay circulars were implemented, including payment of arrears, for the years 2023/24, 2024/25 and 2025/26.

Service Contracts

Mrs K Jackson was appointed Chief Executive with effect from 1 October 2016 on an initial fixed term basis for up to two years. This tenure was subsequently extended to March 2025. During 2025/26, Mrs Jackson was appointed to the Chief Executive role on a permanent Senior Executive contract with effect from 1/1/2026.

All other members of the SLT are paid in accordance with Agenda for Change or Medical Staff Terms and Conditions as applicable.

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 2025/26.

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

NIBTS participates in the HSC Superannuation Scheme. Under this multi-employer defined benefit scheme, both the organisation and employees pay specified percentages of pay into the scheme and the liability to pay benefit falls to the DoH. NIBTS 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 NIBTS and charged to the Statement of Comprehensive Net Expenditure at the time the organisation commits itself to the retirement.

Pension benefits are administered by BSO HSC Pension Service. Prior to 2022/23 year, two schemes were in operation – the HSC Pension Scheme and the HSC Pension Scheme 2015. The pension from the HSC Pension Scheme is based on final years pensionable pay. From 1 April 2022, all active members became members of the HSC Pension Scheme 2015. The HSC Pension Scheme 2015 is a Career Average Revalued Earnings (CARE) scheme. Any pension rights members have built up in 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. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be four years.

The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation that is currently underway will be used in the 2025-26 accounts. The 2020 valuation assumptions will be retained for most demographic assumptions apart from the assumption for future longevity improvements, which are assumed to be in line with the 2022-based population projections for the United Kingdom published by the Office for National Statistics (ONS) on 28 January 2025. Financial assumptions are updated to reflect recent financial conditions. The 2024 valuation is underway but not sufficiently progressed to be used in the 2025-26 accounts.

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:

Board Member and Senior Management Remuneration (Audited)

NAME	SALARY (£'000)		BONUS PAYMENT (£'000)		BENEFIT IN KIND (TO NEAREST £100)		PENSION BENEFITS (£'000)		TOTAL (£'000)	
	2025/26	2024/25	2025/26	2024/25	2025/26	2024/25	2025/26	2024/25	2025/26	2024/25
Non-Executive Members										
Mr M Graham	0-5	0-5	-	-	-	-	-	-	0-5	0 -5
Mr B Garland	5-10	5-10	-	-	-	-	-	-	5-10	5-10
Mr N Brady	0-5	0-5							0-5	0-5
Ms B Lunney	0-5	0-5							0-5	0-5
Executive Members										
Mrs K Jackson[1]	150-155	145-150	-	-	-	-	71	23	220-225	165-170
Senior Management										
Mr G Bell[2]	-	15-20	-	-	-	-		4	-	15-20
Ms A Macauley	75-80	75-80	-	-	-	-	55	17	130-135	90-95
Mr M Gillespie	80-85	80-85	-	-	-	-	41	17	120-125	95-100
Mrs G McKibbin[3]	-	20-25	-	-	-	-		58		75-80
Dr A Allameddine	195-200	195-200	-	-	-	-	73	44	265-270	240-245
Mrs B Mullin	65-70	60-65	-	-	-	-	48	35	110-115	95-100
Mr E McCann[4]	75-80	55 -60 (full year 70-75)					19	18	95-100	75-80
Ms V Cochrane[5]	75-80	40 – 45 (full year 70-75)					45	28	120-125	70-75

1. Mrs K Jackson, Chief Executive, was seconded from Belfast HSC Trust and was paid through Belfast HSC Trust payroll with the cost recharged to NIBTS until December 2025. This is included under 'Others' in Staff Costs below. Mrs Jackson was appointed as permanent Executive and paid through NIBTS payroll from January 2026.

2. Mr Glenn Bell retired 10 June 2024
3. Mrs G McKibbin was appointed Head of HR and Corporate Services commencing 26 April 2023 and left 08 July 2024
4. Mr E McCann was appointed Head of Finance & IM &T 24 June 2024
5. Ms V Cochrane was appointed Head of HR & Corporate Services 2 September 2024

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 to senior management during 2025/26 or 2024/25.

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 2025/26 was £195k – £200k (2024/25, £195k - £200k). The relationship between the mid-point of this band and the remuneration of the organisation's workforce is disclosed below.

2025/26	25th percentile	Median	75th percentile
Total remuneration (£)	26,598	30,162	46,580
Pay ratio	7.4 : 1	6.5 : 1	4.2 : 1

2024/25	25th percentile	Median	75th percentile
Total remuneration (£)	27,223	29,718	50,026
Pay ratio	7.2 : 1	6.6 : 1	3.9 : 1

The slight reduction in the 25th percentile and 75th percentile is due to new posts being recruited at the lower end of pay grades.

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 2025/26, the 25th percentile, median and 75th percentile remuneration values consisted solely of salary payments.

In 2025/26, no employees (2024/25:0) received remuneration in excess of the highest paid director. Remuneration ranged from £24,465 to £195,000 (2024/25: £23,615 to £140,000).

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:	2025/26 v 2024/25	2024/25 v 2023/24
Average employee salary and allowances	0.4%	14.3%
Highest paid director's salary and allowances	(0.2%)	112.2%

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

The average employee salary and allowances were 0.4% higher than the prior year. The highest paid director is the Medical Director. The highest paid directors salary was 0.2% lower than the prior year. This is due to the effect of back pay in 2024/25.

Pensions of Senior Management (Audited)

	Total accrued pension at age 60 as at 31/03/26 related lump sum £000	Real increase in pension and related lump sum £000	CETV at 31/03/26 £000	CETV at 31/03/25 £000	Real increase in CETV £000
Mrs K Jackson					
Pension	35-40	2.5-5	877	788	90
Lump sum	85-90	2.5-5			
Ms A Macauley					
Pension	40-45	2.5-5	970	904	66
Lump Sum	75-80	2.5-5			
Mr M Gillespie					
Pension	30-35	0-2.5	702	648	54
Lump Sum	75-80	2.5-5			
Dr A Allameddine					
Pension	45-50	2.5-5	1,151	1,047	104
Lump Sum		2.5-5			
Mrs B Mullin					
Pension	20-25	2.5-5	500	444	57
Lump Sum	55-60	2.5-5			
Mr E McCann					
Pension	0 -5	0-2.5	54	36	19
Lump Sum					
Ms V Cochrane					
Pension	30-35	2.5-5	707	648	59
Lump Sum	75-80	2.5-5			

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. CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2024.

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. However, the real increase calculation uses common actuarial factors at the start and end of the period so that it disregards the effect of any changes in factors and focuses only on the increase that is funded by the employer.

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 (2024/25: nil).

Staff Report

Staff Costs (Audited)

Staff Costs

Staff costs comprise:	2026 Permanently employed £000s	2026 Others £000s	2026 Total £000s	2025 Total £000s
Wages and salaries	7,431	476	7,907	7,069
Social security costs	844	0	844	682
Other pension costs	1,402	0	1,402	1,344
Sub-Total	9,677	476	10,153	9,095
Capitalised staff costs	781		781	623
Total staff costs reported in Statement of Comprehensive Expenditure	8,896	476	9,372	8,472
Less recoveries in respect of outward secondments			0	0
Total net costs			**9,372**	**8,472**

Total Net costs of which:	£000s	£000s
NI Blood Transfusion Service	9,372	8,472
Charitable Trust Fund	0	0
Total	9,372	8,472

Staff costs exclude £781k which were charged to capital projects during the year (2024/25: £623k).

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	2026 Total	2025 Total
Medical and dental	3.6	0.1	3.7	3.7
Nursing and midwifery	43.6	5.3	48.9	49.9
Ancillaries	6.2	0.0	6.2	7.3
Administrative and clerical	42.2	19.0	61.2	51.2
Other professionals and technical	58.7	9.8	68.5	66.4
Total average number of persons employed	154.3	34.2	188.5	178.5
Less average staff number relating to capitalised staff costs	16.6	0.0	16.6	12.0
Total net average number of persons employed	137.7	34.2	171.9	166.5
Of which:				
NI Blood Transfusion Service	142.7	23.8	171.9	166.5
Total	142.7	15.9	171.9	166.5

Reporting of early retirement and other compensation scheme – exit packages (Audited)

There were no redundancy or early departure costs paid in 2025/26 or in 2024/25.

Staff Benefits

There were no staff benefits paid in 2025/26 or in 2024/25.

Retirements due to ill-health

During 2025/26 there were no cases of early retirement due to ill health from NIBTS (2024/25: one agreed on the grounds of ill-health).

Off Payroll Engagements

NIBTS had no off-payroll engagements during 2025/26 (2024/25: nil).

Consultancy Expenditure

During the year there were no consultancy assignments undertaken (2024/25: nil).

Staff Composition

NIBTS 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 2026, NIBTS employed a total of 220 staff (171.83 whole time equivalents). This figure included 204 staff employed on permanent contracts and 18 staff on temporary and/or fixed term contracts, including non-executive Board members.

The gender profile of staff employed by NIBTS for the period was 77 male and 143 female.

For the senior manager group of employees (defined as Executive Directors and SLT) the gender breakdown was three male and four female.

Sickness data

During 2025/26 NIBTS set a target of improving on the 2024/25 level of 6.41%. For the period ending 31 March 2026, the absence level was 7.22%. Long term sickness, that is sickness lasting for four weeks or more, accounted for 5.34% (2024: 4.51%) with the remaining 1.89% (2024: 1.9%) of employee sickness attributable to short-term absences.

There continues to be a strong focus on absence management and supporting attendance at work within NIBTS to reduce the overall absence level.

Staff turnover percentage

The staff turnover percentage, as defined as the number of leavers divided by the average of staff in post, was 7.30% (2025: 8.70%) for the year ended 31 March 2026.

Staff engagement

We are committed to improving how it feels to work for NIBTS. During 2025/26, NIBTS launched a short staff survey on Recognition, Appreciation and Reward, which was completed by approx. 22% of staff. To further explore the feedback obtained from the survey responses, four focus groups (in person and hybrid) were offered. This resulted in the development of a Recognition, Appreciation and Reward Strategy, which will be implemented in 2026/27. Communication and engagement with staff in relation to transformation projects such as Pathology Blueprint, Core LIMS and BPaT is ongoing and is recognised as fundamental to their successful delivery.

Staff Policies

NIBTS 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. Applicants for posts within NIBTS who declare a disability are given full and fair consideration at all stages.

In circumstances when an employee declares that they have a disability, NIBTS engages with Occupational Health professionals and fulfils all of its legal obligations and in particular the duty to make reasonable adjustments.

Employees of NIBTS who declare a disability, or who are known by NIBTS to be disabled, avail of 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 2025/26 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.

Losses and Special Payments (Audited)
In 2025/26 there was four losses recorded amounting to £3k (2024/25: £2k). There was one compensation payment made totalling £80k, in relation to clinical negligence (2024/25: 2 payments totalling £75k).

Fees and Charges (Audited)
NIBTS charges Health Trusts in Northern Ireland for the cost of blood components on the basis of agreed service level agreements. The service level agreement value is based on the cost of delivering these products and services as determined by available funding provided by DOH. Prices of blood components charged to trusts are reviewed annually and adjusted to account for changes in activity levels and funding.
The amount charged to trusts through SLA's for blood products was £11,554k (2024/25: £11,342k)

Gifts (Audited)
NIBTS made no gifts made over the limits prescribed in Managing Public Money NI.

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 2026.

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).
In terms of financial management and control, a financial plan is prepared and approved by the 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 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)
NIBTS 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 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. The NIAO certificate and report provides an opinion on regularity.

Mrs K Jackson
Accounting Officer
15th June 2026

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE

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

Opinion on financial statements

I certify that I have audited the financial statements of the Northern Ireland Blood Transfusion Service (NIBTS) for the year ended 31 March 2026 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, and 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 the financial statements:

- give a true and fair view of the state of NIBTS' affairs as at 31 March 2026 and of its net expenditure for the year then ended;

  and

- have been properly prepared in accordance with the Health and Personal Social Services (Northern Ireland) Order 1972 and Department of Health directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects the income and expenditure 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

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 my certificate.

My staff and I are independent of NIBTS 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 NIBTS' 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 NIBTS' 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 NIBTS is adopted in consideration of the requirements set out in the Government Financial 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 Accounting Officer with respect to going concern are described in the relevant sections of this certificate.

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 Board and the Accounting Officer are 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 certificate 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 the part of the Remuneration and Staff Report to be audited has been properly prepared in accordance with Department of Finance directions issued under the Health and Personal Social Services (Northern Ireland) Order 1972, as amended.

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 the light of the knowledge and understanding of NIBTS and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and Accountability Report. 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 parts of the Remuneration and Staff Report to be audited are not in agreement with the accounting records and returns; 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 Board and the Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer Responsibilities, the Board and the Accounting Officer are responsible for:

- maintaining proper accounting records;
- 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;
- ensuring such internal controls are in place as deemed necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud of error;
- ensuring the annual report, which includes the Remunerations and Staff Report, is prepared in accordance with the applicable financial reporting framework; and
- assessing NIBTS'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 NIBTS 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 NIBTS through discussion with management and application of extensive public sector accountability knowledge. The key laws and regulations I considered included governing legislation and any other relevant laws and regulations identified;
- making enquires of management and those charged with governance on NIBTS' 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 NIBTS' 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 the 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; and

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 income and expenditure 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.

Dorinnia Carville
Comptroller and Auditor General
Northern Ireland Audit Office
106 University Street
BELFAST
BT7 1EU

26th June 2026

Financial Statements for the Year Ended 31 March 2026

Foreword

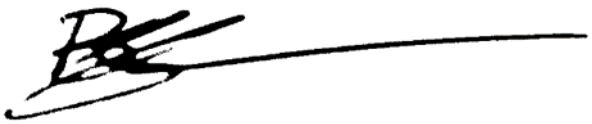
These accounts for the year ended 31 March 2026 have been prepared in accordance with Article 90(2)(a) of the Health and Personal Social Services (Northern Ireland) Order 1972, as amended by Article 6 of the Audit and Accountability (Northern Ireland) Order 2003, in a form directed by the Department 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 43 to 71) 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
15th June 2026

I certify that the annual accounts set out in the financial statements and notes to the accounts (pages 43 to 71) as prepared in accordance with the above requirements have been submitted to and duly approved by the Board.



Mr Brendan Garland Chair
15th June 2026

Mrs K Jackson Chief Executive
15th June 2026

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE

Consolidated Statement of Comprehensive Net Expenditure for the year ended 31 March 2026

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	2026 £000s		2025 £000s	
		Agency	Consolidated	Agency	Consolidated
Income					
Revenue from contracts with customers	4.1	25,281	25,281	22,585	22,585
Other operating income*	4.2	0	0	0	9
Total operating income		25,281	25,281	22,585	22,594
Expenditure					
Staff costs		(9,372)	(9,372)	(8,472)	(8,472)
Purchase of goods and services	3	(13,660)	(13,660)	(11,971)	(11,971)
Depreciation, amortisation and impairment charges	3	(732)	(732)	(678)	(678)
Provision expense	3	(416)	(416)	(2,380)	(2,380)
Other operating expenditure	3	(2,270)	(2,322)	(2,162)	(2,164)
Total operating expenditure		(26,450)	(26,502)	(25,663)	(25,665)
Net operating expenditure		**(1,169)**	**(1,221)**	**(3,078)**	**(3,071)**
Finance income	4.2	0	5	0	6
Finance expense	3	0	0	0	0
Net expenditure for the year		**(1,169)**	**(1,216)**	**(3,078)**	**(3,065)**
Adjustment to net expenditure for non cash items	22.1	1,170	1,170	3,079	3,079
Add back charitable trust fund net expenditure*		0	47	0	(13)
Surplus for the year		**1**	**1**	**1**	**1**

OTHER COMPREHENSIVE EXPENDITURE

	NOTE	2026 £000s		2025 £000s	
Items that will not be reclassified to net operating costs:		Agency	Consolidated	Agency	Consolidated
Net gain on revaluation of property, plant and equipment	5.1/5.2	362	362	(662)	(662)
Net gain/(loss) on revaluation of intangibles	6.1/6.2	0	0	0	0
Net gain / (loss) on revaluation of charitable assets	9	0	18	0	2
Items that may be reclassified to net operating costs:		0	0	0	0
Net gain/(loss) on revaluation of investments		0	0	0	0
COMPREHENSIVE NET EXPENDITURE for the year ended 31 March 2026		**(807)**	**(836)**	**(3,740)**	**(3,725)**

The notes on pages 48 to 71 form part of these accounts.

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

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE

Consolidated Statement of Financial Position as at 31 March 2026

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.

		2026		2025	
	NOTE	Agency	Consolidated	Agency	Consolidated
Non Current Assets		£000s	£000s	£000s	£000s
Property, plant and equipment	5.1/5.2	12,291	12,291	12,309	12,309
Intangible assets	6.1/6.2	2,050	2,050	1,231	1,231
Financial assets	9	-	303	-	330
Total Non Current Assets		**14,341**	**14,644**	**13,540**	**13,870**
Current Assets					
Inventories	11	1,524	1,524	1,274	1,274
Trade and other receivables	13	1,475	1,475	2,935	2,935
Cash and cash equivalents	12	1,992	1,992	916	916
Total Current Assets		4,991	4,991	5,125	5,125
Total Assets		**19,332**	**19,635**	**18,665**	**18,995**
Current Liabilities					
Trade and other payables	14	(4,167)	(4,167)	(4,157)	(4,157)
Provisions	15	(122)	(122)	(124)	(124)
Total Current Liabilities		(4,289)	(4,289)	(4,281)	(4,281)
Total assets less current liabilities		**15,043**	**15,346**	**14,384**	**14,714**
Non Current Liabilities					
Provisions	15	(3,447)	(3,447)	(3,175)	(3,175)
Total Non Current Liabilities		(3,447)	(3,447)	(3,175)	(3,175)
Total assets less total liabilities		**11,596**	**11,899**	**11,209**	**11,539**
Taxpayers' Equity and other reserves					
Revaluation reserve		13,026	13,026	12,664	12,664
SoCNE reserve		(1,430)	(1,430)	(1,455)	(1,455)
Other reserves - charitable fund		-	303	-	330
Total equity		**11,596**	**11,899**	**11,209**	**11,539**

The financial statements on pages 44 to 47 were approved by the Board on 15th June 2026 and were signed on its behalf by;

Signed:  (Chair) Mr Brendan Garland Date: 15/06/26

Signed:  (Chief Executive) Mrs K Jackson Date: 15/06/26

The notes on pages 48 to 71 form part of these accounts.

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE

Consolidated Statement of Cash Flows for the year ended 31 March 2026

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 NIBTS. 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	2026 £000s	2025 £000s
Cash flows from operating activities			
Net expenditure after interest/Net operating expenditure		(1,216)	(3,065)
Adjustments for non cash transactions		1,163	3,079
(Increase) in trade and other receivables	13	1,460	(1,634)
Decrease / (Increase) in inventories	11	(250)	115
Increase in trade payables	14	10	799
Less movements in payables relating to items not passing through the NEA			
Movements in payables relating to the purchase of property, plant and equipment	5	129	72
Movements in payables relating to the purchase of intangibles	6	-	-
Use of provisions	15	(146)	(110)
Net cash inflow / (outflow) from operating activities		1,150	(744)
Cash flows from investing activities			
(Purchase of property, plant & equipment)		(429)	(1,223)
(Purchase of intangible assets)		(824)	-
Proceeds of disposal of property, plant & equipment		7	-
Proceeds on disposal of intangibles		-	-
Proceeds on disposal of assets held for resale		-	-
Drawdown from investment fund		-	-
Share of income reinvested			-
Net cash outflow from investing activities		(1,246)	(1,223)
Cash flows from financing activities			
Grant in aid		1,172	1,143
Net financing		1,172	1,143
Net increase in cash & cash equivalents in the period		1,076	(824)
Cash & cash equivalents at the beginning of the period	12	916	1,740
Cash & cash equivalents at the end of the period	12	1,992	916

The notes on pages 48 to 71 form part of these accounts.

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE

Consolidated Statement of Changes in Taxpayers' Equity for the year ended 31 March 2026

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 2024		458	11,456	315	12,229
Changes in Taxpayers Equity 2024-25					
Grant from DoH		1,144	-	-	1,144
Other reserves movements including transfers		-	-	-	-
(Comprehensive net expenditure for the year)		(3,078)	1,208	15	(1,855)
Auditors remuneration	3	21	-	-	21
Balance at 31 March 2025		**(1,455)**	**12,664**	**330**	**11,539**
Changes in Taxpayers Equity 2025-26					
Grant from DoH		1,172	-	-	1,172
Other reserves movements including transfers		-	-	-	-
(Comprehensive expenditure for the year)		(1,169)	362	(29)	(836)
Transfer of asset ownership		-	-	-	-
Auditors remuneration	3	22	-	2	24
Balance at 31 March 2026		**(1,430)**	**13,026**	**303**	**11,899**

The notes on pages 48 to 71 form part of these accounts.

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2026

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 (FReM) 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 FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context. Where the FReM 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 organisation;
- 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 complied 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.

LPS carried out a 5 yearly valuation of Land and Buildings as at 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 NIBTS 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
Plant and Machinery	3 – 15 years
Transport 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 NIBTS 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 organisation'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 NIBTS; 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

NIBTS 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 NIBTS 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.

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.

Income is stated net of VAT.

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

NIBTS 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

NIBTS had no leases during the year (2024/25: none).

1.14 Private Finance Initiative (PFI) transactions.

NIBTS has had no PFI transactions during the year (2024/25: 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 organisation 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 NIBTS 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 NIBTS 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, NIBTS is exposed to limited credit, liquidity or market risk.

- *Currency risk*

NIBTS 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*

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

- *Credit risk*

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

- *Liquidity risk*

Since NIBTS 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 NIBTS 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, it's 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

NIBTS had no contingent liabilities at either 31 March 2026 or 31 March 2025.

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 2026. 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 NIBTS and has not been included.

Retirement benefit costs

NIBTS 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. NIBTS 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 NIBTS and charged to the Statement of Comprehensive Net Expenditure at the time NIBTS 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. This has been interpreted in the FReM to mean that the period between formal actuarial valuations shall be four years.

The actuary reviews the most recent actuarial valuation at the statement of financial position date and updates it to reflect current conditions. The scheme valuation data provided for the 2020 actuarial valuation will be used in the 2025-26 accounts. The 2020 valuation assumptions will be retained for demographics whilst financial assumptions are updated to reflect recent financial conditions.

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

NIBTS does not hold any third party assets.

1.21 Government Grants

NIBTS 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

NIBTS 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. NIBTS 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 NIBTS as intended by the benefactor. The Board to manages the internal disbursements. The Board ensures that charitable donations received by NIBTS are appropriately managed, invested, expended and controlled, in a manner that is consistent with the purposes for which they were given and with the 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

IFRS 18 Presentation and Disclosure in Financial Statements “IFRS 18 will replace IAS 1 Presentation of Financial Statements and is effective for annual reporting periods beginning on or after the 1 January 2027 in the private sector. The impact of IFRS 18 on the Public Sector is still being assessed, and a decision has not yet been taken on an implementation date.” IFRS 19 Subsidiaries without Public Accountability: Disclosures “IFRS 19 allows eligible subsidiaries to apply IFRS Accounting Standards with reduced disclosure requirements and is effective for annual reporting periods beginning on or after the 1 January 2027 in the private sector. The impact of IFRS 19 on the Public Sector is still being assessed, and a decision has not yet been taken on an implementation date.”

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2026

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

NOTE 3 EXPENDITURE

	2026 £000s		2025 £000s	
Operating Expenses are as follows:-	**Agency**	**Consolidated**	**Agency**	**Consolidated**
Staff costs[1]:				
Wages and salaries	7,126	7,126	6,446	6,446
Social security costs	844	844	682	682
Other pension costs	1,402	1,402	1,344	1,344
Recharges from other HSC organisations	10	10	11	11
Supplies and services - Clinical	13,460	13,460	11,797	11,797
Supplies and services - General	65	65	57	57
Establishment	234	234	248	248
Transport	320	320	326	326
Premises	1,136	1,136	1,262	1,262
BSO services	125	125	106	106
Training	58	58	49	49
Miscellaneous expenditure[2]	507	559	256	258
Non cash items				
Depreciation	727	727	672	672
Amortisation	5	5	6	6
(Profit) on disposal of property, plant & equipment	(7)	(7)	0	0
Increase in provisions	416	416	2,380	2,380
Auditors remuneration[3]	22	24	21	23
Add back of notional charitable expenditure	0	(2)	0	(2)
Total	**26,450**	**26,502**	**25,663**	**25,665**

[1] Further detailed analysis of staff costs is located in the Staff Report on page 34 within the Accountability Report.

[2] Miscellaneous expenditure includes the following material amounts: Waste Disposal £55k; UK Forum Recharges £46k; Hire of Halls £45k; Blueprint Programme £162k; Plasma for Medicines Programme £43k; Record Storage £16k and Regulatory Bodies £28k.

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

NOTE 4 INCOME

4.1 Revenue from contracts with customers	2026 £000s		2025 £000s	
	Agency	Consolidated	Agency	Consolidated
GB/Republic of Ireland Health Authorities	0	0	27	27
HSC bodies	24,544	24,544	21,801	21,801
Non-HSC:- Private patients	1	1	1	1
Non-HSC:- Other	736	736	756	756
Clients contributions	0	0	0	0
Total	**25,281**	**25,281**	**22,585**	**22,585**

4.2 Other Operating Income	2026 £000s		2025 £000s	
	Agency	Consolidated	Agency	Consolidated
Charitable income received by charitable trust fund	0	0	0	9
Investment income	0	5	0	6
Profit on disposal of land	0	0	0	0
Interest receivable	0	0	0	0
Total	**0**	**5**	**0**	**15**
TOTAL INCOME	**25,281**	**25,286**	**22,585**	**22,600**

4.3 Deferred Income

NIBTS had no deferred income or income released from conditional grants at either 31 March 2026 or 31 March 2025.

NOTE 5 PROPERTY PLANT AND EQUIPMENT

NOTE 5.1 Consolidated Property, plant & equipment - year ended 31 March 2026

	Land £000s	Buildings (excluding dwellings) £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Total £000s
Cost or Valuation						
At 1 April 2025	2,033	8,748	2,407	938	1,207	15,333
Indexation		286	174	99	3	562
Additions		0	258	82	7	347
Reclassifications						0
Revaluation	0	0				0
Disposals			0	(49)		(49)
At 31 March 2026	**2,033**	**9,034**	**2,839**	**1,070**	**1,217**	**16,193**
Depreciation						
At 1 April 2025	0	0	1,486	636	902	3,024
Indexation		10	115	72	3	200
Revaluation		0				0
Disposals				(49)		(49)
Provided during the year		430	162	84	51	727
At 31 March 2026	**0**	**440**	**1,763**	**743**	**956**	**3,902**
Carrying Amount						
At 31 March 2026	**2,033**	**8,594**	**1,076**	**327**	**261**	**12,291**
At 31 March 2025	**2,033**	**8,748**	**921**	**302**	**305**	**12,309**
Asset financing						
Owned	2,033	8,594	1,076	327	261	12,291
Carrying Amount						
At 31 March 2026	**2,033**	**8,594**	**1,076**	**327**	**261**	**12,291**

Asset Financing – All tangible assets are fully owned by NIBTS. 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 (2025: nil).

Valuation of Land and Buildings

A revaluation of Land and Property was undertaken by Land and Property Services as at 31st January 2025

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2026

NOTE 5.2 Consolidated Property, plant & equipment - year ended 31 March 2025

	Land £000s	Buildings (excluding dwellings) £000s	Plant and Machinery (Equipment) £000s	Transport Equipment £000s	Information Technology (IT) £000s	Total £000s
Cost or Valuation						
At 1 April 2024	1,793	9,526	2,276	794	1,670	16,059
Indexation	0	0	14	28	0	42
Additions	0	137	126	116	62	441
Reclassifications	0	0	0	0	(525)	(525)
Revaluation	240	(915)	0	0	0	(675)
Disposals	0	0	(9)	0	0	(9)
At 31 March 2025	**2,033**	**8,748**	**2,407**	**938**	**1,207**	**15,333**
Depreciation						
At 1 April 2024	0	1,495	1,334	552	821	4,202
Indexation	0	0	8	21	0	29
Disposals	0	(1,870)	(9)	0	0	(1,879)
Provided during the year	0	375	153	63	81	672
At 31 March 2025	**0**	**0**	**1,486**	**636**	**902**	**3,024**
Carrying Amount						
At 31 March 2025	**2,033**	**8,748**	**921**	**302**	**305**	**12,309**
At 1 April 2024	**1,793**	**8,031**	**942**	**242**	**849**	**11,857**
Asset financing						
Owned	2,033	8,748	921	302	305	12,309
Carrying Amount						
At 31 March 2025	**2,033**	**8,748**	**921**	**302**	**305**	**12,309**
Asset financing						
Owned	1,793	8,031	942	242	849	11,857
Carrying Amount						
At 1 April 2024	**1,793**	**8,031**	**942**	**242**	**849**	**11,857**

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

NOTE 6 INTANGIBLE ASSETS

NOTE 6.1 Consolidated Intangible assets - year ended 31 March 2026

	Software Licenses £000s	Information Technology £000s	Total £000s
Cost or Valuation			
At 1 April 2025	59	1,306	1,365
Additions	44	780	824
At 31 March 2026	**103**	**2,086**	**2,189**
Amortisation			
At 1 April 2025	57	77	134
Provided during the year	2	3	5
At 31 March 2026	**59**	**80**	**139**
Carrying Amount			
At 31 March 2026	**44**	**2,006**	**2,050**
At 31 March 2025	**2**	**1,229**	**1,231**
Asset financing			
Owned	44	2,006	2,050
Carrying Amount			
At 31 March 2026	**44**	**2,006**	**2,050**

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

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE
NOTES TO THE ACCOUNTS FOR THE YEAR ENDED 31 MARCH 2026

NOTE 6.2 Consolidated Intangible assets - year ended 31 March 2025

	Software Licenses £000s	Information Technology £000s	Total £000s
Cost or Valuation			
At 1 April 2024	59	83	142
Additions	0	698	698
Reclassifications	0	525	525
At 31 March 2025	**59**	**1,306**	**1,365**
Amortisation			
At 1 April 2024	54	74	128
Provided during the year	3	3	6
At 31 March 2025	**57**	**77**	**134**
Carrying Amount			
At 31 March 2025	**2**	**1,229**	**1,231**
At 1 April 2024	**5**	**9**	**14**
Asset financing			
Owned	2	1,229	1,231
Carrying Amount			
At 31 March 2025	**2**	**1,229**	**1,231**
Asset financing			
Owned	5	9	14
Carrying Amount			
At 1 April 2024	**5**	**9**	**14**

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

NOTE 7 IMPAIRMENTS

NIBTS did not have any impairments during 2025/26 (2024/25: nil).

NOTE 8 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 NIBTS expected purchase and usage requirements and the NI Blood Transfusion Service is therefore exposed to little credit, liquidity or market risk.

NOTE 9 INVESTMENTS AND LOANS

	2026 Charitable Trust £000s	2025 Charitable Trust £000s
Balance at 1 April 2025	330	315
Additions	5	6
Disposals	(50)	0
Revaluations	18	9
Balance at 31 March 2026	303	330
Charitable Trust fund	303	330
	303	330

9.1 Market value of investments as at 31 March 2026

	2026 Total £000s	2025 Total £000s
Investments in Common Investment Fund	303	330
Total market value of fixed asset investments	303	330

9.2 Loans

NIBTS did not have any loans payable at either 31 March 2026 or 31 March 2025.

NOTE 10 NON-CURRENT ASSETS HELD FOR SALE

NIBTS did not hold any assets classified as held for sale in 2025/26 (2024/25: nil).

NOTE 11 INVENTORIES

	2026 £000s		2025 £000s	
Classification	**Agency**	**Consolidated**	**Agency**	**Consolidated**
Clinical Supplies	1,469	1,469	1,220	1,220
General Supplies	6	6	7	7
Establishment	35	35	37	37
Other	14	14	10	10
Total	**1,524**	**1,524**	**1,274**	**1,274**

NOTE 12 CASH AND CASH EQUIVALENTS

	2026 £000s		2025 £000s	
	Agency	**Consolidated**	**Agency**	**Consolidated**
Balance at 1st April 2025	916	916	1,740	1,740
Net change in cash and cash equivalents	1,076	1,076	(824)	(824)
Balance at 31st March 2026	**1,992**	**1,992**	**916**	**916**

The following balances at 31 March 2026 were held at	2026 £000s		2025 £000s	
	Agency	**Consolidated**	**Agency**	**Consolidated**
Commercial banks and cash in hand	1,992	1,992	916	916
Balance at 31st March 2026	**1,992**	**1,992**	**916**	**916**

NOTE 13 TRADE RECEIVABLES, FINANCIAL AND OTHER ASSETS

	2026 £000s		2025 £000s	
Amounts falling due within one year	**Agency**	**Consolidated**	**Agency**	**Consolidated**
Trade receivables	1,088	1,088	1,688	1,688
VAT receivable	220	220	177	177
Other receivables - not relating to fixed assets	167	167	1,070	1,070
Trade and other receivables	1,475	1,475	2,935	2,935
TOTAL TRADE AND OTHER RECEIVABLES	1,475	1,475	2,935	2,935
TOTAL RECEIVABLES AND OTHER CURRENT ASSETS	**1,475**	**1,475**	**2,935**	**2,935**

The balances are net of a provision for bad debts of £nil (2024/25 £nil)

NOTE 14 TRADE PAYABLES, FINANCIAL AND OTHER LIABILITIES

	2026 £000s		2025 £000s	
Amounts falling due within one year	**Agency**	**Consolidated**	**Agency**	**Consolidated**
Other taxation and social security	378	378	572	572
Trade capital payables - property, plant and equipment	68	68	197	197
Trade revenue payables	2,733	2,733	1,922	1,922
Payroll payables	152	152	247	247
BSO payables	6	6	21	21
Accruals	830	830	1,198	1,198
Trade and other payables	4,167	4,167	4,157	4,157
TOTAL TRADE PAYABLES AND OTHER CURRENT LIABILITIES	**4,167**	**4,167**	**4,157**	**4,157**

14.2 Loans

NIBTS did not have any loans payable at either 31 March 2026 or 31 March 2025

NOTE 15 PROVISION FOR LIABILITIES AND CHARGES – 2026

	Liability Claims £000s	2026 £000s
Balance at 1 April 2025	3,299	3,299
Provided in year	454	454
(Provisions not required written back)	(38)	(38)
(Provisions utilised in the year)	(146)	(146)
Cost of borrowing (unwinding of discount)	0	0
At 31 March 2026	**3,569**	**3,569**

Comprehensive Net Expenditure Account charges	2026 £000s	2025 £'000
Arising during the year	454	2,571
Reversed unused	(38)	(191)
Total charge within Operating expenses	**416**	**2,380**

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

	Liability Claims £000s	2026 £000s
Not later than one year	122	122
Later than one year and not later than five years	3,447	3,447
At 31 March 2026	**3,569**	**3,569**

Holiday and Sick Pay Liability

On 4 October 2003, the Supreme Court handed down the decision in the case of the Chief Constable of the PSNI v Agnew and others. The judgment confirmed that the claimants are able to bring their claims under the 'unlawful deductions' provisions of the Employment Rights (Northern Ireland) Order 1996 and can thus claim in respect of a series of deductions potentially going back to the beginning of their employment or the implementation of the Working Time Regulations in 1998.

At the point that the Supreme Court judgment was provided, the PSNI had accepted the principle, established by a number of cases in both the European and domestic courts, that the claimants were entitled to be paid their normal pay during periods of annual leave, and that "normal pay" is not limited to basic pay but could include elements such as overtime, commission and allowances.

The outcome of this case has widespread implications for all public sector bodies in Northern Ireland in respect of both the pay elements that must be included in holiday pay calculations and the period of retrospection which means that some employees may be able to bring claims to be rectified as far back as 1998 in respect of holiday pay. Under Agenda for Change, the contractual provisions for Sick Pay mirror those for Holiday Pay i.e. payment includes what would have been paid had the employee been in work.

With effect from 1 April 2025, HSC employers have implemented an interim arrangement for the calculation of holiday pay to ensure employees are paid appropriately for periods of annual leave. This interim solution also covers periods of sick leave. This interim arrangement has been agreed with trade unions pending the introduction of the new HR and payroll system in 2026/27. However, a provision in respect of the retrospective payment for holiday pay is still required for the period 1998/99 to 2024/25. The provision at 31 March 2026 reflects this retrospective time frame. In calculating the provision, NIBTS has used payroll data available, for all eligible staff, within the current HRPTS system back to 2014 with averaging applied for the prior years and changes in staffing numbers. Actual staffing numbers are available for 2012/13. Staffing numbers prior to this have been estimated based on an assumed 1% increase per annum.
Revised Working Time Directive (14.5%) and Employer costs rates have been factored in, and compound interest applied. A settlement year of 2028/29 has been used and as such the overall value of the provision has been discounted to determine the net present value.

The key areas of uncertainty include:

- The reliability of the data used;
- The terms of the settlement which is subject to a number of factors including:
- the determination of a very significant number of cases currently progressing through the Industrial Tribunal;
- the number of further Industrial Tribunal claims lodged by employees;
- any settlement of these claims agreed with the claimants or their legal representatives;
- the number of grievances already lodged by employees in respect of the underpayment/incorrect payment of holiday pay and sick pay which require to be resolved and any settlement negotiations with trade unions;
- the number of further grievances received; and
- any potential requirement to include additional numbers of employees within any settlement;
- The uptake rate for current or past employees;
- The extent of attrition in the workforce
- Delays in the time it will take to administer the payments, once agreed; and
- The extent to which interest will apply.

A sensitivity analysis has been undertaken to determine how sensitive the total provision is to changes in a number of the assumptions. This analysis will support management in making informed decision in respect of any final settlement.

The calculation of the holiday pay and sick pay provision is sensitive to the rates applied in respect of Working Time Directive, Employers National Insurance and compound interest, as well as the potential uptake in claimants. The table below shows the potential impact of varying applicable rates.

Analysis	Impact	
	£'m	%
WTD rate – increase 1%	0.219	6.9
WTD rate – decrease 1%	0.219	6.9
NIC rate – increase 1%	0.027	0.86
NIC rate – decrease 1%	0.027	0.86
Compound Interest rate – increase 1%	0.558	17.56
Compound Interest rate – decrease 1%	0.466	14.66
Uptake based on minimum 6 Claims per annum	2.872	90.48
Uptake based on minimum 4 Claims per annum	3.040	95.75

NOTE 15 PROVISION FOR LIABILITIES AND CHARGES – 2025

	Liability Claims £000s	2024 £000s
Balance at 1 April 2024	1,029	1,029
Provided in year	2,571	2,571
(Provisions not required written back)	(191)	(191)
(Provisions utilised in the year)	(110)	(110)
At 31 March 2025	**3,299**	**3,299**

	Liability Claims £000s	2024 £000s
Not later than one year	124	124
Later than one year and not later than five years	3,175	3,175
At 31 March 2025	**3,299**	**3,299**

NOTE 16 CAPITAL AND OTHER COMMITTMENTS

16.1 Capital Commitments

	2026 £000s	2025 £000s
Contracted capital commitments at 31 March not otherwise included in these financial statements		
Property, plant & equipment	-	-
	-	-

16.2 Other Financial Commitments

NIBTS did not have any other financial commitments at either 31 March 2026 or 31 March 2025.

NOTE 17 COMMITMENTS UNDER LEASES

17.1 Finance Leases

NIBTS had no commitments under finance leases at either 31 March 2026 or 31 March 2025.

17.2 Operating Leases

NIBTS had no commitments under operating leases at either 31 March 2026 or 31 March 2025.

NOTE 18 COMMITMENTS UNDER PFI CONTRACTS AND OTHER SERVICE CONCESSION ARRANGEMENTS

NIBTS has no PFI contracts.

NOTE 19 CONTINGENT LIABILITIES

Holiday and Sick Pay Liability

NIBTS has made provision of the potential liability, back to 1998, for claims for shortfalls to staff in holiday pay, and for breach of contract in relation to sick pay. However, the extent to which the liability may exceed this amount remains uncertain as the calculation will rely on the outworkings of the Supreme Court judgement, and will have to be agreed as part of any negotiated settlement with Trade Unions.

19.1 Financial Guarantees, Indemnities and Letters of Comfort

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

NOTE 20 RELATED PARTY TRANSACTIONS

NI Blood Transfusion Service 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, Strategic Planning and Performance Group 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 transactions with the organisation.

NOTE 21 THIRD PARTY ASSETS
NIBTS does not hold any third-party assets.

NOTE 22 FINANCIAL PERFORMANCE TARGETS

22.1 Revenue Resource Limit

NIBTS is required to ensure that it breaks even on an annual basis by containing its net expenditure to within 0.25% of Revenue Resource Limit (RRL) and income from activities. NIBTS income is generated through contracts with HSC bodies and NIBTS did not receive a RRL in 2025/26.

	2026 £000s	2025 £000s
RRL and Income from activities		
RRL	0	0
Income from activities per note 4.1	25,281	22,585
Total RRL and Income from Activities	25,281	22,585
Expenditure		
Net Expenditure from SoCNE	(1,169)	(3,078)
Adjustments to remove items not funded via RRL and Income from Activities		
Depreciation	727	672
Amortisation	5	6
Notional Charges	22	21
Increase in Provisions	416	2,380
Surplus Against RRL and Income from Activities	1	1
Surplus as Percentage Against RRL and Income from Activities	0.004%	0.004%

22.2 Capital Resource Limit

NIBTS receives a Capital Resource Limit (CRL) which it is not permitted to overspend.

	2026 £000s	2025 £000s
Capital Resource Limit (CRL)		
CRL allocated from:		
Department of Health Investment Directorate	1,171	1,140
Net CRL Position	1,171	1,140
Capital Resource Limit Expenditure		
Capital expenditure per additions in asset notes	1,171	1,140
Less charitable Agency fund capital expenditure		
Net Expenditure Funded from CRL	1,171	1,140
Surplus against CRL	0	0

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 26th June 2026 .