Annual Quality Report

NORTHERN IRELAND BLOOD TRANSFUSION SERVICE

2025 - 2026



PEOPLE
Safe donors.
Safe patients.

QUALITY
High standards.
Better outcomes.

IMPACT
Stronger lives.
Healthier communities.



From Donation to **Lifesaving Care**

PEOPLE
QUALITY
SAFETY
CONTINUOUS IMPROVEMENT

NORTHERN IRELAND
BLOOD TRANSFUSION SERVICE

Introduction

The Northern Ireland Blood Transfusion Service (NIBTS) is the sole supplier of blood components and products to Health and Social Care (HSC) in Northern Ireland. All blood components prepared from donations are provided by our voluntary, non-remunerated donors. In addition to supplying blood components and products, NIBTS provides a Regional Antenatal Testing Service and Regional Reference Laboratory Service for Northern Ireland. NIBTS also supply Quality Management support and sample testing provision to the Musgrave Park Hospital Bone Bank.

NIBTS staff have a strong commitment to quality as demonstrated by our vision:

"Through our Donors and Staff, provide an outstanding blood service for the people of Northern Ireland"

NIBTS hold four key values

The 4 values stated below underpin the work NIBTS carries out.



These values are reflected in five key strategic themes. These themes are used to determine the vision and strategic direction for NIBTS and inform the Corporate Plan which is currently being developed for the 2025 – 2029 period. The draft corporate plan contains the following objectives:



Theme 1: Safety & Quality

Safe blood. Safe services. Safe people.

🩸 Secure Blood Supply

Ensure blood and component supply meets the needs of the population of Northern Ireland.

✓ Donor & Patient Safety

Provide a safe, high-quality service to donors and patients.

🛡️ Compliance & Quality

Deliver services in line with relevant legislation, blood safety and quality requirements.

👥 Safe Working Environment

Provide a safe, high-quality working environment for staff.

Theme 2: Continuous Improvement

Evolving our service to meet current and future patient needs.

💡 Innovate & Collaborate

Develop the service collaboratively to meet current and emerging patient needs.

✓ Best Practice

Monitor and deliver services in line with international best practice.

🏥 Modern Infrastructure

Modernise infrastructure to meet legislative requirements and enable world-class practice.

💻 Digital Enablement

Ensure digital systems support the delivery of a safe, high-quality service.

Theme 3: People/Culture

Supporting our people to thrive, develop and deliver.

🤝 Open & Learning Culture

Foster an open, just and learning culture where staff feel safe, recognised and engaged.

🌱 Developing Our People

Support and develop our people to enable the delivery of high-quality services to donors and patients.

♡ Wellbeing & Recognition

Create an environment where staff wellbeing is a priority and individual contributions are valued.

Theme 4: Partnership and Engagement

Working together to strengthen services and improve outcomes.

🤝 Collaborative Working

Work collaboratively with clinical colleagues, patients and key stakeholders to improve service delivery.

🌐 Best Practice Networks

Work collaboratively with UK and international partners to support the delivery of best practice.

🔄 Transformation Partnerships

Engage with relevant partners to support the delivery of local and regional transformation programmes.

Theme 5: Resources

Using our resources responsibly to support sustainable, high-quality services.

£ Financial Sustainability

Achieve the breakeven performance objective while ensuring resources deliver value for money.

♻️ Environmental Sustainability

Ensure the environmentally sustainable use of resources across the service.

Maintaining a Blood Establishment Authorisation License

NIBTS is required to maintain a Blood Establishment Authorisation license in order to continue to supply blood and blood products. In order to retain this license, the organisation is required to maintain a Quality Management System to ensure the safety and quality of blood products in line with the Blood Safety and Quality Regulations 2005 (as amended) and to comply with the relevant EU legislation for Blood Establishments.

This system includes the following elements which contribute to quality improvement:



Furthermore, NIBTS has developed and maintains processes which ensure the effective management of:

- Internal Audit
- Audit and assessment by external bodies
- Processing of complaints
- Assessments of User satisfaction
- Participation in external quality assessment schemes
- Validation of equipment and processes

Quality 2020

In 2011, "Quality 2020: A 10-year Strategy to Protect and Improve Quality in Health and Social care in Northern Ireland" was launched by the Department of Health, Social Services and Public Safety.

This Strategy has identified five strategic goals to be achieved by 2020 that will turn the vision of being "recognised internationally, but especially by the people of Northern Ireland, as a leader for excellence in health and social care" into a reality.

The five strategic goals are:

- Transforming the Culture
- Strengthening the Workforce
- Measuring the Improvement
- Raising the Standards
- Integrating the Care

The five strategic themes for NIBTS can be mapped to the strategic goals of Q2020 with some NIBTS themes encompassed by more than one of the Q2020 strategic goals:

Q2020 Goal	Corresponding NIBTS theme
1. Transforming the Culture	People & Culture
2. Strengthening the Workforce	People & Culture
3. Measuring the Improvement	Continuous Improvement/Resources
4. Raising the Standards	Continuous Improvement/Safety & Quality/Partnership & Engagement
5. Integrating the Care	Partnership & Engagement/ Resources/Safety & Quality

Many of the quality improvement initiatives undertaken by NIBTS are consistent with the strategic goals of Q2020. This report will demonstrate progress made under the five strategic headings during 2025/26. A further review of quality objectives will be undertaken during 2026/27.

Transforming the Culture

As in previous years the organisation used the mechanisms for trending root cause and fault categories previously developed to identify and investigate trends highlighted as a result of incident investigation and/or audit findings.

Short term trends are identified and addressed before escalating any further.

Two longer term trends were identified during previous years these being trends related to:

Number of platelets in buffy coat derived platelet pools failing to met the target value for platelets per pool and pH of apheresis platelets at end of shelf life failing to meet the target specification.

During the 25/26 period the trend relating to pooled platelet product, which is prepared from whole blood donations has been successfully addressed. New equipment settings for production of this product have been validated and implemented with the product now consistently meeting specification.

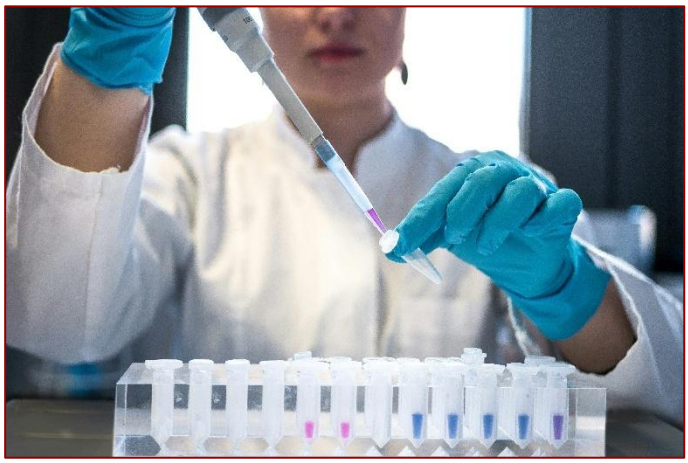
The trend related to pH of apheresis platelet production at end of shelf life has persisted and has been observed to have periodically reoccurred across all UKBTS services. No single or definitive root cause for this issue has been identified and the process for managing this product issue is now well embedded with appropriate risk mitigation.

Trending data for NIBTS generated from the incident management system is collated and presented quarterly to the Quality Improvement Review Group. Additionally, a further breakdown of trends to department level is carried out on a quarterly basis and the outcome shared with the relevant department.

We continue to strive to ensure a 'no blame' culture, with the incident management system used to address each incident in a fair and just manner.

To ensure learning across the organisation, incidents and their outcomes are reviewed on a quarterly basis by the Incident Management Group with representatives from all areas of the organisation. Learning points identified and discussed at the group are then disseminated throughout the organisation via the group members.

One of the key elements to transforming the culture of an organisation is staff involvement in changes and the recognition that these changes will improve the quality of products and services



provided.

NIBTS recognises that change sometimes can be challenging for any organisation. NIBTS have a well embedded Change Management process to ensure risk and impact of change on staff, products or services is minimized. The Change Management Process aims to assess the impact of each change, put in place appropriate action plans to implement the change involving all stakeholders, monitor progress of the change and after implementation, review the change to identify any learning points and determine if the expected benefits were delivered.

A Change Control Group representative of the organisation continued to meet on a weekly basis throughout 2025/26 to review and approve new changes or revision of action plans for existing changes.

The Change Control Group consists of a cohort of staff drawn from various sections of the organisation. The group supports dissemination of information regarding change throughout the organisation and encourages team working. This group continues to review the process for managing change on an ongoing basis to identify and implement improvements.

During the first quarter of 2026 NIBTS initiated a new approach to measuring conformance to key quality metrics for documents, incidents, changes, audit findings, absence management, staff appraisals, mandatory training and risk register review.

Each department is now required to submit a report on a pre agreed template showing their level of performance against each key metric for review at the monthly QIR meeting attended by the Senior Leadership Team and Departmental/Section Heads. This approach has been designed to promote ownership and accountability of the Quality Management System within all departments.



NIBTS continue to involve staff in the business planning process of the organisation with comments and suggestions invited from all members of staff.

We continue to embed a performance management framework which was implemented to further encourage staff engagement in achieving business objectives. This framework aims to ensure adequate linkage is achieved between corporate objectives, departmental objectives and individual objectives set during the staff appraisals.

Further to the 2023 Staff Survey, we within 2025/26 undertook an additional short survey and focus groups to inform the development of a staff reward, recognition and appreciation strategy.

NIBTS recognise that users of our service must also have the opportunity to voice any suggestions for improvement or concerns.

We recognise that communication is key to ensuring staff are informed of service developments.

The organisation continues to strive to improve communication with staff via a number of established channels such as:

- Posting news and documents on the staff intranet in a user-friendly format
- Use of screensavers, corporate email messages, noticeboards and team meetings to communicate information to staff
- Provision of data terminals in various locations for those staff who do not routinely interact with computers during their daily duties
- Staff briefings and daily staff huddles in certain operational departments.
- Events celebrating key achievements where staff are encouraged to present the role they played.
- Involvement of staff in drafting and agreeing the corporate objectives.

NIBTS recognises that the environment in which staff work is important in ensuring a culture which strives to produce the best possible service/product for our customers.

During 2025/26 work on facilities related to minor refurbishment works including:

- Replacement of lighting in the stores warehouse
- A number of minor repairs to lighting, benches flooring etc. in the Hospital Services Blood Issue Lab
- Repainting of the Molecular Lab
- Replacement of Building Management System thermostats in various rooms throughout the premises
- Minor refurbishment of smaller offices including painting and light replacement.
- Repainting of small staff tea room.
- Redesign of an officer area to convert to an area suitable to house equipment.

At this point, there are no major estate related project plans in place to take forward in 2026/27, however we would plan to review the environmental performance of the AHU's during 2026/27. This may lead to the requirement for some significant cleaning work depending on reports received from estates. We also plan to continue with further refurbishment works in several offices during the year as staff levels increase due to BPaT and other upcoming projects throughout HSC.

Continued engagement with estates Operations and Projects teams will take place, to review energy consumption and environmental management. We will continue to work with other Trusts and PaLS to ensure that contracts awarded for provision of waste management services continue to meet objectives around carbon footprint reduction, waste recycling and reduction, etc.

Strengthening the Workforce

Our staff are paramount to the delivery of quality products and service. We recognise the importance of staff being trained for the roles they fulfil whether this be with regard to clinical expertise, laboratory, processing, communication or management skills.

During 2025/26, we continued our commitment to support staff training by:

1) **Delivery of mandatory training in:**
   a) Fire Awareness
   b) Health and Safety
   c) Equality Good Relations and Human Rights
   d) Risk Management
   e) Manual Handling
   f) Recruitment and Selection
   g) Information Governance
   h) Fraud Awareness
   i) Cyber Security

2) **Induction for new staff**

   Each new employee goes through a local induction. This allows the new employee to be introduced to their place of work and the team they will be working with as well as fill in any required paperwork.

   NIBTS supports this induction with a Staff Induction Pack and checklist, giving new employees information on NIBTS's core vision and values, introducing them to each department and the Senior Leadership Team, as well as information on terms and conditions of service and training.

   The induction pack was updated during the 25/26 period to provide greater clarity on those documents new staff must read and understand at commencement of their employment and during the initial six months of employment.

   During the 25/26 period completion of a project to collate all job descriptions throughout the organisation and to make these available on Q Pulse was achieved. This has improved accessibility to these documents for all staff.

3) **Good Manufacturing Practice**

   All new employees undergo Good Manufacturing Practice on commencement of employment. Additionally employees are required to complete GMP refresher training on an annual basis.

During 2025/2026, the NIBTS Medical Department maintained full compliance with both the organisational appraisal requirements and GMC revalidation procedures. All Nursing Staff employed by NIBTS achieved NMC revalidation requirements by the required date.

NIBTS Biomedical Scientists are required to maintain registration with the Health and Care Professions Council (HCPC).

A condition of this registration is participation in continued professional development which is subject to audit. All Biomedical Scientists employed by NIBTS maintained their registration during 2025/26.

NIBTS Laboratories continue to participate in supporting Trainee Biomedical Scientist staff in the completion of the Institute of Biomedical Science (IBMS) Registration Portfolio to allow these staff members to achieve HCPC registration, and the IBMS Specialist Diploma or BBTS Specialist Certificate to progress to Specialist Biomedical Scientist grade.

Our staff are required to participate in an annual staff appraisal, during which employee and manager review and reflect on achievements and plan for the following year in line with the organisation's objectives. This also allows the identification of any training needs and support the employee may require. The annual staff appraisal target is 85%.

During the 2025/26 period 82.3% of staff had an appraisal, meeting our annual target. While this fell slightly below the organisational target, appraisal completion rates remained high. The organisation will continue to focus on improving completion rates and supporting managers to ensure appraisals are completed in a timely manner.

NIBTS aim to reduce staff absence rates both due to long term and short-term illness year on year. The absence rate objective for 2025/26 was to reduce sickness absence by 5%, with a target of 6.09%. The organisation absence rate at the end of 2025/26 recorded a figure of 7.22%. While the target was not achieved, reducing sickness absence remains a key organisational priority. During 2026/27, in line with the region, NIBTS will be introducing a new Absence Management Policy. The policy will provide a more consistent and supportive approach to managing attendance, ensuring early intervention, promoting staff wellbeing and supporting managers in addressing sickness absence effectively.

A range of staff from various professional and non-professional backgrounds were supported in the completion of post entry qualifications. This provides assistance with costs and where applicable time for study and attendance at courses.



Staff Health and Wellbeing

Allied to reducing staff absence is improving the health and wellbeing of our staff. During 2025/26, NIBTS participated in or ran a number of programmes aimed at improving staff wellbeing including:



- Cycle2Work
- Chest, Heart and Stroke Conditions
- Neurodiversity Awareness Day
- Alcohol Awareness Dry January
- Time to Talk Day
- Sleep Well Work Well
- Christmas Jumper Day & Breakfast
- Flu vaccination programme.

A number of other events were also held to raise funds for local charities including selling of Christmas Cards and other crafts and a number of raffles for hampers donated by Senior Leadership Team and other staff. Additionally, as part of the Health and Wellbeing activities for staff NIBTS regularly promote available resources and have a dedicated Health & Wellbeing page on the internal Intranet platform.

Measuring the Improvement

We recognise the importance of gathering data and statistics as a means of examining performance and identifying areas of strength and where improvements are required.

Information is gathered throughout the organisation and presented at a number of fora to monitor performance. These include regular departmental and interdepartmental meetings and monthly meetings attended by the Senior Management Team. Reports are also provided for each Agency Board Meeting.

During 2025/26, NIBTS continued to meet those service objectives associated with maintenance of the relevant licenses, ISO 15189 accreditation and the financial performance objective of breakeven. The service also maintained a panel of blood donors sufficient to allow adequate collection of blood to meet demand from hospitals.

Corporate Quality

During 2025/26 NIBTS have continued to provide an agreed governance report covering the key areas of the service on a quarterly basis at the Governance and Risk Management Meeting. Additionally, a corporate quality document with Key Performance Indicators and targets for collection figures, donor satisfaction and complaints, waiting times, financial targets, staff absence and Staff Development Review completion is presented at this forum.

Effectiveness of Quality Management System

A set of corporate quality metrics data for various elements of the Quality Management System - product quality, incidents (including trending data), documents, change management, audit, external assurance exercises and recall - is produced on a monthly basis.



Additionally each department is required to complete a template demonstrating the level of conformance against key quality metrics within their area. Both the corporate and departmental metrics are reviewed at a monthly Quality Improvement Review Meeting attended by the Senior Leadership Team and Departmental/Section Heads. This data is shared at the Agency Board meeting.

These metrics have indicated some areas where further focus is required.

Conformance with the KPI target for document review has continued to prove problematic within a number of operational areas as has that for ensuring incident investigations and subsequent completion of corrective and preventative actions within the allocated target dates. Additionally, the completion of the self inspection schedule and completion of changes within target date has been challenging with a significant degree of slippage experienced.

To address these adverse trends a series of additional meetings has been instigated for each department with attendance by senior departmental staff, quality staff and the Chief Executive. These meetings aim to discuss areas of poor performance, agree actions to improve the performance level and to monitor the progress against the agree actions.

Quality of products and services

Progress on quality objectives relevant to each department are reviewed during departmental and interdepartmental meetings.

The template completed for departmental quality metrics for the monthly QIR meeting also captures data equipment performance and turnaround times for reports. Targets are set for each of these areas and the captured data reviewed in line with these targets.

One of the more visible measures of the antenatal patient testing service to users is the turnaround time for samples to be tested and the report issued.

Automated Serology antenatal patient testing demonstrated an overall improvement in values obtained for the target Key Performance Indicators (90% of reports issued within 3 days) throughout the 2025/2026 year period against an increase in the number of antenatal patients samples.

A decrease was recorded in the average number of days to issue a patient report when comparing the average yearly figure between 2024/25 and 2025/26 time periods as follows:

- Number of antenatal patient reports issued increased by 7.61% from 36,707 for 2024/25 to 39,500 for 2025/26.
- Average number of days for turnaround of reports issued, exhibited a slight decrease of 0.17 days from 1.33 days for 2024/25 to 1.16 days in 2025/26 i.e. an efficiency improvement of 12.78% for reports issued.

Turnaround times for Antenatal Patient Virology have continued to exceed the KPI target of 95% of reports issued within 3 days. 99.68% reports were issued within the target three days during 2025/26 with a mean day for report issue of 1.31 days.

The general approach for turnaround times from RCI labs are 95% of results reported within 5 working days with the exception of genotyping which aims to have 85% of results reported within 10 working days.

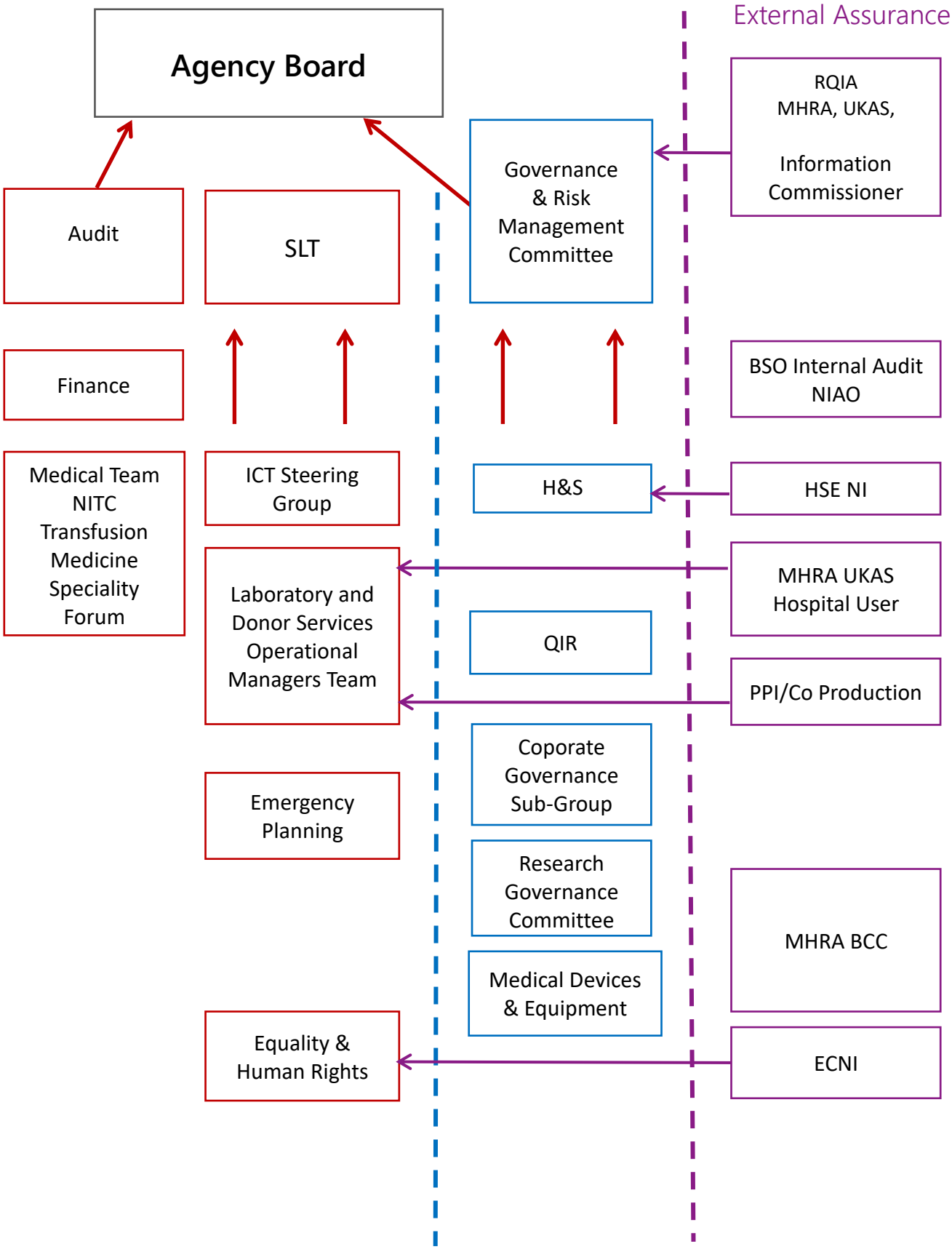
During the 2025/2026 financial year 94.9.% of results for red cell serology, 96.7% of FMH quantitation, 92% of platelet antibody identification and 79.9% of molecular genotyping tests were reported within the established turn around times. The overall turn around times across all tests was 91.5%.

The decrease in turnaround times has largely been due to the increase in complex referrals. This is primarily related to the number of referrals from patients receiving monoclonal antibody therapies which has increased significantly during the 25/26 year.

Quality of the blood components produced by NIBTS is monitored via a sampling programme on an ongoing basis with reports provided to the production department on a daily basis. A monthly report focusing on quality monitoring of the components produced is reviewed by senior staff from within collection, clinical, production and quality to ensure prompt address of any potential slippage in conformance and/or identify areas for improvement.

The following diagram diagrammatically shows how performance is monitored and managed throughout the organisation.

Performance Management



Through the Incident Management System, we have the opportunity to assess and improve working practices where appropriate. The organisation investigates all errors and incidents. The level of investigation required is determined by the risk level of the incident.

Incident investigations, actions taken as a result and any learning opportunities can be viewed by staff in electronic format and are discussed at various fora including the quarterly incident management meeting attended by staff from throughout the organisation to promote sharing of any learning points.

The change management process allows full consideration of any changes to be made, what benefits are anticipated and the impact on all areas of the service and its users. Where appropriate, a review step is built into the process to allow an assessment of the completed change, any learning points and to determine if the benefits have been delivered.

NIBTS, as part of our Quality Management System, maintain a well established programme of internal audits. During 2025/26 a total of 34 internal audits were performed with no critical findings. Appropriate corrective and/or preventative actions were implemented.

External Regulation

NIBTS was subject to a re-inspection by UKAS during the 2025/26 period with subsequent confirmation that accreditation to ISO 15189 had been maintained.

The internal and external audits confirm that the Quality Management System (QMS) is operating at a satisfactory level. However, we recognise that it is essential to both maintain and improve performance of the system and to this end continue to focus on implementing improvements to our systems. The organisation has within the 2025/26 period successfully implemented improvements to the incident management system and augmented resource within the validation team, following a review of both these areas.

NIBTS is also subject to audit by the Business Services Organisation Internal Audit function which completes an annual plan of work which has been presented to and approved by NIBTS Audit Committee. During 2025/26 the plan included audits covering Finance, Stores Management and Ordering and Receipting of Goods, Blood Production and Tracking (BPaT) system, and Business Continuity Planning. The audits undertaken and the level of assurance provided by Internal audit were: Financial Review (Satisfactory), Stores Management (Satisfactory), Blood Production and Tracking (BPaT) system (Satisfactory) and Business Continuity Planning (Limited).

Implementation of Internal Audit recommendations are the subject of detailed action plans and progress is assessed by the auditors at their mid-year and end of year reviews. The Chief Executive prepares a Governance Statement for the Annual Report which is supported by an Annual Report and opinion from the Head of Internal Audit. 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. In 2025/26, NIBTS continued to participate in DoH accountability review meetings.

Raising the Standards



NIBTS is one of four UK Blood Transfusion Services and maintains strong links with blood services across Europe through the European Blood Alliance (EBA). These relationships provide opportunities for benchmarking, shared learning and continuous improvement in blood service delivery.

NIBTS participates in the annual EBA Benchmarking Scorecard, enabling comparison of key processes and blood utilisation with other European blood services.

Benchmarking demonstrates comparatively low utilisation of red cells and platelets in Northern Ireland, with <19 red cell units and <4 platelet units issued per 1,000 population. These levels compare favourably with other UK and European blood services and support the continued focus on appropriate blood use and Patient Blood Management.

National haemovigilance data also provides an important opportunity to benchmark transfusion safety. NIBTS reviews regional Serious Hazards of Transfusion (SHOT) data and recommendations to identify trends, compare experience with the wider UK and inform improvements in transfusion practice and patient safety.

Together, benchmarking, haemovigilance and shared learning provide NIBTS with important measures of performance and opportunities for improvement, supporting the continued development of safe, effective and efficient blood services. In addition, the UK Blood Services Forum collaborates in a number of areas including identifying best practice and shared learning.

The UK blood services are members of EBA with the NIBTS Chief Executive part of the EBA Executive Board. This is particularly relevant to NIBTS which remains subject EU Regulations and Directives for the supply of blood and blood components. The EU Regulations (SoHO :

Substances of Human Origin) that govern the collection, processing and distribution of blood were ratified in June 2024 and due for implementation in August 2027. NIBTS is continuing to work with colleagues in the Department of Health, other UK blood services and government agencies to ensure the NIBTS quality system meets the requirements of the regulations.

The UK Forum continues to identify and share best evidence-based practice and shares learning across the UK, Europe and worldwide. In addition, it agrees the strategic approach for challenges that affect the four UK blood services.

Examples include national procurement of essential consumables and equipment, support of the Joint Professional Advisory Committee (JPAC), representation to the advisory committee for Safety of Blood Tissues and Organs (SaBTO) on donor related issues and innovations in practice such as pathogen reduction and blood collection models as well as interaction with the Serious Hazards of Transfusion (SHOT) group.

In 2025/26, the UK Forum has continued to focus on addressing the recommendations from the Infected Blood Inquiry published in May 2024. NIBTS continues to engage with the UK Blood Services Forum, Department of Health and other key agencies in order to address the recommendations relevant to the service.

NIBTS has also contributed to the workstreams of both the UK Forum and JPAC through participation in specialised sub-groups and committees. These groups focus on regulatory compliance with MHRA and EU/UK standards, risk management, and business continuity and emergency planning. Through this involvement, NIBTS helped address emerging threats and safety concerns, while also preparing for potential service disruptions such as pandemics or supply chain challenges.

Blood Safety Guideance and Standards

NIBTS continues to review and implement relevant national and European guidance and standards relating to blood safety, donor selection, blood component quality and the prevention of transfusion-transmitted infections.

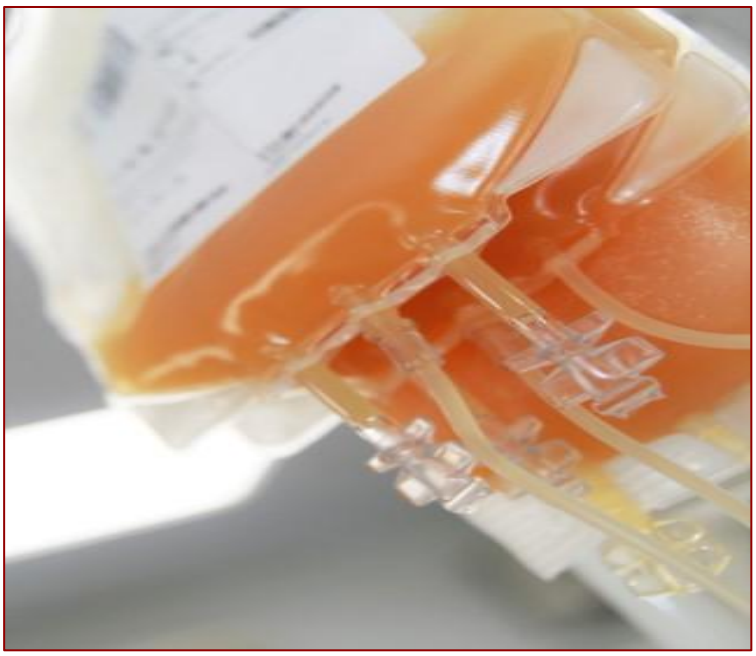
During 2025/26, this included implementation of relevant technical and clinical updates issued by the Joint Professional Advisory Committee (JPAC), including changes to donor eligibility criteria, the Geographical Disease Risk Index (GDRI), and measures relating to travel-associated outbreaks and other emerging risks to blood safety.

NIBTS also continued to consider national haemovigilance and infectious disease surveillance information, including recommendations and learning from Serious Hazards of Transfusion (SHOT) and information from UK Health Security Agency (UKHSA) surveillance programmes. This supports the ongoing assessment of transfusion risks, emerging infectious threats and opportunities to strengthen donor and patient safety.

In addition, the European Committee on Blood Transfusion issued the 22nd edition of the Guide

to the Preparation, Use and Quality Assurance of Blood Components. NIBTS initiated relevant gap analyses to assess the updated guidance and identify any actions required to maintain alignment with European standards.

The introduction of Regulation (EU) 2024/1938 on standards of quality and safety for substances of human origin (SoHO) represents a significant development in the regulatory framework for blood and blood components. NIBTS has commenced consideration of the implications of the Regulation to support organisational readiness for its future application in Northern Ireland



Donor Satisfaction

Donors give blood on a voluntary, non-remunerated basis and are critical to the success of our service. We monitor donor satisfaction levels which for 25/26 was 97.5%. This level continues to show a high level of satisfaction however an objective of the donor engagement team is to review the donor satisfaction process and implement any necessary changes to ensure a range of methods are in place for custmers to report on experience.

NIBTS records complaints received from donors and members of the public to support investigation, identify trends and opportunities for learning, and drive continuous improvement in service delivery.

During 2025/26 NIBTS received 54 complaints. The monthly target of fewer than five complaints was exceeded in five of the 12 months. However, across the full year, the average was 4.5 complaints per month, meaning overall performance remained within the NIBTS target.

Key Achievements

NIBTS Laboratory Departments identify a series of quality objectives each year to improve service delivery/quality.

All NIBTS laboratory departments are involved in the regional BPaT IT project, which aims to implement a single Blood Production and Tracking System throughout the province. All NIBTS departments have had significant participation in the on-going validation of the new system, E Progesa, during 2025/2026.

The key Laboratory objectives/achievements are included in the following tables:

Department: Transfusion Microbiology Laboratory

Activities	Key Achievements
Testing of all donations for infectious diseases markers Antenatal screening for infectious diseases in pregnancy	• New retention and disposal regime implemented for tissue donor samples to achieve compliance with the red book guidelines. • Software patch version 1.2.3.1 installed on Grifols NAT manager. • Completion of enabling works required for installation of replacement NAT testing platforms • Ongoing participation in developing interfaces for use with the E Progesa platform.

Department: Hospital Services

Activities	Key Achievements
Preparation and manufacture of blood components Hospital issues department	• Completion of enabling works to allow installation of second X Ray irradiator. • Installation and ongoing validation of second X Ray irradiator, improving business continuity. • Participation in IBP2 procurement exercise. • Implementation of new transport system for transport of blood components and products to hospital blood banks and pharmacies. • Implementation of new programmes/processes for manufacturing equipment improving and stabilizing pooled platelet conformance. • Decommision of critical GMP equipment in collaboration with NI agencies.

Department: Quality Control Laboratory

Activities	Key Achievements
Quality monitoring of blood components Bacteriological testing of platelet components Environmental monitoring of component production areas	• Continued participation in regional tender for replacement of blood culture equipment • Support and testing for validation projects in other laboratory departments such as blood packs purchased via the International Blood Pack • Support and testing to assist implementation of new process aiming to improve conformance for platelet count in buffy coat pooled platelets • Participation in Blood production and tracking project (BPaT) and ongoing development of interface between E Progesa and BacT ALERT • Completion of project to introduce media containing neutralizing agents for environmental monitoring of blood processing areas, agreement and implementation for of action limits for specific areas and introduction of a formal quarterly review process.

Department: Automated Serology

Activities	Key Achievements
Blood Grouping, antibody screening / identification of all blood donation samples Blood grouping, antibody screening / identification of all antenatal patient samplers including medical reporting of at-risk pregnancy results	• Disposal of three blood group analysers and replacement with four new platforms which were fully validated for testing both blood donor and antenatal samples. • Achieved extension to scope for the new platforms with regard to compliance with UKAS accreditations against ISO 15189 2022 standard. • On-going upgrade of ImmuLINK interface to allow donor result integrations with eProgesa

Department: Blood Group Reference Laboratory

Activities	Key Achievements
Specialist referral service for hospital blood banks for complex red cell investigations and cross matching red cell units for difficult clinical cases: Includes on call service.	• Education and training to increase the numbers of trained On-Call staff, ongoing training of hospital Biomedical Scientists and facilitating MSc research projects. Training of medical staff and Scientific Training Programme (STP) students in preparation for FRCPath • Further development of automation with laboratory to reduce the number of manual tests performed.
Automated extended phenotyping of red cell donations with download of test results to Pulse.	• PULSE software development to permit labelling of donations with phenotype information following two automated test results without the need for continued testing on current donations.
Provision of platelet antibody testing.	• Introduction of German Red Cross Panel containing rare red cells to facilitate detection of rare antibodies including antibodies to low and high frequency antigens.
Provision of molecular immunohematology service.	• Electronic scanning of laboratory records and progression towards paperless system. • Continued introduction of CE marked reagents/tests to align with in vitro Diagnostic Regulations (IVDR)
Provides support to the regional kidney transplant programme (titres to facilitate transplant of ABO incompatible kidneys).	• Development of testing pathways for patients receiving monoclonal antibodies. • On-going collaboration with BSO to develop/improved Winpath LIMS system. • Continued progression towards foetal D typing to avoid unnecessary administration of anti-D and alleviate the problems assoicaited with shortages of anti-D.

Integrating the Care

The NIBTS Medical Department provides clinical governance and medical professional leadership across NIBTS, supporting donor and patient safety, clinical decision-making, policy development, quality improvement and the safe and effective delivery of blood services.

At a regional level, the department works closely with the Northern Ireland Transfusion Committee (NITC), Hospital Transfusion Committees (HTCs) and wider HSC partners to support a coordinated approach to transfusion practice across Northern Ireland. During 2025/26, this included clinical leadership and input into implementation of relevant Infected Blood Inquiry (IBI) recommendations, development of regional transfusion strategy, Patient Blood Management (PBM) recommendations, and initiatives to improve the consistency, safety and appropriate use of blood components. The department also supports regional oversight of blood usage and supply, sharing data and clinical intelligence with transfusion teams to inform benchmarking, demand management and blood supply resilience.

At a national level, NIBTS continues to work with the other UK Blood Transfusion Services and relevant professional, clinical and haemovigilance networks, contributing to shared learning and the development of consistent approaches to blood safety and transfusion practice.

Education, training and research are also important components of this work. The Medical Department contributes to professional education and development within NIBTS and across the regional transfusion community, while supporting research, innovation and the translation of emerging evidence into clinical and operational practice.

We continue to work closely with colleagues in the three other UK Blood Services with representation in the UK Quality Managers group and linked subgroups which concentrate on Quality Monitoring, Supplier Audit, Regulatory Changes, Validation and Data Integrity.

This allows sharing of expertise, information and learning throughout the four services and assists benchmarking similar process such as recall rates and categories, SABRE reportable incident occurrence and bacterial positivity rates in platelet components. Regulatory audit outcomes for all services are shared as are any actions taken to address non-conformances.

Each group aims to meet up to four times per year with meetings either face to face or via teleconferencing. Participation in these groups ensures each service is aware of changes and developments in service provision and maintains consistency of service across the UK.

Notable workstreams for the UK Quality Managers Group during 2025/26 include:

- Continued comparison of key performance indicators
- Comparison/discussion of external audit reports to facilitate shared learning.
- Monitoring the workstreams of the subgroups.
- Sharing of information for incident management processes
- Sharing knowledge and awareness of new and emerging changes in regulations and gap analysis of these.
- Sharing of actions required to progress plasma for medicines programme and current status of each service
- Sharing of information regarding QMS software packages
- Sharing of information regarding potential changes to BECS systems

The workstreams of the Quality Monitoring, Supplier Audit, Regulatory Radar, Data Integrity, and Validation subgroups include:

- Discussion and sharing of gap analyses for new and updated regulations
- Collaboration between all UK Blood Services with regard to SoHO regulations
- Sharing progress pertaining to compliance with Medical Device Directives.
- Collaboration and identification of best practice in area of validation, ensuring regulatory compliance
- Participation in workshops between the UK and Ireland Blood Services, showcasing approaches to processes, new technologies, audit/project experiences and sharing lessons learnt
- Topical discussions on new or emerging trends within the area of Validation such as: impact of Cloud 'SaaS' solutions and maintenance of validated state.
- Commonality in approaches to ensure data integrity.
- Collation and discussion of Quality Monitoring statistics from all the UK Blood Services. Knowledge sharing between blood services, to ensure best practice.
- Collation of testing information to include equipment used, QC and NEQAS details for all UK Blood Services
- Review of effectiveness of pH as a marker of platelet quality and potential replacements.

- Sharing supplier audits to reduce duplication of effort between services and collaboration in completion of audits.
- Continued maintenance of and sharing approved supplier lists to demonstrate where services have common suppliers.
- Sharing information regarding supplier approval processes to identify best practice.

Northern Ireland Pathology Transformation

Throughout 2025/26, NIBTS continued to host the Pathology Blueprint Programme, supporting the transformation of pathology services across Northern Ireland. The Programme continues to work with the Department of Health and HSC partners to progress the development of a regional approach to pathology services, including the future management and governance arrangements required to support a more integrated regional pathology service. This work continues to have Ministerial support, with the direction of travel further reinforced by the findings of the 2026 Institute of Biomedical Science (IBMS)-commissioned review of pathology transformation, led by Lord Carter of Coles.

A significant milestone has been the successful implementation of the CliniSys WinPath Enterprise Laboratory Information Management System (LIMS) across all HSC Trusts and NIBTS, bringing regional laboratories onto a single digital platform hosted by BSO. This provides a common digital platform and creates opportunities for regional data analysis, benchmarking, identification of clinical variation and greater standardisation of practice. The Programme has also progressed the implementation of the Blood Production and Tracking (BPaT) solution, with Belfast Trust planned to go live with the digital tracking system, supported by a number of remote blood release fridges, in September 2026. Roll-out will continue throughout 2026/27, moving towards a single regional system to support the management and traceability of blood and blood components. Together, these developments provide important digital foundations for greater standardisation, integration and resilience across pathology and transfusion services in Northern Ireland.