Irish Blood Transfusion Service
Seirbhís Fuilaistriúcháin na hÉireann

Annual Report
2025

giveblood.ie

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Chairperson's Foreword

I am pleased to present the annual report and financial statements for The Irish Blood Transfusion Service for 2025.

The end of 2025 marked an important inflection point for the IBTS, closing out on a five year strategy and on the cusp of implementing our new strategy for 2026 - 2030. The organisation we were when we developed 'Connections that Count' is different in so many ways to what it is today and to the vision we have for the next 5 years. It is important to remain agile when priorities shift, and although we didn't achieve everything we had hoped to do when devising 'Connections that Count' in 2020, nonetheless over the past 5 years the IBTS has managed to survive and thrive in the face of a perfect storm of conditions.

Notable strategic achievements in 2025 include:

- **Implementation of upgraded Nucleic Acid Testing system.** This project represents a major advancement for the NAT laboratory, which will bring increased efficiency and improved workflow, all without compromising the safety and quality standards that define our work.
- **Implementation of Historical Phenotyping.** This initiative introduces historical phenotyping of all donors' first and second donations, with phenotype included on labelling of all subsequent donations. This will enable a fully phenotyped blood supply, preventing delays in the provision of appropriately matched blood for patients with complex transfusion requirements and creating cost efficiencies for both the IBTS and hospitals across the country.
- **Re-opening of Eye Bank Ireland.** Significant progress was made in 2025 towards re-opening Eye Bank Ireland. Corneal retrievals stopped in 2004 due to the risk of transmission of vCJD. The re-opening of Eye Bank Ireland is a critical step in securing domestic supply of corneas for patients requiring transplant in Ireland thereby reducing dependency on vulnerable supply chains.
- **Sustainability initiatives.** The gas boilers in the National Blood Centre were replaced between Q3-Q4 2025, with savings already being realised. This efficiency upgrade will dramatically reduce the amount of natural gas used within the building and will future proof our organisation and provide a contingency for energy use as we work towards electrification in the future.

One of the most important pieces of work for the IBTS in 2025 was the development of our next five year strategy, expertly facilitated by our Strategy, Performance and Planning Manager.

A Healthier Tomorrow – IBTS Strategy 2026 – 2030 sets out a bold direction for the IBTS to be a trusted sector leader and essential healthcare partner. Powered by the generosity of our committed donors, our skilled workforce and our healthcare partnerships, we provide high quality blood and tissue products to the people of Ireland. We have much to be proud of - not only our sixty years of service to the Irish public and healthcare system, but also our strong delivery against the priorities of our previous strategy, Connections that Count – Developing the IBTS 2021–2025. Throughout the last strategy cycle, we maintained a safe, reliable supply of blood and tissue products and advanced key initiatives that will underpin our future work.

The development of a new strategy was a welcome opportunity to reflect on our core purpose, the critical services we deliver, how we deliver them, and the values that guide us every day. The Board and Executive adopted a collaborative and inclusive approach to the development of the new strategy. It has been shaped by the voices of a wide range of internal and external stakeholders and we are grateful for the insights and expertise of all those who contributed.

Our strategy builds on what we have achieved so far and sets our course through an environment shaped by increasing global instability, growing expectations from our communities, rising costs and demand for health services, evolving patient needs, rapid digital transformation, and the power of data to help us make better choices. This strategy reflects the strategic choice to strengthen our core foundations to ensure resilience in responding to these shaping forces, while focusing on our core purpose as Ireland's trusted agency with mandated responsibility for the blood supply. It is built around four key strategic focus areas, each underpinned by clear objectives and measurable outcomes, namely to:

- Grow and diversify our donor base, products and services to meet the evolving needs of patients and our healthcare partners;
- Optimise operational resilience ensuring a solid foundation for sustainable growth;
- Future-ready our workforce equipping our people for tomorrow's demands through continued investment in our people, culture and capabilities;
- Drive targeted innovation by leveraging research insights, strategic partnerships, and employee-led pilots to solve priority challenges.

This strategy is our shared roadmap — guiding our direction as we respond to a rapidly evolving environment. We look forward to working with our community of generous donors, our highly-skilled and dedicated teams, and our national and international healthcare partners to deliver on the ambitions of this strategic plan. Together, we are committed to delivering this strategy to enable a healthier tomorrow, powered by every life-changing donation.

Dr Sarah Doyle's term on the Board has recently come to an end. I would like to extend our huge thanks to Sarah for her contribution to the work of the IBTS since her appointment in 2018. As a public health doctor Dr Doyle brought an important expertise and critical clinical oversight to the work of the IBTS over a time of significant change and challenge for the organisation and indeed the wider health service.

The IBTS is a unique organisation. Inspired by our CEO Orla O'Brien, our people are acutely conscious of their role in safely facilitating the most precious gift of blood and platelets from our generous donors to grateful recipients. They embody our mission: to save and improve lives by sustainably delivering quality blood and tissue services.

As always I conclude by thanking our donors. When I started out as a blood donor I had a misconception that blood donations were mainly used for traumatic accidents and of course that is one of the times blood is crucial in saving a life, but I have learned that the need for blood related services is constant as mothers giving birth, cancer patients in treatment and a whole range of seriously ill people continue to rely on blood transfusions. Blood donors literally keep the show on the road for our hospitals.

On behalf of recipients and all of us in the IBTS I say an enormous THANK YOU.

Deirdre-Ann Barr
Chairperson

Chairperson's Report

Report of the Chairperson of the Irish Blood Transfusion Service regarding the assessment of internal financial controls of a State body for the year ended 31st December 2025 in accordance with Appendix D of the Code of Practice for the Governance of State Bodies 2016, as amended.

1. I acknowledge that the Board is responsible for the Body's system of internal financial control.
2. The IBTS system of internal control can provide only reasonable and not absolute assurance against material error, misstatement or loss.
3. The Board confirms that there is an ongoing process for identifying, evaluating and managing significant risks faced by the IBTS. This process is regularly reviewed by the Board via reports from the Chief Executive and updates from the Audit Risk and Compliance Committee.

    i. Management are responsible for the identification and evaluation of significant risks applicable to their areas of business together with the design and operation of suitable controls. These risks are assessed on a continuing basis and may be associated with a variety of internal or external sources including control breakdowns, disruption in information systems, natural catastrophe and regulatory and compliance requirements.

    ii. Management meets twice monthly on operational issues and risks and how they are managed. The Executive Management Team's role in this regard is to review on behalf of the Board the key risks inherent in the affairs of the IBTS with the Risk and Resilience Manager and the system of actions necessary to manage such risks and to present their findings on significant matters via the Chief Executive to the Board.

    iii. The Chief Executive reports to the Board on behalf of the Executive Management Team on significant changes in the work of the IBTS and on the external environment which affects significant risks. Where areas for improvement in the system are identified the Board considers the recommendations made by the Executive Management Team.

    iv. The Director of Finance provides the Finance Committee with monthly financial information, which includes key performance indicators.

    v. An appropriate control framework is in place with clearly defined matters which are reserved for Board approval only or, as delegated by the Board for appropriate Executive approval. The Board has delegated the day-to-day management of the IBTS and established appropriate limits for expenditure authorisation to the Executive. The Chief Executive is responsible for implementation of internal controls, including internal financial controls.

    vi. The system of internal financial control is monitored in general by the processes outlined above. In addition, the Audit, Risk and Compliance Committee of the Board reviews specific areas of internal control as part of its Terms of Reference.

    vii. The IBTS has outsourced the internal audit function to an independent professional firm, who conduct a programme of work as agreed with the Audit, Risk and Compliance Committee. During 2025 they carried out seven internal audits and presented their findings to the Audit, Risk and Compliance Committee. The external Auditors also meet the Audit, Risk and Compliance Committee without the Executive present on an annual basis.

The Audit, Risk and Compliance Committee of the Board have satisfactorily reviewed the effectiveness of the system of internal control on behalf of the Board. Following presentation of a report on a review of internal financial controls and statement of internal controls by the internal auditor, the Audit, Risk and Compliance Committee carried out a formal review of these systems in respect of 2025 at its meeting on the 17th February 2026. The Board approved the report on internal controls at its meeting on 23rd February 2026.

Additional Reporting Requirements

Compliance with the Code of Practice for the Governance of State Bodies

The Board is committed to complying with the relevant provisions of the Code of Practice for the Governance of State Bodies, published by the Department of Public Expenditure and Reform in August 2016 and amended in September 2020.

A code of business conduct for the Board and an employee code of conduct are in place. Both are available on www.giveblood.ie. The Board has adopted a detailed travel and subsistence policy which complies with all aspects of Government travel policy.

The IBTS Board reviewed reports on internal controls during the year along with regular reviews of the reports of the Health Products Regulatory Authority on operational and regulatory compliance controls and risk management. The Board will continue to review these reports and to work closely with the HPRA to ensure the highest international standards.

The IBTS has complied with disposal of assets procedures, as outlined in the 'Code of Practice for the Governance of State Bodies 2016' as amended. The IBTS complies with all relevant obligations as defined under Irish taxation law.

Corporate Governance

The Board's policy is to maintain the highest standards of corporate governance, in line with generally accepted policies and practices. The Board is accountable to the Minister for Health.

The Board has a manual for Board members. The Board has an agreed timetable for reviewing Terms of Reference for Board Sub-Committees.

Workings of the Board

The Board is comprised of twelve members including a non-executive Chairperson appointed by the Minister for Health.

The Board met on six occasions for ordinary meetings during the year. The Board also had an all-day meeting in May to develop the next organisational strategy.

Attendance by Board members at Board meetings during the year was as follows:

	Feb	April	June	Sept	Nov	Dec	Total
Deirdre-Ann Barr	✓	✓	✓	✓	✓	✓	6 / 6
Dr Satu Pastila*	✓	✓	-	-	-	-	2 / 6
Ann O'Connor	✓	✓	✓	✓	✓	✓	6 / 6
Una Clifford	✓	✓	✓	✓	✓	✓	6 / 6
Peter Dennehy	✓	✓	-	✓	-	✓	4 / 6
Kevin Gregory	✓	✓	✓	-	✓	✓	5 / 6
Dr Nina Orfali	-	✓	✓	✓	-	✓	4 / 6
Professor Sharon Sheehan	✓	✓	✓	✓	✓	✓	6 / 6
Dr Sarah Doyle‡	-	-	-	-	-	-	0 / 6
Stephen O'Hare	✓	✓	✓	✓	✓	✓	6 / 6
Noel Beecher	✓	✓	✓	✓	✓	✓	6 / 6
Dr Jean-Baptiste Thibert‡‡	-	-	✓	✓	✓	✓	4 / 6
John Quinn**	✓	✓	✓	✓	-	-	4 / 6

*Dr Satu Pastla – term completed on 5th June 2025
**John Quinn – appointed on 7th February 2025
‡Dr Sarah Doyle – on sick leave
‡‡Dr Jean-Baptiste Thibert appointed on 7th June 2025

Members of the Board

Chairperson Deirdre-Ann Barr
Dr Satu Pastila (term completed on 5th June 2025)
Dr Sarah Doyle
Prof Sharon Sheehan
Mr Peter Dennehy
Mr Kevin Gregory
Ms Una Clifford
Ms Ann O'Connor
Mr Stephen O'Hare
Dr Nina Orfali
Mr Noel Beecher
Mr John Quinn (appointed on 7th February 2025)
Dr Jean-Baptiste Thibert (appointed on 7th June 2025)

All members receive appropriate and timely information to enable the Board to discharge its duties. The Board takes appropriate independent, professional advice as necessary. Guidelines for the payment of Board member fees and expenses are observed.

Ms Deirdre-Ann Barr	€11,970
Ms Satu Pastila	€4,988
Mr Kevin Gregory	€7,695
Mr Peter Dennehy	€7,695
Mr Stephen O'Hare	€7,695
Ms Una Clifford	€7,695
Ms Ann O'Connor	€7,695
Mr John Quinn	€6,540
Dr Jean-Baptiste Thibert	€6,982
Mr Noel Beecher	€7,813

The Public Spending Code

The Board is committed to complying with the provisions of the Public Spending Code and Circular 14/21 Arrangements for Oversight of Digital and ICT related initiatives in the Civil and Public Service.

The IBTS has implemented a project management methodology, suitable for adaptation, depending on the size and complexity of the project in question.

The Board has activated a committee structure to assist in the effective discharge of its responsibilities.

Performance & Development Committee

The Performance & Development Committee deals specifically with matters regarding the performance and development of the Chief Executive, and the Executive Management Team. The Board complies with Government policy on pay for the Chief Executive and employees. The Board also complies with guidelines on the payment of directors' fees. The Chief Executive's salary in 2025 was €190,348. The Board Performance and Development Committee consists of two Board members and one external independent member. The Performance and Development Committee met twice in 2025.

PD Committee attendance

	April	Sept	Total
Ms Deirdre-Ann Barr	✓	✓	2 / 2
Ms Una Clifford	✓	✓	2 / 2
Ms Blathnid Evans	-	✓	1 / 2

Medical & Scientific Advisory Committee

The Medical and Scientific Advisory Committee is comprised of some of the medically qualified members of the Board and medical consultant staff of the IBTS as well as a number of external medical consultants and met five times in 2025. Its function is to monitor developments in transfusion medicine and related fields, to inform the Board of any such developments and to advise the Board on appropriate action.

M&SAC attendance

Name	March	June	Sept	Nov	Dec	Total 5 Meetings
N Orfali	✓	✓	✓	✓	✓	5 / 5
J-B Thibert[1]	-	✓	✓	✓	✓	4 / 4
S Pastila[2]	✓	-	-	-	-	1 / 1
S Doyle[3]	x	x	x	x	x	0 / 5
E McSweeney	✓	x	✓	x	✓	3 / 5
N O Flaherty	✓	✓	✓	✓	✓	5 / 5
K Morris[4]	x	x	-	-	-	0 / 2
S Ni Loingsigh	✓	✓	✓	✓	✓	5 / 5
B Quill	x	x	x	x	x	0 / 5
R Hagan	✓	x	x	✓	✓	3 / 5
A Waters	✓	✓	x	✓	✓	4 / 5
C DeGascun	x	x	x	x	x	0 / 5
S Thomas	✓	✓	✓	✓	✓	5 / 5
A Godfrey	✓	✓	✓	✓	✓	5 / 5
D Ó Donghaile[5]	-	-	x	✓	✓	2 / 5
P Williams	✓	✓	✓	✓	✓	5 / 5
K Ryan	✓	✓	✓	x	x	3 / 5
O O'Brien[6]	✓	✓	✓	x	x	3 / 5

1. Dr S Pastila Term of Office ended on 6th June 2025
2. Dr J-B Thibert was appointed to Board 7th June 2025
3. Dr Sarah Doyle was out on leave for 2025
4. Dr Kieran Morris left the Committee in August 2025
5. Dr D Ó Donghaile was appointed a member in September 2025
6. Ms Orla O'Brien, CEO is an attendee at the M&SAC

Finance Committee

The Finance Committee met five times during the year and is comprised of three members of the Board. It is also attended by the Chief Executive, Director of Finance and Management Accountant. The Committee may review any matters relating to the financial affairs of the Board. It reviews the annual capital and operating budgets, Statutory Financial Statements and monthly management accounts, financial KPIs, capital expenditure, working capital and cash flow. It also reviews business planning, costing exercises, procurement, insurance arrangements, contracts, banking, financing arrangements and treasury policy. The Committee also reviews the funding and performance of the Board's pension fund. The Committee reports to the Board on management and financial reports and advises on relevant decision-making. The Finance Committee operates under formal terms of reference, which are reviewed by the Board regularly.

Finance Committee attendance

	Feb	May	July	Sept	Nov	Total
Mr Kevin Gregory	✓	✓	✓	✓	✓	5 / 5
Ms Una Clifford	✓	✓	✓	✓	✓	5 / 5
Mr Noel Beecher	✓	✓	✓	✓	✓	5 / 5

Audit, Risk & Compliance Committee

The Audit, Risk and Compliance Committee met five times during the year and is comprised of four members of the Board and two independent external members. It is also attended by the Chief Executive, the Medical & Scientific Director, the Director of Finance, the Director of Donor Services and Logistics, the Director of Quality & Compliance, the Director of Production and Hospital Services, the Chief Information Officer, the Internal Auditor, the Risk and Resilience Manager and the PA to the Chief Executive or substitute who acts as Secretary to the Committee. The Committee may review any matters relating to the financial, risk, regulatory or compliance affairs of the Board. It reviews the annual Statutory Financial Statements including the accounting policies and notes to the financial statements, compliance with accounting standards and the accounting implications of major transactions, reports of the Internal Auditor, quality reports both internal and from the HPRA, and risk management including reviews of the corporate risk register. The external auditors meet the Committee to review the results of the annual audit of the Statutory Financial Statements. The Audit, Risk and Compliance Committee operates under formal terms of reference, which are reviewed by the Board regularly.

Audit, Risk & Compliance Committee attendance

	Feb	April	June	Sept	Dec	Total
Mr Peter Dennehy	✓	✓	✓	✓	✓	5 / 5
Ms Ann O'Connor	✓	✓	✓	✓	x	4 / 5
Prof Sharon Sheehan	✓	✓	✓	✓	✓	5 / 5
Mr John Quinn	-	✓	✓	✓	✓	4 / 5
Mr Noel Beecher	✓	✓	N/A	N/A	N/A	2 / 5

Research & Development Committee

The Research and Development Committee met three times during the year to oversee the implementation of the IBTS Research and Development Strategy. The Committee is comprised of two members of the Board and six independent external members. The Research and Development Committee is attended by the Chief Executive, the Medical & Scientific Director, the Finance Director, the Head of Research and Innovation and the Research and Development communications and administration officer who acts as secretary to the committee.

Research & Development Committee attendance

	April	Aug	Nov	Total
Mr S O'Hare	✓	✓	✓	3 / 3
Mr P Dennehy	-	-	-	0 / 3

Risk Register

The risk register identifies various types of risks including strategic, reputational, clinical, IT, cybersecurity, financial and operational risks to the organisation and the existing controls and further actions necessary to minimise the impact on the organisation, in the event of the risk occurring.

Globally the risk associated with cyber-attacks continues to increase and has compelled the organisation to put plans in place to improve cyber security resilience. This is an ongoing process, led by the Chief Information Officer and dedicated Cybersecurity Project Manager and is overseen by the Audit, Risk and Compliance Committee.

A Risk and Resilience Manager has responsibility for overseeing the Risk Register and business contingency arrangements. A set of inherent risks have been identified which are monitored by the Audit, Risk & Compliance Committee and the Board on a regular basis. At present the risk register is reviewed and updated regularly by the Executive Management Team. The Board has full access to the Risk Register in real time.

This monitoring ensures that the identified risks and controls are current and that new and emerging risks are identified and control measures put in place.

Going Concern

After making reasonable enquiries, the Board Members have a reasonable expectation that the IBTS has adequate resources to continue in operational existence for the immediate future. For this reason, they continue to adopt the going concern basis in preparing financial statements. In light of the pension deficit and the potential for further post reporting date changes in the value of the pension scheme's assets and liabilities, the Board in evaluating the appropriateness of the going concern concept to the current set of Financial Statements considered all of the pension fund valuations and cash flow for the twelve months from the date of approval of the financial statements and is of the opinion that the Board can meet all of its liabilities including funding of the IBTS pension scheme as they fall due. In these circumstances the Board considers the going concern concept appropriate to the preparation of the Financial Statements.

Internal Control

The Board is responsible for internal controls in the IBTS and for reviewing their effectiveness. The Board's system of internal financial control comprises those controls established in order to provide reasonable assurance of:

- The safeguarding of assets against unauthorised use or disposition; and
- The maintenance of proper accounting records and reliable financial information used within the organisation.

The key elements of the Board's system of internal financial control are as follows:

- A comprehensive system of financial reporting
- Annual Budget prepared and presented to both the Finance Committee and the Board
- Monthly monitoring of performance against budgets by Finance Committee and Board
- Sign off by budget holders on individual budgets
- Budget reviews with budget holders
- Clearly defined finance structure
- Appropriate segregation of duties
- Clear authorisation limits for capital and recurring expenditure approved by the Finance Committee
- Key financial processes are fully documented in written procedures
- Regular stock takes and reconciliations carried out by staff independent of stores staff
- Financial system possesses verification checks and password controls
- Issues of products are reconciled to ensure all of the Board's activities are fully billed
- Regular monitoring of credit control function
- Purchase orders signed by Procurement and Supplier Relationship Manager or authorised substitute
- Stock items are requisitioned by means of automatic ordering
- All non stock invoices signed and coded by budget managers or their authorised signatories
- All stock invoices are independently matched with stores Goods Received Notes (GRN) and purchase orders
- Payment verification checks of supplier invoices by staff independent of accounts payable staff.

The Board is aware that the system of internal control is designed to manage rather than eliminate the risk of failure to achieve business objectives. The Board has an anti-fraud policy in place. Internal control can only provide reasonable and not absolute assurance against material mis-statement or loss.

The Financial Statements for the year ended 31st December 2025 have been prepared under FRS102.

Statement of Board Members' Responsibilities

The Board is required by the Blood Transfusion Service Board (Establishment) Order 1965, to prepare financial statements for each financial year which, in accordance with applicable Irish law and accounting standards, give a true and fair view of the state of affairs of the Irish Blood Transfusion Service and of its income and expenditure for that year. In preparing those financial statements, the Board is required to:

- Select suitable accounting policies and then apply them consistently;
- Make judgements and estimates that are reasonable and prudent;
- Disclose and explain any material departure from applicable accounting standards;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Irish Blood Transfusion Service will continue in business.

The Board is responsible for keeping proper books of account, which disclose with reasonable accuracy at any time, the financial position of the Irish Blood Transfusion Service and to enable it to ensure that the financial statements comply with the Order. It is also responsible for safeguarding the assets of the Irish Blood Transfusion Service and hence taking reasonable steps for the prevention and the detection of fraud and other irregularities.

Procurement

The IBTS has procedures in place to ensure compliance with current procurement rules and guidelines.

During 2025, expenditure of €508,788 was incurred in relation to media buying services where the procedures employed did not comply with procurement guidelines. This was due to an additional extension outside the original compliant procurement contract duration, for a specified period at the same terms and conditions, to allow for the development of a new donor recruitment strategy. The outputs of this strategy will inform a new tender process which is currently underway. Given the key importance of media services in supporting donor recruitment and retention activity and its role in the maintenance of the national blood supply, management regarded this continuity of service to be a key operational consideration.

In 2025, expenditure of €58,969 was incurred in connection with electrical services where the procedures employed did not comply with procurement guidelines. This was due to an unsuccessful tender for these services which required an extension of the existing contract at the same terms and conditions pending a new tender process. The new tender competition was completed in 2025.

During 2025 management identified an opportunity to secure improved value for money in the delivery of a contracted service while maintaining operational requirements. Following a detailed assessment of the available options an alternative supplier at a cost of €91,415 was engaged resulting in significant cost savings.

While the procurement approach adopted did not align with the organisation's procurement requirements, management was satisfied that the decision delivered substantial value for money, reduced operational costs and improved service efficiencies into the future.

Asset Disposal

No assets of significance were disposed of in 2025.

Protected Disclosures

The IBTS complies with the requirements under the Protected Disclosures Act 2014 as updated by the Protected Disclosures (Amendment) Act 2022 and confirms that procedures are in place for the making of protected disclosures in accordance with section 21(1) of the Protected Disclosures Act 2014. There were no protected disclosures in 2025.

Official Languages Act (as amended)

The IBTS complies with the requirements under the Irish Language (Amendment) Act 2021. Irish Blood Transfusion Service (IBTS) fully adhered to its compliance obligations under Section 10(1A) of the Official Languages Act, which states that 20% of all advertising placed by a public body must be in Irish and that 5% of a public body's overall advertising budget must be spent on Irish-language media.

Of the 20% advertising content requirement, IBTS achieved 28.1% while in relation to the advertising budget spend IBTS requirement of 5%, IBTS achieved 5.97%

Commercially significant developments

The IBTS holds archived blood samples for 10 years. Following a procurement process, this archive, which has been stored in the UK will be returned to Ireland for storage.

Deirdre-Ann Barr
Chairperson

Chief Executive's Report

It is my privilege to present the 2025 Annual Report for the Irish Blood Transfusion Service (IBTS) reflecting a year of meaningful impact made possible by our generous donors, our highly skilled teams, and our valued partners.

Our performance in 2025, the final year of our strategy ***Connections that Count: Developing the IBTS 2021 – 2025***, reflects our unwavering commitment to providing excellent blood and tissue services that improve patients' lives. Every day, patients and their families rely on the safety, quality, and availability of our products and it is the generosity of our donors that makes this life-changing work possible. They are the foundation of our service, and we are deeply grateful for their continued commitment.

The expertise, collaboration, and stewardship of our dedicated staff, volunteers, healthcare partners, and regulators ensure we meet the highest standards of care and governance. As always, our focus has been clear: sustaining a secure and resilient blood supply, strengthening our cyber resilience in an evolving risk landscape, and delivering the key strategic initiatives that position our organisation for long-term impact and service excellence.

In line with our core purpose, we successfully managed the national blood supply with increased demand for Red Cells (129,662 units issued in 2025) and increased demand for Platelets (24,027 units issued in 2025, 2.4% higher than 2024). While supply was strong and stable for Rh+ blood, demand for Rh- outstripped supply at times throughout the year. We ran three national appeals to sustain the blood supply with a magnificent response from our donors and the public. With any blood supply challenges, preventing any adverse impact on patient care is always our priority. Instead of restricting supply to hospitals, we collaborated with other blood establishments to share these precious resources and optimise stock management as is best practice across Europe.

Our donors save and improve lives with every generous donation. We rely on our voluntary donors to provide sufficient donations to meet patient need and enable essential healthcare services. We are continually grateful to the 77,627 blood donors and the many platelet donors who attended our clinics one or more times in 2025 and extend a warm welcome to the 12,151 new blood donors and 388 new platelet donors who came to donate for the first time in 2025.

Our donor awards ceremonies are always a highlight of the year. At these ceremonies, we hear from grateful recipients who share their stories, and we recognise our loyal donors who reach significant donation milestones. In 2025, we hosted seven Donor Award ceremonies that took place across the country, one of which was in Dublin on World Blood Donor Day. We celebrated a remarkable 931 donors who reached their 50 donation milestone, and 214 donors who reached their 100 donation milestone – an incredible 12+ and 25+ year commitment to blood donation respectively! These ceremonies are a great reminder of our core purpose and a welcome opportunity to personally thank our donors for their extraordinary commitment to donation. We also recognised 5 donors who reached their 500 platelet donation milestone, 1 donor who reached 600 donations and 1 donor who reached 700 donations. Their loyalty and commitment is truly phenomenal.

The IBTS continues to adapt and respond to changes in our regulatory and legislative environment. In 2025, cybersecurity and strengthening compliance with the NIS and forthcoming NIS-2 Directive was a strategic priority. A dedicated Project Manager led a structured programme of work with clearly defined outcomes aimed at enhancing IBTS's cyber risk posture and strengthening overall cyber resilience.

We ensure that our products and services consistently meet the highest regulatory and ethical standards by embedding robust quality systems and a continuous improvement mindset across all our operations. 2025 was a very busy year for our quality teams with an increase in routine HPRA inspections falling due resulting in heightened regulatory demands across the organisation. All HPRA inspections of the Blood and Tissue Establishments met satisfactory compliance for 2025.

Steady progress was made on our multi-year capital project to redevelop the IBTS Centre on the grounds of St Finbarr's Hospital in Cork. In 2025, we appointed a single point design team and project manager and completed a site options appraisal. We look forward to progressing this significant project with the support of the Department of Health and our stakeholders in the years ahead.

In 2025, while we undertook an extensive portfolio of complex initiatives, our strategic ambitions exceeded our capacity to deliver. In response to this, our Executive Management Team supported the development of a project delivery enhancement plan, which will be implemented in 2026, to strengthen our transformation and delivery capability.

Further achievements from our Corporate Strategy, People and Culture Strategy, Research and Development Strategy and IT Strategy are reported on throughout this annual report.

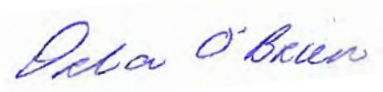
We can only achieve all that we do because of the expertise and dedication of our people. Our 660 highly skilled and committed staff work every day to keep the blood flowing across the country. Our staff are very proud of the work we do for our donors and patients.

This year, our teams were recognised on the national stage, winning Healthcare Organisation of the Year 2025 at the Irish Climate Change Leadership Awards, as well as receiving honours at the Workplace Excellence Awards for Excellence in Mental Health and Workplace Wellbeing and Team of the Year (Production).

I wish to extend my sincere appreciation to the Board, and to our Chairperson, Deirdre-Ann Barr, for their guidance, insight, and support throughout the year. Their leadership continues to provide clarity of purpose and strong governance at a time of increasing complexity across our sector. I am deeply grateful to the Executive Management Team and to all our staff for their exceptional commitment, professionalism, and resilience. Their expertise and dedication underpin the strength of our organisation and the quality of service we deliver. I also wish to acknowledge the 15 colleagues who retired and those who concluded their service during the year. We thank them for their loyal and valued contribution, and for the lasting impact they have made on our organisation. In 2025, we marked the loss of two valued colleagues who passed away following illness, and we extend our heartfelt condolences to their families, friends, and all members of the Carlow and Limerick teams.

Strong, collaborative relationships with our key stakeholders remain central to our success. I would like to thank our clinical and hospital partners for their continued partnership towards excellence in patient care and improved health outcomes. I would like to recognise the continued support and constructive engagement of the Minister and officials of the Department of Health, as well as our colleagues in the Health Products Regulatory Authority (HPRA). Our European counterparts and partners within the European Blood Alliance continue to play an important role in the exchange of best practice, knowledge, and expertise, strengthening our collective capability and impact.

Over the course of 2025, the Board and Executive adopted a collaborative and inclusive approach to the development of our next statement of Strategy. It has been shaped by the voices of a wide range of internal and external stakeholders, and we are grateful for the insights and expertise of all those who contributed. ***A Healthier Tomorrow – IBTS Strategy 2026 – 2030*** sets out a bold direction for the years ahead. Our strategy builds on what we have achieved so far and sets our course through an environment shaped by increasing global instability, growing expectations from our communities, rising costs and demand for health services, evolving patient needs, rapid digital transformation, and the power of data to help us make better choices. A Healthier Tomorrow reflects the strategic choice to strengthen our core foundations to ensure resilience in responding to these shaping forces, while focusing on our core purpose as Ireland's trusted agency with mandated responsibility for the blood supply. In the year ahead, I look forward to working with our community of generous donors, our dedicated teams, and our national and international healthcare partners to enable a healthier tomorrow for patients across Ireland, powered by every life-changing donation.



Orla O'Brien
Chief Executive

Medical & Scientific Director's Report

The Medical and Scientific Directorate within IBTS has had another busy year in 2025, with continuous drive to improve the services we offer and enhance the support we provide to our service users.

Blood Supply

This year has seen a continuation of the trend we have noted previously of increasing demand for red blood cells in Ireland. We engaged with our hospitals to establish this year to determine the drivers for this, and what we can expect in the future.

I can take great pride in our support of the health service as the reports from all regions are that hospitals are now increasing capacity in operating theatres, using enhanced surgical techniques, delivering modern cancer treatments and increasing numbers of haematological procedures. While this does increase the need for blood products, it means that more patients in Ireland are receiving the treatment they need. Fewer patients are waiting, and access to life saving therapy is improving.

We are expecting this demand to continue to increase over the next five years based on our modelling, and we are planning the future of the blood supply to meet the needs of patients in Ireland.

National Transfusion Advisory Group (NTAG)

The NTAG has been meeting regularly this year, after a pause following COVID-19. While NTAG is not an IBTS organisation, we are core members and this is an essential vehicle for driving optimal usage of, and access to, blood products in Ireland. Over 2025, we identified several areas where we could optimise red blood cell usage, including: usage of group O RhD negative blood (identified in 2024), determining the age of child-bearing potential for transfusion, extending shelf life of neonatal components for emergency use and rerouting of red cell components to prevent wastage through expiry.

We will continue to work closely with our colleagues in NTAG to drive Patient Blood Management forward in the coming years.

Diversifying the Donor Base and Identifying Rare Donors

Over the course of 2025, we have continued our efforts to promote diversification of our donor base. We are aware from the products we issue that there is an increasing demand for precisely matched blood, and often we face the need to match for blood types not commonly found in the general population.

To support this programme, we have begun the process of identifying donors with rare antigen types, and collating these with a plan to launch a formal Rare Donor Programme in 2026. In 2025, we contacted all our donors with a rare Rh type (R0), which is needed for the treatment of certain blood disorders, to encourage them to donate as often as possible. We have also established the future funding for a Rare Donor Programme, and concluded prioritisation of the goals of the programme.

Laboratory Services

Within our laboratory services, we have seen the culmination of a 3-year validation programme for a new combined assay for viral screening. The Ultrioplex-E has replaced our previous system for processing donor samples within the IBTS by nucleic acid testing. This technology screens blood from our donors simultaneously for HIV, Hepatitis B, Hepatitis C and Hepatitis E. The change has reduced our turnaround time by 30%, decreasing the time it takes for donations to reach the patients who need them, reduced reagent use by 50% and improved our efficiency within our laboratory team. We have seen this change implemented with no effect on the quality of the testing performed.

We have begun the process of planning our roadmap for testing across the next five years, which will be driven by the need to diversify the donor base and addressing challenges which prevent donors from donating. Our aim is to be at the very forefront of the technology available for donor sample screening.

Research and Development

The R&D department continues to grow as we engage with scientists across Ireland and Europe. We now have 24 projects in progress or planning and a total of 19 publications submitted or published. We have secured more than €4 million in external grants to support research in the IBTS and this has allowed us to increase our permanent staff base and plan for the renovation of our Research, Education and Innovation (REDi) space.

We continue to prioritise research which will benefit donors and recipients, with studies across donor health and motivation through to collaboration with other blood establishments on optimising the quality of our blood products.

This year we have revised our consent process to improve our regulatory compliance and plan for the future needs of scientists in Ireland. This process has seen us switch from using buffy coats from donated blood to apheresis cones after platelet donation when researchers approach looking for white cells for research use. This allows us to preserve the supply of products for research as we use more buffy coats to produce platelet pools for patients and better use the gift from our donors.

Final remarks

This year has delivered the culmination of several long-term projects within IBTS, with several more aiming for completion in 2026 and beyond. We continue to strive for the safest and most efficient blood service for our donors and patients, and I hope that in 2026 I will again be able to report that this work continues to succeed.

Dr Andrew Godfrey
Medical & Scientific Director
MCN 527106

Donor Services and Collections

Donor Awards

	50	100	No of Ceremonies
Carlow	104	13	1
Limerick	182	9	1
Ardee	102	17	1
Cork	161	40	1
Tuam	128	23	1
Dublin	254	112	2
Total	931	214	7

Go-Ahead Ireland

In May and June 2025, Go-ahead Ireland supported our “Kill Time” campaign across its bus network in Dublin. Reaching one million passengers every month, the campaign uses the unique setting of bus travel to push people to their phones so they can check their eligibility online. They also supported us with the addition of external advertising on some of their bus routes. Dublin GAA players joined Go-Ahead Ireland on launch day.

Every Drop Counts - Oisín's Campaign

Oisín's campaign was launched nationally in Croke Park in November 2025 with members of his family, friends and Carlow GAA players. We were also joined by high-profile GAA players John McGrath (Tipperary Hurling), Dervla Higgins (Galway Camogie), Sam Mulroy (Louth Football) and Carla Rowe (Dublin LGFA).

World Blood Donor Day

A wide range of partners and organisations lit up landmark buildings red again in 2025. Over 34 major sites participated nationwide, including Dublin Airport, Kilkenny Castle, Cork County Hall and the Rock of Cashel. SIPTU also supported us with a banner placement at Liberty Hall "Blood Donations Mean the World". The image, using the visual of a globe, shows how blood donations mean everything to those receiving them. Social media engagement focused on photos of our clinic teams and National Blood Centre staff celebrations for World Blood Donor Day. This imagery secured our highest Instagram engagement rate of the year. We further amplified this reach by coordinating with donors and recipients in advance, encouraging them to share their personal experiences of blood donation on the day.

Kent Station Cork

Con Colbert Limerick

Galway

Powerbanks

IBTS partnered with ChargePod who provide user-friendly smartphone power bank rental stations, enabling people to stay powered up on the go. Strategically located in hospitals and other high-traffic areas across the country, people can rent power banks which carry the “lifeline” campaign.

Colleges

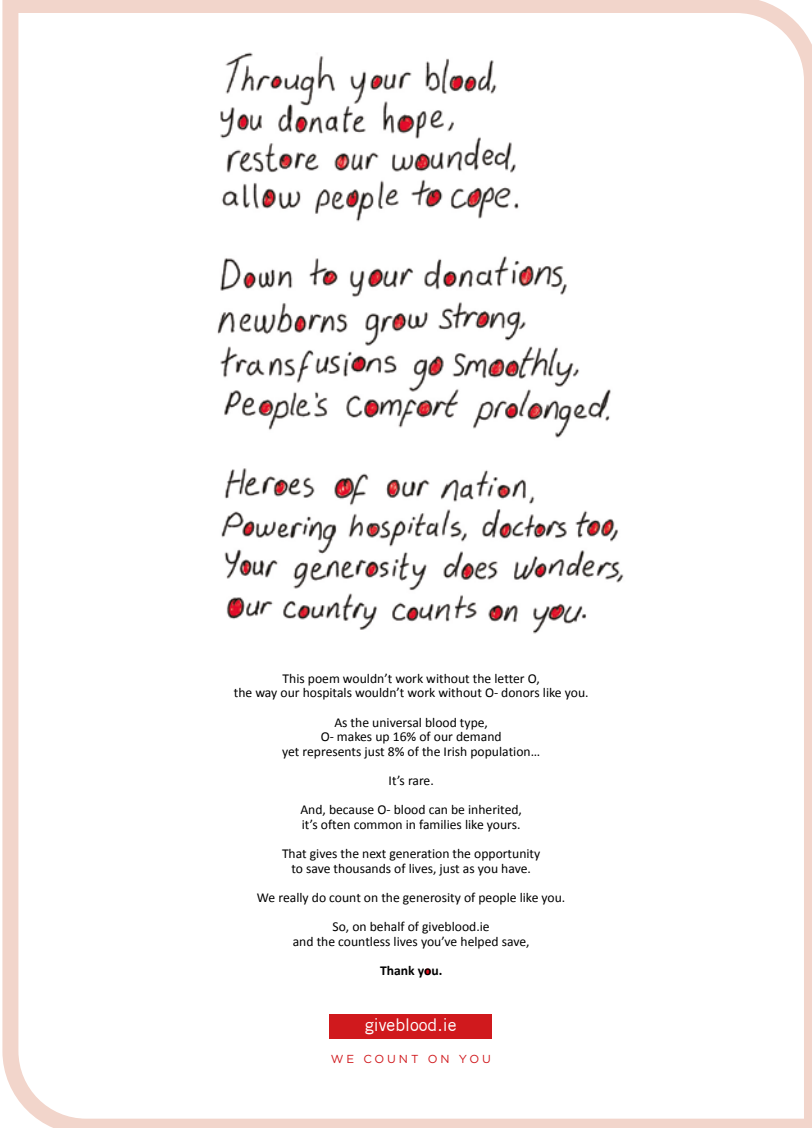
Student outreach was expanded through digital advertising and merchandise support at major campuses, including UCD, DCU, and UCC. This included the distribution of promotional materials in 24,850 Freshers’ Packs across institutions such as Trinity College, TUS, and University of Galway.

Liberty Hall Halloween Billboard

IBTS again partnered with SIPTU who provided very prominent advertising space on Liberty Hall in October, displaying a Halloween message prominently for over two weeks.

O Negative Mailshot

The power of a simple thank you was highlighted with our direct mail to 18,500 O negative donors in November. We wanted to take a moment to recognise their continued generosity. What appears to be an ordinary envelope transforms into something unexpected when opened, showing the donor the tangible impact of their donation. Inside, a thank you message in which every word contains the letter “O” highlights the universal importance of O negative blood.



Through your blood,
you donate hope,
restore our wounded,
allow people to cope.

Down to your donations,
newborns grow strong,
transfusions go smoothly,
People's comfort prolonged.

Heroes of our nation,
Powering hospitals, doctors too,
Your generosity does wonders,
Our country counts on you.

This poem wouldn’t work without the letter O,
the way our hospitals wouldn’t work without O- donors like you.

As the universal blood type,
O- makes up 16% of our demand
yet represents just 8% of the Irish population...

It’s rare.

And, because O- blood can be inherited,
it’s often common in families like yours.

That gives the next generation the opportunity
to save thousands of lives, just as you have.

We really do count on the generosity of people like you.

So, on behalf of giveblood.ie
and the countless lives you’ve helped save,

Thank you.

giveblood.ie

WE COUNT ON YOU

Christmas

IBTS focused on sharing the stories of lives saved, ensuring our donors felt like the heroes of Christmas. This 'thank-first' strategy was designed to honour their generosity and inspire donors to book their next appointment.

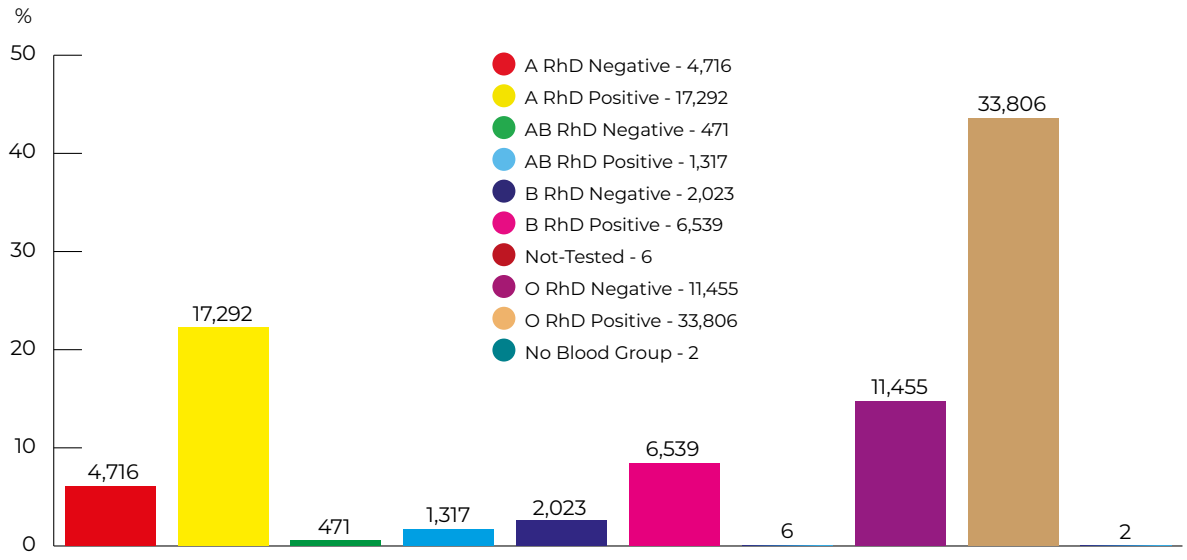
Platelets Social Media Campaign

A social media campaign in three bursts in 2025 had the objective of increased awareness for platelet donation in cancer treatment. This campaign targeted men aged 25-55 in Dublin and Cork (+40km radius). We also produced a short how-to video of a platelet donor in our Dublin clinic.

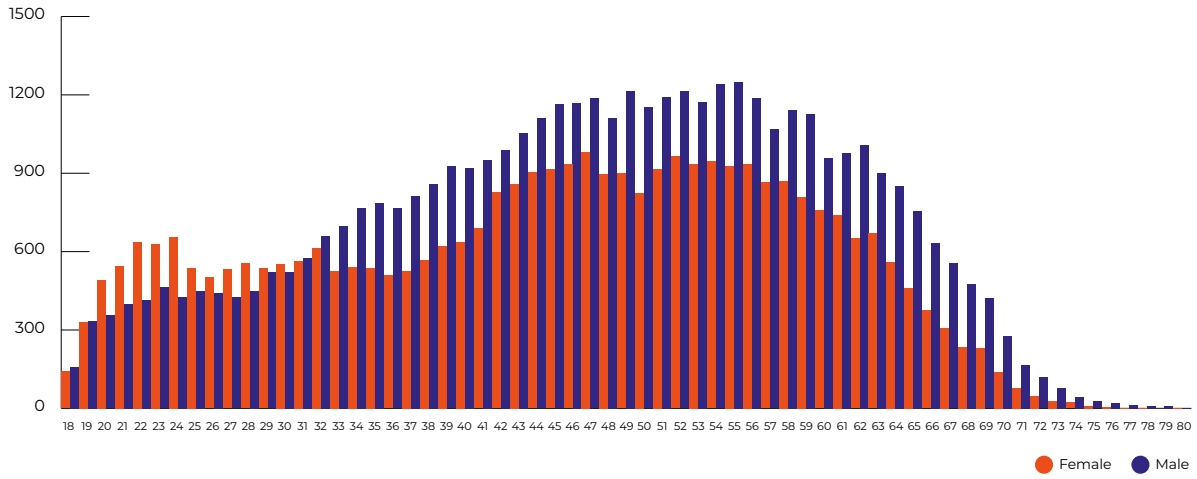
Community Engagement

Community engagement efforts continued throughout the year by participating in in-person events, following positive feedback from donors and the public. These events aim to raise awareness about blood donation. We had stands at Pregnancy and Baby Fair, National Ploughing Championships, Dublin Pride, and Africa Day, which will help us diversify our donor panel and make it better matched with Ireland's changing patient base. Our regional teams also participated in many various activities, including local sports club meetings, promotions in shopping centres, and corporate business networking and presentation events.

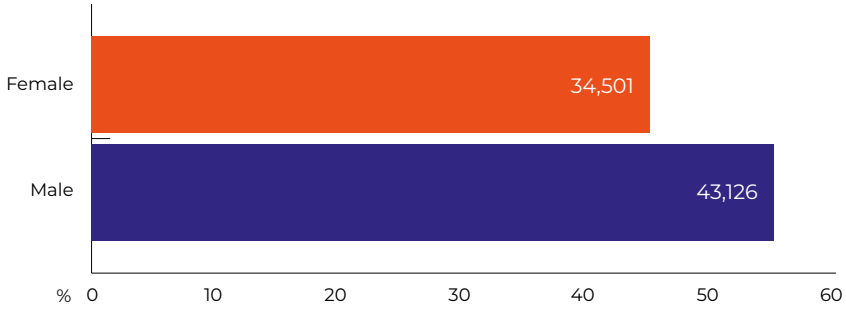
Donors by Blood Group



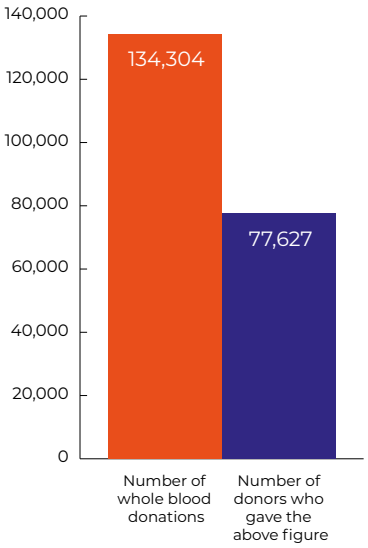
Donors by Age and Gender



Donors by Gender



Total Donations



Production, Hospital Services, Supply Chain, Transport, Scientific Support and Component Development

Key achievements:

- Successfully transitioned to the supply to hospitals of plasma sourced from Irish donors for blood groups O, A and B.
- Optimised the process for the supply of plasma to produce medicinal products achieving a <3% reject rate for plasma not suitable for fractionation.
- Completed replacement of clinic team buses and continued the transition to HVO fuel compatible vehicles. The entire IBTS vehicle fleet is now running on approximately 65% HVO fuel.
- Progressed the development of a new online blood ordering system, to be utilised by both the IBTS and hospitals which is integrated into the current blood management system.
- Maintained blood stocks across the supply chain, ensuring blood and blood product availability to meet patients' needs.
- Worked with internal and external healthcare partners to maximise and optimise the use of blood components for all patient groups.
- Continued replacement of critical blood processing equipment to maintain state of the art processing capability and operational best practice in the NBC and the Cork Centre.
- Worked with internal and external research partners to advance the development of improved blood components.

The Components Production function is responsible for processing, labelling and banking of all whole blood donations, platelet pools and platelet apheresis donations nationally.

The Hospital Services function is responsible for inventory management, receipt and issuing of blood and blood product orders from hospitals.

The Supply Chain, Transport & Logistics functions are responsible for supporting internal and external business needs.

The Scientific Support and Component Development team are responsible for the management of all platelet products, non-routine whole blood and red cell products issued from the NBC. This team also provides day to day scientific support for numerous departments and encompasses the product development function.

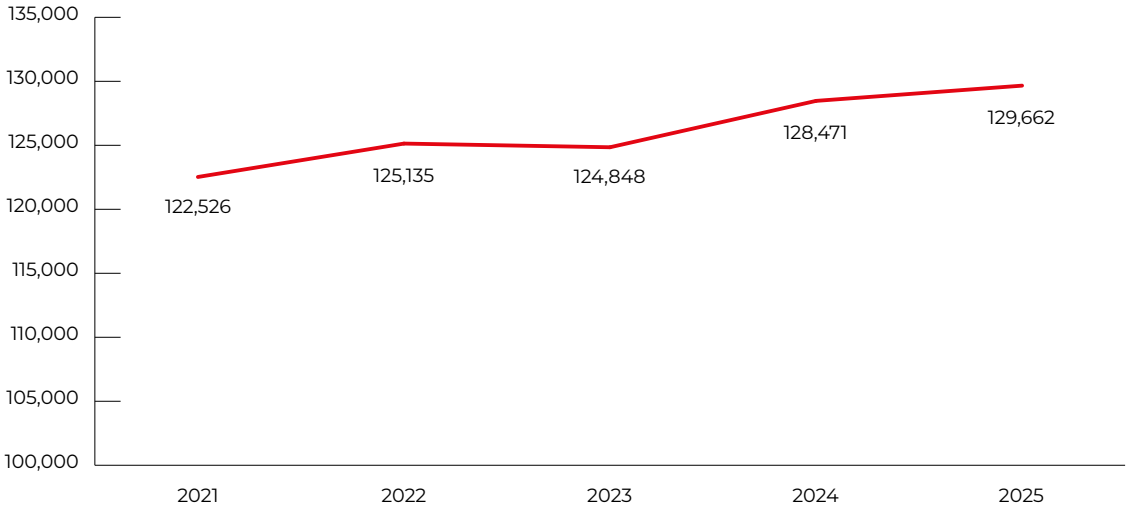
Blood Component Activity

There was an increase in red cells (+0.9%) and platelets (+2.4%) issued to hospitals in 2025, compared to 2024.

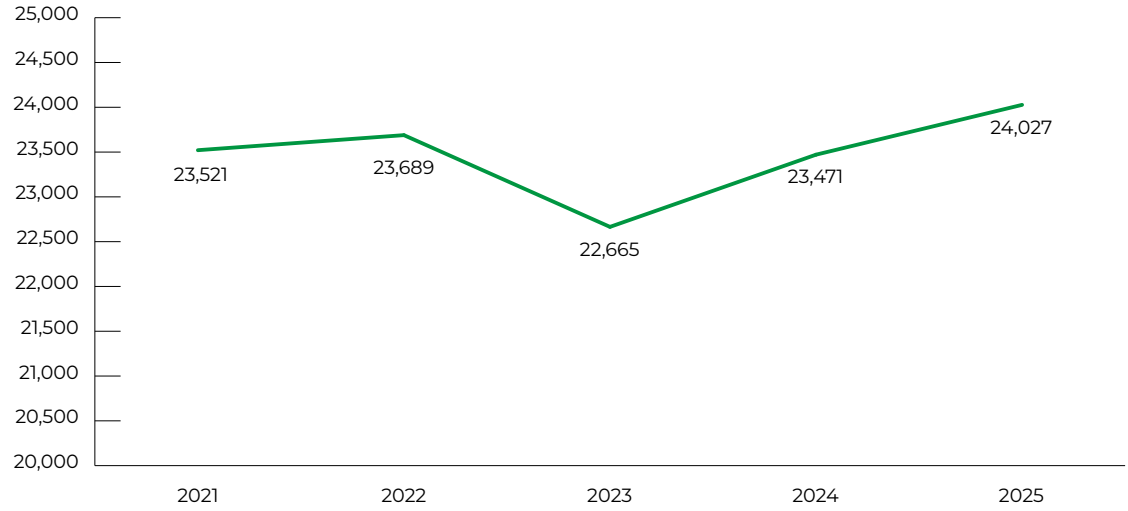
Medicinal Product Activity

There was an increase in LG-Octaplas issued in 2025 (+24.4%) and an increase in fibrinogen concentrate issued in 2025 (+13.4%), compared to 2024.

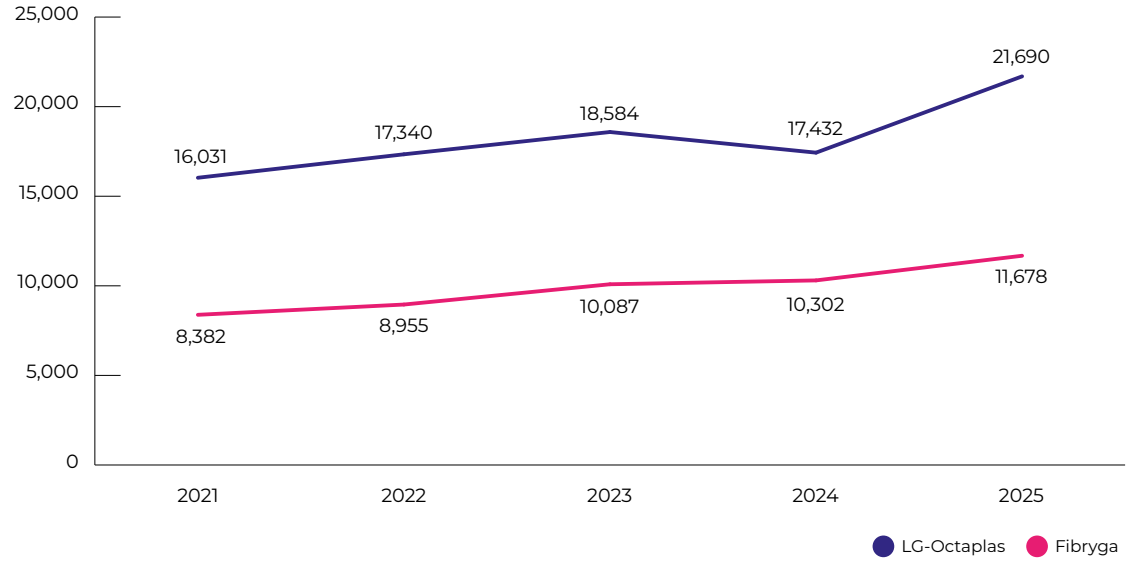
Red Cell Issues 2021 to 2025



Platelet Issues 2021 to 2025



LG-Octaplas and Fibrinogen Issues 2021 to 2025



Testing

The National Donor Screening Laboratory (NDSL)

The NDSL encompasses the three donor testing laboratories: Automated Donor Grouping (ADG), Virology, and Nucleic Acid Testing (NAT). This extensive collaboration between the three donor testing laboratories allows for optimum workflow analysis, strategic utilisation of key scientific personnel, upskilling of scientific personnel in multiple scientific disciplines, increased research and development in all areas and the increase of testing services available to the IBTS.

Key achievements of the NDSL in 2025 included:

- The NAT laboratory implemented a new testing system incorporating a new donation screening assay, Procleix © UltrioPlex E (UPxE), with five new analysers, Panthers featuring ART (Grifols Diagnostics). New results management middleware, was also introduced in the NAT laboratory;
- The Virology and NAT laboratories validated their testing platforms for the purposes of testing cadaveric blood samples. This was a key step towards the re-establishment of the IBTS eye bank;
- The Virology laboratory continued its partnership with the Seroepidemiology Unit (SEU) in the Health Protection Surveillance Centre (HPSC) in relation to the on-going Covid 19 National Serosurveillance Programme in 2025;
- The ADG laboratory introduced Historical Donor Phenotyping. This initiative will allow a fully extended phenotyped inventory to be available. This will reduce costs associated with phenotyping for the organisation and end user and reduce delays in transfusion for patients with phenotypically complex blood requirements;
- ADG have continued to expand the rare donor base through targeted phenotyping. The following rare donors were identified in 2025:
  - 20,846 donors were screened for Kpb antigen, with one donor identified
  - 19,905 donors were screened for Lub antigen, with 20 Lub- donors identified
  - 117 black ethnicity donors were screened for Fya-b- phenotype, with 96 donors identified
  - 126 Black ethnicity donors were screened for U antigen, with one U- donor identified.
- Training and participation in an internal audit team based on ISO (International Organization for Standardization) requirements;
- The maintenance and advancement of the cross-training programme with support from the Training and Education Officer provided cross functional support between staff in the three departments which has contributed to developing a cohesive and collaborative team in the NDSL;
- The NDSL maintained Green Certification, the highest possible level of certification with My Green Lab, a non-profit organisation that is leading the way in improving global laboratory sustainability.

NDSL Publications and Presentations:

- Hepatitis E virus screening in Irish blood donors: Seven years of individual donation nucleic acid testing reveals a frequent blood donor infection—but what is the risk? O'Flaherty et.al. Transfusion Medicine. 2025; 1-11
- The Introduction of Malaria Testing at the IBTS: A step towards a more diverse and sustainable blood supply. Presented at the ECDHM conference in October in Wijk aan Zee, the Netherlands
- Cytomegalovirus Seroprevalence in Irish Blood Donors. Poster presentation at BlooDHIT conference
- Distribution of Non-White Donor Ethnicities in an Irish Donor Population. Presented at the ECDHM conference in October in Wijk aan Zee, the Netherlands
- Journey to Sustainability in the Irish Blood Transfusion Service. Poster presentation at Biomedica Conference April 2025
- Journey to Sustainability in the Irish Blood Transfusion Service. Presented at ISBT Milan June 2025.

NDSL Laboratory Activity:

In 2025 the NDSL tested 142,311 donations, with 133,742 coming from repeat donors (94%) and 8569 (6%) of these donations coming from first time donors. In addition, 2147 sample only new donors were also tested.

All donations were tested for:

- ADG: ABO/Rh, extended Rh phenotype (CcEe), donor antibody screen and high titre A/B;
- Virology: The presence of antibody to Human Immunodeficiency viruses (anti-HIV 1 / 2), antibody to Hepatitis C virus (anti-HCV), antibody to Human T-Lymphotropic virus type I and II (anti-HTLV-I / II), antibody to Hepatitis B core (anti-HBc), Hepatitis B surface Antigen (HBsAg), antibody to Treponema Pallidum (Syphilis);
- NAT: Human Immunodeficiency Virus type 1 and 2 (HIV-1/2), Hepatitis C virus (HCV) and Hepatitis B virus (HBV), Hepatitis E Virus (HEV).

Selected donations were tested for:

- ADG: Extended antigen types, haemoglobin S, neonatal antibody screen. Donors are typed for extended antigen types (Fya/b, Jka/b, M, S/s) for routine hospital orders and also to identify rarer phenotypes or combinations of antigen negative types. These are typically for patients with complex transfusion requirements such as sickle cell disease or multiple red cell antibodies and for prophylactically antigen-matched blood for intrauterine transfusions and certain patients who are known red cell antibody producers;
- Virology: Selected donations are tested for Cytomegalovirus (CMV) (approx. 80% of donations) in order to have a supply of CMV negative donations for those patients who are at risk of the complications of CMV infection e.g. immunocompromised patients. Selected donations are also tested for Malaria Antibodies. Selected testing for HTLV was introduced in 2024 for all first time and lapsed donors only;
- NAT: Selected donors were screened for West Nile Virus (WNV) from May to December 2025. This testing was performed for donors who had travelled to a WNV at risk area within the past 28 days.

ADG have two instruments in use: PK7400 as the primary blood group analyser and Ortho Vision as the secondary blood group analyser. Both instruments are immunohaematology systems and utilise both haemagglutination and sensitisation techniques. The PK7400 is a high-throughput microplate system and the Ortho Vision tests using column agglutination technology. Manual techniques are used for antibody identification and sickle cell trait testing.

The Virology laboratory performs screening on the Abbott Alinity s System, which is a high-throughput, fully-automated immunoassay analyser designed to determine the presence of specific antigens and antibodies using chemiluminescent immunoassay (CMIA) technology. Malaria antibody screening is performed on the Dynex DS2 instrument.

Antigen Type	Number typed 2024	Number typed 2025	% difference
Fya	6822	8038	+17.83%
Fyb	1368	1399	+2.27%
Jka	7149	8186	+14.51%
Jkb	6955	8297	+19.30%
M	1558	1656	+6.29%
S	5332	5167	-3.09%
s	5769	5527	-4.20%
k	1037	216	-79.17%

The NAT laboratory performs Individual Donation testing (ID-NAT) using the Panther ART testing instruments with the UPxE and WNV assays. The Panther ART instrument is a fully automated closed system for NAT screening. The Procleix UPxE assay is a multiplex Transcription Mediated Amplification (TMA) assay for the detection of HIV-1/2 RNA, HCV RNA, HBV DNA and HEV RNA in human plasma. The WNV assay reliably detects low level WNV RNA (lineage 1 and 2) in blood donations.

The laboratory also performs screening tests for viral markers for various departments within the IBTS, including stem cell donors, heart valve tissue donors and samples from recipient tracing testing programmes.

Participation in External Quality Assessment Schemes (EQAS):

NDSL participate in several EQAS. ADG is a participant in 3 NEQAS schemes and 1 EDQM scheme annually. This consists of 19 separate serology exercises and 6 abnormal haemoglobin exercises.

The Virology laboratory participates in three proficiency programmes: one circulated by the United Kingdom National External Quality Assessment Service (UK NEQAS) for Microbiology, the second by the NRL, Australia and one by the European Directorate for the Quality of Medicines & HealthCare (EDQMNAT). Overall 25 proficiency exercises were completed in 2025 in Virology, assessing all Virology markers tested in the laboratory.

The NAT laboratory participated in seven proficiency programmes: two provided by the NRL, Australia, one by the European Directorate for the Quality of Medicines & HealthCare (EDQM), two by Quality Control for Molecular Diagnostics (QCMD), UK and two by the National Centre for the Control and Evaluation of Medicines (CNCF), Italy . Overall 16 proficiency exercises were completed in 2025 in the NAT laboratory.

The Virology/NAT laboratories participate in the surveillance programme run by National Health Service Blood and Transplant (NHSBT) Epidemiology Unit/Health Protection Agency UK. The repeat reactive rates and the confirmed positive rates for testing kits using various lot numbers of reagents with the NHSBT are monitored. A notifying report is generated which details assay performance and trends in reactive rates.

NDSL Contingency Testing:

As the NDSL is a national testing facility, the IBTS has an external testing plan with the Scottish National Blood Transfusion Service in case of a critical failure of instruments or site. The NDSL runs test contingency exercises each year by sending samples from 24 donors for testing to the SNBTS. This plan has not had to be activated in a 'live' situation since the consolidation of testing at the National Blood Centre in 2010.

NDSL Audits:

The Laboratory also participates in a number of Internal and External Audit programmes to ensure compliance within the Quality Management System (QMS). This auditing of the NDSL processes and procedures are undertaken by the Health Products Regulatory Authority (HPRA), the IBTS Quality Assurance (QA) department and the NDSL Laboratory.

NDSL Laboratory Sustainability:

NDSL was the trial group for a clinical based MGL 2.0 assessment in May 2025 and provided their feedback to help shape the new assessment. In December 2025 the NDSL successfully re-certified maintaining their Green Level Certificate under the new MGL 2.0 programme. Some of the actions to achieve this included: audited waste, water and energy use, audited ventilation & temperature requirements for instruments; implemented new annual sustainability refresher training; introduced compost bins at handwash stations; increased the number of recycling and general waste bins to ensure correct waste segregation.

National Histocompatibility and Immunogenetics Reference Laboratory (NHIRL)

The National Histocompatibility and Immunogenetics Reference Laboratory (NHIRL) provides a comprehensive range of clinical testing services designed to support the allogeneic haematopoietic stem cell transplantation (HSCT) programmes at St. James's Hospital and CHI Crumlin. HSCT can be used in the treatment of leukaemias, bone marrow failure syndromes and inherited metabolic disorders.

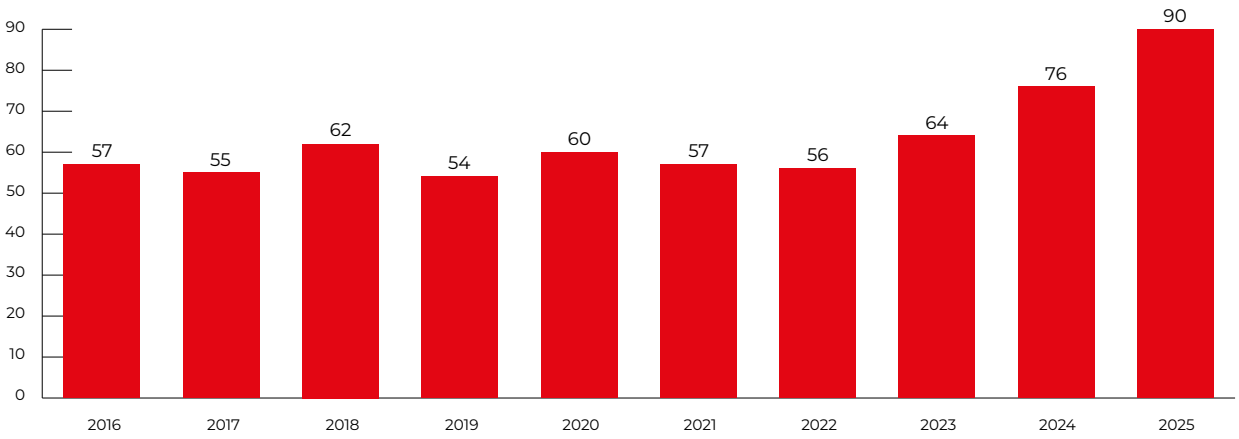
The laboratory determines the human leucocyte antigen (HLA) type of all patients and donors (related or unrelated) prior to transplantation to aid donor selection. The laboratory uses exclusively molecular methods based on the polymerase chain reaction (PCR) to define the genes that encode the HLA molecules. This technology can achieve a high level of resolution that distinguishes between individual alleles of the HLA genes. Since the 15th June 2020 the NHIRL performs high resolution HLA typing for 11 HLA loci (HLA-A, B, C, DRB1/3/4/5, DQA1, DQB1, DPA1, DPB1) by Next Generation Sequencing (NGS) using the Illumina MiSeq platforms.

The laboratory has an extensive quality assurance programme including participation in both internal and external proficiency testing programmes for HLA typing, human platelet antigen (HPA) genotyping and HLA antibody investigations. The NHIRL has been accredited by the European Federation for Immunogenetics (EFI) since 2001.

In 2025 samples from 378 Irish patients for potential haematopoietic stem cell transplants and 270 family members were HLA typed by the NHIRL. For those patients without a suitable family donor, an unrelated donor may be identified from the registry of volunteer unrelated donors.

A total of 505 samples from possible unrelated donors were HLA typed for Irish patients in 2025. The NHIRL provides an immunogenetics support service for the Irish Unrelated Bone Marrow Registry (IUBMR). From October 2019 the blood donor Health and Lifestyle Questionnaire (HLQ) included a question for donors aged between 18-25 asking if they would like to join the bone marrow registry. This has resulted in a very significant increase in the number of donors registering, with 2,296 new donors joining in 2025.

Number of Irish Patients Receiving a HSCT from an Unrelated Donor 2016 - 2025



In 2025 a total of 90 unrelated donor transplants were performed. In the last 10 years the IUBMR has facilitated 631 unrelated donor transplants for Irish patients.

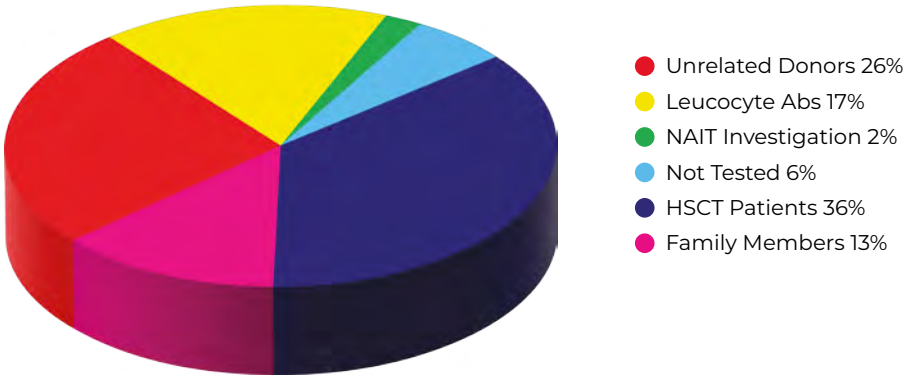
In addition, a total of 365 platelet donors were HLA-A, -B typed and included on the panel of platelet donors to support the provision of an optimal platelet product to the hospitals.

The NHIRL received 2,244 samples as part of clinical investigations in 2025.

As well as supporting the stem cell transplant programmes the NHIRL provides a platelet immunology service for the serological investigation of neonatal alloimmune thrombocytopenia (NAIT), post transfusion purpura (PTP), platelet refractoriness, alloimmune thrombocytopenias and adverse transfusion reactions. The number of investigations for NAIT in 2025 (n=35).

The NHIRL provides a routine disease association HLA typing service. This service represented 4,082 (45.9%) of the 8,885 samples received for testing by the NHIRL in 2025. The majority (83%) of disease association samples are referred for determining the presence or absence of HLA-B27 which is associated with Ankylosing Spondylitis; a painful, progressive rheumatic disease mainly affecting the spine and sacroiliac joints. The service also provides HLA typing for Coeliac Disease (DQ2/DQ8, 3%), Behcet's Disease (B*51, 5%), Abacavir-induced hypersensitivity reaction (B*57:01, 5%) Narcolepsy (DQB1*06:02, .78%), Birdshot retinochoroidopathy (A*29, 1.8%), Acute severe Hepatitis in children (DRB1*04, 0.3%) and Metastatic Uveal Melanoma (A*02:01, 0.6%).

NHIRL Clinical Investigations



Red Cell Immunohaematology (RCI) Laboratory

The RCI Laboratory provides comprehensive pre-transfusion and antenatal referral services to hospitals across the country.

Key Achievements – 2025

Research and Educational Contributions

RCI staff actively contributed to the scientific community through conference presentations and research initiatives, including:

- "System specific Antibodies an overview" presented at the OrthoVision User group meeting;
- "Management of Anti-M in RCI" presented to referring hospital laboratories.

Advancements in Laboratory Testing

- Introduced a new testing method distinguish between Anti-M IgM and anti-M IgG +/- IgM.

Laboratory Achievements

The RCI Laboratory successfully maintained high standards of service and operational excellence. Key achievements include:

- Conducted a review of staffing in the department in collaboration with Medlab Partners Ltd.
- Formalised capturing Opportunities for Improvement as required for ISO 15189 standards
- Implemented a positive feedback process for customers
- Improved turnaround times for antibody titration in pregnancy and antibody investigation in non-crossmatch requests, ensuring timely clinical decision-making
- Expanded electronic reporting capabilities for hospitals nationwide by scoping the possibility of using ShareFile/email to send final patient reports
- Continue to develop and implement a transition plan for ISO 15189:2022 compliance.

Laboratory Activity

The RCI Laboratory provides a comprehensive range of specialised immunohaematology services, including:

- Crossmatched blood provision for patients with complex antibodies
- Investigation of red cell antibodies, including serologically complex cases
- Investigation of haemolytic transfusion reactions to ensure patient safety
- ABO/Rh typing, including the resolution of blood group anomalies
- Assessment of patients with positive direct antiglobulin tests to identify underlying causes
- Investigation of autoimmune haemolytic anaemia, supporting accurate diagnosis and treatment
- Detection of monoclonal antibody interference, ensuring accurate transfusion compatibility testing
- Diagnosis and management of Haemolytic Disease of the Foetus and Newborn (HDFN)
- Antenatal screening for red cell antibodies to identify at-risk pregnancies, including antibody quantitation and titration
- Provision of suitable blood at delivery for at-risk pregnancies to optimise neonatal outcomes
- Extended phenotyping for transfusion-dependent patients and those with complex red cell antibodies
- Phenotyping of donor red cells upon request to support transfusion compatibility
- Provision of clinical and scientific advice to hospital colleagues
- Importation of rare blood for named patients requiring specialised transfusion support
- Out-of-hours emergency on-call service to ensure urgent transfusion needs are met
- Provision of hospital blood bank services for Blackrock Hospice, Our Lady's Hospice, and the Royal Victoria Eye and Ear Hospital.

Activity Metrics

In 2025, the RCI Laboratory tested a total of 2590 samples, reflecting a 1.42% increase compared to 2024.

	Total No. of Samples tested	Antibody ID	Anti-D Quant	Anti-c Quant	Monoclonal Interference	Total Compatibility Test	On-call Samples
2023	2598	2453	384	153	384	1184	267
2024	2553	2343	275	154	341	1102	294
2025	2590	2500	355	151	447	1177	347
(%)	+1.42%	+6.48%	+25.4%	-1.97%	+26.9%	+6.58%	+16.54%

Key Observations

- Referrals for anti-D quantitation rose by 25.4%, likely reflecting how the new British Society for Haematology guidance on anti-D monitoring and the Routine Antenatal Anti-D Prophylaxis (RAADP) programme are being interpreted and applied.
- From November 2023, RCI required a clinical indication for all crossmatch referrals, helping to filter out inappropriate requests. This contributed to a 6.9% reduction in compatibility testing in 2024. However, 1,177 crossmatch requests were processed in 2025, representing a 6.58% increase despite the requirement. An estimated additional 150 requests were not processed due to the absence of a clinical indication.
- Referrals for Anti-CD38 testing increased significantly by 26.9%. Although a decline was observed in 2024 as more hospitals began performing the test locally, this trend has reversed, likely due to the growing use of daratumumab across more sites in Ireland.
- Demand for out-of-hours services continued to grow, with referrals increasing by 16.54% in 2025.

Sample Complexity

RCI continued to receive highly complex serological cases, with a 8% increase in serologically difficult or rare samples referred in 2025. A significant portion of these were antenatal cases, where identification of red cell antibodies was crucial in assessing the risk of haemolytic disease of the foetus and newborn (HDFN) and determining blood requirements for mother and baby. All cases managed to date have resulted in successful outcomes.

Antibody Trends (2023 Vs 2024 Vs 2025)

Antibody	2023	2024	2025
Anti-G	49	60	40
Anti-Ch/Rg	25	37	31
System Specific	23	18	27
HTLA-type Antibodies	22	12	5
Anti-Wra	18	39	56
Anti-Lua	11	17	26
Anti-Kpb	8	11	11
Anti-Lea	8	21	14
Anti-P1	6	10	8
Anti-Leb	5	21	8
Anti-Yta	4	1	0
Anti-IH	4	4	0
Immune Anti-B	2	0	0
Anti-k	2	2	1
Anti-H	1	0	2
Anti-Kna	1	0	0
Anti-Vw	1	3	3
Anti-Ce	1	0	0
Anti-f	1	1	0
Anti-Coa	1	0	0
Anti-PP1Pk	1	6	0
CR1-Related antibody	0	7	5
JMH	0	3	2
Yka	0	2	8
Lub	0	2	1
JK3	0	2	0
Fy3	0	1	0
Mia	0	1	0
AnWj	0	0	11
Inb	0	0	2
Bga	0	0	2
Doa	0	0	1
Total:	**194**	**281**	**264**

SCARF (Serum, Cell, and Rare Fluid Exchange Network)

The RCI Laboratory continued to expand its inventory of Rare Reference Cells and Antisera through participation in the International SCARF Exchange Network and the UK Cell Exchange. Testing methodologies were further optimised to accommodate Ireland's evolving population demographics.

Importation of Rare Blood and Products

A total of 22 red cell units were imported for named patients, representing a 37.84% increase compared to 2024 (15 units). These imports were facilitated from 4 countries: Canada, United Kingdom (Wales and England) and Spain.

Participation in External Quality Assurance Schemes

The RCI Laboratory actively participates in multiple external quality assurance (EQA) schemes, including IEQAS, AQQAS, NEQAS and WASPS. Additionally, RCI participates in Interlaboratory Comparison Schemes for various specialised techniques, including:

- Elution techniques
- Antibody titration
- Adsorption techniques
- DTT treatment
- Neutralisation techniques.

All results obtained were satisfactory; however, three data entry errors were identified and subsequently raised as incident reports. These were managed in accordance with IBTS policies and procedures to ensure continued quality improvement.

Blood Group Genetics Laboratory (BGGL)

Molecular blood group typing is performed by the BGGL of the Molecular Biology and Genetics Department at the NBC, with the purpose of providing a molecular diagnostic service for blood group determination.

The BGGL provides a service for:

- Fetal RhD Screen
- Weak D Genotype investigation
- RhD Variant investigation
- Full RBC Genotype investigation
- RHCE Variant investigation.

DNA-based testing is increasingly being used to predict a blood group phenotype to improve practices in transfusion medicine. Red blood cells carrying a particular antigen, if introduced into the circulation (through transfusion or pregnancy) of an individual who lacks that antigen, can elicit an immune response. The resultant production of antibodies can have a significant effect on the patient's morbidity and even mortality.

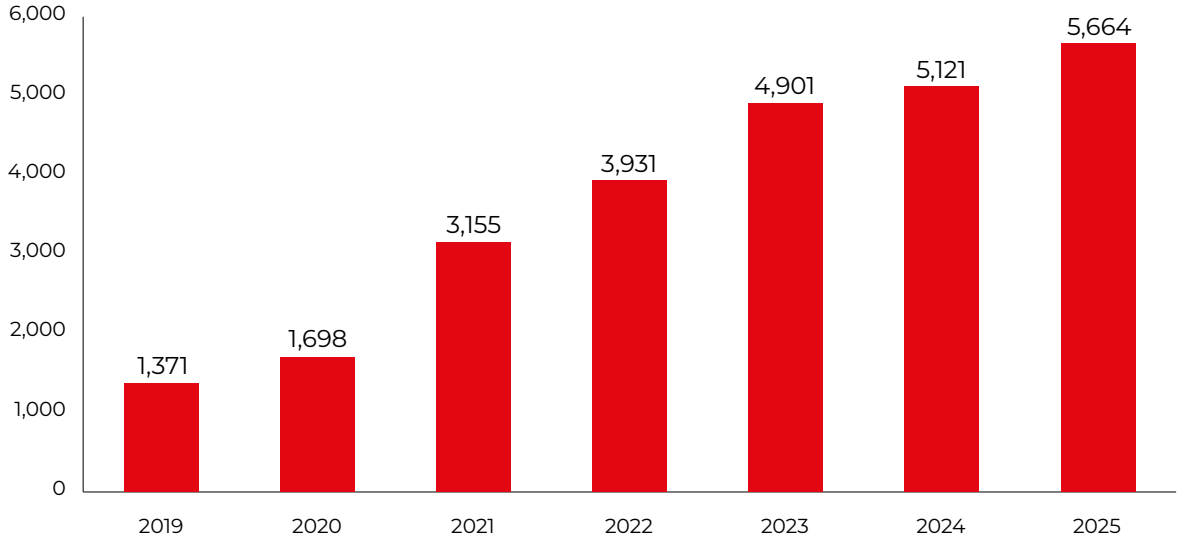
Sensitive methods, such as quantitative polymerase chain reaction (qPCR), offer the ability to detect very low levels of DNA and are particularly applicable for the detection of fetal blood group genes in cell-free DNA extracted from maternal blood.

In 2025 over 5,660 samples were received by the Blood Group Genetics Laboratory for Fetal RhD screening from 14 different hospitals nationally. The electronic transmission of Fetal RhD screening results through Medibridge is available to referring hospitals.

Since the development of the BGGL and the implementation of fetal RhD screening in 2018/19, over 9,400 women have avoided unnecessary prophylactic anti-D.

The laboratory's work evaluating six years of fetal RhD screening in Ireland was published in the peer-reviewed journal Vox Sanguinis. Ryan, H. et al. (2025) Evaluation of 6 years of fetal RhD screening in Ireland: From implementation to practice. Vox Sanguinis, 120(12), pp.1259–1262.

Fetal RhD Screen

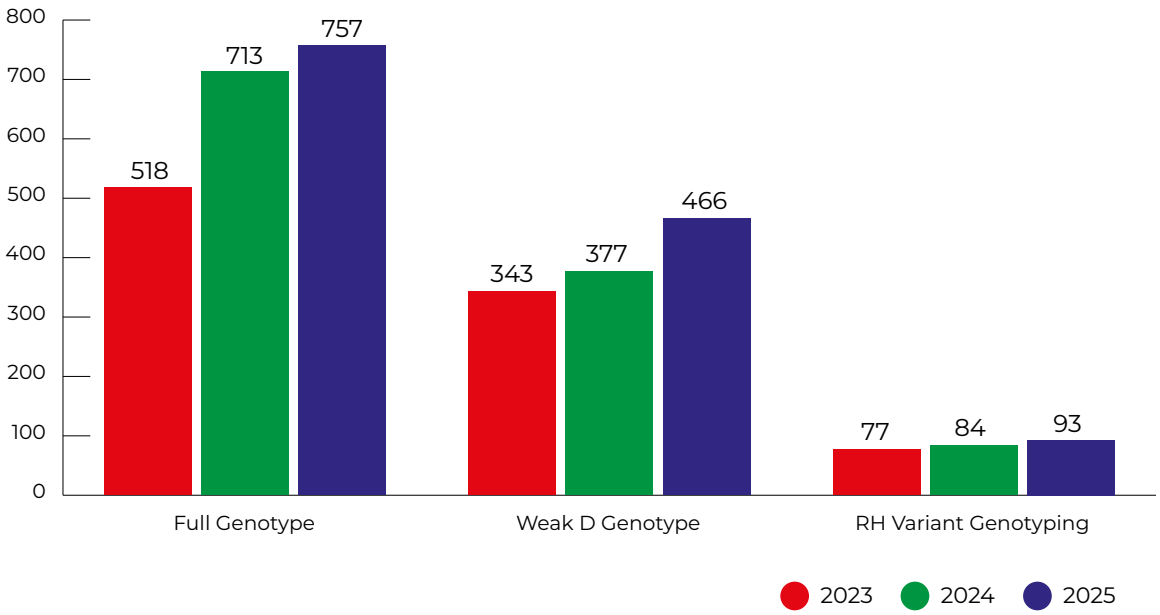


Molecular determination of blood groups offers a powerful method that overcomes many of the limitations of, and often offers higher resolution blood group typing than serological methods (e.g. RhD and RHCE variants, FYGATA mutation).

Currently 44 Human Blood Group Systems have been identified, their genes cloned and the molecular basis associated with individual antigens determined; there are 354 red cell antigens represented in the 44 Blood Group Systems.

The BGGL continues to provide an extensive red cell genotyping service for the resolution of serological ambiguities (weak D, RhD investigation, extended genotyping for anti-CD38 monoclonal antibody therapies) and to compliment haemoglobinopathy patient workups for the investigation of complex RHCE variant alleles.

Red Cell Genotyping



Diagnostics Laboratory Cork

The Diagnostics Laboratory at the IBTS Cork Centre provides both routine and reference immunohaematology and laboratory services. The former to South Infirmary University Hospital (SIVUH), St. Finbarrs', and Marymount University Hospital & Hospice, and reference immunohaematology & laboratory services to the Munster region. Medical Scientists and despatch officers are on-site 24/7 supported by Specialist Medical Staff and a Consultant Haematologist.

As hospital blood bank for several city hospitals, the Diagnostics Laboratory undertakes blood grouping, antibody screening, provides cross-matched red cells and other components for individual patients, providing laboratory and clinical advice for these patients. Investigates possible transfusion reactions, participates in Patient Blood Management and transfusion practice planning and review through the hospital transfusion committees and audit, and manages component traceability.

The laboratory investigates complex or anomolous red cell typing, extended typing for transfusion dependent patients, positive direct antiglobulin tests, auto-immune haemolytic anaemia, haemolytic disease of the foetus/newborn, and complex antibodies providing extended matched (phenotyped) and crossmatched red cells for these patients. Individual samples in these cases may take several hours to investigate fully and may require donation screening where matching red cells are not available on the shelf. Four patient samples required further specialist referral to the international blood group reference laboratory (IBGRL) Bristol, and a further 135 samples were sent to the NBC for genotyping. Advice is provided to colleagues in the region.

The laboratory investigates ante-natal patients with red cell antibodies and tracks their care through the pregnancy to plan availability of matched blood for mother and baby at delivery.

Laboratory staff manage special component stock for the region. This includes all platelet components and all orders received by the Electronic Order System (EOS) for platelets, antigen typed red cells, irradiated blood components and blood components for babies.

As the scientists on duty out of hours the Diagnostics Laboratory contributes to the service by undertaking secondary processing of blood and platelet components and are the first point of contact for clinical queries which are referred on to the medical staff .

Performance in External Quality Assessment Schemes was satisfactory throughout the year.

Total samples received 2025: 2318 (2024: 3940)[1]

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals 2025
Total Samples Received	184	164	205	180	197	213	227	181	206	195	193	173	2318
No Ref Samples	73	56	61	57	58	61	68	62	65	65	76	71	773
Units Crossmatched	120	94	114	95	95	122	127	90	132	94	133	129	1345
Antibodies Investigated	43	45	64	61	69	57	51	66	69	58	58	64	705
Emergency A	20	17	11	13	15	7	11	9	12	8	16	13	152
Emergency B	6	12	13	15	13	12	18	20	16	10	12	15	162
Total Antigen Types	189	169	193	172	188	210	223	179	192	184	178	157	2234
Direct Coombes Tests	66	58	60	65	62	75	72	71	74	67	84	82	836
Monospecific DCTs	37	30	28	31	39	42	49	40	47	37	49	47	476

1. The decrease in sample numbers is owing to cessation of hospital blood bank services to Mater Private Cork in September 2024.

Other Services

Tissue Bank

The IBTS Tissue Bank, based at the National Blood Centre in Dublin, continues to operate as a licensed tissue establishment and holds a Good Manufacturing Practice (GMP) licence for the production of serum eye drops, an exempt medicinal product that plays a vital role in specialist ophthalmic care.

The facility houses a suite of cleanrooms that support the safe processing and testing of human tissue for clinical use, as well as the manufacture of serum eye drops. Through this work, the Tissue Bank supplies hospitals across Ireland with a broad range of human tissue, including ocular, cardiovascular, musculoskeletal, and skin grafts. While some donations originate from Irish donors, additional tissues are sourced through established partnerships with tissue banks across Europe and the United States, ensuring continuity of supply for patients nationwide.

In 2025, demand for serum eye drops continued to rise, with production increasing by 20% compared with 2024. These drops are reserved for patients who have exhausted all other treatment options and are available only on prescription from an ophthalmic consultant. Demand for other tissue types remained steady and aligned with previous years.

A major focus of 2025 was the renewed effort to re establish cornea collection from Irish donors. This is essential for improving national self sufficiency in ocular tissue. Over the course of the year, the project gathered real momentum. Key operational pathways were mapped, clinical partners re-engaged, and the necessary quality and governance frameworks refined to meet current regulatory expectations.

This work culminated in the submission of a formal application to the HPRA at the end of 2025. Approval will allow the IBTS to resume cornea retrievals for the first time in over a decade, with activity expected to begin by Q2 2026. Two pilot retrieval sites, Harold's Cross Hospice and Beaumont Hospital, have been identified based on their clinical activity, infrastructure, and strong engagement with the project. Discussions with both sites are progressing well, including planning for staff training, logistics, and integration with existing donor pathways.

Re-establishing this service represents a significant step toward strengthening Ireland's capacity to meet its own clinical needs, reducing reliance on international imports, and ensuring timely access to corneal tissue for patients awaiting transplantation.

Therapeutic Apheresis Service

The Therapeutic Apheresis Service (TAS) in the IBTS Cork Centre provides therapeutic apheresis for patients in the Munster region at Cork University Hospital (CUH) and Mercy University Hospital (MUH).

TAS is led by IBTS Consultants, supported by therapeutic apheresis nurses, Specialist Medical Officers (SpMO) and Specialist Haematology Registrars (SpR) on rotation. Procedures are carried out at the patient's bedside using mobile apheresis equipment; Terumo Spectra Optia.

Individualised apheresis protocols are prepared for each patient in conjunction with the requesting clinical hospital team, guided by the American Society for Apheresis 'Guidelines and Indications for Treatment' (ASFA, 2023), and cognisant of other guidelines including those from the British Society of Haematology (BSH, April 2025).

In 2025, 28 patients received apheresis from 38 referrals, with more than one referral required for 3 patients. One patient was referred 7 times over 197 days, one patient referred 3 times over 79 days, and one other referred 3 times over 52 days.

218 procedures were undertaken. This included Therapeutic Plasma Exchange (TPE) (207 procedures), Red Blood Cell Exchange (RBCX) (11 procedures). All procedures this year were in CUH. TAS attended CUH on 3 other occasions when procedures were cancelled following pre procedure patient assessment, for reasons such as change in clinical status.

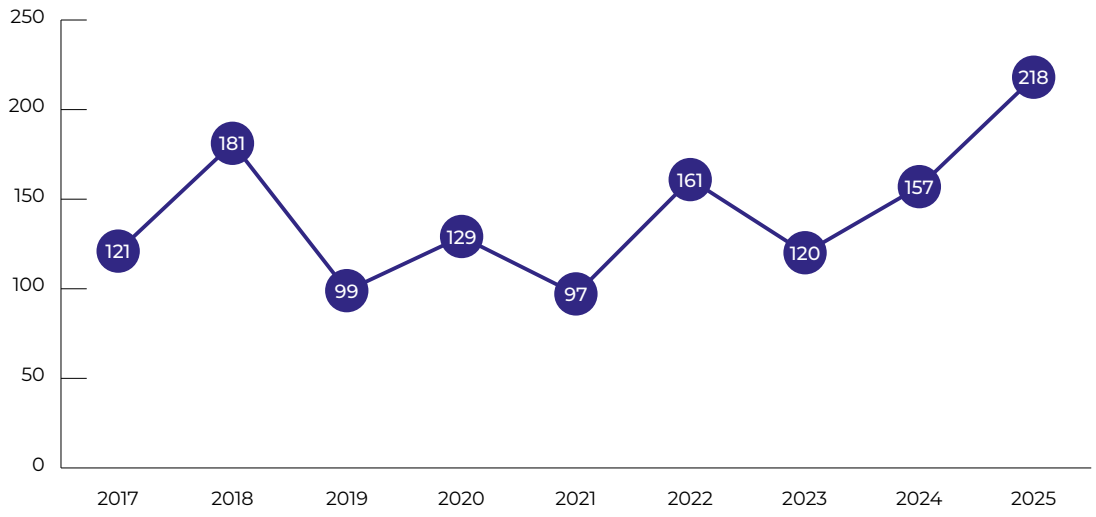
As displayed in the following tables and figures, the demand for TAS is varied and unpredictable. The trend in increasing neurology referrals is balanced by a reduction in haematology and to a lesser extent, renal referrals over recent years.

	Patients	Procedures
Neurology	19	107
Renal	3	56
Oncology	2	10
Haematology	2	13
Respiratory	1	29
Endocrinology	1	3
TOTAL	**28**	**218**

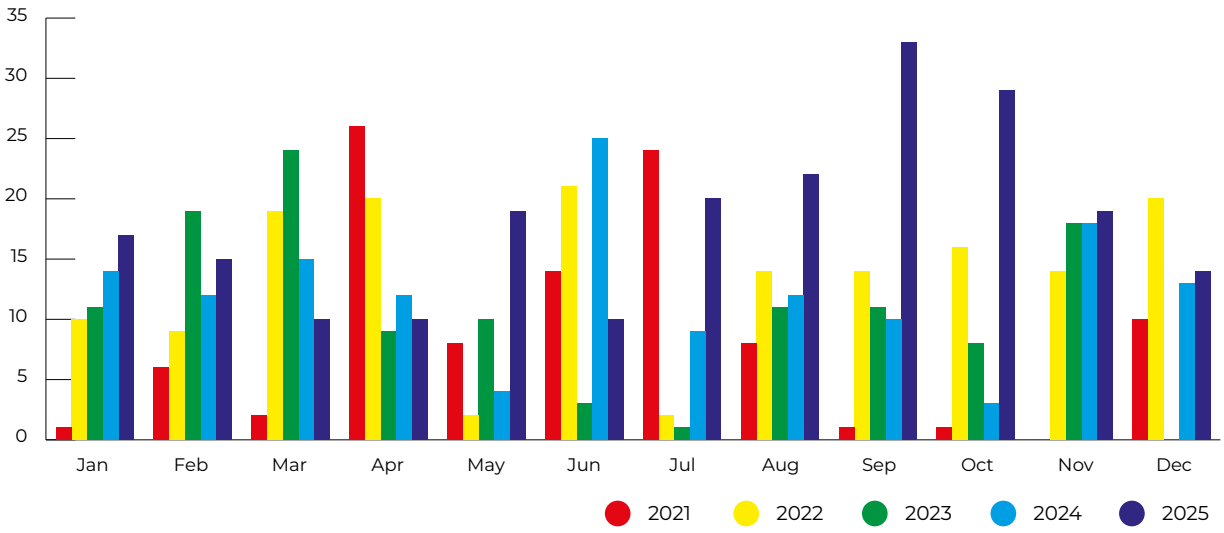
Service Demand Trend

Demand for TAS services since 2017, ranging from 97 to 218 procedures per annum, with an average of 142 procedures a year. 218 procedures were performed in 2025, not including cancelled procedures.

Total Annual Procedures 2017 - 2025



Service Demand 2021 - 2025 by Month



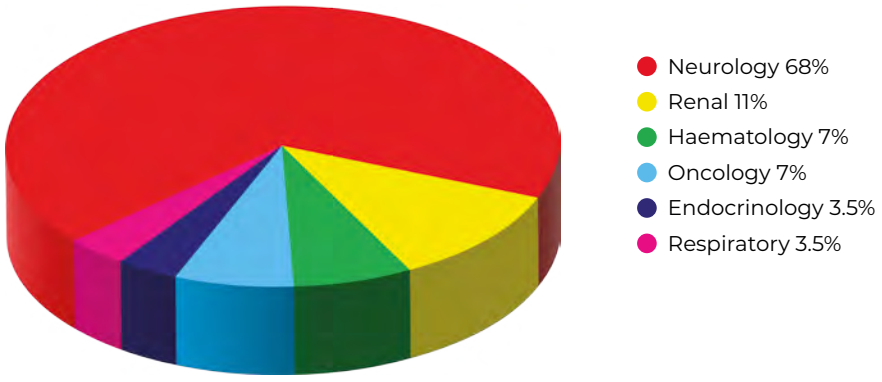
Service provision to hospitals

Cork University Hospital (CUH) had the greatest demand for TAS referring 28 patients in 2025.

Clinical speciality by patient and procedure

In line with recent trends most referrals were for patients presenting with Neurological conditions 19 (68%) followed by Renal 3 (11%), Haematology 2 (7%), Oncology 2 (7%), Endocrinology 1 (3.5%), and Respiratory 1 (3.5 %). This is including PLEX and RBCX procedures.

Patients by Speciality 2025



Degree of urgency of Therapeutic Apheresis Service required

Depending upon the clinical presentation of the patient, the available resources (eg. personnel and equipment), and other treatment available options, Emergency, Urgent and Routine has been classified by ASFA guidance as follows:

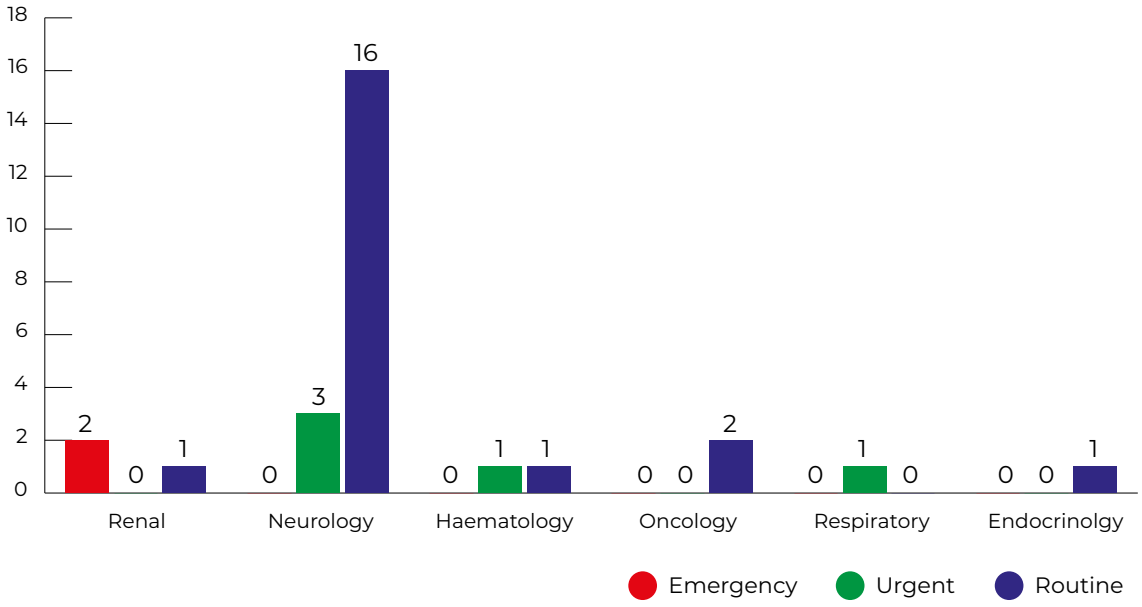
Emergency Case: Should start within 4 hours. The Apheresis unit requires that the patient be ready for the treatment within 3 hours of the emergency treatment request.

Urgent Case: The procedure should start within 4-8 hours.

Routine Case: The first procedure may start within 24 hours (or per physician arrangement). (Wu, Y., et al, 2019)

Patients with more than one referral (3) are included below only by their most urgent referral

Out of 28 patients in 2025, 2 patients presented as emergency, 5 as an urgent and 21 presented as routine.



Weekend, Bank Holiday and Out of Hours Service

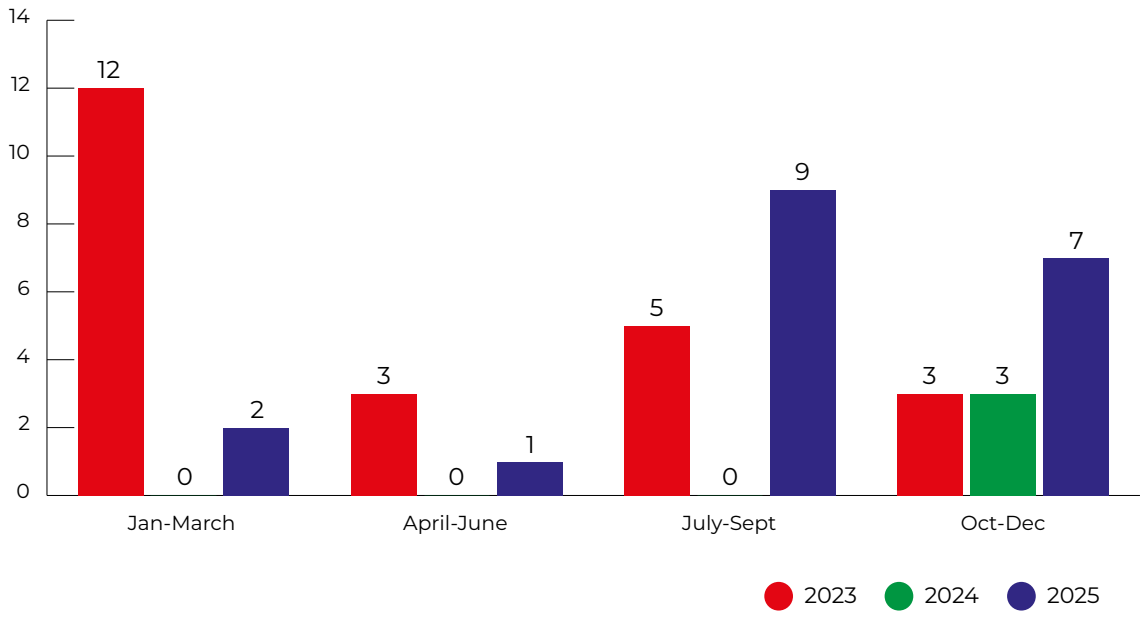
A weekend service runs from 8am to 8pm for the whole year. Daily/alternate day protocols may also require weekend service. Of the procedures carried out in 2025, 19 (9%) were performed at the weekend, 6 (3%) midweek hours after 18:00. The trend in demand (by quarter year) weekend/ bank holiday service is set out in below.

Vascular access for patients and procedures

Therapeutic Apheresis requires excellent blood flow which, especially for an intensive programme over a short number of days, generally requires support by the placement of Central Venous Catheters (CVC) by anaesthesiology or radiology services at the referring hospital.

CVCs allowed consistent availability to vascular access without regular venepuncture to the patient. In 2025 all PLEX patients required a central line.

Weekend & Bank Holidays 2023-2025



National Haemovigilance Office

Haemovigilance is internationally recognised as essential to the development of safe clinical transfusion practice. It collects and assesses information on unexpected or undesirable effects resulting from blood transfusion and develops strategies and systems to prevent their occurrence or recurrence. Haemovigilance in Ireland is co-ordinated by the National Haemovigilance Office (NHO), based at the Irish Blood Transfusion Service (IBTS). Since the programme commenced in 1999 a total of 10,068 serious adverse transfusion reactions and events have been reported. All figures in this report are correct on day of submission. The NHO liaises with and supports hospital based Haemovigilance Officers (HVO) throughout Ireland and also Medical Consultants with Haemovigilance responsibilities. In addition, the NHO maintains links with colleagues internationally through the International Haemovigilance Network (IHN) and the UK and Ireland Blood Transfusion Network (UK&IBTN).

Serious Adverse Events (SAEs) – mandatory and non-mandatory

SAEs relating to the quality and safety of blood under EU Blood Directive 2002/98/EC and non-mandatory SAEs relating to the clinical aspect of blood transfusion are reviewed by the NHO. These reports come from blood establishments, hospital blood banks and facilities. During 2025, 347 SAEs were reported to the NHO. 147 of all SAEs were deemed mandatory (42% of all SAEs). In addition, 200 non-mandatory SAEs, (58% of all SAEs) primarily relating to errors in clinical areas, were also reported. This figure includes Wrong Blood in Tube events (WBIT) (n=99) which were collected by the NHO.

Serious Adverse Reactions (SARs) – mandatory and non-mandatory

At the time of writing, a total of 121 SARs that meet the criteria have been reported in 2025. Mandatory SARs (83) reported to date is a decrease on those recorded in 2024 (103).

Annual Notification of Serious Adverse Reactions and Events (ANSARE)

In compliance with Commission Directive 2005/61/ EC Annex II D and III C, all hospitals transfusing blood together with all blood establishments must complete and return an ANSARE form to the NHO. 261 mandatory reports were reported by the NHO in 2025 (for the reporting year 2024), with the compilation of 2025 ANSARE report ongoing at time of writing.

Health Products Regulatory Authority (HPRA)

The Competent Authority for implementation of all aspects of the EU Blood Directive is the HPRA and, as in previous years regular case review meetings were held with the NHO to discuss reported incidents.

Education, Promotion and Developments

The NHO supports the ongoing development of hospital in-service training programmes by working closely with hospital based HVOs. Ongoing education of undergraduate and postgraduate medical scientists and specialist registrars also continued during the year. The NHO continue to work closely with iLearn in the provision of eLearning Modules. The NHO have added two further modules onto iLearn, with a total of 9 currently available. The NHO continues to sit on the UK and Ireland Blood Transfusion Network (UK&IBTN). The majority of Irish hospitals and several third level institutions are registered on the programme. This includes hospital staff and health care undergraduates in several universities undertaking the modules as a mandatory course requirement.

NHO Conference 2025

The NHO Conference was held in the Gibson Hotel, Dublin on 25th March 2025 celebrating 25 years of Haemovigilance in Ireland. Approx. 180 delegates from medical, nursing and scientific backgrounds attended the event. The conference provided an excellent opportunity to meet colleagues and develop network contacts with others working in the area of Haemovigilance in Ireland and abroad.

Dr Andrew Godfrey, Medical & Scientific Director of the IBTS opened the conference. The NHO team provided a summary of the recommendations and findings from reports submitted to the NHO during the reporting year of 2023. The main conference covered a range of topics which generated much interest and lively discussion during the different question and answer sessions. The clinical focus of the meeting addressed numerous transfusion based categories including emerging infections, climate change, TRALI cases, education in Haemovigilance, the future of Hemovigilance and a personal story from a blood transfusion recipient.

A poster competition was also held in conjunction with the Conference, giving attendees an opportunity to showcase their work and initiatives around transfusion. The competition attracted 10 entries from hospitals and the IBTS with the judges from nursing, scientific and medical background.

The winning poster was entitled 'Registered Advanced Nurse Practitioners Prescribing of Blood Products: A Five-Year Review at CHI Crumlin'.

A number of industry exhibitors' maintained stands throughout the day. Overall, the conference was well evaluated by delegates and some of the suggestions received will assist with the design of the programme for future conferences. The presentations are available on the IBTS website (where permission has been given by the presenter) Haemovigilance Publications and Reports - Irish Blood Transfusion Service.

Irish Unrelated Bone Marrow Registry (IUBMR)

Key achievements:

- Addition of **2,296** number of donors onto the registry in 2025
- Transformation of donor recruitment, enriching the registry with younger donors
- The IUBMR are accredited with the World Marrow Donor Association (WMDA) and they successfully received their re-accreditation in January 2026.

Haematopoietic progenitor cell transplantation is a lifesaving therapy for certain patients with leukaemia, bone marrow failure syndromes, and for inherited metabolic disorders. For the many patients who do not have the preferred option of a fully matched sibling, an unrelated donor from one of the forty-two million volunteer donors available worldwide can provide a suitable alternative.

To meet the need for haematopoietic progenitor cell donors for both National and international patients, the Irish Unrelated Bone Marrow Registry (IUBMR) was set up in 1989.

The Irish Unrelated Bone Marrow Registry searches and selects donors for patients in need of a transplant in Ireland. It also hosts a database of donors in Ireland who are willing to donate blood stem cells to an unrelated patient.

Tissue typing of donors registered on the unrelated panel is performed by the National Histocompatibility and Immunogenetics Reference Laboratory (NHIRL). The registry is licenced by the HPRA under the EU Tissue Directive 2004/23/EC.

National Activities

The IUBMR searches for suitable donors on the Irish Panel and through the World Marrow Donor Association (WMDA) database, on behalf of the Irish transplant centres at St. James's Hospital, Dublin and Children's Health Ireland at Crumlin.

In 2025, the number of patients referred to the IUBMR for unrelated searches was 140. **97** national patients received stem cell transplants/donor lymphocyte infusions from an unrelated donor in 2025.

The majority of these were from international donors. Of the **97** transplants performed: **13** were of bone marrow, **77** were peripheral blood stem cells (PBSC), **7** patients received DLI products (donor lymphocyte infusions from international donors).

International Activities

The IUBMR is connected to the European Marrow Donor Information System (EMDIS), a communication system which allows international registries to search each other's panels and select donors for extended testing with ease.

218 IUBMR donors were activated for national and international patients with **49** of these donors completing additional testing.

10 of these donors were selected for work-up requests with **7** of the requests from international registries and this resulted in 10 transplant donations – **9 PBSC, and 1 DLI**.

Irish Donor Recruitment

During the year, **2,296** new volunteers gave blood samples to join the IUBMR, which will be added to the current registry of over **33,000** potential donors.

Quality and Compliance

The Quality and Compliance function continued to strengthen and embed a culture of quality across the organisation, supporting the delivery of safe, high-quality products and services to donors and patients. A robust Quality Management System (QMS) remained central to this approach, enabling regulatory compliance, operational efficiency, and a strong customer-focused ethos. The function, comprising seven specialised areas—Quality Assurance, Regulatory Compliance, Validation, Quality Control, Quality Systems Development, IT Quality, and Risk and Resilience—worked collaboratively to deliver on key strategic objectives, including supporting laboratories in meeting international standards, improving efficiency across quality activities, and advancing a flexible, risk-based approach.

During the year, compliance was maintained under the oversight of the Health Products Regulatory Authority, including successful preparation for and participation in 10 regulatory inspections and progression of key initiatives such as the Tissue Eye Bank re-establishment and ISO 15189:2022 transition. Significant progress was also achieved in digital and system transformation, including a new Electronic Quality Management System and National Haemovigilance Reporting system. In parallel, the organisation actively engaged in the transition to the EU SoHO Regulation (Regulation (EU) 2024/1938), with 2025 focused on governance development, technical guidance, and early-stage implementation planning. Within this context, readiness activities have commenced, including the implementation of new systems and comprehensive process reviews to support future compliance.

Operationally, Quality testing laboratories maintained high performance while advancing sustainability initiatives following MyGreenLab Green Award accreditation. The Validation function supported 33 validation activities across key areas including collections, testing, processing, IT, and medical. Collectively, these achievements reflect a continued commitment to quality, compliance, and innovation, ensuring the organisation remains well-positioned to meet evolving regulatory requirements and deliver excellence in patient and donor care.

Regulatory Compliance

Health Products Regulatory Authority (HPRA)

The Health Products Regulatory Authority (HPRA) inspect and authorise establishments in Ireland to ensure compliance with National and EU legislation. The IBTS activities are conducted in compliance with applicable European Union legislation and corresponding Irish statutory instruments, which specifically include:

- Blood Establishments: Directive 2002/98/EC and implementing Directives 2004/33/EC, 2005/61/EC and 2005/62/EC, as transposed in Ireland by S.I. No. 360 of 2005 and related amendments;
- Tissues and Cells: Directive 2004/23/EC and implementing Directives 2006/17/EC and 2006/86/EC, as transposed by S.I. No. 158 of 2006 and associated regulations;
- EU Good Manufacturing Practice (GMP): EudraLex Volume 4 (including Part IV for ATMPs) and Commission Directive 2003/94/EC, as implemented in Irish medicinal products legislation;
- EU Good Distribution Practice (GDP): Commission Guidelines 2013/C 343/01, as applicable under Irish Medicinal Products Regulations.

All activities are performed under an established Quality Management System and are subject to oversight by the HPRA.

HPRA Inspections 2025

Authorisation Type	Inspection site	Inspection Date	Inspection Days	Compliance Actions	Status
Good Manufacturing Practice (GMP) Cert No. M11514/00001	National Blood Centre (NBC)	18-20/02/25	3	50[2]	Closed
Blood Establishment Authorisation Authorisation No. BE-002	Carlow Centre & Clinic	27/03/25	1	6	Closed
	Ardee Centre & Clinic	14/05/25	1	5	Closed
	Munster Regional Transfusion Centre (MRTC)	26-28/08/25	3	10	Closed
	National Blood Centre (NBC)	22-26/09/25	5	18	Closed
	Tuam Centre	12/11/2025	1	10	Closed
	Limerick Centre	02/12/2025	1	8	Closed
Good Distribution Practice (GDP) WDA No: W00011/00001; W00011/00002; I4/2024	National Blood Centre (NBC)	09/09/2025	1	42[3]	Closed
	Munster Regional Transfusion Centre (MRTC)	10/09/2025	1		
Tissue Establishment Authorisation Authorisation No. TE012	National Blood Centre (NBC)	22-23/10/2025	2	2	Closed
Totals			**19**	**151**	

2. One Major deficiency: Pharmaceutical Quality System; EU GMP Guide Part I Chapter 1 paragraphs 1.4 (ix) and (xiv), 1.8 (xi); Chapter 8 paragraphs 8.2 and 8.26.
3. Two Major deficiencies: EU GDP Guidelines, Chapter 1, Paragraph 1.2 and Misuse of Drugs Act 1977; Misuse of Drugs Regulations 2017.

HPRA Variations and Derogations 2025

Variation Number	Description	Submission Date	Authorisation Date
TBA WDA No: W00011/00001	Formatting change requested by HPRA 'Cold chain products' to 'Products requiring low temperature handling - between 2 to 8°C and below 0°C'	28/11/2025	Complete. Updated WDA signed 05/01/26. Provided by HPRA on 12/06/26
TBA WDA No: W00011/00002		28/11/2025	Complete. Updated WDA signed 05/01/26. Provided by HPRA on 12/06/26
TBA Tissue Establishment Authorisation No. TE012	Add procurement of corneas from donors in Ireland	05/11/2025	In progress. Meeting & inspection arranged for 17th and 18th February 2026

New EU Regulation

Substances of Human Origin (SoHO) (Regulation (EU) 2024/1938)

During 2025, implementation of the EU Regulation on Substances of Human Origin (SoHO) (Regulation (EU) 2024/1938) progressed from policy adoption into active transition. Key activities focused on establishing EU-level governance structures, including the SoHO Coordination Board, and advancing the development of technical guidance and implementing acts. Significant progress was also made on the EU SoHO digital platform, with work underway to support harmonised data exchange, traceability, and vigilance reporting across Member States. In parallel, targeted EU funding and collaboration with expert bodies supported capacity building and alignment at national level.

Across Member States and organisations, 2025 marked the beginning of practical readiness activities. This included initial reviews of quality management systems, preparation for updated authorisation and inspection requirements, and early engagement with evolving guidance. There was also a strong emphasis on strengthening safety, vigilance, and supply continuity frameworks in line with the expanded scope of the Regulation. Within the IBTS, readiness activities have also commenced, including implementation of new systems and comprehensive process reviews to support future compliance. Overall, 2025 represented a foundational year of coordinated implementation, setting the stage for full operational readiness ahead of 2027.

Irish National Accreditation Board (INAB)

The Irish National Accreditation Board (INAB) is the national body with responsibility for the accreditation of laboratories in Ireland to ISO 15189:2022. Accreditation 405MT was voluntarily suspended on 24/02/2025 for the IBTS Red Cell Immunohaematology Laboratory.

Quality Systems Development

In 2025 and early 2026, significant progress was achieved across strategic projects, digital transformation, and quality system enhancements. The EQMS programme advanced through key governance, risk, and financial milestones in collaboration with the supplier, while development of the National Haemovigilance Office (NHO) database, in partnership with the Health Products Regulatory Authority, is on track for validation completion and go-live in Q2 2026. The team also contributed to wider organisational strategy and transformation initiatives, supporting multiple cross-functional projects and strengthening document management practices.

Ongoing improvements to the SmartSolve quality management system enhanced operational efficiency, documentation standards, and user engagement across the organisation. A strong focus on capability building saw the delivery of extensive training programmes, updated learning resources, and strengthened compliance requirements for staff and contractors. Robust governance and oversight remained a priority, with comprehensive KPI reporting, certification compliance monitoring, and continued development of quality policies and procedures.

Externally, the Quality Systems Development team maintained an active presence within the global quality and transfusion community, contributing to International Society of Blood Transfusion and Parenteral Drug Association (PDA) initiatives, and achieving international recognition through a prestigious PDA service award. Overall, these efforts reflect a continued commitment to quality, innovation, and operational excellence.

Key Metrics 2025

Quality Assurance and Quality Systems Development

Area	Metric	Outcome
Document Management	Change orders processed	572
	Change orders initiated by QSD	75
	Change orders closed/aborted	38
	System changes implemented	83
	New Users onboarded	175
	SmartComm issues resolved	25
	Ghost roles resolved	3001
Incident Reporting	Incidents raised	776
Complaints	Blood Product, Defect, Service or Patient Testing	739
	Recalls	329
Change Management	Change Controls raised	438
Biovigilance	Serious Adverse Events	100
	Serious Adverse Reactions	22
	Tissue Vigilance (including IUBMR)	2
Training & Development	Training sessions delivered	196
	Training records (TRNs) processed	339
Governance & Reporting	Monthly KPI/metric reports completed	100%
	Quarterly KPI reports delivered	100%
Projects & Systems	EQMS, NHO	In progress

Validation

2025	Change Control Plans Raised	Preventative Maintenance / Calibration	Corrective Maintenance	Requalification	Supplier Level Agreements
Total Number	**229**	**2,459**	**213**	**555**	**39**

Quality Testing

During 2025 continued support was provided by the Quality testing teams. This area consists of the following laboratories:

- Material Management Laboratory;
- Bacterial Testing Laboratory;
- Quality Control Laboratory (Dublin and Cork).

Following Green Award accreditation under MyGreenLab, the Quality testing laboratories continued to invest in sustainability initiatives, including paper saving activities by reducing unnecessary printing and using electronic signatures where possible.

Material Management Laboratory

The Material Management Laboratory performs a range of essential functions for the IBTS, working closely with RCI Laboratory, SSCD Laboratory, Tissue Bank, Inventory Control, Practice Development and Quality Control. The main responsibilities and activities of the laboratory in 2025 included:

- Management and batch acceptance of critical consumables such as blood packs, platelet sets, critical labels, reagents and solutions;
- Investigating, reporting and trending of material defects and validation of material related changes;
- Inspection and controlled release of IBTS medicinal products and management of related medicinal product recalls;
- Participation in External Quality Assurance programmes;
- Review and optimisation of the critical material procedure and related defect trending and tracking;
- Management of the introduction of new packs for Neonatal Split Red cells;
- Participation in the International Blood Pack 1 and 2 Collaborations;
- Implementation of EasyFMD Software in the NBC, to allow compliance with the EU Falsified Medicines Directive.

Material Management Activity

Year	Critical Materials Batch Accepted[4]	Potential Defects Investigated			
		Blood Packs	Platelet Sets	GMP Items	Medicinal Products
2025	1,172	438	37	99	2
2024	1,017	224	20	26	18
2023	>900	178	23	15	3

Bacterial Testing Laboratory

The Bacterial Testing Laboratory performs a range of essential functions for the IBTS, working closely with the Tissue Bank in the IBTS as well as the Cryobiology Laboratory (SJUH). The main responsibilities and activities of the laboratory in 2025 included:

- Screening all IBTS Platelet products for the presence of bacteria, reducing the risk of transfusion-transmitted bacterial infection;
- Environmental Monitoring of IBTS Clinics, Production and Hospital Service Despatch areas;
- Environmental Monitoring of IBTS Cleanrooms to GMP Annex I requirements;
- Investigation of Suspected Transfusion Reactions (STRs) referred by customer hospitals;
- Participation in External Quality Assurance programmes; and
- Validation of Chemgene general disinfectant.

4. Including Medicinal Products.

Platelet Testing Activity

Year	Pooled Platelets	Apheresis Platelets	Total[5]	Pooled Platelets expired	Apheresis Platelets expired	Total expired
2025	11,371	7,810	19,181	1,032	1,951	2,983
2024	10,116	7,854	17,970	688	2,008	2,696
2023	8,854	8,165	17,019	694	2,250	2,944

Environmental Monitoring Activity

Year	Clinics[6]	Equipment[6]	CNC Area[6,7]	Grade D Cleanrooms	Grade A/B/C Cleanroom	Biosafety Cabinets	Total
2025	2,520	2,134	6,364	1,944	12,116[8]	1,189	22,424
2024	1,957	1,702	3,418	2,090	11,976[9]	1,163	22,306
2023	992	994	968	1265	12,144	690	17,053

Quality Control Laboratory

The Quality Control Laboratories (Dublin and Cork) perform a range of essential functions for the IBTS, working closely with the Apheresis Clinics, Production Department, Components Laboratory, Medical and Quality Assurance. The main responsibilities and activities of the laboratory in 2025 included:

- Quality monitoring testing of platelets, red cells and plasma products in line with requirements set out by the European Directorate for Quality in Medicines (EDQM), confirming platelet count (PLT), haemoglobin (HB), haematocrit (HCT) and leucodepletion (residual white cell count (rWCC)) in relevant products
- Management of recalls for donor-related or product-related reasons
- Management of HemoCue 301 blood testing instruments for IBTS blood donation clinics
- Providing testing support for SSCD and Material Management driven validation projects (Cold Stored Platelets, new TACSI Instruments, extended life washed red cells)
- Batch acceptance of >150 deliveries of reagents for use by Diagnostics Laboratory in Cork.

Quality Control Testing Activity

Test	PLT / rWCC		HB / HCT / rWCC	
Product	**Platelet Apheresis**	**Platelet pools**	**Red Cells**	**Specialised Red cells[10]**
2025	7,862	2,038	2,813	416
2024	7,947	2,021	2,712	350
2023	8,165	1,978	2,681	243

5. 14 platelets with bacteria detected; 25 suspected transfusion reaction investigations performed.
6. 2025 includes monitoring in MRTC; 2023 and 2024 did not.
7. Controlled, Not-Classified.
8. In 2025 there was an increase in swabbing of devices in Cleanrooms.
9. In 2024 there was a reduction in ceiling monitoring requirements.
10. Specialised Red Cell (RC) products tested for Hb and HCT include Plasma-Reduced RCs, Re-suspended RCs, Washed RCs and RCs for Intra-Uterine Transfusion.

Academic Activities, Research and Innovation

The IBTS research programme is committed to providing the research evidence for improving and developing blood and tissue services to patients. The Research and Development Board Sub-Committee (RDC) met three times during 2025, and performance was monitored through academic publication, postgraduate qualification, funding acquisition and conference presentation.

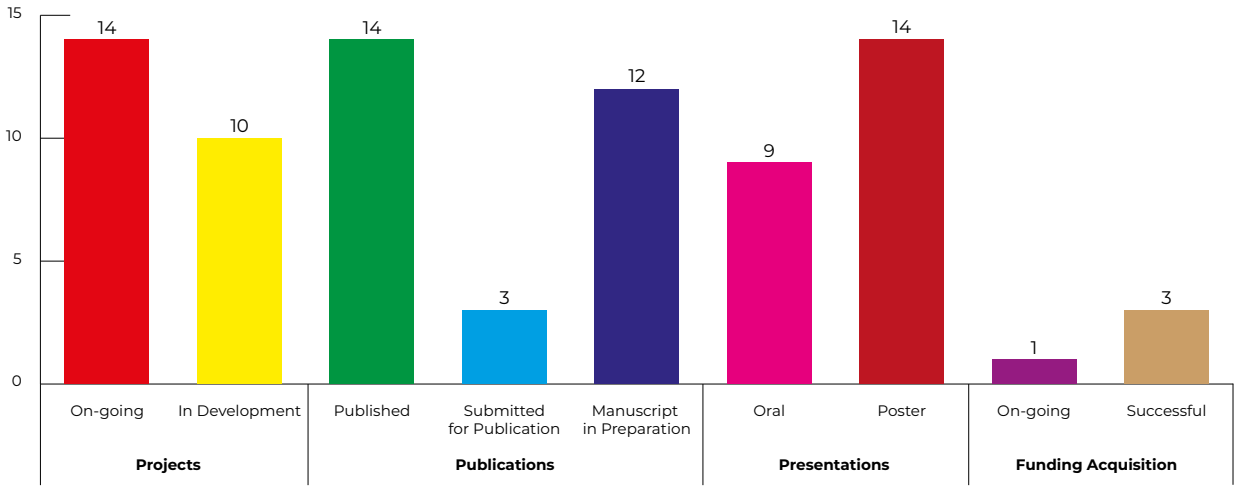
An important strategic initiative implemented this year was the introduction of specific donor research consent, to underpin our health research services to researchers which was launched in October. Research collaboration at a local, national and international level is a cornerstone of our research, and it supports efficient project progression and academic excellence. These academic partnerships have enabled the successful acquisition of research grant funding in 2025 which, will significantly augment research monies in the coming years.

The research department oversees approximately 10-15 projects annually, researching multiple aspects of the vein-to-vein pathway, prioritising research that:

- Deepens our knowledge of the motivation to donate, the parameters impacting donation qualification and infectious disease health;
- Supports the expansion of our platelet component provision;
- Adds to understanding the future role that the blood services will play in the provision of cellular therapies;
- Investigates the role of ABO blood group in regulating primary haemostasis and bleeding;
- Enables the development of 'vein-to-vein' donor to recipient datasets.

2021-2025

- Contributed to 50 academic publications
- Led on 36% of academic publications
- Supported 27 postgraduate qualifications



Strategy

Connections that Count 2021 - 2025

Progress towards our 2025 Strategic Objectives

2025 marked the final year of our strategy Connections that Count – Developing the IBTS 2021 – 2025. This strategy sought to build a more connected, innovative, and agile blood and tissue service – one that delivers world-class healthcare support through stronger partnerships, operational excellence, and an improved experience for donors, patients, and staff. It aimed to modernise IBTS by harnessing technology, quality, and people-centred culture to ensure a safe, sustainable, and responsive national service for the future.

Over the course of the last five-year strategy cycle, we have successfully sustained a safe, reliable and high quality supply of blood and tissue products, achieved increases in staff job satisfaction and maintained high employee pride, fostered an immeasurable shift toward a more open, learning and collaborative organisational culture, and delivered foundational strategic initiatives that will be built upon in the next strategy cycle. These successes were achieved during some of the most challenging periods of disruption in recent history. Key learnings from this strategy cycle will be carried forward to inform our direction and approach over the years ahead.

Key achievements in 2025:

Pillar 1: Supporting Better Healthcare

Prepared for the re-opening of Eye Bank Ireland

Significant progress was made in 2025 towards re-opening Eye Bank Ireland. The re-opening of Eye Bank Ireland is a critical step in securing domestic supply of corneas for patients requiring transplant in Ireland thereby reducing dependency on vulnerable supply chains. In 2026, the Eye Bank will focus on achieving the first corneal retrieval, progressing plans to scale up retrievals, and developing in-house capability for surgically ready cornea preparations.

Implemented historical phenotyping

This initiative introduces historical phenotyping of all donors' first and second donations, with phenotype included on labelling of all subsequent donations. This will enable a fully phenotyped blood supply, preventing delays in the provision of appropriately matched blood for patients with complex transfusion requirements and creating cost efficiencies for both the IBTS and hospitals across the country.

Pillar 2: Achieving Operational Excellence

Implemented key actions of the sustainability strategy

Two key facilities upgrades aligned to our Sustainability Strategy and Climate Action Roadmap were targeted for 2025. The gas boilers in the National Blood Centre were replaced in late 2025, with savings already being realised. This efficiency upgrade will dramatically reduce the amount of natural gas used within the building, with estimated annual fuel savings of approximately 560,840 kWh (104.88 tonnes CO_{2e}). This will future proof our organisation and provide a contingency for energy use as we work towards electrification in the future. Tendering for LED lighting upgrades in the NBC was successfully completed with the roll out planned for Q1 2026. In addition, the IBTS expanded the Waste Management System, Smarter Travel Programme, and All Ireland Pollinator Plan to all IBTS locations.

Implemented an upgraded nucleic acid testing (NAT) system

In 2025, the IBTS introduced the Grifols UltrioPlex E (UPxE) assay with the Grifols Procleix Panther system featuring ART (Panther ART). This upgraded system represents a major development for the NAT laboratory. The UPxE assay enables simultaneous detection of multiple viruses – consolidating and replacing previous assays – while the introduction of new middleware and eProgesa NAT test codes supports enhanced test result management. These updates bring increased efficiency and improved workflow, all without compromising the safety and quality standards that define our work.

Developed a detailed implementation plan to address recommendations of the Donor Services and Collections review

In 2025, the IBTS prepared to mobilise a multi-year Donor Experience and Collections Transformation Programme. An implementation framework was developed and approved by Board and resourcing to support implementation was progressed.

Enabler 4: People and Culture

Implement Learning Management System

The IBTS iLearn launched in Q4 2025 providing online access to a new platform with all mandatory training in one place, access to an open catalogue of content, and a streamlined process for tracking and certification management. Since the launch, the IBTS learning catalogue has expanded with new content including: an IBTS Sustainability module, the LEAN awareness module, Dignity at Work and Code of Conduct modules. At year end, over 90% of staff had registered for iLearn.

Commence LEAN Transformation Programme

In 2025, the IBTS launched LEAN & Keen - a Lean Transformation and Internal Capability Programme across the IBTS. Key achievements in 2025 included collaboratively defining the case for change, identifying key challenges through process mapping, deploying awareness training and communication across the organisation with bespoke yellow belt training, establishing Green belt Training and Change Agents Network, and launching a strategic Blood In black belt project and four Green belt projects.

Development of our New Strategy

The development of a new strategy provided a welcome opportunity to reflect on our core purpose, the critical services we deliver, how we deliver them, and the values that guide us every day. Over the course of the year, the Board and Executive adopted a collaborative and inclusive approach to the development of our next statement of strategy. It has been shaped by the voices of a wide range of internal and external stakeholders.

We commissioned independent research with the general population and our donors. This was conducted through a series of online focus groups, telephone interviews and surveys to understand the barriers and motivations to engaging with our services and how we can best meet their needs and expectations. We surveyed the hospitals we work with and consulted patient representative groups to understand what matters most to them.

We interviewed government, regulatory and other blood establishments to understand expectations, share learning and inform our strategic thinking. Lastly, we engaged our staff and our Board to reflect on our internal capabilities and the external macro-environmental factors to inform our future direction.

A Healthier Tomorrow – IBTS Strategy 2026 – 2030 was approved by the Board in Q4 2025 and the Department of Health in 2026. Our strategy is our shared roadmap — guiding our direction as we respond to a rapidly evolving environment. We look forward to working with our community of generous donors, our highly-skilled and dedicated teams, and our national and international healthcare partners to deliver on the ambitions of this strategic plan. Together, we are committed to delivering our strategy to enable a healthier tomorrow, powered by every life-changing donation.

Risk

The Risk and Resilience function is responsible for facilitating risk owners in the identification, assessment, and management of risks across the various functions that could impact the IBTS's ability to perform critical operations and services. This includes assisting with risk management frameworks, business continuity planning, crisis management, regulatory compliance and operational resilience. The function works across all business areas of the IBTS to embed a strong risk culture, support informed decision-making and assist with preparedness for emerging threats.

Its importance lies in safeguarding the IBTS's people, assets, reputation, and financial stability. By proactively seeking to manage uncertainty and strengthen resilience, the function assists in the implementation of measures that strengthen the continuity of critical operations, in an increasingly complex and dynamic risk environment.

Key Achievements: Mitigation actions were completed to reduce the risk scoring of some key red risks. New processes for cyber security risk were introduced and a Cyber Risk Governance Group was established.

Key Challenges - Business Continuity risks: Disruptions due to weather events are becoming more frequent. Possible travel restrictions, power and water outages may occur due to adverse weather. The IBTS effectively managed a red weather event due to Storm Éowyn in 2025.

Risk Management Framework

Risk Governance: Risks were continually managed through the corporate risk register and quarterly risk reporting to the Executive Management Team (EMT), Audit, Risk and Compliance Committee (ARCC) and the Board.

Risk Management Policies and Procedures: The IBTS maintains a comprehensive framework of policies and procedures to manage corporate risk, cyber security risk, and business continuity. These frameworks are designed to identify, assess, and mitigate risk across all areas of the IBTS.

Risk Appetite and Tolerance: Overall the IBTS has a low risk appetite and tolerance and seeks to avoid risks or acts to minimise or eliminate the likelihood that the risk will occur.

Risk Identification and Assessment

Risk Landscape: Risk scoring was reduced by the completion of mitigation actions for risks concerning compliance with the Data Protection Health Research Regulation, mandatory staff training and critical staffing levels. The Emergency Blood Management (EBM) Group founded in 2021 continued to utilise the IBTS Emergency Blood Management (EBM) Plan for Managing shortages of Red Cell Components. This plan dovetails with the National Transfusion Advisory Committee (NTAG) Plan for IBTS, HSE and Hospitals in the Republic of Ireland to address Red Cell Shortages. The IBTS utilised national appeals and importation of stock in 2025 to assist with the national blood stock.

Risk Assessment Process: Risks are assessed at the IBTS using a risk software application, which allows for documentation of the risk tolerance, risk type, inherent risk scores, controls in place, residual risk scores, mitigation actions to reduce the risk scoring and risk reviews by risk owners.

Business Continuity

A red weather alert business continuity exercise was carried out by the IBTS in 2025 which was facilitated by an external business continuity expert. This training / table top exercise was aimed at strengthening the IBTS's skills and capabilities in dealing with a crisis.

The Risk and Resilience Manager attended forums on business continuity supported by the European Blood Alliance, NHSBT and the Irish Business Continuity Network to ensure the IBTS remains informed of emerging risks, regulatory developments and industry best practice. Engagement in these professional networks enables the sharing of insights, lessons learned and innovative approaches to resilience and crisis management.

An IBTS Business Continuity (BC) dashboard was scoped in 2025. The aim of this dashboard is to provide a robust system for recording, tracking, and monitoring BC test results and subsequent actions.

Human Resources

2025 marked a standout year of national recognition for the IBTS, with our sustainability, health and wellbeing, and production teams earning awards that highlighted the exceptional quality of their work and the strength of their achievements in highly competitive fields.

Winners

Shortlisted

- Workplace Excellence Awards (June) – Best Environmentally Conscious Workplace
- Business Energy Achievement Awards (August) – Innovation in Decarbonisation Award and Energy Achievement in the Public Sector Award

People and Culture

Aligned with ONEHR strategic priorities detailed in 'Transforming Together - People: Culture: Connections' the IBTS Strategic Workforce plan presented to the Department of Health was sanctioned in December 2024. The operational workforce planning progressed through the Strategic Workforce and Financial Planning Governance Group in 2025 to ensure that the IBTS had the necessary talent to enable the successful delivery of our service and support the achievement of our overall strategic ambitions.

The market for talent across health care and administrative domains remains competitive. We saw a total staff turnover rate of 11.3% and a voluntary turnover rate of 6.4%. A total of 162 recruitment campaigns were activated in 2025.

Recruitment / Turnover

635 employees

77 leavers

162 recruitment campaigns activated

7 staff retired in 2025 with a further 8 staff remaining in work past their minimum retirement age

167 new appointments

Long Service Awards

In 2025,

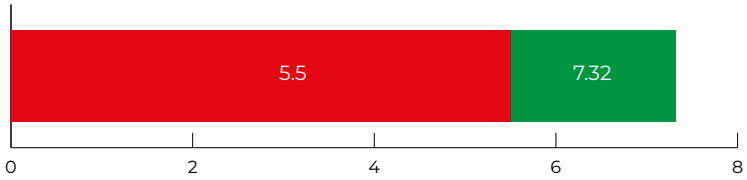
1 staff member celebrated 50 years of service;

3 staff celebrated 30 years of service;

14 staff celebrated 20 years of service;

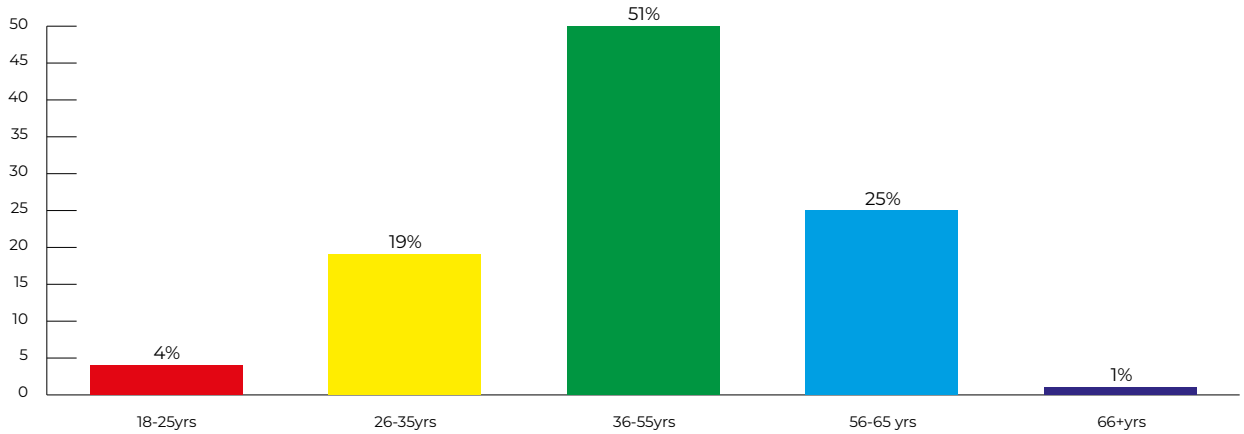
and **9** staff celebrated 10 years of service

Absence

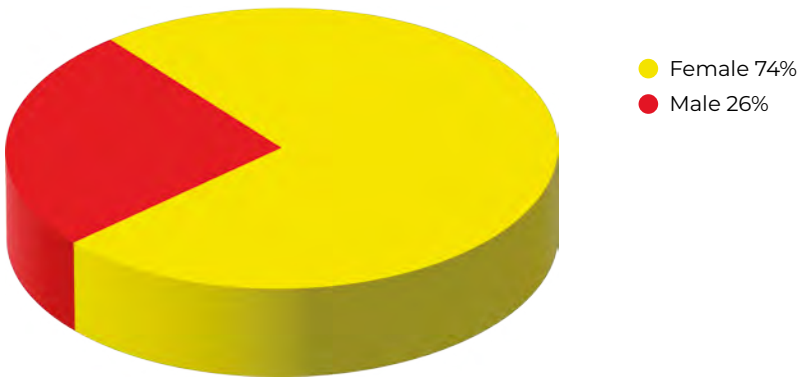


Total sick leave absence rate was **5.50%** (v **7.32%** HSE average rate).

Age Profile



Gender Profile



Gender Pay Gap

The gender pay gap represents the difference in average hourly pay between men and women across the workforce, regardless of role, grade, or seniority. It is not a measure of equal pay for equal work, which is a separate legal requirement.

The IBTS gender pay gap for 2025 shows a mean gap of 6.9% and a median gap of 0.7%, both of which are significantly lower than the national average and lower than many organisations in the wider health sector.

- The IBTS gender pay gap results show that, on average, females in fulltime permanent employment and those in temporary employment earn less per hour than their male counterparts. This trend is reversed slightly for part-time employees;
- The largest mean pay gap is in full-time work and can be described as the most meaningful data set as full-time roles typically represent the core workforce and higher paid positions;
- The median hourly remuneration is less across all categories for females when compared with males; however the pay gap is small for full 2.1% and part time roles 2.3%;
- The temporary workforce median represents a 13.9% gap indicating a meaningful difference in the types of temporary roles held by men versus women;
- There are more females across all quartiles in all categories which is representative of the demographics of the organisation (75%F,25%M);
- 70% of females occupy the fulltime upper quartile while 95% of females occupy the lower temporary quartile illustrating that more women occupy the lower paid roles.

IBTS is committed to continuous improvement and has implemented a range of initiatives to support gender balance and equitable progression. The IBTS remains committed to promoting an inclusive and diverse culture. We know that diversity supports better decision making, problem solving, innovation and performance.

IBTS membership in the IMI 30% Club continued for the second year with participation in the IMI mentorship programme, demonstrating our commitment to incorporating diversity ambitions within our ONEHR strategy.

Implementing Public Sector Equality & Human Rights Duty 2025

Training Programmes:

Training modules relating to equality and inclusion provided to staff in 2025 included:

- All new staff during their on-boarding phase now are required to complete a Disability Awareness eTraining module (in partnership with the National Disability Authority);
- With the introduction of our new learning management system, an updated mandatory Dignity at Work training module was launched organisation wide;
- In support of menopause awareness, a webinar relating to lifestyle nutrition and medicine was provided for all staff.

Engagement at Work

Organisation-wide celebrations were held in recognition of significant events, including International Women's Day, Neurodiversity Celebration Week, and Pride 2025, fostering an inclusive and supportive workplace environment for all. Additionally, modules on Women's & Men's Health; Neurodiversity; and LGBTQ support at work were included in our Employee Assistance Portal to provide enhanced resources and support for our employees' wellbeing.

Inclusion Programme:

The IBTS maintains committee membership for another term with the Department of Health Disability Monitoring Committee and the HSE Disability Technical Sub-Group, continuing our commitment to policy development regarding disability rights and inclusion at work in the public health sector.

We achieved a 5% representation of staff identifying as having a disability in our 2025 NDA-related staff census, surpassing the 4.5% minimum target.

For the third year we have partnered with Vision Ireland and AHEAD regarding supportive technology to enable people with disabilities to work in the IBTS. Our 3 year partnership continues with community group Festina Lente who organise work placements for people with learning difficulties with employers. We are now supporting two Festina Lente client-users in paid roles with our teams in the D'Olier Street and Stillorgan Clinics.

We engaged in a new partnership with Dyslexia Ireland to provide advice for managers in supporting team members with diagnosed dyslexia.

A "Plain English" training programme was provided for staff required to draft and issue technical documentation. The objective was to improve and broaden access and comprehension of formalised IBTS information and documentation that may be required by diverse users, internally and externally.

The gender-bias decoding and diversity & inclusion tracking technology hosted on IrishJobs.ie and LinkedIn and implemented on our jobs' vacancy advertising and communications was updated in 2025.

Shaping our Future Workforce - Learning & Development (L&D)

The IBTS remains committed to nurturing the formation and growth of leaders across all areas of the organisation and supports a culture that is open and encourages everyone to act as a leader.

Twenty leaders and future leaders across the organisation completed the QQI Level 6 "Leading and Managing People" programme in collaboration with SQT Training.

An on-going partnership with the University of Limerick continued in 2025. We invested in redesigning our weLEAD programme which examines leadership at the team level and builds on individual leader formation through iLEAD. 11 participants completed weLEAD.

L&D also partnered internally with the HR operations team for the IBTS Manager Enablement Series. The series is designed to equip, enable and empower our people managers while bringing IBTS leaders together around specific HR management topics.

The series covered managing employee complaints and grievances, managing employee underperformance and challenging behaviour, and managing attendance and leave. This format was positively received with learning needs met and will continue in 2026.

Talent Management

Succession Planning

A clear succession planning process was strengthened this year through an internal audit that assessed existing practices, identified gaps, and recommended targeted improvements, including the revision and publication of our internal policy. The organisation implemented all findings, which led to more structured talent pipeline tracking, clearer role readiness criteria, and better documentation of development plans for key positions. Directors played an active role throughout the process, participating in two formal review sessions where they evaluated progress, validated priority roles, and confirmed that mitigation actions were on track. This combined approach of audit insight, operational follow through, and Board level oversight supports a more resilient leadership pipeline and provides strengthened assurance.

Embed Continuous Learning

Technology Enablement

iLearn, the IBTS's Health eLearning Management (HeLM) launched in October 2025 in partnership with the HSE and its service provider. By the end of 2025, over 90% of employees successfully registered on the new platform and 54% of employees completed at least one online module on the iLearn platform.

All 5 Health and Safety-related e-learning modules were migrated to iLearn, as well as LEAN White Belt Awareness, Code of Conduct, and our Performance Development and Research and Development modules. Two brand-new online modules were also launched to the organisation: Dignity at Work and Sustainability. Engagement and Compliance First promotion continued to contribute to improving compliance levels across the organisation.

Further work will be completed in 2026 to embed continuous blended learning and provide the tools and technology to improve the employee experience and further enhance compliance.

Compliance

Compliance across mandatory training remained a priority in 2025. In the first half of the year, the L&D team cleaned up profiles and training assignments in preparation for the migration to iLearn. Within iLearn, employees can now easily see what online modules they have yet to complete, or what modules they need to retake. A line manager dashboard page is in development and will be available in early 2026.

L&D partnered with the Quality Systems and IT teams to take a more streamlined approach to compliance reporting. An integrated monthly report was developed and submitted to the EMT presenting mandatory compliance data across L&D, Quality and IT (cyber security and data protection). This has resulted in increased awareness of gaps, reduction in gaps and led to increased collaboration with teams to review requirements and set up training.

Performance Development

Performance Development remained a priority in 2025, with a continued commitment to fostering a culture of continuous improvement and lifelong learning across the organisation. L&D maintained a proactive approach to supporting employees and managers, in particular to support employees with setting SMART goals. L&D engaged directly with employees and managers, facilitating webinars around goal setting, and the delivery of in-person workshops to build confidence and consistency in the approach to Performance Development.

Based on employee feedback, a new self-evaluation guide and question bank were shared as resources, equipping employees and managers with practical tools for reflection and development conversations. New platform features were rolled out, including an upload and auto-save function, to reduce friction with the platform or process.

External drivers and the operational context of our service relating to supply and demand and adverse weather events, created operational challenges in maintaining high engagement levels across the organisation.

Enriching Our Culture

LEAN Six Sigma Services - LEAN & Keen Programme

Year 1 of a 3-year LEAN Six Sigma programme of work commenced. This programme of LEAN capability building is designed so that the IBTS will evolve to become adaptable through streamlining operations and embracing transformative change. We will ensure the uninterrupted delivery of safe, high-quality blood products for Ireland.

To achieve our LEAN transformation, everyone must change the way they work. This programme empowers employees to drive change from the bottom up, with tools and training, while strategic projects address systemic matters from the top down, ensuring sustainable improvements.

A strong foundation for the organisation's three year LEAN Six Sigma capability programme was set this year with the commencement of White Belt, Yellow Belt, and Green Belt training. White Belt sessions introduced all staff to the core principles of continuous improvement, building a shared language and awareness across teams. Yellow Belt training then equipped selected employees with practical problem solving tools to support local improvement initiatives, while Green Belt training developed a cohort of deeper specialists capable of leading cross functional projects with measurable impact. Together, these tiers create a structured learning pathway that begins to embed LEAN thinking into everyday work and establishes the first wave of internal capability needed to drive sustained transformation over the coming years. As the programme progresses, the organisation is now positioned to expand participation, increase project delivery, and strengthen its culture of continuous improvement.

To enhance the donor experience a black belt project, 'Blood in Donor Experience', was undertaken which modeled the donor journey to improve process efficiency and donor experience. LEAN modeling, data analysis and testing to streamline donor experience and flow resulted in 3 key recommendations. The modeling reduced the average journey time from 80 minutes to 48 minutes and cut the maximum journey time from over 120 minutes to 70 minutes, demonstrating a significant streamlining of flow, removal of bottlenecks, and more consistent performance across the entire process. Continuous improvement initiatives are being implemented to achieve stated objectives.

Values Based Recognition and Appreciation

The IBTS completed a comprehensive programme to design and implement a Values Based Employee Recognition and Appreciation framework. The work began with an in depth analysis of organisational culture, employee demographics, and operational structures to ensure the programme was context specific and inclusive. A multifaceted recognition model was co created, covering individual achievements, team accomplishments, longevity and service milestones, innovation and improvement initiatives, and contributions to patient and donor satisfaction.

Supporting this, clear nomination, selection, and approval processes were defined, alongside a scalable system for tracking and documenting recognition activities. Targeted training and guidance were provided to managers and supervisors piloting the prototype to embed effective recognition practices, while feedback mechanisms, reporting, and metrics were developed to continuously assess impact on engagement, retention, and overall organisational performance. Programme Launch is set for 2026.

Environmental Health and Safety

Putting Safety and Wellbeing First

Health and Safety Management System

The successful implementation of an enterprise-wide cloud based Electronic Health and Safety Management System in 2024, provided us with the opportunity in 2025 to centralise our health and safety documentation, and at the same time streamline and enhance health and safety processes. Tailoring the audit and inspection module of the electronic system enabled us to develop end to end electronic management processes for inspection and the replenishment of equipment such as chemical/biological spill kits and diphoterine units.

Behavioural Safety and Employee Engagement

The Good Catch/Safety Observation and IBTS Safety Recognition Awards programme promotes a positive safety culture and promotes behavioural based safety by empowering employees and others in our workplace to report and feedback on health and safety. In 2025, five awards (peer reviewed and selected) were made for promoting positive health and safety behaviour and interventions taken by employees/teams in the workplace. All feedback and achievements are recognised via our quarterly health and safety bulletins.

Health and Wellbeing

In line with the IBTS People and Culture Statement of Strategy 2021 to 2025, the IBTS established a Health and Wellbeing Committee in 2025. The committee is comprised of representatives from across the organisation. In recognition of the work undertaken in the area of health and wellbeing the IBTS was awarded winner in the category of 'Excellence in Mental Health and Workplace Wellbeing' at the Workplace Excellence Awards in June 2025. The organisation was also finalist in the award for 'Excellence in Workplace Health and Safety'.

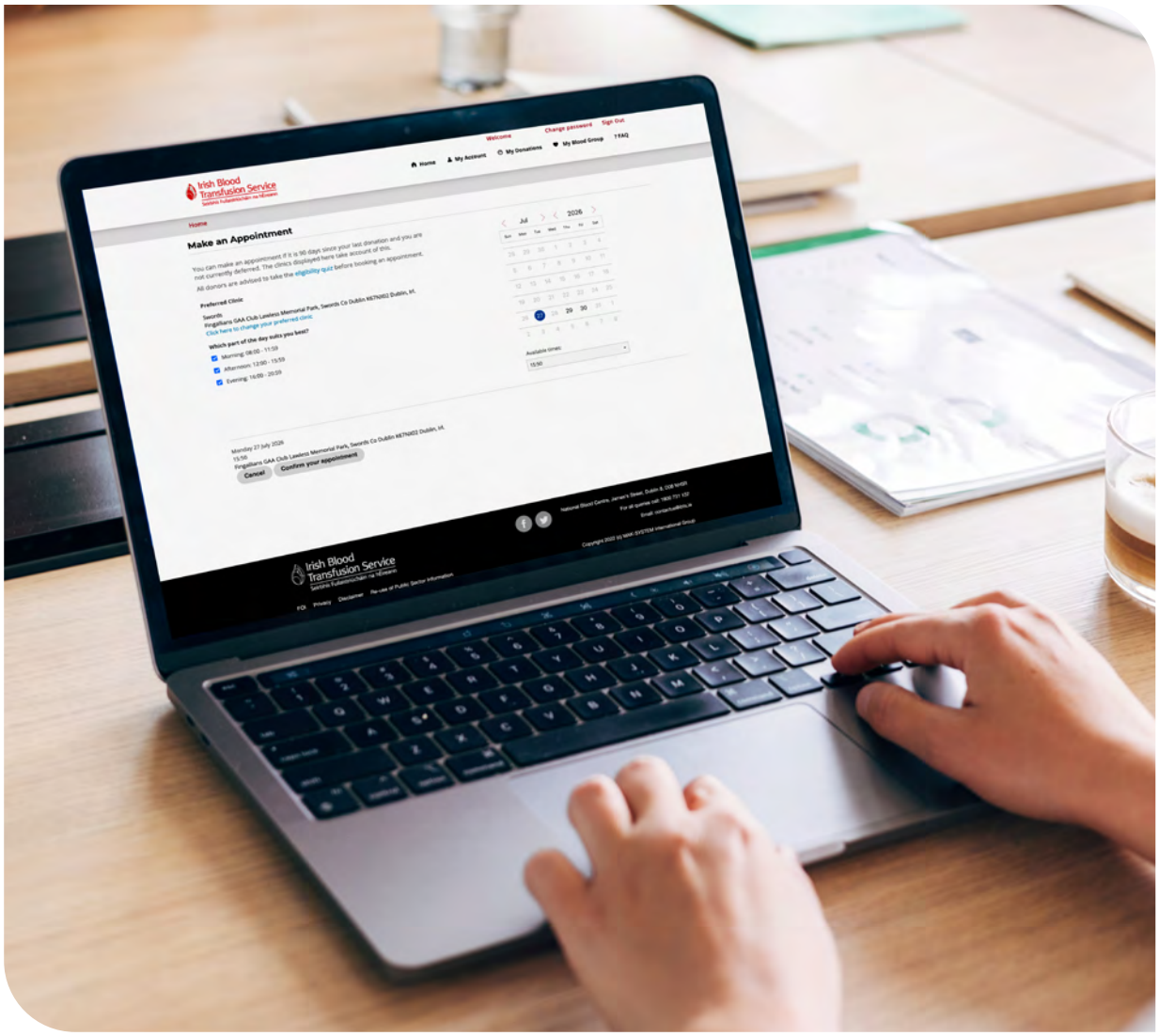
The IBTS continued to team up with the Irish Heart Foundation in regard to their Slí@work programme. The programme was launched in September 2025 with a presentation to IBTS on heart health and physical activity from the Irish Heart Foundation.

Information Communication Technology

The IT Function continued its programme of technology upgrades throughout 2025, with a particular focus on initiatives to reduce technical debt and improve the overall resilience of the IBTS IT Systems.

Significant work was also done in support of various business initiatives and new systems which will launch in 2026, including a replacement for our hospital ordering system, which will be better integrated with core systems, extension of our online booking system, improvements to systems used at clinics and various other upgrades.

Work also commenced on a Digital Strategy to support the next IBTS strategy, and a Data Strategy which will underpin the IBTS' transformation to being a truly data driven organisation.



Sustainability

IBTS Climate Action Roadmap & Sustainability Strategy Implementation

As a Public Service Organisation, the Irish Blood Transfusion Service is mandated to meet energy and carbon emissions reduction, along with several other quantitative and qualitative targets, by 2030. As a centre for innovation, education and development in the field of healthcare, we understand why it is so necessary to do so.

Our Climate Action Roadmap 2024/25 provided the framework to begin to retrofit and replace our plant equipment with several tenders developed to support this. An internal facilities masterplan was also developed to support this progressive transition throughout the organisation.

We have made strides in managing energy and carbon emissions through our infrastructure projects, replacing our end-of-life boilers in the NBC, replacing Air Conditioning Units in our IT Suite, and approving a supplier for the full upgrade of our lighting system in the NBC to a smart LED system[11]. In our, fleet, beginning to transition to Hydrotreated Vegetable Oil[12] (HVO) fuel in place of diesel in our Dublin based vehicles has led to a reduction in transport emissions. All the above projects have led to the reduction in emissions and energy use seen in 2025.

In Q4 2025 the IBTS Board signed off on the 2025/26 Climate Action Roadmap, and it was published on www.giveblood.ie, highlighting transparency in our objectives to meet the climate action mandate targets and objectives.

Following on from the successful development of our first Sustainability Strategy, we began to act on the mandated and strategic objectives for 2025. We have expanded our focus on energy awareness amongst our teams, provided sustainability learning and development opportunities to colleagues, improved our waste management system, extended our Smarter Travel Programme throughout our regional centres and clinics, and highlighted opportunities for further improvement.

IBTS Energy-Related Greenhouse Gas (GHG) Emissions

In 2025 the IBTS has had success in our journey towards our 2030 energy and carbon emissions reduction targets. As detailed previously, our infrastructure upgrades and change in fuel use within our vehicles have been the primary factor in this change. As outlined below we have had a reduction in emissions across all major emissions sources.

These projects have already resulted in a year-on-year reduction across our fossil fuel related emissions of 5.9%, moving the IBTS towards meeting our 2030 targets, but we still have work to do to meet this target. As these were implemented mid-year, we will not realise the full impact until 2026. We are continuing to review our Gap to Target, with the support of our Public Sector Partnership Manager, to ensure that we are on track to meet our carbon emissions targets.

Emission group	Emissions Source	GHG baseline (tonnes CO_{2e})	2024 (tonnes CO_{2e})[13]	2025 (tonnes CO_{2e})[14]	2030 Target (tonnes CO_{2e})
Fossil	Gasoil	4	7	4	583
	Natural Gas	938	735	723	
	Road Diesel	247	190	150	
Biofuels	HVO (Road Use)	0	0	0	0
Electricity	Net Electricity Imports	2,015	941	815	431
Total	Total	3,204	1,872	1,691	1,013

Table presenting the CO2 emissions associated with energy use within the IBTS estate[15].

11. Tendered and closed, but this project will not occur until 2026.
12. HVO is deemed by the SEAI as a zero-emissions biofuel.
13. 2024 IBTS emissions updated to reflect accurate data available in Q3 2025, after the publication of the 2024 IBTS AR.
14. As the SEAI has not officially published the actual data for energy used in the IBTS estate, electricity and natural gas emission are partially estimated for 2025. This data will not be officially verified until Q3 2025. In subsequent AR's this will be retroactively updated, as was conducted with FY 2024 data in this report.
15. CO_{2e} values in this table are rounded to the nearest whole tonne.

Our total emissions targets are currently on track, due to the significant decarbonisation of the electricity grid in Ireland during the period from the baseline until now.

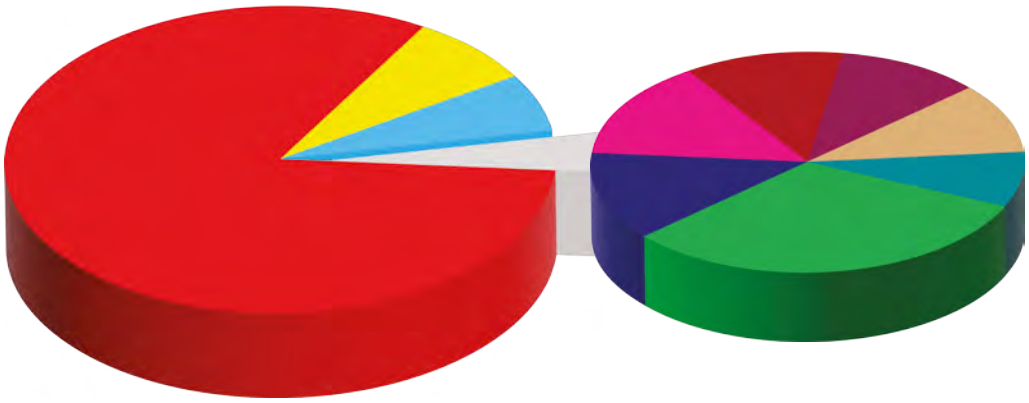
Due to the cycle of the verification process by the Sustainable Energy Authority of Ireland's (SEAI) Monitoring & Reporting (M&R) mechanism, the data for the IBTS for 2025 has been submitted but will not be verified prior to the publication of the Annual Report for 2025. The data for the diesel, HVO, and gas oil has been reported and calculated directly by the M&R system, however, the values for both natural gas and electricity were based on a mix of billed data, sub-meter systems, and required extrapolations to give a whole year estimation. In subsequent years, this will be corrected and updated retrospectively to reflect the verified value available, which has been completed for 2024 data.

As with previous years, we are continuing to evaluate our project pipeline within the IBTS estate, to meet our targets, and again, our focus as a first step is on the NBC, due to the scale of the energy used by our headquarters within the estate.

Emissions within the IBTS estate are associated with heating (natural gas and electricity) and the power supply (electricity) to our buildings, along with the fuel used within the IBTS fleet (road diesel). Gasoil within the IBTS estate is used for the contingency power supply in our generators at the National Blood Centre and the IBTS Cork Centre.

For energy use within the organisation, the IBTS is required to increase our energy performance by 50% from the baseline (2006-2008) to 2030. This is currently on track to be achieved due to energy efficiency upgrades and proactive energy management within the organisation during that period.

2025 Energy Use in IBTS Buildings & Fleet (kWh)



- NBC - 6,811,768
- Fleet Diesel - 632,511
- Fleet HVO - 103,187
- Cork - 509,501
- Stillorgan - 43,595
- D'Olier Street - 46,560
- Ardee - 39,062
- Limerick - 35,295
- Tuam - 33,267
- Carlow - 27,061

Breakdown of total energy used (Electricity, Natural Gas, Gas Oil, Fleet Diesel, and Fleet HVO in kWh) across IBTS buildings and fleet.[16]

16. After the addition of HVO to the IBTS fleet, fleet fuel has now been split into Fleet Diesel and Fleet HVO.

There is an obvious shift in the balance of energy use, a significant amount of energy shifting from fleet diesel to fleet HVO. There have been reductions in natural gas and gasoil use, with a small increase in electricity use, this has been mainly attributed to increased production requirements through plasma processing.

IBTS Energy Source	2025 Natural Gas (kWh)	2025 Electricity (kWh)	2025 Fleet Diesel (kWh)	2025 Fleet HVO (kWh)	2025 Gasoil (kWh)	2025 Total (kWh)
NBC	3,649,558	3,151,838	-	-	10,372	6,811,768
Fleet Diesel	-	-	632,511	-	-	632,511
Fleet HVO	-	-	-	103,187	-	103,187
Cork	204,018	302,423	-	-	3,060	509,501
Stillorgan	29,440	14,155	-	-	-	43,595
D'Olier Street	-	46,560	-	-	-	46,560
Ardee	13,406	25,656	-	-	-	39,062
Limerick	16,737	18,558	-	-	-	35,295
Tuam	-	33,267	-	-	-	33,267
Carlow	15,474	11,587	-	-	-	27,061
Total Energy (kWh)	3,928,633	3,604,044	632,511	103,187	13,432	8,281,807
Total Associated Emissions (tonnes CO_{2e})	723	815	150	-	4	1,691

Breakdown of energy usage within the IBTS buildings and fleet.[17,18]

17. As detailed previously, the data in this table has some extrapolation (Electricity & Natural Gas). This has not yet been verified by the SEAI.
18. Values are rounded to the nearest whole kWh/tonne CO_{2e}.

Implementation of the Mandate

The IBTS is committed to enacting the Climate Action Mandate within our activities and has made continued progress between 2023 and 2025 to improve our implementation level across the organisation. The table below outlines the improvement from 52% implementation in 2023 to 75% implementation in 2025.

Implementation Level	2023	2024	2025
Implemented	9	20	24
Partially Implemented/ Partially Complete	7	8	9
Not Implemented	8	4	5
Not Applicable	6	9	9
Implementation Rate (%)[19,20]	52%	75%	75%

Level of implementation of the Climate Action Mandate within the IBTS between 2023 and 2025.

While the overall compliance did not increase in 2025, the total number of mandated objectives and the completed objectives, both increased. We have specific plans in place to address the outstanding objectives currently listed as Not Implemented and are continually reviewing our opportunities to increase compliance in other areas and future-proof our system.

Circular 01/2020

As a public service organisation, the IBTS is mandated to address the emissions arising from official air travel and has been compliant with Circular 01/2020 since its introduction.

Flight Type	Cabin Class	2023	2024	2025
One-Way	Economy	170	106	77
Return[21]	Economy	41	58	49
Total Flight Legs[22]	Economy	252	222	175

Flights taken by the IBTS for official business, addressing adherence to Circular 01/2020.

In line with the most recent Climate Action Mandate (2025), the IBTS has made a payment as required to the Climate Action Fund. The payment made was to cover 23.93 tonnes of CO_{2e} generated from 327,691 km of flights for official business in 2025, a reduction in total flight distance (kilometres) of 19.6% year-on-year.

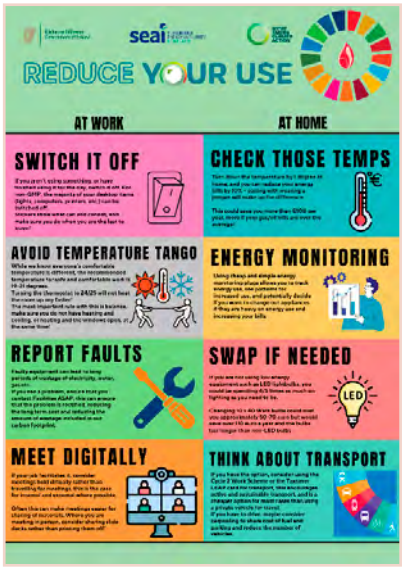
The IBTS is committed to restricting air travel to necessary purposes only, and all official air travel is reviewed at the highest level for requirements before approval. Increased enforcement of policy has resulted in continued reduction in total flight legs and flight distance.

19. Calculated by assigning 100% scoring to Complete Implementation, 50% to Partially Implemented, and 0% to Not Implemented, and taking an average of the overall score. Not Applicable returns are discounted.
20. Rounded to the nearest whole percentage.
21. Flights deemed to be returns if they involved direct flight returns, i.e. Dublin to Manchester and Manchester to Dublin with no layovers. Any other flight was deemed multi-leg one-way flight.
22. Flight legs total is calculated by all one-way flights equalling 1 leg, and all direct return flights equalling 2 legs.

Sustainability Activities & Initiatives

The IBTS Sustainability Strategy 2025-2030 has been used as a framework for the IBTS to broaden our view on Environmental, Social, and Governance (ESG) topics:

- Following on from a recommendation during an audit, the IBTS procured a bespoke Sustainability at the IBTS e-Learning software, which has been added to iLearn and made as a mandatory course for all staff, encouraging our colleagues to develop an understanding of the requirements and plans for the IBTS in this area. This is supplemented by the ongoing Corporate Orientation Programme module for new joiners;
- The IBTS has also taken the first step on our road to a robust Energy Management System (EMS). The Climate and Sustainability Lead underwent a 3-day training course on Energy MAP, to help develop an EMS that will provide a pathway to ISO:50001 in the future;
- In Q3 2025, the IBTS signed up to the SEAI Energy Decarbonisation Partnership Programme, highlighting our support and acting as leaders within the public sector to embed energy management and awareness within our organisation. This ensures we have support from the Public Sector Partnership Manager assigned to the IBTS;
- One of our Climate Action Mandate objectives was to ensure that our Executive Management Team received appropriate Climate Action Leadership Training. After discussion with our Public Sector Partnership Manager, it was agreed that we would create our own internal training, which is directly focused on our impacts and targets, this was delivered to EMT in Q4 2025;
- Detailed in our Sustainability Strategy, we had 2 waste targets: to recycle 55% of our core streams by end-2025, and 60% of the same streams by end-2030. We met our 2025 target with a recycling rate of 57.6%, up from 52.9% in 2024;
- In 2025, IBTS raised over €3,600 by collecting and donating our Deposit Return Scheme items to 3 charity partners;
- In November 2025, the IBTS held a blended Sustainability Idea-Sharing Workshop as mandated by the Climate Action Mandate and discussed opportunities for improvement amongst staff in person and online from our regional colleagues;
- Following on from providing our e-Learning course on Sustainability at the IBTS, we decided to engage with the SEAI's Reduce Your Use campaign for 2025/26. The Climate and Sustainability Lead and the Sustainability Steering Group led this, supported by the SEAI in encouraging colleagues to think about energy waste in the office and at home. The campaign included out of hours audits, desktop energy reviews, providing communications and signage, and hosting discussions for staff;
- As part of our growing engagement with the National Transport Authority's Smarter Travel Programme, we took part in several activities in 2025, including Ready, Set, Cycle: Winter Ready, Light Up Your Bike, and Walktober. We were ranked 41st organisation overall nationally in the Walktober competition, in which we walked an average of 320,199 steps per colleague, in total over 24 million steps;
- We ran our first whole organisation commuting survey in Q4 2025, which gave us key insights into the current and future needs of the organisation, and we have taken many opportunities for improvement, with plans to action these in the future;
- The IBTS continues to focus on reducing unnecessary printing, and increased awareness of the impacts of printer use in 2025 and resulted in a year-on-year reduction in printed paper usage by 6%;
- The Sustainability Steering Group, collaborating with the NBC Social Committee, ran a Waste Electronic and Electrical Equipment (WEEE) Amnesty and Clothes Swap week in Q4 2025. The WEEE was recycled safely with our waste provider, and the remaining clothes were donated to Oxfam Ireland.


REDUCE YOUR USE
AT WORK
AT HOME
SWITCH IT OFF
CHECK THOSE TEMPS
AVOID TEMPERATURE TANGO
ENERGY MONITORING
REPORT FAULTS
SWAP IF NEEDED
MEET DIGITALLY
THINK ABOUT TRANSPORT


seai
To affirm its commitment to decarbonisation of the public sector
Irish Blood Transfusion Service
is a member of the SEAI Energy Decarbonisation Partnership Programme
We commit to:
William Walsh
CEO Sustainable Energy Authority of Ireland
CEO Irish Blood Transfusion Service
PROUD PARTNER ON DECARBONISING THE PUBLIC SECTOR BY 2030 WITH SEAI


WALKTOBER
Irish Blood Transfusion Service
Congratulations to
Irish Blood Transfusion Service
and to your Walktober Coordinator
Kevin Barron
for taking part in Walktober 2025.


Step Up Day
Lá Uaschéimnithe
#reduceyouruse
REDUCE YOUR USE
Step up and take action to save energy
Uaschéimnigh agus cuir gníomh chun fuinneamh a shábháil
#reduceyouruse

Awards & Achievements

In 2025, the IBTS took the opportunity to share our progress to date in the broad sphere of Environmental, Social and Governance (ESG).

In June 2025, we were shortlisted finalists for Best Environmentally Conscious Workplace at the Workplace Excellence Awards.

This was followed by another shortlisted finalist performance for Innovation in Decarbonisation and Energy Performance in the Public Sector at the Business Energy Achievement Awards.

In October we won Healthcare Organisation of the Year from Ireland's Climate Change Leadership Awards. This award was based on inputs from across the organisation and focused on the continued provision of healthcare services in a changing environment and continued adaptation to that change, while mitigating our own impacts.

My Green Labs

Recognized by the United Nations Race to Zero campaign as a key measure of progress towards a zero-carbon future, My Green Lab (MGL) Certification is considered the gold standard for laboratory sustainability best practices around the world.

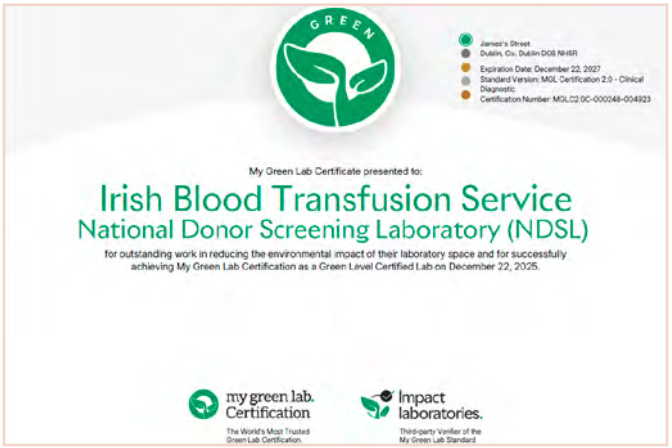
As the IBTS represents excellence in our field, being exemplar in terms of our commitment to sustainable science, while continuing to provide our vital services, is of huge importance.

In 2025, the National Donor Screening Laboratory was due for re-assessment. The My Green Lab team were delighted that the NDSL was awarded the Green Certification as part of the new and more comprehensive MGL 2.0 Certification.

MGL NDSL Green Certification 2025

The aim of engaging with MGL is to educate and engage IBTS laboratory staff on laboratory sustainability best practice to actively contribute to minimising the environmental impact of their lab operations and thereby assist the IBTS in meeting our 2030 Climate Action Plan targets of improving energy efficiency and reducing carbon emissions.

We are committed to continual improvement of our systems within the organisation and will collaborate on best practices to ensure that all our laboratories are in the best position to achieve the highest levels of accreditation possible.



Waste Management

In the IBTS Sustainability Strategy, our objectives when it comes to waste are to increase our segregation, and data availability, so that we can target specific waste streams. In 2025, this was enhanced significantly, where several streams of waste that were diversely managed across our regional locations were centralised, and extensive work was done to increase clarity on the waste streams produced.

This built on the new waste management system established in 2024, to provide a baseline for many waste streams that was not feasible previously, including food waste.

Category	Sub-Category	2024 (tonnes)	2025 (tonnes)	2025 % Change
Waste Used/ Recycled/ Sold/ Donated/ Composted/AD	Waste Recycled	64.0	69.7	8.9%
	Waste Sold	0.0	0.0	0.0%
	Waste Donated[23]	0.0	0.3	0.0%
	Waste Composted/ Anaerobic Digestion (AD)	3.5	8.9	151.2%
Total Waste Used/Recycled/Sold/Donated/ Composted/AD		67.6	78.9	16.7%
Waste Incinerated	Waste Incinerated with Energy Recovery	163.9	151.2	-7.7%
	Waste Incinerated without Energy Recovery	0.0	0.0	0.0%
Total Waste Incinerated		163.9	151.2	-7.7%
Waste Otherwise Disposed		0.0	0.0	0.0%
Waste with Unknown Disposal Method		0.0	0.0	0.0%
Total Waste Produced		231.5	230.1	-0.6%
Hazardous Waste Produced		110.0	105.8	-3.8%
Non-Hazardous Waste Produced		121.6	124.3	2.3%

Waste Generation and Management (Hazardous and Non-Hazardous) produced within the IBTS in 2024 & 2025.[24,25,26,27]

The table above highlights the breakdown of the waste across 2024 and 2025, and the disposal method assigned to the wastes by weight. There has been an increase in composted/anaerobic digestion waste, as we have seen a full year of food waste production after our waste management system implementation. This increase, along with increases in recycled waste streams has resulted in a drop in waste that is disposed through recovery methods.

23. Donated waste for 2024 and 2025 is solely accounted through the donated Deposit Return Scheme items, which are recycled. Additional donation streams will be implemented in 2026, as we donate items for re-use and re-purposing.
24. As some of these waste streams were clarified mid-2025 at various stages, this is not a full year baseline across all waste streams.
25. For some waste streams, in subsequent AR's if waste data is made available for past collections, the data will be retroactively updated, and this will be addressed in commentary.
26. PHS waste was added to this file in 2025 and has been partially extrapolated as there was no change in service delivery, however this was fully brought under one provider in 2025, so the missing data was extrapolated based on half year service.
27. There are still some waste streams that are yet to be clarified as they are being centralised from regional providers.

Finance

Summary Accounts for the year ended 31st December 2025

	2025	2024
	€'000	€'000
Income		
Recurring income	88,760	84,590
Non-recurring income	2,727	3,223
Total income	91,487	87,813
Expenditure		
Total expenditure	90,439	85,151
Surplus/(Deficit) for year	1,048	2,662
Actuarial gain / (loss) on pension schemes	13,064	6,330
Transfer to Capital Reserves	(110)	(111)
Transfer to Research Reserve	(116)	(80)
Accumulated Surplus/(Deficit) at 1st January	4,723	(4,078)
Accumulated Surplus/(Deficit) at 31st December	18,609	4,723

Income

The Board's total income for 2025 of €91.5 million (2024 €87.8 million) is analysed into recurring and non-recurring income. Recurring income consists of revenue generated from sales of products and services provided to hospitals of €88.8 million (2024 €84.6 million). Non-recurring income of €2.7 million (2024 €3.2 million) includes deferred funding for the single public service pension scheme. The increase in recurring income is due to increased issues of both red cell and platelets during the year and also an increase in testing volumes on the previous year. Income also includes revenue from the reintroduction of Irish plasma for therapeutic use.

Expenditure

Expenditure for 2025 amounted to €90.4 million (2024 €85.2 million). Pay costs increased as a result of the pay awards under the national public service pay agreement. There was also higher expenditure in terms of repairs and renewals and with an increase on the income side for bought in products comes higher costs on the expenditure side.

Reserves

The Board has a Capital reserve for the development of new facilities in Cork. The balance in the fund at the year ended 31st December 2025 was €10.9 million. (2024 €10.79 million).

At the 31st December 2025 the balance of research funds was €3.5 million. (2024 €3.4 million).

Capital Expenditure

The Board invested €2.2 million in capital projects and equipment during 2025 (2024 €2.5 million).

The main capital investments during the year included a new fleet of six clinic team buses and new weigher mixer devices for clinics as well as various pieces of equipment for our laboratories.

Prompt Payment Legislation

The Board complies with the requirements of Prompt Payment Legislation except where noted below. The Board's standard credit taken, unless otherwise specified in specific contractual arrangements, are 30 days from receipt of the invoice or confirmation of acceptance of the goods or services which are subject to payment. It is the Board's policy to ensure that all accounts are paid promptly. During the year ended 31st December 2025, under the terms of applicable legislation, invoices to the value of €156,259 were late, by an average of 12.16 days. These invoices constituted 0.73% by number and 0.32% by value of all payments to suppliers for goods and services during the year. Total interest and fines paid in respect of all late payments amounted to €4,391.38

The Board continuously reviews its administrative procedures in order to assist in minimising the time taken for invoice query and resolution and the approval and payment process.

Contact Details

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www.twitter.com/giveblood.ie

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e:contactus@ibts.ie

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Dublin Blood Donor Clinic
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Stillorgan Blood Donation Clinic
6 Old Dublin Road
Stillorgan
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Ardee Centre
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Ardee
Co Louth A92 HCP4
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Carlow Centre
Kernanstown Industrial Estate
Hackettstown Road
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Tuam Centre
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Beechtree Business Park
Weir Road
Tuam
Co Galway H54P229
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Limerick Centre
Carrig House
Cloghkeating Avenue
Raheen Business Park
Limerick V94 AH97
t: 061 306980

Irish Blood Transfusion Service
Seirbhís Fuilaistriúcháin na hÉireann

National Blood Centre
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Tel: 00 353 1 4322800
Email: contactus@ibts.ie

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Donor Infoline 1800 731 137