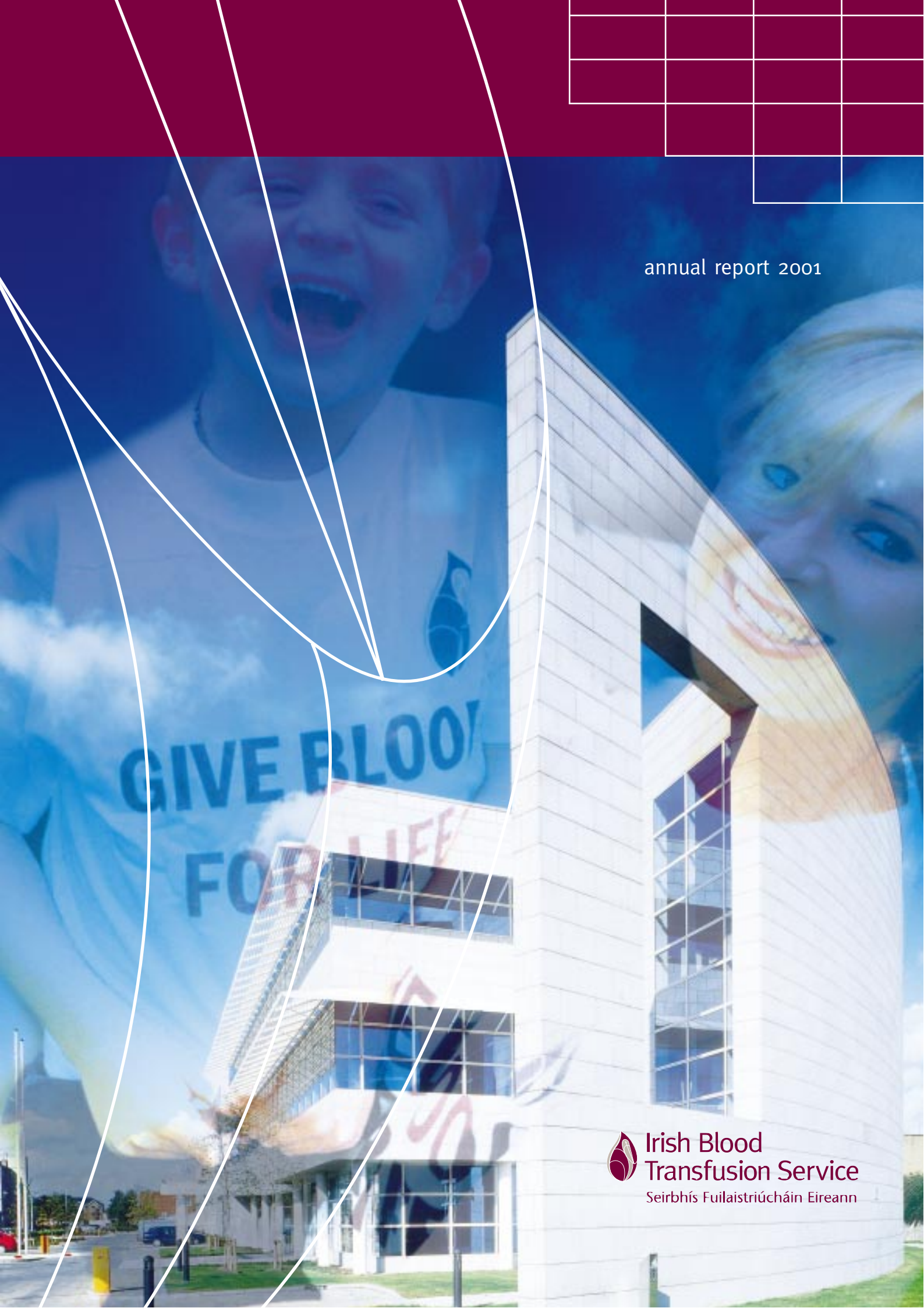

annual report 2001

Irish Blood Transfusion Service

Seirbhís Fuilaistriúcháin Eireann

Mission Statement:

The IBTS is committed to excellence in meeting patients' needs through the professionalism of our staff and the generosity of our donors

Irish Blood Transfusion Service

Seirbhís Fuilaistriúcháin Eireann

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MESSAGE FROM THE CHAIRMAN

My appointment as Chairman of the Irish Blood Transfusion Service in September 2001 was a great honour but a most formidable challenge. The challenge is to maintain public confidence in the safety of the blood supply in the wake of the individual suffering, hurt and death arising from the infection of Anti-D and other blood products with Hepatitis C. A further challenge to this public confidence will again need to be addressed when the Lindsay Tribunal Report on the Infection with HIV and Hepatitis C of Persons with Haemophilia and related matters is published in 2002.

As Chairman, I offer a sincere apology on behalf of the Board of the Irish Blood Transfusion Service for the mistakes and errors of the past that caused so much hurt and distress. It is also my heartfelt wish that the Inquiries into these events will help to answer many of the questions about how they occurred and where responsibility rests. Justice must be done to those who suffered and to their relatives and friends who also bore the burdens of their suffering. Justice must also be done to the hundreds of committed dedicated and loyal staff in the Irish Blood Transfusion Service who while carrying no responsibility for what happened have continued under often difficult and sometimes hostile circumstances to maintain a safe blood supply to thousands of patients in acute hospitals. I am deeply appreciative of their loyalty and commitment in serving the interests of donors and transfusees.

In my short-term as Chairman, I have become acutely aware of the difficult agenda of priorities facing myself, the Board and the Management and Staff of the Irish Blood Transfusion Service.

The first priority is to ensure that the blood that is supplied to patients in hospitals is of the highest standard possible. Although no Blood Transfusion Service can guarantee zero risk, the Irish Blood Transfusion Service continues to be a world leader in implementing the most up-to-date testing technology, to ensure that risk of infection through blood transfusion is extremely low.

Based on current testing technologies and the strict donor selection criteria now being implemented, it is estimated that the risk of contracting HIV from blood is 1 in 3.5 Million and for Hepatitis C is 1 in 1 Million. As scientific testing develops, newer and more sophisticated testing will reduce this risk even further in the years ahead.

The second priority is to ensure that there are adequate blood supplies available to meet all hospital requirements. Approximately, 100,000 donors give blood annually so that Irish hospitals get the 3,000 blood donations a week that they need to treat cancer patients and people suffering from major trauma - often as a result of road traffic accidents. 15,000 new donors are needed each year to replace donors who retire or who are unable to continue donating. Sincere and heartfelt thanks to all donors who through their selfless giving have ensured that the service can continue to match the demands of our acute hospitals. Please continue the good work.

Our third priority is to reorganise the Management of the Blood Service in-line with the recommendations in many reports so that individual accountabilities for delivering each component of the Service safely, effectively and efficiently is clear on the one hand while good teamworking and effective working relationships are fostered on the other to ensure that there is a truly national cohesive service in place. The challenges to creating such an organisation are well documented in various reports.

Many of the other priorities are also competing for immediate attention. The Board is reviewing the proposal to consolidate virus testing of donations at the National Blood Centre and intends to appoint a panel of International Experts in consultation with the Southern Health Board to assist us with this work. In parallel with this, we will be reviewing the Planning Brief for the Cork Centre to meet Irish Medicines Board requirements, in relation to both the building and facilities. These initiatives should provide the foundations for improving working relationships between the Dublin and Cork Centres and creating a truly integrated National blood supply service. The possible risks of transfusion of vCJD is also being kept under review to inform the Board's donor deferral policy. The development of best practice with regard to blood utilisation in hospitals and the monitoring of adverse impacts of transfusion through our haemovigilance programme are amongst other important priorities on the Board Agenda.

The IBTS recognises the importance of collaborating with the various agencies, service providers, groups and individuals who both depend on us and on whom we also depend - Hospitals, Health boards, donors, staff, patients and doctors around the country. The Board is conscious of the need to refine our systems of communication and consultation to ensure a two way flow of the kind of information and advice that will best shape the nature, form and standard of our service into the future.

To conclude, I would like to thank my colleagues on the Board for their untiring work in making the IBTS as good as the best worldwide. In particular, I would like to thank Prof. Pat Barker, Dr. Rosemary Hone and Mr. Gerry Coffey who retired from the Board during the year and to welcome Dr. Gerard Crotty, Dr. Helen Enright and Ms. Maura McGrath who joined the Board in September 2001.

Michael McLoone
Chairman

CHIEF EXECUTIVE OFFICER'S REPORT

The Irish Blood Transfusion Service has set itself the target of remaining to the forefront of best practice in Blood Transfusion activities. This is a very demanding objective. There are no risk free strategies. In many cases, as with vCJD, decisions must be made in the absence of definitive scientific evidence.

One of the major policies implemented by the IBTS in the past year was our decision to defer persons who have resided in the UK for five years or more between 1980 and 1996. This decision was taken to improve the safety of blood by reducing the possible transmission of vCJD through blood. While such transmission is as yet unproven it was deemed prudent to minimise this risk. In total this decision removed 5,000 of our regular pool of donors and means that Ireland, owing to our close proximity to the UK, in relative terms has lost more donors than most other countries who have implemented similar deferrals. In an effort to counteract this the IBTS embarked on a major recruitment drive in the past year which resulted in the biggest increase in new donors for some time.

Blood collection activities were co-ordinated from five centres. In addition to the testing and processing centres in Cork and Dublin which also co-ordinate blood collection activities in their areas, blood collection was co-ordinated from centres in Limerick, Carlow and Ardee. We owe a huge debt of gratitude to the many people who continue to donate regularly. We recognise, that to encourage more donors in the future, it is necessary for us to make it more convenient for people with busy lives to give blood. Some improvements have already taken place and we acknowledge that we still have some way to go to expand the donation collection programmes.

The Tribunal of Inquiry into Infection with HIV and Hepatitis C of Persons with Haemophilia, and Related Matters, continued throughout most of 2001. Public hearings, which had lasted for almost 200 days, were concluded in November. The report from the Tribunal is expected in mid 2002.

Owing to the level of opposition from the Southern Health Board and the medical profession in Munster to the earlier decision of the IBTS to consolidate donation testing at the National Blood Centre it was proposed that a three person international group be established to review the decision. This proposal was agreed with the Southern Health Board and Terms of Reference for the review were agreed in December 2001. It is expected that the review will take place in the first half of 2002. The completion of the review will enable the finalisation of the planning brief for a new centre in Cork. In 2001, a review of the IBTS Re-organisation Plan was sanctioned by the Board. This process will continue throughout 2002.

Contract negotiations are nearing completion for the introduction of Nucleic Amplification Technique (NAT) for HIV and Hepatitis C at the National Blood Centre. This is expected to become operational in 2002. In the meantime we are grateful to the Scottish National Blood Transfusion Service who currently carry out this testing on our behalf.

The safety of blood and blood components, supplied for patient care, remains a top priority for the IBTS. The IBTS has made a major contribution to acute hospital services in Ireland over the past year. This was possible through the ongoing commitment of staff and the loyalty of our donors.

Martin Hynes
Chief Executive Officer

NATIONAL MEDICAL DIRECTOR'S REPORT

Blood and its constituents, red cells, platelets, and plasma are transfused to patients because effective alternative therapies do not exist. For patients who require increased oxygen delivery capacity due to a shortage of red blood cells, the only effective available therapy at present is red cells from donated blood. For patients who are bleeding or at significant risk of bleeding because they lack blood platelets donated platelets may be the only useful treatment. For many other patients, plasma infusions or treatment with the proteins extracted from donated plasma are an essential form of therapy.

In recent years there have been some developments in identifying viable alternatives to donated blood, but progress has been slow, and sometimes the availability of effective and safer alternatives to blood as a medicine seems to recede rather than get closer. For example, since 1998 people with haemophilia in Ireland had been treated with recombinant factor VIII and Factor IX, which had replaced the plasma-derived products used formerly. It was the presence of viruses in these plasma-derived products during the 1970s and '80s that had led to the devastating spread of HIV and hepatitis C in this group of patients worldwide. This in turn had led to considerable increases in safety in plasma-based manufacture, and ultimately to the goal of replacing these products with the synthetic recombinant proteins in the late '90s. Supply difficulties during 2001 caused worldwide shortages of recombinant clotting factors, and patients once more were required to depend on plasma-derived factors for their essential treatment.

Throughout 2001, the use of blood transfusions themselves continued to fall in Irish hospitals. This was due in part to a change in the understanding of the necessity of transfusing blood in surgical patients with mild or moderate postoperative anaemia. It has become increasingly apparent that patients do not necessarily benefit from transfusions when their blood loss during or after surgery has been moderate. Indeed it seems that patients are more likely to develop complications such as wound infections or infections in the respiratory or urinary systems if they are transfused than if they are not. The reasons for this tendency are not yet clear. Nevertheless many patients are now not transfused after or during surgery, where before they would have been.

This trend towards a reduction in use of blood transfusion in surgical patients was underscored by the publication in early 2001 of the first guideline produced by the National Blood Users Group. This Group, chaired by Professor John Bonner, comprises hospital users from a wide range of specialities and disciplines, and addresses the need for a practicable and up-to-date set of evidence-based guidelines in all aspects of blood use in hospitals. The first publication, entitled A Guideline for Transfusion of Red Blood Cells in Surgical Patients, addressed the most urgent issue: which patients should be transfused before, during and after surgery, and which should not. A copy was issued for every hospital doctor in the country.

However the most important development in the IBTS throughout the year was the strategy to reduce any risk that might exist of transmitting variant Creutzfeldt-Jakob Disease (vCJD) by transfusion.

vCJD is now widely believed to be the human form of BSE, and to have been spread to humans by eating meat and meat products from infected bovines. The disease is predominantly present in the United Kingdom, though indigenous cases had arisen in France, and have since appeared in Italy. Towards the end of 2000 a group of researchers in Scotland published results of an experiment that seemed to suggest that the infectious agent for vCJD was present in the blood of large mammals incubating the disease, and that during the incubation period it

could be transmitted by blood transfusion from one animal to another. Although the experiments had been performed in sheep, the observation gave rise to concerns that a similar event could occur in humans who were incubating the disease. Since there is no way of determining who might be incubating the disease, and therefore might potentially pass it on through blood transfusion, there was no simple strategy to reduce this new risk from blood transfusion.

To help address this, the IBTS held a workshop in February 2001. Some of the most prominent experts on vCJD in the world were asked to consider what approaches were possible or prudent to minimise any risk. Following this, the IBTS adopted a number of very far reaching measures. Plasma from Irish blood donors was no longer used for manufacture of blood products such as clotting factors, albumin, or immunoglobulins. Persons who had spent a cumulative time of five years or more in the United Kingdom in the years of risk from BSE, 1980 to 1996, were no longer allowed to donate blood. A programme to replace plasma for clinical use from Irish donors with plasma from volunteer donors outside the “BSE zone” was set in motion. A multidisciplinary team was set up to develop optimum management of stocks of blood at hospital level. This was both to reduce the likelihood of blood shortages following deferral of previous UK residents from donating blood, and to reduce the impact of any shortages that might arise. These measures were introduced on top of the programme of universal leucodepletion - removing the white blood cells in blood donations - which had been introduced in 1999 when it was first suggested that this tactic might reduce any theoretical risk of infectivity of vCJD in blood.

It had originally been intended to extend the deferral from donation to those who had spent more that a twelve month cumulative period in the UK in the risk years - in the event this was postponed because of the likelihood that this would cause serious blood shortage if it was introduced before plans to increase the supply of replacement donors could be brought to fruition.

Once again the absolute dependence of modern medical practice on blood donors to provide blood for patients undergoing surgery, or treatment for cancer, or following trauma, or for other patients with serious disorders of the bone marrow or the clotting systems, had given rise to fears of transmission of serious disease. In time other synthetic or culture-based therapies will probably be developed that will reduce this dependence, and the inevitable concerns that go with it, but for several years to come one of the main tasks of Blood Transfusion Services everywhere will be to take whatever steps they can to limit the risks to the recipients from this essential but challenging form of treatment.

Dr William G. Murphy M.D., FRCPEdin, FRCPath
National Medical Director

DONOR SERVICES AND COLLECTION

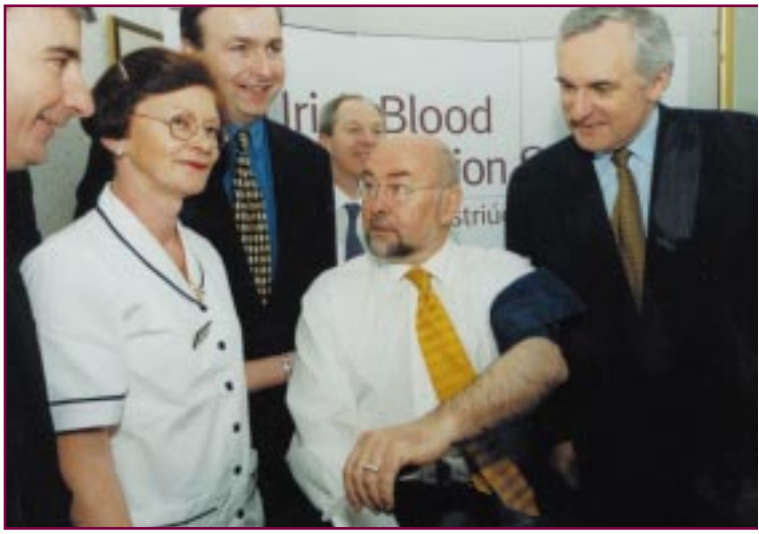
The past year has been one of major success and transition for our Donor Services Department. In 2001 a major recruitment initiative, the IBTS's first ever 'Blood for Life Week' was launched and it was also a year in which we recorded substantial increases in attendances at our clinics. Special gold and platinum cards were issued to donors who have given 50 and 100 donations respectively as a mark of their commitment and dedication. 2001 also saw the opening of a new donation collection centre in Ardee and by year end plans were at an advanced stage for a similar centre in Tuam.

National Figures for Blood and Platelet Donations 2001

	Blood Donations		Platelet Donations
Attended	181,684	Attended	4,655
Procured	142,740	Procured	4,421
Deferral Rate	21.4%	Deferral Rate	5.0%
New Donors	*22,056*		

Ardee Centre

Mr. Dermot Ahern TD, Minister for Community Social and Family Affairs officially opened the IBTS's decentralised centre in Ardee in 2001. The centre schedules clinics and collects blood in counties Louth, Meath, Cavan, Monaghan, parts of Co. Longford and Co. Dublin. The opening times of the clinics in these areas have also been changed to make them more accessible to donors. This includes the holding of a Sunday clinic in the region on a regular basis.



Apheresis Platelet Programme

The recruitment of platelet donors increased substantially in the past year with the panel increasing to 1,100 active donors. This resulted in an increase of 9% in the amount of platelets collected by apheresis.

A major innovation in the Apheresis clinic was the introduction of a new technique of LDP/RBC (Leucodepleted Platelets and Red Blood Cells) in September 2001. This procedure takes one unit of red cells and one therapeutic unit of platelets from the donor, by Apheresis method.

Work Place/Community Blood Drive

The Blood Transfusion Service is very grateful for the continued support from over 350 Community Groups and Business Organisations throughout the country. This support is maintained through a programme known as our Work Place Blood Drive. The main emphasis of the programme, is to allow individuals the opportunity to donate as a group from their place of work. Transport is provided from their location to a blood clinic nearby.

Donor Interviews

The person to person interview for new and lapsed (donors who have not donated in past two years) was first introduced in September 1999. During 2001, we extended this additional screening measure to our clinics operated from our mobile team in Cork, Limerick and Dublin.

Deferral Rates

In the past year 21.4% of all donors who attended at our clinics were deferred from donating blood. This increase was partially due to increased numbers of new donors and the fact that we excluded people who were in the UK for 5 years or more between 1980-1996 from donating blood as a precautionary measure against the risk of the transmission of vCJD through blood transfusion. The continuing increase in deferral rates undoubtedly puts pressure on the available pool of eligible donors. The most common causes of deferral in 2001 were low iron level, donor has/had cold or travel to countries with malaria.

Donor Award Presentations

One hundred and four 100-time donors and six hundred and seventy-four 50-time donors were presented with porcelain Pelican Awards and Gold Drop Awards at ceremonies in Dublin, Cork, Carlow and Dundalk during 2001.

Our thanks to the Minister for Health and Children Míchéal Martin TD, Minister of State, Mary Hanafin TD and Dermot Ahern, TD, Minister for Social, Community and Family Affairs for presenting awards. Our thanks also to all of the 50 time and 100-time donors for their commitment and dedication to our transfusion service and to patient care.

Voluntary Donor Organisers

The Blood Transfusion Service relies heavily on the work carried out by Local Voluntary Organisers (LVOs) who play a pivotal role in organising clinics in their local area. In order to assist them in their work, the IBTS published a handbook for LVOs and also a bi-annual newsletter In-Touch.

2001 was designated 'International Year of the Volunteer'. In recognition of the role played by LVO's we presented each of them with a specifically designed memento to mark the occasion.

[Donor Services Promotional Activities]

Special Oireachtas Clinic

In order to raise awareness of blood donation and to collect much needed blood, the IBTS held a special clinic in Dáil Éireann during the year which attracted huge support from all political parties. The IBTS were honoured that An Taoiseach, Bertie Ahern TD paid a visit to the clinic.

Blood for Life Week
24th - 30th September 2001

Blood For Life Week was a dedicated week organised by the IBTS to raise awareness of blood donation. The week focused on young people who had required transfusions during their short life but were now living healthy lives. We received tremendous support from all sections of the community especially in the sporting and entertainment fields.

The week was launched by Minister Michéal Martin, Minister for Health & Children, and by RTE personality Sharon Ní Bheoláin who acted as our ambassador for the week. The supermarket chain Centra were of tremendous support to us both corporately and through distributing posters to their stores throughout the country.

Education

It is vital to educate the younger generation of the need to donate blood. In pursing this objective, the IBTS developed a booklet for Transition Year students which provides essential facts on blood transfusion and interesting information on the historic development of blood donation. The booklet will be made available to schools in 2002. The IBTS also sponsored a special category prize at the Young Scientist Exhibition to encourage awareness of the use of blood in our health service.

Complaints

We welcome feedback from donors on the level of service we provide. During 2001 the main complaints registered were delays at clinics and the need to have clinics open at times more suitable for donors. The addition of Sunday opening has alleviated some of the issues around this but more needs to be done.

PROCESSING & TESTING

When a person is accepted as a Blood Donor, a blood donation unit (450ml) and a number of small blood samples (4 x 7ml) are collected. The blood donation unit is processed and the component parts extracted - Red Cells, White Cells and Platelets. Samples are sent to our laboratories at the same time for testing. One sample is tested in our Grouping Laboratory to determine blood type. The second sample is sent to the Virology laboratory and tested for the presence of specific viral markers such as Hepatitis C and syphilis and the third sample is sent to Scotland for an additional safety test for Hepatitis C and HIV (Nucleic Amplification Testing).

In 2001 viral testing carried out by the IBTS included:

- Hepatitis B Virus
- Human Immunodeficiency Virus
- Cytomegalovirus
- Hepatitis C
- Human T Lymphocyte Virus

The testing is done using automated equipment that also reads the unique barcode number which is assigned to each donor's donation. The results are then transmitted to the main frame computer where all the details and test results are collated. A similar procedure is used on the sample collected for blood grouping. The results on the third sample are electronically transmitted from Scotland to the IBTS within 24 hours.

Each time a donor is accepted for donation the same regime of testing is carried out. This results in six separate virology screens, two NAT screens, 4/5 crosschecks on the blood group and its separation into components.

On completion of testing and processing each component unit undergoes a visual inspection. The barcode on the unit is scanned and if all the tests are complete and satisfactory results obtained the unit is then labelled and cleared for issue.

Because blood has a limited life span outside the body it is important that it be available for transfusion as soon as possible after collection. The procedures adopted by the IBTS will ensure that donation can be issued to hospitals within 48hrs of collection. Red Cells are stored at 4°c and have a shelf life of 35 days and Platelets are stored at room temperature and have a shelf life of 5 days.

[HOSPITAL SERVICES]

The Hospital Services Department of the IBTS continued its essential link in the distribution chain needed to ensure that blood reaches the people who need it most during the past year. The key function of the Department is to provide safe, and secure distribution of all products released for issue to hospitals. This involves critical product management and the maintenance of accurate and comprehensive records of both received and issued blood, blood components, and derivatives.

The Hospital Services Department is responsible for monitoring stocks of blood and blood products on an ongoing basis. The IBTS provides a 24-hour service to all hospitals throughout the country 365 days a year. A regular weekly delivery service to hospitals is also in permanent operation.

[Tissue Banking]

The Tissue Bank of the Irish Blood Transfusion Service is comprised of the Irish Eye Bank and the Homograft Heart Valve Bank. The Tissue Bank is a member of the European Eye Bank Association, the British Association of Tissue Banks, the American Association of Tissue Banks and the Irish Donor Network.

BLOOD & BLOOD PRODUCTS ISSUED

Product	2001	2000
Red Cells & Whole Blood	120,482	124,797
Platelets	14,131	10,302
Frozen Plasma	27,038	24,811
Cryoprecipitate	1,747	1,848
Factor VIIA (xIU)	535,920	260,040
Protein C (x IU)	75,404	11,570
Anti Thrombin III (x IU)	23,000	28,500
Factor VIII Recombinant (x IU)	11,180,260	15,737,440
Factor VIII Plasma	5,095,500	-
Von Willebrand Factor Haemate P (x IU)	357,500	146,500
Factor IX Recombinant (xIU)	8,445,420	7,889,820
Prothromplex (x IU)	429,600	266,400
Factor XIII Fibrogammin P	1,250	4,750

Bone Bank

The IBTS Bone Bank is based in our Cork Centre. The products issued are used by hospitals for patients who previously would have had hip replacement operations and who need further bone replacements due to wear and tear.

National Eye Bank

The role of the Eye Bank is to supply organ cultured corneas to ophthalmic surgeons throughout Ireland. 76 corneas were donated to the Bank in 2001 of which 50 were issued for transplant. During 2001 the import of corneas from the UK ceased due to concerns relating to vCJD. As this resulted in a shortfall in the number of corneas required, 17 corneas were imported from the Rocky Mountain Lions Eye Bank in Denver, Colorado. During the latter half of 2001 the Eye Bank also ceased to issue scleral shells, again due to the theoretical risk of vCJD. All requests for scleral coats are now filled by the Rocky Mountain Lions Eye Bank, USA via the IBTS.

Homograft Heart Valve Bank

The Homograft Heart Valve Bank cryopreserves a range of cardiovascular tissue including Aortic, Pulmonary and Mitral valves/conduits as well as arteries and patch grafts. During 2001, 41 cardiovascular tissue donations were received at the Bank of which 19 were issued in the past year. The homograft valves are primarily used for children with complex congenital reconstructions, young adults, women of child bearing age, anyone contraindicated for anticoagulation and for active endocarditis.

QUALITY ASSURANCE

The Quality Assurance Department of the IBTS continued and enhanced the quality systems process it has put in place in the IBTS. In addition, a total of seven Irish Medicines Board inspections were conducted during 2001, with three full GMP inspections of the manufacturing facilities in Cork and Dublin and the remainder covering our centres in Limerick, Carlow, D'Olier Street and our newly established base in Ardee. All inspections were considered to be compliant with the requirements of Good Manufacturing Practices (GMP).

In light of the continuing threat of vCJD, a major programme for sourcing solvent detergent treated plasma from a non-BSE country was a top priority for the IBTS during 2001. Having sourced a suitable product, a number of supplier audits were conducted to satisfy the stringent quality and safety standards required by the IBTS. A project was initiated to safely dispose of the plasma no longer required for processing.

The Cork IBTS had a six-day NSAI inspection in August 2001, undergoing a full ISO9002:1994 systems audit as part of the requirement for continuing certification. NSAI was satisfied that certification requirements were met and recommended that registration to the standard could be continued.

A successful audit of the National Tissue Typing Reference Laboratory (NTTRL) at the National Blood Centre was conducted in September 2001, by the European Federation for Immunogenetics (EFI). This is the second laboratory in Ireland and the UK certified to this standard for histocompatibility testing.

A total of 194 validation protocols were raised during the year covering GMP related plant, equipment and processes. The validation status of Blood Bank Computer System (BBCS) was maintained throughout the year.

Through regular monthly Quality meetings, monitoring of the Quality Management Systems in place was continued throughout the year. Participation in External Quality Assurance programmes also ensured that the IBTS is continuously benchmarked against our peers in other national Blood Transfusion Services.

[NATIONAL HAEMOVIGILANCE OFFICE]

The aim of the National Haemovigilance programme is the achievement of a national standard in practice and care for all patients before, during and on completion of transfusion. The National Haemovigilance Office (NHO) collects and analyses voluntary confidential information relating to adverse events surrounding blood transfusion.

During the first two years of operation, and in line with international findings, the largest number of reports received has been in the category of Incorrect Blood Components Transfused. The findings illustrate that blood transfusion therapy is considered a safe procedure. However, there is still a need to continue to develop and perfect systems, to ensure safety and elimination of errors at all stages of the transfusion chain.

The NHO provides feedback following analysis of reports received, relating to adverse events. The development of hospital in-service training programmes is actively supported. Working closely with hospital based Transfusion Surveillance Officers (TSO) the office promotes improvements in transfusion practice and the development of audit functions at hospital level. The NHO will continue developing the haemovigilance concept through regional seminars, study days and information support.

The ongoing support from hospitals around the country demonstrates an enthusiastic and encouraging attitude towards Haemovigilance in Ireland and provides a firm basis for achieving improvements in the care and welfare of transfusion patients.

[Recipient Tracing Programmes]

The Recipient Tracing Unit of the IBTS continued to trace recipients of infectious or potentially infectious blood or blood products in 2001. These programmes were established following the Hepatitis C infection through Anti-D manufactured by the BTSB, which came to light in 1994.

To year end December 2001, 65,996 were screened for Hepatitis C under the national Anti D HCV Programme of which 64, 970 tested negative for Hepatitis C antibodies. Under the Anti D Reassurance Programme 5,511 recipients were re-tested. Under the Targeted Look Back Programme, 307 people have been tested of which 106 have evidence of continuing Hepatitis C infection. Up to December 2001, 14,919 people were screened under the Optional HCV Screening Programme of which 42 tested PCR positive. All 2,153 people screened under the HIV Screening Programme tested negative.

[Irish Unrelated Bone Marrow Registry]

The Irish Bone Marrow Registry recruited 1,699 new donors in 2001. During the year, the Bone Marrow Registry facilitated transplants to nine Irish patients.

The Irish Unrelated Bone Marrow Registry is affiliated to the National Marrow Donor Program, the largest registry in the US and the World Marrow Donor Association.

The development and upgrading of the Information Technology (IT) system has been a priority for the IBTS during 2001. Our objective is to have in place an IT system that provides an efficient and effective service to the organisation, which supports the maximum safety of our donors and quality of our products. In this regard, our IT system is integral to the tracing of blood and blood components from donor to patient.

The Progesa System

The existing Blood Management System (BBCS) is being replaced by a new system, Progesa, which is designed to replicate industry best practice in respect of process flow, operating procedures and quality management.

IT Personnel

The IT team required to support the services of the IBTS was greatly enhanced by the recruitment of permanent personnel in the following positions; Programmer Analysts, UNIX Administrator, Network Administrator and IT Administrator.

Employee Numbers

The total number of staff, including full and part-time, employed by the IBTS in 2001 was 490.

Senior Appointments

The following senior appointments were made in the year:

Sharon Bailey	Director of Finance
Michael Healy	Senior Executive Officer
Donna Harkin	Clinical Nurse Manager D'Olier St,
Noel Murphy	Management Accountant
Aisling O'Brien	Area Organiser Tuam
Jim Shanahan	Office Manager, Donor Services

[Communications and Publications]

Web-Site

The IBTS launched a revamped website in 2001 to make our site more accessible and attractive to donors, members of the general public, hospitals and the media. In addition to providing information on our activities, the IBTS now posts the number of national blood units in stock on a weekly basis.

Freedom of Information

Mr. David Burbridge took up the position of Freedom of Information Officer in 2001. A total of sixteen requests for information were received by the IBTS under the Freedom of Information Act (FOI) in the past year. The IBTS updated its Freedom of Information booklet during the year, which is available from our FOI Office and can be downloaded from our website.

Publications

A number of publications were issued by the IBTS in 2001.

A Guidline for Transfusion of Red Blood Cells in Surgical Patients

A Guide to the Irish Blood Transfusion Service and Summary

A Guide to the Services Provided by the National Tissue Typing Reference Laboratory

Donor Digest Issue 4

IBTS Annual Report 2000

National Haemovigilance Office Annual Report 2000

Donor Digest

The IBTS published issue Four of the Donor Digest in December 2001. The Digest is a bi-annual newsletter for donors. It provides information on donating blood, clinics, the use of blood for patients and also invites contributions from our donors. The Donor Digest is available at all our clinics and is also posted on our website.

[FINANCE]

Income

The Board's total income for 2001 of £61 million (2000 £47 million) is analysed into recurring income and non-recurring income. Recurring income consists of revenue generated from products and services provided to hospitals of £59 million (2000 £46 million). Also included is direct funding of £1.6 million (2000 £1 million) received from the Department of Health and Children in relation to expenditure incurred on the Hepatitis C Recipient Tracing Programme. Non-recurring income includes a revenue grant of £2.1 million to fund the implementation of the Board's policy on vCJD.

Expenditure

Expenditure of £60 million for the year 2001 an increase of £9 million on 2000. This reflects the continuing costs of implementing the Board's reorganisation plan, upgrading our information technology systems and the additional running costs of the new national headquarters.

Capital Expenditure

Expenditure of £1.8 million was invested in capital projects during 2001. Projects mainly related to the completion of our National Blood centre, the setting up of a new mobile clinic in Ardee and further enhancements to our information technology systems. A grant of £400,000 was received from the Department of Health & Children to fund the setting up of a mobile clinic in the West, as part of the Boards Strategy on VCJD.

Euro Conversion

The Board, following consultation with its health sector customers, suppliers and other relevant parties adopted the Euro as its functional currency for most of its financial systems with effect from 1st October 2001. Accordingly, the Board's income, billing and collections systems were converted to Euro with effect from 1st October 2001. In addition, most of the Board's payments systems, mainly relating to suppliers, were converted to Euro from that date also. The staff payroll system was converted to Euro with effect during November 2001. Those systems not converted to Euro mainly staff travel and subsistence systems were converted to Euro with effect from 1st January 2002.

	2001 IR£'000	2001 €'000	2000 IR£'000	2000 €'000
[Income]				
Recurring income	59,441	75,475	46,761	59,374
Non-recurring income	2,173	2,759	629	799
Total Income	**61,614**	**78,234**	**47,390**	**60,173**
[Expenditure]				
Total expenditure	60,370	76,654	50,960	64,707
Surplus/(Deficit) for year	1,244	1,580	(3,570)	(4,534)
Accumulated reserve at 1st January	(1,883)	(2,391)	(1,687)	(2,143)
Accumulated reserve at 31st December	**(639)**	**(811)**	**(1,833)**	**(2,391)**

CORPORATE GOVERNANCE

The IBTS is committed to maintaining the highest standards of corporate governance and is accountable to the Minister for Health & Children. This statement describes how the principles of corporate governance are applied.

Compliance with the Combined Code

The Board is committed to complying with the relevant provisions of the combined Code of the Hempel Committee on Corporate Governance.

The IBTS during the year received reports on internal control and going concern issues. The Board regularly reviews the reports of the IMB on operational and compliance controls and risk management. The Board will continue to review these reports and to work closely with the IMB to ensure the highest international standards.

Workings of the Board

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

The Board meets monthly. To enable the Board to discharge its duties, all members receive appropriate and timely information. The Board takes appropriate independent professional advice as necessary.

The following committees deal with specific aspects of the IBTS's affairs:

Medical Advisory Committee

The Medical Advisory Committee is comprised of the medically qualified members of the Board and the medical consulting staff and meets on a monthly basis. Its function is to monitor developments relevant to the field of transfusion medicine and related fields, to inform the Board of any such developments and to advise the Board on appropriate action.

Finance Committee

The Finance Committee meets monthly and is comprised of two members of the Board, the Director of Finance and Management Accountant. The Committee reports to the Board on management and financial reports and advises it on relevant decision making.

Going Concern

After making appropriate enquiries, the directors have a reasonable expectation that the IBTS has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the financial statements.

Internal Financial Control

The Board is responsible for establishing and maintaining the Group's system of internal financial control. Internal control systems are designed to meet the particular needs of the Board and the risks to which it is exposed, and by their nature can provide reasonable but not absolute assurance against material misstatement or loss. The Board has no reason to believe that the internal control systems are inadequate, but is committed to reporting more fully in future years.

STATEMENT OF DIRECTORS RESPONSIBILITIES

We undertake to prepare financial statements for the financial year which give a true and fair view of the affairs of the IBTS and of its income and expenditure for the year. In preparing those statements we have:

- Selected suitable accounting policies and applied them consistently
- Made judgements and estimates that are reasonable and prudent and
- Explained any material departures from applicable accounting standards

We are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the Board. We are also responsible for safeguarding the assets of the Board and for taking reasonable steps for the prevention and detection of fraud and other irregularities.

We undertake to publish the annual financial statements with the Annual Report and to ensure, where possible, that the report of the Comptroller and Auditor General be appended.

[Members of the Board]

Mr. Micheal McLoone, Chairman (from 6.9.01)

Mr. Pat Farrell

Dr. Mary Horgan

Dr. Elizabeth Keane

Mrs. Valerie Mannix

Dr. Karen Murphy

Mr. Tony McNamara

Dr. Ann O Connor

Dr. Gerard Crotty (from 6.9.01)

Dr. Helen Enright (from 10.9.01)

Ms. Maura McGrath (from 27.9.01)

[Auditors]

Comptroller & Auditor General
Treasury Building
Lower Castle Yard
Dublin Castle
Dublin 2

[Solicitors]

McCann FitzGerald Solicitors
2 Harbourmaster Place
Custom House Dock
Dublin 1

[Bankers]

Allied Irish Bank
Dame Street
Dublin 2

[IBTS HQ]

National Blood Centre
James's Street,
Dublin 8.
Telephone: 01 4322800
Fax: 01 4322930
e-mail: info@ibts.ie
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[NOTES]

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