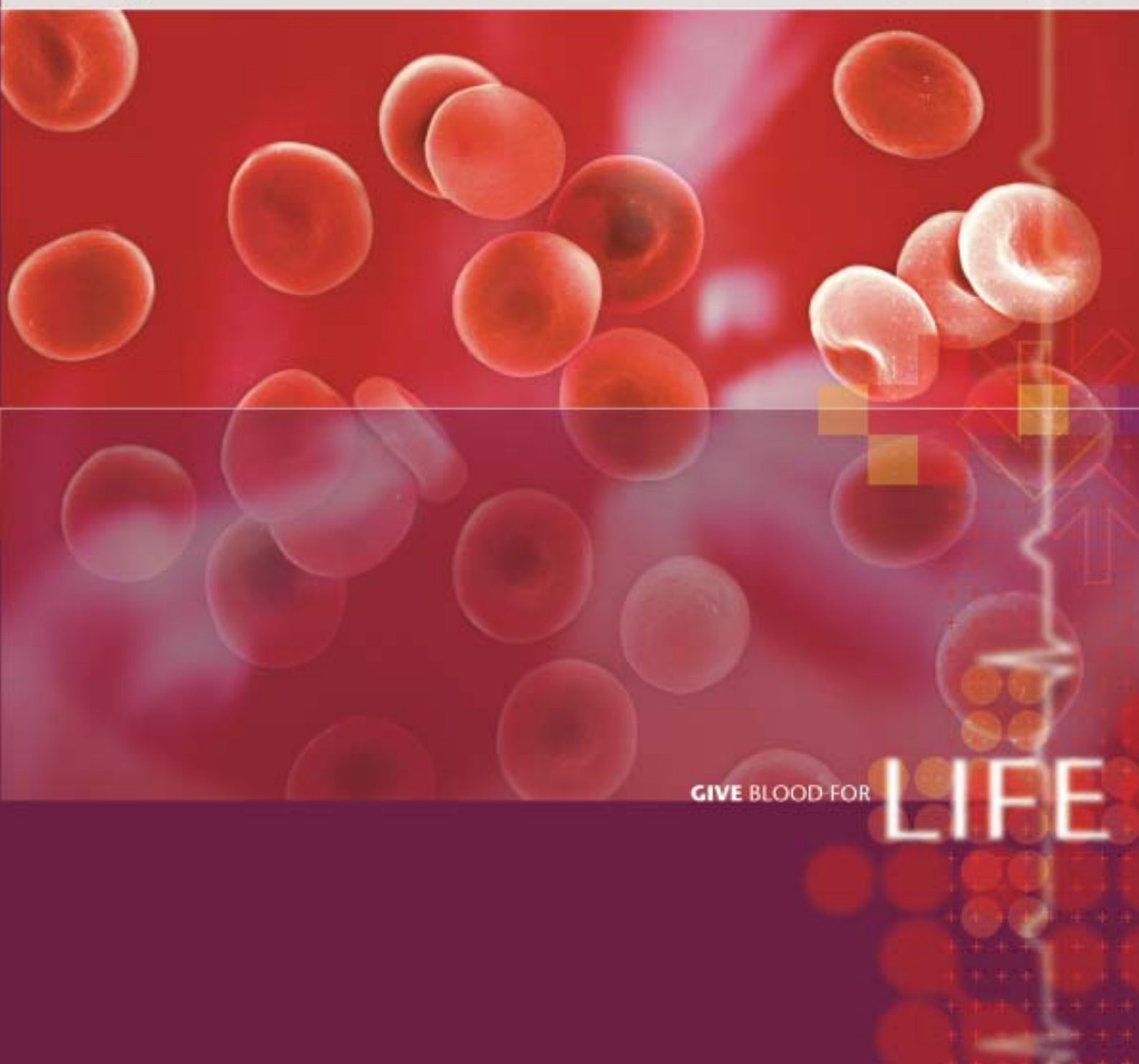




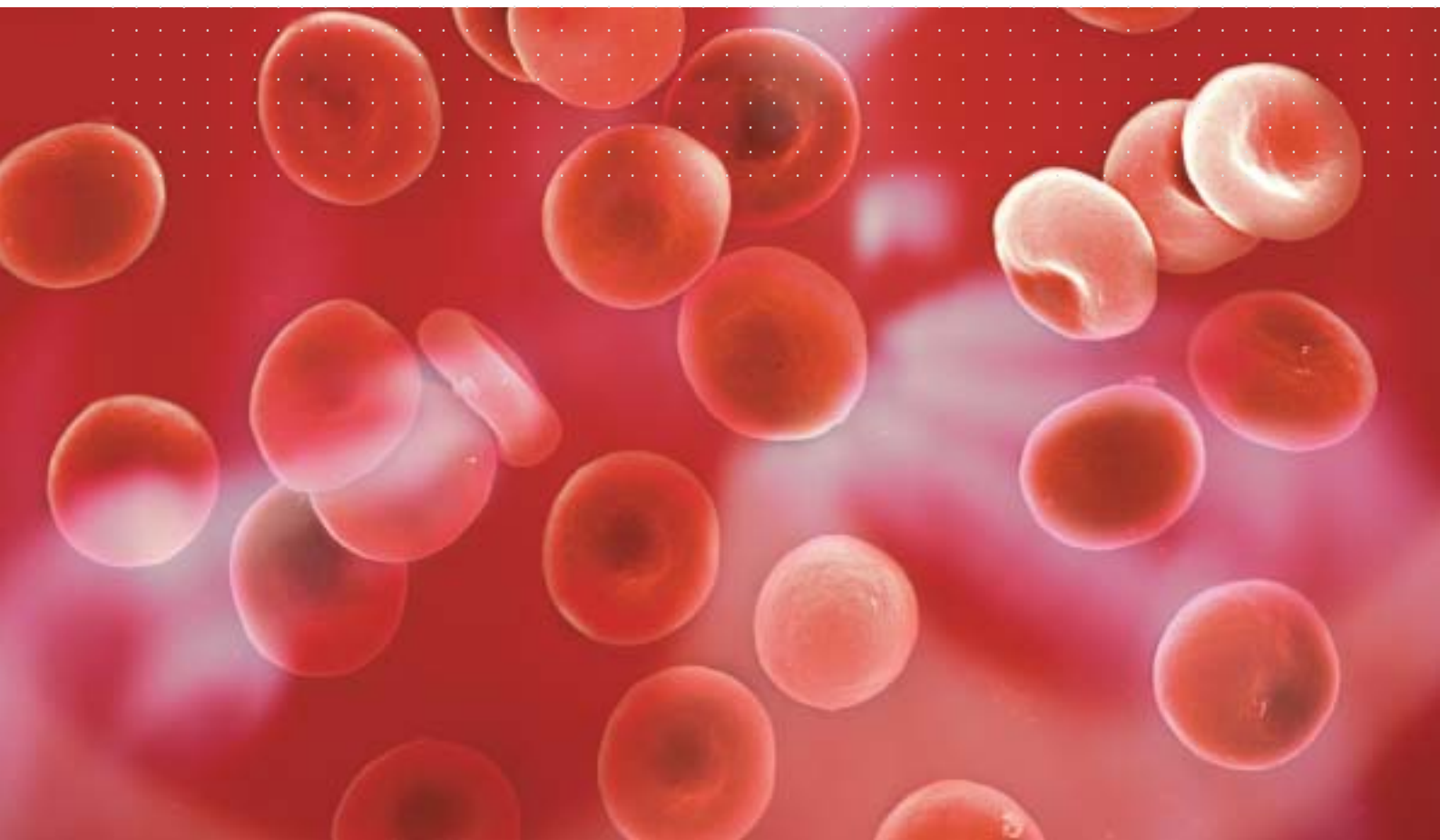
Irish Blood
Transfusion Service
Seirbhís Fuilistriúcháin Eireann



GIVE BLOOD FOR **LIFE**

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





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Message from the Chairman

The past year has witnessed many significant changes and developments in the Irish Blood Transfusion Service. The controversy about where the blood donated for transfusion should be tested was addressed by an International Review Panel who recommended that the IBTS develop and maintain donation testing programmes including nucleic acid testing at both the Cork and Dublin Centres. The Board considers that this report is a milestone in its efforts to develop a cohesive national service.

The Board also addressed the controversy over the facts relating to the timing of the notification of test results to 28 donors in the Munster Region who tested Hepatitis C positive between 1991 and 1993. It examined the Terms of Reference and methodology proposed by a Steering Committee for the investigation of these facts. The Board called for an independent judicial inquiry as a more transparent and independent mechanism than the methodology proposed. This controversy also led to internal difficulties about the management of the issues involved as a consequence of which a medical consultant was suspended and reinstated and the Chief Executive resigned.

The Lindsay Report was published in September. The Board of

the IBTS regrets that failures on the part of the BTSB in the past and its shortcomings in response to the emerging threat of HIV contributed to the infection of eight persons with Haemophilia and one recipient of a blood transfusion. Whether persons with haemophilia were infected with HIV and/or Hepatitis C by local or imported product; or whether infection was caused before the identification of viruses or afterwards; the IBTS acknowledges and regrets all death and injury caused by products that were supposed to bring a better quality of life to people but which regrettably did the opposite. We wish to convey our sincere apologies to all those who have suffered. About 40,000 people with Haemophilia world-wide were infected with HIV.

Further progress was made in 2002 in implementing change and advancing new developments. The development brief for a new centre in Cork was completed. The design of a nucleic acid testing laboratory in the Dublin centre was also finalised. An international transfusion medical expert, Dr. Cees van der Poel, was appointed to the Board as recommended by the International Review Panel.

A system-wide computer system, Progesa, was brought to within months of 'go live' by year-end. It will be a vital new addition to our range of safety measures. Significant progress has also been made

developing a national quality system, with clearly stated operational standards, which is being informed by the developments outlined in the EU Directive on Blood. The development of our quality systems and standards is designed to manage and reduce risks of transmission of infection even further.

The decision of the Board to accept the eleven recommendations of the International Review Panel on Testing will have the most far reaching implications for how the Irish Blood Transfusion Service is organised and managed in the future. Work was underway at year-end to implement these recommendations.

On behalf of patients in our hospitals, I would like to thank the donors who give selflessly for the benefit of others, and whom in 2002 gave in greater numbers than they had for some years.

To conclude, I would like to thank many people who were responsible for the achievements of the past year. The staff deserve our thanks and recognition for their very dedicated and loyal service. I wish in particular to thank those who departed the service in 2002 including the Chief Executive, Martin Hynes. I wish to pay tribute to my colleagues on the Board for their voluntary service and in particular for the additional time they dedicated to the resolution of some difficult problems in the course of the year. Finally, I wish to

Message from the Chairman

thank our Acting Chief Executive, Andrew Kelly, for taking on the responsibilities of the post under difficult circumstances and for his commitment and loyalty to the IBTS in managing many high profile issues that have landed on his desk since the date of his appointment.

Michael McLoone

Chairman



Chief Executive Officer's Report

2002 was both a challenging and rewarding year for the Irish Blood Transfusion Service. At the beginning of the year, due to a shortage of blood, we had to launch a national appeal to increase donations so that we could supply hospitals without interruption. By the end of 2002 we had seen an increase of 8.2% in donation levels over 2001. This was achieved through a combination of a solid strategic plan, aggressive advertising, further decentralisation of our collection teams, the professionalism of our collection and donor services staff and the loyalty and return of many lapsed donors. This was the first year since 1996 that donation levels had increased over the previous year and this is a manifestation of the renewed confidence of the Irish public in the Blood Transfusion Service.

The Summer of 2002 saw the departure of the Chief Executive Officer, Mr. Martin Hynes. It would be remiss not to acknowledge the commitment and dedication which Mr. Hynes brought to that position and the tremendous work he did on behalf of the Irish Blood Transfusion Service in taking the organisation forward. In July 2002, I was appointed Acting Chief Executive Officer and set about restoring confidence in the service both publicly and within the organisation.

The year saw the publication of two major reports. There was the Report of the Tribunal into the infection of persons with haemophilia (Lindsay Tribunal) and the report of the International Panel on donation testing in Ireland.

The Lindsay Report was published on 4th September 2002 and chronicled the dreadful tragedy which had befallen many families of persons with haemophilia in the 1970's and 1980's in this country. The report was critical of the Blood Transfusion Service in many aspects and set out recommendations for future operation and supply of blood products for persons with haemophilia. During the Tribunal and on publication of the report the Irish Blood Transfusion Service apologised unreservedly for the hurt and suffering caused to persons with haemophilia and their families whether it was from home produced products or those imported. The challenge for the IBTS is to learn lessons from the mistakes of the past and to ensure that we maintain our position as a leading transfusion service in the World through the continued enhancement of stringent donor screening regimes, testing systems and quality assurance programmes.

On 11th September 2002 the report of the International Panel on Donation Testing in Ireland was published. These experts were asked by the Irish Blood Transfusion Service and the Southern Health

Board to look at the decision to centralise donation testing in Ireland and to make a recommendation based on best practice internationally taking into account the needs and requirements of the Irish blood system. The report made eleven recommendations in different areas of transfusion activity.

They recommended that testing, including NAT, should be carried out in both Dublin and Cork centres. The other recommendations have been accepted by the Board and these will have major implications for the operation of the IBTS.

The Board of the IBTS considered the recommendations and their impact on the operations of the Blood Transfusion Service. The Board accepted the recommendation that testing including NAT be carried out at both Dublin and Cork and the recommendation whereby Cork and Dublin would operate as two centres with each responsible for its own operations and a national headquarters to develop a unified blood system, was accepted by the Board in principle. By year-end these new structures were being worked through and it was hoped that by the middle of 2003 a revised management structure would be in place to reflect this recommendation and to further the development of the Irish Blood Transfusion Service.

We introduced Hep B Core Antibody testing in January 2002 and this allowed us to review donors who had been deferred from donating because of jaundice and to examine whether or not they could be re-instated as donors. We continued NAT with the Scottish National Blood Transfusion Service. We progressed the development of the NAT laboratory in the National Blood Centre to design stage and we are awaiting confirmation of funding so that we can complete the development of that laboratory and have NAT testing carried out in Dublin from the end of 2003.

In relation to Progesa, the new blood bank control system, we had devised a project plan to implement the system by mid-March in Cork and mid-May in Dublin. This would require a concerted effort on behalf of all staff to ensure that these dates were met and to enable the IBTS to operate up-to-date technologies in the control of its processes.

I would like to take this opportunity to thank the staff of the IBTS for their support during 2002 and for the professional manner in which they have carried out their functions in relation to the conduct of the business of the IBTS. I have no doubt that the organisation will develop within the new structures envisaged through the report on donation testing and this will enable the Irish Blood Transfusion Service to

respond effectively to emerging threats and to provide blood as safe as we can make it for patients in this country.

Andrew Kelly

Acting Chief Executive Officer



National Medical Director's Report

The over-riding priority of the Irish Blood Transfusion Service is to supply adequate amounts of high quality blood components to Irish hospitals in such a way as to ensure that patients are treated in the right way, and at the right time, every time.

Quality of blood components is achieved by applying rigorous principles of quality control and quality assurance in all phases of the collection, testing, processing, release and storage of the component, and by ensuring that all processes used conform to the highest international standards of practice.

Adequacy of supply requires a year long effort by the Service to attract, recruit and retain volunteer donors in sufficient numbers to provide the 3000 donations that Irish hospitals need every week for patients undergoing surgery, for cancer therapy, for treating trauma victims, or for patients with blood diseases needing blood transfusion support.

For the first time in several years, the use of blood transfusion rose in Irish hospitals in 2002. In particular, the requirement for platelets rose sharply, reflecting the increase in haematology services provided throughout the country. Continued expansion of the platelet pheresis programme,

based at the National Blood Centre in St James's Hospital, Dublin, was required to meet this demand, and further expansion will be required in the years to come.

Increasing reliance on apheresis technology is a feature of blood services throughout the developed world, and 2002 also saw the introduction in Ireland of the emerging technique of red cell apheresis. This technique allows red cells and platelets to be collected separately but at the same time, and allows some donors to give a two unit donation of red cells at one time. It improves the ease of collection and processing, and results in a more uniform therapeutic product. In the future it is possible that more and more of the blood supply will be collected in this way. This year also saw the introduction of a new plasma preparation – solvent-detergent plasma – as a replacement for fresh frozen plasma. This step was taken as a precautionary measure to reduce any risk there might be that vCJD, the human form of BSE, could be spread by blood or plasma transfusions. Because there have been no reported cases of BSE in the USA plasma from volunteer community donors in the USA is used. One USA centre – the South Texas Blood Center in San Antonio – provides the donations which are processed in Vienna by Octapharma Ltd to remove any residual risk of virus transmission for

window period donations. This has been a major departure from reliance on plasma from Irish donors, and reflects the gravity with which the IBTS has considered the treatment of vCJD. There was some early evidence by the end of 2002 that the overall size of the vCJD epidemic in the UK, and by inference in Ireland, might be very much less than earlier predictions. This is an encouraging development that may allow Irish plasma to be returned to general clinical use in the future.

The emergence of new infectious diseases, the invention of new testing and processing techniques, and the development of new European legislation will continue to demand a high rate of change in transfusion services. The IBTS must continue to move forward in line with these challenges, while never losing sight that it exists only for the purpose of delivering the best achievable services and products to patients, and to the hospitals that serve them.

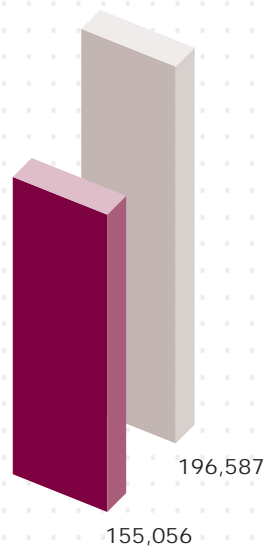
Dr. William G. Murphy

M.D., FRCPEDIN, FRCPATH.

National Medical Director

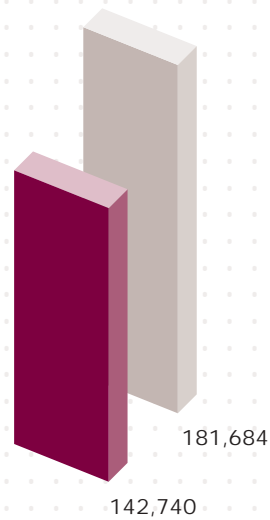
Donor Highlights

2002
National Figures for
Whole Blood Donations



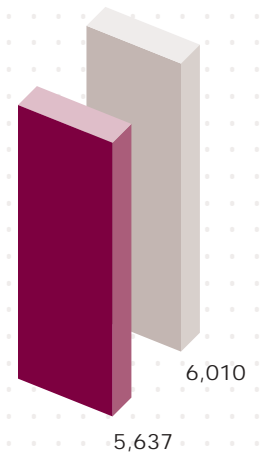
New Donors 23,851
Deferral rate 21.13%

2001
National Figures for
Whole Blood Donations



New Donors 22,056
Deferral rate 21.14%

2002
Apheresis platelet
Donations



Deferral rate 6.21%

■ Procured
■ Attended

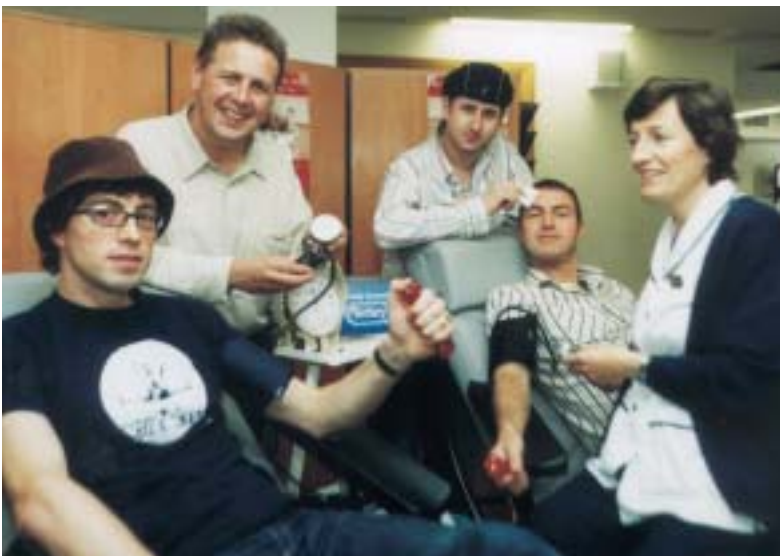
2002 saw an increase of 8.2% in whole blood donation levels over the previous year. This was the first year since 1996 that donation levels had increased over the previous year.

Platelet donations also saw an increase in 2002. By the year end, there had been 6,010 platelet donations by apheresis. This figure represents an increase of 7% over the previous year total of 5,637 donations collected by apheresis.

Donor Services and Collection

The past year has been a major success for donor services. The second ever 'Blood for Life Week' was held in September and the number of donors that week exceeded the previous year's 'Blood for Life Week' by over 200. The year also saw a record for the organisation in the number of donors attending clinics, as the numbers reached an all time high of 196,587. Over 600 donors received awards for 50 time or 100 time donations at special ceremonies across the country.

2002 also saw the opening of a new collection centre in Tuam, County Galway serving the western region and by year end, plans were well advanced for a new centre in Dublin.



Apheresis Clinic Programme

The recruitment of platelet donors continued to increase in 2002, with the panel reaching 1,338 by year end. During 2002, we also increased the frequency of platelet collection by apheresis resulting in a 7% increase in the amount of platelets collected using this method.

Ferry Programme

The IBTS is grateful for the continued support of community groups and businesses throughout the country. This support is maintained through an initiative known as the Ferry Programme. This initiative works with employers to give staff the opportunity to donate blood as a group from the workplace. Transport is provided from their place of work to a nearby clinic.

Deferral rates

In the past year 21.13% of all donors who attended our clinics were deferred from donating blood. This represents a slight decrease on the 2001 deferral rate, but is consistent with the effect on the donor base of the introduction of permanent deferral for donors who resided in the UK for five years or more between 1980 and 1996.

The consistency of the donor deferral rate over the two year period since this deferral was introduced in 2001 puts pressure on the available pool of donors. However, the number of new donors continues to increase.

The most common cause of donor deferral in 2002 was low iron levels.

Donor Award Presentations

Over six hundred 50 and 100 time donors were presented with porcelain Pelican Awards and Gold Drop Awards at ceremonies in Dublin, Cork, Ardee, Limerick, Tuam and Carlow in 2002.

Our thanks to Minister of State at the Department of Health and Children Ivor Callely TD, Noel Dempsey TD, Minister for Education, Lord Mayor of Cork Councillor John Kelleher, Doctor Mary Horgan, 2002



All-Ireland hurling star John Power, the Mayor of Limerick Councillor John Cronin and Galway GAA Manager John O'Mahony, for presenting the awards. Our thanks also to all of the 50 and 100 time donors for their dedication and commitment to the transfusion service and to patient care.

Voluntary Donor Organisers

The organisation of clinics all over the country requires a lot of local support and the IBTS is grateful for the assistance of the Local Voluntary Organisers (LVOs) who play such an important role in organising clinics in their local area. During the year, 121 local voluntary organisers helped by promoting clinics locally.

Donor Services Promotional Activities

World Cup Donors Supporters Book

In February, Irish football team manager Mick McCarthy and members of the Irish football team launched a Supporters Book for Blood Donors who wanted to register their support for the Irish football team before they left for the World Cup in Japan. All blood donors attending clinics had an opportunity to sign the supporters Book.

Over 5,000 signatures were collected and the Supporters Book was presented to the team by President of Ireland Mary McAleese, before they left for the Far East.



Blood for Life Week 23rd –29th September 2002

This was the second year the IBTS ran Blood for Life Week, organised to raise awareness of blood donation and encourage people to become regular donors.

Central to our message of Blood for Life Week in 2002 was 5 year old Mark Larkin who has a rare blood disorder, which means he has to have a transfusion every five weeks. The week was launched by Brian Lenihan TD, Minister of State at the Department of Health, and Sharon Ni Bheolain, with Mark Larkin who acted as our ambassador for the week. We received tremendous corporate support from Tetley tea and the supermarket chain Centra helped by distributing posters and bookmarks throughout the country.

The Walls, Picturehouse lead singer Dave Browne and Ian Dempsey from Today FM also gave their support to Blood for Life Week at the D'Olier Street clinic, while Dublin's Lord Mayor Dermot Lacey gave his first donation at a special Sunday clinic in City Hall, Dame Street.

IBTS centres around the country organised events locally to promote Blood for Life Week.



Education

The donors of the future are still at school and the IBTS believes it is vital to educate the younger generation of the need to donate blood. In 2002, 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, it is hoped to complete this project and distribute it in 2003. The IBTS attended the Young Scientist Exhibition to promote awareness of donation among school children and also sponsored a special category prize at the 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 2002, the main complaints registered were about delays at clinics and the need to have clinics open at times more suitable for donors. The continued development of Sunday clinics has helped to alleviate some of these difficulties.



Processing and Testing



When a person is accepted as a blood donor, a blood donation (470mls) is taken and a number of small blood samples are also collected for testing purposes only. The blood donation is processed in our components laboratory and the following therapeutic products are prepared - red cells, platelets, and plasma. The samples for testing are also sent to our laboratories at the same time. One sample is tested in our grouping laboratory to determine the ABO blood group and rhesus type. The second is sent to the virology laboratory and tested for presence of specific viral markers such as Hepatitis C and syphilis and the third sample is sent to the Scottish National Blood Transfusion Service for an additional safety test called Nucleic Acid Test (NAT) or Polymerase Chain Reaction (PCR) for Hepatitis C and HIV.

In 2002, testing carried out by the IBTS included:

Hepatitis B virus,
Human Immunodeficiency Virus,
Cytomegalovirus,
Hepatitis C Virus,
Human T Lymphocyte Virus
and also a test for Syphilis.

These tests are performed using automated equipment and tracked by the unique barcode number assigned to each donation. The results are then transmitted to the mainframe computer where all the details and test

results are collated. A similar procedure is used on the sample collected for blood grouping and rhesus typing. The results on the third sample are electronically transmitted from the Scottish Blood Transfusion Service to the IBTS within 24 hours.

Each time a donation is accepted the above regime of testing is carried out. This results in five separate virology screens; one for syphilis, two NAT screens, ABO blood group and rhesus type, and a number of crosschecks including checks against previous test results of donor if appropriate. 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.

As blood has a limited life span outside the body, it is important that it be available to hospitals for transfusion as soon as possible after collection. The procedures operated by the IBTS ensure that donations can be issued to hospitals within 48 hours of collection. Red cells are stored at 4°C and have a shelf life of 35 days and platelets are stored at 22°C and have a shelf life of 5 days.

Hospital Services

The Hospital Services Department of the IBTS continues to be the essential link in the distribution chain that ensures blood reaches the patients who needed it under controlled temperature conditions. The main function of the Hospital Services Department is to provide safe and secure distribution of all products released for issue to hospitals. This means 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 and blood products on an ongoing basis. The IBTS provides a 24-hour service to all hospitals throughout the country every day of the year.

Blood & Blood Products Issued		
Product	2002	2001
Red Cells & Whole Blood	127,601	120,482
Platelets – Therapeutic Doses	15,480	14,131
Frozen Plasma	4,153	27,038
Octaplas	19,403	-
Cryoprecipitate	1,432	1,747
Factor VIIA (xIU)	579,661	535,920
Protein C (x IU)	87,000	75,404
Anti Thrombin III (x IU)	53,000	23,000
Factor VIII Recombinant (x IU)	17,082,144	11,180,260
Factor VIII Plasma	2,082,500	5,095,500
Von Willebrand Factor (x IU)	385,500	357,500
Factor IX Recombinant (xIU)	11,180,310	8,445,420
Prothromplex (x IU)	574,200	429,600
Factor XIII	6,750	1,250

Tissue Banking

The Irish Eye Bank and the Homograft Heart Valve Bank operate in a purpose built GMP clean room facility at the headquarters of the Irish Blood Transfusion Service on James's Street, Dublin 8. A quality management system is in place and the bank conforms to the standards of the Irish Eye Bank, the European Eye Bank Association and the British Association of Tissue Banks respectively.



Eye Bank

The remit of the Eye Bank is to organise and administer an eye banking service throughout Ireland. The Eye Bank accepts whole eye donations and supplies organ cultured corneas to ophthalmic surgeons throughout Ireland.

The ophthalmic director of the Eye Bank is Mr. P. Condon, M.Ch. FRCS FRCOphth and the medical director is Dr. William G. Murphy, MD, FRCPEdin, FRCPATH. A Medical Advisory Group consisting of the

corneal surgeons who receive tissue from the bank and a representative from the Irish College of Ophthalmologists meet on an annual basis to review the standards of the bank and advise on any proposed changes.

During 2002, 76 corneal grafts were issued to surgeons throughout Ireland of which 34 were imported from the USA. This occurred as there were



insufficient Irish donations to meet national demand. To redress this situation a new Corneal Transplant Co-ordinator – Carmel Walsh - was appointed in the latter quarter of 2002 with the objective of increasing the number of Irish donations.

Homograft Heart Valve Bank

The Homograft Heart Valve Bank processes and cryopreserves human cardiovascular tissue donated for transplantation purposes. During 2002 a Cardiothoracic advisory group under the chair of the Cardiothoracic Director, Mr. A.E. Wood was re-established to review the activities of the bank and ensure that it maintains and complies with international best practice. 2002 saw a significant increase in demand for heart valves. 31 valves were issued in 2002, with the majority being issued for children undergoing repair of congenital heart defects.

Bone Bank

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



Quality Assurance

Octaplas (solvent detergent treated plasma) was introduced as an alternative to IBTS Freshly Frozen Plasma, in March 2002. Further work continues in approving a number of sites for the supply of material to Octapharma, the company contracted by IBTS to treat it.

During 2002, The Irish Medicines Board (IMB) completed three GMP (Good Manufacturing Practices) inspections of the NBC and the MRTC and the newly established Tuam Regional Centre. The outcome of all the inspections was satisfactory in that only minor non-conformances were cited. The operation of the Quality Management Systems was found to be in compliance with Good Manufacturing Practice.

A surveillance audit was conducted by NSAI in May 2002 of the MRTC for compliance with ISO9002:1994, the outcome was that a recommendation for continuation of registration was made.

The National Validation Master Plan for all IBTS activities was approved during the year. Validation expertise in the IBTS was further consolidated by appointment of a Validation Specialist to the NBC Validation Department. Validation work is carried out on all plant equipment and processes under IBTS

control. A total of 89 validation projects were initiated nationally during 2002, with a 60% completion rate by year-end.

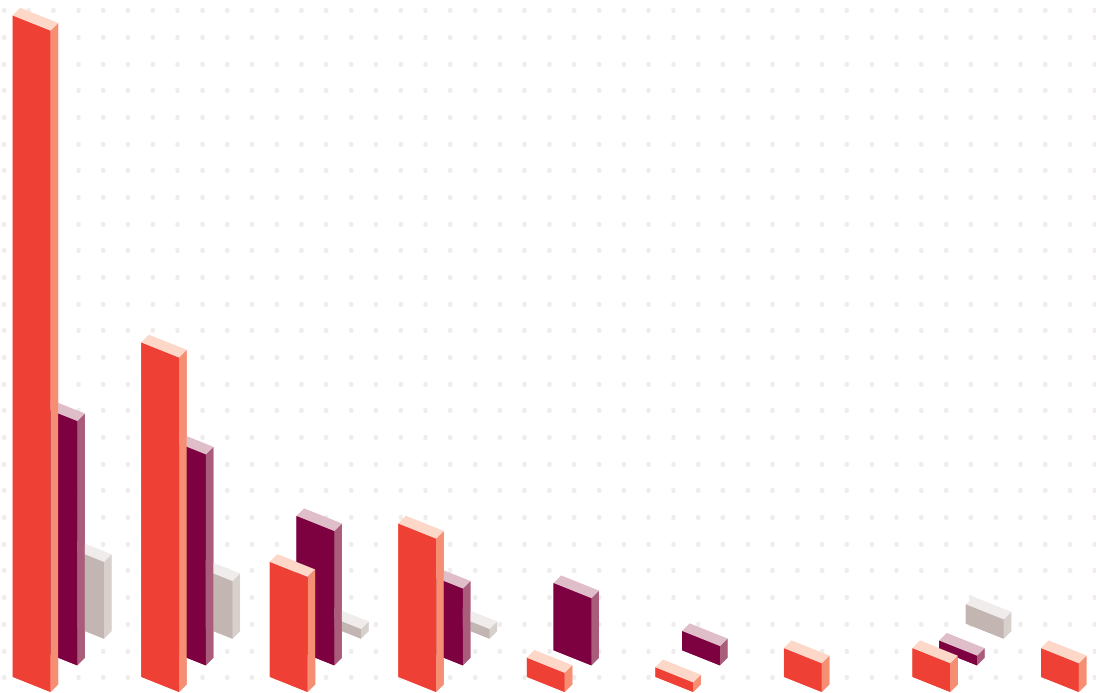
The successful launch of the Progesa Patient Module (software) for Diagnostics Department (Blood Grouping and Compatibility Tests) within the IBTS was completed in both Cork and Dublin centres.

The continuing validation of the Progesa Core Modules software consumed a significant amount of Quality Assurance resources during the year. Satisfactory completion and approval of documentation of the Performance Qualification Runs was completed according to GAMP (Good Automated Practices) guidelines.

Quality Management System events and trends were reported on a monthly basis at the Quality meetings and consolidated reporting was done on a monthly basis to the IBTS Senior Management Team.

National Haemovigilance Office

Comparison of NHO Incidents per category 1999 - 2001



■ 2001
■ 2000
■ 1999

Category	2001	2000	1999
IBCT	69	31	8
AA	35	22	6
AHOSTR	12	14	1
TACO	16	8	1
TTI	2	7	0
DHTR	1	2	0
TRALI	3	0	0
Unusual	3	1	2
AUTO	3	0	0

Comparison of NHO Incidents per category 1999 - 2001

Category

Category Total

Incorrect Blood Component Transfused (IBCT)	108
Anaphylaxis/Anaphylactoid (AA)	63
Acute Haemolytic or Other Severe Transfusion Reaction (AHOSTR)	27
Transfusion Associated Circulatory Overload (TACO)	25
Suspected Transfusion Transmitted Infection (TTI)	9
Delayed Haemolytic Transfusion Reaction (DHTR)	3
Transfusion Related Acute Lung Injury (TRALI)	3
Unusual	6
Autologous (AUTO)	3

The National Haemovigilance Office (NHO) co-ordinates the national haemovigilance programme dedicated to achieving a national standard in practice and quality of care for transfusion patients. Individual Transfusion Surveillance Officers (TSO) have been appointed in most hospitals around the country and through them anonymised information relating to adverse transfusion events/reactions are reported and analysed. The increasing event reporting and breakdown of categories are set out on the previous page. The increase had been anticipated and is attributed to better vigilance and awareness by healthcare professionals.

The third Annual Report of the NHO was launched in December 2002. Through its analysis, findings and recommendations, the development of transfusion guidelines for hospitals, together with in-service training programmes are actively supported, and further study and research is promoted. The NHO actively encourages a procedural 'no blame' culture that permits frank and open discussion of mistakes or system failures at hospital level. This is the overall strength of the programme as it highlights defects in system design and facilitates improvements in procedures.

The Incorrect Blood Component Transfused (IBCT) category accounted for the bulk of reports received, a shared feature in all three years of reporting and correlates with international findings. This is valuable baseline data for future years. The NHO continued careful monitoring of reports received for increased frequency of similar reactions to identify problems possibly caused by changes in collecting and processing of blood components.

The NHO hosted a Quality Audit Workshop for TSOs in tandem with the NHO Annual Conference in Galway in September 2002 as a direct response to TSO suggestions. The presentation had practical applications and covered design and implementation of clinical audits.

There was an excellent attendance at the NHO Annual Conference. Entitled, 'Haemovigilance – Two years on....Building on strong foundations' with presentations from national and international speakers. The keynote address was given by Dr. Paul Strenger, President of the European Haemovigilance Network (EHN) of which the NHO is the Irish member. The aims of this network are to facilitate close contacts of haemovigilance programmes with countries in Europe, by allowing rapid and efficient exchange of reliable information and experience. The network also maintains a rapid alert system and develops joint activities such as European Seminars on Haemovigilance.

A three year pilot project covering ten hospitals to capture 'near miss' events and analysis has been funded by the IBTS and commenced in October 2002. The goal of the project is to increase error detection and reporting rates based on lessons learned from high-risk industries such as nuclear power and aviation. The scheme may be extended to all hospitals in the Republic of Ireland in the future.



Information Technology

The development and upgrading of the Information Technology (IT) system has been a priority for the IBTS during 2002. 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.

Blood Bank Control System (BBCS)

The support and development of the existing Blood Bank Control System (BBCS) was continued during the year.

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 is envisaged that the implementation of this system be complete by mid-March 2003 in Cork and mid-May 2003 in Dublin. The cross match module of this system was fully implemented in both Cork and Dublin centres during 2002.

Developments

An Intranet site is being developed, all programming and update mechanisms being completed on site. It is planned to launch this site in mid 2003.

Bone Marrow

During 2002 we completed the development of a new bone marrow database. The database is to be the system of record for all details related directly to the application, recruitment, activation, work-up and follow-up of donors. The database will go-live in March 2003. It will drive the development and usage of the National Marrow Donor Programme (NMDP) in the organisation. We have built in functionality to download the most recent NMDP codes from the Internet and we aim to develop links to the European Marrow Donor Information System (EMDIS) and Bone Marrow Donors Worldwide (BMDW) later in 2003.

Network Infrastructure

The support and upgrading of the IBTS infrastructure continued throughout the year with the opening of a regional office in Tuam. The IBTS Wide Area Network is due to expand in 2003, with the opening of a fixed centre in the southside of Dublin.

IT Personnel

No new posts were created within the IT department during 2002; although there were some personnel changes within the team, which added more experience to the team as a whole. This experience and stability enables the IT department support the entire organisation in moving forward.

Human Resources

Senior Appointments in 2002

Mirenda O'Donovan was appointed Communications Manager in June 2002.

Andy Kelly was appointed Acting CEO in July 2002.

Dr Joan Fitzgerald was appointed as Consultant Haematologist in July 2002.

Staff Headcount

The total staff headcount as at December 2002 was 564 nationwide.

Employee Assistance Programme

The Employee Assistance Programme (EAP) is a confidential and effective intervention service introduced by the IBTS to assist employees in dealing with a broad range of personal and work related problems. The service provides counselling / therapy / treatment / advice. This service is being offered through St. Patrick's Hospital EAP Service.

Annual HR Week

The IBTS HR Week took place in the National Blood Centre from 4th to 8th November 2002. Scheduled events took place daily which included; health awareness presentations, a self defence class, head and neck massages, launch of the EAP, pension presentations and clinic. Information stands and special offers were provided from Bank of Ireland, Citywest Gym, VHI Group Scheme, Bus Eireann

Employer Pass Program, Health Services Staffs Credit Union, DIT and many more.

Clerical Evaluations

Agreement was reached between the IBTS and SIPTU that an evaluation of Clerical Officers and Clerical Officers Grade IV would take place. The evaluation process was successfully completed in October 2002.

Partnership

The IBTS commenced "Workplace Partnership" Workshops for Managers, Trade Union Representatives and Employees in November 2002. The information workshops are aimed at raising awareness of the concepts and realities of workplace partnership. Management and the Trade Unions are committed to developing a culture of workplace partnership within the IBTS. This commitment dates from the agreement to transfer to the National Blood Centre and was recently re-affirmed at a meeting between management, the IBTS Chairman and the Trade Union Group.



Communications

Website

The IBTS continued to develop and promote the website to provide a source of accurate, accessible information to donors, the general public, health specialists and the media about the services provided by the IBTS and blood donation in general.

In 2002, over 100,000 hits were recorded on the site and info@ibts.ie is extremely popular with the general public for asking specific questions about blood donation. During the year, we received over 1,500 queries from members of the public.

Freedom of Information

The Freedom of Information Officer received 28 requests under the Freedom of Information Act during the year. The IBTS posts the Board minutes subsequent to ratification by the Board and subject to FOI, on www.ibts.ie.

Advertising

In 2002, the IBTS launched an advertising campaign which has proved extremely effective at raising public awareness about the need for regular donations.

Publications

In 2002, the IBTS published the Annual Report 2001 and the National Haemovigilance Office Annual Report 2001. Both of these reports are available at www.ibts.ie.



Finance

	2002	2001
	€'000	€'000
Income		
Recurring income	106,807	75,475
Non-recurring income	74	2,759
Total Income	106,881	78,234
Expenditure		
Total expenditure	96,661	76,654
Surplus for year	10,220	1,580
Accumulated reserve at 1st January	(811)	(2,391)
Accumulated reserve at 31st December	9,409	(811)

Income

The Board's total income for 2002 of €106.8 million (2001 €75.5 million) is analysed into recurring income and non-recurring income. Recurring income consists of revenue generated from products and services provided to hospitals of €104.9 million (2001 €73.5 million). Also included is direct funding of €1.9 million (2001 €2 million) received from the Department of

Health and Children in relation to expenditure incurred on the Hepatitis C programme. Non-recurring income during 2002 includes interest earned on bank deposits and proceeds from the sale of fixed assets.

Expenditure

Expenditure for 2002 amounted to €96.7 million, which is an increase of €20 million on 2001. Purchase of blood products for resale cost an additional €10.3 million during 2002 due to increased demand for these clotting factor substitutes. In addition for the first time due to the theoretical risk of transmission of vCJD through blood transfusions, plasma for clinical use within Ireland was purchased from volunteer donors outside the 'BSE zone'. This amounted to expenditure of €1.8 million in the year. The Board invested a once-off lump sum of €3.5 million in the pension fund following its actuarial valuation as at 1st May 2002. Other increased expenditure in 2002 mainly related to implementing national pay agreements within the organisation.

Capital expenditure

Expenditure of €2.8 million was invested in capital projects during 2002. Projects mainly related to the completion of our national blood centre, the setting up of a new mobile clinic in Tuam and further enhancements to our information technology systems.

Significant Changes

Devolved departmental budgeting operated for the first time within the Board during 2002. Extensive preparation took place during 2001 to train budget managers in setting and managing a budget and to assign cost centres to each budget manager. The successful operation of the budgets was a credit to all budget managers who wholeheartedly embraced this change and contributed towards improved planning and control throughout the organisation.

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 45 days from the date of 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 31 December 2002, under the terms of applicable legislation, a total of 831 invoices to the value of €8.1 million were late, by an average of 19 days. These invoices constituted 8% by number and 14% by value of all payments to suppliers for goods and services during the year. Total interest paid in respect of all late payments amounted to €36,089.73. The Board continuously reviews its administrative procedures in order to assist in minimising the time taken for invoice query and resolution.

Audit Committee

On at least two occasions during the year the Finance Committee operates as the Audit Committee. The Committee may review any matters relating to the financial affairs of the Board. It reviews the annual financial statements, reports of the Internal Auditor, the accounting policies, compliance with accounting standards and the accounting implications of major transactions. The external auditors meet with the Committee to review the results of the annual audit of the Board's financial statements. The Audit Committee operates under formal terms of reference.

Going Concern

After making reasonable inquiries, 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 financial statements.

Internal Control

The Board members are responsible for internal control in the IBTS and for reviewing its 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, accounting, treasury management and project appraisal;
- clearly defined limits and procedures for financial expenditure including procurement and capital expenditure;
- annual budgets for the Board with costs centres assigned to budget managers
- monitoring of performance against budgets on a monthly basis and reporting thereon to the Board;
- a clearly defined organisation structure with appropriate segregation of duties and limits of authority;
- an internal audit function which reviews key financial systems and controls and general operations in the organisation; and
- an audit committee which approves audit plans and deals with significant control issues raised by internal or external audit and which approved the year-end financial statements before submission to the full Board.

The Board are aware that the system of internal control is designed to manage rather than eliminate

the risk of failure to achieve business objectives.

Internal control can only provide reasonable and not absolute assurance against material mis-statement or loss.

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 and Children.

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 Finance in 2001.

The IBTS during the year, received reports on internal control and going concern issues. The Board regularly reviews the reports of the Irish Medicines Board 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 and Children.

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

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

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. It is also attended by the Chief Executive Officer, National Medical Director, 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, management accounts, treasury policy and banking and financing arrangements. The finance committee operates under formal terms of reference. The Committee reports to the Board on management and financial reports and advises on relevant decision making.

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.

Members of the Board

Members of the Board

Mr Michael McLoone, Chairman

Mr Pat Farrell

Dr Mary Horgan

Dr Elizabeth Keane

Mrs Valerie Mannix (re-appointed from 1st October 2002)

Dr Karen Murphy

Mr Tony McNamara

Dr Ann O'Connor

Dr Gerard Crotty

Dr Helen Enright

Ms Maura McGrath

Dr Cees van der Poel (appointed 1st December 2002)

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

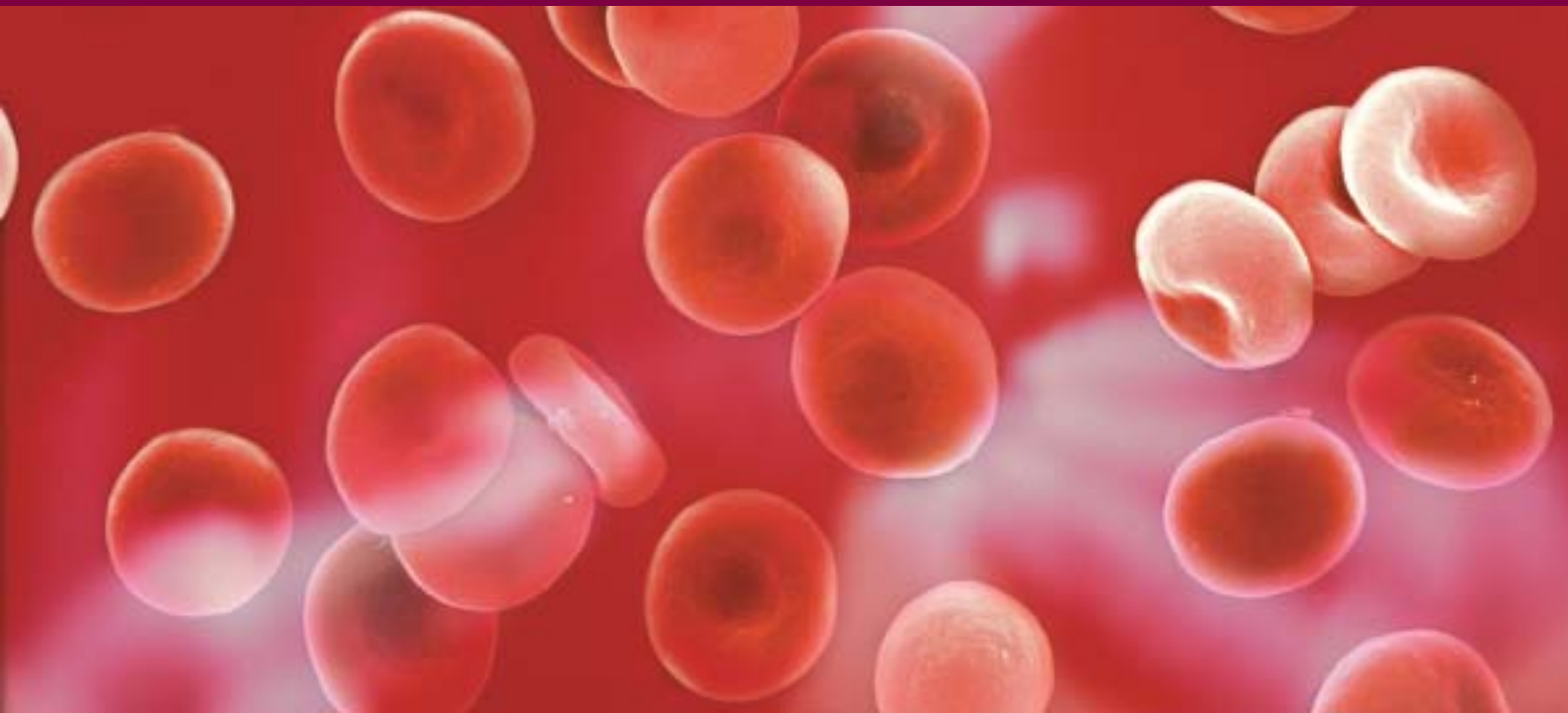
Dame Street

Dublin 2

Irish Blood Transfusion Service

IBTS Headquarters
National Blood Centre
James's Street
Dublin 8
Telephone 01 4322800
Fax 01 4322930

Munster Regional Transfusion Centre
St Finbarr's Hospital
Douglas Road
Cork
Telephone 021 4968799
Fax 021 4313014



General Contact Details

Email info@ibts.ie
Web www.ibts.ie
Aertel p691
Donor Infoline 1850 73 11 37

Dublin Blood Donor Clinic

2-5 D'Olier Street, Dublin 2
Telephone 01 6703366

Limerick Centre

1 Mungret Street, Limerick
Telephone 061 415392
Fax 061 400345

Carlow Centre

2 Castleview Quay, Graiguecullen, Co Carlow
Telephone 0503 32125/32127
Fax 0503 32163

Ardee Centre

John Street, Ardee, Co Louth
Telephone 041 6859994
Fax 041 6859996

Tuam Centre

Unit 49, N17 Business Park, Tuam, Co Galway
Telephone 093 70832
Fax 093 70587



IBTS Headquarters

National Blood Centre, James's Street, Dublin 8

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Fax 01 4322930

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Web www.ibts.ie

Aertel p691

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