

**The proposal to discontinue Blood Testing at the  
Munster Centre of the Irish Blood Transfusion  
Service Board (BTSB) -  
assessment by a Representative Regional Group**

<u>Page</u>	<u>Contents</u>
1	Section 1 - Context of the Group's Work
4	Section 2 - Precipitating Factors for Current Report
5	Section 3 - Assessment of Single Site Testing Issue
12	Section 4 - Buildings Plan for the Cork Centre
13	Section 5 - Implications
15	Section 6 - Conclusions and Recommendations

October, 1999.

## The proposal to discontinue Blood Testing at the Munster Centre of the Irish Blood Transfusion Service Board (BTSB) - assessment by a Representative Regional Group

### Section 1 - Context of the Group's work

The role of the Irish Blood Transfusion Service is crucial to the operation of our health care system. In its 1965 Establishment Order, the key functions of the BTSB are described, *inter alia*, as follows

- (a) *to take over the property (including choses-in-action), assets, rights and liabilities of the Company;*
- (b) *to organise and administer a blood transfusion service (hereinafter referred to as "the Service") including the processing or supply of blood derivatives or other blood products and also including blood group and other tests in relation to specimens of blood received by the Board;*
- (c) *to make available blood and blood products;*
- (d) *to make available equipment or re-agents suitable for use in relation to the service;*
- (e) *to make such charges (if any) as the Board thinks fit, for the services referred to at (b), (c) and (d) above and, where the Minister gives any direction in relation to such charges, to comply with such direction;*
- (f) *to furnish advice, information and assistance in relation to any aspect of the service to the Minister, any health authority or any hospital authority;*
- (g) *to make any necessary provision for publicity in relation to the service;*
- (h) *to organise, provide, assist or encourage research and the training and teaching of persons in matters relating to blood transfusion and the preparation of blood products, and*
- (i) *to co-operate with other bodies with analogous scientific functions.*

The extent of the organisation's current activities is reflected in both the throughputs of the Dublin and Munster Centres, and the diverse range of products processed and supplied. For example, an overall total of 157, 630 donations were grouped in 1998 with 40, 958 (c. 26%) collected by the Munster Centre.

In 1994, research by a team led by Dr. Joan Power (Regional Director & Consultant Haematologist at the Munster Centre) identified a disastrous episode of iatrogenically induced Hepatitis C infection as a result of the inadvertent contamination of anti D



immune globulin prepared by the Dublin Centre of the BTSB in 1977. Not surprisingly, this discovery was extremely distressing and traumatic at a number of levels - most acutely in relation to the damage done to the physical and psychological well-being of all those directly affected. The negative impact on the country's health services, particularly in terms of diminished patient confidence, was profound. The status of the national blood transfusion service, and indeed the Department of Health, was severely affected. Indeed, many excellent non-involved professional staff with outstanding records of commitment and achievement within the Irish health care sector suffered as a result of the 1977 tragedy and its sequelae. Efforts to recover from this disaster have been both diverse and extensive, and have included

- The completion of two major investigations, namely the Report of the Expert Group in the Blood Transfusion Service Board chaired by Dr. Miriam Hederman O'Brien, and the Report of the Tribunal of Inquiry into the Blood Transfusion Service Board prepared by the Honourable Mr. Justice T.A. Finlay, Sole Member of the Tribunal.
- The establishment of a Compensation Tribunal which to date has dispensed in excess of £146 million by way of payments to 1,042 qualifying claimants; a further 829 applications are pending (November, 1998).
- The provision of a national screening programme to assist in the identification of all those in the state who have been iatrogenically infected by Hepatitis C virus (HCV).
- The establishment of special therapeutic hepatology centres for all those affected by iatrogenic infection with HCV.

A number of important observations and findings were made by the two reports. In the case of the Report of the Expert Group, these notably included

**"It appears that there are substantial communication gaps between the Board, the medical staff and senior management. A number of past and present Board members to whom we spoke felt that many key decisions with policy implications had effectively been taken by management before they were referred to the Board for formal approval. Some members expressed dissatisfaction with the quality and extent of information available."**

**"We found significant problems of communication between the Board and the Medical Sub-Committee. We were told that certain issues referred to the Board by the Sub-Committee received no response."**

**"We believe that in any future structure there must be close collaboration and communication between the Board of the BTSB and the medical staff of the BTSB. Whether or not this is to be achieved through a Medical Sub-Committee, there must be clearly defined mechanisms for ensuring that the considered views of the medical personnel are channelled effectively to the Board."**



Justice Finlay carried out a painstaking inquiry into the matter, and commenced his conclusions with a number of critical findings -

1. The prime cause of the infection of Anti-D with Hepatitis C was the use of plasma from Patient X, a person undergoing therapeutic plasma exchange treatment who developed jaundice and hepatitis.
2. The use of this plasma was clearly in breach of the BTSB's own standards for donor selection prohibiting the use of blood or plasma from a person with a history of jaundice or hepatitis, and prohibiting the use of blood or plasma from a person who was recently transfused.
3. The BTSB failed properly to react to reports made to them that recipients of the Anti-D made from the plasma of Patient X, had suffered jaundice and/or hepatitis. They failed to report that to the NDAB and they failed to report it to the Board of the BTSB itself.
4. The BTSB also failed properly to investigate the possible existence of complaints by other recipients of the dosages of Anti-D which were suspected of being contaminated.
5. The BTSB failed to recall the contaminated batches which had been issued and to prevent the issue of any further batches made from plasma obtained from Patient X.

He commenced his Recommendations as follows :-

Based on the facts found and the conclusions reached the Tribunal makes the following recommendations:

#### **Development Plan**

1. The portions of the development plan for the period 1996-1999 which have not yet been implemented should be implemented without any delay. In particular the provisions of a new site, buildings and equipment for the Dublin unit of the BTSB, preferably located in close proximity to a teaching hospital, should be undertaken immediately. Appropriate renewal of the premises and unit in the Cork unit, whether by major overhaul and reconstruction or by the provision of new premises, should be undertaken immediately. The target date of 1999 for the completion of the development plan of which evidence has been given to the Tribunal should be regarded as a date not to be extended except for the most unavoidable reasons.

The recovery process for the BTSB from the consequences of the 1977 HCV contamination episode, and associated events, is likely to require both time and sustained effort far into the future. This process has been greatly facilitated in the Munster region on account of the exemplary services provided by Dr. Power and the staff at the Cork Centre over an extended period of time. As we have prepared this



report, a wide range of emphatic endorsements of the professional and totally committed work of these staff have been made by users in the Munster area. Thus, the interests of the Irish BTS in the southern region has been extremely well served at the most vulnerable time in its history as a result of the achievements of the Cork Centre.

Like every other aspect of modern medicine, there is no room for complacency in the delivery of blood transfusion services. We see little merit in disconnected aspirations towards so-called world-class standards - surely the expectation of modern Irish medicine is that excellence is expected as the routine or norm. Rather, the only way forward surely consists of developing and nurturing structures which retain and consolidate advances in the quality of care combined with a continual striving towards incremental qualitative gains. If one accepts such a basic premise in the delivery of health care solutions, then it is imperative that one takes every prudent opportunity to protect and enhance one's key strengths. Equally, one eschews any step which might weaken key resources. Since Munster medicine continues to benefit on a daily basis from an outstanding service from the Cork Centre of the BTSB, our determination is absolute to ensure that the achievements to date are fully taken into account in any germane planning and decision-making. Optimal standards of patient care make such a stance mandatory.

## **Section 2 - Precipitating Factors for Current Report**

In the aftermath of Dr. Power's discovery of the Hepatitis C tragedy in 1994, a clear consensus emerged in relation to the optimal route forward for our blood transfusion services. In summary, it was considered imperative that confidence throughout the sector would be re-built through a judicious combination of consolidating strengths and introducing optimising but prudent initiatives. Therefore, it was to the amazement of medical practitioners in Munster when the proposal to centralise blood testing facilities in one centre.

Once it became known that such a proposal was under active consideration, increasing reservations developed in relation to the quality of the consultation process being undertaken. Similarly, once the proposals to centralise testing in Dublin were made to the Board in July, 1999, and accepted by the Board, there was almost universal rejection throughout Munster in relation to terminating testing at the well established Cork Centre.

Despite an almost uniform sense of bewilderment, disappointment, and grave apprehension throughout health care providers in Munster as a result of the BTSB's acceptance of the Murphy & Hynes Report, it was decided that the area's response would be objective, altruistic, and above all, based on extensive information gathering and consultation. In this regard, three particular objectives were adopted, namely

- To assess the proposal from the perspective of the implications for optimising patient care; in particular, to ensure that all prudent steps are taken to avoid the nemesis of medical care - iatrogenesis,



- To justly acknowledge and support the major unstinting contribution of the professional staff at the Cork Centre, and
- To fully respect the complementary national perspective which is required on the part of the Board, the Minister and Department of Health & Children.

In order to obtain a maximum degree of objective insight into the issue, the Group consulted widely and collated detailed relevant information.

### Section 3 - Assessment of the Single Site Testing Issue

Our assessment of the management of the single site testing issue might be summarised under two headings namely (i) how adequate was the process used to examine the issue, and (ii) what was the quality of each section of the Murphy & Hynes Report. Our findings in both instances are now summarised.

In relation to the manner in which the report was carried out, we had four particular questions namely -

- (a) Was the membership of the investigating team appropriate to the task,
- (b) Was the full range of options considered in terms of testing arrangements,
- (c) What was the quality of the consultative process, and
- (d) Does the evidence available confirm the essential and fundamental requirement that the investigation worked systematically from a proposal through detailed option evaluation to a properly and comprehensively weighted conclusion.

In relation to the membership question, a number of serious reservations have been expressed. For example, it was clear that the process would potentially have serious implications for both the Dublin and Cork Centres. In such a circumstance, it would clearly be prudent that (i) both centres were represented on the investigating team, and (ii) that independent external expertise would be included. The decision to limit membership to two Dublin-based employees of the Board obviously failed on both of these important counts.

From a detailed inspection of the Murphy & Hynes Report, it seems clear that rather than exploring the full range of options, namely

- Retaining both centres,
- Centralising in Dublin only, or
- Centralising in Cork only



the investigating team seem to have focused on one option only - the location of a Single Testing Centre in Dublin. The specific individual merits of each of the other two options received scant consideration.

Assessment of the quality of the consultation process is obviously invidious to a certain degree since the Murphy & Hynes Report does not provide comprehensive information on the scope and nature of consultations undertaken. However, the Group is in a position to evaluate the quality of consultation undertaken with key users in the Munster area. This consisted largely of two meetings at Cork University Hospital - the first in March and the second two days before the Board meeting in July, 1999. It is germane that the latter meeting was not arranged at the initiative of Dr. Murphy and Mr. Hynes - rather, it was requested by the Munster medical profession. The fact that this meeting took place at a time when the Report had already been completed, unknown to the medical profession, obviously raises the most serious of questions in terms of basic trust and respect.

Detailed and repeated consideration of the Murphy & Hynes Report reveals little to support a progressive and systematic process of working sequentially from the proposal through the identification and evaluation of options to a final recommendation based on a comprehensive and impartially weighted assessment process. Rather, aside from a substantial body of material of unclear semantic value or relevance to the precise issue under consideration, an essentially one-sided judgement permeates through much of the document. The fundamental questions of optimal patient care, specific logistical considerations, detailed cost-benefit analysis, and risk minimisation do not receive anything approaching adequate deliberation.

The following brief overview of the 31-page Report (excluding appendices) helps to reveal the paucity of vital comparative analysis (single versus dual - advantages and disadvantages).

Pages	Summary Content	Specific comparative insight(s) provided to assist decision-making regarding Single/Dual Site Donation Testing
1	General Comments	-
2-4	Forces for Change	-
5	Recent Changes - suggests downward pattern in blood orders - 3% nationally over the past 2 years	-
6	Bain Report recommendation	<p>Consolidate donor testing to a single site. Currently inhibited by 3 named barriers -</p> <p>“(a) Current status of BTSB information system  (b) Requirement for a national strategy for the provision of specialist services  (c) Current industrial relations issues may prevent realisation of potential benefits.”</p> <p>The Report acknowledged that the potential cost savings identified were likely to be offset once the added logistic costs had been taken into account.”</p> <p>Nevertheless, in February 1998, the Board decided that PCR testing .... could not be considered for two locations in the country (on the basis of costs and manpower requirements - details of same not supplied)</p>
7-8	Ernst & Young Report (1998)	<p>“As the current arrangement in Cork operates efficiently and effectively and as Dublin facilities could not provide a comparable service in the medium term, we recommend that existing testing should transfer to the new Cork facilities.”</p> <p>“Back-up and resilience in the event</p>



		<p>of failure of one centre is an important issue. Most European countries, because of their scale and population, have more than one centre which would provide back-up to critical functions.</p> <p>The argument is also made that the blood pool should as far as possible be self-contained to avoid cross-contamination.</p> <p>In the context of two continuing facilities in Ireland, it is appropriate that they should provide back-up and support to each other for critical functions impacting on service delivery.”</p>
9-12	National Structure, Expectations re PCR/NAT Testing, The Transition	Essentially one-sided support for an extensive process of centralisation
13-15	The Cork Centre	Largely tepid comments on the Cork Centre with opportunity taken to propose further curtailment of the new building aspirations of this centre - “ ..... it is proposed that suitable developments take place on the existing site.”
16-22	International Experience including Consultation and Site Visits (USA, Finland, United Kingdom, etc.)	Notes that large centres can indeed work effectively. The critical need to take into account the major disaster at one of the Irish centres (the centre proposed for location of the single testing site) for any useful comparative assessment is not addressed. Equally, the dramatic consequences of changes in the UK are not documented notably the “bitter regrets” of the Health Secretary that “ .... the original transfer decision had gone so far that it was unsafe to stop it” and the subsequent dismissal of the Chairman of the National Blood Authority.
23-24	Dealing with Emergencies	This critical aspect of centralisation of testing concludes with the surprising statement “ ... In summary, there is a good deal of accumulated experience dealing with



		<p>the maintenance of supplies of blood to hospitals. This experience suggests that the organisation is capable of dealing with emergencies". Clearly, addressing the need for comprehensive emergency services requires substantial attention and rigour. The subsequent suggestion to have an arrangement with an existing validated laboratory in Ireland is mysterious in the context of the proposed abolition of the Cork testing facilities.</p>
25	Role and Purpose of the BTSB	-
26-29	Costs	<p>While satisfied to accept the Bain Report's views in relation to opting for a Single Testing Site, Murphy &amp; Hynes seem less convinced by the parallel financial belief of Bain that little net fiscal benefit will accrue. Murphy &amp; Hynes do not refer to the comparative costs per unit between Cork and Dublin. Did Bain calculate such costs as part of their research ?</p> <p>The following comment in page 27 is extraordinary "The provision of a new state of the art facility in Dublin with the capacity to deal with the total needs of the country suggests that the duplication of expensive tests and testing equipment would represent poor value for money". This must mean that the excess capacity was designed into the Dublin facility. If this is indeed the case, it raises the most profound of questions regarding the authenticity of the current process.</p>
30-31	Summary and Recommendations	<p>A series of conclusions are presented favouring single site testing despite the lack of compelling evidence in the body of the report. Many of these points consist of facile generalisations and perceptions.</p> <p>A clear vulnerability of the proposed</p>



		<p>change to single site testing in terms of back up and emergency facilities is treated in a curious manner in the final point. The authors state "back up facilities and the availability of emergency supplies are an in built feature of existing arrangements and are being strengthened as part of our Business Continuity Planning".</p> <p>Since the proposed change from dual to single site testing obviously changes existing arrangements, what comfort can such arrangements continue to provide ?</p>
--	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

The information release following the decision of the Board on the 14th July, 1999, to accept the Report contained essentially a post hoc response to the many problems raised by the Munster medical profession at their meeting with Board representatives two days earlier. The fundamental nature of many of the reservations expressed in relation to the move to single site testing, and the Board's acceptance of the validity of a large number of such reservations, raise serious questions regarding the completeness of the Report and its intrinsic value, if any, in assisting the Board to arrive at a decision on the matter. The following table illustrates some of the concerns expressed, and the Board's responses :

CONCERN	BOARD RESPONSE
The physical transportation of samples to Dublin could lead to delays that may, inter alia, lead to cancellation of surgery or even death	<p>The Board must satisfy itself that the plans and contingency planning for transportation of samples will not lead to undue delay.</p> <p>The Board must also be satisfied that there are adequate supplies of blood to cover any extra time required for testing.</p>
When there is crisis demand ranging from a high number of operations requiring large volumes of blood to an emergency either local or national, there is a concern that if there is a successful local appeal, there will be serious delays in using the blood due to delays in testing in Dublin	<p>..... , this is a genuine concern and the Board must satisfy itself that the national contingency planning is sufficiently robust to deal with such crises.</p>
The technical, safety and complexity arguments for centralisation, although adverted to, were never circulated in writing as part of the consultation process. This has led to practitioners feeling	<p>This is a fair point and it should be a lesson to the Board for future proposed changes. We clearly value the views of stakeholders ..... It is, therefore, imperative that we adopt a model of</p>



unsure and vague about the rationale for the proposed decision.	consultation whereby the stakeholders have a clear written explanation of the proposals for change and are given adequate and appropriate opportunity to express their views to the Board. Such views can then inform the Board in its deliberations.
There is a concern that what is perceived as the “downgrading” of the Cork facility will lead to intellectual impoverishment which will damage the capacity for research in the Munster area. Additionally, there was a fear expressed that research information would not be available since the raw data would be in Dublin instead of available locally.	This was acknowledged as a valid concern. The removal of the testing from the Cork facility would remove access to data. However, .....
The concern was expressed that students would no longer have the opportunity of placement and that this would have a detrimental impact on education of students in Munster.	..... The Board will have to be satisfied that the training of medical and biomedical students will not be adversely affected by the centralisation of testing.
Morale in the Cork unit will be damaged by the removal of testing. There was a perception that the staff there will see the unit reduced to a “depot”.	This is an issue that the Board must address. In part it can be alleviated by the possibilities of enhancing and developing the activities in Cork. Staff in the Cork unit have a valuable level of skill and are loyal and committed stakeholders. It is imperative that they are included in the planning of the Cork unit. There is no suggestion of any redundancy.
The introduction of an additional step in the process will lead to an increased risk of error.	The Board must be satisfied with the security of the systems introduced to ensure that this additional step will not lead to such error.
Two sites provide back-up in the event of industrial dispute, hit failure	The Board will need to be satisfied that the contingency planning is adequate.

Thus, in the immediate aftermath of the decision to support the move towards single site testing, the Board accepted that substantial work and clarification was required in terms of (i) transportation issues, (ii) crisis demand, (iii) communication deficit in dealing with key users, (iv) negative research connotations, (v) negative training consequences, (vi) serious morale damage to Cork staff, (vii) risk augmentation due to addition of extra step to the process, and (viii) loss of back-up with the closure of one testing facility. In the current difficult climate for blood transfusion services in Ireland which has inevitably resulted from Dr. Power’s 1994 research, it would seem



mandatory that issues of such magnitude would be decisively assessed before proceeding to any conclusion in terms of single site testing.

#### Section 4 - Buildings Plan for the Cork Centre

Since the Murphy & Hynes Report seems to imply that the removal of testing facilities from the Cork Centre may obviate the need for the construction of a new building there, the Group briefly examined the history of this key issue. While the matter has obviously been of central importance in the development of the Centre, it is only possible in the present context to outline key recent stages in the project. These notably include -

- March, 1997    Finlay Tribunal of Inquiry recommend inter alia "renewal of the premises in Cork .... should also be commenced immediately"
- Oct., 1997    The Irish Medicines Board reported that they "could not recommend inclusion of the Cork centre in the licence renewal ... " on the basis of the conditions of the buildings on inspection.
- Nov., 1997    Minister for Health and Children states "with regard to the Cork centre itself, the Board in conjunction with my Department has decided the centre requires replacement .... I have given my approval to this development ..... My Department will make available the necessary resources .....
- Jan., 1998    Board tender " .... Total estimated construction value IR£5,500,000 approximately. Deadline for receipt of applications February 20th 1998"
- Jan., 1998    The IMB Annual Report notes that "Confirmation was received that a new Centre would be constructed in Cork ..... The IBM is anxious to see that these projects proceed at least in accordance with the timetable"
- April. 1998    Ernst & Young " proposal to close the existing location at Cork and transfer its activities to new premises. The new location is being sourced by a firm of outside consultants. The BTSB has reached agreement with the Irish Medicines Board that a Design Team and a Design Brief for the new facility in Cork will be in place by June, 1998 and that the new building would be operational 18 months later (end 1999)"
- July, 1999    Murphy & Hynes Report notes "If testing is to remain in Cork it is our view that a new centre would be required. The construction fees and equipping costs (at current prices) of a new regional centre would be approx. £12m. .... "



This extraordinary and morale sapping sequence of events (for all concerned with the Cork Centre) has three particularly worrying features. First of all, the recommendations of Finlay seem to have been essentially ignored in terms of a rapid response to the acute building problems at the Cork Centre which have been a persistent cause of concern to the IMB in particular. This seems to have taken place despite the willingness of the Department of Health and Children to provide the necessary fiscal resources. Secondly, at a time of virtually 'arthritic' rates of inflation, the c. £5.5 million quoted for the construction costs in early 1998, has more than doubled just over 1 year later (admittedly including putative substantial equipping costs). Thirdly, a synthesis of the various recent stances being adopted in the 'selling' of the concept of terminating the testing facilities in Cork seems to be that it is a relatively minor proposal with no redundancies, and indeed the promise is held out for substantial compensatory initiatives for the centre. If this is indeed the case, surely the proposal must minimally be neutral in terms of implications for building requirements. This is a crucial paradox as one attempts to extract a rationale behind current proposals and policy change affecting the centre.

Irrespective of the specific nuances of the situation, the implication of the above sequence of events seems unfortunately to fit a certain pattern in terms of future plans for the development of the Cork Centre of the BTSB.

## **Section 5 - Implications**

Our foregoing observations are extremely serious - we clearly find absolutely no basis for supporting the decision in relation to closing the Cork Testing Centre. Equally, we have a significantly heightened sense of alarm in relation to the paralysis, indeed regression, emerging in terms of the buildings' programme.

However, a matter of even greater concern is the fact that our basic premise regarding the quality of the BTSB core national operational structures has been shaken. At the commencement of the task of assessing the current situation in a fair-minded and open manner, we assumed that the BTSB had three key resources namely

- The Dublin Centre with its accumulated expertise and experience,
- The Cork Centre whose qualities are well known and highly respected, and
- The substantial synergistic potential provided by 2 centres of specialist endeavour.

In other words, we assumed an organisation working to maximise its formidable resources in a process of quality consultation, respect, and inclusiveness.

Our contacts with a number of key personnel in the Cork Centre unfortunately revealed a major loss of morale and confidence on account of a wide range of issues above and beyond the matters affecting single site testing proposals, and non-delivery in terms of substantive building initiatives. The ongoing failure to fill a much needed



second post of consultant haematologist, despite departmental approval for such a position in June 1997, seems extremely unwise and requires satisfactory explanation. Unfortunately, relations between the Dublin-based executive and Cork management seem in certain instances to be at breaking point. The situation in relation to the Centre's Regional Director/Consultant Haematologist may be used to illustrate the nature and depth of the seeming schism. Before outlining some worrying issues in this regard, it is well to recall Dr. Power's leading role in detecting the hepatitis C tragedy thereby assisting many thousand people directly or indirectly affected. Similarly, the quality of service achieved by the Cork Centre reflects highly on her leadership performance. Despite her outstanding achievements, a number of worrying issues have emerged in relation to the manner in which Dr. Power's potential is being applied. These include

- Non inclusion in the investigating team considering the single site proposal
- Restricted confidential professional contact with colleagues including the present Group
- Restricted access to media and political representatives (this seems extraordinary since any damage to the organisation's status has resulted from operational lapses rather than contacts with external agencies)
- Difficulty in obtaining approval for travel to key foreign meetings (vital to enable leading edge insights and contacts in transfusion medicine)
- Marginalisation/Removal from national BTSB projects such as

Removal from position of national co-ordinator Anti-D/HCV programmes without prior discussion in Sept., 1997

Irish Haemovigilance System

National Blood Users Group

National Study of Blood Usage



## Section 6 - Conclusions and Recommendations

1. In the Munster region, the Cork Centre of the BTSB continues to provide an outstanding service through its excellent professional and committed staff. Their achievements in terms of ISO and CP accreditation attest to the quality of the centre's endeavours.
2. Equally, it is evident that instead of synergy, an increasing level of totally unnecessary contention and tension has been allowed develop between national headquarters and the Munster Centre.
3. This situation is extremely unwelcome, and does nothing to serve the over-riding interests of optimal patient care. We perceive that responsibility for taking immediate and fundamental steps to remedy this grave situation rests, in the first instance, with the Board. As a matter of the most extreme urgency, we call on the Board to address the situation immediately, comprehensively, and effectively.
4. Because of the overall general responsibility of the Minister for Health and his Department, in the context of the ultimate jurisdiction of the Oireachtais and its relevant Select Committee, we intend to brief the Minister on our observations in this matter of crucial importance to the future well-being of patients under our care.