

*Blood Transfusion Service Board
Annual Report 1998*



Blood Transfusion
Service Board

Bord Seirbhíse Fuilastriúcháin



foreword

I was appointed Chairman of the BSB in September 1994, and my final term of office came to an end on 31st December 1998. This preface is, therefore, a "signing off" document in respect of the period encompassed by these two dates.

Some of the earlier years were extremely difficult, especially in the matter of rebuilding public confidence in the Board's services and retaining the loyalty of our donors. There were, indeed, occasions when it seemed that the very survival of the Board was at stake. The vigour with which the reconstruction of the BSB was undertaken by our staff, and the wholehearted support of the Department of Health and Children for our endeavours, enabled us to get through those difficult years. While unrelenting vigilance will always be required, it is to be hoped that we have now reached calmer waters and can carry out our duties in a more normal environment.

While 1998 was, therefore, a more satisfactory year, in terms of organisation and achievement, it was also a period of unrelenting pressure on the Board's management and staff. The Board's blueprint is its Reorganisation Plan approved in 1996 and subsequently endorsed by the Tribunal of Enquiry. The fundamental aim of this plan is to achieve total cohesion at national level in respect of all Board activities and within this

unified system to attain and maintain the quality and safety objectives set out in the Plan. The recommendations of the Tribunal provided a refinement and confirmation of these objectives and it was with great satisfaction that the Board and the Department put in place, in 1997 and 1998, the detailed arrangements to give effect to these recommendations, which are referred to at greater length in our report for the year 1997.

Considerable progress has been made on all aspects of the 1996 plan. The new building at St. James' Hospital is proceeding according to plan and the role of the staff in bringing these facilities into operation has been defined.

Decisions have also been taken in regard to the location and construction of the Dublin Donor Centre while a refurbishment of the Cork premises has been completed.

The Irish Medicines Board (IMB), has a significant role in relation to BSB activities and maximum co-operation with them is a standing requirement on the part of the BSB, especially in regard to the carrying out of inspections and consideration of IMB observations. As a result, the BSB's competence in the area of quality assurance has been greatly enhanced.

The Board continues to keep in touch with developments abroad and during the year refined its consideration of PCR testing, Methylene Blue and Leucodepletion. A major development was the change-over to recombinant Factor VIII and Factor IX.

In order to enhance its information network the Board was a founder member of a well organised consultation group involving relevant European blood centres.

The efficacy of the BTSB's information technology systems has been of concern to the Board for some time. With the encouragement of the Department of Health and Children, major decisions were taken in 1998 in regard to the installation of a new computer system and meeting Year 2000 compliance requirements.

Because of their vital role in providing the raw material without which the BTSB could not exist, relations with our donors and donor organisers will always be at the top of our priority list and during the year we commenced a reassessment of the logistics of our donation collection system. The object of this exercise is not merely to make optimum use of this invaluable resource but also to ensure that our arrangements meet the wishes of our donors and treat them with the respect which is their due. Their resilience and loyalty

through thick and thin has been truly remarkable.

During the year the BTSB was fortunate to secure the services of our new Chief Executive Officer Mr. Martin Hynes, who very quickly got to the coal-face in all aspects of our activities. In the past, the lack of team spirit and unity of purpose was the primary cause of the disasters which befell the BTSB, and it is heartening to note the new order which the CEO and our National Medical Director are bringing into being with the active co-operation of all segments of our staff.

In conclusion, I would like to convey my best wishes to my successor and also to thank my colleagues on the Board who had to bear such heavy burdens during my time at the BTSB. They, however would be first to acknowledge the great debt which we owe to all our employees whose dedication has seen us through so many trials and tribulations.



JOSEPH HOLLOWAY
Chairman (1994 - 1998)



Chief Executive Officer's Report

The year under review was another difficult and challenging year for the Blood Transfusion Service Board. It was also the year in which many solid foundations were laid, which will assist in redeveloping and refocusing blood transfusion services in Ireland. In all that is taking place, it would be easy to overlook the simple fact that blood saves lives. Every week hundreds of patients in hospitals throughout Ireland are helped in their recovery by the ready availability of blood and blood products.

The Board and the recipients of blood are indebted to the 100,000 donors who gave 160,000 units of blood during the year.

The safety of donors, safety of patients and customer/hospital satisfaction are three of the objectives which underpin the Boards' activities. Concern for donor care and patient care means that a number of people who offer themselves as donors at our clinics are deferred from giving a donation during a particular visit. While individual donors are naturally disappointed that their generous offer is not accepted when they attend the clinic, there is a general appreciation that safety concerns over blood are a dominant issue and it is essential that the Board takes every step open to it to meet safety requirements.

The success of the service depends to a large extent on the goodwill and generosity of blood

donors. For this reason, we have committed ourselves to the development of a Donor Charter which we hope to see introduced in 1999. We are also preparing Comment Cards for donors to comment on their experiences at individual clinics. We will further review our donor services in areas such as session times, venues and frequency of clinics, so as to ensure that donating is as convenient as possible for all our donors.

1998 saw the expansion of the Platelet Pheresis Programme. Our aim is to have 3,000 regular donors on this programme by mid 1999.

Work on the construction of a new headquarters commenced in June of this year. The completion date is October 1999. At year end, the project is on target and within budget.

Work also commenced on the implementation of a new computer system for the Board. This will assist us in our effort to improve donor recruitment and will further improve the way we manage the supply of blood to those who need it.

A major refurbishment of the processing laboratories at the Cork centre was completed during the year. Additional office space was also provided. The processing facilities in Dublin and Cork combine to meet the needs



of 68 hospitals throughout Ireland, 365 days a year. The Cork centre was awarded the ISO 9002 Certificate by the NSAI.

In summary, 1998 was a year of achievement for the BTSB. While it was necessary to import blood in the earlier part of the year, a decision was made in August that this should be discontinued and that we would rely on our own resources. Happily we have been able to supply hospital needs since that decision was made.

I am pleased that we were able to establish links with European countries which have national transfusion services similar to our own. This arrangement was formalised with the establishment of the European Blood Alliance. The Alliance will enable us to share experiences with other countries that face similar challenges.

Blood donating is an act of singular generosity. All blood undergoes careful safety and quality checks to ensure its suitability for use by an individual patient. The expansion of acute hospital services means that a greater range of sophisticated blood products are now required. In other words, more lives are being saved more regularly through the use of blood.

Special thanks are due to all of the staff of the Board. Additional demands have been made

on them in recent years in order to maintain blood supplies. The introduction of new technologies, the planning of the new computer system and the new Headquarters added further pressure in 1998. Their response has been positive and wholehearted.

The term of office of the Chairman, Mr. Joseph Holloway, ended in December. He came out of retirement in 1994 to take on the difficult task of Executive Chairman. He guided the Board through a very difficult and turbulent period. His stamina and personal integrity set a high standard for everybody associated with the Board.

Martin Hynes

MARTIN HYNES
Chief Executive Officer



National Medical Director's Report

A blood transfusion service is really about patients. Blood donors give blood to help patients - patients who need transfusions to survive injury, patients who are undergoing surgery or who have serious haemorrhage, or patients who need transfusions to enable them to tolerate the effects of cancer treatment. The transfusion service provides the link between the donor and the patient - we set up the donation clinics, and we test and process the donations to allow them to be used successfully and safely.

We also promote the concept and the habit of blood donation among the public, to ensure the adequacy of supply. Every year approximately 2% of the entire population needs a blood transfusion. Every week nearly 3,000 units of blood are transfused in Irish hospitals - many of them lifesaving. Without the supply to meet the demand operations are cancelled, and patients' lives or wellbeing are put at risk.

Without blood donors, without a consistent commitment to blood donation among many people in our society, modern surgery and modern medicine simply would not exist.

When blood donation first became a viable proposition, around the time of the Second World War, the blood was transfused more or less exactly in the same state as it came out of

the donors' arm. It was stored in glass bottles, (which were reused several times), without much in the way of processing or even of testing. Donors were usually tested for syphilis, but that was about it as far as testing went. Perhaps even more difficult to grasp in today's era of disposables is the fact that the donation needles were reused after each donation was collected - they were re-sharpened and sterilised first!

Now things are very different, and the pace of change is unrelenting. We almost never use blood in the form it is collected - the red cells are separated from the plasma and from the other cells in the blood, the white cells and the platelets, and stored in a special solution that allows them to be used for up to five weeks after donation, and to work better when they are transfused. The plasma is stored separately and used for special clinical situations such as serious blood loss or disorders of blood clotting; the platelets are stored separately and used for preventing bleeding in particular conditions, especially patients having chemotherapy. Although fewer than one thousand people need platelet transfusions each year, most of them need several repeated transfusions, and each 'dose' consists of the platelets from several different blood donations. The result of this is that we produce over sixty thousand platelet preparations from donated units of blood every year.



Donation has become much more straightforward - every donation is collected using a new disposable sterile kit including a needle integrally attached to the bag assembly. Sharpness and sterility guaranteed! In sharp contrast, the tests that we now perform on every donation are very much more extensive than before. Where before the donor was asked few questions and his or her blood donation tested for only one disease, we now subject the donors to very detailed questions about their health and have introduced far more rigorous testing procedures.

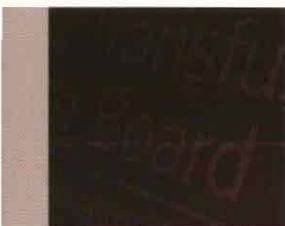
In many people's minds blood donation has shifted from being a statement of well being and health on the donors' part as well as a commitment to their community, to being associated instead with life-threatening virus infections, scandals and institutional incompetence. In spite of this, and perhaps because of it, blood transfusion has never been safer than it is today. However the transfusion services have to remain extremely vigilant to ensure that standards and facilities continue to provide as wide a margin of safety as possible.

Throughout 1998 the BTSB concentrated on promoting donations, and on testing and processing those donations to ensure the highest standards of safety. At the same time we continued the essential programme of improvement, bringing in new tests and

processes as technology develops, to improve transfusion safety even beyond its current high standard. This is not a simple task; new techniques and processes both in the laboratories and in the donation clinics often provide considerable challenges. Nevertheless a lot has been achieved during the year to lay the necessary foundations that will ensure that the people of Ireland continue to have the transfusion service that they need to guarantee the highest possible level of safety in the provision of the essential service of blood transfusion.

A handwritten signature in black ink, appearing to read 'W. G. Murphy', written in a cursive style.

Dr. WILLIAM G. MURPHY, M.D. FRCPEdin
FRCPath
National Medical Director



Donor Services and Collection

Donor Recruitment

In 1998, the BTSB recorded 175,225 attendances at our fixed blood donation centres at Pelican House, Dublin, St. Finbarr's Hospital Cork and at 290 mobile clinics throughout the country. This represents an increase from our 1997 figures.

18, 115 new donors were recruited in the past year.

The BTSB is constantly recruiting Donors via our advertising campaigns, leaflet drops and by encouraging our existing donors to encourage friends and family to donate.

Mobile Clinics

Most clinics are held in local community halls, hotels and schools in towns and villages throughout the country. Other clinics take place in third level colleges or places of work. This year new clinics took place in the National College of Industrial Relations, Ranelagh, Henniges of Ballina, Co. Mayo, Leopardstown Hospital and Ratoath, Co. Meath. Clinics that were revisited in 1998 included Drumbshambo, Co. Leitrim, University College Hospital Galway and the Curragh, Co. Kildare.

Deferrals

People who attend clinics are sometimes deferred from donating for various reasons. Usually their haemoglobin levels may be low, they may be suffering from a cold or flu or they may have undergone ear or body piercing such as acupuncture in the recent past. In 1998 13.21% of those who attended our clinics were deferred. While the BTSB regrets that some donors or potential donors are not accepted, the safety of the blood supply is paramount. It is important to note that most deferrals are temporary and people will be accepted for donation at a later stage.

Voluntary Donor Organisers

The BTSB would like to express a special debt of gratitude to our voluntary Donor Organisers throughout the country. Our voluntary organisers ensure that a forthcoming clinic is advertised locally and assist in the preparation of the venue for the mobile clinics. They are also at hand to assist in the smooth running of the clinic. Our thanks to all of them for their great work and commitment to the Blood Transfusion Service.




President Mary McAleese congratulates donors who received gold pins for reaching their 50th donation in 1998

Aphereris Platelet Programme

A Plateletpheresis Programme was introduced on a limited basis in 1998. This followed the discontinuance of the Plasma Programme owing to the introduction of the synthetic product, Recombinant Factor VIII in November 1997.

Platelets are collected by apheresis, a process whereby blood is collected from the donor, the platelets are separated and removed and the blood is then returned to the donor. All platelets, which are primarily used for the treatment of cancer patients, were leucodepleted i.e. the white cells were removed.

1,820 donors attended our platelet clinic in Pelican House last year of which 3.25% were deferred. The BTSB intends to extend the Platelet Programme in 1999. Four new staff nurses joined the programme in 1998 with a view to this expansion.



Processing & Testing

The BTSB uses sterile disposable equipment in the collection of blood at all our clinics. Each sample of blood is grouped, screened and tested for HIV, Hepatitis B and C, syphilis and rare viruses called HTLV 1 & 2.

Leucodepletion

In 1998 the BTSB moved to introduce a new processing step for blood - the removal of all the white cells from each unit known as leucodepletion. Before this we have removed 50-70% of the white cells from each donation; now the blood is filtered to remove over 99.95% of the white cells. We have gone down this road to reduce any possibility that in the future BSE in humans, called new variant Creutzfeldt Jakob Disease (CJD), might be spread by blood transfusions. We followed the French in committing to this process for all blood donations, but we were very much in the forefront of countries deciding to take this step. Since then many countries, including the UK, the USA and Canada have followed suit.

The technical ability to remove all the white cells from donated blood has been available for a number of years; the costs however seemed prohibitive compared to the potential benefit until new variant CJD began to appear in humans in very recent years. While this risk has not been proven, the BTSB has invested approximately £3million pounds as a further safeguard of its products.

PCR Testing

In 1998, the BTSB agreed to introduce the super sensitive test known as Polymerase Chain Reaction (PCR) to all donations. This extremely sensitive test will increase the ability to detect very low levels of hepatitis C virus in blood donations, that on very rare occasions (probably less than once every 4 years in Ireland) could escape detection by the tests now available.

Negotiations were conducted with the Scottish National Blood Transfusion Service in 1998 for them to test BTSB samples until we build our new facility in Dublin capable of doing this testing process.

Laboratory Investigations



<i>Laboratory Test</i>	<i>Total 1998</i>
Donations Grouped	153,462
CMV Testing	130,406
Donations Screened for rare antigens	26,023
Compatibility tests - units cross-matched	10,043
Antenatal & other diagnostic investigations	7,334
Direct Coombs Tests	8,835
Full Genotype Studies	1,968
Antibody quantitation	449
HLA typing:	0
(a) Disease association	1,317
(b) Bone Marrow & other transplants	1,104
(c) DR	1,041
HLA Antenatal Screenings for Leucocyte Antibodies (Cytotoxic/Fluorescence)	1,585
Mixed lymphocyte Culture	27
Platelet Antibodies	701
Investigation of Patients' Reactions to Products	25

Quality Assurance

Quality procedures are in place to identify potentially serious quality incidents at each stage of production, evaluate them to determine their impact on the blood supply and ensure prompt action is taken.

Mechanisms have been developed for reviewing the performance and key aspects of all activities, including product conformance, donor and customer complaints.

Quality assurance activities are regularly reviewed. These are also examined by the Irish Medicines Board at their twice yearly inspections.

Additional staff were appointed to the Quality Assurance Programme during 1998.

Blood & Blood Products Issued 1998

<i>Product</i>	<i>Total Issues</i>
Blood	137,912
Platelets	54,969
Frozen Plasma	32,471
Cryoprecipitate	1,908
Albumin 20% - 12 -50 ml	702
Albumin 20% 100 ml	2,804
Albumin 4.5% 50ml	102
Albumin 4% 500 ml	3,002
Normal Immunoglobulin 2 ml	555
Anti D Immunoglobulin	5,903
Anti Hepatitis B Immunoglobulin: Hepatect 2ml	22
Anti Hepatitis B Immunoglobulin: Hepatect 10ml	69
Anti Varicella Immunoglobulin: Varitect 5ml	29
Anti Varicella Immunoglobulin: Varitect 20ml	56
Factor VII (x IU)	7,000
Factor VIIA	60,840
Protein C (x IU)	706,445
Anti Thrombin III (x IU)	10,000
Factor VIII Deconativ-M (x IU)	255,000
Factor VIII Recombinate (x IU)	11,752,500
Von Willebrand Haemate P	256,500
Factor IX Nanotiv (x IU)	3,667,208
Factor IX 9A	20,570
Prothromplex (xIU)	200,400
Fibrinogen (x 1g)	104
Factor XII - Fibrogammin P	4,500

Transfusion Medicine

National Blood Users Group

The BTSB submitted a proposal to the Minister for Health and Children in 1998 to set up a National Blood Users Group. The Group is made up of a number of specialists with a particular interest in blood utilisation. The purpose of the Blood Users Group is to support the development of best transfusion practice in hospitals.

Dr William Murphy, National Medical Director and Dr. Joan O Riordain, Consultant Haematologist of the BTSB were appointed to the Blood Users Group. The Secretariat of the Group is based in Pelican House.

National Haemovigilance Office

A National Haemovigilance Office under the direction of Dr. Emer Lawlor, Deputy National Medical Director was sanctioned by the Board in November 1998.

The core functions of the Office will be to receive, collate and follow up reports from hospitals and General Practitioners of all serious or unusual complications associated with transfusion of blood components. The office will also support and advise hospitals in relation to best transfusion practice through education/training and by way of literature support.

The Board appointed Ms. Elaine Corrigan as Administrator of the Office in November 1998.

The National Haemovigilance Office will begin collating reports in 1999.

A steering committee, representative of hospitals, Health Boards, and blood users has been established to assist BTSB staff in overseeing the introduction of the National Haemovigilance Programme.



Information Technology

In early 1998 Ernst and Young were appointed to oversee the implementation of a new IT strategy. The BTSB geared itself toward the oncoming challenges in this area with its clearly stated objectives and projects which would serve them.

These projects consisted of the following:

The MAK - Progesa Project

The existing Blood Management System, Blood Bank Control System, does not conform to year 2000 and other operational requirements. The new system, Progesa, is designed to replicate industry best practice in respect of process flow, operating procedures and quality management. It is already in use by other Blood Transfusion Agencies and is expected to be in place by September 1999.

Financials Project

This project will implement a replacement financial accounting and control system. The current MAPICS system is not year 2000 compliant and does not provide the reporting required for daily management. It is expected that the new systems will be up and running by September 1999.

Infrastructure Project

New computer hardware and connectivity infrastructure needed to be deployed to support the implementation of the MAK - Progesa and financial systems. The objective of this project is to enable provision of nation-wide access to the newly implemented systems and permit leading edge technology such as Internet access and e-mail to be used. The new infrastructure will be in place by August 1999.

Year 2000 Project

This project is specifically focused on operational continuity issues facing the BTSB. Survey and analysis of the functional criticality of existing systems in laboratories, donor clinics and other mission critical areas of the BTSB is the main priority of this project. The objective is to ensure that systems survive the millennium change and are quickly replaced if they are unable to do so.



Building work in progress at the new BTSB Headquarters

The initiation of these projects presented a particular challenge in early 1998. The support of the Department of Health and Children and the commitment of staff meant that the projects were well in hand and on target at year-end.

The development work and initial roll-out of the Progesa project is being undertaken in the Cork centre.

In July 1998 the BTSB appointed a new Management Services Officer to oversee IT procurement and development.

Buildings & Estate

Dublin Centre

Planning permission for a new Headquarters for the BTSB was granted in March 1998 and building work commenced shortly afterwards on the southeastern corner of the St. James's Hospital site. A senior staff member was appointed Project Officer and has been seconded to work with the project and Design Teams for the duration of the building work.

The new building, which is two and a half times the size of the existing HQ at Pelican House at 11,543 square metres, will cater for the present and future needs of the BTSB. It consists of a rectangular laboratory area with a curved/office block attached and is designed to ensure that the Apheresis clinic, Blood Components Laboratory, Tissue Laboratory, Stores and Despatch are all located on the ground floor.

The new centre, which is funded by the Department of Health and Children at a cost of £30million, will be one of the most advanced state-of-the-art facilities in the world.

The hand-over of the completed building is scheduled for October 1999.

Cork Centre

In 1998, the Department of Health and Children funded the refurbishment of the components processing and compatibility testing laboratories at the BTSB centre in St. Finbarr's Hospital, Cork at a cost of £464,000. An additional £60,000 was provided for equipment.



Staffing

The following senior staff took up duty during the year:

- Mr. Tim O'Connell - National Donor Service Manager
- Mr. Malcolm Docherty - Management Service Manager
- Mr. Martin Hynes - Chief Executive Officer

The above appointments have assisted in the creation of a more stable managerial environment, following a period when a number of posts had been vacant. The filling of these posts, which have national responsibility, has added to the cohesion of the organisation at national level. This was identified as a basic requirement for the reconstruction of the BTSB.

BTSB Staff 1998

Whole time equivalent staff employed by the BTSB in 1998 is as follows:

Administrative & clerical	139.38
Laboratory	101.50
Medical	21.49
Nursing	102.30
TOTAL	364.67

Research Grants

Funding was made available to the Board, by two pharmaceutical companies to support relevant research in Ireland. The proposals for research grants are approved jointly by the Board and the relevant pharmaceutical company.

Funding was provided for research into the following topics:

- * The role of HLA antigens in the persistence of Hepatitis C
- * Survey of Blood Utilisation in Ireland
- * Ante-natal Screening for neo-natal Alloimmune Thrombocytopenia
- * Enzymatic conversion of group A & B erythrocytes to group O

Information on the outcome of research projects will be published in future years.

Recipient Tracing Programmes

A substantial amount of both financial and personnel resources were allocated to the task of tracing and screening all possible recipients of infectious or potentially infectious blood or blood products in 1998.

The following is a summary and review of these programmes to date.

Anti D HCV Programme

To date, 67,456 people who may have received an infectious or potentially infectious batch of Anti-D and their partners and children were tested for Hepatitis C in the BTSB's national screening programme which commenced in 1994. Of these, 66,425 have tested negative for Hepatitis C antibodies.

In October 1998, the BTSB placed advertisements in international newspapers and in Irish centres abroad in an effort to locate Irish women who received infectious or potentially infectious Anti-D. This campaign is part of extensive efforts by the BTSB and hospitals to trace women who may have not yet come forward for testing. While most women have already been tested since 1994, the BTSB is ensuring that all avenues are explored so that anyone who may be at risk is screened. Hospital records, GP files and social welfare records have all been examined. This task is made more difficult by the fact that some may have changed address, name or may have since emigrated.

Targeted Look-Back Programme

The Targeted Look-back Programme was commenced in November 1994 to identify persons who may have been infected with Hepatitis C as a result of a transfusion, by tracing the past donations of donors identified with evidence of Hepatitis C infection. Under this programme, a total of 223 were tested for the virus of which 94 were positive.

Optional Screening Programme

To date, 14,583 people have come forward for testing under the Optional HCV Blood Screening Programme which commenced in September 1995. This programme is aimed at all recipients of blood transfusion and blood products who might possibly have become infected with hepatitis through the receipt of transfusions or blood products. Of the 14,583 who have been tested, 59 are antibody positive. 38 of these 59 have tested positive for the virus.

HIV Screening Programme

This programme, which commenced in October 1997, offers testing to transfusion recipients who were transfused prior to the introduction of HIV screening. All 2,019 samples screened tested negative.



Other Services

Irish Unrelated Bone Marrow Registry

The Irish Unrelated Bone Marrow Registry was set up in 1989 and is maintained by the Tissue Typing Laboratory in Pelican House. The donor panel currently consists of 11,708 donors, 96% of whom are fully tissue typed. The Registry is affiliated to the World Marrow Donor Association.

Donors selected as possible matches for patients either national or international are counselled by the CH/Registrar, HLA typed in the HLA Laboratory in Pelican House. The transplants take place at the National Transplant Centres at St. James's Hospital, Dublin and Our Lady's Hospital For Sick Children, Crumlin.

The total number of transplants facilitated by the Irish Unrelated Bone Marrow Registry between 1991 and 1998 is 65 plus one umbilical cord transplant which was the first umbilical cord transplant in the British Isles.

Eye Bank Register

The National Register of corneas is maintained at the BTSB Headquarters at Pelican House.

64 corneas were issued for transplant in 1998.

Heart Valves Donations and Issues 1998

The BTSB has administered the National Heart Valve Bank since 1993.

50 heart valves were donated in 1998 of which 13 were issued for transplantation.

Legal Actions

A total of 1,285 legal actions against the BTSB remain outstanding at December 1998. The majority of the claims relate to Hepatitis C infected products, most of which are expected to be dealt with by the Compensation Tribunal.

Freedom Of Information

Following the implementation of the Freedom of Information Act in April 1998, the BTSB appointed Helen McGrath as Freedom of Information Officer.

From April 1998 to December 1998, 21 requests were received from members of the public and journalists.

Finance

Expenditure of £31 million for the year 1998 is £3.5 million more than the 1997 figure. This reflects the continuing costs of implementing the Board's Reorganisation Plan and the costs of the recipient tracing programmes.

This expenditure has been funded by way of charges to hospitals for products and services provided, and by funding from the Department of Health and Children.

The Board was also in receipt of a once off payment of £2.45 million in respect of an insurance claim in 1998.

In 1998, the Department of Health and Children funded the Board's capital programme which amounted to £7.69 million.

The accounts of the BTSB are audited by the Comptroller & Auditor General. When the 1998 accounts are audited and approved they will be submitted to the Department of Health and Children and subsequently laid before the Houses of the Oireachtas.

Ex Gratia Expenses Scheme

The Board continued to operate the Ex Gratia expenses scheme, which is designed to assist persons with Hepatitis C to avail of the medical services to which they are entitled.

From January 1998 to December 1998 £161,469 was paid out. The corresponding figure for 1997 was £403,977.



The Blood Transfusion Service Board

Members of the Board: Mr. Joseph Holloway - Chairman
Dr. Rosemary Boothman
Mr. Gerry Coffey
Mr. Roy Hanan
Dr. Rosemary Hone
Mrs Valerie Mannix
Professor Shaun McCann
Ms. Deirdre O Connell
Professor Diarmuid Shanley
Mrs. Ann Small
Professor Ian Temperley

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: Bank of Ireland
College Green
Dublin 2

Allied Irish Bank plc.
10 Bridge Street
Cork

Trustee Savings Bank
Baggot Street
Dublin 2



**Blood Transfusion
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