

**Blood Donor**

 Blood Transfusion  
Service Board

MR BARRY QUINN

**O Rh POSITIVE**  
(Tested with anti D & C)

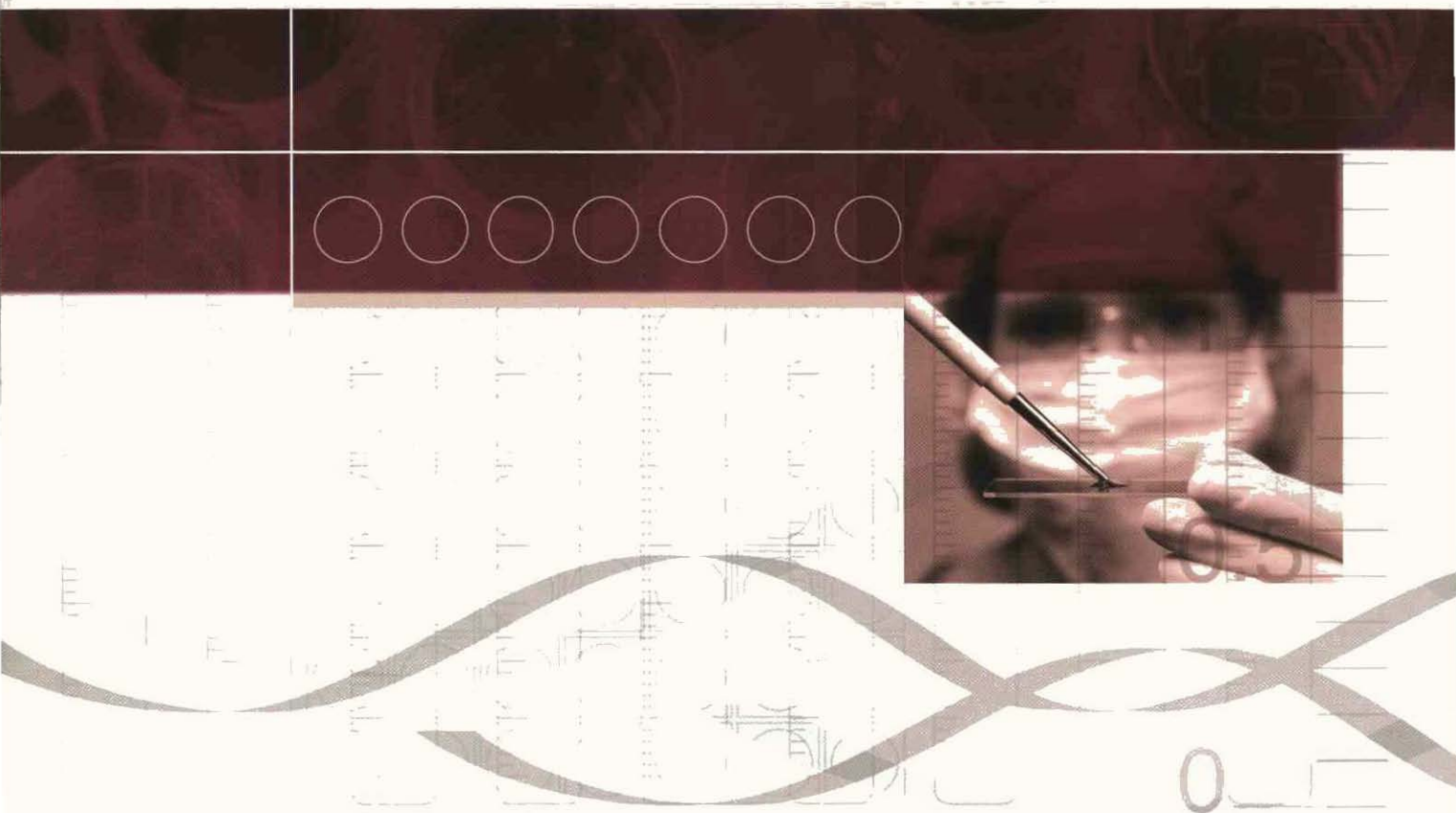


**Blood Transfusion  
Service Board**

Bord Seirbhíse Fuilaeistriúcháin

## ***Mission Statement***

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



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## Chairman's Report

I was appointed to chair the Board of the BTSB in April 1999 and have been engaged on a very steep learning curve since then. The organisation is in the throes of enormous changes under the very able direction of the CEO and the National Medical Director. The BTSB has a clear mission to ensure the supply of blood and blood products to Irish patients and to ensure that the quality and safety of products are at the highest international standards. The Board has a complex network of relationships in achieving this important mission. It includes among its stakeholders its staff, the blood donors, the patients, their medical advisers, the Hospitals, the Department of Health and Children, and the Irish Medicines Board.

The significant changes with which we have grappled during the year included planning for the move to the new national headquarters at St. James's Hospital, planning for the introduction of the new state of the art computer system and concomitant changes to the financial and donor management systems. In addition, careful planning and diligent monitoring was necessary to ensure that our systems were fully Y2K compliant. Leucodepletion was introduced during the year. This is a filtering system to remove all white cells from blood in order to reduce the future potential risk that new variant CJD (the human form of BSE) might be transmitted by blood transfusion. Additionally, as part of our commitment to move the BTSB to the leading edge of blood safety, the Board decided to introduce Polymerase Chain Reaction (PCR) testing in our new facility at St. James's Hospital. This test will increase our capacity to

detect low levels of Hepatitis C in blood donations. As a transitional arrangement, the Scottish National Blood Transfusion Service is conducting these tests for us.

Changes planned for 2000 include the application of the Progesa computer system, which will afford greatly enhanced control over the audit trail of blood donations from beginning to end. Additionally, it will be imperative for us to respond to the changing life style of many of our donors whose availability to donate is now more likely to be at weekends than during normal office hours and whose preferred donation venue is more likely to be suburban than city centre.

### Staff

It has been a privilege for me to meet the very committed and professional group of people who work in the BTSB. They are very conscious of the life and death nature of the work they do and are also aware of the critical need for them to operate as a team, sharing knowledge and experience. At critical times during the year, many of the staff made themselves available to work very long and unsociable hours to meet blood shortages, deadlines in the computer system installation and Y2K compliance.

### Donors

The BTSB simply could not function without the continuing support of its blood donors. The donors give blood selflessly without any knowledge of the recipient of their gift. At presentation ceremonies during the year, I was honoured to meet donors who had given fifty units



and, in some cases, one hundred units. People live such busy lives and yet taking the time to give one unit of blood can make the difference between life and death to a patient in an Irish hospital. Sincere and warm thanks must go to all our donors. Please continue to come back to us.

#### **Department of Health and Children**

The Board maintains close liaison with the Department and we are grateful to the Minister for the period under review, Mr. Brian Cowen, and his colleagues in the Department for their continuing support and encouragement.

#### **Irish Medicines Board**

The Irish Medicines Board inspects and reports on the BTSB's systems, processes and procedures. Blood and blood products must be managed to the highest standards of quality control. The IMB sets rigorous standards for us to maintain and the Board has responded by investing considerable capital and personnel into its new facility at St. James's Hospital and into its current facilities at Pelican House and the Cork Centre. The Board's policy is to work in partnership with the IMB in cooperating with its inspections and in applying its guidelines to bring the BTSB to the leading edge of international quality assurance in transfusion medicine.

#### **Blood Users**

I would like to acknowledge the collaborative professionalism of the Hospital staff and the Health Boards all around the county with whom we work on a daily basis. The National Haemovigilance Office was launched during the year with the assistance of the Department of Health and Children, under the directorship of Dr. Emer Lawlor. The function of this office is to monitor adverse reactions to blood and blood products and to be proactive in preventing such reactions, where possible.

#### **Conclusion**

In conclusion, I would like to pay tribute to my colleagues on the Board, who give of their time and experience so freely. In particular, the Board would like to thank Professor Ian Temperley and Dr. Rosemary Boothman who retired from the Board during the year and to welcome Dr. Fred Jackson who joined the Board in October.

Bail Ó Dhia Orainn go léir agus ar ár n-obair.

**Patricia C. Barker**  
Chairman



## Chief Executive Officer's Report

After a number of years during which it was necessary to import blood to maintain supplies to Irish hospitals, the BTSB maintained stocks to Irish Hospitals through local voluntary non-remunerated donors during 1999. As with all transfusion services, maintaining supplies for 365 days of the year presents a considerable challenge.

Collecting sufficient blood to meet the needs of the 67 hospitals throughout Ireland is both a very simple task and a very complex task. The blood transfusion system is there for people; it is there for those who give the gift of life and for those who need it. The assistance of local organisers at the 290 locations at which blood is collected is essential to the success of our efforts.

In order to further develop the voluntary donor organisation network, plans were made, in 1999, to establish decentralised collection teams in the South East and North East. Suitable premises were identified in Carlow and Ardee. Collection teams will be established in 2000.

This year we also expanded the Work Place Blood Drive, which now numbers over 350 companies. With the co-operation of employers, staff are ferried to Pelican House during their working day to donate. The establishment of a Tribunal of Inquiry, this year, into the HIV/Hepatitis C infection of persons with haemophilia and related matters, will enable all of these issues to be addressed. There were worldwide problems in transfusion services in the 1980s. The BTSB has assimilated a large amount of documentation and has made it available to the Tribunal.

We have assured the Tribunal of our fullest co-operation. We are mindful of the impact of this medical tragedy on persons with haemophilia and their families.

We have established a website to make available, to the widest possible audience, information on the BTSB. A Blood Bulletin on transfusion matters is issued to hospitals on a regular basis.

The construction of the new headquarters, which commenced in June 1998, was completed in December 1999. Commissioning and validation will take a number of months.

Preparation for the millennium changeover and ensuring that all equipment and services were Y2K compliant required a good deal of attention during the year. A Project Team was established to ensure that the transition took place smoothly. Simultaneously, work continued on the installation of new computer systems.

Additional increments to the safety of blood continued to be implemented. In the latter half of the year, we entered a contract with the Scottish National Blood Transfusion Service for them to undertake PCR, HCV testing on all donations on our behalf. It is expected that this contract will run for two years until the testing facilities are developed in our new premises. Blood safety issues continued to be monitored closely by the Board and its medical and scientific staff.

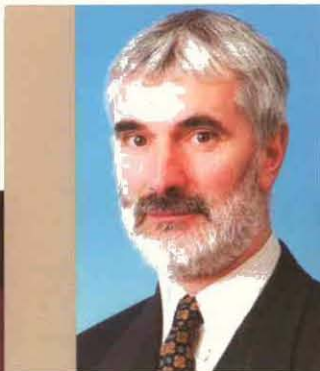
A major review of testing was carried out resulting in the decision in July 1999 to centralise all testing at the new headquarters. It is expected that it will take up to two years for this decision to be fully implemented.

The establishment of the National Haemovigilance Office whose core functions are to receive, collate and follow up reports from hospitals and general practitioners of all serious or unusual complications associated with transfusion of blood components is a further indication of the commitment to safety in the transfusion chain. The generosity of donors, the gratitude of recipients and the commitment of staff contributed greatly to the rebuilding of the BTSB. While much work remains to be completed, a more optimistic view of the future is now possible.

We are indebted to the members of the Board for their support and commitment during the past year. In particular, special thanks are due to the Chairman, Dr Patricia Barker, who took up office in April.

**Martin Hynes**  
Chief Executive Officer





## National Medical Director's Report

A Blood Transfusion Service is about patients. And nothing else. Our job is to provide adequate supplies of safe and efficacious blood and blood products for patients. And nothing else. It's that simple. And that difficult.

Blood cannot be bought, and neither can anyone buy the goodwill needed throughout the community for a blood transfusion service to get the job done. Every week we manage to arrange for nearly three thousand people to have a needle stuck in their arm for the sake of people they do not know, and never will. Why do donors do it? Perhaps because they understand the need for life giving transfusions. Perhaps because they feel it's an important part of the life of the community they live in. Whatever the reason without donors there would be no blood transfusion. Without blood transfusion there will be no proper treatment for the people in this country who need transfusions for health, or for life itself. People in accidents, people with cancer, people having joint replacements or other major surgery, people with blood and bone marrow disorders. Mothers who suffer serious haemorrhage after childbirth and premature infants. Tens of thousands of people in this country every year get blood transfusions to preserve or improve their health. Without blood donors many of these people would not survive.

Many people who want to donate blood find that they cannot, for a variety of reasons. Even going on holiday can disqualify you for a year, if you go somewhere exotic enough to be exposed to malaria. Having an ear or two

pierced, getting a cold sore, having jaundice as a baby, having a baby, all result in people being deferred from donation. The list is long and the questions get more searching every year. Over 1 in 8 people who come to the donor clinics are turned away.

Nobody wants to be refused the opportunity of donating, especially when they've gone to all the trouble of getting to the clinic, screwing up the courage to have the needle put in, and answering the long list of sometimes difficult questions about health and lifestyle. People who are turned away from donating sometimes feel undervalued and diminished in some way as though they are not really healthy. They may feel too that people who know them at the clinic will think that there is something wrong with them. It's not surprising that many people who are turned away once never come back. On top of all that we're always saying that more donors are needed and that we're never far off being short of blood. So why do we refuse so many donors?

Like all modern transfusion services, we go to extraordinary lengths to ensure the safety of blood transfusions. We use very sensitive tests to detect viruses that can be transmitted by blood transfusions. We ensure that the equipment we use for testing is of the highest specification and performance. We track every part of every donation by computer. But we still need to make as sure as we can that people at risk of having a disorder that can be spread by transfusion do not donate. During the early stages of malaria, or hepatitis or HIV infection, before the donor becomes unwell, the infectious agent



can escape detection by the tests currently available. This is a very rare occurrence, but it explains why we go to the lengths we do.

There are always too the unknown or unknowable risks, and these are of great concern to the transfusion services. At the moment, we are taking steps to try to reduce any possible risk from a disease that we know very little about, that seems to be due to an infectious agent unlike any we have known before and for which we have no test to detect potentially infectious donors. Variant Creutzfeldt Jakob Disease (vCJD) has emerged in the past few years as an infection of humans from cattle with BSE. It is a devastating illness, invariably fatal. It may not be possible to spread vCJD between people by blood transfusion, but until we know much more about this strange disease we must act as though it is. For example, it is possible on theoretical grounds that removing all the white blood cells from a donated unit of blood could reduce the risk of transmitting vCJD. For this reason, during the past year we moved to the position where all blood transfusions in Ireland have had the white cells removed, an exacting and expensive technique. At the close of the year we are evaluating the necessity of precluding people who have visited the UK in the eighties and nineties from donating blood in Ireland. This measure would have a huge impact on the blood supply in Ireland – over 13% of our donors have spent six months or more in the UK during this period - and it may do little or nothing to reduce the risk to Irish people from this disease. At the moment it is impossible to estimate with any accuracy what that risk may be, either from eating infected imported foods, or from other dietary sources.

But by far the biggest area of risk that we are aware of from blood transfusions arises in hospitals, where 95% or more of the adverse effects of transfusion are caused. Some of these events may be almost impossible to avoid, such as may happen when a patient has a rare antibody to red cells, plasma, or platelets. Sometimes the adverse effects arise because samples are mixed up, or blood is not transported around the hospital properly, or is not administered properly.

To address this area of blood transfusion, the "sharp end", away from donors and clinics, away from testing laboratories and regular inspections by the Irish

Medicines Board, a number of far-reaching initiatives were progressed during the year. These included the distribution to hospital doctors throughout the country of the Handbook of Transfusion Medicine, a comprehensive manual of safe transfusion practice; the beginning of the Haemovigilance Programme, in which every sizeable hospital in the country will employ a person, usually a Registered Nurse, to ensure the proper surveillance and optimal practice of transfusion; and the continued activities of the Blood Users Group, comprising clinicians, nurses and technologists from around the country who are drawing up practicable guidelines for hospital transfusion practice. This suite of activities will help ensure that blood transfusion in this country is comparable with the very best.

We keep a close watch on developments in science, technology and medicine around the world that may have an impact on what we do and how we do it. As the year closes we are progressing the introduction of new and increasingly sensitive tests for transmissible diseases. We are planning for the future developments of techniques and treatments that may reduce the need for some patients for blood transfusion, and we are progressing new programmes of research into blood use patterns, into an uncommon bleeding disorder in new born infants, and into bacterial contamination of blood components.

Blood transfusion will continue to change at a rapid pace, bringing new challenges and demands. The BTSB will continually need to adapt and change to meet these demands. It will continually need to look outwards to our donors, to the needs of patients and hospitals, and to international standards and developments, so as to ensure that people who require blood transfusion in this country are as well cared for as anywhere in the world.

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



## DONOR SERVICES AND COLLECTION

### Donor Recruitment

176,396 people attended our fixed centres in Dublin and Cork and at 290 mobile clinics throughout the country in 1999. This represents an overall increase of 1,171 from 1998. 17,169 new donors were recruited in the past year.

### Work Place Blood Drive

Our National Headquarters in Pelican House operated a very successful Work Place Blood Drive in 1999. This is where a company or organisation allows their employees (minimum of 5) time off work to donate blood. Last year, 55 new groups joined our Work Place Blood Drive. We intend to expand this service in 2000.

### Apheresis Platelet Programme

4,304 people attended Pelican House to donate platelets in 1999. These figures show a marked increase from last year when 1,820 donors attended. Blood is taken from the donor, the platelets are extracted from the blood and the remaining blood components are then returned to the donor. This process is known as apheresis. Platelets, which have a shelf life of 5 days, are primarily used for the treatment of cancer patients.



Chris from Dublin donated his bone marrow to Christina from Wexford who underwent a bone marrow transplant.

### New Clinics

The BTSB organised a number of new clinics and revisited old clinics during the year in Collins Barracks, Cork, Clane, Blackrock, Palmerstown and Tallaght Hospital.



Maurice Roche, Tralee pictured receiving his gold drop award with his wife.

### Donor Award Ceremonies

Four Donor Award ceremonies were held in 1999 in April, October, November and December. In total 1,157 50-time and four 100-time donors were honoured. The BTSB were very pleased that President Mary McAleese addressed our Donor Award ceremony in April in Dublin and the Lord Mayor of Cork, Danny Wallace addressed our Pelican Day Award ceremony in Cork in October.

### Voluntary Donor Organisers

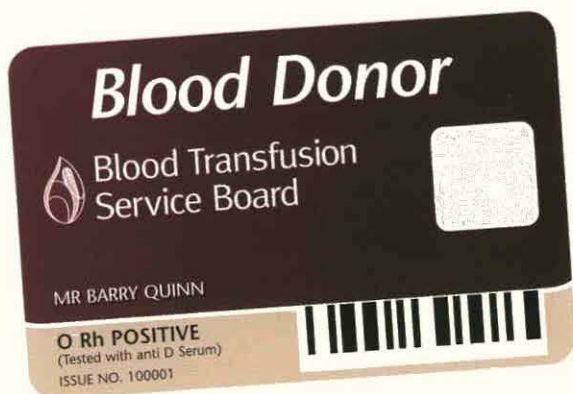
The hard work and commitment of our Voluntary Donor Organisers is very much appreciated by the BTSB. They undertake a huge volume of work to ensure that our local clinics are widely promoted and offer advice and assistance to our Donor Services Department in the preparation of clinics. Without them, a transfusion service would not be viable.

### Donor Charter

The BTSB introduced a new Donor Charter in March 1999, which outlined the commitment and obligation of the BTSB to their Donors. The Charter guarantees that donors will be cared for in a confidential and professional manner, that our clinics will take place in clean and comfortable venues and that the time spent at clinics will incur as little delay as possible. It also asks for a specific commitment from donors to complete the health questionnaire conscientiously to ensure the safety of the blood supply and to inform us of a change of address. The Charter is displayed at all clinics and on our web site.

### Donor Cards

A new credit sized Blood Donor card was also launched in March 1999 and was issued to all new donors from October last year. The blood donor card will help to speed up the registration process at our fixed centres as the cards will be swiped into the computer terminal and the donation history of the donor will be easily accessed. The introduction of lap top computers for registration at our mobile clinics in 2000 will enable the new swipe card system to operate at all our clinics.



### Deferral Rates

The BTSB recorded a deferral rate of 16% in 1999 which is an increase from the 1998 rate of 13.21%. Donors are temporarily deferred from giving blood under specific circumstances to ensure that donating blood is as safe as possible and that donated blood is of the highest quality. The most common reasons for deferral are a low iron level in blood or having a cold. There are a range of other

reasons under which an increasing number of donors are deferred such as a visit to a malarial area. This inevitably decreases the pool of eligible donors.

### Donor Surveys

The BTSB commissioned surveys in February and November 1999 to assess the attitude of the general public to blood donating and to enable the BTSB to focus our recruitment strategies for donors. Both survey results indicated positive feedback as well as providing information for the Donor Services Department in their ongoing work in attracting new donors.

### Complaints

A total of 69 complaints were received from donors in 1999 mostly concerning waiting times at clinics. The computerisation of all clinics will help speed up registration at mobile clinics. The introduction of additional technology and increasing the number of beds at the larger clinics will also reduce the time involved in donating. These changes will be introduced while maintaining our traditional standards of courtesy and care for donors.

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## QUALITY ASSURANCE

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The BTSB observes and follows stringent quality procedures to identify potentially serious quality incidents at each stage of production. Processes are in place to review the performance and key aspects of all our activities that include product conformance, donor and customer complaints.

All members of staff undertake cGMP training and our quality assurance activities are regularly reviewed. The Irish Medicines Board carries out two annual inspections of the BTSB.



## PROCESSING AND TESTING

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

### Polymerase Chain Reaction (PCR) Testing

Towards the end of 1999 all blood samples collected in Ireland were forwarded to Edinburgh for an additional safety test – Nucleic Amplification Technique (NAT) known as PCR testing. This test is an extra sensitive test, which detects Hepatitis C in blood samples in the very early stage of infection i.e. even before the antibodies have formed. The PCR results are then transmitted back to our Cork and Dublin centres.

The BTSB signed a contract with the Scottish National Blood Transfusion Board to test all our blood samples for the next 2 years. During this time we will be introducing the laboratories, training and expertise capable of implementing large-scale PCR testing in Ireland at the National Blood centre on James's Street.

### Leucodepletion

Since the 2 November 1999 all BTSB blood products have been 100% leucodepleted.

This process involves the removal of white cells from blood to prevent the theoretical risk that nvCJD is transmitted in white cells. While this risk has not been proven, the BTSB has undertaken this measure at a cost of £3 million in the interests of blood safety.

## LABORATORY INVESTIGATIONS 1999

Laboratory Test	Total 1999
Donations Grouped	153,219
CMV Testing	138,163
Donations screened for rare antigens	26,933
Compatibility tests – units cross-matched	9,939
Antenatal and other diagnostic investigations	7,201
Direct Coombs Tests	4,440
Full Genotype Studies	1,916
Antibody Quantification	474
Investigation of patients' reactions to products	46
<b>HLA Typing:</b>	
BTSB/Panel (Serology + DNA)	129
Disease Association (Serology)	1,327
Transplant A & B (Serology)	909
High Resolution HLA A Typing (DNA)	83
High Resolution HLA B Typing (DNA)	122
High Resolution HLA C	15
Generic HLA DR Typing (DNA)	848
High Resolution HLA DR subtyping (DNA)	165
High Resolution HLA DP typing (DNA)	34
High Resolution HLA DQ typing (DNA)	148
Leucocyte (T & B Cell) Antibodies (Cytotoxic)	351
Leucocyte Antibodies (E.I.A.)	1,124
Panel Reactive Antibodies (PRA-EIA)	19
Granulocyte Antibodies (Fluorescence)	22
Platelet Antibodies (E.I.A.)	736
Platelet HPA Antigen Genotypes (DNA)	52
Mixed Lymphocyte Cultures	17
Platelet & Bone Marrow Searches	1,121

### Review of Testing

In July 1999 the Board of the BTSB unanimously accepted a report prepared by the Chief Executive Officer and National Medical Director which recommended developing a single site for donation testing in Ireland. The recommendation was based primarily on:

- International Best Practice
- Changes currently taking place and anticipated in testing and processing facilities and in transfusion medicine generally.
- The need to have a high quality standardised approach.

- The extent of additional quality assurance costs to meet GMP requirements and the need to avoid unnecessary duplication.
- The continuing escalation of testing and processing costs and the need for economies of scale. The additional expertise in virology, validation and quality assurance were deemed not to be readily or economically replicated at two centres.
- New and expensive tests e.g. prion testing which can be anticipated.

The report re-examined all aspects of testing and confirmed that the decision adopted unanimously by the Board following receipt of the Bain Report in May 1995 remains valid.

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## HOSPITAL SERVICES

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The BTSB supplies 67 hospitals nation wide with blood and blood products. Our Hospital Services/Despatch unit at Pelican House in Dublin and St. Finbarr's Hospital in Cork

is open 365 days a year. Our Cork Centre also provides a crossmatching service to eight hospitals in Cork city.

### BLOOD & BLOOD PRODUCTS ISSUED – 1999

Product	Jan-Dec 99
Whole Blood and Red Cells	132,115
Platelets	43,987
Frozen Plasma	23,335
Cryoprecipitate	2,188
Albumin 20% 50ml	1,056
Albumin 20% 100ml	2,741
Albumin 4.5% 50ml	0
Albumin 4% 500ml	2,660
Normal Immunoglobulin 2ml	637
Anti D Immunoglobulin	42
Anti HepB Immunoglobulin Heptatect 2ml	23
Anti HepB Immunoglobulin Heptatect 10ml	84
Anti Varicella Immunoglobulin Varitect 5ml	57
Anti Varicella Immunoglobulin Varitect 20ml	54
Factor VII	15,000
Factor VIIA (xIU)	228,300
Protein C (x IU)	324,970
Anti Thrombin III (x IU)	23,000
Factor VIII Recombinant	11,539,780
Von Willebrand Factor Haemate P (x IU)	329,500
Factor IX Benefix (xIU)	4,888,470
Factor IX Nanotiv	432,000
Prothromplex (x IU)	310,800
Fibrinogen (x Ig)	235
Factor XIII – Fibrogammin P	6,750



## NATIONAL HAEMOVIGILANCE OFFICE

The Minister for Health & Children, Mr. Brian Cowen TD formally launched the National Haemovigilance Office in November 1999. The Office, which is based in the BTSB, will receive and collate reports of abnormal reactions to the transfusion of blood or blood components. The establishment of the NHO was a key recommendation of the Finlay Tribunal Report.



Pictured at the launch of the National Haemovigilance Office were, Minister Brian Cowen; Dr Patricia Barker, Chairman, BTSB; Dr. Jim Kiely, Dept of Health and Children and Dr. Emer Lawlor, Director, National Haemovigilance Office.

An Administrator and two Transfusion Surveillance Officers staff the National Haemovigilance Office (NHO), which is directed by Dr. Emer Lawlor. The staff at the NHO will advise and assist Hospital based Transfusion Surveillance Officers on an ongoing basis. Participation in the scheme is voluntary and all reports are anonymised. A National Steering Committee consisting of representatives of hospitals, Health Boards and the BTSB meet regularly with NHO staff to advise and agree procedures for reporting abnormal reactions.

In the past year the Office organised two national training days in April and November for hospital staff. National Haemovigilance staff also made presentations to Health Boards, the Medical Laboratory Technicians Association and to a GP symposium. In addition, a number of articles on haemovigilance were submitted by the NHO to a number of publications including *Converse*, *Forum* and *PEL*.

The NHO began collating reports from hospitals in October 1999. At year-end, 18 reports were being evaluated.

## IRISH UNRELATED BONE MARROW REGISTRY

The Irish Unrelated Bone Marrow Registry is maintained in the BTSB National Headquarters at Pelican House and has a current donor panel size of 11,819. A bone marrow nurse was recruited in August 1999 to medically evaluate and counsel volunteer bone marrow donors.

Up to December 1999 the registry has facilitated 76 transplants on behalf of Irish (58) and international patients (18). Donors on the Irish Unrelated Bone Marrow Registry donated marrow to 14 Irish and 18 international patients.

In November 1999 the Irish Unrelated Bone Marrow Registry facilitated the collection, storage and transplant of the first directed umbilical cord in Ireland.

The Irish Unrelated Bone Marrow Registry is affiliated to the National Marrow Donor Program, the largest registry in the U.S and European Marrow Donor Information System.

## TISSUE BANKING

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

### National Eye Bank

During the year 53 corneas were issued for transplantation by the National Eye Bank. The role of the Eye Bank is to supply organ cultured corneas to ophthalmic surgeons throughout Ireland. Corneas are donated from both cadaver and multi-organ donors and corneas undergo a full virology screen and endothelial evaluation to assess their suitability before issue.

### Homograft Heart Valve Bank

The Homograft Heart Valve Bank issued 13 heart valves in the past year. The valves issued are primarily used for children with congenital heart disease and women of child bearing age.



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## RECIPIENT TRACING PROGRAMMES

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The BTSB continued to trace and screen all possible recipients of infectious or potentially infectious blood or blood products.

Up to December 1999 65,879 women were screened under the National Anti D HCV Programme. Of those tested, 64,854 tested negative for Hepatitis C antibodies.

To date, 2,111 samples were screened under the HIV Screening Programme. All samples tested negative.

At the end of 1999, 14,754 people were screened under the Optional HCV Screening Programme of which 40 tested PCR positive.

Under the Targeted Lookback Programme 242 people have been tested to date of which 104 have evidence of continuing Hepatitis C infection.

### Anti-D Reassurance Programme

The Expert Group on Hepatitis C recommended that all recipients of infectious or potentially infectious Anti-D who have tested HCV negative should be informed of this fact via their GP and be offered a repeat medical consultation and virology testing. Up to December 1999 1,722 individuals were re-tested under this programme.

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## BUILDINGS AND ESTATES

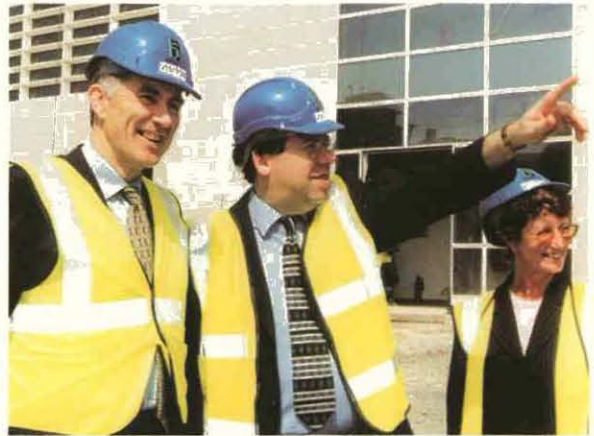
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### New National HQ

– James's Street, Dublin 8

The Minister for Health and Children, Mr Brian Cowen TD performed the topping-out ceremony of our new HQ on James's Street in June 1999 and the building was formally handed over to us in December 1999. The laboratories were handed over to us prior to the formal completion date to facilitate the validation process. The new facility, which is two and a half times the size of Pelican House, is expected to be fully equipped and validated in the first half of 2000.

The new BTSB HQ will be one of the most modern state-of-the-art facilities in the world reflecting the pharmaceutical grade standards which international transfusion medicine is currently moving towards.



Martin Hynes CEO, Minister Brian Cowen, Dr. Patricia Barker, Chairperson, BTSB at the topping out ceremony, June 1999.

### Pelican House

In recognition of the importance of donor care, the donor clinic suite in Pelican House was upgraded. The upgrading included new furniture and redecoration.

### Cork Centre

An outline planning brief for the development of the Cork Centre was approved by the Board in December 1999. This followed the decision, made in July, to carry out developments on the existing site.

### Mobile Collection Centres

The BTSB intends to strengthen its partnership with local communities. To assist in this process, plans were agreed in 1999 to establish mobile collection teams in the Southeast and Northeast. Suitable properties have been identified and procured for use in Carlow and Ardee. Collection teams will be based in both centres in the latter half of 2000.

## INFORMATION TECHNOLOGY

The development and upgrading of the Information Technology (IT) system has been a priority for the BTSB during 1999. 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 validation of the existing Blood Bank Control System (BBCS) was ongoing 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 currently the leading system in transfusion services internationally. It is expected to be fully installed by mid 2000.

### Financial Project

The installation of the new Financial and Accounting system was completed in September 1999.

### Year 2000 Project

A detailed survey and analysis of the criticality of existing systems, in laboratories, donor clinics and other mission critical areas were the main priority. We were successful in meeting the objective of ensuring that the systems were year 2000 compliant. This, however, required a great deal of testing and validation. In some instances, software upgrades were required and in other cases, items of equipment required to be replaced.

## STAFFING AND PERSONNEL

### Senior Appointments

In April 1999 Mr. Andrew Kelly was appointed to the new post of Deputy Chief Executive Officer with Personnel as his primary responsibility.

In addition the following senior appointments were made during the year:

- Mr. Paul Behan, Purchasing Officer
- Ms. Pamela Mc Donnell, Internal Auditor
- Mr. Stuart Adshed, Chief Technologist, Donor Grouping
- Ms. Deirdre Healy, Communications Manager
- Mr. Charles Green, Chief Technologist, Crossmatch and Diagnostics
- Mr. Tadhg Corcoran, Facilities Manager

These and other appointments have made a significant contribution in effecting many changes throughout the organisation. The combination of new staff when complemented by the expertise and experience of existing staff has helped in enhancing the service provided by the Board.

### BTSB WTE Staff 1999

Administration	140.5
Laboratory	131.5
Medical	22.0
Nursing	95.5
<b>Total</b>	<b>389.5</b>

### Policy Initiatives

During the year the following policies were developed or revised:

- *Parental leave*
- *Support for Further Education*
- *Respect and Dignity in the Workplace* has been circulated to the unions for their comments
- A Grievance procedure has also been circulated to the unions for their comments
- *The BTSB Job Sharing Scheme* has been revised to reflect changes in employment legislation

Policies on Managing the Probationary Period, Equal Opportunities, Use of Computing Facilities, Internet and E-mail and an Employee Assistance Programme are currently being developed.



## COMMUNICATIONS AND PUBLICATIONS

### Communications Manager

A new position of Communications Manager was established in 1999 to manage and oversee the external communications of the BTSB, in particular, to deal with media queries. Deirdre Healy was appointed to the post of Communications Manager in February 1999.

### Identity

The BTSB renewed its identity in 1999. The new identity retains a symbol of the blood drop and pelican, but each have been given a more contemporary design. The identity application has introduced two new corporate colours for the organisation.

### Web-Site

The BTSB established a web-site [www.btsb.org](http://www.btsb.org) in September 1999 to provide information to donors, media and members of the public. Information on forthcoming blood donor clinics around the country, the various different blood groups in Ireland and questions donors have before giving blood are answered on the site. In addition, minutes of the monthly meetings of the BTSB Board and press releases are posted.

Statements of the BTSB in relation to nvCJD and the report on single site testing in Ireland are obtainable in a section entitled BTSB News.

### Advertising

The BTSB appointed *Irish International* as their Advertising Agency for 1999. A new upbeat campaign was launched in March consisting of TV, radio and billboard advertising, which continued to December 1999.

### Freedom of Information

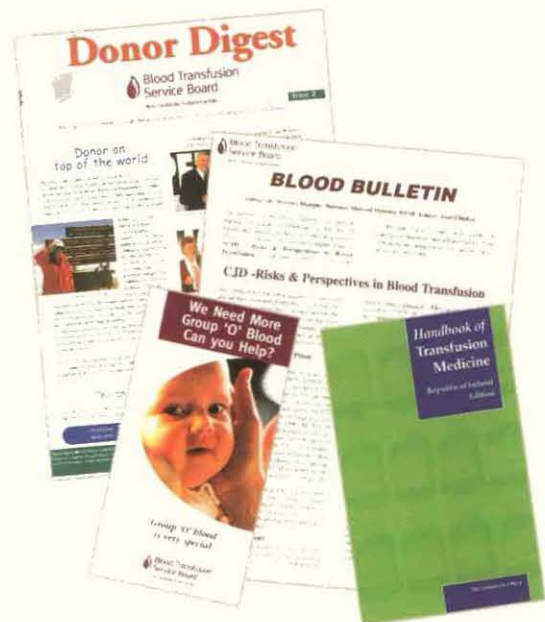
A total of 14 requests for information under the FOI Act (1998) were received by the BTSB in 1999.

## PUBLICATIONS

A number of new publications were issued by the BTSB in 1999 intended primarily for our donors and hospitals.

### Handbook of Transfusion Medicine

*The Handbook of Transfusion Medicine* is intended as a reference book and as a source of up-to-date information to all non-consultant hospital practitioners who are involved with transfusion of blood in Ireland. *The Handbook of Transfusion Medicine* is part of the BTSB's contribution to supporting blood transfusion in clinical practice.



### Blood Bulletin

The purpose of the *Blood Bulletin* is to provide regular up-to-date information on the use of blood and blood products in clinical practice. Topics already covered include *Haemovigilance* and *CJD*. The *Blood Bulletin* is issued to hospitals and is also available on our website.

### Donor Digest

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



**FINANCE**

	1999		1998
	£	€	IR£
	'000	'000	'000
<b>Income</b>			
Recurring Income	39,841	50,587	26,597
Non- Recurring Income	2,393	3,039	4,735
<b>Total Income</b>	<b>42,234</b>	<b>53,626</b>	<b>31,332</b>
<b>Expenditure</b>			
Total Expenditure	42,085	53,437	31,224
Surplus for year	148	188	108
Balance at 1 January	784	995	676
Balance at 31 December	932	1,184	784

NOTE: The above figures are based on unaudited Accounts for the years 1998 & 1999.

The Board's total income for 1999 of £42 million (1998 £31 million) is analysed into recurring and non-recurring. Recurring income consists of revenue generated from products and services provided to hospitals totalling £38 million (1998 £24 million). Also included is direct funding of £1.8 million (1998 £2.3 million) received from the Department of Health & Children in relation to expenditure incurred on the Hepatitis C programme. Non-recurring income is made up of a grant of £2.4 million in relation to Information Technology projects.

Expenditure of £42 million for the year 1999 is £10.8 million more than the 1998 figure. This reflects the continuing costs of implementing the Board's Reorganisation Plan and the costs of the introduction of new technologies and procedures such as Recombinant Products, Leucodepletion, PCR Testing etc.

The Board's capital programme in 1999 amounted to £25 million. The majority of this investment was in the construction and equipping of the National Blood Centre. That project is being fully funded by the Department of Health & Children.

The accounts of the BTSB are audited by the Comptroller & Auditor General. When the accounts for 1998 & 1999 are audited they will be submitted to the Department of Health and Children and subsequently laid before the Houses of the Oireachtas. At that stage the final accounts will also be made available on our website.

**Contracts**

A new Purchasing Manager was appointed in 1999 to review all contracts to ensure the Board is receiving value for money.

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## CORPORATE GOVERNANCE

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

### **Compliance with the Combined Code**

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

During the year the BTSB created and filled the post of Internal Auditor. The Board intends to re-establish the Audit Committee in 2000 and to receive reports on internal control and going concern issues. The Board regularly reviews the reports of the IMB on operational and compliance controls and risk management. The Board will continue to review these reports and to work closely with the IMB to ensure the highest international standards.

### **Workings of the Board**

The non-executive Board is comprised of a Chairman and members appointed by the Minister for Health & Children. The Board is committed to achieving a range and balance of skills and competencies in its membership to permit it to execute its governance role to the highest standard. It is our objective that each member brings to the Board an independent mind to judge on issues of strategy, performance, resources and standards of conduct.

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

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

### **Medical Advisory Committee**

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

### **Finance Committee**

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

### **Going Concern**

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

### **Internal Financial Control**

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

### **Statement of Directors' Responsibilities**

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

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

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

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

### **On behalf of the Board**

Patricia C. Barker, Board Chairman

THE BLOOD TRANSFUSION SERVICE BOARD

## Members of the Board

### Members of the Board

Dr. Patricia Barker, Chairman  
Dr. Rosemary Boothman (to 3.9.99)  
Mr. Gerry Coffey  
Mr. Ray Hanan  
Dr. Rosemary Hone  
Mrs. Valerie Mannix  
Professor Shaun McCann  
Ms. Deirdre O Connell  
Professor Diarmuid Shanley  
Mrs. Ann Small  
Professor Ian Temperley (to 3.9.99)  
Dr. Fred Jackson (from 14.10.99)

### 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



Notes

## Notes



