



ANNUAL REPORT

2013

MEDICAL BUREAU OF ROAD SAFETY

CONTENTS

Director's Introduction	3
Mission	4
Functions of the Medical Bureau of Road Safety	4
Significant Issues	6
Specimens Received for Analysis	7
Blood and Urine Alcohol Programme	7
Blood and Urine Drug Programme	12
Breath Alcohol Programme	18
Professional Witness	21
Quality Assurance	22
Financial Information	22
Corporate Governance	22
Freedom of Information	26
Staffing	26
Conferences, Training & Seminar Presentations	28
Energy Consumption	31
Legal Disclaimer	32



Director's Introduction

I am pleased to write this introduction to the Medical Bureau of Road Safety's Annual Report for 2013 highlighting some of the developments for the year. The report sets out a summary of the activities and performance of the Bureau and its essential role in the Government's Road Safety Strategy.

The year 2013 represented the second year of the new lower alcohol limits for intoxicated drivers and the administrative penalty points.

The Bureau approved, tested and supplied an additional twenty two evidential breath testing instruments to Garda Stations nationwide during 2013. This was a 34% increase bringing the total number of instruments in Garda Stations to eighty six.

The Bureau was successful in its application for accreditation in extension to its DUI drug testing scope which allows for future expansion in the number of drugs for which drivers will be tested to accredited standards. The Bureau also completed the roll out of phase one of the Laboratory Information Management System (LIMS) to its toxicology section.

The implementation of Roadside Chemical Testing for drugs continued with the Bureau playing a leading and integrated role with the Department of Transport, Tourism and Sport (DTTAS) and An Garda Síochána on the scientific and legal implementation subgroups.

The Bureau advised the Minister for Transport, Tourism and Sport in relation to the taking of blood samples from the incapacitated driver and with the DTTAS, An Garda Síochána and medical experts reviewed procedures for the operation of the law which is expected to be implemented in 2014. The Bureau was also one of the partners represented on the Road Traffic Medicine Working Group led by the Royal College of Physicians of Ireland and the Road Safety Authority in the area of developing and publishing comprehensive Medical Fitness to Drive Guidelines.

The Bureau also undertook a comprehensive review of its Business Continuity Plan as part of its corporate operations including corporate risk management strategy.

The Bureau continues to work together with Government Departments and Public Authorities and also with the road using public to deliver targets and outcomes set out in the Road Safety Strategy in which the Bureau is a lead or support agency in a number of the 144 strategy actions.

***Professor Denis A. Cusack,
Director.***



Mission

The Mission of the Medical Bureau of Road Safety is to provide a high quality national forensic service in alcohol/drug (intoxicant) detection in support of the effective operation of the road traffic legislation.

Functions of the Medical Bureau of Road Safety

The responsibility for chemical testing of intoxicants in driving in Ireland rests with the Medical Bureau of Road Safety, which is a corporate body established in November 1968 by the Minister for Local Government under Part V of the Road Traffic Act, 1968. The Minister's title was altered to Minister for the Environment & Local Government 22nd July 1997. In June 2002 the Medical Bureau of Road Safety came under the aegis of the Minister for Transport under the Transfer of Departmental Administration and Ministerial Functions Order 2002.

The functions of the Bureau are laid down in the Road Traffic Acts 1968 –2010 and their regulations and they include:

- The receipt and analysis for intoxicants of specimens of blood and urine forwarded to the Bureau.
- The issue of certificates of analysis.
- The provision of equipment for the taking or provision of specimens of blood and urine.
- Approval, supply and testing of equipment or apparatus for indicating the presence of alcohol in the breath.
- Approval, supply and testing of equipment or apparatus for determining the concentration of alcohol in the breath.
- Research on drinking and drugs in relation to driving, including the methods of determining the amount of alcohol or drugs in a person's body and the epidemiology of driving under the influence of intoxicants.

When the Bureau was established in 1968 it commenced operating for Roadside Alcohol Testing, Blood and Urine Alcohol Analysis, the Issue of Certificates and provision of equipment for the taking of specimens (Kits). Since then there have been several legislative changes such as the introduction of evidential breath alcohol testing, and driving under the influence of drugs (DUID), specimens provided in hospitals, specimens taken from drivers involved in collisions and mandatory alcohol testing. The Bureau has had to expand and develop all aspects of its work while focussing on its legal responsibilities as set out in the Road Traffic Acts (RTA) and in accordance with the Government's Road Safety Strategy. Currently the Bureau has several programmes



and services in operation and these are: Blood and Urine Alcohol Analysis; Breath Alcohol Analysis; Blood and Urine Drug Analysis; Research – Driving under the influence of Intoxicants; Professional Expert Witness; Corporate/Financial and Quality Assurance.

The Director is responsible for the day to day running of the Bureau. The Chief Analyst, Ms. P. Leavy is responsible for the day to day running of the laboratories and their programmes and the Senior Administrator, Ms. T. Clarke is responsible for the Corporate /Financial programme and for overall administration within the Bureau. Each programme has a programme manager who is a Principal Analyst. The Bureau has an appointed Quality Manager. (see organisational chart).

The Bureau operates in and is dependent on a knowledge based environment and has always strived to keep up to date with technology and use the best methods of analysis. It has kept abreast of innovation in instrumentation both in the field of alcohol and drug detection, issuing suitable instruments for evidential breath testing in selected Garda Stations and suitable devices for roadside breath alcohol testing.

Since the establishment of the Bureau it has built up a reputation of the highest forensic integrity and has been able to impart over forty years of knowledge and experience to its staff, clients, and other relevant parties by means of education, training and advices. One of the major contributing factors to the operation of the Bureau is the skilled members of staff employed in the Bureau.

The Bureau provides a service to, the Department of Transport, Tourism and Sport, the Courts, the Garda Síochána, both defence and prosecution lawyers and the public.

Significant Issues during 2013

Lower Drink Driving Limit

2013 was the second full year of the introduction of the new alcohol limits under the 2010 Road Traffic Act.

Quality Assurance

ISO 17025 accreditation was maintained in 2013 for the following tests.

- Blood and Urine Alcohol Analysis
- Evidential Breath Testing
- Preliminary Breath Testing
- Preliminary Drug Testing
- Cannabis in Blood and Urine
- Benzodiazepine in Urine

Road Safety Strategy 2013 - 2020

Progress in of areas of responsibility within the Government's Road Safety Strategy.

Preliminary Breath Alcohol Testing

The Bureau continued to support in excess of 1,000 Draeger 6510 devices provided to the Gardaí throughout 2013.

Evidential Breath Alcohol Testing

The Bureau continued to support the new generation of instruments in the Garda Stations nationwide and provided new training courses for Operators and Supervisors.

Twenty two additional instruments were installed, commissioned and tested in Garda Stations between June and September 2013.

Roadside Chemical Drug Testing

The Bureau as part of the Roadside Chemical Drug Testing Implementation Group developed specifications and requirements for the Roadside Chemical Drug Testing procurement.

Preliminary Drug Testing

The Bureau continued to develop a new preliminary drug testing method using LC-MS-MS for the analysis of drugs tested by the existing system as well as additional classes.

Oral Fluid

The Bureau established an oral fluid testing laboratory and developed and validated a GC-MS-MS method for the analysis of THC (Cannabis) in oral fluid as part of the preparations for the evaluation of the Roadside Chemical Drug Testing systems.



Specimens Received for Analysis

In 2013 a total of 9,539 blood, urine and breath specimens were analysed for alcohol concentration. There was a decrease in the number of blood and urine specimens analysed during 2013. Including breath specimens' numbers there was an overall decrease of 14.3% on the total number of specimens analysed during 2012. 1,238 were analysed for the presence of drugs and this represents a decrease of 16.5% on 2012.

Table 1

Total Number of Specimens Received within Programmes

Programme	2013	2012
Alcohol Blood & Urine	3,310	4,174
Toxicology Blood & Urine	1,238	1,484
Evidential Breath Testing	4,991	5,477

Blood and Urine Alcohol Programme

This section is headed by the Principal Analyst, Ms. H. Kearns. The main functions of this programme are:

- The receipt and analysis of specimens of blood and urine forwarded to the Bureau
- The determination, in respect of such specimens of the concentration of alcohol in the blood and urine
- The issue of certificates of analysis
- The provision of equipment (Kits) for the taking of such specimens
- The testing of spurious specimens
- Provision of expert assistance to the Courts and the DTTAS
- Collection and analysis of data in relation to alcohol tests.





Provision of Blood and Urine kits

The Bureau continued to prepare kits for the provision of specimens and produced 2,000 blood kits and 1,200 urine kits in 2013. 1,200 jugs were prepared. Kits were issued to An Garda Síochána as required (6,800 Kits were issued).

Blood and Urine Alcohol Analysis

Blood and urine specimens are analysed using Headspace Gas Chromatography with Flame Ionisation Detection (HSGC-FID). Each specimen is analysed at least twice by two different scientists using two different HSGC-FID systems. The results of analyses must concur before issue of a Certificate of Analysis.

A total of 3,310 blood and urine specimens were received for analysis during 2013. Analyses were carried out and certificates were issued in 3,195 of these cases. In 115 (3.5%) cases certificates were not issued either because of some defect in the specimen or in the documentation accompanying it. The number of blood and urine specimens received in 2013 shows a decrease of 22% on the number received during 2012.

Number of Specimens Provided in Hospitals

In 2013 there were 500 specimens provided in hospitals, this represents an increase of 7.1% on 2012. 25.3% of these had alcohol concentrations in excess of 150mg/100ml blood and 26% had alcohol concentrations in excess of 200mg/100ml urine. 11.5% were in excess of 200mg/100ml blood and 6.5% were in excess of 267mg/100ml urine.

This increase may be as a direct result of the introduction of the 2011 RTA whereby specimens are to be taken from injured drivers transferred to hospitals following road traffic collisions. 2013 is the second year of full implementation of the 2011 RTA.

Mean Alcohol Level in Blood and Urine

The mean alcohol level in blood was 120mg/100ml and urine was 137mg/100ml.

Analysis of Time

Of the total number of blood and urine specimens received 66.3% were provided between the hours of 9.00 p.m. and 6.00 a.m., 15.4% between 4.00 p.m. and 9.00 p.m., and the remaining 17.6% between 6.00 a.m. and 4.00 p.m. This follows a similar pattern to 2012 and 2011.

Twice Over the Limit of 50mg/100ml (Blood) or 67mg/100ml (Urine)

During 2013 there were 1,762 specimens certified which were twice or more over these limits. This figure represents 55.1% of the total number of specimens certified.

Gender in Blood and Urine Specimens

With the introduction of the 2010 RTA, provision was made for increasing the knowledge profile of the drink or drugged driver. 2013 is the second year in which the Bureau can analyse the data.

Table 2
GENDER OF SPECIMENS – Blood and Urine Alcohol Analysis

Gender	2013		2012	
	No	(%)	No	(%)
Male	2,665	80.5%	3,436	82.3%
Female	606	18.3%	661	15.9%
Not Stated	39	1.2%	77	1.8%



Table 3
Age Profile of Specimens - Blood and Urine Alcohol Analysis

Age Profile	2013		2012	
	No	(%)	No	(%)
≤ 24	844	25.5%	1,068	25.4%
25 – 44	1,557	47.0%	2,039	48.4%
45 – 54	454	13.7%	527	12.5%
≥55	428	13.0%	527	12.5%
Not Stated	27	0.8%	52	1.2%

TABLE 4
Certified Blood Alcohol Level – Comparison with previous year

Mg. of Alcohol per 100ml of Blood	2013		2012	
	No	(%)	No	(%)
0 – 20	465	25.3	494	21.3
21 – 50	83	4.5	131	5.6
51 – 80	124	6.7	165	7.1
0 - 80	672		790	
81 - 100	96	5.2	126	5.4
101 - 150	315	17.2	418	18.1
151 - 200	342	18.6	462	19.9
201 & Over	414	22.5	523	22.6

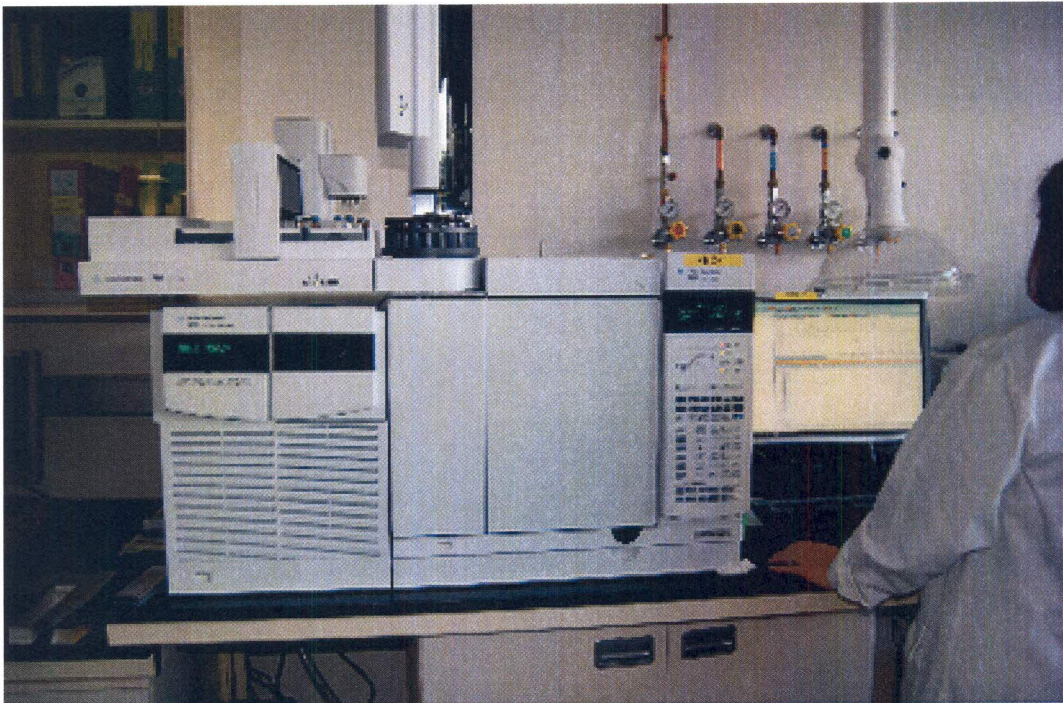
TABLE 5**Certified Urine Alcohol Level – Comparison with previous year**

Mg. of Alcohol per 100ml of Urine	2013		2012	
	No	(%)	No	(%)
0 – 27	378	27.9	412	24.1
28 – 67	87	6.4	123	7.2
68 - 107	107	7.9	159	9.3
0 - 107	572		694	
108 – 135	93	6.9	144	8.4
136 - 200	233	17.2	319	18.6
201 – 267	281	20.7	304	17.8
268 & Over	177	13.0	249	14.6

Blood and Urine Drug Programme

This programme is headed by Principal Analyst, Dr. R. Maguire. The main functions of this programme are:

- The receipt and analysis of specimens of blood and urine forwarded to the Bureau where an EBT statement for breath alcohol content has already been issued. The determination, in respect of such specimens of the presence (if any) of a drug or drugs in the blood or urine
- The issue of certificates of analysis
- Provision of expert assistance to the Courts and DTTAS
- Collection and analysis of data in relation to toxicology tests
- Roadside drug testing



Preliminary Analysis

The Bureau analyses all blood and urine specimens, found under a limit for alcohol, for the presence of seven different classes of drug or drugs. The Gardaí can also request drug analyses on specimens with alcohol levels above this limit and also for specimens where an EBT statement for breath alcohol content has already been issued. The number of 2013 specimens analysed for the presence of drug or drugs was 1,238 with a further 2 being insufficient for drug analysis. This represents a decrease of 16% on specimens analysed during 2012.

The MBRS continued to test specimens below 80mg/100ml in blood and 107mg/100ml in urine. 1,227 fell into this category and 11 were above this and were subsequently tested following a requests made by An Garda Síochána. There were no specimens that had been tested for alcohol using EBT submitted directly for drug testing in 2013. Of the 1,238 specimens tested 716 (58%) were found to be positive for at least one drug class on preliminary drug testing, while 522 (42%) were negative for drugs.

The preliminary test involved an immunoassay which is a test that can detect the presence of a drug in a biological fluid through the use of specific antibodies. This is achieved in the Bureau by analysts through the use of commercially available kits.

Work commenced in 2013 on a new preliminary drug test which will broaden the type and number of impairing drugs for which the MBRS can test.



Confirmatory Analysis

The Bureau carries out confirmatory testing for the presence of Cannabinoids in blood and urine specimens and for the presence of the Benzodiazepine drug class in urine specimens at the Bureau's premises in UCD.

The Bureau uses either Gas Chromatography with Mass Spectrometry or Liquid Chromatography with Tandem Mass Spectrometry in its confirmatory analysis of drugs. These techniques allow the unequivocal determination of drugs in biological fluids. Whilst the Bureau conducts the majority of the confirmatory analysis at the UCD campus (77%) it has also arranged that a portion of the testing is carried out by the LGC (23%) in the UK. The following table outlines the number and type of confirmatory tests conducted at the Bureau premises in UCD and the number and type of test conducted by the LGC in the UK.

Table 6
Summary of confirmatory Testing

Drug Class	No. of tests	No. of Analytes	Conducted	%
Cannabis	449	2	MBRS	63
Benzodiazepines Urine	98	27	MBRS	14
Benzodiazepines Blood	62	25	LGC	9
Opiates	53	4	LGC	7
Cocaine	26	3	LGC	4
Methadone	10	2	LGC	1
Amphetamine	9	2	LGC	1
Methamphetamine	9	2	LGC	1
Total	716	42*	n/a	100

*Analytes for Benzodiazepines are only counted once in calculating this total

As can be seen the most outsourced test was for benzodiazepines in blood and further significant progress was made in the development of a method at the Bureau at the UCD campus in 2013.

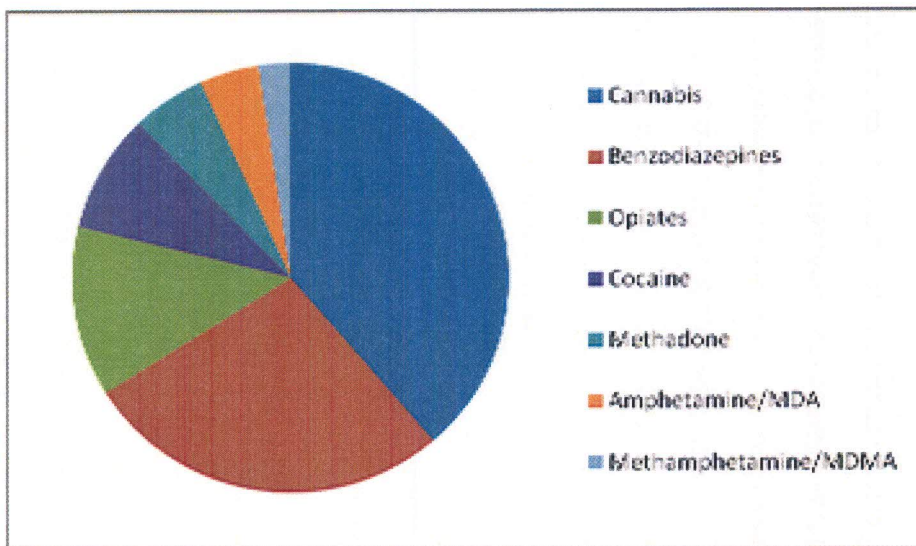
Drug Analysis Results



Of the 1,238 specimens tested for the presence of drugs 716 or 58% were positive for at least 1 drug class and 521 or 42% were not found to contain any of the 7 classes of drug that the MBRS can detect.

The results where drugs were detected by the preliminary drug test are shown in the chart below. As can be seen Cannabis is the most prevalent followed by Benzodiazepines as previously reported [1, 2].

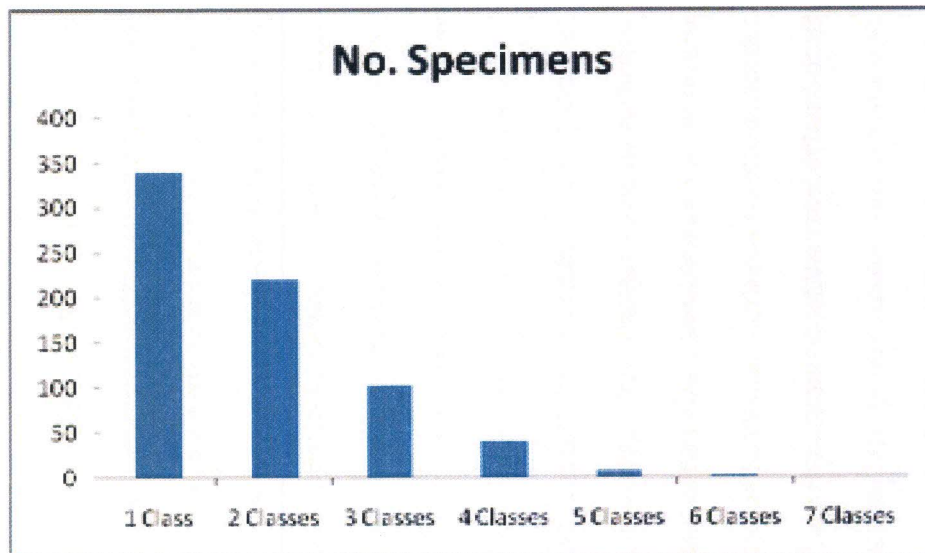
Prevalence of Drug Classes based on preliminary Drug Testing



Detection of multiple impairing drugs in the same specimen taken from drivers, which was previously reported [1], was also observed based on preliminary drug analysis data. In all, 52% of specimens submitted for preliminary drug testing were positive for 2 or more drug classes. The chart below highlights the extent of this problem.

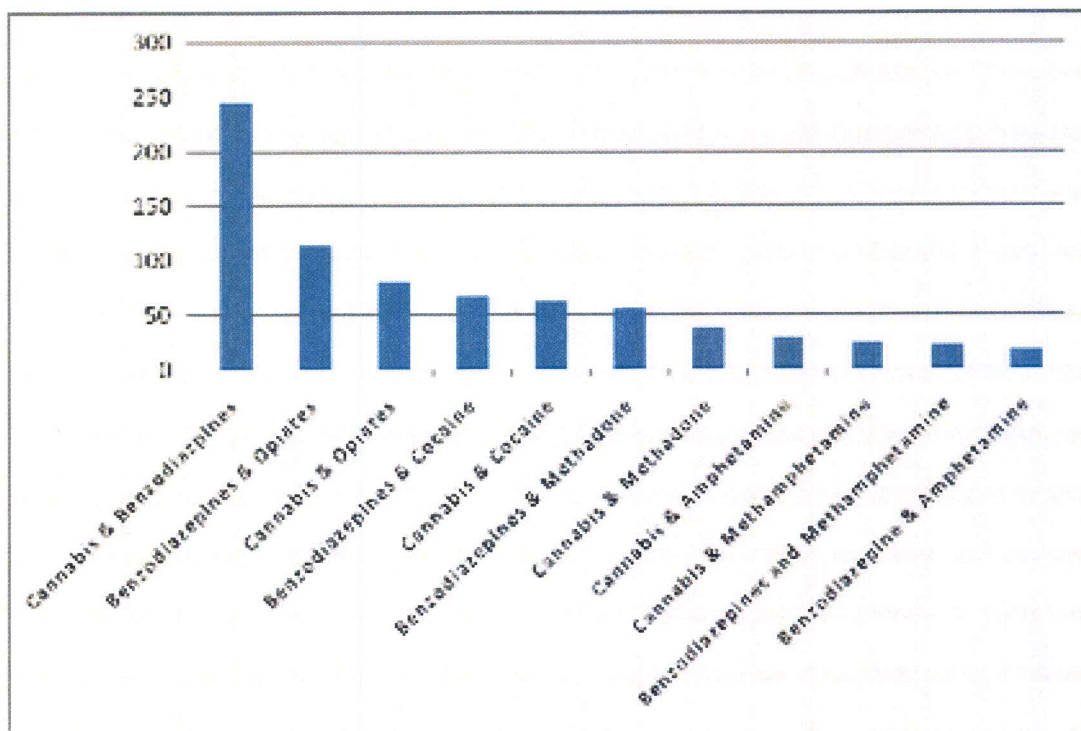
Prevalence of Multiple Drugs use based on Preliminary Drug Testing





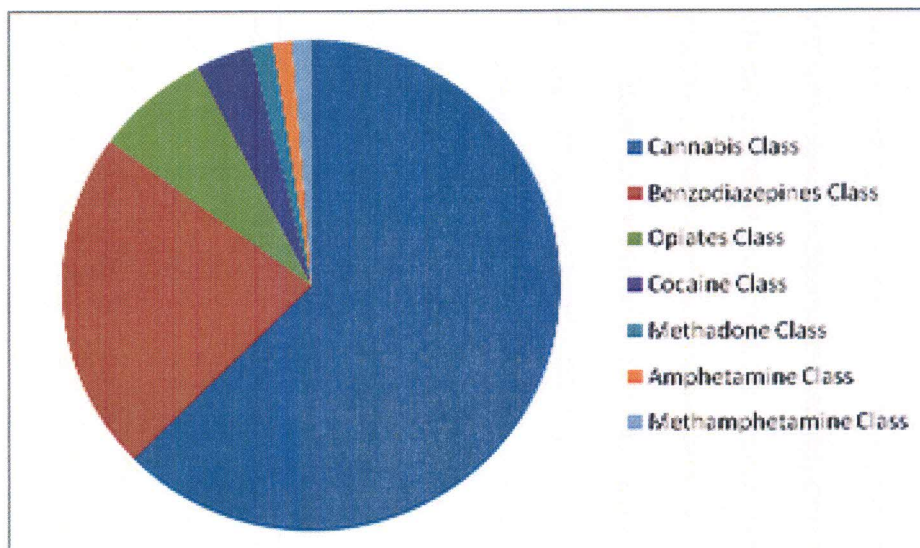
The most commonly encountered combinations are charted below in order.

Prevalence of Drug Combination Encountered based on Preliminary Drug Testing



In the case of each specimen, 1 drug class was selected for confirmation and the chart below shows the distribution of the drug classes detected. Again the main drugs detected are Cannabis and Benzodiazepines.

Prevalence of Drug Classes based on Confirmatory Testing



Roadside Chemical Drug Testing

In 2013 the Roadside Chemical Drug Testing Implementation group was formed comprising representatives from An Garda Síochána National Traffic Bureau, the DTTAS and the MBRS. The group held its first meeting in February and held a further 5 meetings during 2013 which included a field trip to Belgium to review the practice of RCDT in a country with a depth of experience in the area. The group was very active in developing the requirements and specifications for a suitable Roadside Chemical Drug Test for use in the Republic of Ireland with a view to the publication of a Tender in 2014.

Research

Drugs and driving (DUID) continues to be an area of concern to the Government especially with regard to enforcement. The whole area of roadside drug screening will be a challenge for the Bureau.

Due to the changing nature of drug misuse there is an ongoing need to monitor the drugs being misused by drivers. The MBRS is actively developing new methods which are aimed at increasing the type and number of impairing drugs that can be detected and also improving existing methods in order to ensure that methods keep pace with advances in drug detection.

Breath Alcohol Programme

This programme is headed by Principal Analyst, Mr. D. Reynolds. The main functions associated with this programme are:

- The approval, supply and testing of apparatus for indicating the presence of alcohol in the breath (roadside breath screening devices)
- The approval, supply and testing of apparatus for determining the concentration of alcohol in the breath (evidential breath testing instruments)
- Provision of expert assistance to the Courts and DTTAS.
- Provision of training courses for EvidenzerIRL Operators and Supervisors.
- Collection and analysis of data in relation to evidential breath alcohol tests.



Roadside Breath Alcohol Testing

The Bureau continued to support the Draeger 6510 electronic devices issued to An Garda Síochána in 346 Garda Stations.



Evidential Breath Alcohol Testing

Since the introduction of evidential breath testing in 1999 the Bureau has approved, supplied, maintained and tested sixty four instruments in Garda Stations nationwide. In 1999, Intoxilyzer 6000IRL instruments were installed and following the change in the alcohol limit in 2011 these instruments were replaced with a new generation of instruments - the EvidenzerIRL

The Bureau continued to support the sixty four EvidenzerIRL instruments in Garda Stations. An additional twenty two instruments were installed, commissioned and tested in Garda Stations between June and September 2013, making a total of eighty six EvidenzerIRL instruments available to An Garda Síochána for evidential breath testing.

Training

The Bureau continued to provide Operator and Supervisor training courses in conjunction with An Garda Síochána. This is a one and a half day training course which was devised to train Garda Operators and Supervisors in the use of the EvidenzerIRL instrument.

The following training courses were held during 2013:

- Four Operator Training Courses (315 Operators)
- Four Supervisor Training Courses (103 Supervisors)

Table 7
Certified Breath Alcohol Level – Comparison with previous year

µg. of Alcohol per 100ml of Breath	2013		2012	
	No	(%)	No	(%)
0 - 9	403	9.2	485	9.9
10 – 22	575	13.2	633	13.0
23-35	652	14.9	807	16.5
36 – 44	474	10.8	471	9.6
45 – 66	1,081	24.7	1,216	24.9
67 & Over	1,196	27.3	1,272	26.0

Breath Alcohol Analysis

In 2013 a total of 4,991 breath specimens were taken in Garda Stations, this is a decrease of 8.9% on 2012. 4,381 of the specimens were certified; 77.7% were over the legal limit of 22µg/100ml. Of the total number of breath tests registered, 610 tests did not result in a statement under Section 13 of the Road Traffic Act being provided.

Testing & Visits to Garda Stations

Bureau Scientists visited and tested each instrument that had been previously installed in Garda stations on at least two occasions during 2013. Bureau scientists have made in excess of two hundred and twenty visits to EBT instrument locations throughout Ireland in the year. These visits covered testing and maintenance and are an essential element in assuring the quality of breath alcohol test results for evidential purposes.

Mean Alcohol Level in Breath

The mean alcohol level in breath was 47.5µg/100ml.



Analysis of Time

Of the total number of breath specimens received 71.5% were provided between the hours of 9.00 p.m. and 6.00 a.m., 12.6% between 4.00 p.m. and 9.00p.m., and the remaining 15.9% between 6.00 a.m. and 4.00 p.m.

Over Twice the Limit of 22 µg /100ml (Breath)

52% of breath specimens provided were over twice this limit.

Gender in Evidential Breath Testing Specimens

With the introduction of the 2010 RTA, provision was made for increasing the knowledge profile of the drink or drugged driver. 2013 is the second full year in which the Bureau can analyse the data.

Table 8
Gender Profile of Specimens - Breath Alcohol Analysis

Gender	2013		2012	
Male	3,825	87.3%	4,277	87.6%
Female	556	12.7%	607	12.4%
Not Stated	0	0%	0	0%

Table 9
Age Profile of Specimens - Breath Alcohol Analysis

Age Profile	2013		2012	
	No.	%	No.	%
≤ 24	826	18.9%	957	19.6%
25 – 44	2,395	54.7%	2,683	54.9%
45 – 54	666	15.2%	718	14.7%
≥55	488	11.1%	524	10.7%
Not Stated	6	0.1%	2	0.1%

Professional Witness

The area of road traffic safety enforcement and in particular driving under the influence of intoxicants (both alcohol and drugs) is the most litigated area in criminal law sphere in Ireland. The Bureau is involved in advising on and through its scientists appearing in cases before the Courts.



During 2013 the Bureau continued to provide independent professional expert support to assist the Courts in the administration of justice. Members of Bureau staff provided expert professional evidence in twelve court cases, of which two related to blood and urine alcohol analysis. Four were legal challenges in relation to evidential breath testing and six related to drug analysis. Staff members on several occasions were on stand-by to attend court but were not required.

Quality Assurance

The Medical Bureau of Road Safety maintained its ISO 17025 Accreditation in 2013 for the four areas of: Blood and urine alcohol analysis; Drug analysis; Evidential Breath Testing; and Preliminary Breath Testing for which it has accreditation.

Extension to scope was acquired in early 2013 to include Flexible Scope; this was to facilitate the addition of new drug tests to the Bureau's scope of accreditation as they are developed in-house. A list of additional accredited tests (LAAT) is maintained as part of the flexible scope procedure; however no new drug tests were added to the LAAT during 2013. The granting of the Flexible Scope is a testament to the excellent quality management system in place in the Bureau.

Financial Information

The Medical Bureau of Road Safety derives its finances from an Annual Grant out of the Vote for the Department of Transport, Tourism and Sport. The total grant allocation for the Bureau for 2013 was €4,062,000. Through comprehensive ongoing budgetary monitoring the Bureau was successful in having significant savings and efficiencies in 2013. A total of €200,000 was saved and made available to the Department of Transport, Tourism and Sport for 2013. The total grant drawn down in 2013 was €3,862,000.

Corporate Governance

The Board of the Medical Bureau of Road Safety operates in accordance with the Code of Practice for the Governance of State Bodies. The Board is accountable to the Department of Transport, Tourism and Sport and the Minister for Public Expenditure and Reform. The Board meets regularly and is responsible for the proper management of the Bureau. It makes major strategic decisions and reviews the Bureau's risk management strategy and control processes on an annual basis.

Board Members

The Board of the Medical Bureau of Road Safety comprises of five members (including the Director) and is appointed by the Minister for Transport, Tourism and Sport.



Name	Position	Attendance Record
Professor Cecily Kelleher	Chairman	4 of 4
Professor Denis Cusack	Board Member and Director	4 of 4
Mr. Declan Hayes	Board Member	2 of 3
Mr. Philip Joyce	Board Member	3 of 4
Dr. Niall McNamara	Board Member	4 of 4

Bureau Membership and Meetings

During 2013 the Medical Bureau of Road Safety held four meetings. These meetings were held on 10th April 2013, 26th June 2013, 25th September 2013 and 12th December 2013.

Schedule of Fees and Aggregate Expenses Paid to Directors During 2013

During 2013 the following fees were paid:

Board Member	TYPE OF FEE	PAID
Mr. Philip Joyce, Member	Fee for Non-Executive members of Boards of State Bodies	€6,300
Dr. Niall McNamara	Fee for Non-Executive members of Boards of State Bodies	€6,299

Compliance

The Board is pleased to report that during the year ended 31st December 2013 the Medical Bureau of Road Safety complied with the relevant provisions of the Code of Practice for the Governance of State Bodies. An internal audit was performed.

Ethics in Public Office Acts

The members of the Board who held office at the 31st December 2013 had no interests for the purposes of the Ethics in Public Office Acts 1995 and 2001.

Audit Committee

The Audit Committee reviews any aspect which relates to the financial matters of the Medical Bureau of Road Safety. The committee operates under formal terms of reference. The meetings are normally attended by the members of the Committee and it reports to the Board on a bi-annual basis.



External Financial Audit

The Comptroller and Auditor General performed the annual audit of the 2013 Financial Statements during 2014. No significant issues were raised during the course of the audit.

Internal Audit

The internal audit function is a key element in informing the Board on the effectiveness of the system of internal financial control. The internal auditor operates in accordance with the Code of Practice for the Governance of State Bodies. An Internal Audit report was prepared in relation to 2013.

Procurement

Competitive tendering is the normal policy utilised by the Board of the Medical Bureau of Road Safety in the procurement process. It affirms that it complied with procurement procedures and relevant EU Directives as set out in the Code of Practice for the Governance of State Bodies during 2013.

Strategic Planning

The Bureau compiled its Annual Strategic Plan for 2014 and also its Five Year Strategic Plan 2014 -2018 and both strategies were forwarded to the Minister. The Plans set out the Bureau's key objectives over the coming year and years in conjunction with its key actions to achieve these objectives. Both strategies can be viewed on the Bureau's website.

Prompt Payment of Account

The Board acknowledges their responsibility for ensuring compliance in relation to the Prompt Payment of Accounts Act. Under an agreement with University College Dublin, suppliers are paid in the first instance by the College which is then reimbursed by the Bureau. It is the policy of the Medical Bureau of Road Safety to ensure that all invoices are paid promptly. University College Dublin, as a public sector body, is required to comply with the requirements of the Act in relation to payments to suppliers for the supply of goods or services and therefore has very strict procedures in operation.

In the case of a small number of suppliers, when the Bureau receives an invoice it will issue a payment by cheque directly to the supplier. The controls in relation to processing of invoices, credit notes and dealing with supplier disputes can only provide reasonable and not absolute assurance against material non-compliance with the Act.



STATEMENT ON INTERNAL FINANCIAL CONTROL

Responsibility of Internal Control

On behalf of the Members of the Medical Bureau of Road Safety, I acknowledge our responsibility for ensuring that an effective system of internal financial control is maintained and operated.

The system can only provide reasonable and not absolute assurance that assets are safeguarded, transactions authorised and properly recorded, and that material errors or other irregularities are either prevented or would be detected in a timely period.

Key Control Procedures

The Bureau has set out the following key procedures designed to provide effective internal financial control within the Bureau. The Bureau has agreed that the Director and staff are responsible for operational matters. The Director reports to the Bureau at its meetings of which four were held in 2013.

The Bureau has set out its financial procedures and delegation practices to ensure a transparent control environment appropriate to a small semi-state agency. The Bureau established an Audit Committee during 2003 to support quality assurance of financial procedures. The Committee held three meetings during 2013 and reported to the Bureau.

The system of internal financial control is based on a framework of regular management information, administrative procedures including segregation of duties, and a system of delegation and accountability. In particular it includes:

- Comprehensive budgeting system with an annual budget which is reviewed and agreed by the Bureau.
- Regular reviews by the Bureau of periodic and annual financial reports which indicate financial performance against forecasts.
- Setting targets to measure operational financial and other performance.
- Formal project management disciplines.

In accordance with the Code of Practice for the Governance of State Bodies an Internal Auditor was appointed in 2006. The Internal Auditor carried out an independent review of the accounts for 2013.

Annual Review of Controls

The Bureau did carry out a review of the effectiveness of its system of internal financial control in 2013.

Professor Cecily Kelleher,
Chairperson.



Freedom of Information

During 2013 the Bureau received one request which was dealt with outside of Freedom of Information.

Staffing

The Bureau continued in 2013 to operate within its Employment Control Framework complement.

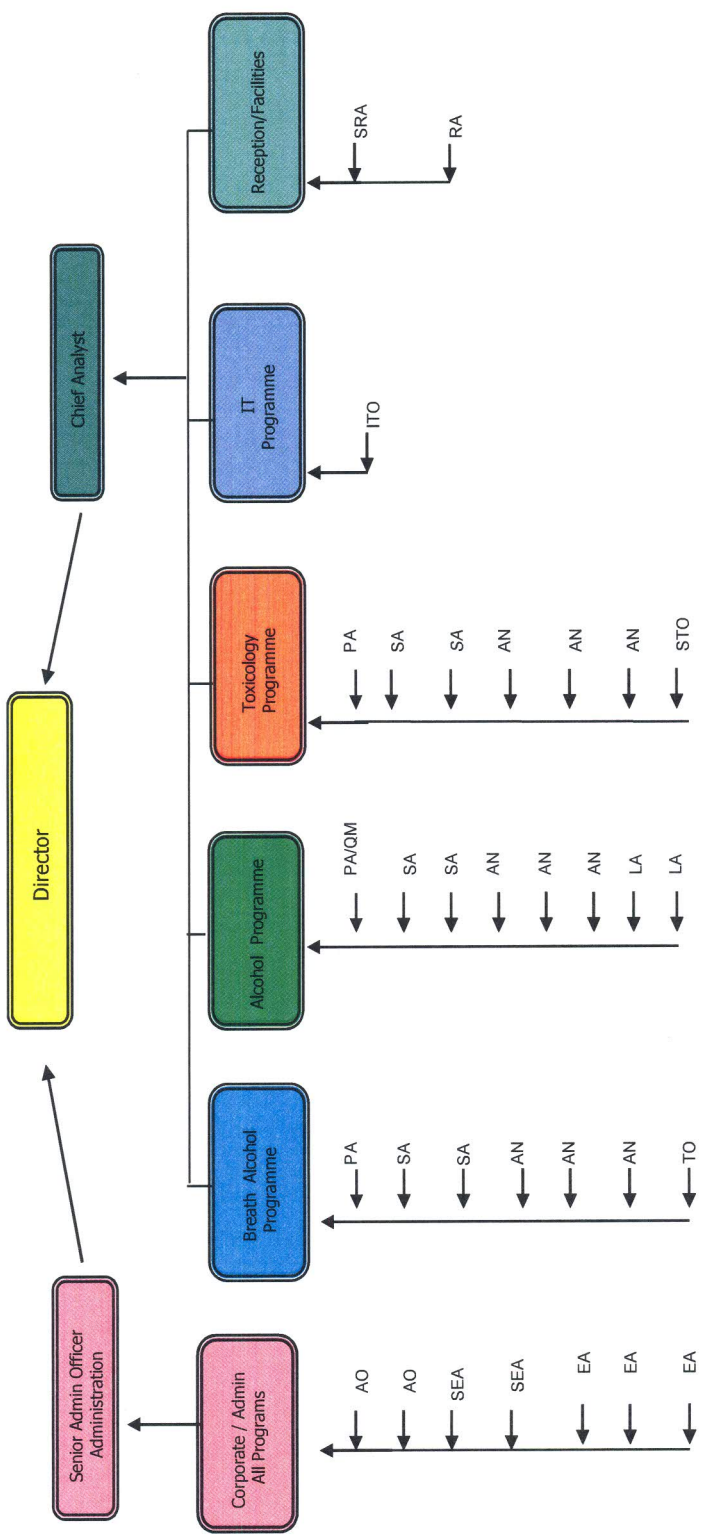
During the year there were changes in Bureau staffing following resignations.

All staff continued to demonstrate flexibility to ensure that all programmes were maintained and that the additional projects were given the assistance required.

Internships

In 2013 two graduates who were appointed in 2012 completed their internships under the Government's Job Bridge National Internship Scheme. A further two graduates were appointed under this scheme at the end of the year and were allocated within the Toxicology Programme on different projects.





- PA = Principal Analyst
- QM = Quality Manager
- AO = Administrative Officer
- SA = Senior Analyst
- AN = Analyst
- SEA = Senior Executive Assistant
- EA = Executive Assistant
- STO = Senior Technical Officer
- TO = Technical Officer
- LA = Lab Attendant
- ITO = IT Officer
- SRA = Senior Reception Attendant
- RA = Reception Attendant

Conferences, Training & Seminar Presentations

1. A Technical Officer attended a one day seminar for Technical Officers on 15th January 2013 in UCD Nova, Belfield, Dublin 4.
2. A Senior Analyst attended a one day UK & Ireland Association of Forensic Toxicologists (UKIAFT) Meeting on 25th January, 2013 in Edinburgh, Scotland.
3. The Director attended the Medico-Legal Society of Ireland Academic Study Day - Expert Witness on 26th January, 2013 in the Four Courts, Dublin.
4. The Senior Administration Officer attended a half day Data Management and Data Protection Seminar on the 21st of February, 2013 in UCD, Belfield, Dublin 4.
5. A Principal Analyst attended a one day course on Management and Motivating in Tough times on 27th February 2013 in UCD, Belfield, Dublin 4.
6. The Chief Analyst and a Principal Analyst as part of the Roadside Chemical Drug Testing Implementation Group visited different agencies on the 17th – 18th April, 2013 in Brussels, Belgium.
7. The IT Officer attended a one day CISCO Unified Access course on 12th March, 2013 in James's Street, Dublin 8.
8. An Analyst attended the IACT Annual Conference from 14th to 18th April, 2013 in Minneapolis, Minnesota, USA.
9. A Senior Analyst and an Analyst attended a one day Perkin-Elmer Analytical Workshop on 17th April, 2013 in Carlton Hotel, Blanchardstown, Dublin 15.
10. The IT Officer, a Senior Analyst and an Analyst attended a three day Orbis LIMS Training from 17th to 19th April in MBRS, Belfield, Dublin 4.
11. The Chief Analyst attended a one and a half day TIAFT 50th Anniversary Meeting on 26th and 27th April, 2013 in London, UK.
12. A Principal Analyst and an Analyst attended the Irish Mass Spec. Society Annual Meeting on 1st May, 2013 in Moran's Red Cow Hotel, Dublin.
13. The Director attended the Faculty of Forensic & Legal Medicine Conference on 10th and 11th May, 2013 in Leeds, UK.



14. A Principal Analyst attended a one day UKIAFT Meeting the on 10th May, 2013 in Malvern, UK.
15. Four staff members attended a one-day Courtroom Skills Course on 10th May, 2013 in MBRS.
16. An Analyst attended the Borkenstein Alcohol Course from the 12th May to 17th May, 2013 in Indiana, USA.
17. A Principal Analyst, Senior Administrative Officer and a Senior Executive Assistant attended a one day course for Freedom of Information on 28th May, 2013 in IPA, Lansdowne Road, Dublin 4.
18. Seven members of staff attended in-house LIMS training on 4th and 5th of June, 2013 in MBRS, Belfield, Dublin 4.
19. The Director attended the two day meeting of the British Association in Forensic Medicine on the 21st and 22nd of June, 2013 in Strasbourg, France.
20. The IT Officer attended a one day CISCO Technical Meeting at East Point Business Centre, Dublin.
21. The Director, the Chief Analyst, three Principal Analysts, two senior Analysts, six Analysts and one Technical Officer attended at the UKIAFT Conference held between the 15th and 16th of August, 2013 in UCD, Belfield, Dublin 4.
22. A Principal Analyst attended the International Conference on Alcohol Drugs and Traffic Safety from 25th to 28th August, 2013 in Brisbane, Australia.
23. A Principal Analyst attended an Irish Mass Spec Society Committee Meeting on the 19th September, 2013 in the Clarion Hotel, IFSC, Dublin.
24. A Principal Analyst attended a NACDA Data Management and Ethics Information Session on the 1st October 2013 in Hawkin House, Dublin.
25. Three Analysts attended a two day GC-MS Training Course on 10th and 11th October 2013 in MBRS, Belfield, Dublin 4.
26. An Analyst completed a one day Computer Course on 11th October 2013 in UCD, Belfield, Dublin 4.



27. Two staff members attended e-procurement training on 18th October, 2013 in UCD, Belfield, Dublin 4.
28. A Principal Analyst attended the NACDA Early Warning and Emerging Trends Meetings on 21st October and on 11th December 2013 in Hawkin House, Dublin.
29. A Principal Analyst attended the OIML R126 2012 Review Meeting on the 22nd to 23rd October 2013 in PTB, Charlottetown, Berlin, Germany.
30. A Principal Analyst attended the Society of Forensic Toxicologists Annual Meeting from 27th October to 1st November 2013 in Orlando, Florida, USA.
31. An Analyst attended a one day Project Management Course on 6th November 2013 in UCD, Belfield, Dublin 4.
32. A Senior Analyst and an Analyst attended a one day ABSciex MS Seminar on 11th November 2013 in the State Laboratory, Celbridge, Co.Kildare.
33. A Senior Executive Assistant attended a two day Staff Development Course on 21st and 22nd November in Ardmore House, Belfield, Dublin 4.
34. A Senior Analyst attended a five day Oracle Database Administration Workshop Level 1 from 25th to 29th November, 2013 in BT Training Solutions, Parliament Street, Dublin 2.
35. A Senior Analyst attended a half day IT Course on 28th November, 2013 in UCD, Belfield, Dublin 4.
36. The Chief Analyst attended a one day Managing and Motivating in Tough Times Course on 27th November, 2013 in UCD, Belfield, Dublin 4.
37. A Principal Analyst attended a one day Quality Manager Meeting on the 5th of December, 2013 at Backweston, Celbridge, Co.Kildare.



38.A Principal Analyst attended a one day Mindfulness for all Staff and Life Skills Course on the 10th of December, 2013 in UCD, Belfield, Dublin 4.

39.A Senior Analyst attended a five day Oracle Database Administration Workshop (Level 2), from 16th to 20th December, 2013 in BT Training Solutions, Parliament Street, Dublin 2.

40A Senior Analyst successfully completed a two year part-time G.Dip in Information Technology Course in May 2013 in Dublin City University, Dublin 9.

41.A Laboratory Attendant successfully completed a one year part-time Certificate in Safety and Health at Work course in May 2013 in UCD, Belfield, Dublin 4.

Energy Consumption

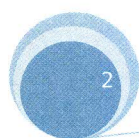
Under the Government's commitment to improve public energy efficiency by 33% in 2020 the Medical Bureau of Road Safety has registered for and is reporting through the SEAI online system.

Relocating from the Bureau's original location in Earlsfort Terrace, Dublin 2, built in 1865, to a modern, purpose built laboratory on the UCD Belfield Campus in 2007 had a major, positive impact on energy efficiency.

The Bureau's main energy usage is electricity consumption that is necessary for operating a modern forensic laboratory, e.g. heating and lighting, laboratory equipment, air handling, computers and servers.

The Bureau has introduced a number of initiatives to improve energy efficiency. A Building Management System (BMS) is used to monitor and control heating, air handling units, water boiler (direct hot water supply) and extractor fans. Each of the four floors of the Bureau's premises is managed individually and automatic controls are scheduled accordingly. Energy efficient light bulbs, movement sensors and timer switches have been fitted throughout the building to further reduced energy consumption.

The Medical Bureau of Road Safety is currently on target to achieve the 33% improvement in energy efficiency in 2020.

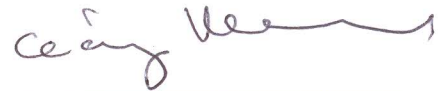


Legal Disclaimer

The descriptions and statistics contained within this report are of a condensed and general informative nature only. They should not, by themselves, be relied upon in determining legal rights or other decisions under the Road Traffic Acts. Readers and users are advised to verify with their legal advisors any information on which they may wish to rely.



**Professor Denis A. Cusack,
Director.**



**Professor Cecily Kelleher,
Chairman.**