

HHG/LM

30th October, 1986

CONFIDENTIAL

Dr. A. Smithies,
Department of Health and Social Security,
Hannibal House,
Elephant and Castle,
LONDON,
SE1 6TE.

Dear Alison,

Thank you for sending me, in confidence, a copy of Derrick Tovey's job description. Whilst in general this does appear to be satisfactory I think we must bear in mind that Derrick Tovey has not long to go before retirement and, therefore, there needs to be some protection for the future. I wonder whether the following comments should be taken into account:

1. Although it states that the BTS Director/Manager has "strong professional accountability to the Regional Medical Officer", it does not actually say that this person should have a medical qualification, and bearing in mind the situation in Tooting it might be preferable to have this written into the job description at this stage.
2. In the section on General Objectives, para. 1, I do not think that the words "for the day to day" should be included. I think the Manager of the Transfusion Centre must be able to take decisions which can have implications for the future without reference to the RHA. In my experience all the RHA want to know about are those policy decisions which affect financial considerations, either capital or revenue, for the Region.
3. General Objectives, para. 3, the word increase is not applicable here and, indeed, it is corrected in section 4, para. 2, below. This paragraph should read "... and to ensure the optimum number of donor attendances."
4. In section 4, Duties and Responsibilities, whilst it is implied in para. 10 that the Director/Manager will be the budget holder of the Centre, it does not actually state this as such.
5. There is no mention in section 4 of responsibilities for national requirements in relation to the production of plasma for fractionated products and grouping reagents. Indeed, the entire job description details only regional responsibilities. I think a paragraph on this aspect in relation to self-sufficiency should be included.

I notice that the job description was sent to Derrick Tovey by the Regional Supplies Officer and in it it states that the Director/Manager will be managerially accountable to the District Services Manager. It does not make clear whether these two are one and the same person, but I do agree with Derrick that he should avoid being accountable to someone very low down on the Management structure of the RHA. I think it is a general problem throughout the Regions that the implementation of the Griffiths report has varied from region to region and this undoubtedly had an affect on the Blood Transfusion Service.

I hope these comments are helpful to you in your reply to Derrick Tovey. You are very welcome to use any of them anonymously.

Kind regards.

Yours sincerely,

H.H. GUNSON,
Director.

**YORKSHIRE REGIONAL HEALTH AUTHORITY
NATIONAL BLOOD TRANSFUSION SERVICE**



Regional Transfusion Centre
Bridle Path, Leeds LS15 7TW
Telephone: (0532) 645091

Dr. A. Smithies,
Principal Medical Officer,
DHSS,
Room 1025A,
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London,
SE1 6TE

Our ref: LADT/GPK

Your ref:

Please contact

PRIVATE & CONFIDENTIAL

22nd October, 1986

Dear Sir, *Alison*

I would appreciate your comments on the enclosed job description the Regional Health Authority has drawn up for me. The steps leading up to its compilation are as follows.

My responsibilities as "Director" have always been somewhat vague here in Leeds. My predecessor was labelled "Regional Blood Transfusion Officer". When I was invited to take over after his death, I consulted other Blood Transfusion Directors and the DHSS Adviser on Blood Transfusion, and everyone advised me not to accept the post unless I was appointed Director. The Regional Health Authority somewhat reluctantly agreed. To be fair to them they have always been helpful to me and I cannot recall a time when they have not consulted me regarding any major decision necessary for the Regional Transfusion Centre. However, a couple of years ago I discovered that I was responsible to the Regional Medical Officer, the Administrator responsible to the Regional Administrator, and the Head Nurse responsible to the Regional Nursing Officer! Even the RHA realised this was ludicrous. We finally agreed on a compromise. We formed a Board of Management consisting of the Head Nurse, Administrator, Senior Chief Technician, with myself permanently in the Chair, and this has worked quite well.

A year or so ago the RHA appointed Price Waterhouse to study the administration of the RHA and as the BTS was under the direct supervision of the RHA we were included. Price Waterhouse visited us for one half day and the final report accepted by the RHA contained one section on the BTC! (enclosed). As you will see, it suggested the appointment of a General Manager! No mention of the place of the Director. I immediately asked to see the newly appointed Regional General Manager and Regional Medical Officer. I was informed that the "new" organisation would put the BTC under the care of the Regional Supplies Officer who was responsible to the Regional Personnel Officer who was responsible presumably to the Regional General Manager and the RHA!

I immediately protested and enclose a copy of a letter I sent to the General Manager. Frankly he was astounded by the range of my duties and responsibilities! I then suggested that my job description and presumably my contract should reflect both my "Director" role and my "Managerial" role and the RHA after consultation with me has drawn up the enclosed proposed job description. I cannot see any "hidden loopholes" but would appreciate your opinion as to whether you consider this an acceptable job description.

Continued/.....

27 OCT 1986
4/143

Director: L.A. Derrick Tovey, M.D., F.R.C.Path.

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You will know I am sure of the problems of SW Thames RHA and the General Manager post there. I am hopeful that the proposed arrangement in the Yorkshire region will avoid that sort of conflict.

Yours sincerely,

GRO-C

DR. L. A. DERRICK TOVEY
Director

Encs.



Yorkshire Regional Health Authority

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Telephone enquiries please contact

Mr B Fisher

Extension 25

Our ref.

DPRS/BF/SVG

Your ref.

9 October 1986

PERSONAL AND CONFIDENTIAL

Dr L A D Tovey
Regional Transfusion Centre
Bridle Path
LEEDS
BD11 2EA

Dear Dr Tovey

Further to our recent discussion, I now attach a copy of a revised job description for your new post which, I hope, incorporates the points that you raised on the original draft.

You will note that I have amended the title of the post, incorporated your comments on the managerial accountability and included the specific responsibilities which you felt had been excluded. I have also written to Dr Haward (see copy attached) for his comments/agreement to the revised draft.

Subject to all three parties being happy, I think we now need to proceed with the next phase by getting Alan Wittrick in from Price Waterhouse to look at the management structure, roles and relationships and to make recommendations on the organisational changes needed.

I will contact you in the next few days to arrange an appropriate time for us to meet with Alan Wittrick to agree the basis for this exercise.

GRO-C

B FISHER
Regional Supplies Officer

Enc

JOB DESCRIPTION FOR BTS DIRECTOR/GENERAL MANAGER

1. TITLE

BTS Director/General Manager

2. MANAGERIAL ACCOUNTABILITY

The Director/General Manager is managerially accountable to the District Services Manager, but has a strong professional accountability to the Regional Medical Officer, who will be involved in professional issues relating to donor or patient medical care.

3. GENERAL OBJECTIVES

- 1) To be responsible for the day to day management and operation of the Blood Transfusion Service throughout the Yorkshire Region.
- 2) To ensure that policy options, objectives and priorities are identified for consideration by the Authority and that decisions are implemented and performance monitored
- 3) To enhance the profile of the service within the Region and to increase the number of donor attendances.
- 4) To provide professional advice to the Authority, Consultants in DHAs or the DHSS as required.

4. DUTIES & RES- PONSIBILITIES

*budget
border*

- 1) To determine and evaluate the requirement of the regional clinical services for blood and its components and to advise the RHA as to what resources are necessary to provide them.
- 2) To ensure that the optimum number of donations are collected per year under acceptable conditions to satisfy these requirements.
- 3) To ensure that donations are tested so that the blood and product issued is safe and in a suitable form for patient administration.

- 4) To provide such other regional services as may be required by the hospitals and practitioners which are appropriate for a transfusion centre. These include the Regional Tissue Typing Laboratory and Antenatal blood testing. *? cell separator unit*
- 5) To be responsible for the general management function of the service and to be personally responsible for the efficient and effective operation of the service.
- 6) To develop policy options, objectives plans and priorities for the provision and extension of Blood Transfusion services within the Region. In particular to develop operational and public relations policies which will enhance the general public's awareness of the service and increase the number of donor attendances.
- 7) To draw up operational plans in accordance with agreed policies and guidelines laid down by the Authority and, in particular, to prepare the annual operational programme.
- 8) To be accountable for the efficient use of management resources (staff, finance, facilities) to secure the agreed objectives of the service.
- to have management decisions* 7 | 9) To ensure that management decisions are implemented effectively and that performance is monitored.
- 10) To ensure that managerial responsibilities within the service are clearly defined and that budgetary responsibilities are delegated to the most appropriate point.
- 11) To develop and maintain effective working relationships with relevant contacts in the DHSS, DHAs and other RHAs. In particular, to ensure that the provision of blood and blood products and the provision of other clinical services and advice is

responsive to the needs of user authorities.

- 12) To ensure that professional advice is made available to the Authority, the DHSS or DHAs when required.
- 13) To ensure effective communication with the BTS staff.
- 14) To promote the effective motivation of staff through the pursuit of active personnel and management development policies.

5) WORKING RELATIONSHIPS

Manages	All staff employed in the BTS
Liaises with	Consultants in DHAs DHA medical advisors Relevant contacts at the DHSS Other BTS general managers or directors.
Key working officer contacts within the RHA	Director of Health Policy Development Director of Planning and Information Director of Finance Personnel Manager

6) MEASUREMENT OF PERFORMANCE

- The success of the BTS general manager will be judged particularly in relation to his effectiveness in:
- 1) Developing policies and plans for the provision of Blood Transfusion services and for managing their successful implementation.
 - 2) Ensuring the effective and efficient use of management resources.
 - 3) Enhancing the profile of the BTS to the general public within the Yorkshire Region.

EXTRACT FROM MAIN REPORT

Blood Transfusion Service (BTS)

- 180 The Blood Transfusion Service (BTS) has been under the control of the RHA since it was formed as part of the health service in 1947. However, its importance and sphere of activity has expanded significantly since that time with recent trends in medicine placing increasing strains on its service. The Yorkshire BTS boundary is not quite identical to the RHA boundary in that South Humberside (Grimsby and Scunthorpe HAs) is serviced by Trent BTS and Northallerton HA is serviced from Newcastle.
- 181 As far as the overall control of the service is concerned, it would not be practical to devolve the BTS to individual DHAs since blood usage and supply is not balanced in each DHA. Consequently there appear to be only two alternatives. These are:
- (1) To devolve the service to Leeds Eastern HA, in which the service is currently based, to manage the service on behalf of the RHA,
 - (2) To maintain the BTS as a Regionally managed service.
- 182 The BTS facilities are based at Seacroft hospital in Leeds Eastern District. The service already makes use of some works facilities from Leeds Eastern and the BTS could be run as a separate unit within that district. The advantage of this option is that the DHA is used to managing operational services. The major disadvantages are that:
- (1) the BTS provides a regional service and consequently the DHA would need to be involved with regional strategy and planning,
 - (2) the interface between BTS and the district is very limited since, other than using facilities at Seacroft, it has sites and staff elsewhere in the Region and operates a very different form of service from the DHA,
 - (3) BTS would inevitably divert some of the DHA's attention from its own provision of services.
 - (4) BTS is part of a national service and devolution to a single district would tend to narrow its focus rather than widen it.
- 183 We therefore recommend that the BTS should remain as a regionally managed service but made more accountable to the DHAs to whom it provides its service. We suggest that a general manager should be appointed to take overall responsibility for running the service and to be held accountable for the service provided. Furthermore, we recommend that consideration be given to charging DHAs for blood products based on their usage. Clearly the cost of blood relates to its collection and testing and not to the product itself, but we do not see any real difference between charging for blood as compared with any other consumable used by DHAs. In our discussions with the management of BTS it was clear that they believed that charging would help to discourage the waste which they maintain arises currently in DHAs' use of blood.

Mr. A. Stokes,
Regional General Manager,
Yorkshire Regional Health Authority,
Park Parade,
Harrogate,
HG1 5AH

LADT/GPK

13th February, 1986

Dear Mr. Stokes,

RE: THE BLOOD TRANSFUSION SERVICE

Following discussions with Mr. Woolley, I considered his proposals regarding the relationship between the transfusion service and the Regional Health Authority very seriously. I decided it would be worthwhile to put my views on paper for your consideration.

A modern transfusion centre has many functions.

1. The collection of blood

This involves publicity promotions for donor recruitment, the medical assessment of donors' suitability to donate and the collection of blood under optimum conditions.

2. Blood testing

This involves serological investigations on all blood donations and requires expertise in blood group serology, virology, bacteriology and clinical medicine.

3. The preparation of blood components

These are prepared either in the transfusion centre itself or the separation of the plasma at the centre and its transfer to the Blood Products Laboratory at Elstree for processing.

4. The issue of blood and blood products to hospitals in the region

In order to ensure adequate stocks are available and that they are suitable and safe for transfusion, there is a need for direct clinical contact with hospital haematologists and other clinicians, eg cardiac surgeons. This necessitates a need for direct access to the clinical services. We cannot function efficiently if this clinical need is not carefully monitored, eg an additional cardiac surgeon say in Hull has major implications for us. There is a growing demand in the hospital service for expertise in "Transfusion Medicine", ie expert advice not only in the collection and preparation of blood and blood products, but also their administration.

Continued/.....

5. The investigation of blood transfusion problems in regional hospitals.

6. Antenatal testing for blood group problems in pregnancy

We test samples from almost all the pregnant women in the Yorkshire region, and also provide an advisory service to Obstetricians and GPs on serological problems in pregnancy. We also actively treat patients with strong Rh antibodies during pregnancy.

7. Plasma exchange in clinical medicine

We provide a regional service for the management of patients with abnormal plasmas who often require frequent plasma exchange procedures. Patients are sent from all hospitals in the region.

8. Tissue typing and organ transplant

We provide a regional tissue typing service required by many clinical services, particularly kidney and bone marrow transplant units. We have recently appointed a Consultant Immunologist to supervise and develop these services.

9. Other associations with clinical and GP services

Donors or antenatal patients with positive serological tests, eg Syphilis, Hepatitis B and HTLV III, need careful medical assessment and direct contact with the consultant or GP involved.

10. Pyrogen testing of blood products

This is performed for the Blood Products Laboratory at Elstree and for local hospital pharmacies.

11. Radio-isotope investigation of patients with transfusion problems.

12. The investigation of blood donors who fail the Hb screening test.

13. The training of doctors, medical students, nurses, scientific staff in blood transfusion procedures.

14. The development of new techniques in Transfusion Medicine.

15. Research into medical and scientific aspects of blood transfusion.

It is obvious therefore that what one may label the "supplies aspect" of the Blood Transfusion Centre is only one segment of our activities and responsibilities. I maintain we have a major regional clinical role and therefore merit a much more direct access to the Regional Health Authority than is at present envisaged, namely BTS → "Supplies" Manager → Personnel Manager → Regional Manager → Regional Health Authority.

Continued/.....

13th February, 1986

There is a continuing need to have access to both senior medical and administrative staff at Region. Decisions of major importance to patients and donors (eg AIDS) have to be taken quickly after consultation at a senior level, and the proposed structure would in my opinion prevent this.

Up to the present I have had a necessary direct access to senior medical, nursing and administrative staff at the Regional Health Authority, and if this was replaced by a more circuitous consultative machinery not only would the blood transfusion service suffer, but also patient and donor care.

Incidentally, Price Waterhouse did not study this clinical role when they visited us before preparing their report.

Yours sincerely,

DR. L. A. DERRICK TOVEY
Director