North London **Blood Transfusion Centre**

ANNUAL REPORT 1993/94

NHBT0001997_0001

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NLBTC

MISSION STATEMENT

The North London Blood Transfusion Centre (NLBTC) aims to provide comprehensive blood transfusion support of the highest quality for patients in an effective and timely manner. Blood and plasma is collected from safe, voluntary donors whose welfare and needs will be promoted and respected. The Centre constantly strives to ensure excellent standards of transfusion medicine through its relationship with hospital clinicians and its commitment to research and development.

In dedication to the memory of the members of NLBTC staff who died in service during 1994: *Amarshi Parmar Jean Ross Eileen Sharp Dianne Taylor*

STATEMENT FROM THE CHIEF EXECUTIVE-MEDICAL DIRECTOR



Major changes have occurred in the National Blood Transfusion Service in the last 18 months. The National Blood Authority came into being on 1 April 1993, at which time it became managerially responsible for the Bio-Products Laboratory and the International Blood Group Reference Laboratory. The Authority assumed full responsibility for the management of Regional Transfusion Centres on 1 April 1994. The period covered by this Annual Report therefore represents a watershed in the history of North London Blood Transfusion Centre: the last year as part of North West Thames RHA and the anticipation of a future as part of the National Blood Authority.

During the year covered by this report, a great deal of background work was carried out in advance of the change of statutory authority on 1 April 1994. Coinciding with this, the National Blood Authority commissioned a firm of leading Management Consultants to carry out a national Strategy Review, with a team of key senior managers from the National Blood Transfusion Service. This work commenced in the summer of 1993 and continued until the early summer of 1994. A great deal of detailed examination of functions, including collection, processing, testing, and services to hospitals has been carried out. Staff at NLBTC have been involved at all stages in being part of the Strategy Group and in producing necessary data and advising

the members of the Strategy Group in their specialist areas. This work will help to shape the future of the Transfusion Service or National Blood Service and we await the outcome of the review with keen interest.

For NLBTC, the activities in 1993/94 continued the trend set in previous years. The demands from hospitals continued to increase beyond predictions. As a result, although the target for blood collection was set at 225,000 and was exceeded, the demand for red cells proved greater than could be met from local collections. The blood donation rate at NLBTC continues to exceed the national average by a wide margin, but the predicted fall in demand for blood within London was not seen, hence the need for support in blood supplies from other areas of the country.

1993/94 also saw the consolidation of two services begun in the previous year. The North London Tissue Bank rapidly increased its activities during the year and was able to provide some of the clinical demand for much needed donated bone. Development into the provision of other tissues proceeded as planned during the year, but in a similar manner it is clear that demand is far outstripping supply at present. The Tissue Bank has increased and diversified its activities, with the aim of beginning to meet some of these needs.

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The stem cell service is developing on a slow but steady basis. There are exciting developments in the field of stem cell transplantation and both the apheresis clinics and the department of Immunogenetics are actively involved in this field.

An irradiator was installed at NLBTC on 20 October 1993. A service for the production of irradiated blood components began on 17 January 1994 and is also expanding rapidly to meet the needs of hospitals. We are greatly indebted to our colleagues in the Medical Physics Department of Mount Vernon Hospital who have provided the expert advice necessary to introduce this new development at NLBTC.

During the year, NLBTC continued to liaise closely with the British Bone Marrow Donor Appeal. Three of our blood donors were selected as unrelated donors and underwent the procedure of bone marrow donation. Once again, the extreme generosity of our volunteer donor panel has been demonstrated.

A majority of the hospitals served by NLBTC have established Hospital Transfusion Committees and the consultant staff at NLBTC have worked closely with their hospital colleagues to ensure a continuing improvement in the standards of practice of transfusion medicine. A Professional Advisory Group for Transfusion Medicine was instigated by Dr Sheila Adam, Director of Public Health for North West Thames Regional Health Authority under my chairmanship. Its members are drawn from a variety of medical and surgical specialities, reflecting the wide involvement of Transfusion Medicine in clinical practice. The establishment of this Professional Advisory Group, with participation from a number of prominent clinicians, will help to reinforce the importance of transfusion medicine and highlight the central role of good blood transfusion support in the overall clinical outcome for a patient.

NLBTC continues to be indebted to North West Thames Regional Health Authority for the unconditional support provided over the years. Sir William Doughty, Dr Sheila Adam, Pam Castro, Jonathon Street and Mark Purcell are friends who have always been ready and willing to help us. Although the official link between Region and NLBTC has now ceased, we expect to continue close co-operation and consultation in the future, in order to promote the best practice of Transfusion Medicine for the benefit of all patients.

GRO-C

Dr Marcela Contreras MD MRCPath FRCP (Edin) Chief Executive-Medical Director

OVERVIEW OF CENTRE'S OBJECTIVES AND ADVANCES IN 1993/94

The objectives in the 1993/94 Business Plan were set with a view to achieving:

- 1. Maintenance and enhancement of services for existing users.
- 2. Extension of these services to other users.
- 3. Development of additional services or products.

As a result, eight objectives were set for the year. The most important of these were as follows:

1. To collect 225,000 whole blood donations.

NLBTC has the highest collection rate in the country, achieving a rate of 64 donations per 1,000 of the population within its regional boundaries. This rate is 25% greater than the national average. The target of 225,000 donations was reached in the year. The increased collections enabled NLBTC to fulfil all requirements for red cells, platelets, and plasma components.

A further increase in whole blood donations above the previously high level demanded a number of strategies. Basic to this was the recognition that the service must be more geared towards the needs of donors. New approaches to recruitment, while continuing previous successful avenues, was necessary. Furthermore, staff training was enhanced and attention paid towards the monitoring and evaluation of the needs and satisfaction of donors.

2. Implement total quality management.

Total quality management remains a constant thread throughout all activities at NLBTC.

3. Continue to be sensitive to requirements of the market and create new opportunities to widen the business face of NLBTC by developing new services.

Under this category falls the need for a strong link with all customers and the continued strong clinical support to hospitals. The introduction of new blood components, (for example the Optipress method of preparation for platelets) is geared towards meeting the hospitals' needs. Full implementation of the Optipress system for the production of platelets was achieved by May 1993. The use of platelet pools have numerous advantages to both NLBTC and hospital users and has been a most successful initiative.

Further developments under this heading include the development of both the Regional Tissue Bank and the Stem Cell Collection Service. Both these initiatives became well established in the year and demonstrated the requirements of clinicians who enthusiastically supported and requested these services.

4. Promote good transfusion practice at hospitals.

NLBTC Consultants continued to contribute to the development and the existence of Hospital Transfusion Committees. New Hospital Transfusion Committees continue to be formed, as the hospitals recognise the importance of this activity. The presence of NLBTC Consultants, either as members of the Committee or as invited observers, has helped strengthen the links with the hospitals. Medical audit continues to be important and the availability of audit assistants at NLBTC has enabled the Centre to collect data which is then of use to both the hospitals and NLBTC.

5. Improve the cost effectiveness and efficiency in all departments.

The business planning process has been refined. All departments reexamined the Resource Review carried out in 1991, to ensure that maximum benefit had been gained from implementing or attempting to implement the agreed suggestions.

QUALITY

Quality Policy

Quality has always been regarded as of paramount importance at NLBTC, from the establishment of the Quality Assurance Laboratory in the early 1970s to the espousal of the concepts of Total Quality Management (TQM) for the 1990s. The Centre complies with relevant, current quality standards, in particular the Guidelines for the Blood Transfusion Services in the UK, the EC Guide to Good Manufacturing Practice for Medicinal Products, and Quality Systems standards as these relate to the Centre's particular operation.

It has always been the primary objective of NLBTC to supply safe and efficacious products or services of appropriate quality whenever the need arises. In this connection, the Centre has considered all the factors that influence the quality of its operations. Thus Quality in Procurement (donors, materials), Quality in Manufacture (efficient and effective separation of blood components), Quality in Design and Development (improved methods and processes), and Quality in Supply and Service (meeting the needs of the user, at the right time and with the right product and/or service) figure prominently in NLBTC's systems of operation. While these concepts are valid is establishing the framework for achieving quality, our ultimate criteria for the success of our Quality Policy are measured in a most tangible form:

- The benefit to patients who are in need of our products and services.
- the care and support of our most important resource, the donors before, during and after donation.

PATIENT BENEFIT = DONOR CARE

In promulgating the message of Quality, the Quality Department is keenly aware of this relationship as being fundamental to the whole Quality System. Thus much effort is expended in supporting Donor Services and responding to feedback from our users through our Hospital Services Department. This is in addition to the more conventional facets of quality: control, monitoring and assurance of our products. Quality improvement figures prominently in this area through continuing activity in research and development associated with testing and data interpretation, leading to regular participation at national and international meetings.

An important aspect of the Quality System is Audit which seeks to measure level of compliance with agreed standards. The Centre has been active in this area through its own internal compliance audit programme, participation in the peer audit programme conducted by the NBTS, and the pioneering work that has been carried out in the field of medical audit. NLBTC was inspected by the Medicines Control Agency in January 1994 as part of the regular biennial inspection of those holding a Manufacturers Specials Licence.

INTERACTIONS WITH DONORS

Baby Panel

This special panel of group O Rh negative donors has continued to expand during 1993/94 growing from 130 to 366 in total. These donors are dedicated to providing blood which has undergone additional testing making it suitable for neonatal transfusions. They receive a standard call-up letter every 12 weeks requesting them to donate at one of our static clinics. This letter is then followed up with a personal telephone call from our Admin. supervisor at Edgware. Unlike routine whole blood donors, the baby panel donors are asked to attend on a Monday or Thursday before 4pm.

Their dedication to this special panel is shown by the high attendance rate, on average more than 70% of baby panel donors attend when requested.

Peripheral Blood Stem Cell Collection Service

Although demand for this specialised service was slow at first, it is now rapidly becoming an integral part of the routine at our Edgware static unit. The collection procedure is carried out by two of our nursing staff who have specialised in therapeutic apheresis, they divide their time between patients at the Royal Free hospital and donor/patient procedures at the clinic.

The volunteer donors at Edgware are also enjoying this diversion into patient care as they get the opportunity to see at first hand some of the patients their blood is going to help. We have now carried out 56 therapeutic procedures in total, 13 of which were at the clinic.

Plateletpheresis Panel

The beginning of this year saw a change is emphasis for our static clinic apheresis donors, the demand for plasma was reduced while at the same time the increasing need to provide high quality, low donor exposure platelets for our patients became apparent. Subsequently our apheresis donors were asked to switch from plasma to platelet donation. This involved a significant change in appointment duration, a platelet collection procedure is approximately 25 minutes longer compared with giving plasma.

Donors also had to withstand a change in the appointment system to incorporate this extended donation time, but the support was overwhelming, if the patients needed platelets our donors would willingly give up the additional time to provide platelets! We have completed over 2,000 platelet collections in the first 3 months of this year and with continued recruitment, are on target to collect in excess of 10,000 apheresis platelets, this compares with 4,000 platelets collected in total last year.

Donor Association

The donor association continues to be a vital part of our recruitment strategy. The association is made up of a group of donors who not only give us their blood but also willingly volunteer their time to help us recruit new donors to our panels. The association works closely with our Public Relations department and static clinic staff. A formal meeting is held every 3 months to give feedback on donor throughput and to discuss ideas for forthcoming recruitment events.

The donor association also forms the backbone of our telephone recruitment campaign. Telephone retention of donors began at one of our static clinic and proved so effective that it has now spread throughout the Centre. Recent studies showed that approximately 30% of lapsed donors respond positively to a personal telephone call requesting they return to active donation. The effectiveness of telephoning lapsed donors is increased when the call is made by another donor, an immediate link is formed and the lapsed donor feels they can identify with them.

Donor Recruitment - the personal touch!

Behind the scenes of every donor session are the Public Relations people and the local donor organisers who work tirelessly to ensure each session is well publicised and attended. However sometimes call-up letters, posters and even telephone calls fail to inspire the lapsed and potential donor population and it takes that personal touch to make the difference. At one industrial session following a quiet first day one of the Public Relation team went out to investigate. By making contact with the Company's Health & safety Officer and therefore gaining direct access to the employees at work, the personal touch was put into action with good effect. The team bled an additional 40 donors on the second day, 33 of which were new donors. The graph shows how using this technique worked for other sessions.

of donors but no where to bleed them! The response from existing and potential donors was outstanding, the local press then picked up the story and ran with it increasing public awareness. Suggestions for suitable venues came flooding in and finally having viewed several possible venues we chose a sports hall which offered superior facilities compared with our usual accommodation and coincidentally is run by one of our regular blood donors! An excellent example of donors and the Centre working successfully together for the benefit of patients.



Need a session venue? ask a donor. . .!

Donors themselves came to our rescue in Cheshunt when we encountered difficulties booking our usual venue for the session. A radio appeal was broadcast live by our Public Relations Manager explaining the problem, plenty

INTERACTIONS WITH HOSPITALS





NORTH LONDON TISSUE BANK

The past year has been one of rapid development and expansion for the Tissue Bank as it continues to respond to the needs of surgeons for safe allograft tissues. A number of milestones were reached during the year. A fully-equipped unit, designed and built to pharmaceutical standards, was occupied in July 1993; the bank was officially opened and its activities publicised in January 1994; the first processed tissue was issued for grafting in February 1994 and retrieval of tissues from cadaveric donors also began in that month.

Femoral Head Bank

Most bone donations continue to be from patients having total hip replacements. This programme now operates at eight hospitals in the region and over 400 donations have been banked. Two thirds of these donations are bacteriology clear and are issued for grafting once a second blood sample has been received from the donor and has tested negative for all virology tests. All of these donations have been reserved or issued, once cleared.

Tissue Processing

Procedures have been developed and validated for bone processing to allow the supply of prepared grafts in the shapes and sizes required. The process involves pasteurisation, cutting and grinding, washing, freeze-drying and sterilisation with ethylene oxide. This allows bone grafts to be stored on the shelf for up to 5 years and results in the most economical use of donated tissue. It also saves the surgeons considerable time in the operating theatre and gives greater reassurance of safety. The bank now produces ground bone (4 different grades), cortical rings and cortical struts. Work also began on the validation of processing of costal cartilage for maxillofacial surgery and tendons for knee surgery.

Cadaveric Retrieval

To increase the quantity, range and cost-effectiveness of tissues retrieved, a programme of tissue donation after death was launched. This has involved the cooperation of Transplant Co-ordinators, Coroner's Officers, hospital staff, Pathologists and Mortuary staff. When a bereaved family agrees to the donation of tissue, a fully equipped team from the Tissue Bank carries out the retrieval within 24 hours of death. Tissues retrieved in this way can produce grafts which will be used in up to 50 different patients. Blood from these donors is tested for HIV and HCV by Polymerase Chain Reaction (PCR) as well as the usual screening tests.

Official Opening

Sir William Doughty, Chairman of the NWTRHA, opened the unit on 26th January 1994 and BBC Newsroom Southeast carried a feature on the same day. It highlighted the importance of donation, the high standards achieved at NLTB and the clinical demand for this new service.



RESEARCH AND DEVELOPMENT PROJECTS

During the past year, staff at NLBTC have played an important role in developing an active Research and Development programme in various areas of transfusion medicine. This programme is directed at improving the efficiency and quality of all the services provided by introducing and applying the latest developed technology and scientific advances into the various areas of R & D.

This active R & D programme is reflected by the number of publications and participation in national and international meetings in the area of transfusion medicine and related topics:

Abstracts	54
Review articles	18
Chapters in books	14
Letters	10
Papers (refereed)	12
Total	108

The main projects currently being carried out in individual Departments are listed below:

Immunohaematology Department

- 1. Stability of red cell antigens after acid elution of bound antibodies and after DTT and AET treatment.
- 2. Development of UK potency standards for blood grouping reagents in conjunction with NIBSC and through the UK Standing Committee on reagents.

Histocompatibility & Immunogenetics Department

- 1. Development of the GLAM assay by flow cytometry for the simultaneous detection of granulocyte, lymphocyte and monocyte antibodies.
- 2. Development and use of PCR SSO and SSP techniques for HLA and HPA typing.
- 3. Phenotypical and functional characterisation of peripheral and cord blood haemopoietic stem cells.
- 4. Long-term culture and expansion of peripheral and cord blood stem cells.
- 5. Characterisation of platelets, monocytes and/or endothelial cell adhesion molecules.
- 6. Detection and quantification of cytokines in blood components.
- 7. Fetal cell isolation from maternal circulation for use in antenatal diagnosis and for the molecular typing of HPA, HLA and RhD typing.
- 8. Antenatal RhD typing by PCR. This technique is being evaluated using amniocytes and if viable, will subsequently be offered as a diagnostic service.

Microbiology Department

- 1. Extension of study on incidence of transfusion-transmitted infections.
- 2. Assessment of novel assays and technologies in microbial screening.
- 3. Collaborative development and assessment of national working standards for anti-HIV and anti-HCV.
- 4. Life-style assessment of donors with different manifestations of HBV infection.
- 5. Validation of feasibility of rationalised confirmatory and donor re-admission protocols.
- 6. Extension of epidemiological analysis of HBsAg- positive blood donors.
- 7. Approaches to enhance the cost-effective procurement of high titre specific immune plasma.

Quality Department

- 1. To look at new generation markers for platelet storage lesion (in collaboration with other RTCs).
- 2. Development of a control system for frozen peripheral and cord blood stem cells.
- 3. The use of new technologies for the assessment of activity states of FVIII/vWF in plasma cryoprecipitate and cryosupernatant.
- 4. Development of quality monitoring system for peripheral and cord blood stem cell collections.
- 5. Relationship between platelet morphological/functional changes and the release of cytokines during storage (joint Histo/Immunogenetics and Quality programme).

Components Laboratory

- 1. Further development of the Optipress system by introducing a QC scheme to monitor the production process and identify variants in the system.
- 2. Evaluation of the production of single dose platelets from split plateletpheresis.
- 3. Validation of a mobile freezing unit.
- 4. Evaluation of methods for collection, processing and storage of peripheral and cord blood progenitor cells.



Up until 1967 all blood collection was in glass bottles. Now all blood is collected in plastic packs. The use of the plastic pack revolutionised blood transfusion enabling modern component production Blood Collection 1940s - 1990s

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PAST AND

Copper Sulphate test still the simplest method for measuring haemoglobin



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STAFF ACHIEVEMENTS

During the past year, staff at the NLBTC have been awarded academic distinctions as well as official recognition of their valuable services.

ACADEMIC & SCIENTIFIC COMMITTEES

Dr Marcela Contreras

COMMITTEES AND WORKING PARTIES:

- 1. President, Section of Pathology, Royal Society of Medicine for1993/94.
- 2. Member of the Council of the Royal Society of Medicine for 1993/94.
- 3. Member of the Regional Transfusion Directors Committee: Working Party on Immunoglobulins, active member.
- 4. Chairman of the group on High and Low Incidence Antigens. International Society of Blood Transfusion: Working Party on Nomenclature of Red Cell Antigens and Related Markers.
- 5. Member of the Working Party on Audit in Transfusion Medicine of the Royal College of Physicians, London.
- 6. Member of the UK-NBTS National Working Party on Autologous Transfusion.
- 7. National Blood Transfusion Service representative at the British Standards Institute since 1992 (Technical Committee HCC/11).
- 8. Member of the U.K. Advisory Committee of the National Blood Transfusion Service on Transfusion Transmitted Diseases.
- 9. Member of the International Society of Blood Transfusion: Working Party on Platelet Serology.
- 10. Council Member of the International Society of Blood Transfusion, 1992-1996.
- 11. UK representative on the Scientific Committee of the European School of Transfusion Medicine (since May 1993).
- 12. Chairman of the Professional Advisory Group on Transfusion Medicine, North West Thames RHA (since 1993).

- 13. Chairman of the Transfusion Medicine Sub-committee of the Royal College of Pathologists (since January 1994).
- 14. Member of the Council of the Royal College of Pathologists (since January 1994).
- 15. Ex officio member of the Histocompatibility and Immunogenetics Subcommittee of the Royal College of Pathologists (since January 1994).
- 16. Member of the Standing Committee on Academic Activities of the Royal College of Pathologists (since January 1994).
- 17. Member of the Standing Advisory Committee on Haematology of the Royal College of Pathologists (since January 1994).
- 18. Chairman, National Blood Authority Strategy Group.
- 19. Chairman, Special Interest Group on Haemolytic Disease of the Newborn of the British Blood Transfusion Society (since December 1993).

EDITORIAL BOARDS:

- 1. Member of the Editorial Board for "Transfusion Medicine Reviews" (from 1993).
- 2. Member of the Editorial Board of "Transfusion Medicine Reviews" (from 1994).
- 3. Member of the Editorial Board of "Transfusion Clinique et Biologique" (from 1994).

Dr Patricia Hewitt

- 1. Member of the Transfusion Medicine Sub-committee of the Royal College of Pathologists.
- 2. Member of the Standing Advisory Committee for Donor Selection (NBA).
- 3. Member of the Medical Assessment of Donors Task Force (NBA).
- 4. Member of the National Blood Authority Donors Sub-group.

Dr Mahes de Silva

- 1. Chairman of the UKBTS/NIBSC Standing Committee on Reagents.
- 2. Member of Working Party of BCSH Blood Transfusion Task force:
 - (i) Guidelines for administration of blood products: transfusion of infants and neonates.
 - (ii) Guidelines for blood grouping and antibody testing in pregnancy.
- 3. Member of the Steering Committee BBTS Special Interest Group in HDN.
- 4. Member of the Regional Training Committee.
- 5. Member of NBA Working Party on Specialist Laboratory Testing.
- 6. Member of the Steering Committee, North Thames Haematology Audit Group.

Dr Mary Brennan

- 1. Member of the NBA Project Team on Job Evaluation.
- 2. Member of the NBA IT Strategy Project Team.
- 3. Member of the NBA Apheresis Sub-group.

Dr Ruth Warwick

- 1. Member of the Editorial Board for "Maternal & Child Health" (the Journal of Family Medicine).
- 2. Member of Drafting Group for the BCSH Blood Transfusion Task Force for the guidelines on gamma irradiation of blood components for the prevention of transfusion associated graft versus host disease (TA-GvHD).
- 3. Member of NBA Marketing Plan Group.

Mr Patrick Sullivan

- 1. Member of the NBA IT Project Board.
- 2. Member of the NBA Costing and Information Group.

Dr John Barbara

- 1. Secretary of the U.K. Advisory Committee of the NBTS on Transfusion Transmitted Diseases.
- 2. Member of ISBT Working Party on Transfusion Transmitted Disease.
- 3. Member of the International Advisory Panel of Canadian Red Cross Transplantation Service on Transfusion Transmitted Disease.
- 4. Member of European Commission Blood Safety Working Party.
- 5. Appointed Microbiology Consultant to the National Blood Authority (NBA).

Dr Cristina Navarrete

- 1. Member of the Histocompatibility & Immunogenetics Sub-committee of the SAC on Immunology & Blood Transfusion Sub-committee of The Royal College of Pathologists.
- 2. Member of the Sub-committee to the Standing Committee on Academic Activities of the Royal College of Pathologists.
- 3. Member of the HLA Sub-committee of the UKBTS/NIBSC Standing Committee on Blood Grouping Reagents.
- 4. Member of the NBA Working Party on Research & Development.
- 5. Member of the Scientific Editorial Board of Transplant Immunology (1993).
- Honorary Senior Lecturer in Immunology, Royal Free Hospital School of Medicine (1993).
- 7. Member of the Royal College of Pathologists Manpower Advisory Panel (1994).

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8. Membership of the Royal College of Pathologists (1993).

Mr Robin Knight

- 1. Member of UKBTS/NIBSC Standing Committee on Blood Group Reagents.
- 2. Member of Institute of Biomedical Science (IBMS) Transfusion Science Advisory Committee.
- 3. Member of British Blood Transfusion Society (BBTS) Education and Training Committee.
- 4. Member of BBTS Blood Bank Technology Group Committee.
- 5. IBMS Chief Examiner in Transfusion Medicine.
- 6. External examiner and inspector for the Council for Professions Supplementary to Medicine, MLT Board.
- 7. Inspector for Clinical Pathology Accreditation Ltd.
- 8. Member of NBA Operations Group.
- 9. WHO Consultant to Namibia BBTS for a feasibility study to set up a project to evaluate 'cold chain' equipment.

Mr John Stivala

14

- 1. Secretary of NBTS Data Transfer Standards Task Force.
- 2. Secretary of NBA Data Standards Task Force.
- 3. Member of UKBTS Haemonetics Liaison Group.

Dr Jerhard Seghatchian

- 1. Co-chairman of BBTS Components Special Interest Group.
- 2. Member of the Council of the Haemostasis Club.
- 3. Member of the Scientific Editorial Board of "Transfusion Science".
- 4. Member of the Scientific Editorial Board of "Thrombosis Research".
- 5. Observer on the Sub-committee on Flow Cytometry of the NCCLS (National Committee for Clinical Laboratory Standards, USA).

HIGHER DEGREES

Mr Keith Mumford

Master in Business Administration (MBA), Anglia University.

Mr Martin Redman

MSc in Applied Immunology, University of West London.

Ms Colette Cullen

MSc in Applied Haematology, University of Westminster.

Ms Sue Brown

BPhil in Microbiology, Open University.

Ms Sharon McGowan

BTEC Certificate in Management with NVQ Level 4 in Management, University of Luton.

GRANTS OBTAINED

- i) Investigation of the *in vitro* culture characteristics of CFU-Mk when exposed to alloimmune platelet antibodies (in collaboration with QCCH & the Hammersmith Hospital).
- ii) To study the possible suppressive effect of anti-Kell on Kell-positive red cell progenitors (in collaboration with QCCH & the Hammersmith Hospital).
- iii) Expression and function of HLA class I gene products on human epithelial ovarian tumour cells and cell lines.
- iv) Audit in Transfusion Practice.

STATISTICS







SUPPORT SERVICES

This department is responsible for the day to day management of NLBTC's buildings and internal services including:

- supplies
- security
- secretarial and office services
- building maintenance
- asset management
- telecommunications
- post
- transport

The real importance of Support Services is visible, but often goes unnoticed by the donor or by the hospitals. Each day, the Supplies section ensures that our collection teams leave with all the correct equipment and materials. The Transport Department collects donated blood and tissue and delivers routine and emergence supplies to hospitals. Our telecommunications network is managed to ensure that we provide an uninterrupted service to donors and hospitals alike.

The fabric of the building, plant and equipment is kept to a very high standard to enable all departments to perform their work. Various minor changes to improve the building's functionality have been carried out by the department during the year.

Last, but not least, Support Services staff can be relied upon to ensure that special occasions such as open days and donor award presentations are successful.

INFORMATION TECHNOLOGY

We continue to see the benefits of our move to Open Systems and a network based infrastructure as our systems expand and develop. The reduction of our maintenance costs has continued while both the performance and provision of service have increased greatly.

The integration of the three areas critical to the Centre's business, operational systems, financial systems and office services has continued expanding our network to some 93 terminals and 85 personal computers. Using a shared network file system these users have access to the wide range of resources through a common interface, irrespective of that resource's physical location or format. Shared electronic mail, facsimile, printers, CD-ROMs and modems are available across the network on the desktop of each member of the user community.

External communications have been enhanced with the Centre's connection to Compuserve, the largest on-line database in the world. Our Compuserve mail address is 100137,100.

PERSONNEL

The Personnel department has had a busy year during 1993/1994. The creation of the National Blood Authority (NBA) and the introduction of a the Trade Union Reform and Employment Rights (TURER) Bill led to new challenges for the department.

National Blood Authority

All staff employed by NLBTC were made aware of the transfer from the North West Thames Regional Health Authority to the new employing authority, the National Blood Authority .

TURER

The employment rights bill sets out to clarify the rules relating to Industrial action of Trade Unions, and also to respond to certain Directives of the European Community. This new legislation led to a review of policies, for example Health and Safety, to ensure compliance.

Other initiatives undertaken during the year:

- VDU training
- Investigation, in conjunction with the Health and Safety Co-ordinator, into the options available to the Centre in order to satisfy the new legislation in relation to Lifting and Manual Handling
- Review of the Centre's contracts of employment
- Development of a Staff Handbook

Other activities undertaken during the year:

- Review of Recruitment and selection procedures to ensure compliance with equal opportunities legislation. This included developing a new training programme for staff scheduled for early April of 1994 and reviewing the information sent to candidates and documentation used.
- Discussions with staff side representatives regarding the establishment of a JSCC in order to continue to promote good Industrial Relations at the Centre.

- Introduction of a staff Appraisal scheme.
- Participation in national working groups to look at introducing a common job evaluation system throughout the NBA.
- Investigation into the possibility of pursuing the "Investors in People Award" which is likely to be a major initiative for 1994/5 in order to continue the Centre's commitment to training and development of its employees.
- Review of many of the centres policies and the introduction of new policies such a the code of business conduct.
- Training initiatives during the year have included:
 - Disciplinary skills for managers
 - The use of Visual Display Screen equipment
 - Objective setting
 - Appraisal interview skills
 - computer skills (new system introduced earlier this year)
 - Induction seminar
 - Customer care
 - participation in effective business manager meeting



NLBTC - THE ORGANISATION



COST EFFECTIVENESS





NORTH LONDON BLOOD TRANSFUSION CENTRE HOSPITALS AND AREAS SERVED

NHS HOSPITALS

Ashford Hospital Barnet General Hospital Bedford General Hospital Central Middlesex Hospital Charing Cross Hospital Chelsea and Wastmistor Hospital

Westminster Hospital Ealing Hospital Edgware General Hospital Great Ormond Street Hammersmith Hospital Harefield Hospital Hemel Hempstead General Hillingdon Hospital Lister Hospital Luton and Dunstable Maida Vale Hospital Mount Vernon Hospital National Hospital for Nervous Diseases

Northwick Park Hospital Queen Charlotte's Hospital Queen Elizabeth II Hospital Royal Brompton and National Heart Hospital

Royal Free Hospital Royal National Orthopaedic St. Albans City Hospital St. Mary's Hospital Watford General Hospital West Middlesex Hospital Whittington Hospital

PRIVATE HOSPITALS

Biddenham Manor BUPA Hospital - Harpenden BUPA Hospital - Bushey Churchill Hospital Clementine Churchill Cromwell Hospital The Garden Hospital Hillside Hospital IS Pathology JS Pathology London Bridge Hospital The London Clinic Manor House Hospital MDL North London Nuffield The Marie Stopes Nursing Homes Old Court Clinic **Pinehill Hospital** Ravenscourt Laboratory St. John and St. Elizabeth Hospital St. Vincent's Orthopaedic The Wellington Hospital

O NLBTC COLINDALE

- Edgware Donor CentreLuton Donor Centre
- West End Donor Centre

North London Tissue Bank

A Message from Sir William Doughty, Former Chairman of NW Thames RHA

When I first joined the RHA as Chairman, the first piece of advice given to me was to keep a certain day in April clear in the diary. When I asked why, the answer was "because that's the Blood Awards evening".

I shall never forget my debut evening. It brought home to me the close affinity which had built up between North West Thames, mainly through the efforts of my predecessor Dame Betty Patterson, and the North London Blood Transfusion Centre.

To meet these marvellous people - volunteers to every last man and woman - who had given so much of their 'gift of life' over the years, was an uplifting experience. It was made even better by the fact that everyone had such a jolly good time.

Every evening since - and they became two a year in recent years - has been tremendous. To join the likes of Professor Sir Magdi Yacoub and his heart transplant patients and other grateful recipients of blood like PC Hammond has been a pleasure.

To support blood transfusion whenever and wherever I could has been a privilege.

And to have had the North London Tissue Bank named after me has been an honour.

Thank you all and good luck in the future.



A Message from Sir Colin Walker, Chairman of the National Blood Authority



The National Blood Service has a wonderful record which is a very great credit to donors and staff.

All of us working for the NBS are now members of one team and we have a great opportunity to maintain and, as developments make it possible, further improve the service to patients.

It is a time of rapid technical advance and consequent changes which is always uncomfortable and worrying but I know we all agree that we have a duty to both

patients and donors to run our service to the best of our ability.

As a united national team we can ensure that best practice and innovation wherever it occurs can be made known everywhere for the benefit of patients.

Much of the good work of the NHS depends upon us and our record for quality is unequalled.

Between us I am sure we can make the NBS as well known and highly regarded as are all the other crucial services in the country.

GRO-C

Sir Colin Walker

GRO-C

Sir William Doughty

INTERACTION WITH THE MEDIA



EVENTS IN 1993/94











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