

NOTES OF MANAGEMENT GROUP MEETING

Monday, 8th April 1991

Present: Professor Allain  
Dr McDougall  
Dr Williamson  
Dr Ouwehand  
Mr Hawdon

In Attendance: Dr Caffrey )  
Dr Rankin ) for part meeting only  
Dr Voak )

Professor Allain wished to establish the structure which would, in future, be responsible for the management of the Regional Centre for Transfusion Medicine. After discussion it was agreed that the following Committees be established:

a) Executive Committee

Membership: Director, Dr McDougall, Dr Williamson,  
Dr Ouwehand, Mr Hawdon  
To meet weekly on Mondays at 10 a.m.

b) Senior Staff Committee

Membership: The Executive Committee plus Dr Caffrey,  
Dr Rankin and Dr Voak  
To meet on the first Monday of each month at 11 a.m. (following the Executive Committee meeting) the first meeting to be on Monday, 13 May 1991.

c) Medical Staff Meeting

Membership: Consultant Staff plus Dr Caffrey and Dr Rankin.  
Frequency of meetings to be agreed.

d) Scientific Staff Meeting

Membership Medical Staff plus Dr Voak and Mr Slopecki.  
Frequency to meetings to be agreed.

Agenda items for the Executive Committee and Senior Staff Committee should be delivered to Mr Hawdon by noon on the Thursday prior to the date of the meetings.

1. Matters Arising from the Minutes of the Meeting, 18th March 1991

a) Quality Assurance Staffing

It was agreed that a Post-Doctorate post be investigated to support the Quality Assurance Department. Post-Doctorate posts would be funded from monies made available from staff vacancies.

## b) Anti HCV Testing

A letter from Dr Gunson indicated that three RTCs were undertaking an evaluation of the second generation of anti HCV testing kits and this was expected to delay the introduction of routine testing until 1st September 1991.

The RHA had agreed to fund direct to the RTC the first year tests from contingency monies and had asked for a detailed costing of the introduction of the full testing for the year 1991/92.

As funds are being made available, the Director said he would prefer to introduce routine testing at an early date. The timing of this would depend upon the conclusion of the research that Dr Caffrey was undertaking. The National Directorate would be informed that Cambridge would commence routine testing as soon as possible and would not necessarily await the outcome of the test kit evaluation.

## 2. Standby Drivers

Dr Williamson expressed her concern on the coverage by standby drivers to undertake ad hoc deliveries of blood during Public Holidays and outside normal working hours. Mr Hawdon explained the usual procedures which provided for a nominated on-call driver, plus a number of drivers who were prepared to respond to a second on-call if needed. It was not possible within the driving establishment to provide full coverage for all situations and when difficulty in obtaining a driver was experienced, the next step was to call the local taxi firm with which we had an understanding.

## 3. Blood Supplies

Dr Williamson reported concern that the stock holding of blood continued to be at a very high level and felt that steps should be taken to reduce the intake. The proposals to give assistance to the Third World Countries from the surplus had not been possible.

The cancellation of sessions was proposed as a means of reducing stocks. The staff not employed would be available to undertake additional training. Mr Hawdon said that the donor call-up was sent at least twentyone days prior to the session and therefore sessions could not be cancelled at short notice. He would investigate with the Regional Donor Organiser the possibility of cancelling some of the industrial or service sessions. Public sessions were more difficult to cancel because donors would attend on the expectation of a routine session irrespective of "call-up".

## 4. Regional Tissue Bank

Dr Ouwehand said he had received enquiries from Dr Marcus concerning a proposal that the Regional Bone Marrow Bank be transferred to the RTC from the Addenbrooke's Hospital. This is a Regional programme, financed for a five year period by the RHA and still had three years to run.

The submission from Dr David Pegg for a Regional Tissue Bank was still with the RHA and a decision on his proposal was expected in June. Dr McDougall felt that the RTC involvement with the Regional Bone Marrow Bank might assist RHA in reaching a positive conclusion to

finance Dr Pegg's proposals. The Director agreed to discuss this matter with Dr O'Brien. In the meantime, the meeting would be confined to receiving and considering the proposals from Dr Marcus.

#### 5. Supplies of Products for Research

Dr Ouwehand referred to the recent request from the Imperial College for the supply of products to undertake research. In the discussion which followed, Dr Ouwehand was asked to investigate (i) access for the tracing of Toxo-plasma in pregnant women, and (ii) the possibility of including the extra testing within the antenatal test programme.

Dr Ouwehand expressed his reservations about his involvement in this project.

#### 6. RTC Autoclaves

Dr Williamson reported that she was in the process of redefining the future sterile needs of the Centre and the possibility of decommissioning only half of the sterilisers. The position with regard to the use of Vacutainers was fully discussed and some uncertainty was expressed on how the matter currently stood. It was agreed that Dr Williamson, together with Mr Fletton, would fully investigate the sterilisation requirements of the RTC and provide a report which should include costs.

#### 7. Laboratory Refurbishment

Dr Ouwehand explained that he had obtained quotations from two firms for the refurbishment of nominated laboratories and as a result of the Regional Health Authority's requirement a third quotation had been obtained. He wished to be advised how this matter was progressing. Mr Hawdon reported that in response to a letter from Mrs Sue Robinson (RHA Estates Department) authorisation to proceed had already been given.

Dr Ouwehand further expressed his concern that because of the additional electrical requirements of the laboratory refurbishments, a major rewiring of the designated areas was necessary at a cost of some £25,000. No provision for this cost had been made within the capital submission. It was agreed that the necessary work for this might be funded from underspendings in other areas.

Dr Rankin expressed concern over the problems experienced with computerised equipment within the plasmapheresis section and Mr Hawdon agreed that an assessment of the power supply in that area could be made.

#### 8. Antenatal Computerisation

Dr Ouwehand reported on the advantages and disadvantages of the Oxford computerised antenatal system by comparison with the ATC system. The Oxford system, designed to run on personal computers, was fully developed and provided a complete working system. It was also a system which was likely to be taken up by the BTS Computer Consortium.

The ATC system operated on a mainframe and was as yet not fully developed. It was, however, a system which was compatible with other

hospital Blood Transfusion Laboratories in the Region and could enable direct communication. This could be a distinct advantage particularly with the intention to computerise the blood order system.

It was agreed that Dr Ouwehand would obtain specifications and contracts for the Oxford and ATC systems.

9. BTS Computer Consortium

It was agreed that Dr Rankin would attend the meeting of the Computer Consortium being held on 24th April 1991. The Director would like at a later date to consider fully the Cambridge involvement with the BTS Computer Consortium.

10. Haemonetics Plasma Collection Systems

It was agreed that a further letter be sent to the National Directorate asking to be advised of the disposal of the Haemonetics equipment surplus to requirements. If advice was not forthcoming, these systems should be offered to those RTCs still using Haemonetics equipment.

11. Reagents Costs

It was agreed that the equipment replacements submitted should be included in the overall costing of Reagents production at present being prepared.

12. Laboratory Services Sub-Committee

Professor Allain elected to attend the next meeting of the above Sub-Committee.

13. Secretarial Equipment Requirement

Dr Ouwehand identified the need for additional audio equipment and it was agreed that further units should be obtained.

A brief discussion took place on the secretarial requirements for medical staff and it was agreed that future requirements would be subject to review.

14. Meetings and Representation

Dr Williamson gave details of meetings of 'The Blood Club' NBTS Eastern Division Consultants and the Annual Scientific Meeting and attendance at these meetings was agreed.

15. Date of Next Meeting

The next meeting will be held on Monday, 15th April 1991 at 10.00 am.

DNH/JB  
10.4.91