

Notes of a Management Group Meeting

Held on Monday, 18 February 1991 at 10.15 am

Present:- Dr McDougall (Chairman), Dr Williamson, Mr Hawdon

In Attendance:- Dr Rankin

1. Matters Arising

a) Gulf Crisis

Mr Hawdon said that although sessions were being held in accordance with the normal programme blood collections were still on the high side. From previous experience it was considered that, should as a result of an escalation of the Gulf War, initially it should be possible to meet demands without too many extra sessions.

b) Budget Devolution

The letter as agreed had been sent to all Unit General Managers and Mr Hawdon reported on discussions with Dr Black. From the conversation it was obvious that some confusion existed and it had been suggested that Mr Hawdon should attend the next meeting of the Regional Haematologists Advisory Committee.

c) Laboratory Staffing - Virology

Dr McDougall reported on the action already taken to resolve this matter. It was, however, agreed that additional action was necessary. The fact that HCV testing would be required to commence from 1 July of this year meant that additional support in this Department would be required and an additional Senior MLSO would be required to cope with the present problem and the additional workload. It was agreed that Dr McDougall should discuss this matter with Mr Eldridge and Mr Fletton.

d) Laboratory Equipment - Flow cytometer

Mr Hawdon reported on discussions he had had with the Acting Regional Scientific Officer who confirmed that a clear understanding existed that the Blood Transfusion Service would have access to this equipment when purchased. Dr Williamson had confirmed this understanding in discussions with Senior Staff at the Addenbrooke's Haematology Department. It was hoped that this equipment would be purchased before the end of the financial year and that Dr Williamson, would through research monies, be obtaining an additional work station.

e) Anti-HCV Testing

Correspondence from the National Director indicated that the Blood Transfusion Service would be required to undertake

anti-HCV testing with effect from 1 July of this year. A rough estimate of the total annual cost would be some £400,000 which would have to be recovered from District Authorities. This additional cost had not been allowed for within the apportionment resulting from budget devolution and a decision on funding had to be made by the Regional Health Authority. It was agreed that a letter should be sent to Dr O'Brien explaining the situation. + letter from Dr Cunningham

2. Bone Marrow Transplantation Programme in East Anglia

A letter from Dr Dodd, Chairman, of the Regional Haematology Advisory Committee was received. Particular mention was made of the increased support required from the Regional Transfusion Centre for which no additional funds had been provided. It was anticipated that the programme would be expanded during the coming year and as a development District Authorities would have to fund any additional costs. As a result of an increase in the panel of HLA selected donors it was thought additional staffing would be required. An assessment of costs should be made and Dr O'Brien advised of the necessary funding requirements.

3. Access to Donor Records on Computer

It was explained that 'on call' MLSOs did not have access to the computerised donor records and on occasions it was necessary for them to obtain information relating to donation numbers. This occurred when donors telephoned out of working hours providing information which could affect recent donations and could result in the donation being withdrawn. Only the duty Medical Officer had full access to donor records. It will be further investigated to see how best to resolve the problem without breaching the requirements of the Data Protection Act.

4. Quality Assurance Responsibilities

Referring to the discussion at the last meeting Dr Williamson had again discussed this matter with Mr Slopecki. It was explained that as the capacity for the storage of frozen plasma was for some two weeks the problem was manageable. The arrangements for Dr McDougall and Dr Ouwehand to provide coverage would not be necessary.

5. BPL Plasma

Dr Rankin gave details of information from BPL on the contamination of a pool of plasma. As a result of this all donations contributed by Cambridge to that pool had to be rechecked. This was very necessary but time consuming. The new equipment being purchased for data storage would make this task more easy to complete in future.

6. Computer Consortium

It was agreed that Dr Rankin attend the next meeting of the Computer Consortium to be held on Thursday, 28 February 1991.

7. Donor Recruitment - Bone Marrow

Dr Rankin gave an 'update' in proposed changes of the Bone Marrow donor recruitment panel.

8. RHA Policy on Alcohol

Mr Hawdon reported that Mr Stephen Green, the RHA Officer with the responsibility for implementing the 'Policy', was anxious to hold training sessions at the Regional Transfusion Centre for management and staff. Dates are being arranged and would be published shortly.

9. Staff Absences

It was reported that a number of staff had been absent from work as a result of the recent travelling difficulties in the snow. A decision was necessary on whether staff should have to take annual leave for the days for non attendance. It was recognised that if staff were granted extra leave for non attendance this could in effect penalise those that made the effort to attend. It was agreed this matter should be further investigated to see how other Health Authorities handled the matter, after which a decision would be taken.

10. Date of Next Meeting

The next meeting of the Management Group will be held on Monday, 4 March 1991 at 10.15 am.

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