

NATIONAL BLOOD AUTHORITY

MEETING OF THE NBA EXECUTIVE

Minutes of the third meeting of the NBA Executive held on Friday 10th December 1993.

PRESENT: Mr J.F. Adey (in the chair) Dr. H.L. Lloyd
Dr F.A. Ala Dr. Elizabeth M. Love
Dr D.J. Anstee Dr. S.M. McDougall
Mr G.R. Austin Dr. Vanessa J. Martlew
Major A. Baronne Mrs. Jill Pengilley
Dr F.E. Boulton Ms. Belinda Phipps
Dr C.C. Entwistle Dr. E. Angela Robinson
Dr H.H. Gunson Mr. B.J. Savery
Dr Jean F. Harrison Dr. W. Wagstaff
Dr Patricia E. Hewitt Mr. R.C.D. Walker
Mr D.H. Jinks

1. **Apologies for absence:** Dr Marcela Contreras, Dr D. Lee and Col. M.J.G. Thomas (represented by Drs Hewitt, Love and Major Baronne respectively).
2. **Informal discussion on Thursday 9th December**

During the evening of Thursday (Dr Harrison and Ms Phipps were not present) a wide-ranging discussion was held on the responsibilities of RTCs. It was recognised that, inevitably changes would occur in the organisation of the NBTS during the next few years. Mr Adey stressed that prior to major alterations in policy there would be full consultation but for a successful outcome each RTC would have to participate. There was a consensus that once a decision had been agreed, those RTCs who had argued against the change will be asked to conform. There was a feeling expressed by the RTDs/CEs that there would be times when the NBA Chief Executive would need to give clear leadership and then decisions would need to be followed by Regional Transfusion Centres.

Also, the persons to chair the Working Groups supplementary to the Bain Study were nominated. These were:

Plasmapheresis	Dr F.A. Ala
Platelet Collection	Dr F.A. Ala
ALT testing	Dr H.H. Gunson
Diagnostics	Dr H.H. Gunson
Marketing Plan	Mrs Sue Cunningham
Research Plan	Dr D.J. Anstee

The remaining Working Groups were already in action viz:

Blood Bag Cost Production	Dr H.L. Lloyd
RTC Performance Standards	NBA Steering Group
RTC Standard Costing System	Mr B.J. Savery

Mr Adey will write to the chairpersons stating the terms of reference and reporting date and asking for nominations for membership.

3. The minutes of the 2nd meeting held on Tuesday 16th November were approved.

4. **Matters arising:**

4.1 **Contracts for the purchase of blood packs**

Dr Lloyd reported that a negotiating plan had been agreed. This was designed to:

- (i) reduce the total amount paid
- (ii) introduce competition by selecting a second manufacturer

It was anticipated that the interviews with manufacturers would take place on 22/23 December with tenders invited in January 1994.

It was essential that competition was introduced into the machine opening of packs at BPL. The total cost of the change, eg. purchase of formers for freezing the plasma packs would need to be determined.

RTCs would need to consider whether they wished to purchase packs from a single company or operate with packs from two manufacturers.

4.2 **Potentially contaminated plasma pools**

Dr Gunson stated that the incident at S. Thames (reported at the 2nd NBA Executive Meeting) had been resolved. The decision to proceed with fractionation had been taken.

Also, it had been decided that the Hepatitis B incident (reported at the 1st NBA Executive Meeting) should now be closed and BPL notified that the material held in quarantine could be fractionated to completion.

5. **NBA Chief Executive**

5.1 **Report from Management Consultants**

(Mr Paul Rogers and Mr James Arnell attended for this item).

Paul Rogers presented the data derived from the initial series of interviews of one to one and one half hour. There was a mixture of structured and unstructured questions.

The interviewees were from the NBTS and non-NBTS. The former, for presentational purposes, were divided into NBA (HQ) and RTCs and the latter into DOH and non-NBTS (this group comprised, principally, senior staff in the SNBTS together with the President R.C. Path, the head of the American Red Cross Blood Service and Prof. W.G. van Aken, Netherlands Red Cross).

There was a remarkable consistency in the responses to questions graded on a scale 1-7 and in many instances the standard deviations were small indicating a consensus of views.

The value in analysing this data is that it does indicate areas for further study and some general conclusions can be made, e.g. there is an acknowledged need to improve "business-like" management skills, the NBA HQ team needs to maintain strong central leadership but must avoid becoming too involved in day to day operational issues and there is broad agreement that the RTC network could be rationalised.

Each member of the NBA Executive received a copy of the overhead slides.

This was an interesting presentation in that the illustrative quotations came from those with a major interest in the NBTS even if they operated outside the RTCs. There was a considerable number of comments and the more interesting concerned management expertise. The question of non-medical versus medical chief executives was frankly discussed but the importance of ensuring that any person who was responsible for supervising the work of others should consider themselves a manager was stressed. This was where a conceptual deficiency existed in a number of RTCs.

Mr Rogers stressed the need to keep to deadlines in order that the timetable could be adhered to. If data was requested by Friday in a particular week this meant Friday since staff at Bain HQ had been scheduled to work on the data during the immediately following weekend.

5.2 Progress report by Mr Adey

- (i) Meetings had been held between the Chairman and senior NBA HQ staff with the Hon. Tom Sackville, Mr. Graham Hart and Mr. John Shaw. Options for changes at BPL had been discussed together with general matters concerning the NBA and NBTS.

- (ii) A formal half-yearly review of the activities of NBA had been presented to Mr. John Shaw and Mr. Roger Schofield (DOH). This had been well received.
- (iii) Formal recommendations with respect to BPL had been sent to DOH. These must remain confidential until a response has been received.
- (iv) Professor W.G. van Aken, Medical Director of the Central Laboratory of the Netherlands Red Cross had been appointed as a non-executive Director to the NBA Board. There were still two vacancies for non-executive Directors which the Chairman may or may not fill in the future.
- (v) Progress was being made with regard to a replacement for Dr Gunson. An interview date of 21st February 1994 and the panel will comprise:

Sir Colin Walker	- Chairman NBA
Prof Sir Keith Peters	- Univ. Cambridge
Dr Kenneth Calman	- C.M.O.
Mr Dennis Allison	- R.G.M. N.W. Region
Mr John Adey	- C.E., NBA

Due to the delay in making the appointment Dr Gunson had agreed to extend the time of his retirement to 1st July 1994.

Mr Adey commented, in answer to a question, that he considered that an appointment would be made. Some criticism of the activities of Stephen Bampfylde were made and these were noted.

- (vi) When RTDs/Chief Executives could not attend the NBA Executive meeting, careful thought should be given to the Deputy nominated to attend. Such persons must be in a position to commit the RTC to a certain policy if necessary. It may be possible for an RTD/CE from another RTC to represent the absent person.

6. NBA Director of Finance and Administration

6.1 Personnel Report (Mrs. A Mather attended for this item)

- (i) Personnel Strategy

It was important that all RTCs were seen to be working to a common strategy with the

same framework. This did not mean that there was a need for complete uniformity.

Before 1st April 1994 the following policies and procedures were needed:

- health and safety
- discipline policy (levels, appeals, timescales)
- grievance procedure (stages, decisions, timescales)
- equal opportunities
- disputes procedures
- organisational change
- redeployment/redundancy (added subsequently to the meeting)

Mrs. Mather will provide an NBA policy statement in order that local enabling policies can be derived.

A training need for personnel matters in RTC's was identified. It was agreed that seminars could be arranged and that references for reading materials could be distributed.

- (ii) The paper on vocational training for blood collection teams was discussed briefly. It was considered that, at this time, a number of RTCs had made progress in multi-skilling on the mobile teams. The proposal for a seconded person from a RTC to fill the post of National Development Officer was deferred but Mrs. Mather was encouraged to establish a National Project Team to evaluate proposals and report back at a later date.

Action - Mrs Mather

- (iii) Dr Gunson tabled a letter from the BMA complaining about the low pay for sessional medical officers employed without contract. It was agreed that the rate should be checked against paragraph 104 of the Whitley Council Terms of Employment of Doctors and Dentists. If the rate complied with this, the BMA would be informed accordingly.

Action - Mrs Mather

6.2 Progress Report by Mr Savery

- (i) Negotiations with RHAs was proceeding. However, since the DOH Statement on the future of regions, there was a noticeable reluctance in some RHAs to provide support services. Alternatives were being discussed and each RTC would require a bank account (some had one already).
- (ii) Capital expenditure on replacement items could proceed but no new major expenditure should be committed until the Bain Study had been completed. Capital allocations will have to be managed according to Standing Financial Instructions which will be published prior to April 1994.
- (iii) The EIS update was proceeding and the standard Costing System was approaching the design stage. There would be standard software available soon and this would be tested in some RTCs. It was the intention to go "live" on 1st April 1995.
- (iv) Compensation was about to be finalised for the four major plasmapheresis centres. All had replied but a definitive figure had not yet been received from N. London RTC. Mr. Savery agreed to allocate a figure to NLRTC and advise the other RTCs of their agreed compensation.

Action - Mr Savery

7. NBA Medical Director

- 7.1 The minutes of the meeting of the UKBTS/NIBSC Standing Advisory Committee on Transfusion Transmitted Infections were received.

Matters arising:

- (i) It was agreed that the generic donor readmission protocol should be implemented forthwith.
- (ii) Dr Gunson reported that an anti-HCV reacting with NS5 antigen only had been found in Scotland. He had received a letter from Prof Cash stating that Scotland was evaluating the third generation Abbott test, having already evaluated and accepted Murex and Ortho third generation tests. (All these contain NS5 and NS3 antigens whilst the tests in common use contain NS3 antigens only).

Abbott had pressed for the introduction of their third generation test in English RTC Abbott users. Dr Lloyd had agreed to test several thousand sera in parallel with the existing second generation test. This could give valuable information on specificity. During this study, products would be released on the basis of results with the present test. The central laboratory of PHLS had been asked to evaluate the Abbott third generation test but there may be some delay in completing this.

Concern was expressed that SNBTS had reacted to a single event without assessing how frequently it may occur. Nevertheless it was essential that the NBA has a policy for the validation of new or improved tests since manufacturer's data should not be relied upon solely. It was considered that UK ACTTI could be responsible for arranging such investigations.

7.2 Labels on blood packs

All manufacturers, except Baxter, had agreed to the revised design of blood pack labels, to be effective from 1 April 1994. Baxter would be notified that this redesign would form an integral part of the negotiations for blood pack purchases.

Action - Dr Lloyd

7.3 Revision of the AIDS leaflet ..

The UKBTS/NIBSC Standing Committee on Donor Selection had been asked to examine the present leaflet and propose essential revisions by March 1994.

Dr Hewitt commented that she had recently met representatives from the Commission for Racial Equality in order to stimulate blood donation from ethnic minorities. During the meeting the Commission had stressed that they still considered the AIDS leaflet to be discriminatory against African blacks.

The need for amendment of the leaflet with respect to sexual partners of haemophiliacs was evident.

7.4 The paper on cross contamination of donors at session was received. A response was requested from RTCs stating which of the recommendations in the paper were currently undertaken and how others could be introduced.

- 7.5 Ms Phipps commented that members of medical staff at S.Thames RTC had complained that they did not have the opportunity to meet their colleagues from other regions.

Dr Gunson agreed to reinstate the annual meetings held regularly until last year to discuss medical topics. However, as the discussion proceeded it was apparent that consultants from RTCs considered that their views were not being sought on policy matters. This could be corrected by better internal communications at RTCs to ensure that opinions of consultants were expressed by the RTD/CE at the NBA Executive. Also, there was medical input to most Working Parties by consultants other than medical RTDs.

This matter was left on the agenda.

8. BPL CHIEF EXECUTIVE

Mr Walker was asked when letters would be sent to RTCs about specific immune plasmas, since this was now becoming an urgent matter. He stated that Dr Snape would attend to this. He had not been able to do so because of his heavy involvement with product licence applications.

9. ANY OTHER BUSINESS

9.1 Mr Austin raised the question of fully automating the microbiological testing of blood donations. A number of RTCs had already implemented such procedures and it was recognised that it provided greater security. It was an aspect given prominence in discussions with the Medicine's Inspector.

9.2 In answer to Mr Austin on central government finances for medical audit (EL 104 [93]). Dr Gunson stated that the NBA had received £8000 in 1993/94.

9.3 Dr McDougall raised the question of allocations from RHA trust funds in 1994. Mr Savery agreed to look into this.

Action - Mr Savery

9.4 The NBA budget allocation of £1.4M had been revised to an expenditure of £1.6M. The balance would have to be found from hard pressed hospital budgets. Mr Savery explained how the discrepancy had arisen. Mr Adey's comment that in time the hospitals would regard this as value for money was considered to be a difficult concept to explain to the hospitals concerned.

10. The next meeting will be held in two parts.

10.1 Presentation at the NBA Headquarters by Bain & Co. on Wednesday 12th January 1994 at 17.00 followed by dinner at NBA Headquarters.

10.2 Thursday 13th January 1994 at NBA Headquarters at 09.30.