

North East & Yorkshire RTC Meeting


13:00 – 16:00 9th March 2022



































Attendees		
Rachel Allan	RA	Acting Transfusion Laboratory Manager, Mid Yorkshire
Bobbili Atchamamba	BA	Consultant Haematologist, Chair of HTC, Doncaster & Bassetlaw
Laura Baglow	LB	Transfusion Laboratory Manager, Harrogate
Sharon Baker	SB	Transfusion Practitioner, Sheffield Teaching
Helen Barber	HB	Transfusion Practitioner, Leeds
Anna Bartholomew	ABa	Transfusion Practitioner, Northumbria
Amanda Baxter	ABax	Transfusion Practitioner, Sheffield Children's
Gill Bell	GB	Transfusion Laboratory Manager, Doncaster & Bassetlaw
Charlotte Bomken	CB	Clinical lead for Transfusion, Northumbria
Nuno Borges	NB	Specialist Registrar, NHSBT Newcastle
Joanne Bowden	JB	Transfusion Practitioner, Hull & East Yorkshire
Mandy Bryan	MB	Transfusion Laboratory Manager, Hull & East Yorkshire
Andrew Charlton	AC	Consultant Haematologist, Newcastle and NHSBT
Laura Condren	LC	Transfusion Technical Lead, South of Tyne Laboratories
Sarah Dawson	SD	Anaesthetic Specialty Trainee, Northern School of Anaesthesia
Allistair Dodds	AD	Consultant in Anaesthesia & Pain Management, Chair of HTC South Tyneside & Sunderland
Khaled El-Ghariani	KEG	Consultant Haematologist, Chair of HTC, Sheffield Teaching
Chris Elliott	CE	Lead Scientist - Transfusion, South Tees
Dave Emmitt	DE	Transfusion Practitioner, Hull & East Yorkshire
Laura Field	LF	Transfusion Practitioner, Hull & East Yorkshire
Jenny Fulthorpe	JF	Head Biomedical Scientist, York & Scarborough
Daniel Gaskin	DG	Patient Blood Management Practitioner, NHSBT
Jo Gilbert	JG	Senior BMS, Co Durham & Darlington
Emma Harrison	EH	Transfusion Practitioner, North Lincs & Goole
Mo Helmy	MH	Lower Limb Arthroplasty Registrar, North Tees
Alison Hirst	AH	Transfusion Practitioner, Airedale
Brian Hockley	BH	Data Analyst and Clinical Audit Manager, NHSBT
Matthew Holt	MH	Specialist Registrar, NHSBT Leeds
Adil Iqbal	AI	Consultant Haematologist, Co Durham & Darlington
Tina Ivel	TI	Transfusion Practitioner, York and Scarborough
Chris Izod	CI	Consultant Anaesthetist, Gateshead
Magda Jakubiak	MJ	Biomedical Scientist, North Cumbria
Marina Karakantza	MK	Consultant Haematologist, NHSBT
Rohit Kumar	RK	Consultant Neonatologist, South Tees
Michelle Lake	ML	Transfusion Practitioner, Calderdale & Huddersfield
Joanne Lawson	JL	Blood Sciences Departmental Manager, CDDFT
Jamie Maddox	JD	Consultant Haematologist, South Tees
Judith Morgan	JM	Consultant in Paediatric Anaesthesia, Chair of HTC, Sheffield Children's
James Naseem	JN	Scientific Training Officer, NHSBT
Janet Nicholson	JNi	Transfusion Practitioner, North Cumbria
Jill Parkinson	JP	Transfusion Practitioner, Bradford
Julie Pozorski	JPo	Transfusion Practitioner, Barnsley









Ric Procter	RP	Deputy chair , A&E Consultant and Chair of HTC, South Tees
Emma Richards	ER	Transfusion Practitioner, Doncaster & Bassetlaw
Janice Robertson	JR	Minutes , RTC Administrator, NHSBT
Lianne Rounding	LR	Scientific Consultant, NHSBT
Michelle Scott	MS	Transfusion Laboratory Manager, Sheffield Children's
Karen Simblet	KS	QA Manager, NHSBT
Delia Smith	DS	Customer Service Manager, NHSBT
Youssef Sorour	YS	Chair , Consultant Haematologist, Chair of Yorkshire RTC
Robert Stirk	RS	Transfusion Laboratory Manager, Rotherham
Gayle Sugden	GS	Senior Biomedical Scientist, Leeds
John Sutton	JS	Transfusion Laboratory Manager, North Cumbria
Brian Taylor	BT	Transfusion Laboratory Manager, Sheffield Teaching
Victoria Waddoups	VW	Transfusion Practitioner, Rotherham
Sue Wardle	SWa	Patient Representative
Tracey Watson	TW	Head of RCI Barnsley, NHSBT
Abbie White	AW	Transfusion Practitioner, North Lincs & Goole
Andrew Whittingham-Hirst	AWH	Transfusion Laboratory Manager, Bradford
Donna Wood	DW	Transfusion Practitioner, Calderdale & Huddersfield
Megan Wrightson	MW	Transfusion Practitioner, South Tees

Apologies		
Aimi Baird	AB	Transfusion Practitioner, Newcastle
Carol Blears	CB	Transfusion Practitioner, Mid Yorkshire
Carolyn Carveth-Marshall	CCM	Transfusion Practitioner, South Tees
April Joslin	AJ	Transfusion Practitioner, Northumbria
Raheela Khalid	RK	Transfusion Laboratory Manager, Nuffield Leeds
Mark Liversage	ML	Transfusion Practitioner, Barnsley
Alison Muir	AM	Transfusion Laboratory Manager, Newcastle
Henning Pauli	HP	Consultant Anaesthetist, Chair of HTC, Newcastle

1.	Welcome - Apologies for absence, minutes of last meetings and matters arising
	YS welcomed the group. Apologies received and noted.
	Matters arising
Closed	Minutes of previous meetings – NE 03.11.2021 / Yorkshire 13.12.2021, confirmed and posted onto JPAC website.
Closed	Concerns raised by group on O D Pos to Males in Trauma addressed.
Closed	Canvassing for topics future Education Events addressed via HTC report forms.
Closed	No further update received from police, regarding the incident with death of Blood Biker.
Closed	TEG resources developed for use at Freeman, shared with the group

Closed	HENE induction for junior doctor trainees. induction material aspect has been shared and CI is assisting to submit a request to update the module with e-lfh.
Closed	Sharing of safety alerts across the region to be actioned via item 8.
2.	Haemostasis and Thrombosis Matters
	<ul style="list-style-type: none"> DOACs for VTE Prevention Presented by Jamie Maddox  DOACs for VTE Prevention.pdf Hull HTC: Use of fibrinogen concentrate in massive haemorrhage – is it a viable option and how widespread is its use? CE: Not included in South Tees Massive Haemorrhage Protocol at the moment, but it has recently been approved for use within the Trust. Going to various clinical groups to explore if they want to us it. MK: Leeds have used fibrinogen in obstetric massive haemorrhage for approx. 5 years RP: Cryostat-2, has finished recruitment with the end output still awaited. The study will evaluate whether early fibrinogen supplementation in the form of cryoprecipitate (equivalent of 6g fibrinogen replacement) during major traumatic haemorrhage will reduce mortality at 28 days. Their view was to use cryo first and question if there is any benefit to look at how you deliver their fibrinogen, through cryo or through fibrinogen concentrate. The cost difference is quite substantial. SD: Understanding is that there is not much difference in efficacy between the fibrinogen concentrate and using cryoprecipitate. In most Trusts it is cryo that is given as part of the major haemorrhage protocol rather than fibrinogen concentrate in the context of trauma, major haemorrhage and obstetric major haemorrhage. JM noted that the area's most relevant to the group are probably haemostasis and haemophilia treatments. Now that we are a larger region, and he does not treat haemophilia, he would be happy to step aside if anyone else would like to represent the discipline as link for the group.
3.	Update from NBTC / National Commissioning Group report / National Comparative Audit Team report
	<p>NBTC meeting in September, key messages:</p> <ul style="list-style-type: none"> Transfusion 2024 summary progress update to be circulated post meeting. Hospital checklist being developed BTRU on data driven transfusion practice being funded NHSBT project manager being appointed Blood demand and supply challenges continue and need ongoing close working between hospitals and NHSBT. REMAP CAP trial to be re-opened for immunocompromised patients with details to follow. National Commissioning Group to reconvene with clinical and laboratory input from hospitals to review ongoing blood pricing arrangements. The Patient Information Working Group (PIWG) has supported the development of "Receiving a Transfusion" leaflet released in August 2021 with work around translations of Patient Information Leaflets (PILs) into other languages.

	<ul style="list-style-type: none">Ongoing good progress on realignment of Regional Transfusion Committee boundaries												
4.	Review of National Guidelines / Research Papers <ul style="list-style-type: none">Transfusion thresholds for guiding red blood cell transfusion / Results of Affinity study Presented by Marina Karakantza <div><p>Transfusion thresholds for guiding</p></div>												
5.	Budget <p>The NBTC asked for feedback on the best approach for our region from the following options:</p> <ol style="list-style-type: none">Merge the current budgets i.e. budgets for those RTC's moving to a single region the budgets will be merged but for those not merging, budgets will remain the sameRealign budgets by regional percentage of blood use.Realign the budgets to reflect number of hospitals or Trusts per region.Align budgets from one of the proposed scenarios above but hold back some funds in a central pot for development such as changes to the NBTC website. <p>The decision from the NBTC is to go with option 3. NHSBT agreed to fund option 4 as it has an estimated cost of around £11,000 and it was felt that this would be a lot of money to take out of the RTC budgets.</p>												
6.	Reports from Hospital Transfusion Teams <table><tr><td>Airedale NHS Trust<div><p>Airedale.pdf</p></div></td><td>Barnsley Hospital NHS Foundation Trust<p>No report submitted. YS advised no changes since the last meeting.</p></td><td>Bradford Teaching Hospitals NHS Foundation Trust<div><p>Bradford .pdf</p></div></td></tr><tr><td>Calderdale and Huddersfield NHS Foundation Trust<div><p>Calderdale and Huddersfield.pdf</p></div></td><td>County Durham & Darlington NHS Foundation Trust<div><p>Co Durham & Darlington.pdf</p></div></td><td>Doncaster and Bassetlaw Hospitals NHS Foundation Trust<div><p>Doncaster & Bassellaw.pdf</p></div></td></tr><tr><td>Harrogate and District NHS Foundation Trust<div><p>Harrogate.pdf</p></div></td><td>Hull & East Yorkshire Hospitals NHS Trust<div><p>Hull and East Yorkshire.pdf</p></div></td><td>Leeds Teaching Hospitals NHS Trust<div><p>Leeds.pdf</p></div></td></tr><tr><td>Mid Yorkshire Hospitals NHS Trust<div><p>Mid Yorkshire.pdf</p></div></td><td>Newcastle Upon Tyne Hospitals NHS Foundation Trust<div><p>Newcastle.pdf</p></div></td><td>North Cumbria University Hospitals NHS Trust<div><p>North Cumbria.pdf</p></div></td></tr></table>	Airedale NHS Trust <div><p>Airedale.pdf</p></div>	Barnsley Hospital NHS Foundation Trust <p>No report submitted. YS advised no changes since the last meeting.</p>	Bradford Teaching Hospitals NHS Foundation Trust <div><p>Bradford .pdf</p></div>	Calderdale and Huddersfield NHS Foundation Trust <div><p>Calderdale and Huddersfield.pdf</p></div>	County Durham & Darlington NHS Foundation Trust <div><p>Co Durham & Darlington.pdf</p></div>	Doncaster and Bassetlaw Hospitals NHS Foundation Trust <div><p>Doncaster & Bassellaw.pdf</p></div>	Harrogate and District NHS Foundation Trust <div><p>Harrogate.pdf</p></div>	Hull & East Yorkshire Hospitals NHS Trust <div><p>Hull and East Yorkshire.pdf</p></div>	Leeds Teaching Hospitals NHS Trust <div><p>Leeds.pdf</p></div>	Mid Yorkshire Hospitals NHS Trust <div><p>Mid Yorkshire.pdf</p></div>	Newcastle Upon Tyne Hospitals NHS Foundation Trust <div><p>Newcastle.pdf</p></div>	North Cumbria University Hospitals NHS Trust <div><p>North Cumbria.pdf</p></div>
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<p>North Tees and Hartlepool NHS Foundation Trust</p>  <p>North Tees.pdf</p>	<p>Northern Lincolnshire and Goole Hospitals NHS Foundation Trust</p>  <p>Northern Lincs and Goole.pdf</p>	<p>Northumbria Healthcare NHS Foundation Trust</p>  <p>Northumbria.pdf</p>
<p>Sheffield Children's NHS Foundation Trust</p>  <p>Sheffield Childrens.pdf</p>	<p>Sheffield Teaching Hospitals NHS Foundation Trust</p>  <p>Sheffield Teaching.pdf</p>	<p>South of Tyne (Inc Gateshead, South Tyneside and Sunderland NHS Foundation Trusts)</p>  <p>South of Tyne.pdf</p>
<p>South Tees Hospitals NHS Foundation Trust</p>  <p>South Tees.pdf</p>	<p>The Rotherham NHS Foundation Trust</p>  <p>Rotherham.pdf</p>	<p>York Hospitals NHS Foundation Trust</p>  <p>York and Scarborough.pdf</p>

Key points from reports:

- Most Trusts are in the process of implementing blood tracking systems, the group felt they could benefit from the experiences of other Trusts further on in the process.
- Major Haemorrhage protocols being monitored by many Trusts.
- O D neg stocks being monitored.
- Transfusion bulletin / newsletter.
Action: Consider a regional standardised alert, include wastage and sample rejection statistics.
- Pressures with recruiting and retaining staff, and sickness levels linked to covid.
- Learning from incidents, Systems based approached to incident investigations
Action: Request Linda Lowry advise the group exactly what this would involve.
- Implementation of regional LIMS systems.
Action: Consider a working group to look at the issues across the region.
- Discussion re: 'two sample rule', guidelines do allow this to be disregarded, if a secure electronic bedside labelling system in place.
Action: Consider a working group to look at the issues across the region
- Sunderland audited the frequency of reporting to SHOT. Anti D section significantly lower than would be expected based on the reporting averages, After reviewing they found about 24 incidents in the the preceding three years had not been reported (since submitted retrospectively).
I.T. had changed the way the governance system worked and a hands-off approach from obstetrics, especially the community midwifery service, had led to underreporting.
Action: Share audit with the group
- North Linc & Goole HTT have been asked to look at the possibility of allowing somebody else to label samples for the anaesthetists in certain situations i.e. Theatres. AD / CI advised that if the environment is so task overloaded, O D neg is probably the safest solution.

7. Summary of next steps - New North East and Yorkshire RTC / RTT

- Set up of meeting and how we set the agenda to be reviewed post this meeting.

	<p>Including reports sections, generating useful learning points how this will divide out in terms of the RTT.</p> <ul style="list-style-type: none"> • Action: Promote and source a trainee representative from the Yorkshire region.
8.	<p>NHSBT Updates</p>
	<p>PBM</p> <p> RCI update.pdf</p>
	<p>Customer Service</p> <ul style="list-style-type: none"> • Recently released Transfusion Science and Training Animations The animations on Blood History of Transfusion and Blood Centre tour last around 15 minutes and have a lift menu so you can move around the floors visiting each department following the journey of a donation from when it arrives at a centre, as it progresses through testing and processing, and is finally distributed to hospitals. You'll gain an overview of our organisation, an insight into the workings of our laboratories and learn about the functions of a blood centre. • H&I have recently updated all of their request forms. Please destroy any old forms. • SHOT reporting categories have been updated. A new definitions PDF document with the reporting categories listed available via the shot website. • National Commissioning Group is due to send out letters to Trust re: contracts and prices for forthcoming financial year. The letters will be sent to Chief Executives and Financial Directors, not directly to TLM's. • Thank you very much for your support in in helping to ensure that we did not have to activate the amber phase of the shortage blood shortage plan.
	<p>Quality</p> <ul style="list-style-type: none"> • Expecting MHRA inspections in the region. Awaiting inspection dates. Liverpool site was inspected last week and had a very good outcome with only a couple of others and a few comments. • RCI undergoing UKAS inspection, a mixture of both remote and onsite inspections.
	<p>RCI</p> <p> RCI update.pdf</p>
9.	<p>Education and Training</p>
	<p>RTT to take forward the regional education programme. Hoping to hold an event later in the year, format to be decided.</p> <p> PBM Education events 2022.pdf</p>
	<p>Non-Medical Authorisation</p> <ul style="list-style-type: none"> • Next event 30th March (combined region event) Invites have been sent to the candidates for that day. Thanks to NE TP's for joining the working group.
	<p>National / Regional TP events</p>

- National TP meeting earlier today. Main points for discussion were the competencies and job descriptions. Previous educational events were very successful, and the group is planning on hosting an event this year, date not yet confirmed.

Scientific and Technical Training



SciClinTraining-Update.pdf

- CE advised that regional funding has been agreed.

Future Education Events

Canvassing for topics, please forward any suggestions to JR.

Details of virtual education programme available via

<https://www.transfusionguidelines.org/uk-transfusion-committees/regional-transfusion-committees/virtual-education-sessions>

10. Audits / Standards / Studies

National Audits Schedule

- Three audits planned for 2022
- **Audit of Acute Upper GI bleeding.** May 2022,
To be run by the British Society of Gastroenterologists.
Participation is expected to be doctors.
- **Patient Blood Management in Paediatric Surgery.** June 2022.
- **Audit of Sample Collection and Labelling.** September 2022

Regional Surveys

Blood Use in Obstetrics survey

- Awaiting input from obstetrician

SNAP XMP platform

- Specialised programming, developed with the company SNAP following funding from NBTC.
- Example of a tool to audit the NICE quality Standard 138 below, this is attached to the NICE guidelines for blood transfusion. The tool will allow you to generate instantaneous reports and allow you to benchmark against regional trends. It is necessary for someone within your organisation to have an account, which is free of charge. This is currently going through the governance and risk process.



NICE QS138 audit tool.pdf

This is running on a new platform which this is which will generate reports. It will enable you to access your own audit trail and the results.

11. Reports from RTC groups

Transfusion Practitioners

- Virtual meeting of the joint NE & Yorkshire Regional group in February.
- MW volunteered to take on the post of deputy chair. ML to continue as chair for the time being, she has held the role for three years and as per terms of reference the chair should be elected every three years.

	<ul style="list-style-type: none"> • HTC reports discussed within the group. • Terms of reference as a new group agreed. • SW PBMP demonstrate their SharePoint site, which included links to audits, guidance, news items, discussion boards, training resources, educational topic topics etc. The region has set up a working group to develop a site for the region. • Group to meet four times per year, three virtual and one face to face
	<p>Centre Users Groups</p> <p>Barnsley - Meeting held 2nd March 2022 included:</p> <ul style="list-style-type: none"> • Update from NHSBT groups • Nottingham MHRA inspection review. Included 'other' 3 findings: SOP for dealing with non-conformities, calibration certificates for external mapping companies and traceability • Adopted Newcastle system for Trust reports. Common theme was blood tracking systems <p>Newcastle</p> <ul style="list-style-type: none"> • Meeting held 9th February 2022 • Discussed lack of protocols on gender <p>Action: Request higher level guidance.</p>
	<p>NBTC Laboratory Managers Group</p> <ul style="list-style-type: none"> • January meeting cancelled, next meeting 23rd March 2022. Previous meeting advised that new IT guidelines due in the summer, will include recommendations in regard to protocols on gender
	<p>Trauma Network update</p> <ul style="list-style-type: none"> • There will now be a regular link with the North East & Yorkshire Regional Major Trauma Group who meet three times a year. Any significant trauma updates or items of relevance can be shared. • Major trauma research network started this year. This will include trauma transfusion research. Trauma transfusion trial associated with giving a PCC in major exsanguination tool.
12.	A.O.B.
	None
13.	Date of next meeting
	<ul style="list-style-type: none"> • 8th June 2022 • 2nd November 2022

RTC – Action list

Item No	Action	By Whom
6	Consider a regional standardised alert in way of a Transfusion bulletin / newsletter. Include wastage and sample rejection statistics.	RTT
6	Request Linda Lowry advise the group exactly what “Learning from incidents, Systems based approached to incident investigations” would involve.	LB
6	LIMS. Consider a working group to look at the issues across the region.	RTT
6	Two sample rule. Consider a working group to look at processes within the region	RTT
6	Share Sunderland audit on the frequency of reporting to SHOT, with the group	AD
7	Promote and source a trainee representative from the Yorkshire region.	RTT
11	Lack of protocols on gender Post meeting note: Julie Staves, Chair of National TLM group advised that we are awaiting higher level guidance from NHSE/DHSC re: sex and gender in blood transfusion	Closed