Draft Minutes of the FACE to FACE meeting of the TRANSFUSION LABORATORY MANAGERS WORKING GROUP OF THE NBTC

Wednesday, 06 March, 2019, 10:30-15:30

Birmingham New Street, Room 7

Present:

Stephen Bassey (SB) Co-Chair and National Commissioning Group
Rashmi Rook (RR) Interim Co-Chair and UKTLC
Pete Baker (PB) North West region
Celina Bernstrom (CB) Administrator
Anna Capps-Jenner (ACJ) London region
Heather Clarke (HC) East Midlands region
Simon Ennis (SE) East Midlands region (last meeting)
Ruth Evans (RE) OD Manager - Scientific and Clinical Training Organisation and Workforce Development, NHSBT
Matt Hazell (MHa) Consultant Clinical Scientist Trainee, NHSBT
Mike Herbert (MHe) West Midlands region
Reshma Patel (RP) London region
Al Hunter (AH) Frozen Component Product Manager, NHSBT
Chris Philips (CP) Head of Hospital Customer Service, NHSBT
Chris Robbie (CR) MHRA representative
Brian Taylor (BT) Yorkshire & Humber region
Mark Williams (MWi) Head of RCI

Apologies:

Kirk Beard (KB) Head of cellular therapies, NHSBT
Mike Dawe (MD) MHRA representative
Carol Harvey (CH) East of England region (resigned)
Karen Ward (KW) North East region
Mike Roberts (MR) National Platelet Supply Manager (Patient Services)
Julie Staves (JS) South Central region
Tim Wreford-Bush (TWB) South West region
Brian Robertson (BR) London region (resigned & replaced by Reshma Patel)

Agenda Item

16/19 Welcome and apologies

The Interim Chair, Rashmi Rook welcomed everyone noting the following:

- Rashmi is the Interim Chair, registrations of interest in this position should be forwarded to Celina Bernstrom. The post covers engagement with the meetings of the National Blood Transfusion Committee (NBTC), the Blood Consultative Committee (BCC), Pathology Modernisation, Patient Blood Management Working Group and the Executive Working Group (of the
NBTC). Stephen Bassey agreed to discuss this with the Chair of the NBTC, Jonathan Wallis.
- Carol Harvey has resigned so will send wording for an e-mail to Celina Bernstrom to contact the RTC Chairs/Administrators notifying them of the vacancy in the North East region.
- Brian Robertson, London region, has been replaced by Reshma Patel.

**Update on laboratory issues across the regions:**

- Recruitment and retention issues experienced across all regions.
- Peter Baker was experiencing problems in his region with the merging of Aintree and the Royal into one business unit.
- Reorganisation of Sheffield and Leeds scheduled for 2020 is causing concern.
- Problems with retaining trainees is that leave after they gain some practical laboratory experience.
- RR highlighted issues reported that some sites are not data migrating into new LIMS or that migrated data is read-only and cannot be delta checked against.
- Continuing gaps in training and knowledge of BMSs is noted.
- Technical training challenges experienced, and uptake of courses discussed with the value of apprenticeships explored. RP disagreed with the notion of apprenticeships and suggested that the emphasis should be on retraining those in post. Inject training budgets into existing staff and focus on retention.
- There are only two providers of a part-time BMS degree to support apprenticeships, Nottingham and Liverpool.
- Training demands are high in BT labs and staff have to leave routine job tasks to focus on training.
- Employing people with degrees to work in laboratories is not ideal as they leave quickly. There seems to be more dissatisfaction.

**17/19 Minutes of teleconference on 16 January 2019**

The meeting held on 16 January was agreed as a true record with actions from the last meeting forming part of the Agenda today.

**18/19 Storage**

**Storage & management of returned products / Falsified Medicines Directive:**

- One UKAS inspector had suggested mapping although small fluctuations in temperature could mean more wastage. No impact when looking at hot and cold spots.
- Risk assessments would be needed. Patient Blood Management could be centralised with alarm systems.
- Concerns over wastage by stipulating additional requirements to note.
- Some sites have adopted a risk-based approach.
- SB suggested sharing the risk assessment as a way forward to ensure consistency throughout the regions.
- Inviting UKAS to future NTLM meetings for advice was rejected due to previous lack of engagement at other meetings.
- Noted that some hospitals over order resulting in wastage.
- The group was of consensus that the Falsified Medicines Directive would be looked at another time as even pharmacy departments are not currently adhering to requirements. This is currently not a priority.

**19/19 Transfer of blood**

Nobody present to report on this item. RR to follow up with Julie Staves.
### Action: RR

#### 20/19 MHRA update

**SABRE:**
- CR confirmed that the current MHRA SAE figures indicates little change from last year. A small national increase was noted.
- Concerns expressed that error investigations are not thorough enough and laboratory staff afraid to admit if there are staffing issues in the RCA, possibly as these may be difficult to effect change.
- CR has been presenting process maps at meetings to help with investigations and more easily identify the root cause. CR has agreed to publish presentations on the Blood Forum as a useful resource as guidance, rather than mandatory. Feedback to Mike Dawe.

**Action: CR**

#### BCC update:
- Not much change. Inspection findings backing up sabre reports.
- SB noted a culture of suppression of open reporting.
- Situation is dire and worsening. A survey has been distributed to 200+ sites across the UK with less than 50% completion rate noted to date.
- Morale in laboratories is low with people’s jobs being threatened if they speak out.
- Laboratories are desperate for a change of culture and a collaboration with NHSBT would help.
- RE confirmed around 230 HEE-funded places (so free to attend).

*Post meeting note: 250 attendees from the English NHS- with the other 20 having to pay. Several applicants deferred places until more “free” places available.*

- SB confirmed that the blood price must be kept low for NHSBT courses and that differential blood pricing had been explored with Chair, NBTC Jonathan Wallis and that a collaborative approach was being sought.

#### Blood Forum - use/collaboration and sharing of documents/barriers:
- RR asked for clarification of why inspectors discovered that laboratories are not sharing information. What are the barriers? Frustrating when laboratories are meant to collaborate.
- ACJ mentioned that privately run organisations are unable to share documents as this is regarded as intellectual property and not in the interest of competitive business arrangements.
- Other sites have problems experienced with Information Governance around controlled documents.
- MW offered to provide support and to speak to JPAC to see if documents can be embedded for sharing.

**Action: MW**

#### 21/19 NHSBT KPIs

**Update re platelet project and paediatric platelets:**
- CP expects to fulfil platelet orders and expects performance to exceed targets.
- Discrepancy was noted between NHSBT ‘on time’ monitoring despatch times and laboratory ‘on time’ monitoring receipt of components time.
• Demand for group Ro blood is increasing.
• NHSBT performance discussed with a midweek dip in donations on a Wednesday. O D Neg, K-neg demand and K+ pos wastage remains a feature red cells wastage.
• Problems with different hospitals noting childbearing age differently, some say 55 and some say 60 years.

22/19 RCI collaborative working

Audit RCI referrals by Matt Hazell:

Purpose:
• Identify areas of non-compliance with current guidance
• Identify areas where improvements can be made
• Disseminate findings and recommendation across the service

Major objectives:
1. Assess OOH referral characteristics
2. Assess proportion of RBC units cross-matched OOH that were Transfused with 3 hours of OOH end

Key findings:

Part 1
• 78% of on-call referrals included clinical indications for investigation or transfusion.
• 39% of referrals were missing relevant information in relation to reason for referral.
• 82% of referrals contained details of the requesting clinician.
• 95% of referrals to RCI consultant were dealt with in line with SOP4743.

Part 2
• In 80% of relevant cases, RBC units were transfused to the patient following referral on-call.
• In 75% of these cases, transfusion began within three hours of the end of on-call period.

Update on trial:

Barnsley-Rotherham collaboration
• Referral algorithm drafted and agreed for these laboratories
• Initial state referral data have been gathered
• Barnsley and Rotherham have harmonised practice
• Agreed what training is required for hospital laboratory staff (up to the handover point)
• Training package being finalised and agreeing dates for delivery and go-live

Newcastle Trust
• NUTH were one of Trusts RCI sought to partner with on the algorithm pilot but withdrew.
• At the end of 2018, they approached RCI to revisit, in context of staff changes in the Trust.
• RCI now planning to progress with a (slightly different) algorithm.
• NUTH are requesting remote support for serology advice, and panel interpretation, and RCI are seeking to pursue this on a pilot basis
• Significant benefits, RCI have some capability, and some capacity (and some practice areas that we can’t support).
• This has been raised as a compliance issue with UKAS, and there does seem a way forward.
- Significant risk RCI could be providing new services with additional costs, and potentially reducing income stream, this is another issue for NCG.

**Other initiatives**

- Proof of concept Electronic requesting and reporting, RCI have sent a request from iLab at NUTH through NPEX to Hematos, resulted it and sent it back. Full validation will be done on this and including transfer of a full PDF of RCI’s report along with the return message.
- Pilot running of confirmatory antibody testing, stripped back antibody ID to get results onto Sp-ICE at low cost.
- RCI are working with a partner to pilot FMH screening by flow cytometry
- Engaging with NHSi to understand how RCI can support practice as networks are formed.

**RCI report format discussion:**

- Need to recruit for Brian Robertson’s position.
- Customer Service Survey is just below 60%.
- The use of faxes were explored and whilst some are modernising and moving away from fax use, they were deemed a useful resource in the case of a national emergency or cyber-attack.
- It was suggested that laboratories wishing to modernise and stop using a fax machine should seek advice of NHSBT.

### 23/19 NHSBT update

CP confirmed working with Kent hospitals to cover any fall-out from Brexit that could affect deliveries.

**SABTO/Plasma update from Al Hunter:**

- AH gave an update on SaBTO’s upcoming consideration of the ongoing need to import plasma for patients born on or after 1st January 1996
- The Meeting confirmed that (in the event that SaBTO recommended that UK plasma could be used) the requirement for Pathogen Inactivation of UK plasma is a safety decision alone, and not a specific user requirement
- SB said that it would be helpful to review the post-thaw plasma storage shelf-life and recipient cohort in order to help minimise wastage/maximise the recipient cohort
- Regarding general future developments to blood components, the Meeting advised that specific groups, haemorrhage in trauma, liver, appropriate blood groups etc could be used to access customer “influencers” who help shape practice change/s

### 24/19 Update on discussions with NHSi

Telecom has been scheduled with the NHSi BT sub-committee next week and an update available at the next TLM telecom.

### 25/19 AOB

**Course places:**

- Hopefully some budget will be allocated to these although nothing agreed officially.
- Digital platform has been shelved again for 6 months.
- RR agreed to communicate the appetite for e-leaning to NHSBT and suggested taking this point to user groups and reporting feedback to CB

**Action:** All
UKTLC Survey 2019:
- To be released 2nd April consisting of around 25 questions.
- Concerns over apathy around completion of surveys. NHSBT needs to work with laboratories to avoid duplication and reduce burden on hospitals.

UKTLC Standards update:
- These are being reviewed with the intention to incorporate into the appropriate BSH guidelines rather than update the Standards. This will streamline documents and give more authority to the requirements for staffing, education, training etc.

Ideas for future meetings:
- Add “Training” as a rolling agenda item.

Action: CB

- PB asked if after each meeting that Key Messages can be produced to circulate within networks. Agreed this was a good idea.

Action: RR/PB

- ACJ asked to be removed from the Patient Involvement Working Group e-mail distribution list. A more appropriate laboratory representative should be sought. CB to forward previous minutes to RR.

Action: CB

It was pointed out that Military representation would be beneficial to this group. CR suggested Dan Willis who manages blood services to the army. RR to invite DW to join NTLM group.

Action: CR/RR - post meeting note – contact with DW has been made and he is keen to join the group or nominate a colleague.

- Considering Carol Harvey is retiring from the group, RR to contact Frances Sear, PBMP in East of England region (this region currently has no Administrator) to discuss replacement. Frances.Sear@nhsbt.nhs.uk.

Action: RR

26/19 Date of next meeting

Telephone: 10.07.19