National Blood Transfusion Committee

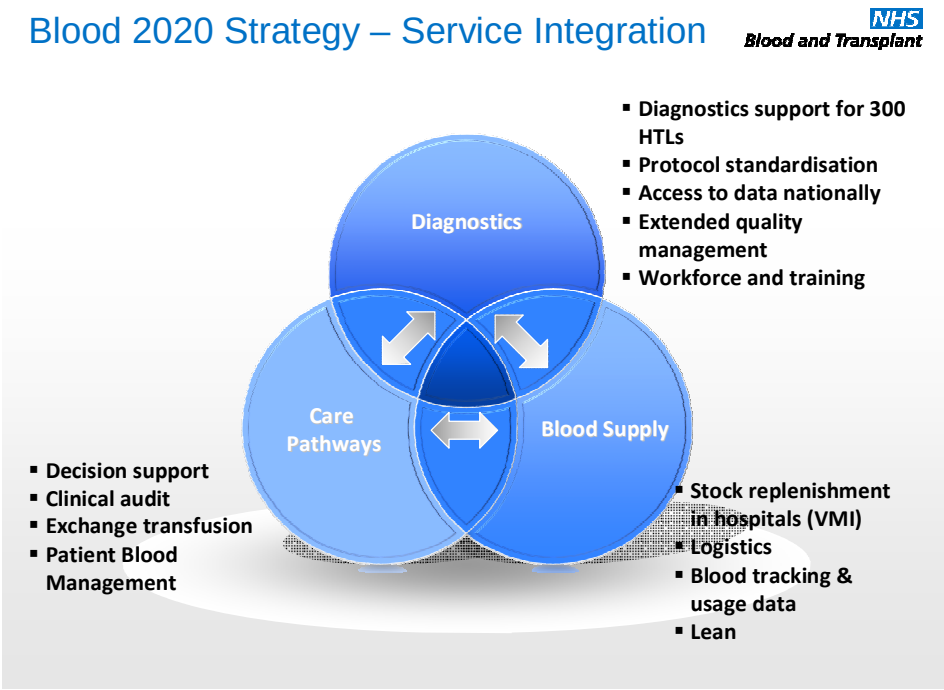
Unconfirmed minutes of the WORKSHOP to discuss Maintaining standards in Hospital Transfusion Laboratories

Monday, 30 January 2017

Invited:		
Dr Jonathan Wallis	JW	NBTC Chair, Consultant Haematologist
Dr Kate Pendry	KP	NBTC Secretary - Clinical Director – Patients NHSBT
Dr Shubha Allard	SA	RCPath Rep and NHSBT Clinical Tutor
Dr Paula Bolton-Maggs	PB-M	Medical Director, SHOT
Mrs Celina Bernstrom	CB	EA NBTC (Minutes)
Mr Aman Dhesi	AD	PBM Team (for Louise Sherliker)
Mr Chris Elliott	CE	Transfusion Lead Scientist, representing IBMS on NBTC
Ms Ruth Evans	RE	OD Manager- Scientific Training, Organisation and Workforce Development, NHSBT
Dr Andrew Hadley	AH	General Manager Specialist Services Operations - NHSBT
Ms Rashmi Rook	RR	Chair of UK TLC (Transfusion Laboratory Collaborative)
Dr Youssef Sorour	YS	Chair of RTC Chairs
Dr Huw Williams	HW	NHSBT Director of Diagnostic and Therapeutic Services - NHSBT
Dr Mark Williams		Head of Red Cell Immunohaematology (RCI)
Apologies:		
Mr Stephen Bassey	SB	Chair, NBTC Transfusion Laboratory Managers Working Group
Ms Fiona Carragher	FC	Deputy Chief Scientific Officer, NHS England
Mrs Catherine Howell	CH	Chief Nurse Diagnostic and Therapeutic Services NHSBT
Mrs Louise Sherliker	LS	Interim National Lead: Patient Blood Management Practitioner Team

01/17	**Introduction**
	The Chair welcomed everyone to the meeting. Unfortunately, apologies had been received from Fiona Carragher on 27 January as she was now unable to attend.
	RR started the meeting by giving an overview of the situation from the hospital transfusion laboratory perspective. Transfusion laboratory

	staff are unique amongst BMS professionals: • Band 5 BMS make decisions in a high risk and time-pressured environment. • Provide a diagnostic & therapeutic service. • Different responsibilities- work with clinical teams & guide on patient blood management • Greater risk of making patient safety errors if training, knowledge and systems are not at the correct level. • Culture of openness and transparency with reporting errors as required by MHRA and SHOT but this may lead to *threats & bullying*. RR noted that there were recognised pressures on transfusion laboratory teams: • Loss of expertise "body of knowledge"- *retirements, redundancies*. • Vacancies & calibre of applicants- *increased training demands* • New initiatives and National policies. • Networks destabilising previous improvements and lack resilience. • Regulations were not properly resourced. • *UKTLC Standards* not being supported in Pathology. RR noted that SHOT laboratory errors were not decreasing as anticipated. There are considerable effects on transfusion laboratory staff: • Unhappy & demoralised teams. • Severe stress. • Loss of networking- professional meetings poorly attended. • Loss of knowledge. • Increasing errors- affecting patients **and** staff - *second victim syndrome*. • Errors exacerbate a blame culture. RR suggested some possible solutions: • Raise directly to CEOs: consider release of a 4th Health Service Circular (build on Better blood transfusion 1, 2 & 3). • CQC to include transfusion labs on agenda and review staffing capacity plans. • Improve University courses to include more practical transfusion work. • Consider funded apprenticeships. In the discussion, it was noted that the HEE funded PTP programme includes all lab specialities and has led to a dilution of transfusion training. Access to the IBMS Masters has been lost.
	<u>AH then led a presentation of NHSBT strategy and potential for supporting hospital transfusion laboratories. AH is a member of Sue Hill's Leadership improvement advisory group. He noted that the</u>

	issues raised by RR are shared in other pathology disciplines also.
	Against a background of falling demand for blood, NHSBT is seeking opportunities to improve patient outcomes by working in partnership with NHS organisations to: ▪ Improve access to data on blood usage and patient outcomes ▪ Improve donor recruitment and scheduling ▪ Reduce blood wastage and inventory ▪ Provide better matched blood for some patients ▪ Establish the organisation as the supplier of choice ▪ Drive evidence-based transfusion practice ▪ Establish a compelling and sustainable leadership position The Blood 2020 Strategy has plans for diagnostics, blood supply management and patient care as outlined in the image below: Blood 2020 Strategy – Service Integration 
	NHSBT provides expertise in transfusion training, responsible for training 800 people per year. NHSBT also provides the infrastructure for patient blood management and is a source of medical expertise with regards to Transfusion Medicine. NHSBT is supporting 3 HSST to enable them to become Consultant Clinical Scientists in Transfusion. These post holders will have a big part to play in working in integrated posts between hospitals and NHSBT; however there are no plans for expansion of this group in the near future. NHSBT is also in a leadership position to develop informatics to support transfusion; advanced plans with NHS Digital will enable requesting and reporting between hospital LIMS and NHSBT systems. NHSBT has already suggested undertaking some feasibility work with hospitals to understand what closer integration would look like; this would start by looking at the interface between RCI and hospital labs, trying to standardise diagnostic algorithms and reducing duplication

	and waste from the system. The key would be to agree a standardised referral process and support this with training and quality support. MW noted that attempts to engage with hospital stakeholders have been hampered by finding labs with sufficient time and resources to undertake a project. The group agreed that it is important to undertake a feasibility study along the lines suggested by MW and renewed attempts will be made to identify potential pilot site(s). It might be an idea to work with a network of hospitals rather than a single site. A senior scientist could be appointed by NHSBT at band 8b to support such a project over 2 years. The project would aim to demonstrate cost savings and improved patient care and if successful would lead to a more structured approach to integration.
06/17	**Summing up, agreed actions and next steps**
	The group engaged in very useful discussions around the current issues facing transfusion laboratories. The main action is to plan a feasibility study with a closer working between RCI and a network of hospital transfusion laboratories.
	Actions:
	KP will liaise with MW in the first instance to develop a list of requirements for potential hospital partners so that a suitable site(s) can be selected following expression of interest.
	CBe to invite Fiona Carragher to future NBTC meetings as representative of NHS England.
	KP to prepare overview of this workshop to provide an update at the NBTC in March.