

Yorkshire & The Humber Regional Transfusion Committee

Unconfirmed Minutes of Regional Transfusion Committee Meeting (Y&H - RTC)

Wednesday 18th November 2020
10:15 – 13:00

Via Microsoft Teams

Attendees

Sabira Ali	SA	STH	Michelle Lake	ML	C&H
Rachel Allen	RA	MYH	Pnt Laloe	PL	C&H
Diane Armstrong	DA	NHSBT	Charlotte Longhorn	CL	NHSBT
Sharon Baker	SB	STH	Carol McBride	CMB	MYH
Amanda Baxter	AB	SCH	Mandy O'Shea	MOS	MYH
Gill Bell	GB	DBH	Jill Parkinson	JP	BRI
Carol Blears	CB	MYH	Chris Poole	CP	HEY
Joanne Bowden	JB	HEY	Ruth Pratt	RP	STH
Michael Carrick	MC	LTH	Emma Richards	ER	DBH
Ryan Colwell	RCo	BDGH	Jennifer Rock	JR	LTH
Robin Coupe	RC	NHSBT	Michelle Scott	MS	SCH
Anne Davidson	AD	NHSBT	Jo Shorthouse	JSh	NHSBT
Khaled El-Ghariani	KEG	NHSBT	Delia Smith	DS	NHSBT
Bob Elshaw	BE	HEY	Youssef Sorour (Chair)	YS	BDGH
Stephanie Ferguson	SF	LTH	Robert Stirk	RS	RDGH
Jenny Fullthorpe	JF	YTH	Gayle Sugden	GS	LTH
Emma Harrison	EH	NLG	Brian Taylor	BT	STH
David Hird	DH	YTH	Lynda Viles	LV	STH
Alison Hirst	AH	AGH	Victoria Waddoups	VW	RDGH
Tina Ivel	TI	YTH	Abbie White	AW	NLGH
Raheela Khalid	RK	NUFF LEEDS	Andrew Whittingham-Hirst	AWH	BRI
Marina Karakantza	MK	NHSBT/LTH			

Apologies

Tharani Balasubramaniam	TH	HDFT	Linda Lowrey	LL	HDFT
Rebekah Burnham	RB	NHSBT	Richard McBain	RMB	SPIRE HULL
Louise Collingwood	LC	NHSBT	Chelsea Ridsdale	CR	NHSBT
Rose Gill	RG	HDFT	James Taylor	JT	RDGH
Alex Liversidge	AL	LTH	Allison Thorpe	AT	YTH

In Attendance: Deborah Booth RTC Administrator (minutes)

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Educational Session



RTC Blood Assist
Demo.pdf

Blood Assist App

Presented by Andrea Marshall - Development Manager PBM Team
NHSBT



Covid19_YHRTC.pdf

Blood Component Use During COVID Pandemic (survey results)

Presented by Brian Hockley – RTC Audit Manager

1. Welcome & Apologies

YS welcomed everyone to the meeting. Apologies were received and noted.

YS introduced and welcomed Deborah Booth who is the new RTC Administrator for the region.

YS thanked Odette Colgrave for her many years of hard work in assisting the RTC and wished her all the best in her new post.

2. Review of Minutes of the RTC Meeting held on 6th November 2019 and Action Points



06.11.2019 YH RTC
Draft Minutes.pdf

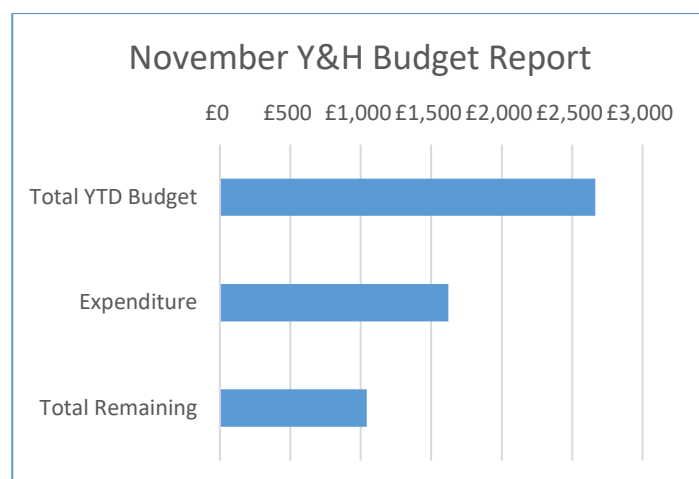
The circulated Minutes were reviewed and accepted as a true record.

Review of RTC action List 6th Nov 2019

Item no.	Action	By whom	Completion
AOB	To produce regional issue and wastage data	JS OC	Complete

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3. RTC Budget



Total Budget YTD	£2,664
Expenditure	£1,621
Total Remaining	£1,043

4. Annual Work Programme

4.1 Education Activities

Non-Medical Authorisation Courses

- The December course was cancelled due to the redeployment of TP's to clinical areas during the pandemic and the Barnsley Centre move.
- The next course is the 10th March 2021 which will be in the Barnsley Centre using social distancing measures. **Update: This course will now be delivered online via Microsoft Teams.**
- The speakers will deliver their presentations virtually.
- There is a waiting list in place so if any interested parties could contact either Jo Shorthouse or Deborah Booth Deborah.booth@nhsbt.nhs.uk who will add them to the list.

Annual Symposium

- There will be no face to face event due to the pandemic.
- It was decided with the RTT do host a virtual annual symposium for both the Yorkshire & Humber and East Midlands regions combined. This will take place early 2021 and will be a half day event.
- Ideas were discussed within the meeting which will be a collection of Transfusion Bites. Any further ideas should be directed to Jo Shorthouse joanne.shorthouse@nhsbt.nhs.uk

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Audit

- BH has been in discussion about setting up some audit webinars on carrying out clinical audits, as most of what we currently do is survey based. TP's agreed that this would be really useful.



2020 Blood Product
Survey During Covid

- BH gave an overview of the preliminary results of the 2020 Blood Product Survey During Covid.
- This was the brainchild of Mike Murphy in Feb 2020.
- It started as a simple spreadsheet but due to expansion an online form has now been created.
- They received over 4000 submissions over 80 different organisations to date.

4.2 O+ to Bleeding Men

- JSh discussed there is a lot of work going on regarding conserving O- and how we can help Trusts preserve this.
- The new project is underway, and a national Steering Group has been formed and are currently working through the objectives.
- The group will start with a short national benchmarking survey that will filter through to each region to ascertain who is already promoting, using this or if there are any barriers in implementing this initiative.
- The aim is to cascade the project out to each individual region, and we will be asking for volunteers to form a small group to help take this project forward.
- The group will be looking at helping the trusts that aren't currently using this initiative by sharing good practice that we already have in the region.
- This will be in the New Year, but work will still be going on behind the scenes.

Further comments

- BT raised that there have been meetings and discussions regarding blood stock levels and in particular O-. It has been highlighted that there has been an increased demand for O- over the last couple of weeks, both in the North West and Yorkshire and Humber. It was highlighted that some Hospitals have seen an increase in the use O- by their flying squads in regard to elderly patients with very low haemoglobins.
- BT commented that the national survey that everyone took part in a couple of years ago, where the use of O- units was identified for one week's worth of stock, may be worth revisiting on a more regular basis in the region. This would be to gain an idea of which patients are using O- and in which quantities. BH fed back that this would be very easy to put together a survey if required.

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- BH commented that in the previous O- audit, data was also collected regarding O+ to men and included a question as to whether the Trusts already had a policy in place.

4.3 PBM Scorecard

- To gain insight into regional initiatives for patient blood management, JSh will be sending out a spreadsheet to gauge where we are as a region. A dashboard can then be created to ascertain regional progress which can be brought to future RTC meetings for comments, discussion and to share good practice.

5 NBTC Meeting Report Sept 20

- During the RTC Chairs meeting, issues were discussed from around the region. The common theme seemed to be that despite Covid there was very good resilience, and everyone was still able to carry on with their PBM agendas as best as they could.
- Meetings during the pandemic have taken place on an online platform. Some things have gone well, with some regions hosting their educational events and then uploading them onto the YouTube channel for other people outside the region to access. The downside to this is that there are issues with licences and how many people can attend. This will be something we may have to look at in the future as to how we can expand participant engagement. Another issue that was raised was around sponsorship due to the historical face to face meetings being heavily sponsored but if we are going to host these meetings online in future, how much sponsorship will be required.
- There were two big discussions during the RTC Chairs meeting one of which was a presentation by Kairen Coffey from NHSBT regarding the post Covid pandemic and new ways of working. This was around how we can deliver educational activities. Historically, all RTC's have planned their own sessions but recently there have been cross boundary educational events. A way forward could be an appropriate platform for education to be delivered nationally, rather than at a local level. A survey will be sent out to the RTC regions for feedback on how to move forward in the future.
- The second discussion was around the RTC Boundaries post Covid 19 pandemic. It was decided at the meeting that we should align ourselves with NHS England and change from ten regions to seven. There have been assurances from NHSBT that these changes are not a cost cutting exercise and there will be no changes to the RTC administration for each of the regions, with no plans to change the NBTC/RTC resource. Yorkshire and the Humber and the North East will be one of the regions that will amalgamate.
- The NBTC meeting was focused around promoting Transfusion 2024 and the recommendations from that.

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6 Regional TP Group and National TP Network

- The regional TP Group last met face to face in December 19 as the March and June meetings were cancelled due to Covid. There was a virtual meeting around May/June time where any issues raised were discussed. Another meeting is planned for early December 2020.
- All events have been cancelled including the symposium. However, communication via email has helped as a problem solving and information tool for any problems or issues.

National Transfusion Meeting

- ML attended the National Transfusion Meeting on the 21st Sept 20 which was via Microsoft Teams.
- Discussions took place regarding the educational event which will now be hosted virtually over three days in 2-3-hour sessions.
- Lessons learnt from the Covid 19 document were discussed for sharing in the national meeting. It was suggested that this be discussed in the next regional TP meeting.
- The NBTC component workshop was also discussed and a representative for the National Transfusion Practitioners network will be part of that group.
- The chair of the national meeting presented a generic framework for TP's ranging from Band 5 to 8b agenda for change. The original document for this framework was completed in 2011, the national group agreed that it would be good idea to repeat the original survey and have another national survey of the roles and responsibilities of TP's.
- There was a suggestion that all regional TP meetings and minutes be uploaded onto the TP MS team files. The question was raised as to whether this would be appropriate.
- It was also suggested that we have our regional meetings alongside the Transfusion Lab Managers meetings to ensure that both are working towards the same goals with collaborative working.

7 Barnsley User Group Update

- The first Barnsley User Group took place on the 14th October. It was very well attended but it was a much shorter meeting than usual as it did not include an educational slot on the agenda.
- The agenda contained departmental updates from Customer Service, Hospital Services, Transport and Logistics, Red Cell Immuno Haematology, and the scientific and clinical training departments. The details of the new management team structure and plans for transition into the new centre were also discussed.
- BT gave an update on the National Lab Managers meeting.
- A customer service updated was given by RC and DS. The key points were the extended availability of Granulocytes, which are now available Mon-Sat. However, the cancelling of Granulocytes on OBOS is not sufficient and Hospital Services must also be contact via telephone to prevent wastage.
- The OD- K+ cell stocking initiative has now been rolled out.

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- Discussions took place regarding the customer satisfaction survey. A good satisfaction score was received from both Sheffield and Leeds Managers.
- There were discussions about the future of the Barnsley User Group, including the frequency and venue of meeting. Future face to face meetings will be restricted to the number of attendees due to the size of the meeting room at Barnsley and the need for social distancing at present, so we need to decide how this will work in the future.
- It was suggested that meetings with an educational element may also be of interest to Senior BMS staff which could be held virtually.
- The need for a general consensus view of the extent of the educational component in future meeting was raised as previously the Sheffield Lab Managers meetings had more educational content than Leeds equivalent.
- Expressions of interest in becoming the new chair and deputy chair were requested as BE and BT will be stepping down to make way for new blood as the group moves forward.
- It was proposed that all members are polled by email to allow decisions to be made on these points as it was difficult to get everyone's viewpoint in the virtual meeting.

8 National TLM Group

- The Lab Managers Group have met three times since March via Zoom. The content mostly discussed has been touched upon earlier in this meeting including information about the change in Granulocytes and requesting HLA matched platelets. There were also discussions about the demand for O- and the initiatives from different hospitals in different regions.
- There was feedback about lessons learnt during the pandemic and they are hoping to write a lab specific lessons learnt document which should be published later this year on the NBTC/JPAC site.
- The MHRA representative gave us some information about the number of serious adverse events that were reported during this year. So far, the trend for reports are down compared to 2019, but it is believed that this is due to the reduction in activity around March and April due to the pandemic. However, the trend was already heading downwards before the pandemic which hopefully reflects improvements in practice.
- Concerns were raised regarding the MHRA and UKAS inspections and how they are impacting on blood banks. Blood bank Managers are expressing a duplication of effort as labs are currently inspected by both bodies which also incurs additional costs. There is also some evidence of conflicting advice from both bodies which puts Blood bank Managers in a difficult position. A brief survey has been distributed to Managers asking how often they have been inspected by the MHRA and if they have any evidence or examples of conflicting requirements. At a national level the MHRA and UKAS have met but they have not made any progress to date in trying to harmonise their advice and requirements. As a group it was felt that it would be good if the NBTC could have better engagement directly with UKAS to ensure that the inspections are in keeping with the Blood Safety and Quality Regulations.
- There has been regular feedback from Managers about how the pandemic has affected Blood bank activities. This ranges widely with some areas of the country seeing a

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dramatic increase over the summer period and trying to catch up, whereas other areas have seen a gradual increase and have still not reached the levels of activity pre-Covid.

9 NHSBT Update



Customer Service
Update.pdf

Customer Service Update

Presented by Robin Coupe
Customer Service Manager – Leeds and Newcastle

10 Issues from Hospital Transfusion Teams

Feedback from HTC Reports



Airedale HTC
report.pdf

Airedale General Hospital Key Points

- The massive haemorrhage protocol has been updated to using four units of blood on the initial pack and FFP on demand.
- Wastage of FFP has now decreased as a result.
- The foetal DNA project is currently on hold, this will be one of our priorities in Spring 2021.



Leeds HTC report.pdf

Leeds Teaching Hospital Key Points

- Currently working on the implementation of Blood Track.
- There have been a few limiting steps due to the redeployment of staff during Covid and technical issues.
- Delays in the implementation process are also due to changing the training to an online format.
- We are making some progress on both the logistical and implementation front.

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Hull HTC report.pdf

Hull Royal Infirmary

Key Points

- Have distributed the first trust wide transfusion bulletin.
- There has been a small increase in errors due to minor process deviations in the Lab.
- The errors were very low risk and seem to coincide with the spike in Covid. This has been put down to human factors and the effects of the pandemic on staff, who were all trained and competent.



Bradford HTC report.pdf

Bradford Royal Infirmary

Key Points

- Work has taken place to convert general education and training to an online format.
- We are still managing to keep up with some of the audits despite the pandemic, it has tailed off lately due to staff redeployment, but we are carrying on as best we can.



MYHT HTC report.pdf

Mid York's Hospitals

Key Points

- An emergency blood group management WhatsApp group has been implemented which was set up by the Consultant Haematologist.
- This is to keep track of what is happening within the trust regarding Covid and we are also holding mini HTT meetings via MS Teams which have been very useful.



Barnsley HTC report.pdf

Barnsley Hospital

Key Points

- Zero findings and recommendations from the latest UKAS audit.
- No issues or incidents after a mini audit of the O+ initiative.
- New TACO checklist as part of SHOT guidance. Now mandatory for registered nurses to initial and document to confirm the checklist has been completed.
- Learning & feedback re: TACO is awaiting sign off by relevant forums.

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STH HTC report.pdf

Sheffield Teaching Hospitals

Key Points

- Electronic group & save trial via the live internal Whiteboard system which flags up the electronic issue status.
- Currently trialling for Northern General theatres.
- This should cut down on the number of calls to the lab.



CHFT Y&H HTC
report.pdf

Calderdale and Huddersfield

Key Points

- Blood track was implemented a couple of years ago but there are delays at the moment with updating training.
- Classroom training has also been converted to an eLearning format.
- ML highlighted that there have still been issues even though the Blood Track system has been implemented.
- Funding for an additional TP has been agreed.



York HTC report.pdf

York Teaching Hospital

Key Points

- Discussions to place around the IBMS consultation for health care practitioners and whether HTPC practitioners would want to be able to supply, prescribe and administer medications.
- JSh will send out the link for everyone to put their thoughts across on this matter- Action.



Donc HTC report.pdf

Doncaster Royal Infirmary

Key Points

- Weekly haematology clinics for Jehovah's Witnesses and patients refusing blood was agreed pre-Covid.
- This has now been presented to the Governance Committee to request a six-month extension.
- Bloodhound phase three is due to be completed April 2021.
- Now on month eight of the newly implemented transfusion bulletin.

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NLAG YH HTC
report.pdf

North Lincs & Goole

Key Points

- Currently undertaking an audit of overnight transfusion and product collection.
- No data as yet as proving difficult in the current climate.

Verbal Reports

Sheffield Childrens Hospital

Key Points

- Still able to carry on with mandatory training despite Covid.
- Paper based training is being utilised by staff self-isolating at home.
- A blend of face to face and paper-based training has helped keep training on track.

11 AOB

Fixed Dose Beriplex

- Dr Cutting, a Consultant Haematologist at Sheffield has been doing research into the use of Beriplex on anti-Xa for the reversal of direct oral anti-coagulants. The research recommends a fixed dose of Beriplex of 2000 units for patients on Rivaroxaban, Apixaban, Edoxaban and Betrixaban. It was decided to be discussed at this meeting, as to whether this could become a regional policy. However, guidance is usually taken from the tertiary centre to modify their protocols for the other hospitals/trusts to follow.
- MK updated post meeting comments as follows: *"I was wrong that our revised protocol for reversal of anti-Xa agents has changed the dose/kg of PCC to a standard dose. I spoke to the clinical lead of the haemophilia network, Dr Lishel Horn, who is responsible for all guidance regarding reversal of anticoagulants for the Trust and the region. Although both her and myself are aware that there are teams in this Trust that use standard dose of PCC for reversal of anti-Xa agents she is reluctant to change the generic guidance as she feels that the standard dose will undertreat those with a weight >100kg and over treat and maybe increase the risk of thrombotic complications for those with a weight <40Kg. The evidence on which the guidance of the USA anticoagulant forum is based are only 2 studies and the number of patients small. The haemostasis team is monitoring the literature and if stronger evidence is available, they will readjust the regional generic protocol. Myself, I am guided by them and all our MH protocols have a link to their protocol for reversal of anticoagulants. In Trusts that the haematologists are happy to change their clinical practice, the lab protocols can be updated accordingly. It is apparent that we cannot have a regional practice or protocol on the matter as the views of the experts differ."*

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- CP commented the decision making comes down too many factors including knowledge base, training, and experience. The problem will be how we disseminate this information to all Consultants/Clinicians. This could also cause issues within the lab who are very often in between two parties and we must ensure that we liaise with all the relevant forums before having a regional approach to this.
- YS and RC commented that this would still have to be amended and authorised at a local level.

Guidelines for Irradiated Components

- Renal and Solid Organ Patients no longer require irradiated components due to a change in the guidelines. The problem is that many patients who have received a transplant in the past have cards that state that they require irradiated components. It is likely that we will have to coordinate our actions to inform patients that this is no longer a requirement, possibly via a letter from Transplant Coordinators.

NBTC Patient Codes

- JSh reminded everyone that the NBTC patient codes document has been updated for 2020 and the bookmark will be updated very shortly on the Patient Information Hub.

Virtual Meeting

- YS commented that after being a little apprehensive about the meeting being held online for the first time, it did manage to reach considerably more members than the face to face meetings and seemed to be a success.

RTC – Action list

Item No	Action	By Whom	Completion
10	Send out feedback link regarding discussions about the IBMS consultation for health care practitioners and whether HCPC practitioners would want to be able to supply, prescribe and administer medications.	JSh	ASAP