National Blood Transfusion Committee

MS Teams meeting of Transfusion Laboratory Managers Working Group of the NBTC

Wednesday, 10 January 2024

11:00 – 12:30

Agenda

Present:		
Julie Staves	(JS)	Chair and South-Central region
Pete Baker	(PB)	North West region
Kirk Beard	(KB)	Stock management & Production Manager
Celina Bernstrom	(CB)	Administrator
Heather Clarke	(HC)	Midlands region
Anna Dobson	(AD)	West Midlands region
Kerry Dowling	(KD)	Deputy Chair, TLM, Southampton
Ruth Evans	(RE)	OD Manager - Scientific and Clinical Training Organisation and Workforce Development, NHSBT
Jane Murphy	(JM)	RTC Administrator (North West RTC)
Chris Philips	(CP)	Head of Hospital Customer Service, NHSBT
Katherine Philpott	(KP)	Blood Transfusion Laboratory Manager, Cambridge University Hospitals NHS Trust
Chris Robbie	(CR)	MHRA representative
Brian Taylor	(BT)	Yorkshire & Humber region
Helen Thom	(HT)	Transfusionj2024 Development Lead, RCI, NHSBT
Dan Willis	(DW)	MOD Defence Pathology
In attendance:		
Delia Smith	(DS)	Customer Services Manager, Barnsley (Observer)
Apologies:		
Anna Capps-Jenner	(ACJ)	London region (private labs)
Matt Hazell	(MH)	Consultant Clinical Scientist Trainee (HSST), RCI, NHSBT
Wisdom Musabaike	(WM)	Assistant Director, RCI, NHSBT
Zoe Sammut	(ZS)	South East Coast region
Jey Visuvanathan	(JV)	London region
Carl Vincent	(CV)	Chief Financial Officer, NHSBT
Karen Ward	(KW)	North East region
Tim Wreford-Bush	(TWB)	South West region

Agenda Item	
01.24	**Welcome & Apologies**
	The Chair welcomed everyone to the meeting in particular incoming Administrator, Jane Murphy, RTC Administrator, North West RTC who will be taking over administration of the group from Celina. On behalf of the group, JS also thanked Celina for her support and wished her well in her newly defined role. Although still within NHSBT, Celina will be taking on line management responsibilities for the RTC Admin team and handing over the administration of the working groups to them. Delia Smith, Customer Services Manager from Barnsley joined as an Observer.
	The minutes of the face-to-face meeting held on 14th September were agreed as a true record with any actions forming part of today's agenda. RE pointed out a typo (since corrected)
	Funding approved for advanced transfusion masterclass to be free at the point of access. Business case submitted for 0.5 million including masterclasses. May put in bid for 3 years to NHS England.
	Actions Update:
02.24	JS noted frustration around lack of response from the NBTC around Issues with Sarstedt tubes and the reformatting of the label which has been causing issues in local hospitals. **Action: JS to chase NBTC for a response to bring to the next meeting.**
04.24	JS contacted Aimi Baird to ask for a copy of their Welcome Pack for new BSMSs
	Action: JS to chase Aimi for a response to bring to the next meeting.
13.24	Transfer of units with Neonates - Action: all to find out what standard practice is in their region for the transfer of blood with neonates. JS said in her region they don't transfer blood with neonates unless it's for ECMO.
	Action: Carry forward to next meeting.
02.24	**Transfusion 2024 - Helen Thom**
	Electronic Requesting and Reporting WinPat Helen.Thom@nhsbt.nhs.uk
	Helen Thom introduced herself and provided an overview of the slides embedded above.
	PB – If he requested a phenotype of a genotype would his LIMS system be populated automatically or a report? HT explained that this is in development and would be done in different phases. Phase 1: - Requesting the test for RCI. Phase 2: - Report on SPICE/paper report and download a PDF into LIMS. Phase 3: - When phenotypes are requested, they will go directly into LIMS. This is in development and HT will update as and when she has one.
	KP – does not have CLINYSIS in their region yet but they have EPIC. Is there an option to opt in? HT suggested emailing her directly Helen.Thom@nhsbt.nhs.uk.

	BT re: HLA B 27 – they currently request tests from NHSBT but not through LIMS – in the future, should tests be between hospital path LIMS system and LABNOSTICS or can it be between the ICE ordering system and LABNOSTICS. HT responded this is also in development working with other LIMS systems.	
03.24	**Regional Updates**	
	Midlands Region (Heather Clarke)	
	Nothing to report.	
	West Midlands (Anna Dobson)	
	• Lab Managers meeting in November and secured meeting dates for 2024, both face to face and online. • Children's hospital (Birmingham) – sharing details of group and screen for neonates and maternal antibodies. • Errors occurred due to a verbal report, investigating issues with hard copies. AD suggested non-urgent requests should be sent via the senior team rather than the BMS. • Senior Competencies reviewed since a UKAS inspection. • Prophylactic Anti-D administration and what mechanisms exist for following up if Anti-D is missed – could do another sample after 3 months but this practice is not being followed. • Data migration issues (LIMS) and potentially losing data. • Discussed amalgamation of SOPs/documents when joining a new network. BCPS are undertaking this mammoth task which will be ongoing for foreseeable future.	
	South Central Region (Julie Staves)	
	Nothing to report as they have not had a meeting since the previous TLM meeting in September.	
	East of England Region (Kath Philpott)	
	• Meeting took place but KP could not attend due to annual leave. • East of England hospitals are implementing a new LIMS systems. • Issues reported with a lack of transfusion specialised staff, Band 7 appointments are Band 6 with minimal experience due to lack of suitable candidates. • Multiple UKAS inspections noted. • Working with regional consultants to update the Transfer of Blood policy to include more detailed administration as well as the transfer information so consultants are on board. JS to discuss with Aimi Baird to suggest a joint policy.	
	Action: JS to speak to Aimi Baird and suggest a joint Transfer of Blood policy.	
	Yorkshire & The Humber (Brian Taylor)	
	• Education Day in October on Major Haemorrhage which was well attended. • Blood User Group meeting in September and October, nothing unusual to report. • Staffing and skill/mix deficit. • Nothing to report on UKAS inspections.	
	MOD Defence Pathology (Dan Willis)	
	• Work ongoing, DW runs emergency donor panels in the in the field and has produced an App to allow the screening process to improve efficiency. • Endorsed blood delivery via drones.	

	• Working with NHSBT about initiation of UK dried plasma so an NHSBT/ MOD collaboration which has been approved. • UK dried plasma has been accepted as a blood component by MHRA rather than a pharma blood product so looking at how this impacts policy and blood transportation and regulation given that Germany/France still classify this product as plasma. • Staffing/training issues noted. • Cold Chain trial looking at potential implementation of walk-in blood banks in a deployed space. • BT asked if the dried plasma is a commercial product or if it's supplied by NHSBT. DW confirmed that it is currently a NHSBT/MOD product with overspill possibly open for the procurement market – DW will seek advice from MHRA to get clarification and will report back to the group. • KB confirmed that this is currently being discussed and ongoing.	
	Action: JS to contact DW to discuss blood delivery by drones.	
	Action: DW to get clarification from MHRA about whether dried plasma could be available for procurement.	
	North West Region (Peter Baker)	
	• Nothing to report. • Had a regional RTC meeting end of November 2024 although was unable to attend due to a clash with NCG meeting.	
04.24	**Staffing Crisis in the Labs**	
	• JS had visitors from Nottingham looking at moving away from being a joint blood sciences transfusion department as they would then have their own staff like Leeds and Leicester and training would be easier than to recruit directly to transfusion. • KP agreed and has transfusion only staff which causes problems with recruitment and retention. KP suggested that a good rotation in place into haematology would be preferable to encourage staff to stay. • KD added that in her region some rotate haematology and transfusion. Some are transfusion specific, and some are haematology specific at Band 6. When staff reach senior level they will specialise. The calibre of applicants is better as their training is specific to a certain area. If they aim to move on somewhere else they need broader experience. • PB has started running apprenticeships in the North West. Other local trusts pay retention and recruitment costs which is not an option for their region. • PB retention of staff is the issue and apprenticeships are a long-term goal although it does not help the current crisis in the short term. • RE noted problems with Nottingham Trent as national provider for apprenticeships and she is only aware of two providers currently. PB is using Wirral Met. KP is using Norwich. • RE is hoping to use 3 providers but in the South West there is no provider listed for the biomedical science apprenticeship. Benefits of apprenticeships are the funding but issues with sourcing local providers.	
05.24	**Education – Ruth Evans**	
	 MSc_Webinar 2024-2025 Internal &	
	General Update	

	• 30 students graduated with MSc degrees. Very positive outcome. A small number of people from cohort one with delayed submission of projects. Cohorts 1, 2 and 3 are all running at the same time. • RE to circulate details of seminar on 25 January and RE will forward to Celina for circulation. • RE noted 95% approval agreement from NHS England for 2025 courses booking will be open shortly. • Advanced Transfusion Masterclass has been popular and was not previously funded. There are an increased number of places available for 2025. • JS expressed issues with getting vouchers and chasing emails but no response. RE was not aware, JS confirmed maybe a local problem for her. • RE – virtual reality grouping activity/App will be available to download within a month or so. It was well received at IBMS and BBTS and will cost £25 per VR headset to download. • RE asked if anyone had any issues with delays with Version 5 IBMS portfolio and the training being rolled out? JS suggested checking with local training officers and reporting back at the next meeting. • RCPath results announces – poor performance in Transfusion/Haematology. What can we do to improve this. Course being run (paid for) to get into laboratory. Gap with lack of practical laboratory experience. Guidance on WBIT (Wrong Blood in Tube). • When workbook has been written for doctors, anything to add please feed back to RE. JS said previously, when doctors were working in labs/transfusion – in the first week they would book time in the lab. This does not seem to happen anymore. PB added that registrars on secondment in NHSBT site in Liverpool spend time in RCI. Level of speciality and practice RCI is not reflective of hospital laboratory practice. So, new starters usually approach PB for a rushed update about labs a week before starting in the role. RE is very concerned about this gap in knowledge. • RE asked for suggestions of how to practically improve the situation and she is launching a project next week that needs to be completed by end of March as funding has been allocated to support this in this financial year. • Visit from DoH and Social Care, Emma Reed a senior civil servant who was enquiring what were the biggest challenges for the foreseeable future and RE flagged up education and training/knowledge. Emma Reed agreed to prioritise this. Vicki Chalker/Jane Mills had agreed to raise this with NHS England.	
	ACTION: All – check with local training officers whether anyone has had issues with Version 5 IBMS portfolio and associated training and report back at next meeting.	
	ACTION: All – please send suggestions to RE of how to practically improve the gap in education/training of laboratory knowledge.	
06.24	**Webinars – Julie Staves**	
	• JS will circulate list of suggested webinars to the group for their feedback. • JS concerned about practicalities and technical decisions of how these would best be hosted. JS asked for support. • RE suggested using Zoom as a preferable platform (with a licence). JS said MS Teams was a viable option. • CR suggested JS spoke to SHOT who regularly host webinars. • KD noted lack of support from NHSBT. • JS Immicor host BBTS webinars – Lisa offered some support and will mention to her next time they speak.	
	ACTION; JS to circulate list of webinars requesting support.	
	ACTION: All – officers of support JS hosting webinars please contact JS.	

	ACTION: JS to contact Andrew Charlton, Secretary, NBTC to suggest working with Immicor or similar to progress the hosting of webinars.	
07.24	**MHRA Update – Chris Robbie**	
	• Invoices outstanding and addresses are often not accurate. Any issues with invoices please check address/other details. • SHOT – run education sessions, in November about PSIRF. • Management presentations continue and anyone waiting for one to be scheduled or would like one please contact CR directly (Chris.Robbie@mhra.gov.uk). • Annual Report – backlog of incidents, will circulate within the next 2 weeks. SHOT are experiencing similar delays with a 20% increase in the number of serious adverse events reported. This could be due to improved culture and reporting but more likely to be pressures in the labs.	
08.24	**NHSBT**	
	Customer Services – Chris Philips	
	• Pleased to announce that we are moving out of pre-Amber for A pos platelets. • Stocks are better than expected but still fragile so continued support appreciated. • Comms – DS had issues with receiving comms over Christmas period. Any issues please let CP know (Christopher.Philips@nhsbt.nhs.uk). • Was the extra delivery on 26th December good/useful? Group agreed yes. • PB – NHSBT should consider this for all bank holidays to prevent stockholding. • CP thanked the group for support around O Neg and K neg. Hoping to run a trial of B Neg, K Pos, K Neg units in Cambridge area to look at best use of these units and identify learning and how use can be improved. JS – problems with B Neg stockholding. • Encourage ordering in advance (ideally 3 days) of R2R2 orders and will send something out in Update and user groups in the coming weeks so that orders can be fulfilled effectively. JS responded that unless they are ordered for pre-planned surgery, demand is hard to predict. JS suggested keeping the comms generic as possible. • DS – a trust was stocking R2R2 red cells but perhaps this was a one off. • CP thanked everyone for their support in managing their stocks.	
09.24	**NHSBT Supply Chain – Julie Staves**	
	• R0 age of red cells from red cells exchange. NHSBT are focussing on this to help R0 and O neg supplies is trying to get as many that treat sickle cell patients to lose the 7 day limit on the age of platelets. Noncompliance due to this not being updated/mandated in BSH Guidelines. Feedback is an awareness that the BSH Guidelines have not been updated formally but there is general agreement across the board. Algorithms can be changed. Writing group for Sickle Cell has been reformed but not yet met. • PB – only a few sickle patients in his region and extending red cell expiry. • BT - moved over for both sickle and thalassaemia patients and the only minor sticking point initially was that NHSBT nurses were performing automated red cell exchanges and not happy until they have spoken to the consultants. But within 2 weeks or so they were on board. • KD – exchange unit at Southampton, delays due to LIMS project so lacking resource to update SOPs. Back to staffing issues. • KP – could issues department help, so when ordering asking for a date specific expiry? CP aired concerns about encouraging a change of practice without an	

	update of the BSH Guidelines. Issues staff are not biomedical scientists so accept the order as it is received. • JS gives fresh blood (approx.100 units per year) to craniofacial unit (for children under 5 years).	
	Action: JS to speak to regional craniofacial unit around whether fresh blood for paeds is necessary.	
10.24	**External Meetings**	
	NBTC - JS	
	Stakeholders Event being held 15 January, NBTC meeting 18th March.	
	UKTLC – KD Standards accepted by Transfusion Medicine and published shortly. Collaborations with RCPath, culture survey output, gender issues and guidance for networks. Working on guidance for transgender and transfusion.	
	NCG – PB	
	• Future proofing, funding pressures, price uplift is below what was needed. Price per unit being explored. Concerning 15% on red cells but could mitigate this figure down to 10% -11%. Increased workforce during to decline in requests. NCG has fed back that 15% is unacceptable. • PB – due to procure new LIMS. Centralised changed advisory board within the network. Single configuration changes need to be fed through this however no document confirms this as the agreed way forward. • Concerns noted around alerts being missed due to software use varying. KD these things must be agreed at network level. • JS confirmed the IT guidelines do not cover this issue. One reiteration of the LIMS. CR – change control, surely orientation is necessary to confirm use of the equipment is understood and that LIMS systems can be configurated differently depending on individual use. • PB reiterated the necessity of a Change Advisory Board to raise these issues.	
11.24	**AOB**	
	None to report.	
12.24	**Next Meeting**	
	Wednesday, 6th March @ 11:00 – 12:30	