

**TRANSFUSION LABORATORY MANAGERS WORKING GROUP
OF THE NBTC**

**Confirmed Minutes of the Face to Face Meeting, Tuesday, 15th September 2015
@ The Association of Anaesthetists, 21 Portland Place, W1B 1PY, 10:30 – 15:00**

Present:

Stephen Bassey	(SB)	Chair and National Commissioning Group
Gary Steel	(GS)	Yorkshire & The Humber region
Christopher Philips	(CP)	NHSBT Head of Hospital Customer Service
Karen Ward	(KW)	North East region
Mike Dawe	(MD)	MHRA
Mike Herbert	(JT)	West Midlands region
Brian Robertson	(BR)	London region
Adrian Ebbs	(CH)	East of England region
Graham Walters	(GW)	National Hospital services managers - MDT
Nicola Greaney	(NG)	Customer Service Support Coordinator
Mark Williams	(MW)	NHSBT
Richard Gray	(RG)	NHSBT
Matthew Bend	(MB)	Yorkshire & Humber (guest)

Apologies:

Malcolm Robinson	(MR)	South East Coast region
Alistair Penny	(AP)	South West region
Steve Tucker	(ST)	East of England
Andrea Harmer	(AH)	National Head of H&I (NHSBT)
Cheryl Kempton	(CK)	North East region
Deborah Sage	(DS)	Consultant Clinical Scientist and Head of H&I at Tooting
Dave Edmondson	(DE)	Head of Manufacturing and Product Development
Maggi Webb	(MW)	South West region
Celina Bernstrom	(CB)	EA to NBTC
Julie Staves	(JS)	South Central region

CONFIRMED MINUTES

79/15	Welcome and apologies
	The minutes of the telephone conference held at on Tuesday, 14 th July 2015 were discussed and amendments were made. Action: NG to make amendments and recirculate the minutes.
80/15	Minutes of the Previous Meeting
51/15	<u>NBTC Workplan</u> – The full draft of full report has been reviewed but it doesn't

	<p>show anymore than paper B that was circulated. SB asked the group how are we going to address this? A discussion took place saying that if this process is place they can inspect it but if an event happened, the MHRA will ask why the process hasn't been implemented.</p> <p>BR said It's not about the process but the patient as we all should be looking at patient care. As its all good best practice, all should be looking at the electronic sampling system. If the two sample rule isn't implemented correctly, there would be two mistakes instead of one. SB suggested having a toolkit on the JPAC website moving forwards so all Hospitals could follow the same procedure.</p> <p>Action: SB to contact Rashmi Rook to pull a draft section together for the toolkit.</p>
65/15	<p><u>Blood Safety Quality Regulations (BSQR)</u> – Will be discussed later on in the meeting.</p>
67/15	<p><u>Communication with hospitals during emergencies</u> – CP explained to the group that the questions were reviewed by a couple members of Customer Services and finalised before sending the survey out to Transfusion Lab Managers in all Hospitals in August. The results showed that 90% of Hospitals aren't moving away from fax at the moment. We do need a 100% return on responses as a lot of hospitals rely on receiving faxes. A request was sent last Friday for the remainder of TLMs who hasn't responded. CP explained that we need to think what will be used for the future once fax is taken away as there is no alternative that can replace fax at the moment. Recalls was a high response for how can hospitals implement their 4 hour turnaround if they don't receive a fax once it has been taken away.</p> <p>CP mentioned that the trial of XMatters proved unsuccessful. SB wants to know what the group can offer. CP explained that with the hospitals that have already taken them away, the Customer Service Managers in the Service Delivery team will be speaking to them individually. Hospitals will need the right risk assessment and an action plan in place on what will replace fax machines.</p> <p>Action: TLM group to promote the survey in their hospitals so we get 100% responses.</p>
69/15	<p><u>Guidance on the Appropriate use of Group O RhD negative red cells</u> – Loaded onto JPAC website. Discussed later on in the meeting.</p>
70/15	<p><u>UKAS Inspections</u> – Discussed in item 89/15</p>
75/15	<p><u>Fetal DNA typing – Antenatal Patients</u> - SB has not finished the business case as of yet. Anti-D is as expensive as first thought and also they need the staff to pull the results of Sp-ICE. So far, costs are £15,000 per year but this seems too much and the group feel that this won't be taking forward. Process would be done manually when pulling results of Sp-ICE.</p> <p>Action: SB to ask Erika Rutherford for a list of successful processes.</p>
76/15	<p><u>SMT forecast – list of KPIs</u> – CP explained that the scorecard that Blood Supply use, SB mentioned that we can use similar indicators from there and then review these at meetings. It represents what we're given to Customers and also how we're performing. RCI is currently looking at a mean turnaround time which came become more critical. This is still being monitored. Once the transport management system is working, we can get the on time figure more accurately.</p> <p>Actions: CP to send the group a selection of the scorecard to agree on 4/5 indicators for the group moving forwards.</p>

82/15	South East Coast RTC
	EMac not present to provide a verbal update on more recent data on blood wastage. The times of the reports when they get circulated to the hospitals are every 6 months, and it was raised as a concern by MR. SB has spoken to EMac at how we can improve the timing of this. Action: NG to invite Elaine to the next TLM Telecon.
83/15	Supplier Audits 2014 – TAG/TLM / UKAS update
	No one from the group has had any notifications.
84/15	RCI advice does not match BCSH Guidelines
	<p>Mark Williams, the head of RCI, gave an overview of RCI developments, Reporting – changes made and customer view, Current performance and Sample labelling and acceptance/rejection where labels are not full or correctly completed. Below are a few points that were covered:</p> <ul style="list-style-type: none"> • MW explained that they're currently in the final stages of the major robot replacements. MR said team wouldn't see much difference as it was before • Colindale went live with the system in July • All labs are working late and on weekends to implement this system • System allows the sample to come in for the RCI team to process it. Once completed, they will send it back to the Hospitals the next day <p>Other developments that MW explained that were going on was an issue that has been raised about reporting. A complaint came in saying comments were complying with the BCSH guidelines. Following this, RCI introduced a new way of reports. Reports are now issued to Hospitals in a standard format. Once changes were made, a lot of feedback was received on the comments.</p> <p>Another event will be run in November on reporting and will continue to visit on how to get the layout of reports correctly. SB interested on distributing reports that RCI has and would like to send round to colleagues for comments. GS asked where does RCI stand with the 2 sample rule. MW explained they fully rely on the Hospitals for this data.</p> <p>Sample labelling – RCI are under pressure on zero tolerance on labelling. Only processing 0.5 of 1% of these labels. MW asked the group how can we move this forward and what do they want RCI to do to improve this. SB wouldn't have issues moving to zero tolerance. Not all hospitals have the NHS number on samples to use as the primary identifier. RCI are rejecting 0.2% of them which has an impact on patients. RCI to do a period of consultation of 3 months, which the group suggested, telling hospitals that they will be moving to zero tolerance. RCI need to come up with a definition on what they would expect with labelling. Label has to be signed but not electronically with the date and time. If the date is just on there then RCI will assume it was taken a minute after midnight. RCI to work towards implementing this procedure by the end of the year.</p>
85/15	Blood Safety Quality Regulations (BSQR)
	Inspectors wanted Jonathan Wallis and a group of TLMs to discuss traceability, intervals for competency assessments and consistency of inspector's decisions. MD gave a presentation to the group to update them explain each

	<p>stage of the inspectors decision and what they look for. If a hospital doesn't feel comfortable bringing up a inconsistency with the MHRA, then SB needs to discuss and rely on TLMs at the National Meetings. MD explained to group that they need to raise with inspectors if there is a problem.</p>
86/15	ITS update
	<p>RG gave an update on the current ITS project and its current progress. It was discussed that if RCI understand better the process in place in hospitals, then it should be possible to agree appropriate points for referral for RCI. Quality support training and potentially PBM could be provided as part of an enhanced service. IT integration needs to be correct, and can be potential issues to the process.</p> <p>What levels of expertise do you expect within a hospital laboratory. and when to refer samples to RCI? Comments were made by the group on how will this work for all hospitals, how can one process work for everyone. BR explained that the model is currently not working both ways and there isn't an integrated model at the moment. There are currently three pilot sites in the NE working to validate the algorithms. RG has compiled a paper on the process to take to the DTS SMT in March 2016. RG would like the group to comment on this project. Action: RG to feedback to group the output from the pilot sites by March 2016.</p>
87/15	PIWG
	MR not present to give an update.
88/15	Blood Transport boxes
	<p>GW gave an update on the use of Blood Transport Boxes and the new TMS system. Clinimeds were used for internal transport. A group met to discuss whether we could use an alternative box to the one already used. NHSBT extended the fleet of VaQTec short journey containers for hospitals to use for the majority of NHSBT deliveries. They're more robust and only function with the equilibrated PCMs. They're validated for used between plus 35 and minus 5 degrees and the max journey time is three hours with the current validation. There are risks with the VaQTec boxes – Hospitals needing the ability to utilise PCMs, the attrition rate is unknown and also there are time gaps in between transporting them. The cost is £800,000 for a 5 year solution funded from the NCG rebate.</p> <p>The additional cost came from each Hospital having 10 boxes for each of them. The PCMs would have to validate each hospital and proved it's the right temperature that is all the validation that is required. The proposal is that transport will provide full training on how to use the boxes. GW explained that they're aware that there won't be a 100% uptake as a lot of Hospitals require more than 10 boxes at a time so the Hospitals would need to find an alternative solution to continue with transporting blood between sites.</p> <p>There will be a pilot on some sites to determine detailed take up of quantities, resolve issues and improve the process and also check risk mitigations are adequate. Issues need to be discussed and the full proposal also needs to be discussed before the survey is being sent to Hospitals.</p>
89/15	UKAS Inspections

	<p>Matthew Bend, Blood Bank Manager at Barnsley Hospital NHS FT gave a PPP on the recent UKAS inspection that took place at their Hospital. Inspections have changed slightly as to how they used to be. They've moved away from Health and Safety and gone down other routes instead i.e. Traceability. 3 days the inspector was at Barnsley and undertook 6 inspections while present. MB explained what problems occurred on their visit and explained to the group the 6 findings the inspectors found.</p> <p>Action: MB to share Presentation with the group.</p>
90/15	Transfusion Guidelines Website – Transfusion Practice – Toolkit Telecon
	JS not present to give an update on the website.
91/15	PBM Initiatives
	<p>CP explained that the PBM Team happy to support anyone who wants to organise an educational event. Members liaise with Rebecca Gerrard if you would like to proceed with that. BR also explained that the PBM team are currently compiling a PBM Survey to be sent out in October which includes PBM Initiatives.</p> <p>SB showed the group the ISBT website on whether there would be any value on having a webcast to broadcast lectures and/or sessions that take place at conferences. SB wants to know whether we can use this to promote the use of Transfusion. A lot of Hospitals are unable to attend F2F lectures so having these uploaded onto a specific website would benefit a lot of Hospital staff. CP agreed to explore NHSBTs Training and Development department to see if they could partake in doing this free of charge.</p>
76/15	AOB
	MD explained on the 5 th October SABRE will change. Any problems, contact MD.
	GW, Overwrap bags – GW asked the group what are the consensus of users since they being changes. GS has had once incident where the contents spilled out.
	GW – Radsure dates. IT systems will be resolved by September as some Hospitals need date and times to input into their LIMs system. Not an issue for anyone else.
	CP – On the 29th September, CP is launching a review of our logistics offer. The meeting is offering spaces for hospital staff to attend. Anyone interested, let CP know.
	CP – Launching direct debit for blood invoicing. CSMs going to hospitals to talk about this.
	CP – CP could send a survey to lab managers to group to feedback on, all to answer.
92/15	AOB
	<p><u>Suggested dates</u> for telephone conferences @ 10.00am.</p> <ul style="list-style-type: none"> ○ Tuesday 20th October 2015 ○ Tuesday 1st December

Transfusion Laboratory Managers

Summary of Agreed Actions: Face to Face Meeting held on 15th September 2015.

Minute Ref	Agreed Action	Responsibility	Completion /Review
64/15	NBTC Workplan		
	<u>Guidance on the Appropriate use of Group O RhD negative red cells</u> – Loaded onto JPAC? Has this been circulated?	CB	
79/15	Welcome & Apologies		
	NG to make amendments to telecon minutes from 14 th July and recirculate to the group.	NG	
80/15	Minutes of the Previous Meeting		
	SB to contact Rashmi Rook to pull a draft section together for the toolkit on the two sample rule.	SB	
	TLM group to promote the survey in their hospitals so we get 100% responses.	All	
	SB to ask Erika Rutherford for a list of successful Fetal DNA typing – Antenatal Patients processes.	SB	
	CP to send the group a selection of the scorecard supplied by Blood Supply to agree on 4/5 indicators for the group moving forwards.	CP	
82/15	South East Coast RTC		
	NG to invite Elaine MacRate to the next TLM Telecon.	NG	
86/15	ITS Update		
	Richard Gray to feedback to group the output from the pilot sites by March 2016.	RG	
89/15	UKAS Inspections		
	Matthew Bend to share Presentation with the group.	MB	