

Back to the  
future

Reflections

Kerry Dowling – RTC deputy chair



A cartoon illustration featuring a large, pink, multi-eyed monster on the left. The monster has a yellow eye, a red tongue, and several smaller eyes on its body. To the right, a nurse in blue scrubs and a white cap stands looking at the monster. The text "The past" is overlaid in the center.

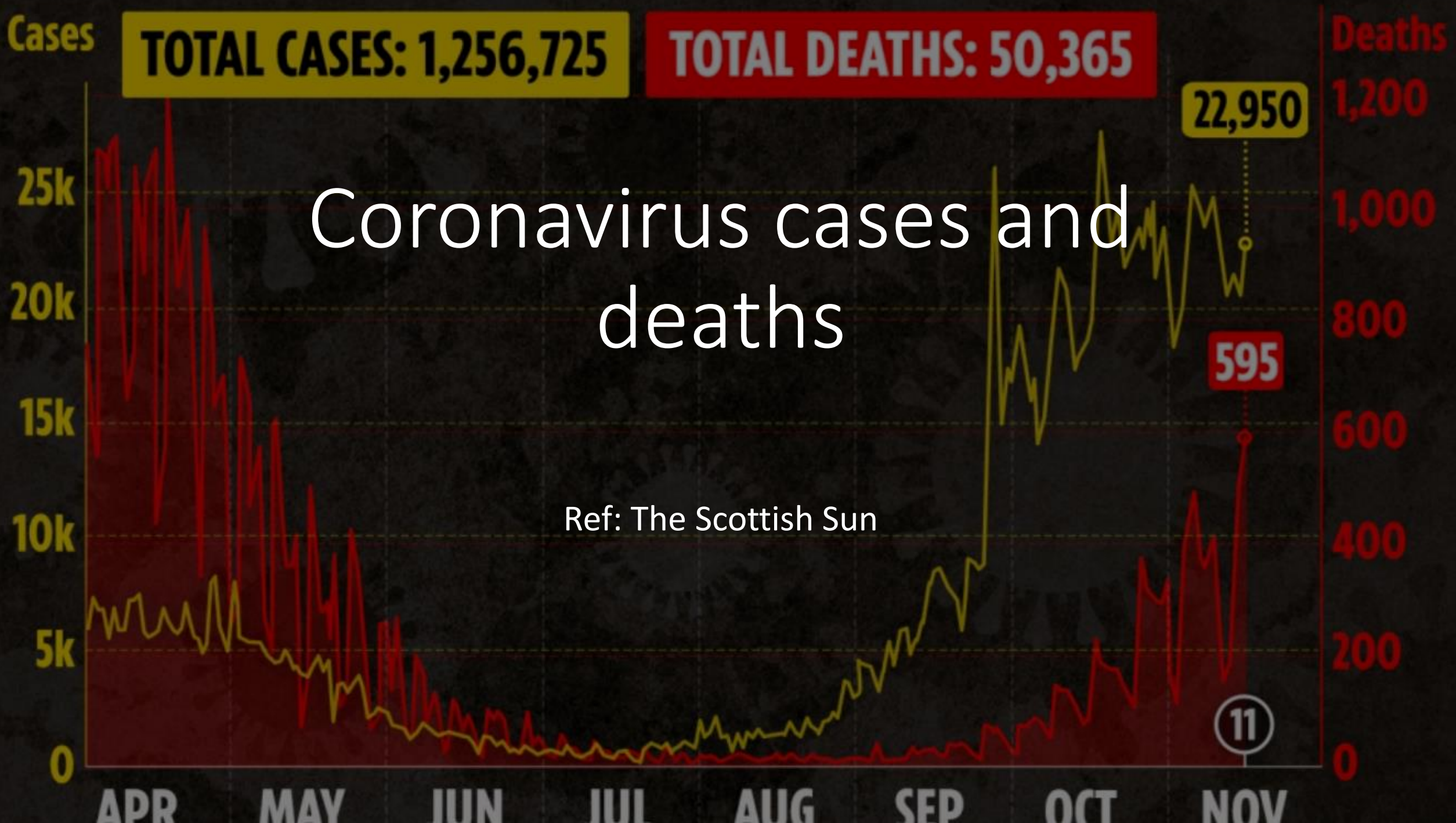
The past

**TOTAL CASES: 1,256,725**

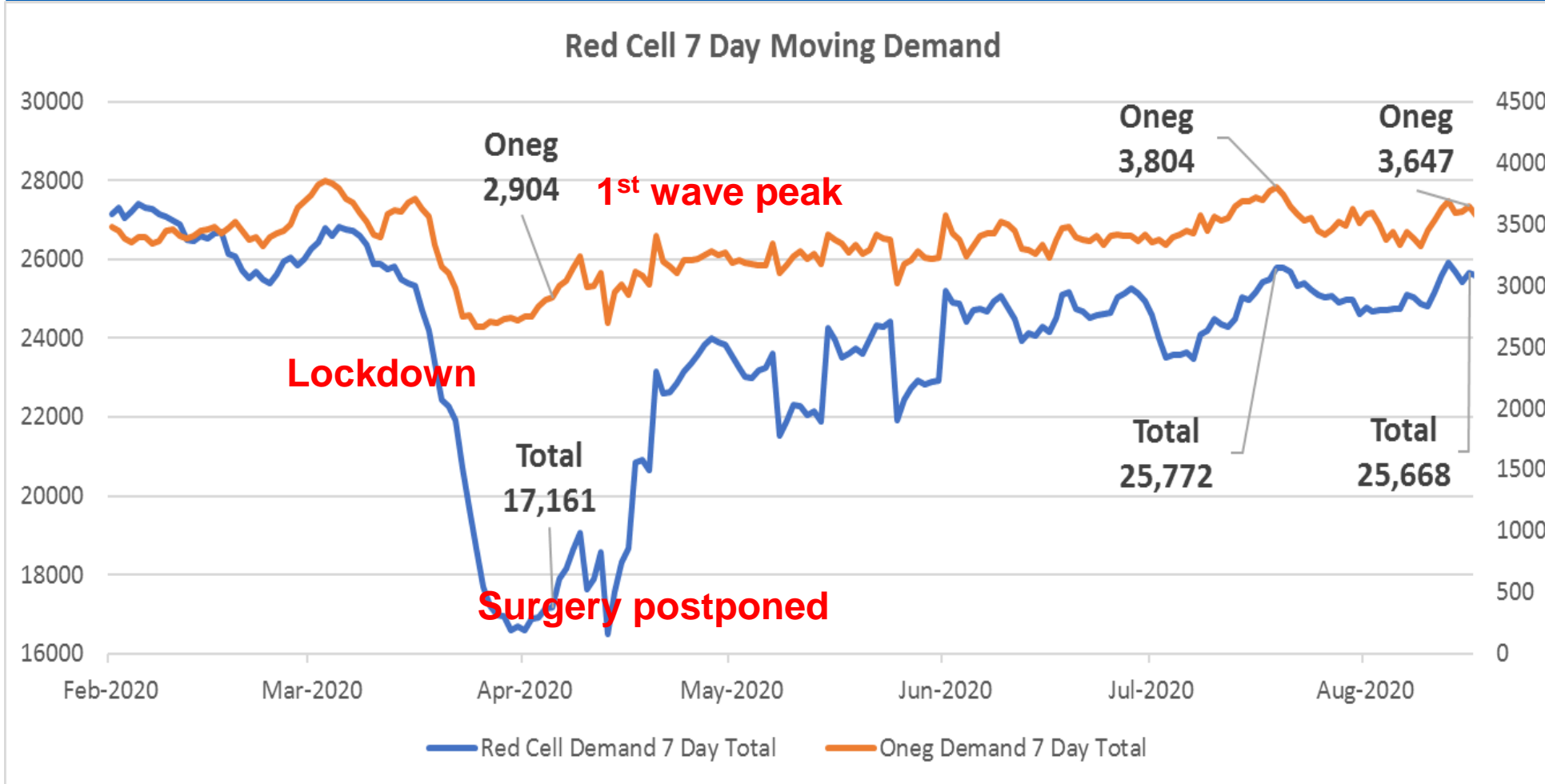
**TOTAL DEATHS: 50,365**

# Coronavirus cases and deaths

Ref: The Scottish Sun



# COVID 19 & the blood supply



# What did we learn?

- **Positive outcome:** Many hospitals have realised they can run at lower stock levels (Just in time and FIFO)
- Continued practice of running on lower stock levels in many sites
- Networking connections made for helping each other
- Remote working (remote clinics)
- Remote education
- Staff well-being and the importance of mental health
- Convalescent plasma and clinical trials (many more hospitals)

# UKTLC survey 2019 – Laboratory staffing

## Key Findings



Staffing levels remain a concern, with pressure to work extra hours to meet demands



There is a high level of inexperienced staff who require training, without adequate specialist support




There is an overall increased level of vacancies and possible deskilling by recruiting at lower banding.

# Amber Alert - a month to remember

## 12<sup>th</sup> October 22 – 8<sup>th</sup> November 2022

- Another first!
- An even further reduction in safe blood stock levels has continued
- Cancelling surgeries isn't the answer? – nationally 60% either didn't or felt it had no positive impact
- RTC drops in sessions for support and questions
- Update to blood shortage plans
- More networking and building connections




Blood and Transplant

## Blood stocks are low!

**Now at AMBER status**

The Emergency Blood Management Group has been activated and laboratory stockholding will be reduced.

Full details can be found in the [NHS red cell and platelet shortage plans](#) here: 

**Key actions:**

- Prioritise urgent blood transfusions
- Minimise blood reservation periods and number of units reserved for patients
- Decalate any avoidable component wastage to your trust management

**Consider:**

- cancellation of elective surgery as set out in the blood shortage strategy
- transfusion triggers and use cell salvage if available
- the availability of stock in management of major haemorrhage

A new region













The present

UKTLC  
survey 2022  
– this is  
where we  
are now!

## UKTLC SURVEY 2022

-  Open 26 September to 9 December 2022
-  Included 45 questions relating to a variety of laboratory activities
-  One response per laboratory requested to assess the situation per lab rather than network or Trust

## RESPONSES

-  There was a 49% response rate (74/151)
-  94.6% was completed by the Transfusion laboratory manager (TLM)
-  5.4% completed by TP, blood sciences manager, transfusion lead and deputy director of acute services

### 1. Staffing

↑workload ↑vacancies  
difficulties in recruitment and retention

### 2. Qualifications, knowledge and skills

↑difficulties training and maintaining competency  
↓satisfaction with newly qualified HCPC registered BMS

## KEY THEMES

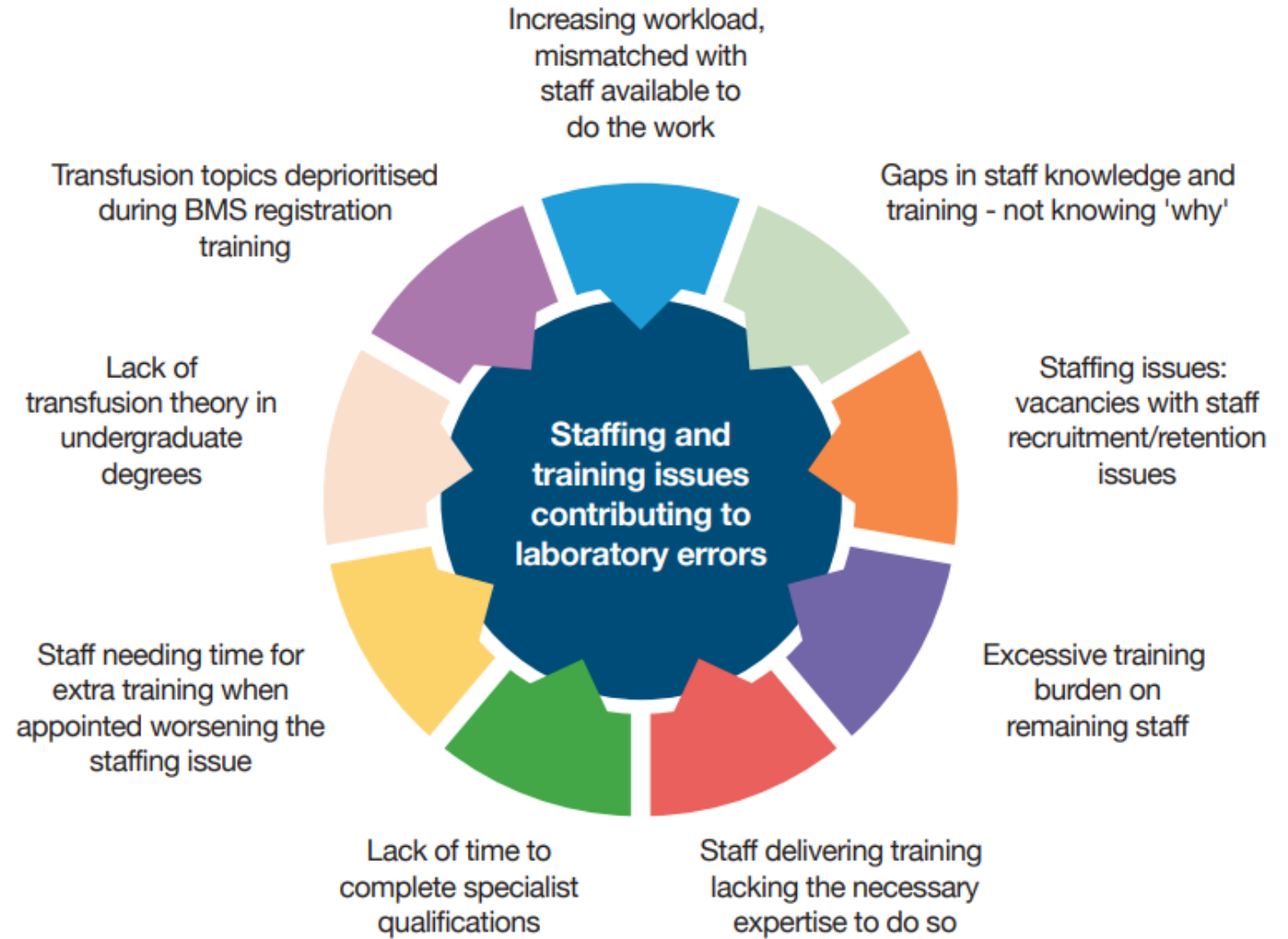
### 3. Information Technology

Limited organisations with full vein-2-vein IT

### 4. A just culture

↑Ability to raise concerns ↑Learning from excellence  
↑Incorporating human factors in day to day practice

# SHOT report – summary of issues contributing to errors



*BMS=biomedical scientist*



**The UKTLC standards have now been published in Transfusion Medicine journal - [UK Transfusion Laboratory Collaborative: Minimum standards for staff qualifications, training, competency and the use of information technology in hospital transfusion laboratories 2023 - Dowling - Transfusion Medicine - Wiley Online Library](#)**

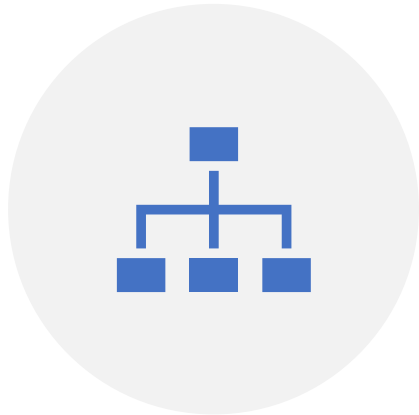
## Red Cell 7 Day Moving Demand



## Blood stocks

- Continued pre-amber status alerts for various components/groups – warning sign?
- NHSBT managing well and engaging hospitals

# NBTC 2 – changes afoot



CHANGES TO STRUCTURE  
AND REPORTING LINES



CHANGE IN FOCUS



LOOKING FOR OUTPUTS  
AND POSITIVE CHANGE

# 2023 South East RTC regional results of audited cases\*

Jan-March 2023 vs July-Sept 2023

56% **69%**

## IRON

given to iron deficient anaemic patients before surgery  
s=12 ; n=135 VS s=10; n=121

70% **77%**

## TRANEXAMIC ACID

given in moderate blood loss surgery  
s= 15, n=253 VS s= 14; n=382

71% **74%**

## REASSESSMENT

clinical AND Hb check after a red cell unit transfused  
s= 15; n=195 VS s=16; n=354



42% **45%**

## INFORMATION

given on risks, benefits and alternatives for transfused patients, verbal AND written  
s= 15; n=196 VS s=16; n=244

Learning, education and audit

\*selected on criteria, data extracted 29/01/24  
s= hospital sites that took part  
n= number of regional cases per audit



# The future

What does it look like?

What do we want it to look like?



# NBTC 2



Symposium ?June 24



Planned education program  
– each RTC to present a topic  
into the national program



Annual face to face –  
importance of networking



Increased engagement  
Strategic high level & BT  
community

# NHS England workforce plan 2023

- Increase training places for healthcare scientists by 13% to more than 850 places by 2028/29, putting us on the path to increase training places by more than 30% to over 1,000 places by 2031/32
- Apprenticeship routes for healthcare scientists are also being made available, with 20% of training places delivered via an apprenticeship route by 2028/29 (supporting an ambition to have 40% of healthcare scientists starting their training via an apprenticeship by 2031/32)
- A lot for nursing – but TP role specialist





# What's on the horizon

- T2024
  - Education arm
  - IT and connectivity (vein to vein, electronic reporting, remote support, hospital/NHSBT data sharing, where does blood go)
- Blood Transfusion Research unit
- New guidelines and supporting documents (BSH IT, compatibility, gender, networks and more)
- Output of culture survey – what can we do
- RTC 2024 workplan

# Changes to practice?



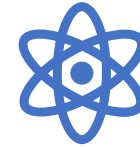
SWIFT & whole blood



Trials (prophecy 2, indication codes, obstetrics & FC)



Infected Blood Inquiry



Molecular techniques



Intraoperable IT

Regulators – CQC, ISO15189  
2022

# Questions & Discussion

