Unconfirmed Minutes of the London RTC
London Transfusion Collaborative (LTC) Meeting
held on 13th July 2023
at The Clermont Hotel Victoria

Present:	Cath Booth (CB) (Chair)	Bart's Health / NHSBT
	Tracy Johnston (TJ)	NHSBT
	Danny Bolton (DB)	NHSBT
	Kirk Beard (KB)	NHSBT
	Rachel Moss (RM)	Great Ormond Street NHS Trust
	Dipika Solanki (DS)	Imperial NHS Trust
	Emily Carpenter (EC)	King's College NHS Trust
	Wendy McSporran (WM)	Royal Marsden NHS Trust
	Penny Eyton-Jones (PEJ)	Great Ormond Street NHS Trust
	Kuzi Makanza (KM)	NHSBT
	Sachindev Ramoo (SR)	Cleveland Clinic
	Clarence Garcia (CG)	Whittington NHS Trust
	Aboagye Mensah (AM)	Cleveland Clinic
	Katherine Scouler (KS)	HCA Laboratories
	Rebecca Patel (RP)	London Northwest Healthcare
	Sasha Wilson (SW)	Cleveland Clinic
	Sinead Dhivar (SD)	Royal Free NHS Trust
	Eugenia Nweje (EN)	Imperial NHS Trust
	Paul Wadham (PW)	Royal Marsden NHS Trust
	Vivienne Andrews (VA)	Spire Healthcare / TDL
	Nikita Patel (NP)	University College NHS Trust
	Visha Patel (VP)	London Northwest Healthcare
	Leah Fulgar (LF)	Kingston NHS Trust
	Jipsa Jacob (JJ)	Royal Free NHS Trust
	Pascal Winter (PW)	Barking, Havering & Redbridge
	Angela Pumfrey (AP)	NHSBT
	Gabrielle Purathur (GP)	NHSBT Work Experience Student

01/23 **Welcomes and Apologies**

Formal apologies received from Kate Maynard, Mihaela Gaspar and Charlene Furtado.
The RTC Chair, Phil Kelly gave his apologies due to last minute work commitments. CB stood in as Chair. CB explained that this meeting was previously called the 'RTC Business Meeting', but the RTT decided to rename it 'London Transfusion Collaborative' so that it better reflects the purpose of the meeting to share knowledge, good practice, experiences and audits.

02/23 **Group Updates**

RTC Chairs' Meeting

TJ gave an update in the absence of PK which is embedded below.

RTC Chairs Report.pdf

TP Group

RM gave a verbal update.

- DS has taken over as Co-Chair following Denise McKeown's departure.

- There will be two virtual and two F2F meetings per year.
- The fortnightly 'TP grumble' meetings, which started during the amber alert, will continue as they are proving to be very useful.
- The group has created its own WhatsApp group which is also proving very useful.
- The Shared Care WG has been restarted and is moving forward apace.
- The London TPs have signed up to the WBIT audit tool along with other regions.
- The group is looking into how the new PSIRF document will alter how incidents are investigated.

TADG Group

In the absence of the TADG Chair, no one was able to give an update. We will try to get a written report to attach to the minutes.

LoPAG

In the absence of the LoPAG Chair, TJ gave a verbal update.

- As the national PAG group has been disbanded, LoPAG will hold one meeting a year that will be open to representatives from the other regions.
- Newsletters continue to be published throughout the year.
- A survey was sent out to the London region to ascertain where there are gaps in platelet knowledge to guide the next newsletter.
- The group reviewed various guidelines for platelet transfusion, but the results show that there are no major gaps.
- Various TEG guidelines have been reviewed.
- A Halloween-themed education event will be held on 31 October.
- A communication was sent to TLMs re. ordering high levels of high-titre-negative platelets.

London & SE Trauma Group

The Chair was not able to attend, but submitted a written report which is embedded below.

Report from Haematology and Tr

There followed a discussion about how hospitals carry out MI drills. RM has created a TP Action Card for GOSH that she is willing to share with the group – please find embedded below.

TP and Disaster Planning Action Car

03/23 **NHSBT CSM Update**

DB delivered the presentation which is embedded below. He started in post at the end of April and is hoping to get out and meet everyone.
Slide 5: NHSBT did move to a selective screening strategy on 22/05.

D Bolton CSM Update.pdf

There was a question about granulocytes being transfused after midnight – should you stop or carry on? CB stated you should carry on as it will not cause any major harm but advised that there should be discussion amongst your team before you start the transfusion.

There was a query about the block contracts charges – will it carry on? WM said that NHS England are still considering whether to carry it on into next year. DB offered to find out more information. **ACTION: EC to email DB with her question.**

04/23 **NHSBT PBM Update**

TJ delivered the presentation which is embedded below.

T Johnston - NHSBT PBMP Update.pdf

- The strikes and the heatwaves might affect the number of donors who DNA appointments.
- A huge thank you to the hospitals for supporting the amber alert and enabling us to return to green status.
- Leaflets: Please either download an electronic copy or print a hard copy if required. NHSBT are phasing out most printed leaflets due to both financial and environmental costs.
- QS138: We want to get everyone signed up for this. You can use your data from the NCA QS138 audit (if you have saved it) and upload it onto the QS138 audit tool. You can audit all four QS138 standards (you can audit up to four times a year), or you may choose to select which one(s). Only one person from each hospital can register for that hospital site. If that person has changed, they need to ensure they have registered. Contract agreed with NHSBT and support on how to enter your data and produce reports for your hospital.
- JPAC – there is a new micro website for the RTC regions and NBTC, which is much easier to navigate.
- Blood Essentials booklet: this incorporates the old 'A Drop…' and 'A Wealth of Knowledge' booklets and will be released soon.

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05/23 **Improving the Availability of Ro Units for Ro Patients – A Pilot of Sharing Ro Units Between Two Trusts**

KB, the National Stock & Distribution Manager, gave the presentation which is embedded below.

K Beard - Improving the Availability of Rc

Hammersmith and Northwick Park Hospitals have carried on with this practice as it works very well. KB wants to encourage other hospitals to do the same. SW mentioned that there has been a national increase in SCD, especially in the north, hence they are interested in sharing Ro units.

06/23 **NCA: Re-audit of Blood Sample Collecting and Labelling**

CB gave the presentation which is embedded below. She is the Clinical Lead for the NCA.

C Booth - NCA Blood Sample Collec

Since 2012, the number of rejected samples has increased by 50%, and WBITs have also increased by 50%. Having an electronic system does not reduce the number of WBITs. In fact, Trusts with electronic systems had higher numbers than those with handwritten. the following recommendations were made:

- Targeted training to key areas
- Look at the drivers for why they occurred
- Patient involvement

07/23 **Hammersmith – Low Sample Rejection Rates**

DS gave the presentation which is embedded below.

D Solanki - Hammersmith- Low

Hammersmith has lower rejection rates compared to the other two hospitals in the Trust. Possible reasons:

- Hammersmith uses the pink topped sample tubes whereas the other sites use the purple topped ones. The pink tubes have a bigger label.
- Hammersmith do not rotate their staff throughout the labs.
- TPs are located very near to the labs.
- They have a lot of train the trainers
- They have devolved training.

08/23 **Kings – High Sample Rejection Rates**

EC gave the presentation which is embedded below.

E Carpenter - Kings High Rejection Rate

Kings have the highest rejection rate in London. EC showed how the rejections were broken down into specific reasons, with labelling issues being the highest. Blood Track was in use for many years but is now used for no more than 40% of samples. There is also an issue with new doctors not having training for the electronic system. Kings are going to switch to EPIC in October.

It was mentioned that doctors do not understand how the bar code system works and are not aware that every bar code generated is already allocated to a patient. It was suggested that it would be helpful to look at all the different systems in use nationally and enable centres to share experiences of different combinations of laboratory/clinical systems.

09/23 **Local WBIT Audit**

DS gave the presentation which is embedded below.

D Solanki - WBIT audit tool presentat

The audit tool used is the same one created by the East of England region. TJ added that the NHSBT Data Analyst has added all the extra questions that other regions requested.

It was mentioned that MHRA require every hospital to investigate and report WBIT, but they take no action around the number of WBITs. CB stated that the figures show that electronic systems are not solving the problem and that patient ID is the main issue. It would be good to see NHSE highlight this as a safety issue across healthcare, because it goes far beyond transfusion. The group agreed that this is a huge problem, but because staff do not record these as incidents outside transfusion, we do not know how bad the situation is.

10/23 **International Look at WBITs**

RM gave the presentation which is embedded below

R Moss - International WBIT \

WBITs are an international problem. New Zealand is the only other country, apart from UK, that produces national WBIT data, and they have had a 50% increase in WBITs, but their numbers are small. Other countries collect data at local level, but they do not compare it nationally.
A WBIT workshop was held at ISBT early this year and they are going to keep this topic on their agenda.
WM is concerned about the number of resignations from staff in the last few months and the impact on them of being involved in an incident.

There was a discussion about people thinking that taking two samples at the same time and sending the second sample off later is following the two-sample rule.

Patient ID and mislabelling was discussed. It was highlighted that this should really be brought up during induction, but there is not enough time to cover everything.

11/23 **Debate for and against Signatures on Samples**

CB gave a presentation giving the argument for not signing samples. EC gave a presentation giving the argument for continuing to sign samples. Both presentations are embedded below.

C Booth - Sample signature debate.pc

E Carpenter - Signature on Sampl

The discussion was opened to the room:
One member stated that you will not stop the problem just by identifying the person who took the sample. Also, you need to train everyone in your organisation not just the sample taker. In RCI they do not reject the sample because of no signature but they will not be able to do the cross match.
RP mentioned that RCI rejected one of their samples because they had used an addressograph electronic sticker, even though this is allowed. It was clarified that you need to get consent from NHSBT for your sticker design before using it.

12/23 **Summary and Close**

CB thanked everyone to coming to this meeting and summarised what was discussed.