

London & South East Transfusion Science *TADG*

Meeting held on 31st March 2023

Fetal Medicine Research Institute, Kings College Hospital

Attendance List:

Jeyakumar Visuvanathan (JeY (Chair)	Harefield / GSTT
Cath Booth (CB)	Barts Health
Ken Amenyah (KA)	Kings College
Nelson Johnson (NJ)	Frimley Park
Lenusha Pockiyarajah (LP)	Hillingdon
Patricia Richards (PR)	East & South East London PP
Randy Amistad (RA)	Hillingdon
Michael Makele (MM)	Kings (Synnovis)
Amir Tharmakulasyam (AT)	East Surrey
Julie Jordan (JJ)	PRUH, QM, KCH
Donna Wiles (DW)	PRUH, KCH
Luke Woodford (LW)	GSTT
Rashmi Rook (RR)	Bank & Independent
James Davies (JD)	Kings
Tim Williams (TW)	Kings
Sally Procter (SP)	NHSBT
Doris Lam (DL)	NHSBT
Julia Mahmood (JM)	NHSBT
Ali Lloyd (AL)	NHSBT
Hardeep Lakhani (HL)	UKAS
Martin Stearn (MS)	UKAS
Chris Robbie (CR)	MHRA

Apologies: Tracy Johnston NHSBT

Introductions and Opening Remarks

Jey welcomed everyone to this first post-pandemic F2F meeting and thanked them for attending. Thanks also to KA for arranging the venue and catering. Introductions were made. AL was welcomed as the new CSM for Colindale.

The minutes of the last meeting in December 2022 were accepted as a true record.

NHSBT Feedback / Customer Service Update / PBM Update

AL delivered the Customer Service presentation.



CSM Update.pdf

- Danny Bolton will start as the CSM for Tooting on 24th April.
- Customer Satisfaction Survey: Please be honest when completing it, especially if your hospital has not had a permanent CSM for some time.
- Trust F2F visits: AL and TJ are happy to attend HTC meetings if needed.
- Reduced dose platelets: these will only be manufactured if we go into a platelet shortage red alert.
- Strikes: all the strikes effect our staff and donors, not just healthcare-related ones.
- Faxes: if you no longer have a machine, we require a generic email for your lab, rather than individuals' emails.

AL delivered the PBM Update on behalf of TJ



NHSBT & PBM
Update.pdf

- Leaflets: “Receiving Blood Transfusion” is updated and now in several languages. “Patients with Sickle Cell Disease who may Need a Blood Transfusion” has been revised. “Haemochromatosis and Blood Donation” is new. Revised children’s leaflets coming soon.
- “Blood Essentials” booklet replaces “A Drop of Knowledge” and “A Wealth of Knowledge”.
- E-learning modules: BTT, developed by NHSBT, replaces Learnbloodtransfusion and comprises 9 shorter and concise modules. Still looking into how private hospitals can access these modules.

UKAS Update

HL delivered the presentation which focused on the update and transition of ISO15189.



UKAS ISO 15189
Presentation Basic.p

The standard was published in December 2022. There will now be a 3-year transition period. The deadline for rollout is December 2025 (no extension). Most transition assessments will be carried out in 2024, but they are happy to carry them out from now if you request it. UKAS advice is that the gap analysis is critical. You need to ensure you have filled in any gaps before your transition assessment takes place.

Jey raised concerns that TLMs have about staffing shortages, and whether UKAS will recognise that there is not enough staff to meet the standard? HL explained it is up to the lab to set their own staffing target and ensure that they have sufficient staff, UKAS will not get involved.

There was a question via email from the TLM at Barking, Havering & Redbridge as follows:

How often should the 3rd party QC be performed? We had UKAS inspection in Jan 2023. One of the findings is that the NHSBT whole blood QC we use as the 3rd party QC only performed once daily on the Immucor analyser, even though the Immucor’s own daily QC is done twice a day. This practice has been signed off back in 2017 inspection but it was raised as a finding this time by a different UKAS inspector.

HL and MS are not able to answer because it relates to a different subject. MS said things can change over time and processes cease working despite the process being the same. MS reminded the group that the technical assessors are also BMS’ in the lab so you should communicate with them if you have a query.

MHRA Updates

There was no presentation.

- The deadline for the SABRE annual summary report is today.
- BCR forum reports: can be found on MHRA website, no change from last year – deadline is 30 April.
- PSIRF and how that interacts with MHRA and SHOT: they do not use the same terminology. MHRA met with NHSE and SHOT to get clarification – this is on the SHOT website.

- Remember human error cannot be entered as the root cause of an error. The latest good practice guidelines will help - there is updated GPG wording online.
- Key findings from this year's SHOT report: look for the root cause not just record as human error. When you look for the root cause, you may identify weaknesses. If you find other causes, inform MHRA so they can adjust their data.
- CR is happy to take questions at any time.

There was a question on how MHRA and UKAS work together. MS stated that, if one can see that the hospital has reported a significant issue to the relevant regulatory body, they will take no further action. However, if they found an issue that had not been reported, they will report to the relevant regulatory body themselves.

Presentation by Haemonetics

Rachel Lowden & Kelly-Ann Headland, gave a presentation about TEG.



Haemonetics TEG
Presentation.pdf

Presentation by BPL

Sonal Hussain gave a presentation about Zenalb 20 and control of electrolytes – the presentation cannot be shared. She mentioned that, if you desperately require albumin, give her a call. Supply is difficult at the moment, but she should be able to get more at the end of the year.

SHOT Updates

SHOT was not able to send any representation due to work commitments.

RCI Update and Case Studies – Julia Mahmoud

JM gave presentations on RCI update and interesting case studies.



Colindale RCI
update March 23.pd

- AQQAS did have some penalties. Raised quality incident, but not too concerning as still performed very well.
- Colindale did not always meet the 5-day turnaround time. Tooting always achieves a 100% so their figures have not been presented.
- Quantifications – they delegate their quantifications around the country to help cope with staffing shortages.
- Paperless reporting – JM can send you blank antibody cards to see if they work in your printer. Give JM feedback if there is a reason why you cannot do it – she can give help and advice.
- Dry testing – they hope to have the result out to you within one hour.
- Cross-matching – please consider doing some in-house cross matching, especially if you are a long distance from your centre. It can take a long time to get to you and also means NHSBT staff have to do more out-of-hours work.

DL mentioned that Tooting RCI has no non-conformance and also achieved all targets in TrT.

:Case Studies:

Interesting case studies that JM wanted to share.



RCI Case
Studies.pdf

Case 1 was a patient who was O neg in 1991, but is now O pos. JM said that over time the way of testing has changed so much that this now happens in many cases.

Updates from Other Groups' Meetings

No updates from other meetings.

O Pos to Bleeding Men Working Group

AL delivered this presentation on behalf of TJ who was not able to attend today.



O Pos Working
Group Project.pdf

Laboratory Matters Q&A

- a) Jey admitted that the issues last year with low blood stock levels was an eye opener for all staff, with everyone coming together to discuss how better to manage their blood stocks. Quite a few hospitals have also reviewed theirs and subsequently reduced their stock levels. At Kings it increased the number of units returned to stock rather than wasted, but it has been difficult to keep it going due to workload.
- b) One member raised the issue of staff shortages in the labs resulting in BMS' taking on several different roles. In many hospitals there is only one BMS and most of the job are carried out by MLAs. There is concern that the MLAs may not always have the experience and knowledge needed and, if they are not registered with the relevant professional body, who will represent them if errors occur. CR stated that reporting has reduced. It was mentioned that labs are not doing the gap analysis properly because of constraints within the Pathology Networks and pressure from the Network Managers. UKAS said that staff can complain to them anonymously about malpractice within their lab and they will carry out an immediate visit. Alternatively, MHRA have a whistle blowing process.
- c) NJ raised the issue of blood tags traceability – do you have Blood Track and, if so, how are you doing it especially in an emergency situation? Most emergency units are not recorded on the patient's record and so you will not get the tags back. This should be raised as a Datix incident because 100% traceability is a MHRA requirement. If it is emergency blood, you should know which clinical area has used it.
- d) 24/7 remote temperature monitoring – does anyone keep a chart record and check the charts? Some labs record on a chart, some check 4 hourly, some check every 30 minutes, but do you need to. MHRA advised that, if you have a digital system, you only need to use a chart if the system is failing as a back-up.
- e) AL asked how long you want the cross-matching lines on blood bags (pigtales) to be? Consensus was to have them as short as is possible.

Any Other Business and Future Meetings

JD offered to be the TP rep at these meetings. UKAS and MHRA are both happy to continue attending also.

After some discussion, it was agreed that the next meeting will be in September or October, with another F2F meeting in December. The March meeting can be virtual.

Meeting ended. Jey thanked everyone for attending.