**London & South East Haematology & Trauma Group**

Wednesday 17 July 2024

10.30-11.30

**Draft** Minutes

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| **Attendees** | **Job Title** | **Hospital** |
| Fatts Chowdhury (FC) | Chair, Consultant Haematologist | NHSBT/St Mary’s Hospital (SMH) |
| Dwamenah Bismark (DBi) | Blood Transfusion Section Manager | Coventry & Warwickshire Path Services |
| Helen Brown (HB) | Transfusion Practitioner | Imperial College Healthcare NHS Trust |
| Deborah Booth (DB) | RTC Administrator Midlands (Minutes) | NHSBT |
| Emily Carpenter (EC) | Lead Transfusion Practitioner | King’s College Hospital (KCH) |
| Julie Cole (JC) | Clinical & Lab Lead - Blood Transfusion | University Hospitals Sussex |
| Victoria Humphreys (VH) | Transfusion o/b/o Chloe Orchard | St George’s Hospital (SGH) |
| Julie Northcote (JN) | Blood Transfusion Section Manager | University Hospital Coventry |
| Jonathan Ricks (JR) | Lead Transfusion Pract, Chair - SE TP Group | University Hospital Southampton (UHS) |
| Sophie Staples (SS) | Lead Specialist - Blood Stocks Management | NHSBT |
| Adele Turner (AT) | Adv. Practitioner/Dep. Lab Manager Blood Trans Mids Pre-hospital Blood Group Chair | Lincoln County (LC) |
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| **Apologies received from**: | | |
| Peter Baker (PB) | Transfusion Lab Manager | Liverpool University Hospital (LUHFT) |
| Danny Bolton (DB) | Customer Service Manager, Tooting | NHSBT |
| Sarah Boyce (SB) | Consultant Haematologist | University Hospital Southampton (UHS) |
| Sarah Carr (SCa) | Transfusion Practitioner | St George’s Hospital (SGH) |
| Sam Carrington (SC) | Transfusion Practitioner | University Hospital Southampton (UHS) |
| Stuart Cleland (SCl) | Consultant Anaesthetist | University Hospitals Plymouth |
| Anwen Davies (AD) | Patient Blood Management Practitioner, SE | NHSBT |
| James Davies (JD) | Transfusion Practitioner | Kings College London (KCH) |
| Kerry Dowling | Blood Transfusion Lab Manager | University Hospital Southampton (UHS) |
| Laura Green (LG) | Consultant Haematologist | Barts Health NHS Trust (BHT) |
| Robert James (RJ) | MOD Consultant in Emergency Services | University Hospitals Plymouth |
| David Johnson (DJ) | Blood Transfusion Laboratory Manager | St Mary’s Hospital London |
| Tracy Johnston (TJ) | Patient Blood Management Practitioner, London | NHSBT |
| Marina Karakantza (MK) | Consultant Haematologist | St James University Hospital, LTHT/ NHSBT |
| Caroline Lowe (CL) | POCT Co-Ordinators | University Hospitals Plymouth |
| Josephine McCullagh (JM) | Consultant Clinical Scientist | Barts Health NHS Trust (BHT) |
| Vincent Michael (VM) | Clinical Blood Sci, Deputy Spoke Site Man. | St George’s Hospital (SGH) |
| Chloe Orchard (CO) | Transfusion Technical Lead | St George’s Hospital (SGH) |
| Katherine Philpott (KP) | Transfusion Lab Manager | Addenbrookes Cambridge |
| Ric Proctor (RP) | Consultant in Emergency Medicine | James Cook University Hospital |
| Thomas Scorer (TS) | Consultant Clinical Haematologist | University Hospitals Plymouth |
| Julie Staves (JS) | Transfusion Lab Manager, Chair - National Lab Managers’ Group for NBTC | John Radcliffe Hospital - Oxford (OUH) |
| Tina Taylor (TT) | CWPS Network Blood Transfusion Manager  Blood Transfusion Laboratory | University Hospital Coventry |
| Selma Turkovic | Patient Blood Management Practitioner, London Region | NHSBT |
| James Uprichard | Consultant Haematologist | St George’s Hospital (SGH) |

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|  | **Minutes of Meeting** | ACTION |
| **1.0** | **Welcome and Introductions**  FC welcomed everyone to the meeting and introductions were made. |  |
| **2.0** | **Previous Minutes**  Minutes from the meeting on the 24th April 2024 were agreed. To be uploaded to NBTC website – **ACTION** | DB |
| **3.0** | **Updates – Major Trauma Centres and KSS**  **Highlights – Jonathan Ricks (JR) – University Hospitals Southampton**   * Main concerns are around Group O blood stocks and challenge at UHS due to taking short-dated EMO stock from Nuffield * Discussion started with HEMS about taking pre-hospital, pre-transfusion G&S samples. – still in discussions – delayed due to LIMS switchover on 1st July * Increase in RBC wastage in June – increased TIMEX and OTCOL * Business case in for staff in TP team to manage wastage more proactively on daily basis approved – awaiting recruitment. * Have not been able to pull data – senior team all working on LIMS switchover.   **Highlights – Helen Brown (HB) – Imperial College London**   * Main concerns around reducing wastage – Time expired. * Comprehensive wastage review taking place. TP’s auditing wastage within the Blood Transfusion Service to identify areas where wastage occurs and the underlying causes. * Aim to reduce stock holding in both the Blood Transfusion Lab and satellite fridges throughout the Trust. * Weekend stock reclamation, working with clinical teams who have satellite fridges to assist in reclaiming unused stock from over the weekend. * Trials include – DNAe, RAPID-1, RAIDS, DISCUS, FUTURE-GB, MAST, SWiFT, POLYFIX-DCM, ReWiRe, committed, TAP, ASPIRED, SIS, RESPOND * Number of trauma cases over the last 3 months.   + Adults 28   + Paediatrics (below 16 years of age) 2   + Total 30   + Total RBC issued 324, RBC Total transfused 153 , Total returned 166   + Total RBC Wasted of returned RBC 5   + Total FFP Issued 295 , Total FFP Transfused 149, Total returned 129   + Total FFP wasted of returned FFP 17   + Total PLTs Issued 14 , Total PLTs Transfused 13, Total returned 1   + Total PLTs wasted 0   + Total CRYO Issued 13 , Total CRYO Transfused 8, Total returned 3   + Total Cryo wasted 2   **Highlights – Dwamenah Bismark (DB) – University Hospitals Coventry & Warkwickshire**   * Improvements in wastage due to changes in MHP. This was presented to DBTS. * Have been providing education to staff on stock rotation. * Changed from AB FFP to A   **Highlights – Victoria Humphreys (VH) – St George’s Hospital**   * Completed an audit and deemed that a lot of A-neg platelets are going to Rh positive patients. * Now changed to Rh positive and amended the policy. If a woman receives positive platelets will then administer Anti-D. * This should reduce platelet wastage.   **Highlights – Emily Carpenter (EC) – Kings College Hospital**   * Main concerns – Synnovis downtime due to cyber attack since 3rd June 2024, has resulted in no working LIMS. Remained open for Trauma but had to reduce hospital activity. * Long term concern regarding sampling post Epic, particularly in ED. * Switched from AB Octaplas to A Plasma, data now showing significant reduction to AB plasma as knock on effect. * Currently using group O only due to Synnovis downtime, so wasted all group specific in stock. * Unable to extract trauma case data as no working LIMS since June |  |
| **4.0**  **4.1**  **4.2**  **4.3** | **Review Stock Position**  **O-negative**   * Communication sent by NHSBT about pre-amber alert with concerns about stock levels dropping. Some reduction in O-neg comes from the increase in demands from the sickle cell patients – more crisis when fluctuations in weather and due to Cyberattack affected hospitals not being able to issue group specific. * Moving stock around nationally to meet requests but NHSBT on-call Consultants have been vetting requests across the country in regard to O-neg, CMV neg in particular. Asking some hospitals to take Kell pos. * NHSBT Comms team have launched a media campaign to align with the release of the new Deadpool movie in cinemas, to try to get more donors in. * FC appealed for Major Trauma Centres to take O-neg/Kell Pos . * Donor slots available in static donation centres . Mobile donor sessions are working at 100% capacity. Plans to expand this in the future but may take a few months. * FC asked hospitals to promote PBM measures and promote donation. * The NHSBT shortage plan is located on the link below <https://nationalbloodtransfusion.co.uk/recommendations> * FC asked the group to circulate this within their teams.   **AB Plasma**   * FC thanked everyone for their efforts to reduce wastage and move over to group A plasma.   **Cyber Attack – Feedback from Emily Carpenter (EC) – Kings College Hospital**   * Started beginning of June - the LIMS system completely unavailable. * Now have a read only version of the LIMS but we’re still having to issue blood manually. This means sticking to Group O blood. * Stayed open for trauma patients - we had to briefly close a couple of weeks ago when there was a huge code red. * Mutual aid set up -transplant and cardiac work has been relocated around London. NHSBT are also helping with crossmatches. GSTT sending work through to their local private hospital who are also helping with crossmatches and red cell exchange with the aid of TAS nurses. * Trusts should focus on the ability to stock share as a lot of Group specific units were wasted due to not having this in place. * FC asked everyone to look at the Trusts Business Continuity plans. Hopefully in the future, the affected hospitals can write a lessons learned document. NHSBT have recently reviewed their plan if the LIMS system went down. * DBi commented - their Trust store information on the Trust server. However, UKAS highlighted that they need to try and retrieve this data to ensure it is an effective back-up system. * AT - Lincoln are networked across five sites across two Trusts. This enabled stock sharing and an agreement between Nottingham to take FFP as agreed with the air ambulance. Also have a back-up server in the form of NLAG. **Action:** AT to share business continuity plan . * DBi asked when stock sharing how do you manage budgets. Both EC and AT agreed that in their Trust if they take stock and use it, then it would come out of the receiving hospitals budget, if they take stock and still have to waste it, it then stays with the originating hospital budget. | AT |
| **5.0** | **BSMS Wastage Data – Sophie Staples – BSMS Lead Specialist**   * SS presented the issue and wastage data from Blood Stocks Management. * FC added that there is a project that has started regarding smoothing out the supply of platelets, as there is a dip in stock on Wednesdays and Thursdays. One of the reasons why A-neg has been in pre-amber alert for so long. * Project commenced on cost of smoothing out the supply of platelets over the 7day week. Asking clinical services to comment on the impact on their services if there was a shortage t would be the impact on their service. **Action:** FC to send an email and asked if the group could send this onward to high platelet users. Responses to be sent to [Fateha.Chowdhury@nhsbt.nhs.uk](mailto:Fateha.Chowdhury@nhsbt.nhs.uk) to feedback the information to the project manager. | FC |
| **6.0** | **Midlands Blood to Scene Project Overview – Adele Turner (AT) Midlands Pre-Hospital Blood Working Group Chair**   * Working on Pre-Hospital Blood project which was aimed at amalgamating the processes and align documentation for HEMS within the Midlands Region. * The Traceability Document is on the NBTC website for viewing <https://nationalbloodtransfusion.co.uk/rtc/midlands/documents-and-resources> * The MoU document is having the final amendments for sign off and then the project will draw to a close. * Phase two of the project is ‘Blood to Scene’ which we’re expecting the project to last for around 36-60 months. * Hoping to achieve representation from the 33 hospitals within the Midlands region, 2 ambulance services and HEMS aircraft. * In regard to ‘Blood to Scene’ there are very different major incident plans which aims to align and develop a mechanism to transfer blood support at the scene of an incident. * In the preliminary stages of discussion with East Midlands Ambulance Service (EMAS). * Currently generating interest and support for this long but worthwhile project. * Pre-hospital sampling was discussed in the Haematology and Trauma group. AT commented that they steered away from this following a three-year continuous audit of trauma patients which revealed the largest percentage to be males with an average age of 42 in the Midlands region. This resulted in use of O-positive after risk assessments and discussions with the Patient Safety Committee and the Trust HTC. EC said that London had more success with sampling due to having an extra person on board and sampling has become more electronic. Re-examining this would be helpful. * VC asked how traceability would work in a major incident with multiple patients. AT replied that this will be one of the processes that will be looked into when the project starts but envisage that one option could be sending the traceability document with the box of blood. However, we will need engagement from Clinical Teams to deliver this. * EC commented that a wrist band with unique identifier was discussed previously with air ambulance. |  |
| **7.0** | **Review of Workplan**   * Discussed holding another education even. * **Action:** Need to secure a date in March/April 2025. DB to send FC availability, to prevent clashes. * Group to feedback ideas on topics. * **Action:** FC will look at putting some questions together for another Anticoagulation audit for trauma patients for early 2025. | DB/FC  FC |
|  | **Trials Update**   * Nothing to report. |  |
|  | **PBM Update – Supplied Post Meeting**   * July PBM update. * Factsheets and infographics covering appropriate use, patient safety, alternatives and blood conservation <https://hospital.blood.co.uk/patient-services/patient-blood-management/pbm-toolkit/> * Iron and iron deficiency anaemia factsheets and dedicated webpage covering recognition and management. <https://hospital.blood.co.uk/patient-services/patient-blood-management/pre-operative-anaemia/> also, see the anaemia elearning package <https://hospital.blood.co.uk/patient-services/patient-blood-management/pre-operative-anaemia/> * Tranexamic acid (TXA) factsheet <https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/25362/6-txa-final.pdf> * Appropriate use factsheet <https://nhsbtdbe.blob.core.windows.net/umbraco-assets-corp/25360/4-restrictive-final.pdf> * Management and guidance for use of O D positive and O D negative red cells <https://hospital.blood.co.uk/patient-services/patient-blood-management/> * Patient information and consent <https://www.transfusionguidelines.org/transfusion-practice/consent-for-blood-transfusion> * QS138 Quality Insights Audit Tool <https://hospital.blood.co.uk/audits/qs138-quality-insights-audit-tool/> |  |
|  | **AOB**   * Nothing to report. |  |
|  | **Date of Next Meeting**   * 23rd October 2024 | |