Transfusion Advisory Discussion Group Meeting

13th March 2025 | Teams Meeting 14:30 – 16:30

Chair: Jey Visuvanathan
Attendance: 48 members

Name	Organisation	Role	Initials
Jey Visuvanathan	Synnovis	Blood Transfusion Laboratory Manager	JV
Danny Bolton	NHSBT	Customer Services Manager	DB
Nella Pignatelli	NHSBT	RTC Administrator	NP
Doris Lam	NHSBT	RCI Lead	DL
Sibel Bafekr Mishamandani	East Sussex Healthcare	Senior Biomedical Scientist	SBM
Joana Lemos	University Hospitals Sussex	Lead BMS Transfusion	JL
Linda Price	Lewisham And Greenwich	Senior Specialist Biomedical Scientist in Blood Transfusion	LP
Michaela Rackley	NHSBT	Customer Services Manager	MR
Rashmi Rook	Surrey And Sussex Healthcare	Lead Biomedical Scientist	RR
Susan Mitchell	East Kent Hospitals University	Blood Transfusion Laboratory Manager	SM
Simisade Olorode	St John And Elizabeth Hospital	Pathology Lead	SO
Joanna Chmielowiec	Nuffield Health	Blood Transfusion Lead/Senior Specialist Biomedical Scientist	JC
Denroy Lindsey	Great Ormond Street Hospital	Blood Transfusion Laboratory Manager	DEL
Helen Thom	NHSBT	Transfusion 2024 Development Lead	HT
Sara Wright	NHSBT	Consultant Clinical Scientist - RCI	SW

Besma Ali	Great Ormand Street Hospital	Specialist Biomedical scientist	BA
Lucy Ncube	HCA Healthcare	Blood Transfusion Laboratory Manager	LN
Catherine Lorenzen	East Kent Hospitals University	Chief Biomedical Scientist	CL
Luke Woodford	Guy's and St Thomas'	Senior Biomedical Scientist	LW
Ruth Harper	NHSBT	Customer Services Manager	RH
Heather Clarke	NHSBT	Development Lead - Transfusion	HC
Paul Mcdonald	NHSBT	Senior Transport Manager	PM
Kenneth Amenyah	Synnovis	Operations Manager- Blood Transfusion	KA
Paul Wadham	Royal Marsden Hospital	Blood Transfusion Laboratory Manager	PW
Catherine Booth	NHSBT	Consultant in Haematology and Transfusion Medicine	CB
Andreea Neamtiu	Surrey And Sussex Healthcare	Unknown	AN
Patricia Richards	Synnovis	Blood Transfusion Laboratory Manager	PR
David Veniard	The London Clinic	Blood Transfusion Laboratory Manager	DV
Zaid Kazi	The Doctors Laboratory	Unknown	ZK
Xiaohui Tang	Barking, Havering and Redbridge University Hospitals	Blood Transfusion Laboratory Manager	XT
James Alastair Davies	King's College Hospital	Senior Transfusion Practitioner	JD
Brian Robertson	Imperial College Healthcare	Blood Transfusion Laboratory Manager	BR
Anna Li	Royal Free London	Transfusion Practitioner	AL
Zoe Sammut	University Hospitals Sussex	Blood Transfusion Laboratory Manager	ZS
Chloe Orchard	St George’s Hospital	Blood Transfusion Technical Lead	CO
Kathleen Sharp	Medway	Lead Transfusion Practitioner	KS
Ishmael Carboo	Health Services Laboratories	Head of Blood Transfusion	IC
Elisha Thuesday	Kingston And Richmond	Blood Transfusion Laboratory Manager	ET

David Johnson	St Mary's	Blood Transfusion Laboratory Manager	DJ
Linda Chapple	Imperial College Healthcare	Blood Transfusion Laboratory Manager	LC
Lorna Toward	Imperial College Healthcare	Blood Transfusion Laboratory Manager	LT
Mfon Anwana	Imperial College Healthcare	Blood Transfusion Laboratory Manager	MA
Deidre Patience	Blackheath	Head of Blood Transfusion	DP
Sarah Haskins	Dartford And Gravesham	Senior Biomedical Scientist	SH
Helen Omuco	Royal Marsden Hospital	Blood Transfusion and Blood Sciences Quality Manager	HO
Tawe Hove	Imperial College Healthcare	Blood Transfusion Laboratory Manager	TH
Pamela Glinski	University Hospitals Sussex	Chief Biomedical Scientist	PG
Odumeru Dapo	NHSBT	Regional QA Manager	OD

Apologies: n/a

Minutes Secretary: Nella Pignatelli
For any amendments, please contact nella.pignatelli@nhsbt.nhs.uk

-- Meeting starts --

1. Welcomes & Introductions

JV asked the members on call to introduce themselves.

2. NHSBT Customer Service Update
Presented by DB and MR

2.1 Customer Service Team update

DB introduced MR as the new permanent Customer Service Manager (CSM) for Colindale and informed the group about the new permanent CSM in Barnsley. DB told the group that these additions are very positive, as they now have a complete team of CSMs. This means more time can be dedicated to supporting local hospitals. The

current team structure is still under review, and workloads and priorities may be adjusted in the future to further increase the time available spent with local hospitals.

DB thanked the group for the support during the Amber Alert. O Red Cells are still in Amber and B- Red Cells are Pre-Amber, but stock levels overall have become steadier over the last few months.

2.2 Creased labels on blood component units

DB told the group that the CSMs are currently looking into creased labels on blood boxes, which led to some hospitals being unable to add units onto their LIMS or their internal system. DB's colleague in Manchester set up a group to investigate why this was occurring, which later revealed multiple causes, some included:

- Poor label application to red cell units
- Condensation caused due to changes in temperature which affected the adhesion of the label causing creases in the barcode
- Printer-related creases

DB and his team wanted to prevent this from continuing to happen, and some actions they took included:

- Reminded NHS staff to smoothly apply labels
- Advised staff on best practice when taking units in and out of the cold room
- Shared the findings from the investigation with the team responsible for procurement of labels which could guide them on what labels to purchase

DB stated that since the implementation of these actions, there has been a significant improvement – with less incidents reported. Additionally, if there are any creased labels within NHSBT, they are sent back to the hospital services or manufacturing for re-labelling.

2.3 Other CSM updates

- Customer Satisfaction Survey
  DB asked the group to please complete the Customer Satisfaction Survey as soon as possible, as the deadline is on the 23rd of March. DB stated that the information from this survey is used for future planning and service development.
- The NHS England Sickle Cell and Thalassemia Blood Group Genotyping Programme has been extended and will continue to provide free of charge testing until the end of June.
- The RCR Reports will only be available on SPICE from the 2nd of June. There is a toolkit available for advice to local hospitals, and any questions can be directed towards your local CSM.

- RCI awareness and RCR assist awareness sessions – a support tool to guide hospital lab staff.
- PBM pages on the Hospital Science Website have been upgraded, making it more navigable and accessible.
- DB stated that hospitals should ensure they provide a month's notice before they start using demand printed labels within their trust/hospital. This is because the heads of the Clinical Services need to approve the label beforehand.
- DB informed the group that if the name of the patient exceeds the character limit, then a handwritten label and form is required.
- DB also asked the group that if their lab is removing their fax, to please notify the Customer Service Team (CST) via the generic CST email. Additionally, to please ensure labs have a generic email address so the lab can receive notifications from the entire CST.
- The CST asked the group to please contact Hospital Services if you are experiencing a build-up of transport boxes and a driver will be organised to come and collect them. This is important as these boxes are needed for transporting more stock.
- CST informed the group that having staff sign for blood products can help resolve discrepancies. Additionally, providing a photo of any pack defects can greatly assist in communications with the supplier.
- DB asked the group if they could highlight the area where empty boxes will be left, so it is easier for the drivers to collect them. This can be done by printing off a sign and placing it at the area.
- DB also asked if the practice of putting empty boxes upside down can be stopped as it is damaging the boxes.

3. OBOS Development Update

Presented by RH

RH introduces herself as a member of the post-improvement team involved in the development of OBOS and provided updates to the group about the new version (10.1.0) which is set to be released on 25th June.

- RH explained to the group how to access the link to RCI assist, which will be at the bottom of the home screen, which will be available on sp-ICE.
- RH reminded the group not to use personal email addresses on OBOS due to security concerns and GDPR compliance. In fact, going forward, there will be an error message when a personal email address is used.

- RH politely asked the group to only use organisational or hospital emails, such as nhs.net.

The group was reminded of the joint statement published in November 2023 which recommended the removal of the max life box option for all adult red cells – both radiated and standard. RH shared with the group that red cells up to shelf-life are considered appropriate for transfusion groups excluding neonates and infants receiving large volume transfusions. RH showed ordering practices for max life requests and confirmed that there has been a reduction in these requests from November 2023 to February 2025. RH emphasised that although the max life box will be removed, it is reassuring that the average age at dispatch of blood was less than 10 days old.

4. Transfusion 2024 Project Updates
Presented by HT and HC

4.1 RCI Assist

HT informed the group of the four challenges in the delivery of good practice and potential solutions:

- Stronger Patient Blood Management Collaboration
- Increased Transfusion Laboratory safety
- Enhanced Information Technology
- Further Research and Innovation

HT informed the group of the urgent need to strengthen support for Hospital Transfusion Laboratories (HTL) to ensure safe provision of care for patients in need of transfusion. HT introduces the RCI Assist tool to the group and reported that staff feel more confident when using it. RCI Assist will be available through sp-ICE or OBOS.

HT told the group that there is online training for using the RCI Assist tool and face to face training is also available at the Colindale centre.

4.2 Electronic reporting and requesting

HC introduced to the group a new electronic reporting system for referring samples to NHS Blood and Transplant (NHSBT). Initial rollout focused on Foetal D testing, with plans to expand to RCI (Red Cell Immunohaematology) and H&I (Histocompatibility and Immunogenetics).

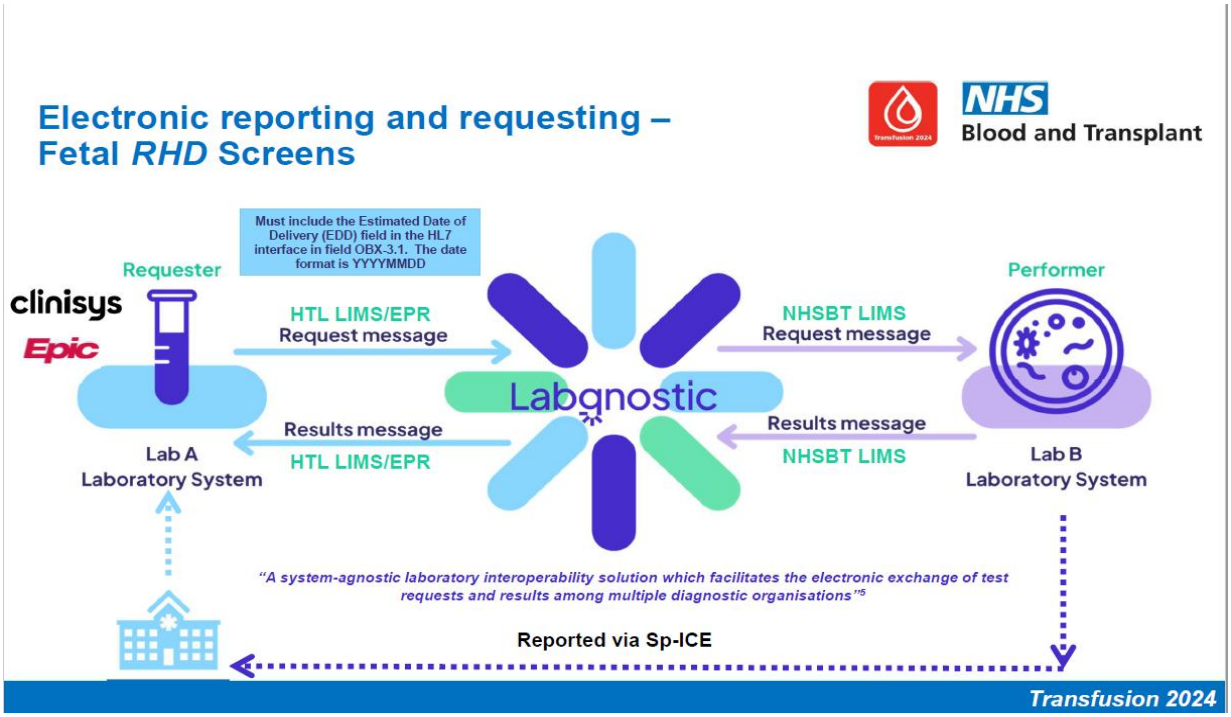
HC listed key benefits of this new electronic reporting system, some of which include:

- **Reduced Turnaround Time:**

Foetal D testing turnaround reduced from 10 days to as little as 3 days.

- **Improved Clinical Management:**
  Faster results enhance patient treatment and decision-making.
- **Operational Efficiency:**
  Eliminates manual booking at NHSBT and hospital labs.
  Reduces staff workload and associated costs.
- **Fewer Rejections:**
  Improved sample identification reduces errors and costs.
- **Customer Satisfaction:**
  Long-standing demand from hospital labs now being addressed.
- **Auditable Tracking:**
  Full traceability of samples from hospital to NHSBT and back.

HC showed the group this process overview:



Current status of the new electronic reporting system:

- 35 sites live using CliniSys or EPIC systems
- 38 additional sites in progress
- Development of RCI and H&I functionality has begun

4.3 Key takeaways from Q&A

HC stated that they are still trying to get proof of the concept. She elaborated to the group that with Foetal-D it is one test with only five possible results but with RCI it has got many tests with hundreds of potential results.

HC told the group that when she worked in Derby and they went live with the first pilot site for WinPath Enterprise, the Foetal D rejection rate dropped by half because there were no longer any sample ID errors as it removed the manual transcription processes.

CB asked if it was possible to make an update from the hospital end and if providing further information can be done electronically. HC responded stating that this is not currently being done for Foetal D which is something they will feed back to the team during the RCI senior managers workshop.

5. RCI Updates

Presented by DL

5.1 RCI Performance and Operational Update

DL informed the group that:

- Both Colindale and Tooting laboratories reported good EQAS results with no penalties.
- Genome machines are operational again; Colindale is currently undergoing validation.
- Colindale handles over 1300 samples per month and Tooting handles 1000 samples per month.
- Colindale experienced a dip in summer activity, while Tooting saw a spike due to supporting hospitals during the cyberattack.
- Colindale is struggling to meet the 95% target for 5-day TAT due to staff sickness and ongoing training needs, and TAT is averaging around 6 days.
- Tooting showing a stable performance with a mean TAT of 3 days.
- Users are encouraged to request two units instead of one to improve efficiency and reduce delays
- Due to the manual nature of RCI tests, this is contributing to longer processing times.
- RCI Assist Tool helps hospitals triage whether a sample truly requires RCI referral and encourages appropriate use of urgent referrals.
- Users must ensure staff have access to sp-ICE for viewing reports and printing antibody cards.
- Free genotyping for Sickle Cell and Thalassemia available until the end of June 2025.

6. Other Updates: RTT, RTC and UKTLC
Presented by JV, NP and JD

- NP informed the group that the next RTC education event will be on 'IBI and its implications'.
- Feedback from the previous education event suggested a high demand for inclusion of case studies in the next event.
- JV asked the group if they could get in touch if anyone has any interesting case studies to share.

7. Laboratory Matters: Group Discussion

7.1 CliniSys WinPath

JD shared insights from ongoing discussions with colleagues at King's College Hospital, Guy's and St Thomas', and across the wider region, highlighting concerns about the limitations of LIMS systems in emergency blood issue scenarios where a patient's blood group is unknown. It was noted that their current LIMS only permits the issue of group O red cells in such cases, which is appropriate. However, the system also restricts the issue of other blood components like group B platelets, plasma, or cryoprecipitate, even when such issue would be within clinical guidelines. For example, issuing group B, high-titre-negative plasma is guideline compliant but still blocked by the LIMS. The concern raised was that the LIMS is enforcing restrictions that go beyond clinical guidelines, potentially hindering emergency care. The group was asked whether their own LIMS behaves similarly, whether it can be configured to allow more flexibility, and whether there is consensus that LIMS should permit the issue of components like group B platelets in emergencies. The discussion aimed to gather feedback and explore how to collectively approach LIMS suppliers to address these limitations. JD confirmed that his lab uses WinPath 2023.1.

JV stated that it might be a good idea to bring these concerns to the next WinPath user group meeting.

BA added that her lab experienced similar problems with issuing Group AB Plasma if the patient's group is unknown. BA added that CliniSys are planning to make changes to this in their next update.

PW explained that their site does not use CliniSys but instead uses SafeTrace, which presents a similar limitation in emergency blood issue scenarios. In SafeTrace, users can define which blood group to issue in an emergency, but the system only allows one

group to be set, which is restrictive. To work around this, they have implemented a secondary emergency login for staff. This login has different access rights and allows staff to override the core system's restrictions, enabling them to issue any blood component to any patient under any circumstances when necessary. PW emphasised that this access is heavily monitored, audited, and tracked to ensure appropriate use. He noted that this workaround was the only viable solution they found, as being limited to issuing just one group in emergencies was impractical.

SM shared their experience as a future WinPath user currently undergoing the user acceptance testing process, expressing frustration with the system's limitations—particularly around electronic issue functionality. SM noted that WinPath claimed that certain features, such as temporary exclusions, are supported. However, in the version currently being validated, these features are not functioning as claimed, which SM described as a significant patient safety risk. SM emphasised that their team does not have the staffing capacity to revert to full serological crossmatching, especially after previous reductions in staff due to the efficiencies gained from electronic issue. SM stated they would not go live until version 2023.2 is tested and validated and urged others to raise concerns collectively through user group meetings.

7.2 Compliance report

JV asked how a quality manager who was overseeing multiple departments should have been represented in the compliance report. For example, if the manager was responsible for five departments, including during a transition period, should they have been recorded as 0.2 FTE? JV also invited others to share how they had typically reported quality managers and senior staff in similar situations. He noted that the issue became more complex when staff were shared across departments, such as between blood transfusion and haematology. In such cases, he asked whether a senior staff member shared with haematology should have been listed as 0.5 or 1.0 FTE under blood transfusion.

DJ explained that in the North-West London group, staff were rotated and shared daily across departments. When preparing reports, they based their staffing numbers on the designated red, amber, and green critical staffing levels for each section, rather than on specific individuals. For example, in blood transfusion (BT), they reported against a target number of staff required to operate the service. This establishment target was what they included in their BCR reporting.

RR emphasised the importance of accurate staffing data, especially for key roles like quality managers, blood bank managers, and senior staff. She suggested that following

UKTLC guidelines and conducting monthly monitoring would give a more accurate picture of lab staffing levels.

JV agreed but pointed out that staff sharing across networks creates confusion. He stressed the need to reflect the actual time staff spend at each site in reports.

RR responded that with accurate weekly monitoring, such as noting how many staff were present and for how long (e.g., one senior for two days), labs could aggregate this data over the year to get a realistic view of staffing.

7.3 Bio-Rad IQC results

JV raised a concern about weak reactions in their Bio-Rad IQC results. Their local policy accepts +2 reactions as the standard, but recently, +1 reactions have been consistently observed, even after repeating tests and requesting new QC samples from Bio-Rad. JV asked if others use +2 as their acceptance criteria and whether anyone else has experienced similar issues with Bio-Rad.
DJ responded that they had a similar issue. Initially, they also used +2 as the acceptance threshold, but after consulting Bio-Rad, they learned that +1 reactions are still considered valid. As a result, they updated their policy to include +1 reactions in their acceptance criteria.

RR expressed concern about this change, noting that if +1 is the baseline, and the tolerance is ±1, there's a risk of missing genuine positives. They previously ran IQCs at +3, allowing a range of +2 to +4, which provided a safer buffer.

DJ agreed with RR's concerns. He explained that they had also experienced persistent +1 reactions, regardless of the QC batch used. Their site had to reconsider its acceptance criteria because the previous +2 threshold was no longer consistently achievable.

Other members of the group also reported similar issues with their Bio-Rad IQC results and the discussion continued till the end of the meeting.

-- meeting ends --