

Oxford Southampton User Group Meeting

Minutes of meeting held on 16 July 2025 NHSBT Oxford, John Radcliffe Hospital.

Apologies:

Kerry Dowling, Clare Thompson, Hannah Recas, Helen Slade, Rob Stirk, Olivia Yarney, Anwen Davies, Marie Judd, Matt Hazell, Richard Riley, Harvey Rampton, Alex Bhag

Hospital Attendees:

Julie Staves	JS	Transfusion Lab Manager, Oxford Radcliffe Trust. (JR)
Jason Frankcam	JF	Senior Biomedical Scientist, Kettering General
Karen Spreckley	KS	Haematology and Blood Transfusion Operational Manager Northampton General Hospital NHS Trust

NHSBT Attendees:

Carol Stenning	CS	Hospital Customer Services Manager, SW and Southampton
Shaban Tufail	ST	Hospital Customer Services Manager, Midlands and Oxford
Tali Yawitch	TW	Scientist (Epidemiology) NHSBT/UKHSA Epidemiology Unit
Autumn St John	ASJ	Data Manager - Joint Epidemiology Unit (JEU)
Rhian Edwards	RE	Customer Benefits Lead for Universal Components & Dried Plasma projects Component Development Team
David Hoyle	DH	First Line Transport manager, Oxford NHSBT Transport

Sponsor: Melissa Robinson, Sales Manager Brenmoor.

Abbreviations

AOB	Any other business
BA	Batch acceptance
BAU	Business as usual
BCR	Blood compliance report
BBTS	British blood transfusion society
BSMS	Blood stocks management scheme
CSM	Customer Service Manager
DHSC	Department of Health and Social care
EBMG	Emergency blood management group
EPR	Electronic patient record.
EXM	Electronic XM.
FFP	Fresh frozen plasma
H&I	Histocompatibility and immunogenetics
HbOP	Haemoglobinopathies

HTL	Hospital transfusion laboratory
ISBT	International society for blood transfusion
ISO	International Organization for Standardisation
LIMS	Laboratory information management system
LRI	Leicester Royal Infirmary
MHRA	Medicines and healthcare products regulatory agency
MoD	Ministry of Defence
NBTC	National blood transfusion committee
NHSBT	National health service blood and transplant
NHSE	National Health Service England
NTLM	National transfusion laboratory managers
OBOS	Online blood ordering system
OT	overtime
QA	Quality assurance
pAD	Prophylactic anti D
PoCT	Point of care testing
QR	Quick response
RA	Risk Assessment
RCI	Red cell immunohaematology
RTP	Room temperature and pressure
SCD	Sickle cell disease
SOP	Standard operating procedure
SLA	Service level agreement
SpICE	Specialist services integrated clinical environment
SSBMS	Senior Specialist Biomedical Scientist
T2024	Transfusion 2024
Thal	Thalassaemia
TLMs	Transfusion laboratory managers
TP	Transfusion practitioner
TrT	Turnaround times
TxA	Tranexamic acid
UAT	User acceptance testing
UKAS	United Kingdom accreditation services
WPE	WinPath Enterprise
XM	Crossmatch

MINUTES

Hospitals Discussion

UKAS/MHRA

JS had a surveillance 1 visit recently. The main visit last year was the move to the new ISO standards.

This visit was 4 days in total to review technical assessments.

- Day 1 looked at screening
- Day 2 Haematology and HbOP. (Despite recent new analysers and extension to scope.)
- Days 3 and 4 were dedicated to Transfusion.

Jane Tidman was the inspector, there were 6 findings, and the inspector did state they had to drill down to find anything.

The main finding was around the storage of large Bio-Rad diluent bottles. Manufacturer instructions state these need to be held at 2-8 degrees, and require 30 minutes equilibration prior to use, not ideal for manual crossmatches.

Work around is using the smaller diluent bottles for the bench work, these are stable at rtp. For 5 days, would equate to an extra £30 a month on reagents and JS planning on performing a parallel study to enable extension to 7 days on the bench with a RA for ease of stock rotation.

Another finding was there was no return to service form for centrifuges post service/repair.

XM controls, this will be answered with a RA for the John Radcliffe to allow for the control to be performed once a day and at the Horton lab the XM control will be performed with every XM.

JF at Kettering had 1 UKAS finding on the BA of consumables involved in the production of results. E.g. pipette tips, glass slides and POCT. This will answer the 'BA must be performed on anything that can affect patient results.'

KS commented that UKAS in every department at Northampton were focused on the authorisation of banding to perform tasks within SOPS. UKAS would not accept that the competency assessments cover this and will answer this finding with a banding matrix.

There was then some discussion about how the additional evidence for 'trained' staff was managed during their subsequent rounds of competency assessment. Or whether they completed the same competency assessment. It was recognised that less evidence is required post initial sign off.

JS stated that they use quizzes embedded into iPassport as ongoing evidence which has been effective.

Laboratory Updates

Networks

As part of the network the John Radcliffe will move to Clinisys WPE as their LIMS, however Clinisys' promise is that a move to their LIMS should not be a step backwards. This will delay the move for the JR as they are currently on order comms for their current system and this has been in place several years and to move away from this poses a risk of error due to change in practise.

So Clinisys are working on order comms, JS is anticipating a go live of Feb 2026.

Also, the function of QR barcode scanning needs to be in place for Tx.

There was then some discussion over pAD and the fact that WPE will remove these patients from EXM permanently. This again is not currently in place at the JR, Clinisys originally suggested that once the pAD was no longer detected then the special requirement could be manually removed by the team, this is too much of a risk, so Clinisys are working on a rule.

Some systems have 3 levels of anti – D, allo, ? and pAD.

KS asked what data take on JS will perform, JS confirmed they will perform data take on back to 2005, 30 days of transfusion history, all grouping and antibody screens/panels, comments and flags.

And would check 2500 entries and all the complex SCD/Thals as these are the high risk, trickier patients.

JF asked if this would mean they would return to 2 samples on every patient first time in the new LIMS. JS stated that they have been using a single sample since order comms.

JS has also stated that she will keep a read only version of TPath for 10 years post go live.

Staffing

JS has recently created a Band 6 position within her department with a number of internal and external applicants.

However, the JR is under vacancy control, vacancies for bands 2-4 are relatively easy to obtain approval for at divisional level. It has helped that the medical director for pathology also sits on the EBMG and therefore has an awareness of the importance and difference of transfusion from the other disciplines.

There were discussions around senior competencies.

[UKTLC Standards - Serious Hazards of Transfusion](#)

Provide example mapping of various bands against professional qualifications which could be used to generate competencies.

KS has stated that they are currently at establishment. With a good maturity. They are currently under pressure to remove any bank working.

They currently have a retired band 7 who works 2 days a week and has been hugely beneficial in training.

JF currently has a vacancy for a Band 7, full time.

The training burden within the department is high and the maturity of the team is below that at Northampton.

Summer always poses a 'training drought'

There was discussion at the reluctance of Band 5 and 6s to work out of hours.

Kettering and Northampton are under recruitment restrictions, and this includes a 5 posts a month only across clinical support services and oncology.

OT is currently only permitted until 1st September and then it must be allocated as bank shifts, thus removing pay enhancement.

All bank shifts must be approved at executive level. Both teams are relying on OT to staff out of hour shifts.

It was highlighted that when executives review staffing across pathology there is the assumptions of cross discipline backfill which just is not a practical option.

KS currently uses 99 hours OT per month and JF 150 OT.

KS has stated there are gaps in September's rota and these will have to be filled by bank

JF is attempting to get anticipated bank shifts approved now.

NTLM updates

Drop in sessions

The drop in webinars have been received well with lots of positive comments.

They have not been recorded so to create a 'safe space' for TLMs to ask any questions.

There is an option to log on anonymously also.
It has been opened to TLMs and Band 7s in HTL.
There has been a request to allow for TPs' to be invited this has been declined as it risks the 'safeness' and relevance of the space.
Also, the TPs have a national group and may benefit from a similar project.

Chris and Mike from MHRA have been really engaged, and their attentions has been much appreciated.

JS is looking for topic ideas for later in the year and this project has been acknowledged by NBTC as excellent practise.

Stock Sharing

A point that has been raised out of the O negative audit is stock sharing, this as a process is variable across the country.

KS has reported issues with transferring blood to LRI, as they will not accept untransfused units into stock without a full minute to minute cold chain data on any units transferred. It was recognised that this may be hindered by a vigilant Quality team. LRI were granted 10 Quality posts 7-8 years ago after a UKAS visit, which may be resulting in overly stringent requirements. May be controlled by an SLA?

There is a national general blood transfer policy by redrafted by Cath Philpott.

JS has a good process set up with local and regional Hospitals, due to the JR's speciality and referrals.

There was a discussion around the Amber alert and move to pre-Amber imminently, JS said it would be effective messaging to state that this has been in place for a year now and is effectively BAU, so as we exit HTL should maintaining ordering practise.

Brenmoor: Leading Patient Identification Solutions

MR gave the group an overview of the patient identification solutions Brenmoor offer.

Lookback Forms for Hospital Transfusion Labs

TY and AST gave an overview of the updated and electronic patient lookback form. JS raised the issues over move from ISBT to Codabar numbering and this has been addressed.

Dried Plasma and Dried Cryoprecipitate

RE gave an overview of the advances in dried plasma and cryo project. The teams are now looking for demand from HTL. There is a survey, please complete even if the response is there is no desire or demand for such components.

Please contact RE for link to survey.

Customer Service update



RCI update

RCI sent their apologies as they were unable to attend.

Staffing is still an issue, recruitment is ongoing.

However, TrT have recently increased from 22% to >90% but this has relied upon a significant amount of reprovisioning of routine work and reporting to Tooting and Birmingham.

AOB/Discussion