


UK Red Alert Plans Group Meeting

Wednesday, 23 July 2025 (14:00 – 15:00) via MS Teams

FINAL MINUTES

Attended	
<ul style="list-style-type: none"> - Fateha Chowdhury, Consultant Haematologist (NHSBT) (FC) – Chair - Lise Estcourt, Medical Director Transfusion (NHSBT) (LE) - Allameddine Allameddine, Medical Director (NIBTS) (AA) - Kathryn Maguire, Consultant in Transfusion Medicine (NIBTS) (KM) - Indu Thakur, Blood Health Team Consultant (WBS) (IT) - Mike Murphy, Consultant Haematologist (NHSBT) (MM) - Sue Katic (NHSBT) (SK) – Minutes 	
Apologies	
<ul style="list-style-type: none"> - Katie Hands, Associate Medical Director (SNBTS) (KH) - Edwin Massey, Medical Director (WBS) (EM) - Elisabeth Davies, Clinical Scientist (WBS) (ED) 	
	Minutes
1	<p>Welcome/Apologies Minutes of previous meeting on 19 March 2025 - accepted as final.</p> <p>Matters Arising:</p> <p>Update on EPRR Document (Emergency Preparedness, Resilience and Response guidance for UK Hospital Transfusion Teams (2025)): Change to show England only instead of UK. Also, will add in lessons learned from a series of national exercises held by the UK government on National Power Outages and Mass Casualty Events.</p> <p>Update on MTC/HEMS use of emergency components: Over the last few months FC held meetings with the HEMS Medical Directors to ascertain whether feasible to swap over to O Pos for everyone. 3 HEMS units carry O Neg and O Pos two litre boxes and have not experienced any problems and had minimal wastage.</p> <p>Discussions held around paediatrics. Two years of TARN data from 2019 to end of 2020 showed that there were 1600 paediatric trauma cases who were severely injured, needing surgery/ ITU beds, however no data collected on the blood components received. FC spoke to Anne Kelly (paediatric consultant) who is updating the BSH guidelines with regards to whether it would be safe to give O positive blood outside of a red alert, she was unable to commit to this as not enough data to understand the risks. FC fed this information back to the HEMS Medical Directors, they kindly agreed to look back over the last 12 months of their paediatric cases to provide evidence of blood usage. In the meantime, the labs that are providing HEMS with blood are looking to make sure documentation is ready for a seamless switch to carrying only O positive units. It was agreed using the 2L Credo box will enable carriage of dual inventory. HEMS units using 4L boxes will replace with 2L boxes at the end of their shelf life as boxes are very expensive (£380).</p>

	<p>Update on Four Nations Resilience Group:</p> <p>EM had requested that the UK Red Alert group report into the resilience group, run by Tom Cowdrey (NHSBT), to enable the views of the UK Red Alert Group to be fed back to the UK Forum. FC has spoken to Tom Cowdrey who confirmed that these meetings are informal discussions (no minutes, no agenda) he did not want to receive feedback from this group. FC has emailed information to EM but has not received a response from him yet.</p>
2	<p>Stock Updates</p> <p><u>England Update (LE/FC):</u> Came out of Amber Alert on 21 July, this was helped greatly by the response from hospitals in decreasing demand and minimising impact on O Neg, consolidated by teams within NHSBT moving to using O Pos for men of unknown blood group. Still some resilience issues especially with B Neg red cells.</p> <p><u>Northern Ireland Update (AA):</u> Had been in Pre Amber Alert for O Neg for three weeks, came out last week. Following this held discussions with regional colleagues, Transfusion Blood Bank managers. Had received some data from Matthew Bend about benchmarking of Northern Ireland compared to England which showed some regions are high users. Working closely with Blood Bank and Transfusion leads to find out how to improve performance and improve stock management, many places currently holding 8-9 days of O negative red cells, this is above recommended ISI. No oversight on blood usage, wastage etc. AA plans to write a lessons learned document to share.</p> <p><u>Wales Update (IT):</u> Low B Neg stocks for over a fortnight which related to increased numbers of sickle patients and the proportions of those requiring exchange transfusion. Platelets were low last week but now improving. Have managed to avoid any alerts for quite a while, so overall not too bad, but need more work on B Neg.</p> <p>AA sent congratulations to Wales Blood Service as usage of O Neg is 11.7%, which is excellent compared to the rest of the UK.</p> <p><u>Scotland Update:</u> Apologies received from KH so no update.</p>
3	<p>NBTC Blood Components App</p> <p>Should be ready to test from first week of August. Arranging for testing tool, browser stack.</p> <p>FC will reach out to those who have offered to help with the testing. KH has offered to test for Scotland. IT suggested that Stephanie should be able to help test for Wales. Denise McKeown will help with testing from Northern Ireland.</p>

4	<p>Terms of Reference / Rotation of Chair</p> <p>The UK Forum meets every three months, chaired by the Chief Exec of the Scottish Blood Service.</p> <p>Group discussion on how to report to UK forum as discussions with Tom Cowdery showed not appropriate through the Resilience group. AA is a member of UK Forum and will attend the next meeting in September. TOR can be updated following next UK Forum meeting.</p> <p>Action: AA to amend / revise TOR following next UK Forum meeting.</p> <p>FC has Chaired meetings for almost 3 years, discussed handing over role of Chair.</p> <p>Action: expressions of interest to go to FC.</p>
5	<p>AOB</p> <p>Discussion on sharing blood components between the four Nations. Limited presently as need to ensure that all data (i.e., CMV, Kell, HEV screening information) on components is standardised. Recent stock shared from Wales / Scotland / NI to NHSBT did not have all above information, this made it difficult to integrate into Pulse to enable blood to be used effectively.</p> <p>Following discussions, LE posted a report from a hospital in England as an example of the personalised reports sent out every month on O Neg in particular and showing the benchmarking against other hospitals in the same blood usage category. Hospitals have found these very helpful. There will be a pilot carried out this year to see how Bloodstocks Management Scheme and Hospital Customer Services can help support outlier hospitals to improve practice.</p> <div data-bbox="408 1227 454 1283">  </div> <p>D021 Royal Hallamshire Hospital </p>
6	<p>Next meeting:</p> <p>Wednesday, 26 November at 2pm</p>