

# Confirmed Minutes of the South Central RTC Education Symposium & Meeting

**Held on Tuesday 15 May 2012**

Oxford Science Park

Theme Surgical

Attendees		
Diana Agacy (DA)	TP	Southampton
Vivienne Ballon (VB)	BMS	Wexham Park
Donna Beckford Smith (DBS)	TP	Stoke Mandeville
Dennis Cave (DC)	Medical Education Coordinator	Oxford HLC
Annette Cornish (AC)	TP	Nuffield Orthopaedic Centre
Pushkar Dadakar (PD)	Chair of HTC	Wexham Park Hospital
Amanda Davies (AD)		Oxford University Hospitals
Maria Durkin (MD)	Sister Neuro Intensive Care	Southampton
Andrew Gordon (AG)	Consultant	Wexham Park Hospital
Christine Ellis (CE)	TP	Wexham Park Hospital
Edward Fraser (EF)	TP	John Radcliffe Hospital
Cheryl Hasell (CH)	TP	Milton Keynes Hospital
Kay Heron (KH)	TP	Queen Alexandra
Joanne Hickey (JH)	TP	Queen Alexandra
Tanya Hawkins (TH)	TP	Royal Berkshire Hospital
Brian Hockley (BH)	Data Analyst and Audit	NHSBT
Sami Jaswinder (SJ)	Temporary Staffing Manager	John Radcliffe Hospital
Peter McQuillan (PMc)	Chair of HTC	Queen Alexandra Hospital
Victoria Magante (VM)		Oxford University Hospitals
Jason Mainwairing (JM)	Chair of HTC	Southampton
Chris Marks (CM)	Patient Representative	Oxford HLC
Nicola Mundy (NM)	TLM	Royal Berkshire
Jacky Nabb (JN)	RTC Administrator	NHSBT
Rachel Parker (RP)		Oxford University Hospitals
Terrie Perry (TP)	TP	Buckinghamshire Trust
Neene Price (NP)	Customer Services Manager	NHSBT
Marissa Ramos (MR)		John Radcliffe Hospital
Louise Sherliker (LS)	TLN	NHSBT
Simon Stanworth (SS)	Consultant Haematologist	NHSBT
Anthony Stock (AS)	Chair of RTC and HTC	Milton Keynes Hospital
Alison Wright (AW)	TP	Milton Keynes Hospital
Apologies		
Liza Keating	Chair of HTC	Royal Berkshire Hospital
Kim East	TP	Wexham Park Hospital
Michael Cheung	TLM	Nuffield Hospital Hampshire
John Travers	TLM	Royal Hampshire Hospital
Barry Hearn	TLM	Queen Alexandra Hospital
Dawn Carvey	TLM	Southampton Hospital
Julie Staves	TLM	Oxford University Hospitals
Ann Watson	Chair of HTC	Buckinghamshire Hospitals Trust
Barbara Cripps	Manager Blood Safety & Conservation	Oxford University Hospitals

## 1 Welcome

AS welcomed the group to the meeting and discussed the format for the day

## 2 Presentations

PowerPoint presentations from the RTC Education Symposium have been posted on the SC section of the RTC website

<http://www.transfusionguidelines.org.uk/index.asp?Publication=RTC&Section=28&pageid=1053>

### 1. **Benchmarking results in the use of PCCs and Novoseven in cardiac surgery – Jason Mainwaring**

Selected points from the discussion following the presentation

- a. NM advised that all PCCs have to be approved by a Haematologist at Royal Berkshire Hospital.
- b. The data gathered was across all CTT and included both perioperative and post operative

### 2. **Blood Transfusion in Orthopaedic Surgery – Annette Cornish**

Selected points from the discussion following the presentation

- a. Discussion around the pre op use of Iron, Royal Berkshire stated that they advise patients to take iron tablets prior to surgery and follow this up with a visit to the doctor. Annette Cornish will ask about IV iron with NOC.
- b. Discussion around weight specific target for haemoglobin levels needing transfusion. AS advised that Scotland has done some work around this

### 3. **New arrangements for vascular surgery in Berkshire, Buckinghamshire and Oxfordshire – Andrew Gordon**

Selected points from the discussion following the presentation

- a. TH requested that the information about the new arrangements be passed to the rest of the people involved, i.e. TPs and TLMs
- b. Discussion around sending a crossmatch sample when the patient is being transferred. AS suggested that the transferring hospital takes the sample and provides the results to the receiving hospital. EF commented that this relies on staff in ED or Theatre to identify correctly and this does not always happen. OUH treat the transferred patient as a new patient.

**Action EF - It was agreed that OUH will look at the time of arrival to blood being ready**

- c. The agreed procedure for transferring patients needs to be added to the hospital's transfusion protocols
- d. AG agreed to feedback comments from the meeting

## 10/12 The minutes of the last meeting February 9 2012 were signed off

### 11/12 Update from the NBTC

Selected points from the discussion at the meeting

1. NPSA Safer Practice No 14 was discussed the group requested a copy of the report and details of the TPs involved. **Action AS to advise Teresa Little**
2. FFP – the group looking at extending the shelf life of thawed FFP have concluded that it cannot extend to 5 days so are staying at 24 hours currently. The group have been asked to look again to see if it can be extended at all.
3. Bacterial screening of platelets has improved and currently working well.

### 12/12 HTC Chair update

Selected points from the discussion at the meeting

1. **Royal Berkshire:** Medical Audit – TH reported that they had carried out their own medical audit looking at people having 2 units of blood, hb results following transfusion changed from 6g to 13g. The patients were from ED or Medical Assessment in the main part. A delay in the blood being put in the sample tube often caused an incorrect reading. The process has been changed so that the blood can be put directly into the sample tube. The blood bank has been alerted to identify any questionable results, the change is cost neutral. Other areas have been identified and are being investigated. It was agreed that it is good practice to review unexpected results prior to transfusion.

Should this be fed back regionally?

2. **Queen Alexandra:** Anti D– there is a problem identifying if Anti D has been used, when the blood bank does not issue Anti D. The errors are being reported to SHOT. CE stated that Wexham Park have the same experience and that SHOT are asking the hospital for more information.  
DBS asked whether midwives should be carrying Adrenalin if giving Anti D in the home, it was agreed that this was not necessary  
The NCA will be commencing an Audit of Anti D from September 2012
3. **Southampton:** Ongoing problem with high usage of platelets. This has been flagged up to Clinical Governance.  
There is a lack of understanding of the use of anti coagulants, this was proposed as a subject for future education session
4. **Wexham Park:**
  - a. have a new Consultant Haematologist taking over.
  - b. Have a slot for transfusion at their Enhanced Recovery Symposium in September
  - c. Kim East, Transfusion Practitioner is on maternity leave
  - d. The Massive Haemorrhage drill is taking place this month, it will be recorded on DVD and presented at Transfusion Bites in November
5. **Interventional Radiologist** – suggested as a topic for future symposium. Southampton is having an issue around antenatal screening and use of platelets. Have engaged with all but IVR and requests have gone down 22% with the exception of IVR who have increased by 5%
6. **Milton Keynes:** Are experiencing problems with laboratory staffing levels, pathology modernisation is being considered. AS suggested we need to include discussion on Pathology Modernisation at regional level.  
Wexham Park and Royal Berkshire reported that a decision regarding their area will be made on June 23<sup>rd</sup>. Queen Alexandra reported that a decision regarding Portsmouth, Southampton and Isle of Wight will be made on May 27<sup>th</sup>.  
All agreed that staff in the laboratories are demotivated by the uncertainty and this is having an effect on error rates.

**Action request details of risk assessments that have been made on Pathology Modernisation proposals**

**Action Hospitals in negotiation at moment to send details to JN**

**13/12 TP Update**

TH Presented the 2011 and 2012 Action Plans – the presentation can be found on the SC page of the RTC website

- a. There is a good cohesive approach for TPs in the region
- b. Concern was raised re workload, e.g. BloodTrak in Southampton

**Customer Service Update** (provided after the meeting by Karen Spreckley for the TLM Oxford region)

- a. Several SHOT and SABRE reports made. Only duplicate was switched labels on multiple packs in a transfusion episode
- b. Discussions took place around merging of Pathology services, and Pathology services going out to tender
- c. Request was made for a national template for the Platelet action plan that all Trusts should have
- d. Poor attendance due to timing of meeting so next year's early meeting to be held in February rather than March. Financial pressures within Trusts mean staff numbers and numbers of qualified staff are reducing in departments. This makes it very difficult for senior staff to leave for meetings and training. Significant risk on the quality of service if reductions are carried out too quickly

**14/12 Feedback from BGS meeting Durham**

Vivienne Ballon – was funded by the RTC to attend the BGS meeting in Durham. She reported back that the meeting was extremely useful and enjoyable and gave a short update on lectures given

### **15/12 Blood Issue Across the Region**

Selected points from the discussion

1. Pathology Modernisation may have an impact on the increase of O neg % at the hospitals involved.
2. Royal Berkshire have reduced emergency O neg stock, they supply 2 private hospitals and are taking on one more in September
3. Platelet Guidelines are out of date, new guidelines are expected in 6 months
4. Better Blood Transfusion Team have produced an App for prescribing platelets
5. FFP usage has increased across the region
6. Cryo usage has increased across the region
7. Platelet Double Dose Audit has been sent out and will run from May 14<sup>th</sup> to August 14th

### **16/12 Audits**

1. **Liver Audit** – RBH have a new Liver Consultant, TH agreed to pilot

### **17/12 Next meeting Dates**

Transfusion Bites Education Day November 7 followed by RTC meeting – Milton Hill House Abingdon