

## South East Coast Regional Transfusion Team Meeting

By Telecon  
Tuesday 19 June 2018

### MINUTES

<p><b>Present</b></p> <p>Howard Wakeling Fatts Chowdhury</p> <p>Anwen Davies Leslie Delieu Robert Goddard Lisa March Simon Rang Rashmi Rook Richard Whitmore Ruth O'Donnell</p> <p><b>Minutes</b> Frances Moll</p> <p><b>Apologies</b> Malcolm Robinson Emma O'Donovan</p>	<p>HW FC</p> <p>AD LD RG LM SR RR RW RO'D</p> <p>FM</p> <p>MR</p> <p>EO'D</p>	<p>RTC Chair, Consultant Anaesthetist, Western Sussex Hospital NHS FT Consultant Haematologist, NHSBT and Imperial College Healthcare NHS Trust</p> <p>Patient Blood Management Practitioner, NHSBT Transfusion Practitioner, Darent Valley Hospital Chief BMS/TLM, Queen Elizabeth, the Queen Mother Hospital Blood Transfusion Practitioner, Queen Elizabeth, The Queen Mother Hospital Consultant Anaesthetist, Queen Elizabeth, The Queen Mother Hospital Lead Biomedical Scientist/TLM, East Surrey Hospital Customer Service Manager, NHSBT Transfusion Practitioner, Western Sussex Hospitals NHS FT</p> <p>SEC RTC Administrator NHSBT</p> <p>Chief BMS/Transfusion Lab Manager (TLM), Western Sussex Hospital NHS FT Consultant Haematologist, East Surrey Hospital</p>
		ACTIONS
1.	<p><b>Welcome</b></p> <p>HW welcomed, Simon Rang Consultant Anaesthetist from Queen Elizabeth, Queen Mother Hospital. He was sorry to announce that Angela Green had stepped down. On behalf of the members he thanked Angela for her contribution to the RTT.</p>	
2.	<p><b>Minutes of meeting held on Tuesday 19 April 2018</b></p> <p>With one correction to the Minutes –workplace for FC to be amended to Imperial College Healthcare NHS Trust. The Minutes were agreed as a true record and approved for publication on the website.</p> <ul style="list-style-type: none"> <li><b>Matters Arising</b> <p><b>ICAG consent pad</b> – on agenda</p> <p><b>Iatrogenic Anaemia</b> – on agenda</p> <p><b>JPAC SEC Website</b> – The SEC RTC page on the website has been updated. This will be an ongoing activity for the SEC RTC Administrator.</p> </li> </ul>	FM

3.	<b>RTT Membership</b> <ul style="list-style-type: none"> <li>• <b>TP Representation</b> – LD informed members that Lynne Balderstone (Maidstone) had agreed to join the RTT and would replace LD from September 2018. Jo Lawrence (Frimley) would be attending TADG on behalf of the TP Group.</li> <li>• <b>Consultant Representation</b> – Members welcomed Simon Rang.</li> <li>• <b>GDPR</b> – Members were asked if they had any objection to their name, title and location being published on the JPAC website. There were no objections. <b>ACTION:</b> FM to send an e-mail for members to confirm their agreement in writing.</li> </ul>	FM
4.	<b>Budget Update</b> <p>AD informed members that this year's budget remains the same.</p> <p>HW repeated his decision, to raise the RTT's concern about the potential reduction in the 2019/2020 budget at the next National Blood Transfusion Committee (NBTC).</p> <p>With the possibility of a budget reduction next year, the RTT might have to review the schedule and format of RTC events.</p> <p>Both SR and RG had contacts who might be interested in providing sponsorship for events. <b>ACTION:</b> contact details to be passed onto FM</p>	HW  SR/RG
5.	<b>NBTC – Components Workshop</b> <p>The NBTC asked if the outcome from their workshop could be distributed and discussed at regional meetings. The NBTC Workshop considered demand for blood with extended red cell phenotyping; and demand for and use of group A D negative platelets. The NBTC also suggested that an audit on component use could be carried out next year and requested feedback from RTTs as to whether they would support this.</p> <p>It was agreed that the workshop paper would be distributed to the RTC. Members discussed demand, the ordering of stock, the relevance to the SEC region and agreed to put together a simple regional platelet survey, maximum five questions to see if this was something that was relevant to the SEC Hospitals. The RTT supported the proposed potential audit on component use.</p> <p><b>ACTION:</b> RG and RR agreed to provide the questions, to gather initial feedback. It was also agreed that it should be raised at the next TADG (July 31<sup>st</sup>). FM to distribute the paper. Survey to be compiled by AD, distributed by FM on behalf of the RTT.</p>	RG/RR FM/AD
6.	<b>RTC Work Plan 2018/19</b> <p>The work plan will record working groups activities, projects, etc for ease of reference, to follow timelines, audits and monitor delays, deadlines and completion.</p> <p><b>ACTION:</b> RR to send information from TADG attendance for the work plan, and AD to add platelet survey.</p>	RR/ AD
7.	<b>Meetings and Events Update:</b> <ul style="list-style-type: none"> <li>• <b>Colindale Anaesthetists Pilot</b> – FC reported her disappointment - two dates in April had been scheduled, one was cancelled due to lack of up-take, and the remaining date was poorly attended. RR asked if it might be possible to provide a</li> </ul>	

	<p>video walk through to be available on line. FC said Sally Proctor, who was responsible for Education projects had suggested a Ted Talk option.</p> <ul style="list-style-type: none"> <li>• <b>Next Education Event – Tuesday 17 October</b> SPACE with US (University of Sussex), Brighton has been provisionally booked. This will be a sponsored event and therefore, we will not be able to accommodate a poster competition. Members of the working-group had had a telecom to discuss the programme. Mike Dawe (MHRA) had been confirmed, HW, RO'D and RR would also present. <b>ACTION:</b> FC agreed to invite a colleague to present on donor haemovigilance. SR suggested someone from a commercial patient safety organization to talk about mounting risk. <b>ACTION:</b> SR to provide contact details. FM to organise second telecom for the working-group – FC, RW, RR, RO'D</li> </ul>	FC SR FM
8.	<p><b>National Comparative Audit of Blood Transfusion 2017 Transfusion Associated Circulatory Overload Audit</b></p> <p>Hospitals that took part in the audit, should have received their own set of TACO results. This paper is a generic report, with pages 7 – 9 providing the key recommendations. AD highlighted some recommendations - using risk assessment, check lists, highlighting certain risk factors – age, cardiac failure etc; use TACO as part of transfusion record, documenting weight somewhere obvious; those at risk then receiving further monitoring, empowering people both clinical and patients to challenge etc.</p> <p>AD asked if this was something to be considered as a region, and therefore, to put it on the programme for the Education Day in October? It was agreed TACO was part of mitigating risk and should be considered to raise awareness.</p> <p>The SEC was the lowest reporting region; members considered the possible reasons - was this lack of awareness, under reporting to SHOT, or the fact that the figures were genuinely low? Were Doctors treating this as adult respiratory distress and not realising it was TACO; some medical and surgical teams were not aware what TACO stands for - it was agreed there was a need for more education.</p> <p><b>ACTION:</b> FC agreed to approach potential speakers to present on TACO at the October Education Day.</p>	FC
9.	<p><b>RTC working group updates</b></p> <ul style="list-style-type: none"> <li>• <b>ICAG consent:</b> AD informed members that the final proof is about to be approved. The PDF will be available to go to the HTC meeting for TPs to take back to their Trusts for approval process. (Printing and order timing is unknown at present). It is expected that there will be an electronic version available from the end of July. HW said this was a great achievement to get this developed nationally.</li> <li>• <b>Iatrogenic anaemia:</b> AD informed members that the discard guidance document would be ready by the end of this week, and circulated in the Hospital liaison report. This work is now completed and this item would be removed from future agenda.</li> <li>• <b>QS138:</b> AD informed members that all documentation is now complete following a second pilot involving seven hospitals. The final online tool is ready to be uploaded onto the Hospitals &amp; Science website. There will be questions for NICE asking for clarification on the capture of information.</li> </ul>	

	<p>The tool is for guidance, and will roll-out in July to the SEC. The TP's will carry out an audit every six months. AD was congratulated on completing a huge piece of work.</p> <ul style="list-style-type: none"> <li>• <b>BMS empowerment group:</b> The group has not met since the last RTT.</li> <li>• <b>OD neg RW</b> informed members that the audit had stopped, because there is a National Comparative Audit taking place (it can be started again at any time). There is also a O D neg pilot taking place at Tooting, it started on Monday and hoped it would not interfere with practice. The trial will involve issuing O D negative K negative to K positive units to hospitals in a 80:20 ratio. If there were any problems RW encouraged comments and feedback, which he would log.</li> <li>• <b>Harvey's Gang</b> (Update provided by MR e-mail)  <i>I am very proud as Biomedical Scientist of the Year, overall winner of the Allied Healthcare Professionals and NHS70 Special award for Children and Young People's Care presented on the BBC The One Show:</i>  <a href="https://www.bbc.co.uk/programmes/p066xq8p">https://www.bbc.co.uk/programmes/p066xq8p</a>  <a href="http://www.hslpathology.com/2018/06/01/malcolm-robinson-biomedical-scientist-of-the-year/">http://www.hslpathology.com/2018/06/01/malcolm-robinson-biomedical-scientist-of-the-year/</a>  <a href="https://youtu.be/aTEsUegitHE">https://youtu.be/aTEsUegitHE</a>  <i>Now live in 40 sites with recent exports to Vermont, Canada, and recently Tasmania. Northern Ireland Blood Service started/ing in 6 sites; Dublin to start in 3 sites. The goal this year is 70 sites; We are at 60 and growing.</i>  <i>Oral and / or Poster presentation submitted to BBTS for Scientific Congress in October in Brighton: A <b>must</b> attend for us all, I would suggest, as it is in our Region!</i> </li> <li>• <b>Shared Care (Cross-regional group)</b> (Update provided by MR e-mail)  <i>Still on-going, little progress, appears to be a national issue.</i>  <b>ACTION</b> This should go back to NBTC for help  <i>Discussed at length at TADG too. Brian Robertson at Imperial is leading.</i> </li> <li>• <b>London &amp; SE Trauma and Haematology Group</b> RW informed members that the Cryostat 2 trial is ongoing at Major Trauma Centres, there has been some difficulty has been seen getting patients signed up this is due to concerns about funding but have now been resolved.</li> </ul>	HW
10.	<p><b>NHSBT Update</b></p> <p>RW informed members that an O D negative trial, mentioned above, will be taking place at Tooting and Colindale.</p> <p>The proposed format change to the Irradiation labels has been reviewed. A human factors analysis and a working group, with TP/TLM representatives, has been collaborating to approve the final design. Communication regarding the changes and roll out of these new labels is ongoing and updates will be provided via NHSBT Customer Services department.</p> <p>The introduction of the new Transition labels has been delayed until next year.</p>	

## 11. TP & TADG Groups Update

**TP Group** (meet on 4 June 2018) LM provided an update:

- Education elements: Case study presentation on TACO delivered by LM; Update from the Therapeutic Apheresis Service.
- Review of transfusion reaction reporting to SHOT in our region. This was due to some hospitals within the region having not reported any transfusion reactions to SHOT in the reporting year 2016. A combination of accurate reporting by TPs and some lack of awareness in clinical areas. The plan is to look at more current data.
- Two TPs are to work on writing a standardised transfusion reaction investigation form.
- Nicola McVeagh (NMV) represented the SEC TP Group at the first National TP Chair telecon. This was a baseline meeting looking at common issues and areas for future action e.g. shared care information. It was found to be very useful and there are plans for more to take place.
- Chair NMV will be retiring in April 2019.
- East Surrey has reduced the rate of haemolysed sample received from their Emergency Department from 18% to 3%. This has been achieved by introducing a discard sample tube used first. This is a white top, clearly marked tube, supplied by Greiner.

**TADG:** (Update provided by MR e-mail)

- *MHRA was now a standing Agenda item with attendance from Mike Dawe and Chris Robbie. Attendance at TADG should be mandatory and should be included in Capacity plans, which will be reviewed by Inspectors at any inspections. VERY POOR attendance at last meeting for two regions SEC and London, the meeting cost £51 per person! Capacity planning suggestions included:*

- *reviewing capacity plan, is it still fit for task?*
- *working out the hours TLM spend on essential meetings and conferences and build that into the absence element of the plan. This is easier said than done, but is often overlooked when sites put capacity plans together i.e. employee mandatory training isn't included even though it's mandatory so time should be allocated for this activity -TLM internal meetings are generally included BUT external meetings, such as the TADG are not, (please see Para 2 S para 2.2).*



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- *TLMs to share resources where possible, not just staff but also quality management issues such as saving time and resource by sharing effort on the basic management of resources i.e. can the training of staff be shared between sites; can you share the load of procuring services?*
- *The MHRA are trying to address this issue by changes to our inspections of HBBs:*
  - *No 'compliance' letter following BCR assessment (so sites don't know if they'll be inspected or not)*
  - *Max 7-days' notice of an inspection (insufficient time to fix things that have been left open)*
  - *Publication of inspection findings on the MHRA website (an element of reputational impact from poor inspection findings) – CQC inspections carry a lot of weight due to the reputational element.*

	<ul style="list-style-type: none"> <li>Attendance at TADG will be available to MHRA.</li> </ul> <p>Members discussed how attendance might be improved. It was vital these groups continued. RR said the MHRA was very concerned about the impact on haem-vigilance, and the essential sharing of knowledge at these meeting. Where Hospital mergers are taking place Trusts are sending just one person and hoping they will disseminate the information.</p> <p><b>ACTION:</b> RR agreed to circulate a slide, showing Collective Knowledge. We are one of best NHS services in the world and cannot let this fail.</p> <p>Members questioned if the RTT could mandate who attends – this was a Trust decision and it was agreed they need to understand the importance.</p> <p><b>ACTION:</b> It was agreed that RR put meeting dates on the Blood Forum.</p> <p>Members agreed HTC and Trust CEOs need to be notified of the regulations. HW to raise this at the next NBTC. <b>ACTION.</b> FM to provide a summary for HW.</p> <p>It was agreed that something needed to be done sooner - <b>ACTION:</b> RR agreed to find regulation information and with the help of the RTT members draft a letter explaining the requirement to Trust and Chief Exec.</p> <p>HW will sign and send.</p>	RR  RR  FM RR / ALL  HW
	RW – left the meeting	
12.	<p><b>Any Other Business &amp; Future Meeting dates</b></p> <p>HW updated members on MR's recuperation, members asked for their best wishes to be passed onto him.</p> <ul style="list-style-type: none"> <li>EDTA Transfusion Samples – should remain an agenda item <b>ACTION</b></li> <li>BBTS – AD informed members that six abstracts would be submitted from the TP group.</li> <li>RR encouraged members to look at the Blood Forum, <a href="http://forums.mhra.gov.uk/forumdisplay.php?60-Blood-Forum">MHRA Blood Forum</a> <a href="http://forums.mhra.gov.uk/forumdisplay.php?60-Blood-Forum">http://forums.mhra.gov.uk/forumdisplay.php?60-Blood-Forum</a></li> </ul> <p><b>Future 2018 meeting dates:</b> All Tuesdays - 25 September; 11 December</p>	FM  All
	<b>CLOSE</b>	