

# ***SOUTH THAMES TRANSFUSION SCIENCE TAG.***

Minutes of meeting 21<sup>st</sup> March 2013

Dining Room, Euan Keat Medical Education Centre  
Princess Royal Hospital, Haywards Heath

Sponsors— Deva Medical and Fenwal

Present:

<b>Name</b>	<b>Based at</b>	<b>E-Mail</b>
Malcolm Robinson (MR)	Chair	<a href="mailto:malcolm.robinson@wsht.nhs.uk">malcolm.robinson@wsht.nhs.uk</a>
Shirley Hannam (SH)	Secretary	<a href="mailto:sbh2555@yahoo.co.uk">sbh2555@yahoo.co.uk</a>
Richard Whitmore (RW)	NHSBT Tooting	<a href="mailto:Richard.Whitmore@nhsbt.nhs.uk">Richard.Whitmore@nhsbt.nhs.uk</a>
Malcolm Needs (MN)	NHSBT Tooting	<a href="mailto:Malcolm.Needs@nhsbt.nhs.uk">Malcolm.Needs@nhsbt.nhs.uk</a>
Pauline Bigsby (PB)	Darent Valley Hospital	<a href="mailto:Pauline.bigsby@dvh.nhs.uk">Pauline.bigsby@dvh.nhs.uk</a>
Leslie Delieu (LD)	Darent Valley Hospital	<a href="mailto:Leslie.delieu@dvh.nhs.uk">Leslie.delieu@dvh.nhs.uk</a>
Emma Clenshaw (EC)	Darent Valley Hospital	<a href="mailto:emma.clenshaw@dvh.nhs.uk">emma.clenshaw@dvh.nhs.uk</a>
Jo Lawrence (JL)	Frimley Park Hospital	<a href="mailto:joanne.lawrence@fph-tr.nhs.uk">joanne.lawrence@fph-tr.nhs.uk</a>
Nelson Johnson (NJ)	Frimley Park Hospital	<a href="mailto:nelsonseelam.johnson@fph-tr.nhs.uk">nelsonseelam.johnson@fph-tr.nhs.uk</a>
Bob Slater (BS)	Pembury Hospital	<a href="mailto:robert.slater@nhs.net">robert.slater@nhs.net</a>
Tim Maggs (TM)	Guy's and St Thomas's	<a href="mailto:tim.maggs@gsts.com">tim.maggs@gsts.com</a>
Joyce Overfield (JO)	Spire, Brighton	<a href="mailto:joyce.overfield@spirehealthcare.com">joyce.overfield@spirehealthcare.com</a>
Jayne Barmby (JB)	Epsom General	<a href="mailto:Jayne.barmby@esh.nhs.uk">Jayne.barmby@esh.nhs.uk</a>
Pam Glinski (PG)	Princess Royal, Haywards Heath	<a href="mailto:pamela.glinski@bsuh.nhs.uk">pamela.glinski@bsuh.nhs.uk</a>
Zoe Sammut (ZS)	St. Richard's, Chichester	<a href="mailto:zoe.sammut@wsht.nhs.uk">zoe.sammut@wsht.nhs.uk</a>

## **1. Chair's opening remarks:**

The Chair welcomed everyone to the meeting and reminded them that the new MHRA Compliance report is now available on the MHRA website and SABRE reporting deadline is the end of March. There are two sponsors for this meeting, *Deva Medical* and *Fenwal*, who will both give short presentations over lunch. Also thanks to *Deva Medical* of a lucky draw for a TAG member to attend BGS Reading, sponsored by *Deva Medical*.

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## **2. Apologies**

<b>Name</b>	<b>Based at</b>	<b>E-Mail</b>
Matthew Free (MF)	Kings College Hospital	<a href="mailto:matthew.free@nhs.net">matthew.free@nhs.net</a>
Wendy Bonnert (WB)	Maidstone Hospital	<a href="mailto:Wendy.bonnert@nhs.net">Wendy.bonnert@nhs.net</a>
Bob Goddard (BG)	Margate Hospital	<a href="mailto:robert.goddard@ekht.nhs.uk">robert.goddard@ekht.nhs.uk</a>
Sue Rudd (SR)	St Helier Hospital	<a href="mailto:sue.rudd@esth.nhs.uk">sue.rudd@esth.nhs.uk</a>
Julie Cole (JC)	Royal Sussex, Brighton	<a href="mailto:julie.cole@bsuh.nhs.uk">julie.cole@bsuh.nhs.uk</a>
Kirsten King (KK)	Spire Gatwick Park	<a href="mailto:Kirsten.king@spirehealthcare.com">Kirsten.king@spirehealthcare.com</a>
Mary Coe (MC)	NHSBT	<a href="mailto:Mary.coe@nhsbt.nhs.uk">Mary.coe@nhsbt.nhs.uk</a>
Julia Cheeseman (JCh)	Royal Marsden	<a href="mailto:Julia.cheeseman@rmh.nhs.uk">Julia.cheeseman@rmh.nhs.uk</a>
Rashmi Rook (RR)	East Surrey	<a href="mailto:Rashmi.rook@sash.nhs.uk">Rashmi.rook@sash.nhs.uk</a>
Emma Whitmore (EW)	NHSBT	<a href="mailto:Emma.whitmore@nhsbt.nhs.uk">Emma.whitmore@nhsbt.nhs.uk</a>

As the attendance was poor, it was suggested that, in future, moving the March meeting to the first week of April, when staffing levels are usually better.

## **3. Minutes of previous meeting and matters arising (not elsewhere on the agenda)**

The Minutes were accepted after following amendments:

13. Platelet tool for doctors is now available as an App.

15. Change Jeff to Geoff.

Joint TAG meeting in London on 14<sup>th</sup> February worked on the gap analysis for the new BCSH guidelines. Carol to produce a flow chart.

A group in Wales has put together a one-page information sheet, LD to send to MR for circulation.

Separate guidelines for transfusion of haemoglobinopathy patients are due out later this year, which will include hyerhaemolysis.

RCI are still receiving small samples.

For hospital staff exchange with NHSBT staff please contact Doris;  
[doris.lam@nhsbt.nhs.uk](mailto:doris.lam@nhsbt.nhs.uk)

## **4. Treasurer's Report**

The TAG supported the Education Day in January 2013, as agreed, £1000 paid.

SH and LD visited the bank to add signatories, obtained the forms required which were distributed at the meeting.

A big thank you was extended to all our sponsors, who help pay for the education day, as well as the TAG meetings.

It was proposed and agreed, to allow SH to claim back expenses from the account for ink and paper.

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## **5. Networks: progress and discussions on staffing; Transfusion collaboration**

The MHRA has not used the transfusion collaboration form as yet (on staffing levels) but may do when the new form is available. It was raised that the Transfusion element of the department may not have the same expertise now more labs are combined into blood sciences. MR raised the issue of the requirement of printed reports from RCI, rather than verbal report over the phone with Bill Chaffe:

[CPA G 2 The Report: Written or Electronic](#) and [CPA G 3 The Telephone Report](#)



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MR to take this to the next NBTC meeting, so it is minuted nationally. MN commented that staff should be aware that an interim report is “just that”, an Interim report, whether printed or verbal. Reports will be available on SPICE within 5 days (final reports only). If you require an interim report, please request this at the time on the form, as this allows RCI to make sure the interim report is sent. *Ad hoc* interim reports are a real problem for RCI, as they have to interrupt the testing to prepare the report.

MN will send out guidance for labs regarding RCI out-of-hours service.

### **Progress on Networks:**

In West Sussex; St Richard's, Chichester are a Hub laboratory for Blood Sciences, Microbiology and Histology and Worthing its satellite. Blood Sciences & teaching laboratory, however, in Blood Transfusion Worthing will be the Hub Transfusion & training laboratory.

Progress in east Sussex is slower, and awaiting decisions;

Brighton & Haywards Heath are progressing slowly with East Surrey .

Discussion from the floor highlighted the same problems, training, staff and logistics.

MR to ask Catherine Almond to do a presentation on how the staff at Kent and Canterbury were cross-trained.

**Action: MR**

JB reported only 2 members of staff have been cross-trained at Epsom and St Helier, which has taken about six months to achieve, with a lot more to do.

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## 6. Interesting Cases

MN



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UKNEQAS update from Bill Chaffe

*“As promised here is an update of progress on the above. We have now identified an IT working partner, Certus Technology Associates Ltd, who have a portfolio of activity developing similar schemes within the NHS and other educational fields. We have agreed the first phase of the IT development and expect this to be delivered during June 2013, with an expected date in August/ September for a pilot case study to be distributed.*

*We are really grateful for all the help that has been forthcoming and would be delighted to continue receiving your comments and ideas so that the scheme can develop in line with your expectations.”*

MR reported on a recent *IPEX* exercise; Suspected AHTR; this was a good exercise and should make staff think about how grouping is carried out; most sensitive method available and how we ensure units issued are correct ABO and full traceability is available.

GOSH perfusionists measure the potassium levels in the blood to be transfused to neonates. A potassium level of  $45 \text{ mmolL}^{-1}$  is too high for neonates and can cause heart attack. Some donors (very rare) have pseudo-hyperkalaemia, which is no problem *in vivo*, but once *in vitro*, stored blood leaks potassium into the pack as the cell membranes become permeable. This increases the potassium levels very quickly, causing problems for neonatal transfusion. A study carried out at NHSBT Filton found about 1000 such donors. This only affects neonatal transfusion, so neonatal packs need to be screened. Only 4 neonatal packs have been affected in 3 years.

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## **7. No Name, No Blame**

- (i) A transport box, with platelets in, delivered with the HLA report from another hospital still in the box. Suggest we ask H&I to do a presentation for us.
- (ii) Transport box received without the platelets in the box (box was empty).
- (iii) A request was received for a 3 unit crossmatch. 4 units of blood were removed from the fridge. 3 units issued, but when the first unit arrived on the ward, the unit was not on the paperwork. Although 4 units had been removed for the fridge, when the BMS realised only 3 were required, the fourth unit was not put back in the fridge. The SOP was not followed.
- (iv) Known patient, 3 unit crossmatch required, sample had different DOB as the computer record, so the BMS changed the computer record and issued the blood. 2 units were transfused and the nurse noticed the wrong DOB on the third unit. Errors occurred in the lab and the ward.
- (v) An audit by medical records showed a high failure rate when comparing computer records with hand-written records from forms given to patients. Many aspects of information were missing from the computer records.

## **8. E-Mail questions: feedback**



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**LUNCH and Sponsors- *Deva Medical and Fenwal***

## **9. Feedback from other meetings: Joint TAG; New annual joint TAG, BMS Education Day in Brighton.**



Gap analysis against  
BCSH Action Plan Oct

Education day in Brighton was well-attended and positive feedback received.

**Our Overall Top Box Score for the event was : 96% satisfaction.**



Top Box Scores from  
the RTC TAG Educati

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## **10. NHSBT business- RW/MN**

RW and MN to send to MR to embed

Other matters: NHSBT recall information is not getting back to them, also feedback to hospitals is not very good at the moment. Most problems are picked up before the product is issued. Suggest having a recall exercise. **Action: MR to request RW set up a recall exercise.**

OBOS orders are sent to PULSE and comments in the comment box are not always acted upon. Please tick the box for special requirements and not just write in the comment box.

Frozen blood orders go to RCI, so, although they can be put on OBOS, RCI will not see these orders, so must be phoned to request frozen blood.

## **11. RTC Committee report SEC RTC and London RTC**



We'd like to BEG  
TADG slides.ppt

## **12. TP Group**

LD didn't attend the last meeting, but reported; a new Chair has been elected, Simon Goodwin. Emma Whitmore is still the Secretary and Keith ??? from East Kent is now the Treasurer.

Work is continuing on consent (lead by Simon Goodwin) and also nurse prescribing. Plans for an education event in November are being discussed.

## **13. AOB and future meetings**

- (i) The joint TAG event in February agreed to make this an annual event, probably held in April.
- (ii) RW is now part of the London RTC.
- (iii) Change in Hb measurement from  $\text{gdL}^{-1}$  to  $\text{gL}^{-1}$  part of harmonization.
- (iv) RW was drawn from ~hat~ as winner of the prize donated by *Deva Medical*; To attend at BGS Reading; We all look forward to Richard's report at next TAG; "no such thing as a free lunch"!

### **Future meetings**

Thursday 20<sup>th</sup> June – Worthing

Thursday 19<sup>th</sup> September - NHSBT Tooting

Wednesday 4<sup>th</sup> December – PRH, Haywards Heath