

South East Coast RTC Education Symposium
Post Graduate Education Centre, East Surrey Hospital
Friday 8 March 2019

Approved Minutes

Attendees		
Sujeetha Ajanthan	Biomedical Scientist	SASH
Angela Andrews	Associate Transfusion Sister	East Surrey Hospital
Glenda Anora	Ward Sister	East Surrey Hospital
Charles Anto	Transfusion Lab Manager	Brighton Nuffield
Daniella Azoicai	Sister	SASH
Pauline Baitup	Sister	WSHT Worthing
Lynne Balderstone	Deputy Transfusion Practitioner	Maidstone & TW NHS Trust
Philip Blackie	Consultant in Anaesthesia & Intensive Care Medicine HTC Chair	Maidstone & TW NHS Trust
Ioanna Bozonelou	Student	
Mariel Cabading	Recovery Sister	Surrey & Sussex NHS Trust
Susie Calderbank	Consultant Anaesthetist	Worthing Hospital NHS Trust
Joyce Carbon	Staff Nurse	Royal Surrey Hospital
Leilani Chishti	Staff Nurse	Surrey & Sussex NHS Trust
Fattts Chowdhury	Consultant Haematologist	NHSBT, and Imperial College Healthcare NHS Trust
Julie Cole	Clinical & Laboratory Lead	Brighton & Sussex University Trust
Phoebe Coleman	Trainee Clinical Scientist	East Kent NHS
Samantha Connelly	Biomedical Scientist	East Surrey Hospital
Katie Coombes	Senior Practice Development Sister	Western Sussex
Alison Costain	Lead Haematology CNS/Haematology Matron	Surrey & Sussex NHS Trust
Sheree Ann Cruz	Staff Nurse	Royal Surrey Hospital
Anwen Davies	PBMP	NHSBT
Daniela Davies	BMS	East Surrey Hospital

Catherine Doyle	Consultant Anaesthetist	Frimley Park Hospital
Cornel Dragan	Consultant	SASH
Helen Dunt	Sister	East Surrey Hospital
Lisa Edwards	Biomedical Scientist	Maidstone & TW NHS Trust
Claire Enticknap	Midwife	East Surrey Hospital
Carys Fleming	CMT2	East Surrey Hospital
Pamela Glinski	Chief BMS	BSUH
Melanie Grace Go	Staff Nurse	Royal Surrey Hospital
Melissa Rose Go	Staff Nurse	Royal Surrey Hospital
Sarah Green	Practice Development Nurse/Senior Sister	SASH
Rachelle Griffiths-Mawer	Senior Anaesthetic Practitioner and Lead Obstetric and Transfusion Practitioner	Frimley Park Hospital
Werner Hauf	Consultant Anaesthetist	Worthing Hospital NHS Trust
Laura Hontoria Del Hoya	Assistant Director Supply Chain Operations Planning	NHSBT
Jeremy Howard	Consultant Anaesthetist	East Surrey Hospital
Stacey Jackson	Biomedical Scientist	Worthing Hospital
Carla Jacob	Senior Sister	SASH
Barry Johnson	Transfusion Practitioner	BSUH
Steve Jolly	Charge Nurse	East Surrey Hospital
Sandra Keating	Senior Biomedical Scientist	Spire Gatwick Park
Jekaterina Kirienko	Biomedical Scientist	Brighton & Sussex University Trust
Keith Kolsteren	Transfusion Practitioner	Kent & Canterbury
Robert Kong	Consultant Anaesthetist	Brighton & Sussex University Trust
Jo Lawrence	Transfusion Practitioner	Berkshire & Surrey Pathology Services
Susan Lawson	ODP	Frimley Park
Rio Layug	Medical Lab Assistant	East Surrey Hospital
Lynn Lever	ODP	Worthing Hospital NHS Trust
Mireille Magowan	Staff Nurse	East Surrey Hospital

Lisa March	Transfusion Practitioner	East Kent NHS
Lindsey Marsh	Registered Midwife	SASH
Frances Moll	RTC Administrator	NHSBT
Carly Moore	Senior Biomedical Scientist	Maidstone & TW NHS Trust
Andreea Neamtii	Trainee Biomedical Scientist	East Sussex Hospital
Charlotte Newman	Transfusion Practitioner	Darent Valley Hospital
Natasha Newton	Trauma Director	Eat Kent Hospitals UFT
Emma O'Donovan	Consultant Haematologist	East Surrey Hospital
Gesa Palacio	Staff Nurse	Royal Surrey Hospital
Sophie Paterson	Biomedical Scientist	East Surrey Hospital
Ben Power	SODP	Brighton & Sussex UT
John Ramage	Clinical Fellow Anaesthetics/ITU	Frimley Park Hospital
Simon Rang	Consultant Anaesthetist	QE, The Queen Mother Hospital
Sally Richardson	Transfusion Practitioner	East Sussex Hospital
Stephanie Risebrow	RGN	Western Sussex
Clare Saddington	Senior Biomedical Scientist	Maidstone & TW NHS Trust
Zoe Sammut	Chief BMS	Western Sussex
Sandra Samuel	Practice Development Sister	Western Sussex
Georgiana Scarlat	Consultant in A & E	QE, The Queen Mother Hospital
Julie Sinclair	Senior Sister	Western Sussex
Mageshwaran Sivashanmugavel	Speciality Doctor	Frimley NHS Trust
Lucy Smyth	B5 RGN	Worthing Hospital NHS Trust
Sarah Stock	Senior ODP	East Surrey Hospital
Heidi Stoddart	Midwife	East Surrey Hospital
Katie Stone	Asst Transfusion Practitioner	Western Sussex
Mervin Tan	Staff Nurse	Royal Surrey Hospital
Elizabeth Tatam	Transfusion Practitioner	SASH
Chris Timmis	Anaesthetic Fellow	Zambian Anaesthetic Development Team

Andrea Uy	Staff Nurse	Royal Surrey Hospital
Jinvin Vallathukaran	Deputy Sister	ASPH NHS Trust
Jerik Verula	Staff Nurse	Royal Surrey Hospital
Eleanor Way	Biomedical Scientist Haematology & Transfusion	Dartford & Gravesham NHS Trust
Anne Weaver	Consultant in Emergency Medicine	Royal London Hospital
Katharine Webb	Senior Staff Nurse	Western Sussex
Helen Webster	Midwife	ASPH NHS Trust
Mariyana Weller	Biomedical Scientist	Western Sussex
Natalie Williams	Biomedical Scientist	Maidstone & TW NHS Trust
Richard Whitmore	Customers Services Manager	NHSBT

A BLEEDING NIGHTMARE – IMPROVING PATIENT OUTCOMES

1000 Welcome & Scene Setting

Dr Emma O'Donovan, Consultant Haematologist, East Surrey Hospital, welcomed everyone to the Post Graduate Centre, and outlined the plan for the day.

Minutes of previous meeting.

The minutes of the meeting held on 21 February 2018 were approved, with all action points completed.

Regional Usage and Wastage of Blood and Platelets

Presentation given by Richard Whitmore, Customer Services Manager, NHSBT.

- Platelet demand continues to decrease on the whole but demand for A D negative platelets remains consistent.
- 16% of platelet requests are for A D negative platelets, only 9% of the population are A D negative.
- Please consider alternatives to help reduce demand for A D Negative Platelets
- Results from the regional platelet stock audit carried out in September 2018 were discussed. Seven hospitals responded; four hospitals holding one unit of platelets as stock, with a preference for this to be either an AB or A D negative unit.
- The difference in demand across the region for apheresis and pooled platelets was discussed.
- Remember pooled platelets are charged at a lower price.
- Resources available for display:

[Apheresis Myth-buster](#)

[Conserving the Supply of A D negative platelets](#)

Blood Components – Struggles with Supply and Demand

Presentation given by Laura Hontoria Del Hoya, Assistant Director, Supply Chain Operations Planning, NHSBT

Main challenges to supply are:

- Not enough Ro donations to meet increasing demand; need to increase the number of black donors
- Disproportionate demand of universal components, specifically O neg red cells and A neg platelets
- Challenging to ensure availability of all the types platelets (128 non HLA adult options) in all of our 15 Stock Holding Units at all times
- Increasing demand of O neg Kell neg red cells.

How can you help?

- Be advocates of blood donation within the black community
- Stock management/ usage of O neg red cells and A neg platelets.
- Platelets: accept substitutions (if possible), requirements for extra specification (CMV neg, HT neg)
- Work with NHSBT to achieve an appropriate use of O neg Kell pos red cells.

Regional audit Results – NICE QS138

Presentation given by Anwen Davies, Patient Blood Management Practitioner, NHSBT

- This session covered the development of a National audit tool by the regional Transfusion Practitioner (TP) group with NHSBT to help hospitals perform a gap analysis against the NICE Quality Standard QS138. The tool also allows benchmarking against other organisations.
- The audit tool was finalised in July 2018 and has been endorsed by NICE.
- Two cycles of audit have now been performed using this tool, August and November 2018. Results to date show that compliance in the region is highest against QS2 and QS3.
- The TP group will now audit the QS138 bi-annually to potentially identify areas for improvement.
- The [audit tool](#) is now accessible on the hospital and sciences website.

Revisiting Optimising the Pre-Op Patient, 1-year on

Presentation given by Dr Emma O'Donovan, Consultant Haematologist, East Surrey Hospital

- This session revisited the subject of pre-operative anaemia and included a review of literature and guidelines.
- East Surrey have introduced a flowchart so that patients who are having surgery with a >10% chance of bleeding are assessed for iron deficiency:
 - All patients have a FBC, Ferritin, Iron Studies and CRP done
 - The target Hb 130 target is used for males and females.
 - The number of pre-op iron deficient anaemia (IDA) patients identified treated with iron has markedly increased since its introduction. A business case has been put forward for a dedicated IV iron nurse.
 - The team are now looking at an obstetric anaemia flowsheet, the introduction of an iron prescription sheet and rolling out the new standardised consent stickers for transfusion to improve compliance with QS138.

Experience of Transfusion in a Low Resource Setting

Presentation given by Dr Chris Timmis, Zambia Anaesthetic Development Fellow University Training Hospital, Lusaka

- The Zambia Anaesthetic Development Programme is a joint UK/Zambian government initiative to facilitate sustainable anaesthetic doctor training. It is backed by our Royal College of Anaesthetists. Prior to it starting, Zambia had no anaesthetic doctors for the 18 million population.
- This programme and others have started due to the Lancet Commission showing 5 billion people in the world don't have access to basic surgical and anaesthetic care which causes significant mortality.
- Recently the Zambian anaesthetic doctors have been working closely with their blood bank to improve waste and transport of this very valuable resource.

Cell Saver: Making a Difference Within Patient Blood Management Strategies. The How To.

Presentation given by Barry Johnson, Transfusion Practitioner. Brighton and Sussex University Trust

- This talk covered an overview of how intraoperative cell salvage has been established at Brighton and Sussex NHS Trust. This included:
 - Development of a policy
 - Training of staff
 - Number of machines (11)
 - Committee membership
 - Process and re-infusion rates

Paediatric Major Haemorrhage Complications

Presentation given by Dr Fatts Chowdhury, Consultant Haematologist in Transfusion Medicine, Imperial College Healthcare NHS Trust and NHSBT

- An overview was given on the definition of a major haemorrhage in paediatrics, guidance on how to overcome peripheral access difficulties and suggested product support needed in active resuscitation to achieve haemoglobin and haemostatic targets.
- The importance of avoiding hypothermia, hypocalcaemia, acidosis and hyperkalaemia was highlighted.

Minimum and Necessary – 6 Years' Experience of Damage Control Resuscitation in a Civilian Setting

Presentation given by Dr Natasha Newton, Trauma Director, East Kent Hospital University Foundation Trust

- A review of changing practice in Trauma Medicine
- Advanced Trauma Life Support (ATLS) vs Damage Control Resuscitation (DCR)
- Distance of trauma case to a Major Trauma Centre (MTC) and the effect on survival
- Effect of patient treatment prior to arrival at a MTC on survival and the role of the Helicopter Emergency Medical Service (HEMS)
- The minimum and necessary ABCDE steps required for the management of patients requiring rapid transfer from a District General Hospital (DGH) to a MTC
- Policy writing and training

Major Haemorrhage Activations in Resus – Experience of a District General Hospital (DGH)

Presentation given by Dr Georgiana Scarlat, Consultant in A & E, Queen Elizabeth, the Queen Mother Hospital

- A look back at two years of data from a DGH:
 - The number of massive haemorrhage calls
 - The associated specialities
 - Patient outcomes
- Patient case study

Whole Blood Utilisation in Major Trauma

Presentation given by Dr Anne Weaver, consultant in Emergency Medicine & Pre-Hospital Care; Clinical Director for Trauma, Royal London Hospital; London's Air Ambulance

- A review of current statistics for London Air Ambulance, stabbings are now the most common call-out
- Crush injuries between heavy goods vehicles and cyclists in London can be difficult cases to manage
- The London Air Ambulance are currently trialling preparations of red cells and plasma for the treatment of patients.

New Ways to Manage Massive Haemorrhage – Using Rotem and Fibrinogen Concentrate.

Joint-presentation given by Dr Robert Kong, Consultant Anaesthetist, and Julie Cole Clinical and Laboratory Lead, Blood Transfusion Frontier Pathology. Brighton & Sussex University Hospital Trust

- A review of literature highlighting that major haemorrhage is the second commonest cause of death in trauma, in some reports, up to 35% of patients.
- Clinical indicators were discussed as being poor predictors of major haemorrhage in trauma, sometimes making diagnosis difficult.
- Major haemorrhage can be due to a coagulopathy and/or tissue injury. Assessment of haemostasis traditionally includes a clotting screen and platelet count. Recognised that turnaround times mean that results are not always available to guide resuscitation.
- A discussion on the role of the platelet function test and the use of near-patient viscoelastic tests in understanding the 'real time' dynamics of clot formation and the ability to detect hyperfibrinolysis.
- Discussion on the use of fibrinogen as an independent predictor of 24hr/48-day mortality.
- Since 2018, Brighton issue red cells and fibrinogen (instead of cryoprecipitate) in their trauma pack (excluding obstetrics and paediatrics). Coagulation is monitored by use of viscoelastography after each trauma pack to allow goal directed resuscitation with blood products.

Poster Competition Results were announced.

- Firstly, everyone was thanked for entering.
The winning Poster was **Saving A RhD Negative Platelets**
Jo Lawrence (FPH), C Cole (RSCH); K East (HWPH); C Ellis (HWPH/RSCH); J Finden (ASPH); N McVeagh (RSPS)
To be published on the website at the end of this year.

Hospital Updates

East Kent Hospital University Foundation Trust (EKHUFT)

Keith Kolsteren, TP

EKHUFT have introduced a new Patient Administration System (PAS) system which has had a knock-on effect, rendering their sampling system unusable at present until the issue of two additional zeros to the patient hospital number has been rectified. This has slowed the phlebotomy process and a number of WBIT's have been seen, not just in transfusion. It has also caused difficulties as staff get used to the new system.

EKHUFT and Sussex and Surrey Healthcare Trust (SASH) have worked together to create a transfusion reaction form. This has been reviewed by the SEC TP group, adding additional comments. Currently this has been introduced into practice at EKHUFT. It has been made available to all staff within the trust to download via the new PAS system, auto-filling the patient demographics.

Darent Valley (DV) and Medway Maritime (MM) Healthcare Trust

Charlotte Newman, TP

The Pathology merge between DV and MM hospitals took place last year, Haematology, Biochemistry and Microbiology have now merged but Blood Transfusion (BT) has not yet.

We are in process of trying to align the practices between the two BT departments, i.e., training methods and SOPs where possible before we start to merge the two sites, however, at present there is no definite date for the merging process to commence.

The effect on BT has been more on the staffing levels as the BMSs are now having to become competent at the two sites.

At a senior level, our long-standing TP, Leslie Delieu, has retired and I have now taken her place. The senior BMS at DVH has left, her replacement is due to start April 2019. Our Head of Transfusion for both sites leaves at the end of this month, we are waiting to hear who the new Head of Department is.

East Sussex Healthcare Trust (ESHT)

Sally Richardson, TP

Back to two TP's at ESHT with two Consultant Haematologist and one Specialist Reg.

Policy in place for IDA patients on surgical pathways – now just starting to admit these patients on to infusion units (December 2018)

Integrated care pathway audit to commence shortly for compliance and then a re-write where appropriate will included, patient weight, Transfusion – associated circulatory overload (TACO) & signature for patient consent.

Mandatory training remains annual for all appropriate staff, inductions separate, MH separate, includes PROMT (for midwives) and Medical training. Medical compliance remains difficult and representation of clinical units on the HTT/HTC improving but could be better.

Currently 'quick audits' looking at pre-op Hb's, maternal massive haemorrhages are carried out alternate months to update the appropriate division during their audit days. This month's foci are gynaecology and paediatrics.

Berkshire & Surrey Pathology Services
(Frimley Park, Ashford & St Peters and Royal Surrey)
Jo Lawrence, TP

The O D Positive emergency blood initiative has been extended to women >50 years old at all sites.

All sites have changed to A D positive platelets for stock / emergency use.

We have added the 7-day usage stock levels (from the O D Negative Highlight report) to our KPIs and are monitoring our O D Negative red cell stocks, looking to keep them below the 7-day usage for all sites.

Anti-D Serious Hazards of Transfusion (SHOT) reports have reduced on all sites post implementation of cell-free fetal DNA (cffDNA) testing.

Frimley Park has employed a nurse on the IVAS suite specifically for IV iron infusions.

Western Sussex (WSHT)
(Worthing and St. Richard's)
Katie Stone, TP

Checklist cards – the lab are now attaching check list cards to all components to be used at the bedside to ensure the final two-person check is completed correctly.

Providing **training for our Anaesthetic** team including doctors who historically have not regularly had an annual transfusion update.

New Major Haemorrhage policy- collaborative working with clinical staff, portering and lab team. All activations of the policy will be reviewed monthly with a view to send feedback and thank you letters to clinicians and porters involved. Aiding their learning, improving future practice and where possible an update to the patient's outcome.

New staff within the Transfusion team - Zoe Sammut is our new Blood Transfusion Laboratory Manager. Katie Stone joined the team as assistant TP in May and Rachel Holmes joined as a second Ass TP in February. Katie also works in ITU, Rachel works as an ODP and with Ruth as a BMS the Transfusion team now have a wide area of clinical and laboratory experience.

Sussex and Surrey Healthcare Trust
Liz Tatam, TP

The Trust had been rated as 'outstanding' in the CQC report released in January 2019. As a Transfusion Team we hope that this will add incentive to the current drives of recruitment and retention, and also provide support to initiatives for improvement in the physical laboratory environment.

This year's main aim as a team is to roll out the IDA processes we've designed in collaboration with the relevant departments for elective surgery, obstetrics and anaemic patients attending the day unit.

We are currently undertaking a small audit for the month of March to identify the 'stories' behind the (low level) platelet wastage we have here. Without this information we don't feel we can address platelet wastage further, as we have been unable to determine any trends using the information we collect currently.

Brighton & Sussex University Trust (BSUH)

(Royal Sussex and Princess Royal)

Barry Johnston, TP

New bedside device for blood administration is in tender for BSUH.

New Paediatric and Adult massive trauma protocols have been released.

Cell saver policy was ratified last week.

Regional PBM Scorecard

This is to be circulated

RTC Budget

Next Year's budget is likely to be reduced by between 10 – 15% which would impact on future education days. Any suggestions for suitable NHS venues would be welcomed.
Contact Frances Moll

1600 – Meeting closed