

**Confirmed Minutes of the South Central RTC Meeting
Held on 19 June 2019
Regency Park Hotel, Thatcham**

Attendees		
Malli Bharamgoudar	Consultant Anaesthetist / ICM	Milton Keynes Hospital
Faye Bowen	Nurse	Queen Alexandra Hospital
Joanna Calder	Patient speaker	Patient
Kathryn Craddock	BMS	Queen Alexandra Hospital
George Cross	Staff Nurse	Queen Alexandra Hospital
Alexander Dalton	BMS	Queen Alexandra Hospital
Saskia Dankoff	Staff Nurse	Queen Alexandra Hospital
Anwen Davies	PBMP	NHSBT
Alison Davies	Transfusion Laboratory Manager	Queen Alexandra Hospital
Kerry Dowling	Transfusion Laboratory Manager	Southampton University Hospitals
Kim East	Transfusion Practitioner	Wexham Park Hospital
Christine Ellis	Transfusion Practitioner	Wexham Park Hospital
Lisa Floyd	Staff Nurse	QA
Mohamed Khan	BMS	Milton Keynes Hospital
Ivie King	Nurse	Queen Alexandra Hospital
Csaba Kuki	SAS	Wexham Park Hospital
Emma Lawson	Organ Donation and Transplantation	NHSBT
Cathy Lim	CSM	NHSBT
Tracey Lofting	BMS	Southampton University Hospitals
Asa Manbridge	Patient Rep	HLC
Gwynn Matthias	Haematology Speciality Doctor	Queen Alexandra Hospital
Nikki McKeag	Lead Nurse Blood & Marrow	Southampton University Hospitals
Peter McQuillan	Consultant ICU	Queen Alexandra Hospital
Jacky Nabb	RTC Administrator	NHSBT
Terrie Perry	Transfusion Practitioner	Milton Keynes Hospital
Laftsidis Prodromos	Consultant Transplant Surgeon	Queen Alexandra Hospital
Jonathan Ricks	Transfusion Practitioner	Southampton University Hospitals
Rebecca Roberts	Staff Nurse	Southampton University Hospitals
Helen Rogers	BMS	Southampton University Hospitals
Will Sallows	Patient Rep	HLC
Emma Sanders	RN	Queen Alexandra Hospital
Nigel Sargent	Consultant Haem / RTC Chair	Hampshire Hospitals
Dipika Solanki	Transfusion Practitioner	Oxford University Hospital
Simon Stanworth	Consultant Haematologist	NHSBT
Piotr Szawarski	Consultant Anaesthetist / Intensivist	Wexham Park Hospital
Isaac Taiwoo	BMS	Southampton University Hospitals

10.00	Meeting Opens (please note pdf version of presentations available on the SC webpage) https://www.transfusionguidelines.org/uk-transfusion-committees/regional-transfusion-committees/south-central/education	Action
1	<p>Organ Donation & Transplantation Presentation given by Emma Lawson, Team Manager, Midlands Organ Donations Services Team</p> <p>Discussion included:</p> <ul style="list-style-type: none"> • UK Model -The UK had one of the lowest rates for organ donation in western Europe. In December 2006, the Organ Donation Taskforce was set up to review organ donation and to make recommendations based on these findings to increase the number of organs made available for transplant. In January 2008, the Organ Donation Taskforce published its first report 'Organs for Transplants' making 14 recommendations based on three key fundamentals; donor identification and referral, donor coordination, and organ retrieval • Currently there are 12 Regions which vary in geographical size, these comprise of 29 Team Managers (2-4 per region), 7 Regional Managers and 18 Regional Clinical Leads for Organ Donation. There are 270 WTE Specialist Nurses – Organ Donation/Specialist Requestors who are embedded in every hospital • Specialist Nurses are currently recruited from experienced ICU, AED and Oncology Nurses. Considering future recruitment with split roles as not all aspects of the role need Nursing Qualifications • Overall consent rate in England: 67% YTD (April 2018 to Feb 2019) but just 38% for black & Asian citizens • A system of 'deemed consent' for organ donation was introduced into Wales in December 2015, where there is now a 90% consent rate • Plans to change the rules on organ donation consent in England have cleared the final hurdle in Parliament. The legislation will be known as Max and Keira's Law after a boy who received a heart transplant and the girl who donated it. Under the new system, which comes into effect next year, consent will be presumed unless people have opted out 	
2	<p>Renal Transfusion Presentation given by Makis Prodromos - Consultant Transplant Surgeon, Queen Alexandra Hospital, Portsmouth</p> <p>Discussion included:</p> <ul style="list-style-type: none"> • Surgical milestones • Classification of donors (Live, Deceased: Brainstem Death and Cardiac Death) • Kidney Matching Process • Classification of Donors • National Organ Retrieval Services • Common Indications • Contraindications • Recipient Selection • Graft Prognosis • Immunosuppression strategy • Surgical Complications 	

3	<p>Blood and Marrow Transplant</p> <p>Presentation given by Nikki McKeag, Lead Nurse Blood and Marrow Transplantation, Southampton General Hospital</p> <p>Discussion included:</p> <ul style="list-style-type: none"> • Type of transplant carried out at Wessex Blood and Marrow Transplant Unit <ul style="list-style-type: none"> ◦ Autologous: Cells are from self. Myeloma, lymphoma, germ cell and autoimmune conditions. Low risk ◦ Allogeneic: Donor derived, from sibling or unrelated donor. Acute leukaemias, myelodysplasia, myeloproliferative disorders, lymphoma, myeloma or aplastic anaemia, High risk. Tissue typing via St George's, working to 10/10 match, moving to 12/12. If less than 8/10 will refer to Haploidentical Site • Donor selection • Indications for specific requirements • Prefer male donors as they are generally bigger and less risk of being unavailable i.e. pregnancy • Brexit preparedness being undertaken • There is a variation on practice across Trusts relating to CMV negative blood. BSMT have not updated guidelines on CMV, Southampton will continue to use CMV negative blood until a policy is issued • SUH keep patients and referring hospitals informed of blood product requirements for BMT patients by issuing an irradiated blood leaflet to the patient and faxing a form to the head of the transfusion lab and the consultant 	
4	<p>Patient Experience</p> <p>Presentation given by a Patient who had received multiple transfusions following a diagnosis of acute myeloid leukaemia</p> <p>Discussion included:</p> <ul style="list-style-type: none"> • The need to look at psychological wellbeing of a patient as well as the physical wellbeing • Charity funds are available for psychological support. Ask the question and try to source help • Intensive care at Wexham Park Hospital run clinics which look at counselling. Southampton Hospital now have full time psychologist • Can patient support groups be formalised? • Royal Berkshire Hospital are running a successful patient support group 	
5	<p>Shared Care</p> <p>The meeting split into four groups to review four case studies:</p> <ol style="list-style-type: none"> 1. Group A - Solid Organ Transplant Patient 2. Group B - Allogeneic Bone Marrow Transplant Patient 3. Group C - Daratumumab Patient 4. Group D - Intrauterine Transfusion Case <p>The feedback from these sessions will be sent separately</p> <p>Shared resources</p> <ul style="list-style-type: none"> • The first draft of a special requirements alert card created by the London Shared Care Working group was presented by Jon Ricks. Suggestions from the meeting included: <ul style="list-style-type: none"> ◦ Use sticker with patient information on the back of the card ◦ Use pager number for labs that are not fully manned overnight ◦ Precise of the information on the leaflet provided on the card • Alison Davies presented an antibody card which will be used in Queen Alexandra from next month. <p>Proposed actions:</p> <ul style="list-style-type: none"> • Review results of regional shared care survey 	RTT

	<ul style="list-style-type: none"> • Add shared care to joint meeting agenda <ul style="list-style-type: none"> ○ Regional shared care survey ○ Standardising forms and processes across the region ○ Use of 'My Medical Records' an online personal health record provided by University Hospital Southampton. Which enables patients to manage their healthcare online, reduce the need for hospital visits, connect with their care team, receive information from the hospital ○ Trial of the special requirements card 	JN
8	Minutes of the previous meeting The minutes of the meeting held in February 2019 were approved.	
9	Transfusion 2024 Nigel Sargent gave an overview of the NBTC conference held in March this year Transfusion 2024, a clinical symposium, organised in partnership between NHS Blood and Transplant and the National Blood Transfusion Committee. The symposium discussed a 5-year strategy for Hospital transfusion in England, looking at how best to maintain good staffing and good practice in blood banks, maintain and improve on the very considerable advances in laboratory and clinical blood transfusion over the last 20 years, and look to the future with investment in research and scientific advances in all areas.	
10	KPIs A presentation given by Kim East on the regional KPI audit The audit was started in 2015 and was intended as a quick way to monitor progress towards national transfusion guidelines on blood component usage and appropriateness. It is undertaken quarterly and has undergone a number of changes, including the addition of NICE Quality Standards. Discussion included: <ul style="list-style-type: none"> • If we are looking at 10 or 20 patients is the sample size too small? • Some Trusts have used the information to identify, make and measure changes in practice • Although initially set up as a quick way to gather data the KPI feedback survey undertaken in May shows that some Trusts are finding it increasingly difficult and time consuming to gather the data • Put on agenda for joint meeting to review It was agreed to include KPIs on the joint meeting agenda to review frequency and data collected	JN
10	Hospital Update Buckinghamshire Trust <ul style="list-style-type: none"> • The TP is currently on sick leave her role is being covered temporarily by a TP from Milton Keynes who is looking at Datix incidents. There has been no replacement found for the TP who left the Trust 15 months ago Milton Keynes Hospital <ul style="list-style-type: none"> • WBIT – have a new approach including those in Haem and Biochem as well. • 93% face to face mandatory training f1 and f 2 2/3 updates per year • Request that anyone who issues flying squad using Winpath to email the TP explaining how it is done at Terrie.Perry@mkuh.nhs.uk It is currently handwritten at MKH Queen Alexandra Hospital <ul style="list-style-type: none"> • Have had MHRA and UKAS inspections in the last 4 months • Blood sample360 about to go live but still experiencing software issues so has been delayed, should go live in 6 weeks • Staffing levels in the lab are low Wexham Park Hospital <ul style="list-style-type: none"> • Staffing levels low, have vacancy for 1.5 TPs • Collaborative cross site working to cover projects, training etc. is going well 	

	<ul style="list-style-type: none"> Looking at the number of group and saves with a view to reducing the number of samples. Considering if this is caused by the pre-op 2 sample rule and creating guidelines for number of samples taken depending on type of surgery. Introduced A pos stock platelets Looking to increase FFP storage to 5 days, need to ensure systems are compatible Kim East is the Lead TP for the network, Christine Ellis is now full time for WPH <p>Southampton Hospital</p> <ul style="list-style-type: none"> Staffing levels low particularly in Lab, One TP is on sick leave. Took 3 months to replace blood trak support who is now in place and working through back log Updating blood track system, held back due to software issues. Moving to using IOS in place of PDAs Going towards electronic prescribing in house built system, will allow PBM initiatives to be included. Only used on Intensive Care and high dependency units. Lab looking to repatriate some work in house O Pos emergency units are now held in all remote fridges (apart from Obstetrics) Looking to reduce no of group and saves. Do 2 samples need to be taken for all patients? Responding to Patient Safety Alert were issuing sequential numbers close to having non sequential numbers and names phonetically <p>OUH</p> <ul style="list-style-type: none"> Blood sample Tx looking at feasibility of using it TP Compliance report, a live audit, they aim to look at 2/3 patients per day Staffing issues are struggling to recruit TP replacement, they have reviewed the post and are re advertising In house e learning system has been received well with good feedback Simon Stanworh asked if we need to audit pre-op anaemia in adult elective surgery, in children and emergency laparotomy of which there are 2-3 per week, anaemia is very common, cannot do much before surgery but could do something post op <p>Hampshire Hospitals</p> <ul style="list-style-type: none"> Trying to replace blood tracking system Have updated business case for use of ffDNA Changed e learning platform which has been well received Looking to putting blood on electronic prescribing Auditing group and save in elective hip replacements to reduce the number of samples. Delegates requested that the audit results are shared with the region when available <p>NHSBT</p> <ul style="list-style-type: none"> New irradiator in place in Southampton Centre, if it goes well will be rolled out Newcastle hospital trial on electronic RCI request RCI has just been completed. Looking at replacing faxes Looking at recall system to identify reason for recall Sample tracking looking at electronic solution 	
11	<p>Regional update</p> <ul style="list-style-type: none"> Budget We have sufficient funding for the RTC and Education meetings 2019/20 <p>Next meetings</p> <ul style="list-style-type: none"> Transfusion Bites November 6 2019 to be held at the Regency Park Hotel, Thatcham 	
15.40	Meeting Close	