

**Confirmed Minutes of the South Central RTC Meeting
Held on 4 March 2020
Regency Park Hotel, Thatcham**

Attendees			
Samar	Al-rawi	University Hospital Southampton	Consultant Obstetric Anaesthetist
Nicola	Baxter	Queen Alexandra Hospital	Midwife
S	Balaji	Royal Berkshire Hospital	BMS
Jenny	Bodkin	Hampshire Hospitals	Transfusion Practitioner
Patrick	Bose	Royal Berkshire Hospital	Obstetrician
Sara	Boyce	University Hospital Southampton	Consultant Haematologist
Daisy	Bradley	Royal Berkshire Hospital	Midwife
Samantha	Carrington	University Hospital Southampton	Transfusion Practitioner
Ana	Carvalhosa	University Hospital Southampton	Haematology Specialist Registrar
David	Churchill	Wolverhampton Gen Hospital	Consultant Obstetrician
Jessica	Collins	Oxford University Hospitals	BMS
Pushkar	Dadarkar	Wexham Park Hospital	Consultant Anaesthetist
Anwen	Davies	NHSBT	PBMP
Alison	Davies	Queen Alexandra Hospital	TLM
Lynn	Day	Buckinghamshire Hospitals Trust	Transfusion Practitioner
Kerry	Dowling	University Hospital Southampton	TLM
Philippa	Downey	University Hospital Southampton	BMS
Kim	East	Frimley Health NHS FT	Transfusion Practitioner
Christine	Ellis	Wexham Park Hospital	Transfusion Practitioner
Maxine	Ellis	Hampshire Hospitals FT	Community Midwifery Matron
Katie	England	Royal Berkshire Hospital	Midwife
Lisa	Hawden	Hampshire Hospitals FT	Midwife
Tanya	Hawkins	Royal Berkshire Hospital	Transfusion Practitioner
Amanda	Lee	Oxford University Hospitals	Midwifery Sister
Cathy	Lim	NHSBT	CSM
Tracey	Lofting	University Hospital Southampton	BMS
Gwynn	Matthias	Queen Alexandra Hospital	Consultant Haematologist
Michele	Maxwell	Hampshire Hospitals FT	Clinical Midwifery Manager
Kate	Maynard	NHSBT	PBMP
Peter	McQuillan	Queen Alexandra Hospital	Consultant
Jacky	Nabb	NHSBT	RTC Administrator
Susan	Pavord	Oxford University Hospitals	Consultant Obstetrician
Joanna	Pawlak	Royal Berkshire Hospital	Clinical Skills Midwife
Terrie	Perry	Milton Keynes Hospital	Transfusion Practitioner
Daniela	Prosper	Royal Berkshire Hospital	Midwife
Kirsty	Revell	Hampshire Hospitals FT	Obstetrician
Jonathan	Ricks	University Hospital Southampton	Transfusion Practitioner
Katherine	Robertson	Oxford University Hospitals	Subspecialty Trainee in Maternal-Fetal Medicine
Nigel	Sargant	Hampshire Hospitals FT	Consultant Haematologist
Carly	Shaw	Hampshire Hospitals	Midwife
Aneeta	Sinha	Queen Alexandra Hospital	Consultant Anaesthetist
Sue	Skelton	Hampshire Hospitals FT	Midwife

Attendees			
Christine	Stagg	Hampshire Hospitals FT	Midwife
Simon	Stanworth	NHSBT	Consultant Haematologist
Alexandra	Thurston	Hampshire Hospitals FT	Midwife
Selma	Turkovic	NHSBT	PBMP
Sharon	Wilson	Queen Alexandra Hospital	Midwife
Shu	Wong	Royal Berkshire Hospital	
Rosie	Wood	Hampshire Hospitals FT	Midwife
Jenny	Youngman	Queen Alexandra Hospital	Midwife

10.00	Meeting Opens Please note pdf version of presentations, where permission has been given, are available on the SC webpage)	Action
1	Iron Deficiency Anaemia in Pregnancy: Aspects of care and new questions Presentation given by David Churchill , Consultant Obstetrician, The Royal Wolverhampton Hospital Key points from the presentation included: <ol style="list-style-type: none"> 1. Iron deficiency anaemia is very prevalent during pregnancy affecting 30% of women. 2. IDA is associated with very significant risks including maternal and perinatal mortality. 3. A significant number of pregnant women fail to respond to oral iron therapy. 4. Pharmacies advise incorrectly that iron should be taken with food, please check what advice your pharmacy gives 5. Saving Babies lives 2 does not include iron in maternal anaemia, recommend Saving Babies lives 3 includes it 	
2	Addressing Anaemia in Postnatal Case Studies the Reading experience Presentation given by Tanya Hawkins, Transfusion Practitioner, Royal Berkshire Hospital Key points from the presentation included: <ol style="list-style-type: none"> 1. Single unit transfusion and reassess 2. Document reason for transfusion including specific symptoms 3. IV iron is a safe alternative to transfusion in postnatal anaemia 4. Communication is key, understanding the needs of clinical and laboratory staff 	
3	BSH UK guidelines on the Management of Iron Deficiency in Pregnancy Presentation given by Sue Pavord, Consultant Haematologist, Oxford University Hospitals Key points from the presentation included: <ol style="list-style-type: none"> 1. The importance of prompt treatment of women identified with anaemia, using oral iron as the diagnostic test, to avoid unnecessary investigations and delays in treatment 2. The need to identify women who are not yet anaemic but at high risk of iron deficiency 3. Proper counselling and explanation of how to take oral iron correctly, improves compliance and reduces intolerance <p>Sue Pavord was lead author for the UK iron deficiency in pregnancy guidelines which were published in October 2019 (BSH). The guidelines for the management of iron deficiency in pregnancy can be found here</p> <p>An audit template for compliance to the guideline is also available from this link.</p>	
4	Cross Match Transfusion Ratio in Obstetrics Presentation given by Katherine Robertson, Subspecialty Trainee in Maternal-Fetal Medicine Oxford University Hospitals Key points from the presentation included: <ol style="list-style-type: none"> 1. The overall cross match to transfusion ratio in OUH is 4.7 to 1 2. The lowest C:T ratio is in the postnatal period and the highest is intrapartum, which reflects the dynamic nature of obstetrics 3. Specific groups are over-represented in the cohort of women receiving blood transfusion, particularly women having a manual removal of placenta and women with multiple pregnancy 4. Consider the need for blood rather than the number of units, there is a perception in some clinicians that blood comes in specific numbers of units, i.e. even numbers 	

5	<p>South Central Cross Match Transfusion Ratio Survey Results</p> <p>Presentation given by Tanya Hawkins, Transfusion Practitioner, Royal Berkshire Hospital</p> <p>Cross Match Transfusion (C:T) ratio has long been included as part of SC regional Key Performance Indicator surveys. A survey was carried out in January 2020 to evaluate how C:T ratio of all crossmatched units compared to those specifically for maternity cases over a one-month period. 7 hospitals participated.</p> <p>Key points included:</p> <ol style="list-style-type: none"> 1. Cross match Transfusion (C:T) ratio is the percentage of red cell units issued that are transfused 2. C:T ratio regional average for all issued units was 67% compared to a C:T for maternity issued units of 29% 3. Why does it matter? Unnecessary work for lab staff, increase risk of collecting wrong unit, increase RBC in stock fridge 4. Factors that can affect the maternity C:T ratio include: <ul style="list-style-type: none"> - How far maternity is from the Transfusion Lab - If units issued upfront are for high risk woman with antibodies only - If units are being issued upfront when Electronic Issue is available - Number of units issued and transfused in Massive Obstetric Haemorrhages - Number of crossmatches for 2 units 	
6	<p>Panel Discussion</p> <p>Discussion points included:</p> <ol style="list-style-type: none"> 1. Communication and understanding are key, education is needed. 2. Need to involve the laboratory staff in PROMPT drills. It was suggested that a you tube video be produced 3. Suggestion to establish a quarterly Obstetrics Transfusion committee as this has worked well in some Trusts. Some Trusts would find this difficult as some Laboratory Managers would need to attend too many meetings per quarter 4. It is less safe to delay a transfusion in an emergency situation than use O neg, the concern is the limited availability of O neg 5. There is no evidence to show giving iron to all pregnant women is beneficial 	
7	<p>How do we achieve NICE Consent to transfusion - Discussion</p> <p>Led by Simon Stanworth, Consultant Haematologist, NHSBT</p> <p><u>NICE QS138 Quality Statement 4 – Patient Information</u></p> <p>Discussion included:</p> <ol style="list-style-type: none"> 1. People who may need or who have had a blood transfusion should be given verbal and written information about blood transfusion 2. Information should include: the reason for the transfusion; the risks and benefits; the transfusion process; any transfusion needs specific to them; any alternatives that are available, and how they might reduce their need for a transfusion; that they are no longer eligible to donate blood 3. Patients should fully understand the benefits and risks of a blood transfusion, so they can give informed consent 4. It should be documented in the patients notes that written <u>and</u> verbal information has been provided. 5. Results of the SC regional survey on consent were reviewed, 7 hospitals took part with 35 transfused maternity cases audited. Regional results were as follows: <ul style="list-style-type: none"> - Evidence verbal information given 43% - Evidence written information given 46% - Evidence verbal consent obtained 69% 6. Why consent is important? <ul style="list-style-type: none"> <u>Montgomery v Lanarkshire 2015</u> <u>Infected Blood Inquiry</u> 	

	<p>Additional resources:</p> <ul style="list-style-type: none"> • NICE (December 2016): Blood transfusion Quality standard [QS138] • NICE (November 2015): Blood transfusion NICE guideline [NG24] • Obstetric Anaemia Toolkit (includes new Maternal Anaemia e-Learning) • Information on consent • Information on single unit transfusion • NHSBT Patient information Leaflets • ‘Having a blood transfusion’. produced by University Hospitals Birmingham NHS Foundation Trust. This is a video which provides information to patients about having a blood transfusion • ‘Mum & Baby’ App developed by Chelsea and Westminster Hospital is available for pregnant women, this includes information guiding them through different stages of pregnancy • General PBM resources • Healthcare Safety Investigation Branch (HSIB) report on Wrong Blood in Tube (September 2019) https://www.hsib.org.uk/investigations-cases/wrong-patient-details-blood-sample/ 	
8	<p>Minutes of the meeting held on June 19th, 2019</p> <p>The minutes of the meeting were approved with no changes</p>	
9	<p>Regional Objectives - Review of 2019 and Plan for 2020</p> <p>Presentation given by Anwen Davies, PBM Practitioner, NHSBT</p> <p>A moment of reflection to celebrate our regional successes of 2019 and to review work planned for 2020.</p> <ol style="list-style-type: none"> 1. 2019 was a busy year! <ul style="list-style-type: none"> - Education: Four training events held with 175 delegates attending - Audits and surveys: Four surveys carried out on: PBM; Monoclonal antibodies; Evaluating the use of KPIs; and Shared Care. Regional KPI's were carried out in February, May and August - Shared practice included a poster written on regional audit results for Wrong Blood in Tube events 2014-17, an interactive SHOT quiz and a template for auditing massive haemorrhages 2. A summary of SC regional 2019 activity can be found here <ul style="list-style-type: none"> - Completed work so far includes a consent audit, maternal anaemia policy audit, platelet stock audit, February KPIs and today's RTC event - Future education plans include a potential BMS study day, joint TP/TLM meeting and a joint study day with the South East Coast - Future audit plans include a regional review of the PBM survey, NCA schedule and results and a revisit of the Building Optimised Outpatient Services in Transfusion (BOOST) work 	
10	<p>What is the regional picture?</p> <p>Presentation given by Kim East, Lead Transfusion Practitioner, Berkshire & Surrey Pathology Services</p> <p>The Regional results of the KPI survey were reviewed for wastage and stock levels</p> <p>Key points included:</p> <ol style="list-style-type: none"> 1. % Platelet wastage – Berkshire & Surrey Pathology Services have set up a platelet 'WhatsApp' group to reduce platelet wastage. 2. % O neg stock and O neg ISI- some Trusts have introduced Red Cell O Pos emergency blood 3. % A neg platelet stock - Wexham Park have changed platelet stock from A neg to A pos following the 2017 addendum to the BSH Haematological Management of Major Haemorrhage guidelines 	

11	<p>Platelet Stock – SC Regional Survey</p> <p>Presentation given by Kerry Dowling, Transfusion Laboratory Manager, University Hospital Southampton</p> <p>The Regional results of the Platelet Stock Survey were reviewed</p> <p>Key points included:</p> <ol style="list-style-type: none"> 1. This is a continuation of our good work in reviewing platelet issues in light of supply and demand challenges, in particular A Rh D negative 2. Reviews practice in light of BSH Major Haemorrhage addendum (April 2017) and changes in SaBTO guidance (Sept 2019) 3. Survey result overview (9 hospitals responded): <ul style="list-style-type: none"> - 7 hospitals hold stock platelets, equating to 23 units - Only 1 hospital holds A Rh D neg platelets as stock - Only 4/23 units are specified to be apheresis 4. Good practice in the region with clear reviews of practice and local improvements evidenced. Only area for review may be specification for apheresis platelets to consider SaBTO guidance update. 5. Monitoring will continue via KPI due to the national supply and demand picture 	
12	<p>Hospital Update – provided after the meeting</p> <p><u>Oxford University Hospital</u></p> <ul style="list-style-type: none"> • Replacement TP is due to start on 14 April 2020 • Currently reviewing the e-learning package to include TACO to raise awareness after a serious incident which caused moderate harm • Arranging a transfusion link nurse day for October 2020 • Reviewing induction training for medics to include the reporting of transfusion reactions in addition to equipment training • Implementing changes to the way in which transfusion samples are received from the community environment where the electronic system is not being used. <p><u>Wexham Park Hospital</u></p> <ul style="list-style-type: none"> • New TP at ASPH therefore staffing levels better though still dire in laboratories • Training & Competency stats >80% for both medical and non-medical - now the Trust has changed the goal posts and we have to have >85% • Transfusion made it through their UKAS inspection with very few findings <p><u>Buckinghamshire Trust</u></p> <ul style="list-style-type: none"> • New prescription paperwork being used across the Trust. • New system for reporting Transfusion reactions developed using the ICE system. Allows for the download of reaction paperwork. • Appointment of Lead Transfusion Practitioner ongoing • TP developing stronger links with obstetric team. <p><u>Southampton Hospital</u></p> <ul style="list-style-type: none"> • Currently rolling out iOS devices for bedside transfusion checks replacing windows based hand held devices These devices combine apps for multiple requirements (sample 360 blood collection, acuity) • Working on reducing stock holding – particularly O neg – moving towards a ‘just in time’ type stock approach to reduce wastage and support the national picture regarding supply and demand of O neg blood. Successful so far with reductions in ISI and wastage seen • Third TP appointed from business case for wastage reduction. Starts 06.04.20 • Ongoing work on single unit transfusion in targeted areas • Pre-operative anaemia clinic is showing great results and discussing expanding 	

	<p><u>Milton Keynes Hospital</u></p> <ul style="list-style-type: none"> • We have achieved much greater awareness of our MHP since revising our procedures and post a serious near miss related to it. • We are planning on submitting an abstract on our work on sampling errors to SHOT <p><u>NHSBT Update</u> The presentation provided by Cathy Lim, Customer Services Manager, NHSBT is attached to this e mail Key points include:</p> <p><u>Update on UK Plasma Self-Sufficiency</u></p> <ul style="list-style-type: none"> • Component ordering • Component pricing • Plasma component portfolio • Stock management for hospitals • NHSBT demand planning to support component availability <p><u>Improved despatch Note</u> <u>Covid-19 Situation Update</u> <u>Emergency Preparedness, Resilience and Response Guidance</u></p>	
12	<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 October 2020 will be a joint meeting with South East Coast Region, venue and date to be confirmed 	
15.40	Meeting Close	