

**Confirmed Minutes of the  
London Regional Transfusion Committee  
London Blood Transfusion Forum (RTC Business Meeting)  
29 April 2015  
Oak Suite, W12 Conference Centre, London**

**Present:**

Adewale Adeyemo	North Middlesex Hospital
Mohammed Al-Aarly	St. John's & St. Elizabeth Hospital
Tabarak Al Khawam	St. George's Hospital
Sandra Amajor	Lewisham Hospital
Rhoda Bagley	HCA Laboratories
Kasia Ballard	West Middlesex University Hospital
Hugh Boothe	Chelsea & Westminster Hospital
Jeremy Boyle	Kingston Hospital
Alison Brownell	Queens Hospital
Elaine Carter-Leay	Queens Hospital
Judy Chetram	Lewisham & Greenwich NHS Trust
Betty Cheung	Croydon University Hospital
Gavin Cho	North West London Hospitals NHS Trust
Sarah Clark	Royal Free Hospital
Sue Cole	Princess Royal University Hospital
Samantha Conran	Croydon University Hospital
Lisa Cook	Princess Royal Hospital
Hapinder Dhillon	Hammersmith Hospital
Maria Diaz Alonso	HCA Lister Hospital
John Dick	University College Hospital
Isla Downs	St. George's Hospital
Nicola Faulkner	Hillingdon Hospital
Vanessa Fulkes	Guy's & St Thomas' NHS Trust
Charlene Furtado	Ealing Hospital
Lisa Gibb	Great Ormond Street Hospital
Philip Gold	Queen Elizabeth Hospital
John Grant-Casey	NHSBT
Catherine Hawkins	Queen Elizabeth Hospital
Esther Hill	Spire St. Anthony's Hospital
Denise Joseph	Lewisham & Greenwich NHS Trust
Orla Kavanagh	Great Ormond Street Hospital
Nicolas Ketley	Queen Elizabeth Hospital
Alexander Kidd	Epsom & St. Helier NHS Trust
Sarah Lennox	Royal National Orthopaedic Hospital
Angela Maddison	Royal London Hospital
Ling Mak	West Middlesex Hospital
Sue Mallett	Royal Free Hospital
Samantha Marston	Whittington Hospital
Michelle Martin	St. Bart's Hospital

Francis Matthey	Chelsea & Westminster Hospital
Karen McMullan	Royal Marsden NHS Trust
Wendy McSporran	Royal Marsden NHS Trust
Sujata Mehta	Royal Marsden NHS Trust
Anne Minogue	Queens Hospital
Rachel Moss	St. Mary's Hospital
Kehinde Muyibi	NHSBT
Khayalami Ndebele	BUPA Cromwell Hospital
Sharma Nidhi	St. Bart's Hospital
Lloyd Noble	Charing Cross Hospital
Kelly Nwankiti	Kings College Hospital
Nonyelum Nweze	St. George's Hospital
Saleha Patel	St. Bart's Hospital
Lorraine Peck	Imperial College NHS Trust
Carolyn Price	Guy's & St. Thomas' NHS Trust
Fiona Regan	Imperial College NHS Trust
Lorraine Roberts	St. George's Hospital
Martin Rooms	Royal Marsden NHS Trust
Megan Rowley	NHSBT / St. Mary's Hospital
Dipika Shah	Northwick Park Hospital
Mandy Smith	HQIP
Naina Solanki	NHSBT
Chris Steward	University College Hospital
Taku Sugai	Hillingdon Hospital
Rachel Suri	Epsom & St. Helier NHS Trust
Tracey Tomlinson	NHSBT
Paul Wadham	Royal Marsden NHS Trust
Richard Whitmore	NHSBT
Samantha Wigfall	Royal Marsden NHS Trust
Kelly Williams	NHSBT
Bassey Williams	St. George's Hospital
Julie Wright	Queens Hospital
Roslin Zuha	Epsom & St. Helier NHS Trust

**Apologies:** Matt Free, St. George's Hospital  
Penny Eyton-Jones, Great Ormond Street Hospital

**01/15 Welcomes and Introductions**

GC welcomed everyone to the meeting and informed those present of the Health & Safety Requirements for the building.

**Minutes of Last Meeting**

The minutes of the last meeting held on 17 October 2014 were accepted as a true record.

**Action: AP to arrange for them to be uploaded onto the JPAC website.**

**02/15 NBTC & RTC Chair's Meeting (16/03/15) Feedback – Gavin Cho**

GC gave a presentation

**RTC Chairs**

- Mike Desmond will be stepping down as Chair of the RTC Chairs
- Pathology Modernisation survey planned for circulation
- Education activities – need to encourage people to attend

### **NBTC Topics**

- Adrian Newland is stepping down as NBTC Chair
- Jonathan Wallis will be the new Chair
- Kate Pendry is the new NBTC Secretary, replacing Mike Murphy.
- Lack of information on transfusion in specialist commissioning documents. Professor Jo Martin, NHS England also suggested contacting the NHS England Patient Safety Team for advice re. the former safety practice notices.
- NICE Transfusion Guidelines will be out in May and published in October. It is expected that these guidelines will eventually be followed by CQUINS.
- NPSA Safer Practice Notice 14 Review Group – duration between updates is 2 yearly.
- The use of platelet additive solution for pooled platelets has been introduced as a vCJD risk reduction measure.
- Increase in number of platelet pools manufactured.
- In the fourth quarter of 2014, the initial reactive rate was 0.22% for apheresis platelet and 0.28% for pooled platelets, of these 0.05% initial reactive packs were confirmed as positive and a further 0.04% as indeterminate positive.
- NHSBT are developing a PBM strategy in collaboration with NBTC and others to define and resource the work plan. Projects are:
  - Single Unit Pilot
  - North West Regional Pre-operative Anaemia
  - South West RTC Joint Project with CliniSys to develop Electronic Blood Use Analysis Data
  - PBM app

### **National Comparative Audits**

Audits that have been recently completed:

2013 Use of Blood Components in Neurocritical Care

2013 Use of Anti-D

2014 Patient Information and Consent

Still in progress:

2014 Transfusion in Children and Adults with Sickle Cell

Planned for the future:

2015 Blood Use in Surgery

2015 Use of Blood in Patients with Lower GI Bleed

Red cell survey is near to publication

### **RTC Update**

*RTC Membership:*

- Louise Tillyer has stepped down from RTT
- Toby Richards, Vascular Surgeon at Royal Free Hospital has joined the RTT.
- Angela Pumfrey is the new Administrator for the London RTC.

*RTC Budget:*

2014-15 – Income inc. annual funding was £17,043.  
Expenditure was £16998

2015-16 - Annual funding will remain at £5865

*Work Plan & Working Group Updates*

#### **LOPAG**

- Newsletter 3 will be out in the next few weeks
- Multi-dose platelet audit has been completed and represented
- Audit 'where to platelets go' will be run this year.

#### **MSBOS App**

- Further testing is being done
- Will be piloted at St. George's Hospital

#### Transfusion Training Passport

- Available to view on the Skills for Health website
- E-learning course has been delayed
- Abstract accepted for poster at ISBT.

#### Nurse Lanyard Card

- Nurse will keep with their ID card as a checklist/reminder
- Pilot cards have been printed
- Aim is to re-audit and collect market research feedback in May/June/July
- Collect data and feedback, formalise a report and make any amendments for release to the RTC by August/September.
- Abstract accepted for poster at ISBT.

#### Nurse Authorisation of Blood Components

- Abstract accepted for poster at ISBT
- Survey will be sent to the TP's to evaluate current practice in London.

#### Anaemia Group

- Newsletter has been written to educate clinical staff
- Survey has been developed to help hospitals determine demand for an iron clinic
- Lessons learnt/points for consideration have been written

#### Massive Haemorrhage DVD

- Will show clinical and laboratory timelines
- Story board is in production.

#### London and South East Haematology & Trauma Group

- National peer reviews for trauma units
- New audit for massive haemorrhage

#### HEE Commissioned Days – Registration Figures as of 17/04/15

- 3 courses listed
- Grand total of 156 registered to attend
- 57 places remaining. Please register if you want to attend.

Nic Ketley, Queen Elizabeth Hospital raised a concern about the difficulty getting transfusion training included as part of mandatory training. He feels this has contributed to an increase in clinical incidents and requested this issue be taken up to the national committee. *NB: Discussed further under Ask the Audience.*

03/15

#### **NHSBT Update – Aman Dhesi**

##### Platelet Supply Project

- Appreciate continued support following SaBTO downgrading of vCJD risk
- Reduction of apheresis collections from 80% to 60% is on target for April 2016.
- Do not use apheresis platelets for stock-holding. Some hospitals have decreased their apheresis usage by quite a lot.
- Apheresis is available for specialist children hospitals, patients born on or after 01.01.96, HLA selected platelets
- Data will be presented at October RTC.

##### Contracts

- Contract from 1 April 2015 – 31 March 2018 for the supply of blood and components has been distributed to hospitals.
- Authorised signatory for the Trust must sign the contract and must provide required details.
- Contract is sent to Chief Executive – point of reference for obtaining a copy

Some delegates highlighted that this year, unlike in previous years, the contract was

signed and sent off by the Director of Finance and Chief Executive without the Laboratory Manager having any input. AD will feed this back to the Customer Services team to raise with the Contracts team.

**Action: AD to feedback to Customer Services team.**

**Post-Meeting Note:** The Customer Services team clarified that TLM's need to contact their Trust's Finance Department to ask for a copy of the contract. NHSBT can send a copy of the contract direct to the TLM's, but the request must come from the Finance Department.

#### Electronic Invoices

- Paper system ceased on 01/04/15
- Codes and descriptions will now be consistent across the invoice and price list.
- Invoices and backing data will be sent electronically to Finance or designated persons so it should be easier to see the data.
- Credit notifications will be included in the backing documentation

Hugh Boothe, Chelsea & Westminster Hospital, explained that his Trust removes the backing data so he can only see the front part. Several other delegates also reported the same problem. AD will feed this back to the Customer Services team.

**Action: AD to feedback to Customer Services team.**

**Post-Meeting Note:** The Customer Services team have explained that, from May the spreadsheet will be on an Excel document which should make month by month comparisons easier. TLM's need to contact their Trust's Finance Department to request the backing documentation. Alternatively, the Finance Department can request that the invoices and backing documentation are sent to the TLM.

#### Credit Requests

- Hospitals indicated an electronic credit requesting process was required.
- Benefits include reduced transcription errors and increased efficiency.
- User guide and electronic request form are available on the Hospital & Science website [hospital.blood.co.uk](http://hospital.blood.co.uk). An example of the form (Blood and Component Credit Request Form) was shown. Once completed, it can be automatically sent to [bloodcredits@nhsbt.nhs.uk](mailto:bloodcredits@nhsbt.nhs.uk). Please start using the form from now.
- Forms received by 22<sup>nd</sup> of each month will usually be credited the following month.
- Credit requests for units that have expired more than 3 months ago will not be accepted. Please do not send requests in one big batch.
- Paper requests received after 01/05/15 will be returned.

#### Short Journey Containers

- Replacement for Clinimed containers
- Validated according to Red Book requirements.
- Max journey time: red cells & platelets – 3 hours  
frozen components – 11 hours
- Hospitals use the Clinimed boxes for internal journeys – how can we support them in getting their own boxes?
- Short-term measure: provide a small number of Clinimed boxes for hospitals to use. These boxes are not validated according to the Red Book, therefore each hospital has to take responsibility for their boxes. Long-term measures are being looked at.
- Containers are available to see at donor centres with Customer Services Manager.

Several delegates raised concerns about the removal of the plastic overwrap on packages, stating that it keeps the package neat and tidy. One delegate mentioned that, without the wrap, the traceability tag comes apart or curls up and this has caused clinical incidents. AD explained that a few NHSBT centres were using them and the ones that cover the London region were. They have been removed as part of cost saving and effects on tear weight if packed boxes are to be weighted. However, if you want to continue using them, to contact your local CSM to order some initial stock and details where they can be ordered will be provided. AD suggested that if red cells were

sent and the cross-match lines were not tidy a complaint should be logged to allow trending AD will also feed this back to the Customer Services Team.

**Action: AD to feedback to Customer Services team**

**Post-Meeting Note:** Details of plastic wrap bag supplier is: Polybags Ltd, Lyon Way, Greenford, Middlesex UB6 0AQ. Tel 0845 200 2828. Item Description is Clear Plastic, 112.5 microns/450 gauge, 254mm x 203mm, Centrifuge Bag, Box/1000.

#### Blood 2020

NHSBT is supporting PBM in its current strategic plan.

#### CMV Testing

Decrease the testing of CMV units in the north. A letter went out to Lab Managers this week. It should not affect hospital orders. AD reminded hospitals to order CMV –ve components if they were required.

04/15

#### London RTC Red Cell Wastage Data Comparison – Aman Dhesi

National WAPI average is 4.5, London WAPI is 3.5. London wastage equates to over 82,000 units, which equals £1 million. London wastage and usage affects the national figures because we are such a large area.

Data was collected from BSMS for 2014 and presented as bubble graphs showing the red cell wastage for each hospital in London, grouping them from very low to very high users. Five hospitals do not report their wastage. The data does not take into account variances and how many trauma cases are seen. One delegate pointed out that a high number of oncology patients can also increase your wastage. Each of the graphs was reviewed. AD wished to make it clear that if a hospital is high up the graph, it does not mean it is a bad hospital.

AD asked what we as a region should do now. It was made clear that wastage is generated by the whole Trust, not just the transfusion team. The following comments were made:

- Compare hospitals that have the same percentage of trauma cases
- Report on why the blood was wasted
- Adhering to the 30 minute rule causes waste
- Have more specific reasons for wastage on BSMS
- Each Trust should take ownership of their wastage
- We should not aim to get our wastage to 0 as this may result in lower levels of issues which could result in not having enough stocks to cope with emergency situations.
- If you get wastage under control, you may be told to cost save.
- Each hospital can do their own audit using data from BSMS to see what the reasons for wastage are.

AD and Matt Free thought that a good way forward would be to look at saving 1-2 units in each hospital. This will decrease wastage by £70,000 or £14,000 a month

**Action: All hospitals will try to save 1 unit a month.**

There was a discussion about the 30 minute rule. Megan Rowley explained that JPAC are holding a meeting at the end of the week to discuss the 30 minute rule and an update will be made available for the next RTC meeting.

#### Dashboard

AD showed the group what the format of the dashboard could look like. It will be posted on the London RTC homepage and updated once a month. Every hospital will be able to measure it's performance against the performance of the whole region AD asked if people would find this sort of information helpful and, if so, what data would they like recorded. Nic Ketley wanted to point out that whatever information is reported should be used in a supportive way and not to force change. It was agreed that AD will upload a draft dashboard on the website for people to see and give feedback.

**Action: AD to upload a dashboard onto the London RTC homepage.**

**05/15**

**Patient Blood Management Session**

**Management of Iron Deficiency and Iron Clinic – Anne Minogue**

This presentation explained why an anaemia clinic was needed, how Anne went about setting it up and the outcomes. Patients can be referred from anywhere in the hospital, but mainly come from Haematology, A&E and Surgery (pre-op), plus a small number referred from GP's. Between August 2014 – March 2015, 160 patients were seen, 133 of those were given iron infusions. Most of the patients are intolerant of oral iron. Based on the average rise in Hb following these transfusions, the hospital has saved over £20,000 in red cells and £17,500 on bed stays. The clinic now needs to expand to two clinics/week to accommodate re-attenders.

One of the delegates highlighted that there are a lot of patients within the community with anaemia who would benefit from iron infusions, especially women suffering heavy periods who struggle to live a normal life. It is difficult for these patients to get iron in a structured way. The service needs to be reassessed.

**Single Unit Transfusion Policy Pilot Update - Jennifer Heyes**

Update on King's College: Retrospective data collected from April–Sept 2014, followed by staff training in Oct and Nov, then prospective data collected from Dec 2014. Results so far show that the number of patients receiving only one unit of blood has increased, whilst those receiving two units has decreased. Another change is that clinical staff are documenting the transfusion in the notes, which was not the case before. Work needs to be done on patients who are iron deficient as this is not the best route for them. There is a feedback form for the patients to complete on how they are feeling and quality of life so we can assess that we are not having a detrimental effect on them. However, none have been completed.

Lewisham is the second pilot site. JH just started in April so data is still being analysed to decide which speciality will be chosen.

JH said that the training of doctors, nurses and BMS's needs to be ongoing. One delegate asked how the training is done. JH explained that it was incorporated into the hospital's local training, plus she had help and input from a very proactive Consultant and junior doctor who were passionate about this subject.

Two delegates mentioned that, in the past, practice was not to give only one unit of blood because it triggers an immunological response; the rationale being, if you only need one unit of blood, then you do not really need blood at all, but, if you did need it, then you need two. JH said she will look into this. She further explained that patients are reviewed after receiving one unit.

**Action: JH to look into one unit triggering immunological response. .**

A concern was raised about TACO in elderly patients. There is a concern that these patients are being over-transfused when they do not need it. JH said that this is included in the training and there are a set of guidelines which is very helpful. One of the delegates said that training is very helpful, but if the resources and manpower are not in place, then it is difficult to even implement the single unit policy. JH said that the ultimate decision has to come from the clinical teams.

**06/15**

**LoPAG Multi-Dose Platelet Dose Audit Results – Megan Rowley**

Platelet wastage has been increasing in England. One single dose of platelets can give an immediate rise in levels. There was a trial done in 2010 that recommended that double dose prophylaxis platelet transfusion should not be used routinely.

Platelet Champions were asked to take part in this audit. All double dose requests collected over a one week period. Reasons for transfusion could be recorded on the audit form. Form sent back with a summary of what the outcome was.

A graph was presented, showing how many double dose platelets each hospital requested, broken down into clinical speciality. Haematology and Cardiac Surgery account for the largest number of double dose platelets. Unfortunately, they could not get a denominator because one question on the audit form was not worded clearly and it was misunderstood by participants.

Can we use the audit to improve platelet prescribing and, if so, what do we do next? MR suggested doing a 'where do platelets go' audit.

Nic Ketley wanted the results to be pulled down even further. We need to concentrate on hospitals that do a lot of cardiac surgery. It was suggested that we ask what time the request came in. If it is night or weekends, the on-call might want to order more as a spare so that they are not called out again.

07/15

### **Ask the Audience**

*How will transfusion training be managed with the loss of the NHS Litigation Authority?*

The LA said that training was mandatory/essential for all staff in transfusion practice. Now that the LA has disbanded, who can support our training? Nic Ketley said that blood transfusion training is not standard and cannot be separated out between the different roles. His Trust will support staff to do 'little m' mandatory training, but is reluctant to support 'big M' mandatory training because they cannot get the pass mark above 85%.

Suggestions were:

- CQC: Several delegates said that CQC is very different to the LA. They focus on bigger issues such as infection control and are not really interested in transfusion or training. However, one delegate felt they listen to your problems and have the power to make changes.
- Skills for Health: One delegate said their Trust stopped using Skills for Health. Another mentioned that, because her Trust will not sign up for Skills for Health, they do not have it in their core skills framework.
- NHS England
- Health Education England: Megan Rowley thinks that they may help us.

Gavin to discuss with NBTC to see whether we can go via this route.

**Action: GC to take this issue to NBTC to discuss with other Chairs. Outcome to be feedback at next RTC.**

### *2 sample rule / group check rule*

This question started with the delegates answering questions on voting pads. 83% of delegates answered that their trust has a 2 sample rule. If their Trust did not, it was mainly because they were in the process of implementing it. All answered that the two samples are taken by either the same person or two people.

Richard Whitmore pointed out that we should not call it the 2 sample rule. It should be called the group check rule.

Several delegates said that staff deliberately break the rule. RW said you cannot stop people from breaking the rule unless you are watching them all the time. One delegate said that, in her Trust, if a person has deliberately broken the rule, you have to report it and it goes on the individual's record. Another delegate mentioned that, in her hospital, the major problem is that changes the timing of the second sample to make it look as if it was taken later and the laboratory staff cannot determine if they have been collected correctly or not. It was mentioned that, sometimes it is obvious that it has been taken at the same time because the handwriting is exactly the same, but the blood has been taken from different arms. One delegate feels that this should be raised as an SI. The person involved has to take responsibility as it could cause a patient's death. It was agreed that this is a hospital-wide problem, not just amongst transfusion staff. Megan Rowley commented that NEQAS asks if people are following the group check rule. It was pointed out that taking two samples only increases the work in the lab by five extra samples a day.

One delegate feels it is more important to target education on issues such as labelling properly and identifying patients correctly. Everyone agreed that mis-identification is a Trust-wide problem, not just within blood transfusion.

One delegate raised the issue of Duty of Candour. He warned that the law has been



changed so that we as individuals are responsible not just the Trust we work for. You could be liable to pay any compensation money.

**08/15     Any Other Business**

a)        ISBT Conference & Exhibition – *Rachel Moss*

The ISBT Conference is being held at the Excel Centre on 26 June – 1 July. Please register. If you do not want to attend for the whole five days, on Sat 27 and Sun 28 June, there is a SHOT meeting and also three TP's are speaking. The TP's have been given a slot on Sunday 28 June at 7.30am for a breakfast meeting. Everyone is welcome to attend.

b)        ISBT Clinical Working Group – *Rachel Moss & Aman Dhesi*

ISBT want to put on their website everything related to transfusion so that it is an international one stop shop. The working group is putting together things to put onto the website.

**09/15     Date of Next RTC Meeting**

19 October 2015

The Great Hall, Camden Centre, London