

**South East Coast Regional Transfusion Team Meeting**  
By Telecon  
**Tuesday 18 June 2019**

**MINUTES**

<p><b>Present:</b> Howard Wakeling  Fatts Chowdhury  Anwen Davies Visuvanathan Jeyakumar  Nelson Johnson  Ruth O'Donnell Emma O'Donovan Simon Rang  Elizabeth (Liz) Tatam Richard Whitmore  <b>Minutes:</b> Frances Moll  <b>Apologies:</b> Lynne Balderstone  Robert Goddard Lisa March  Zoe Sammut</p>	<p><b>HW</b>  <b>FC</b>  <b>AD</b> <b>VJ</b>  <b>NJ</b>  <b>RO'D</b> <b>EO'D</b> <b>SR</b>  <b>LT</b> <b>RW</b>  <b>FM</b></p>	<p>RTC Chair, Consultant Anaesthetist, Western Sussex Hospital NHS FT  Consultant Haematologist in Transfusion Medicine Imperial College Healthcare NHS Trust / NHSBT Patient Blood Management Practitioner, NHSBT Blood Transfusion Site Lead, Royal Surrey County Hospital, Berkshire and Surrey pathology Services Blood Transfusion Site Lead, Berkshire and Surrey Pathology Services Transfusion Practitioner, Western Sussex Hospital NHSFT Consultant Haematologist, East Surrey Hospital Consultant Anaesthetist, Queen Elizabeth, The Queen Mother Hospital Transfusion Practitioner, Sussex and Surrey Healthcare Trust Customer Service Manager, NHSBT  SEC RTC Administrator, NHSBT  Deputy Transfusion Practitioner, Maidstone and Tunbridge Wells NHS Trust Chief BMS/TLM, Queen Elizabeth, The Queen Mother Hospital Transfusion Practitioner, Queen Elizabeth, The Queen Mother Hospital Laboratory Manager, Western Sussex Hospital NHS FT</p>
	<b>ACTIONS</b>	
<p><b>1. Welcome and apologies</b> (apologies see above)</p> <p>Liz Tatam (LT) was welcomed to her first RTT meeting. LT has been employed as the Transfusion Practitioner for Surrey and Sussex Healthcare NHS/ Frontier Pathology since July 2016. Her main area of practice prior to her current post was Haematology/Oncology, including Chemotherapy, Apheresis and Stem Cell Transplant. Particular topics of interest include Consent for Transfusion and multi-disciplinary training.</p> <p>LT will replace Lynne Balderstone who has resigned as a member.</p>		
<p><b>2. Minutes of meeting held on Thursday 4 April 2019</b></p> <p>The Minutes were approved for publication on the website. <b>ACTION</b></p>		FM
<p><b>3. RTT Membership – Continuing Review</b></p> <p>Transfusion Practitioner Representation was now complete. Members identified a non-Haematology Clinical Representative to join the RTT and it was agreed HW would make an initial approach. <b>ACTION</b></p>		HW



<ul style="list-style-type: none"> <li>• <b>Working Group update</b> – the first telecon had taken place on 6 June, with the overall consensus that the day should cover NICE / Quality / Improvement / Change, with Regional transfusion as the focus throughout the day.</li> </ul> <p>The proposals were being taken to the HTC meeting (today 18<sup>th</sup>), feedback to be brought to the working group at the next telecon scheduled for 20 June.</p> <p>Proposed topics to feature on the programme: QS138 / Anaemia / Tranexamic Acid / Consent / Patient Experience / Staffing and networks/ BMS empowerment. Members were invited to make suggestions for speakers: EO'D suggested a clinician from the Royal Free who had introduced guidance on Obstetrics' Anaemia pathway. AD to contact London PBMP for a name. <b>ACTION</b> JV said he would ask the TP network, if they knew of a patient willing to share their experience. <b>ACTION</b> Members discussed charging for these events. There was a view that if people pay they are more likely to attend; £10 was suggested, which would contribute to the cost of lunch, teas/coffee. Payment was now relatively straight-forward. Inviting sponsors was also an alternative if there were no charge for attendees although it was recognised that space may be an issue at this venue.</p>	<p>AD</p> <p>VJ</p>
<p><b>7. RTC Working Group Updates</b></p> <ul style="list-style-type: none"> <li>• <b>ICAG Consent Pad</b> – AD explained that each Trust had been sent a hard copy, with a survey to indicate if they intended to implement this resource. Just eight Trusts responded with interest to implement the resource. Feedback received indicated that although recognised as an excellent resource, some Trusts had developed their own versions and some had moved over to electronic patient records (EPR). As more Trusts move to EPR, demand will fall further. Therefore, in response, the strategy has been reviewed for the provision of this resource. For the hospitals wishing to implement the resource the following has been agreed:             <ol style="list-style-type: none"> <li>1. Existing stock is available free of charge; hospitals must contact <a href="mailto:NHSBTCustomerService@nhsbt.nhs.uk">NHSBTCustomerService@nhsbt.nhs.uk</a> by 12 July 2019, advising how many copies they would like and a delivery address. Once stocks are exhausted they will not be replaced.</li> <li>2. An electronic copy of the resource will be available on the Hospitals and Science website, for printing locally.</li> </ol> </li> <li>• <b>QS138</b> – AD informed members that the third cycle of the QS138 audit was carried out in April/May, twelve sites took part. Individual hospitals received their results on submission of their report online. Regional reports are currently being re-formatted to show moving %compliance to the quality statements, as well as results from the latest phase. The re-formatted draft report was shown at the recent TP meeting and it was agreed that this would allow better comparison with the moving regional compliance figures. Final regional reports are being drawn up and will be shared with the participating hospitals in the coming weeks. Initial discussions suggest that regionally, compliance with iron supplementation pre-op (QS1a) and consent for transfusion (QS4b) are still areas of weakness. It was agreed that this should remain high on the agenda when considering topics for educational events and the implementation of resources.  AD, and the TPG Chair, have been invited to present the work that has been carried out on the QS138 audit at this year's BBTS in Harrogate in September.</li> <li>• <b>PBM Scorecard</b> – information had been shared at the RTC in March, but no following action had been taken to avoid confusion with the imminent results of a PBM Survey being announced. It was agreed that the PBM scorecard (which</li> </ul>	

seeks data on regional progress with implementation of PBM initiatives), would be repeated in August 2019 so comparisons could be made to August 2018 results.

- **BMS Empowerment Group** (Joint London/SEC) See Budget update  
The group will no longer exist in its current format. Holding item on future agenda
- **O D Neg** RW said the region was supporting NHSBT and using up O D Neg K pos donations. Previously Tooting Centre was having to Time expire 70 units a week, this was now down to less than two. The total number of red cells issued has dropped, but despite this the total number of O D Neg requests is consistent and even going up, which is understandable with people wanting a universal product. However, NHSBT will be struggling if this demand continues.  
It had been noted that, mainly in private sector, but also some NHS hospitals, we are being asked for long-dated stock, which results in unusual distribution, meaning our fresh units are in high demand while the older stock is not going out the door. NHSBT may have to introduce strict rules on how we issue short-dated products. RW explained that working with AD, hospital wastage is monitored very carefully each month.  
Thank you to the hospitals that have accepted O Neg K pos units, it has greatly improved NHSBT stocks.
- **A D Neg platelets** RW explained supply issues with platelets was very similar to the above. AB platelets are the universal donor, but we don't have enough AB donors to support demand, so A D Neg platelets are requested. Hospitals have already improved practice but high titre A D Neg platelets are routinely being requested for stock, meaning that NHSBT is struggling to meet this requirement where there is a specific patient need. This was raised at the RTC meeting in March and continues to be on the agenda at TP meetings. AD said that Medway and Berkshire Surrey have moved to A D Pos platelets for stock. It made a big difference to the region – thank you.
- **HLA Selected Platelets** RW informed members that the importance of returning incremental data for patients receiving HLA selected platelets was discussed at TADG. The TADG group saw this as a TP problem and not a lab issue. Everyone that can, should encourage clinical units to do post transfusion platelet increment counts, only 30% of hospitals were providing platelet incremental data. This would help review the effectiveness of the platelet transfusion, and perhaps reduce the number of platelets these patients receive. There is a great deal of work to be done.

A discussion was held on whether responses are being missed because of staff shortages; is there a need to encourage BMS and Hospital staff to look at their selection decisions?

JV raised that labs which are multi-disciplinary, hub and spoke models, have a very good system in place to enable visibility of haematology results.

- **Shared Care** (Cross-regional group)  
JV said there was a recognised communications problem with little improvement. At present the working group doesn't have a Chair therefore there isn't any progress. AD said she was waiting for an update from the London RTT. A draft shared-care card had been produced but had yet to be piloted.  
AD informed members that South Central were holding a Blood and Transplants RTC event (19 June 2019), with Shared-Care workshops in the afternoon, discussing resources and processes in place around the SC region. She would let members know the outcome of the workshop at the next RTT. **ACTION**
- **London & South-East Trauma and Haematology Group** FC updated members on the May meeting. Laura Green had given a talk on Plasma and Red Cells, identifying wastage despite rotating plasma red cells to other departments.

AD

<p>Some of the information is more relevant if you are a major trauma centre, have route to extra plasma, perhaps not appropriate for smaller trauma centres, where it's not worth pre-storing plasma. The next meeting is on July 1<sup>st</sup> at the West End Donor Centre.</p> <ul style="list-style-type: none"> <li> <b>Harvey's Gang</b> (the following was provided by Malcolm Robinson, former RTT member, now retired, and Chair of Harvey's Gang).  <i>Harvey's Gang was now live in 98 Trusts of which Barts &amp; The London, The Imperial and The Marsden are gearing up to start. St George's, Kingston and Croydon are slightly further ahead.</i> </li> </ul> <p><i>Another 300 Harvey's gang coats have been ordered to keep up! We are now physically making up the Harvey's Gang Goody bags; I would ask you to thank Jen Martin at WSHFT for packing and sending all the Harvey's Gang coats and Goody bags: Thank you Jen.</i></p> <p><i>Una and Dave Jarrold Pathology Lead at Edinburgh Sick Kids are trying the Rust2Rome Rally: There is a Just giving page: Please help and support <a href="https://www.justgiving.com/crowdfunding/david-jarrold?utm_term=jar9NNN76">https://www.justgiving.com/crowdfunding/david-jarrold?utm_term=jar9NNN76</a></i></p> <p><i>Last year the IBMS helped by sponsoring Harvey's gang coats to the tune of £10 K: HUGE thanks.</i></p> <p><i>There are lots of Pictures and stories on Facebook, Twitter #HarveysGang, and Blog: <a href="http://Harveysgang.blogspot.com">Harveysgang.blogspot.com</a></i></p>	
<p><b>8. NHSBT Update</b> RW referred to his updates above and briefly added:</p> <p>Concern about the haematocrit of washed red cells. This is in normal range, but at the top end and higher than that of standard red cells in additive. No component guidance updates to report</p>	
<p><b>9. TP &amp; TADG Updates</b></p> <ul style="list-style-type: none"> <li> <b>TP Update RO'D (3 June 2019)</b>  <b>Minutes</b> – The format for recording the minutes of this group will be updated to include a work plan tracking table. Some TPs are using this format to track work within their individual Trust.  <b>QS138</b> – AD presented draft audit data (most recent). Overall, it was felt that issues such as consent still required much improvement.  <b>ICAG Pad</b> – due to a low response rate from hospitals, AD reported that this would not be receiving funding but would remain available on the website as a resource.  <b>Standardised transfusion reaction form</b>- Keith Kolsteren agreed to distribute the final version to the group.  <b>Regional Education Day Friday 4 October in Maidstone</b> – Making Change in Transfusion was recommended as a topic and speakers suggested  <b>Work plan tracking</b> – AD shared with the group the idea of having a TPG work plan spread sheet to track projects/initiatives and their actions/progress. All agreed this is worthwhile implementing for the group.  <b>FY1 competency sign off</b> – No further progress on this issue but a number of TPs are being asked to sign off FY1s as competent in blood administration. TPs feel uncomfortable doing so, as it was felt that there was insufficient evidence to support competency.  <b>Students and Blood Administration</b> – Further queries were raised regarding the new practice by student nurses - the main one being are they carrying out transfusions as students once they have completed competency. More information is required. </li> </ul>	

<p>AD congratulated Ruth O'Donnell, Simon Goodwin and Liz Tatam for their review, and update of the work book for Blood Transfusion Administration – a job well done.</p> <ul style="list-style-type: none"> <li>• <b>TADG</b> - (13 June 2019) JV informed members there had been a good meeting with 30 attendees, although this was still a small number from the two regions (120 invitations sent). Labs were still finding difficulties with two different Inspections, from MHRA and UKAS with a request for similar requirements, this is to be raised at a national level. Expectations are totally different in various areas. Attendance everywhere is extremely low. Good opportunity to talk and learn. AD asked if there was an even split between the two regions. RW usually easier to access from within M25 but people do make an effort.</li> </ul>	
<p><b>10. Any Other Business</b></p> <ul style="list-style-type: none"> <li>• <b>National Comparative Audits</b> – the results are likely to be published soon.</li> <li>• <b>UKTLC Survey</b> RW said this had been raised at TADG and Rashmi Rook hoped to be able to provide data from the survey. Certainly staffing had been highlighted as an issue with significant future problems foreseen.</li> <li>• <b>F1 Transfusion Training</b> AD informed members that this had been raised at the TP meeting with concern expressed that there seems to be wide variations to either the training that medics receive and the time given to TPs to cover this at induction. TPs would like to find out what is taught at the foundation schools and how many of these feed into the SEC region. It was suggested that a letter is drafted by the TP group for the attention of the NBTC education working group. FC, who is a member of the working group, said this was recognised and an online course was being considered, but at present limited by IT issues. She said a letter would be very useful. EO'D said national guidelines would be welcomed. FC agreed that a standardised course would ensure continuity. There would be a website for Haematology, but could be similar platforms for FY1 and non-medical trainees all need to know how to transfuse. The courses would standardise training. <b>ACTION</b> FC to report back on progress</li> </ul>	FC
<p><b>Next Meetings: Thursday 26 September and Tuesday 10 December 2019</b></p>	