REGIONAL TRANSFUSION COMMITTEE

APPROVED Minutes of the meeting held on Thursday 16th October 2014
10.00 am at St John's Innovation Centre, Cambridge

Attendance:

Name	Role	Hospital
Bal Appadu **BA**	Consultant Anaesthetist, HTC Chair	Peterborough
Donella Arnett **DAr**	Transfusion Practitioner	Watford
Debbie Asher **DAs**	EPA Network Manager	Norfolk & Norwich
Claire Atterbury **CAt**	Transfusion Practitioner	Queen Elizabeth KL
James Bamber **JB** *Chair*	Consultant Anaesthetist HTC Chair	Addenbrooke's
Gilda Bass **GB**	Transfusion Practitioner	West Suffolk
Cynthia Beatty **CB** until 12.30	Consultant Haematologist	West Suffolk
Kaye Bowen **KB**	Transfusion Practitioner	Peterborough
Julie Edmonds **JE**	Transfusion Practitioner	Lister
Dora Foukaneli **DF**	Consultant Haematologist	Addenbrooke's, NHSBT
David Green **DG**	Transfusion Lab Manager	Basildon
Teresa Green **TG**	Senior BMS	Southend
Henrietta Hill **HH**	Consultant Anaesthetist HTC Chair	Luton & Dunstable
Loraine Holland **LH**	Transfusion Practitioner	Bedford
Antonia Hyde **AH**	Customer Services Manager	NHSBT
Nicola Jones **NJ**	Consultant Anaesthetist HTC Chair	Papworth
Marek Kasznicki **MK**	Consultant Haematologist	Lister
Sharon Kaznica **SK**	Transfusion Practitioner	Ipswich
Michaela Lewin **ML**	Transfusion Practitioner/Senior BMS	Papworth
Annette Nethersole **AN**	Band 7 BMS	Princess Alexandra
Debbie O'Hare **DO**	Consultant Anaesthetist HTC Chair	Norfolk & Norwich
Tina Parker **TPa**	Transfusion Practitioner	Broomfield
Darcy Pearson **DP**	Consultant Anaesthetist HTC Chair	Queen Elizabeth
Martin Pooley **MPo**	Transfusion Lab Manager	Papworth
Maria Puskas **MPu**	Transfusion Practitioner	Watford
Alison Rudd **AR**	Transfusion Practitioner	Norfolk & Norwich
Frances Sear **FS**	PBM Practitioner	NHSBT
Nick Sheppard **NS**	Acting TLM	Broomfield
Rebecca Smith **RS**	Transfusion Practitioner	Ipswich
Sue Turner **ST**	Transfusion Practitioner	Colchester
Vamsi Velchuru **VV**	Consultant Surgeon HTC Chair	James Paget
Mike Wallis **MW**	Chief BMS Haematology	Ipswich
Jane O'Brien **JO'B** *Minutes*	RTC Administrator	NHSBT

Apologies:

Sue Bradley CH Watford
Yolande Davies SBMS WSH
Adrian Ebbs TLM QEHKL
Lisa Haythornthwaite TLM Ipswich
Joanne Hoyle TP WSH
Andy King-Venables TP Hinchingbrooke
Kath Philpott TLM Addenbrooke's
Gill Turner CH NNUH
Nigel Brinkley Haematology Manager Ipswich
Joe Burford BMS WSH
Lesley Denham Deputy Path Manager Spire
Carol Harvey Lead BMS Pathology First
Katy Hoggarth CH Hinchingbrooke
Julie Jackson TP JPUH
Fadzai Marange Path Manager Nuffield
Steve Tucker TLM Colchester
Carol Whitby Haem CNS Bedford

1. Welcome: JB welcomed everyone to the meeting and round the table introductions were made.

2. Minutes of last meeting: one minor change to be made to text under point 10. Otherwise agreed as accurate.

3. PBM Strategy: FS gave a brief presentation to accompany a survey distributed to all attendees. The national PBM guidelines were launched in 2012 and were endorsed by the NBTC and NHS England earlier this year. PBM is now part of NHSBT's 5 year strategic plan and the PBM team have been tasked with drawing up a 3 year strategy. To this end a survey was put together which everyone present was invited to complete.

4. Education events:

- "Blood Transfusion in Surgical Practice" was held at Wyboston Lakes Conference Centre on 18th September. It was the biggest audience we have so far seen at a regional education event with 100 delegates. 97% of those leaving feedback rated the conference overall as good to excellent. Comments praised the wide range of speakers and topics but also the diversity of professional groups attending. Attendance by hospital was variable with 3 hospitals sending 10 – 17 delegates, 11 hospitals sending between 3 and 7, 2 hospitals sending just a TP and 2 sending no-one at all. FS thanked all those who promoted this event within their Trusts but asked if there is anything the RTC can do to encourage attendance from those 4 hospitals with 0 or 1 delegates.
- Suggestions for the theme for the 2015 education day were sought.
  - VV suggested patient consent for transfusion
  - CAt said there was a full day dedicated to IV iron at the recent BBTS conference which was very well attended with speakers from around the world. JB suggested we could include how we go about introducing IV iron clinics and also how we introduce tranexamic acid into practice. It was suggested that regional guidance on these matters might be helpful.
  - JB said that this year's event was organised early with confirmed date and speakers which he thinks was beneficial to the event. Using the theme PBM challenges, he invited the RTC members to canvas colleagues and to put forward suggestions to JO'B.

  Action: suggestions for topics and speakers to JO'B please.
- FS said that there are some new PBM publications available from Access24: Patient Blood Management (patient information), a PBM bookmark," Size Matters" and "Don't Give 2 Without Review". The last 2 are also available for download from the hospitals and science website (www.hospital.blood.co.uk) as a flyer and screensaver.

  Action: Contact JO'B if you need instructions for Access24.
- The East of England RTC now has a Twitter account. @EoE_RTC. A single page information sheet is attached with these minutes and a more comprehensive guide to Twitter is available from JO'B on request.

5. Pre-transfusion haemoglobin audit and the prevalence of night time transfusions:

- The main results of this audit were presented at the last RTC meeting. As a region, it appears that we follow a restrictive transfusion policy and do not over transfuse. The RTT are considering a further more detailed audit on specific patient groups.
- As a by-product of the audit, it was noted during data entry that there were a high number of transfusions taking place out of hours i.e. between 20.01 and 07.59 hours
- There was a National Comparative Audit carried out in 2007/8 which showed that 30% of transfusions took place at night. This can be associated with errors and inappropriate transfusions. SHOT made a recommendation that night time transfusions be reduced to those urgent and necessary.
- The incidence of night time transfusions over the audit period was included in the final report to hospitals which was circulated to all RTC members recently. The percentage of transfusions taking place between 20.01 and 07.59 ranged from 8 to 42% with a regional average of 22.5%. DF suggested that this may warrant further investigation and/or a local audit within individual hospitals. She also suggested further discussion at RTC meetings.
- JE said the Lister had looked at out of hours transfusions and it was felt to be a training and confidence issue so now the mandatory update states that nurses should challenge night time transfusions if they are felt to be unnecessary. CAt said that many doctors look at results between 3 and 5 pm and then write up treatment. CB said the request form at WSH has a tick box asking “is night time transfusion necessary?” It was also noted that there are later finishes to surgery and an increasing move to 24/7 service but transfusions should ideally take place during periods of maximum staffing.

6. NBTC and RTC Chairs meetings: JB gave a presentation on these meetings which took place on 29th September, and it is attached with these minutes. The following points were noted:

- JB has been tasked with conducting a survey of the regions to determine the impact of pathology modernisation so far. A brief opening survey to get an overview will be devised and this will be further discussed at the RTT.
- JB noted that the majority of concerns raised by other RTCs mirror our own.
- There is national concern about ante-natal and pre-operative anaemia. Production of a patient app is being considered. CAt noted that Australia already has such apps and FS said her team are looking into them. JB mentioned the algorithm for maternal iron deficiency anaemia produced by Queen Elizabeth and available via our website.
- There is still no ownership of NPSA SPN 14. It has been delegated to the NHS Head of Pathology but no meeting with NBTC has yet taken place. There is discussion with the MHRA as to whether there requirement of a 2 yearly assessment is negotiable to 3 years as recommended by the NPSA Review Group.

- SaBTO are recommending that blood from donors born after 1996 should not be used for new and unborn babies because of the risks of common teenage diseases such as CMV and EBV.
- In conclusion, JB said that our region is very pro-active and thanked everyone for their contributions.

7. Platelet use: following the presentation of platelet issues and waste at the last RTC meeting it was agreed that we re-visit the same data to look at some of the reasons for increased issue or waste. To begin JB gave a short refresher presentation on CUSUM.

- Basildon hospital showed a significant increase in platelet use over the last 2 years. DG said there is a new haematology day unit which has doubled the numbers of those patients. He had determined that 48% of platelets go to haematology patients and 32% to cardiac patients. The CUSUM chart for the 12 months to March 2014 showed that the increase is continuous.
- It was noted that Basildon has shown a considerable reduction in platelet waste. DG said most of the wastage occurs from time expiry of stock platelets. HH noted that L&D had reduced platelet waste but they do not keep stock.
- JE said that, following the presentation at the last RTC which showed that the Lister had considerable platelet waste, they had discovered Medicine to be the source of much of the waste. They are now looking to see if re-training would help and it has now been introduced into the consultant haematologist's Grand Round. They have also introduced a 4 hour de-reservation time for platelets after hearing it discussed at a regional meeting.
- MP said that staffing issues at Papworth meant that BSMS entries had not been made recently but both red cell and platelet waste had increased. They are in negotiations with NHSBT for a second delivery and in the meantime are reducing red cell stock in the morning and paying for a timed ad hoc in the afternoon. Clive Hyam of BSMS had visited at their request and spent some time examining stocks and waste and gave it as his opinion that a second delivery would help considerably. AH offered to look into the matter and give assistance where possible. DAs said NNUH paid for timed ad hocs for about 18 months before getting a second delivery. Clinicians now know the cut off time for orders on the second delivery.
- LH said that at Bedford consultants did not previously see data so there are now monthly reports detailing issues and wastes to the medical and surgical teams.
- A final slide showing changes to platelet issues nationally over 5 months (April to August) compared with the same period last year showed that our region had the second largest decrease (↓ 6.4%). Hopefully this regional decrease will be confirmed by the results of the platelet audit currently taking place.

7. Group and save sample survey: Following the BCSH recommendation of a second sample to confirm ABO group in a patient transfused for the first time, ML conducted a questionnaire using Survey Monkey which was distributed to hospitals nationally. ML gave a presentation of the results, attached with the minutes. Papworth has yet to implement second samples. DG said Basildon had problems obtaining second samples for cardiac patients from outside the area

who are admitted the night before an operation. DF said that although BCSH had considerable discussion about recommendations for obtaining a second sample, it was felt that it couldn't be done because of the great variation of practice around the country.

9. Restrictive sampling: NJ gave a presentation on the introduction of restrictive sampling at Papworth hospital.

- Hospital acquired anaemia is common and under appreciated.
- Initially the sample size for blood gases was reduced from 3 ml to 1 ml, then paediatric tubes were introduced for other tests including coagulation, which reduced sample size from 3 ml to 1.6 ml. MP said the use of paediatric tubes meant some analysers need adaptors which are different for different tests.
- JB asked if this reduction in sample size is common practice and NJ answered that she knows of a few hospitals which are beginning to implement the practice.
- VV asked if the work would be published. NJ said she had submitted a poster for process improvement but would wait for more data before publication.
- DAr said that Watford had stopped the practice of ITU sending routine samples to the transfusion laboratory on admission of patients.
- DF said this was a very good demonstration of PBM recommendations.

10. Children's Acute Transport Service:

- Following an incident when a child was transferred from one of the region's hospitals together with a unit of blood and it became clear that very few transfusion staff in the region had knowledge of CATS, Mark Clement was invited to the RTC to give an overview of their activities. Mark is an advance nurse practitioner with CATS, which covers North Thames and East Anglia and is based at Great Ormond Street Hospital. Mark's presentation is attached with the minutes.
- CATS now have guidance for the emergency transfer of blood and components with patients which is available from their website: http://site.cats.nhs.uk

11. NHSBT update: AH is the Customer Service Manager for Colindale hospitals and is covering Brentwood hospitals during Rukhsana Hashmat's absence. Delia Smith is covering Cambridge hospitals. Due to time constraints, the NHSBT update was not delivered at the meeting but is attached with the minutes.

12. Pathology Modernisation:

- DG asked it anyone knew of any training packages for BMS staff inexperienced in transfusion. DAs said she sends staff on the NHSBT course, which provides a good starting point. http://hospital.blood.co.uk/training/programme-diary
  ML recommended a course she did at Greenwich University. See: http://w3.gre.ac.uk/biomed
- AH recently attended a Histocompatibility & Immunogenetics (H & I) event and said that the return of platelet increment data for HLA matched platelets is very poor. H & I do not have the staff to chase hospitals and AH asked if anyone could suggest a method to encourage hospitals to send data. It was suggested that when increment data is not

returned and another request for HLA matched platelets for that patient is made, H & I could respond with the message that without the return of incremental data, they may be unable to provide the best product for the patient. DF noted that many people, especially clinicians, do not understand that follow up information is needed because of the high specificity of the product.

The meeting closed at 1.00 pm and JB thanked everyone for their attendance.

Next meeting: Thursday 26th February 2015. 10 am to 1 pm, St John's Innovation Centre

Attachments with these minutes:

- PBM survey - PowerPoint, Frances Sear
- PBM survey *
- Twitter information sheet
- NBTC and RTC Chairs meeting – PowerPoint, Jim Bamber
- Group and save sample survey – PowerPoint, Michaela Lewin
- CATS – PowerPoint, Mark Clement
- NHSBT update – PowerPoint, Antonia Hyde
- EoE TADG report – pdf, Lisa Haythornthwaite

* If you were not at the meeting and would like to complete this survey, please do so and return to Jane O'Brien at jane.o'brien@nhsbt.nhs.uk or fax to 01223 548190.

Actions:

Action	Responsibility	Status / Due date
Contact FS or JO'B if you would like further support in encouraging staff from your hospital to attend our education events.	All concerned	
Suggestions for topics and speakers for a 2015 education event based on successes and challenges of PBM implementation to JO'B.	All concerned	Before 18th December if possible
Contact JO'B for access24 instructions and/or full written Twitter guidance if required	All concerned	
Return platelet increment information to H&I following administration of HLA matched platelets	Lab staff	Permanent request