

CONFIRMED MINUTES OF THE SOUTH WEST REGIONAL TRANSFUSION COMMITTEE

Wednesday 9 May 2018, 10:30 – 15:30
Oake Manor, Nr. Taunton

Attendance:

NHS HOSPITALS/ORGANISATIONS	
Derriford Hospital	Sophia Wrigley (SW); Caroline Lowe (CL); Chris Pritchett (CP)
Dorset General Hospital	Maraneka Greenslade (MG); Lorraine Poole (LP)
Gloucestershire Hospitals	Sally Chown (SC)
Great Western Hospital	Sally Caldwell (SCa); Jassy Uppal (JU); Edward Bick (EB)
North Bristol Trust	Karen Mead (KM); Elmarie Cairns (EC); Tim Hooper (TH); Michelle Melly (MM)
North Devon District Hospital	Maggi Webb (MW)
Poole General Hospital	Vikki Chandler-Vizard (VCV)
Royal Bournemouth Hospital	Lorraine Mounsey (LM)
Royal Cornwall Hospital	Nicki Jannaway (NJ); John Faulds (JF)
Royal Devon & Exeter Hospital	James Piper (JP); Barrie Ferguson (BF)
Royal United Hospital Bath	Sarah Wexler (Chair) (SWe); Dave Fisher (DF); Helen Maria (HM); Surenthini Suntharalingam (SS)
Salisbury District Hospital	Effie Grand (EG) ; Anne Maratty (AM)
Taunton and Somerset Hospital	Alison Timmins (AT); Nic Wennike (NW)
Taunton and Somerset Hospital/Yeovil	Sarah Allford (SA)
Torbay Hospital	Patrick Roberts (PR)
University Hospitals Bristol	Bernard Maybury (BM)
Weston General Hospital	Vasiliki Gkastari (VG)
Yeovil District Hospital	Alison Hill (AH)
PRIVATE HOSPITALS	
Nuffield Health Cheltenham Hub	Samantha Lewis
Nuffield Health Exeter Hub	No attendance
Spire Hospital, Bristol	No attendance
Patient Representative	
	Helen Witham (HW)
NHSBT	
Patient Blood Management Practitioner	Katy Cowan (KCo)
Consultant Clinical Scientist Trainee	Matt Hazell (MH)
Customer Service Manager	Rhian Edwards (RE)
Associate Medical Director – Patient Services	Edwin Massey (EM)
RTC Administrator	Jackie McMahon (JM)

1. Apologies: Attached.

2. Previous Minutes

The minutes of the meeting held on 15 November 2017 were confirmed as a true record.

3. Matters Arising (not covered in main agenda)

Southampton hospital's CMV-ve requirements for transplant patients - awaiting national guidance before pursuing further.

SWe is still keen to receive examples of how consent is discussed with patients/documentated within the region.

4. Hospital WAPI, RBC, Platelet and CMV-ve Updates (KC)* (*all presentations are available on the SWRTC website)

End of year figures for 2017/18 were presented:

- red cell issues continue to decrease;
- small rise in platelet issues – one hospital attributed this to an older population and patients on chronic transfusion programmes.
- doing well with O- considering drop in rbc issues. DF thought it would be more useful to look at O- wastage.
- CMV –ve – Salisbury, Bournemouth, Dorset and Poole issues continue to be impacted by Southampton hospital's policy
- the usual peaks and troughs with rbc and platelet wastage.

5. National Blood Transfusion Committee update (SWe)

SWe was unable to attend the March meeting but was asked to raise at RTC the outcomes from the workshop on component use. Prompted by hospital demand for certain components by blood group and the impact on NHSBT's ability to fulfil these orders, the workshop looked at two specific areas – demand for blood with extended red cell phenotype and demand for use of group A D –ve platelets. The aim is to produce some general guidance for the use of platelets by group and the extent to which red cells with extended phenotype can be requested for certain conditions. This will have implications for hospitals and SWe suggested a review of local trust guidelines and how stock is managed within transfusion labs.

Copies of the draft minutes from the workshop were made available at the meeting and will be posted on the SW RTC website with the meeting minutes.

NBTC consent workshop. In response to a query if there had been any further feedback, SWe said that she would check the March 2018 NBTC minutes.

6. CSM Team Update (RE)

Introduction of the new labels has been delayed and it will be at least another six months until roll out of the transition labels. There is some concern around the amount of information that will be contained in one bar code and it was queried whether 2D bar code readers should be purchased in preparation for the new labels as not all trusts have them. RE responded that the final state label is a long way off but that it will probably have the single bar codes in the ISBT format. RE thought it would be helpful for colleagues to be aware of the background and

reasons for the labels being changed and this can be accessed via the following link:

<https://www.transfusionguidelines.org/document-library/specification-for-the-future-labelling-of-blood-components-prepared-in-the-uk>

TH raised concern over air in FFP bags and queried how it happened and how NHSBT is mitigating the potential risks of air embolism. RE responded that initial validation of the bags did not highlight any issues but problems are being caused by different giving sets. NHSBT are removing any of the FFP bags that are deemed to have an excess amount of air. The bags were part of a trial and once they are out of circulation, NHSBT will revert back to using Macopharma. DF mentioned a few bag breakages and RE acknowledged that a new freezer system was probably the cause and this is being rectified.

7. Audits/Surveys*

2018 Database Survey (KCo)

2018 survey will be circulated in the summer. Please feedback any comments re. the format of the survey to KC or JM.

Survey of Platelet Wastage in Major Haemorrhage (KCo)

Not enough responses were received to produce a meaningful report and it was agreed to send a reminder to anyone who had not submitted data.

NCA Audits (KCo)

KC presented the results of the re-audit of PBM in adults undergoing elective scheduled surgery and re-audit of red cell and platelet transfusions in adult haematology patients. The TACO audit had not reported.

PBM re-audit: #NOFs were again included and it was felt this was inappropriate as it skewed the data. Some of the standards audited against and the way the data was presented were not felt to be useful, particularly as it was now two years old. One hospital had decided not to participate, with others questioning the value of audit participation against the staff time required to complete them in already stretched clinical settings. It was also felt that the NCA doesn't always audit against what the hospitals would like to see audited. This prompted a robust discussion and it was agreed that these points should be feedback to the NCA team. It was also agreed to ask if the SWRTC could have some input into discussions around future audit activity. Suggestions for future audits should be sent to KC and SW will take them to NBTC.

Audit of red cell and platelet transfusions: Majority doing well with appropriate transfusion but no comparison data provided. Need to feedback to NCA that we also need the comparison data to be able to identify if practice has improved.

NCA O Neg audit (summer 2018 launch date): KC summarised the audit criteria. This was felt to be another example of an audit being imposed on hospitals with very little notice.

In addition to feeding all the comments back to the NCA it was agreed to invite Lise Estcourt and/or John Grant-Casey to the November 2018 RTC meeting.

8. SWPBM Group Update (JF)

SWPBM Group Meetings: Arranging dates and securing attendance has been difficult and a re-launch meeting has been arranged for Wednesday 26 September. Going forward the intention is to hold less meetings but present more data.

Cell Salvage Database: There were some issues with the quality of the information submitted and some new headings have now been added to the spreadsheet to address this. Currently, NBT are the best contributors and JF encouraged participation from all the region's hospitals. Data collected to date indicates use to be largely appropriate. Tranexamic Acid: TxA use in #NOF/trauma is not standardised. It was agreed to set up a working group to review existing data and draft a guideline to present at the November RTC meeting.

9. Hospital Presentations/Audits*

Chronic Transfusion Audit (HM)*

HM gave an overview of the implementation of transfusion treatment plans for chronically transfused patients and the positive impact it has had on those patients and the haematology day unit.

HW, SW RTC patient rep, commented that from a patient's perspective the system works really well and has made a positive difference to her.

SHOT Survey Results (MM)*

Designed to gauge the ability of clinicians to recognise reportable hazards of transfusion as defined by the 'Definitions of SHOT reporting categories', results from 165 respondents showed variable knowledge, but it was not possible to conclude whether transfusion reactions are being properly managed. Next steps – submit abstract for SHOT symposium; recirculate to see if the response rate can be improved; ask TPs to verify the survey retrospectively. It was suggested that the response rate might be improved by making it clear the survey is anonymous and providing answers to the scenarios at the end of the survey.

Coagulopathy in major haemorrhage patients (CP)*

CP presented the results of a study into transfusion rates at RCHT to support the case for point of care testing.

Haemonetics blood advisor system update (JP)*

JP gave an update on the capabilities of the system which is not yet fully implemented at RD&E.

10. Transfusion Laboratory Managers Update (MW)

This was MW's last RTC meeting before retiring in July and DF will be taking over as the TLM group chair. Topics discussed at the April TLM meeting included:

- MHRA report to National Lab Managers group on role of transfusion lab. Managers – performed GAP analysis and are compliant.
- RCI reports – do not like them very much – too generic and don't tell us what we want to know.
- SHOT/SABRE incidents.
- BPL and IVIg shortage
- Presentation on ordering HLA matched platelets
- New blood bag labels
- Daratumumab – phenotyping and SplICE reports

SW pointed out that there is guidance and a powerpoint presentation for managing patients on daratumumab on the NHSBT Hospitals and Science website: <http://hospital.blood.co.uk/media/29585/managing-patients-on-monoclonal-antibody-therapies.pdf>

11. Transfusion Practitioner Group Update (VCV)

Previous issues with volunteers for role of chair/vice chair and length of tenureship currently resolved.

ToRs amended to include updated frequency of meetings; affiliation with SWRTC; updated role of vice chair and removal of secretary role; review and update requirements.

Reviewed structure of agenda to become more group focussed
Knowledge-based learning powerpoint presentation ratified.

12. Education Sub-Group Update

Next planned events: Lab. Matters, 20.06.18 and PBM in Surgery, 07.11.18, both at Oake Manor.

13. Any Other Business

TH (on behalf of Tim Wreford-Bush, NBT) raised an issue with blood resupply during a MMI and the SLA not being followed within NHSBT. RE thought that this was a one-off incident but will escalate to someone more senior.

AM, Salisbury – serious concerns with Msoft and have two risks registered in trust.

AT is leaving her role as Transfusion Practitioner at MPH to take up another role within the hospital.

SW is standing down as HTC Chair at Derriford. Stuart Cleland taking over.

14. Dates of Next Meetings

Wednesday 14 November 2018

Wednesday 15 May 2019

South West Regional Transfusion Committee Meeting – 09.05.18 – Action Log

Action from the minutes		Actioner(s)	Status	Notes
Meeting on 09.05.18				
3	Feedback Southampton hospital's response re. non-compliance with SaBTO's CMV –ve guidelines			Await national guidance
3	Send examples of how consent is discussed/documentated to JM	All	Ongoing	
4	Include O-Neg wastage graph at next RTC meeting	JM		
5	Check local guidelines for patients requiring blood with extended phenotyping/A D-ve platelets/stock management with lab.	All		
5	Check March 2018 NBTC minutes for any further feedback on consent	SWe		
7	Send reminder to complete platelet wastage survey	JM		
7	Send feedback to NCA and invite NCA rep.to Nov 2018 meeting	KC		
8	Send IOCS data to JM	All		
9	Set up working group to review TxA use in #NOF	BF/EC		
13	Escalate issue with blood re-supply to NBT	RE		

South West Regional Transfusion Committee Meeting

Wednesday 9 May 2018 at Oake Manor, nr Taunton

APOLOGIES

Hospital	Name
Cornwall Partnership NHSFT	Alison Rundle
Derriford	Stuart Cleland
Dorset	David Quick
	Dietmas Hofer
GHNHSFT	Robert Orme
	Joanne Goody
GWH	Georgia Davey
North Bristol NHS Trust	Christina Laxton
	Tim Wreford Bush
Nuffield South West	Anna Gillard
Patient Representative	Kay Rouse
Poole	Alison McCormick
RBCH	Shane McCabe
	Stacey Reichter
	Charlotte Baylem
	Julie Johnson
RCHT	Stephen Bassey
	Kathy Clarke
RUH	Susan Scott
	Jerry Nolan
Somerset Partnership	Robin Payne
Torbay	Alistair Penny
UHB	Soo Cooke
	Tom Latham

GLOSSARY OF ABBREVIATIONS

BPL	Bio Products Laboratory
CMV (-ve)	Cytomegalovirus (negative)
CSM	Customer Service Manager
FFP	Fresh Frozen Plasma
HLA	Human Leucocyte Antigen
IOCS	Intraoperative Cell Salvage
ISBT	International Society of Blood Transfusion
IVIg	Intravenous Immunoglobulin
MHRA	Medicines and Healthcare Products Regulatory Authority
MMI	Multiple Major Incident
NBT	North Bristol NHS Trust
NBTC	National Blood Transfusion Committee
NCA	National Comparative Audit
NHSBT	NHS Blood and Transplant
#NOF	Fractured Neck of Femur
PBM	Patient Blood Management
RBC	Red Blood Cell
RCHT	Royal Cornwall Hospitals NHS Foundation Trust
RCI	Red Cell Immunohaematology
RD&E	Royal Devon & Exeter
RUH	Royal United Hospital, Bath
RTC	Regional Transfusion Committee
SABRE	Serious Adverse Blood Reactions and Events
SaBTO	Advisory Committee on the Safety of Blood, Tissues and Organs
SHOT	Serious Hazards of Transfusion
SLA	Service Level Agreement
SOP	Standard Operating Procedure
SpICE	Sunquest ICE Desktop electronic reporting platform
SWPBM	South West Patient Blood Management
SWRTC	South West Regional Transfusion Committee
T & S	Taunton & Somerset
TACO	Transfusion Associated Circulatory Overload
TLM	Transfusion Laboratory Manager
TP	Transfusion Practitioner
ToRs	Terms of Reference
TXA	Tranexamic Acid
WAPI	Wastage as Percentage of Issues