

South East Coast Regional Transfusion Team Meeting

By Telecon

Thursday 19 April 2018 (1400 – 1530)

MINUTES

1.		
Present Howard Wakeling Fatts Chowdhury Anwen Davies Lisa March Ruth O'Donnell Emma O'Donovan Malcolm Robinson Richard Whitmore Minutes Frances Moll Apologies Leslie Delieu Robert Goddard Angela Green Rashmi Rook	HW FC AD LM RO'D EO'D MR RW FM	Chair, Consultant Anaesthetist, Western Sussex Hospital NHS FT Consultant Haematologist, NHSBT and Imperial College Healthcare NHS Trust Patient Blood Management Practitioner, NHSBT Transfusion Practitioner, Queen Elizabeth, The Queen Mother Hospital Transfusion Practitioner, Western Sussex Hospitals NHS FT Consultant Haematologist, East Surrey Hospital Chief BMS/Transfusion Lab Manager (TLM), Western Sussex Hospital NHS FT Customer Service Manager, NHSBT SEC RTC Administrator NHSBT Transfusion Practitioner, Darent Valley Hospital Chief BMS/TLM, Queen Elizabeth, the Queen Mother Hospital Blood Transfusion Co-Ordinator & Quality Lead for Haematology, East Kent Hospitals University FT Lead Biomedical Scientist/TLM, East Surrey Hospital
		ACTIONS
1.	Welcome HW welcomed Frances Moll, the newly appointed SEC RTC Administrator to the meeting	
2.	Minutes of meeting held on Tuesday 14 November 2017 The Minutes were agreed as a true record and approved for publication on the website. <ul style="list-style-type: none"> Matters Arising <p>Colindale Anaesthetics Pilot – The Pilot was held in December with just two attendees, possibly due to bad weather. It has been rescheduled for 25/27 April – see agenda item 7 - Meetings and Events Update.</p> <p>EDTA samples – The TADG group had not received any further information regarding plans for implementation dates. ACTION: It was suggested that this item remain on the agenda.</p> <p>ICAG consent pad – The final proof for the national ICAG consent pad is now with marketing, and will need approval before publication. It was important now to gauge the demand.</p> 	AD/FM

	<p>Iatrogenic Anaemia – The poster had been presented at the RTC event in February, and the anonymised guidance document was now available. The Transfusion Practitioners' (TP) meeting had agreed that this could be shared on the RTC website as a resource. ACTION</p> <p>JPAC SEC Website – The SEC RTC page on the website was now under review following the appointment of the new SEC RTC Administrator. ACTION</p>	AD/FM AD/FM
3.	<p>Budget Update</p> <p>AD updated members on the latest financial situation.</p> <ul style="list-style-type: none"> > With three education events held this year, the Budget for 2017/18 was fully used. It was important to note that two of the three events this year had been reliant on sponsorship. > The Budget for 2018/19 had yet to be confirmed but was likely to be unchanged. However, there were indications that the 2019/20 Budget could be reduced. Members discussed the possibility of neighbouring regions working together for events, and using local facilities where possible, but the reduction would have a significant impact on the number of events that could be supported. <p>ACTION: HW agreed to raise this concern at the next National Blood Transfusion Committee (NBTC).</p>	HW
4.	<p>RTT Membership</p> <ul style="list-style-type: none"> • Chair - HW was appointed Chair in March 2016 for an initial period of two years. His Chairmanship was now up for renewal. Members agreed that HW's chairmanship should be extended for a further two years, as per the Terms of Reference. HW agreed to continue until 2020. • TP Representation – With a number of members retiring in the near future it was agreed that LM would raise membership at the next TPG meeting. ACTION • Consultant Representation – AD was keen to increase the number of consultants on the RTT to broaden the expertise and geographical spread. ACTION Members considered a number of options and agreed to approach colleagues who might be keen to join. <p>MR left the meeting</p>	LM HW/LM/ FC/AD
5.	<p>National Blood Transfusion Committee (NBTC - Monday 19 March 2018) Update</p> <p>HW updated members on the discussions held at the recent NBTC meeting.</p> <ul style="list-style-type: none"> > It was agreed that feedback forms used at education events should include a question asking if attendees were likely to change aspects of their practice as a result of information provided at the event. This would provide a marker of the events success. AD indicated that this question had been on the feedback form at the recent Education Event held in East Surrey (February 21) See agenda item 7. > Posters and Abstracts submitted at the SEC Education Event – <i>Optimising the pre-operative Patient</i> could be sent to SHOT for publication. ACTION > The success of a Human Factors education event (East of England) and the importance of sharing and learning from significant events and why they happen was discussed. Speakers had included a safety expert from Network Rail. 	FM

	<ul style="list-style-type: none"> > A brief discussion on Information technology had raised concern about some of the systems being purchased, and the lack of national guidelines. > Concern was raised with regard to shared care and the transfer of patient information between hospitals; the benefit of sharing information between Laboratories was being encouraged, one suggestion was to send a sample to NHSBT so the results were captured on SpICE. > Transfusion e-learning is to be updated to include specific requirements. The demand for A D negative platelets is increasing and therefore more platelet donors are needed > A presentation was given on the issues of extended matching of red blood cells for Haemoglobinopathy patients. Hospital demand for certain components by blood group has been stretching the ability of the NHSBT to satisfy orders. The use of Group O D negative red cells was discussed and a summary paper will be distributed in due course. > A newly appointed Haemovigilance Team Manager at MHRA has offered to visit hospitals with a view to help with compliance, in a non-inspection manner. E-mail address re-circulated by HW with the RTT to discuss this offer. Post RTT note from MR: Individual attending TADG meeting on 24/04/18 to present on 'Managing Distraction' 	
6.	<p>RTC Work Plan 2018/19</p> <p>AD has a work plan template which she would populate with existing projects, to be reviewed at the June meeting, when confirmation of the 2018/19 Budget has been received. ACTION</p>	AD/FM
7.	<p>Meetings and Events Update:</p> <ul style="list-style-type: none"> • Colindale Anaesthetists Pilot – See Matters Arising. FC added that the 25 April had only attracted two applications, therefore this had been cancelled. There were six confirmed for the 27th (10 was the maximum) despite a final push for attendees. • Education Event – <i>Optimising the Pre-Operative Patient</i> – Thursday 21 February 2018 – Feedback showed that 95% of delegates found the speakers either excellent or good (63%, 32%); 100% of delegates said that their objectives had been met; and 82% said that they were likely to change practice as a result of attending the education day. The location was very good, and attendees were pleased to have doctors and consultants presenting. The presentations were now available on the SEC website. There were 84 attendees at the event. • Poster competition – There was a very successful poster competition, linked with the Education Event. Broken into two categories Clinician and Healthcare Professional, twelve posters were presented on the day. Posters will be shared on RTC website where permission has been granted. <p>EO'D left the meeting</p> <ul style="list-style-type: none"> • Regional Transfusion Committee (RTC – Thursday 21 February 2018) AD explained the importance of having a business meeting on an education day. It provided those attending, from across the region, with a face to face opportunity to feedback or get involved in shared learning and best practice. The RTC Minutes will be sent to HTC, TPs, TLMs etc and published on the website. ACTION • Next Education Event – suggestions from the February Education Event included: Obstetrics, Bleeding and Trauma; Positive outcomes of projects making a difference to patients; Management and assessment of obese patients; Paediatric aspects of management of transfusions; Implementing NICE, getting 	AD/FM

	<p>Junior Doctors on board for transfusion; How to manage elective surgery if Hb in male and female patients is less than 130; Roll out of the consent form, Iatrogenic Anaemia - ways to reduce this.</p> <p>Members suggested – Mitigating Risks and Human Factors (“Halloween Howlers”). HW agreed to be one of the presenters for a Human Factors event March TP group suggested: Massive haemorrhage, tx reactions, Haemoglobinopathies, haem-onc conditions, Blood on a Bus, Risk Management.</p> <ul style="list-style-type: none"> > It was hoped the SEC would have two events this financial year with the following dates in 2018 to be considered for the first event - 19 September/ 17 October / 24 October. Possible charge for the event. > It was agreed that the following members would explore the possibility of where to host an event: ACTION: FC to contact Frimley Park; RW to contact Royal Sussex. AD to contact Royal Surrey > Requirement is to accommodate 100 delegates for a half day event, followed by an RTC Business meeting. > Members agreed East Surrey had been a very successful location but other options should be considered, with a possible return to Surrey in 2019. <p>Education Working Group</p> <ul style="list-style-type: none"> > The following members agreed to be on the working group for the events: FC, RW, RO'D. <p>ACTION: RW to invite Rashmi Rook (RR) to join the working group</p>	<p>FC/RW/AD</p> <p>FC/ RW/ RO'D RW</p>
8.	<p>RTC working group updates</p> <ul style="list-style-type: none"> • ICAG consent: See Matters arising – The final proof for the national ICAG consent pad is now with marketing, and will need approval before publication. It is hoped to be available by the summer this year. • Iatrogenic anaemia: RO'D informed member that an anonymised guidance document would be made available via the website. ACTION RO'D fed back that Western Sussex are now looking into introducing Vamp devices. • QS138 Toolkit: AD informed members that phase two of the pilot had now been completed – with seven hospitals taking part. The issues with QS1 remain and AD is taking queries to NICE for advice. Other matters included – Queries raised regarding QS4 – should we be auditing compliance for verbal and written information separately as well as together? AD explained that auditing together does not help identify where weaknesses in the process lie. The toolkit and guidance need some additional tweaks, and the TP group will pilot this again before the June meeting. QS1 may be taken out until further clarification can be obtained. • BMS empowerment group <i>March NBTC report (no recent update):</i> <i>Two successful (fully booked - capacity 25) BMS education days were held by the London RTC in November 2017 at Tooting and Colindale with representation from BMS's from the SE Coast. This will be repeated in November 2018, theme to be decided. A survey of BMS empowerment projects is ongoing.</i> <p>AD informed members that the London RTC education events had been well attended with representatives from Western Sussex, Maidstone and Tunbridge Wells on the working group.</p>	AD/FM

	<ul style="list-style-type: none"> • OD neg RW informed members that the stocks review was ongoing, the plan was for colleagues to check and review each month and hope to change local practice and influence the “odd and variable” demands from different Trusts. • Harvey’s Gang (Update provided by MR e-mail) Continues to grow and be recognised. <ul style="list-style-type: none"> > It has gone live with tours in 36 Trusts, with an additional 28 Trusts working on a start time. Bristol Children’s, Birmingham Children’s and Royal Edinburgh for ‘Sick Kids’ working on: Evelina, Viapath and Portsmouth have gone live. > MR was Runner-up for a Chief Scientific Officers 2018 award for Healthcare Sciences and shortlisted (one of two BMS’) for “Biomedical Scientist of the Year” award; to be awarded on Friday 20 April. > MR is attending Biomedica in Dublin on Wednesday 25 April. > Harvey’s Gang attended BGS Reading with a stand and had a great response from everyone with the potential to go to new sites. BGS raised funds for Harvey’s Gang and there will be a cheque presentation at TADG on 24 April. > Accepted for Poster Presentation to Brisbane Healthcare 2018. > As NHS celebrates its 70th anniversary MR would like help and support to encourage Harvey’s gang to reach at least 70 sites by year-end. > The BBC’s ‘<i>The One Show</i>’ has expressed an interest in acknowledging the work on Harvey’s Gang, to be part of the NHS 70 celebrations. > IBMS President is joining a Harvey’s Gang tour at Worthing in late May. > MR added that he had received an e-mail from a Clinical Psychologist in Paediatrics with a request for a Harvey’s Gang tour for a patient’ of his, as his recommended treatment! • Shared Care (Cross-regional group) (<i>Extract from TADG minutes Dec 2017</i>) <i>‘There are still problems with patient being treated at other hospitals without the laboratories being informed. Laboratories are not able to perform extended phenotyping etc when they are not told which patients are to be given Daratumumab which then causes problems for RCI. Despite Hospital Consultants having been written to about this it is an ongoing problem. NHSBT are involved in discussions about ways in which hospital laboratories could enter information onto Sp-ICE without having to refer a sample to RCI.</i> <p>(Update provided by e-mail from MR); There has been little progress, but now have the Haemovigilance Team Manager from MHRA involved.</p> <ul style="list-style-type: none"> • London & SE Trauma group RW attended the last meeting which was held on 18 March. <ul style="list-style-type: none"> > Representatives from Brighton, Oxford and Addenbrooks are all having similar problems, that is, very few hospitals are able to check blood groups and act upon this within 15 minutes – a recommendation in one of the Trauma Guidelines. With machines in regular use, providing this facility is problematic. > Chair of the group James Uprichard raised the issue from the BBTS issue about whole blood, NHSBT is to trial not whole blood but Leucocyte depleted blood and how this might be used. > Most of the trauma group are part of the cryo-stat project – they are using the NHSBT adult product rather than methylene blue. The number of patients entered onto this project is only between 10 and 15 patients at any one site. > The issue is how many haemorrhage packs are being used, and there may be lessons to be learnt for non-trauma cases; blood was being taken backwards and forwards, and boxes being carried down despite no second request from the bedside. A life saver in many cases, but more packs were being taken to the trauma and then not required – red cells generally ok, but a large amount of plasma being thawed out and then not used. The group are keen to make the procedure work. 	
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9.	NHSBT Update <ul style="list-style-type: none"> > RW informed members that he is presenting at TADG on 24 April. > RW said an OBOS reconciliation process was being introduced, to move away from the three parts paper on each order, to a stage where OBOS can acknowledge receipt. > It was recognised that following the recent Amber Alert a shortage plan had not been implemented for many years, and after the incident in April the current documentation should be reviewed and shortage plans needed to be reviewed across Trusts. Lessons were learned. It was also noted that in some a very few cases operations had been unnecessarily cancelled. > The new labels with two-dimensional bar codes are likely to be introduced in the summer June/July, with the likely need for staff training. > Irradiation labels were being redesigned so the image was clearer, it was hoped the new labels would be rolled out by July this year. > Two Blood Stock Road Shows are being planned for May - Birmingham on the 2nd and London on the 9th. > The Hospital and Science website is being redesigned, it contains a huge amount of information, but there have been difficulties with the 'search' function. > There is now a full team for PBM and Customer Services for NHSBT in London, the South East Coast and the East of England. 	
10.	TP & TADG Groups Update <ul style="list-style-type: none"> > The minutes from the 1 December 2017 TADG meeting were circulated. > There is an additional issue raised by PHE about Hep B high dose immunoglobulin across the UK: Keen to look at our Blood Transfusion departments to lead on looking after safely with Cold Chain and traceability. The next TAG meeting is taking place on 24 April. > The most recent TP meeting was held 9 March 2018. > The meeting had discussed submitting an item on consent to the <i>Bloodlines</i> publication as part of an article celebrating 10 years of TPs. Also considering ideas for abstract and poster submissions to BBTS. > LM said Leslie Delieu is to retire at the end of the year. RW noted that LD was the contact between the TP and TADG, and it would be good to have someone take over this role. ACTION LM was asked to discuss this at the next TP meeting (4 June) 	LM
11.	Any Other Business & Future Meeting dates <ul style="list-style-type: none"> • EDTA Transfusion Samples – see matters arising. It was agreed this should remain an agenda item for ACTION <p>Future 2018 meeting dates: All Tuesdays - 19 June; 25 September; 11 December</p>	AD/FM
	CLOSE	