

**MINUTES OF THE SOUTH-EAST COAST  
REGIONAL TRANSFUSION TEAM MEETING**

**By telecon**

**14 November 2017**

**Present:**

Anwen Davies, NHSBT (AD)	Dr F Chowdhury, NHSBT (FC)	L Delieu, DVH (LD)
R Goddard, QEQM (RG)	R Rook, East Surrey (RR)	L March, QEQM, (LM)
M Robinson, Worthing (MR)	Dr H Wakeling, Worthing (HW)	R Whitmore, NHSBT (RW)
R O'Donnell, St Richard's (RO)		
	Apologies: A Green, EKHT (AG) Dr E O'Donovan, East Surrey (EO)	
<b>1.</b>	<b><u>Welcome and Apologies</u></b>	<b><u>Action</u></b>
1.1	HW welcomed members to the meeting.	
1.2	Apologies were noted as above.	
<b>2.</b>	<b><u>Minutes of the Previous Meeting and Matters Arising</u></b>	
2.1	Minutes of the 28 <sup>th</sup> September meeting were reviewed and agreed as a true record, with minor amendments to be made as follows:  <i>2.2 MR to discuss cyber-attacks and implications on temperature mapping with TADG group – 'temperature mapping' to be changed to 'temperature monitoring'</i>  <i>3.2 (ii) PGMC East Surrey– 'PGMC' to be changed to 'PGEC', References to 'TP LT' to be changed to 'TP at East Surrey Hospital'.</i>  <i>5.2 References to 'TP LT' to be changed to 'TP at East Surrey Hospital'.</i> <b>ACTION: AD/RTC Admin to amend minutes as above</b>	<b>AD/ RTC Admin</b>
2.2	<b><u>Matters arising:</u></b>  Outstanding Actions  MR to discuss cyber-attacks and implications on temperature monitoring with TADG group – No TADG meeting since last RTT  <b>ACTION: RW/MR to raise at TADG meeting on 1<sup>st</sup> December 2017.</b>  SEC RTC site reviewed by East Kent /QEQM TP Team. Changes to be made to include removal of outdated educational content, the platelet working group; and the addition of the ICAG Pad resource, the BBTS poster on the O D neg Survey, RTT TOR and RTT minutes.  <b>ACTION: Review to take place when new RTC Administrator in post</b>  Maidstone have undergone a BMS empowerment/clinical project to increase single unit transfusion – this will be shared with the TPG. AG also expressed that this should be shared with the TADG. <b>ACTION: AD to contact LB to share audit with TADG</b>	<b>MR/ RW</b>  <b>AD/ RTC Admin</b>  <b>AD</b>

	<p>Agreed by the RTT that it would be useful to send out a Snap Survey asking hospitals if they have any SLA's set up with other hospitals so that movement of stock around the region can be gauged.</p> <p><b>ACTION: AD and RW to develop a regional Snap Survey to establish stock sharing</b></p>	<b>AD/RW</b>
<b>3.</b>	<p><b><u>Meetings &amp; Events</u></b></p> <p>3.1 <u>Colindale Anaesthetist Pilot</u></p> <p>FC reported that good progress has been made and a first pilot has been arranged for the 11<sup>th</sup> December for London colleagues. This will be a half-day session and will include a 1½ hour tour of the donation clinic and manufacturing department at the Colindale centre followed by talks on consent, donation and quality. It was agreed that lunch would not be provided. FC confirmed that this session can be held for a maximum of 12 people at a time. FC looking at possibility of re-running the pilot in Spring and Autumn 2018.</p> <p><b>ACTION: FC to feedback outcome of pilot and confirm future dates to RTT for advertising</b></p> <p>3.2 <u>February 2018 RTC Education Day and Business Meeting</u></p> <p>AD discussed that a working group had been established and planning is progressing well. The theme of the day has now been confirmed as haematological optimisation of patients for theatre and will be held at East Surrey Hospital Postgraduate Education Centre (PGEC) on Wednesday 21<sup>st</sup> February 2018. The venue for the event consists of a lecture hall which holds 100 delegates plus an atrium which will be used to host lunch and a poster competition to encourage health professionals to share good practice. The education aspect of the day will be 10-15:30 and will be followed by an RTC Business meeting (15:45-16:45). The flyer and programme will be finalised and distributed shortly to maximise uptake. It was agreed that this would be a free event to attend and that administration will be minimised by going 'paperless', all delegate registration, event information and feedback/certificates will be communicated via email. Also noted that delegates must wear their staff ID badges and 'sign in' on the day for health and safety reasons.</p> <p><b>ACTION: Working group to finalise programme/event details and disseminate to region</b></p>	<p><b>FC</b></p> <p><b>AD/RW RG/EO /FC</b></p>
<b>4.</b>	<p><b><u>UKTLC</u></b></p> <p>4.1 <u>EDTA Transfusion Samples:</u></p> <p>RR reported that there has been an international decision to standardise the sample tube colour tops used for tests. This change is anticipated to occur in the next 18 months and will result in the sample colour top used for group and save/cross-matching changing. A pink top (which will be no longer EDTA), will potentially be used for glucose. The colour for transfusion samples is still under negotiation. The RTT discussed that this is a potential recipe for confusion and will have a significant impact on training for both clinical and laboratory staff.</p> <p><b>ACTION: RR to update RTT and TADG as information becomes available</b>  <b>ACTION: AD/LM to update TPG as information becomes available</b></p> <p>4.2 <u>New Blood irradiation labels:</u></p> <p>RR raised concerns by the UKTLC regarding the new blood component Rad labels which were planned to be implemented by NHSBT in February 2018. The Rad label consists of a blue circle containing a white dot which turns blue on irradiation. Concerns raised regarding the label colour changes which may not be clear for clinical and laboratory staff</p>	<p><b>RR AD</b></p>

	in low lighting conditions. Additional concerns raised regarding the inclusion of the word 'Irradiation' on all labels which may lead to misinterpretation. RW communicated that NHSBT recognise the concerns which have been raised and have opened discussions with hospitals and a communication will be sent out regarding this once more information is obtained.	
<b>5.</b>	<b><u>RTC Working Group Updates</u></b>	
5.1	<p><u>ICAG/Consent:</u> Following on from the success of the East Surrey TP presentation of the South-East Coast ICAG pad resource at the NBTC 'Consent Event' in September, interest has been shown to potentially develop this as a national tool. Agreement by the RTT that this was an excellent opportunity to showcase work produced by the SEC and that agreement by the key author should be obtained with appropriate acknowledgements included.</p> <p><b>ACTION: RO/LD to contact key author/s to seek agreement. All to send written agreement for the potential development of this as a national resource via email to AD. AD to take this forward with the PBM Education Team</b></p>	<b>RO/LD ALL AD</b>
5.2	<p><u>Iatrogenic Anaemia:</u> The Trust Guideline submitted at St. Richard's hospital is awaiting local approval. It is hoped that this document can be developed as a toolkit.</p> <p><b>ACTION: RO will chase up the progress of the guidance approval.</b></p>	<b>RO</b>
5.3	<p><u>QS138 Toolkit:</u> The pilot QS138 toolkit and guidance notes for completion have been distributed to TPs in the region. TPs have been asked to try and audit at least two of the four standards. The results of the pilot audit will be discussed at the next TP meeting on the 1<sup>st</sup> December.</p>	
5.4	<p><u>BMS Empowerment Group (Joint London/SEC):</u> Two education days are being held on the 16<sup>th</sup> and 21<sup>st</sup> November by the London RTC. Registration was offered out to the SEC region. Both days booked up quickly indicating that future meetings would be well received.</p>	
5.5	<p><u>O D neg:</u> The third phase of data (from July 2017) has now been analysed. RW noted that the report now ready for distribution. The report for the third phase will be less detailed than previous reports due to time constraints. The fourth phase of data (from October 2017) will be sent out shortly.</p>	
5.6	<p><u>Harvey's Gang:</u> Harvey's Gang is heading towards being live in 50 sites with the potential for another two sites (St. George's and Tooting). MR has been invited to speak at the Blood Group Serology meeting in Dublin on 8<sup>th</sup> December. Harvey's gang have produced a film which is viewable via <a href="https://www.youtube.com/watch?v=qSiqlIlVqmg">https://www.youtube.com/watch?v=qSiqlIlVqmg</a> and have also had an article appear in 'The Guardian' newspaper : <a href="https://www.theguardian.com/healthcare-network/2017/nov/02/sick-boy-leukaemia-pathology-lab">https://www.theguardian.com/healthcare-network/2017/nov/02/sick-boy-leukaemia-pathology-lab</a> MR discussed that more fundraising is required to supply lab coats.</p>	
5.7	<p><u>Shared Care (Cross-Regional Group):</u> September 28<sup>th</sup> SEC RTT mins: <i>Effectiveness of communication discussed, also expressed at recent London RTT mtg. This is being escalated by London RTT to suggest that this is made a CQC requirement to facilitate effective implementation. Agreed to await feedback from London RTT.</i> MR communicated that there is no further update, this will be discussed at the TADG mtg in Dec.</p>	
5.8	<p><u>London &amp; South-East Trauma and Haematology Group:</u> No update since last meeting. Next Trauma meeting will be held at St. Mary's on</p>	

	29/11/2017, RW attending. RW noted that the ongoing Cryostat 2 trial has not had a significant effect on the demand for cryoprecipitate. RW discussed that demand for MB treated cryoprecipitate has increased but supply can be difficult.	
<b>6.</b>	<b>NBTC Update</b> No meeting/update since last RTT	
<b>7.</b>	<p><b>NHSBT Update</b></p> <p>7.1 NHSBT has discarded remaining plasma components that were untested for HEV. This means all 'wet' components are tested and negative for HEV. A communication was sent out to hospitals on 1<sup>st</sup> November.</p> <p>7.2 Short journey NHSBT transport boxes have been extended to a 7-hour journey for RBC providing the are packaged as per validated process available via the webpage: <a href="http://hospital.blood.co.uk/components/transport-containers/">http://hospital.blood.co.uk/components/transport-containers/</a></p> <p>7.3 There are continued concerns in trying not to discard O Neg K Positive units within NHSBT. NHSBT are aware that unless hospitals request K negative, a very large number of units that are O Neg K positive can be received which is very difficult to manage. This has led to the majority of hospitals only asking for O Neg K negative units and NHSBT having to discard units that are O Neg K positive. Hospital Services will be contacting hospitals in the region and asking for assistance with this. Hospitals will not be expected to change practice or any existing Standing Orders but will be asked if an additional Standing Order for one or for two units of O Neg K untyped/positive units per week can be placed. This would reduce a 'back up' of O Neg K positive units at NHSBT and help even distribution to hospitals and prevent wastage at NHSBT.</p> <p>7.4 NHSBT are being increasingly asked about the full-face labelling. A presentation is available and will be shared with the TADG at the December meeting.</p> <div data-bbox="359 1115 422 1176" data-label="Image"> </div> <p>Full Face Labelling_Nov 2017 v</p> <p><b>ACTION: RW to share presentation with TADG</b></p>	<b>RW</b>
<b>8.</b>	<p><b>Budget Update</b></p> <p>Discussion held that there are sufficient funds remaining to allow the February 2018 RTC education and business meeting to be free of charge to encourage attendance</p>	
<b>9.</b>	<p><b>TP &amp; TADG Groups Update</b></p> <p>9.1 <u>TP update</u> - No meeting/update since last RTT</p> <p>9.2 <u>TADG update</u> - No meeting/update since last RTT</p>	

<b>10.</b>	<b>AOB &amp; Close</b>	
10.1	LD raised the question as to whether Nurse Consultants in A&E departments can become authorisers of blood products. It was discussed by the RTT that this may have advantages in areas where there are high numbers of locum medical staff. Attendance to the NMA course followed by a rigid process for mentoring/training/competency and strict Trust guidance was felt to be critical to protect patients, staff, the laboratory and the Trust.	
10.2	The MHRA report for the National Blood Transfusion Committee was published in September. This report has been shared to the TADG by MR.	
10.3	The CEM/CMO/2017/005 Safe Transfusion Practice: Use a bedside checklist Alert sent out on 9 <sup>th</sup> November 2017: <i>“A checklist must be used at the patient’s side as the final administration check prior to transfusion as a standard of care”</i> AD reported that a reminder of the NHSBT lanyard bedside checklist free resource has been circulated to all TPs within the region.	
	<b>Next year’s dates:</b>  <b>RTC Business meeting (face to face, East Surrey Hospital):</b>  21 <sup>st</sup> February 2018 15:45-16:45  <b>RTT (Telecons):</b>  March 22 <sup>nd</sup> 15:45-17:15  June 19 <sup>th</sup> 15:45-17:15  September 25 <sup>th</sup> 15:45-17:15  December 11 <sup>th</sup> 15:45-17:15	