

MINUTES OF THE SOUTH-EAST COAST  
REGIONAL TRANSFUSION TEAM (RTT) MEETING  
**By telecon**

**28<sup>th</sup> September 2017**

**Present:**

Anwen Davies, NHSBT (AD)	Dr F Chowdhury, NHSBT (FC)	L Delieu, DVH (LD)
R Goddard, QEOM (RG)	A Green, EKHT (AG)	L March, QEOM, (LM)
M Robinson, Worthing (MR)	Dr H Wakeling, Worthing (HW)	R Whitmore, NHSBT (RW)
R O'Donnell, St Richard's (RO)	Dr E O'Donovan, East Surrey (EO)	S Katic, NHSBT (SK)
Apologies: R Rook, East Surrey (RR)		
<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	HW welcomed Dr Emma O'Donovan, Consultant Haematologist at East Surrey Hospital, Redhill to the RTT. Emma is the lead for transfusion at the busy District General Hospital (DGH) which serves a population of >550,00. East Surrey Hospital has a level 2b Chemotherapy Department both for Haematology and Oncology, adult and paediatrics and is also a blood depot for Helicopter Emergency Medical Service (HEMS).	
1.3	HW acknowledged the loss of Mary Sandillon (MS) who left NHSBT in August after 11 years as Regional Transfusion Committee (RTC) Administrator for the South-East Coast (SEC). The hard work that MS contributed during this time was thanked by the RTT.	
1.4	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 6 <sup>th</sup> June meeting were reviewed and agreed as a true record, with one addition as follows:  <b>(5) ACTION: RTC Admin/AD to re-draft minutes and circulate to RTT for comment</b>	<b>AD</b>
2.2	Matters arising:  Outstanding Action  <b>MR to discuss cyber-attacks and implications on temperature monitoring with TADG group– Incomplete.</b>  <b>ACTION: RW to raise at TADG meeting on 1<sup>st</sup> December 2017.</b>	<b>RW</b>

<p><b>3.</b></p> <p>3.1</p> <p>3.2</p> <p>3.2 (i)</p> <p>3.2 (ii)</p>	<p><b><u>Meetings &amp; Events</u></b></p> <p><b>“Mums, Babies &amp; Blood” - Feedback, Joint SEC/London Education Day, 7th July 2017</b></p> <p>7th July 2017 - ‘Mums, Babies &amp; Blood’. Feedback sent out prior to meeting. Delegate numbers 135, five sponsors, very positive responses from delegates re content, learning outcomes and venue choice. The day was a great success and addressed key topics including maternal antibodies and pregnancy, implementing cffDNA testing, iron deficiency in pregnancy and obstetric haemorrhage – Top box score 100%</p> <p><b>Future education events:</b></p> <p>Discussed that following the recent two successful education events additional education days should be planned. Two potential options discussed:</p> <p>1) An education day at Colindale aimed at anaesthetists. Anaesthetists are generally large users of blood and it was felt that a half day tour of the Colindale site combined with a half day of lectures from Donor Medicine, Patient Blood Manager (PBM) and Customer Services would be beneficial. This could potentially be initially trialled with a small pilot group. EO and HW could gauge interest from surgical/anaesthetic staff.</p> <p><b>ACTION: RW and FC to liaise with NHSBT colleagues and communicate options for potential dates and capacity in Nov/Dec to RTT</b></p> <p>2) An RTC education/business meeting in February 2018. This could include topics around optimising patients for theatre. Topics proposed: Correction of Pre-op anaemia, managing patients with bleeding disorders and patients on anticoagulants, use of cell salvage, legal aspects of consent and PBM. Potential venue discussed by EO – Post Graduate Education Centre (PGEC) at East Surrey Hospital. Initial working group formed, Transfusion Practitioner (TP) needed.</p> <p><b>ACTION: EO to look at availability for room hire at PGEC East Surrey</b></p> <p><b>ACTION: AD/EO to approach TP at Easy Surrey to join working group</b></p> <p><b>ACTION: Working group to consist of EO/AD/FC/RW/RG plus TP at East Surrey</b></p>	<p>RW/FC</p> <p>EO</p> <p>AD/EO</p> <p>EO/AD/FC/RW/RG</p>
<p><b>4.</b></p>	<p><b><u>Terms of Reference (ToR) - RTT</u></b></p> <p>SEC ToR (v2) circulated prior to meeting. Two minor amendments to be made:</p> <p>Agreed that a Consultant Haematologist needs to be present at an RTT meeting to be quorate.</p> <p>ToR should be reviewed every 2 years to align with review of the Hospital Transfusion Committee (HTC) Chair.</p> <p><b>ACTION: AD to amend ToR and upload on SEC RTC website</b></p>	<p>AD</p>
<p><b>5.</b></p> <p>5.1</p>	<p><b><u>RTC Working Group Updates</u></b></p> <p><b>Obstetric Transfusion</b></p> <p>Darent Valley Snap Survey report obtained from BH and reviewed by LD at the September TP meeting. Results showed that midwives have virtually no time to discuss transfusion in the antenatal setting and if patients were to be transfused it would be</p>	

	discussed by medics. The TPGroup (TPG) decided that this survey was not of much use and would not be rolled out across the region. The project was therefore closed out. BSPS reported at the meeting that they undertake a routine obstetric audit and that they will present this at the next TP meeting in December.	
5.2	<p><b>ICAG/Consent</b></p> <p>HW discussed that consent for transfusion was discussed at length at the September NBTC meeting and that a national proforma was needed. TP LT presented on the SEC RTC developed ICAG PAD. HW suggested having an electronic copy would be helpful. RO discussed lack of support for implementation of the ICAG PAD at Hospital Transfusion Team (HTT) meetings and suggested that this is a matter needs to be taken to the Clinical Governance Group. <b>ACTION: AD to upload ICAG resource as part the SEC RTC website review when RTC Admin is recruited.</b></p>	AD
5.3	<p><b>Iatrogenic Anaemia</b></p> <p>The ITU department at St. Richard's has been piloting a draft Trust guideline for discard. An audit of 300 Arterial Blood Gas samples showed an 81% compliance with the guideline. An ITU nurse has completed a separate audit and will present a poster of her work as part of her Intensive Care Nursing course in September. The Trust Guideline has been submitted for 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>	RO
5.4	<p><b>QS138 Toolkit</b></p> <p>Pilot QS138 toolkit developed by BH. Agreed by SEC TPG to test pilot. It is a simple toolkit which requires a minimum of 10 patients to be audited per standard to give a snapshot of compliance for. It was agreed by TPG that some guidance notes are required for completion; these will be developed by AD and the SEC Lead TP. The pilot does have limitations but cannot be tweaked regionally as this will not allow national benchmarking. Some TPs felt that participation prior to the December meeting may be difficult and it would be better to factor this in to their audit calendar for next year. TP's requested to complete as many as feasible in this quarter, to be reviewed at the December TPG meeting.</p> <p><b>ACTION: AD to circulate toolkit link and guidance notes for completion.</b></p>	AD
5.5	<p><b>BMS Empowerment Group (Joint London/SEC)</b></p> <p>Two education days are being held in November by the London RTC. These days have been opened up to SE Coast. 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.</p> <p><b>ACTION: AD to contact LB to share audit with TADG</b></p>	AD
5.6	<p><b>O D neg</b></p> <p>O D neg survey - third phase of data now being analysed, fourth phase to be sent out to labs soon. RW emphasised he is currently working on his own across London.</p> <p>O D neg survey poster presented at BBTS which will need to go on SEC RTC website. Some change in practice noted – BSPS now using a combination of O D neg and O D pos for trauma cases. 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 to upload BBTS poster as part the SEC RTC website review when RTC Admin is recruited.</b></p> <p><b>ACTION: AD and RW to develop a regional Snap Survey to establish stock sharing</b></p>	AD AD/RW
5.7	<p><b>Harvey's Gang</b></p> <p>Harvey's Gang Now live in 21 sites, including NHSBT Filton. It is anticipated that another 29 sites will be live by Christmas. MR presented at IBMS which has opened up another potential 18 sites.</p>	

5.8	<p><b>Shared Care (Cross-Regional Group)</b> 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.</p>	
5.9	<p><b>London &amp; South-East Trauma and Haematology Group</b> Update via BSUH representative. The last meeting the trauma group discussed pre-thawed Fresh Frozen Plasma (FFP) on the helicopters using group A and heard from the representatives from the recent tragic events in London. The following was discussed: laboratory response, roles of the BMSs, TP's and Haem Doctors. The overall opinion being the labs coped well with the demands and the representation in A&amp;E may need review. Cryostat 2 trial has now started involving the major trauma centres.</p> <p>AG discussed that HEMS are starting a randomised trial in the Midlands area comparing 1:1 or saline approach to establish the effect of giving blood on HEMS.</p>	
6.	<p><b>NBTC Update</b> HW informed the RTT that he attended the NBTC meeting on the 18th September. Discussions included NCA workload, issues with lab staffing, O neg stocking, Use of O pos in emergencies and consent. A 'Symposium strategy for the next 5 years' is proposed for March 2018. The following topics were also discussed:</p> <ul style="list-style-type: none"> <li>- Universal platelet irradiation – This has been discussed in NHSBT but currently there are no plans to implement this.</li> <li>- Importing plasma – CJD – This has been discussed in NHSBT there are currently no plans to change.</li> <li>- Serious Hazards of Transfusion (SHOT) report – Transfusion Associated Circulatory Overload (TACO) remains leading cause of death in transfusion</li> <li>- Sampling errors and near misses – 99% poor clinical practice</li> <li>- O neg NCA audit this Autumn – the completion of this Audit will not be dependent upon Transfusion Practitioners</li> </ul> <p>HW reported that the business case for funding for an 'IT' campaign regarding meticulous practice has not been approved due to it being too generic.</p>	
7.	<p><b>NHSBT Update</b></p> <ul style="list-style-type: none"> <li>- NHSBT Customer Satisfaction quarterly survey – satisfactory results, currently being reviewed</li> <li>- Supporting patients with sickle disease – there is a Ro tool on the webpage that includes a request for 5 days' notice for Ro requests</li> <li>- Changes to full face labelling has now been pushed back to February 2018. There will be a transitional label before the full change is implemented.</li> <li>- New reagent labels coming soon, discussed at TADG</li> <li>- Changes to irradiation labels will happen in December, there will be a blue circle on the label if the component has been irradiated</li> <li>- Labs need to update their LIMS systems for washed platelets – new barcodes coming in end of Oct</li> <li>- FMH testing will resume at Colindale next week</li> <li>- Clotted blood issues – route cause under investigation. Cause currently not clarified although it is known that it has happened elsewhere. No infections isolated.</li> </ul>	
8.	<p><b><u>Budget Update</u></b></p> <p>Following successful recruitment of sponsorship at the two recent education events, it was discussed that there are sufficient funds remaining to hold an RTC education business meeting before the end of the financial year.</p>	

<b>9.</b>	<b><u>TP &amp; TADG Groups Update</u></b>	
9.1	<b>TP update</b> <ul style="list-style-type: none"> <li>- Mostly covered already</li> <li>- ICAG pad presented at NBTC meeting</li> <li>- QS138 pilot</li> <li>- cffDNA testing – spreadsheet collated for region regarding who has implemented</li> <li>- TOR ratified</li> </ul>	
9.2	<b>TADG update</b> <ul style="list-style-type: none"> <li>- South TADG have now merged with London</li> <li>-TADG have ToR and have agreed to meet 3 times per year. Shared care, Quality and Medicines &amp; Healthcare products Regulatory Agency (MHRA) will be standing agenda items.</li> <li>- Quality subgroup formed- recently raised – validation of samples through transport and pneumatic tubes (UKAS requirement) – TADG have audits and processes to share</li> <li>- Chris Robbie gave presentation on errors – human factors and will feed back to TADG for each meeting</li> <li>- Next meeting 1st Dec (same date as TP meeting) – need to ensure they don’t clash next year</li> <li>- UKTLC survey – worked on by RR and shared by RW during the meeting. Concerns identified for laboratories.</li> </ul>	
<b>10.</b>	<b><u>AOB &amp; Close</u></b>	
10.1	NHSBT temporary staffing cover issues – RW covering Tooting and Colindale, no current RTC Administrator – AD covering two regions plus one PBM down in London. Recruitment underway	
10.2	SEC RTC website is out dated, AG offered team to review <b>ACTION: LM and RG to review</b>	<b>LM/RG</b>
10.3	Meetings for next year – agreed will try and split so two are held on Tuesdays, two on Thursdays to facilitate attendance <b>ACTION: AD to arrange</b>	<b>AD</b>
10.4	Agreed RTT minutes are to be published on website, 2 years of minutes should be available <b>ACTION: AD to upload RTT minutes as part the SEC RTC website review when RTC Admin is recruited.</b>	<b>AD</b>
	<b>Next meeting Tuesday 14th Nov, 15:45-17:15</b>	