

CONFIRMED MINUTES OF THE SOUTH WEST REGIONAL TRANSFUSION COMMITTEE

Monday 18 May, 10:30 – 15:30
Oake Manor, Nr. Taunton

Attendance:

NHS HOSPITALS/ORGANISATIONS	
Derriford Hospital	Sophia Wrigley (SW); Caroline Lowe (CL)
Dorset General Hospital	David Quick (DQ); Dietmar Höfer (DH)
Gloucestershire Hospitals	Paul Turner (PT); Colin Grieg (CG); Rob McGowan (RM)
Great Western Hospital	No attendance
North Bristol Trust	Janet Birchall (JB); Tim Wreford-Bush (TW-B); Karen Mead (KM)
North Devon District Hospital	Maggi Webb (MW)
Poole General Hospital	Sue Redfearn (SR); Vikki Chandler-Vizard (VCV)
Royal Bournemouth Hospital	Julie Johnson (JJ)
Royal Cornwall Hospital	Stephen Bassey (SB); Deb Thomas (DT); John Faulds (JF)
Royal Devon & Exeter Hospital	Barrie Ferguson (BF); James Piper (JP)
Royal United Hospital Bath	Sarah Wexler (SWe); Dave Fisher (DF)
Salisbury District Hospital	Phil Donnison (PD)
Somerset Partnership NHS Foundation Trust	No attendance
Taunton and Somerset Hospital	Alison Timmins (AT)
Taunton and Somerset Hospital/Yeovil District Hospital	Sarah Allford (Chair) (SA)
Torbay Hospital	No attendance
University Hospitals Bristol	Tom Latham (TL); Soo Cooke (SC)
Weston General Hospital	Fran Dollery (FD)
Yeovil District Hospital	Alison Hills (AH)
PRIVATE HOSPITALS	
Nuffield Health Cheltenham Hub	No attendance
Nuffield Health Exeter Hub	No attendance
Spire Hospital, Bristol	Bernadette Jones (BJ)
NHSBT	
Patient Blood Management Practitioner	Alister Jones (AJ)
Patient Blood Management Practitioner	Katy Hurrell (KH)
Customer Service Manager	Rhian Edwards (RE)
Transfusion Registrar	Sophie Smith (SS)
Trainee Clinical Scientist	Victoria Mooney (VM)
RTC Administrator	Jackie McMahon (JM)

1. **Apologies:** Attached.
2. **Previous Minutes:** The minutes of the meeting held on 27 November 2014 were confirmed as a true record.
3. **Matters Arising (not covered in main agenda)**
 - Feedback comments on SE Coast 'Record to Transfuse' sticker with a view to taking forward in this region: A small number of comments were received, mainly some minor points on the wording of the sticker.
 - Share protocols re. single unit transfusion in non-bleeding patients: It was recognised that only a small number of hospitals around the region have these protocols. The RTT are happy to facilitate sharing with other hospitals in the region.
 - Consider single unit transfusion as regional survey topic: It was agreed it would be difficult to carry out as a survey but that it would be interesting to try and retrieve data from the labs. to identify any regional trends. SB agreed to take forward via the regional lab. managers group.
 - Share initiatives re. introduction of transfusion alternatives: Hospitals that have been particularly successful were invited to share practice at the next RTC meeting.
 - Regional practice for anaemia management: No additional feedback was received.
 - Write to BPL to register concern re. predicted anti-D shortage – SA to raise at next NBTC meeting (March 2015): SA flagged it up with Jonathan Wallis, new NBTC Chair.
4. **Questions from Circulated Documents: KPI Issue & Wastage Data* (RE), Hospital WAPI, RBC, Platelet and CMV-ve Updates (JB)**

No questions were raised relating to the KPI data. Regional rbc issues continue to trend downwards, but platelet issues rose by 4.7% in 2014/15. Rbc wastage was highest amongst hospitals in the moderate user group. JP commented that RD&E have introduced 'just in time' ordering for platelets and only stock one A- unit for major haemorrhage. SB said that RCHT's platelet wastage is mainly attributable to clinicians ordering ahead of time but thought the lab. could do more. RTC members present, who had seen an increase in either rbc or platelet issues in their hospitals, felt that it was largely patient-driven. JB highlighted significant cost savings made over past 3 years by trusts reducing CMV -ve requests
5. **National Blood Transfusion Committee update* (SA)**

RTC Chairs' Meeting Summary

 - Consent: SE Coast is still piloting the 'Record of Decision to Transfuse' sticker and will provide a further update at September's NBTC meeting. SA commented that the sticker being piloted covers indications for transfusion and consent and that her Trust is looking to adapt just for consent with the focus on junior doctors. SA suggested it may be worth considering a

template for regional use, and also invited trusts that feel they manage consent successfully to present at RTC. SA also reiterated a request for examples of good practice in implementing the consent process and requested feedback by the end of June of any examples, either positive or negative, that we can feedback to NBTC.

- O-Neg. Survey: The findings of the report were summarised. The majority of participating sites hold more than 10.5% and some sites only review stock annually which is not often enough to drive best practice. Several recommendations were made which included the collection of data on percentage of O-Neg. that is transfused to prevent time expiry and encouraging manufacturers to provide platforms that reduce analyser time. The final survey report will be circulated to the RTC.

NBTC Meeting Summary

- Agreement that transfusion should be included in relevant Specialist Commissioning Documents
- Recognised there needs to be a mechanism in place to update existing guidance, i.e. NPSA SPN14.
- NICE transfusion guidance in draft - hopefully ready for publication in September.
- PBM being given priority.
- NCA consent audit results: only 42% documented consent, although 81% recorded indication for transfusion; prescription mainly undertaken by F1s/F2s so good reason for introducing sticker and also why the NBTC are seeking examples of best practice. Following discussion on the consent process and how it is applied, it was agreed that there is more we can do to get a process in place. It was suggested that until written consent is made compulsory, people will always take the path of least resistance.
- SPN14 – agreed Skills for Health standards not fit for purpose – slow progress being made.
- PBM – various initiatives in progress; not much enthusiasm for standard national transfusion request form; lab perspective - MHRA may be getting more interested in 2-sample rule; clinical perspective - SaBTO considering risks of HBe

6. Patient Blood Management – Update on Group Initiatives (AJ)

- The single unit pilot project in the London region is ongoing.
- North West pre-op anaemia project – looking to develop toolkit that is transferrable between trusts by December.
- Iv iron business case template in development.
- Consent – AJ suggested re-circulating the continuing transfusion consent form template and the consent 'crib' sheet. After discussion about how consent is obtained/ documented within Trusts, it was agreed to circulate a short RTC survey to see how trusts manage documentation of consent (is there somewhere where you can identify whether

the patient has consented, is it mandatory, how is it enforced, clarify what is meant by consent) – survey questions to be defined at next RTT meeting.

- Iatrogenic Anaemia. It was agreed this is not a major issue in the region. The SWRTC issued some guidelines after the last neonatal and paediatric audit which can be found in the policies section of the SWRTC website.

7. Blood Conservation Group Update (JF)

- A 're-launch' face to face meeting took place in April. There are a lot of good regional PBM initiatives in place and this group aims to bring these together and develop the best way forward.
- Actions – start off with ICS, look at provision in the region, set up a database, and get some consensus on points of practice. JF will present the database at next RTC meeting. There was a short discussion re. cell salvage in neurosurgery and the use of leucodepletion filters potentially contributing to severe hypotension, although there is no conclusive evidence.

8. Audits/Surveys

Audit of Transfusion-Dependent Patients (JB)

JB felt that we are not able to carry forward as an audit. There is potential duplication with some aspects of a national study that is being undertaken and NHSBT statisticians were of the view that the design of our audit would make it complicated to analyse.

NCA Programme (KH)

Generic reports have been produced for the use of blood in cardiac surgery, anti-D, patient information and consent and red cell use. Trusts that took part will have received individual reports. Audit of blood use in neurocritical care is reporting now and transfusion in children and adults with sickle cell disease will report at the end of the year. Blood use in lower GI bleeding is scheduled to start in September, followed by blood use in elective surgery in October and use of blood in haematology in early 2016.

Proposed Regional Audit of Haematology Patients* (JB)

JB proposed a regional pilot of next year's NCA of blood use in haematology and presented an overview of the questionnaire. It was agreed to audit platelet transfusions for one month – October 2015 – using the SNAP survey tool, with the results reported ahead of the national audit. JB pointed out that the indications on the pilot questionnaire correspond with the yet to be published BCSH guidelines but said she is happy to audit against both the current and new codes if trusts hadn't implemented the new guidelines at the time of the audit.

2015 Database Questionnaire (AJ)

AJ highlighted the questions that have been changed in line with the PBM recommendations. These include capturing information on electronic requesting, TXA, transfusion triggers, and guidelines re single

component unit use. AJ agreed to change the word 'pathology' to 'blood transfusion' in the electronic requesting section and to add in a box for comments. The heading 'Blood Conservation' has been changed to 'Patient Blood Management'. The questionnaire will be run via the SNAP survey tool.

ABLE Study Results* (AJ)

AJ gave a brief summary of the results which concluded that fresh red cells do not appear superior to standard issue red cells in critically ill patients.

Prior to breaking for lunch SB and DT demonstrated their 'WBIT app.' developed by RCHT to facilitate the printing of labels for blood sample tubes for blood transfusion only. The technology uses an IOS platform and hand-held scanner/printer to produce a label. No information is held on either device once the label has been printed. Following a successful pilot, this has been implemented in ED with other specialties to follow.

9. Hospital Presentations/Audits:

North Bristol Audit of Platelet Use* (SS)

SS outlined the background and method of the audit which was very labour intensive. The majority of inappropriate requests were for prophylaxis but lab. hands are tied if the request is approved by a haematologist. Difficult to achieve real time results and change practice without the ability to electronically audit and present results on a regular basis. The SW project with Clinisys should progress electronic audit.

Taunton & Somerset Audit of Single Unit Transfusions* (AW)

Audit driven by unsatisfactory haematology result in NCA red cell audit when compared to national average. A new guideline was implemented in January 2015 in the in-patient haematology ward with a view to reducing usage. Positive results for the first four months showed a 40% reduction with associated cost savings. There has been no feedback to suggest any adverse impact on patient outcome and the length of stay has not increased. Next step is to look at other specialties and consider reducing trigger from <80g/l to <70g/l for non bleeding/non symptomatic patients..

RD&E Audit of GP Transfusion Referrals to Community Hospitals* (BF)

Concern raised by new TP working within community hospitals over the quality of GP prescribing. Audit data taken from LIMS for one quarter highlighted that practice from some GPs was possibly outside national guidelines with 35/70 transfusions above national trigger levels. As a result BF has developed an education package for GPs which their employers are happy to take on and she is quite happy to share with other RTC members. It was agreed that regional GP training guidance should be explored by the Education Sub-Group. BF will present the audit at the next GP-focussed Management of Anaemia day which is planned for later in the year.

10. Update of SW RTC LIMS project* (AJ)

AJ summarised the background of the project and progress to date. The first software update was piloted at Torbay. Some issues were then identified during validation around the definition of a transfusion episode and some inconsistencies with the dates for pre- and post-transfusion Hb. Queries have been fed back to Clinisys and we are awaiting their response.

11. Transfusion Practitioner Group Update (AJ)

Last met in February and had a presentation from Octapharma and NBT on their WBIT audit; discussed PBM recommendations and progress from a TP perspective; a national TP day is planned for 2016; the TP group will have a whole day's programme at the next BBTS; the next regional TP meeting will be held in July.

11.1 Regional Competencies Project (AJ)

AJ confirmed that the regional sampling competency is now ready to be piloted and taken forward as a regional template, with the addition of some guidance notes. It is a 2-page assessment; page 1 observed (once only) and page 2 knowledge-based (every three years). With regard to transferability between trusts, it was agreed the onus is on the individual to keep the record and the majority of trusts represented at the meeting were happy that it is a transferrable document. There was a suggestion re. engaging medical schools but the view was that this would not be worth pursuing.

12. Education Sub-Group Update (KH)

Three full and two half-day educational events have been held since the last RTC meeting. Forthcoming events include Lab. Matters on 08.07.15, followed by Management of Anaemia (aimed at GPs) in early autumn, PBM in surgery in late autumn, with the next Midwives day in January 2016. AJ welcomed any suggestions for new topics.

15. Transfusion Laboratory Managers Update (CG)

Topics discussed at last meeting included the ability of the labs. to meet the new CPA ISO15189 standard; implementation of the 2-sample rule; UK transfusion Collaborative document, circulated via SHOT, which sets out the standards against which labs. will be measured; discussed MSc content for blood transfusion with course representative and agreed it needed to include more validation and quality management type topics. At a national level, lab. managers finding it difficult to maintain out of hours on call rota.

16. Any Other Business

- PT raised a concern around the introduction this summer of the HESW generic e-learning module for junior doctors replacing the face to face training that is normally carried out at induction. He is under the impression that it is intended for use as sufficient evidence of knowledge to forego specific trust induction training

but is concerned that the content won't be robust enough to fulfil local needs. In relation to blood transfusion the questions are quite limited with one question on consent, one on checking a blood sample and patient id and one on transfusion reactions. His trust is saying that it will replace the need for any other transfusion training. RUH commented that they still intend to do their normal induction and NBT have rejected it. It was agreed that a regional view was needed and the Education sub-group will take it forward.

- SW canvassed opinion on a proposed change in practice at Derriford requested by an ED consultant who wants to put up O-Neg. blood before major trauma patients arrive in hospital. The general view was that it is unnecessary.
- Dorset to start sending blood on air ambulance when a doctor is on board.

17. Date of Next Meeting

20 November 2015.

South West Regional Transfusion Committee Meeting – 18.05.15 – Action Log

Action from the minutes		Actioner(s)	Status	Notes
Meeting on 18.05.15				
3	Share single unit protocols regionally via RTT	All		
3	Consider feasibility of extracting single unit transfusion data	SB		
3	Share any initiatives/best practice re. introduction of transfusion alternatives at next RTC meeting	All		
5	Provide examples of good practice in implementing the consent process, including any negative feedback, for forwarding to NBTC.	All		Provide feedback by the end of June 2015
6	Re-circulate continuing transfusion consent form template and consent crib sheet	AJ		
6	Define questions for regional survey of how consent is obtained	RTT		
7	Present ICS database at next RTC meeting	JF		
8	Finalise regional audit of platelet use in haematology patients	JB		
9	Explore provision of regional GP training guidance for blood tx	Ed. Sub-group		
16	Review HESW generic e-learning induction module for junior doctors	Ed. Sub-group		

GLOSSARY OF ABBREVIATIONS

ABLE	Age of Blood Evaluation
BCSH	The British Committee for Standards in Haematology
BPL	Bio Products Laboratory
CMV (-ve)	Cytomegalovirus (negative)
CPA	Clinical Pathology Accreditation
ED	Emergency Department
F1/F2	Foundation Doctor
GI	Gastrointestinal
GP	General Practitioner
Hb	Haemoglobin
HBe	Haemoglobin E
HESW	Healthcare Assistant
HTC	Hospital Transfusion Committee
ICS	Intraoperative Cell Salvage
ISO	International Organisation for Standardisation
IV	Intravenous
KPI	Key Performance Indicators
LIMS	Laboratory Information Management System
MHRA	Medicines and Healthcare Products Regulatory Agency
MSc	Master of Science
NBT	North Bristol Trust
NBTC	National Blood Transfusion Committee
NCA	National Comparative Audit
NHSBT	NHS Blood and Transplant
NICE	National Institute for Health and Care Excellence
NPSA	National Patient Safety Agency
PBM	Patient Blood Management
RBC	Red Blood Cell
RCHT	Royal Cornwall Hospitals NHS Foundation Trust
RD&E	Royal Devon & Exeter Hospital
RTC	Regional Transfusion Committee
RTT	Regional Transfusion Team
RUH	Royal United Hospital (Bath)
SaBTO	Advisory Committee on the Safety of Blood, Tissues and Organs
SHOT	Serious Hazards of Transfusion
SPN14	Safer Practice Notice No. 14
ToRs	Terms of Reference
TXA	Tranexamic Acid
WAPI	Wastage as Percentage of Issues
WBIT	Wrong Blood in Tube

South West Regional Transfusion Committee Meeting

Monday 18 May 2015 at Oake Manor, nr Taunton

APOLOGIES

Hospital	Name	
BMI Healthcare	Caroline	Gladman
Care UK/Emersons Green NHS Treatment Centre	Claire	Husain
Circle Bath	Norjin	Pejcic
Dorset	Maraneka	Greenslade
	John	Thorne
Glos Hospitals	Sally	Chown
	Joanne	Goody
GWH	Doug	Smith
	Sally	Caldwell
North Devon	Malcolm	Hamilton
Nuffield South West	Anna	Gillard
Nuffield South West	Iain	Christie
RD&E	Paul	Kerr
	Veronica	Sansom
Royal Bournemouth	Jason	Mainwaring
	Shane	McCabe
Royal Cornwall	Nicki	Jannaway
RUH	Jerry	Nolan
Salisbury	Effie	Grand
	Anne	Maratty
Somerset Partnership NHS Foundation Trust	Robin	Payne
	Suzannah	Davies
SPIRE Bristol	Roger	Evely
Torbay	Alistair	Penny