

UNCONFIRMED MINUTES OF THE SOUTH WEST REGIONAL TRANSFUSION COMMITTEE

Wednesday 06 November 2019, 10:30 – 15:30

Oake Manor, Nr. Taunton

Attendance:

NHS HOSPITALS/ORGANISATIONS	
Derriford Hospital	Stuart Cleland (SC); Daryl Thorp-Jones (DTJ); Caroline Lowe (CL)
Dorset General Hospital	Maraneka Greenslade (MG); Lorraine Poole (LP); Dietmar Hofer (DH)
Gloucestershire Hospitals	No attendance
Great Western Hospital	Edward Bick (EB); Sally Charlton (SCh)
North Bristol Trust	Elmarie Cairns (EC); Tim Wreford-Bush (TWB); Karen Mead (KM)
North Devon District Hospital	No attendance
Poole General Hospital	Vikki Chandler-Vizard (VCV); Alison McCormick (AM)
Royal Bournemouth Hospital	Lorraine Mounsey (LM); Shane McCabe (SM)
Royal Cornwall Hospital	No attendance
Royal Devon & Exeter Hospital	James Piper (JP); Barrie Ferguson (BF)
Royal United Hospital Bath	Sarah Wexler (Chair) (SW); Wayne Vietri (WV); Helen Maria-Osborn (HM)
Salisbury District Hospital	No attendance
Taunton and Somerset Hospital	Michelle Davey (MD); Nic Wennike (NW)
Torbay Hospital	Patrick Roberts (PR)
University Hospitals Bristol/NHSBT	No attendance
Weston General Hospital	Alejandro Santana (AS)
Yeovil District Hospital	No attendance
PRIVATE HOSPITALS	
Nuffield Health Cheltenham Hub	No attendance
Nuffield Health Exeter Hub	Rebecca Tizzard
Spire Hospital, Bristol	Hazim El-Halabi (HE); Sarah Threader (STh)
Patient Representatives	
	Helen Witham (HW)
NHSBT	
Patient Blood Management Practitioner	Samantha Timmins (ST)
Customer Service Manager	Rhian Edwards (RE)
Customer Service Manager	Emma Taylor (ET)
Consultant Clinical Scientist Trainee	Sara Wright (SWr)
RTC Administrator	Jackie McMahon (JM)

1. Apologies: Attached.

2. Previous Minutes

The minutes of the meeting held on 15 May 2019 were confirmed as a true record.

3. Matters Arising (not covered in main agenda)

Outstanding actions:

EC to share NBT's single unit project poster.

MG to share MHRA contact details with TLMs.

It was agreed to highlight future actions separately.

4. Hospital Issues and Wastage Updates (SW)* (presentations marked with an asterisk are available on the SWRTC website)

It was agreed to circulate the data in advance for future meetings. Issues from the first half of 2018/19 and first half of 2019/20 were compared.

Rbc Issues: Overall the demand for red cells continues to reduce.

O D neg Issues: SW highlighted that current average hospital demand for O D neg red cells is more than 12.5% which is causing a problem as only approximately 7% of the population is O D neg and only 4% donate. Factors that could be contributing to this demand were discussed:

- Better patient blood management – using less blood so % O D neg looks proportionately higher.
- Inexperienced junior doctors in ED (can we collect this data?).
- No policy to use emergency O D pos for men and women over a certain age (NHSBT guideline is 50 but some trusts use 60 for belt and braces). One trust had been unable to implement policy due to staff shortages.
- Lab staff experience in ordering
- Rising demands in other areas that cannot be mitigated such as the need for Ro blood

The NCA O D neg survey showed that 16% does not go to O D neg patients and 31% of participants did not have a policy to use O D pos red cells in an emergency. A show of hands highlighted that some trusts in the region don't have a policy. The NBTC are keen for all NHS trusts to get this done and SW suggested that an aspiration of the committee should be to support trusts struggling to implement a policy. SW happy to write to Chief Executives on behalf of the SW RTC in support of this and ST happy to facilitate communication between hospitals.

If there are any doubts about age or gender, O D Neg should be used and patients should be treated according to the gender they are born with.

RE confirmed that there is a massive drive to recruit ro donors but NHSBT is still struggling to meet demand.

Platelet Issues: Some trusts saw a rise in issues over the two periods. This could be due to:

- A change in hospital practice/services.
- The undertaking of more complex procedures/invasive procedures in older people that require platelets to be available.
- A small number of patients skewing numbers.

SW encouraged participation in the TREATT study which looks at the use of tranexamic acid in patients with haematological malignancies who are likely to get thrombocytopaenia.

Rbc Wastage: TW-B explained the cause of rising wastage at NBT is linked to the use of blood boxes for trauma and theatres and the distance of the transfusion lab. from the main hospital. Blood was being returned incorrectly and could not be put back in the fridge. They have now started tagging blood units with temperature loggers and this has produced positive results. They are in the first stage of introducing blood tracking. TW-B and EC to update on progress at the next RTC meeting.

O D Neg Wastage: This is now presented by category and timex is the biggest cause of wastage. As rbc issues in general are dropping hospitals are asked to review their O D Neg stock holdings.

Platelet wastage: SW commented that we have a moral responsibility not to waste platelets and that one of the actions from this meeting should be that everyone reviews use and focuses on wastage.

5. National Blood Transfusion Committee update (SW)

The Transfusion 2024 minutes are still awaiting ratification and will be shared once the final version is available.

Areas covered in the symposium included PBM, transfusion lab. safety, harnessing technology and innovation and focussing on the importance of these to the needs of patients across the NHS, and building on the success of previous initiatives.

One suggested development to standardise hospital practice is the introduction of PBM self-assessment where hospitals implement support for hospital transfusion teams and, in particular, the TP role, with some formalised competencies and training.

A lot of focus given to transfusion labs and ensuring safe and timely provision of blood components with emphasis on a skilled and trained workforce, better use of data and technology and integrated models for digitalisation.

Actions:

- Self-assessment for transfusion practice for PBM – pilot in 2021 with roll-out in 2022 - to include compliance with NICE standards.
- Better support within hospitals and NHSBT for clinical transfusion practice.
- Inclusion of transfusion in national patient quality and safety initiatives.
- Scientific and technical education and training – review all pathways and programmes.
- Ensure adequate staffing and skill mix.
- Integrated service between NHSBT RCI and transfusion labs with new role of clinical consultant scientist.
- Implementation of pathology networks.

- Review of blood usage and wastage data across the network. Regulatory compliance – MHRA and UKAS working towards a unified standard.
- Encouraging every single hospital to have vein to vein tracking.
- Use of Big Data.
- Donor and patient typing – extensive typing and genotyping for patients and donors.

6. CSM Team Update (ET/RE)

Hospitals were reminded to:

- Ensure AB units are ordered in line with usage as there has been a large increase in credit claims.
- Try and keep O D neg ISI to 3-4 days and stocks below 12.5%.
- Submit credit claims within three months of expiry date, or delivery date for any transport claims.
- Ensure 24 hours notice is given for the provision of HLA matched platelets.

Work is being undertaken to improve the Hospitals & Science website to make it easier to navigate.

RE provided feedback from the universal plasma project survey and outlined details for future component development:

- dried plasma/cryo
- ABO universal platelets - reducing the complexity of the platelet supply by removing the requirement to RhD and ABO matched platelets.

A short questionnaire was circulated to gain further understanding of the demand for universal plasma and the desire for dried plasma/cryo. Volunteers were also sought to work with NHSBT to support the development of ABO universal platelet concentrates.

7. Audits and Surveys NCA Update (SW)

The 2018 Maternal Anaemia audit highlighted the number of post-partum transfusions is too high. We should not be transfusing for IDA and this is an area we should be concentrating on. SW suggested a focus for the SWRTC is to check that obstetric anaemia guidelines are up-to-date and being followed.

The 2018 Massive Haemorrhage audit highlighted lots of guidelines with 1:1 ratio and tranexamic acid but not everyone following them. SW thought that this is probably a reflection of old practice and if it was looked at again practice will have improved.

SW summarised the forthcoming programme and encouraged all to participate. NCA have tried to limit the programme and has committed to speeding up the reporting process.

2019 Database Survey Results (SW)*

HTC attendance. There are still some areas that are poorly represented and some hospitals are trying to take a different approach

to overcome this including targeting people in specific areas they know will be engaged; one trust has introduced a report template so if no attendance in person there is still a written report; flagging up what will be discussed and only inviting specialties when relevant; inviting senior matrons from some key areas, or junior doctors if you cannot get seniors to attend - lots of people have a huge impact on transfusion, not always doctors.

Doctors regular training: We should be offering as many ways as possible to get training to them. Simulator training should be encouraged, preferably in the ward setting.

Electronic pathology requesting – only three hospitals have for the transfusion process and it was suggested that some IT companies struggle with the complexity of including it for transfusion.

Single unit transfusions: it was acknowledged that the figures can be difficult to get but this is still an area to focus on.

PBM is now becoming the norm in the surgical setting and the next big push should be medical PBM.

8. Presentations/Audits* Implementation of ROTEM-guided Massive Transfusion Protocol in Obstetrics (SC & DTJ)

Potential for Regional HaemStar Project

SW asked everyone for ideas for a regional HaemStar project to be discussed at the end of the meeting.

9. SWPBM Group Update (EC)

The October meeting was cancelled due to low uptake and has been rescheduled for 28th January 2020.

Cell Salvage Database: Regional data is no longer being received and we need a big drive to get this going again. Most people already have the template but it can be shared again.

Anaemia database: Starting to look at a new database for anaemia but would be much more useful if it included PBM. John Faulds will be presenting at the meeting in January.

Now have YouTube video for laparoscopic cell salvage from one of the doctors at UHB – JM to circulate the link.

10. Transfusion Laboratory Managers Update (JP)

Topics discussed:

- SaBTO FFP guidance has already been implemented by some transfusion sites in the south west and a few others are looking at it. RD&E have a lot to use up and will order some more to help with NHSBT stocks.
- NHSBT has clarified that during an MI any emergency stock that is still with the driver when the incident is stood down can be returned to NHSBT.
- Adhoc deliveries: Agreement has been reached that blood issued by RCI can now be sent with routine deliveries rather than

adhoc. Hospitals need to use the prompt 'can it come first routine' to ensure this happens.

- Uncertainty of measurement – interpretation of blood groups is not, and should not, be covered by it.
- Discussed quality management systems for taking blood and how to form a QC to ensure that all pathways are covered.
- PAS platelets – uptake nearly complete. A lot of hospitals now using as routine stock.
- EDN – problems already raised need to be fixed to make it more robust. Hoping high titre flag will be available at some point.
- RCI requested as much clinical detail as possible on request forms.
- Brexit

Following the government's directive that fax machines should no longer be used within the NHS, SW queried how hospitals would communicate with NHSBT during an MI if there is no telephone access. One suggestion was to have a dedicated email address to send forms to but this would need to be an nhs.net email address to comply with GDPR.

11. Transfusion Practitioner Group Update (BF)

Last meeting in September attended by 13 TPs. Mike Dawe, MHRA, attended to look at aspects of an inspection from a TP viewpoint. SHOT and MHRA encouraging looking beyond human error and more at the factors behind the error so planning a human factors session for the next TP meeting.

Also looked at TP competencies and a set of national competencies that define what the role should involve has been written by a group based in London. Currently at the draft stage with feedback being given.

12. Education Sub-Group Update

The education programme going forward was discussed and it was agreed that Lab. Matters should continue to be held annually and that the midwives' day should be re-established as an annual event but extended to include other areas of interest for maternity theatre staff and obstetricians. SC and DTJ agreed to help with the agenda. MI was put forward as a potential event as interest has been shown in the past and it was suggested canvassing hospitals to see what they would like included.

Other options that have proved successful in the past are Surgical PBM and Bleeding in the Medical Patient.

13. SaBTO FFP Guidance (RE on behalf of Alastair Hunter, NHSBT)

The presentation outlined NHSBT's plans following the SaBTO review and hospitals were asked to continue with current ordering patterns to help support the transition progress and while NHSBT negotiates withdrawal from the current import contract.

JP queried if the product would have a new blood component label and the answer was probably but this will need to be confirmed.

For hospitals that have already implemented the guidance, it was suggested changing the wording of any SOP around MP FFP from “must” to “should” to avoid the use of non-MB FFP becoming SABRE reportable.

RE happy to give any feedback/questions to AH.

14. EU Exit

Previous discussions/advice still apply.

15. Three Year Plan & Setting of Objectives

Volunteers for the role of RTC Chair are sought as SW is standing down following the meeting.

Areas to focus on:

- Review provision of maternal anaemia management and ensure guidelines are being followed.
- Review platelet use and wastage.
- All hospitals to have a policy for emergency use of O D positive red cells.

Potential HaemStar project: PR mentioned a trial being set up by a new consultant in Truro looking at best iron measurements for pre-op anaemia assessment pathways. Torbay and Derriford are keen to be involved and it could be a good regional project to get registrars involved in. SC (Derriford) has started database of patients getting iron in clinic recording ncd, ferritin, Hb increments, etc

PR will find out if it can be expanded outside of the Peninsula and send some information out.

16. Any other Business

VCV raised a query regarding the database survey and the period of time the single unit transfusion percentage calculation is based and will discuss this and the wording of the question with colleagues at the next TP meeting.

14. Date of Next Meeting

Wednesday 6 May 2020.

South West Regional Transfusion Committee Meeting – 06.11.19 – Action Log

Actions from meeting minutes		Actioner(s)	Status	Notes
Item	Actions carried forward from meeting held on 15.05.19:			
4	Produce comparison data for rbc units ordered and transfused at future meetings	JM	Pending	Produce annually for May meetings
8	EC to share NBT's single unit project poster	EC	Complete	Attached
13	MG to share MHRA rep. contact details with TLMs	MG		
	Actions from meeting held on 06.11.19:			
4	Circulate issues and wastage data in advance for future meetings	JM	Pending	
4	All hospitals to have emergency O D pos policy	All to consider		Support offered to hospitals that don't have a policy
4	TWB/EC to update on NBT rbc wastage at next RTC meeting	TWB/EC		
4	Review O D neg stockholding	All		
4	Review platelet use/focus on wastage	All		
7	Review and check maternal anaemia guidelines are being followed	All		
9	Re-circulate cell salvage database template	JM		
9	Circulate link to YouTube laparoscopic cell salvage video	JM		
15	Circulate information on potential regional HaemStar project looking at iron measurements	PR		if project can be expanded to include hospitals outside of the Peninsula

South West Regional Transfusion Committee Meeting

Wednesday 06 November 2019 at Oake Manor, nr Taunton

APOLOGIES

Hospital	Name
BMI Bath	Petra Brown
Derriford	Wayne Thomas
Dorset	David Quick
GHNHSFT	Sally Chown
	Robert Orme
GWH	Jassy Uppal
NDDH	Kathleen Wedgeworth
NBT	Tim Hooper
NHSBT	Edwin Massey
RBCH	Stacey Reichter
RCHT	Richard Noble
	Abbie Parsons
	Karen Godfrey
	Ian Sullivan
	John Faulds
RD&E	Julie Mitchell
	Veronica Sansom
	Paul Kerr
RUH, Bath	Jerry Nolan
	Sue Scott
Salisbury	Anne Maratty
Torbay	Alastair Penny
UHB	Soo Cooke
Yeovil	Joseph Tyrrell

GLOSSARY OF ABBREVIATIONS

Cryo	Cryoprecipitate
ED	Emergency Department
EDN	Electronic Delivery Note
FFP	Fresh Frozen Plasma
HLA	Human Leucocyte Antigen
HTC	Hospital Transfusion Committee
IDA	Iron Deficiency Anaemia
ISI	Issuable Stock Index
MH	Major Haemorrhage
MHRA	Medicines and Healthcare Products Regulatory Authority
MI	Major Incident
NBT	North Bristol NHS Trust
NBTC	National Blood Transfusion Committee
NCA	National Comparative Audit
NHSBT	NHS Blood and Transplant
NICE	The National Institute for Health and Care Excellence
PAS	Platelet Additive Solution
PBM	Patient Blood Management
QC	Quality Control
RBC/rbc	Red Blood Cell
RCI	Red Cell Immunohaematology
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
SOP	Standard Operating Procedure
SWPBM	South West Patient Blood Management
TLM	Transfusion Laboratory Manager
TP	Transfusion Practitioner
TREATT	Trial to Evaluate Tranexamic Acid Therapy in Thrombocytopenia
TXA	Tranexamic Acid
UKAS	United Kingdom Accreditation Service