

# UNCONFIRMED MINUTES OF THE SOUTH WEST REGIONAL TRANSFUSION COMMITTEE

Wednesday 15 November 2017, 10:30 – 15:30

Oake Manor, Nr. Taunton

## Attendance:

<b>NHS HOSPITALS/ORGANISATIONS</b>	
Derriford Hospital	Sophia Wrigley (SW); Stuart Cleland (SC);
Dorset General Hospital	Dietmar Höfer (DH); Alex Davies (AD); Lorraine Poole (LP)
Gloucestershire Hospitals	Rob McGowan (RM)
Great Western Hospital	Sally Caldwell (SCa); Jassy Uppal (JU)
North Bristol Trust	Karen Mead (KM); Elmarie Cairns (EC); Christina Laxton (CL)
North Bristol Trust/NHSBT	Janet Birchall (JB)
North Devon District Hospital	Maggi Webb (MW); Kathleen Wedgeworth (KW)
Poole General Hospital	Vikki Chandler-Vizard (VCV); Alison McCormick (AM)
Royal Bournemouth Hospital	Charlotte Baylem (CB); Stacey Reichter (SR)
Royal Cornwall Hospital	Kathy Clarke (KC)
Royal Devon & Exeter Hospital	James Piper (JP); Veronica Samson (VS)
Royal United Hospital Bath	Sarah Wexler (Chair) (SWe); Dave Fisher (DF)
Salisbury District Hospital	Effie Grand (EG)
Taunton and Somerset Hospital	Alison Timmins (AT); Nic Wennike (NW)
Taunton and Somerset Hospital/Yeovil	Sarah Allford (SA)
Torbay Hospital	Patrick Roberts (PR)
University Hospitals Bristol	Soo Cooke (SCo); Adele Wardle (AW); Tom Latham (TL)
Weston General Hospital	Vasiliki Gkastari; Chris Doherty (CD); Sharif Goolam-Hossen (SG)
Yeovil District Hospital	Alison Hill (AH); Joseph Tyrrell (JT)
<b>PRIVATE HOSPITALS</b>	
Nuffield Health Cheltenham Hub	No attendance
Nuffield Health Exeter Hub	No attendance
Spire Hospital, Bristol	Hazim Elhalabi (HE)
BMI Bath	John Biddle (JB)
<b>Patient Representative</b>	
	Helen Witham (HW)
	Kay Rouse (KR)
<b>NHSBT</b>	
Patient Blood Management Practitioner	Katy Cowan (KCo)
Consultant Clinical Scientist Trainee	Sara Wright (SW)
Consultant Clinical Scientist Trainee	Tom Bullock (TB)
Haematology Registrar	Arun Mahendrayogam (AM)
Customer Service Manager	Rhian Edwards (RE)
RTC Administrator	Jackie McMahon (JM)

1. **Apologies:** Attached.
2. **Previous Minutes**  
The minutes of the meeting held on 10 May 2017 were confirmed as a true record.
3. **Matters Arising (not covered in main agenda)**  
Orthogeriatrician representation on HTC: It was agreed to remove this item from the action log and JB suggested contacting Derriford if anyone wanted advice on encouraging one to join their HTC.  
GP representation on RTC: No further developments since previous suggestion to target new GPs during their hospital rotations rather than concentrating on changing the practice of established GPs.  
Southampton hospital's CMV-ve requirements for transplant patients: Awaiting national guidance before pursuing further.
4. **Hospital WAPI, RBC, Platelet and CMV-ve Updates (JB)\* (\*all presentations are available on the SWRTC website)**  
Rbc and platelet issues for the periods April-Sept 2016 and April-Sept 2017 were reviewed. Rbc issues in the majority of trusts are reducing but some quite large increases in platelet issues. Following the 2012 SaBTO recommendations, there has been a dramatic decrease in CMV-ve requests with the exception of hospitals that share potential transplant patients with Southampton. JB highlighted that BSH are proposing a solution to the problem of transplant patients presenting with false positive CMV serology after receiving CMV positive products which will involve testing them at presentation and again pre-transplant.
5. **National Blood Transfusion Committee update (SWe)**  
SWe focussed feedback on the Consent Workshop which covered personal experience, the legal perspective, tools that are currently in use to document that a patient has been consented, putting consent guidelines into practice and the availability of resources from NHSBT. Consent generally becomes an issue when something goes wrong and from the legal view point current standards for consent are not good enough. It was agreed that everyone would feedback at the March RTC Chairs' meeting what they are doing with regard to what consent is required and how it is documented. The NBTC provides a good forum as it includes representatives from all specialties

Following a discussion around how consent is discussed and documented in the south west hospitals, SWe asked for examples to be sent to JM, to include the consent sticker from NDDH and the booklet that Torbay attach to the prescription.

**Action: All**

6. **CSM Team Update (RE)\***  
RE highlighted the new transitional label that will be introduced for all blood components in April 2018. This is to facilitate the move towards

the ISBT128 component codes and is an interim step prior to the move to the final state label in 2019. Sample labels are available on the H&S website, via the hospital Update. JP was concerned with the lack of concatenation of the blood pack label if the second DIN is removed and DF was concerned that the 2D barcode would contain all of the blood pack information on it and that the LIMS system in the hospital wouldn't be able to handle this - he has been quoted with £12k to update their systems. VS asked why bother with the transition label as it will mean training staff twice and RE responded that there would be concerns doing this if hospitals weren't able to read the 2D barcode.

## **7. Audits/Surveys\***

### **Lab Function Survey Update (JB)**

Too few responses were received to make it a viable survey and because anonymity had been requested, it was not possible to chase up outstanding responses.

### **2017 Database Survey Results (JB)**

All NHS and private hospitals participated in the survey. All have structures to deliver PBM. HTC's largely manned by haematologists and anaesthetists. Regular medical training is an issue with only 8 trusts achieving more than 75%. Most hospitals have good structures and processes in place for surgical PBM but not so many for medical. Positive move towards single unit red cell transfusions. Letters will be sent to any hospitals with outlying practice in the New Year.

**Action: JM**

### **Proposed Survey of Platelet Wastage in Major Haemorrhage (KCo)**

KCo outlined the survey questions. It was agreed to insert a comments box at the end of the survey and to include a section for hospitals to indicate if they keep a stock unit. The survey will be distributed in the New Year.

**Action: KCo**

### **PBM Re-Audit Results (KCo)**

Re-audit took place between September and November. KC presented the results and distributed key recommendations. Overall there has been an improvement and most people have good engagement with PBM.

### **Proposed Survey of Transfusion Education (SW)**

The aim of the survey is to enable NHSBT to improve the training it currently offers to BMS staff and to give Lab. Managers the opportunity to highlight problem areas and indicate their preferred platform for training delivery. It also forms part of SW's transfusion-related project for her professional doctorate in clinical science. It is a short survey consisting of 12 questions and the results will be fed back to the Chief Scientific Officer. The next step will be to seek a volunteer to pilot any

platform that is developed as a result of the survey and the aim is to do this by the end of March 2018.

**Action: JM to circulate survey**

## **8. SWPBM Group Update (KCo)**

KCo provided an update on behalf of John Faulds:

- IOCS database - headings now agreed and database has c. 4000 entries. Hospitals have been asked to submit six months of data and RCHT and NBT are the biggest contributors to date. Entries for September 2017 suggest Obstetrics is the biggest user, which is reflected in gender numbers; TXA used in 39% of cases and IOCS is processed in 46% of cases but these figures need further analysis to determine obstetric percentage. Further work is required on analysis and improving the input data. Now need to agree presentation data for RTC.
- IOCS training - sub-group formed to look at cell salvage training.
- TXA – regional survey planned to gather information on how TXA is used.
- Most hospitals have pre-op anaemia service.

## **9. Hospital Presentations/Audits\***

### **SalVage Study Findings (EN)**

EN discussed the results of the survey to investigate facilitators and barriers for implementing cell salvage after vaginal birth. Cell salvage is currently not an option despite two thirds of women giving birth this way. The next step is to apply for a grant to repeat a feasibility and safety study while collecting blood and if that proves safe to go to a full trial. It was agreed to invite EN back for an update once the next step has been completed.

### **NBT: GP Guidelines for Transfusion/Iron (JB)**

JB presented NBT's proposed blood transfusion/iv iron referral form for primary care.

### **NBT: SHOT Reactions survey (JB)**

Following a pilot study which involved sending out a range of scenarios to a variety of doctors/specialties to establish their ability to recognise SHOT reportable incidents, it is clear that some did not recognise a reaction and do not know about reporting to SHOT. It is intended to widen the survey distribution to include all SW RTC members. A statistician is helping calculate how many questions need to be asked for statistical significance and JB asked for everyone's support in completing the survey. AH commented that as it is the responsibility of the TP to report the category to SHOT and as the questions are aimed at clinical staff, it would be better to ask whether it is reportable or not rather than under what category it should be reported.

**Action: All**

## **RD&E Feedback on Blood Tracking Remote Allocation Pilot (JP)**

JP gave an update on the introduction of remote blood allocation using their BloodTrack system, which went live in September 2017. In six months will know how much less blood will need to order and wastage will have reduced. Has stopped unnecessary requests and given clinical areas confidence that if they need blood, it is there.

#### **10. Transfusion Laboratory Managers Update (MW)**

Discussed a question on the MHRA compliance report re. staffing levels in the laboratory which Chief Execs around the country are saying not to answer. This has also been raised at National Lab Manager level and Chris Robbie is feeding back to the MHRA. Couple of issues around NHSBT reports, especially cross-matched blood - no information whatsoever at the bottom of the report. Shortage of K negative O D negative units being created by hospitals requesting all their O D negative units are K negative.

#### **Feedback on Mass Casualty Exercise (DF)**

DF gave an overview of the PHE-organised mass casualty exercise that took place on 20.09.17.

- Tried to test all RUH major incident protocols and had resources available all day.
- General patient movement was well managed but one lab. learning point was to have a discharge pathway to prioritise the results of patients being discharged to make room on the wards.
- Need to work out how to put trust in 'lock down' in event of terrorist threat.
- Would have been useful if NHSBT had been involved in the process.
- Implementation of major haemorrhage protocol four years ago made the whole process much easier.
- Big white board really helpful.
- Make sure rota for on call haematology consultant is available and up-to-date.
- Have single contact point for each clinical area and ensure lab. has a copy.
- It is useful to have a list of all on call and anaesthetics staff and their proximity to the hospital to know who can get in quickly.
- If you have a major incident form, test it and make sure it is working.

#### **11. Transfusion Practitioner Group Update (VCV)**

VC-V provided a summary of the group's activities to date. Following creation of a knowledge based learning presentation template, work is now underway on a knowledge based assessment template based on 4 sections of the transfusion process. The option to become an RTC-funded group was discussed and the results of a survey indicated that the majority of TPs that responded were in favour. There have been difficulties in recruiting a Chair/Vice-Chair which, if not resolved, could jeopardise the future of the group.

#### **12. Update on SWRTC LIMS Project**

NBT attempted to validate but still some bugs – info from UHB and Weston also being picked up as they are on the same system – so not yet fit for purpose and the lab. don't have time to move it forward. JP said that Haemonetics are working on a blood advisor system which might fulfil the role of an appropriate use tool and will update if there are any developments.

**13. Education Sub-Group Update**

Next planned event is Bleeding in the Medical Patient on 21.02.18. This will be followed by Lab. Matters in the summer and a surgical event later in the year.

**14. Any Other Business**

This was JB's last meeting as RTC secretary as she is leaving NHSBT and NBT to take up the role of Medical Director with the Welsh Blood Service. On behalf of everyone, SWe thanked JB for the tremendous support she has given the south west RTC and wished her well in her new role.

RE asked if putting the HT status on EDN would create any extra work for hospitals. DF thought not but suggested issuing a test unit with an example of the message it would contain.

**15. Dates of Next Meetings**

Wednesday 9 May 2018, Wednesday 14 November 2018

### South West Regional Transfusion Committee Meeting – 15.11.17 – Action Log

Action from the minutes		Actioner(s)	Status	Notes
Meeting on 15.11.17				
3	Feedback Southampton hospital's response re. non-compliance with SaBTO's CMV –ve guidelines			Await national guidance
5	Send examples to JM of how consent is discussed/documentated	All		
7	Prepare letters for hospitals with outlying practice following 2017 database survey	JM		
7	Distribute platelet wastage survey	KCo		
7	Circulate survey of transfusion education	JM		
9	Participate in SHOT reactions survey	All		

**South West Regional Transfusion Committee Meeting**  
**Wednesday 15 November 2017 at Oake Manor, nr Taunton**

**APOLOGIES**

<b>Hospital</b>	<b>Name</b>	
Derriford	Wayne	Thomas
GHNHSFT	Robert	Orme
GWH	Edward	Bick
North Devon	David	Veale
Royal Bournemouth	Shane	McCabe
	Julie	Johnson
Royal Cornwall	John	Faulds
	Nicki	Jannaway
RUH	Jerry	Nolan
	Susan	Scott
Torbay	Alistair	Penny



## GLOSSARY OF ABBREVIATIONS

BMS	Biomedical Scientist
CMV (-ve)	Cytomegalovirus (negative)
CSM	Customer Service Manager
DIN	Donor Identification Number
EDN	Electronic Delivery Note
GP	General Practitioner
HTC	Hospital Transfusion Committee
IOCS	Intraoperative Cell Salvage
ISBT	International Society of Blood Transfusion
LIMS	Laboratory Information Management System
MHRA	Medicines and Healthcare Products Regulatory Authority
NBT	North Bristol NHS Trust
NBTC	National Blood Transfusion Committee
NDDH	North Devon District General Hospital
NHSBT	NHS Blood and Transplant
PBM	Patient Blood Management
PHE	Public Health England
RBC	Red Blood Cell
RCHT	Royal Cornwall Hospitals NHS Foundation Trust
RUH	Royal United Hospital, Bath
RTC	Regional Transfusion Committee
SaBTO	Advisory Committee on the Safety of Blood, Tissues and Organs
SHOT	Serious Hazards of Transfusion
SWRTC	South West Regional Transfusion Committee
TLM	Transfusion Laboratory Manager
TP	Transfusion Practitioner
TXA	Tranexamic Acid
UHB	University Hospitals Bristol
WAPI	Wastage as Percentage of Issues