

South East Coast RTC Education Symposium

Ashford Education Centre, Ashford Hospital, Surrey

Wednesday 26 February 2020

UNCONFIRMED Minutes

PRESENT	ROLE	TRUST
Elyne Ababa-Choi		ASPH NHS Foundation Trust
Ancy Abraham		ASPH NHS Foundation Trust
Olga Aguas	Ward Sister	ASPH NHS Foundation Trust
Alex Ayres	Military BMS	Frimley Park
Lynne Balderstone (Presenter)	Deputy Transfusion Practitioner	Maidstone & Tunbridge Wells NHS Trust
Tariq Bhatti (Presenter)	Consultant	ASPH NHS Foundation Trust
Julie Brimble	Paediatric Education Facilitator	East Surrey Hospital
Angela Brown	Deputy Sister	Western Sussex Hospital NHS Trust
Fatts Chowdhury (Presenter)	Consultant Haematologist	Imperial College Healthcare NHS Trust / NHSBT
Carol Cole (Presenter)	Transfusion Practitioner	Berkshire & Surrey Pathology Service
Daniela Davies	BMS	SASH
Anwen Davies (Presenter)	Patient Blood Management Practitioner	NHSBT
William Dennes (Presenter)	Consultant	Imperial College Healthcare NHS Trust
Helen Dunt	Sister	SASH
Matthew Evans	Military BMS	Frimley Park
Oliver Feest	BMS	Western Sussex Hospital NHS Trust
Lisa Gibb	Risk Manager	London Ambulance Service
Ruth Harper	BMS	Frimley Park
Laura Humber	Transfusion Practitioner	Brighton & Sussex Uni NHS Hospital FT
Kamal Khoobarry	Consultant Paediatrician	Surrey & Sussex NHS Trust
Jekaterina Kirienko	BMS	Brighton & Sussex Uni NHS Hospital FT
Nelson Johnson	Blood Transfusion site lead	ASPH NHS Foundation Trust
Karen Knight	Specialist BMS	Western Sussex Hospital NHS Trust
Keith Kolsteren	Transfusion Practitioner	East Kent Uni FT
Kausar Iqbal		ASPH NHS Foundation Trust
Jo Lawrence	Transfusion Practitioner	Berkshire & Surrey Pathology Service
Elizabeth Lovibond	Staff Nurse	Western Sussex Hospital NHS Trust
Niamh Lyons	Staff Nurse	Western Sussex Hospital NHS Trust
Maria Manuyag	Theatre Practitioner	ASPH NHS Foundation Trust
Andre Meireles	Specialist BMS	Western Sussex Hospital NHS Trust
Jennifer Mendoza	Specialist BMS	South West London Pathology
Clare Morfoot	Neonatal Practice Educator	Brighton & Sussex Uni NHS Hospital FT
Helen Nebakka	BMS	Epsom & St Hillier NHS Trust
Helen New (Presenter)	Consultant in Paediatric Transfusion Medicine	NHSBT
Charlotte Newman	Transfusion Practitioner	Dartford & Gravesham NHS Trust
Michael Nicholls	BMS	Frimley Park
Anne-Marie O'Brien	Midwife	Western Sussex Hospital NHS Trust
Ruth O'Donnell	Transfusion Practitioner	Western Sussex Hospital NHS Trust
Spandana Pakalapati		ASPH NHS Foundation Trust
Ellen Parker	Ward Manager	SASH
Sarah Peters	Sister	SASH
Caroline Pocknall	Consultant Anaesthetist	ASPH NHS Foundation Trust

Nora Quinquini	Specialist BMS	South West London Pathology
Sandra Reid	Staff Nurse	Western Sussex Hospital NHS Trust
Sally Richardson	Transfusion Practitioner	East Surrey Hospital NHS Trust
Hilary Sparkes	Sister	Western Sussex Hospital NHS Trust
Katie Stone	Asst Transfusion Practitioner	Western Sussex Hospital NHS Trust
Zsofia Takats	Transfusion Practitioner	ASPH NHS Foundation Trust
Xiaohui Tang	Lead BMS	BHR NHS Trust
Elizabeth Tatam	Transfusion Practitioner	SASH
Clara Teixeira		ASPH NHS Foundation Trust
Sriram Thillainayagam (Presenter)	Consultant in Emergency Medicine	ASPH NHS Foundation Trust
Louisa Uwins	Paediatric Oncology Nurse Specialist	SASH
Jeyakumar Visuvanathan (Presenter)	Blood Transfusion Site Lead	ASPH NHS Foundation Trust
Howard Wakeling (RTC Chair)	Consultant Anaesthetist	Western Sussex Hospital NHS Trust
Richard Whitmore	Customer Services Manager	NHSBT

Trials in Transfusion... From Uterus to University

1000 Welcome & Scene Setting

Howard Wakeling, Regional Transfusion Committee (RTC) Chair, and Consultant Anaesthetist, Western Sussex Hospital NHS Trust, welcomed everyone to the Ashford Education Centre, Surrey and outlined the plans for the day.

Minutes of Previous Meeting (October 4 2019)

These were approved as being a true record, and would be made available on the JPAC website. All action points had been completed.

Regional Transfusion Committee (RTC) Business

National Blood Transfusion Committee – the next NBTC was Monday 30 March, 2020

RTC Budget – there were no changes to this year's budget

Update from NHSBT

Richard Whitmore, Customer Services Manager provided the following bullet points:

- The next Customer Satisfaction Survey will be sent out soon
 - Please take time to complete this, as your feedback enables us to improve performance and customer satisfaction.
- NHSBT is about to Upgrade its Telephone infrastructure
 - Some numbers may be unavailable for a very short period but contingency numbers can be found on the webpage.
- As **all UK donations are tested for HEV**, this option has now been removed from OBOS.

- NHSBT is updating Despatch Notes for deliveries on 30/3/20
 - The new layout will better enable visibility of the cold chain and there is a [visual guide](#) available to assist Labs with this.

Hospital Updates

Darent Valley (part of North Kent Pathology Services)

- We are due to have an ISO surveillance visit at the beginning of March. The lab is working hard to prepare for this visit.
- We are also working towards Advanced/Specialist Nurse Prescribers being able to authorise the release of blood components for our patients. This is reflected in the amended Blood Transfusion Policy, that we hope to ratify shortly.
- We have teamed up with the NICU and Chemotherapy Suite to arrange Lab/Ward visits. The aim of this is inter-departmental dialogue between staff that rarely have the opportunity to visit other departments and to encourage hospital wide co-operation.

East Sussex Healthcare Trust

- The new ICP will now be developed through a Quality and Improvement Project that should start to take place in March.
- Three pre- assessment pathways, Minor, Major and Urgent have now been developed for IV iron.

Maidstone and Tunbridge Wells

- First phase (new kiosks for fridge lockdown) of the Blood360 project went live on the 19 November 2019. After some teething problems, looking at starting rollout of the 2nd phase (handheld equipment for the wards) from March.
- Will be going live with cffDNA very soon.
- Electronic Issue project: still ironing out final wrinkles with a few clinical areas but hoping to go live soon.

Surrey and Sussex Healthcare Trust

- Patient Blood Management strategies continue.
- Obstetric policy approved including testing for IDA at antenatal booking and pathway for IDA during pregnancy.
- Dedicated IV iron service for the Trust awaiting approval.

2020 projects include:

- addition of O positive units to emergency blood provision.
- non-medical authorisers of blood.

Western Sussex Hospitals NHS Foundation Trust

- The TPs have secured a session to speak to all HCPs on their annual clinical update about “safe blood sampling” with the aim of using a peer led approach to highlight poor sampling practice and reduce the occurrence of Wrong Blood in Tube incidents.
- One of our TP team has started a pre-operative IV Iron clinic, working closely with a Consultant Anaesthetist. She is hoping to expand the clinic to a wider range of disciplines.

East Kent Hospital University Foundation Trust (EKHFT)

- Windows 10 update for Apex, new patient-admin upgrade now complete.
- Returning to printed labels for samples, excluding transfusion.

PRESENTATIONS – Key Points and Summaries

Regional Clinical Audit Results – NICE QS138

Anwen Davies Patient Blood Management Practitioner

- The nationally accessible gap analysis tool developed by the SEC TP group in collaboration with NHSBT continues to be used, with two audit cycles performed in 2019 in May and November.
- Over 1300 patients have now been audited over 4 Audit cycles, with participation from an impressive 13 SEC sites.
- Bi-annual regional audits measure compliance to the four high-priority quality statements.
- The latest regional figures from November 2019 were shared with the hospitals, with data showing a regional strength in the use of Tranexamic acid for moderate blood loss surgery and re-assessment after red cell transfusion.
- An increased regional focus on addressing iron deficiency pre-surgery and informed consent in transfusion would be beneficial.

Implementing a new Paediatric Transfusion Policy across 5 Hospital Sites

Carol Cole Transfusion Practitioner, Berkshire & Surrey Pathology Services

- New policy developed specifically for paediatric and neonatal blood transfusion
 - Adaptation of existing adult policy, with the addition of specific BSH guidelines
 - Collaboration between laboratory, neonatal and paediatric colleagues
 - Consultation across all 5 sites at paediatric and patient blood management committees
 - Targeted training with key stakeholders
- Challenges include:
 - Ensuring it meets the needs of neonatal and paediatric transfusion
 - Getting everyone on board
 - Always a challenge to introduce a new policy
 - Another policy to update across 5 acute sites!
- Benefits include:
 - Specifically targeted to meet the needs of paediatric transfusion
 - Raised awareness around the complexities of neonatal & paediatric transfusions
 - Improvements in communication streams
 - Reduction in incidents around lack of knowledge

Fetal Anaemia & Intrauterine Transfusion Mr William Dennes, Consultant Obstetrician, Specialist in Fetal Medicine, Imperial College Healthcare NHS Trust

Fetal Anaemia Clinical Presentation:

- Immune and non-immune Fetal hydrops
- Abnormal fluid collection seen in two different fetal compartments
- Immune Fetal Hydrops:
 - Result of circulating maternal antibodies against fetal red cell antigens (red cell isoimmunisation), typically anti-D, anti-C, anti-Kell, anti-E
 - Assessment can include measurement of antibody titre, fetal haemoglobin concentration and Middle Cerebral Artery assessment (MCA).
 - Management involves Fetal Blood sampling/Intra-uterine Transfusion

- Non-immune Fetal Hydrops:
 - Causes include structural abnormalities (e.g. cardiac, pulmonary); chromosomal abnormalities; genetic syndromes; haematological disorders; infection; MCDA Twins.
 - Investigation may include testing maternal blood for blood group, kleihauer, antibody status, full blood count, electrophoresis, a viral screen. An ultrasound scan via a tertiary referral and karyotyping may be offered.
 - Management will depend on aetiology

Anaemia and Paediatrics

Dr Fatts Chowdhury, Consultant Haematologist Transfusion Medicine, Imperial College Healthcare NHS Trust/NHSBT

- Audience participation / interactive session with some cases of paediatric condition, including:
 - a. Clinical features of rare BM failure conditions in children discussed.
 - b. Clinical features of Thalassemia and Sickle Cell disease shown

Paediatric Serious Hazards of Transfusion and Blood Component Selection

Dr Helen New, Consultant in Paediatric Transfusion Medicine, Imperial College Healthcare NHS Trust / NHSBT

- Blood transfusion needs are different in neonates and children. Reasons include:
 - vulnerability/physiological differences, specific blood components and complex administration procedures
- Hospitals should have clear paediatric transfusion guidelines for different patient groups, readily available in all paediatric areas.
- SHOT reports 2008-18: paediatric vs adult:
 - Disproportionately high number of reports following paediatric transfusions compared to adults
 - Approximately two thirds of paediatric reports are errors, which should be preventable
 - Paediatric reports are particularly over represented in three of the error categories: Incorrect blood component transfused, specific requirements not met, avoidable/delayed/or under/over-transfusion
 - Febrile, allergic and hypotensive reactions (FAHR) are approximately a quarter of both paediatric and adult reports
 - TACO is a smaller percentage of paediatric reports
- Reports for neonates and infants are mainly in the 'error' categories
- Key SHOT messages referenced for laboratory and clinical staff
- PlaNeT 2 study:
 - Among preterm infants with severe thrombocytopenia, use of a platelet count threshold for prophylactic platelet transfusion of $50 \times 10^9/L$ resulted in a higher rate of mortality or major bleeding compared to a restrictive threshold of $<25 \times 10^9/L$ in the subsequent 28 days.
 - Reducing the transfusion trigger from $<50 \times 10^9/L$ to $<25 \times 10^9/L$ may prevent death or major bleeding in 7 out of 100 preterm neonates with severe thrombocytopenia.

Challenges of Matching Units in the Laboratory and Tooting

Jeyakumar Visuvanathan, Blood Transfusion Site Lead, Berkshire & Surrey Pathology Services

- **Overview of components and services provided by the Transfusion Laboratory, including:**
 - Neonatal and Paediatric sampling requirements
 - Neonatal and Paediatric component requirements
 - Sourcing of blood components and transportation logistics
 - The importance of good communication between laboratory and clinical areas, including urgency, information on shared care and/or existing conditions, the need for any specific blood requirements and availability/turnaround times for blood component provision

Case Studies

Paediatric Thalassaemia

Dr Tariq Bhatti, Consultant Paediatrician (Specialist Lead), Ashford St Peter's NHS Trust

- Transfusion of patients on a regular basis is a big undertaking, it takes lot of planning to support smooth delivery of the service and improve patient experience.
- This greatly depends on two departments working together and if things go wrong should have a forum to share learnings from the untoward events

A Case of Menorrhagia

Lynne Balderstone, Deputy Transfusion Practitioner, Maidstone and Tunbridge Wells NHS Trust

- Investigation of a patient with recurrent presentation of tiredness, heavy periods, low haemoglobin, low mean cell volume and low ferritin

Paediatric Massive Haemorrhage

Dr Sriram Thillainayagam, Consultant in Emergency Medicine, Ashford St Peter's NHS Trust

- Case study highlighting the importance of communication, a swift diagnosis and response to a massive haemorrhage in an unusual presentation

Future Events:

October 2020 – joint event South East Coast and South Central RTCs
(date and venue to be agreed)

Everyone was asked to complete the online survey to receive a certificate of attendance.
The event had been accredited by Royal College of Anaesthetists for 4.5 CPD credits.

For copies of some of the presentations please follow this link [JPAC website – RTC SEC page](#). for any other information please contact frances.moll@nhsbt.nhs.uk. Other presentations from the conference may be made available with permission from the speakers.