EAST OF ENGLAND REGIONAL TRANSFUSION TEAM
Minutes of the meeting held on 26 January 2023, vis Microsoft Teams
14:00pm -15:30pm

Attendance:

Name	Organisation	Name	Organisation
Dora Foukaneli **DF**	Consultant Haematologist, CUH / NHSBT	Lynda Menadue **LM**	RTC Chair and HTC Chair - Peterborough
Frances Sear **FS**	PBMP, NHSBT	Suzanne Docherty **SD**	Consultant Haematologist, Norfolk & Norwich Hospital
Joanne Hoyle **JH**	TP, West Suffolk	Julie Jackson **JJ**	TP, James Paget Hospital
Clare Neal **CN** *Minutes*	RTC Administrator, NHSBT		

Apologies: Stephen Wilson **SW**, Katherine Philpott **KP**, Isabell Lentell **IL**, Mohammed Rashid **MR**, Lisa Cooke **LC**, Michaela Lewin **ML**, Louise Meaney **LME**

1. **Welcome LM** welcomed everyone to the meeting. Introductions were made.

2. **Minutes of last meeting:** The previous minutes were from June 2022. Previous minutes were agreed. Please advise **CN** of any amendments.

Actions from previous meeting

	Detail	Outcome
1	Ask TP and TADG Groups to ask for RTT Membership	**Asked Groups**
2	Subjects for Education – TP / TADG Joint Agenda	**Taken to TP / TADG and discussed in RTC**
3	Concessionary Release SOP to DF	**Completed**
4	Circulate **FS** presentation from RTC for comments	**Completed**
5	Share business case	**Completed**
6	Ask London region about passports	**Completed**
7	Trauma Network presentation for future RTC	**Add to 2023 RTC Meeting**
8	Major Haemorrhage Guidelines	**Ongoing**

3. **RTC Business**
   - **Major Haemorrhage Guidelines**
     JH hopefully we will be looking at this in more detail. **LM** I think we need to put together a plan for the year. **SD** there is a new BSH guideline. Nova 7 is not in it yet but the nova 7 has just had a change to its SPC licence. **LM** have we updated the regional guideline? **FS** at the June meeting we discussed that maybe **LM / SW** would look at these and do a gap analysis with the current one and the guidelines. We thought maybe a working group could come together to work on these. We need to be mindful of working with the East of England Trauma Network. It got complicated in the past as everything had to go through the Trauma Network. They had a different algorithm. How do we want to proceed this time? **LM** trauma is slightly different though. **FS** the old one got quite complicated. We had one for the trauma network patients and then we had a generic one and they put on the side a different part for different pathways, for example obstetrics, trauma. Feedback from everyone using it is they want something straightforward. It may be worth having a group to look at that. **JJ** focusing on the national guidelines for component use in major haemorrhage is better as it is all included in that. I do

know that we are going to have to leave using the regional guidelines if they are not done in the next couple of months because they no longer meet national guidelines. I have got a pre-hospital ED Consultant who is following the national guidelines and he is encouraging his team to do the same. This means he is working out of our Trust guidelines. **LM** asked **SD** her thoughts. **SD** I think obstetrics is slightly different. We have brough fibrinogen concentrate earlier into our obstetric guidelines at Norfolk & Norwich, stepping slightly outside the national and BSH guidelines. We are auditing to see how that goes. I think using the BSH / national guidelines is fine. I think the national guidelines have been brought more into line with trauma. **LM** do we need anything else in the region or do we just promote the national guidelines? **FS** we had this query a couple of days ago in another region. Another region has moved away from regional guidelines and are just using the national one. I think the reason for the regional one was to make it more visual. It is your decision. If you want to make the national one more visual that is fine. **LM** it does seem slightly odd having a regional one unless we are slightly different because of our geography. **FS** it was mainly because of the trauma network. **LM** I think we need to use the national guidelines but I think as an RTC we need to look at some audits from our region to look at how we are doing as a region. I am assuming the guidelines have been discussed with the National Trauma Network. It could be looked at the June RTC. We could easily fill the RTC and the education event after. **CN** we were looking at having the June meeting as a business meeting in the morning and a regional education event in the afternoon rather than having the RTT. **LM** so it could be regional education on Major Haemorrhage. JH we are happy to follow the national guidelines. We do use the regional guidelines all over the hospital. It is so visual. Having something like that would be beneficial. **FS** Tracy Johnson is putting together a major haemorrhage toolkit for the Hospital & Sciences Website. I will find out if these visual flowcharts will be part of that. **LM** we could invite her to the meeting. **FS** you can always invite the Trauma Network. **JJ** the national flowchart is terrible. The regional flowchart is so much better as it is more visual. **FS** that flowchart came from Addenbrooke's Hospital. **JJ** feedback has been that people do not want separate flowcharts. **LM** we are currently getting the same.

CN business meeting would be 10:00am-12:30pm, education session would be 13:30pm – 16:00pm. Venue would depend on where is available. We would need to consider having some sponsorship from reps, we would need to think about who would be good to fit in with the meetings.

LM the fibrinogen concentrate. My pre-hospital colleague is talking about a freeze-dried plasma, fresh frozen plasma concentrate. **SD** fibrinogen concentrate replaces cryoprecipitate essentially. **LM** is there a separate one that does plasma freeze dried? **SD** it is used quite a lot in pre-hospital trauma. The helicopter crew quite often carry it. There are trials in London along with whole blood trials. **LM** my colleague wants to bring that into our trauma unit because it's difficult to have FFP pre defrosted in a trauma unit rather than a trauma centre. He has made some very good points about it. Hinchingbrooke Hospital has a water bath rather than a microwave for their FFP defrosting. If we are looking at having a microwave, could we have them come to an education event as a sponsor. **SD** I have not heard of any other centres using freeze dried on site. I am aware of it being used outside of hospitals. You may find yourself as a standalone if that's what you are going to do. Where you have got trauma centres, you have liquid FFP ready in the fridge which has a life of 7 days. **LM** we are a trauma unit. We have people that bleed a lot but not the major trauma patients. We don't have the money and the backup to keep FFP liquid. **FS** the ambulances have moved to using fresh frozen plasma instead of the freeze dried. It might be worth talking to Luton as they were having a very similar issue. I can send you the lab manager's email. **JH** are microwaves much quicker as West Suffolk Hospital uses water baths? **SD** Norfolk & Norwich uses water baths too. **JH** we don't use liquid FFP. **SD** neither do we as we are not a trauma centre yet. I know Addenbrooke's Hospital uses it. **FS** I think there is a time difference in some of the water baths. I think this was the problem at Luton that one was half an hour defrost and the other was 15 minutes defrost. **LM** asked what water baths Norfolk & Norwich have. **SD** we have big water baths that can defrost 4 at once. They take about 30 minutes. **LM** we can only do one at a time and it takes 30 minutes to defrost each one. It takes

two hours to get 4 units. **JJ** James Paget which is considerably smaller has 2 water baths that will thaw out 4 at a time. I think you have a good case to upgrade. One of the arguments for our upgrade was infection control. I just know that it is in the lab, it's safer and sealed and is safer from a micro point of view. **SD** we do have two as well and recently upgraded them. We often have two or three major haemorrhages running at once so we need the capacity. **LM** Hinchingbrooke will only have obstetric major haemorrhages. They run a normal size obstetric unit; it is not a big one like Peterborough City hospital. They consider themselves quite as they don't have a big A&E. Most of their surgical wards have been made into elective orthopaedics. At Peterborough we have two microwaves and it does its job and we never have an issue. I will push forward with that where it needs to go.

- **Amber Alert**
  FS this was discussed at the extra RTC in December which focused on Amber Alert. We were going to ask people to present at the June meeting. **LM** we could concentrate on Amber Alert in June and then look at Major Haemorrhage in October. **FS** there is a lot of work going on in the background regarding amber alert trying to get feedback and information. June would be ideal. The problem we have is that we are finding hospitals are so busy and labs are so short. We aren't getting the same amount of feedback. **CN** I am just looking at the minutes. You were discussing looking at lesson learned from hospitals and providing information to display around the room in poster form to share hospitals experiences / lessons learned / good practice. There was also discussion around one unit transfusion. There was also discussion on one unit transfusion – lab and clinical perspective. **LM** that would fit in well to an education afternoon - cell saver, iron and one unit transfusion. We could have posters up around the room. Then we can have someone give a presentation on 'how cell saver worked during the amber alert' Major haemorrhage could be in October to allow more time for the toolkit. **FS** I have just had feedback from Tracy and there is no date when funding will be available for the toolkit. **CN** advised of a possible rep who could come to the June meeting (Pennine Healthcare re: HaemoClear). **CN** will contact them to advise of date. **JJ** asked if it would be possible to have a couple of companies attend. **FS** it is allowed however some companies ask to be the only sponsor. We just need to allow them the time according to the sponsorship they are providing. **LM** iron is another option. We could have ferrinject and cell salvage. They could both do a presentation. **FS** as long as the time allows on the agenda. **LM** the morning can be a business meeting. **CN** timings are flexible. **DF** joined the meeting. **LM** recapped on what has been discussed so far.
- **FS** asked **DF** if Addenbrooke's Hospital are updating. **DF** advised this would be done in line with the regional one. **DF** asked whether they were produced at media studio. **FS** confirmed **FS** / **CN** have access to a word copy. **DF** is concerned that the new guidelines move away from a recipe which could be vague. **LM** I do agree. I would like a presentation of some audits. I have some junior doctors auditing. We don't stick to the component ratios so if we start making it woollier then people just keep giving lots of red and no yellow. I agree that some sort of numbers need to be on there. **DF** the guidelines is not a place for reflection. It needs to be specific. **DF** asked **LM** if they do washing of swabs. **LM** yes, the cell saver was changed. Two months before the amber alert it was pushed again. There are now 6 staff trained on the cell saver and one of the first things introduced was washing the swabs. **JJ** Ali from Norfolk & Norwich put a TP query through asking if we would share cell salvage leads ODP wise with her leads. They wanted to get a ODP cell saver group. Is it worth looking at for this day? **LM** I think it's a great idea. It would also be a great opportunity to find out what others are doing as we currently have a rule that they have to do a give back of blood, so a spin and return under the supervision of the rep before they are signed off. That is causing havoc. **JJ** the rep comes and shows them, we have super users who then do the training. They sign them off. **LM** we don't have enough to have super users. Any support for them would be good. **JJ** I can ask how many responses Ali has had. We can also send out to the RTC. **LM** asked to **CN** to add to the RTC agenda in the morning. **LM** asked of the lead for cell salvage good attend the RTC education event. **DF** Tamsin Poole represents anaesthesia in Addenbrooke's HTC and is the lead Anaesthetist at the Rosie. She has a lot of passion for cell savers. I feel we should bring Tamsin into these conversations. **LM** we could invite Tamsin to this afternoon, maybe to tell us her story. **DF** I think bringing Tamsin closer to the RTC would be a good idea.
- **Action Plan**

FS we do have an action plan which needs updating. **DF** it is split into sections. It helps to keep track of what we are doing.

- **Future Blood Shortages**
  DF would like to have something in place for the region for communication, training, information dissemination in order to bring the region together especially if needed if there were any future blood shortages. We need to have a plan about what are we going to do? This could be due to alerts, strikes etc. **FS** do we need to have a section on the action plan or have a regional plan? **DF** I think a regional framework, to include meetings. These could start with the smaller hospital liaison meetings and when to call larger RTC meetings. **FS** if we can put ideas together from this group, we can put it together and then ratify it at a future RTC. **LM** if we can email RTT, put together and then present at RTC in June. **FS** if everyone can send ideas. **FS / CN** will collate the information. **LM** we can ask others whether they want to do more or less, for example, last time there were weekly meetings.
- **Advertising the work of the region**
  FS it has been noted that we do some amazing work within the region, however, we do not necessarily share it outside of the region. We could put in posters to BBTS and SHOT of the good work we do. It should be coming from the RTC. Can we take some of this forward. The TP Group are doing some great work on audits. This should be on the action plan. **DF** BBTS run a big event over 2-3 days and also provide training on a regular basis. It is the structured meeting or society for blood transfusion in the UK. **LM** is it a national meeting? **DF** yes it is. BBTS is one thing but even describing what we are doing in a letter or case study would be good. **FS** Bloodlines, the journals. We can write what we have done including projects and audits. **DF** Transfusion Medicine is another one. We can put something together to look at 10 years of experience in the East of England. **FS** the WBIT and benchmarking audits would be good to promote as no other region are doing benchmarking audits. **LM** are these journals pub-medical? **DF** the transfusion one is pub-medical. I am not sure if bloodlines are. I would rather aim for a pub-medical journal publication. I think publicising about the audit within the region, we were one of the first regions to bring the massive haemorrhage protocols and mums, babies and blood education event. The toolkits we published are now being repeated and copied by others. **LM** is there an appetite to write these things. **DF** we have to. I have been asked to do a presentation. What impact does what we do have an impact within the region? How can we measure the impact of what we are doing? **JJ** I think we can put something together with the TP Group on the benchmarking audits. The aim is to be used to improve practise. **DF** do we have a reduction in incidents? **JJ** I am not sure but we are going to start building it up again. **FS** there was an impact. I am not sure you can compare before and after COVID. **JJ** we can say we saw an impact prior to COVID. We are going to start a O Negative benchmarking audit. **FS** I think that would be really useful. **JJ** it's not like the NCA audits where you get all the recommendations for actions. This is to allow you some tools to actually persuade your own Trust to make changes. There will be TPs in the region who can demonstrate that they have implemented changes as a result of the audit, for example, blood tracking. We can put it on our next agenda. I think if we have a brainstorm and discuss at the next TP meeting. It may take 6-9 months to put together. **FS** there are lots of other groups, not just BBTS. **JJ** you have IBTS too. **LM** if we can feedback at the next RTC/RTT or the October meeting as to how far you have got with it.

4. Education Working Group

- The next meeting will be held on 22nd February 2023.

5. Any Other Business

- **Terms of Reference**
  FS these need reviewing. We have put some draft ones together which need approving by the group. We used the NBTC ones a guide but have added some local terms of reference too. We will circulate them round to the group to review.
- **LM** I wonder if we should consider a more formal regional audit on cell saver. **FS** a survey went out recently. I can ask for the results to see what that covered. **LM** I would like that information. **DF** I don't think anyone has managed to complete an audit on this. **JJ** I know Ali has had a lot of

discussions with ODP's so may be good for them to do. It would only work if there were enough people to join. There is a cell salvage audit every 3 years at James Paget. I don't get involved as it is completed by the cell salvage lead.

LM thanked everyone for attending the meeting and for their continued input to the group.

Date and Time of Next Meeting: June Meeting to be confirmed. The planned RTT will be moved to accommodate the education event in the afternoon.

Actions:

	Detail	Responsibility	Due
1	Major Haemorrhage Guidelines Contact Tracy to check about toolkit and flowcharts	 **FS**	**June RTC** **FS** I've discussed with TJ. No plans yet on algorithm, but she is happy to work with us and SW region are also going to link in so possibility to jointly update or produce a visual algorithm like the existing one but with the current BSH guidance.
2	Future RTC Meetings June RTC – Focus on Amber Alert. • Ask HTC to provide a feedback poster on Amber Alert. • Have a couple of presentations on cell saver, iron and one unit transfusion. • Morning agenda. Add feedback / discussion on cell saver support group. October RTC – Focus on Massive Haemorrhage.	 **CN to book a venue and look at sponsorship** **JJ to ask Ali how many responses she had to TP query.**	
3	Send Luton Lab Managers Details to **LM**	**FS**	**ASAP**
4	Action Plan	**CN / FS update**	
5	Framework – what to do during blood shortages	**CN to email RTT for ideas** **Add to a framework to be agreed by RTT** **Take to next RTC**	
6	Promoting work of East of England – BBTS, SHOT, Bloodlines, Transfusion Medicine		