

EAST OF ENGLAND REGIONAL TRANSFUSION COMMITTEE

Minutes of the meeting held on Thursday 22nd June 2023 at The Bull Hotel, Peterborough, 10:00am – 15:45pm

In Attendance:

Name	Role	Hospital
Lynda Menadue LM	RTC Chair / HTC Chair	North West Anglia – Hinchingsbrooke and Peterborough
Dora Foukaneli DF	Consultant Haematologist	NHSBT / Addenbrooke's
Frances Sear FS	PBMP	NHSBT
Joanne Hoyle JH	TP / TP Group Chair	West Suffolk
Mohammed Rashid MR	Customer Services Manager	NHSBT
Katherine Philpott KP	TLM / TADG Chair	Addenbrooke's
Suzanne Docherty SD	Consultant Haematologist	Norfolk and Norwich
Helen Dakers Black HDB	TP	Addenbrooke's
Isabel Lentell IL	Consultant Haematologist	West Suffolk
Emily Rich ER	TP	North West Anglia – Hinchingsbrooke and Peterborough
Caroline Lowe CL	TP	Milton Keynes
Harriet Madiyiko HM	TLM	West Suffolk
Frank Baiden FB	TLM	Queen Elizabeth KL
Danielle Fisher DFi	TP	Luton & Dunstable
Carol Harvey CH	EPA Network / TLM	NNUH / QEH / JPaget
Martin Muir MM	TLM	Royal Papworth
Michaela Lewin ML	TP	Royal Papworth
Julie Edmonds JE	TP	Lister
Tracey O'Connor TOC	Clinical Lead	Circle Healthcare Group – West Suffolk
Stephen Wilson SW	HTC Chair	Norfolk & Norwich
Rebecca Smith RSm	TP	ESNEFT - Ipswich
Sebastian Ignacak SI	TP	ESNEFT - Colchester
Eleanor Byworth EB	Compliance Manager	ESNEFT - Ipswich
Georgie Kamaras GK	HTC Chair	Luton & Dunstable
Louise Meaney LME	TLM	Southend
Trisha McClure TMcC		Nuffield Health
Clare Neal CN (Minutes)	RTC Administrator	NHSBT

Apologies: Natalie Outten, Donna Beckford Smith, Sheila Needham, Tina Parker, Cathryn McGuinness, Kaye Bowen, Gilda Bass, Stephen Cole, Julie Jackson, Gerald Glancey, Shabana Tufail, Allan Morrison, Sewa Joacquim-Runchi, Tom Bull

- 1. Welcome – Introductions, Apologies, Previous Minutes:** **LM** welcomed everyone to the meeting. Introductions were made. Minutes agreed – any further amendments to be sent to **CN**.

Actions from Previous Meeting

No	Action	Responsibility
1	Amber Alert Lessons Learnt	Today's meeting
	One Unit Transfusion Lab and Clinical Perspective	Discuss at RTT
2	WBIT	JJ to present WBIT data October RTC Meeting
3	Major Haemorrhage Packs	Small Working Group Meeting September 2023 Take to October RTC Meeting

2. Regional Updates

- **FS** presentation attached. Please advise **FS / CN** of any updates / changes for the regional pages of the website.
- **TP Group – JH** update.
 - TP meeting took place in April 2023.
 - Audit on bedside practice has taken place. There will be a regional 2 yearly programme for audits to include O Negative, FFP.
 - WBIT is ongoing for the region. Other regions are looking at using this tool too.
 - Human Factors session has taken place.
 - SHOT Case study session took place to look at feedback reports and expectations.
 - A face-to-face meeting is planned for July 2023 to focus on training and expectations.
 - One of the issues raised at the national meeting is that some hospitals are changing the name of the Hospital Transfusion Committee. It has also been discussed that there has been a high turnover of TLMs / TPs both regionally and nationally. **KP** asked what people are calling HTCs. **JE** we have been advised that we are not a committee, we are a meeting. It is wrong to call it a HTC as a committee is held by board members. **SW** it is wrong to change the name. **LM** we don't want to dilute the meaning of the meeting. **ML** we had it years ago but we said no to a change. **DF** we used to use the board tool but that changed. This became a risk as we became dysfunctional. **LM** this is what happened to us. **DF** it is a legal requirement to have these meetings. **SW** should it come from this meeting that this is how it works nationally? **FS** NBTC is reviewing its documents, hopefully from this there will be a reporting structure. **MM** asked **JE** if they have a quality group it can be escalated to. **LM** suggested going to the Medical Director. **SW** changing the name will dilute the committee. **Action:** Look what is stated on JPAC website under NBTC.
- **TADG Update**
 - **KP** presentation attached.
 - Major Haemorrhage Protocol Meeting taking place in September 2023. Feedback will be taken to RTC Meeting October 2023. **DF** do we need a separate one for Obstetrics? **IL** if you look at the protocols, it would be better to put forward suggestions rather than recommendations. If there is a separate protocol it may be confusing. We may just use it for training. **LM** at Peterborough we are trying to combine policies as separate ones can be confusing. As a Trust we need just one Major Haemorrhage Protocol. **SD** at NNUH we have one protocol. We have fibrinogen concentrate and we are continuing with that for one year. We are a big centre. **LM** we would love to have that fed back at RTC. **Action:** add to RTC agenda – October 2023 or 2024. **CH** there is a national trial for TEG and Rotem. Patients will be given fibrinogen Concentrate. **CL** we have put our names forward. **CH** Kings Lynn have possibly applied. **RS** we are waiting to hear if we can join or not. **JE** we are using TEG. They have used it in obstetric bleeds but we had it for vascular. **LM** there is a push nationally to use it.
 - **MR** NHSBT issues blood as it is ordered. There can be a build up of Kell Negative, some could be Kell Positive so please only order if required.

3. NHSBT Update

- **MR** Presentation attached.
- **DF** the Hepatitis B testing is an important safety step.
- **KP** our granulocytes could expire due to delivery times. **DF** these are transfused to sick patients where reactions could occur.

4. HTC Updates

- Presentation attached of HTC Feedback. *Please note the following bullet points are comments from the slides.*
- **West Suffolk Hospital**

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- *We would like to add for national/regional and NHSBT guidance when there are changes it would be good to have a summary of what has changed in a document.* **FS** we can ensure we do this for any regional guidelines we change. **DF** sometimes BSH have a guideline of what is changed. We can feed this back. **KP** we have had some documents changed recently where we have had no clear idea of what the changes are. **LM** we need an 'Executive Summary'. **CL** we have to put a summary of changes to SOPs. **MR** will look at this and feedback.
- **East North Herts – Lister**
 - *Use of ICE requesting (but now find they print off the form after taking sample so have to reject them).* **LM** if I am in theatre, the form is not always printed first. **GK** it is the same in the Emergency Department. **IL** we have had an issue previously in theatre where paperwork was outside and could have easily been placed with the wrong patient.
 - *Failsafe officer in maternity who liaises with lab re follow up for ladies with antibodies in pregnancy, anti-D issues and ffDNA testing.* **GK** is this role admin or clinical? **JE** admin role.
 - *Blood product authorisation documentation in place of prescription.* **LM** we have done this. **JE** can we discuss further?
- **LM** there seems to be a lot of themes throughout the feedback including e-learning, PCC, Major Haemorrhage Drills, Blood Tracking – taking blood, giving back and fridges. Generally there was really good engagement during the amber alert.
- **Milton Keynes Hospital**
 - *Local e Learning packages on ESR.* **ER** there is a lot of work to get information onto ESR.
 - **LM** I am impressed you have increased use of IV Iron. We would like to focus on cell salvage. Can you feedback to us your increased use of IV Iron?
 - **CL** There seems to be so many barriers to ffDNA. **ER** we haven't implemented this either. **CL** we are looking at re-doing the business case.
- **Princess Alexandra Hospital – LM** having Major Haemorrhage Simulation Training is great.
- **Queen Elizabeth Hospital, Kings Lynn – LM** it may be worth talking to Kaye Bowen about nurse prescribing rather than the role of the associate physician. **GK** Associate Physicians don't have a registration number so can't prescribe. ,
- **Peterborough Hospital**
 - **LM** we are holding PPH meetings where we look at 5 – 10 cases. **CL** we ask the lab to attend debriefs as everyone can learn a lot from both sides. **IL** we started getting pressure that we should attend a de-brief on the same date but having a quarterly meeting to look at cases that have happened would be manageable.

5. Any Other Business

- **LME** NHS Digital Group have got money available for labs. Bloodtrack was not seen as digital enough. I am not sure if there is anything we can do nationally about this? **ER** we have got Bloodtrack, we just haven't implemented it yet.
- **ER** we were reviewing the NCA results and our report didn't look how it should. Some fields had got muddled. It has now been changed but may be worth you checking your report.

6. Welcome to Afternoon

- **LM** welcomed everyone to the afternoon.

7. Presentation / Discussion 1 – The Amber Alert. What did we all do? Summary of NHSBT, EoE & BSMS Amber Alert Surveys

- **FS** presentation attached.

8. Presentation / Discussion 2 – Cell Salvage – How can we do this?

- **LM** presentation attached.
- **TMcC** attended e-learning last week regarding cell salvage. It was a spectacular presentation. The man who presented runs a committee for people trying to roll out cell salvage. **CL** attended

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this too. South West are using it for everything. It was suggested that cell salvage was going to be put on the anaesthetist curriculum. **LM** it is not on there at the moment. **SW** one of the problems is colleagues learning to do something in a new way. We have 5 machines at Norwich. We often run it with the collecting. **LM** this is what we thought we would do at Hinchingsbrooke Hospital. **DF** we have done so many audits regionally / nationally but not for this. **LM** we could collect a set of data from the region to include who is collecting and giving back. **DF** criteria for patients should be included. **CL** the presentation was by Craig Carroll on PBM Management and was presented by North West RTC. **FS** presentations are usually uploaded to YouTube if the presenter has given permission.

- [Patient Blood Management England - YouTube](#)
- **SW** we do scoliosis surgeries and we use it a lot on those patients. We need to get people into the habit of looking at what surgeries they do and what one cell salvage can be used for. We have a group of ODPs trained. **CL** we have buy in from ODPs / theatre lead and setting up for collection. Leicester hospitals use it regularly.
- **MM** Royal Papworth use it. **ML** this topic has been talked about for a long time.
- **LM** our problem is finding someone who is willing to do it. No-one can be signed off unless they have given back with the trainer present.
- **UK Cell Salvage Action Group Page:-** <https://www.transfusionguidelines.org/transfusion-practice/uk-cell-salvage-action-group>

9. Presentation / Discussion 3 – Cambridge University Hospitals NHS Trust Approach to the Amber Alert

- **Dr Amanda Cox AC** presentation attached.
- **LM** your plans are what the RTC are going to be focusing on this year.
- **JH** how did you manage to sustain changes after the amber alert? **AC** one of the biggest things was communication. We circulate updates and we did thank everyone for their input in this. Our colleagues are very engaging. We try to keep projects small so they are achievable and have short meetings. **DF** you were able to see areas of weakness, areas for improvement and keep the momentum. **LM** you are able to bring a Medical Director perspective. **AC** it is important to support colleagues to move forward with ideas. **KP** the reason it works is due to having Quality Improvement Meetings that take place monthly around the HTC Meetings which take place every 3 months. There isn't a gap. **LM** How do monthly meetings work? **AC** not everyone has live projects so don't attend every HTC. There is a lot of crossovers between groups. We suggest that there is a representative from every division at HTC. The Quality Improvement Meetings take place on the months there isn't a HTC. Colleagues feel they are attending the 'doing group'. **SW** do you feel you get better engagement because you are a Deputy Director as you are part of the SMT? **AC** it is a good point. We have seen it in other areas where people have struggled to gain engagement. **LM** it is very interesting. Some points need to go to Trust level rather than clinician level.
- **LM** thanked AC for presenting.

10. Presentation / Discussion 4 – Stock Sharing

- **TMcC** presentation attached.
- **SW** how do you deal with cold chain? **TMcC** NHSBT transport boxes are used. **SW** do the receiving hospitals see you cold chain data? **IL** so you share electronic systems? **TMcC** electronic systems are not shared but the information is available and shared manually.

11. Final Thoughts and Close

- **LM** that is the end of our presentations. Amanda's presentation shows what you can do if your hospital / Trust is on board. We plan to focus on the following over the next year:-
 - Major Haemorrhage Protocols Meeting September
 - Present feedback at RTC in October 2023
 - January 2024 RTC – look at other Haematology Issues / Skills & Drills
 - May and September 2024 RTC – look at PBM, Cell Savers, Data, IV Iron

Date of Next Meeting:

- 05 October 2023 – Huntingdon
- 2024 dates to be agreed and circulated

LM thank you for attending.

Actions:

No	Action	Responsibility	Status/due date
1	Look at JPAC Website under NBTC to see what HTC are referred to as.	LM / CN /FS	Feedback at next RTC
2	Use of Fibrinogen Concentrate	SD / NNUH	RTC – October or 2024
3	Increased use of IV Iron	CL / Milton Keynes	RTC
4	Summary to go with any documents that are changed to make it easier to know exactly what changes are made	MR	ASAP