East of England Regional Transfusion Committee

EAST OF ENGLAND REGIONAL TRANSFUSION TEAM

Minutes of the meeting held on 25 May 2023, vis Microsoft Teams
12:00pm – 13:30pm

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
Louise Meaney **LME**	Principle Scientist, Pathology First, Basildon & Southend	Julie Jackson **JJ**	TP, James Paget Hospital
Stephen Wilson **SW**	HTC Chair, Norfolk & Norwich	Clare Neal **CN** *Minutes*	RTC Administrator, NHSBT
Michaela Lewin **ML**	TP, Royal Papworth Hospital		

Apologies: Katherine Philpott **KP**, Isabell Lentell **IL**, Mohammed Rashid **MR**, Lisa Cooke **LC**, Joanne Hoyle **JH**

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

2. **Minutes of last meeting:** The previous minutes were from January 2023. Previous minutes were agreed. Please advise **CN** of any amendments.

Actions from previous meeting

	Detail	Actions
1	Major Haemorrhage Guidelines Contact Tracy to check about toolkit and flowcharts	**June RTC** **FS** I've discussed with TJ. No plans yet on algorithm, but she is happy to work with us and NW 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. **FS** anything that we do I will bring TJ into the loop. Various hospitals are asking for progress. **CN** arranged meeting for September, discussed in more detail during today's meeting.
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.	 **Booked and planned** **CN** no sponsorship available.

	October RTC – Focus on Massive Haemorrhage.	
3	Send Luton Lab Managers Details to **LM**	**FS** I sent these to you. This was about water baths. **LM** please send again.
4	Action Plan	**FS** this is updated and on the new website. Our action plan is being used as an example as to how a region works well. It has been noticed how active our region is and the projects that are planned for the next year.
5	Framework – what to do during blood shortages	**FS** I have some work to so on this. It would be good to show everyone this at the next RTC and we can circulate for comments. This should be finalised after the RTC. We would like to ensure we incorporate details / comments which arise at the meeting.
6	Promoting work of East of England – BBTS, SHOT, Bloodlines, Transfusion Medicine	

3. RTC Business

- **Major Haemorrhage Guidelines**
  - **DF** CUH HTC Chair is looking for movement from this group so we can star the update regionally and allow hospitals to make their own modifications.
  - **DF** Logical to move from 5 units of red cells to 4 units of red cells in each pack.
  - **DF** Addenbrookes wants to link the massive haemorrhage guidelines with activities of the resus team, ensuring the two works together. **LM** are you thinking of including critical care outreach as part of the calls? We have been thinking about this. **DF** in Addenbrooke's there has been two events, one where a lady collapsed in the concourse. It was a haemorrhage post birth. The other was a GI bleed on a COVID ward. **LM** it is getting people to activate massive haemorrhage. **DF** the other challenge we should not expect people to say only the keyword, the password for the activation. There needs to be a dialogue with the lab and they need to have the training to extract this information.
  - **JJ** from a small hospital, we don't have a separate MH team. Our arrest team are taught the MH protocol. The BMS are keyed in to bleeding, blood needs/usage. Switchboard are aware and will put a MH Call out. **LM** do you have units that you put in a box. **JJ** we are so small that it only takes a minute or so to get to lab so we issue 2 units at a time. **LM** Hinchingbrooke Hospital are small but staff tend to only want to take one at a time. **JJ** we don't restrict them taking more, we ask them to consider the bleeding and use experience as to whether they can stop the bleeding quickly. Even if they get two and the situation changes, the lab is so close to collect more. At this point we will issue O Positive if suitable.
  - **ML** I agree with **DF** with training staff to extract information. Some staff members rotate around different hospitals so standardising terminology is key. We have seen an incident where they called for blood packs for critical bleeding but the lab wouldn't release the blood as they had not asked for the 'Code Red Protocol'. There can be inflexibility. Addenbrooke's use different terminology to Royal Papworth.
  - **SW** I feel that nationally we need to get to an agreed phrase. Maybe there needs to be one as a step down for patients who are bleeding a lot but don't need a full haemorrhage pack. I think with movement of medical / other staff having recognised national terminology would be beneficial. **LM** can we start this regionally? **SW** the only downside is other regions may do something different so should it be done nationally.

- **DF** in CUH we have created a stratified approach, particularly for obstetrics, as sometimes they don't need a full haemorrhage pack but need 2 units urgently. We have differentiated massive haemorrhage versus urgent transfusion.
- **LM** we will need to look at national guidelines to put into our regional one but do you think we should emphasise this communication around activating major haemorrhage and make it a priority on our flowchart. We can include urgent transfusion versus major haemorrhage.
- **LME** lab staff shouldn't worry about wastage. I advise the lab on wastage and what is seen as acceptable. There can sometimes be confusion between clinical areas and lab staff because they will say 'I don't want to waste it' so the lab staff need to be given more control. **SW** I agree that more power should be given to lab staff. Clinicians should be able to tell the lab how much the patient is bleeding and the timeframe that the blood is needed by.
- **DF** the landscape across the country varies tremendously. There are clinical staff who are scared of antibodies, they feel that emergency blood is unacceptable. That needs education. Empowerment of the lab needs to come together with education. There are areas that lack a Haematologist Consultant to support the lab. An education event to disseminate cases can enhance understanding. SW empowerment is so important, people are more anxious about making clinical decisions.
- **LM** I have spent a couple of hours in the lab recently to find out exactly what happens, I invited our senior BMS to talk to the anaesthetists to talk about what he does and how he does it. It was very well received. Mums, Babies and Blood is fantastic, do we need something like that which is about major haemorrhage aimed at medics / BMS. **SW** this would be a perfect opportunity to have a table top exercise to go through scenarios so you can learn from other clinical areas experiences. You learn what it is they have to do. **LME** there is 'Dicing with Death' that is used. You don't have a planned scenario. **FS** we did this on a BMS study day. There was a plan for TPs to develop this. **LM** I think it would be good to have all staff groups for it to work. Can we take this to the Education Working Group and this could be discussed at HTCs.
- **DF** we need to go one step back and need to bring our regional algorithm in line with national guidelines. Then we can discuss at the Education Working Group how we can develop education to bring everything together. We need to create a working group to look at the algorithm. **FS** can we get someone to join the working group who would be using the algorithm, such as a Junior Doctor so we can get their perspective? LM I know lots of junior doctors who would love to have something like this on their CV.
- **JJ** suggested having a core group look at the flow chart to then disseminate to HTCs for feedback. You will then have feedback from a wider group of people and different hospitals.
- **JJ** BMS Education done a session on concessionary release for sharing. Some of these sessions are really useful for others, not just BMS staff.
- **JJ** I adapted the dicing with death and presented this at the TP meeting before COVID. I used to use this to teach medical students.
- **LM** what is our timescale for this? **FS** it would be good to get something together to go out to HTCs before the next meeting. **LM** it would be good to take something to the RTC on 5th October 2023. Can we arrange a working group meeting for September? **FS** we did put on the action plan that you wanted the October meeting to focus on Massive Haemorrhage or CAS Alert.
- **JJ** is looking into whether the physical dicing with death game can be put into an online format. **LM** I think it would be good to use it face-to-face at an RTC. **JJ** I am looking at putting the physical items into an online format so you can still use it face-to-face. **LM** I think it would be good to use some set criteria too. **JJ** the dice tells you what the path is you should take; the learning comes from the debrief when you discuss the events and highlighting where communication went wrong. **SW** the other idea is to pre-simulate several scenarios which generates discussion afterwards. We need to set out what we want to achieve and ensure people go away achieving what we set out.

- **FS** who will be in the working group for MH Flowchart. **CN** will invite those present today and current chairs of groups. **CN** to circulate current guideline.

- **Blood Shortages**
  - **FS** framework is being put together and will be taken to June RTC.
  - **DF** a letter was circulated in January from NHSBT in relation to blood shortages. We were asked to embed changes we introduced during blood shortages and make it business as usual and to appreciate the changes introduced as the new era in transfusion. Perhaps this letter was interpreted as the tail end of a difficult event but in fact it is different. We need to establish changes we achieve during the shortage. Some people introduced changes and things went back to normality but it is a call to change.
  - **FS** that would make a really good summary at the end of the education part of the RTC. We need to embed what we have changed, discussed into daily practice. The afternoon of 22nd June RTC will prompt ideas, discussions, new practices and discussions about what we can do. We could put together some information to put under the 'news' section of the website.

- **22nd June 2023 RTC Agenda**
  - **CN** shared planned agenda.
  - **FS** will share summaries from
    - national data
    - blood stocks data
    - impact on East of England
    - what East of England hospitals did
    - regional survey
  - **LM** will present on cell salvage
  - Addenbrooke's will discuss their approach to the amber alert
  - Stock sharing will be discussed. **FS** this is another area of work that will be looked at more moving forward. **LME** has spoken about 'single unit work' within the TADG Group. **FS** there are three things there that will be taken forward and hopefully embedded into practice.
  - **LM** where is the bit about our meeting support? **FS** that will come under my section.
  - **JJ** Dan Broad is one of our HTC Co-Chairs is very keen on cell salvage. He was instrumental in introducing it. We aren't perfect and do still struggle but he is very positive it. **LM** asked **JJ** to introduce Dan Broad to **LM**.

- **Update on Guidelines**
  - **FS** all guidelines are currently being looked at / updated.
  - **JJ / JH** have been looking at BSH Reaction Guidelines. **JJ** has added the changes. The guidelines were shared for everyone to look at. The reason it looks the way it does it because it has been lifted from the national guidelines. **FS** it looks good, I think we just need to look at the colours. Previously it was black and white. **JJ** can put it into the old format. **FS** I wonder if we can do it both ways and then we can compare the two. **FS** we can do this by email. We also just need to confirm with BSH they are happy with it.
  - **FS** the other guidelines sit under the TADG Group. **LME** will be meeting with **KP** to discuss these. They include:- Transfer of Blood, O Negative Top Tips and Shared Care Document.
  - **FS** is looking at 'Toolkits'. **FS** will send the HTC Chair Toolkit to **LM** and the Consultant Haematologist Toolkit to **SD**.
- **Regional Audit**
  - **FS** would we like to do a regional audit? We have had several ideas put forward including cell salvage, FFP and components. The TP Group have a programme of audits. **JJ** the TP Group have completed the bedside audit. NCA are doing one at the end of the year. We looked at adherence to all guidelines. We are benchmarking O Negative. The TP Group will co-ordinate this but will involve the lab staff. We are going to complete an FFP audit at the end of next year. I suggested a regional platelet audit.

FS we can look at the previous audits as we have done this one twice before. **DF** I agree this would be a good audit to complete. This is an area we need to focus on the region. We do well with O Negative and wastage. **FS** shall we take this to the RTC next month to suggest this as an audit? **LM** that sounds good. **FS** we can also discuss with Brian / hospitals when is a good time to start this. I will circulate the old questions so we can start looking at a proforma.

- **JJ** the other area we are looking at within the TP Group is the QS138 Insight Tool. We are going to look at this during quarter 1 next year. This looks at tranexamic acid, treating iron preoperatively, informed consent and assessing after single unit transfusions. **LM** that will sit nicely finishing off our June RTC with a talk on how we take forward our learning from the Amber Alert.
- **JJ** we do the FFP audit as a tri-trust audit. One of the things we looked at is major haemorrhage use, we found we are compliant. Where we are not complaint with FFP is routing prophylaxis. **LM** we have presented similar to our HTC. **JJ** we use so little so we monitor it monthly, we audit 20 over 3 months as some months our usage is so small. The data collection period will need to be longer for smaller hospitals.

4. Education Working Group

- The next meeting will be held on 27 July 2023.

5. Any Other Business

There was no other business.

Date and Time of Next Meeting: 5th October 2023

Actions:

	Detail	Responsibility	Due
1	• Arrange working group meeting for September to discuss regional MH flowchart. Forward current guideline to those attending. • Information from this meeting will be taken to 05 October RTC. • Feedback at HTCs • Take to first meeting of 2024	**CN to arrange date with LM**	**ASAP – CN arranged for 14th September 2023, 11:00am – 12:00 noon.**
2	• Discuss 'Dicing with Death', massive haemorrhage, communication issues at next Education Working Group and how to take forward education in this area. • Table top exercise to take place at 05 October RTC	**CN put on EWG Agenda**	
3	Framework – what to do during blood shortages	**FS**	**FS to take to 22 June 2023 RTC**
4	Send Luton Lab Managers Details to **LM** (re: Water Baths)	**FS**	**ASAP**
5	Introduce **LM** to Dan Broad	**JJ**	**ASAP**
6	Toolkits and Guidelines	**FS** **JJ / JH – BSH Guidelines** **JP / LME – Transfer of Blood, O Neg Top Tips, Shared Care**	**To send Toolkits for review**

7	Platelet Audit	**FS – Look at previous audit. Speak to Brian**	**Raise at June RTC**