

**EAST OF ENGLAND REGIONAL TRANSFUSION COMMITTEE**

Minutes of the meeting held on Thursday 5<sup>th</sup> October 2023 at The George Hotel, Huntingdon, 10:00am – 13:00pm

**In Attendance:**

| <b>Name</b>                    | <b>Role</b>              | <b>Hospital</b>                                      |
|--------------------------------|--------------------------|--|
| Lynda Menadue <b>LM</b>        | RTC Chair / HTC Chair    | North West Anglia – Hinchingsbrooke and Peterborough |
| Frances Sear <b>FS</b>         | PBMP                     | NHSBT  |
| Joanne Hoyle <b>JH</b>         | TP / TP Group Chair      | West Suffolk   |
| Katherine Philpott <b>KP</b>   | TLM / TADG Chair         | Addenbrooke's  |
| Suzanne Docherty <b>SD</b>     | Consultant Haematologist | Norfolk and Norwich                                  |
| Ali Rudd <b>AR</b>             | TP                       | Norfolk & Norwich                                    |
| Isabel Lentell <b>IL</b>       | Consultant Haematologist | West Suffolk   |
| Emily Rich <b>ER</b>           | TP                       | North West Anglia – Hinchingsbrooke and Peterborough |
| Caroline Lowe <b>CL</b>        | TP                       | Milton Keynes  |
| Julie Jackson <b>JJ</b>        | TP / TP Group Chair      | James Paget  |
| Gilda Bass <b>GB</b>           | TP                       | West Suffolk   |
| Te-Ahna Hans <b>TAH</b>        | Senior BMS               | West Suffolk   |
| Claire Sidaway <b>CS</b>       | TP                       | Addenbrooke's  |
| Martin Muir <b>MM</b>          | TLM                      | Royal Papworth                                       |
| Shinsu Kuruvilla <b>SK</b>     | TP                       | Queen Elizabeth Kings Lynn                           |
| Sheila Needham <b>SN</b>       | TP                       | Lister   |
| Ollie Firth <b>OF</b>          | Clinical Fellow          | NHSBT  |
| Stephen Wilson <b>SW</b>       | HTC Chair                | Norfolk & Norwich                                    |
| Georgie Kamaras <b>GK</b>      | HTC Chair                | Luton & Dunstable                                    |
| Louise Meaney <b>LME</b>       | TLM                      | Southend   |
| Trisha McClure <b>TMcC</b>     |                          | Nuffield Health                                      |
| Clare Neal <b>CN (Minutes)</b> | RTC Administrator        | NHSBT  |

**Apologies:** Dora Foukaneli, Mohammed Rashid, Gerald Glancey, Justin Harrison, Harriet Madiyoki, Karen Baylis, Julie Edmonds, Tracey O'Connor, Loraine Fitzgerald

- 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**

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

**2. Regional Updates**

- **FS** presentation given.
- **TP Group – JJ** presentation given.
  - **JH** with the QS138 tool, only one registration per hospital is possible. Can we feed back that more than one person needs to register. **FS** it has been set up that you have to use

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a personal email rather than group / shared email. **LM** can we feed back that it would be more suitable to be able to register with a group email. **JJ** if we use an individual email then we can't ask anyone else to input data. **FS** we can feed back and see what is possible. **SN** we have 3 TP's on site to registering to just one email is difficult. **LM** QS138 was pushed at the National Meeting. **CL** is it one registration per Trust or per hospital? **FS** it is per hospital. This is a new tool so could evolve over time. **LM** how many in the region are actively using it? **FS** at the moment about 4 hospitals. **ER** we haven't used it yet due to staff changes and only being able to register one email. **JH** we haven't either due to workload. **FS** this region is at the same stage as other regions.

- **JJ** WBIT and O Neg benchmarking tools developed by East of England are being discussed Nationally as other regions are interesting in using them.
- **JJ** flyers have been put together for the SHOT day and TP Study Day. **CN** will circulate.
- **JH** the Joint TP / TADG meeting discussed the SHOT action plan. Some actions are not relatable to the TP role. There are around 130 actions. **JJ** we can discuss this at the SHOT study session when they discuss the 2022 data. **CL** some of the actions need to go to the CEO / Medical Director. **LM** it sounds like there needs to be an executive summary for each area. **OF** I was at a meeting last week and this was discussed. It is being raised formally/. **GK** it wouldn't be an issue the more people that raise the issue. **IL** having an executive summary would be a good idea. **LM** can feedback from RTC to NBTC.
- **TADG Update – KP** presentation given.
  - **SW** is there a misunderstanding of bandings and that is why there is a difference with bandings between lab staff? **LME** we are not all employed by the NHS so mimic agenda for change but have our own input too. **KP** asked those in attendance to complete a comparison for Tracey McConnell. **AR** Tracey is also interested to know the numbers of each banding in your hospital lab.
  - **KP** please ensure your HTCs are aware of the 'My Medical Choice Website'
  - **OF** there is a genotyping education event on 25<sup>th</sup> October 2023 for more information.

### 3. Audits for 2024

**LM** a suggestion was made to repeat the platelet audit. This was done a long time ago. Should we also complete a FFP and possibly cryo audit? **LME** what numbers would we be looking at and what is the content? **LM** previously 40 cases were looked at over 4 weeks. This could be at any point in the year. I was hoping to get questions to you by the January RTC. **GB** would it take a year to get all the results? Junior Doctors will move on. **LM** they can still come and present results at a later date. **SW** it shouldn't be an issue asking Junior Doctors to come back to present results as will need the points. **LM** shared the following as possible questions:-

1. *Please indicate your hospital*
2. *Please select an ID for this case*
3. *Is it a prophylactic transfusion? Yes/No*
4. *Is it a pre-invasive procedure transfusion? Yes/No*
5. *Has a pre transfusion count been performed? Yes/No*
6. *If a prophylactic transfusion, was a single dose given? Yes/No, if no how many/NA*
7. *Has a post transfusion count been performed? Yes/No*
8. *Has the reason for the platelet transfusion been documented on the request form? Yes/No*
9. *Does the platelet count correspond to the indication for the transfusion? Yes/No/ guided by thromboelastography /Thromboelastometry)*
10. *Were the platelets transfused for this patient:*
  - *Taken from stock*
  - *Ordered for a different patient, but were then not required*
  - *Ordered on named patient basis for routine delivery*
  - *Ordered on named patient basis for adhoc delivery*
  - *Ordered on named patient basis for blue light delivery*
11. *Were any platelets wasted for this episode? Yes/No*

12. Please indicate the reason/s for the wastage

**KP** could we add blood groups. **LME** I would share platelets between sites so could stock movement also be added. **JJ** who would analyse the data? **FS** Brian will put together a SNAP survey and data will be produced. **JJ** I would suggest we have one audit to be completed by July and one in the second half of the year. **LM** there are only minor changes to questions so we can ask Brian to get this together by January RTC. **FS** we can check to see if we have questions / data for an FFP audit.

4. Presentation – Use of Fibrinogen Concentrate

**SD** presentation given.

- **LM** we have been discussing this topic. Does it lower anxiety in theatre? **SD** I think so.
- **MM** we have a clear protocol to follow.
- **KP** we have it but rarely use it.
- **JJ** did you check Fibrinogen levels before use. **SD** no.
- **LM** how much does it cost? **IL** £1200 per dose. It would be £400 cryo and there would be less time spent in hospital. **LM** how did you get agreement? **AR** it is charged slightly differently to blood components. We did a trial before it was rolled out.
- **AR** we have only had one episode where it was taken and used for someone that wasn't an obstetric patient. **SW** you need to ensure it is replaced.
- **MM** we spent £43000 on fibrinogen in one year. In heart surgery they would prefer to give a small dose product. We are looking at auditing this.
- **CL** has anyone been approved for TEG / ROTEM trial? **LME** Broomfield will be taken part. **KP** Addenbrooke's are. **LM** Peterborough has been accepted but not for ROTEM. **LME** all our sites were interested but we could only have one hospital join in the Trust. **KP** quite a few hospitals keep the TEG / ROTEM in the lab as this stops training everyone. **LM** it is a long way to our lab. **SN** we have TEG in the main theatre.

5. Major Haemorrhage Guidelines

**LM** we had a meeting to discuss the major haemorrhage flowchart. The below are the actions for changes.

|   | Detail  |
|---|---|
| 1 | <ul style="list-style-type: none"> <li>• <b>Get Senior Help</b> <ul style="list-style-type: none"> <li>○ Take out contact senior members etc and put 'initiate major haemorrhage protocol by contacting relevant teams e.g., resus'</li> </ul> </li> </ul>  |
| 2 | <ul style="list-style-type: none"> <li>• <b>Contact Transfusion</b> <ul style="list-style-type: none"> <li>○ Change Contact Transfusion box to Contact Transfusion Laboratory</li> <li>○ Add in this box 'ask transfusion to initiate major haemorrhage protocol'.</li> <li>○ Change direction of the arrow to the right which will then have the relevant contact numbers</li> </ul> </li> </ul>                 |
| 3 | <ul style="list-style-type: none"> <li>• Change important numbers to important information for prompts of what information lab may need</li> </ul>  |
| 4 | <ul style="list-style-type: none"> <li>• <b>Give Blood</b> <ul style="list-style-type: none"> <li>○ Take out sentence in bold</li> <li>○ Make the rest of the box bigger and put in bold</li> <li>○ Change the box to red</li> </ul> </li> </ul>  |
| 5 | <ul style="list-style-type: none"> <li>• <b>Under Major Haemorrhage in Adults</b> <ul style="list-style-type: none"> <li>○ Add another box for physiological parameters to include blood pressure, pulse etc (currently in green box on right hand side)</li> <li>○ ? rest of green box (laboratory results) to be put further down under prevent coagulopathy or under secondary MH pack.</li> </ul> </li> </ul> |
| 6 | <ul style="list-style-type: none"> <li>• Tranexamic Acid           <ul style="list-style-type: none"> <li>○ Remove from blue box and add up the top near IV access.</li> </ul> <p><b>'give tranexamic acid for trauma, obstetric patients and consider for others'</b></p> </li> </ul>  |

|   |  |
|---|--|
| 7 | <ul style="list-style-type: none"> <li>• Change RBC 5 units to RBC 4 units.</li> </ul> |
| 8 | <ul style="list-style-type: none"> <li>• Take changes to RTC for discussion</li> </ul> |

- **LM** 'Anticipate need for platelets and FFP after 4 units blood replacement and continuing bleeding' does everyone call this pack 1? **CS** it depends if you have access to emergency O-. **LM** how many obstetric units do you have? Does this vary from hospital to hospital? **CL** we have 4 units. They never use it and phone the lab so we have added a box to say 'your nearest emergency blood is located ...'. **SN** this could depend on the geographics of your hospital. **GB** do you give O- up front? **SN** our blood bank is close. We try to give cross matched blood if possible. **LME** generally we like to have a sample but geographics does impact this. **JJ** can the lab say there is no valid sample so give O blood? **KP** yes.
- **LM** we will look at having the central information the same but boxes can be amended down the side for information relevant to your hospital.
- **GB** under IV access. Need baseline bloods such as group and save. Need bigger.
- Under prevent coagulopathy
  - send FBC and coagulation samples after every 3–5 units of blood given. **AR** we are doing this to units given rather than timing.
  - **GK** tranexamic acid dose – we are giving 2g over 8 hours rather than 1g for trauma.
- **LM** we will make changes to this flowchart first and will use the information to update the other flowcharts.
- **CN** will make amendments and send round for comments.

## 6. HTC Updates

- **SW** with the potential of becoming a Major Trauma Centre, we are looking at increasing TP numbers but haven't got further with that. **SD** we are also looking at expanding scientist numbers. AR paediatric theatres is opening 2 years later than expected. We won't have O- in emergency blood fridges except for Obstetrics. We had an incident of a GI bleed on the gastro unit across the road which is classed as off-site so you have to call 999 in order to deal with it even though there are medical staff on site.
- **GK** our last HTC was chaired by my counterpart so I have no updates.
- **LM** presented a WBIT update at QGOC meeting. Clinical SI goes to a panel. National mandated SI such as falls goes to a panel. The panel is chaired by the Medical Director and Chief Nurse. We have been sent the paperwork and will attend the panel. We have used the wording in the paperwork but changed to WBIT. The paperwork will be sent out in order for the SHOT form to be completed. All WBITs with investigation will go the HTC. I will add this as an agenda item later 2024 so you can look at it once paperwork as been agreed.
  - **JH** do you have many WBIT's? **LM** ? about 10.
  - **JJ** we are not getting WBIT's reported.
  - **CS** what are you counting as a WBIT? **LM** any that are SHOT reportable. **ER** ours are mainly raised by the lab. **JJ** if its picked up by a clinician it is reportable but if it is picked up by the lab staff they don't want to know about it but we do report these on the WBIT tool.
  - **LM** does anyone use a name rather than a signature? **SN** we use name, date, time and designation. **LM** we are thinking of doing the same. **SW** what about a registration number? **GB** using the name would be good for samples and then having to use registration numbers on incidents. **JJ** there is somewhere in the region that give out a unique number once they have completed the sample labelling course.
  - **SW** good leadership is key.

## 7. Any Other Business

- **CN** RTC minutes will need to continue to be uploaded to the website. Other minutes do not need to be uploaded. **FS** these are agreed at the next meeting before being uploaded. **GB** please can you put a disclaimer on the email when they are circulated. **LM** I don't want to stop everyone being open and frank.

## Date of Next Meeting:

- 11<sup>th</sup> January 2024
- 23<sup>rd</sup> May 2024
- 26<sup>th</sup> September 2024

LM thank you for attending.

**Actions:**

| No | Action                                 | Responsibility   | Status/due date   |
|----|--|--|---|
| 1  | Circulate SHOT and TP Study Day Flyers | CN   | ASAP  |
| 2  | SHOT Action Plan                       | LM   | Raise at NBTC   |
| 3  | Complete comparison form of Lab Staff  | All for Tracey McConnell   | ASAP  |
| 4  | Audit – Platelet                       | LM / FS – put questions together for a SNAP survey   | By Jan RTC  |
| 5  | Audit – FFP & Cryo                     | LM / FS – start looking at previous audits to put together questions to agree at RTC / RTT | Jan RTC – possible questions<br><br>May RTC – confirmed questions and SNAP Survey set up for roll out |
| 6  | Major Haemorrhage Flowcharts           | CN to make changes   | ASAP and circulate for comments   |
| 7  | WBIT Paperwork                         | LM will add to agenda late 2024  |   |

DRAFT