EAST OF ENGLAND REGIONAL TRANSFUSION COMMITTEE

Minutes of the meeting held on Thursday 11th January 2024, 10:00am – 13:00pm via TEAMS

In Attendance:

Name	Role	Hospital
Lynda Menadue **LM**	RTC Chair / HTC Chair	North West Anglia – Hinchingbrooke and Peterborough
Frances Sear **FS**	PBMP	NHSBT
Dora Foukaneli **DF**	Consultant Haematologist	NHSBT
Mohammed Rashid **MR**	Customer Services Manager	NHSBT
Joanne Hoyle **JH**	TP	West Suffolk
Katherine Philpott **KP**	TLM / TADG Chair	Addenbrooke's
Suzanne Docherty **SD**	Consultant Haematologist	Norfolk and Norwich
Isabel Lentell **IL**	Consultant Haematologist	West Suffolk
Emily Rich **ER**	TP	North West Anglia – Hinchingbrooke and Peterborough
Caroline Lowe **CL**	TP	Milton Keynes
Julie Jackson **JJ**	TP / TP Group Chair	James Paget
Claire Sidaway **CS**	TP	Addenbrooke's
Martin Muir **MM**	TLM	Royal Papworth
Shinsu Kuruvilla **SK**	TP	Queen Elizabeth Kings Lynn
Sheila Needham **SN**	TP	Lister
Ollie Firth **OF**	Clinical Fellow	NHSBT
Georgie Kamaras **GK**	HTC Chair	Luton & Dunstable
Louise Meaney **LME**	TLM	Southend
Clare Neal **CN (Minutes)**	RTC Administrator	NHSBT
Justin Harrison **JH**	Consultant Haematologist	Watford
Khuram Shahzad **KS**	TLM	Luton & Dunstable
Olivia Langdown **OL**	TP	Broomfield
Michelle Reece **MR**	TLM	Hinchingbrooke
Natalie Gravell **NG**	HTC Chair	Broomfield
Robert Banthorpe **RB**	TLM	Ipswich
Craig Thomas **CT**	TP	Colchester
Luke Groves **LG**	TLM	Princess Alexandra
Marie Smith **MS**	TLM	James Paget
Sue Brown **SB**	Transfusion Administrator	Queen Elizabeth Hospital KL
Maria O'Connell **MOC**	TP	Basildon
Mireille Connolly **MC**	Senior in Lab	West Suffolk
Janet Shalini **JS**	TP	Princess Alexandra
Abdul Adamu **AA**	TP	Watford
Sarah Clarke **SC**	TP	Ipswich
Terrie Perry **TP**	TP	Milton Keynes
Donna Beckford Smith **DBS**	TP	Watford
Bridie Trower **BT**	ODP	West Suffolk
Rebecca Smith **RSm**	TP	Ipswich
Gregorie Pankhurst **GP**	TP	Norfolk & Norwich
Kyaw Maw **KM**	Consultant Haematologist	James Paget
Danielle Fisher **DF**	TP	Bedford
Natalie Outten **NO**	TP	Southend
Emma Hall **EH**	TP	Broomfield
Stephen Cole **SC**	HTC Chair	Colchester
Ellen Strakosch **ES**	TP	Luton & Dunstable

Sewa Joacquim-Runchi **SJR**	TLM	Milton Keynes
Michaela Rackley **MRa**	TP	Royal Papworth
Gerald Glancey **GC**	HTC Chair	Ipswich
Anwen Davies **AD**	PBMP	NHSBT
Craig Carroll **CC**	Consultant Anaesthetist / RTC Chair	North West

Apologies: Harriet Madiyoki, Karen Baylis, Julie Edmonds, Tracey O'Connor, Loraine Fitzgerald, Natasha Ewart, Camilla Smith, Andrew Dunn, Maria Bose, Limbani Khonyongwa, Shaban Tufail, Eleanor Byworth Shehan Palihavadana

1. **Welcome**
   LM welcomed everyone to the meeting.

2. **Presentation / Discussion – Cell Salvage**
   CC joined the meeting to provide a presentation on cell salvage.
   - **JJ** do you have a cell salvage user group as this is something we have been trying to set up but we have had little engagement from theatre staff. **CC** we are trying to do that. The NW region has Liverpool and for many reasons is very different to Manchester. That is a hurdle. We have two large teaching hospitals in Manchester. We are gathering data at the moment. The SW region have a fantastic set up. Stuart Cleland and colleagues have a superb set up and are part of that. **LM** do you think we should do something similar across the regions? I can see reasons why it has worked in the SW region. **CC** has been discussing this with Stuart and how it is essential to have a national database and have a minimum data set which is achievable. **LM** as a region we have discussed this a lot. We have some very busy District General Hospitals and we can't get to use it in these hospitals. Norfolk & Norwich and Addenbrooke's use it. **CC** everyone who knows about cell salvage wonders why people object to it. It is a fantastic resource to have and use. It will be ideal to become a core skill within Universities. There are alternatives to donor transfusion and patients should be made aware of those.
   - **LM** what would be the one thing you would suggest that we do within the region to help us the most? **CC** we should be looking at perioperative transfusion of donor blood and that's the question – could we have given cell salvage to that patient? Would the patient of benefitted from cell salvage. We can go to NHSBT who tell us about limited stock / reserves and say another part of the argument is we need to be able to use cell salvage to support the services.
   - **LM** can we access the relevant data to support this? **JJ** as a TP I look at this. We give little blood intraoperatively bit I am struggling as I need theatres to do an audit of cell salvage and I am struggling with engagement to do that audit. They are short staffed. **LM** if we moved it away from actual cell salvage use to what blood is given and not just in theatres because I would agree as an anaesthetist in a DGH I give blood in theatres when we see specialist orthopaedic babies which we are trying to use cell salvage for, perioperative prosthetics and obstetrics. I don't think we use blood for much else. We occasionally use it in a bleeding hysterectomy. We don't use blood in district hospital surgery as we don't perform the surgery where it is needed. There are quite a lot of top ups on the ward (maternity inpatients). I think it can be decreased dramatically by keeping the HB up. **JJ** most TPs will be able to tell you the distribution on blood. I know where the blood goes but I can't get engagement from theatre staff to find out who could have, did have, should have had cell salvage. I cannot access that data. It relies on communication and commitment from people outside transfusion. There are not the resources to look at audit. **CC** I sympathise with you. There is increased competition for higher training posts within anaesthesia and for that there never used to be any incentive for research projects. What people want is a standard that they can look against and produce some robust data which they can use to submit to conference and get points for their CV. We looked at our transfusion in theatres a couple of years ago and identified we could reduce transfusion by two thirds. On the back of that we received money to implement the

changes. We do have the 2018 Gold Standard Frameworks. If you give cell salvage that may be the difference to discharge sooner. A patient may bleed 400mls, giving 200mls may be enough to make them feel better and get them home.

- **DBS** we had problems with cell salvage so the HTC decided to pull the service. As we announced it we had maternity saying you can't do that so they drove the improvements that we've had since. Theatres gave us a project manager who was charged with training ODPs in cell salvage. We now have a register of staff who are trained in using the cell salvage machines. The body that runs anaesthesia says all records need to be held by cell salvage and TPs. I get monthly reports of how often the cell salvage service is used, how many times cell and blood have been reinfused and to which type of patients, whether tranexamic acid was used. All the data is fed back to HTC quarterly. You need a champion who is going to champion training and everything else involved with cell salvage. You need someone who says they need it and must have it, for us that was maternity. I have data up until October / November of last year. **LM** well done for making that happen. It would be great of you could present that at one of our next RTCs.
- **NO** when I meet with the hospital liaison committee for Jehovah's Witnesses there is an expectation that we have cell salvage on site. The lack of machines being used and people's confidence to use the machine is also lacking. OL is our new TP with ODP background so she is very keen to get this up and running.
- **OL** I have had a colleague start in theatres who has come from the SW region. She is really keen to bring it in at Broomfield so we are looking at training and use. I could see if she could join RTC to help with the wider set up in the region. **LM** please can you send me her details so we can see how that will work.
- **CC** thank you for letting me join this meeting. It is great to share between regions. We have a UK Cell Salvage Action Group. We don't have representation from each region on this group. I think there should be a obligatory uniformed approach from all regions. I would really like to see that. I think we should individually raise this at NBTC. **LM** thank you so much for joining us **CC**.

3. **Introductions, Apologies, Previous Minutes: LM** welcomed everyone to the meeting. Introductions were made. Minutes agreed – any further amendments to be sent to **CN**. Minutes will be added to the website.

Actions from Previous Meeting

No	Action	Responsibility	Status
1	Circulate SHOT and TP Study Day Flyers	**CN**	Complete
2	SHOT Action Plan	**LM**	Raise at NBTC
3	Complete comparison form of Lab Staff	**All for Tracey McConnell**	Complete
4	Audit – Platelet	**LM / FS – put questions together for a SNAP survey**	On RTT Agenda to confirm
5	Audit – FFP & Cryo	**LM / FS – start looking at previous audits to put together questions to agree at RTC / RTT**	Put onto May RTT
6	Major Haemorrhage Flowcharts	**CN to make changes**	To be circulated after RTC
7	WBIT Paperwork	**LM will add to agenda late 2024**	May or September RTC

4. **Regional Updates**
   - **FS** presentation given.
   - **TP Group**

- **JJ** JH has stood down as co-chair. We have emailed the group asking for expressions of interest.
- **JJ** Two hour education session will take place after the March meeting. There has been discussions about setting up a simulation session. I think this should be discussed as a larger project by the Education Working Group. The two hour session will look at improving presentations and inclusivity. We will look at how we make presentations better for everyone to access.
- **JJ** we completed the O Negative benchmarking exercise last year. 8 hospitals took part. I can share the results but you cannot set any valid benchmarking standard from that data. I think as a region we need to look at the very gross blood stock management scheme O Negative use data so you get usage and wastage and can see where we are on the NHSBT recommended 12.5% stockholding. I know a lot of people think its not realistic. If you look at 2023 data out of the 19 hospitals in the region only 5 average more than 12.5% stockholding over the entire year. The median for all 19 hospitals was 11.3%. The wastage ranges from 0.16% – 7.59%. The recommended is to keep it below 4%. About half of the hospitals do that. What I wanted to get from the benchmarking is what you cant get from blood stocks. I wanted to look at where is it going?, is it going for emergency?, clinical reasons or for expiry. In 2018 most was patients own group and clinical reasons. The recent data was patients own group but clinical reasons has increased. From 2010 – 2018 NCA audits they had commented that clinical reasons due to changes in clinical practice and guidelines was increasing so that seems to be the same. 11.8% of O Negative given was to avoid expiry. We wanted to look at O Negative / O Positive. Two O Negatives given could have been completely avoided. 10 fit the criteria of having O Positive. I wanted to establish do you have O Positive available. 4 of the 8 are given it by lab staff. I would suggest that hospitals should be monitoring overall usage and wastage monthly and if it routinely exceeds 12.5% of stock they should look at this in more detail. Can they improve 4% wastage? Quarterly we could present the Blood Stocks Management data and a benchmarking exercise should take place every two years.
- **JJ** we are looking at the QS138 audit which will be the first quarter.
- **FS** Blood Stocks Management can put together bespoke data for the region. We would just need to give them notice in order to present if that's what the region wants.
- **KP** I have spent a lot of time with Blood Stocks Management so I am more than happy to look at the data. I think we should discuss at the RTT and potentially have that on the joint TP / TADG meeting later in the year.

- **TADG Update**
  - **LME** our last meeting was quite small. We have discussed looking at cases where we have emergencies but not due to haemorrhaging but serological and how junior staff can deal with this. I have a case regarding a baby that I am going to present at the next TADG meeting.
  - **LME** there is a move to move over to paperless RCI reports. **MR** has details on how we can switch to this. **LME** we get the antibody reports back with cards and everyone send them to different people, GP, Clinicians. Does anyone follow up whether the patient has received these? We can print them ourselves. I want to get an ideal from others whether they are useful. **MRa** we send them via the patients GP. I have seen it registered on GP records. We have had several patients show cards when they attend Royal Papworth. **DF** I think the usefulness of this information for patients is mostly for routine situations because dealing with emergency we all know we should not delay transfusion. We know antibodies can become undetectable and this is where this type of card is helpful. The history is important. We need to ensure this information goes to the relevant people. **JH** we send directly to the patient. **LM** there is a move to send letters direct to patients copying in GPs. **MRa** we have sent information direct to patient before and the patient has been very upset about it. The information on the card can be out of date. **LME** I think we need to start printing our own. We can discuss again at TADG.

- **LME** some points are being raised at the National Meeting. LIMS system and speciality of staffing. We have a lot of new lab managers. Band 7s going in are not as specialised as people would like. Last year labs didn't have enough staff but now they have they staff but they are not as specialised.
- **LME** most labs had UKAS inspections.
- **LME** NHSBT do their own mapping. Some labs would like to move to do their own so we would like to explore this further.
- **KP** I fed back to the National Meeting the points raised by the TADG.
- **KP** in terms of senior staff and laboratory managers there is the course at Bristol as part of the MSc. It covers quality and how to be a lab manager. All of us involved in that group, are going to present certain information like the BMS Education Group have been doing. It will be a next tier up for senior and laboratory managers. At the moment the sticking point is the platform to put it on.
- **KP** everyone is having a new LIMS. Lots of amalgamations of networks. IT guidelines will be out imminently.
- **KP** seminar on 25th January for those who want to complete the MSc of modules within it.
- **KP** the age of blood and changes that have come out recently were discussed. There is no amendment to BSH guideline at the moment but we should be following guidance that came out recently. At Addenbrooke's we have taken away the need to have less than 14 days, less than 10 days etc.
- **KP** SHOT working group is being established with the RC Path on gender issues. There will be a group that's going to take concerns that are raised nationally around gender and hopefully guidance will come out from that.
- **KP** from MHRA last year there was a 20% increase in reporting serious adverse events to the SABRE website so that's reflective of staffing issues. They are struggling to review those. It is taking some time to clear the backlog.
- **KP** there were issues at Christmas of shortages of O Negative and A Negative platelets. They have both improved. Yesterday a notification came out that pre-amber is now green for A Positive Red Cells.
- **KS** suggested the NHS Features website as a way of distributing leadership information.
- **NO** following the pre-amber alert notifications, that was only seen by lab staff who cascaded it. The doctors strike made an impact with regards to usage going down. I wonder if it will go back up again. I feel that it needs to go to the CEO and not just the lab. **LM** I didn't receive it either. **MR** the communication would of gone to everyone at senior level on our distributions. **NO** I don't seem to be getting a few notifications. I wonder if it's our IT. **MRa** I have not received any communications either. **FS** are you on NHS.Net emails? Please can you let MR know if you did not receive this information. **IL** I did get the information and I am not on a NHS.Net email. It does sound like its mixed. **CN** this came up at our admin meeting yesterday, another region expressed similar issues so I will find out what the problem was and liaise with **MR**. **KP** its does say it's been sent to everyone. A Neg Platelets, O & B Negative Red Cells are in pre-amber.

5. Customer Services Update

The update **MR** was going to provide was covered in **KP** TADG update. There were no other updates / comments.

6. Presentation / Discussion – QS138 Quality Insights Tool / Registration Issues

AD presented.

- **LM** we did discuss a lot about the one person only being able to register to enter data. Is there any way of making it easier?
- **AD** when we look at the national comparative audit, if you were auditing 10 cases it is quite time consuming because you have to enter one patient at a time. The difference with this is that you enter your data as a data set. So if for example you are auditing tranexamic acid, you go in and

select that you want to enter data for TXA, it will ask you how many cases you are auditing that have already met the criteria. You would say 10, how many patients had TXA 5, enter, enter and your data is submitted. That's how quick it is. The time consuming part is collecting your data on the wards. I don't feel there is a need to have more than one person enter data. If it was a lengthy process I could understand you may want to share it but the entry process is so quick.

- **CL** I have entered the data, it is not difficult. I found it really simple. I could get my own report. The hardest part is getting the data. When you have a few TPs you divide the work between you anyway. If someone was to leave or on long term sick then you change who can log on. **AD** yes definitely. As soon as someone leaves or is off, we can change the person.
- **AD** you can audit up to 4 times a year.
- **LM** it sounds like it is less of an issue than previously thought.
- **AD** JJ has used it too. **JJ** it is so easy to use. The stumbling block was people not wanting just one log on. It is an amazing tool. **CL** it is great to take the information to meetings.
- **MRa** it does look fantastic. I haven't used it yet but will log in and get some data inputted.

7. HTC Updates

- **LM** we are still working on our WBITs being a half serious incident, we are just working on paperwork. Hopefully we will have something to feedback at a later meeting.
- There were no other updates.

8. Any Other Business

- **CN** Blood Stocks having taken over distributing the monthly reports to all contacts. Please let me know if you feel you are not receiving these and ensure you advise me if anyone leaves / joins your hospital who should be receiving these reports.
- **GP** do we have a timeframe for the Major Haemorrhage Flowchart? **LM** that will be discussed this afternoon at RTT. **CN** we will confirm at RTT, distribute to RTC with a date for comments. If we have not received any final comments by this date a final version will be circulated.
- **NO** is the bedside audit from NCA happening? **JJ** it is happening but should be finalised shortly at a steering group so hoping people will get communication in the next few weeks.

Date of Next Meeting:

- **23rd May 2024 Face to Face**
- **26th September 2024 Face to Face**

LM thank you for attending.

Actions:

No	Action	Responsibility	Status/due date
1	Audit – Platelet	**Take questions to RTT to finalise CN to send to Brian**	Set up by May RTC to advise it will be circulated
2	Audit – FFP & Cryo	**Discuss at May RTT**	May RTT
3	Major Haemorrhage Flowcharts	**Finalise at RTT and circulate to RTC**	January 2024
4	WBIT Paperwork	**LM to add to RTC Agenda**	? May or September
5	Presentation – Cell Salvage	**DBS – Add to RTC Agenda**	? May or September
6	Email contacts at Broomfield regarding Cell Salvage	**OL – send details to LM**	ASAP
7	Blood Stocks Management	**Discuss at RTT**	January 2024
8	Raise at NBTC – Cell Salvage representation from each area	**LM**	Next Meeting