EAST OF ENGLAND REGIONAL TRANSFUSION TEAM

Minutes of the meeting held on 11 January 2024, 13:30pm – 15:00pm via TEAMS

Attendance:

Name	Organisation	Name	Organisation
Lynda Menadue **LM**	RTC Chair and HTC Chair - Peterborough	Katherine Philpott **KP**	TLM & TADG Chair, Addenbrooke's
Dora Foukaneli **DF**	Consultant Haematologist NHSBT	Mohammed Rashid MR	Customer Services Manager NHSBT
Frances Sear **FS**	PBMP, NHSBT	Julie Jackson **JJ**	TP, James Paget Hospital
Louise Meaney **LME**	Principle Scientist, Pathology First, Basildon & Southend	Clare Neal **CN** *Minutes*	RTC Administrator, NHSBT
Ollie Firth **OF**	Clinical Fellow, NHSBT	Isabel Lentell **IL**	Consultant Haematologist, West Suffolk
Joanne Hoyle **JH**	TP, West Suffolk	Sue Brown **SB**	Administrator, Queen Elizabeth Hospital KL
Michaela Rackley **MRa**	TP, Royal Papworth	Khuram Shahzad **KS**	TLM, Bedford
Suzanne Docherty **SD**	Consultant Haematologist, Norfolk & Norwich		

Apologies: Lisa Cooke **LC**, Stephen Wilson **SW**

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

2. **Minutes of last meeting:** Previous minutes were agreed. Please advise **CN** of any amendments.

Actions from previous meeting

	Detail	Responsibility	Due
1	QS138 – resend to TPs	**JJ / CN**	**Complete – presentation at RTC January and allow time for region to use the tool. Will revisit if any concerns.**
2	Audit Questions – Circulate to group and send to Brian to create a SNAP survey	**??**	**For Discussion Today**

3. **RTC Business**
   - **Mums, Babies and Blood – CN** the programme is complete. We just need a speaker for maternal anaemia. FS will speak to Clare, PBMP. **LM** Plan B – the obstetric toolkit. What is it and how accessible is it to midwives? **FS** it is free to access on the website. It was recently updated. **LM** we could showcase that instead if needed. I think we should put up the unexpected blood transfusion leaflet QR code too. **CN** we have about 600 registered.

4. **RTC Action Plan**
   CN will update and send to **LM** for approval. This will be added to the website.

5. **Audits – Platelet**
   - **LM** questions were discussed at October 2023 RTC and circulated. If everyone happy we can send to Brian.

- **CN** where does the question need to go regarding blood groups? **JJ** it was **KP** who wanted it on there. DF it is helpful to have for supply chain issues. It a useful question for assessing appropriate usage of platelets.
- **JJ** would you want to know the reason? It might be because it is HLA matched, so we don't have a choice about what group is given. **DF** do we want to ask the question whether the patient has special requirements. **FS** sometimes you are better off asking and deciding afterwards if it was actually needed. **LM** it would fit into question 10. **MR** we are seeing that people are asking for high tire negative platelets so maybe with the group and asking if they are asking for high titre negative we can get an understanding why people are unnecessarily asking for it. If it is group matched you shouldn't be asking for high titre negative. **DF** in essence if we give somebody plasma rich products i.e. platelets and FFP different to the blood group, in can cause problems with antibodies. The high titre products makes it more versatile and can be given more easily to individuals of different blood groups without concerns. It will help NHSBT understand why they are using these products. **KS** I have joined Bedfordshire Trust but previously where I was worked they were requesting high titre negative so they could potentially use them on other patients if they do not get used. **LM** it would make sense in a smaller hospital as we don't keep them. **JJ** would it be worth separately asking the TLMs out of this audit why they order high titre negative? **DF** I think so. **LMe** we keep a stock, it is a routine product people order for stock.
- **DF** do we want to ask a standard question whether hospitals keep platelets as stock and if so how many? **FS** I think previously we did the questions for the audit but we had one off questions like that.
- **JJ** do we need to ask about stock levels, how many you give, wastage? We could have a month where we use a lot compared to other months.
- **MRa** do we need to ask about adverse reactions? **DF** we can ask SHOT to extract data for the region. **JJ** you can ask a general question. Were there any adverse reactions. **DF** then you need to ask what the reactions are, it could be minor or major. **LM** we are only asking for 40 occasions to be recorded. **DF** the purpose is to look at usage rather than reactions. MRa I know SHOT gather this information but we could see that out of the patients having reactions the percentage of those who are inappropriate transfusions for the region. **DF** I can see your point. It can be a strong message. Maybe we can ask was this episode reported externally due to an adverse reaction or event? **LM** you could ask if any incident investigation took place or if it was reported externally. **FS** were there any incidents that needed reported externally?
- **DF** are we auditing 40 units of platelets arrived in hospitals and transfused or 40 transfusions. If we look at the journey of 40 units issued from NHSBT then we can see if these units have been transfused or wasted. **FS** previously we looked at episodes of transfusion. **DF** I think the way the audit is phrased is units issued from the transfusion laboratory with the intention to be transfused. That will capture return to stock and wastage. **FS** we need to be clear that it is issued rather than transfused. We may need to look at more than 40 but this may be difficult for smaller hospitals. **FS** what would you all find more useful? **JJ** you can specify 40 units for 40 different patients so you are not following two units for the same patient or you can specify 40 episodes and add a question how many platelets were given in that episode.
- **JH** are we doing it over a certain timeframe? **LM** I think we said we over a set time May to October. **FS** last time we had either 40 or if you don't hit that by a certain date you finish.
- **LMe** I think showing how many units were given per episode would be good. **KP** if we did 40 units we could audit the same person over and over again. It would be better to audit 40 different patients rather than 40 units. It would be worth documenting how many units were given per episode.
- **JJ** if you specified 40 different patients we would never make that. **KS** we don't have huge numbers as we would have anything between 20-50 a month. Some of those will be the same patient.
- **JJ** audit number is usually a link number for example 1- 40 and I would keep a spreadsheet with all the linked information – patient, date etc. I can then refer back to spreadsheet if needed. I think NCA specify a link number so you know what that relates to. **FS** we can stipulate that when we send it out.

- **FS** have you got a timescale to give to Brian. **LM** can we give a deadline of May so it is ready before May RTC, any problems can be discussed at September RTC and data fed back at January 2025 RTC. Data can be collected June – September. **FS** you will want to have a small group to look at Brians report and generate any recommendations.

6. Education Working Group

A date will be agreed for the next education working group. Major Haemorrhage simulation will be discussed at tis meeting.

7. Flowcharts

Reaction Flowchart

- **CN** four versions were put together by **JJ**. These were circulated to RTT for comments. Everyone preferred different versions so we need to decide on a final version.
- **JJ** the first one was a direct copy form the guidelines. The other version have slightly different colours and style of boxes. The content is the same. On the last version I took the big black arrow out.
- Everyone agreed version 4 was the best one. **CN** will get final version from **JJ** and circulate to RTC.

Major Haemorrhage Flowchart – LM this has already been reviewed by a separate working group in September. It looks clearer and simpler. There is a lot less down the sides.

- **JJ** I asked a few of our Consultants to look at this and the primary pack confuses them. Do they give 4 red cells and then start to give FFP. It is a human factor nightmare. **LM** this is a problem that every DGH has. **JJ** are they supposed to give all 4 units before FFP. **LM** yes otherwise the patient will not have anything until FFP is ready. **DF** it is different if it is trauma. **JJ** they didn't specify. What we have had recently is that it takes 20 minutes for our FFP to thaw out. Our obstetricians are giving one red cell and then FFP.
- **LM** this is supposed to cover Major Haemorrhage only.
- **DF** change to say 'give up to 4 units of blood via blood warmer'. Consider giving primary pack earlier if clinically indicated. Make bigger.
- **LM** move primary and secondary packs down.
- **LM** move lab results box to left hand side.
- **LM** ED Consultants will look at it differently because of their training having to deal with trauma patients.
- **SB** would and arrow between given blood and prevent coagulopathy.
- **JH** this is supposed to be a brief guide. We are trying to say what to do at every step. The pink boxes are difficult to look at. Is there a way to colour code them. **LMe** could they be a traffic light system.
- **IL** I completely agree about give blood being in red. Visually found it easier read beforehand. I think the giving blood in red makes it clearer. I don't want to lose what we had before.
- **SB** maybe having some arrows help the flow.
- **IL** bringing the pack boxes down like the original one and incorporating arrows may help.
- **LM** move the lab results and bring back down primary pack and trauma pack on left. Secondary on right hand.
- **LM** do we still need the lab results box? Can it go at the bottom right? **IL** make it smaller on the right hand side. When you are teaching it, it is quite nice to have those figures in the protocol.
- **FS** we do have software to make things like this. That may help the format of it. It may look clearer using that.
- **Lab Results Box**
  - Take out falling HB
  - Platelets <50 x 109/l Platelets 1 unit.
- Put 'If bleeding continues repeat secondary pack' into blue book

8. Any Other Business

- **KP** Blood Stocks Management Data. What data would we like to display? **JJ** would they be able to produce a breakdown of wastage. **LM** how often do we want this displayed for RTC. **FS** we have displayed according to challenges in the region at the time so it depends what people find useful. **LM** we go through it a lot at HTCs. If it goes through HTC's we could go through once a year at the RTC. Add to joint meeting in September and feed back at RTC.
- **FS** NBTC has changed the role of the PBMPs. NBTC would like the RTCs to have the responsibility. **CN** line manager will change in April from **FS** to Celina. **FS** responsibilities will change including the budget. I will be part of the meetings. Decisions around the budget will have to be made by **LM** or the RTT. The RTT will need to be responsible for the Action Plan. I will not be disappearing from the region. **LM** all action plans should still come to RTT. We can discuss this at every meeting. Quick decisions regarding rooms etc may need to be through **LM / CN**. **CN** we are not in any hurry for this year as rooms are already booked but when dates for 2025 are allocated we will need to secure rooms. I have booked the Cambridge Centre for two TP and two TADG meetings this year as numbers have been lower so it was a waste securing external venues. That has allowed me to book two face-to-face RTCs and the joint meeting. I think we will have to review yearly depending on previous attendance.

Date and Time of Next Meeting: 23 May 2024, Face to Face.

Actions:

	Detail	**Responsibility**	**Due**
1	Platelet Audit • Finalise Questions • Circulate to RTC • Collect Data • Discuss Issues • Feedback Data	**CN circulate to RTT for final view before sending to Brian** **CN** **RTC Members** **RTC Members** **Small Working Group – decide on this at May RTT**	**1st February 2024** **Before May RTC** **June – September** **September RTC** **January 2025 RTC**
2	Mums Babies and Blood – Maternal Anaemia	**FS speak to Clare PBMP**	**ASAP**
3	RTC Action Plan	**CN update and send to LM for approval. Add to website**	**1st February 2024**
4	Education Working Group • Major Haemorrhage Simulation	**CN to arrange date with LM**	**ASAP**
5	Reaction Flowchart	**CN to ask JJ for final version and circulate to RTC**	**1st February 2024**
6	Major Haemorrhage Guidelines	**CN to make changes Send to RTT for comment before sending to RTC. Ask for comments 2 weeks after before it being a final version.**	**Send to RTT for comments by 1st Feb. Comments from RTC by 15th Feb. Circulate final version 20th February.**
7	Usage and Wastage from Bloodstocks	**Add to TP / TADG agenda in September – feedback to RTC September**	**CN add to agendas**
8	Add budget to RTT as AOB	**CN**	**CN to add to agendas**