EAST OF ENGLAND REGIONAL TRANSFUSION COMMITTEE

Minutes of the meeting held on Thursday 23rd May 2024, 10:00am – 13:00pm at Marriott Hotel, Huntingdon

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 / CUH
Mohammed Rashid **MR**	Customer Services Manager	NHSBT
Joanne Hoyle **JH**	TP	West Suffolk
Isabel Lentell **IL**	Consultant Haematologist	West Suffolk
Emily Rich **ER**	TP	North West Anglia – Hinchingbrooke and Peterborough
Caroline Lowe **CL**	TP	Milton Keynes
Martin Muir **MM**	TLM	Royal Papworth
Sheila Needham **SN**	TP	Lister
Georgie Kamaras **GK**	HTC Chair	Luton & Dunstable
Clare Neal **CN (Minutes)**	RTC Administrator	NHSBT
Stephen Wilson **SW**	HTC Chair	Norfolk & Norwich
Trisha McClure **TMcC**	Blood Transfusion Lead	Nuffield Health
Craig Thomas **CT**	TP	Colchester
Rebecca Smith **RSm**	TP	Ipswich
Michaela Rackley **MRa**	TP	Royal Papworth
Ali Rudd **AR**	TP	Norfolk & Norwich
Kumarani Akurugoda **KA**	TP	Luton & Dunstable
Eleanor Byworth **EB**	EPA Network Manager	Norfolk & Norwich, James Paget and Queen Elizabeth KL
Rosalinda Bouzenda **RB**	Blood Transfusion Manager	Bedfordshire Hospitals
Shehan Palihavadana **SP**	TLM	Peterborough
Katherine Philpott **KP**	TLM	CUH

Apologies: Julie Jackson, Julie Balaam, Karen Baylis, Suzanne Docherty, Claire Sidaway, Khuram Shahzad, Donna Beckford-Smith, Louise Meaney, Gilda Bass, Sandra Faloye

1. Welcome

LM welcomed everyone to the meeting.

RTC Meeting Minutes

Minutes agreed as correct.

Actions from previous meeting:

No	Action	Responsibility	Status/due date
1	Audit – Platelet	**Take questions to RTT to finalise CN to send to Brian**	Complete
2	Audit – FFP & Cryo	**Discuss at May RTT**	Discussing in RTT
3	Major Haemorrhage Flowcharts	**Finalise at RTT and circulate to RTC**	See notes below
4	WBIT Paperwork	**LM to add to RTC Agenda**	On agenda
5	Presentation – Cell Salvage	**DBS – Add to RTC Agenda**	September 2024 RTC

6	Email contacts at Broomfield regarding Cell Salvage	**OL – send details to LM**	Complete
7	Blood Stocks Management	**Discuss at RTT**	Adding to September TP / TADG
8	Raise at NBTC – Cell Salvage representation from each area	**LM**	Complete

- Major Haemorrhage Flowcharts
  - **DF / LM** will take forward and liaise with the trauma network.
  - **DF** preference is to have one flowchart rather than two separate flowcharts. Everyone agreed. **DF** there was always two due to the position of the Trauma Network at the time.
  - **TMcC** everyone is delighted with the flowchart. This was shared with Nuffield Health and they would like to adopt this nationally.
  - **MRa** Royal Papworth will be creating their own to use due to the patients they care for. **MRa** will share once it is complete.
  - **IL** we have had requests for separate obstetrics flowchart but we have refused.
  - **LM** the RTC supports one flowchart.
  - **AR** Norfolk & Norwich has a separate obstetrics flowchart.

2. RTC Action Plan

- Change 'Pathology Transformation' to 'Pathology Networks'
- Regional Documents are nearly all updated
- Audits are ongoing
- Promoting the work of the region – **FS** the region has not submitted anything for a while. If anyone has any ideas, please share these.
- Simulation
  - **DF** National Guidance is being produced via SHOT. CUH has linked training with rapid response / resus teams.
  - **MRa** currently completing a module on simulation.
  - **LM** simulation is faculty heavy, costing a huge amount of money. This is where a recorded simulation is beneficial so more people can access it. What is the best way to get this out there?
  - **MRa** Royal Papworth has run focused simulations. It involved 10 ITU nurses at a time. They were 20 minutes long and well evaluated.
  - **CT** when we completed the gap analysis, its states that simulation should involve MDT. How is this possible? We run a table top exercise.
  - **LM** it would be good to have a laboratory / theatre simulation.
  - **JH** Gilda Bass **GB** runs West Suffolk simulations. They are filmed so clinical areas can view them.
  - **SN** would a recording of a simulation be available for everyone as it would be really useful to have a recording which can be discussed.
  - **IL** gamification enables you to stop and discuss. **LM** this is really beneficial so you can have different outcomes and different reactions. It is very good for training purposes.
  - **IL** we have recordings that have already been made but not necessarily permissions to share wider. **LM** it would be good if you could ask for permission so that your recordings can be used for research / training purposes. If you could share these, it would be really beneficial for the region. **IL** will discuss with **GB**.
  - **LM** simulation should be the RTC these for 2025.
- **FS** as well as having the national education event, a regional event could always put included after an RTC. **LM** will look at for 2025.

CN will amend action plan and upload to website.

3. PBM Update

FS provided an update to the group.

4. **Regional Group Updates**
   - **Education Working Group**
     - **LM** NBTC have chosen 7 topics for education. East of England has put their name forward for obstetrics so will be running Mums, Babies and Blood as a national event. This is taking up most of the EWG.
     - **DF** training needs to be provided for different staff groups. Guidance has been developed for Haematology Trainees which shows what they need to learn within 5 years of training. This document will be circulated via **CN**.
     - **FS** as part of the TP training session, Julie Jackson **JJ** wanted to include virtual reality and is currently in talks with the TP group. **MM** you can gain a lot of knowledge from VR learning.
     - **CN** if anyone would like to join the EWG, please advise us. **IL** would like to join.
   - **TADG Group**
     - **KP** joined to present to the group.
     - **FS** transfusion training hub is a great resource.
     - **IL** what are the reasons for low stock? **FS** it is a combination of supply and demand. There is no evidence of misuse. **MR** marketing are doing what they can to promote donation. **MRa** when I recently donated, every step of the process I didn't feel valued by the donation team. **TMcC** cannot get an appointment. **MR** every donation is valued. **SW** donors do not necessarily feel valued. Not enough is done for those who are needle phobic. **IL** when I went to give blood, they followed procedure not to attempt donation after a failed attempt, however, I would have no issue being needled again. **DF** if you are raising concerns, I can understand how donors must feel. **LM** to take forward highlighting concerns – feeling valued, lack of appointments, number of attempts, alternative approach to cannulation.

5. **Customer Services Update**
   MR provided an update to the group.

6. **Presentation / Discussion WBIT Paperwork**
   LM Amanda Cox presented at a previous RTC. Following this I presented to Quality Governance. The lawyer was keen but the medical director wasn't. **LM** shared the paperwork put together.
   - **SW** culture needs to change.
   - **IL** when you push back and look into why WBITs have happened, you can see why they have happened. We realised there were no label printers in certain areas so pushed for more printers. This therefore makes it easier to avoid future WBITs.
   - **LM** Peterborough does not have printers. **ER** we hand write labels. **IL** that is a Trust issue. **ER** we are working on it. **IL** ensure printers are put into the correct areas.
   - **DF** we can ask staff to do the job but we have to ensure the equipment is available for them to do it. When processes are introduced, we need to try and do it right from the beginning.
   - **IL** are these forms reflective? Some of the questions can only be answered by the person who took the sample. **LM** we have suggested the ward manager completes the forms. They can lead the discussions with their teams. SW how do you close the loop and know it has been completed? **LM** it is up to the Deputy Chief Nurse to invite feedback at the panel. **AR** when it a junior doctor, are consultants involved? **LM** if it was a doctor it would go to the consultant. **IL** you can say that it was highlighted with the staff members supervisor even if it was investigated by the ward manager.
   - **LM** outside of ED / Theatres are there many WBITs coming from junior doctors? **SN** most of ours on wards are from junior doctors. **DF** nationally 1 in 3 come from junior doctors.
   - **CL** Milton Keynes don't get many. We have a mini MDT with all staff involved to discuss as a debrief.
   - **LM** once I get one through – I will share it.
   - **MRa** will this go to NBTC? **DF** I think it should be escalated. **SW** could it be a regional document? **LM** does anyone object to a regional document? **SW** it could be piloted by East of

England before going to NBTC. **LM** is happy to share the document. The East of England RTC logo will need to be added.

- **RS** has started to use the SHOT tool. Can we say to SHOT this is what we ant to use? **LM** if we pilot it as a region then we can raise at NBTC.
- **FS** this would be a good subject for a poster.

7. Audit – Launch of Platelet Audit

- **FS** audit will be divided into two sections so that you only answer the background questions once. Up to 40 cases will be collected.
- **TMcC** our platelets are issued via CUH. **DF** suggested **TMcC** liaises with **KP**.
- **CL** what happens if platelets are issued but not used? FS do we need a returned to stock option? This can be added.
- **FS** will liaise with Brian to finalise the audit.
- **LM** the audit will be launched within the next couple of weeks. Completed by 26th September 2024 (next RTC). Results will be discussed at January 2025 RTC.

8. HTC Updates

Completed forms have been reviewed by **LM**.

9. Any Other Business

- **AR** does everyone have UKAS accreditation? **IL** we are in the process of getting it. **SW** we have it. **TMcC** it is positive that we are meeting the standards. **MM** we do not as we were seen as a temporary service. We have completed a gap analysis. **LM** recruitment can be more difficult without accreditation as some candidates look for this.

Date of Next Meeting: 26th September 2024 Face to Face

LM thank you for attending.

Actions:

No	Action	Responsibility	Status/due date
1	Major Haemorrhage Flowcharts – Trauma	**DF / LM**	Discuss at RTT – take forward
2	Simulation	**IL to discuss with GB**	Advise LM of outcome and update RTC.
3	Simulation – theme for RTC 2025	**LM**	2025
4	Education afternoon after RTC	**LM**	2025
5	Haematology Trainees Guidance	**DF to send to CN to circulate**	ASAP
6	EWG – if you would like to join please advise CN.	**Advise CN** **CN to add IL**	Ongoing
7	Raise concerns of donors - feeling valued, lack of appointments, number of attempts, alternative approach to cannulation.	**LM to raise**	ASAP
8	WBIT paperwork	**CN to add East of England logo and circulate to region for use as a pilot.** **LM to raise at NBTC**	Ongoing
9	Platelet Audit	**FS to discuss changes with Brian** **CN to circulate to RTC for completion by 26 September. Feedback at January 2025 RTC**	ASAP