

# Unconfirmed Minutes of Regional Transfusion Committee Meeting (EM - RTC) Wednesday 26<sup>th</sup> May 2021 10:15 – 13:30

# **Via Microsoft Teams**

#### **Attendees**

Louise Allen Matt Bend	LA MB	NUH NHSBT	Ben Holmes John Houghton	BH JH	ULH NUH
Raquel Bisa	RB	NGH	Ant Jackson	AJ	ULH
Hayley Bond	HB	NUH	Amy Jagger	AJ	Spire Health
Sue Bowles	SB	KMH	Katarina Kacinova	KK	RDH
Marie Browett	MB	UHOL	Donna Knowles	DK	UHOL
Jill Caulfield	JC	NHSBT	Carly Lattimore	CL	CRH
Cherry Chang	CC	NUH	Naushina Patia	NP	Spire Health
Tara Chaplin	TC	Spire Health	Virginia Pearson	VP	CRH
Jennifer Cooper	JCo	CRH	Dr James Reid	JR	UHOL
Jon Cort	JC	CRH <b>(Chair)</b>	Carol Richardson	CR	ULH
Robin Coupe	RC	NHSBT	Jo Shorthouse	JSh	NHSBT
Amardeep Ghattaoraya	AG	UHOL	Maria-Isabel Saez-Garcia	MG	NUH
Brian Hockley	BH	NHSBT	Michael Skill	MS	NUH
Angela Firmin	AF	Spire Health	Janice Smith	JS	CRH
Zainab Gangat	ZG	Spire Health	Dave Ward	DW	NHSBT

# **Apologies**

Rowena Faulkner	RF	CRH	Hafiz Qureshi	HQ	UHOL
Amanda Gardner	AG	UHOL	Stacey Robson	SR	NUH
Leanne Hostler	LH	KMH	Karen Spreckley	KS	NGH
Charlotte Kallmeyer	CK	ULH	Rob Webster	RW	NHSBT
Louise Laker	LL	UHOL	Philip Williams	PW	CRH

In Attendance: Deborah Booth RTC Administrator (minutes)

# 1. Welcome & Apologies

JC welcomed everyone to the meeting. Apologies were received and noted.

# 2. Minutes of the last RTC Meeting held on 9th October 2020 and matters arising

The circulated Minutes were accepted as a true record of the meeting.

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# 3. Regional Updates

## Common themes highlighted:

#### Non-Cardiac, TEG and Rotem

- Some people have not found this a worthwhile exercise.
- JR commented that they will probably lose the facility due to the cost of commissioning a new machine.
- HB said that Cardiac have just moved over to TEG alongside theatres and all trauma situations. Found that some departments are using this when they shouldn't and causing a shortage of valuable cartridges which impacts on the people who do need it. CC commented that there is a role for this in acute bleeding situations. The results of the trial disappointingly showed no difference between standard lab testing and TEG in trauma related bleeding.
- KK commented that they had two Rotems on trial at Derby Hospitals for two months in both general theatres and Obs. The theatres are interested in moving forward with this but a business case is being put forward for Obstetrics.

## **Cell Salvage Procurement Issues**

 JC commented that it would be worthwhile joining with the Hospitals who are also looking to upgrade their machine to purchase together for an economy of scale purchase. He suggested for teams to put this forward to their Head of Procurement.

# Lab Staff Empowerment on Unit Issuing

- JC commented that the HTC reports show much more confidence for Lab staff to raise a discussion with Clinicians regarding multiple unit requests before issuing a second packs.
- JSh said well done to everyone and commented that she is delighted to hear that this is still ongoing after the regional project two years ago where they presented this regionally.
- JC remarked that as the EM region have done really well with this and perhaps, we could discuss this in other forums.
- MS mentioned that this presentation delivered by Jo and Heather was fantastic and empowered the newer staff coming through. The TP teams now use this in their training, and it has made a big difference in staff confidence to discuss with Clinicians. He thanks both Jo, Heather and their team and commented that they were very engaging with the delivery of the training and were able to relate to lab staff on a level. He passed on his thanks and would be in favour of promoting this to a wider audience.

# **Interesting HTC Report Feedback**

- JC commented that Simon Stanworth of NHSBT will be opening a national trial in the use of IV Iron post operatively. One of the study arms in this will include the use of EPO. He asked how embedded this is in Leicester Spires process, protocols and policies or is it more on an ad hoc basis?
- CC responded by saying that this is written in the appropriate use authorisation guidelines at Leicester and is used discretionally in some pre-op assessments. EPO has also helped with surgeries that happen within a very short time frame.



• It was also noted that this is being used in some pre-op Ortho assessments.

# **Point of Care Transfusion Using Haemocue**

- JC asked who would use Haemocue prior to transfusion or request a full blood count from the Lab?
- There was a mixed response with some highlighting concerns with Heamocue not being controlled correctly. JC shared the process at Chesterfield where Quality Assurance on the machine is carried out every 24 hours. They transfuse on the back of Haemocue because of the strict protocols in place.

# **Submitted Hospital Transfusion Committee Reports**



## **Key Notes**

- Go live with Blood 360 fridge lock down (upgrade from Blood Hound).
- New pathway document for local hospice to reduce ordering and collection errors.
- Plan to explore TEG, trialling later in 2021 for management of abnormal haemostasis.
- Continue to support new trust pre-op iron policy during recovery phase.



## **Key Notes**

- Use of O RhD+ blood for adult males and females >50 years old in emergency situations is going very well.
- New process for prophylactic Anti-D deliveries by Derbyshire Blood Bikes. No delays help to prevent wastage.
- ROTEM on trial in general & obstetric theatres last year.
   Obstetrics currently building a business case to secure one.
- RDH have been participating in the, "Demand for blood components" audit during the pandemic.



#### **Key Notes**

- The introduction of platelet function testing to guide transfusion decisions in cardiac and interventional cardiology surgery.
- Supporting convalescent plasma trials during Covid19
- Traceability approaching 100%





#### **Key Notes**

- Implemented AMAT traceability and care pathway systems which has seen good progress.
- Reviewed and improved local MSBOS which reduced component wastage.
- MHP project underway to review and improve the major haemorrhage pathways for Lab and Clinical staff.
- In the process of replacing frozen product storage units.



# **Key Notes**

- Trust now using TEG
- Improvement in the management of abnormal haemostasis.
   Emergency department now using Vitamin K earlier in the pathway.
- Starting process alongside KMH for upgrade of Winpath to Enterprise.
- In the early stages of looking at the process to supply Helimed for Coventry 2RBC and 2FFP every day.
- Interface meeting with theatres, ED, Haematology and Maternity meets every two months to discuss areas of concern which has a higher attendance rate than the HTC. TOR in place with ED and Theatres.



# **Key Notes**

- Anaesthetist looking to trial Rotem
- Issues trending around MHP activation which resulted in delays getting blood to patients on both main sites. Full MHP process review led to the trust going via the 2222 medical emergency route.
- Air ambulance stocking O+ units from 1<sup>st</sup> June. FFP will also be provided and transported to QMC after 48 hours with the aircraft to limit wastage.

# 4. Feedback from RTC Tasks Groups

#### 4.1 Audits



Data collected for the use of blood component in Covid 19
patients. An abstract has been completed for the BBTS. The
outcome of this was that product use in these patients was
low except when in ITU/ECMO patients who used around
one unit per patient which was mainly plasma.



- A national interoperative cell salvage survey which is waiting to be released which is being coordinated by Alastair Jones from the Welsh Blood Service.
- The O pos to Bleeding Men survey is currently active.
- The pilot has been launched for the Reversal of Vitamin K Antagonist and DOAC Associated Bleeding led by Dr Chowdhury. Currently running at 63 sites and up to 60 cases per site.
- Funds have been allocated to work with the company that runs the online audit facilities.
  They have developed a smart report which is in the preliminary phases of being piloted.
  This will mean that BH will be able to provide individual hospitals access to this platform so they can retrieve their own data and reports.

## 4.2 Education and Training Group

#### Non-Medical Authorisation Course

- This took place virtually on 20<sup>th</sup>-21<sup>st</sup> April with sixteen delegates in attendance.
- It was a massive effort for the training and education group to set this up as an online course. JSh thanked everyone involved.
- The course went really well with very good feedback.
- MS Teams Breakout Rooms was utilised to keep the interactivity for the case studies.
- The next course is the 14<sup>th</sup>-15<sup>th</sup> October.

#### Annual Symposium

- Unfortunately, due to the pandemic we were unable secure speakers for the event.
- When we transition into the Midlands Region, we will be joining with the West Midlands for their education sessions.
- There has been a lot of national education available over the pandemic including SHOT webinars and the BMS Empowerment Group.
- In the future we will be looking at joint events alongside the national program.
- The West Midlands have concentrated their efforts hosting very short virtual educational sessions during lunch times who will extend the invites to the EM region.

# 5. Feedback from NBTC Meeting March 2021

## **Boundary Re-alignment**

- This is an alignment and not a cost saving exercise. JSh will be continue with the East Midlands and will also take on the West Midlands when we become The Midlands region.
- We will now require an assistant chair for the East to assist Falguni Choksey in the West. They no longer have to be a registered medical practitioner; it can now be healthcare professional registered with a national regulatory body who are involved in the transfusion process. JC formally asked the RTC for expressions of interest for the position.



## 6. NHSBT Matters



## **Highlights**

- The O pos to Bleeding Men steering group met in April and after a slow start due to the pandemic it is now moving forward.
- When the benchmarking survey results have been analysed, they will then be divided up into regional data.
- We want to share good practice both regionally and nationally to help Trusts who are facing challenges in implementing this initiative.
- PBMP support for NE and Y&H will be supported by Charlotte Longhorn and JSh will be moving to supporting The Midlands region as a whole.
- There is a new Anaemia e-learning package which is available for teaching within the Trusts. The certificated version will be via ESR/ eLearning for health, but non-certificated learning will be available on the hospitals and science website.
- JSh promoted the Blood Assist App.



# **Highlights**

- RC gave feedback on the results of the Customer Satisfaction survey.
- There was an update on prices for 2021/22.
- Please continue to hold your convalescent plasma stock as we await advice from DHSC.
- NHSBT has started to collect plasma for fractionation. This is in pilot stage for an initial three months.
- Please use our website for information about NHSBT services and check "The Update" each month.



# Highlights

- RCI activity has risen recently.
- Turnaround times have increased slightly, largely due to supporting colleagues in other regions who have been experiencing staffing issues due to the pandemic.
- MHRA ISO update regarding accreditation has had an extension to scope. Full remote re-accreditation was completed with excellent results. The MHRA inspection will take place w/c 7<sup>th</sup> June 2021.
- An update was given on the new RCI 1A form which will be rolled out very shortly but DW urged hospitals to use up old stock.
- Asked Hospitals to notify the lab for x-matches and other urgent work via telephone to allow them to prioritise and plan.
- The NHSBT bank run may take a little longer, DW requested that if in doubt ask the driver when they are expected back at the centre.



# 7. Feedback from RTC Associated Groups

# **EM Transfusion Practitioners Group**

- The last TP meeting was on 18<sup>th</sup> May which was very well attended with good interaction.
- Despite the pandemic the group has continued to support each other via email.

## **National Transfusion Practitioners Group**

National TP Network

- The National TP Network is linked to the NBTC and covers the RTC regions. Their conference will be held at the end of June. The are looking at standardised TP job description.
- Looking at TP competencies as part of transfusion 2024.

# BBTS TP Group

- This covers the whole of the UK
- They are looking to develop a TP Teams area where we can store documents and ask questions which is under trial.

# **Barnsley User Group**

- The last meeting was in April and the previous minutes were agreed.
- A survey was completed to the wider group as to how they want the BUG to go forward after the amalgamation of two areas.
- There were some clear indications from the survey to have three meetings per year, two via Teams and one face to face.
- A "Terms of Reference" document will be drafted after the survey results deemed this necessary.
- The presentation by Rob Stirk as the co-chair regarding the removing of hard copy report cessations was very interesting.

## 8. AOB

None to notate.

## 9. Date of Next Meeting

22<sup>nd</sup> November 2021

## RTC - Action list

Item No	Action	By Whom
5	Asked for Expressions of Interest for the Assistant RTC Chair role.	All