

EAST OF ENGLAND REGIONAL TRANSFUSION COMMITTEE

Minutes of the meeting held on 11 February 2020 at the DoubleTree by Hilton Cambridge Belfry, 09:30am – 13:00pm

Attendance:

Name	Role	Hospital
Debbie Asher DA	EPA Network Manager	NNUH
Claire Atterbury CA	TP	Queen Elizabeth, KL
Matthew Barter MB	TP	Queen Elizabeth, KL
Gilda Bass GB	TP	West Suffolk
Donna Beckford-Smith	TP	Watford
DBS		
Eleanor Byworth EB	TLM	Colchester
Stephen Cole SC	HTC Chair	Colchester
Camilla Conway CC	TLM	Ipswich
Lisa Cooke LC	Consultant Haematologist	Queen Elizabeth, KL
Danielle Fisher DFi	TP	Luton & Dunstable
Kathy Ford KF	TP	NNUH
Dora Foukaneli DF	Consultant Haematologist	NHSBT / Addenbrooke's
Teresa Green TG	TLM	Southend & Basildon
Joanne Hoyle JH	TP	West Suffolk
Monzeer Ibrahim MI	TP	Addenbrooke's
Nicola Jones (Chair) NJ	Consultant, RTC Chair	Royal Papworth
Georgie Kamaras GK	HTC Chair	Luton & Dunstable
Michaela Lewin ML	Lead TP	Addenbrooke's
Cathryn McGuinness CMc	TLM	Princess Alexandra
Martin Muir MM	Laboratory Manager	Royal Papworth
Clare Neal (Minutes) CN	RTC Administrator	NHSBT
Sheila Needham SN	TP	Lister
Tracy Nevin TN	TP Chair	Princess Alexandra
Tina Parker TP	TP	Broomfield
Laurie Phillipson LP	Clinical Manager	Essex and Herts Air
		Ambulance
Kath Philpott KP	TLM	Addenbrooke's
Frances Sear FS	PBMP	NHSBT
Becky Smith BS	TP	Ipswich
Mark Stoker MS	HTC Chair	Peterborough
Laura Wilmott LW	TLM	Peterborough
Stephen Wilson SW	HTC Chair	NNUH

Apologies: Mohammed Rashid **MR,** Andy King-Venables, Dharini Chitre, Kaye Bowen, Claire Newsam, Karen Baylis, Dipti Chitnavis, Alex Hudson, Allan Morrison, Janet Pring, Joseph Barry, Sharon Kaznica, Sarah Clarke, Isabel Lentell, Julie Jackson, Claire Sidaway, Julie Edmonds, Teresa Nicholas, Niven Akotia, Noha Gasmelseed.

1. Welcome: NJ Welcomed everyone to the meeting.

Minutes of last meeting: Minutes were agreed as correct. Actions from previous meeting minutes were discussed.

- Action 1 This is being looked at nationally so will be fed back once completed.
- Action 2 This has been raised and there is a lot of work involved.
- Action 3 ML will share work that has been done.



East of England Regional Transfusion Committee

- Action 4 Any updates will be included with the minutes.
- Action 5 This will be discussed at RTT. If anyone has any suggestions, please share these.
- Action 6 will be sent out once TLM's confirmed.
- Action 7 Ongoing and will update later in the year.
- Action 8 Guidelines have been updated and will feedback.
- Action 9 Hamish Lyall HL has stepped down as Deputy Chair. Thank you HL for all your active
 work for the RTC and RTT. If anyone is interested in this role or would like to nominate someone
 else, please let NJ know ASAP.

2. Update – NBTC / RTC Chair Group

Discussion has taken place about how RTC meetings are run nationally and how much participation is at the meetings. HTC are encouraged to come and speak at meetings to discuss what is happening in local hospitals. **DF** felt that this would be really useful for East of England. There would be more understanding on how others are working, improving practice, morale and promoting standardisation. East of England RTC has around 20 hospitals so about 7 hospitals could feedback at each meeting. A template could be created for the HTC to follow. This can be considered for the next RTC.

3. Regional Update

FS presentation attached.

FS took the opportunity to thank everyone who presented and attended the Transplant and Transfusion Study Day in November. BMS Study Day is planned for 1st May and will be advertised via TLM's. If anyone has any ideas regarding a main education day, please share these. Julie Jackson **JJ** and **ML** have agreed to assist with reviewing the toolkits.

TP Update - TN discussed the most recent TP Meeting. A table top exercise was completed looking at how TP's can help lab staff. Key points to look into further were to open up training so that TP's can see how lab staff work and vice versa. Ensuring communication was clear was also very important. Work is ongoing with the National TP Network and Regional Audit. **TN** is visiting Anglia Ruskin University to look at what training is involved for different levels of staff.

TADG Update - **KP** discussed the most recent TADG Meeting. UKAS inspections across the region are varying. It is taking varying amounts of time to get into the system. There is variability with how long it takes to have an inspection, how much notice you are receiving before an inspection and how the inspections are taking place. NHSBT has been advised that theirs will be a desktop inspection rather than face to face. MHRA set up education days. These consist of having 8 people in a room for a 2 hour presentation and then discussions. **KP** will feedback after attending in March. There was a major incident dealt with between Addenbrooke's Hospital and Hinchingbrooke Hospital. Following this, policies needed reviewing and mass casualty drills need to take place. Nationally there is a senior competency on the horizon. **KP** asked if there was a regional Quality Managers Meeting and should they be invited to RTC. **KP** will look into further.

NJ highlighted how much work had been taking place across both groups within the region.

4. Supply and Demand Changes – Update from NBTC and Discussion of Regional Data

A recent presentation had given a view of the National picture. **FS** had some data that gave a regional picture. **DF** explained that many Trusts are asking for O D Neg to be as fresh as possible. Is there a reason why? **TG** was unsure why this was the case for Basildon so would need to investigate further. **LW** suggested that having remote satellite fridges may contribute to this as staff are not always available to check fridges regularly so having 'as fresh as possible' helps with this. Basildon Hospital is close to London where there are higher numbers of Sickle Cell patients, does this contribute? **EB** noted that demand over the Winter / trauma and Air Ambulance all have an impact.

It would be good for hospitals to feedback anything that may affect data. **DF** reassured the meeting that the data for East of England is the best Nationally. Good work practice needs to be shared so everyone has an understanding of what East if England are doing and what works. Is it active stock management,



East of England Regional Transfusion Committee

how we operate and audit and changes? **JH** advised that West Suffolk look at wastage monthly. **NJ** asked if every HTC look at use / wastage. Is this talked about within their meetings and is the information easily available. **DA** advised that if NNUH see a raise in data, this is audited. Referring to the Top 10 Tips is useful. **LW** felt that one area of improvement is communication. Peterborough had an incident where O Neg was taken, however the lab had cross match blood ready. If staff communicate about how long issuing of products will take, people may not be so quick to take O Neg. Staff also need to have confidence with the issuing of products.

Platelets has increased. **MM** advised that Papworth have increased their adhoc requests as are now being asked to provide 2 units rather than 1. **LW** noted that demand in the Haematology Day Unit is higher. **DF** asked if regionally there should be an audit.

NJ felt that if the data could be circulated it would be good for each hospital to analyse their data. This will be looked at further as to if and how this data can be circulated individually.

5. Presentation: Blood on Board

TN presentation attached.

6. Presentation: Introducing Blood on Board to Essex and Herts Air Ambulance LP Presentation attached.

CMc noted that one of the challenges is rotation of stock. It has been suggested about using NHSBT as a direct supplier to help with management and rotation. **DF** asked what trauma network they cover. **LP** advised that even though they work within East if England they do go to London so attend both Network meetings. **LC** asked if they find out the outcomes of patients receiving blood on board. **LP** advised that due to data protection they don't always find out the outcome as information is not always free flowing. **CMc** felt that knowing outcomes would really boost lab staff to see the benefits of supplying blood on board.

7. OD Positive Units

TN asked if anyone had any good practice that could be brought to the RTC or TP Meeting. This would really help when going live with the National Comparative Audit. **NJ** suggested bringing examples of what is going on in the region to the next RTC.

8. CQUIN CCG10 Iron Deficiency Anaemia

This is now available – please be aware of the content.

9. NHSBT Update

MR was unable to attend the meeting. If there are any urgent issues that need communicating, this will be circulated before the next meeting. Please look out on the Hospital Science Website for any updates.

10. AOB

TP asked about SPICE and special requirements not being available. Not all hospitals have the agreement to enter onto SPICE.

CMc noted that Blood Donor Day is on June 14th.

DA noted about babies being given consecutive hospital numbers. **CA** noted that they had this issue when twin girls were born with the same initials and then going on to have babies at the same time.

NJ thanked everyone for attending.

Date of Next Meeting and Close

Tuesday 12th May 2020, Holiday Inn, Impington / Thursday 22nd October 2020, Holiday Inn, Impington



Presentations circulated with the minutes

- FS Regional Updates
- TN Presentation Blood on Board
- LP Presentation Introducing Blood on Board to Essex and Herts Air Ambulance

Actions:

No	Action	Responsibility	Status/due date
1	Fax Machines – ongoing work Nationally	ALL	Update at next RTC 12 May
2	TP Competencies	ML Share work completed	Update at next RTC 12 May
3	Blood being re-stocked by NHSBT	MR – will ask for update on return and circulate	ASAP Update at next RTC 12 May
4	Top Ten Tips	FS – await agreement from TADG CN – Arrange to be put on website	Update at next RTC 12 May
5	New Protocol for G+S Samples from ED	Luton & Dunstable	Update from April 2020
6	Audit – Compliance with NICE Guidelines for using Tranexamic Acid in patients with predicted blood loss of >500mls	West Suffolk	Update from April 2020
7	Appoint new RTC Vice Chair – Nominations to go to NJ	All Chair	Update at next RTC 12 May
8	Feedback on MHRA Study Day	KP	Update at next RTC 12 May
9	Regional Quality Managers Meeting – is there one, should they be invited to RTC	KP	Update at next RTC 12 May
10	Supply and Demand Challenges	ALL Advise of any reasons for supply and demand changes. Share and analyse data if possible. Please let us know what type of data would be useful to present for discussion at future meetings i.e. which components, specifications or trends.	Update at next RTC 12 May