EAST OF ENGLAND REGIONAL TRANSFUSION COMMITTEE

Minutes of the meeting held on Thursday 17th June 2021 via Microsoft Teams, 10:00am – 13:00pm

Attendance:

Name	Role	Hospital
Dora Foukaneli **DF**	Consultant Haematologist	NHSBT / Addenbrooke's
Frances Sear **FS**	PBMP	NHSBT
Clare Neal **CNeal**	RTC Administrator / Minutes	NHSBT
Mohammed Rashid **MR**	Customer Services Manager	NHSBT
Susan Turner **ST**	TP	Colchester
Noha Gasmelseed **NG**	Consultant Haematologist	Luton & Dunstable
Stephen Wilson **SW**	HTC Chair	Norfolk & Norwich
Loraine Fitzgerald **LF**	TP	Bedford Hospital
Rebecca Smith **RS**	TP	Ipswich
Katherine Philpott **KP**	TLM / TADG Group Chair	Addenbrooke's
Suzanne Docherty **SD**	Consultant Haematologist	Norfolk & Norwich
Cathryn McGuinness **CMc**	TLM	Princess Alexandra
Joanne Hoyle **JH**	TP	West Suffolk
Julie Jackson **JJ**	TP	James Paget
Tina Parker **TP**	TP	Broomfield
Teresa Green **TG**	TLM	Southend & Basildon
Donna Beckford-Smith **DB-S**	TP	Watford
Benjamin Sheath **BS**	TP	Watford
Alison Rudd **AR**	TP	Norfolk & Norwich
Georgie Kamaras **GK**	HTC Chair	Luton & Dunstable
Danielle Fisher **DF**	TP	Luton & Dunstable
Jane Tidman **JT**	TLM	Lister
Lisa Cooke **LC**	Consultant Haematologist	Queen Elizabeth, KL
Terri Perry **TPe**	TP	Milton Keynes
Caroline Lowe **CL**	TP	Milton Keynes
Gilda Bass **GB**	TP	West Suffolk
Joseph Barry **JB**	TLM	West Suffolk
Carol Harvey CH	EPA Network Manager	NNUH
Kaye Bowen **KB**	TP	Peterborough
Ilyaas Guure **IG**	Data Analyst	NHSBT
Tanya Bancroft **TB**	TLM	Peterborough
Jasmin Beharry **JB**	TLM	Milton Keynes
Helen Dakers Black **HDB**	TP	Addenbrooke's
Frank Baiden **FB**	TLM	Queen Elizabeth, KL
Karen Baylis **KBa**	TP	Lister
Sheila Needham **SN**	TP	Lister
Dr Robin	Consultant Haematologist	Colchester
Anass Ahmed	Junior Doctor	Luton & Dunstable

Apologies: Nicola Jones, Jane Preston, Martin Muir, Sarah Parsons, Lynda Menadue, Charlotte Alford, Claire Sidaway, Perumal Tamiselvan, Tracy Nevin.

1. **Welcome:** **DF** welcomed everyone to the meeting. **DF** is chairing the meeting in the absence of **NJ**. Introductions were made by those in attendance.

   Minutes of last meeting: Minutes were agreed as correct. Please forward any amendments to **CN**.

Actions from previous minutes

- Action 1 – Complete
- Action 2 - **FS** in progress.
- Action 3 – Please contact **CNeal** if you would like to join the Education Working Group.
- Action 4 - **FS** this was looked at but are waiting for some national guidelines. If anyone has any feedback, please do let us know.
- Action 5 - **FS** expressions of interest have been made, discussions will take place with **NJ**.

2. NBTC Update

DF has reviewed the minutes from the last NBTC meeting.

- On the NHSBT website you can find the Transfusion 2024 recommendations. The link will be circulated with the minutes.
- NHSBT have committed to significant research over the next 5 years, some of which is linked to the Transfusion 2024 recommendations. Data and evidence will need to be collected from hospitals to drive clinical transfusion practice as well as planning for activity. Applications closed in May 2021, hopefully we will see more data collection and evidence for the future.
- Convalescent plasma trial has completed with no significant benefit to patients. It is hard to know why convalescent provided no benefits.
- In terms of demand and planning, the OD negative remains a significant challenge. We have good levels of OD negative but there is a level of fragility. There are two streams of work from the OD Negative Working Group who report to NBTC, one is the promotion and safe usage of OD positive blood for major haemorrhage / trauma patients where appropriate and the second stream is collaborative work with air ambulances in order to carry alternatives. This is work in progress. Any feedback in relation to demand is essential especially whilst we move through catching up with waiting lists and as we move into autumn / winter with not knowing how the pandemic will progress.
- In relation to patient blood management, and NICE quality standard, an audit is going to take place for treatment of peri-operative iron deficiency and usage or tranexamic acid, re-assessment of patient after every unit transfused and information for patients receiving transfusion. Some hospitals have been contacted for expressions of interest for a pilot starting in June.
- Anaemia is another area of significant discussion.
- NBTC indication codes have been published.
- NHSBT Blood Assist App is up and running.
- Patient information leaflets have been updated or are in the process of being updated.
- Non-medical authorisation courses have taken place virtually and more are planned.
- Another area of concern for NHSBT is the platelets supply stability. It is important to maintain communication with NHSBT regarding special platelets. The issue around AB negative remains an issue and the emphasis is to be utilised where absolutely appropriate.
- There were updates regarding education. BMS training - an MSc is in development for transfusion and transplantation science.
- A new director for blood transfusion has been appointed for NHSBT - Dr Shah. Dr Shah has significant experience in Thalassemia and Sickle Cell patients. This is an area of concern for NHSBT and for the wider NHS. We need to improve support for these patients in terms of appropriate blood collection, provision of blood with appropriate specifications at the quantities required in a timely manner. Hopefully we will see some improvements in the future.

There has been a RTC Chairs meeting. At this group, discussion has taken place around regions and boundaries. We would like to give a very warm welcome to Milton Keynes who have joined the East of England RTC. There was discussion around the UK Cell Salvage Group, further updates will follow. There are currently discussions between the UK Cell Salvage Group and the Royal Colleges because the standards and utilisation of cell salvage need to be incorporated at the Royal Colleges activities in a

more formal way. **DF** I did not attend the meeting but hope the information was useful. The next meeting is planned for Monday 27th September. **DF** is there any questions?

3. Regional Update – Feedback from TP and TADG Group

FS Presentation attached.

TP Group – there was no update from the TP Group.

TADG Group - **KP** as part of the TADG we have been updating the shared care form. This was circulated this morning. If everyone is in agreement with it then we can circulate. **DF** it would be nice for everyone to review. **FS** this will be circulated with a 3 week date for any amendments before being agreed. **KP** we have had lots of discussions around the use of O positive, in trauma and the use on air ambulances. We have O negative in emergency fridges but for major haemorrhage packs we do use a lot of O positive for trauma. Addenbrooke's and NNUH are restarting to provide blood for the East Anglian Air Ambulances, it will continue to be O negative. This is on the back of the REPHILL trial. The REPHILL trial was to try and determine whether pre-hospital blood is better for patients outcome. East Anglian Air Ambulance have decided to put blood on the air ambulance even though the trial report is not out yet. MAGPAS Air ambulance would like to wait to see the outcome of the trial. They are working with NHSBT to partake in a trial to use whole blood. There is challenges and logistical issues with putting whole blood on air ambulances. **DF** I suspect this blood cannot be used for anyone else. **KP** there is discussion about returning to NHSBT.

KP there is a document that came out about emergency preparedness. This is how to handle situations such as department evacuations and there is talk about having simulations for these situations. Recommendation is to incorporate this into business continuity plans.

At the last meeting there was a lot of discussion on UKAS inspections. These have taken place virtually. These have been difficult as we have had to provide a lot more information before the event. They are asking us to pre-prepare videos of assessments / tours and they are very time consuming. There is an issue with hospitals that want to become accredited but can't be as they are not doing face to face inspections.

There is interest in providing and supporting BMS staff training. We are all doing in house presentations and it may be worth looking at providing basic BMS training virtually regionally / nationally. **FS** it would fit perfectly with the education working group. The MSc in Bristol is starting in September. I am the laboratory manager consult for that group, so have been asked to write exam papers.

KP with regards to NHSBT financing. Some hospitals are saying they are paying 25% more. We are definitely paying more than we were in the past. It would be good to look at the model. **MR** I don't have any updates but this is a model that come from a government level. **KP** it is cheaper but there is an increase in our costs due to the model. **MR** if it is raised at a national group it will be raised and fed back to NHSBT at a higher level.

DF a huge thank you to **KP** for assistance with haematology trainees training.

4. NHSBT Update

MR Presentation attached. **DF** any questions or comments for **MR**?

CH has asked if we can get a list of questions that RCI ask on the telephone. **MR** yes I will email the form.

DF if blood is required for patients with haemoglobin less than 60 and samples go to RCI. RCI involve the Onco-Haematology Consultant to confirm a plan is in place if a patient deteriorates before the

completion of investigation. Do the lab managers group want to create some guidance / a tool for the region? We could develop and share nationally. Hospitals do not understand the process. **KP** I understand the situations, we have got a meeting next week so we can discuss and share in the future. **DF** this is something that needs to be shared beyond this region.

5. **Presentation – Audit on the use of prothrombin complex for reversal of warfarin and other oral anticoagulants done at the Luton and Dunstable Hospital.**

DF thank you very much for this interesting presentation, any questions or comments. **JJ** had you got any reason for the INRs not done. **NG** this audit was done as we didn't feel like they were doing it as per guidelines. The guidelines clearly show when to do the INRs post dose and this to guide further doses as needed. We felt there was a lapse. I don't think we have justification, maybe lack of documentation and awareness and that's why we recommended a flow chart to guide those junior doctors. **JJ** thank you. **GK** thank you for your audit, the main issue is an education issue so people are not aware of best practice. Since this flow chart has been introduced, we now stock octaplex in our emergency department to avoid delay. We will improve on this but it is mainly an education issue. **SW** it is been going on for quite some few years. We are still getting problems with education. We need to get the message across and know how we make an impact to avoid discussing the same things. **NG** I would be interested in hearing if anyone else has used screen savers. **SW** there is so much that comes up that I wonder if people actually notice them. **DF** it is a huge achievement, now we have to fine tune it and use it even better. The flow chart is a start, maybe it can be demonstrated in the same way as the major haemorrhage charts. We are all puzzled from handling patients on DOACS. Will Thomas, Addenbrooke's done an excellent presentation, maybe we can ask him to present at another meeting. **NG** we are planning to re-audit in 12 months. **DF** it would be great to see the re-audit.

6. **Presentation - Transfusion Excellence Award**

JJ Presentation attached.

DF thank you very much. **JH** this is brilliant. We have started sharing excellent practice as part of our HTC. This will be a permanent agenda item. **JJ** this will be a Trust wide initiative so everyone can see it on the Trust brief. **DF** that is a really excellent initiative and excellent lesson for everyone. **KP** it is a great initiative and great to recognise others achievements. **SW** trying to motivate staff and getting better compliance is really important.

7. **Presentation - Blood component usage during the two ECMO surges at Royal Papworth Hospital**

MM was unable to present at this meeting. This presentation will be given at a later meeting.

8. **Discussion on Post COVID Activity and HTC Updates**

FS opportunity to discuss hospital activity, any challenges or concerns and to share any good practice.

TPe I can't comment regarding surgery activity. Education wise, very early on in the pandemic, we recorded our powerpoints for each group and they were all added to ESR. We now have 12 packages on ESR so we were able keep up to date with mandatory training. We continued with competency training face-to-face. **CL** if you are interested to know how we achieved this**,** we have an abstract submitted to SHOT so you can access that. Compliance is 90%. **TPe** regarding incidences, we found a good way of learning from these, we liaise with ward managers and we set up 15 minute teams meetings and invite the ward staff / potentially lab staff but this enables us to get the information required out there. We intend to continue with this.

LF I am just doing two audits so I am going to be writing these up, one was looking at overnight transfusions and one was rejected samples. We will re-audit in a few months. Next month we are going to look at the consent audit. **DF** it would be good to share those audits with us.

SW our theatre activity changed dramatically. Patient's were not presenting at hospital like before. We were extremely busy and a lot of staff were re-deployed but I don't feel we have been affected drastically.

LC we are starting to get busier. We haven't seen any issues with regards to blood transfusion. We went live with a cascade trainers for transfusion competency assessment and that has had really positive feedback. We have a cascade trainers meeting next month to see how it is working but does seem to be working.

GB no comments about challenges that others having said. Making training interactive and interesting is always a challenge. We have conducted a maternity anaemia audit so we will repeat that audit in the future when changes are implemented. **DF** it would be good to present this audit at the meeting. **GB** we would be very interested in seeing the simulation training that has been discussed.

FB we will be discussing at our HTC, we rely on our PDA for sampling. Demographics are missing on the printout. We were wondering if any other hospitals have had any issues with this too? **LF** we have had this issue so that's why we are auditing. **JJ** we are going back to more handwritten samples as our PDAs are failing. We have had an influx on new staff such as phlebotomists to cope with COVID and they haven't been given the full sample training. **LC** it is going to be a huge problem for us with the PDA's being obsolete.

RS we are having an influx of patients, ramping up 7 day a week services. We are still sending off quite a few samples for Vit testing. Is there any work going on about results. **DF** we need to escalate to the national group. **RS** one of our seniors is doing massive haemorrhage and maternity massive haemorrhage as part of his masters project, so hopefully that can be presented at a later date.

TP very similar to other sites, surgery is taking place 7 days a week. We are having troubles with theatre stock (not blood) so cancellations have happened. Three hospitals have merged Basildon, Broomfield and Southend so we are looking at streamlining policies.

CMc thank you to NHSBT, we have got a 28 week antenatal patient we are investigating. It has been so easy to access information and access consultant support.

ST everyone else has mentioned everything. Colchester and Ipswich have joined now so working closely with **RS**.

HDB we have started rolling out a train the trainer programme. We have a lot of work to catch up on to get back on track. There was a delay on that due to COVID and staff were deployed to other areas. It was interesting to hear how other hospitals have been able to have mini meetings with ward managers. With regard to sample labelling, we have EPIC and equipment is not always there. We have set up a sample labelling working group to try and tackle WBIT, hopefully this will be a positive for sample labelling within Addenbrooke's.

KBa traceability has been an issue. At one point we were missing 600 labels. We have had more issues with sample errors. There have been problems with training as tried to keep it face to face. **SN** has been booking rooms and facilitating training. We have only been able to get 15 staff in a room rather than 50. Moving forward we have 60 foundation doctors coming in who need training and competency assessment. There has been a huge amount going on and we have also been trying to support the lab too.

GK with regards to trying to save o negative blood and using o positive. Is there any resources or guidance on transgender patients? We have not had any incidents as yet. **FS** there is a lot of work going on in the background. **DF** can you escalate to the lab managers group **KP**. **FS** there has been discussion around this on many different groups. **DF** would be good to escalate to TP group too. We need to get some answers to this now.

DBS nothing outstanding to report. Same issues as everyone else.

9. AOB

FS will see if **MM** can attend the next meeting. Any presentations for October agenda, please let us know.

LF we had an issue with endoscopy, they were bringing patients in with platelets of 50/60. We have designed an algorithm. We did say we would cancel endoscopy unless over 50. **DF** it would be nice to present at another meeting.

JJ I have had a couple of queries from clinical areas, one was from a pregnant lady who refused Anti-D unless it was from someone who hadn't had COVID vaccine. The other was from an orthopaedic patient. It was just to raise awareness. **FS** it has come up in other regions so someone is coming up with a response for this.

DF we have started gradually a trial of manufactured red cells that are produced in the labs. Clinical trial has started in Addenbrooke's. Major updates will be in September / October. This will be a huge step in medicine and hope to give you further updates at a later date.

LC with regards to the blood transfusion enquiry. Can anyone give me any guidance on patient notes that are about to be destroyed? Has anyone got any process that they follow? I thought if they had been transfused they shouldn't be destroyed. **DF** I think this should be escalated through NHSBT and hospitals governance department. **FS** would you be able to escalate through your team **MR**.

DF thank you for all your input to this meeting.

Date of Next Meeting and Close: Thursday 14th October 2021, 10:00am – 13:00pm via Microsoft Teams

Actions:

No	Action	Responsibility	Status/due date
1	Circulate Shared Care Form	**CNeal** **ALL to comment**	Comments in 3 weeks
2	Audits / presentations to present at future meetings:- • Overnight Transfusions / Rejected Samples • Maternity Anaemia • Endoscopy – platelet algorithm	 **LF** **GB** **LF**	
3	Presentations and agenda items	**ALL**	Advise **CNeal** to add to next agenda.