EAST OF ENGLAND REGIONAL TRANSFUSION COMMITTEE

Minutes of the meeting held on 31 October 2019 at the
DoubleTree by Hilton Cambridge Belfry, 09:30am – 13:00pm

Attendance:

Name	Role	Hospital
Niven Akotia **NA**	Consultant Anaesthetist, HTC Chair	Broomfield
Debbie Asher **DA**	EPA Network Manager	NNUH
Joseph Barry **JB**	Senior BMS	West Suffolk
Gilda Bass **GB**	TP	West Suffolk
Kaye Bowen **KB**	TP	Peterborough
Sue Bradley **SB**	Consultant Haematologist	Watford
Eleanor Byworth **EB**	TLM	Colchester
Camilla Conway **CC**	TLM	Ipswich
Lyndsey Cubitt **LC**	Anaesthetist	West Suffolk
Mohammed Elkarim **ME**	Advanced BMS	Colchester
Loraine Fitzgerald **LF**	TP	Bedford
Dora Foukaneli **DF**	Consultant Haematologist	NHSBT / Addenbrooke's
Joanne Hoyle **JH**	TP	West Suffolk
Nicola Jones (Chair) **NH**	Consultant, RTC Chair	Royal Papworth
Georgie Kamaras **GK**	HTC Chair	Luton & Dunstable
Isabel Lentell **IL**	Consultant Haematologist	West Suffolk
Michaela Lewin **ML**	Lead TP	Addenbrooke's
Hamish Lyall **HL**	Consultant Haematologist	NNUH
Lynda Menadue **LM**	HTC Chair	Peterborough
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
Kath Philpott **KP**	TLM	Addenbrooke's
Swati Pradhan **SP**	Consultant, HTC Chair	Bedford
Janet Pring **JP**	TP	NNUH
Mohammed Rashid **MR**	Customer Services Manager	NHSBT
Frances Sear **FS**	PMB	NHSBT
Ben Sheath **BS**	TP	Watford
Claire Sidaway **CS**	TLM	Hinchingbrooke
Laura Wilmott **LW**	TLM	Peterborough
Sarah Wills **SW**	EM Trainee	Luton & Dunstable
Carol Harvey **CH**	Validation Lead	NEESPS

Apologies: Cathryn McGuinness, Helen Dakers-Black, Cathy Flatters, Julie Edmonds, Andy King-Venables, Claire Atterbury, Ellen Strakosch, Luke Hounsom, Lesley Denham, Debo Ademokun, Sharon Kaznica, Becky Smith, Sarah Clarke, Allan Morrison, Claire Newsam, Kathy Ford, Tamilselvan Perumal, Alexandra Hudson, Donella Arnett, Sue Turner, Gerald Glancey, Julie Jackson.

1. **Welcome:** **NJ** Welcomed everyone to the meeting.

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

1) **FS** presented some slides on the survey which was sent out about fax machines. **MR** advised that NHSBT are currently finalising guidelines. **SB** is concerned that if there is a major incident there also needs to be a back up such as a phone-call. **DA** advised NNUH had an issue previously and fax was their only communication. **MR** noted the guidelines will be advertised once agreed. **NJ** questioned whether there was still time for the RTC to feed comments to the senior team before they are finalised. **HL** is concerned that generic email accounts could cause problems as they are not always checked. **NA** staff need to endure that the generic email account is added onto their own email so that it is routinely checked. **CS** said staff still rely on phone calls to follow up faxes / emails especially at night. Email concerns to **MR** to feedback.
2) NBTC meeting was busy and therefore WBIT is timetabled as a point for the next meeting.
3) **ML** will re-share TP competencies.

2. Update

NJ updated on RTC Chairs and NMTC meetings. The RTC update will be circulated with the minutes. The meetings discussed membership and how meetings are delivered, some are being held as a teleconference. Education events are being held as shared events by regions rather than just being delivered by one region.

DF advised the O D Neg survey has been published. Everyone needs to look at ways of conserving levels of O D Neg as there is no way to increase levels. East of England remains one of the best regions so **DF** thanked the RTC for how everyone works together. It was suggested that there could be a session as the next RTC around guidance. Stock should be shared and blood accepted back. **LW** explained that Peterborough had a patient who was transferred to a different area and the blood wouldn't be accepted by the Quality Manager. **FS** noted London also doesn't accept blood. **ML** queried why hospitals will share stock but NHSBT will not re-stock blood that has been issued. **MR** will feedback comments.

NJ explained there is a move to have a National TP Competency. **KB** advised that there would be a generic competency that Trusts could add / remove areas relevant to them as some may need to follow different pathways. It would be wrong to make one competency to fit all. **TN** felt there would need to be levels of competency. DA felt that when there is a network of hospitals, roles can change for TLM's and TP's. KB agreed and also felt that requirement by the Trust / Network could be very different to those of the individual department.

NJ advised that part of the Summary 2024 Recommendations was for hospitals to become accredited for transfusion. DA was invited to several teleconferences. Understanding at top level is lacking and therefore a huge amount of training is needed.

3. Regional Update

FS presented.

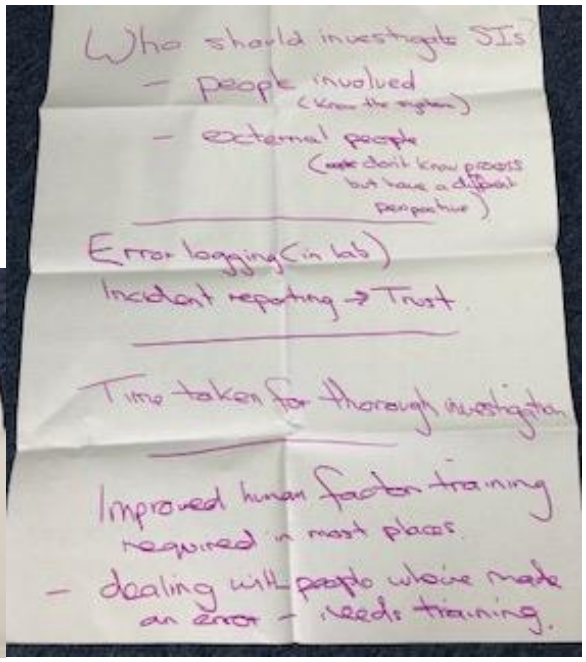
FS asked the group to feedback any concerns regarding the venue to **CN**. If there are no concerns then future meetings will hopefully be held here again.

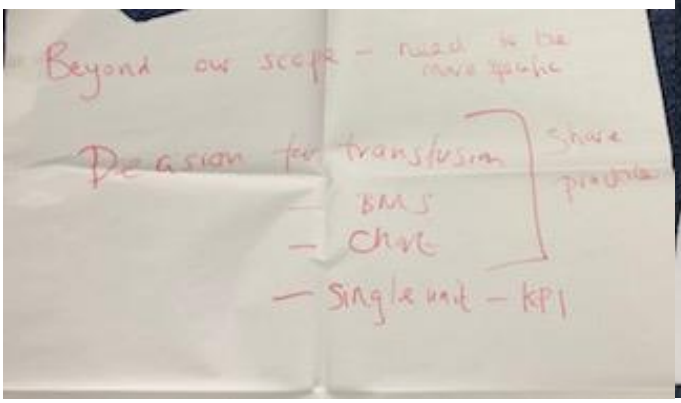
FS asked for any ideas for study days for 2020 to be shared. Top Ten Tips has been revamped and will be sent to the TADG group for comments. It can then be put back onto website. TP Group is now chaired by **TN**, Becky and Julie Jackson are Vice Chairs. **KP** will chair the TADG group.

TN fed back about the recent joint TP & TADG Meeting. Everyone found the donor teams presentation on exchange visits beneficial and a few hospitals have expressed an interest in taking part in this.

4. **A GxP Compliant Validation of Blood Bank LIMS**
CH presented.
NJ thanked **CH**. The information provided was very useful. **DA** queried what resources are needed. CH noted they requested 1 WTE back fill. It took 6 weeks for testing. There needs to be a business case put in place in order to request a back fill.

5. **SHOT**
NJ presented.
Copies of group work on flipcharts are below.





6. **New Protocol for G+S Samples from ED**
SW presented.

GB asked how it was perceived by others. **SM** advised it was harder with senior doctors, however, new doctors starting didn't know any different. **GK** noted they highlighted to staff that they were trying to protect them with the new process. **SM** explained that tubes are pre labelled with a letter and someone has to go and get it from a locked cabinet. The key for the cupboard is with the emergency keys. **GK** the lab keeps a log and when you contact them they tell you to pick tube L. The letter is clearly labelled on the tube and top of the tube. **LM** felt that it was great but wasn't sure how staff would could cope with the extra telephone calls. **GK** advised that they are seeing 300 people a day but only 10 samples are needed. **LW** was disappointed with the SHOT report that it stated 'in an emergency to forget the second sample'. **TN** advised that Princess Alexandra have a similar process but the second sample is in a different coloured tube. **KP** asked what the time is in between the 1st and 2nd sample in a trauma case. **GK** explained that it could be minutes.

NJ asked if an update could be brought to the RTC in 6-12 months time.

7. Audit – Compliance With NICE Guidelines for using Tranexamic Acid in patients with predicted blood loss of >500mls

LC presented.

NA congratulated LC on a through piece of work. It was discussed whether it was the Surgeon or Anaesthetists responsibility. **LC** advised teams should be saying, this is what we should be doing and then asking have we done it. **NA** asked what patients starting levels were as primary hip operations shouldn't be having any blood loss.

TN asked when there is a loss of >500mls post delivery whether tranexamic acid is given. **NA** noted it is standard for twin pregnancies and pre-eclampsia. Some do give it. **LM** felt that this wouldn't necessarily happen on the wards. **LC** noted that it needs to be looked at what is being done outside of a theatre such as on a ward.

NJ asked if an update could be brought to the RTC in 6-12 months time.

8. NHSBT Update

MR presented.

9. AOB

HL has stepped down as vice chair to the RTC. **NJ** would like to thank **HL** for his involvement with the RTC. A new vice chair will be appointed in due course.

TP has passed her masters. Everyone congratulated her. **NJ** suggested a discussion about what is involved.

DF advised that everyone needs to familiarise themselves with the emergency planning updated guidelines.

ML was disappointed in the support given to them on World Donor Day by NHSBT. There was only engagement in them actually donating but nothing else.

Date of Next Meeting and Close

Tuesday 11th February 2020, Venue to be confirmed
Tuesday 12th May 2020, Venue to be confirmed
Thursday 22nd October 2020, Venue to be confirmed

Presentations circulated with the minutes

- **CS Update October**
- **FS Regional Update October**
- **NJ RTC October 2019**
- **Regional Transfusion Committee Presentation**
- **Use of Tranexamic Acid**
- **A GxP Compliant Validation**

Actions:

No	Action	Responsibility	Status/due date
1	Fax Machines – email concerns to MR to feedback before guidelines advertised.	ALL	ASAP
2	WBIT – NBTC Meeting	NJ	Next NBTC Meeting

3	TP Competencies	ML	ASAP
4	Blood being re-stocked by NHSBT	MR	ASAP
5	Topics for 2020 Events	ALL	Next Meeting
6	Top Ten Tips	FS – Circulate to TADG CN – Arrange to be put on website	Next Meeting
7	New Protocol for G+S Samples from ED	Luton & Dunstable	Update from April 2020
8	Audit – Compliance With NICE Guidelines for using Tranexamic Acid in patients with predicted blood loss of >500mls	West Suffolk	Update from April 2020
9	Appoint new RTC Vice Chair	Chair	Next Meeting