

REGIONAL TRANSFUSION TEAM

Minutes of the meeting held at 2 pm on Thursday 27th February 2014 at the Cambridge Donor Centre **APPROVED**

Present:

Name	Hospital	Name	Hospital
Jim Bamber JB <i>Chair</i>	Addenbrooke's	Dora Foukaneli DF <i>Arrived 2.45 pm</i>	Addenbrooke's & NHSBT
Sharon Kaznica SK	Ipswich	Carol Harvey CH	Southend
Claire Atterbury CAt	Queen Elizabeth & NHSBT	Frances Sear FS	Hinchingbrooke
Jane O'Brien JO'B <i>Minutes</i>	NHSBT		

Apologies: Debbie Asher, Donella Arnett, Aman Dhesi, Michaela Lewin, Charlotte Alford

1. Welcome: JB welcomed those present to the meeting.

2. Minutes of last meeting: agreed as accurate.

Matters arising:

- Paula Bolton-Maggs, Medical Director of SHOT, did not respond to the email asking if SHOT intended to introduce national de-anonymisation of SHOT reports. Therefore the RTC will proceed as agreed to contact all Trust CEOs asking for permission to de-anonymise data to inform discussion at RTC meetings.
- The regionally approved Paediatric MBL algorithm has been fully circulated and CAt reported that one hospital had cause to use it almost immediately following the stabbing of a child. SK asked about rates of transfusion, which are not stated even in the full Addenbrooke's policy. CAt said there was no national guidance on this either and asked if there was a need to be specific in paediatrics as there is not in adult medicine. DF is to speak to her colleague Sarah Morley.

3. Transfer of blood with patients:

Audit: JO'B has produced a summary of the findings of this audit, details of which will be shared with the RTC Chairs/NBTC meetings on the 17th March and a formal presentation of the results will be given at the RTC on 20th March. During the audit period of 1st July to 31st December 2013, there were 45 documented incidents of transfer of red cells and/or FFP with patients, involving 148 units of red cells and 24 units of FFP. JB asked for a breakdown of the number of incidents where transfusion took place en route plus the mode and median (in addition to the average) of the numbers of units of red cells per transfer. *Action: JO'B to add additional data to summary report*

Appendices: this audit highlighted a deficiency in the transfer of blood appendix 2, which did not allow for the recording of the time of transfusion should this occur en route or on arrival at the receiving hospital. Discussion at the TADG led to the reformatting of Appendix 2. The RTT approved these changes and Version 2 of the Appendices will now be circulated to labs. Adrian Ebbs, who represents this region at the National TLM group, took our documents to the recent meeting and was asked if the region will share them, to which the RTT agreed.

4. Pre-transfusion haemoglobin audit: Results have been received from 13 out of 18 Trusts so far. JO'B reported that she anticipates that this audit will take a long time to analyse.

5. Education events 2014:

Mums, Babies and Blood: this successful event for midwives will be repeated for the fourth time on 19th June. There are 2 new talks; one from a patient who suffered a massive obstetric haemorrhage and one entitled "Clotters, VTE and low platelets". Places are limited due to the size of the venue, chosen because of price and location, so in the first instance we are limiting places by Trust and to those who have not previously attended. We are also not offering places to students in the first round and there was discussion as to how much transfusion information student midwives receive in training. CA lectures on transfusion at UEA and it was suggested we attempt to discover how much is taught at other regional universities offering midwifery course. *Action: CA and JO'B to investigate.*

"If you cut me do I not bleed?": our main education event this year will be on 18th September and aimed at colleagues involved in surgical practice. A draft programme was circulated; many speakers are already confirmed, including a patient and a GP. Presentations are currently 15 minutes long and CA said she wanted them to be short and tight and possibly include websites, which could be obtained in advance, for delegates to find out further information. It was agreed that some talks could be combined or removed. It was also agreed to invite a member of the East of England trauma group to provide a counter view of the final talk on blood at the roadside. *Actions: JO'B to re draft programme, DF to invite Simon Lewis or Rod Mackenzie.*

6. MBL policies and the trauma network: the East of England Trauma Network asked DF to find out how many of the regions hospitals are using the MBL policy as agreed with the RTC. A Survey Monkey questionnaire was devised and 9 of the region's 18 hospitals (excluding Papworth) use the algorithm, although 2 of these, Southend and Watford, are part of the London Trauma Network not East of England. In addition, the survey showed that 7 of the region's hospitals do not perform massive haemorrhage skills and drills at all and a further 3 do so only in obstetrics.

7. RTC agenda: the draft agenda for the meeting to be held on 20th March was discussed. It will include a talk from a PBM Practitioner from London on the use of Twitter as a tool to disseminate transfusion updates and information. CA said that during the transfer of blood audit at least one transfer was made by the CATS (Children's Acute Transport Service) team. When this was discussed at TP and TADG meetings, very few present were aware of them or their remit. CA has made contact with them and suggested they be invited to the June RTC meeting to give a presentation on their work. This was agreed.

8. NHSBT Update:

- CA said she finishes her part time secondment to the Patient Blood Management Practitioner post on 28th February and Frances Sear will take up the substantive role on 24th March.
- This region has for many years campaigned for platelets be carried on NHSBT delivery vans on a "stop me and buy one" basis. This was trialed in the South West but was unsuccessful. However Rebecca Gerrard (Head of

East of England Regional Transfusion Committee

PBM) and Chris Phillips (Head of Customer Services) have agreed to a trial in our region if labs are still interested. However it was noted that 2 hospitals now have second deliveries and CH said she had been told she would receive a second delivery once the new Brentwood stock holding unit is functional, so there may not be the interest there previously was.

- CAat also reported that, in past surveys, 100% of Nurse TPs had expressed a desire for formal training. NHSBT have now agreed to format a course (along the lines of the nurse prescribing course) to trial in our region. If the take up is good and it is found to be useful, it may be rolled out nationally.

There was no further business and the meeting closed at 4 pm.

Next meeting: 24th April 2 – 4 pm at Cambridge Donor Centre

Actions:

Action	Responsibility	Status/due date
Discuss rate of transfusion for paediatric MBL with Sarah Morley	DF	ASAP
Add additional data to transfer of blood audit summary	JO'B	Complete
Distribute Version 2 of the appendices of transfer of blood documentation	JO'B	Complete
Identify contacts in regional universities offering midwifery courses in order to ascertain the level of transfusion training included.	JO'B CAat	
"If you cut me..." Redraft programme Invite EoE Trauma Network contact to speak	JO'B DF	Complete ASAP
Invite member of CATS team to the June RTC meeting	CAt	Awaiting response