East of England Regional Transfusion Committee

REGIONAL TRANSFUSION COMMITTEE

UNAPPROVED Minutes of the meeting held on Thursday 26th June 2014 10.00 am at St John's Innovation Centre, Cambridge

Attendance:

Name	Role	Hospital
Bal Appadu **BA**	Consultant Anaesthetist, HTC Chair	Peterborough
Debbie Asher **DAs**	EPA Network Manager	Norfolk & Norwich
Claire Atterbury **CAt**	Transfusion Practitioner	Queen Elizabeth KL
James Bamber **JB** *Chair*	Consultant Anaesthetist HTC Chair	Addenbrooke's
Karen Baylis **KBa**	Transfusion Practitioner	Lister
Cynthia Beatty **CB** Left at 11.10 am	Consultant Haematologist	West Suffolk
Alex Boyle **AB**	Transfusion Practitioner	Norfolk & Norwich
Kaye Bowen **KB**	Transfusion Practitioner	Peterborough
Sue Bradley **SB**	Consultant Haematologist	Watford
Lesley Denham **LD**	Biomedical Scientist	Spire Hartswood
Adrian Ebbs **AE**	Transfusion Lab Manager	Queen Elizabeth KL
Dora Foukaneli **DF**	Consultant Haematologist	Addenbrooke's, NHSBT
David Green **DG**	Transfusion Lab Manager	Basildon
Carol Harvey **CH**	Transfusion Lab Manager	Southend
Rukhsana Hashmat **RH**	Customer Services Manager	NHSBT
Henrietta Hill **HH**	Consultant Anaesthetist HTC Chair	Luton & Dunstable
Loraine Holland **LH**	Transfusion Practitioner	Bedford
Caroline Hough **CHo** Left at 12.30	Transfusion Practitioner	Addenbrooke's
Julie Jackson **JJ**	Transfusion Practitioner	James Paget
Andy King-Venables **AKV**	Transfusion Practitioner	Hinchingbrooke
Michaela Lewin **ML** Left at 12.30	Transfusion Practitioner/Senior BMS	Papworth
Sudhakar Makkuni **SM**	Consultant Haematologist	Colchester
Tina Parker **TPa**	Transfusion Practitioner	Broomfield
Frances Sear **FS**	PBM Practitioner	NHSBT
Rebecca Smith **RS**	Transfusion Practitioner	Ipswich
Sue Turner **ST**	Transfusion Practitioner	Colchester
Jane O'Brien **JO'B** *Minutes*	RTC Administrator	NHSBT

Apologies:

Debo Ademokun CH Ipswich
Gilda Bass TP West Suffolk
Lisa Haythornthwaite TLM Ipswich
Karen Mowbray TDL Ramsay Rivers
Nick Sheppard TLM Broomfield
Steve Tucker TLM Colchester
Sharon Kaznicka TP Ipswich
Maria O'Connell TP Basildon
Martin Pooley TLM Papworth
Claire Sidaway TP Addenbrooke's
George Koshy CA Hinchingbrooke
Donella Arnett TP Watford
Clare Hay TLM Hinchingbrooke
Yolande Davies SBMS WSH
Steve Tucker TLM Colchester
Ellen Strakosch TP L&D
Velchuru Vamsi CS James Paget
Gill Turner CH NNUH
Pat Fassioms TLM Lister
Nicola Jones CA Papworth
Allan Morrison TTL Addenbrooke's

1. **Welcome:** JB welcomed everyone to the meeting and round table introductions were made.

2. **Minutes of last meeting:** Correction on page 5, point 6; should read CSL Behring *not* Bayer. Otherwise agreed as accurate. No matters arising.

3. Education events for 2014: FS gave this update on RTC education events.
Mums, Babies and Blood: held on 19th June 2014 at St John's Innovation Centre

- 55 delegates attended. As in previous years, it was oversubscribed but there were 10 people unable to attend on the day.
- 100% of those responding found the conference overall to be good to excellent and 100% said they would recommend such an event to a colleague.
- 17 out of the 18 NHS Trusts in the region were represented.

Blood Transfusion in Surgical Practice: To be held on 18th September 2014 at Wyboston Lakes.

- CPD points have awarded in advance by IBMS and the Royal College of Anaesthetists. JO'B reported that several Royal Colleges award CPD points in retrospect upon application by the delegate. However we will not be applying for points from the Royal College of Surgeons because they charge £1000 to award points for meetings where there is a delegate fee and sponsorship, even though JO'B has informed them that we are an NHS organisation with a small budget.
- Approximately 35 delegates signed up so far. However no surgeons have yet applied so JB asked that RTC members encourage their surgical colleagues to attend.

4. JPAC website: FS gave a demonstration of the new **J**oint **P**rofessional **A**dvisory **C**ommittee website: www.transfusionguidelines.org.uk
The website has a considerable amount of information relating to transfusion, including "The Guidelines for Blood Transfusion Services in the UK", known in hard copy as "the red book", "The Transfusion Handbook", regulations and implementations. The new website is very much more easily navigated than the previous one, plus the search engine is much improved. There is a section for RTCs and information about forthcoming events can now be accessed via the Calendar. JB asked about the location of examples of good practice which appear via our "News" page. JO'B said that such items do not have a time limit but they are reviewed periodically to ensure they remain current. JB suggested that there could be a section for good practice for each RTC amongst the menu for Audits, Calendar, Policies etc. *Action: JO'B to pass on this suggestion.*
DAs asked if there could be the facility to include updates from MHRA and Eudralex. *Action: Feedback this request to the NBTC.*

5. Pre-transfusion haemoglobin audit:

- DF gave some background as to why this regional audit was performed. Addenbrooke's performed a similar audit in 2013 because Trust Management asked if over transfusion occurred. The results showed that Addenbrooke's followed a restrictive transfusion policy.
- A restrictive transfusion policy can be defined as giving the minimum amount of blood to relieve a patient's symptoms. DF said there had been several publications supporting restrictive transfusions and although there is not an absolute haemoglobin trigger, a range of 70 – 90g/l has been suggested.
- The results of this audit which was carried out in January 2014 were presented and are attached with these minutes. 15 out of the region's 18 NHS Trusts took part. DF thanked JO'B for all her work on this audit.

- The results show consistency across the region and demonstrate that over transfusion does not occur and that the hospitals participating in the audit probably follow a restrictive transfusion policy.
- The audit requested clinical symptoms only for patients with a haemoglobin over 100g/l and all of these were deemed to be appropriate transfusions. DF noted that the pre-transfusion Hb level was the latest available but not always a true reflection of the patient's condition.
- There is further information that can be extracted from the audit data, so age and sex breakdown of patients for each hospital and an examination of the times of transfusion will be included in the final report.
- Further audit into specific patient groups was discussed.
- HH said that in patients with a fractured neck of femur, a liberal transfusion policy might be more appropriate because there is a lag between the haemoglobin test and transfusion, which can be slow, and the patients are often elderly, frail and anaemic. It was agreed that the patient symptoms, together with the haemoglobin level, should always be part of the clinical decision to transfuse. JB said that he has recently been successfully giving tranexamic acid to elderly orthopaedic patients who are of low weight and likely to become anaemic. HH said performing Haemacue on fractured NOF patients in recovery helps identify the need for transfusion but often bleeding is into the thigh and so not visible.
- DF said that the TP and TLM groups might provide some feedback as to future audits. It was suggested that fractured NOF patients could serve as an initial project. *Action: to be further discussed at the RTT*
- JB thanked everyone for their participation in the audit and it was agreed to add it to the website with hospital names anonymised. DF said she was not aware that any other region has done a similar audit so the results may be published.

6. Regional platelet issues and wastage:

- DAs gave a presentation on regional issues and waste prepared by JO'B (attached with minutes). The majority of the region's hospitals are showing decreases in platelet issues but 4 hospitals show a significant increase between 2011-12 and 2013-14.
- DAs suggested that those hospitals be invited to attend the next meeting together with their CUSUM charts to see if these offer any further information. It was noted that a second haematology day unit had opened which may account for the increase at one hospital. A significant decrease in use at a DGH could be largely attributed to the death of a patient who, at times, required 2 units of platelets per day thus causing an artificial rise in previous years.
- DF reported that the majority of platelets at Addenbrooke's are transfused to liver and haematology patients; trauma accounts for only a small number of platelet transfusions.
- Platelet wastage was also discussed. Anyone who has achieved a reduction in platelet waste and is happy to share how this is done, please get in touch with JO'B.

7. Stock control: DF gave a presentation on platelet stock control at Addenbrooke's and how this has affected wastage.

- Lab staff are rigorous at controlling RBC waste which, as a result, is very low.

- In 2008 there was a nationwide significant increase in platelet use with no particular explanation. At this time Addenbrooke's began to stock platelets in order to decrease wastage and ease clinicians concerns.
- An increase in stock holding was accompanied by an increase in wastage with a financial impact. A group was formed to look at this with support from Senior Management and input from lab staff and TPs.
- With support from NHSBT, the order is now varied daily, following a review at 5 pm.
- A de-reservation time has been introduced with an MLA calling clinical areas to ask if platelets are still required; if not units are returned to stock.
- Stock is actively circulated depending on expiry date.
- 2 additional MLAs were employed so there are now 3 to assist with stock control.
- It was noted that 30% of waste occurred in clinical areas, so TPs visited those areas to discuss waste reduction and the importance of good communication between clinical areas and the lab.
- In oncology/haematology a "super user" was appointed. CHo explained that this is similar to a link nurse, who meets with TPs regularly and acts as an ambassador between the clinical area and the lab.
- In conclusion, a significant reduction in platelet waste has been achieved with support from senior management by introducing new stock control measures in the laboratory, with an increase in staff to handle them,and raising clinical awareness.

8. "The Good, the Bad and the Ugly": CAt gave a presentation (attached with minutes) on recent Massive Blood Loss (MBL) Skills and Drills at Queen Elizabeth.

- The NPSA Rapid Response Report on *The Transfusion of Blood and Blood Components in an Emergency* stated that Skills and Drills should be carried out in certain clinical areas, such as obstetrics, MAU, theatres and A & E.
- 2 exercises were carried out in different parts of MAU, using a person acting as a patient with a particular clinical scenario. CAt is very happy to share all the details of her set up.
- There was discussion about the regional MBL policy with several present having the opinion that "Contact haematologist" should be higher up the algorithm. DF said that at Addenbrooke's when an MBL is called, it is up to the lab staff to notify the haematologist, so that the clinical area need make only one phone call.
- CAt said that in reality, it is often the transfusion lab who informs the clinical area that a MBL is occurring when they notice a patient has had six units of red cells and may need FFP.
- JB pointed out that the MBL algorithm should not be regarded as a flow chart or sequence of actions, but all actions should be considered together. It is predominantly for the initial resuscitation of a haemorrhaging patient.
- CH asked if the lab staff were involved in the skills and drills; CAt responded that they were aware that it was an exercise.
- It was noted that minor changes have been made to the MBL algorithm following its 2 year review; final discussion will take place at the RTT meeting.

9. NHSBT Update: JB welcomed Rukhsana Hashmat, the new Customer Services Manager for Cambridge and Brentwood to her first RTC meeting. RH gave a presentation which is attached with these minutes

- CH asked about antibody cards; RH replied she is awaiting final confirmation that they will be provided to hospitals by NHSBT.
- LD asked about the situation at Brentwood and was informed that the new, smaller SHU is less than 3 miles from the current site. It will not have an irradiator but irradiated products will be kept in stock except for units for neonatal exchange transfusions.

10. Pathology Transformation:

- Southend and Basildon are entering into a joint venture with Integrated Pathology Partnerships (iPP). It begins on 1st August and will be called Pathology First. The hub will be independent of both hospitals which will have hot labs. CH said for many BMS staff the biggest issue is that they will cease to be NHS employees. TPs and clinicians will remain with the Trusts.
- KBa said that one problem with TPP has been that TPs put incidents on Datix and BMS staff now use Q-Pulse and they don't have access to each others reports. DF said there needs to be a formal method of communication between Trusts and TPP.
- DAs said that the EPA hospitals still hold HTT meetings and so are able to communicate and decide together which should be registered on Q-Pulse and which on Datix. She said there is a full SLA in place. If a lab error occurs it is put on Q-Pulse. If the CAPA involves a clinical area, it is entered onto Datix. JJ agreed that if a lab incident impacts on patient care then she becomes involved.
- JJ said that she considers the lack of Quality Management is a big issue for EPA. *Action: JJ to put her concerns in writing so it can be raised on half year report to NBTC.*
- DAs said the lack of funding for the transition process has meant that EPA cannot catch up financially which is causing big problems.

11. A.O.B: none raised.

JB thanked everyone for their attendance and the meeting closed at 1.10 pm.

Next meeting: to be held on Thursday 16th October 9.45 am to 1 pm at St John's Innovation centre.

Attachments:
Pre-transfusion haemoglobin audit results - PowerPoint
Regional platelet issues and waste – PowerPoint
"The Good the Bad and the Ugly" MBL Skills & Drills – PowerPoint
NHSBT Update – PowerPoint

Actions:

Action	Responsibility	Status / due date
Pass on request for Good Practice section on the RTC pages of the JPAC website	JO'B, FS	
Feedback request for MHRA and Eudralex updates to be available on website	JO'B, FS	
Discuss possibility of further audit of pre transfusion Hb on specific patient groups	RTT	Discussed at 26.06.14 meeting
Invite selected hospitals to share their CUSUM charts to better understand changes in platelet use	JO'B	In advance of next RTC meeting
Email JO'B with concerns regarding the paucity of QM within EPA	JJ	Complete