

Present:

Name	Hospital	Name	Hospital
Jim Bamber JB <i>Chair</i>	Addenbrooke's	Dora Foukaneli DF	Addenbrooke's & NHSBT
Rukhsana Hashmat RH <i>Left at 3 pm</i>	NHSBT	Debbie Asher DAs	Norfolk & Norwich
Carol Harvey CH		Frances Sear FS	NHSBT
Jane O'Brien JO'B <i>Minutes</i>	NHSBT	Claire Atterbury CAt	Queen Elizabeth

Apologies: Donella Arnett, Sharon Kaznica, Michaela Lewin.

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

2. Minutes of last meeting: agreed as accurate. Matters arising: DAs has spoken to Richard Grey about Integrated Transfusion Services and been told that NHSBT are not looking for further trial sites at this stage.

3. RTC business: Following the presentation of the regional pre transfusion haemoglobin audit at this morning's RTC meeting, there was discussion as to a further, more in depth audit of particular patient groups. Patients with fractured neck of femur was suggested as a good place to start. There was discussion as to how easy it is to obtain information such as A.S.A. grade, weight, component issues and length of stay of these patients. As a trial, it was agreed that RTT members determine how easily this information can be obtained from their own Trust's computer systems and how many cases there are in a one month period. CAAt suggested that as all FY1 & 2 medical staff have to conduct an audit, it might be useful to some hospitals to get them involved.

Action: Determine if suggested information on #NOF patients is easily obtainable in retrospect.

4. Massive Blood Loss Policy: There was further discussion on the regional MBL algorithm. Following MBL skills and drills in which she was involved, CAAt felt that junior staff are reluctant to escalate the problem. Therefore she suggested "Get help" be changed to "Get senior help". In addition the Hb unit should be updated to g/l. There was discussion as to whether "Contact haematologist" should be moved closer to the top of the algorithm. However, those hospitals represented here have different criteria for involvement of the consultant haematologist. DF said there should be a culture in every hospital that the consultant should be contacted when required whether by the clinical area or transfusion department.

Action: JO'B to arrange for agreed changes with Media Studio.

Simon Lewis, had sent an email raising concerns from the Trauma Network, of which he is Clinical Director. These related to when FFP should be administered and reversal of anti-coagulation treatments. JB said that if the algorithm becomes too prescriptive and complicated it will lose it's effectiveness. CAAt said that JB's comment at the RTC meeting that the algorithm should be regarded as a checklist list, rather than a flow chart, for the initial resuscitation of the

bleeding patient was very helpful. DF said that all hospitals should have a more in depth policy to cover local and further details *Action: JB to respond to Simon Lewis.*

5. Twitter: Since the last meeting, FS has been looking into the practicalities and potential advantages of a Twitter account for this region and she produced a summary of her findings. Other RTCs already have accounts and approval has just been given for the National PBM team to set up an account. One of the main aims of an East of England RTC Twitter account would be to extend the current level of information dissemination and to engage hospital staff not reached through our traditional forms of communication. It was agreed that FS sets up an account for a trial period and that she feeds back to the first RTC meeting of 2015, with the proviso that should problems arise, it be closed down. *Action: FS to set up East of England RTC Twitter account and run it for a trial period of 6 months.*

6. GP Training: to be carried forward to next meeting.

7. PBM survey: The results of the 2013 Patient Blood Management survey were circulated and discussed. FS said she noticed that very few hospitals have protocols for the use of the new anti-coagulants. DF said this is because there is no way to reverse them. FS suggested discussing the results at the forthcoming TP Network meeting and then developing an action plan to present to the RTC along with the results and suggestions for the way forward. This was agreed.

8. Platelet audit: it was agreed that the regional platelet audit of 2012 be repeated in October using the same criteria and proforma. DF mentioned that her colleague Trevor Baglin finds the BSMS CUSUM charts on platelet use to be very useful. JO'B suggested that she inform Clive Hyam of the BSMS, who was partly responsible for the CUSUM charts being made available for our region of this as there has been little feedback recently.

9. Blood on board: after discussion at the last RTT meeting about air ambulances carrying blood, DAs spoke to the Trauma Lead at NNUH and it was agreed that the project to supply blood to the Norwich helicopters be put on hold, although she is continuing to validate the boxes. DF said the Trauma Network had not yet reached a decision on the matter and they feel that there may be delay waiting for an air ambulance when the patient could be transferred by road to the nearest hospital. There is also the question as to who would have clinical responsibility once the patient has been transfused. DF said that NHSBT have been approached to supply blood to the Essex air ambulance.

10. A.O.B:

- Those present agreed that holding the RTT after the RTC is more convenient and it was agreed that the next RTT meeting be held after the RTC on 16th October. However, JO'B pointed out that attendance is still poor. *Action: JO'B and FS to examine past attendance. JO'B to book meeting room.*
- DAs said that since the formation of pathology partnerships there are problems recruiting BMS staff. She asked if this could be raised as a concern at the NBTC. *Action: JO'B to add this to the September report.*

Actions:

Action	Responsibility	Due date/status
Determine number of #NOF patients within a one month period. Determine ease of obtaining information concerning ASA grade, weight, length of stay and components transfused on these patients.	All RTT members	
Arrange 2 further changes to regional MBL algorithm with Media Studios	JO'B	Complete
Respond to email from Simon Lewis concerning MBL algorithm	JB	
Set up EoE RTC Twitter account for a trial period	FS	
Look into past RTT attendance	FS, JO'B	
Add difficulty of recruitment of BMS staff following formation of pathology partnerships to September report to NBTC	JO'B	

Next meeting:

16th October 2014 1.30 – 3.30 pm, St John's Innovation Centre