

EAST OF ENGLAND REGIONAL TRANSFUSION TEAM

Minutes of the meeting held on 17th May 2018 at the Hallmark Hotel Cambridge from 2 – 4 pm.

Attendance:

Name	Organisation	Name	Organisation
Nicola Jones NJ <i>Chair</i>	Papworth	Kath Philpott KP	Addenbrooke's
Michaela Lewin ML	Papworth	Kaye Bowen KB	Peterborough
Frances Sear FS	NHSBT	Hamish Lyall HL	NNUH
Dora Foukaneli DF	NHSBT	Debbie Asher DA	NNUH
Jane O'Brien JO'B <i>Minutes</i>	NHSBT		

Apologies: Carol Harvey, Mohammed Rashid

1. Welcome: NJ welcomed those present.

2. Minutes of last meeting: Agreed as accurate. Matters arising as follows:

- BSMS VANESA workshop: WSH has a room available for use with 10 computers and Clive Hyam, BSMS data analyst) has agreed to run the workshop. It was agreed to try to hold the workshop in September or October. JO'B to liaise with GB and Clive to set a date. TLMs will be approached and places allocated at one per hospital first come first serve. If the demand is high and Clive is agreeable, we could try to hold a second one.

Action 1

- Short dated platelets: some platelets received at NNUH have a shelf life of just 2 days. If platelets with such a short shelf life are ordered for a specific patient and not used, it is frequently wasted because there is insufficient time to allocate it to another patient. It was noted that some hospitals are able to claim credit for a unit of platelets with a shelf life of <24hours which is then wasted, and this is detailed in the SLA. DF said she is on a component group which is scrutinising issues and she would discuss this matter with them. HL said that NNUH is considering ordering generic platelets rather than pre-ordering for specific patients and asked if there is advice on optimising platelet management. Addenbrooke's have put a lot of work into reducing platelet waste including a 3 to 4 hour de-reservation time. DA said that stock management is worsened by inexperienced staff. It was agreed to see if we can discover which hospitals have an SLA with NHSBT to claim credit for an unused platelet unit with < 24 shelf life by checking with the regional Customer Services Manager. **Action 2a.** It was also agreed this should be discussed at the next TADG meeting. **Action 2b.**

3. RTC business:

- Regional documents: JO'B explained the situation with regional documents, such as the MH guidelines, which is that they were done by Media Studio (CUH graphic department) to our designs to give them a more professional finish. However, we do not have the software to edit them and getting changes has proved problematic and time consuming. JO'B and FS think that we need to take back editorial control of the documents. Some of the documents have been converted to Word and JO'B will re-do others as time allows. The main problem with this is that the versions produced by Media Studio contain editable boxes for the additional of contact numbers etc. We do not have this facility; documents can either be fully editable in Word or not editable as pdfs. It was noted that some hospitals had already made their own changes to the regional guidelines while maintaining the design. JO'B pointed out that one of the

original ideas behind regional guidelines was so that junior doctors and other staff moving around the regions hospitals as part of their training had the consistency of easily identifiable documents. After some discussion it was agreed to release the documents in Word but ask that everyone who makes changes, brands it with their own logo and credits the RTC.

- Action Plan: With regard to pathology modernisation and NBTC involvement, DA said that she thought they should come and see the impact in the East of England. It was noted that when tPP folded it was with losses of £40 million which is not mentioned. DF said that those affected by pathology modernisation have no time to engage with working groups. It is hoped that the results of the Snapshot Survey of staffing levels will support our long term reports of short staffing in transfusion. DA said that she had risk assessed some shifts and KP said that the survey will not reflect the lack of experience seen in transfusion labs. NJ suggested we put ourselves forward to the NBTC as a region which has been impacted by pathology modernisation. **Action 3.** HL asked whether it had had an impact on SHOT reports in the region and FS said that SHOT are aware that some hospitals may be under reporting. DF said that Addenbrooke's had shown considerable recovery since tPP disbanded.
- Matters arising from RTC meeting: it was noted that the new Peterborough HTC Chair is very keen to conduct an audit on anaemia in obstetrics as it was thought that women are not identified early enough as being anaemic. It was noted that there will be a NCA on maternal anaemia in 2019, so a regional audit at this stage would not be advisable however FS said small local audits would be doable.

4. Education events:

- The Power of Blood: JO'B reported that the study day for BMS staff training in transfusion was held at the Cambridge Donor Centre, had 23 delegates and was very well received with 100% rating it as good to excellent.
- Mums, Babies & Blood: DF said that Lise Estcourt would like our MBB resources to be available nationally. FS said that there are plans to replicate successful events in other regions.
- Main education event: Topics may include:
 - Major haemorrhage in a patient with antibodies. CH did a presentation for The Power of Blood on a patient with anti Jka who required 55 units of red cells. It was suggested that we look at this incident from the lab, clinical and NHSBT points of view.
 - Fatts Chowdhury and Richard Whitmore would talk about the London terrorist attacks.
 - A member of the EoE Trauma Network has agreed to give a presentation.
 - DF suggested Laura Green to give a talk on the modern approach to major haemorrhage e.g. use of cryo up front in obstetrics, use of TAA, PCC etc.
 - DF also suggested Heidi Doughty for major incident contingency planning.

Action 4

- All present agreed with GB's suggestion of "Blood Sweat & Fears" as the title for the day.
- Labcold were suggested as a potential sponsor.
- A programme will be drafted **Action 5**

5. RTC working groups:

- There will be minor refinements to the pre op anaemia guideline.
- With regard to the accessibility of presentations for the education sub groups; JO'B has embedded presentations and other relevant documents into Excel spreadsheets but the file size is too large to send by email. JO'B will ask colleagues with IT knowledge if they can suggest an alternative. **Action 6**

- DF said that an additional training day was put on for haematology SpRs disappointed that The Human Factor was not entirely transfusion specific. It received excellent feedback.

6. Shared Care:

- There was discussion of the changes to the Shared Care form to include treatment with monoclonal antibodies. It was suggested a tick box be added to indicate if phenotyping was done before treatment commenced. **Action 7**
- Addenbrooke's were asked by the CCG to conduct an audit on use of the shared care document. It was suggested that the audit take place between Addenbrooke's and 2 other regional hospitals with whom they provide shared care. KB and GB agreed to help and will liaise with ML. **Action 8**. HL suggested that the audit could be conducted for transplant patients and the transplant co-ordinator could provide a list of patients which could be cross checked against shared care forms received.

7. A.O.B:

- DF said that Addenbrooke's are developing a video on patient sampling and she would like to ask Media Studios if they can do a generic one for use in the region. It was agreed the RTC budget might be able to finance it, if the price is right.
- DA said she liked the sample circle from the 2016 SHOT report:

Figure 12.7:
The sample circle



All samples must be labelled at the bedside from the wristband details.
Unlabelled blood samples **MUST NOT** leave the **SAMPLE CIRCLE**.
Unlabelled blood samples outside the circle should be disposed of.

The majority of WBIT are detected during laboratory testing, Figure 12.8.

Next meeting: 17th October 2018.

Actions:

No	Action	Responsibility	Status/due date
1	Liaise with BSMS and GB to organise VANESA workshop	JO'B	Awaiting list of dates from Clive Hyam
2a	Check with Shalineee Wickramasinghe about SLAs including refunds on short dated platelets	FS	
2b	Add short dated platelets to next TADG agenda	JO'B	

3	Contact Jonathan Wallis and Shuba Allard to volunteer input on the impact of pathology modernisation from the EoE RTC	NJ	
4	Contact Laura Green and Heidi Doughty to invite them to Blood Sweat and Fears on 14 th November	DF	
5	Draft programme for Blood Sweat and Fears	FS, JO'B	
6	Consult colleagues on ways to reduce file size on the education spreadsheet	JO'B	
7	Make changes to Shared Care form	JO'B	
8	Liaise to discuss shared care form audit	KB, GB, ML	