

EAST OF ENGLAND REGIONAL TRANSFUSION TEAM

Minutes of the meeting held on 17th October 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
Carol Harvey CH	Colchester	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	Mohammed Rashid MR	NHSBT

Apologies: Michaela Lewin, Gilda Bass.

Prior to the commencement of the meeting, DF said she had been asked to revise the transfusion chapter in a surgical text book. Those present agreed to her request to use the regional algorithm on major haemorrhage in the book.

1. Welcome: NJ welcomed those present.

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

- Short dated platelets: JO'B said this had been discussed at the July TADG meeting. No hospital has an SLA with NHSBT to always provide platelets with >48 hour shelf life. However, Hospital Services should phone a hospital if they are going to provide platelets with <48 hours shelf life and platelets for same day use should have a shelf life of >6 hours. The Hospital Services representative at the meeting said she would feedback that communication on this matter is not always satisfactory.
- Education working group: With regard to the availability of presentations deemed suitable for various groups (e.g. junior doctors, midwives etc.), JO'B had consulted with an NHSBT colleague, Ross D'Souza a Solutions Architect, and was informed of a new innovation at NHSBT called SharePoint. This would allow for presentations to be stored on a cloud and made available to specific colleagues by way of email invitation. The system is not yet fully functional but Ross is trialling it and has agreed to be of assistance in the future. DF said this was the ideal forum as she thinks the presentations should be made available, for example to TPs, on a 'train the trainers' basis, not directly to end users. JO'B said that the education working group had stalled because of the work load of its members but presentations for the junior doctor's package had been identified and are awaiting review for relevance and suitability.
- Shared care audit: the background of this was an incident which occurred due to a failure of shared care communication between Addenbrooke's and another hospital. The CCG suggested an audit of the use of the shared care form. There was also an incident when a baby who had been given both intrauterine and exchange transfusions at a London hospital was given non irradiated blood at WSH because they had not been informed of the history.
 - The process should be that when a diagnosis is made, or specific treatment given, the shared care form is filled in by the consultant and sent to the transfusion lab. A flag is raised on LIMS and the form emailed or faxed to the shared care hospital which responds to confirm.
 - There was discussion on the logistics of such an audit, especially in view of the fact that audit of cases where the form is used would be straight forward but it is more difficult to track cases when it should have been used but wasn't.

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- It was suggested that we audit a specific patient group who require irradiated products such as those on purine analogues e.g. fludarabine. Pharmacies should be able to provide a list of patients on this therapy and it should be possible to discover which are referred from, or likely to be patients at, other hospitals.
- Addenbrooke's, Queen Elizabeth, WSH, Peterborough and NNUH will be involved in the audit. Up to 20 patients treated with fludarabine at each hospital during 2017 should be listed with patient name, date of birth and date entered onto LIMS. Then the use of the shared care form between those hospitals can be cross checked. **Action 1**
- HL suggested an audit of exchange transfusions. As a starting point MR will find out how many exchange units were issued from Cambridge and Basildon SHUs over 1 year. **Action 2**
- DF said that the irradiated guidelines are under revision and would shortly be under review with BSH.

3. RTC administrator role: FS said that there will be a period of time when the post is vacant; it is currently awaiting NBTC approval. She will be having discussions with both her line manager and the PBM team lead as to what support the region will be given.

- With regard to communications; one of the RTC administrators will send out the monthly highlight reports and National communications.
- Support will be provided for the organisation of major meetings.
- FS as PBMP and MR as CSM could contribute to the organisation of TP and TADG meetings respectively. Volunteers could be asked to produce minutes and these can be distributed by FS and MR and maintained on the NHSBT shared drive.
- FS said that Brian Hockley, NHSBT audit officer, could contribute to regional audits and has already been asked if he could devise a SNAP audit tool to take over the WBIT incident reporting. Of necessity, less parameters will probably be collated; JO'B said there seemed to be no correlation between WBIT incidents and competency assessments and permanent or locum staff so those criteria could be omitted if necessary. With regard to other regional audits, the process would be more complicated than in the past when audits could be based around convenience for the labs and JO'B's workload as they would have to receive approval and tie in with other regional and National audits.
- NR asked why there is an interim period with no administrator and suggested writing to the NBTC Chair.
- FS said she would like more input from RTT members in terms of agenda items as presently both RTC and RTT agendas are mostly devised by JO'B and herself.

4. RTC Business:

- If Adrian Newland is able to attend the meeting on 6th February, in order to maximise the opportunity to pass on feedback of pathology modernisation in this region, each Network should have the chance to formally summarise their experiences in addition to an open forum for discussion. It was suggested that at least half the meeting be set aside for that, with normal RTC business reduced.
- WBIT benchmarking: It is thought that EoE is the only region to conduct this type of reporting although initially the idea came from South Central RTC. They collated data from 4 criteria for a short period, but we have expanded on that and have been collecting data since 2015. KB said that in discussion with TP group Chairs, other regions expressed interest; it may be that if Brian Hockley can come up with a SNAP version, this may be used more widely. Publication of our data was discussed, KB said it had been suggested that it be published in one of the Nursing journals. JO'B said the

data would have more impact if the information for the whole of 2018 is used as this would be 3 full years with at least a 95% participation rate.

- JO'B has produced Word versions of all the regional algorithms but asked that those present proof read them for errors and they were distributed accordingly. **Action 3.**
- Action plan: JO'B will add the shared care audit and scoping exercise for an exchange transfusion audit to the Action Plan. **Action 4**

5. Education events 2018:

- Mums, Babies & Blood: in view of the WBIT findings for January to June 2018 that almost 40% of incidents involved midwives and over 50% occurred in obstetrics, it was suggested that we might need to hold another event in 2019 rather than waiting for 2020. JO'B said that numbers were a bit down this year, so it would be important to ensure that heads of the relevant departments understand why this education day is so important and that staff should be encouraged to attend. It was also suggested that we might need to add Kleihauer testing and what constitutes a sensitising event to the programme.

Initially because of space constraints, we opened the event just to qualified midwives, but in recent years we have allowed student midwives to attend. JO'B said that from feedback received, some of the presentations are too advanced, especially for first year students.

There is no reason why junior doctors should also not be invited.

- "Blood, Sweat & Fears": we now have a confirmed speaker from the Trauma Network but no title for the talk as yet. JO'B said that the Hallmark Hotel received poor feedback from MBB delegates because of problems with toilets and water supply. She said that she had formally complained about all the issues and received no response. If such problems recur it may be that a new venue will have to be sought for future events.

In view of the fact that there are very few patient or healthcare professional information leaflets relevant to the themes of BS&F and JO'B has a heavy workload in preparation for leaving, it was agreed that delegate packs not be produced for this education event.

- 6. A.O.B:** JO'B suggested that, especially in view of the Shared Care audit, Claire Newsam from Addenbrooke's should be invited to sit on the RTT for the period of KP's maternity leave. *NB: Claire has accepted the invitation to join the RTT.*

Next meeting: 6th February 2019. Hallmark Hotel

Actions:

No	Action	Responsibility	Status/due date
1	Obtain a list of patients treated with fludarabine to cross check with shared care forms	KP, DAs, KB, GB	
2	Determine the number of neonatal exchange units issued from Cambridge and Basildon in 2017	MR	
3	Proof read regional algorithms against originals and return to JO'B	CH, DA, KP, KB, HL, NJ	ASAP
4	Make additions to Action Plan	JO'B	Complete. Attached with minutes