EAST OF ENGLAND REGIONAL TRANSFUSION TEAM

Minutes of the meeting held on 30 January 2025, 13:30pm – 15:00pm via Microsoft Teams.

Attendance:

Name	Organisation	Name	Organisation
Lynda Menadue **LM**	RTC Chair and HTC Chair - Peterborough	Julie Jackson **JJ**	TP / Joint TP Group Chair, James Paget Hospital
Dora Foukaneli **DF**	Consultant Haematologist NHSBT	Clare Neal **CN** *Minutes*	RTC Administrator, NHSBT
Frances Sear **FS**	PBMP, NHSBT	Suzanne Docherty **SD**	Consultant Haematologist, Norfolk & Norwich Hospital
Emily Rich **ER**	TP / Deputy TP Group Chair, NWAFT	Isabell Lentell **IL**	Consultant Haematologist, West Suffolk
Mohammed Rashid **MR**	Customer Services Manager, NHSBT	Joanne Hoyle **JH**	TP, West Suffolk
Katherine Philpott **KP**	TLM / Chair of TADG Group		

Apologies: Lisa Cooke **LC**

1. **Welcome LM** welcomed everyone to the meeting. Introductions were made.

2. **Minutes of last meeting: LM** those in attendance agreed the previous minutes and these will be uploaded to the website.

Actions from previous meeting

	Detail	Responsibility	Status
1	Unclear information on Amber Alert to be escalated to NBTC	**All advise LM LM to escalate**	LM Escalated
2	Circulate information on consent audit commissioned for Trust	**DF to CN to circulate to SD / LM**	
3	Units carried by air ambulance	**EB feed back to group if this is reduced**	Discussed
4	Simulation Presentations / Feed back	• **IL West Suffolk** • **SK QEHKL** • **TP Group**	• Complete • RTC? • Sept RTC 2025?
5	Action Plan	**CN update and upload to website**	Complete
6	Mums Babies and Blood Consent Presentation	**CN email SD and Tamsin**	Complete
7	RTC Education Afternoon – following May RTC	**Subjects – please advise of ideas**	Ongoing
8	Platelet re-audit	**Review data for recommendations – LM, FS, DF, ?IL, JJ, ?TLM**	JJ looking at responses
9	FFP / Cryo Audit	**RTT to look at possible questions**	Discussing today
10	O positive survey	**FS to send to LM**	
11	Education material for East of England Deanery	**Discuss at Education Working Group**	Ongoing EWG

- **Action 2 – LM** would the TPs present this information at an RTC in 2026? **KP** I am sure Claire Atterbury would present if we ask. **DF** it may be good to have more than one presentation. There are hospitals in East of England where consent was in a better position. They had transfusion specific prescriptions where the consent was incorporated. We highlighted gaps so they became visible to executives so transfusion was part of the wider consent improvement group. **LM** I think this could be a good theme for an RTC in 2026.
- **Action 4 – JJ** I have asked **ER** to lead on the day but I will be supporting in the background. We have a meeting planned next week to discuss in more detail. **ER** we have put out a call for TP volunteers. **LM** I think **GB** is an expert on simulation. **LM** can we pay outside speakers? **CN** yes we just haven't done this for a while. **JJ** I would like to have someone talk about designing a SIM, I think **GB** would be able to do this. **JH** I am away for 3 weeks at that time so some of the issue may be whether she can be available. **LM** I am happy to look at any presentations / information beforehand. **JJ** one of the other regions have put together an excellent workbook and I am going to ask if they can discuss that with us. **LM** will put **ER** forward for debrief training. **FS** a few years back we had the trauma network show us the Addenbrooke's A&E SIMs. They had a good system. **JJ** Michaela Lewin and Tracy Johnston will be joining us.

3. RTC Business

- RTC Education Afternoon
  - **LM** possible topics / themes for 2026:-
    - Consent
    - Maternal Anaemia and the PANDA trial (January 2026)
  - **JJ** MAJAX – patient ID. **LM** this may not be an issue for larger hospitals but possibly the smaller hospitals. **KP** for us it just happens, it's a function within EPIC. These patients are pre registered. **JJ** what happens if EPIC is down? **KP** we revert back to paper where we had a pile of pre-registered males / females and you pick the next one. **LM** that's what I have seen in Resus. The problem would come if they registered them. **KP** they are not registered for 24 hours. They use two phonetic alphabet and a city for example Alpha Brava Coventry.
  - **LM** we could consent, this would fit nicely into labelling and safety. We could look at new patient leaflets. **DF** information and consent is a big topic.
  - **CN** last time we had 4 presentations / discussions from 13:00pm.
  - **LM ?KP** 10 minute presentation on ID and trauma
  - **LM ?DGH** how they do it and whether it works / doesn't work
  - **DF** we need to look at the major issues over the previous year. Blood shortages and IBI. We should schedule some time for the OD negative survey. **LM** we could have a presentation in the morning and brainstorming in the afternoon how each area can change practice.
  - **LM** May RTC morning – OD Negative Survey **? KP/DF**. **DF** Tracey Tomlinson was heavily involved. Could she attend, she has a lot of experience. **LM** we could ask Tracey to put together a National View and **KP** a regional view. Platelet Audit Results - **JJ**. **LM** we could ask Eleanor Byworth to discuss stock sharing in the morning.
  - **LM** RTC Afternoon – two brainstorming sessions on OD neg and stock sharing.
  - **LM** audits would have to go on September RTC.

4. RTC Action Plan

CN will amend so it can be uploaded to website.

5. Audits

Platelet Audit

- **JJ** has started to put together the results from SNAP survey.
- **JJ** has looked at figures from 2012 / 2014 and current audit.
- **DF** do we need to look at original questions. Is Transplant bone marrow or solid organ? **SD** I thought it was solid transplant.

- **JJ** the organisation audit which went out was not linked with the results so I cannot look back at SNAP. **FS** could we ask? **LM** I think we could. **JJ** so if we as anyone that put transplant, what did they mean?
- **JJ** remove first two graphs.
- **JJ** have organisation data as a table rather than a chart. **DF** if we look at this data, it may be useful to see out of the hospitals who responded which ones are issuing to more than three or four categories. That shows the complexity. **LM** allows us to see what training is needed.
- **LM** it does look like a few are giving to paeds / neonates.
- **JJ** you can send the results out with general results or you can send it out to hospitals with their information. **LM** nice to see your own results.
- **KP** how many audited? **JJ** it was 40 .
- **LM** could we have 'your hospital in 2014 and 2024'. **JJ** I don't know if Brian would still have that information. **DF** we did the analysis in 2014. **FS** we don't have previous data. **JJ** hospitals may be able to compare from their own data.
- **JJ** I grouped a couple of questions together (Is it a prophylactic transfusion? Yes/No and Is it a pre-invasive procedure transfusion? Yes/No). It got confusing as some people put yes to both questions, no to both or didn't answer. I can go back and ask them to resubmit data. **DF** if someone says yes to both, the most important indication is pre-invasive procedure. **IL** I think it depends how you've interpreted it. **DF** if it is not for prophylaxis / pre-invasive, what is it for? **JJ** mine was for bleeding. **DF** is there a question for bleeding later? **JJ** we should have asked P codes. I can go back to the hospitals who left blank answers. **DF** what was the rationale of asking those questions and not about bleeding? **LM** we discussed this at the RTC and we went through the previous questions. We based it on the previous audit. **FS** 149 seems a lot to chase. **LM** we could ask for P codes. **FS** I think it is worth asking. It can put down as a recommendation for future audits.
- **KP** blood groups were really important questions to know where they were going, especially A negs. **IL** in our experience keeping a stock of A pos is fine. We moved to that during the alert. **JJ** the group / donor questions didn't tell us much so including how it was ordered gave more information. **JJ** a broad recommendation could be to look at O pos / A neg given to other groups and see if you can improve. **KP** people may change what they stock like West Suffolk have.
- **LM** in almost 70% cases we are ordering for a named patient.
- **JJ** do you want to limit it to just A platelets? **LM** I am tempted to limit it to just A. There is a lot of information which could distract from information you want to highlight. **JJ** are we going to say from stock? If you order for a named patient, that is what NHSBT has sent you. If we order for a named patient, we tell them the blood group because we know the patient. We take what NHSBT sends us. I think we either stick to excessive use of A to other groups or we say any groups to other groups. **LM** I think stick to A unless anyone advises otherwise. **JJ** and do we restrict it to from stock rather than for a named patient? More A was issued from stock than were issued to a named patient.
- **JJ** we will include the whole table but the recommendation would be that if they are issuing A stock to another group, they should look at why. **IL** I think that's reasonable as you can look at whether you are over stocking or is it something else such as being sent short dated platelets. If we need platelets to come from our reference laboratory they are more likely to be group A. We need to look at if the stock amount is the issue or short dates are the issue.
- **JJ** would we like a response from them or are we leaving it to each hospital to look at their own data and use the regional data in their own way?
- **JJ** 3.9% wastage is under the NHSBT target of 5%.
- **DF** every event where more than a single unit was transfused needs to be assessed. **JJ** recommendation will be hospitals have a system in place for reviewing.
- **JJ** is there a recommendation for doing pre-counts? **LM** does that need to be 100%? **LM** could we ask for the P codes for all of them? **KP** for us it would be easy to find as we are electronic, it may be harder for those who aren't.
- **JJ** added in recommendations according to discussions.
- **LM** can we add to Septembers RTC. **GB** has asked for results before May RTC as a Junior Doctor was involved in collecting data. **LM** I am happy for this to be shared.

FFP / Cryo Audit

- **JJ** what did you decide about the cryo audit? Are you going to restrict it to hospitals that give more than x number in a year?
- **LM** there is a vast difference in use across the region, Royal Papworth is much higher than other hospitals.
- **FS** we used to give an episode time and there were some audits that had no episodes. We said up to a number of units / up until a certain time frame.
- **DF** it is hard in a small region. **FF** I think we done it out of interest but some hospitals had no data to share.
- **KP** I think we should stick to 40 or up to 3 months.

LM we need someone to change those data collection forms that we spoke about this morning. We could put out to the RTC to see if someone would like to be involved.

6. **Education Working Group**
   Meeting to be arranged. **CN** will liaise with **LM.**
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7. **Any Other Business**
   There was no other business.

   LM thanked everyone for coming.

   Date and Time of Next Meeting: 2025 dates have been arranged and circulated.

   Actions:

	Detail	**Responsibility**	**Status**
1	Presentation – Consent Audit	CN ask Claire Atterbury	RTC 2026
2	SIM TP Session	JJ / ER / CN	Meeting 06.02.2025 to make a plan
3	RTC Meeting and Education Afternoon	CN to draft agenda for LM	ASAP
4	RTC Action Plan	CN to amend Upload to website	ASAP
5	Audit – Platelet	JJ will make amendments	ASAP Add to September RTC
6	Audit – Cryo / FFP	Email about forms being amended Add to May RTT ? Launch September RTC	