

Minutes of Virtual SW RTT Meeting
3 March 2021, via Microsoft Teams

Present:	Stuart Cleland (SC), Chair	Prof. Mike Murphy (MM)
	Sam Timmins (ST)	Paul Kerr (PK)
	Tim Wreford-Bush (TWB)	Ian Sullivan (IS)
	Sally Charlton (Sch)	Jackie McMahon (JM)
	Olly Pietroni (OP)	Emma Taylor (ET)

Apologies: Caroline Lowe (CL)

All present welcomed and apologies noted.

The notes of the meeting held in December were agreed.

Actions and Matters Arising (not covered in main agenda):

Sch/CL to review future education programmes from a nursing point of view.

Maternal Anaemia – RCHT are doing some work similar to Derriford and Katherine Sprigge is happy to present this at the RTC. She is happy to work collaboratively and share data.

Regional Feedback:

Emergency O+ Policy education (ST): Kick off meeting in January. Discussions around how to make LIMS work, gender issues, implementing a policy for O+, risk assessments and outcomes for patients. Positively received and of the five trusts that attended all are committed to working towards getting a policy in place when time allows. Planning another session in April/May to address remaining queries, which include porter collections and use of fridges, and have identified a couple of trusts in the region that could share their experiences.

There was a discussion around how to engage the two trusts without a policy that did not attend and about the doubts/concerns they might raise and any other constraints to them implementing a policy. SC suggested TW-B and IS make an informal approach to the Lab. Managers to offer assistance and that he would do the same with the HTC Chairs and if there was still a reluctance, then there was little more we could do.

SWPBM Group (OP): Well attended and positive feedback. Discussed the MHRA alert for Ferinject and Hypophosphatemia and the consensus was more information was needed before making any changes to practice. Hoping to get a representative from Ferinject to attend the next meeting. SC queried if we should disseminate to the wider RTC but it was felt the issue needs to be explored a bit more. OP presented a snapshot of data from the cell salvage database and the group agreed it would be useful to carry on with a modified version of the data collection going forward. The aim is for trusts to upload a year's worth of data for OP to collate and present at the next meeting. The future meeting structure for the group is two main meetings a year, with informal 'catch-up' meetings in between.

TP Group Meeting/Human Factors Training (ST): Well attended and positive feedback with suggestions for future meetings. Good response to appeal for volunteers to pull together a regional competency and portfolio document for NMA progression. Briefly touched on Tx 2024. Tight on time, so planning on holding interim meetings to keep the flow going, along with the two full meetings. When face to face meetings resume, will explore combining with virtual attendance. Will also keep up the informal Teams TP drop-in sessions.

RTC Agenda Planning:

Aim for end of May (virtual), three hours max, including a break. OP raised concerns about the length of meetings in general and suggested the use of break out rooms so that people had a choice about the sections of the meeting they attended.

First session will be standard items, plus the HTC report feedback and the transfusion practice (database) survey presentation. Educational content for the second session was discussed and the following agreed:

- Katherine Sprigge to present RCHT Maternal Anaemia audit. Poole are also considering a maternal anaemia project looking at oral vs iv iron so SC could ask them to present on what they are hoping to do.
- Experiences with implementing end to end tracking – pros and cons from lab and clinical perspective linking different systems, with 10 minutes presentations from RD&E, North Bristol and Glos (ST to approach), followed by discussion. This is also a Tx 2024 objective.

MM commented that the lack of support from the systems suppliers is very frustrating and SC said he would raise it as a concern from the region at the RTC Chairs meeting.

HTC Report Template (SC/ST):

Mocked-up HTC report template presented for review. This will be for HTCs to complete prior to each RTC. The RTT will review and select any issues/highlights to take to RTC. ST went through the draft and outlined each section. The first submission will take a bit of work but we will be able to populate a lot of the sections for the HTCs from data we currently hold (component issues and wastage, database survey) and then subsequent reports will be more straightforward to complete, with most sections just needing an update. The reports will also highlight any work being done in trusts that would be of interest to the wider RTC.

Individual reports will be available for everyone to see and will provide a resource for SC when he is reporting at a national level.

PK/OP from an HTC Chairs perspective thought they were a good idea. MM queried if they could capture electronic blood tracking around the region and ST explained this is already done via the annual transfusion survey.

All were requested to send any comments on the template to ST/JM and we will aim to trial for the May RTC meeting.

Database Survey (ST):

ST led a discussion on the current database survey and her ideas to update it to make it a more valuable and relevant resource. This included splitting it into a suite of four audits and alternating when each one is updated. To achieve this, input is required from specialists in each area to ensure we are asking for the right information. Following discussion, SC agreed to review the obstetric section, IS/TW-B the lab. section and OP will look at the surgical element. We already have a volunteer to review the general transfusion questions. ST also asked for volunteers to help make presentation of the data from the current survey more meaningful and engaging as it is too dry in its current format and SC suggested sending the raw data and outline summary to himself, PK and OP to review.

Once it has been finalised and presented to the RTC, the data will also be presented to the other RTC groups and filed in a way to make it readily accessible to RTC members.

ST highlighted a PBM benchmarking summary graphic that she had produced from the current data as an example of what we can produce from it and which can be included with the reports we currently provide for trust HTC/PBMG meetings and used as a resource for HTCs (Sharepoint).

RTC Workplan and Objectives (SC):

Maternal Anaemia & O+ already covered.

HaemSTAR was set as an objective by the previous chair but no opportunities have been identified and the regional rep has said there is no current regional activity. Do we keep it as an objective?

MM agreed to forward SC some information on a project from his region looking at the assessment and management of anaemia in acute care settings, which could be a potential SW RTC project.

SC – not sure we should keep it as an objective for the region but happy to facilitate any projects that do come up and we can contact the regional rep. intermittently for updates.

ST suggested visiting the HaemSTAR website prior to RTT meetings to check if there are any projects that would be of interest.

Tx 2024:

ST presented the slides that were prepared for the TP group highlighting PBM Recommendations, Transfusion Lab. Safety and Information Technology

- Data from the annual survey provides a regional baseline for some of the recommendations but we need 100% compliance each year – currently around 80%.
- GIRFT – try to get some feedback to RTC via one of the working groups.
- Strengthen Team and Support – create a visual slide in BSMS groups around transfusion teams and transfusion provision from the session and WTE data we collect.
- BMS training is being strengthened

There was discussion around a potential GIRFT project on anaemic patients being sent for endoscopies but as it sits more with primary care not sure how good a response we would get. The PBM team will be launching an e-learning module aimed at primary care and giving better guidance to GPs.

Generally, as a region we are doing a lot of benchmarking but one area we don't have much information about is the skills mix in transfusion labs. We could start to collect this in the HTT section of the annual survey.

It was agreed to add Tx 2024 to the business section of the RTC meeting and SC will approach MM to give the update.

Educational Plan (SC):

Plan is to proceed with the obstetric-focussed meeting that was planned pre-COVID and hold later in the year. Any other ideas welcomed. The NBTC plan to allocate an event to each RTC has not been rolled out yet

PK was keen to voice his support for the continuation of virtual meetings as they are easier to get to and allow for more high profile people to attend. SC commented that the RTT had worked well as a virtual group and it seems sensible to keep the format. We will look to make the RTC meetings available via both platforms and ST confirmed that BMS education will remain virtual.

RTC Newsletter (ST):

Plan is to use the final newsletter of the year to reflect and celebrate successes and for it to replace the annual report that is currently a very long-winded word document and, with the introduction of the HTC report, we are also planning to stop producing the end of year highlight report for each trust. Specific information can be supplied to trusts if they require it.

Following discussion, it was agreed that IS will canvass opinion on the end of year highlight report at the next lab. managers meeting from the viewpoint that there will now be a bi-

annual report presented at RTC so trusts will still be getting data but presented in a slightly different way – a decision can then be made via email.

AOB

None

Date of Next Meeting

TBC

SW RTT Meeting

3 March 2021, via Microsoft Teams

Action Log:

Action	Actioner	Completed
Offer informal support to lab. mgrs. at trusts without an O+ Policy	IS/TW-B	
Offer informal support to HTC Chairs at trusts without an O+ Policy	SC	
Invite Poole (Ali McCormick) to present their proposed maternal anaemia audit at RTC	SC	Next mtg?
Invite Glos to RTC re electronic tracking	ST	Complete
Raise IT supplier support for electronic tracking at NBTC mtg	SC	Complete
Review HTC Report template and feedback to ST/JM	All	None received
Review Lab. section of Tx survey	IS/TW-B	
Review surgical section of Tx survey	OP	
Send 2020 tx survey data and suggested presentation template to SC/OP/PK	JM	Complete
Help with presentation of 2020 tx survey data	SC/OP/PK	WIP
Send info on Management of Anaemia in Acute Settings to SC	MM	
Add Tx 2024 to RTC Agenda and invite MM to present	JM/SC	Complete
Canvass opinion on discontinuing trust annual highlight report with regional TLMs	IS	Complete – no feedback