## <u>Confirmed minutes</u> <u>South Central Regional Transfusion Team Meeting</u>

## November 24<sup>th</sup> 2020 10.00 via Microsoft Teams

## Attendees

Nick Goddard (NG)	Anwen Davies (AnD)
Alison Davies (AID)	Kerry Dowling (KD)
Kim East (KE)	Tanya Hawkins (TH)
Jacky Nabb (JN)	Jonathon Ricks (JR)
Simon Stanworth (SS)	

## **Apologies**

Cathy Lim   Emma Taylor	Cathy Lim	Emma Taylor	
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1)				
	The team welcomed NG to the SC RTC as the RTC Chair. There followed a			
		cussion on how the RTT would like to see the region move forward over		
	the next couple of years. As a region we have the ability to share			
	processes, initiatives, achievements and issues and have a wealth of experience amongst its members. We have the opportunity to take stock and reflect on where we are and how we would like to move forward.			
	Discussion points included:			
	a)	Provide an inroad to users, help us to make contact with a wider		
		audience		
	b)	Understand what users need and where we fit in.		
	c)	Improve clinical engagement to enable information gathered from		
		regional audits to inform practice and support regional objectives		
	d)	Improve communication with clinical areas to get messages out, obtain		
		information and learn from each other		
	e)	Engagement with clinicians to attend HTC meetings. How do we make		
		the meetings more impacting and important to those attending?		
	f)	Understanding of the impact on patient outcome		
	g)	Provide a conduit between NBTC and RTC		
	h)	Audits and guidelines to be more up to date and relevant to practice		
	i)	Review of open projects required		
2)	Pre	vious minutes - July 31 <sup>st</sup>		
	The	e minutes of the previous meeting were agreed		
3)	Reg	gional realignment		
	At	the RTC Chair meeting in September a regional realignment was		
	pro	posed and agreed, to bring the 10 current RTC regions in line with the 7		
	NH	S England regions. A NHSBT Executive meeting will be held in January		
	202	21 to discuss how the transition to the proposed structure could be		
	managed. Feedback from each of the current RTCs has been requested			
	wit	h a deadline of December 18 <sup>th</sup> .		
	a)	<u>Feedback</u>	JN/SS	
		The following points were discussed:		
	i) The NHS England South East region is a combination of Hospitals			

		within the current SC and SEC RTC regions with the exception of	
		Milton Keynes who will move to a different region. MKH have	
		worked closely with Oxford and it was felt that there would be	
		inconsistencies on how this is taken forward.	
		<b>Question</b> – are there hard boundaries or can a hospital opt to join a	
		different region?	
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	ii)	Blood services will remain with the existing centres, the TLM groups	
		align with the blood centres so will cover a number of regions. This	
		can be confusing currently and has the potential to be even more so	
		with the introduction of pathology networks.	
		<b>Question</b> – can the realignment be more consistent?	
	iii)	The realigned region will cover a large geographical area which could	
		have an impact on attendance at face to face meetings.	
		Consideration – although virtual meetings are successful and useful	
		it is felt there is still a need for face to face meetings. How do we	
		manage the large geographical area?	
	i٠٨	Budget – Question how will the budgets for the realigned region be	
	10)		
	1	formed and managed?	
	V)	Structure - RTT / RTC Membership/ Chair	
		- Question What plans are being considered for the Chairs position	
		in the new region (there are currently two in place)	
		<ul> <li>Question – Will the RTT have input into what amendments to</li> </ul>	
		the ToRs are to be made?	
		- Question - Will the members from the current two	
		regions combine to form one RTT?	
	b) C	ommunication to the RTC	
	lt	was agreed to produce a written communication to be sent to the	
		ospitals within the RTC introducing NG as RTC Chair and advising of	AnD/SS/JN
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		ne realignment. Feedback will be requested by 10 <sup>th</sup> December	
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		Format to be a two-hour duration, one hour covering an interesting topic/education and one-hour business meeting, including regional realignment. The following have been suggested at previous meetings, (Lessons learnt / Regional O neg project / BOOST study results). It was also agreed to consider subjects identified in Transfusion Bites feedback.	RTT
		NG will look at putting some cases together to give a talk at the meeting.	NG
	b)	RTT meeting for realigned region to be arranged, timing to be considered	RTT
	c)	RTC business meeting for realigned region proposed for May 2021	RTT
	d)	Education Day for realigned region to be arranged. Subjects to be from	RTT
	uj	previous feedback/ suggestions including Major Haemorrhage –	1411
		Gastro-Intestinal Bleed	
8)	NH	SBT Update	
·		AD requested any information of changes in delivery of clinical services to be sent to <a href="mailto:Covid19BloodRecovery@nhsbt.nhs.uk">Covid19BloodRecovery@nhsbt.nhs.uk</a> to help inform forecasting of blood demand. RBC stock is currently 87% of previous year with O neg at 90%	RTT
	b)	O+ granulocytes are now available Monday Saturday	
	c)	The PBM Toolkit is now available on the Hospital and Sciences website;	
		a two-part Maternity Anaemia resource is also available.	
	d)	Pre-op Anaemia toolkit will be available in the next few weeks	
	e)	Convalescent Plasma Trial update, the Recovery Trial has now	
		recruited over 5,000 patients. Data is expected to be submitted for	
		analysis. The Remap-cap trial is also expected to submit data for	
		analysis shortly after	
9)	<u>AO</u>		
	a)	NG advised the team of an alternative to Microsoft Teams for meetings which allows participants to attend sub meetings and provides more options for face to face interaction. We are aware that hospitals have restrictions on access to software and currently Microsoft Teams is the option used by most hospitals.  NG will look into this and send information to JN if thought to be relevant.	NG
	,	For information	
		Indication codes for transfusion 2020	
		BSH Guidelines on the use of irradiated blood components Oct 2020	
		i) 2018/19 Audit of the Management of Maternal Anaemia	
	İ	y) SHOT Benchmarking data now available	
10)	Me	eting Close 11.05	
/		0	