

**Confirmed minutes**  
**South Central Regional Transfusion Team Meeting**

**June 12 2020 via Microsoft Teams**

**Attendees**

Anwen Davies (AnD)	Alison Davies (AID)
Kerry Dowling (KL)	Kim East (KE)
Tanya Hawkins (TH)	Cathy Lim (CL)
Jacky Nabb (JN)	Jonathan Ricks (JR)
Simon Stanworth (SS)	

**Apologies**

Nigel Sargent	
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	Action
<p><b>1) Minutes of previous meetings</b></p> <p>The minutes of the RTT meeting held on 30 January were approved, the following update on actions was provided:</p> <ul style="list-style-type: none"> <li>• Completed <ul style="list-style-type: none"> <li>a) RTT Terms of reference has been published on JPAC website</li> <li>b) JR joined the RTT after being contacted by TH</li> </ul> </li> <li>• To be completed <ul style="list-style-type: none"> <li>a) Letter to HTC Chairs re non Haematologist member of RTT (NS/JN)</li> <li>b) Invite another TLM to join RTT – bring forward August 2020 (JN)</li> <li>c) RTC Chair appointment bring forward December 2021 (JN)</li> </ul> </li> </ul>	
<p><b>2) 2020 meetings</b></p> <p><b>March 4 RTC</b> was held prior to lockdown commencing. Positive delegate feedback was received and distributed to RTT members</p> <p>There followed a discussion around the need to consider alternative methods of meetings and education days due to the restrictions on face to face meetings in line with the current Covid19 government guidelines. One proposal is to have virtual meetings and presentations via Microsoft Teams or Zoom.</p> <p>Points to be considered were identified as follows:</p> <ul style="list-style-type: none"> <li>• Dates already proposed could be kept</li> <li>• Time of sessions will need to be carefully managed, and should be a maximum of 1.5 hours</li> <li>• Management of questions/comments via message/chat options during presentations</li> <li>• Could have small sessions, similar to Transfusion Bites talks</li> <li>• Some Trusts have issues with using Microsoft Teams and Zoon using Trust IT equipment and are therefore using mobiles. Not everyone will feel comfortable with that and the screen size may be too small for sharing of information.</li> </ul> <p>It was agreed to hold TP and RTT meetings online and the following will also be considered for online meetings:</p> <ul style="list-style-type: none"> <li>a) <b>Joint TP/TLM meeting</b> with educational content 8 September</li> <li>b) <b>Transfusion Bites Joint education day with SEC region</b> 7 October</li> </ul>	

<p>3) 2020 work plan</p> <p>a) <b>BMS study day</b> – KD raised concerns that this would be difficult to hold online as key benefits are working through the case studies with RCI staff and lab managers. It was agreed to discuss further and possibly approach TLMs to identify if they have the technology to take it forward – <b>Action JN</b></p> <p>b) <b>Monoclonal Antibodies Regional Policy</b> KD will follow up with Julie Staves via e mail and will meet via Microsoft Teams if required – <b>Action KD</b></p> <p>c) <b>O neg focus month</b> The first meeting was held by telecon, it was agreed to avoid added pressure to labs at this time. The work plan activity to be postponed and reviewed later in the year - <b>Action JN</b></p> <p>d) <b>PBM Survey review</b> KE provided a regional summary of the PBM Survey reports received last year. AD will review for further discussion – <b>Action AD</b></p> <p>e) <b>KPI survey</b>  <b>1) August Report</b> - Concerns were raised around accessing data by clinical area / notes at the present time, TH. AID and JR mentioned that most data can be accessed electronically. Discussion around possibly either limiting KPIs or moving the schedule to November, (current timetable February and August)  <b>Action : to be taken to TP meeting on 25<sup>th</sup> June</b>  <b>2) Reflect on discontinued KPIs</b>  TH will produce a one page summary on the learning outcomes of the discontinued KPIs – <b>Action TH</b></p> <p>f) <b>NCA Audits</b> – 2018 Management of Major Haem  Massive haem guidelines are currently being updated. The results of a study on the use of Tranexamic Acid in gastrointestinal bleed patients is due to be published in the next few weeks in the Lancet. It is anticipated that this will create a lot of discussion around the management of massive haemorrhage and may lead to massive haemorrhage protocols being revisited. It was proposed that, this could be pencilled in as an education session, to be presented by SS  <b>Action RTT to consider providing online education session, SS to present on Massive Haemorrhage protocols</b></p>	<p>JN</p> <p>KD</p> <p>JN</p> <p>AD</p> <p>JN</p> <p>TH</p> <p>RTT</p>
<p>4) Updates</p> <p><b>NHSBT / NBTC</b></p> <p>a) <b>Patient Blood Management</b> -  Blood supply is currently good. NHSBT are requesting hospitals share any information on resuming services which impacts blood supply, preferably timescale and capacity, in order to inform forecasting and donor planning.  The meeting was advised that this information is not necessarily being shared with hospital labs and that it may be that hospitals do not know yet, a very slow approach is being taken, no visiting hours yet. General consensus is that the movement back to normal services will be a gradual one.  Discussed that changes will very much depend on the size/services a hospital provides, some hospitals e.g. Royal Berkshire Hospital have not</p>	

<p>really changed their services throughout this.</p> <p>Southampton Hospital are taking the opportunity to introduce a 'just in time' policy for stock, so running at lower levels, despite the fact that their haematology services never really closed and that cardiac has now reopened. Queen Alexandra Hospital are also running at lower stock.</p> <p>Wexham Park Hospital reported that lots of services are moving off site, going forward it is likely that more blood is being crossmatched for remote locations as a just in case. There is a possibility that orders will increase due to concerns around not having blood on site. The effect of this increased ordering may not transpire until a month later when returned blood is then wasted.</p> <p><b>b) Customer Services</b></p> <ul style="list-style-type: none"> <li>i) Many thanks to hospitals for supporting NHSBT by relieving storage pressures of convalescent plasma and taking in additional FFP stock.</li> <li>ii) Block contracts have now been sent and the information has been received by transfusion teams. The letter and information can be found on the hospital and science website.</li> <li>iii) The organisational review report is being discussed internally and NHSBT are taking actions to tackle what was raised.</li> </ul> <p><b>c) TP / TLM</b></p> <ul style="list-style-type: none"> <li>i) JR reported that surgery is restarting at Southampton Hospital</li> <li>ii) TH reported that the biggest issue was initially with huge demands for training deployed clinical staff, also upskilling of lab staff</li> <li>iii) AID – Referred to MHRA notice re traceability  <a href="https://www.gov.uk/guidance/information-for-hospital-blood-banks-during-the-coronavirus-covid-19-outbreak">https://www.gov.uk/guidance/information-for-hospital-blood-banks-during-the-coronavirus-covid-19-outbreak</a>.  There followed a general discussion that traceability compliance may drop due to labels not being returned from areas with Covid19 patients</li> </ul>	
<p><b>5) Budget</b></p> <p>No spend to date, consideration to be given to providing support for online education material</p>	
<p><b>6) Next meeting</b></p> <p>a) To be held at the end of July to discuss:</p> <ul style="list-style-type: none"> <li>i) Joint TP/TLM meeting. Proposed format of a 1.5 hr session on the same day as planned (8 Sept) to catch up and discuss what we do next</li> <li>ii) Transfusion Bites/Education Day. Consider short sessions provided by hospitals and Massive Haemorrhage Protocol provided by SS on same day as planned (7 Oct).</li> </ul> <p><b>Action: Proposed dates for next RTT meeting to be sent to team</b></p>	<p><b>JN</b></p>
<p><b>7) Any other business</b></p> <p>a) There was no other business</p>	