EAST OF ENGLAND REGIONAL TRANSFUSION TEAM

Minutes of the meeting held on 20 October 2021, via Microsoft Teams Meetings
10:30am – 12:00Noon

Attendance:

Name	Organisation	Name	Organisation
Dora Foukaneli **DF** *Chair*	Consultant Haematologist, CUH / NHSBT	Suzanne Docherty **SD**	Consultant Haematologist, Norfolk & Norwich
Frances Sear **FS**	PBMP, NHSBT	Gilda Bass **GB**	TP, West Suffolk
Mohammed Rashid **MR**	Customer Services Manager, NHSBT	Julie Jackson **JJ**	TP, James Paget Hospital
Clare Neal **CN** *Minutes*	RTC Administrator, NHSBT	Katherine Philpott **KP**	TLM, TADG Chair Addenbrooke's

Apologies: Nicola Jones **NJ**, Tracy Nevin **TN**, Isabell Lentell **IL**, Lynda Menadue **LM**, Lisa Cooke **LC**, Michaela Lewin **ML**

1. **Welcome** **DF** welcomed everyone to the meeting.

2. **Minutes agreed:** Previous minutes were agreed. Please advise **CN** of any amendments.
   Actions from previous meeting
   1. Discussions regarding simulation – this is ongoing and will be looked into in further details when COVID restrictions are lifted.
   2. Set up Education Working Group – first meeting took place in September.
   3. Terms of Reference – **FS** this has been chased. We are awaiting NBTC terms of reference to update ours.
   4. Summary Report for RTC Members Each Quarter – set up a list of hospitals and request participation.
   5. RTC Deputy Chair – email to be sent out regarding Chair position. Chair will then put Deputy Chairs in place.
   6. O Negative – add to RTC agenda – added to agenda 14.10.2021.
   7. O Negative – combine what is being discussed at various groups

   DF an issue that was discussed was about samples being referred to RCI for investigations, particularly in the presence of complex antibodies and the patient is unstable. NHSBT engage with labs and clinicians to ascertain how stable patient is and identify alternatives. I am keen to develop guidance for our region which can go on the website and potentially be shared nationally too. I find it really ineffective having these types of discussions in the middle of the night / out of hours with not much knowledge of the patient. **DF** asked **KP** do you have any thoughts on that? **KP** I think advice and guidance for all levels of staff is important at the moment. We are finding that we have got inexperienced BMS and SpR staff, this is across the region. **DF** if you are in a big hospital, you are more likely to come across a SpR. It is unfair for a junior BMS at 3:00am in the morning to start thinking of what blood to give or who to talk to. What the hospitals need to know is the internal escalation so the BMS goes to the Consultant Haematologist who will talk to Consultant responsible for patient. Do you think that this is reasonable? **SD** yes if there are increasing regionally issues, it would be beneficial. **GB** we have an internal policy, they should never come to you as ours go to our Consultant Haematologist. **DF** it does not have to be a huge document, hospitals can adapt according to their environments. It should be guidance involving relevant information such as escalate, assess, identify. Communication with NHSBT consultant should be there but communication within the hospital should also be there. **KP** I have made notes and will contact **CN** to circulate to region to find out if anything is already in place. **JJ** are these patients emergency patients? Is there any way of forward planning? Are they already known? **DF** for most it is the emergency patients or someone who arrives at hospital in a crisis. **KP** there is all different scenarios where we would need advice. **DF** the message here is the hospitals need to identify hierarchy of alternatives and have the freedom to pick up the phone and talk to consultants.

3. RTC Business

DF what would you like to discuss from the RTC? I think the major issue from RTC is the election of the Chair / Deputy Chair which is ongoing. **FS** the plan is that we will email out the process to the RTC early November for nominations. Once the Chair is in post, we will then ask for two deputies. It would be good to get this in place for February meeting. Other issues from the RTC were taken to the Joint TP / TADG on Monday.

KP we talked about traceability on air ambulances and particularly for those patients that are stabilised and then transferred to another hospital. It is extremely difficult. These patients go all over the place. Finding out where they go can be hard. Sometimes I can look at EPIC and I can see all information but others I can't. I have said that I will take this back to the national group. It is a lack of understanding outside of Trusts needs addressing. **FS** some hospitals are out of region, which is the problem. **KP** we don't have huge experience and other areas may. **KP** we asked who supplies air ambulances at the meeting but there wasn't many answers. **DF** it is important to know who gives blood to air ambulances and escalate to national group for feedback.

4. Education Working Group

DF advised that **FS** invited a colleague to the meeting from London who organises the BMS Empowerment Programme which provides training for Junior BMSs. We also discussed how RTCs can add into the national NBTC programme. We suggested organising 'Special Blood for Special People' It will be a half day, include frozen blood bank, CMV issue, transplantation. We would have about 3-4 good presentations, so let us know if you have any ideas. **KP** a presentation from SHOT would be good.

DF in terms of what else we can do we tried to sub group areas, we would like to look at 3 areas:-

- <u>TP</u>
  DF in terms of TPs, there is the national movement of having a national framework and national job descriptions. **FS** this is something that was being looked at pre COVID by the PBMP team. I think we are waiting for the competencies to come out to see the need. There might possibly be something that comes out from our team. If that's the case we may only need to look at regional needs. **DF ML** has developed a list of competencies which is extensive, I have suggested to **ML** that in collaboration with TP group, if we can make it manageable and start delivering. **JJ TN** gave us some feedback. The job descriptions are being looked at by job matches in Cambridge. Once the national job descriptions for all grades come out then we can look at competencies against each band and then look at training to meet these competencies. I am going to recommend that more than one person attends the national TP group so that we continue to have input and awareness.
- <u>TLM</u>
  The other questions is about BMS's. We would like to develop something from the region but for higher level BMS staff. **KP** Martin Muir MM has emailed me so we are going to arrange to meet up to discuss this further. **DF MM** suggested having a short survey to see what people feel is important or lacking from education. **KP** we will have a discussion.
- <u>Doctors</u>
  In the absence of doctors, we did not focus on doctors training too much. It would be good to get a group of doctors together to look at how we can implement their training and how we can fit into what is already in place such as contacting deaneries. **SD** I think it is good to look at different groups. **DF** if we can target the audience then it would be more sustainable.

<u>Mums, Babies and Blood</u>

DF what are we going to do regarding this session. **FS** there was discussions as to whether we keep this virtual and use our programme for other regions. **GB** could a hybrid model work? We have lost so much face to face. FS we are keen to have a face to face education event a year, it just depends if you want to have Mums, Babies & Blood or something else. **DF** it is really hard to know the options for next year. I would prefer to see the RTC / RTT first face to face at least once a year and roll it out gradually. **DF** asked if **FS** could continue conversations with Danny. If other regions are happy to pick it up then

we can do it the following year. **FS** they are keen to keep it in the programme. **SD** I have not been involved in this event before. September is a change over month for registrars so not a good time if we want to include them in any training. **DF** I don't think we should miss the opportunity and it should take place in 2022 even if its by another region.

5. Future Meetings

DF I would prefer to have RTC / RTT meetings face to face first and then gradually role out for other events. **FS** I know how valuable face to face meetings are but it looks like we will be unable to have TP / TADG meetings in the centre. I can't imagine we can go to other hospitals and we need to look at how we can achieve face to face meetings as we haven't got the budget to have all face to face if we have to hire venues. Does anyone have any solutions? We feel that the joint meeting could be face to face and would be happy to commit the budget to that. Please can you take back to your groups. **DF** how about the clinical school? **KP** we could look at clinical school, Arthur Rank House. **FS** it doesn't have to be Cambridge, we just held them in Cambridge as we could use the space in the centre. **GB** in order to book rooms in our hospitals etc, we would need to know numbers. **JJ** is it worth asking football / rugby clubs? **DF** if the budget has limitations, we will need to look at other options and may need to compromise until we can go back to normality. **DF** asked **SD** if there is anything Norfolk area. Are you able to ask?

6. Any Other Business

- **MR** thank you for all the work you are doing as this will also really support NHSBT.
- **FS** all the regional documents are out of date. KP was passed the transfer of blood documents and needs updating by TADG.
- **FS** Major Haemorrhage documents need updating. **DF** national guideline is still under consultation. It is almost ready.
- **MR** do you need any input from the Clinical Consultant Scientist from NHSBT. **DF** not at this stage, we need to look at what is already in place in the region and see what else needs developing for clinicians. NHSBT does the job their end, my aim is to motivate the hospitals to close the loop their end.
- **KP** there is a point there about consultant clinical scientists in this region. Is there any way of having collaboration in some way. **DF** there is an appetite from NHSBT to support developments. There is a programme up North (Newcastle) where it started as a joint initiative with a hospital. **DF** we can investigate and we can continue discussions.

Date and Time of Next Meeting: Wednesday 23rd February 2021, 13:30pm – 15:00pm, Via Microsoft Teams

Actions:

	Detail	Responsibility	Due
1	Circulate information to region regarding documents already out there	**KP / CN**	
2	Email out regarding Chair	**FS / CN**	**4th November**
3	Continue conversations with Danny regarding Mums, Babies and Blood	**FS**	**Ongoing**
4	Future meetings and possibility of venues	**KP / JJ**	**Take to next TP / TADG Meetings**
5	Transfer of Blood Document – Needs Updating	**KP**	**Take to TADG Group**