

EAST OF ENGLAND REGIONAL TRANSFUSION COMMITTEE

Minutes of the meeting held on Thursday 25th February 2021 via Microsoft Teams, 10:00am – 12:00noon

Attendance:

Name	Role	Hospital
Dora Foukaneli DF	Consultant Haematologist	NHSBT / Addenbrooke's
Frances Sear FS	PBMP	NHSBT
Clare Neal CNeal	RTC Administrator / Minutes	NHSBT
Mohammed Rashid MR	Customer Services Manager	NHSBT
Susan Turner ST	TP	Colchester
Noha Gasmelseed NG	Consultant Haematologist	Luton & Dunstable
Stephen Wilson SW	HTC Chair	Norfolk & Norwich
Loraine Fitzgerald LF	TP	Bedford Hospital
Rebecca Smith RS	TP	Ipswich
Claire Smith CS	TLM	Essex Nuffield
Isabel Lentell IL	Consultant Haematologist	West Suffolk
Jane Tidman JT	TLM	Lister
Lisa Cooke LC	Consultant Haematologist	Queen Elizabeth, KL
Katherine Philpott KP	TLM / TADG Group Chair	Addenbrooke's
Suzanne Docherty SD	Consultant Haematologist	Norfolk & Norwich
Cathryn McGuinness CMc	TLM	Princess Alexandra
Niven Akotia NA	HTC Chair	Broomfield
Tracy Nevin TN	TP / TP Group Chair	Princess Alexandra
Joanne Hoyle JH	TP	West Suffolk
Julie Jackson JJ	TP	James Paget
Tina Parker TP	TP	Broomfield
Deborah Asher DA	EPA Network Manager	NNUH
Teresa Green TG	TLM	Southend & Basildon
Donna Beckford-Smith DB-S	TP	Watford
Benjamin Sheath BS	TP	Watford
Alison Rudd AR	TP	Norfolk & Norwich
Georgie Kamaras GK	HTC Chair	Luton & Dunstable
Danielle Fisher DF	TP	Luton & Dunstable
Lynda Menadue LM	HTC Chair	Peterborough
Swati Pradhan SP	HTC Chair	Bedford

Apologies: Nicola Jones, Martin Muir, Claire Sidaway, Allan Morrison, Kathy Ford, Jane Preston, Stephen Cole, Debo Ademokun, Gilda Bass, Janet Pring, Tracey Tomlinson, Karen Baylis, Andrew Dunn.

- Welcome:** **DF** welcomed everyone to the meeting. **DF** is chairing this meeting today in place of **NJ**. Introductions were made by those in attendance. This is **DA** last meeting.

Minutes of last meeting: Minutes were agreed as correct. Please forward any amendments to **CN**.

The previous minutes covered:-

- Regional boundaries (will not hugely affect East of England)
- Supply and demand during COVID
- Regional updates from TP and TADG groups
- Presentation on data collection
- HTC Updates

Actions from previous minutes

- Discuss training opportunities at the RTT. **DF** has started a regular seminar for trainee registrars. This started for Addenbrooke's Hospital, however, this is being expanded to other hospitals too and would like as much involvement as possible.
- Platforms for training. Various hospitals are unable to access zoom as a platform. Some hospitals also use star-leaf.
- **FS** will find out an update regarding audit webinars and will circulate.
- Online data collection. **FS** advised that information was circulated last week. **KP** information is being collected nationally on a weekly basis. Information given is about workload, numbers of COVID patients etc.

2. PBM and Regional Team Update

FS presentation attached to minutes. **DF** thank you for this update. Any questions or comments. **JH** How can staff join the BMS empowerment group. **FS** the link can be sent through to you. **CNeal** will be added to the circulation list so that future events can be circulated to the region.

3. Regional Update – Feedback from TP and TADG Group

TP Group

- **TN** From the National TP Network, with regards to the WBIT audit tool which we devised, I have recently had contact from the London region who are wanting to implement it too. I have been working with Brian Hockley to develop the audit. We have an access code for every hospital. We are cascading across the regions. You can devise reports and benchmark against other hospitals. It should be very useful, particularly when looking back and auditing.
- Another audit that we are developing is introducing D positive units. We wanted to complete a benchmarking audit to see where we are. This has also been greatly received by the national steering group. They would like to use it as a benchmark but will implement it in a different way. They are going to title it 'Implementation of D Positive'. It was initially East of England / London region that would trial but now this will be nationally. We are looking at developing a toolkit.
- They are looking at the framework of the TP's for the TP job descriptions. I have sent out the draft copy previously.
- We have had some excellent presentations on convalescent plasma including some from James Paget and Peterborough. From that we would like to hold presentations from the research and audit team. We have looked at training in general so we have asked for training materials and presentations to be shared across the region.
- **JJ** designed some logos so we could have a group TP logo which the TP group voted for. This will be circulated.
- We have had some external presentations from various reps.
- A lot of the TP team were redeployed so hopefully we can start to go back to some kind of normality.

DF thank you **TN**. It is great to hear that some regional initiatives are being used nationally.

TADG Group

- **KP** has attended both the TADG Group and the National Lab Managers Meeting. There has been a lot of discussion around the use O positive, O Negative and K Positive blood products and really pushing the use of those. One of the things that the national group are looking at is potentially putting O Positive on the HEMS operations. It is being considered and reviewed by quite a few people. In the East of England we have been working on the REPHILL trial. This finished at the end of December. We are awaiting the outcome from this. Both ourselves and

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Norwich have been approached by East of England Ambulance Service to continue supplying blood to the air ambulance so will be continuing to supply O Negative until agreed otherwise by the National Group.

- There was a lot of discussion about using O Positive in trauma cases and making sure we use O Positive / K Positive where possible and that we have a supply of K Positive in all the regions and utilising that as much as we can.
- A lot of talk about COVID and convalescent plasma. Convalescent plasma use was significant, however, this was not the case at Addenbrooke's. That trial has now stopped.
- There is a transfer of blood policy which is coming out nationally which we are currently looking at and reviewing.
- MRHA there is not a lot to say about sabre trends but they do still expect us to submit compliance reports as expected by the end of April.
- University of West of England in collaboration with NHSBT have now launched a Masters in transfusion science which is an update from the one that used to be done by Bristol University. There are modules, the first course starts in September and is recruiting now.
- TADG group are seeing nationally and regionally WBIT incidents. There seems to be a rise in sample labelling errors nationally. There seems to be a feeling that this is due to staff movement to other areas.
- The TADG Group are looking at the shared care form to bring to the next RTC Meeting.
- We are also looking at the MSBOS. There was a national presentation which was very interesting so we are taking that to the next TADG meeting.
- We have been discussing the blood shortage plans.
- We have talked training, especially the BMS empowerment group and will continue to look at case studies, virtual meetings and presentation.

DF thank you **KP**. **CMc** had interest from staff in the MSc and contacted UWE but had no response, do you have another contact? **KP** will chase that up.

DA I know the blood shortage plans were discussed at TADG. I wanted to escalate to RTC as in the 'Platelet Shortage Plan' it states that the minute you go to amber any platelets will have a maximum expiry of 24 hours. This does not suit us. We have to have platelets on standby in case of major haemorrhage. We are so far away and if we have short dates then we will increase costs too. We can't have short expiries due to location. **KP** I did escalate to the national group. **DF** hopefully shortage periods will be limited and not last very long. **NA** we would have the same issue at Broomfield. **DF** Any comments or questions for **KP**.

4. NHSBT Update

MR presentations attached. **DF** thank you **MR**. There were no comments or questions.

5. Presentation – Trials and Tribulations of Teaching Transfusion in Trying Times

BS and **DB-S** presented how they could deliver and engage staff in training programmes on-line now that face-to-face training could not take place. **BS** teaching groups shrank dramatically from larger numbers to one-to-one training. We were waiting to see how everything would progress. We didn't want to re-vamp everything if we didn't need to. The challenge was how do we teach 2500 staff and how do we do it. We wanted to make it engaging but also be able to track what training staff had completed. We spoke to the learning and development team. We had our team and effort to implement these training packages. **DB-S** we decided to look at what we had. There were a couple of presentations and all the information was very out of date. We had to go back to basics and look at what would meet the needs of everyone who needed transfusion theory. We knew it was a lot of work. We wanted a good programme that flowed to meet staff and the Trust. **BS** we looked at little bits rather than looking at how do we teach 2500 staff. We looked at each group to make it manageable, for examples, what do midwives need to know?. We had some ideas and we thought big including

animations, YouTube, activities so we could make it interacting as possible like it would have been face-to-face in the hope that the information we were relaying stuck with staff. We started with collection first because that was one of our biggest issues and was always over-subscribed. **DB-S** what we produced for the presentation included animation, narration and the feedback from the training & development team was that the computer did not like it and it did not work. It took a long time to get it where we wanted to get it. We wanted to use learn-pro. We use the acorn learning site and it wouldn't accept or download anything from learning for health. It wouldn't accept anything from the platform for transfusion and anything better would cost money which the Trust didn't have. We felt that we were still using chalk and board. **BS** there were delays. We would have an idea, produce the package and then there were delays because of IT issues / compatibility. **BS** it took a lot of time but we did get there and we produced 8-9 modules for different staff groups. We realised once we started, there was always more to achieve. It was not how we had planned but we were restricted by how we could do it due to resources and infrastructure available. It has been set up so that it is available on the relevant staff members account rather than telling the staff to go and search for it. There have been some issues with it not being available and there is always more to do / achieve.

DF thank you very much for sharing your achievements. Has anyone had any similar experiences?

NA that was an excellent presentation and it is a huge amount of work you have put in place. Is there a way that all these groups can come together to produce and set up training modules / videos for everyone to access rather than all of us setting up similar using a platform such as YouTube. **DF** thank you very much and it is good to air these. **BS** I would say yes that is the sensible solution. The problem we have with it is the tracking, we use e-learning for health, our systems weren't compatible with that system. So we could link it but for the training management side, you would not know whether the staff member actually completed the programme. It would just show that they visited the site but would not show what they completed and whether they were competency assessed at the end of it. **BS** we can use centrally produced videos and what you are suggesting is definitely the way forward but you need a national programme that is compatible. **LC** I share your pain as I am sure others do. This is a never ending problem. It is the IT and the digital infrastructure around the monitoring it that takes up so much time. We spent a long time setting this up, I just advise that you regularly go back and review all the systems you have put in place. It is really hard work. **DF** standardising the context and having materials agreed and then how to incorporate into the hospital's platform might become a different situation. The learn pro blood transfusion which was developed by the Scottish Blood Service years ago, it was a huge attempt to achieve this. It is not easy to develop a comprehensive package. It is a significant task and challenge. Can we escalate at a national level? If we are going to update the learn pro transfusion, it needs to be done in a modernised manner. Any actions / movement nationally. **TN** it would be lovely to have one platform but interfaces don't work with each other. I will take forward to the National TP Group to see if we can look at learn pro. When you use a system on-line it does not incorporate your own processes for your Trust for example are you fully paper based, electronic, we may not all be trauma networks so may have different protocols. It would be great to have generic training which we could then upload relevant information for your own Trust / hospital. **TN** / **KP** can you escalate to national groups for modernisation and update of learn pro? Having a basic platform that can be used by everyone would be good. **NA** there is a big movement at the moment by NHS Digital. NHS digital are looking at minimising workload so we can work on web-based portals.

FS with learn pro it was supposed to have a module written or content for your hospital. They have been trying to update the content for a number of years. It is not owned by NHSBT. We have to have agreement from other areas. This has been going backwards and forwards so I know it is being looked at. **TN** we had issues with learn pro and that was because they wouldn't track each time, it's ok to do it once but doesn't give you validation if you do it again. **DF** we will continue at RTT. It has been a really useful discussion.

DF has anyone done any of the formal medical education certificates? **NA** teaching fellow course, Masters in informatics. **DF** perhaps we can share learning from this type of education. We need to

learn from this experience and set up a group with these people. Please advise **CNeal** if you have medical education certificates.

6. Presentation Blood Transfusion Treatment Plans: An Electronic Quick Win

IL presentation attached. **DF** found this very useful. **SD** that is fantastic and can I have a copy of slides? What is the crossover of inpatient / outpatient, is there a danger if someone comes in septic on chemotherapy but they have chronic platelet transfusion and their threshold is set at 10? Is someone going to see that? **IL** you will have to adapt locally, we still have the system here that platelet transfusions are authorised by the haematologist in call, so we always know. The use of it is mainly among the teams who are looking after these patients on a week to week basis. It is not part of their routine check but you could incorporate that.

DF if you have similar projects and initiatives that you can share, please advise **CNeal**.

7. HTC Updates

DF is anyone from HTC chairs willing to bring updates issues / concerns / achievements to the RTC. **GK** we can update next meeting as we do have some ongoing projects. **NA** we have nothing at present, we can update next meeting.

DA SW an issue we have had is that we went to update our children's major haemorrhage protocol in the HTC and the resources available are out of date on the website. Where are we with the major haemorrhage updates. **DF** guidelines are about to be finalised so we are awaiting the new materials. We have no evidence to amend at the moment until these are updated. **SD** there are issues on both adult / paediatric protocols. **DF** should we revise now or wait until published. **SD** significantly out of date so should be reviewed. **DF** suggested discussing at RTT next week. If you do come across any documents that have errors / omissions, please advise **CNeal** so this can be raised at the RTT.

LC can I ask about paediatric shared care guidelines and irradiated blood products. The interpretation of the shared care guidelines for irradiated blood products is that any child who has had alemtuzumab for any reason needs irradiated blood products and I don't think that is in line with the national guidance. I am not sure if we have interpreted them differently or the paediatric shared care guidelines have been interpreted differently or whether I am interpreting the national guidelines incorrectly. **DF** as far as I know alemtuzumab is an indication for irradiated components for people with underlying haematological or severe immune defects / rare conditions. For any other indications such as treatment for MS, solid organ transplantation or vasculitis it is no longer an indication. The guideline does not differentiate between adult or paediatric practice. **LC** I am not really sure how the paediatric shared care oncology guidelines with the transfusion section, I am not sure how I can take that forward to get some clarification. **DF** there are people at Addenbrooke's Hospital who can definitely help with that. **LC** thank you, that is really helpful.

FS SHOT are working in the background on a checklist for these groups of patients to give a bit more advice. It is not to replace a shared care form but to give background information and a checklist of who has been contacted, what you should do, who you should notify. It is not out yet but may help to support this.

LC whilst the shared care form is mentioned, can I ask about hepatitis e on the form. **KP** yes that is one of the things we are looking to remove.

TN we had a few queries through the TP group around the Anti D guidance from NICE. Is the BSH reviewing their guidance on Anti D, particularly for bleeds under 12 weeks. **DF** I am not aware, please send me the question and I will escalate to relevant person.

8. AOB

DA UEA are offering a level 6 apprenticeship in biomedical science to start in September. EPA will support 6 students. Terrific course for the future. **DF KP** Can we promote through TADG.

DF it is time to give a huge thank you to **DA** for her contribution to RTC, RTT and national projects. She is a magnificent teacher and exemplary manager. There are no words to describe **DA** contribution to all of us and very best wishes for enjoyable retirement. **DA** thank you for all your support. **DF** we will all miss you; you leave a legacy of tremendous quality across a number of disciplines so thank you very much.

FS we still need a Deputy RTC Chair. We are also missing a clinician on RTT. If there is any interest, please let **CNeal** know.

DF Thank you for participation and presenting. Please join RTT next week if you can.

9. Date of Next Meeting and Close: 17th June 2021 via Microsoft Teams

Actions:

No	Action	Responsibility	Status/due date
1	Circulate TP Group Logo	JJ / CNeal	ASAP
2	Discuss Learn Pro at National Groups	TN / KP	Next RTC Meeting
3	Medical Education Certificates	ALL – Advise CNeal	Ongoing
4	Errors on documents / toolkits	ALL – Advise CNeal to discuss at RTT	Ongoing
5	RTC Deputy Chair RTT Clinician	Express interest to CNeal	Ongoing