EAST OF ENGLAND REGIONAL TRANSFUSION TEAM

Minutes of the meeting held on 04 March 2021, via Microsoft Teams Meetings
09:30am – 11:00am

Attendance:

Name	Organisation	Name	Organisation
Dora Foukaneli **DF**	Consultant Haematologist, CUH / NHSBT	Debbie Asher **DA**	Network Manager, NNUH
Frances Sear FS	PBMP, NHSBT	Katherine Philpott **KP**	TLM, CUH
Clare Neal **CN** *Minutes*	RTC Administrator, NHSBT	Michaela Lewin **ML**	TP, CUH
Lisa Cooke **LC**	Consultant Haematologist, Queen Elizabeth	Suzanne Docherty **SD**	Consultant Haematologist, Norfolk & Norwich
Lynda Menadue **LM**	HTC Chair, Peterborough	Isabell Lentell **IL**	Consultant Haematologist, West Suffolk

Apologies: Nicola Jones, Mohammed Rashid, Tracy Nevin, Gilda Bass, Claire Sidaway, Gilda Bass, Julie Jackson, Tracy Nevin

1. **Welcome** **FS** welcomed everyone to the meeting. Introductions were made.

2. **Minutes agreed:** Previous minutes were agreed. Please advise **CN** of any amendments.
   Discussions at the last meeting included:-
   - **ML** discussed providing education for Emergency Department Staff.
   - **FS** Discussing major haemorrhage audit. Look at presentation for RTC. **ML** Alistair Steele from Kings Lynn, presented at a fantastic study day so would be a good contact.
   - **KP** has discussed quarantining blood at the national lab group. It was suggested that using clinell wipes is sufficient but won't take responsibility for it. **DA** all hospitals are following their own processes. **ML** it has been difficult to keep track of COVID patients as they have been all over the place, not just specific COVID areas. **LC** felt that every unit should be treated the same regardless of whether they are coming from a designated COVID area or not.

3. **RTC Business**
   A lot of the RTC Business is being covered under this agenda. **FS** the action plan will be updated according to items discussed, however, some may need to be deferred due to lack of face-to-face meetings and training

   DA advised that Carol Harvey is her successor.

4. **Events and Meetings**
   FS All meetings have been booked with their usual times, so there would be flexibility if everyone wanted a business meeting, break, and then reconvene for presentations / case studies. If there are presentations / case studies for the RTC that would be interesting, please advise **CN**. **KP** felt that having meetings too long would be difficult. **SD** asked if it would be possible to continue with an online format when face-to-face resumes for those who may find attending difficult / time consuming with travel. **FS** has attended some of the HTC meetings where they have done this with a laptop in the middle but it was quite difficult with background noise so you could not always hear what was being discussed. **FS** We could keep the meeting the time as it currently is and then add some smaller presentations separately. The TP Group have been doing this. SHOT have been busy with their bitesize presentations.

   DF asked what would be useful from the hospital perspective and what target audience should there be. Presentations could be made to targeted audiences. **LM** felt this would work well. Their midwives would love that, especially if they were lined up with their simulation days / education days. Another

group of staff who may benefit would be the ODA's who are learning how to use the cell savers just to give them an idea of how they are conserving blood. Emergency Department might be interested, but engagement might be hard. Being able to dial in when they can, will encourage those that want to do it to access it. **FS** with any session we have got the access to pre-record. Some of the other regions are doing this. **LM** we are looking at having a blood champion on the midwife team to encourage some responsibility, it would be useful to have something they can watch. **FS** it is difficult to see if anyone has watched it, however, they can complete a questionnaire / quiz so they can access a certificate or prove they have watched the training video.

FS would it be good to look at the Education Working Group again. **DF** we started a gap analysis spreadsheet which recorded groups of staff and what training they needed, what was available and how they could access training. This would allow us to see what we needed to put together. Should we start developing a training library. I have been motivated by running the training for Haematology Trainees. **DF** thanked **KP** for her help. **KP** It has been really interesting.

LM with the MDT simulation we used to do, we wanted to get the BMS's to see what happened in an obstetric haemorrhage. A video of a simulation would be amazing as they have never seen what they do and how difficult it can be. **ML** it is a two-way thing, the clinical staff don't necessarily know what the lab do either. Simulation seeing both sides of what is happening would be ideal. **LM** having a split screen of the two teams and how they deal with the situation would be a good way to see exactly what happens and the issues both teams come across. **FD** do we have funding for this type of simulation as this would need to be done professionally. **LM** asked medical photography to do the simulation before. The issues are getting the space, time and all the relevant staff groups as some staff don't have study leave. You would also need someone to put together the photos / footage so you could see them at the same time. **FS** is not sure if this is something that can be put together regionally but there are people that can work on projects like this, however, we may need to put in a bid for this. **LM** there is some simulation money as they used £5000 from a simulation grant for a previous project. **ML** there are some funds available at Addenbrooke's from donations which we may be able to bid for. **FS** we have a regional budget, we didn't spend anything this financial year and may not spend as much for the next financial year so there may be some spare budget there. It would really depend how much it would cost to put together. Anything else, we have to put into a central fund for HEE funding. **LM** it would take months to get simulation set up. **FS** the project would be done centrally rather than regionally if we went down this route of funding. **DF** if we want to move to this kind of concept of simulation, do you need people from the same team? If we can identify a group of staff willing to be part of this at Addenbrooke's, would they need to be from the same team? **LM** as long as they do their own job as part of the simulation, it doesn't matter as on a daily basis we work with different teams. If you had people coming from different areas, you may need to compensate people for travel. **LM** the person running the simulation would have to work in the hospital it takes place to ensure that you have all the relevant kit and you are not taking anything you shouldn't. **DF** shall we make a plan on this? I can put you in touch with Tamsin Poole at Addenbrooke's Hospital, can we start shaping this. **LM** you could make it a generic major haemorrhage so you could use trauma too. There may be more money in trauma but obstetrics is more common and is in more hospitals. Only a few hospitals deal with trauma. **DF** you can discuss as part of this poorly labelled blood. **FS** it is worth talking to Tracy Nevin as she has done some simulation training previously. KP can you start looking at the lab perspective. **FS** I will make some enquiries for funding. **LM** I will ask our simulation contacts too.

FS would you like to reinstate the education working group? **DF** the role of RTC is implementing education and good practice. **FS** a lot of members may have changed so we can update the spreadsheet. It was 2-3 years ago since this took place so we can look at who should be included in this.

DF would anyone be willing to assist and focus on training for:-

- Junior doctors
- Core medical trainees
- Anaesthetics
- Surgical trainees

- Emergency Department
- Obstetrics

DF will continue with training the haematology trainees. **IL** splitting it up would be a good plan, I am happy to look at core medical trainees. **SD** is doing a lot if work with obstetrics. **LM** we could go into their regional training; we would just need to find out when that takes place.

DF is anyone willing to take on the FY1 / FY2 groups? **LC** I am not quite sure what you would need me to do. **DF** I was thinking about basic rules and principles have they have just come out of medical school so would need information on correct sampling, recognition of haemorrhage, consent. **LC** I don't mind picking that up but I am not sure how to access the staff. **FS** we can put the programme and resources together so that we can then offer it out to the region so they can access it. It is more a case of putting the resources together rather than trying to access their training days. **DF** will share what has taken place in Cambridge so that it can progress from there.

LM what you are describing sounds like basic transfusion training what we access on mandatory training. We have an online module that everyone has to do. **LM** Kay only has 15 minutes at induction but there is an online module that everyone has to access. **DF** is there any remit to see Kay's one so that it can be made generic so that other hospitals can access it. **SD** we already deliver training for FY1/FY2 at Norfolk and Norwich. **DF** some areas have started doing seminars and it has been considered a good movement. Can we put into resources we already have into a library for others to access? **SD** I am not sure if something put together regionally would necessarily improve on what is going on locally but there are elements that would be beneficial regionally. **DF** there may be areas in the region that don't have these resources in place so may be beneficial for them to access. **LC** we do some local training for FY1 / FY2 and then we do a yearly update. I find it really valuable having time for them to feel safe and come and ask questions that they may not have had chance to ask. There are lots of resources that are local. In our Trust we have a WhatsApp group of learning so as a group of consultants, we can format a paragraph for learning which they find useful. Is there something we develop for short sounds bites? **FS** yes of course. Should we get a meeting arranged for an Education Working Group?

FS last time there was discussion around running the Mums, Babies and Blood study day by looking at having some pre-recorded sessions, followed by live Q&A. Would this work well? **DF** this is would be good and we need to move fast on this. We can ask people to register. It could be no longer than 3 hours. **FS** myself and **CN** will look into this further.

5. **Regional Documents and Toolkits**

FS some of the regional documents are very out of date and had an offer to look at toolkits. Does anyone regionally want any involvement in looking at these? **DF** would **LM / SD** be able to look at Consultant Haematologists Toolkit to see if there are any amendments. **FS** we would like to update them and make them more modern. It is the content that we need reviewing. **DF** would **LM** we able to look at the HTC Chair Toolkit. **LM** It was the best thing; I will look through to see if anything needs amending or adding. **DF** if nothing major needs amending then we can just say it has been reviewed. **FS** with regards to the anaemia guidelines, we have the national ones now. Do we want to update regionally or do we use the national guidelines as ours are out of date? **LM** I would suggest hold. **FS** I am part of the national group so I know that there is a lot going on. It would be difficult to keep a regional one up to date. **FS** the other one is the massive haemorrhage guidelines. **DF** BSH is about to complete the national guidelines. **CN** update JPAC guidance that we are waiting national guidance.

6. **Audits**

FS are there any audits that the region would like to look at. **DF** can we continue with WBIT? **FS** that is permanent and hopefully North West and London will join so there is more data to benchmark. **ML** are we to submit WBIT even if SHOT is not interested? For example, if the quality management system has picked it up before it is processed. We have had several. We don't report to SHOT but should we still be putting them on this audit? **DA** the lab never processed so they are near misses. ML we have such a robust system so they lab will pick up before it is processed. **DA** we don't report any of those locally either, we wouldn't investigate those. We go along the same line as SHOT. The ones we want to catch

is where everything appears to be correct but they are not. **ML** we do investigate them. **FS** it would be good to discuss at the TP Meeting to see if they would find this useful as you can add a near miss category to the audit if useful.

DA what is happening with the national comparative audit programme. Is there going to be a programme for the year? If they haven't got much planned, would it be a good idea to have something in place regionally? **FS** I haven't heard when they will recommence. **DF** potentially planned for September 2021 but I have not heard of a plan. **FS** I cannot see they will do anything before the autumn / Spring 2022. They have got behind so were going to drop a couple. They did receive feedback that there were too many audits and feedback coming back wasn't in a timely manner so were reducing the number of audits that were planned.

FS did we want to wait and bring to the next RTC in June. **DF** it might be an idea to audit issues specific for the region. **DF** can we ask a small survey to ask everyone to what extent people are using group o/d positive for emergencies or what the specifications of blood we use for emergencies. Do we have a national picture of how we perform on that? **FS** The TP group may be covering this. **DA** the issue of preserving o negative is a national ongoing discussion, that would ne a good ongoing piece of work. FS the TP group are looking at quite a comprehensive audit.

7. Membership and Terms of Reference

FS we have got some vacancies for the RTT, if you would like to continue attending, please let **CN** know. **DA** will be leaving. Would Carol be interested in attending these meetings? **DA** she might need 6 months to settle in but she has always been keen to be involved.

FS we are still looking for a RTC Deputy Chair, we have had a couple of people interested. We do have two deputies for the TP group. Would it be worth having two deputies for the RTC? **DF** I think two would be good. **FS** we will communicate with **NJ**.

DF for those who have not joined the group previously, given your fresh views, it is possible to feedback to us how we can make this group more valuable, effective and value for money. What would you like to see this group producing? SD this is the first time I have joined this meeting so I don't have a full idea of what its remit is. **DF** we are the executive group for the RTC. Messages from the national transfusion committee, come to the regional committee to disseminate to the hospitals. Our Chair participates at the national group. We receive direction and strategic priorities and we escalate and beyond that we have to work as a group to deal with issues we face because of the proximity, the location, the overlapping of services and deaneries. **ML** we do have a terms of reference. **FS** we will circulate the draft, this is being updated. **DF** as a group we have produced toolkits that have gone nationally. **DA** what it has given me over the years is a forum for discussing any local issues and discussion on new guidelines. With regards to blood usage and wastage, its good peer review and we've had very interesting talks and discussions. I have learnt so much from this forum. The team is the working group to push forward the ideas that come from the committee. **SD** it sounds like it is functioning well. **DF** the family needs valuable members to move forward with new ideas and members to push forward. If we can identify gaps then this this the opportunity.

8. Any Other Business

DF a huge thanks to **DA** for years of contribution, knowledge, and experience. You have been a friend to all of us. We have really valued your contribution and wish you a very enjoyable retirement. **DA** it has been a really good forum, especially working in a laboratory you can feel isolated so it is a great forum to discuss issues. It is good to hear the enthusiasm in the group. **LC / SD** echoed **DF** in thanking **DA**.

FS if you have attended the RTT today to see how the RTT functions and would like to continue attending the RTT, please advise **CN**.

Date and Time of Next Meeting: Wednesday 23rd June 2021, 10:30am – 12:00 via Microsoft Teams

Actions:

	Detail	Responsibility	Due
1	Start discussions regarding simulation	ML share Tamsin email CN send email FS look at funding LM look at simulation	**Ongoing**
2	Education Working Group	CN look at reinstating group	**Ongoing**
3	Mums, Babies and Blood	FS / CN	**Ongoing**
4	Terms of reference	FS / CN	**Ongoing**