

EAST OF ENGLAND REGIONAL TRANSFUSION TEAM

Minutes of the meeting held on 12 May 2020, via Microsoft Teams Meetings
11:00am – 12:00noon

Attendance:

Name	Organisation	Name	Organisation
Dora Foukaneli DF	CUH / NHSBT	Debbie Asher DA	NNUH
Frances Sear FS	NHSBT	Katherine Philpott KP	CUH
Clare Neal CN <i>Minutes</i>	NHSBT		

Apologies: Claire Sidaway **CS** Mohammed Rashid **MR** Nicola Jones **NJ** Lisa Cooke **LC** Gilda Bass **GB** Michaela Lewin **ML** Tracy Nevin **TN**

- 1. Welcome:** **DF** to chair meeting.
- 2. Minutes agreed:** Previous minutes were not reviewed.
- 3. Update**

KP need to arrange a lab managers meeting. It would be good to know how everyone is getting on. We are following regulations as we are expected to. I have been sent some new guidance today about working in the laboratory. Everyone seems to be doing something slightly different, there is variation even down to how to process a sample, where you open it, how long you leave it before you process it. PPE is variable in different hospitals. **FS** we can arrange a meeting. **KP** it may be worth having the national lab managers meeting first so that information from this can be relayed to the lab managers meeting. **DF** asked where the guidelines came from today. **KP** they were the government guidelines. **DA** can hear the meeting but is having problems with audio so will type any comments.

DF felt there were two elements for discussion safety practice within the labs to protect individuals and protect individuals from transmission from one another. **DF** noted that blood usage is reduced, are we prepared for going back to normal activity.

KP is a lot busier, cancer, transplant and elective surgeries have re-started. **DF** is it worth sending a short questionnaire to lab managers so that we are aware of hospital plans. **KP** noted there is a national one that goes out which asks if plans are changed. **DF** should a reminder be sent today. **FS** it would be useful to know what is happening regionally. **KP** will be looking at this in the afternoon and will see if its anonymous. **DF** we will see if any information can be abstracted for East of England, we can then email to see if it's worth sending 3-5 questions across the region to ask if they are planning to start elective, cancer and transplant surgeries. **DF** asked if there was anything else that **KP** needed to feed back with regards to blood products. **KP** slightly less platelets but not huge decrease. Wastage is less than normal. Albumin has been increasing, not sure if critical patients are having this. **DA** surgery at NNUH is starting, details are being sent to **MR**. Masks available where distancing cannot be maintained. All manual tests are being performed in cabinet. **KP** is not doing that, would not have capacity to do this. Risk assessments have been done and been told there is limited risks from aerosols for samples. **DA** PHE suggests aerosol producing stuff i.e. pipetting should be in cabinet. **KP** will re-visit this, every time they are centrifuging they are doing this as that is where the risk is. **KP** has been able to maintain distancing up until this point due to the number of staff in. **DA** advised that centrifuges are being kept closed for 10-15 minutes after centrifugation.

DF asked about incidents requiring attention. **KP** there has not been an increase, there have been a couple of WBIT and a couple of samples arriving not appropriately bagged. **KP** has signed up to the convalescent trial, they have done what they can but are awaiting advice from NHSBT regarding product codes. **FS** has a lot of information from the clinical side. **MR** is on annual leave. **DA** is struggling to use the EBTS as staff are not allowed to take in their ID cards with the barcode to HR are areas so have had to do a risk assessment on risks e.g. have a generic barcode in ITU with risk

assessment in place. Have signed up to trial but not heard anything. **FS** suggested it is being rolled to regionally so may not have reached this area yet. NB: since this meeting took place, recruitment for CP donations has now started at Cambridge and Luton in this region. **FS** TP's have a meeting planned and have set up a support group. They have set up support group between themselves but are circulating queries in the same way. We did wonder whether as a hospital liaison team, we should send out a one page summary monthly of what the TP, TLM groups have been doing and any relevant NHSBT news. We are sending information and links round but it's changing all the time. **DF** agreed this was a good idea.

4. Education and Training

DF it will be hard to carry on with regional training. Is there anything we can continue with. **KP** I know **ML** would like to talk to us about this. Even in house we are struggling to train each other, so how we do regional training is really difficult. This is going to go on for some time. How do we keep people informed. There have been some on-line presentations, there is no reason why we couldn't look at doing something like that. **DA** advised that the TP's have been producing a video for nurse training. Feel that on-line will have to be the training method this year. **FS** there has been a lot of webinars nationally so we could try and collate some of this information to circulate. We were looking at the possibility of on-line training so maybe we need to speed that up. **DF** asked if **DA** can share the video. This would give us examples of what we can do. **DF** advised that she had been part of a Zoom presentation which was a good idea as you could see everyone but also follow the slides and has done something similar with medical students. People can then have the opportunity to ask questions. **DA** will find out if she can share the video / link. **DF** feels that practical skills such as sample labelling and practical skills or practical issues within the lab is a bit more difficult via video. It may be that we may need to start doing some basic stuff on that. **FS** asked if you could video those skills. **KP** agreed you could if the person doing the skills agreed, it's more the theory behind it. Schools are doing it all the time so no reason why not, just depends on what we want to present otherwise it is an opportunity missed. **DF** when we see the video we can look at more detail, what we need to do and how we promote it and how to put it on a online platform. **FS** TP's ay have this on their agenda. **DF** can we start using the midwives presentations as zoom presentations. **FS** if people have the time then we have the presentations available, they will just need to be recorded. Will need to see what time people have. **DF** it doesn't necessarily need to be pre-recorded, it could be set up as a live zoom presentation.

Is there anything else we would like to discuss today? **FS** will co-ordinate response from on training and education ideas from TP's. Arrange another meeting for 6-8 weeks.

FS asked what should we do regarding the RTC Meeting. Do we think that sending information round monthly is enough? **KP** I think having 30 people on a conference call is impossible but having information from all groups put together would be good and links where to find information.

Date and Time of Next Meeting – 25th June 2020, 10:30am – 11:30am via Microsoft Teams Meetings

Actions:

No	Action	Responsibility	Status/due date
1	Arrange Lab Managers Meeting	KP / CN	ASAP – once national meeting arranged
2	Check if survey anonymous	KP	ASAP
3	Start putting together a monthly newsletter for RTC to update the on TP / TLM groups and provide links	FS / CN	Ready for June
4	Share presentation produced by TP's if possible to see how online presentations could work	DA	ASAP if agreed

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5	Liaise with TP's to see what they are currently doing education wise	FS	ASAP / TP Meeting – June
6	? Use midwives presentations to present via zoom locally	FS – TP's?	
7	Arrange another RTT for 6-8 weeks and a weekly Hospital Liaison Meeting (DF, FS, MR, CN)	CN	