

EAST OF ENGLAND REGIONAL TRANSFUSION TEAM

Minutes of the meeting held on 25 June 2020, via Microsoft Teams Meetings
10:30am – 11:30am

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	Mohammed Rashid MR	NHSBT
Claire Sidaway CS	Hinchingbrooke	Tracy Nevin TN	Princess Alexandra

Apologies: Nicola Jones **NJ** Lisa Cooke **LC** Gilda Bass **GB** Michaela Lewin **ML**

1. Welcome

2. Minutes agreed: Previous minutes were not reviewed.

3. Education

- Confirm what platforms staff can access
- Confirm what education we want to and can provide and how

FS NHSBT looking at zoom so might be able to use that. It is a reasonable cost each month if we have to purchase through the RTC budget. We may need to look at more than one platform. There is a PBM YouTube channel, looking at whether we can have separate libraries for regions so recorded presentations can be hosted on there. **DF** more than one platform should be considered due to hospital variation and to ensure no-one is excluded from accessing training. Live interaction would be beneficial rather than just listening to a presentation.

FS there have been webinars that have been made available after. We have had contact from London region regarding a biomedical scientist empowerment group, they asked if we wanted to be involved in this group and we said yes. This would be good for the BMS's.

TN from the TP point of view, most have said training has ceased. They have reverted back to e-learning. Some have hosted adhoc sessions, particularly new starters at reduced numbers so more training has had to take place. They have done workbooks and webinars. We are keen to share ideas. There is also the blood link training, some have halted competency assessments and some are only doing those who have never been assessed. The platforms available and IT facilitation is varied across the region. Some of the teams are going out to research teams due to convalescent plasma. There had been discussion about consent, education for the donor and patient receiving the donation and have we got everything available. We are hoping to look at case studies at the next TP Meeting. Prescribing was a big discussion. **DF** the convalescent plasma trial is strictly administered through the clinical trials team and therefore we should feedback to the clinical trials team any issues so that they can confirm process so that it is standardised. It should not necessarily be done locally within the region. **MR** will confirm the central CTU email – CTU@nhsbt.nhs.uk **TN** takes ownership off TP's. **DF** if we start looking at different consent forms, we could jeopardise the trial and the CTU need to lead on this and have a complete handle on the trial. **FS** we have not been involved, we just forward queries on to them. **TN** how do you go out to clinical teams. **CS** if they are trained to give FFP they shouldn't need training, as long as they are competency assessed as it is a plasma product so is prescribed in the normal way. **DF** it is called convalescent plasma so they cannot mix and match. People need to understand that the product may look slightly different i.e. label so it can be easily identified. **TN** clarifies for us so we can feed back.

FS sounds like we might need to look at different platforms for training. Are staff ready for education? Workloads are resuming but anything provided would be really useful. **TN** found the webinar on convalescent plasma really useful. It is nice to have some training on emergencies, i.e. samples. We have good lots of videos on good practice but not ones that make them use their initiative to be safe. **DF** it may be hard looking at emergencies as you may have to look at too many scenarios and different hospitals may have different scenarios that come up. **CS** looking at national guidance, people have moved towards pre-

made sets of notes, wristbands for unknown patients and labs will run with that unique code for identity until patient is known.

DF has been hosting weekly zoom training for haematology registrars for half an hour. I have had about 10-15 people join weekly. **DF** will share link with **DA**. As a trial we could have something for TP's, TLMS, monthly. **FS** the lab empowerment group sounds like that might be what they are doing so a monthly meeting with some training. **DF** maybe trial with TP's and see how it goes. **FS** in meetings we usually have presentations so we could deliver these in this way. **CS** hopefully we will start to get details from venues to see how they are moving forward. **FS** we are not having any face-to-face meetings this year so any face-to-face training will be next year now. **TN** will be good to see what subjects people would like to see educationally, it would be nice to have others present too if possible. **FS** if it works for that group then we could look at developing and having a monthly training presentation for the RTC. **FS** we ask the presenter before putting on JPAC but just need to make sure that we have permissions for YouTube.

DF I received an email from NHSBT this morning, the blood demand has increased. How do we explain demand against less clinical activity. **CS** theatres are building up slowly, we did have a lot patients who didn't have transfusions due to being reluctant to come and now are needing more as they felt so poorly. We are still holding less stock. **FS, NJ** had asked for the presentation to be discussed and circulated after the meeting. **KP** we are getting back to normal. We reduced our stock before COVID but normal deliveries now. **CS** private locations are being utilised more.

FS shared the presentation, and this will be circulated following the meeting. The presentation data was discussed.

4. Meetings

- Continue with on-line meetings – RTT, TP and TLM Meetings
- RTC for October to be arranged
- Postpone combined TP / TADG, consider having separate meetings until a combined meeting can be held face-to-face.
- Midwifery Education Events – look at having a local event NNUH. Could have 3 presentations over half a day. **DA/ TN** will talk to TP's across EPA sites. This could be a trial before larger events take place. **TN** how do we know who has attended so they get a certificate. Teams records who has attended. **DF** we could have various smaller midwife events, they could attend now and have a follow up in February / March.

We may not be able to use Cambridge Centre for meetings so may need to look at alternative venues. Due to budget, a mixture of on-line meetings and face-to-face meetings may need to be considered. Free venues is a potential solution, liaise with other RTC Administrators to see how they access venues free.

5. Any Other Business

- Budget – is there anything we can use the budget for to support the RTC if we are not spending on venues this year? **DF** suggested Mollisons Blood Transfusion in Clinical Medicine, 12th Edition for each lab. **FS** will need to confirm there are no restrictions on what the budget is spent on.
- Audits – **FS** asked whether we should resume these. **DA** some staff have a bit more time because they have lost face-to-face training. **TN** will re-send O D Negative spreadsheet out in case there are additional comments. Are we happy to trial O Neg one in our region? Everyone was happy.
- Anaemia work – we were going to reform the working group.
- Newsletter - plan to make it smaller and circulate monthly.
- Block Contract – caused some issues with finance departments. Directive came from the government.
- Exchange Transfusion – **TN** had a query from a Consultant Paediatrician that they wanted to start the service up. National Neonatal Teams saying general hospitals should be doing this. Other hospitals have been asked the same. Every hospital is different. **DA** we do 3-6 a year, It's such a rare event, you need specialist centre. **DF** I agree with **DA**. **TN** it came from neonatal

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unit and other Trusts (West Suffolk, Ipswich). **TN** has been looking into it further and whether it is going to happen nationally. **TN** to email details to **DF** to look into and escalate further.

- Pharma Company – **FS** emailed **KP**. They want to liaise with region about a drug which could interfere with antibody testing. Other areas have been contacted about them too. **KP** has been asked to contact them to liaise with the lab managers group. ***Please note that following the meeting DF contacted Julia Staves, Chair of the National Lab Managers Group, who has been in contact with the company directly.***

6. Date and Time of Next Meeting: October 2020 – Details to be confirmed