

EAST OF ENGLAND TRANSFUSION PRACTITIONERS NETWORK

Minutes of the meeting held on Thursday 19th November 2020

Microsoft Teams Meetings

10:00am – 12:00noon.

Attendees:

Name	Hospital	Name	Hospital
Tracy Nevin TN Chair	Princess Alexandra	Joanne Hoyle JH	West Suffolk
Frances Sear FS	NHSBT	Kaye Bowen KB	Peterborough
Donna Beckford Smith DBS	Watford	Tina Parker TP	Broomfield
Loraine Fitzgerald LF	Bedford	Susan Turner ST	Colchester
Julie Jackson JJ	James Paget	Rebecca Smith RS	Ipswich
Sharon Kaznica SK	Ipswich	Natalie Outten NO	Southend
Ellen Strakosch ES	Luton & Dunstable	Karen Baylis KBa	Lister
Gilda Bass GB	West Suffolk	Clare Neal CNeal	NHSBT

Apologies: Claire Atterbury, Janet Pring, Kathleen Ford, Monzeer Ibrahim, Cathy Flatters

1. **Welcome:** **TN** welcomed everyone to the meeting.

2. **Minutes of the previous meeting** Minutes were agreed as correct.

3. Updates

TN has been in discussion with Brian Hockley regarding the WBIT Tool. **TN** now has a log-in that can be shared. It is great for audits and benchmarking. Is everyone happy to see other Trusts information? There was no objection. HTC's / RTC's (other Networks' are trying to join up practice). Is everyone happy to share our WBIT tool with other regions? There was no objection.

Action1: TN to share generic login with TPG and to inform BH to share with other Regions

TN advised that the TP contact details has been updated, this will be forwarded to the National TP Network.

Action 2: TN to forward TP contact details to NTPN

KBa Lister has had an issue with maternity positive antibodies. When the lab detects antibodies, they have to phone but no-one is taking responsibility. We thought we could email them to a designated contact; however, the lab manager wasn't happy with this. If we are extracting information about positives, negatives will come over too. **TN** has anyone got any feedback? **JJ** does anyone have an MDT in place, if so, who is a member of it? **TN** we have a one set up. **ST** has an MDT meeting which consists of a Consultant, Midwife, Consultant Haematologist, the lab provides a two weekly list which can be discussed via a Teams meeting. This list is used to check those that are anti-D or have any other antibodies. **JJ** had a case where an anti-Cw was present and the baby wasn't assessed post-delivery. **NO** Southend does not have an MDT but this is interesting. There is a dedicated person that the lab faxes too, a dedicated consultant and a pro-active anaesthetist. A flowchart is in place which works well. Follow up concerns **NO** for these patients. **TN** suggested that hospitals that do have a process in place, can they advise Trusts that don't as this may help.

Action 3: ALL Trusts who have MDT /Teams meeting set up for maternal antibodies send forward info to CN for collation and dissemination to TP Group.

LF Bedford looked at CffDNA and spoke to Erika. Bedford can't start due to consumables for CffDNA are used for Covid testing. Bedford have had 6 since starting on Monday.

TN Princess Alexandra joined CP trial a couple of weeks ago, Recovery only.

4. TP Queries

TN asked if Q&A sheets for TP queries would be useful. **GB** asked if **FS** still gets national questions. **FS** advised not getting enough new queries were generated but they have tried to incorporate these in other ways. **TN** Q&A will be attached with the minutes.

LF didn't get many responses. Until Bedford fully merges and merge policies they will continue as before.

JH received quite a few responses. It was discussed at HTC and plan to bring this up with the pharmacy.

CA is not at the meeting to feedback her query.

JJ the people present at the meeting responded. The 3rd logo is currently in the lead. It was just an idea that you could use this logo as well as your own Trust logo. **TN** thought it was a really good idea. **FS** noted other areas have logos.

Action 4:- JJ, CN, FS adopt winning logo as EoE on the website and existing documents

5. Convalescent Plasma

JJ and **KB** presented

- **LF** Bedford had to get a new freezer for the lab which cost £5000 then temp mapped etc so it took 8 weeks, trial started Monday 16th November and have randomised 6 patients so far. For the CP an algorithm with pictures was put in place for the medics and nurses to follow. Also, a new form for the serum sample to go to the lab was produced. There is no out of hours as it is limited to Monday – Friday 09:00am – 17:00pm.
- **NO** noted that the India trial didn't check antibody levels whereas NHSBT recruit donors with a certain level.
- **ST** has noticed at Colchester that REMAP CAP ward patients had good results but with Recovery Critical Care all patients given CP has died, not saying it was the CP as they were probably very sick and nothing would have helped.
- **NO** the ward was shocked that the blood products had the personal details on as they sent a porter to the blood bank with just the trial number.

TN thank you **JJ / KB** so much, that was very informative. Are there any questions? Would it be of any benefit to have a folder with the presentation, literature for staff to access? **KB** you cannot put anything together for patients as this could jeopardise the research programme, this needs to come from the Research Team. **TN** – a few Trusts have developed guides for staff to follow, as **KB** has mentioned not patient related information as previously stated by **DF** at **RTT**.

TN would it be useful to have the research team come and join us to present an overview of their role and CP. **KB** will look into this, she has a great rapport with the Research Team.

Action 5:- All – to forward any clinical guidance / process mapping to CN for development of file on website for our region.

Action 6:- JJ & KB to forward CP presentation to CN to upload to the EoE website in a Convalescent Plasma file and attach to the TP minutes

6. AOB

- **FS** 4 new members of the PBM team so one should be helping to cover East of England whilst **FS** is on a phased return.
- **TN** went through the current action plan.

Action 7: All to review Action Plan and advise TN & CN so they can update it.
TN to add work sheet 2 to transfer over any closed actions

JJ I am doing a Q community event. It has been really interesting so far. Has anyone heard of the shiny minds app? It is a tool for people to use to help with their mental health. I have been able to get some good resources on mindfulness and human resources. I know **FS** is a member. I am now doing a networking course, learning how to network better and have been attending human factors webinars. I would recommend you join. The resources are brilliant. The two days I have been doing are free. If there are enough people joined you can create a special interest group. **FS** looking at putting together a national transfusion group in the next 6 months, if anyone is interested it would be really useful. **JJ** you have all different groups of people who have joined. **JH** is part of the human factors faculty in the hospital provided training to the staff and is doing training again on human factors. **KBa** the RCN had been offering free membership to headspace recently. Mental health is really important at this time.

- **KBa** Lister has changed the major haemorrhage activation. Instead of having two numbers to phone, we now just have 2222 which is also the cardiac arrest number. We didn't have a major haemorrhage team but had an obstetric major haemorrhage team. We have a new Blood Transfusion Manager due to be in place 2021. UKAS inspection in December. **GB** can you confirm how the call works. **KBa** 2222 is phoned, the operator puts straight through to the lab and they bleep the major haemorrhage team. **GB** that is really helpful.
- **CNeal** presentations have been arranged for the next couple months. Will look at outstanding presentations to put on for January / February and add any others onto the March meeting.
- Mums, Babies and Blood – it was felt that having the literature / presentations available prior for pre-learning and then finishing with an on-line Q&A session.
- **NO** attended the RTC for West Midlands. There was a couple of excellent presentations. One that was of interest was the Maximum Blood Order Schedule. **NO** has been tasked to merge Basildon, Southend and Mid Essex and the variation from the 3 sites is huge. There was an assumption that when electronic issue was implemented that a blood ordering schedule was not needed. What was interesting from West Midlands, they managed to get a comparison from 15 hospitals. If you are planning at looking at yours, this gives you a huge amount of information. Also discussed was a paper that has come out about pre-op anaemia where they did a trial of placebo, saline and IV iron. It was a fascinating read. This may tie in with the Pharmacosmos presentation next week.

Action 8: NO to forward presentation from West Midlands RTC on MBOS

- **JJ** Bitesize SHOT presentations are great. **KBa** has anyone purchased the SHOT workbook as they are useful to have as a reference. **JH** got funding for the £20 for the workbook. **JJ** asked if anyone has downloaded the SHOT app.
- **RS** has anyone had any information from NHSBT regarding foetal maternal sample. **KBa** Julie been trying to implement it at Lister but we have been unable to move forward with it. **RS** we understand that the analyser can't cope with two samples so have been asked for one larger sample. The sample bottle they offered us; the midwives were not familiar with. **LF** CffDNA consumables are being used by the Covid analyser so no spare consumables to start CffDNA.

7. Meeting Close – Meeting requests have been sent for 2021

- 9th March 2021 via Microsoft Teams
- 7th July 2021
- 18th November 2021