

CONFIRMED Minutes of London Regional Transfusion Team Meeting Via Microsoft Teams

**Tuesday 5th July 2022
14:00-16:00**

Present:

Phil Kelly (PK) (Chair)	Consultant Physician, Kings College Hospital
Cath Booth (CB)	Consultant Haematologist, Barts Health & NHSBT
Fatts Chowdhury (FC)	Consultant Haematologist, Imperial NHS Trust & NHSBT
Shubha Allard (SA)	Consultant Haematologist, NHSBT/NBTC
Ursula Wood (UW)	Transfusion Practitioner, Guy's & St. Thomas' NHS Trust
Charlene Furtado (CF)	Transfusion Practitioner, Guy's & St. Thomas' NHS Trust
Rachel Moss (RM)	Transfusion Practitioner, Great Ormond Street NHS Trust
Emily Carpenter (EC)	Transfusion Practitioner, Kings College Hospital
Tim Williams (TW)}	Transfusion Practitioner, Kings College Hospital (Observer)
Tracy Johnston (TJ)	PBMP, NHSBT
Sasha Wilson (SW)	PBMP, NHSBT
Richard Whitmore (RW)	CSM, NHSBT
Helen Thom (HT)	CSM, NHSBT

Apologies:

Ethan Troy-Barnes (ETB)	Haematology SpR, North Middlesex Hospital (out of office)
Wendy McSporran (WM)	Transfusion Practitioner, Royal Marsden NHS Trust (working)
Michael Makele (MM)	Pathology Quality Manager, Kings College Hospital (out of office)
Selma Turkovic (ST)	PBMP, NHSBT (maternity leave)
Elisha Thursday (ET)	Transfusion Laboratory Manager, Kingston Hospital (maternity leave)

Non-Attendees:

Ravi Raobaikady, Consultant Anaesthetist, Royal Marsden
Denise McKeown, TP, Imperial College
Ciara Donohue, Consultant Anaesthetist, Royal Free

Minute Secretary:

Angela Pumfrey (AP), London RTC Administrator

1. Welcomes and Apologies

Welcomes: Tracy Johnston and Sasha Wilson were welcomed as the new PBMPs for London. SW is covering ST's maternity leave, working 2 days a week. EC was welcomed back from maternity leave. Tim Williams was attending as an observer.

Apologies: Donna Wiles has stepped down because, due to heavy workload, she is no longer able to commit to the group. Members thanked her for the support and input she has given to the group.

2. Minutes and Actions of Last Meeting

The minutes of the last meeting on 31st March were accepted as an accurate record. AP to arrange to upload them onto the JPAC website.

Outstanding Actions from Last Meeting:

Item 2&6 (Twitter account): TJ is being trained how to manage the account so she can eventually take it over from Danny Gaskin.

3. Lab Manager Update

HT gave an update in DW's absence. The group met in April. There were presentations on NEQAS, reagents and an update on HLA platelets. All RCI labs have had a UKAS inspection, and all did very well. No date has been set for the next meeting.

The group discussed who will replace DW. RW fears many Lab Managers are too busy and thinks the TADG Chair would be the best choice, but thinks we generally need more TLM representation on the group.

After some discussion, the following was suggested:

- Recruit a Lab Manager representative from a non-Pathology Network hospital (there are very few)
- Recruit a Senior BMS instead of a TLM (they are also very busy in the day-to-day running of the lab due to staffing issues).
- A Band 7 Senior BMS may want to take on the role to aid their career progression (the group thought this was a good idea). This will be raised at the next TADG meeting.
- Hold a joint TP/TADG meeting next year (RTC meetings are very TP heavy with low attendance from TLMs)

Action: Ask for EOI from Senior BMS' to be the RTT TADG representative

4. TP Update

RM gave an update from the May meeting:

- The RTT Shared Care group has not been active for some time. In light of the new SHOT alert related to specific blood requirements & ongoing need for work in this area, the TP's / PBMP's felt there was value in this group being retained and restarted by the RTT. This will be raised as an agenda item at the next TP group.
- Transfusion training passports — There remains a need for a method to formally accept transfusion training/ competencies from other organisations when staff move Trusts and are still in date. This is a national issue and despite there being some progress, where Trusts have ESR mechanisms in place for transfer of compatible training records, there is still a huge piece of work to be done on this subject. National groups such as National TP group, are best placed to move this forward.
- WBITs – there was a presentation on the WBIT audit. A WBIT working group will be set up.
- The results of the IT profiling survey undertaken by the TP group were shared.
- Several people have come forward nationwide to join the PILS group.
- RM fed back to the RTT regarding the point that new TPs are increasingly being asked to contribute to preparation for and to participate in UKAS and MHRA inspections – they are needing help for how to prepare for these
- RM highlighted a presentation that was given at the last TP Meeting, which had raised questions about student nurse training under the new framework, the presenter had queries relating to the potential scope for student nurses to undertake assessments for administration of blood components. This has been raised with the National TP groups as not a purely local issue.

The supervision meetings for new TPs are still held prior to the main meeting. RM and DM need to set a timescale when new TPs are no longer considered new. PK asked if they would consider opening the supervision session up to new TPs from other regions. RM welcomed this suggestion.

TJ stated that NHSBT are planning to set up a short national programme for new TPs that will complement the competencies and framework. Any ideas would be greatly appreciated. They need volunteers to help with each section on topics such as communication, SHOT, audit, etc.

The group will meet again in September. An education event, hopefully F2F, is being organised for December.

5. LoPAG Update

The platelet education event was held on 12th May. UW gave a summary of the evaluation which is embedded below.



Summary of
Evaluation Forms.doc

The day was a great success, with a varied mix of delegates and very good scores. 33 of the responders preferred that the event was held online, so next year's event will almost certainly be virtual.

There was a short de-brief meeting following the event. They discussed the next newsletter which will focus on HLA matched platelets and be released end of July. Another newsletter is planned for the

autumn, and possibly one in winter too. They are thinking of doing a platelet survey – please let UW know if you have any ideas.

6. RTC Work Plan/Activity Log

There is a slight change to the format – boxes filled in blue are for action completed.

- May RTC business meeting and education event – AP will give a summary later in the meeting.
- Trauma Group – the reversal of anticoagulation audit will close on 8th July. The trauma education event will be held on 19th July.
- Twitter – We have 1326 followers as of 26th June. DG will continue posting onto the account until TJ is trained.
- BMSEGDG – Still very popular and always receives 100% feedback scores. Membership currently stands at 2500. They won the UK 2022 Advanced Healthcare Award and also the BBTS Bill Chase Unsung Hero Award
- Sleeping Groups – Shared Care: SW thinks it may be better as a sub-group of the TP group rather than a separate working group. RM, SW, TJ and DM will discuss further outside of the meeting. EC and SW volunteered to join the group. The question of whether other regions may also find this useful was mooted, but it was felt that in the first instance the focus should be on re-starting the London Group and then extending to other regions could be considered when that group was established.

7. Overall Evaluation of RTC Education Session – 26 May

AP sent the overall evaluation to the group prior to the meeting. She summarised the results and highlighted that we only got 23 responses out of 69. TBS was 100% and the speakers got scores of mostly 4 and 5, with very positive comments. All delegates said it is useful to have events outside of their region and the majority said they would not have attended had it not been virtual. Only 6 responses were received for the business meeting, so AP did not do an overall evaluation, but scores were mostly 4 and 5 for all questions.

PK stated that he will be more vigorous in urging the delegates to complete the evaluation and asked whether we want the forms completed straight after the meeting. AP explained that she closed the form after 10 days, whereas before she would have sent a reminder after one week if there had been a poor response. Some members thought delegates are more likely to complete the form if they are given a shorter timescale, e.g., 3-4 days. PK suggested we give an incentive to complete the form, e.g. a prize draw.

8. Customer Services Update

Blood stock levels: RW clarified we are not currently at amber status-. He showed the group a table of predicted levels and explained the situation with each blood group. We are also short of platelets. He explained that all large hospitals are being asked from today to accept 20% substitutions (1 in 5 orders) of A neg instead of A pos. NHSBT are doing all they can to increase donations. The prime concerns are A pos, O neg and O pos, but we are not asking hospitals to implement emergency plans at the moment.

FC feels that, based on the predictions, amber alert notifications should be sent to the Medical Directors, not just the hospital transfusion teams, so they can liaise with surgical staff and have enough time to create alternative theatre lists rather than halt all operations. After some discussion, it was agreed that PK will write to RW, on behalf of the whole RTT, with our proposals to forward onto the NHSBT Emergency Team.

Action: PK to write letter to RW re. amber alert notification

9. Junior Doctors' Training

ETB was not at the meeting to comment.

10. Any Other Business

a) Next RTC Meeting

The meeting is scheduled for 9th November 2 – 5pm. The topic will be major haemorrhage. Nothing has yet been planned.

11. Date of Next Meeting29th September 2022 at 2pm**London RTT - Action list for 5th July 2022**

Item No	Action	By Whom	Completion
2.	Minutes of March meeting to be uploaded to RTC website	AP	Completed
3.	Ask for EOI from Senior BMS' to be the TADG representative	RW	
8.	Write letter to RW re. amber alert notifications	PK	Completed

END