

## Minutes of London Regional Transfusion Team Meeting Via Microsoft Teams

Thursday 25 January 2024

### Present:

Phil Kelly (PK) (Chair)	Consultant Physician, Kings College Hospital
Cath Booth (CB) (Chair)	Consultant Haematologist, Barts Health & NHSBT
Rachel Moss (RM)	Transfusion Practitioner, Great Ormond Street NHS Trust
Wendy McSparran (WM)	Transfusion Practitioner, Royal Marsden NHS Trust
Emily Carpenter (EC)	Transfusion Practitioner, Kings College Hospital
V Jeyakumar (Jey) (VJ)	Transfusion Laboratory Manager, Harefield Hospital
Elisha Thuesday (ET)	Transfusion Laboratory Manager, Kingston Hospital
Ravi Raobaikady (RR)	Consultant Anaesthetist, Royal Marsden Hospital
Ursula Wood (UW)	Transfusion Practitioner, Guy's & St. Thomas' NHS Trust
Zahra Khan (ZK)	CSM, NHSBT
Tracy Johnston (TJ)	PBMP, NHSBT
Selma Turkovic (ST)	PBMP, NHSBT
Danny Bolton (DB)	CSM, NHSBT
Angela Pumfrey (AP)	RTC Administrator, NHSBT

### Apologies:

Sam Alimam, Consultant Haematologist, UCLH NHS Trust,  
Dipika Solanki, Transfusion Practitioner, Imperial College NHS Trust  
Charlene Furtado, Transfusion Practitioner, GSTT

### Non-Attendees:

Ciara Donohue, Consultant Anaesthetist, Royal Free NHS Trust  
Michael Makele, Pathology Quality Manager, Kings College Hospital

## 1. Welcomes and Apologies

Welcomes: **ZK** was introduced as new CSM for Colindale,  
Apologies: As above  
Introductions were made by all.

## 2. Minutes and Actions of Last Meeting

The minutes of the last meeting on 26 October 2023 were accepted as an accurate record.  
**Action 2:** AP to upload them onto the JPAC website.

### Outstanding Actions from Last Meeting:

**Action 4** – Escalate concerns about EPR systems to NBTC and NTPN – **PK & RM** to chase up with their respective groups. **CB** stated it has been raised at a national level via a stakeholder meeting with RTC Chairs, NBTC and NHS England and digital transformation people. – Raised in Chairs report to NBTC and raised at NTPN (working group being set up) - completed

## 3. Lab Manager Update

**VJ** gave the update. They held their TADG meeting on the 11 January 2023 which had good attendance. Key points discussed: -

- The formation of networks is causing a lot of anxiety in transfusion knowledge, reduction of management roles, covering multiple sites or overseeing other key areas in the laboratory.
- Key concerns raised at national meetings for lab managers and UKTLC.
- Positive note was increasing use of O Positive units being used in an emergency, the use of pink and blue bags to differentiate the units.

There was a discussion around this being a drive more than five years ago, but some Trusts are reluctant to use them or positive emergency units. O negative shortage has driven the use. Other key reasons were the blood track system.

**CB** has been having discussions around pathology networks and senior year transfusion expertise. A survey should be performed through the UKTLC, which will highlight the opposite of what the Department of Health who advised in the Better Blood Transfusion Circulations in the 1990's of having transfusion experts in the department. Which is contrary to what is currently happening staff covering multiple areas.

**TJ** great to see an increase in O Pos use in clinical practice, she advised the group that the 2<sup>nd</sup> survey results is available in the O pos toolkit on the H&S website. **TJ** is happy to come and present the results at the next TADG. **TJ** asked the group if they felt an O pos working group in London was required? Group to consider their own practices and feedback.

**Action: VJ** to liaise with **TJ** to arrange at next TADG

#### 4. TP Update

**RM** gave the update. They last met 27 November 2023 Face to Face at London Bridge

- Two ways of keeping up to date with each other is by having 2 virtual meetings and two face to face meetings. These are set at the start of the year.
- Virtual fortnightly 'catch-up' meeting which started during the shortage in 2022, the group felt they were very useful to touch base every couple of weeks. Look at common themes, concerns and where possible how to address those on the day of the big TP meeting.
- At the November TP meeting there was continuation of the work around WBITs and the regional audit. LoPAG and Shared Care updates. There was a focus group on three key areas of concern: -
  - Transfusion 2024 checklist
  - Traceability
  - QS138 and what the London Group do
- Next virtual TP meeting in March
- **RM** has stood down as the chair from the group, **DS** is now the Chair and an expression of interest was put out for the role of Deputy Chair, there was two EOI so there will now be two Deputy Chairs **JD** from Kings and **PW** from Barking and Havering.
- **RM** has been asked to join the Scientific Advisory Group at BBTS as the Deputy Chair.

**Action: PK** to escalate to **NBTC** - completed.  
**RM** to escalate to **NTPN** – completed.

#### 5. LoPAG Update

In the absence of **UW** at the time, **TJ** gave an update from the action plan.

- Due to the implementation of EPIC has caused postponement of the PAG meeting and education event.
- There has been consideration of a Co-Chair to help **UW** with the role and to keep the momentum of the group going, this will require a minor change to the ToR for LoPAG.
- **KM** updating newsletter just waiting for case studies to add.
- Plans for an education event later in the year and to open up session in April for PAG

**Action: UW** to update ToR – completed

**Action: UW** to put out for an expression of interest for the role of Co-Chair – EOI sent out no offers as yet

#### 6. RTC Work Plan/Activity Log

**TJ** went through the work plan, which is embedded below.



London RTC Activity  
Log January 2024 (U)

Shared Care Working Group – to be put forward to the NBTC as a national group. A business case is currently being written to push for the group to be taken on as a subsection of SCRIPT. **JS** NTPN Chair and **AB** are interested in this becoming a national working group as well as being stakeholders. The group will be looking to have two TLM's and two TPs from each region on the working group as well as input from SHOT, NHSBT. **Anne Davidson** Education and Development Lead from NHSBT has stated that a national group has joined forces with the devolved nations on the development of Patient Information Leaflets including irradiated, for the group to liaise with them as this information will need to go via a certain path. **Danny Gaskin** is part of this national working group with the other devolved nations. If the National SCWG design anything NHSBT are unable to endorse it as all NHSBT leaflets are a collaborative agreement across the devolved nations.

WBIT WG – 3 regions that have joined, data inputting went live on 1 January 2024. **ST** and **TJ** are able to produce quarterly reports for the region as well as benchmark the other regions findings.

There was further discussion around London Platform X if it was still useful in providing information and updates. The group discussed alternative options such as Tik Tok, Instagram, short videos, podcasts, posters. **JD (new Deputy TP Chair)** name came up as a possibly having experience in developing videos. There were concerns raised that it would mean starting from scratch and may be a bit of a challenge.

**ST** raised the question that London RTC had a LinkedIn account set up by **DG**.

**RM** has already been involved in 10 podcasts through the ISBT TP Group, although not the editing side. However, the person who undertakes the editing is standing down so **RM** will soon become the podcast editor. **RM** suggested doing it collectively and figure out how we can do it.

Discussion around linking in with Blooducation with **CB** and Suzy Morton who has experience in podcasts.

**Action: EC** to take this conversation back to **JD** to see if he can help

## 7. Customer Service Update

**DB** gave an update for CSM Team –

- Blood stocks were still quite vulnerable, A Pos platelets went back to green status on the 15 January 2024 but we still remain in pre amber for O neg and B red cells and A neg platelets
- Removal of maximum age requirements for red cells for certain patient types such as Sickle Cell Anaemia, Thalassaemia, cardiac surgery and major haemorrhage, Diamond-Blackfan Anaemia, and other transfusion dependent conditions.
- Discussions around staffing at recent TADG meeting, application issues were AI generated applications. Concerns around gender being logged onto the LIMS systems, some hospitals can classify on the LIMS as undefined so it would defer to negative units.

## 8. Planning for July LTC meeting – Options for “Train the Trainers”

**CB** keen to do Train the Trainer education day around teaching skills, staff already undertaking training but possibly not received any formalised training. **CB** came up with a few suggestions for discussion and asked for other ideas / contacts: -

- Ruth Evans (NHSBT OD Manager- Scientific and Clinical Training) may be able to facilitate a session on tips to make Power Point more interesting. This would be free of charge, but it was noted her time is precious.
- Look at commercial companies to see if they are willing to come to the group – **CB** showed the group 2 options she could find out more in terms of cost, group numbers and type of training they offer. They may require the group a task in advance, and they facilitate the session.
- **WM** agreed that a commercial courses from her experience are the most valuable as they know the subject matter better than anybody else. **WM** also suggested SIM session on how MH and transfusion reactions using scenarios. **TJ** had a suggested a contact who she could reach out to, specialises in SIM in his training role. They both facilitated SIM for Major Haemorrhage and Transfusion Reactions. He also facilitated sessions for medical staff training for their curriculum and for the Trust requirements.

There was discussion around the benefits of helping both TP’s and medics with their practice, training tips and confidence building especially following COVID and now going back into clinical areas to train.

**RM** mentioned a TED talk on how to write a good presentation that could be incorporated.

**Action: CB** to review the two external sources for train the trainer sessions and ask **RE** (OD NHSBT) for a session on Presentation tips.

**Action: TJ** to contact SIM training contact

## 9. Junior Doctors’ Training

The group discussed what grade and type of junior doctor would be useful to have in the Committee, it was agreed two would be beneficial in the hope that one of them could attend. One with a transfusion interest but was a generic end user and a trainee who has an interested in working in Haematology. The grade was agreed non consultant level. They would need to commit to 2 years for 2 hours 2 – 3 times per year to attend meetings.

**PK** suggested constructing a role between the St Barts, GSTT and Kings, it could be badged that at the end of their time they had given their commitment, education that flows from us back to them, some

formal involvement in national audits. **CB** suggested these were CV selling points and a name on a publication.

**Action: PK and CB** to find willing junior doctors to join the Committee

**Action: PK and CB** to develop JD for the role of junior doctor RTT representative

## 10. Any Other Business

**TJ** reminded the group of the NBTC changes and a letter from NHSBT PBMP National Lead which gave an insight to the two transition processes going on concurrently. The NBTC changes the role of the RTC Administrator working more closely with the RTC Chair and being aligned with the NBTC.

The role of the PBMP, CSM Team and BSMS Teams are also being reviewed by NHSBT. PBMP's will no longer line manage the RTC Administrators but will continue to work closely with them and their regional colleagues. PBMP's main focus will be on routes of promoting PBM and Safe Transfusion practice such as Primary Care, they will no longer be required to supplement admin support, however they will continue to be stakeholder at the relevant Committees.

For national events such as the Haematology and Trauma / EPWG education events these are now national groups and support for admin must be directed by **CB** (NHSBT – RTC Administrators Lead) who will allocate admin support, if PBMP support is required this request will need to be sought via the PBMP SMT's for capacity planning and a PBMP will be allocated where appropriate.

**TJ** reassured the group that they would continue to support hospitals, but it may be in different ways for example holding PBM events at their Trusts to engage with other HCP's. Blood Stocks is very much a CSM bag not PBM which is patient focused.

## 11. Dates for 2024

After some discussion, the following dates were agreed:

RTT: 16 April (2–4) - Teams

4 July – following LTC meeting - F2F at Clermont Hotel

24 October (2–4) - Teams

LTC: 4 July (AM) - F2F at Clermont Hotel. This will be our regional event.

RTC Education: 27 November (2–4/5) - Teams. This will be a national event open to all regions and the topic will be chosen from the NBTC list.

The group agreed that three education events per year would be too difficult to arrange.

**Post-meeting Note:** Clermont Hotel booked for the LTC and RTT meeting. **AP** has sent out calendar invites for all the meetings.

### London RTT - Action list for 26 October 2023

Item No	Action	By Whom	Completion
2.	Minutes of October meeting to be uploaded to JPAC website	<b>FM</b>	Completed
2.	Escalate concerns about EPR systems to NBTC and NTPN	<b>PK / RM</b>	Completed
3	<b>VJ</b> to liaise with <b>TJ</b> to arrange at next TADG	<b>VJ</b>	
5.	Update LoPAG ToR	<b>UW</b>	Completed
5.	Put out for an EoI for the role of Co-Chair - no offers as yet	<b>UW / TJ / ST</b>	
6.	Review other options for social media / education platform	<b>EC / JD</b>	
8.	<b>CB</b> to review the two external sources for train the trainer sessions and ask <b>RE</b> (OD NHSBT) for a session on Presentation tips.	<b>CB</b>	
8.	<b>TJ</b> to contact SIM training contact – unable to help at this time	<b>CB</b>	Completed
9.	<b>Action: PK and CB</b> to find willing junior doctors to join the Committee	<b>PK / CB</b>	
9.	<b>Action: PK and CB</b> to develop JD for the role of junior doctor RTT representative	<b>PK / CB</b>	