

# West Midland Region Hospital Transfusion Practitioners Focus Group



**NHS Blood and Transplant Donor Centre, New Street, Birmingham**  
**Wednesday 15 June 2016**  
**Unconfirmed Minutes**

## **Attendees**

Karine Anderson – University Hospitals of North Midlands NHS Trust  
Suzy Biggs – RTC Administrator, NHS Blood and Transplant  
Maxine Boyd – The Royal Wolverhampton NHS Trust  
Angela Sherwood – Chair, PBM Fractioned, NHS Blood and Transplant  
Julie Buchan – Burton Hospitals NHS Foundation Trust  
Debbie Clinton – Worcester Acute Hospitals NHS Trust  
Karen Cooper – Shrewsbury & Telford Hospitals NHS Trust  
Mandeep Dhanda – Walsall Healthcare NHS Foundation Trust  
Jayne Evans – Sandwell & West Birmingham Hospitals NHS Trust  
Katie Harrison – University Hospitals Coventry & Warwickshire NHS Trust  
Pam Irving – University Hospitals of North Midlands NHS Trust  
Jayne Khorsandi – Heart of England Trust  
Clare Pedley – Birmingham Children's Hospital NHS Foundation Trust  
Alex Radford – Robert Jones & Agnes Hunt Orthopaedic Hospital  
Michelle Reeves – Sandwell & West Birmingham Hospitals NHS Trust  
Caroline Tuckwell – The Dudley Group Of Hospitals NHS Foundation Trust  
Madeline Wheeler – The Dudley Group Of Hospitals NHS Foundation Trust

## **Apologies**

Mary Blanton – The Royal Wolverhampton NHS Trust  
Michelle Budd – University Hospital Birmingham NHS Foundation Trust  
Sarah Crawford – Shrewsbury & Telford Hospitals NHS Trust  
Nicola Duncan – The Birmingham Children's Hospital NHS Trust  
Gill Godding – Worcester Acute Hospitals NHS Trust  
Suky Sandhu – South Warwick Hospital Trust  
Emma Sharrod – George Eliot Hospital NHS Trust  
Antoinette Turner – University College London Hospital NHS Trust  
Nicola Wilson – Robert Jones & Agnes Hunt Orthopaedic Hospital

### **1. Welcome and Apologies**

Angela Sherwood (AS) welcomed everyone to the group. Suzy Biggs (SB) wanted to send a reminder out to those who do send their apologies before hand, to please try and do so, or try to send a representative to the meeting.

### **2. Minutes and actions arising from Minutes – 03 March 2016**

*Learn Blood Transfusion* – still trying to resolve an issue with the TLMs. The default revalidation period (24 months) can be changed locally by the Trust Administrator. It is via the “change settings contact” to 2 yearly. Anyone who needs help doing this to contact NHSBT.

All other actions included on the agenda.  
The minutes were agreed and signed off.

### **3. Future Chairmanship of the TP Meeting Group going forward**

TP Chair role – as AS had now joined NHSBT, she felt it may be a clash of interests, so Maxine Boyd (MB) who is currently acting as “Chair in waiting”, is happy to take over the role from September, unless anybody has any issues, or would like to be considered. Jayne Khorsandi (JK) will continue as Vice Chair.

#### **4. NBTC - Requirements for Competency Assessment**

- Discussions of 2 yearly and 3 yearly competency assessments took place amongst the group.
- MB of WNX reported that the Deanery package to be updated 2017 and is looking into this.
- MD asked if anyone was using the Tiger Top Sample (for second sample rule).

**Action: AS will ask regionally about this**

- Children's, Dudley and KC of Shrewsbury & Telford Trust confirmed electronic requisition.

#### **5. Jehovah Witness (JW) Information**

This form had been updated recently and the group discussed the "old with the new" version and made comments as follows:-

- This had been updated in January 2016 but had only just come to our attention in May.
- It did not include anything about Cell Salvage.
- Generally the group felt the updates did not improve it particularly well.

**Action: AS will email the JW to find out about updates**

#### **6. TP Conference Feedback/Evaluation – Wednesday 11 May 2016**

**Was held at – Walsall Manor Hospital – "Management of Bleeding in Medical Patients".**

SB presented the evaluation to the group and embeds the document below.

**Action: SB will sent the speaker feedback to all the presenters**



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#### **7. NICE Guidelines – How do we intend to implement Recommendations**

- Dudley said the evidence base is not there and is based on poor evidence of tranexamic acid (TXA).
  - Walsall said pre-op iron/cell salvage (cardiac) narrowed down to 10?
  - Walsall thought some NICE guidelines should go into pre-op guidelines instead.
  - Shrewsbury & Telford said they have introduced gap analysis with immediate effect.
  - WNX said they are non-compliant with TXA as it is not in surgery.
- All are underway at all trusts.

#### **8. Possible Safety Alert from SHOT – Unknown Patients**

AS confirmed that this was currently under review and not yet for sharing. Information to follow at a later stage.

#### **9. Patient Blood Management - where are we now?**

All TPs said that they felt the National Comparative Audit of PBM surgery due to be re-audited in July/September 2016 is too soon and the group hoped it could be put on hold.

**Action: AS to email John Grant-Casey (JGC)**

It was agreed that all trusts' would bring updates to present at the next meeting

**Action: All to bring to next meeting / or to email to SB before the meeting**

Dudley reported:-

- A pathway within the trust had been discussed and would proceed but had not yet had time to get established.
- Funding is not yet in place nor had action plans been updated.
- It should be a short and succinct audit – as previously it had held too much detail.
- Single unit – informing us all about it is part of empowering BMS's.
- Cell Salvage – vascular are the main user, including aneurysms – emergency department needs 2 ODPs – so do not use much.

Walsall reported:-

- The data did not provide a balanced view as 400+ patients had surgery in the audit window, and only 20 were transfused.
- IV iron – they are trying to use more oral iron – always advising patients but they are choosing not to take it a lot of the time.
- Cell Salvage – not being used at Walsall.

- Highest users – Vascular and Obstetrics
- Medical Director refuses to introduce Cell Salvage machines due to length of time to set them up.
- Had maternity death which may show that cell salvage could have assisted in preventing this, so now looking more closely into introducing it.

Wolverhampton New Cross (WNX) reported:-

- To re-audit will be too timing consuming and is not a balanced view of the trust – this has been fed back to JGC at NCA.
- Action plan mirrors the NICE guidelines so this is a duplication.
- Have introduced the algorithms – heavily weighted to cardiac patients.
- Cell salvage – cardiac team use it.
- Use analyser drains.

Shrewsbury and Telford reported:-

- Implementation of single unit transfusion is in progress by informing staff at mandatory training, but BMS's, because they don't have the confidence and experience, are not empowered and therefore are not really helping,
- Pre-Op requests from GPs and TP can overrule at hospital – they advise oral iron instead.
- Electronic issue (EI) – Mike Taylor had the idea that patients whom are eligible for EI had their request in an allocated box on the bench so that if a request for crossmatch came in, they could EI within 5 minutes. Unfortunately not yet actioned as awaiting validation of new analysers at Oswestry.
- Units of red cells wasted every month whilst being allocated to patients. Also number has been taken out.

Robert Jones and Agnes Hunt Trust reported:-

- Undertook an audit about analysing and whether a patient who had a low pre-operative HB resulted in a blood transfusion. A year's cases were reviewed and this highlighted that these patients rarely received a transfusion.
- Cell Salvage – audited patients who received this who all seemed to feel better overall.

AS suggested undertaking a local audit (for appropriate use of blood). This could be a maximum of 10) with case studies. Good to use in training.

North Staffs reported:-

- Re-doing policies – but not issued yet.
- New Anaemia Nurse commenced (Deborah Sumner).
- Algorithms installed to follow STHF **Action: KC send to SB and happy to share**
- No longer doing group and screen.
- Cell Salvage – does not need 2 ODPs to set up machine (should only take 5-10 minutes)

Birmingham Children's:-

- Leaflets - pre-transfusion samples.
- Transfusion conversion table to be rolled out.
- Second sample rule instigated and junior doctors and blood bank are supporting it.

## **10. RTC Audit Updates**

Out of Hours Transfusion Audit – CMT informed the group about having finalised a preformed on SNAP Survey. It will accompany an original questionnaire and short, simple, tick box survey. You can make your own decision on dates as long as it is one week in July – and should include 20 cases. The email / invitation letter should go out week commencing 20 June 2016.

All TPs confirmed this timescale was good.

CP said she would like Children's to be included.

**Action: CMT/SB to email and invite CP**

## **11. AOB / Open Discussions**

**New blood book** – “All Blood Counts” – written by “Dafed Thomas” and some additions from Andrea Harris

### ***National Indicator Codes***

Hb changes have been included for children.

### ***Patient Information Leaflet (PILS)***

These are no longer being translating into other languages as it is deemed to deter people from learning the language.

**Action: AS to send out email to TPs**

### ***HTT Workshop and Business Meeting***

Title: A Bloody Good Book – Monday 11 July – Birmingham New Street Rooms 1 & 2 - 30 places being held on a “first come first served” basis.

**Action:-SB to re-send out flyer**

### ***RTC Conference and Business meeting – 03 November 2016 – Post graduate Centre Queen Elizabeth Hospital Birmingham***

**Action: SB to sent out reminder to TPs for their diary**

**Action: AS to put above date into HTC report and send to TPs**

### ***Implementing single unit platelets***

- Shrewsbury and Telford said because they do not stock because of wastage (people order 2 and they then get wasted) and it is expensive.
- KC said there is a BBTS Platelet Study Day.
- KC said they generally give too much out.
- WNX reported that they stock 10 units.

### ***National Blood Donor Day***

Was going to be held on Wednesday 15 June, but it had been deferred until later on the year (September?) - This was for a variety of reasons - The Queen's birthday, football, politics, etc.

**Action: AS/SB to use this as a donor drive as well**

### ***O neg***

Needs to be preserved:-

- Walsall - gone live with O pos. O pos for 24 hours. Question raised ‘what if they haemorrhage later on’?
- WNX - if they used it, would have to write labels but no confidence to use so far.

### ***Lanyards***

AS said this is a bedside audit – and NHSBT invite you to be part of it. If you get involved we will provide you with Aide-memoire issues letter and credit card prompter to carry around with you. HEFT and North Midlands are interested.

The deadline is 31 August 2016.

**Action: All to let AS know if they can take part**

**Action: SB will send boxes of letters/cards to those taking part**

## **12. Case Study**

CP talked about an issue involving TAGS. CP was sat with the individual and consultant haematologist to report a SHOT incident and there had been:-

- Lack of a bedside check.
- Picked up O pos instead – which was fortunate as it did not prove a problem for the patient but could have done.
- Only suitable by luck.

**Action: MBudd from QEHB will update the group at the next meeting.**

## **13. Dates for 2016 confirmed as follows:**

- TP Meeting – Thur 01 September – Birmingham New Street
- TP Meeting - Tue 06 December – Birmingham New Street