

EAST OF ENGLAND TRANSFUSION PRACTITIONERS NETWORK

Minutes of the meeting held on Wednesday 16<sup>th</sup> July 2014 at the  
Cambridge Donor Centre **UNAPPROVED**

**Present:**

Name	Hospital	Name	Hospital
Sue Turner <b>ST</b>	Colchester	Andy King-Venables <b>AKV</b>	Hinchingbrooke
Maria O'Connell <b>MO</b>	Basildon	Tina Parker <b>TPa</b>	Broomfield
Tracy Nevin <b>TN</b> <i>left at 2pm</i>	Princess Alexandra	Janet Pring <b>JP</b>	Norfolk & Norwich
Kaye Bowen <b>KBo</b>	Peterborough	Frances Sear <b>FS</b>	NHSBT
Joanne Hoyle <b>JH</b>	West Suffolk	Loraine Holland <b>LH</b>	Bedford
Gilda Bass <b>GB</b>	West Suffolk	Donella Arnett <b>DAR</b>	Watford
Karen Baylis <b>KBa</b> <i>left at 2pm</i>	Lister	Julie Edmonds <b>JE</b> <i>left at 2pm</i>	Lister
Jane O'Brien <b>JO'B</b> <i>minutes</i>	NHSBT		

**Apologies:**

Name	Hospital	Name	Hospital
Ali Rudd <b>AR</b>	Norfolk & Norwich	Sheila Needham <b>SN</b>	QE II
Alex Boyle <b>AD</b>	Norfolk & Norwich	Rebecca Smith <b>RS</b>	Ipswich
Julie Jackson <b>JJ</b>	James Paget	Claire Atterbury <b>CA</b> <i>Chair</i>	Queen Elizabeth KL
Natalie Outten <b>NOu</b>	Southend	Ellen Strakosch <b>ES</b>	Luton & Dunstable
Sharon Kaznica <b>SK</b>	Ipswich	Zoe Garside <b>ZG</b>	Luton & Dunstable
Caroline Hough <b>CHo</b>	Addenbrooke's	Claire Sidaway <b>CS</b>	Addenbrooke's
Ann-Marie Chell <b>AC</b>	Pinehill		

**1. Welcome and apologies:** FS chaired this meeting in the absence of the Chair and Vice Chair. Introductions were made around the table.

**2. Minutes of previous meeting:** agreed as accurate.

Matters arising:

- Competency assessments: while awaiting formal approval for the new process from NHS England, some Trusts have performed risk assessments or gap analysis and have instituted changes as a result.
- Following the Leadership Skills workshop by Kairen Coffey, NHSBT audit and education lead, at the last meeting, and her offer to return for a further session it was agreed by those present they would prefer a day separate from normal TP meetings. *Action: FS to arrange date with Kairen during October or November.*
- FS reported that a new transfusion course along the lines of the one which KBo attended in Newcastle is being planned by NHSBT. This is as a result of the survey which showed TPs have a very strong interest in further education. However, as finance for this course has to be obtained it may be 18 months or 2 years until it can be introduced.
- It is unlikely that there will be a speaker discussing blood carried in air ambulances at the next RTC meeting as there are still some issues regionally which require clarification.

### 3. RTT/RTC Update: JO'B gave this update:

#### Education events:

##### *Mums, Babies and Blood:*

- The event was again oversubscribed but 10 either pulled out shortly before or didn't attend on the day. However it was felt that had they all attended the room would have been uncomfortably full.
- 17 out of the 18 NHS Trusts in the region were represented.
- All speakers were very well received, especially the patient speaker who kindly agreed to share her story of haemorrhage related to childbirth. This was the first occasion we had a patient for this event.
- 100% rated the day overall as good to excellent and would recommend it to a colleague.
- JE and TN both attended this event and found it to be very informative.

*Action: JO'B to distribute blood loss estimation presentation.*

##### *Blood Transfusion in Surgical Practice:*

- Approximately 40 delegates have registered so far but very few surgeons. Please encourage colleagues to attend. Email and attachments to request a further mail shot will be sent to RTC members soon. (NB: sent 17/7/14)

#### MBL algorithm:

The 2 yearly revision by the RTT has lead to 4 minor changes:

- Get *senior* help
- Give group O (*no longer specifies RhD negative*)
- Hb unit updated - now g/l
- Consider giving *tranexamic acid* added to bottom of prevent coagulopathy section.

This will be circulated shortly but there will be a delay in adding to our website due to illness of the web manager.

#### Twitter:

Following in the footsteps of other regions we are going to set up an RTC Twitter account for a trial period.

Pre-Hb audit: FS ran through the PowerPoint of the results which was presented to the RTC and circulated to all members. Further analysis of this audit will be carried out before the final report is issued.

The RTT are to investigate a further, more detailed audit on specific patients groups e.g. # NOF.

The platelet audit of 2012 will be repeated in October.

### 4. NHSBT Update: Power Point attached with minutes.

- Tony Davies, PBM Practitioner and member of SHOT, has an excellent presentation on apheresis vs pooled platelets, which can be used to pass the message on to clinicians and help reduce inappropriate requests for apheresis platelets. \*
- The PBM newsletter circulated recently can be further distributed within Trusts.
- All present agreed that the 10 commandments bookmark is a useful resource.
- Everyone wanted more anti-D cards to be made available.
- NHSBT regularly run a course entitled "Non medical authorisation of blood components" which is also very suitable for TPs. This course may be cancelled due to poor take up. MO'C attended in the past and found it to be intensive but very useful. Further information is on the Hospitals and

Science website:

[http://hospital.blood.co.uk/training/programmes/programme\\_diary/](http://hospital.blood.co.uk/training/programmes/programme_diary/)

#### 5. PBM recommendations:

- FS has a questionnaire which she would like all TPs to complete, so that we know which PBM strategies are used in each hospital. This will be distributed shortly.
- The PBM team are trying to promote single unit transfusion and London are running a pilot study. FS asked if regional guidance on this would be useful and everyone agreed it would.
- JE said they have a problem with advance directives for patients refusing blood who are not Jehovah's Witnesses. It was noted that Queen Elizabeth has a policy which CAT is happy to share.
- The PBM recommendations have a break down of individual responsibilities and who should lead on particular activities.
- Some PBM recommendations will be included in the NICE Guidelines which Trusts will have to follow.
- FS suggested adding one item from the recommendations to each TP agenda and inviting TPs who have succeeded in introducing that strategy to share good practice.
- TPa asked if there are plans to introduce a poster along the lines of the one for platelets "Don't use two, when one will do" but the guidance for red cells is not as prescriptive. KBo said the phrase "Don't give two without review" is mentioned in the SHOT report.
- TN said there had been problems with patients prescribed in the community with anti-coagulants without reversal agents. There was discussion as to the need for a strategy to deal with such patients.

**6. Collection of blood:** TPa explained that at Broomfield hospital blood is collected by porters, but sometimes when the blood arrives on the ward, staff are not ready to administer it. Then it is often returned and wasted because it has been out of the fridge for over 30 minutes. Therefore she wished to know what arrangements other hospitals have for blood collection and if there is any correlation between who collect blood and wastage.

Some hospitals use only porters but most have a variety of staff groups collecting blood and there was no demonstrable connection to the amount of wastage. The following points were noted:

- Smaller hospitals are unlikely to have the same problem because it doesn't take 30 minutes to deliver and return the unit.
- JE thinks that if nurses collect blood and also administer it, then there is one less check made.
- At PCH, porters do not collect blood because it is a big site with insufficient porters, who are given a limited time frame in which to complete a chore and given an event number. KBo said ward staff are encourage to check with the lab if a unit is out for 30 minutes.
- At NNUH, lab staff issue blood using Blood Track therefore staff collecting do not have to be competency assessed. Most wastage occurs in theatres.
- Colchester use "Golden Boxes" for issuing blood to hospices. They hold up to 4 units, have a long validation period and are packed in the lab.
- Several hospitals in the region have not been entering issues and wastage data onto VANESA (BSMS reporting tool) recently.

**7. Targeting the “agents of change”:** GB gave a presentation on the treatment of patients with iron deficiency anaemia with IV iron. She has kindly agreed to share this presentation which is attached with the minutes.

**8. “Learning transfusion reaction management, unlocking the door”:** Andrew Foster, Medical Clinical Skills Lead at Princess Alexandra hospital attended the meeting to give a presentation on the use of SimMan for Years 5 & 6 medical students, in this instance specifically on transfusion reactions. His presentation is attached with these minutes.

TN said it was very helpful for BMS staff to observe practices because it increased their understanding of clinical scenarios.

Anglia Ruskin University run courses in how to set up and run a simulation facility.

Andrew kindly allowed anyone thinking of setting up a similar facility to contact him for advice.

**9. Sharing good practice and hospital updates:**

Broomfield distributed a survey on 2 samples for pre transfusion compatibility testing but received a poor response.

Colchester are about to introduce 2 samples. They have made changes to their Group & Save form after several Datix incidents. The new form requires the names of those who requested and took the blood plus includes patient consent.

Bedford are also going to implement 2 samples. They are also developing a nursing plan for blood components which includes consent.

NNUH have introduced a second sample using a note on the form which states that this is the first time this patient has been grouped; therefore please send a second sample. JP said that the BCSH guidelines state that a second sample should be obtained except when it might impede patient care so second samples from A & E patients are not always obtained. The provision of blood for the Norwich East Anglia air ambulance is now on hold.

PCH are also introducing 2 samples. They have recently been inspected by the MHRA, CQC and UKAS.

West Suffolk have stopped end date competency assessment. They now do a one off followed by annual e-learning. Approval for this by the Trust and HTC was granted using information from SHOT and the NBTC feedback to the RTC. It was noted that many SHOT reportable incidents involve staff who were competency assessed. If staff are involved in an incident they are re-trained.

Basildon introduced 2 samples into A&E some years ago following increased incidents of WBIT and it is now being brought into all other areas. They have had their second UKAS inspection, having been the first hospital in the country to be inspected.

West Herts Trust are not introducing second samples having performed a risk assessment. DAR has done a yearly audit, since 2009, on the Care Plan which she introduced in 2004. She found that transfusion observations are not always recoded in patient notes.

Hinchingbrooke AK-V said obstetricians were reluctant to use the regional MBL policy but have now agreed. He said he had difficulty adding the 2 sample requirement to the theatre check list because although Theatres are happy to change, wards are not and it is uncertain as to who has overall ownership.

**10. A.O.B:**

- The Terms of Reference were reviewed and agreed they should stand unchanged for another year.
- JO'B said that the majority of items on the TP Network Action Plan have now been completed and so we need suggestions for activities, education topics, and meeting sponsors with products of interest to the group. MO'C suggested strategies for patients refusing blood. The use of Tranexamic Acid was also suggested. It was agreed that the next meeting include a presentation on groups and antibodies followed by workshops led by the TPs who are also BMSs.
- ST asked if private hospitals supplied with blood by NHS hospitals have medical cover 24 hours a day because the lab can only supply components if there is a competent person at the hospital. TPa said if there is no medical cover at a private hospital and a problem arises, the patient is transferred by ambulance to the main NHS hospital.

**Next meeting:** to be held on 5<sup>th</sup> November at the Cambridge Donor Centre.

**\*Please note:** We have now had approval to distribute Tony Davies presentation on the platelet supply project which is attached. Please feel free to use this to disseminate information about the change to the platelet collection requirement amongst your colleagues.

**Attachments with minutes:**

NHSBT Update – PowerPoint, Frances Sear

“Targeting the agents of change” – PowerPoint, Gilda Bass

“Learning transfusion reaction management, unlocking the door” – PowerPoint, Andrew Foster

Platelet supply project – PowerPoint, Tony Davies

**Actions:**

Action	Responsibility	Due date/status
Arrange date for further leadership skills session with Kairen Coffey	FS	ASAP
Distribute blood loss estimation presentation. <i>Please advise JO'B if you have Turning Point technology</i>	JO'B	
Contact JO'B and FS with suggestions for 2014-5 action plan	All	ASAP
Draft TP action plan	JO'B	Before 5/11/14