

EAST OF ENGLAND TRANSFUSION PRACTITIONERS NETWORK

Minutes of the meeting held on Wednesday 11<sup>th</sup> February 2015 at the Cambridge Donor Centre **APPROVED**

**Present:**

Name	Hospital	Name	Hospital
Michaela Lewin <b>ML</b> <i>Chair</i>	Papworth	Andy King-Venables <b>AKV</b>	Hinchingbrooke
Gilda Bass <b>GB</b>	West Suffolk	Tina Parker <b>TPa</b>	Broomfield
Tracy Nevin <b>TN</b>	Princess Alexandra	Sue Turner <b>ST</b>	Colchester
Sheila Needham <b>SN</b>	QE II	Frances Sear <b>FS</b>	NHSBT
Julie Edmonds <b>JE</b> left at 2 pm	Lister	Lorraine Holland <b>LH</b>	Bedford
Rebecca Smith <b>RS</b>	Ipswich	Donella Arnett <b>DAR</b>	Watford
Jane O'Brien <b>JO'B</b> <i>minutes</i>	NHSBT		

**Apologies:**

Name	Hospital	Name	Hospital
Ali Rudd <b>AR</b>	Norfolk & Norwich	Janet Pring <b>JP</b>	Norfolk & Norwich
Alex Boyle <b>AD</b>	Norfolk & Norwich	Maria Puskas <b>MP</b>	Watford
Joanne Hoyle <b>JH</b>	West Suffolk	Ellen Strakosch <b>ES</b>	Luton & Dunstable
Natalie Outten <b>NOu</b>	Southend	Caroline Hough <b>CH</b>	Addenbrooke's
Kaye Bowen <b>KBo</b>	Peterborough	Maria O'Connell <b>MO</b>	Basildon
Claire Atterbury <b>CAt</b>	Queen Elizabeth KL	Julie Jackson <b>JJ</b>	James Paget
Karen Baylis <b>KBo</b>	Lister	Sharon Kaznica <b>SK</b>	Ipswich

- Welcome and apologies:** As Vice Chair of the group, ML welcomed everyone to the meeting.
- Training Session.** Kairen Coffey, NHSBT education and audit lead, ran a workshop on coaching for the morning session. This was not minuted.
- Minutes of previous meeting:** Agreed as accurate.

Matters arising:

- NHSBT Update on the Hospitals and Science website - it was noted that Updates are available as pdf Word documents via the Archive section (including the current Update)
- The telephone record sheet used by Broomfield lab staff to monitor requests and issues was distributed in hard copy and is attached to these minutes. TPa uses this to check for potential savings and possible blood overload.
- JO'B said that only about half of TPs had returned the individual hospital specialisms and PBM initiatives forms. These are being used to populate hospital information records which will help the hospital liaison team better understand the needs of each hospital and provide a broader knowledge of PBM initiatives implemented in the region. For those hospitals where surveys have not been returned, JO'B has completed the specialisms section using information available on hospital websites and asks that those TPs concerned check the information for accuracy and add all further information that they can easily ascertain.
- ML asked if others had participated in the pilot of the audit of PBM in Scheduled Surgery. She said it was very time consuming and her HTC Chair had queried why non transfused patients were not included as it is a PBM audit. ST said that the results of the audits of Anti-D use and Patient Consent were so delayed that hospital processes had moved on. JE said that with the staffing issues

associated with Pathology Modernisation, now more than ever audits need to be relevant and achievable.

- FS said there is a website run by the Royal College of Anaesthetists which shows initiatives in each region. It is under development with the aim of providing links to each project included. <http://www.rcoa.ac.uk/periopmed/case-studies>
- Guidelines for the Management of Anaemia in Pre-assessment Clinics from the NW RTC have been circulated to the group electronically.
- JO'B has not received Toby Richard's presentation from the Blood Transfusion in Surgical Practice study day.
- The East of England TADG agreed to share meeting minutes with the TP Network.

#### **4. RTT/RTC Update:**

- Utilizing a document produced by our colleagues in the NW RTC, we have developed an HTC Chair's Toolkit. This has been sent to all HTC Chairs in the region and is available on our pages of the Transfusion Guidelines website in pdf format. Anyone wishing for a Word version (containing embedded documents) should contact JO'B. ML said Papworth were finding it very useful in helping to define the remits of their HTT and HTC.
- Our education event this year is entitled "The Challenges and Successes of PBM" and will be held on October 15<sup>th</sup> at Wyboston Lakes Conference Centre. It will follow the structure of the PBM recommendations and we already have several confirmed speakers.

**5. NHSBT Update:** Please see PowerPoint attached with these minutes.

#### **6. TP Queries:**

Wastage: LH raised her concern as to the cost of wastage of blood components. The following points were made:

- TPa said requestors of 2 or more units of platelets were always referred to the consultant haematologist
- Having a de-reservation time for platelets reduces clinical waste.
- Some hospitals enter wastage onto Datix and some cross charge the cost of wasted units to the relevant specialism.

Administration of blood products to a known patient with no wristband in an emergency situation: a known placenta previa patient, with cross matched units available, presented for an immediate Code 1 caesarian and although id checks were performed, no wristband was applied to the patient and the blood was administered. It was noted that in cases where a printed wristband is not available for whatever reason, a hand written wristband will suffice. It should be noted that such incidents are very rare and should always be followed up with RCA and CAPA.

#### **7. Hospital Updates:**

- TN reported problems with organ retrieval teams where blood had been taken from the laboratory but no records left. Others present had also had similar incidents. FS said there are trials taking place on the pre-perfusion of organs for transplant. *Action: FS to invite a member of the organ retrieval team to attend the June RTC meeting.*
- ML said concern had been raised at Papworth about the transfer of blood and products with patients because hospitals will no longer be able to use NHSBT boxes. The new boxes are validated only if packaged by NHSBT staff. RS said

## East of England Regional Transfusion Committee

Ipswich had purchased their own boxes for internal transfer of blood. It was noted that blood components should only be transferred with a patient if transfusion was thought to be necessary en route, in which case the patient would be accompanied by a person competent to transfuse blood and so they could be made responsible for the return of the transport box.

- LH asked if anti-D is a product or a blood component and if it should be issued only to named patients. FS said anti-D is a product but traceability is a requirement. It doesn't have to be issued on a named basis but most hospitals represented do so.
- AKV reported that staff not trained to collect blood have been locked out of blood fridges which has been very successful.

**8. A.O.B:** None

**9. The meeting closed at 3.15pm.**

### **Attachments:**

Telephone request record sheet (Broomfield)

RTT/RTC and NHSBT updates – PowerPoint, Frances Sear

### **Future meeting dates:**

7<sup>th</sup> May 2015

10<sup>th</sup> September

2<sup>nd</sup> December

All from 10 am to 3pm, to be held at the Cambridge Donor Centre.