

## EAST OF ENGLAND TRANSFUSION PRACTITIONERS NETWORK

Minutes of the meeting held on Wednesday 4<sup>th</sup> March 2020 at Cambridge Donor Centre, 10:00am.

### Attendees:

Name	Hospital	Name	Hospital
Tracy Nevin <b>TN Chair</b>	Princess Alexandra	Joanne Hoyle <b>JH</b>	West Suffolk
Frances Sear <b>FS</b>	NHSBT	Michaela Lewin <b>ML</b>	Addenbrooke's
Ben Sheath <b>BSh</b>	Watford	Karen Baylis <b>KB</b>	Lister
Donna Beckford Smith <b>DBS</b>	Watford	Julie Edmunds <b>JE</b>	Lister
Loraine Fitzgerald <b>LF</b>	Bedford	Monzeer Ibrahim <b>MI</b>	Addenbrooke's
Julie Jackson <b>JJ</b>	James Paget	Ellen Strakosch <b>ES</b>	Luton & Dunstable
Janet Pring <b>JP</b>	Norfolk & Norwich	Rebecca Smith <b>RS</b>	Ipswich
Natalie Outten <b>NO</b>	Southend	Clare Neal <b>CN</b>	NHSBT

**Apologies:** Helen Dakers-Black, Ruth Smith, Maria O'Connell, Tina Parker, Sue Tuner, Andy King-Venables, Sharon Kaznica, Sarah Clarke, Sheila Needham, Zoe Garside, Danielle Fisher, Ali Rudd, Kathy Ford, Cathy Flatters, Alex Hudson, Kaye Bowen, Claire Atterbury, Matthew Barter, Gilda Bass

- Welcome:** **TN** welcomed everyone to the meeting.
- Minutes of the previous meeting:** Previous minutes were agreed.

### *Actions from previous meeting:*

- BMS Study Day, Mums Babies and Blood, Blood Stocks Workshop, Update the Trainers. Extra RTC if needed later in the year.
- In progress.
- Comments received. **FS** felt the new app may cover relevant information. It is being tested in a hospital now. **ML** asked what is on the app. **FS** advised that it is very comprehensive and covers content similar to the transfusion handbook.
- On agenda.
- Thank you for looking at this. It is going to be put into snapshot which EofE will trial.
- NMC guidance for student midwives is changing. It has been suggested that bitesize videos are uploaded onto university systems for students to access. There are a number of cohorts that start training during the year so this would ensure students are captured.
- Reminder to send details to **CN**.
- Brian is currently updating.

### **3. Group exercise – Dicing with Death**

**JJ** has used this 4 times with medical students now. The group were split into two groups and played both games. This showed how both groups could end up with different outcomes.

### **4. Feedback – Dicing with Death**

**DBS** felt this was a really good tool for doctors and showed how quickly situations can change. **TN** thanked **JJ** for this, it was very educational. Everyone in the group enjoyed playing the game.

**Action 1:** **JJ** to forward colour template to **CN** to add to the minutes

### **5. Presentation – IOCS and Transfusion Consent in Theatres**

**BS** presentation attached.

### **6. Presentation – Update from Pharmacosmos**

Grant Houlden attended from Pharmacosmos and provided an update for the group. **CN** to circulate Pharmacosmos contacts to the group.

### **7. Presentation – Single Use Transfusion Audit**

**JH** Presentation attached. When this was first looked at, the lab was really busy. They had been seen by MHRA 7 times in 2 years. When it was introduced, not many calls were received. There has been financial savings. **ES** asked if every episode was looked at. **JH** did look at every patient. **ML** asked if there were many phone calls. **JP** noted that their system defaults in ICE to 1 unit as routine. **ES** asked if there was a lot of persuasion for the lab to get on board. **JH** said the only issues were the existing pressures staffs were

under in the lab. The lab phoned for advice more than clinical areas. **ES** asked how many cases have their Hb checked in between units. **JH** advised that 12% of cases had the Hb checked in-between units.

## 8. RTT/RTC, PBM and NHSBT Updates

Education days' planning is in progress. There are plans to ask for sponsorship at RTC meetings to help costs as venue prices have increased dramatically. Staff survey for the lab is being developed. CQUIN – regional guidance needs updating. If anyone would like to be involved, please let **FS** know. The RTC is looking for a Deputy Chair,

**Action 2:-** Deputy Chair - Please feedback to your hospitals and advise CN / Nicola Jones if anyone is interested.

There is discussion of HTC feedback at RTC meetings. **JH** felt having a brief template would be useful. **FS** asked if the TP Group could drive this forward. **RS** suggested adding an agenda item to HTC Agenda – what can be fed back to RTC Meeting?

**Action 3:-** Please forward any template used to update your Trust Board / subjects that should feature as a regular item on HTC Summary for RTC

### Withdrawal of Leaflets

- The anti-D leaflet has been discontinued and there is information on the update here:-  
<https://hospital.blood.co.uk/the-update/patient-information-leaflet-availability-anti-d-prophylaxis-guidance/>
- **FS** received the following email on the Plasma leaflets; withdrawal of the "Will my child need a plasma transfusion? leaflet due to the change in SaBTO guidance about imported plasma provision coming into effect. The "Fresh Frozen Plasma and Cryoprecipitate" leaflet is now appropriate for all patients.

**Action 4:-** Please destroy any copies you may have.

## 9. Feedback from National TP Network

**CN** to remind those who haven't forwarded TP contacts to do so.

**TN** and **KM (NHSBT)** visited ARU to discuss Annexe B of the NMC guidelines for student nurses and now new guidelines for midwives. NTPN received an update from the NMC stating they would not go against BSH guidelines having trained and competency assessed staff trained. **TN** and **KM** to forward the audit template to Brian Hockley to be turned into a local audit trial with EoE and London TP networks first.

**TN** and **KM** have developed O D negative audit questions which are currently being reviewed by the NTPN and Brian Hockley and will be used as an NCA to gauge how Trusts have implemented O D positive emergency units.

**TN** has forward the questions to EoE RTT for review and to be developed into a SNAPSHOT audit for our region to use as a baseline and to evidence any good practice.

## 10. TP queries

Please note that not all TP queries were discussed, as the TP who raised the question was not present. There was discussion about completing a question and answer sheet for queries from the region so this can be circulated with the agenda / minutes.

**Action 5:-** reintroduce Q&A list of TP queries – please copy in **CN**, **TN**, **RS** and **JJ** with all Q&A's so we can compile the list and disseminate to the forum.

- 1) MH activations – specific teams, who are the members? **GB**
- 2) Very interesting case WBIT **AKV**
- 3) Sampling question- numbers received and rejected per month, vein to vein system, best system **BS**  
Presentation was given. **JE** noted that if a colleague has 3 or more rejections, they go on to a list for further training / feedback. **BS** advised that their lab cross charges the costs; this does not take into consideration the cost of consumables. **TN** asked why samples are being rejected. **JE** noted technique is sometimes an issue.
- 4) Share guideline on use of alternatives to red cells **ES**. Wait for CQUIN.
- 5) Traceability tags, prescription charts – retention query **JH**. Everyone does this differently. West Suffolk was not scanning the tags. **ML** asked MHRA. Tags transferred into LIMS manually, every month 40 tags are audited. **JE** advised they do the same. **ES** keeps everything. **JJ** had a non-complaint record from this. **ML** suggested joining the MHRA Forum. This is a forum where you can ask those questions about situations and they will respond to them. **TN** suggested asking Nicola Jones as RTC Chair to raise this question with MHRA.
- 6) Locum Drs – how do you keep an eye on them, what competencies, any issues are they reported? **CA**

- 7) Waste – how is it reported HTP/HTC/HTT meetings – differentiate between clinical and non-clinical waste **BSh**. Presentation – currently reviewing.
- 8) New Abortion Guidelines – who is implementing them? **RS**. **JH** felt this useful and has found local guidelines that need amending. **RS** felt that the guidelines may help to reduce missing patients who need Anti D. **TN** noted that now the leaflets are gone, it is down to Hospitals to provide the up to date information. **NO** questioned whether private hospitals would have the same knowledge.
- 9) Transfer using NHSBT cool box and lab cool packs **TP**. These need to be validated together.
- 10) Retaining old historic data when systems changed for 2nd sample rule **LF**. 405 entries have not got a hospital number. 150 entries have not been confirmed as definitely having blood. It has been suggested to take 10 random records and look at notes.
- 11) 2nd sample on babies and paed, what do other Trusts do? **LF**.

**11. Next meeting: TP Meeting, Wednesday 17<sup>th</sup> June 2020, 10:00am – 15:00pm, Cambridge Centre**

*Suggested Agenda Items:-*

- *Updates and Feedback will be moved to the start of the meeting.*
- *Café will happen every other meeting.*
- *Ask Pharmacosmos to come back.*
- *Ask Professor Andrew Klein to present on types of anaemia and how to implement the new CQUIN*
- *DBS / BS to present – A Bloody Mess*
- *RS to report back on the TP 2020*

**12. A.O.B**

**Action 6:-**

**FS** asked if someone could volunteer to provide an interactive session for Mums, Babies and Blood. **JH** whether emergency blood management plans should be looked at.

**Action 7:-**

**TN** will circulate EBMA action cards.

There was discussion around a couple of cases where the wrong blood has nearly been given to a patient. There was no harm to patients but shakes the staff up to these incidences.

**JP** is retiring in July. Everyone wished **JP** well for her retirement.

**13. Meeting closed**

**Actions:** Please see attached Action Log which contains actions from EoERTC, EoERTPN and NTPN. The log identifies the date, agenda item, Committee logging the action, action owner and any updates provided. The actions are colour coded and represent the following:-

- **Green** – actions completed and closed
- **Amber** – action is open and in progress
- **White** – new action /or action awaiting a progress update