EAST OF ENGLAND TRANSFUSION PRACTITIONERS NETWORK

Minutes of the meeting held on Wednesday 7th July 2021
Microsoft Teams Meetings
10:00am – 13:00pm.

Attendees:

Name	Hospital	Name	Hospital
Frances Sear **FS**	NHSBT	Ellen Strakosch **ES**	Luton & Dunstable
Donna Beckford Smith **DBS**	Watford	Danielle Fisher **DF**	Luton & Dunstable
Loraine Fitzgerald **LF**	Bedford	Benjamin Sheath **BSh**	Watford
Julie Jackson **JJ Chair**	James Paget	Kaye Bowen **KBo**	Peterborough
Kathleen Ford **KF**	Norfolk & Norwich	Natalie Outten **NO**	Southend
Terri Perry **TP**	Milton Keynes	Ruth Smith **RS**	Addenbrooke's
Michaela Lewin **ML**	Addenbrooke's	Emily Rich **ER**	Hinchingbrooke
Gilda Bass **GB**	West Suffolk	Clare Neal **CN**	NHSBT
Julie Edmonds **JE**	Lister	Karen Baylis **KB**	Lister
Sheila Needham **SN**	Lister	Rebecca Smith **RSm**	Ipswich
Tara Edwards	STP Student		

Apologies: Tracy Nevin **TN,** Joanne Hoyle **JH,** Claire Atterbury **CA,** Caroline Lowe **CL**

1. **Welcome**: **JJ** welcomed everyone to the meeting. Welcome to Milton Keynes TP's who are joining the region.

2. **Minutes of the previous meeting** Minutes were agreed as correct. Please inform **CN** of any changes.

   Action Plan was reviewed by the group, the updated action plan will be circulated.

3. **Updates**

   JJ has hip operation this week and will be off until September. Was advised that there would be a band 6 cover but this is not in place, the job description has not been agreed. Hoping there is a lot of support in place. We have a new intranet system in place and it looks brilliant.

   BSh we have been receiving flack on training duration so you would have received some questions regarding training and how long it takes. We are facing issues with compliance. Assessments are taking a long time face to face. A lot of areas had stopped training so this is a huge barrier. We are still heavily paper based on blood collection. **JJ** the beauty of electronic systems is that you can block people from blood fridges, so if they don't do the training they can't access the blood. **DBS** we are still battling on.

   GB MHRA have taken us off 6 monthly inspections. We had an inspection about 10 days ago and only had a small number of minors. It is a huge reflection on the laboratory staff. If you have got an electronic system, how do you manage staff who don't use the system very often. We receive a report monthly but have staff who have received the training but don't necessarily use it. We were told we should have a cut off point for these staff. **TP** did they give you a time frame? When I worked at High Wycombe, they said 6 months? **GB** we are going to put it as a year. We have persuaded porters to do all collections. **JJ** well done for the inspection. **TP** collection is far more important than people give it credit. I have just written the right blood, right patient chapter for SHOT, more than 40% of the right blood, right patient should if been picked up at collection. Checking the traceability and checking blood groups, you can pick up a lot of errors. I think you will find reading this chapter useful. **ML** I just wanted to reiterate the importance of checks at collection so you are not always relying on the electronic scanning. **JJ** I would like to have a note up next to our fridge of checks that should take place but MHRA didn't like it. We stress that because the staff collecting the blood are not trained, they do the bare minimum checks, for example does the tag

match the bag. I can't give knowledge to HCA's about blood groups. **ML** we've got documents at all our collection points. **JJ** they look at it that it is a Trust policy and not a lab policy. The lab doesn't want it as a lab policy but it isn't a lab issue. **JJ** we had to take some down, the only one I could leave up was 'be careful when you open the door' as it was a safety notice. ML I will let you know if I hear anything on our next inspection. **RS** we definitely have the easy to follow guide. We are only just going over to electronic systems. We also have a blood drop chart in the blood bank to use as a reminder.

LF I have been working St Johns Hospice to try and reintroduce blood but may be next year. Accountants have released money for electronic tracking. After 4 weeks we have signed for a printer for the lab. Waiting for the printer to arrive and then IT will test and validate. We can then train staff. Traceability remained over 99% over the last few months. We are now having two deliveries from NHSBT so receive one in the morning and one in the evening.

TP we have been very involved with A&E as they had so many rejected samples. We found our Trust didn't have a full identification policy, we just had one about patient wristbands. We have now got people interested in this so have become heavily involved in writing the policy along with the Head of Clinical Governance. It is worth checking your ID policies. Where is patient ID taught and who is responsible for it? We teach it in our induction sessions. It is difficult to find information about it. It is also worth looking at who is responsible for it. **JJ** I got responsibility a while ago for our Trust. **TP** we started taking an interest in PCC as we should be reporting incidents to SHOT as they are collecting data. We audited it for a couple of months. We are finding there is a delay of it being picked up from the lab. The doctors don't really know the policy. We have found some really shocking practice. We are currently writing up the audit to disseminate to the Trust. **JJ** we audit every couple of years. If it's not collected in the lab in a certain time frame they are chasing it up after an hour.

RS / ST still working together across the two sites. We are trying to combine policies and trying to continue training everyone.

KF we are still struggling with the upgrade of our EBTS equipment. We have been continuing with most of our training, via video links. Competency training has continued weekly. I can monitor what we are doing as the IT system sends me monthly a report of what everyone has on Learnpro so I can target areas that have fallen. I can access everyone's training matrix.

KB / SN there is lots going on with training and assessments. We have continued with face to face. Hopefully Julie will be back in September. WINPATH upgrade taken place. Hopefully that will pave the way for ICE requesting.

RSm I deal with mainly the maternity side. **ML** we have had some positive work happening over the last few months. When I started 3 years ago doctors were not getting any training. We have been working away and made some progress. We did an extensive review on sample labelling and we now have NICU doctors completing some e-learning on sample training. We have set up a sample labelling improvement working group, Head of Patient Safety is chairing this group. We are looking at Addenbrooke's training of bloodtrack and how we can train staff without any interruptions. We are looking at setting up a training kiosk in a designated room. **JJ** we have a training kiosk that isn't in a live environment. We have it set up on a trolley, set up with a blood track manager, training users and training units. ML I will link with you to learn more about this. **ML** we have finally got SHOT TACO assessment embedded into EPIC. We are receiving great engagement from Anaesthetics Doctors that they want training. We were invited to their meetings and discussed training / competencies. We are finalising our framework for e-learning for this group. We had complete downtime of our IT systems a couple of weeks ago. There were lots of cases where staff were turning up at the blood bank with wrong documentation etc. **RSm** we have been working with cell salvage, they are looking to upgrade. With regards to training competencies there is a lot of non-compliance. There has been no time for training so we are trying to reintroduce this now. We have recently completed an audit on how much blood is held on the delivery unit and they are only

using around 13% of blood they have requested. This is work in progress at the moment. Do any of you know where you can access cell salvage labels from? We can't find any to put on the units. Are you aware if any of your units use swab washing as part of their cell salvage? If anyone has any answers I would be really grateful. **JJ** if you send query to CN to circulate to all TP's.

NO Southend, Basildon and Mid Essex are banging their heads together trying to collate a joint policy. It is challenging. We are trying to fight for an electronic system. On the 2024 Transfusion Plan it recommends electronic systems but then follows up with 'as long as funding permits' I feel my Trust will use this. As part of the merger, they wanted to know more about rejected samples. Over the 3 sites we reject 11% at a cost of £230,000 year so we may be able to use this. Traceability was awful during COVID. We have managed to increase from 78% - 98%. I agree with ML regarding medics knowledge. I was invited to A&E to train nursing staff. We do need to see medics too but we tried to empower the nurses. I was surprised there was no literature for donor day on NHSBT. With regard to blood group and collection training, I agree that it is too much for porters etc to know all the information. I have some information and a sticker that we use that may be useful, I will circulate. We have a general manager in place at Southend as I was doing a lot of operation work including orders etc.

ML I was disappointed with the lack of information about national donor day from NHSBT. It went completely unpublished in the UK.

BS NHSBT no longer issues stickers for cell salvage; you need to contact the manufacturer. **JJ** we get ours from the manufacturer.

ES we have been trying to make our authorisation less paperwork based. We have already new system in place for patient notes but there is an option to prescribe. We can't get the blood products on there but we want to get the decision to transfuse on there so there is more documentation so it is linked to the person making that decision. We struggle to find this information sometimes when we are following up after blood has been prescribed / authorised. That is what we have been working on.

KBo we have new member to the group, Emily. By background Emily is a biomedical scientist so we are in a really good position. A lot of TP's are talking about joining Trusts. We have crossed that bridge already, so please get in touch as we have been through it so know how you are feeling. We are happy to support you. We are now 5 years down the line and have only just finished aligning policies. It is a long process. I know people are put under pressure to align policies but it is worth taking the extra time to get it right for your Trust and hospitals in order to make sure it works for you. **JJ** I know we have struggled as all our labs have different systems too.

4. TP Queries

JJ there were quite a few queries since the last meeting, are there any that have not been answered? If anyone needs any further responses, these can be circulated again to the group. **RS** would you like to ask your query now regarding cell salvage?

RS I am working with one of the Maternity Anaesthetic Consultants, they already use cell salvage but it is not according to the policy. One thing is they are not putting labels on so I have been trying to get hold of labels without any luck. They are interested in introducing swab washing so I wondered if anyone has used that in their hospitals. **JJ** we do swab washing and our labels come from the manufacturer. If they are not labelling it then that is a SHOT report. My clinical hierarchy don't like SHOT reports being submitted. **RS** that's really interesting, I better get hold of some labels but had no luck so far. **JJ** bloodtrack might be able to do them. We don't use bloodtrack but I am sure at one point haemonetics said they could. It might be worth chasing that up. I shared my policy with **LF**. **RS** will liaise with **LF**.

5. NHSBT Update

FS presentation attached.

- Please make use of the PBM YouTube channel, this will become a very useful resource.
- SHOT takes place next week.
- BBTS will be run virtually in a similar format to SHOT.
- NMA courses – face to face will not resume until at least April 2022..
- The App has been nominated for a Patient Safety Award. If you are trying to get this on your Trusts central systems, this may help.
- Leaflets being updated so a lot of changes. You may have noticed that the site has changed so you may need to re-register. The change has now been made. The new all component leaflet is available to be ordered and downloaded.
- Learn pro - we are in the process of changing the platform. Learn pro wanted money to host the system and hospitals won't do that. We have permission to update content and this will be available under a different access system. An email was sent out via communications so let me know if you have any questions or if you didn't receive this email. Your hospital administrators may have received this email instead of you directly.

6. Presentation – Trauma Case

LF presentation attached. This was a massive learning curve and totally out of our comfort zone. An internal enquiry took place to look at what could be improved.

ML I remember this gentleman coming to Addenbrooke's. They are quite relaxed as they are a MTC so are used to seeing patients like this having had a massive trauma. The role of the TP is quite limited. They seem really happy for us to go down to complete traceability as they find this really helpful. **LF** I tend to do the traceability. They are always taught to have one person leading for lab queries / blood requesting.

JJ some of the issues that you are highlighting is advanced trauma life support, is this something your staff all do? **LF** yes they do but from this we have put on some 30 minute teaching scenarios for doctors. Consultants think it is run really well but there is still a lot of learning to do. It does work so much better when you have your nurses working alongside your medics. **JJ** that's where they need the feedback from the MTC and regular refreshment of advances trauma life support. They are also doing local TILS courses.

JJ well done as the patient survived and there is always a lot of learning there. **LF** just remember it is not always the big bleeds that cause the problems.

7. Presentation – Retrospective Audit – Leaflets on ICE

Presentation attached.

- **JJ** I am impressed you got 39/40 as we just done an audit and got 6/40. **ES** we implemented that you can't order blood until you see consent. They are very good at it.
- **GB** is the ICE letter separate to a generic Trust discharge letter? **ES** it is a generic discharge letter but they are adding in blood transfusion components. **GB** does that pull the information from your lab. **ES** it is free text so is inputted.
- **LF** as we are a joint trust, is that going to go onto our ICE discharge letters? **ES** we can ask. We don't have the same ICE at the moment. Once they are running on the same wavelength they will be mirrored. It will have to site specific at first.
- **KBo** we also have that information on our ICE discharges at Peterborough but not at Hinchingbrooke.

8. Discussion – NTPN2021

Presentation of programme attached.

JJ we thought it would be good to have an overview of the programme for anyone that wasn't able to attend. **RSm** we shared it within our team so that different people attended different parts on different days so I have not seen it all myself.

- **RSm** I have heard the transgender transfusion section raised more questions rather than answers. **JJ** hopefully when the videos are available some of those questions will be answered. One of my questions was, has anyone spoken to transgender groups. I would like to hear the input from the transgender community. Suffolk pride provided an online talk / presentation which was great. Would anyone object to asking her to attend one of our meetings? It sounded like a lot of the problems we feel there are, are not actually true. **RSm** we have gone to the LGBTQ groups in our area as we are looking at our request forms as a starting point. **LF** the thing I found interesting was that the patient could go to GP and change information but the hospital would not know so that would be very tricky. **JJ** they must have national groups, we need to help them understand why it is important for us to know the answers to our questions. They may then understand that we are asking for their best interests. **ML** NHSBT have done some revision to the donor questionnaire. Donors will be asked once of their birth gender and then subsequently they can say their current gender. **GB** I am not sure why we are trying to look at individually, it should be nationally.
- **RSm** one of the talks was about the role of the TP in major incidents, we have touched a little bit on that earlier from LF presentation.
- **JJ** was there a talk about the change to donor guidelines in that they are changing the questions they ask regarding sexual partners? I was really impressed by that. Every donor will be asked about new sexual partners within the last 6 months, if you answer no then you are ok to donate. If you answer yes then you will be asked further questions. This has opened the donor pool up to many stable same sex relationships.
- **RSm** day two was mainly about COVID. **JJ** I was fascinated about the set up of the Nightingale Hospitals. Transfusion was always thought of after. **RSm** I was fascinated by all the strange ways they managed to get blood to patients.
- **RSm** we had a quiz at the end of day 2.
- **RSm** the third day was IV Iron and Sickle Cell. The first presentation on the PREVENT study was amazing that it didn't show any difference between whether you had any IV iron or not. JJ there has been a lot of discussion on this study. I did the NATA symposium in March and the PREVENT study cam under criticism. Although it was an IV iron study, they didn't actually test iron levels. Toby Richards who led the study gave a lot of credit to Claire Atterbury. I was sad she wasn't there to hear it as she helped him collect the data.
- **JJ** there were presentations about setting up IV iron clinics. It is something we are hoping to set up. One thing I found out is that even if you are not anaemic but have low iron, you will have the same symptoms of anaemia. So, if you've got low ferritin you will have exactly the same symptoms of anaemia as you would if you had low HB. So, by the time your HB reacts to the fact your iron levels are low, you are actually going to be quite symptomatic regardless of what your HB is. We are waiting until the body is unable to produce red cells when if we were looking at iron levels rather than HB levels we could actually address the issue. Most of these patients have reversible iron deficiency so they are not people whose bone marrow isn't working. I took that away especially when thinking about the IV iron anaemia clinic.
- **RSm** I was unable to watch the sickle cell section so not sure if anyone else saw it. **JJ** I found it interesting but I am not sure we have any sickle cell patients in our area so not something we come across. They were talking about genotyping for the blood group as opposed to phenotyping so they will be able to target much better to prevent antibody development. **RSm** when we get any patients in we try to genotype or phenotype. We have recently had a renal patient who was also sickle cell and the team didn't realise they had to tell us.
- **RSm** there are a couple of links for further information on the presentation.

RSm a very quick overview of what was covered but very informative. **JJ** finding the virtual events really useful as is now attending events I wouldn't of usually attended. I have things like this training on my appraisal as objectives. Do others have it on theirs? **ML** we make sure our objectives include regional meetings and events. JJ I wouldn't suggest you look at putting things like this into your appraisals.

9. AOB

- **LF** we were sent round the bandings email which was very interesting. There are several for us to look at and approve. **JJ** that came from the national TP group. **ML** I have just written a job description and getting it approved at the moment. I am interested to see how it will come out. **JJ** I am going to pass this over to my boss to have a look at. **JJ** would encourage everyone to look at it. I was just unsure about some of the job titles, I found they were confusing, the band 5 was associate transfusion practitioner and the band 6 was junior transfusion practitioner. I felt the junior should be the lowest band. I would suggest we all look at this and feedback and think about how it applies to our own bandings. I don't feel we have time to go through them all in a standard meeting so if we wanted to review these we would have to commit to a separate meeting.
- **CN** Grant from Pharmacosmos has asked if there is any training that you would like them to provide. I will send round an email to everyone to capture all TP's.
- **CN** we are looking at setting up a shared folder to share information such as presentations. This is ongoing.
- **LF** our day unit is nurse led and they do a lot of the IV iron transfusions which is going up considerably and they give blood transfusions. For blood transfusions we have been working with litigation, CCG and the GP's that they consent to their patient's blood transfusion before they get to the day treatment and then the nurses will verbally confirm with them as we don't have doctors on the day unit. Luton are lucky and have doctors in their unit.
- **GB** question in chat for **CN** in chat. **CN** will email a response.
- **RSm** have we talked about O positive snapshot audit? **FS** it is something that came up at RTT, they are talking about the TP and TADG groups combining. **RSm** would everyone be happy for a snapshot audit on implementing O Positive in their Trusts and if they were happy, **TN** will ask Brian to put something together. It sounds like it may be more of a regional audit. **JJ** I did suggest an audit to see what each area was doing, for example, how much O Negative stock do you keep, how much do you use, what is your wastage? I thought it might be discussed at the joint TP / TADG group. **FS** its been discussed at separate groups so would be good to have an open discussion at that group. **JJ** I heard that they were asking us to hold off on any regional surveys. I am sure something will be sent out at some point whether that be regional or national. We can feedback to **TN.**

Thank you all for attending.

10. Meeting Close – Meeting requests have been sent for 2021

- Joint TP / TADG – 21st September 2021
- 18th November 2021