EAST OF ENGLAND TRANSFUSION PRACTITIONERS NETWORK

Minutes of the meeting held on Tuesday 9th March 2021
Microsoft Teams Meetings
10:00am – 12:00noon.

Attendees:

Name	Hospital	Name	Hospital
Tracy Nevin **TN Chair**	Princess Alexandra	Joanne Hoyle **JH**	West Suffolk
Frances Sear **FS**	NHSBT	Danielle Fisher **DF**	Luton & Dunstable
Donna Beckford Smith **DBS**	Watford	Benjamin Sheath **BSh**	Watford
Loraine Fitzgerald **LF**	Bedford	Susan Turner **ST**	Colchester
Julie Jackson **JJ**	James Paget	Natalie Outten **NO**	Southend
Kathleen Ford **KF**	Norfolk & Norwich	Ruth Smith **RS**	Addenbrooke's
Michaela Lewin **ML**	Addenbrooke's	Monzeer Ibrahim **MI**	Addenbrooke's
Gilda Bass **GB**	West Suffolk	Clare Neal **CN**	NHSBT
Julie Edmonds **JE**	Lister		

Apologies: Alison Rudd, Cathy Flatters (retired), Megan Lawn, Rebecca Smith, Karen Baylis, Sarah Clarke.

1. **Welcome**: **TN** welcomed everyone to the meeting.

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

   Minutes included:-
   - Updates
   - WBIT
   - TP Queries – if you did not get the responses required, these can be revisited.
   - Convalescent plasma. Developing a file to share information in case we re-start.

   Action Plan reviewed by the group **(**see attached) outstanding actions and new actions from today's Meeting.

3. **Updates**

   TN asked if anyone had any updates. And if everyone was back in their role or still re-deployed?

   JH we have stayed in our roles throughout. **LF** we have joined with Luton & Dunstable Hospital to become one Trust. We are just finishing pre-op anaemia jointly across the Trust. They are using HB 130 for men and women, not sure how it is going to work for chronic anaemias that run on low HBs. Call from an enthusiastic doctor who would like to audit blood in maternity and Obs & Gynae. She would like to prescribe oral and IV iron. There was a webinar last week on maternity anaemia which was interesting where they give IV iron before admission and before discharge and their rates of transfusion is decreasing. We are going to do a joint audit with Luton & Dunstable Hospital.
   TN our maternity is doing the same as they don't think they are using the cell salvage enough. We are auditing to see why they are not using cell salvage as well as looking at iron. They run an iron clinic. They are either activating a major haemorrhage when it's not actually a major haemorrhage, ordering various products, wasting plasma. We are auditing to see why they are not using cell salvage as effectively as they should be and also looking at iron use within the audit. We have audited other areas. We can't wait for obstetrics to join in. **LF** we haven't got a set anaemia clinic. We will see how it works and what they have decided with this pre-op anaemia.

   ML On my first day at Addenbrooke's 3 years ago, my first task was that there was an Emergency Department fridge which needed to be locked. We had a satellite fridge that was unlocked. Emergency Department was adamant that it could not be locked. There was hurdle after hurdle, after a lot of work with the Emergency Department and confidence building we are now compliant.

TN how does your lock work? **ML** it is all part of BloodTrack which was part of the problem. Haemonetics engineer came out to fit the magnetic lock. When the engineer came to fit the magnet he noticed it was a Labcold fridge. Because it was a Labcold fridge with a pin code lock, Labcold had sent out a field safety notice the year before clocking the Haemonetics engineer altering the lock. We had to abandon locking it and order an alternative fridge. Once we changed the fridge we could get Haemonetics to lock the fridge. We have taken delivery of Haemobank for Theatres. We will get this into Theatres when everything has calmed down. **TN** we have got new BloodTrack fridges and it has been ready to go live for ages. We are still struggling to go live because of the interface as it is showing an American date. It has been a nightmare. **ML** I will feedback to Katherine Philpott.

NO something that came up from out HTT Meeting was that our Haematology Consultants has written to the author for the RCOG guidelines 2018. They are stating that Haematology Consultant must be summoned to the area which is not feasible. This has been fed back. I can send an email so you know where it is. If our maternity areas see this then they may expect this to happen. Of course our consultants are there for advice but they can't be summoned to the area. **TN** we had the same on our call, we had the haematologists on the call. I would say 80% of our obstetric haemorrhage calls are then stood down.
ACTION 1: NO to forward email of RCOG guidelines 2018

4. TP Queries

- 72 hour sample validity **KBaylis**

  JE Jane Tidman, Lab Manager is going through everything. As a result we have got various audits to do. Jane is saying that at Trusts she has previously worked at, when they do the blood validity, the blood transfusion has to be completed within that validity period. We have never done that, we have always done it that blood has to be up and running within that validity period. We are keen to stay as we are to avoid confusion. We wondered what everyone else was doing. We received some responses, some hospitals are doing the same as us. The guidelines does not say that the blood has to be completed. **TN** we agree with you. **ML** at Addenbrooke's, if the sample 72 hours expired at 4pm in the afternoon, they could come and collect blood at 7pm and still transfuse as the actual expiry would hit at midnight on that day. In effect, they could have a sample that is valid for nearer to 4 days rather than 3. On the electronic system, if they tried to transfuse the next day it would come up with an error and they can't transfuse. As long as it is risk assessed, I would think that MHRA would not have an issue. If you did introduce the 72 hours dead on and you do give blood, you would have to investigate why. **TN** we put a note on the Blood Bank Register Form when the unit is issued with when it needs to be used by, we wouldn't penalise if they put it up. **JE** we are doing all sorts of audits. Our traceability list looks dire because we have stopped collecting from the wards due to COVID so we are relying on them sending them down. We are now looking through notes but the tags are starting to come down. **NO** we take it to 72 hours, if the blood expires at 4 o clock, we take the blood back in the morning and just say contact the lab so if they contact us at 3 o clock we can advise them they only have an hour to transfuse. They then have the option to do another group and save. That has been in place for a while. We report to SHOT / MHRA if blood is transfused beyond that time. Our lab manager here wants to drop all samples to 72 hours. I will take it back to the next HTT. It prints out automatically on tags. It is interesting what others are saying. We may be able to risk assess it. **JE** reactions could happen a number of hours after. Validity wouldn't have a huge impact. We do write on the tags that this must be 'up and running or used by' with a date / time. The guidance is quite vague. It also depends on how your electronic system is set up. **GB** we do the same as **NO**. We only reserve units for 24 hours in the issue fridge so if they issue a unit that is going to exceed the 72 hour rule in that 24 hour period it is put in the stock fridge. The lab manager adds a message onto the tag when it needs to be completed before, we take the 72 hours. They have to physically hand the unit to the staff so this can be reiterated verbally but we are a smaller hospital. **TN** we evidence it on the blood bank register form when they come to collect and then it's down to them to see the expiry but as you say it will be a different expiry for transfusing by.

- cffDNA result – midwives using mothers group not babies predicted **JJ**
  JJ we have had a couple of cases, one was a near miss and one was an immune anti-D. One of the issues that came out on the root cause analysis was that on ICE you have to scroll down to see the cffDNA predicted fetal result and what is happening, people are not scrolling down, they are looking at mothers group and seeing negative. It was suggested that it was the fault of the form but it is not the fault of the form as no-one else is having the issue. If everyone was having these near misses then maybe it was the fault of the form.

- cffDNA – business Case LF
  LF we have discussed this jointly with Luton and Dunstable Hospital so we are doing a joint business case between both hospitals (Bedfordshire Hospitals NHS Foundation Trust). One of the Obs and Gynae doctor's will make a start on this. The only problem is we can only do all the theory in the business, we can't implement until COVID is ground zero as all the consumables are being used for COVID. Business case is as far as we can do. **JE** we have had the same, however you do now have Jackie as your Deputy Head of Nursing, she might be a good person to get on board for your COVID recovery programme. **LF** the Deputy Chief Nurse is all for it but it has been ongoing, hoping having a joint one might help.

- Cool Boxes for MH **JH**
  JH had a few responses. It came from an incident we had as we started sealing our cool boxes and we didn't have any paperwork inside. We had about 5 responses and it is amazing how we all do things so different. We are going to put in a piece of paper / laminate.

- ATI / Business Case – TEG / ROTEM **TN**
  TN I did receive some feedback, the answers I got back was that it wasn't down to transfusion, it was more anaesthetists or those that are going to be using it. The issue that we have is that they said we had a little bit of cash because of COVID but unfortunately no-one took it forward. My concern would be who would be ensuring we are compliant, who would be undertaking any checks and training etc. We are looking at it coming under PBM along with cell salvage? So we are looking at the bigger picture and trying to employ a PBM to work with the TP. That is a wider project. If anyone has a system up and running, is it beneficial?

- Business Case for another TP **LF**
  LF I got a couple but they were quite old. My business case for the Trust is quite financial. I will need to work with finance and explain what I need. **TN** we have done a case and we are going down the transformation route and that's why we are trying to incorporate the PBM role. **LF** my job is on the risk register, if I am not here then there is no-body, so I will need to link my business case to this. **ML** I am in the middle of writing a business case, it very difficult as it is heavily focused on finance.

- HAS – Pharmacy to supply not Lab (out of hours issue) **LF**
  LF JH shared her information. Out of the responses, about 4 do and 4 don't put this into pharmacy. An issue that was discussed at out HTT was what do you do out of hours, bank holidays and weekends. The labs are open 24/7 so if they need HAS they can get it whereas if you put it into pharmacy it is not open 24/7. One response said that the Chief Nurse on-call has a key and another one said that the emergency drug cupboard / ITU keep a small stock. **ML** Addenbrooke's is the first hospital I have worked in there the lab is holding the HAS and pharmacy holding anti-D. Anti-D is now held by the lab. Katherine Philpott felt it was simpler keeping it in the lab. **TN** we don't supply HAS but we do supply anti- D and PCC. We need quite a large amount of PCC and we didn't have any room in the lab because it is so tiny so we asked pharmacy to stock. The lab issued PCC for a patient and then they rang the ward to say it was still there and they said they had already given it. The pharmacy had issued it, a new pharmacist that had come onto the ward had seen it in their stock room

and thought it was there role. Be cautious if you are using them for looking after your stock, you need big signage to say it belongs to transfusion. **GB** does anyone allow wards to keep HAS. **JJ** ICU hold it and we have a pharmacy agreement. **ML** I think Kath felt that the compliance form may be more difficult if other departments become involved.

- Traceability issues – Pathmanger / Winpath enterprise (WPE) **LF**
  LF we changed to WPE in July 2021 and to do traceability I have to go into PathManager and then go onto WPE to make sure it's issued to the right person. We still can't validate it as there are still issues so I end up generating 3 sheets before I get one to send out with the lady who collects out tags. **TN** very time consuming. **LF** I forwarded some information to our IT. **JH** we were running two lists for a number of years and have only just gone down to one list. **TN** has anyone had any issues since COVID. I am doing all the traceability, I am waiting for 30 sets of notes so we are compliant. The lab is short staffed so can't ask a junior to do this. **JE** when Jane joined the trust she printed off about 600 outstanding traceability. A lot of these were due to COVID. We did get a lot back, we had already set up a plan. Ours is mainly collection of tags. We do have bloodhound. Everyone is so busy with COVID. We ask them to send the tags back. We had no one collecting so we have been given an MLA to do this. We are having to go through notes, we did have a good record previously and we have to be understanding that this is unprecedented. It is going to put things back slightly but we are working on it. They need to look at pre Covid as a guidance. **GB** interested in how many achieve consistently 100%. We are always about 99.8%. We have never had a problem with MHRA, it has never been raised as a concern. **TN** we are paper based. We are sometimes 99% but majority of the time we are 100%. **JJ** 100% consistently prior to COVID. **LF** when we moved over to the new system, we have got a term 'presume used'. I don't like that term when we can't get the evidence and then we've had issues where we've actually found the evidence and then they had to go back and find it and update it. Luton tend to do it and we have adopted it. It either has or hasn't been transfused.

  NO MHRA have queried us. We get 99.9%-100% traceability. When MHRA inspectors came in 2016, he wanted us to pull up on WINPATH our presumed transfused. He wanted to know what investigations we had done. We had Datixed them and he was happy with that. I do an audit every now and again to ensure the presumed used are Datixed. I never thought it would be something I was checked up on. **TN** I Datix if we don't get 100%. **LF** I audit every month. In January we had 77 outstanding and 8 we couldn't find so that gave us 97.8%. I put it on the risk register as a 20 and get told to take it down. They say it shouldn't stay at 20. It does to the HTT. Should I reduce. **ML** I think you should keep it. **JJ** from the MHRA inspections we have had, they accept 99% but would prefer 100% so if we drop below 99% it is a big deal. I am not chasing them, it is their job to tell me that this unit has been used. We will email the ward manager, I haven't got time to chase them. It is not your fault. I will do some chasing and try and help. **ML** I agree with **JJ**. We will do some of the work but they have to do some of the investigations and look back as to why we don't have the information. **LF** we haven't had 99% / 100% since about December 2019. **TN** I think COVID has played a big part. I don't normally run around, but was working in other areas more so it was a good opportunity for me to see staff and answer queries and remind them to return tickets. There was a lot of new staff. We got a lot more tickets back.

- Gender – transgender and non-binary (assigned gender at birth) **ST**
  TN we are going to be talking about this a bit later and what people have done.

- IOS devices with Blood Track – **JJ**
  JJ our IT want to go down the IOS device route but Bloodtrack do not support. No one else is using it so I can point this out to them.

- CP queries – returning products/wasting?
  TN assuming this is now non-existent. If you have any resources, please send to **CN** so it can be put into a resource folder for everyone to access.

- HTC Terms of reference **JH**
  JH I did get some responses as we were trying to refresh ours. It was really useful to look at others.

- Supply of blood to Hospice **LF**
  LF the hospice stopped using blood in 2019 and they are now looking at re-starting so I have sent them an action plan of what they need to achieve. Most people send them from the lab so they don't have all the issues with a fridge etc so we have a meeting in a few weeks to see where we are. The biggest issue was that they only done 7 transfusions over a year, two to one patient. Trying to keep their competencies up if they only do 7 is quite hard. This is ongoing. **TN** I have blood links internally and externally. **LF** I had two link nurses in the hospice and they left. When we completed a mini assessment without them knowing we were going, the fridge wasn't monitored so you can see where we had previous issues. **TN** we had an issue with the hospice that I found out that not everyone was IV trained, prior to that they were getting the doctors to administer it, which they shouldn't have done. We went out and trained the staff on IV's. **LF** we found out that there was a big turnover of staff so that was a big issue as you would train staff and then they would leave. Even setting up training was very hard.

5. NHSBT Update

FS same slides as RTC. **FS** presentation attached. **TN** thank you **FS**.
JH is it on purpose that you have to accept terms of reference when you go onto the app? **FS** yes it is, it was one of the conditions.

6. Discussion around SABTO Recommendations / Gender Specifics

JH we are discussing at HTC tomorrow. **JH** shared the recommendations. For us it is the first three points. One of our consultants showed us a discharge letter from Royal Papworth Hospital that has that on already. We are very electronic already, but don't have that. It would be good to know what everyone has in place. **TN** can I suggest that we go through each point. We might get an idea of what everyone thinks and what people have in place.

- Point 1 – **TN** we are talking about those that have had a group and save and cross match. You would be looking at pre-assessment and anyone that comes in as an emergency. I have asked pre-assessment to give a leaflet to patients if they do a group and save. **JE** we had a post transfusion communication form. They don't seem very different to what we had. **JJ** we have leaflets in pre-op packs. **LF** when they are having elective surgery, it is on the form already as part of their pre-op. **GB** most hospitals probably have systems in place for pre-op and for having the leaflets if patients receive blood but it is how robustly they actually work. If we are to comply, are people mainly focusing on pre-op. We know that there is a sentence on the pre-op consent form. Leaflets are available but who is using them. **TN** the thing that came out in the document was that the consent audit was wishy washy and too strict and we should be auditing consent in our own Trust but doing it on a regular basis. It was looking at patients on an individual basis as well as looking at a streamlining groups. It is all very well having it in your policy but can we say it is being done. **JJ** received it in her pre-op pack. **JE** having time to digest, I would agree that we probably have in place. We didn't participate in the consent audit. Do we need to audit, how often do we use etc? Maybe that's something the region can do. **TN** yes it is something you can adapt accordingly.
- Point 2 – **TN** has anyone got anything in place. **NO** asked if it is something you have to prove for the NICE guidelines. I am just doing some training with new doctors and they were surprised about having leaflets. I am being pestered from the audit team not just about consent but the NICE guidelines that came out a few years ago and the quality standards that came with that. Basically it may be in our policy that they need to do this but it is proving

that they are doing it and certainly from the last national audit it was very poor here. **TN** I have devised a pathway that we are still trying to get published and one of those is a tear out sheet in our prescription sheet and also a consent prompt sheet for anyone. It is about who can give consent. It is handed out whether retrospective or at the time. I am happy to share that.

- Point 3 – **TN** I would cover it in training. **LF** we have devised a sticker for the notes. **TN** are you happy to share with us. **JH** Royal Papworth have it on their discharge letter already.
- Point 4 / 5 – **TN** we don't need to go into that one. We are looking at convalescent plasma.
- Point 6 – **TN** assuming all training contains consent, are we sure that the universities do this. We know that there are things out for consent that we can aim at these cohorts.
- Point 7 – **TN** I am sure we do. **JJ** e-learning for health do a consent module. We are going to use them across the board to cover the theory.

ACTION 2: LF to share consent sticker

JH how do people get the NHSBT leaflet used, is it electronic or on the wards. **JJ** we have it as a PDF electronic file that they can print off. **DF** we have ours on ICE so when they are requesting their group and saves, the doctors can print off. **TN** I like that idea. **DF** we saw that another hospital had theirs stored on-line. **GB** have you audited it to see it works. **DF** it is next to the consent form so they are on the same page. It would be good to have a retrospective audit.

ACTION 3: Presentation for next TP Meeting – retrospective audit **DF**.

JE DF I would like to see the ICE page if you can share it.

ACTION 4: DF to share ICE page with patient information leaflets

Gender Specifics

TN we are revamping our 3 request forms. We are putting 'gender assigned at birth'. We wondered what everyone is doing, is it in your policy? The air ambulance mainly responds to males so we are looking at giving them O Positive blood. **JJ** it is a challenge. **JH** we are struggling. I think we need a bit more of a national steer on this. I know there are bodies out there that we can approach but we don't want to make it more difficult. **TN** I don't know if anyone read that document. We are putting 'gender assigned at birth'. It does pose issues. Is it incorrect putting this. There does need to be some caution. **GB** if you are putting 'assigned gender at birth' are you expecting doctors to ask every single patient? **TN** this is one of the discussions / queries we have at the moment before publishing. It is a legal minefield. **JH** is there anywhere else we can raise it so we can get some steer? **FS** there was talk at the last empowerment group. I will ask my colleagues. **TN** I will take to the national network and steering group.

Action 5:- TN to take to the NTPG query on gender assignment to see if there is any work being done around this subject

7. Future Meetings

CN the next meeting is planned as a longer meeting. How would you like to proceed? You can have a shorter meeting and additional training presentations or you do want a longer meeting with a break in the day. **CN** will circulate those questions for everyone to vote. **LF** will try and get some pictures for the trauma presentation for the next meeting.

8. AOB

LF JH and I been on the Specialist Certificate for Blood Transfusion BBTS which is the 2nd course I have done with them. They have now paused and frozen due to poor feedback. I have deferred. They have sent an email to say that they are stopping and revamping the course but don't know when the next one will be.

JJ could we put WBIT on as a rolling agenda item? **GB** a reminder is useful if you would like us to check we have entered them prior to the meeting. **TN** we could have a slide on it. Could we do that with Brian. **FS** I am arranging a meeting with Brian so I can discuss with him about it. Let us know what information you would like to see. **TN** it would be particularly interesting to look at this data over the COVID period.

ACTION 6: TN to resend the WBIT audit link with the TP minutes
ACTION 7: FS to discuss with Brian Hockley to add WBIT audit as agenda item, **All TP's** to **FS** know what information we would like to see on it

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

- 7th July 2021 via Microsoft Teams
- 18th November 2021