EAST OF ENGLAND TRANSFUSION PRACTITIONERS NETWORK

Minutes of the meeting held on Wednesday 17th June 2020 via 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	Gilda Bass **GB**	West Suffolk
Ben Sheath **BSh**	Watford	Andy King-Venables **AKV**	Hinchingbrooke
Donna Beckford Smith **DBS**	Watford	Kathleen Ford **KF**	NNUH
Loraine Fitzgerald **LF**	Bedford	Ruth Smith **RSm**	Addenbrooke's
Julie Jackson **JJ**	James Paget	Susan Turner **ST**	Colchester
Janet Pring **JP**	NNUH	Rebecca Smith **RS**	Ipswich
Natalie Outten **NO**	Southend	Clare Neal **CN**	NHSBT
Claire Atterbury **CA**	QE Kings Lynn	Danielle Fisher **DF**	Luton & Dunstable
Sharon Kaznica **SK**	Ipswich		

Apologies: Michaela Lewin, Karen Baylis, Ellen Strakosch, Monzeer Ibrahim, Cathy Flatters, Kaye Bowen, Helen Dakers-Black, Maria O'Connell, Tina Parker, Sarah Clarke, Sheila Needham, Zoe Garside, Ali Rudd, Alex Hudson, Matthew Barter

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

2. **Minutes of the previous meeting**: Previous minutes were not discussed; however, the action plan will be circulated to check for any updates on this.
   Action 1: All to review Action Plan and provide any updates to Clare.

3. **NHSBT Updates**
   FS the biggest project at the moment is the Convalescent Plasma which is not being run by the PBM Team; however, we are passing on the information. It is run by the Clinical Trials Team; they can answer specific questions about the trial CTU@nhsbt.nhs.uk . There is a patient leaflet coming out shortly – it is at approval stage. It will be a download rather than a hard copy. https://hospital.blood.co.uk/patient-services/patient-blood-management/patient-information-leaflets/ If you enrol in the trial, they will contact you and will pass on information for training. There is an updated TACO sheet and there are webinars available.

   We have been putting together PBM resources and toolkits for some of the basic things in the NICE Guidelines. This will come out shortly as a download. Anaemia pages are currently being updated. If you have any improvements or additions that you would like to add to this, please let us know. We will update these pages every few months. The APP was at the final stages of clinical testing but there has been a delay on this. The RTT are looking at education and ways of delivering this. If there is anything as a TP group that would be beneficial, please advise us so we can look into this in more detail.
   Action 2:- FS: to provide an update when the APP will be available
   Action 3:- All to review Anaemia pages and any training ideas / content - comments to FS

4. **Updates on COVID**
   TN asked who can work from home. And who can still educate face-to face?
   Only a few TP's can still teach face to face whilst others offer e'learning / via video link, certain Trusts have had training stopped. This will put a pressure on incidents and competencies. **TN** a lot of questions about this has been asked in the regional questionnaire that has been circulated. Has anyone seen any incidents that they would like to share? **RS** we have had difficulty getting tracing labels back from COVID areas. We will wait until notes are scanned to avoid accessing these areas. I suspect that others have had similar issues and maybe more common than

normal. **JH** there is a delay for us getting tags back so taking us a lot longer. **TN** we've found that patients have been moved to other hospitals. A few others have had this too. **AKV** the traceability incidents we've had have increased and tags not being completed properly. Usually approximately 15 a month but last month it was nearer 40. Our blood usage dropped. **TN** I think all Trusts can resonate with these issues.

Action 4:- TP & TLM's to complete Regional Questionnaire

TN - have you found your stockholding has changed?

AKV blood usage has dropped but platelets have gone up but don't think that was related to COVID. **TN** we had an increase in Platelet usage possibly associated sepsis with COVID. **JH** we used a lot less red cells to start with but have gone back to normal. **CA** when they asked us to look at the COVID patients being transfused, our death rate was 39% which is particularly high, these have been over 80. National percentage is 14%. We haven't had that many deaths. The COVID patients haven't really needed blood. **JJ** we had a drop in haematology patients in April but then had an influx in May of haematology patients. We have had fewer patients but had a lot of wastage in April, but that was because we had a lot expire at the same time. **LF** our blood usage went down in March and April but we have started elective surgery 5 weeks ago. **RSm** our trauma halved in March and April and our blood usage dropped. We still had haematology patients but surgery was cancelled. I don't think our wastage increased much. **TN** we had less major haemorrhage. **CA** surgery went elsewhere. **TN** there has been a few changes with patients being moved elsewhere; to the private sector so I am sure they will start to come back.

TN - has anyone had any issues with COVID and Sickle Cell? – no issues voiced.

TN- has anyone encountered any other issues? Such as having to work for a different team?

AKV not a massive issue but we did the return to ITU training. I think we underestimated how many of our colleagues would be going off sick or self-isolating. **TN** I think with the reduced training it was a chance to catch up. **CA** we continued training due to re-training staff and had an influx of 100 new nurses from overseas. **TN** we had new starters, student nurses, midwives. **LF** we are not allowed to do face-to-face training. **TN** we have been told we can do it with social distancing. **JH** we have been doing face-to-face training with social distancing, we have been doing induction all along but have had to do double sessions for induction due to social distancing.

TN has anyone changed the way they are working, such as the use of webinars or recorded training sessions?

GB we have been asked to do some visual training in case we weren't around.

TN how did you find that? **GB JH** did a PowerPoint presentation to paediatric doctors, they watched it and then did a question and answer section. **JH** I have recorded a presentation for student doctors who wanted to start early. It was quite difficult but she was sure there is a better way of doing it. **TN** it would be interesting to see if people had evaluated training and whether webinars were preferred over face-to-face training. **ST / RS** are recording induction training this afternoon. I have been training via social distancing. We have also had an influx of Indian nurses. **TN** has anyone had an extension for training. **GB** 3 months. **AKV** ours is open ended at the moment. It's such a difficult situation. Our training is a handout.

TN - what about competencies?

LF practical side is still ongoing. **TN** we have had to train more blood link practitioners / nurses as people have moved around. **CA** we turned our day surgery into our COVID A&E. We had to go through competencies on administration with staff as usually you only go to Day Surgery if there is low chance of transfusion. They were very nervous. **KF** wards have been quieter, competencies on the wards on an ad hoc basis. **AKV** had a rush of interest in transfusion for areas that rarely use blood. Suddenly transfusion was a priority. **JJ** had to do remote learning with workbooks and a video presentation for a long time with simulation practical.

5. TP Queries

TP WhatsApp Group:-

TN hoped everyone found the WhatsApp group helpful, anyone wishing to join to email Clare their mobile number. It is a useful platform to discuss non transfusion issues and to keep in touch with each other.

Please note questions related to CP Trial (for documentation only)
Contact the NHSBT Clinical Trials Teams with any questions by emailing CTU@nhsbt.nhs.uk,

Important notice:-
Please refer to the RTT comments regarding the TP queries below and their instructions.

Patient info, Training of R&D staff, consent and prescription:-

TN - It would be good to have some input into the convalescent plasma patient leaflet as so many queries about it. **BSh** we are part of the trial on ITU. How are you getting information to patients? **JH** we have just opened up convalescent plasma recovery trial, research team are sending information out as they have got all the information on COVID patients and can target the right people. **BSh** will speak to the research teams.

TN what about consent, do we have a leaflet? **FS** the leaflet being produced is for the patients receiving the convalescent plasma. It is all being run by the trials team, if you have any queries it is probably best to email the trials team as they will know the plans. A lot of these points are with SABTO and that's why information isn't in leaflets.

CP Training:-

TN we have received a lot of messages about giving out CP info cards. Should this be when patients are on the COVID wards?
CA has been doing training with the Research and Development (R&D) Team. Has anyone else gone out to the R&D Team to do any training? **RS** they all came down yesterday. **AKV** we had a little bit of a top up with research nurses. **JH** I didn't do formalised training, but discussed process of plasma and what we were doing in the hospital. **TN** which hospitals are currently involved? **AKV** Hinchingbrook and Peterborough. **JJ** James Paget is taking part in both the RECOVERY and REMAP-CAP Trial. We have had one patient. **TN** seems like there are quite a few Trusts on standby. **CA / TN** are on standby at Kings Lynn and PAH. **KF** we are in the REMAP-CAP trial but no patients yet. **DF** we are about to go live with REMAP-CAP pending R&D Team finalising paperwork.

Consent for CP:-

TN what about consent? R&D will be doing consent, will you insist that there is a separate consent for transfusion?
JJ there is the trial consent. I would like patients to have their own leaflet but will still have our own authorisation sheet that has consent on it to meet the NICE guidelines; we took the route that we were going to keep high standards. We have maintained tracing and training, we have refused to allow standards to drop. **JH** we are using the trials consent and hospital consent, we have tried to keep it simple. We are using the TACO checklist but yet to have a patient.
TN would it be possible at the next meeting to have someone present on CP so we can see the journey of a patient receiving CP? Any volunteers please let Clare know.
CA has a separate consent form for CP and it is prescribed as any other component.
Action5:- Volunteer required from Trust involved in the Trials to present a patient case study of a patient who has received CP.

Prescribing CP:-

TN is everyone using the same prescription chart or is there a separate chart you are using?
JJ we have a specific form for convalescent plasma, all the information is there for them.

TN any other queries on convalescent plasma that they would like to share?
AKV we deliberately called it CP not convalescent FFP to highlight it as a separate product. **JH** labelled as CP, has to be kept in a separate drawer or separate freezer.

TN asked if **NO** had issues on the collection part or just in general. **NO** had an increase in errors from February to April which were MHRA reportable incidents where they were not checking donation numbers against what they were signing out. The BMS was not placing them in fridge according to the order on the register. It did highlight that people were not checking. **NO** boss was redeployed to A&E. I had to do a lot of authorisations so had to be set up on a new e-financial system, taken a lot of my time away from transfusion. I couldn't get any resources that were needed. **DF** CP is placed as 'other' on the system, will hopefully go on our Blood365. **TN** has anyone had any problems putting CP onto the systems they use?

TN how did we find it from an Infection Prevention & Control point of view having to do all the processes? Did anyone have any venepuncture issues?
GB we had a major haemorrhage, with boxes going in and out. **JJ** we had a lot at the start 'we are going to show the HCA how to do this because then we don't have to do it'. But it was laziness. I raised it to Director of Nursing as staff can't use COVID as an excuse. We only made slight changes, IPCT was taken very seriously. There were issues but staffs were trying to take advantage. **TN** when this was discussed with the NTPN everybody was the same. I devised a guide as to what people should / shouldn't do for out Trust and shared it nationally and it was something that was going to be looked into. It would be nice in the future to have national IPC measures whether you have electronic or paper based systems. The incidents we had was with venepuncture, they took the bag with the form in and trolleys that are cleaned down, we had a couple of samples with the needles in the specimen bag, Lab staff didn't know didn't know what to do with them. We also used double bag process. **AKV** biggest issue we had was COVID wards, they struggled to find someone to come down. They had to rely on site managers. We had guidance that once a unit went onto a COVID area, it couldn't come out again. **CA** couldn't use certain systems. **TN** some staff needed to be retrained.

TN is there any other questions that people wanted to discuss related to COVID?

TN does any Trust have an IV iron consent to share?
AKV no one else does written consent but working towards this.

TN query on neonatal exchange transfusions, I would like to take to senior members of RTC to see if we can do something regionally?
We suddenly received an email request that we need exchange transfusion in the Trust which threw us. Does anyone else have issues with this, no training or policies in place? **JH** I think after you brought it up, I asked the neonatal unit. Usually the neonatal transfer team would transfer to a regional centre, but that wasn't a reason to transfer therefore we could be doing an exchange transfusion. I felt that was a bit of a risk so I got them to raise a risk with their unit. I was going to bring it up at our meetings. **CA** we only ever do it here in an emergency. We have done it a couple of times in the past few years before the baby is transferred but had quite experienced consultants. Having a protocol would be useful. **RS** we are having conversations with neonatal department, we don't do it very often but maybe a few times a year, they are saying that a regional policy being putting together. Hopefully we will be spoken to or the haematology consultants will be involved. They said don't worry about doing a local policy as there will be a regional one to follow. **GB / JH** approached separately and got two different answers, could we adopt Addenbrooke's guidelines?
Action 6:- TN to follow up with Dora and Nicola

TN - **Has anyone implemented the NICE guidelines for Anti D (medical abortions, women less than 10 weeks do not require Anti-D) which is a change from the BHS Guidelines with the exception of medical terminations?**
RS I mainly got back that people are reviewing or moving towards it. **RS** has had difficulty getting information back from some of the private companies that do the work. **NO** Southend has implemented the new guidelines due to COVID for terminations.

CA thanked those who responded to her massive blood loss query
TN had an issue that wards were being re-vamped and MH posters had been removed, they were saying they couldn't be put back up due to IPC issues. **TN** wondered why I was finding them outside the wards. She has managed to get them put back up.

JH there is a BBTS email about new guidance for consent. On the BBTS website there is as a questionnaire to complete by 10th July. **CA** sent it to Jehovah Witness Liaison Committee as they want to have a separate one but about refusing blood.

TN have we got any more news on NBTC codes. **FS** like everything else been put on hold, NBTC meeting this week virtually but for important issues, may find out then from minutes when normal service will resume.

ST has anyone had a nurse that refused to transfuse. **TN** we have had once but had to leave ward manager to deal with that one. The nurse was happy to come to training but did not want to get involved in transfusion and now works in the day unit. In my training we also had a Catholic Student Nurse that wouldn't go to a Gynae ward. **ST** this nurse is on an acute medical ward and has said she won't transfuse. **TN** it does make it difficult because what happens if there is a major haemorrhage. Have you put it onto the risk register? **ST** has been to ward sister, matron, patient safety so I am hoping an arrangement can be made. That is her choice that she is enforcing onto patient. **CA** it is up to her manager to look at the risk and how it can be managed, if they don't get an answer, go to Director of Nursing. **BS** they have to risk assess it and then take that into account when counting numbers on shifts.

AKV has anyone had any issues about demographics on paperwork i.e DOB. **LF** we have to add some information until we can have amended blood packs. **BS** we had a problem with stickers. One just has name / hospital number that they use for the notes. People used this one on prescription rather than one with a DOB so we had to ensure in training this was highlighted. If there is not a prompt on the label then people will forget to do it. **LF** another problem we had was that adult charts have date, time and signature but paediatrics had time and signature with no date. **TN** who designs your charts? We developed our own chart just for Blood Transfusion so we have control of the document

6. AOB

LF the lab is merging from the private sector into the NHS on 1st July. We have a new title and are now called Bedfordshire Hospitals NHS Foundation Trust. **FS** received new plasma leaflet, this will be shared after the call and will be available as a download. **TN** does anyone have a paediatric transfusion reaction algorithm they would like to share. **FS** if you have any comments regarding newsletter, please let us know any feedback so we can tailor it to your needs. Please sent invites through for HTC Meetings. **JH** interested in tips for Microsoft teams after **FS / CN** training. Maybe people could share tips as they are using it. **TN** if people could share training they are doing, you can add files to Microsoft teams too. We will still share via emails. **CA** with regard to the legal presentation that was planned, I could ask if we can pre-record the presentation so this is circulated and then join the meeting for Q&As.
Action 7:- All to share any training materials – workbooks, presentations, videos Q&A's
Action 8:- CA to arrange pre-recorded legal presentation with Q&A's
Action9:- FS to develop Microsoft Teams user guide for TP's

7. Meeting Close – Data and Time of Next Meeting

Planned TP / TADG meeting for September
Planned TP meeting for November
RTC being discussed at the moment

This will depend on how these are take place and according to what platforms people can use regionally.

Action no.	Detail of Action	Owner
Action 1	Review Action Plan (x-cell) and provide any updates to Clare	All
Action 2	To provide an update when the APP will be available	FS
Action 3	Review Anaemia pages and any training ideas / content, send to FS	All
Action 4	TP's & TLM's to complete Regional Questionnaire	All
Action 5	Case study from hospital involved in the trials re CP recipient	Volunteer required
Action 6	Request support from RTC leads on EOE Neonatal Regional Teams request for DGH's to provide Exchange Transfusions.	TN
Action 7	Share any training materials – workbooks, presentations, videos Q&A's implemented since COVID 19	All
Action 8	Arrange pre-recorded legal presentation with Q&A's	CA
Action 9	Develop Microsoft Teams user guide for TP's	FS

Next TP meeting suggestions:-

- Case study from hospital involved in the trials re CP recipient – **volunteer required**
- Arrange pre-recorded legal presentation with Q&A's - **CA**