



Meeting Minutes

18th July 2016, 10:00 – 16:00

Matthews Duncan Seminar Room, Homerton Hospital

Welcome, Introductions & Apologies						WMcS
Initial	Name	Trust	Initial	Name	Trust	
JH	Jen Heyes	NHSBT	OSM	Oscar Martin-Simon	BUPA Cromwell NHSBT	
WMcS	Wendy McSporran	Marsden	RM	Rachel Moss	ICHNT	
JW	Julie Wright	BHRUT	DS	Dipika Solanki	London NW	
EC	Emily Carpenter	NHSBT	CF	Charlene Furtado	Homerton	
EW	Eve Wilson	ChelWest	EF	Evodian Fonyonga	Lewisham	
MH	Mandy Hobson	RFL	SA	Sandra Amajor	UCLH	
FF	Fernando Fegarido	KCH	DJ	Dhashana Jeyapalan	GSTT	
ZJ	Zeynab Jeewa	UCLH	VF	Vanessa Fulkes	GSTT	
SC	Samantha Conran	Croydon UH	CP	Carolyn Price	GSTT	
BW	Bassey Williams	St Georges	JK	Jemma Kyte	QEHL	
RP	Rebecca Patel	London NW	JN	Joe Nanuck	Woolwich Parkside	
SB	Sadie Burrage	Epsom StHelier	GR	Gill Rattenbury	Homerton	
TR	Tollene Riley	RBH	AM	Alexander Martinez	Barts Health	
SS	Seema Solanki	HCA	PW	Pascal Winter		
<p>Apologies: Nicola Fualkner, Sue Cole, Clare Denison, Anna Li, Kelly Feane, Sarah Carr, Lisa Gibb, Sarah Clark, Amanda Joseph</p> <p>Introduction to WMcS as our first TP Chair, she has committed for one year. AH volunteered as chair-in-waiting</p>						
Minutes and Action Log						WMcS
<p>Minutes agreed from last meeting.</p> <p>Action RM: to embed powerpoints and recirculate</p>						
Mission Statement – Review and Objectives						WMcS
 <p>G:\010 PCS\005 Hospital Liaison\001 E</p> <p>Reviewed the 2015 mission statement</p> <p>Group considered less details and an overarching statement. Decided the mission statement requires a short introduction explaining our objectives followed by a few paragraphs detailing how we achieve those objectives.</p> <p>The mission statement could be used at the front of Trust annual reports</p> <p>Action WMcS: to review and send draft out for consultation</p>						
National Updates						MC
<p>● NBTC Patient Information Working Group</p> <p>Update from JH as MC not in attendance</p> <ul style="list-style-type: none"> There is a new leaflet ordering system which has replaced order24. It can be 						

<p>found on the hospital and science website. Everyone must sign up independently rather than using a RTC account as was previously done, this could be a generic Trust login for all access or individual logins for each member of staff ordering them.</p> <p>Action EW: Email JH re. reported issue - only working on one internet server.</p> <ul style="list-style-type: none"> • 'Will I need a Transfusion' leaflet has been updated and is going through an external quality assurance system. • New Indication codes document has been released and the connected bookmark is currently being updated. • EF requested a leaflet suitable for learning difficulties. NHSBT is not working on this at the moment as the requirements are so diverse. JH suggested that the cartoons contained in the childrens information may be suitable for some patients. <p>💧 Transfusion Practice (BBT) Toolkit "Consent" and "Cell Salvage" tools available so far Background work still underway to go through full transfusion process. Currently hosted on JPAC website but hoping to move to BBTS website.</p> <p>Action JN: to circulate minutes to TPG</p> <p>💧 Blood Stocks steering Group RM gave update as ML not in attendance, BSMS roadshows were promoted, especially for tips producing data.</p> <p>💧 BBTS TP link Awaiting a two-way communication link.</p> <p>Action RM: Find out who has taken over as representative from the PBM Team</p>	<p>JN</p> <p>ML</p> <p>TR/NF</p>
<p>Feedback/Learning from National Conferences</p> <p>💧 SHOT RM, JW and SB attended SHOT and reported back to the group; Next year SHOT will be at St Albans Particularly found value in 'Looking at Risk Differently' by Erik Hollingal which raised the idea the we should actually model risk on what goes well rather than fixing issues. RM noted there was a lot of information sessions which seemed repetitive, however, it was discussed that this was useful for a new TPs. Good reviews for the "TACO checklist" as TACO remains leading cause of death. More robust sampling policy discussed. Discussed that they would like more innovative sessions. Also, discussed that they liked the interactive session with case studies as it encouraged TPs to consider the BMS vs Nurse background.</p> <p>RM shared the SHOT executive summary which includes mainly infographics; the group felt it could be ideal for hospital staff with minimal transfusion expertise. It is available from SHOT website.</p> <p>Noted that lab errors are going up, and discussed if this was due to staff reductions. Several TPs noted that Datix reports should be put in by BTL when staffing is below minimal values and to include details on what didn't get completed as a result of not reaching minimal staffing levels.</p>	<p>ALL</p>
<p>RTC Working Group Updates</p> <p>💧 Nurse Authorisation of Blood Update Would like professional standards for blood authorisation. Unable to acquire RCN contact so decided to try NMC. There is a names contact at NMC responsible for policy development who has only just started. Group have drafted an email and this will be sent in a couple of months.</p> <p>💧 London Platelet Action Group (LoPAG) Action All: Find out who your champion is and reengage New Platelet Champion day upcoming in November Considering reviewing dashboard with new indication codes (designed post NICE), but aware haematology is biggest user and might not be useful to compare with new indication codes.</p> <p>💧 Nurse Lanyard Cards</p>	<p>TR</p> <p>RM</p> <p>SC</p>

<p>Awaiting service evaluation project data.</p> <p>Action All: If you would like to do a mini evaluation project (to be completed by October) with the new lanyard cards please contact JH.</p> <p>Note – it is recommended in the SHOT report.</p> <ul style="list-style-type: none"> Major Haemorrhage Video Plan to have split screen lab vs clinical area for GI bleed MH. Have completed BTL walk round, planned clinical area at Kings. Designed to be a resus as an average DGH. Consent WG Action All: If you wish to volunteer to join this WG email JH Agency Nursing RM sent around a survey to find out what different hospitals allow agency nurses can do. 8 responses received, with shows varying responses but seems they are often not allowed to transfuse, and must receive local training first. Data on this is not yet collected by SHOT. Planning to contact top 5 agencies to find out what training/competencies they complete. Bank staff were not included in the survey, but the group raised this could be useful information to have Action JH: to send out a survey for Bank staff. PW – Covered by NMC. Responsibility of agency to train and assess competency. At Barts (Pulse) agencies train according to NPSA. They also do a condensed IV training workbook which is checked by local ward manager. JW – At Queens Hospital agencies are not allowed to IV or Transfusions, unless assessed by TP team. Hospital Acquired Anaemia Combined St Georges' and Worthing. PDSA project at St Georges' which revealed variability in discard, there is not 'discard standard' from patient lines. Hard to conclude if anaemia is being caused due to sampling due to other co-morbidities. Plan to make a HAA toolkit to including a discard standard. WSpC looking at the decision making for each test request to find out if some tests are unnecessary. BMS Empowerment and Education Awaiting the evidence questionnaires to find out how effective the day was. Online survey was very poorly answered so now sending out hard copies. 	<p>JW</p> <p>JH</p> <p>CF</p> <p>RM</p> <p>JH</p>
Break	
<p>NHSBT Update</p>  <p>G:\010 PCS\005 Hospital Liaison\001 E</p>	<p>JH</p>
<p>Audits / Change in Practice</p> <ul style="list-style-type: none"> NCA See presentation above WMcS wants to ensure more TPs are represented at the audit design stage Action EC: Escalate to JGC Local JW - Rejected Sample Audit at Queens, revealed 30% from phlebotomy. Further research showed that it was often due to form errors happening prior to phlebotomy area. FF - Kings have just repeated their bedside audit 2/40 not wearing wristbands – 1 patient disliked it, and 1 inpatient cut it off. Both patients SHOT reported. Noted that good use of PDA at start, but often miss hourly and/or end observations. Occasionally completed but via hard copies rather than on PDA as HCAs will often complete the observations for the nursing staff but are not always trained to use the PDAs. <p>SS - gets nurses to fill out the audit themselves, and also find hourly and post are not always filled in.</p> <p>Group Audit wish list:</p> <ul style="list-style-type: none"> night time transfusion 	<p>JH</p> <p>All</p>

<ul style="list-style-type: none"> • MH human factors • Consent • rejected samples • special requirements (flag removal) • what clinicians tell the lab via clinical assessment. <p>Discussion what is the driving force for wanting a transfusion when it is not indicated. Discussed patient pressure, and the desire to 'do something'. Now building emotional regulation into medical degrees to effectively deal with uncertainty in medicine. WMcS has found if she says, 'I'm taking responsibility for this decision to not transfuse and am documenting' the clinicians looking after the patient finds it easier to agree it's the right thing for the patient.</p>	
<p>TP Discussion Points</p> <ul style="list-style-type: none"> • Triumphs / incidents / Interesting cases <ul style="list-style-type: none"> • RM – Passed her masters and achieved new TP role at GOSH • JW – Got funding to expand anaemia clinic from 1 to 5 days for infusions with additional staff to support this • SC - Anaemia Manifesto from Vifropharma declared at Westminster • EW – Observed a MH drill, noticed things like no phone in the bay so the 'one point of contact' has to keep leaving. Plans to get more BMSs involved next time. • VF – managed to get funding for 2 new TPs (producing a team of 2 WTE TPs formed of 3 members of staff) • MH – new direct line phone from ED to BTL for MH. Currently auditing to see if it works. • JW – embolic fluid embolism (not using cell salvage. Full DIC. Both mum and baby survived.) 	All
<p>AOB</p> <p>JH - BR to set up a shared care action group</p> <p>SS volunteered to join.</p> <p>PW – Ask who was using CRS with electronic prescribing and ordering? Imperial are prescribing via CRS but not ordering. Croydon are also prescribing but they are working with 'units', Croydon set at 300mls and edit volume when received. Now designing a powerplan to aid ordering.</p> <p>Discussed NHS learn pro use, but some internet problems. EW is writing their own update for phlebotomists as learn pro video is not working at that trust</p> <p>Action WMcS: Add methods of learning to go on next agenda</p> <p>SS – discussion about the responsibility of validation process. Rest of region said it was normally the quality manager.</p>	All
<p>Haemonetics – Next Generation TEG</p> <p>Fiona and Parm gave an update on Haemonetics and the newest TEG device</p>	PD
Lunch	
<p>What Skills do we need to be a Transfusion Practitioner?</p> <p>Embed skill matrix</p> <p>TP development role from VF</p> <p>http://hospital.blood.co.uk/media/2999/d2b4c282-4cf8-4156-b35e-a3adf16476.pdf</p> <ol style="list-style-type: none"> 1. (RCA) and how to complete a risk assessment and also how to assess current evidence base quickly 2. Action Learning Sets 	WMcS

<p>3. Writing publications – Carolyn suggested inviting staff that have already published to come and do mini-speeches. http://www.ncbi.nlm.nih.gov/pubmed/24571162 (10 years of Transfusion Practice in Scotland)</p> <p>4. Emotional Resilience – The Role vs the person. Helen Bevan is a promotional speaker for the NHS. Personality styles and what we can bring, and how to tailor to other individuals. How to use the TP network to help! Login to a confidential discussion forum previously, can this be recreated?</p> <p>Action JH: Investigate discussion forums suitable for TPG</p> <p>5. Business Plans and application for research application</p> <p>6. Learning Styles – presentations vs training</p> <p>Action RM: Investigate the copy right for TED talks</p> <p>Action JW: – video her training and allow TPG to critique</p> <p>Action WMcS: to collate responses</p> <p>Action All: If you have anything to contribute as a TP to present or for potential publication contact WMcS</p>	
Break	
<p>Consent Process at Homerton</p> <p>Cerner powerplans. AM demonstrated electronic ordering and prescribing, they are also about to go live with electronic administration.</p>	AM
<p>Consent – share your practice and policy</p> <p>TP group opinion that consent remains valid for that patient episode unless otherwise stated</p> <p>VF completes consent on prescription, and also has a long term consent policy. Audits have shown that sometimes this is signed but information was not given. However, occasionally this appears to be the case but it later becomes evident the patient was given information but had forgotten.</p> <p>Queens hospital have designed a consent tool which will look similar to a WHO checklist.</p> <p>Marsden have designed a written consent policy. WMcS will share when ratified. It can also be scanned in so clinicians can just click on the consent tab to check.</p>	All