

# SW RTC Transfusion Practitioner meeting

8 October 2024

10.00:13.00

Chair- Stuart Lord Facilitator - Jackie McMahon

### House keeping

- By accepting the invite to this meeting you have given consent for us to record the meeting for the purpose of compiling written minutes.
- Please keep yourself muted unless you are speaking to reduce background noise and interference
- To participate in a discussion please use the "Raise hand" function on the tool bar, or the chat box
  the chair will invite people one at a time. Don't forget to unclick it once you have contributed and
  re-mute.
- In the event of any presentations, save questions for the end of the presentation and use the "hand raise" or chat function.
- Please be aware the "Raise hand" function doesn't work with the mobile phone app. You will need to make yourself known to participate in a discussion or use the chat function for questions.
- If you are dialling in for audio participation, you will need access to a laptop or desktop in order to view presentations.
- For any Teams issues, please try leaving and re-joining the meeting. For any IT issues, you will need to contact your own helpdesk.
- In order to continuously improve and tailor the events we deliver, your feedback would be most valuable. At the end of the meeting a link to an evaluation survey will appear in the Chat bar, and be emailed to you. We really appreciate your thoughts and input!

### Freedom of Information

This group will observe the requirements of the Freedom of Information Act 2000 which allows a general right of access to recorded information including minutes of meetings, subject to specific exemptions. No one present today had any objections to their names being distributed in the minutes.



#### South West Transfusion Practitioners (SWTP) Business & Shared Learning Meeting 8 October 2024, via Microsoft Teams

Time: 10.00 : 13.00 Chair: Stuart Lord

Time	Торіс	Presenter		
10.00	Welcome and Introductions	All		
10.05	Previous Meeting Actions and Updates	Stuart Lord		
10.15	PBM Update	Sam Timmins		
10.25	National TP Group Update	Stuart Lord		
10:30	Transfusion Practitioner Framework Development Update	Jen Rock / Karen Mead / Stuart Lord		
10.40	BBTS TP Group Update	Karen Mead, Pedro Valle- <u>Vallines</u>		
10.50	QS138 Feedback	Sam Timmins		
11.00	SHOT Incident Reporting, including <u>PSIRF</u>	SHOT		

11.40	Coffee Break

11.50	SHOT Symposium Feedback and Discussion	Laxmi Chanagain/Stuart Lord
12.00	Electronic Tracking Workshops – next steps	Stuart Lord
12.25	Roundtable Discussion: Sharing of Best Practice – Wins/Challenges	All
12.45	AOB Major Haemorrhage Survey Update Undergraduate Transfusion Education	All Stuart Lord Sam Timmins



Welcome & Introductions.....



Previous Meeting Updates & Actions

Action	Actioner	Completed
Establish who does what with each Deanery regarding	ST	WIP
transfusion teaching		
Ask ST if there is anything else, outside of national	SL	Complete
guidance, that TP's can do to support the pre-amber alerts		
Set up working group to produce generic regional sample	PVV	
labelling guideline		
Ask ST/CSM to approach NHSBT labs for their	PVV/SL	
feedback/input with sample labelling guideline		
Query with ST if upcoming audit of NICE QS138 is a	SL	Complete
national re-audit.		
Send Glos transfusion e-learning slides to Salisbury and	SL	
Dorset		
Circulate link to register for BBTS Forums	JM	Complete
Send out expressions of interest email for TP Chair role	SL	Complete
Email SL if interested in Deputy TP Chair role	All	
Circulate continuing consent form	JM	Complete

**Patient Blood** Management

Update



### Patient Blood Management Update

 The 'receiving Anti-D immunoglobulin during pregnancy' patient information leaflet is now live



 A new CMV negative component infographic is now available on the hospitals and science website

Updated Cell Salvage fact sheets
 from UKCSAG

Factaheet 1 - Bleed Collector & Processing (various 1)
- this replaces previous factaheets 1 (swab washing), 2 (anticoagulation), and 3 (collection of blood)
Factaheet 2 - Reinfusion of Salsaged Bood (version 5)
- this now incorporates previous factaheet 5 (administration of salvaged brood)



 There is a new quick reference poster to improve access to our PBM resources in light of the recent Amber Alert



 Transfusion training hub- Your one stop educational website for transfusion training. Suitable for all the MDT and all levels of experience and knowledge





### Do you want to promote PBM in your trust?

Whether you want to highlight a specific initiative or PBM in general, book a PBM pop up stand for your trust to support engagement and awareness.

samantha.timmins@nhsbt.nhs.uk

### What's next....

Some exciting projects are underway, with work starting on the paediatric version of baby blood assist, exploration of evidence to develop resources supporting reduction of latrogenic anaemia, and representation on a newly formed UK&I anaemia focus group. Watch this space.....

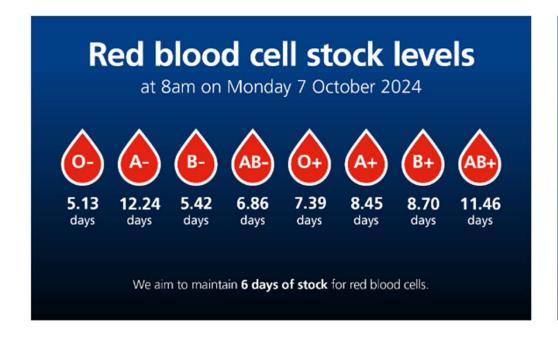
- RAD Tag We are working through our resources to ensure they all reflect the new RAD tags for irradiated components.
- Blood Essentials 6 month post launch review- Thank you for your feedback!



 Genotyping project update- testing is now underway- all samples received prior too or on the day that funding closes will be processed even if testing occurs after this date. Formal comm's are being organised



## **Blood Stocks**









National Transfusion Practitioner Network – Update

# National TP Network update

- Meeting (virtual) held in September
- Relaunched NTPN September 2024
- The NTPN consists of representatives from each of the Regional Transfusion Practitioner Networks in England and has representation from the British Blood Transfusion Society (BBTS), the International Society of Blood Transfusion (ISBT) and NHS Blood and Transplant (NHSBT) Patient Blood Management (PBM) team.
- Support the ongoing efforts to develop a professional framework
- Align the network with the restructuring of the RTCs
- The NTPN needs to have a much bigger presence, voice and influence in the wider transfusion community



Transfusion Practitioner Framework Development -Update



BBTS Group - Update



#### Highlight Report - Special Interest Group (SIG) meeting: June 24

 BBTS Conference 2024 will be held on 17-19<sup>th</sup> September in Glasgow. The programme includes a session dedicated to Transfusion Practitioners (TPs):

#### Thursday 19th September at 09:30-11:00 SS9: Transfusion Practitioners

Topic: Developments and Resources for TP Enrichment

Session Chairs: Karen Mead, Specialist Transfusion Practitioner, North Bristol NHS Trust Pedro Valle Vallines, Lead Transfusion Practitioner, Royal Cornwall Hospitals NHS Trust

Making clinical audit work – an innovative approach to improving transfusion practice John Grant-Casey, Programme Manager, NHSBT

Transfusion Practitioner Professional Development Framework – how will it benefit TPs today and in the future

Jennifer Rock, T2024 Transfusion Education Specialist, NHSBT and Katarina Kacinova, Transfusion Practitioner, University Hospital of Derby and Burton NHSFT

Educational Resources - What's new and coming soon

Anne Davidson, Education Lead, Patient Blood Management Team, NHSBT

- Conference registration is now open and TP attendance is both welcomed and actively encouraged: <u>BBTS | Register |</u>
- The BBTS TP forum was launched in 2023 as an exciting opportunity for TP's and
  those in equivalent roles to come together to discuss topics, share challenges, ideas,
  resources, and experiences. The forum is free to use and is supported and funded by
  BBTS Membership. All TPs or those working in associated roles are welcome to join:
  British Blood Transfusion Society Please Login (bbts.org.uk)
- An article relating to the development of the TP Framework as part of the Transfusion 2024 project was published in the recent Bloodlines edition and is attached for interest. For further information, please contact Jennifer Rock jennifer.rock@nhsbt.nhs.uk
- Please contact your regional representative(s) if you have anything you would like
  escalated to the TP SIG for discussion and feedback. Contact details and further
  information relating to the TP SIG can be found on our dedicated webpages: BBTS |
  Transfusion Practitioners |

### WHAT DO TPS REALLY WANT FROM A FRAMEWORK AND WHERE DO WE START?

The Department of Health's Better Blood Transfusion Health Service Circular<sup>1</sup> identified the requirement for hospitals to introduce Hospital Transfusion Committees (HTCs), transfusioan protocols, participate in incident reporting via SHOT and develop bespoke transfusion education for clinical staff. These recommendations were agreed to promote patient safety during the transfusion process. The role of the Transfusion Practitioner (TP) was created to ensure compliance with the recommendations. TPs is an umbrella term<sup>7</sup> commonly used that includes transfusion nurses, transfusion safety officers, specialist practitioners of transfusion (SPOTs), patient blood management (PBM) nurses/officers and haemovigilance officers. Since 1998 the role of the TP has evolved and adapted to meet the ever-changing landscape of the NHS and TPs have made a significant contribution in helping to improve transfusion practice at a local, regional, and national level by promoting safe

Despite the evidence of the positive impacts that TPs bring to patients requiring transfusion and the trusts that they work for the TP role lacks recognition. To help address this NHSBT/ NRTC Transfusion 2024<sup>4</sup> (T2024) project liaised with TPs and transfusion colleagues throughout England via workshops, in person and virtually. Feedback from the workshops highlighted that:

transfusion practice<sup>1</sup>.

#### John Houghton

TP QMU

Nottingham

#### Julie Edmonds

East and North Hortfordshire NUS Trust

#### Mark Liversidge

Barnsley Hospital NHS Foundation Trust

#### Stuart Lord

Gloucestershire Hospitals NHS Foundation

#### Jennifer Rock

NUSBIT

- · TPs had to be dynamic and respond to . there was an increase in the number of
- colleagues from different professional backgrounds in the role
- there was variation in the scope of practice from trust to trust
- · a recognised framework would help to provide structure

A framework is vital for every profession to provide a structure that supports, strengthen and guide not only the individual professionally but the trust at an organisational level<sup>5</sup>. It was proposed that a recognised framework specifically for TPs would help to standardise the role, highlight the expertise of the practitioners, and identify any training requirements. T2024 included the development of a framework as a

In November 2023 an Education Lead was employed by NHSRT as part of the T2024 . determine the common duties of the project. A key objective was to work with the TPs across England to develop a • create an education toolkit for new TPs framework. The success of the framework . agree emerging levels of the role is that it must be written along with the TPs, therefore a TP working group was

By February 2024 a working group of volunteer TPs from across all 7 RTCs in England was created. The working group is comprised of midwives, nurses, Operating Department Practitioners (ODP), and Biomedical Scientists (BMS) with representation from NHS and private providers of healthcare. Full-time. 2. Surveys

part-time practitioners and dual role practitioners are represented, ranging from experienced to newly recruited TPs. The working group has TPs who are part of substantial transfusion team to lone workers. The questions that the working group wanted to know was "What do TPs really want from a framework and where

A workshop in March 2024 was designed with those questions as the focus. The workshop was facilitated by NHS Elect and was designed to acknowledge how a framework would help TPs and how the working group should operate as a team.

The key recommendations of the working group are:

- · engage key stakeholders, at local, regional, and national level
- · governance must be in place to support the framework

- and signpost resources to support development
- . the framework has to reviewed and updated regularly

The working group suggested that four workstreams were required to ensure that the recommendations agreed could be met. The four workstreams are:

1. Communications

wwittinoguk | ♥ @finishtinod!! | ☐ Infahtikosfinenhassnios ☐ /httshtinodinashasoniocety | ② @belahtikodinashasonioc

- 3. Framework and job description
- 4. Poster and presentations

As mentioned earlier, interaction with the TP community is paramount. The working group identified that initially the TPs are the main stakeholder to help start the process. The communication and survey team are currently working together to actuate a means to collaborate with the TPs across England to capture the similarities, differences and the changes in the role and compare the findings to the 2011 audit<sup>4</sup>. The proposal is that rather than one large survey there will be short snapshot surveys. The rationale behind this was to provide feedback to the TPs in a quick turnaround and would allow the working group to perform a deep dive on some survey outcomes that may be more impactful as the project develops.

The framework group will be looking at the findings from the surveys to help identify stakeholder involvement and establish a governance process as well as looking at the emerging levels of the role and the undertakings at each level.

The poster and presentation teams will hopefully be able to support the team by generating abstracts and posters that can be shared at conferences to help promote the project. So, please If you are at SHOT or BBTS this year, please come along and of the TP but to provide a structure

Previous work undertaken by TPs in the past must be acknowledged. These TPs remain passionate about the need for a TP framework. There is resounding support from a fantastic steering group with representatives from ISBT, BBTS, NTPN and TPs who come with immense knowledge and appreciation of the



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role, as well as NHSBT/NBTC and the volunteers in the working group.

The need to develop this framework is clear, not only to help raise the profile that we can start to shape a generic job description. The NHS requires a highly specialised workforce, now more than ever and we have an opportunity to develop our TPs to be able to meet the challenges while simultaneously providing a platform to support and acknowledge the TPs.

#### References

- 1. (NHS Executive NHS Executive (1998). Health Service Circular on Better Blood Transfusion, HSC 1998/224 (http://www.doh.gov.uk/ bbt2), 1998)
- 2. Millor K. Akors C. Davis AK. Wood E, Honnessy C, Bielby L. The evolving role of the transfusion practitioner, Transfus Med Rev. 2015 Apr;29(2):138-44. doi: 10.1016/j. tmrv.2014.08.005. Epub 2014 Doc 18. PMID: 25634259
- 3. (https://www.isbtwob.org/ isbt-working-parties/clinicaltransfusion/resources/patient-bloodmanagement-resources/II-the-roleof-the-transfusion-practitioner.html,
- 4. Allard S. Cort J. Howell C. Sherliker 1 Millin G Toh CH Transferiors 2024: A 5-year plan for clinical and laboratory transfusion in England. Transfus Med. 2021 Dec:31(6):400-408. doi: 10.1111/tme.12827. Epub 2021 Oct 24. PMID: 34693582.
- 5. EducatorWorkforceStrategy.pdf (hee nhs uk) 2023
- 6. National Transfusion Practitioner Survey of England and North Wales March 2011 National Blood Transfusion Committee



QS138 - Update



# Incident Reporting & PSIRF



**Annual SHOT Symposium 2024** 

# SHOT Symposium Feedback & Discussion





# SHOT symposium 2024 Manchester





Scan me!

## **About me**

### **New Transfusion Practitioner**

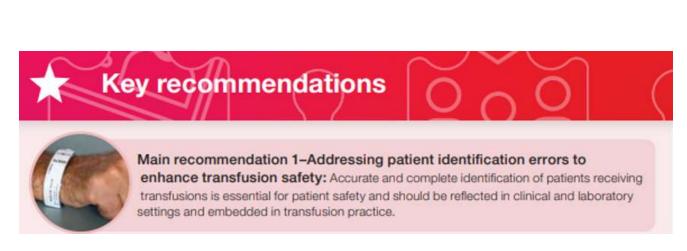
- Gloucester Royal hospital and Cheltenham General hospital.
- Have been a TP for 18 months

### Background

- Most of my career as a renal and cardiology nurse.
- Transfusion champion in clinical area before I became TP
- I have huge support and guidance from my mentor

### Positive Patient identification

- Importance of Positive Patient Identification (PID) in all aspects of transfusion process reduces the transfusion related incidents.
- Wrong Blood In Tube (WBIT)
- ABO incompatible incidents (7 ABOi red cells and 3 ABOi plasma), 7 clinical errors & 3 lab errors
- Anti-D incidents
- PID in Transfusion Process
- Use of IT
- Pre transfusion bedside checks
- Partnering with patients and consent





# Safer staffing

- Safe staffing numbers and skill mix
- Psychological safety
- Safety culture
- Workforce planning is essential for transfusion
- Capacity planning and regularly reviewed



# The Infected Blood Inquiry and Haemovigilance

- IBI report was published on 20<sup>th</sup> of May 2024
- Lengthy panel session at the symposium on the IBI
- Consent for transfusion was a clear theme
- To implement the recommendations how is this going to be achieved?
- Learning from day to day events and experience.
- What can be done to prevent this from ever happening again?
- Culture how can concerns be dealt with differently





# Patient experience

- First part of the morning was focussed on patient experience
- BMS who presented who works for UK NEQAS and is a transfusion dependent patient (thalassaemia)
- Interesting to hear how her treatment options have evolved over the years
- Consented (or not!)
- Nice to hear how important and lifesaving / improving transfusions are for her



# In summary

### SHOT Symposium 2024

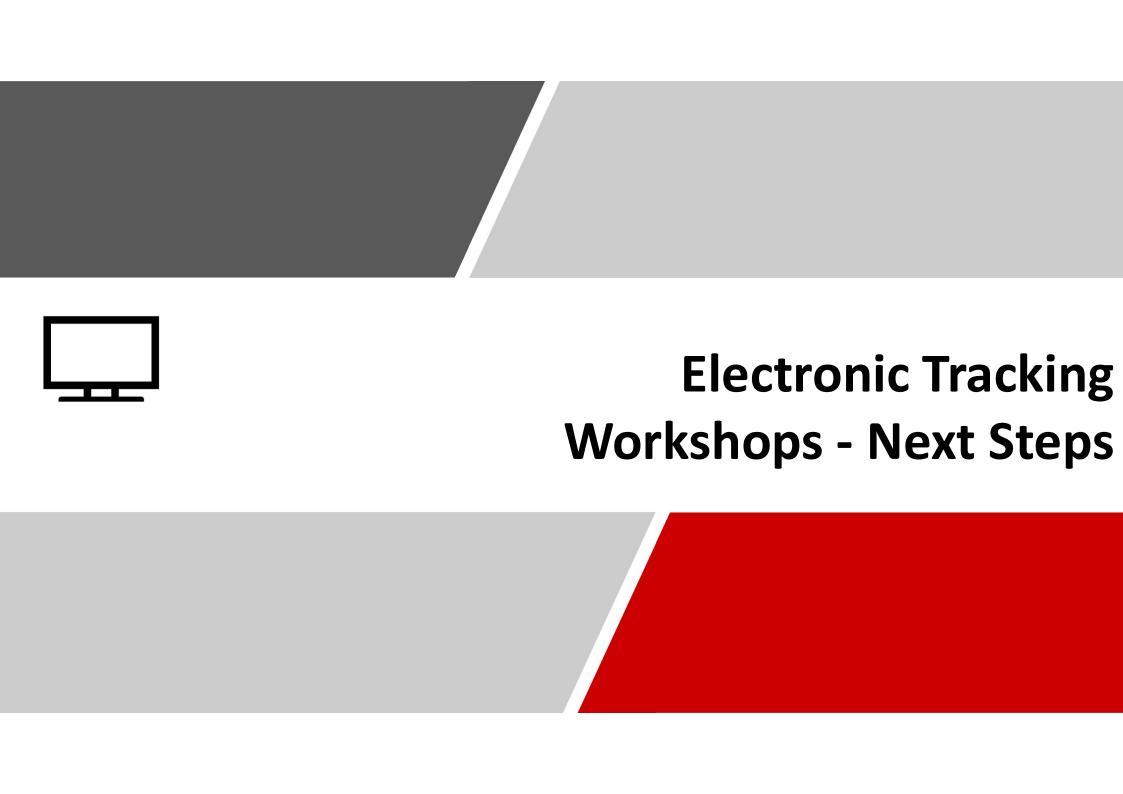
- It was my first time attending SHOT symposium. It was lovely to see all those people who are directly or indirectly involved in transfusion medicine in one room.
- Patient experience and infected blood inquiry were the highlights of the day
- Learning opportunity from cases presentations, guidance and patient experience.
- Meeting other TPs was a highlight of the day too.

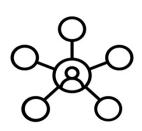


To the regional transfusion committee



# Thank you





# **Roundtable Discussion**

**Sharing of Best Practice – Wins/Challenges** 

## **AOB**



Major Haemorrhage Survey – Update Undergraduate transfusion education