

Confirmed Minutes of Regional Transfusion Team Meeting (Y&H - RTT) Wednesday 6th November 2013 11:30 – 12:30

<u>Learning Room 1, Education Centre</u> <u>Doncaster Royal Infirmary</u>

Present:

•	Youssef Sorour	YS	Doncaster & Bassetlaw Hospitals NHS Foundation Trust
•	Ruth Harding	RH	Barnsley Hospital NHS Foundation Trust
•	Caryn Van Der Riet	CR	Hull & East Yorkshire Hospitals NHS Trust
•	Gary Steel	GS	The Rotherham NHS Foundation Trust
•	Marina Karakantza	MK	NHSBT / Leeds Teaching Hospitals NHS Trust
•	Anne Davidson	AD	NHSBT
•	Odette Colgrave	OC	NHSBT
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Apologies:

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•	Kathryn Griffith	KG	GP Unity Health, York
•	Robert Elshaw	RE	Hull & East Yorkshire Hospitals NHS Trust
•	David Gibson	DG	Mid Yorkshire Hospitals NHS Trust
•	Sue Smith	SS	York Teaching Hospital NHS Foundation Trust

1. Welcome & Apologies

YS welcomed everyone to the meeting and to Doncaster Royal Infirmary. Apologies were received and noted.

2. Minutes of the last RTT Meeting held on 1st May 2013 and matters arising

The circulated Minutes (Paper 1) were accepted as a true record and will be placed on the website as "Confirmed".

Action Points:

Ongoing concerns of the recall letters from NHSBT - raised by YS at the recent NBTC Meeting. Similar complaints have also been received from elsewhere. NHSBT will be looking into this further. The procedure and the letters have since changed and an audit will be rolled out shortly. Any complaints need to be fedback either directly to the quality department or via Delia Smith / Robin Coupe. Dr Rob Webster will be leading on this audit.

YS reassured that the urgent requests are being dealt with appropriately but some are still being delayed and the reason is not stated clearly on the recall letter.



3. Y&H RTC Budget

3.1 Report and review of commitments (Paper 2)

OC went through the budget and confirmed the majority of the expenditure so far has been on stationary, the nurse authorisation day and the last annual symposium catering invoice. We will be able to cover this RTC meeting alongside the Paediatric event in April. If there are any funds remaining this can be used as a part payment towards the next educational event on 8th October 2014.

There are ongoing concerns regarding lack of sponsorship as companies are also finding it hard to support events. We only managed to secure 2 companies for the last event which was very disappointing. However the prize draw competition went very well, encouraging delegates to attend the exhibition stands.

4. Regional Educational Activities

4.1 Educational Activities

• RTC Annual Study Day 30/09/2013 – "A Bleeding Crisis", Pinderfields Hospital

AD confirmed the overall event was successful, however; some delegates were a little critical due to the last lecture over running. Tea/coffee also ran out again receiving some negative feedback. They do have limited equipment, however the staff were very attentive this time. The food went well in the separate room, although some again argued lack of tables and chairs. However; the vast majority of people had some time to sit down. We have to think where to put the drink stations next time and perhaps put these in the corridor or alternatively in the food room. We will consider purchasing more flasks to help this situation.

Nurse Authorisation Day – 10/06/2013 – Leeds NHSBT

Neonatal / haematology and paediatric nurses attended this event which was very well evaluated – most of the delegates thought the day was valuable. Following feedback from this event a pharmacy session has now been added on to the next programme.

The date in November had to be postponed to 14th January 2014.

• 30.04.2014 Paediatric Event, Pinderfields Hospital

We have secured 7 out of 8 speakers.

Need to advertise this event and will approach sponsors. Aiming for 70-80 delegates. Unsure on how many will register as different audience.



Action: AD to finalise programme and confirm all speakers OC to advertise the event and to contact sponsors

Ideas welcome for the next annual symposium, the date has been booked for 8th October 2014. The venue will be held at Pinderfields Hospital as the feedback has been always positive. Venue central and easy to park.

Theme / topics etc to be sent to AD. We need to focus on a particular theme. East Midlands are focusing on coagulopathy "Am I clot - or not? Another suggestion was to target a new audience depending on the topics.

Other topics to consider: liver disease; haemostatis; blood conservation; TEG/ROTEM. We could contact Professor Mike Makris.

Action: All - Topics / ideas / speakers to be sent to AD for the next annual symposium

AD had also wrote to all the commissioning groups to promote Patient Blood Management, primarily offering education events targeted to GP's. Only one responded to date, however; KG could organise this locally.

4.2 Audit Working Group update

AD brought a copy of the recommendations and every trust will get a full report shortly. Trusts which have more than one site with different protocols – they will need to look on what we would like to do next. Brian Hockey has suggested doing a multi regional audit on pre op anaemia.

YS – East of England are doing an audit on the transfer of blood and how much is wasted. This involves looking at the laboratory paper work and how much blood products are discarded.

AD confirmed this has also been brought up during the laboratory manager meetings and this group may look at adapting their transfer of blood policy for this region.

5. HTC Toolkit

YS - The HTC toolkit outlines the rules and hierarchy of a Hospital Transfusion Committee. Mainly this document is aimed towards the HTT and HTC groups and to focus on which members should be attending.

Most trusts are finding it hard to secure the role of the HTC Chair. YS confirmed this is a good idea to adapt for our region to improve attendance.

Action: AD / OC to adapt HTC toolkit for Y&H region



6. AOB

AD – the PBM team will be sending out a survey for all TP's; lab managers and HTC Chairs to complete. This is a new survey called 'SNAP' and all the data is stored within the UK. (Survey Monkey data is held in the USA.) Would appreciate if all can complete this.

CR – had an increase in patients that needed special requirements i.e. irradiated products. There is no formal communication from NHSBT. AD has previously tackled 'shared care' and has tried to collect information on what other regions are doing. AD is happy to take this back to the renal transplant department although AD will require others to support her in doing this exercise.

AD advised there is a form that can be faxed between laboratories etc. The advantages using one lab is that the information is being disseminated from one point only. Most trusts should have internal processes. (see AD for a better description).

MK feels that the hospital should be responsible to send a memo on the patients' info / requirements / blood groups etc. NHSBT guidelines are coming out very shortly which is a starting point.

AD – Following these guidelines, it will be a good idea to establish a working group and how to take this forward. We need to approach transplant physicians (Ian Stott @ DRI).

Action: All - To set up a working group for 'shared care' and to target renal transplant initially

7. Future RTT / RTC meetings

Wednesday 21st May 2014 – Lecture Theatre, Leeds NHSBT



RTT – Action list 6th November 2013

Item No	Action	By Whom	Completion
4	To finalise programme and confirm all speakers	AD	
	To advertise the event and to contact sponsors	oc	
	Topics / ideas / speakers to be sent to AD for the next annual symposium	All	
5	To adapt HTC toolkit for Y&H region	AD/OC	
6	To set up a working group for 'shared care' and to target renal transplant initially	All	