

**Unconfirmed MINUTES OF THE SOUTH EAST COAST
REGIONAL TRANSFUSION TEAM MEETING**

**West End Donor Centre
London**

1st May 2013

Present:

P Larcombe, BSUH, RTC Chair (PL)		E Whitmore, Secretary (EW)	J Dalton, Maidstone, Deputy Chair, (JD)
A Green, EKHT (AG)		R O'Donnell, St Richard's (RO)	M Robinson, Worthing (MRob)
Dr M Rowley, NHSBT (MRow)			
1.	Apologies : <div>Dr R Ezekwesili DVH (RE) R Goddard, QEOM Margate (RG) L Delieu, DVH (LD)</div> <div>R Rook, East Surrey (RR) R Whitmore, NHSBT (RW)</div>		
2.	<u>Welcome and Introduction</u>		<u>Action</u>
2.1	PL welcomed members to the meeting and thanked them for attending.		
2.2	Apologies were received as noted above.		
3.	<u>Minutes of the Previous Meeting</u>		
3.1	The minutes of the previous meeting were agreed with no amendments.		
3.2	<u>Matters Arising</u>		
(i)	<u>Standardisation of Request Forms:</u> This work had now been completed as a standalone piece and it was observed that it could be a useful tool for other regions looking to create their own standard format. It was reported that the form had been seen by both the IT Guidelines Group and the BBTS HoT SIG. The form had been made available on the RTC website. Members felt it might be helpful to know whether it was being accessed and how often. EW noted the possibility of obtaining a download history at a later date, for information.		
(ii)	<u>Brentwood</u> A brief discussion took place regarding the closure of the Brentwood stockholding service and the possible knock-on effects for the SEC region. Some members felt that SEC hospitals should be made aware of the situation, whilst others noted that a decision had been taken specifically not to raise the issue in the SEC region at this stage as no SEC hospitals were currently affected by the decision.		
(iii)	It was noted that the Brentwood decision represented a good example of people power in action, showing NHSBT making changes in response to customer feedback from individual hospitals/TAGs/RTCs etc. The view was also expressed that RCI Tooting could get busier as a result which could affect services to the SEC region.		
4.	<u>Budget Update</u>		
4.1	EW presented the end-of-year budget status, noting a slight underspend of approximately £20.		

4.2	<p>A contribution of £1,000 had been received by cheque in March towards the joint TAG/RTC education event and had not yet been credited to the SEC RTC account. Following discussion, it was agreed that the cheque would be returned to the TAG group, with the group providing a deposit for the next scheduled joint TAG/RTC event in April 2014.</p> <p>ACTION: MS to return TAG cheque to MRob</p>	MS
4.3	<p>It was noted that the £10 booking fee had not had a detrimental effect on numbers booking to attend events and no delegates had raised any issues regarding affordability. Receiving payments into the RTC account was however a slight problem in cases where multiple bookings were being paid by a Trust finance office. In addition, sponsors were being increasingly cautious about where they spent their money and attracting sufficient sponsorship for each event remained a concern.</p>	
4.4	<p>The greatest barrier to attendance was felt to be the ability to release staff to attend such events. MRow referred to a recent UK Transfusion Collaborative survey which had noted how fewer staff felt able to attend these events. It was suggested that a letter could be sent to Trusts/labs etc, signed by the RTC Chair, highlighting the importance of attending regional meetings/events and emphasising the possibility that non-attendance could result in less safe practice.</p> <p>ACTION – A letter would be drafted, for PL’s signature, for circulation to the region.</p>	EW/MS
4.5	<p>MRow noted the NHSBT policy based on NHS policy, whereby a non NHSBT employee invited to contribute to an NHSBT supported group (i.e. speakers at a RTC meeting) are required to submit expenses to their employing Trust, and the Trust is expected to reclaim/cross-charge NHSBT.</p>	
4.6	<p>EW referred to the joint London & SEC region Maternity education day due to take place in January 2014. She expressed some concern, that the SEC region would be required to provide an equal share of the funding despite receiving a smaller budget.</p>	
5.	<p><u>SEC RTC Meeting Dates & Education Events</u></p>	
5.1 (i)	<p><u>Joint TPG/RTC Education Event : “Time to Transfuse!”</u> This was scheduled to take place on 22nd November 2013 at The Russell Hotel Maidstone. The flyer would be circulated shortly and the programme would be developed further at the forthcoming TPG meeting on 10th May.</p>	
(ii)	<p>In relation to the ‘time’ theme, MRow noted that RCPATH was consulting on KPIs for pathology, with one for haematology and transfusion which would require the publication of agreed standards for the turn-around-time for haematology blood tests, from collection of sample and blood and blood component provision from the time of request, as well as auditing against these standards at least monthly. PL noted he could contribute to the event programme on this aspect.</p>	
(iii)	<p>The time theme might further be explored in relation to Consent & Patient Information, whereby taking time could be viewed positively, for example in relation to preventing unnecessary transfusions. In this context, MRow referred to feedback received from nurses who had completed the nurse prescribing university course in Wales, indicating that they spent more time <u>not</u> prescribing blood.</p>	
(iv)	<p>MRob felt it would be appropriate to continue the ‘time’ theme from the TPG education event from a BMS perspective; his suggestion of using the same event title with altered punctuation, as in “Time to Transfuse?” was accepted and agreed.</p>	
5.2	<p><u>Joint TAG/RTC Education Event</u> Following discussions with the TAG Chair, this event was scheduled for 10th April 2014.</p>	

6.	<u>Patient Blood Management</u>	
6.1	<p>EW reported a change of name for the NHSBT Customer Services Better Blood Transfusion (BBT) Team; it would now be known as the Patient Blood Management (PBM) Team in line with the initiative launched for England and North Wales last year by Sir Bruce Keogh. Team members now had new job titles as follows, although roles and regional responsibilities remain the same:</p> <ul style="list-style-type: none"> • Rebecca Gerrard was now 'National Lead - PBM Team' • Regional Leads were now 'Regional Lead - PBM Team' • Transfusion Liaison Nurses and Practitioners were now 'PBM Practitioners' 	
6.2	<p>Following a proposal by EW, it was agreed that the SEC RTT would become the PBM Working Group, in addition to their RTT function. The group would have no direct outputs or actions other than the following:</p> <ul style="list-style-type: none"> • National PBM KPIs would be assessed and anything not currently being addressed by an RTC working group to be discussed • All SEC RTC working group outputs and actions would be assessed in line with the (pending) national PBM KPIs <p>ACTION: Consider possible groups arising from this, pending issue of KPIs, and feedback.</p>	ALL
6.3	<p>In relation to delivering on the proposed KPIs MRow noted a gap in current IT capability which would make it difficult for hospitals to easily extract the relevant data to meet their reporting requirements. Members considered agreeing data sets and indication codes and generally supporting a consistent approach across the region. MRow proposed convening a regional IT working group to address these issues.</p> <p>ACTION Reconsider IT issue at next RTT meeting on 26th June, once KPIs have been issued – MS to schedule.</p>	MS
7	<u>Working Groups: Update</u>	
7.1 (i)	<p><u>BMS Empowerment</u></p> <p>RO reported that the survey was now in draft format and would be issued to BMSs during May/June via TLMs for circulation to all transfusion laboratory staff within their Trust. Survey responses would be used to create a toolkit for regional use. MRow referred to a specific survey which had asked both BBMs and medics the same questions, with interesting results; she would forward a copy to RO for information</p> <p>Link to presentation (provided by MRow): http://www.transfusionguidelines.org.uk/docs/pdfs/rtc-lo_pres_kausar.pdf</p> <p>ACTION: RO to forward survey to EW/MS for distribution. MRow to send relevant survey details to RO</p>	RO MRow
(ii)	<p>It was suggested in discussion that some BMS staff could find it stressful rather than empowering to challenge blood requests and might therefore welcome the opportunity, via the survey, to state why they might not want empowerment.</p>	
7.2	<p><u>Platelets Triggers & Increased Usage & BSMS Usage Data</u></p> <p>MRob noted that, with the work of the original Platelet Group having been completed, it had now been expanded to look at how best to make use of the data provided by BSMS. A teleconference had taken place to share and compare regional BSMS data and look at similar sized hospitals with a similar demographic, comparing usage, wastage and best practices. The group aimed to make better use of BSMS data to improve practice across the region.</p>	
7.3	<p><u>Nurse Prescribing</u></p> <p>Documentation on the topic from other RTC regions had been reviewed and NHSBT had</p>	

	<p>been approached regarding training provision. A 4 day course at Colindale in October 2013 had been deemed suitable in terms of timing and location, and several regional hospitals had booked nursing staff to attend, including DVH, East Surrey, QEQM, with a number of other hospitals looking to send staff on a future course (East Sussex, St Richard's, Frimley Park). The group felt that individual Trusts should make their own judgements regarding which staff members to send for training.</p>	
7.4	<p><u>Doctors' Transfusion Training, Competencies & Knowledge</u></p> <p>PL noted that he would be addressing 5th year medics on 20th May with a view to looking at what Foundation Schools' course information was being taught.</p>	
7.5	<p>MRow referred to Imperial's 'Skills for Practice' course for which she would be doing the transfusion session; she would be happy to share this with the group in July, once it was written. Also highlighted was the amount of time TPs in hospitals were given for training session contact with medics; it was felt that it might be useful to know how much time each TP receives.</p>	
7.6	<p><u>Cell Salvage Usage Training</u></p> <p>No further action to report at this stage. This project would be on hold until further notice.</p>	
7.7 (i)	<p><u>Informed Consent Action Group:</u></p> <p>This group had been formed to provide a regional support for the SaBTO initiative to improve consent to patients requiring transfusion. The group would encourage the use of NHSBT patient information leaflets and would create a single page crib sheet document to support the consent process. Risk headings identified included:</p> <ul style="list-style-type: none"> • Human Error • Circulatory Overload • Adverse Immune Effects • Transfusion Transmitted Infection 	
(ii)	<p>The group planned to conduct a survey of the region to look at what factors might be preventing better consent to transfusion. It was hoped that the survey's findings, together with information on the region's proactive approach to consent might make a suitable presentation at the 2014 BBTS event.</p> <p>ACTION: WG to survey the region to look at what factors might be preventing better consent to transfusion.</p>	SG
8.	<p><u>How to Progress Working Group Initiatives – Discussion & Planning Session</u></p>	
8.1	<p>These issues were raised and discussed under the heading of each specific working group above.</p>	
9	<p><u>Regional Surveys & Audits</u></p>	
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10.	<p><u>AOB</u></p>	
10.1	<p>PL noted that data collection for the National Neuro ITU Survey had just been completed and would be available in due course via NCA.</p>	
10.2	<p>MRow referred to the AntiD audit – final pilot underway, due out in June 2013.</p>	
10.3	<p>MRow noted a sickle cell audit due in Spring 2014, which would have a clinical not laboratory focus.</p>	

10.4	<p>MRow highlighted the Care Quality Commission's Certificate of Regulated Activity and drew members' attention specifically to Regulated Activity 9 and supplementary documentation which referred to transfusion outside jurisdiction of the Trust, e.g. hospices, cottage hospitals, satellite units etc. It was noted that Trusts might require additional cover for these circumstances, to ensure compliance.</p> <p>Relevant links provided by MRow:</p> <p>http://www.cqc.org.uk/sites/default/files/media/documents/ra_9_management_of_supply_of_blood_and_blood_borne_products.pdf</p> <p>http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133428.pdf see Page 34)</p>	
11 11.1	<p><u>Closing Remarks</u></p> <p>PL closed the meeting and thanked members for attending.</p>	

	<u>SUMMARY OF ACTION POINTS</u>	
	<u>Budget Update</u>	
4.2	MS to return TAG cheque to MR	MS
4.4	A letter would be drafted highlighting the importance of attending regional meetings/events, for PL's signature, for circulation to the region.	EW/MS
	<u>Patient Blood Management</u>	
6.2	Consider possible groups arising from this, pending issue of KPIs, and feedback.	ALL
6.3	Reconsider IT issue at next RTT meeting on 26th June, once KPIs have been issued – MS to schedule.	MS
	<u>BMS Empowerment</u>	
7.1(i)	RO to forward survey to EW/MS for distribution. MRow to send relevant survey details to RO	RO MRow
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