

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

**1<sup>st</sup> May 2013**

**The Westminster (BIS) Conference Centre, 1 Victoria Street, London**

**Present:**

<b>RTT Members:</b>		
Dr P Larcombe, Chair (PL)	J Dalton , Deputy Chair (JD)	E Whitmore, Secretary (EW)
L Delieu, Darent Valley (LD)	A Green, EKHT (AG)	R O'Donnell, WSHT (RO)
M Robinson, WSHT (MRob)	Dr M Rowley,NHSBT	
<b>RTC Membership:</b>		
P Bigsby, DVH (PB)	E Carpenter, Eastbourne (EC)	S Goodwin, SASH (SG)
C Sullivan, BSUH (CS)		
<b>1.</b>	<b><u>Apologies:</u></b> Dr R Ezekwesili, DVH (RE) N McVeagh & Team, Frimley Park (NMcV) R Goddard, QEQM (RG) D Blackwell Medway (DB) R Whitmore, NHSBT (RW) Dr T Shafi DVH (TS)	
<b>2.</b>	<b><u>Welcome and Introduction</u></b>	<b><u>ACTION</u></b>
2.1	PL welcomed members to the meeting.	
2.2	Apologies were noted as above.	
<b>3.</b>	<b><u>Minutes of the Previous Meeting &amp; Matters Arising</u></b>	
3.1	The minutes were reviewed and agreed with one amendment to the acronym at 13.1 which would be changed to from SERVE to SERV.	
3.2	There were no matters arising.	
<b>4.</b>	<b><u>Budget Update</u></b>	<b>MS</b>
4.1	The budget statement for year ending 2012/2013 was reviewed and an underspend of approximately £20 was noted.	
4.2	A contribution of £1,000 received by cheque from the TAG in March towards the joint TAG/RTC education event had not 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. <b>ACTION: MS to return TAG cheque to MRob</b>	
4.3	It was agreed that the current £10 booking fee levied for education events should remain unchanged.	
<b>5.</b>	<b><u>RTC Chairs Meeting Update &amp; NBTC Meeting Update</u></b>	
5.1	PL reported that feedback received from all the RTC regions highlighted similar issues; reconfiguration of services, hub and spoke, freeing up staff to attend meetings and events, loss of capacity and specialist staff were all highlighted as common areas of concern.	

5.2	PL gave a brief overview of discussions at the NBTC meeting.	
5.3	Some discussion had taken place on the shelf life of thawed FFP during which it was noted that some present were unaware of a 'shelf life' time frame for the product	
5.4	Draft KPIs had been produced which would be available from June. It was observed that these should be viewed positively as a tool to drive good local practice.	
5.5	A survey had been undertaken asking a range of (medical) educational establishments in England the extent to which Transfusion was included in their syllabus. Response rates varied considerably, from Medical Schools showing a 78% response rate to a very poor response rate from Nurses/Midwives/ODPs.	
5.6	Members discussed the comparative benefits/drawbacks of the educational resources Learn Pro & National Learning Management System Although LearnPro was a free package, the latter (payable) system was deemed a better educational tool and could also be linked to staff records. The use of training passports for transferable training was raised which would avoid unnecessary repeat training sessions on moving to other Trusts/sites.	
5.7	A link to the full NBTC minutes would be circulated to members once these became available on the NBTC website. <b>ACTION: MS to circulate NBTC minutes link, when available</b>	<b>MS</b>
<b>6</b>	<b><u>National / Regional Meetings</u></b>	
6.1	<u>ST Technical &amp; Advisory Group (TAG) Meeting</u> MRob reported that the following items were raised and discussed at the meeting: <ul style="list-style-type: none"> <li>● BCSH: Gap analysis: this had been well received</li> <li>● 2 sample rule</li> <li>● Joint TAG with North London: this had been deemed a success and would become an annual event</li> <li>● It was agreed that education event support would continue</li> <li>● Traceability: 100% within 72 hours</li> <li>● Perfusionists at Guys were looking at K (Potassium) levels in neonatal transfusions.</li> <li>● Interim faxed reports from the RCI laboratories would be necessary for laboratories to take action. Verbal reports only would <u>not</u> be accepted</li> <li>● Future meetings noted as: <ul style="list-style-type: none"> <li>➢ 20th June, Worthing</li> <li>➢ 19th June, NHSBT Tooting</li> </ul> </li> </ul>	
6.2	<u>NBTC TAG /National TLM Working Group</u> Discussions on the following topics had taken place at the meeting: <ul style="list-style-type: none"> <li>● Electronic Delivery Notes</li> <li>● Pathology Modernisation</li> <li>● Sp-ICE: Sharing Data</li> <li>● BCSH: Gap analysis, which had been well received.</li> <li>● 2 sample rule, particularly in pregnancy</li> <li>● Major Haemorrhage Protocol for Children</li> </ul> <b>ACTION: Major Haemorrhage Protocol Child:Paediatric trauma over 5kg - MRow to send to LD.</b> <b>ACTION: Use of tranexamic acid in paediatric cases &amp; letter to support its use – MRow to send to LD</b>	<b>MRow</b> <b>MRow</b>
6.3	<u>Questions to SEC RTC and TADG members</u> What service charging model do you want from RCI Where do we want NHSBT to focus on in the future?	

	<p><b>ACTION: Circulate the above questions to RTC &amp; request feedback direct to MRob by email</b></p>	MS/EW
6.4	<p><u>Appropriate Use of Blood Group:</u> No meeting held to date.</p>	
6.5 (i)	<p><u>SEC Transfusion Practitioners Group (TPG) Meeting</u> SG informed members that, following recent elections, he had taken over the Chair of the TPG , with Keith Kolsteren the newly elected Treasurer. He expressed his thanks the outgoing Chair (AG) &amp; Treasurer (LD) for all their work and their respective contributions to the TPG.</p>	
(ii)	<p>SG highlighted several slight changes to the TPG meeting format, including the introduction of new standing items:</p> <ul style="list-style-type: none"> <li>• Interesting cases and triumphs to share (to replace no name, no shame)</li> <li>• Peer review session to be introduced, with topic to be TP presentations given to medics. Data would also be gathered from members on frequency and length of time allocated to speak to medics and any obstacles to their attending or engagement.</li> <li>• PBM, with discussion, ideas &amp; benchmarking against KPIs</li> <li>• RTT Working Group updates</li> </ul>	
(iii)	<p>It was reported that the next joint TPG/RTC education day would take place on Friday 22<sup>nd</sup> November at the Russell Hotel, Maidstone; publicity for the event would begin in mid-May.</p>	
<b>7</b>	<p><b><u>Working Groups: Updates</u></b></p>	
7.1	<p><u>BMS Empowerment: Lead, Ruth O'Donnell</u></p>	
(i)	<p>A survey would be issued to BMSs during May/June via TLMs for circulation to all transfusion laboratory staff within their Trust. Flyers would also be circulated by email to raise awareness of the survey and members were requested to assist by widely publicising the survey locally. Survey responses would be used to create a toolkit for regional use.</p>	
(ii)	<p>It was noted in discussion that some BMS staff did not want the responsibility of challenging blood requests and also discussed was the manner of the 'challenge'; one view expressed saw this role as an opportunity for BMS staff to use their expertise to guide and advise and perhaps offer alternative solutions which had not yet been considered.</p>	
7.2	<p><u>Platelet Triggers &amp; Increased Usage &amp; BSMS Usage Data: Joint Leads, Malcolm Robinson &amp; Bob Goddard</u> 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. The data would be used to identify high, medium and low users in the region and give a baseline for comparison of usage and wastage, as well as Trust size and patient demographic. The group would:</p> <ul style="list-style-type: none"> <li>• Look at the usage, stock holding and wastage of platelets in the SEC region</li> <li>• Review all existing resources and educational materials available for platelets</li> <li>• Undertake a survey of the platelet users in the region and consider how to support and share best practice.</li> </ul>	
7.3	<p><u>Nurse Authorisation of Blood: Lead, Leslie Delieu</u> A brief history of the group was given from its origins in November 2012, when volunteers were sought, to its current status. Documentation on the topic from other RTC regions had been reviewed and NHSBT had been approached regarding training provision. A 4 day course at Colindale in October 2013 was deemed suitable in terms of timing and location and several regional hospitals had booked nursing staff to attend, including DVH, East Surrey, QEOM, with a number of other hospitals looking</p>	

	<p>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 &amp; Knowledge:</u> <i>Lead, Dr Peter Larcombe</i></p> <p>PL noted that he would be addressing 5<sup>th</sup> year medics on 20<sup>th</sup> May</p>	
7.5	<p><u>Cell Salvage Usage Training:</u> <i>Lead, Dr Peter Larcombe</i></p> <p>No further action to report at this stage. This project would be on hold until further notice.</p>	
7.6 (i)	<p><u>Informed Consent Action Group:</u> <i>Lead, Simon Goodwin</i></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"> <li>• Human Error</li> <li>• Circulatory Overload</li> <li>• Adverse Immune Effects</li> <li>• Transfusion Transmitted Infection</li> </ul>	
(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>	
7.7 (i)	<p><u>PBM Action Group</u></p> <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 remained the same:</p> <ul style="list-style-type: none"> <li>• Rebecca Gerrard was now 'National Lead - PBM Team'</li> <li>• Regional Leads were now 'Regional Lead - PBM Team'</li> <li>• Transfusion Liaison Nurses and Practitioners were now 'PBM Practitioners'</li> </ul>	
(ii)	<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"> <li>• National PBM KPIs would be assessed and anything not currently being addressed by an RTC working group to be discussed</li> <li>• All SEC RTC working group outputs and actions would be assessed in line with the (pending ) national PBM KPIs</li> </ul>	
<b>8.</b>	<p><b><u>Update on New Regional Blood Provision Initiative ~ "Blood Flies Project"</u></b></p>	
8.1	<p>This item was a late addition to the agenda. AG, Blood Transfusion Coordinator &amp; Quality Lead for Haematology and Blood Transfusion, gave a brief overview of EKHUFT's response to a request to supply blood to a local HEMS team within a 6 month timeframe at cost zero.</p>	
8.2	<p>Having resolved a range of difficulties including drop off logistics (2 helicopters were involved at different sites), lack of a fridge (Golden Hours Boxes), laboratory staff impact (HEMS provided CPD session) the project went live on 4<sup>th</sup> February 2013. It was reported that so far:</p> <ul style="list-style-type: none"> <li>• 11 patients had received blood pre hospital</li> <li>• 7 had got to hospital</li> <li>• Most had been discharged</li> </ul>	

	<ul style="list-style-type: none"> <li>No increased wastage to date</li> </ul> <p><b>This presentation may be viewed on the RTC website although some images may not be included due to (MB) size.</b></p>	
<b>9</b>	<p><b><u>National Comparative Audit Update</u></b> A brief NCA update was given as follows:</p> <ul style="list-style-type: none"> <li>2011 Audit of the medical use of blood – Part 1 report published; Part 2 in progress</li> <li>2012 Audit of the blood sample collection and labelling – Report published</li> <li>2012 Audit of the use of anti-D – Report due Spring 2013</li> <li>2013 Audit of patient information and consent – Report due Autumn 2013</li> <li>2013 Audit of patient information and consent – Scheduled to begin in the Autumn . It was observed that the SEC RTC working group on Consent would undertake their own survey to check SEC regional status.</li> <li>QuickAudits – An automated clinical audit reporting system had now been launched; future NCAs would have an associated QuickAudit tool for follow-up re-audit.</li> </ul>	
<b>10</b>	<p><b><u>NHSBT Update</u></b></p> <p>10.1 <b><u>ITS Stock Management Project</u></b> Pilot schemes currently underway had provided useful insights into the likely benefits and possible issues arising from the proposed changes. A business case was being prepared for presentation to the NHSBT Board in July. Enquiries about the project were to be directed to local CSMs.</p> <p>10.2 <b><u>CMV status and blood for recipients of solid organ transplants</u></b> It was reported that, following advice from SaBTO and discussion led by the Directorate of Organ Donation and Transplantation, all UK solid organ transplant units had been informed that it was considered no longer necessary to supply CMV negative blood for those patients undergoing solid organ transplantation. It was observed that this could impact on patients returning for care following treatment/transplant at other sites.</p> <p>10.3 <b><u>National Customer Satisfaction Survey</u></b> The Customer Services Better Blood Transfusion Team had carried out their first national customer satisfaction survey in December 2012. The hospital Transfusion Practitioners gave a 'top box' score of 75% for satisfaction with 'overall service received from regional Transfusion Liaison Nurses and Practitioners'. Scores from Transfusion Laboratory Managers and HTC Chairs were lower, but an action plan had been drawn up to address the key points made in the survey. The report had been distributed to all TPs, TLMs and HTC Chairs for information.</p> <p>10.4 Members noted a recent newspaper article in which former Health Secretary Frank Dobson had referred to the possibility of contracting vCJD from donated blood. It was reported that steps would be taken to identify those likely to be affected however members noted possible difficulties with having appropriate IT systems for the task.</p> <p>10.5 A power point educational tool on the SABTO recommendations for consent was due to be launched shortly. This would be highlighted by the RTT Working Group on Informed Consent.</p>	
<b>11</b>	<p><b><u>AOB</u></b></p> <p>11.1 MRob referred to the structure and agenda of BSMS meetings, which were unsuited to MLAs who were interested in attending and raised the possibility of perhaps having two types of meeting based on audience group.</p>	

11.2 (i)	JD raised concerns over the direction and outcomes of the ITS programme, suggesting that it seemed to be covering old BSMS ground and showed little progress in relation to the stream developing RCI services. In addition, Maidstone & Tunbridge Wells had applied to participate in the pilot but had not received any feedback or explanation as to why they had not been accepted, despite having had some early involvement.	<b>EW RW MS</b>
(ii)	EW proposed referring the query to Richard Whitmore, Customer Services Manager who would forward a response to JD which would also be circulated with the meeting minutes. <b>ACTION: EW to email question to RW</b> <b>ACTION: RW to respond to JD via email</b> <b>ACTION: MS to circulate response when available</b>	
11.3	EW reported that the RCN document 'Right Blood, Right Patient, Right Time' had been updated and would be available to all in PDF format in the coming week.	
11.4	MRow congratulated EW on the success of the NHSBT stand at the recent RCN Congress and thanked her for getting NHSBT to Congress and for representing transfusion. She went on to note that Peter Carter would be working with Linda Hamlyn as a result of the raised profile.	
11.5	JD referred to the National Customer Satisfaction Survey (Item 10.3 above), noting that the 75% satisfaction rate with TP's overall service was a pleasing result. It was recognised that this was the first time they had had formal feedback in relation to their work streams and role and provided a benchmark for moving forward, particularly in relation to the slightly lower scores from BBMs & HTC Chairs and the remaining 25% of TPs. This was a new way to recognise and measure what they did.	
<b>12</b>	<b><u>Closing Remarks &amp; Future Meeting Dates</u></b>	
12.1	PL thanked members for attending and closed the meeting.	
	<b><u>SUMMARY OF ACTION POINTS</u></b>	
4.2	<u>Budget Update</u> <b>MS to return TAG cheque to MRob</b>	MS
5.7	<u>RTC Chairs Meeting Update &amp; NBTC Meeting Update</u> <b>MS to circulate NBTC minutes link, when available</b>	MRow
6.2	<u>NBTC TAG /National TLM Working Group</u> <b>Major Haemorrhage Protocol Child:Paediatric trauma over 5kg - MRow to send to LD.</b> <b>Use of tranexamic acid in paediatric cases &amp; letter to support its use – MRow to send to LD</b>	MRow  EW/MS
6.3	<u>Questions to SEC RTC and TADG members</u> <b>Circulate MRob's questions to RTC &amp; request feedback direct to MRob by email</b>	EW RW MS
11.2 (ii)	<u>AOB</u> <b>EW to email JD's questions on the ITS programme to RW</b> <b>RW to respond to JD via email</b> <b>MS to circulate response when available</b>	

