

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

**12<sup>th</sup> October 2012**

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

**Present:**

<b>RTT Members:</b>		
Dr P Lacombe, Chair (PL)	J Dalton , Deputy Chair (JD)	E Whitmore, Secretary (EW)
L Delieu, Darent Valley (LD)	R Goddard, QEOM, (RG)	A Green, EKHT (AG)
R O'Donnell, WSH T (RO)	M Robinson, WSH T (MRob)	R Rook, East Surrey (RR)
		R Whitmore, NHSBT (RW)
<b>RTC Membership:</b>		
C Almond, Kent & Canterbury (CA)	E Carpenter, Eastbourne (EC)	L Delieu, DVH (LD)
A Dhesi, NHSBT (AD)	Dr R Ezekwesili, DVH (RE)	R Goddard, QEOM (RG)
A Green, EKHUFT (AG)	J Heyes, TLP NHSBT	R O'Donnell, TP WSH T (RO)
M Robinson, Chief BMS WSH T (MRob)	Z Sammut, BMS WSH T (ZS)	S Wickramasinghe, NHSBT (SW)
<b>Invited Speakers:</b>		
E Budge BSUH Medical Student		
<b>1.</b>	<b>Apologies :</b> Dr V Andrews Medway Dr R Kaur Medway N McVeagh Frimley Park/R Surrey S Richardson Conquest/ Eastbourne	Dr M Rowley NHSBT Dr A Schreiner DVH H Wakeling Worthing E Whitmore NHSBT
<b>2.</b>	<b><u>Welcome and Introduction</u></b>	<b><u>ACTION</u></b>
2.1	PL welcomed members and invited them to introduce themselves.  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. It was noted that some actions remained outstanding as follows: <ul style="list-style-type: none"> <li>i. 8.1 The BMS empowerment questionnaire had not yet been completed.</li> <li>ii. 8.6 PL had yet to send the questionnaire for medical students to RO.</li> <li>iii. 11.2 PL had not yet managed to attend the London Trauma Haematology Group meeting but expected to attend the next available meeting or send a deputy on his behalf to report back to the members.</li> <li>iv. 12.1 AD had yet to arrange for TADG minutes to be posted on the RTC website, but would take this forward asap.</li> </ul>	
3.2	There were no matters arising.	
<b>4.</b>	<b><u>Budget Update</u></b>	
4.1	Members noted the contents of the budget statement.	
4.2	Members were asked to note available funds, which included sponsorship payments and booking fees, and expenditure to date. AD noted that delegates had been slow to	

	sign up to the November education event and all present were urged to encourage staff and colleagues to attend and to forward publicity material to any PGCE contacts. The possibility of members' posting the powerpoint event flyer on their local intranet was also discussed.	
5.	<b><u>RTC Chairs Meeting Update &amp; NBTC Meeting Update</u></b>	
5.1	<p><b><u>RTC Chairs' &amp; NBTC Meeting Updates</u></b></p> <p>PL provided a brief report from both the RTC Chairs and the NBTC meetings. Items which attracted comment from members included:</p> <ol style="list-style-type: none"> <li>1. Major concern about the pathology modernisation process and lack of engagement of blood transfusion. There is a need to assess the risks associated with the loss of capacity and specialist staff.</li> <li>2. Survey of HTC Chairs. RTC Chairs group to develop information packs for HTC Chairs.</li> <li>3. Process for evaluating RTC audits discussed. RTC chair representative sought for the NCA Programme Implementation Group although the time commitment of the quarterly meetings in London was of concern to RTC Chairs.</li> <li>4. Blood Components Working Group - Extending shelf life for FFP post-thaw. NBTC to submit written request to NHSBT for an extension to the present 24-hour shelf life of FFP after thawing. RW reported receiving a number of queries about this.</li> <li>5. Patient Involvement Working Group - 2012 Patient Awareness Campaign 'Do you know who I am?' to be launched shortly, aimed at patients and healthcare professionals. EW reported that this was an ongoing campaign and would replace a dedicated week for transfusion awareness.</li> <li>6. Transfusion Lab Managers Working Group (TLMWG) – representation now aligned to the RTCs. Working with SHOT and MHRA to assist with harmonisation of the two systems for haemovigilance in the UK. It was noted that Malcolm Robinson was the SEC RTC representative on the group. It was agreed that a report from the TLMWG would become a standing item on the RTC agenda.</li> </ol> <p><b>ACTION: Ensure TLMs Working Group report is a standing item on the RTC agenda</b></p> <ol style="list-style-type: none"> <li>7. NHSLA proposal to drop blood transfusion from their standards in 2013-14 is not now going ahead and the NHSLA are revising their approach to management standards. Further consultation to take place.</li> </ol>	MS
6	<b><u>National / Regional Meetings</u></b>	
6.1	<p><b><u>SE Technical &amp; Advisory Group (TADG) Meeting</u></b></p> <p>This meeting had taken place on 29<sup>th</sup> September at Haywards Heath as the original date had been changed to accommodate a clash with the RCPATH meeting. Bill Chaffe delivered a presentation on National External Quality Assessment Schemes, with discussion taking place on using NEQAS to assist with BMS competencies</p>	
6.2	<p><b><u>NBTC TADG Meeting</u></b></p> <ul style="list-style-type: none"> <li>• Discussions revealed that members were still unhappy with the new transport boxes.</li> <li>• It was agreed that the current medical coolpacks SOP would be shared with other NBTC lab managers.</li> <li>• MRob had been seconded to the Appropriate Use of Blood Group and would provide feedback from the group to the RTC. MS would arrange a slot on the agenda under 'National/Regional Meeting Updates'</li> </ul> <p><b>ACTION: MS to include as agenda item for future RTCs</b></p> <ul style="list-style-type: none"> <li>• A discussion on the increased use of albumin had taken place; it was noted</li> </ul>	MS



8.5	<p>London regions. As NHSBT would require minimum numbers to set up a training course, it was agreed that LD would check interest levels at the next TP meeting and report back. It was felt that the course should be open only to senior experienced Haem Onc nursing staff who had completed or were doing Nurse Prescribing Course.  <b>ACTION: LD to gauge interest and report back</b></p>	<b>LD</b>															
8.6	<p><u>Doctors' Transfusion Training, Competencies &amp; Knowledge:</u>  No further progress to report at this stage.</p>																
8.7	<p><u>Cell Salvage Usage Training:</u>  PL reported that the working group's activities would be on hold until further notice.</p>																
	<p>EW referred to MRob's poster on cell salvage and noted that it would be taken forward as an article for submission in Transfusion Matters in 2013.</p>																
<b>9</b>	<b><u>Clinical Audit</u></b>																
9.1	<p><u>NCA Audit Plan 2012/13 Updates:</u>  AD gave a brief update as follows:</p>																
(i)	<p><b>Current Audits</b>  Audit of Use of Red Cells in CABG – report due end November</p> <p>2011 Audit of Medical Use of Red Blood Cells  Part 1- report due 1<sup>st</sup> November. Final report was with the project group and a regional slide show was in preparation.  Part 2 – report due December. Issues arising from 2000 cases (136 sites) lead to hospitals re-auditing their cases; data was now being returned for entry and analysis.</p> <p>2012 Audit of Blood Sample Collection &amp; Labelling – report due December.</p>																
(ii)	<p><b>Ongoing &amp; Prospective Audits</b> were noted as follows:</p> <table border="1"> <thead> <tr> <th>AUDIT</th><th>START DATE</th><th>STATUS</th></tr> </thead> <tbody> <tr> <td>2012 Audit of the use of Anti-D</td><td>Spring 2013</td><td>Design process ongoing.</td></tr> <tr> <td>2013 Audit of the management of patients in Neuro Critical Care Units</td><td>Spring 2013</td><td>Design phase with Cambridge University Hospital. Audit will look at 3 specific patient group; Acute Ischaemic Stroke, Sub Arachnoid Haemorrhage &amp; Traumatic Brain Injury</td></tr> <tr> <td>2013 Audit of the management of patients with haemoglobinopathies Clinical Lead: Dr Sara Trompeter</td><td>Autumn 2013</td><td>In the initial design stages</td></tr> <tr> <td>2013 Audit of patient information and consent Clinical Lead: Dr Shubha Allard</td><td>Autumn 2013</td><td>Scoping discussion has taken place. Extensive piloting planned. Will launch 2013.</td></tr> </tbody> </table>	AUDIT	START DATE	STATUS	2012 Audit of the use of Anti-D	Spring 2013	Design process ongoing.	2013 Audit of the management of patients in Neuro Critical Care Units	Spring 2013	Design phase with Cambridge University Hospital. Audit will look at 3 specific patient group; Acute Ischaemic Stroke, Sub Arachnoid Haemorrhage & Traumatic Brain Injury	2013 Audit of the management of patients with haemoglobinopathies Clinical Lead: Dr Sara Trompeter	Autumn 2013	In the initial design stages	2013 Audit of patient information and consent Clinical Lead: Dr Shubha Allard	Autumn 2013	Scoping discussion has taken place. Extensive piloting planned. Will launch 2013.	
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(iii)	<p><b>Regional Audits</b>  AD reported that several regional audits were being undertaken under Brian Hockley's lead as Audit Manager, one of which involved the SEC region jointly with East Midlands region looking at Frozen Products. The RTC Chairs of each region were due to discuss the way forward. Further updates would be available in due course.</p>																
9.2	<p><u>NBTC HTC Chairs Survey: Feedback from HTC Chairs Event:</u>  AD provided a brief (SEC region) update on the NBTC survey of HTC Chairs, which looked at the RTC/HTC relationship, to gauge its current status and try to identify any particular issues or concerns. Of those who responded, most cited work commitments as the main impediment to attendance at RTC meetings and events, with some highlighting location of venue as an issue.</p>																

9.3	<p>Members went on to discuss the lack of any HTC Chair representation at the HTC Chairs event in September, despite several HTC Chairs confirming their attendance prior to the meeting. There was agreement that this was not a reflection of disinterest but rather the result of time commitment difficulties. Suggestions for improving engagement with HTC Chairs included circulating a post-RTC one page summary report and ensuring the RTC website information was updated regularly. PL and AD would hold further discussions on the way forward via telecom and report back to members in due course.</p> <p><b>ACTION: PL &amp; AD to discuss ways of engaging HTC Chairs and report back</b></p>	PL / AD
10	<p><b><u>Regional Look at FFP &amp; Platelet Use</u></b></p> <p>Emily Budge delivered a presentation ‘Is BSUH Issuing Products According to the National Guidelines?’ on the results of the platelet audit she had recently conducted at Brighton The presentation was well received with the overall conclusion being that products were not being issued in accordance with current guidelines in the majority of cases. It was observed that the results of Miss Budge’s study mirrored the national picture. The presentation slides would be made available on the RTC website in due course.</p>	
11	<p><b><u>Patient Blood Management</u></b></p> <ul style="list-style-type: none"> <li>• The SEC had liaised with the London region to mount a joint PBM meeting in June which MRob had attended. Feedback was provided on the main messages from the event and members discussions included the following:</li> <li>• The need for a champion in each Trust / discipline to drive home the message of focusing on patient centred care, informed consent and active patient involvement.</li> <li>• The need to examine &amp; record blood use &amp; identify where and why it’s being used, with roll out of the AIM II trial</li> <li>• The promotion of active and extended Cell Salvage use</li> <li>• Limiting loss of blood in phlebotomy &amp; testing (suggested use of ‘short fill’ bottles &amp; Vacutainer to limit loss)</li> <li>• Pre-op optimisation and the use of IV iron; look at how and where this is being undertaken successfully</li> <li>• The need for a joint NHSBT &amp; DH initiative, with proper funding</li> <li>• The renaming of the Cell Salvage Group as the Blood Conservation Group and the BBT team as the PBM Team</li> <li>• The recording of healthcare codes and the link with funding</li> </ul>	
12	<p><b><u>NHSBT Update</u></b></p> <p>12.1 RW reported as follows:</p> <p>12.2 <u>Integrated Transfusion Service:</u> RW reported that this project had 3 stages as follows:</p> <ul style="list-style-type: none"> <li>• Stock Management: Working with hospitals to help them to calculate optimum stock levels and to pilot smarter systems for stock replenishment.</li> <li>• Transfusion Innovation: Developing Red Cell Immunohaematology (RCI) and testing services to meet the current and future needs of hospital transfusion</li> <li>• NHSBT supply chain optimisation: Improving internal operations by introducing more integrated supply chain planning and performance management</li> </ul>	

	<p>The first pilot scheme had been undertaken at Blackpool and, with a second due to begin shortly, NHSBT was looking for hospitals to form partnerships. Further updates would be available in due course.</p>	
12.3	<p><b><u>SP-ICE Presentation:</u></b>  The aim of this project was ultimately the withdrawal of hard copy reports. Discussion took place and members expressed some concerns about the sharing of patient information without specific consent. AD asked SW/RW to clarify the issue of consent for members and also felt that the online FAQs might shed some light on the matter and offered to circulate the link.  <b>ACTION: SW/RW to clarify the consent issue with NHSBT and feed back information</b>  <b>ACTION: AD to send FAQs link and clarification to LD</b>  <a href="http://hospital.blood.co.uk/diagnostic_services/SP-ICE_FAQs/index.asp">http://hospital.blood.co.uk/diagnostic_services/SP-ICE_FAQs/index.asp</a></p>	<p>SW/RW AD</p>
12.4	<p>In response to a query about the availability of platelets in additive solution RW noted that work was currently underway but no release date was yet known.</p>	
13	<p><b><u>AOB</u></b></p>	
13.1	<p>MRob noted that SERV was offering 24/7 cover over weekends.</p>	
14	<p><b><u>Closing Remarks &amp; Future Meeting Dates</u></b></p>	
14.1	<p>PL thanked members for attending and closed the meeting.</p>	
	<p style="text-align: center;"><b><u>SUMMARY OF ACTION POINTS</u></b></p>	
5.1	<p><b><u>RTC Chairs' &amp; NBTC Meeting Updates</u></b>  <b>MS to include TLMs' Working Group report as standing item on the RTC agenda.</b></p>	MS
6.2	<p><b><u>NBTC TADG Meeting</u></b>  <b>MS to include MRob's feedback from the Appropriate Use of Blood Group as agenda item for future RTCs.</b></p>	MS
6.2	<p><b>CA to feed back to MRob re high use of albumin</b></p> <ul style="list-style-type: none"> <li>discussion on the increased use of albumin had taken place; it was noted that suppliers were struggling to meet demand. Catherine Almond referred to its use in Myasthenia Gravis and offered to feed back to Malcolm regarding reasons for high usage.</li> </ul>	CA
7.1	<p><b><u>Use of BSMS Data in SEC Region</u></b>  <b>EW to arrange a telecon for the best practice WG members to discuss way forward on the use of BSMS data.</b></p>	EW
8.2	<p><b><u>Platelets – Triggers &amp; Increased Usage</u></b>  <b>RG to forward split format platelet indications table document to EW</b>  <b>EW/MS to post on RTC website and inform region via email</b></p>	RG EWMS
8.3	<p><b><u>Standardisation of Request Forms</u></b>  <b>AD to seek an appropriate hospital site to test the standardized request form.</b></p>	AD
8.4	<p><b><u>Nurse Authorisation of Blood</u></b>  <b>LD to gauge interest among nursing staff in attending a NHSBT training</b></p>	LD

	<b>course and report back</b>	
9.3	<u>NBTC HTC Chairs Survey: Feedback from HTC Chairs Event</u> <b>PL &amp; AD to discuss ways of engaging HTC Chairs and report back</b>	<b>PL/AD</b>
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