

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

**18<sup>th</sup> April 2012**

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

**Present:**

|                              |   |  |                      |
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| <b>RTT Members:</b>          |   |  |                      |
| Dr P Lacombe, Chair (PL)     | J Dalton , Deputy Chair (JD)  | R Whitmore, Treasurer (RW)             |                      |
| L Delieu, Darent Valley (LD) | R Goddard, QEQM, (RG)   | A Green, EKHT (AG)                     |                      |
| R O'Donnell, WSH (RO)        | M Robinson, WSH (MRob)  | R Rook, East Surrey (RR)               |                      |
| Dr M Rowley, NHSBT (MRow)    |   |  |                      |
| <b>RTC Membership:</b>       |   |  |                      |
| E Carpenter, Eastbourne (EC) | Dr W Fawcett, Royal Surrey (WF)   | S Goodwin, East Surrey (SG)            |                      |
| Dr R Kaur, Medway (RK)       | K King, SPIRE Gatwick Park (KK)   | K Kolsteren, Kent & Canterbury (K Kol) |                      |
| J Nicholas, Medway (JN)      | S Nicholson, Nuffield Brighton (SN)   | Dr H Wakeling, WSH (HW)                |                      |
| A Dhesi, NHSBT (AD)          |   |  |                      |
| <b>Invited Speakers:</b>     |   |  |                      |
| B Hockley, NHSBT (BH)        |   |  |                      |
|                              |   |  |                      |
| <b>1.</b>                    | <b>Apologies :</b> C Almond Kent & Dr F Lamb East Surrey<br>Canterbury N McVeagh Frimley Park/Royal Surrey<br>Dr V Andrews Medway S Richardson Conquest / Eastbourne<br>P Bigsby Darent Valley J Smith Nuffield Brighton<br>D Blackwell Medway C Sullivan BSUH<br>R Ezekwesili Darent Valley 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.   |  |                      |
| <b>3.</b>                    | <b><u>Minutes of the Previous Meeting &amp; Matters Arising</u></b>   |  |                      |
| 3.1                          | The minutes of the previous meeting were reviewed and agreed, with no amendments.   |  |                      |
| 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                          | RW felt that clarification was required as to why VAT was applied in some cases but not in others. AD noted NHSBT's intention to change to a new Finance provider in the near future and suggested waiting until this had taken place to clarify a number of RTC budget-related matters, including VAT.<br><b>ACTION: AD to make further enquiries and report back.</b> |  | <b>AD</b>            |
| <b>5.</b>                    | <b><u>RTC Chairs Meeting Update &amp; NBTC Meeting Update</u></b>   |  |                      |
| 5.1                          | <u>RTC Chairs Meeting Update</u>  |  |                      |

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| <p>(i)</p> <p>(ii)</p> <p>(iii)</p> <p>(iv)</p> <p>(v)</p> <p>(vi)</p> <p>(vii)</p> | <p>PL provided feedback as follows:</p> <p>RTCs asked to continue to support initiatives aimed at reducing inappropriate use of group O RhD negative red cells and all groups of platelets.</p> <p>The appointment of Brian Hockley as Clinical Audit Manager/Data Analyst was welcomed. Please see paragraph 9.1 (i) for further discussions.</p> <p>Survey of HTC's ongoing to improve participation rates.</p> <p>Clarification was being sought over the changing nature of the NHSBT CSM role and how this would impact on RTCs.</p> <p>The recent use of an electronic audience response system at RTC education events had attracted positive feedback. A cost/ feasibility assessment would take place to consider the purchase of a single system to be shared across the regions.</p> <p>Blood conservation groups were being establishing in some regions.</p> <p>Ad hoc deliveries – request for the data to include information on the type/reason for the ad hoc delivery and if this is just for platelets</p>  |                                      |
| <p>5.2</p>  | <p>In discussions following the update, RTC members considered the feasibility of promoting blood conservation groups in RTC regions and the significant changes in practice likely to be required. PL referred to his attempt to introduce IV iron GP pre-assessment clinics in his area and wondered whether this was something we should be pursuing more aggressively via RTCs. The difficulty of enagaging GPs in a non cost neutral initiative was acknowledged. LD suggested Dr Ralph Ezekwesili might be interested taking this idea forward. MRow noted the Preoperative Association booklet “Evidence-based Guidelines for Preoperative Assessment Units (Vol. 1)” available for purchase as a possible helpful resource.</p> <p><b>ACTION: PL to contact RE re taking forward a blood conservation initiative</b></p> <p><b>ACTION: MKS to obtain links from MRow and circulate to region.</b></p>  | <p><b>PL</b><br/><b>MKS/MRow</b></p> |
| <p>5.3</p>  | <p>With regard to ad hoc deliveries at item (vii) above, RW noted that he could supply information on the numbers of ad hocs but not the initiator of an ad hoc delivery. In addition, platelet and red cell requests could get split, with one going by ad hoc and one by scheduled delivery.</p> <p><b>ACTION: RW would provide further information about this, on request.</b></p>  | <p><b>RW</b></p>                     |
| <p>5.4</p>  | <p><u>NBTC Meeting Update</u></p>  |                                      |
| <p>(i)</p> <p>(ii)</p> <p>(iii)</p> <p>(iv)</p>                                     | <p>Initial recommendations of the NPSA Review Group were presented. The key point was that the concept of the recommendations should remain but the form and frequency of assessment be reviewed. Further discussions would take place with DH and NBTC Executive.</p> <p>Education – surveys of transfusion training in medical schools, foundation medical schools and nursing, midwifery and operating department practitioners ongoing.</p> <p>RCN would review and update their transfusion standards, <i>‘Right blood, right patient, right time - RCN guidance for improving transfusion practice’ 2005</i>. Revised version to be available on their website by June 2012.</p> <p>Transfusion Laboratory Managers Group. would review present document on the transfer of blood with patients, including packing of blood for transport, and publish a summary. This was in response to concerns that the present document was too lengthy. RW noted that some hospitals were refusing to accept blood due to a lack of trust in the packaging and transport. Concerns had also been raised around MHRA issue and cold chain issues. This would be discussed further at the next TLM NBTC.</p> |                                      |

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|          | <b>ACTION: MRob to provide progress report to May RTT</b>   | <b>MRob</b> |
| (v)      | Patient Involvement. Designated web space with content is now uploaded on:<br><a href="http://www.blood.co.uk/about-blood/information-for-patients/">http://www.blood.co.uk/about-blood/information-for-patients/</a>   |             |
| (vi)     | FFP can be stored for 24 hours at 4°C after it is thawed. Recent recommendation was that it should <b>not</b> be increased to 5 days due to concerns regarding efficacy and safety. Request to evaluate 48-72 hours made. RW noted that storage temperature had dropped slightly.<br><b>ACTION: RW to circulate Red Book link</b>   | <b>RW</b>   |
| (vii)    | The 'Patient Blood Management' Seminar would be held on 18 June at RCPATH, by invitation only. Information would be cascaded via local seminars/networks thereafter. PL would not be free to attend and requested a volunteer to take his place.<br><b>ACTION: PL to circulate an email seeking a representative from the region.</b>   | <b>PL</b>   |
| (viii)   | National Comparative Audits:<br>Audit of the Use of Cardiac Surgery - Analysis and reporting to start at beginning of April 2012. ( <i>For additional NCA information please see paragraph 9.2 below.</i> )   |             |
| (ix)     | NHSLA standards: It was proposed to remove blood transfusion from current standards in 2013/14. NBTC & SHOT would submit a joint response to the NHSLA. A response would also be sent from the Royal College of Physicians. Following discussions, RTC members felt a 'wait & see' approach would be best.  |             |
| (x)      | SHOT: A transfusion checklist would be published in the SHOT 2012 report with a recommendation that hospitals adapt it for local use.   |             |
| (xi)     | SaBTO guidance: This would be available post 17 April.  |             |
| <b>6</b> | <b><u>National / Regional Meetings</u></b>  |             |
| 6.1      | <b><u>SE Technical &amp; Advisory Group (TADG) Meeting</u></b><br>The last meeting had been held at new Pembury hospital with the new NHSBT transport boxes highlighted as an issue. Future meetings will take place on 21 <sup>st</sup> June at Worthing and 18 <sup>th</sup> September at Kings.  |             |
| 6.2      | <b><u>NBTC TADG Meeting</u></b><br>Feedback was requested on electronic delivery notes in relation to who is using them and if they are not being used, why not. The group also looked at the validation for the new transport boxes and were unhappy with the '1 minute take out' rule.  |             |
| 6.3      | <b><u>SEC Transfusion Practitioners Group (TPG) Meeting</u></b><br>A TPG planning meeting had been held by teleconference on 27 <sup>th</sup> Feb, with very good attendance. TPG members agreed to hold 3 meetings per year with one full day education event. Feedback was provided on NCA planning & NPSA SPN 14. Learning events / no name no blame were reorganised under SHOT categories. Agenda topics were discussed for the forthcoming joint TPG/RTC education event on 8 <sup>th</sup> November and the following items proposed:<br><ul style="list-style-type: none"> <li>➤ Consent for Transfusion</li> <li>➤ Legal Department Input</li> <li>➤ Feedback from Olympics &amp; Planning</li> <li>➤ Findings from Bedside Audit</li> </ul> |             |
| 6.4      | Additional discussions considered whether there was sufficient knowledge/understanding of HDN in midwifery circles and whether more education was needed. It was suggested that this area was likely to be covered in the Hospital Transfusion Special Interest Group (SIG) and it was also observed that, as there were some good prophylactic protocols already in place, this might account for the HDN  |             |

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|          | <p>low profile. MRow suggested circulating the E-learning package and relevant posters/flyers, for information.</p> <p><b>ACTION: Put E-Learning link in/to minutes – MRow to send to MS</b></p> <p><b>ACTION: AD to send flyer to MS &amp; MRow to send posters, for circulation</b></p>  | <b>MRow/MS<br/>AD/MRow/<br/>MS</b> |
| 6.5      | Discussion took place on the number of ‘no shows’ at education events and the resulting costs incurred (27 delegates @ £30 pp in Oct 2011), in addition to the difficulties attracting adequate sponsorship. These issues had prompted the decision to charge a nominal fee (£10) for attendance at education events from April 2012.  |                                    |
| 6.6      | JD felt very strongly about the need to highlight the deleterious effect of reducing laboratories in regions and in hospitals and advised that this trend needed to be monitored.  |                                    |
| <b>7</b> | <b><u>SaBTO &amp; Guidelines Update</u></b>  |                                    |
| 7.1      | MRow reported on 3 recent SaBTO recommendations relating to:   |                                    |
| (i)      | <p><u>MB-FFP</u></p> <p>The provision of imported MB-FFP for patients less than (but not including) 16 years of age had now been clarified as those born before 1.1.1996. Members discussed issues of cost and some members noted their decision to stock Octaplex. RW noted that NHSBT was looking at the provision of pooled MB Cryoprecipitate.</p>   |                                    |
| (ii)     | <p><u>Consent for Transfusion</u></p> <p>The SaBTO consent recommendations on obtaining and documenting valid consent for transfusion were discussed. The adoption of the Health Improvement Scotland document as the consent standard was also noted. Suggestions for possible future actions included:</p> <ul style="list-style-type: none"> <li>• The inclusion of a mandatory field in the electronic discharge note (e.g. ‘has patient had a blood transfusion?’) to prompt the issue of an information letter/leaflet to the patient (in retrospective cases).</li> <li>• A regional working group to set out good practice guidance (for patients).</li> </ul>   |                                    |
| (iii)    | <p><u>Provision of CMV negative products</u></p> <p>The SaBTO recommendations on provision of CMV negative products were discussed. All routine products supplied by the blood services are now leucodepleted, evidence suggests that leucodepletion filters are particularly efficient at removal CMV. Recommendations were discussed which are available at;<br/> <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132965">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132965</a></p>  |                                    |
| 7.2      | <p><u>Guidelines Update</u></p> <p>MRow reported that the following guidelines were close to being issued:</p> <ul style="list-style-type: none"> <li>• BCSH Compatibility procedures in blood transfusion laboratories</li> <li>• BCSH management of acute transfusion reactions – members were advised to defer updating local policies for a month or so.</li> <li>• IT Guidelines – included structures to support the setting up of new IT systems and could also be useful for existing systems.</li> <li>• NHSBT IgA Guidelines - These had been updated and would be in BCSH. The main guiding principle was that urgent treatment should not be delayed because IgA deficient components were not immediately available. Further advice and information was available from the Hospital &amp; Science website.</li> </ul> |                                    |

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| 8   | <u><b>Working Groups: Update</b></u>  |                  |
| 8.1 | <u>BMS Empowerment</u><br>Following final approval of drafts currently circulating among working group members, 2 questionnaires would be circulated; one to test the appropriate transfusion knowledge base of junior doctors and BMS staff, the other to establish BMS' current attitudes to challenging possibly inappropriate requests. Members were asked to ensure a good response by encouraging colleagues to return completed questionnaires. Following discussions re format, RW offered to create the questionnaire using Survey Monkey.<br><b>ACTION: RO to forward questions to RW.</b><br><b>ACTION: RW to create questionnaire</b> | <b>RO<br/>RW</b> |
| 8.2 | <u>Platelets – Triggers &amp; Increased Usage</u><br>BG delivered a brief presentation ( <i>available on the RTC website</i> ) on the work of the group to date. Discussion followed on the best way to proceed. It was felt that creating a 'Top Ten Tips' on how to reduce platelet wastage might not differ greatly from guidance already in circulation. It was agreed that Consultant Haematologists in the region would be asked to provide comments on the findings via a questionnaire drafted by BG and distributed by MS.<br><b>ACTION: BG to forward questionnaire to MS. MS to circulate to SEC RTC Consultant Haematologists.</b>    | <b>BG/MS</b>     |
| 8.3 | <u>Standardization of Request Forms</u><br>The group had obtained examples of request forms from Wales and Northern Ireland and MRob noted that the latter was particularly helpful. The next step would be to obtain input from the next TADG meeting in June. MRob sought volunteers to assist him, as he was currently working alone. AG and LD volunteered to assist. <b>JD on the group?</b><br><b>ACTION: LD &amp; AG to collaborate with MRob in devising the new form format</b>  | <b>LD/AG</b>     |
| 8.4 | <u>BBT – HSC Survey &amp; TP Survey</u><br>No update was available at the meeting.  |                  |
| 8.5 | <u>Who Am I? Patient Safety SHOT Recommendations</u><br>LD noted the origins of the project in 2008 and the 2011 re-audit which gave similar results.<br>LD had recently been contacted by the NBTC PIWG to seek permission to use the SEC region format as part of a national campaign.  |                  |
| 8.6 | <u>Doctors Transfusion Training, Competencies and Knowledge</u><br>PL had a slot to address medical students on this in May and would issue a questionnaire. He intended to return to address students on this topic as often as work constraints permitted. RO requested sight of the questionnaire document he intended to use as it could prove helpful in creating her own audit document for the BMS Empowerment working group.<br><b>ACTION: PL to forward (medical students') questionnaire to RO</b>  | <b>PL</b>        |
| 8.7 | <u>Cell Salvage (CS) Usage Training</u><br>PL had engaged vascular, neurosurgery & obstetric colleagues to gather information. Support for CS was evident in the growing practice of surgeons refusing to operate unless CS was in place. PL would provide regular feedback as data increased and discuss roll out.   |                  |
| 8.8 | <u>Platelets – PL Initiative</u><br>The BSUH medical student (Emily Budge) who had monitored the fate of all platelets issued over a one week period in December last year would re-audit in 6 – 8 weeks' time to see whether prophylactic/acute use had changed. It was agreed that Emily and BG would get in touch to discuss findings.   |                  |

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|           | <b>ACTION: BG to contact Emily Budge to discuss; MS to provide contact details.</b>   | <b>MS/BG</b> |
| <b>9</b>  | <b><u>Clinical Audit</u></b>  |              |
| 9.1       | <u>Regional Audit</u>   |              |
| (i)       | <u>Brian Hockley:</u><br>BH gave a brief presentation ( <i>available on the RTC website</i> ) on his career background and his role as recently appointed Clinical Audit Manager & Data Analyst. His remit, to develop and support clinical audit for RTCs, would entail a review of the current situation and a look at how an interface between NCA and RTC audit might be used to best effect. BH also reported a new system of online audit topic selection and registration; this was still in development and a 'go live' date had yet to be set.   |              |
| (ii)      | <u>PL Review of the documented indications for all platelet and FFP use against current standards:</u><br>Showed indications for use were in line with guidance but documentation which showed why 'in line' was poor. Once this has been completed locally in Brighton it would be sent to the region.   |              |
| (iii)     | <u>PL Review of regional experiences of the introduction of 2 sample electronic issue:</u><br>Not quite ready for submission to SHOT but PL hoped it would be ready in time for July.<br><b>ACTION: MRob to discuss with Rachel Nichol/Grimaldi</b>   | <b>MRob</b>  |
| 9.2       | <u>NCA Audit Plan 2012/13</u><br><br>MRow gave a brief overview of NCA audits planned for 2012/13: <ul style="list-style-type: none"> <li>• Audit medical use of red cells Sept 2011 – April 2012</li> <li>• Audit of blood sampling &amp; labelling April 2012 – October 2012</li> <li>• Audit of the use of Anti-D September 2012 – April 2013: it was noted that volunteers were required for this audit due to start in September 2012.</li> <li>• Audit of patient information &amp; consent April 2013 – October 2013: This would be auditing against SaBTO's recently issued guidance.</li> <li>• Sickle Cell Transfusion – Autumn 2013: MRob noted concerns over the lack of sickle cell patients on the database.</li> </ul> |              |
| 9.3       | <u>2011 Re-audit of Bedside Practice: SEC Findings</u><br>This item was not addressed as it would be covered in the TPG workplan.   |              |
| <b>10</b> | <b><u>NHSBT Update</u></b>  |              |
| 10.1      | <u>Olympics</u><br>RW noted that he would now be concentrating full time on this. From the NHSBT viewpoint, the main concerns were within the M25 due to the logistics of maintaining supplies in the weeks of late July/early August and the difficulties staff at London centres might face in getting to work. Customers served by Tooting, Colindale & Brentwood were asked to take all possible steps to reduce ad hocs during the Olympic period and to this end, early communication with clinicians was suggested. To help stock management all platelets in the Tooting area might be irradiated.  |              |
| 10.2      | Members discussed the current drive to get donors in to build Oneg and other blood group stocks and the possible impact of this, for example, possible wastage issues and/or shorter dated expiry dates. Discussion also took place regarding the stocking of platelets for transfer between Trust hospitals (within the Western Sussex Trust, for example) and whether NHSBT would support this practice. For those Trusts at a  |              |

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|           | <p>considerable distance from the Tooting centre this would be quicker than coming from Tooting and would reduce ad hoc requests, although it was noted that the transfer vehicle could be an issue. Another innovation taking place during the Olympic period would be the introduction of night deliveries for Darent Valley Hospital. It was suggested that trialling new methods during the Olympic period, could provide useful information, if followed up by audit and feedback.</p> <p><b>ACTION: WSHT &amp; DVH to audit/monitor and provide feedback to RTC</b></p>          | <b>HW/MRob/LD</b> |
| 10.3      | <p><u>Bacterial Screening of Platelets</u></p> <p>This had been underway for a year or so and despite teething problems, the screening process had had a very positive outcome, with a range of bacteria prevented from going into platelets.</p>  |                   |
| 10.4      | <p><u>Vac-U-Tec Blood Transport Boxes</u></p> <p>This would be introduced in phases from the first week in May (deferred from April), starting with the SEC region. Due to concerns relating to possible damage to product from dropping, a Drop Spot alert had been introduced to allow NHSBT to monitor 'dropping' incidents. BG requested sight of the risk assessment on transport to laboratory.</p> <p><b>ACTION: RW to provide BG with risk assessment information.</b></p>   | <b>RW</b>         |
| 10.5      | <p><u>Integrated Transfusion Services</u></p> <p>The overall aim of this project was to assist pathology networks to manage blood transfusion. Criteria was being drawn up and would be released shortly. NHSBT would require 3 Pathology Partners to engage with the project and hospitals were asked to monitor the website and apply.</p>   |                   |
| 10.6      | <p><u>Age of Stock</u></p> <p>Concern had been raised about the age of RBC, particularly Adult A Pos RBC. There were a number of possible factors involved and this is being investigated. RW also noted that Aneg demand had increased and NHSBT was trying to collect more.</p>  |                   |
| 10.7      | <p><u>European Blood Alliance(EBA)</u></p> <p>RW referred to the new blood packs soon to be trialled and noted that some differences may exist. This trial was the preface to a new (4 year) contract due to be introduced in May 2013, so hospitals were being asked to provide feedback on their use. MRob urged members to provide feedback on the packs and formally complain should they experience a problem, a defect, an incident or the need to change practice to accommodate the new packs.</p> <p><b>ACTION: All to feedback via R Whitmore re the new blood packs</b></p> | <b>ALL</b>        |
| 10.8      | <p><u>Quarterly AdHoc Data &amp; KPI Update</u></p> <p>This item was not addressed due to time constraints – RW would circulate the information electronically and respond to any subsequent queries.</p> <p><b>ACTION: RW to circulate KPI data.</b></p>  | <b>RW</b>         |
| 10.9      | <p><u>Washed Red Cells</u></p> <p>A new NHSBT product trial for a washed RBC unit with an extended shelf life had been successfully completed and data collection and analysis were underway. It should enable washed RBC to be an off-the-shelf product and NHSBT hoped to release it this year. More information would be circulated in due course.</p>  |                   |
| <b>11</b> | <p><b><u>Trauma</u></b></p>  |                   |
| 11.1      | <p><u>SEC Trauma Network Update</u></p> <p>Brighton went live as Trauma Centre on 1<sup>ST</sup> April and while the total numbers of critically injured should remain unchanged, there was now scope for HEMS to bring trauma patients to Brighton. PL reported that Brighton had reviewed its guidelines and</p>   |                   |

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|      | now used Cryo in the early stages. Activation of Code Red depended on the mechanism of injury rather than the amount of blood volume loss, which could lead to cryo wastage.  |          |
| 11.2 | <u>Blood on HEMS: Trauma Group Feedback</u><br>MRow gave a brief overview of the London Trauma Haematology Group's quarterly meetings which provided a platform for the sharing of experiences, policies, audits and research. MRow invited PL to attend a forthcoming meeting, which he accepted. Feedback would be available at the next RTT/RTC meeting<br><b>ACTION: PL to attend London THG and provide feedback</b>   | PL       |
| 11.3 | The HEMS (London) carried 4 units of O RhD negative RBCs which were replaced daily (or on use) and were actively audited for traceability and appropriate usage. A pre-transfusion sample was taken by HEMS and labelled with the CAD number to obtain a pre-transfusion group; this avoided the need to always use Oneg. MRow reported that the system was working well.   |          |
| 12   | <u>AOB</u>  |          |
| 12.1 | MR reported difficulties with circulating the TADG minutes due to the 27MB size of the document which contained embedded presentations and asked if he could have the minutes posted on the RTC website. AD explained the 3 MB maximum limit in place for documents on the SEC RTC site but suggested that MRob forward the minutes to him to see what can be done.<br><b>ACTION: MRob to send minutes to AD for RTC website posting, if possible.</b>  | MRob/ AD |
| 12.2 | SG requested clarification regarding the remit of the NPSA SPN14 working group chaired by Di Harvey, specifically whether it would be looking to introduce a different form of competency assessment. SG had found the workbooks system extremely successful and 3 yearly competency assessments had worked well for him. He was very keen that there should be a degree of flexibility rather than a rigid approach. AD agreed to discuss this further with SG post-meeting and capture his views for the working group.<br><b>ACTION: AD and SG to discuss post-meeting and AD to convey views to the WG.</b> | AD/SG    |
| 12.3 | RR asked if anyone had a policy for monitoring blood management on FEDAXA. MR advised that it was on...? LD suggested the I-Passport Quality Management Systems, with which RR was already familiar..   |          |
| 12.4 | PL reiterated his misgivings regarding the £10 charge for educational events and his concern that certain members might find themselves financially overstretched once travel costs to venue etc were taken into account. He requested that this be monitored as a standing agenda item.<br><b>ACTION: MS to maintain as standing item on the agenda</b>  | MS       |
| 13   | <u>Closing Remarks &amp; Future Meeting Dates</u>   |          |
| 13.1 | PL thanked members for attending and closed the meeting.  |          |



**Future meeting dates to note:**

3<sup>rd</sup> October 2012  
RTT/HTC Chairs Evening Event  
Venue TBC

8<sup>th</sup> November 2012  
Joint TPG/RTC Education Event  
Venue TBC

12<sup>th</sup> December 2012  
RTT Telecon, 10 – 11.30

31<sup>st</sup> January 2012  
Joint TADG/RTC Education Event  
University of Sussex

|          | <b><u>SUMMARY OF ACTION POINTS</u></b>   |                             |
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| 4.2      | <b>AD to make further enquiries re RTC budget VAT and report back.</b>   | <b>AD</b>                   |
| 5.2      | <b>PL to contact RE about taking forward a blood conservation initiative in SEC region.<br/>MS to obtain pre-operative assessment links from MRow and circulate.</b> | <b>PL</b><br><b>MS/MRow</b> |
| 5.3      | <b>RW to provide further information about ad hoc deliveries, on request.</b>  | <b>RW</b>                   |
| 5.4(iv)  | <b>MRob to provide progress report on the review of the ‘transfer of blood with patient’ document to May RTT</b>   | <b>MRob</b>                 |
| 5.4(vi)  | <b>RW to circulate Red Book link</b>   | <b>RW</b>                   |
| 5.4(vii) | <b>PL to seek a representative from the region to attend the Patient Blood Management Seminar at RCPATH on his behalf.</b>   | <b>PL</b>                   |
| 6.4      | <b>HDN e-learning link to be circulated with the minutes – MRow to send to MS<br/>AD &amp; MRow to send flyer/posters to MS for circulation</b>                      | <b>MRow/MS/<br/>AD</b>      |
| 8.1      | <b>RO to forward questions for the BMS Empowerment questionnaire to RW to allow RW to create questionnaire</b>   | <b>RO/RW</b>                |
| 8.2      | <b>BG to forward the Platelets WG questionnaire to MS. MS to circulate to SEC<br/>RTC Consultant Haematologists.</b>   | <b>BG/MS</b>                |
| 8.3      | <b>LD &amp; AG to collaborate with MRob in devising the new standardized request form format</b>   | <b>LD/AG</b>                |
| 8.6      | <b>PL to forward a copy of his questionnaire for medical students to RO</b>  | <b>PL</b>                   |
| 8.8      | <b>BG to contact Emily Budge to discuss local platelet audit outcomes; MS to provide contact details.</b>  | <b>BG/MS</b>                |
| 9.1(iii) | <b>MRob to discuss (2 sample electronic issue) with Rachel Nichol/Grimaldi</b>   | <b>MRob</b>                 |
| 10.2     | <b>WSHT &amp; DVH to audit/monitor innovations to deliveries/platelet stocking over the Olympic period and provide feedback to RTC</b>                               | <b>MRob/LD</b>              |
| 10.4     | <b>RW to provide BG with risk assessment information re Vac-U-Tec.</b>   | <b>RW</b>                   |
| 10.7     | <b>All to feedback via R Whitmore re the new EBA blood packs</b>   | <b>All</b>                  |
| 10.8     | <b>RW to circulate KPI data.</b>   | <b>RW</b>                   |
| 11.2     | <b>PL to attend London Trauma Haematology Group and provide feedback</b>   | <b>PL</b>                   |
| 12.1     | <b>MRob to send TADG minutes to AD for RTC website posting, if possible.</b>   | <b>MRob/AD</b>              |
| 12.2     | <b>AD and SG to discuss NPSA14 matter post-meeting and AD to convey views to the WG.</b>   | <b>SG/AD</b>                |
| 12.4     | <b>Education event £10 fee to remain as standing agenda item.</b>  | <b>MS</b>                   |
|          |  |                             |