

**Minutes of the South Central RTT Meeting  
Held on 9 January 2018**

Attendees	
Anwen Davies (AD) Nigel Sargant (NS) Liz Kanengoni (LK) Cathy Lim (CL)	Kim East (KE) Tanya Hawkins (TH) Jacky Nabb (JN) Kerry Dowling (KD)
Joined on telecon	
Tanya Hawkins (TH)	Nigel Sargant(NS)

<b>1</b>	<b>Minutes of Previous meeting</b>  The minutes of the previous meeting were confirmed	
<b>2</b>	<p><b>2018 Workplan</b></p> <p>1) Telecon - with NS and TH</p> <p>TH reported that from a TP perspective she feels that the KPI audit incorporating the NICE QS 138 toolkit is a good place to start. Wastage and use of O neg &amp; O Pos were considered to be areas of current concern.</p> <p>Historically not all Trusts in the region have taken part in regional audits, JN suggested that we could look at groups of hospitals who want to take part in a particular project/audit rather than the whole region as some hospitals may not feel it would be of benefit. This could be undertaken as a pilot and the results used to encourage participation through the region.</p> <p>NS suggested it might be better to agree on a few things for the region to work on together and publish the results, TH agreed that working as a region would be preferable. For any audit or project the Trusts taking part would be included in the results</p> <p>NS suggested that we review the TP role - define the tasks within this role and the level of TP resource per Trust population. AD suggested that we ask the National TP Group as to whether the definition of the role and level of resource is available. KD advised that NHSBT have a document for the number of TPs relative to the Trust usage level which we could use as a starting point.</p> <p>NS - Would like to work on a Regional transfusion policy for Paediatrics, but feels it needs to be taken outside of this meeting, SS proposed we keep Paediatrics on the list to be considered.</p> <p>KD suggested that Trusts discuss what they do with the results of regional audits at RTC meetings. We could ask them in advance of the meeting if they do not wish to stand up and speak at the meeting.</p>	

	<p>AD presented a summary of current SC regional audits, feedback from previous meetings and activity in other regions</p> <ul style="list-style-type: none"> <li>• Transfer of blood - KD suggested that the receiving hospitals could audit how many units were transferred and the cold chain reason for wastage. The outcome to produce a form of educational resource highlighting what happens with transferred units.</li> <li>• LK suggested an audit on Neonatal split - SS suggested we present the results of the Oxford and London Audits. AD suggested we do this at the June RTC, which is Obstetrics themed. The information LK would be interested in is 'How many units from a split pack are issued for a neonatal and whether they are held as stock or ordered in specifically'</li> <li>• TACO - It was agreed to bring this forward to review with TACO audit results due end Jan</li> <li>• Major haemorrhage in older patients - too early to identify any work to do on this.</li> <li>• KE would like to see whether O Pos usage has had an effect on reducing the wastage and holding of O Neg. KD advised that SUH are using O Pos in ED and have seen a change in the use of O Neg, they are now looking to roll it out to other areas in April and will monitor results. AD is happy to work with hospitals that are using O Pos to look at data that is already there. It would be useful to identify who has introduced O Pos, LK advised that QA have put four O Pos in the fridge and have reduced the number of O Neg by two. CL and KE will look at whether WPH have reduced the number of times O Neg is ordered.</li> <li>• Patients refusing blood - It agrees that this ties in with Consent which is included in the KPI/QS138 audit</li> <li>• PCC - reversal of Warfarin is it being given quickly enough and in the same dose, to be considered</li> <li>• SUH Platelet issues - this is an important question for them. SUH will finish their audit and the results could be considered as to whether this would be useful for any other Trusts / the region. KD mentioned that this was criticised as having no results at Transfusion Bites last year. It was agreed this type of presentation would be best given at the afternoon session of RTC meetings, as the region are aware of history and issues experienced.</li> </ul> <p>The Telecon was closed and the remaining group reviewed the possible audits to be included in a work plan for 2018</p>	<p><b>CL/KE</b></p>
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	<p><b>Existing audits</b></p> <ol style="list-style-type: none"> <li>1. WBIT -             <ol style="list-style-type: none"> <li>a. KD provided a brief summary on the history of the audit. It was agreed that as we have 5 years of data, and that WBITs are now included in the KPI audit, we would no longer do a separate WBIT audit. KD will produce a one-page summary of results so far, giving results as a percentage of samples taken.</li> <li>b. KE to find out where Nicky obtained the regional/National percentage of WBIT for benchmarking.</li> <li>c. KE will amend the KPI audit to provide a percentage of WBIT of the number of samples tested.</li> </ol> </li> <li>2. Obstetrics             <ol style="list-style-type: none"> <li>a. KE provided a brief summary of the history of the audit. KE proposed that we produce a one-page summary for this audit similar to that produced by SEC on their O Neg audit. She had produced a summary of the results to show the type and extent of data produced. CE is producing a summary of the data collected, which will be presented at the June meeting. It was agreed that it would be useful to find out how Trusts have used this data. JN to e-mail TPs to ask them how the data has been used.</li> </ol> </li> <li>3. KPIs             <ol style="list-style-type: none"> <li>a. KE gave a brief summary of the history of the audit and data collected. It was agreed at the TP meeting to continue to do this audit and incorporate QS138. The Audit will be carried out 4 times per annum, Feb, May, Aug and Nov. It was agreed to include the Q138 element in the May and Nov audits only. The results of the audit can be used for                 <ol style="list-style-type: none"> <li>i. Local use compliance and measurement</li> <li>ii. Meeting local target</li> <li>iii. Benchmarking</li> </ol> </li> <li>b. Regional average to be included on the summary and to be used to identify regional priorities</li> <li>c. Change 'special requirements' to 'specific requirements'</li> </ol> </li> <li>4. Interventional biopsy audit, completed, the results to be published on the web site</li> <li>5. Transfer of Blood             <ol style="list-style-type: none"> <li>a. SUH and OUH to review the number of units transferred per patient and the reason for wastage over a one-month period. KD to discuss with Julie Staves</li> </ol> </li> </ol> <p><b><u>New audits/projects</u></b></p> <ol style="list-style-type: none"> <li>1. BMS training - KD asked if a repeat of the serology training for BMSs could be held. It was recognised that there is a lack experienced BMSs in band 5 currently. It was agreed to put together a training day with a TLM and RCI giving the training. A working group will be formed to put together the course. The group will consist of KD/CL /a band 5 BMS/JN/ and a RCI Manager. LK will look to see if there is a BMS in</li> </ol>	<p><b>KD</b></p> <p><b>KE</b></p> <p><b>KE</b></p> <p><b>JN</b></p> <p><b>KE</b></p> <p><b>KE</b></p> <p><b>JN</b></p> <p><b>KD</b></p> <p><b>LK/CL</b></p>
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	<p>QA, if not KE has someone who may be interested. CL to identify a RCI Manager to join the group</p> <p>2. O Neg</p> <p>a. Based on the SEC O Neg audit it was agreed to monitor O neg units over a two week period. NHSBT will provide the details of all units issued to the hospital during a 2 week period. The hospital will record the unit's fate and for transfused units: Date transfused, Patient's Age, Gender and Group.</p> <p>The results can be used by the hospital to identify if they are using the O Neg audits as intended. If not is there any room for improvement: stock holding, wastage and policy (use of O Pos). This will be carried out once a year starting in March 2018</p> <p><b><u>To be brought forward for review at the RTT meeting in June</u></b></p> <ul style="list-style-type: none"> <li>• Use of PCC - to be discussed at User Group meetings and brought to the June RTT</li> <li>• Iatrogenic Anaemia - Guidance developed saying that more than 3 mls shouldn't be discarded. Ask Intensive Care Units if there is guidance on maximum discarded, do they have special equipment to limit the sample level</li> <li>• Consent is included in the KPI audit and NHSBT are looking to provide the consent pad as a National Resource</li> <li>• Poster Competition at Transfusion Bites. SEC is running a poster competition at the Education Meeting being held in February. Results will be considered as to whether this is worthwhile to do in the SC region at Transfusion Bites.</li> <li>• TACO following results of National Audit</li> </ul> <p><b><u>March 18 meeting</u></b></p> <ul style="list-style-type: none"> <li>• It was agreed to send the programme out to HTTs including the TP presentation from Manchester. CL will ask a TP from Birmingham if the Manchester TP is unable to attend</li> <li>• Major incident workshops, topics for the workshop were considered <ul style="list-style-type: none"> <li>○ Unknown patients</li> <li>○ Supply</li> <li>○ Business Continuity - how does the hospital carry on with normal service after the incident including patients leftover</li> <li>○ IT</li> <li>○ Safe transfusion getting the blood to the patient and giving the transfusion</li> <li>○ Ask Trusts to think about areas of their Major incident plan (transfusion related) that could be improved. Also send in advance any questions about major incident planning.</li> </ul> </li> </ul> <p>A draft work plan was produced and discussed and agreed with TH by telecon. The work plan is sent as a separate document with these minutes.</p>	<p>AD/CL</p> <p>JN</p> <p>JN</p> <p>JN</p>
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<b>3</b>	<p>RTC Membership  <u><b>Non Haem Consultant</b></u>  KE will ask whether, Consultant Anaethsetist can join the RTT. AD will look to see if it has to be a consultant.</p>	<b>KE/AD</b>
<b>4</b>	<p><b>Budget</b>  There have been no applications for the funding for the Junior Doctor Training to date.</p>	
<b>6</b>	<p><b>RTT 2018 dates</b>   Telecons:  17 April 10.30  18 September 10.30  Face to Face meeting: - Following RTC meeting June 20th</p>	