

## North East Regional Transfusion Committee

**Region:** North East.  
**Chair:** Dr Adil Iqbal

HIGHLIGHT REPORT for RTC	
Date	March 2012
<b>Regional Transfusion Team</b>	Permanent representation includes RTC chair and HL team. Representatives also invited from key areas according to working agenda requirements. Permanent administrator in post. Meetings monthly (teleconference or face to face). Minutes available via the website.
<b>RTC Membership (including RTC attendance)</b>	RTC chair, HL team, HS and RCI managers, NHSBT QA manager, HTC chairs from each trust within the region, and Cumbria. Paediatric representative, Northern Region Haematologists representative, Audit lead. Trusts invited to send 2 representatives (HTC chair, SSM, TP). SHA representative has attended since November 2011. Patient representative joined in 2009. Attendance good with representation from all trusts as a rule. CPD approval for educational component of meeting & highlighting of non attendees has improved attendance.
<b>RTC Meetings</b>	Meet 4 monthly. 2012 meetings 07/03, 06/06, 07/11. Minutes available via website. Meetings commence with 1 hour CPD approved educational meeting covering topical issues.
<b>RTC Working Groups</b>	<ol style="list-style-type: none"> <li>1. Transfusion competency assessment group The North East Regional Transfusion Committee supports the principle that trusts can accept transfer of medical staff transfusion competencies from other trusts within the region</li> <li>2. Study day organising committee. The 2012 committee has co-opted an intensive care anaesthetist to help plan the programme</li> <li>3. Audit. Current studies are 12 month collections of data on Wrong Blood in Tube and Blood transferred with patients and a study of platelet use, "Where do platelets go?" is being run for 2 4 week periods in March and June 2012. The region has agreed to run the major haemorrhage audit designed by the NW RTC.</li> <li>4. TP/nurse education – lead Denise Watson. Nurse authorising has been developed through the region, with a series of educational sessions. To date, three courses have been run and a</li> </ol>

## North East Regional Transfusion Committee

	survey indicates progress with rolling this out to other disciplines e.g. ITU staff across the region. Interest has been expressed in other regions.
<b>Education</b>	<ul style="list-style-type: none"> <li>Regional study day – "Too much to Lose" on Major haemorrhage and trauma, to be held at the Durham conference centre, 14<sup>th</sup> November 2012.</li> <li>Nurse Authorising – discussions taking place regarding roll out to ITU staff.</li> </ul>
<b>Regional Surveys</b>	<ul style="list-style-type: none"> <li>Planned survey of platelet use</li> <li>Survey carried out on the implementation of nurse authorising in the region following the 3 educational events and presented to the RTC March 2012.</li> </ul>
<b>Audits</b>	<ul style="list-style-type: none"> <li>Wrong blood in Tube for 12 months from August 2011</li> <li>Re-audit of blood transferred with patients for 12 months from July 2011</li> <li>Planned major haemorrhage audit later in 2012</li> </ul>
<b>Website</b>	Website is regularly updated.
<b>Planned Activities for next Reporting Period</b>	Education days & audit as above
<b>Constraints/concerns</b>	<p>Time and financial constraints remain a concern for all non NHSBT staff which may affect attendance at meetings / educational events. Regional concern about increasing financial constraints within trusts and the impact of future product development on blood budgets v staffing costs.</p> <p>The RTT are scrutinising all aspects of blood and component usage within the region, with presentation of data at HTC's and the RTC. There is particular concern about platelet usage</p>
<b>Administrative support</b>	Permanent administrator in post providing excellent support to RTC.

## North East Regional Transfusion Committee

<b>Other Issues</b>	<p>The region with support both from the RTC and NBS is currently actively exploring options for the provision of transfusion services within the newly developing pathology networks as part of the pathology modernisation agenda.</p>
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