

MEETING OF THE REGIONAL TRANSFUSION COMMITTEE CHAIRS

Monday, 14th March 2016 10.00am – 12.30pm

Hotel Russell, 1-8 Russell Square, London, WC1B 5BE

Draft Minutes

Present:

Dr Jon Cort	MD	Chair representing Dr Youssef Sorour and East Midlands RTC
Ms Teresa Allen	TA	NHSBT Assistant Director: Customer Services
Ms Celina Bernstrom	CB	EA to the NBTC
Dr Craig Carroll	CC	North West RTC
Dr Alistair Dodds	AD	North East RTC
Mr Brian Hockley	BH	Data Analyst and Audit Manager
Dr Nicola Jones	NJ	East of England RTC
Dr Phil Kelly	PK	London RTC
Dr Chris Newson	CN	West Midlands RTC
Dr Kate Pendry	KP	NBTC Secretary
Dr Nigel Sargant	NS	South Central RTC
Ms Louise Sherliker	LS	for Rebecca Gerrard, National Lead: PBM Team
Dr Howard Wakeling	HW	South East Coast RTC
Dr Jonathan Wallis	JW	NBTC Chair
Dr Sarah Wexler	SW	Interim Chair South West RTC

Apologies:

Ms Rebecca Gerrard	RG	NHSBT National Lead: PBM Team
Dr Youssef Sorour	YS	Chair and Y&H RTC

RTC 01/16	Welcome and Introductions, Apologies
	The Chair, Dr Jon Cort, welcomed everyone and noted apologies announcing that he was deputising for Dr Youssef Sorour.
RTC 02/16	Minutes of the RTC Chairs Meeting – 16th March 2015
	The issue of CPD accreditation was raised and discussed. Clinical benchmarking was also discussed. KP added that Transfusion Request Specification is to be standardised and discussed fully at the main NBTC committee meeting.
	No further comments were added and so the minutes were agreed as a true and correct record.
RTC 03/16	Updated ToRs for NBTC / RTC

	Discussion took place and better ways of engaging RTC Chairs was explored. It was agreed this needs more thought.
	The most significant change to this document was to 10.2 relating to Working Arrangements.
	<i>The Chair of the RTC will be elected by the current members of each RTC. Nominations for RTC Chairs must be approved by the NBTC Executive Working Group prior to election. The chair will generally be a medically qualified member of the RTC but may be a person who is not currently an RTC member. They must be a clinical user of blood with prescribing rights for blood components. He/She will serve a term of 2 years renewable for a further 2 years and will represent the RTC on the NBTC. The RTC Chair may appoint a deputy from the RTC membership and who may be someone without prescribing rights for blood.</i>
	It was felt that the Chair of RTC should be a medical person. Whilst some Transfusion Practitioners put forward were qualified for the role the problem was highlighted as being engagement of medical users in the Regional and National committees.
	Tenure of membership was explored. It was agreed that 2 years is too brief. After discussion it was agreed to amend the wording to stipulate a minimum commitment of 2 years with possible extension to up to 5 years.
	KP added that Jo Martin's post as National Clinical Director for Pathology is being disbanded due to reorganisation of NHS England and the NBTC needs clarification of reporting arrangements. JW agreed to follow this up and TA to clarify a specialist commissioning group contact.
	Action: JW / TA
RTC 04/16	Review and discussion of the RTC reports
	<u>North East RTC – Allistair Dodds</u>
	Time and financial constraints remain a concern for all staff and may affect attendance at meetings / educational events. The RTC addresses this by offering funding for rail fare for members of staff to attend select meetings.
	Regional concern present about increasing financial constraints within trusts and the impact of future product development on blood budgets vs. staffing costs.
	The RTT are scrutinising all aspects of blood and component usage/wastage with a particular emphasis on platelets and group O neg red cells. Presentation of data at both HTCs and the RTC.
	<u>South Central RTC – Dr Nigel Sargant</u>

	Transfusion bites Education Day in November 2015 10% increase in attendance from the previous year, excellent feedback with an overall score for the meeting was 3.7 from a possible total of 4, with 82% of delegates saying that they are likely to change practice as a result.
	Constraints/concerns:
	<ul style="list-style-type: none"> o Lack of time and shortage of staff in laboratories o Restructuring of laboratories o Out of date guidelines – e.g. Platelets
	<u>North West RTC– Dr Craig Carroll</u>
	Communication within the region is strong. Discussion took place on logistics of handing over delivery of blood transfusion services in North Wales to the Welsh Blood Service.
	Constraints/concerns:
	<ul style="list-style-type: none"> o Single handed TPs in Trusts can cause problems with cover - need support for at least two TPs per Trust. o Solutions for hospitals with infrequent requirement for Intra-Operative Cell Salvage. o Shortage of trained ICS practitioners in a number of hospitals where ICS would be beneficial. o Patients attending for surgery with untreated and uninvestigated anaemia. o Re-organisation of emergency services across the NW Region without clear planning for pathology services to deliver the increased workload relating to transfusion. o There are hospitals that appear to be unsupportive of the RTC processes, with poor regional meeting attendance and inconsistent attendance for HTC meetings.
	<u>South West RTC – Dr Sarah Wexler</u>
	SW wants to improve on engagement with GPs when it is challenging for GPs to attend meetings. SW confirmed that they have advertised for GP representation at their RTC meeting but issues have been encountered.. The Hepatitis E situation was raised and is scheduled for wider discussion this afternoon.
	<u>London RTC – Dr Phil Kelly</u>
	Constraints/concerns:
	Attendance at events seems to be down and venue costs are increasing which is affecting their budget.
	<u>South East Coast RTC – Dr Howard Wakeling</u>
	Constraints/concerns:
	Following expressions of interest/CVs from the region and consideration of candidates, Dr Howard Wakeling, Consultant Anaesthetist at Worthing

	Hospital is the new Chair of the SEC RTC from March 2016.
	Simon Goodwin has now stepped down as TPG Chair; his replacement is Nicola McVeagh. Lisa March was re-elected as Deputy Chair.
	<u>East Midlands – Dr Jon Cort</u>
	JC confirmed that they have an active RTT.
	<ul style="list-style-type: none"> ○ Concerns over RCI Sheffield moving and possible implications ○ Possibilities of reviewing purpose of 1996 threshold for FFP ○ Concerns around Manufacturing Consolidation within NHSBT (Sheffield to Manchester).
	<u>Yorkshire & The Humber – Dr Youssef Sorour</u>
	JC provided overview of this region in Dr Sorour's absence.
	Constraints/concerns:
	<ul style="list-style-type: none"> ○ Continued staffing issues; lack of trained staff; workload ○ Attendance at HTC meetings ○ Accreditation of equipment and engineers.
	<u>East of England RTC – Dr Nicola Jones</u>
	Constraints/concerns:
	<ul style="list-style-type: none"> ○ Laboratory staffing and the impact of pathology modernisation remain key issues in the majority of our hospitals. Most hospitals report short staffing and as this has been a long term issue, many staff are inexperienced and require training. ○ There is a shortage of Consultant Haematologists with responsibility for transfusion in the region with several hospitals employing locums for this role.
	<u>West Midlands RTC – Dr Chris Newson</u>
	Constraints/concerns:
	<ul style="list-style-type: none"> ○ Some Transfusion practitioners who are registered as nurses have been asked to do clinical duties rather than TP role. ○ The new RTC vice-chair has been appointed as chair elect to ensure continuity. ○ There have been changes in several roles within the RTT recently – new NHSBT Consultant (since September 2015), new CSM (since January 2016), and new PBMP to this region (since October 2015); there will be no PBMP from April until a new appointment takes up post (expected to be May/June).
	JC asked whether over the last decade is there too much focus on

	delivering education for the already 'converted' TPs and TLMs rather than trying to reach out to new audiences. CC responded that in the NW they are engaging on specific directed educational events so it is targeted in these instances e.g. the next symposium in NW will be directed at Emergency Department clinicians. KP said there is a new group within the PBM team in NHSBT which will help to provide some strategic direction in delivery of transfusion education through the RTCs.
RTC 05/16	RTC Audit Update
	<u>Current audits:</u>
	Audit of Platelet Use in the East Midlands RTC which was completed 16 January 2016.
	<u>Audits in preparation for 2016/17:</u>
	<ul style="list-style-type: none"> ○ Audit of Out of Hours Transfusions (West Midlands RTC) – discussed at WM RTC audit group and is to be conducted in 2016 ○ Transfer of Blood with Patient (south Central RTC) ○ Audit of Consent (South West RTC) ○ Platelet Use in Haematology (South West RTC) ○ Major haemorrhage in trauma audit North West RTC
	<u>LoPag Platelet Audit Report:</u>
	An abstract has been accepted for a forthcoming BSH conference on platelet use and will be presented as a poster. An article has been submitted to Blood and Transplant Matters.
	<u>Aim of Survey:</u>
	Based on the 2014 NHSBT survey of where blood goes, all London Hospitals were asked to capture platelet requests over 1 week in July 2015 (7 consecutive days). This was to better understand where platelets were being used across the London region.
	<u>Participation:</u>
	74% of hospitals within the London RTC Region participated in the week long survey. 5 hospitals accounted for 90% of the data submitted. Individual hospital dashboards were issued to give local breakdowns.
RTC 06/16	Reorganisation in the North
	TA gave overview confirming that NHSBT asked for feedback from members of the meeting but recognise that it has been challenging for hospitals to respond to NHSBT timelines.
	Several (8) options have been shortlisted; one which involves a new build somewhere near the motorway between the two centres, as well as options involving two new buildings, one in Leeds and one in Sheffield or refurbishing existing buildings etc. NHSBT will share the preferred option for hospitals to comment on ahead of any board decisions.
	Concerns over timeframes for hospital feedback should be raised with

	Mark Woodget. The earliest that this reorganisation is likely to take place is 2019 (this is now 2020).
	<u>NHSBT Core Systems Modernisation</u>
	TA highlighted the need for a radical IT transformation programme within NHSBT to replace our ageing PULSE computer system by the middle of 2018. This is a significant piece of work which affects people and processes across the whole of the blood supply chain but is at the top of our "Must do" prioritisation list. It will limit our ability to take on additional projects due to the scale and complexity of the change involved.
	<u>Manufacturing Modernisation project</u>
	Another project, the modernisation of processing into Manchester is now live. NHSBT are in the process of establishing a new out of hours service starting this week. Building refurbishment in Manchester has already started and is due for completion in July 2017. Processing work will transfer into Manchester from Sheffield in 2017.
	JW aired concerns over geographical changes which can mean a loss of staff. NHSBT has used schemes to incentivised employees via extended contracts when carrying out similar changes and if required will supplement the changes using staff from other centres.
	MM asked whether NHSBT are exploring externally sourced IT projects. TA confirmed that the Executive Team are discussing the Leeds/Sheffield proposal in light of core modernisation process also reviewing all projects. MM added that some influence is necessary in sight of the risks involved.
RTC 07/16	Website Update
	LS presented paper from Christine Roberts, Website Development Manager.
	Comments were invited from the meeting and discussion took place. Other forms of communication were suggested such as Twitter. Kerry Rhodes will be in touch May/June 2016 to discuss moving forward with development. <ul style="list-style-type: none"> ○ Key points: <ul style="list-style-type: none"> ○ A new publishing request form has been developed to improve the publishing process and to ensure content and timeliness standards are met. ○ 56 updates have been made to the RTC section of the site between September and January. ○ Publishing to the NBTC section of the site is now progressing ○ A naming convention for audits has been adopted which will provide easier access to audit resources and improve the overall experience on the site.
RTC 08/16	PBM Team structure

	New structure was highlighted particularly the additions of national posts as well as regional posts.
	Stakeholders have been approached to find out what they wanted from PBM. A large portion of work relates to education and some resources have been redirected into an education team.
	The role of a PBM Practitioner is fragmented but hopefully the new structure will be more focussed. Members of the team are working individually with hospitals. There are a few vacancies that hopefully will be filled by April.
	There are 3 new positions:
	Operations Manager who will act as a deputy to the National Lead and manage the regional PBMPs. Development Manager and a Research and Practice Manager. As a result we have realigned the cover for some of the hospitals and RTCs.
	A small team focussing on education has been established and is managed by the Education Lead. This will allow dedicated time for the development of education tools and programmes so that we can increase speed, co-ordination and outputs in this area.
	The National Lead will work at a more strategic level to drive PBM forward.
	CC brought up cell salvage from the point of view of the end user. This needs to be viewed from a national perspective as a site/repository for education. LS agreed to feed back. JW said that the cell salvage workbook is being taken on by BBTS education team and will be available as an online tool.
RTC 09/16	Platelet Wastage as Percentage of Issue.
	Platelet Wastage as Percentage of Issue by RTC Region.
	Some variance was noted across the regions. TA to find out the average age of stock at issue by centre as JW thought this may be contributing to the variation. . KP added that the London RTC has a platelet action group which has been effective and has developed a useful toolkit to support reduction in platelet wastage.
RTC 10/16	RTC Chair of Chairs' Items
	Jon Cort highlighted how he had been working closely with Youssef Souror in view of their close geographical proximity; he was keen to present the benefits of joint regional working / sharing of resources
	For example: Shared audits (e.g. platelet audit; there are also opportunities to share

	audits of major haemorrhage management and implementation of NICE guidelines. Each network using the same tool would make sense.) Share education Shared policies and procedures
	SW expressed difficulties in working with other regions as some are so large. LS mentioned disparity across trusts and trying to get a regional comparative data is difficult.
	MM highlighted that there had not been a National Comparative Audit Annual report for a while and it would be good to review this to understand the direction of travel for national audit vs. regional audit and linkages with Royal Colleges.
	KP to request a report from Lise Escourt.
	Action: KP
RTC 11/16	Any Other Business
	AD said that at an RTC meeting there were concerns over training F1 Junior Doctors in blood administration as there was a risk that Junior Doctors work semi-independently and safeguarding might not be in place. Discussions took place on the merits of training Junior Doctors in blood administration. HW said that 10 years ago instructions would be placed on the blood product. NS highlighted a natural move towards electronic tracking of blood The committee consensus was that the ability for foundation doctors to be trained as safe administrators of blood in the workplace is a core skill and should be maintained.
	JW said F1s in his trust very rarely put up blood units. SW added that even if it is a rare event to be trained in it is only beneficial.
	JW suggested changing the format of the September meeting to allow a morning workshop involving all RTC Chairs and Royal Colleges/ Specialist Society members to discuss new developments in blood components. Reports from RTC chairs would be received for information at both meetings, but only presented for discussion once per year i.e. next time in March 2017. JC agreed in principal – need agreement also from YS and DW as chair of the Royal Colleges. Specialist societies group.
RTC 12/16	Date of next Meetings
	NBTC/RTC Chairs – Autumn meeting Monday, 19 th September 2016 at Royal College of Obstetricians and Gynaecologists, (Rooms on Regents Park) 27 Sussex Place, Regents Park, London, NW1 4RG

Regional Transfusion Committee Chairs

Summary of Agreed Actions: Meeting held on 14 March 2016

Minute Ref	Agreed Action	Responsibility	Completion /Review
RTC 03/16	Updated ToRs for NBTC/RTC		
	Clarify NHSBT reporting arrangements for when Jo Martin's post is disbanded owing to the reorganisation of NHS England.	JW	
	Identify a specialist commissioning group contact.	TA	
RTC 10/16	RTC Chair of Chairs' Items		
	Request a National Comparative Audit Annual report from Lise Escourt as difficulties have been expressed in working with other regions owing to their large size.	KP	