

The Chief Medical Officer's National Blood Transfusion Committee

Region.....South Central.....

Chair:Anthony Stock.....

HIGHLIGHT REPORT for NBTC

Date	
Regional Transfusion Team	<p>Membership</p> <ul style="list-style-type: none"> ▪ RTC Chair: ▪ Transfusion Practitioners: x2 ▪ Transfusion laboratory Managers: x2 ▪ NHSBT representation: <ul style="list-style-type: none"> ○ Consultant Haematologist ○ Transfusion Liaison Nurse ○ Customer Service Manager ○ RTC Administrator <p>RTT holds teleconferences 3 times per year: Agenda included: blood stock levels, usage and wastage, planning of future education events, feedback from TP and TLM groups, RTC budget.</p>
RTC Membership (including RTC attendance)	<p>Membership:</p> <ul style="list-style-type: none"> ▪ Representation from all regional NHS HTT's ▪ One private hospital ▪ Patient representative ▪ NHSBT representatives: <ul style="list-style-type: none"> ○ NHSBT consultants ○ Transfusion Liaison Nurse ○ Customer Service Manager ○ RTC administrator ▪ Increase in attendance of 13% 2010/11- 2011/12 (229 to 262) for all 4 events ▪ HTC Chairs: 10% increase in Chairs attending, but in 2 Trusts there was no HTC attendance for the year.
Key Achievements:	<ul style="list-style-type: none"> ▪ Successful running of education programme: including education symposiums and one day study days. Mean evaluation scores 4.1 (max 5) ▪ NCA Audit: overall participation 90% for region. NBTC surveys: 100% participation ▪ Development of one page summary documents for NCA audits and NBTC surveys. These compare individual Trusts against regional and national audit results. ▪ Development of monthly highlight report on blood issue for individual hospitals. At pilot stage but will be rolled out in next 3 months.

Does the RTC have a patient representative?	Yes																				
RTC Meetings	<ul style="list-style-type: none">▪ RTC meetings and education symposiums held 3 times a year▪ Format of meetings: morning education symposium on a focussed theme, followed by afternoon business meeting▪ The afternoon session includes presentation of blood issue data from all regional hospitals, audit planning and reports, policy review, new initiatives and feedback from TP and TLM groups.▪ Presentations about regional blood issue and wastage data always create a forum for lively discussion and often lead to further reflection and analysis on practice. Hospital usage data is benchmarked against other hospitals in the region and includes feedback on variance in usage and wastage across Trusts. The data is deannonymised. TLM's present initiatives to managing stock and sharing good practice.▪ Regional objectives are reviewed yearly and performance against the objectives is analysed. The region has produced a first draft platelet strategy.																				
RTC Working Groups	<ul style="list-style-type: none">▪ The Transfusion Practitioners hold a monthly telecon and meet four times a year.▪ The Transfusion Laboratory Managers meet three times a year.																				
Education	<p>RTC Education symposiums and education days held in 2011/12:</p> <table><tr><th>Date</th><th>Theme</th><th>Attendance</th><th>Mean Evaluation Score: (max 5)</th></tr><tr><td>June 2011</td><td>Appropriate blood use: Platelets</td><td>33</td><td>4.1</td></tr><tr><td>Sept 2011</td><td>Massive Haemorrhage</td><td>117</td><td>4.1</td></tr><tr><td>Nov 2011</td><td>Transfusion Bites</td><td>82</td><td>3.9</td></tr><tr><td>Feb 2012</td><td>Audit</td><td>26</td><td>4.1</td></tr></table> <p>Future Events 2012: May: RTC symposium: Theme- Surgery June: RTC one day event: Theme- Medical Anaemia November: RTC one day event: Transfusion Bites</p> <p>E-learning:</p> <ul style="list-style-type: none">▪ Region has the highest uptake rates for 'learnbloodtransfusion'. Channel Island hospitals in process of establishing e-learning for transfusion training.▪ GMP module used by TLM's in region <p>NPSA: HTT's continue to work hard to achieve compliance with NPSA standards. Competency training of medical staff remains a challenge and many hospitals unable to achieve targets.</p> <p>TP meetings: recent workshop has looked at TP development and future events will include sessions on TP empowerment.</p>	Date	Theme	Attendance	Mean Evaluation Score: (max 5)	June 2011	Appropriate blood use: Platelets	33	4.1	Sept 2011	Massive Haemorrhage	117	4.1	Nov 2011	Transfusion Bites	82	3.9	Feb 2012	Audit	26	4.1
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Audits/Regional Surveys	<p>NCA and NBTC led audits:</p> <table><tr><th>Audit</th><th>South Central participation (NHS)</th><th>National participation</th></tr><tr><td>Platelets- haematology</td><td>80%</td><td>75%</td></tr><tr><td>Bedside</td><td>100%</td><td>96%</td></tr></table>	Audit	South Central participation (NHS)	National participation	Platelets- haematology	80%	75%	Bedside	100%	96%											
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	Medical	90%	Not available
	BBT survey	100%	94%
	TP survey	50%	72%
	IT survey	100%	74%
Other audits <ul style="list-style-type: none"> TP audit of bedside practice Blood use in CABG patients: 2 regional cardiothoracic centres Forthcoming regional audits: <ul style="list-style-type: none"> double dose platelet administration blood use in patients with liver disease Research studies: FOCUS trial			
Website	<ul style="list-style-type: none"> Website reviewed regularly. News page added to the site. SC has 10 of the 89 most downloaded RTC documents, one of which is the most downloaded on the RTC website 		
Planned Activities for next Reporting Period	Key Regional Objectives for 2012	Performance Indicator	
	Improve communication and liaison: <ul style="list-style-type: none"> HTC: Currently attendance of HTC Chairs at RTC meetings is variable and sporadic 	<ul style="list-style-type: none"> Increase attendance of HTC chairs by 10% Each HTC to send a representative to at least one RTC a year Utilisation of communication sheet by all HTT's prior to RTC meeting 	
	Provide transfusion education and information <ul style="list-style-type: none"> Educational study days and symposiums Promote e-learning RTC website TP development workshops 	<ul style="list-style-type: none"> Maintain number of attendees at RTC symposiums and 'Transfusion Bites' education day Combined 'Good' and 'Excellent' evaluation scores for events to be >60% Monitor use of website via national survey Increase in number of downloads from site Increase in 'green lights' for TP responses in leadership framework questionnaires 	
	Appropriate blood use: Data <ul style="list-style-type: none"> Implementation of monthly blood issue and wastage highlight report for TLM's Practice <ul style="list-style-type: none"> Improve communication of special blood components between hospitals Platelet strategy Oneg strategy Promote the use of alternatives to transfusion 	<ul style="list-style-type: none"> Greater than 80% positive evaluation of monthly highlight report Implementation of a 'shared care' document across region to improve communication of special blood components between hospitals Decrease in platelet issues across region Percentage of O neg stock to be <10.5% for 90% of hospitals as per guideline Inclusion of transfusion alternatives in regional education days 	
	Audit: <ul style="list-style-type: none"> Local Regional National 	<ul style="list-style-type: none"> >80% participation in NCA audit by NHS hospitals One page summary of results 	

	Strategy- How local, regional and national changes have implications to transfusion service in region	<ul style="list-style-type: none"> ▪ Access to available information on Pathology Modernisation agenda ▪ NPSA competency review
Constraints/concerns	<ul style="list-style-type: none"> ▪ HTC chair attendance remains low ▪ Impact of financial constraints on Trusts: work pressures of HTT's, attendance at educational events ▪ Pathology Modernisation and it's potential impact on laboratory services 	
Administrative support for the RTC	RTC administrator employed for 20hrs/week from November 2009. Provides excellent support for the region, and has built up an effective working relationship with all hospitals.	