Unconfirmed Minutes of Regional Transfusion Committee Business Meeting
WEDNESDAY 21 NOVEMBER 2012 15.30 – 17.00
WORCESTER ROYAL HOSPITAL,
CHARLES HASTINGS EDUCATION CENTRE
WORCESTER WR5 1DD
DRAFT

Present:

Dr Craig Taylor (CT) Chairman, Dudley Group of Hospitals NHS Trust
Andrea Harris (AH) NHSBT
Dr Heidi Doughty (HD) NHSBT
Craig Wilkes (CW) NHSBT
Dr Matthew Lumley (ML) Heart of England NHS Foundation Trust
Ray George (RG) Birmingham Women’s Hospital
Michelle Budd (MB) University Hospital Birmingham
Jane Tidman (JT) Queen Elizabeth Hospital, Birmingham
Carla Newland-Baker (CNB) Worcestershire Royal Hospital
Antoinette Turner (AT) George Eliot Hospital Trust
Richard Cole (RC) Birmingham Children's Hospital
Mary Hutchinson (MH) Queen Elizabeth Hospital, Birmingham
Tracy Clarke (TC) Hereford County Hospital
Huw Jones (HJ) Robert Jones and Agnes
Sherin Boyd (SB) Heart of England NHS Foundation Trust
Louise Brown (LB) Walsall Hospital NHS Trust
Dr Keith Clayton (KC) University Hospital Coventry and Warwickshire NHS Trust
Dr Fouzia Kader (FK) Robert Jones & Agnes Hunt Orthopaedic Hospital
Dr Chris Newson (CN) Walsall Hospitals NHS Trust
Paul Turner (PT) Worcester Royal Hospital
Dr Thomas Skibbe (TS) Worcestershire Acute Hospitals NHS Trust

Apologies:

Vivekananthan Poongavanam George Eliot Hospital Trust
Dr Edward Briggs (EB) Burton Hospital NHS Foundation Trust
Mark Adams (MA) Burton Hospital NHS Foundation Trust
Janine Beddow (JB) Walsgrave Hospital Trust
Mike Herbert (MH) New Cross Hospital
Dr Charles Baker (CB) University Hospital of North Staffordshire NHS Trust
Pam Irving (PI) Staffordshire General Hospital
Suzy Biggs (SB) NHSBT
1. Welcome and Apologies

The Chairman welcomed everyone to the meeting and introductions were made around the table.

The persons listed above sent their apologies prior to the meeting.

2. Membership

Attendance at the last 3 RTC Business Meetings was reviewed:

![Graph showing attendance at RTC meetings]

Generally good attendance from all Trusts.

An NBTC survey of HTC chairs showed that only 57% attend ¼ of RTC meetings, 34% did not find RTC meetings beneficial, and 56% felt that the relationship with the RTC could be improved.

It was noted that there is a lot of pressure on people’s time and HTC's are also struggling to maintain attendance figures. It is important that RTC dates are known well in advance of meetings. Some Trusts do appear more engaged in BBT than others.

The RTC has always encouraged a multi-disciplinary attendance at meetings – not just the HTC chair, and it may be TP’s and Transfusion laboratory Managers need to champion RTC activities.

It was agreed that a survey of HTC chairs should be conducted – information should be provided along side this survey which promotes what they can get from the RTC.

Action: AH to draft survey
3. Matters arising and actions from minutes of 29 June 2012 – this was done at the end of the meeting

Minutes accepted.

All actions completed except:

West Midlands RTC guidelines – plans for these are still being investigated
Patient representative – no patient representative for the RTC has been identified despite attempts at numerous regional hospitals therefore action closed.

SpR training – need to liaise with West Midlands Deanery to determine what transfusion sessions are needed and request regional volunteers for SpR training.

West Mercia Guidelines – need to check if blood administrations guidelines have been removed.

Regional Survey of Cell Salvage Practice – need to post on RTC website

Shared Care Document – in progress

4. Update from NBTC EWG and RTC Chairs’ meeting:

Key points:

The letter sent from Paul Turner expressing concern over pathology modernisation and the impact on blood transfusion services created some debate – other regions also have concerns. Adrian Newland (chair of NBTC) will raise this with Sir Bruce Keogh (Department of Health medical Director).

Survey of HTC chairs (also discussed in item 2) – concerns expressed over time for HTC chairs to do the role. A HTC chair Job Description is being written to help provide focus and to assist with any business cases for additional resources

Audit: the NCA have asked for RTC representation on the NVA steering group committee
There have been a number of regional audits looking at platelet usage, and more specifically double dosing of platelets. The West Midlands RTC audit group are planning to conduct a platelet audit next year. This may be an area for regional guidelines.

RTC website: the website that contains the RTC pages will soon be revamped.

NPSA SPN 14 – Competency Assessment: the NBTC group reviewing this SPN is drafting a paper which will go to the next NBTC meeting March 2013. There is a proposal that the competencies should move away from observational assessment, and should focus more on knowledge assessment.

NBTC Education Group: looking at medical and nursing undergraduate curricula related to blood transfusion.

Components Working Group: discussions continue around extended shelf life of FFP.
Patient Involvement Working Group; ‘Recent launch of ‘Do You Know Who I Am Campaign?’ – information available at:


Consent: concerns over what consent for transfusion means to individual clinicians, and impact on HTT’s. NCA Audit of Consent for Transfusion planned for Autumn 2013.

NHSLA Standards for Blood Transfusion: following input from NBTC and SHOT, NHSLA are no longer dropping blood transfusion from its standards.

Pathology Harmonisation: requirements from the Pathology Harmonisation project to change the measurement for haemoglobin from g/dl to g/l. More information available at:

http://www.pathologyharmony.co.uk

AIM II: this project is looking at where clinically is blood used in hospitals – pilots are currently in progress.

Integrated Transfusion Services (ITS): pilots looking at stock management are in progress.

LearnBloodTransfusion: A new Consent module is due to be launched soon. There are also plans for new ‘revalidation’ modules.

SHOT: 40% of ‘Wrong Blood in Tubes’ (WBITs) are doctor related, which is a huge over representation. Currently there is variation across the region as to what actions are taken when a WBIT is identified, and there was a suggestion that there should be regional agreement on what should happen when an error occurs.

Action: AH to pull together a working group to produce regional recommendations.

4.1 Patient Blood Management (PBM): A joint DH / NBTC / NHSBT event was held in London June 2012 to launch ‘Patient Blood Management’. This concept will build on and enhance what is already being done with better Blood Transfusion.

Action: CT to circulate PBM Seminar paper

A guidance / recommendations document is expected, which may also include hospital Key Performance Indicators (KPI’s).

5. Update from the West Midlands Blood Bank Managers, Transfusion Practitioners and Cell Salvage Group:

5.1 Blood Bank Managers – James Taylor is now chair.

Key points:

Stock sharing – not much stock sharing is currently happening regionally.
RhD neg – the group will look at this in more detail.
Transfer of Blood – the group to look at the National Transfer of Blood policy and regional variations. HD is keen that a national document is used to prevent ‘out of region’ confusion.
Regional Shared Care – plans to use regional shared care documentation to inform blood banks of changes in patients special blood transfusion requirements.

New BCSH Compatibility guidelines – practicalities of 2 sample requirements discussed.

5.2 Transfusion Practitioners – Mary Hitchinson chair of group.

Key points;
The regional TP conference held 19th September ‘The Anaemic Patient – Can We Improve Our Practice’ evaluated very well. The group are planning another conference next May focusing on ‘Emergency Patient blood Management’.
The West Mercia Guidelines relating to blood administration have been reviewed. It was agreed that these guidelines should be removed as all local hospitals will have their own local policy that covers this.
Caroline Stone is attending a Transfusion Course in Nottingham – this appears to be a very in-depth course which would be highly beneficial to other TPs. NHSBT are currently investigating the possibility of rolling this course out in other regions across the country.
There also appears to be a lot of interest at developing Nurse prescribing / authorisation of blood components.

5.3 Regional Cell Salvage Group: due to meet again in January 2013. Regional cell salvage data collection is currently in progress.

6. Education Update:

6.1 LearnBloodTransfusion – discussed under item 4

6.2 Regional Conferences: this year there has been 3 RTC educational events:
June: What no platelets / Oh No O workshop
Sept: TP Conference ‘The Anaemic Patient – Can We Improve Our Practice’
Nov: RTC Conference ‘Transfusion Laboratory Practice: Past, Present and Future’.

AH is planning a further 3 conferences next year.

6.3 West Midlands Deanery e-learning package for Blood Transfusion: feedback from around the region has been generally positive. The content needs to be reviewed, especially in relation to new recommendations e.g. 2 sample requirements / consent.

One issue raised is in relation to TP’s getting evidence that junior doctors have completed and passed this e-learning package. It is presumed that doctors must pass the module before they are allowed to go to a clinical area, but is there any confirmation of this?

Action: AH / CT to review content and discuss with West Midlands Deanery
7. **Budget:**

AH stated that in addition to the annual RTC budget (£4212) sponsorship of £1600 was also gained allowing the 3 regional educational events to run this year with no fee to delegates. Thank you very much too all sponsors.

AH asked whether there were any other suggestions for budget expenditure e.g. production of regional educational resources. If not, budget will be spent on conferences / workshops.

**Action:** all to feedback to AH with any suggestions for RTC budget expenditure.

8. **RTC Audit Update: Mike Herbert is chair of group.**

RhD O neg survey has been completed and initial data presented at RTC workshop June 2012. Audit report is almost finalised.


9. **National Comparative Audit Plan – 3 outstanding audit reports (use of blood in cardiac surgery, medical use of blood and blood sampling) are due December 2012.**

Plans for next year are:

- Spring 2013: Audit of the management of patients in Neuro Critical Care Units
- Spring 2013: Audit of the use of Anti-D
- Autumn 2013: Audit of the management of patients with haemoglobinopathies
- Autumn 2013: Audit of patient information and consent

10. **BSMS issue and wastage data**

It was noted that regionally red cell usage appears to have stabilised, but with hospital variation. Platelet usage regionally is showing a huge increase, as is cryo usage.

Platelet usage largely due to haematology demand. Double dosing of platelets discussed – not just haematology, also cardiac and orthopaedic patients on clopidrogel.

Use of ROTEM increases both platelet and cryoprecipitate usage.

It was commented that there is no statistical analysis of the data at present.

11. **RTC Objectives:**
RTC Objectives: these were discussed. It was requested to add ‘survey of HTC chairs’ (as discussed in item 2). Otherwise these were agreed.

Action: AH / SB to add survey of HTC chairs and then post RTC objectives on RTC website.

Antoinette Turner has completed an analysis of the SHOT recommendations and has produced a useful list of all recommendations and who is responsible to action.

Action: AH / SB to post SHOT recommendations on RTC website.

With regards to the RTC objective around SaBTO CMV-ve recommendations, it was noted that all regional adult transplant centres have accepted this recommendation, but the Children’s hospital is still reviewing.

Action: CT to write a letter to all regional hospitals clarifying regional position re CMV-ve recommendations

Action: CB will forward distribution list to AH/SB so that above letter can be reworded and sent to other areas

There had been a request in relation to solid organ donation teams requesting CMV-ve blood components for the donors before / during the retrieval process.

Action: HD to investigate.

AOB:

AT raised an issue with the recently published BCSH guidelines for Red cells in critical care. Concerns raised that they are not very user friendly (e.g. it would be better if the rationale was in a separate appendix so that the recommendations are clearer). Also a couple of errors noted.

Action: AH to feed back to the BCSH Transfusion Task Force.

CT raised an issue with consent for blood transfusion – important to share plans and experiences regionally and look at whether any regional resources can be produced.

Date of next meeting:

Action: AH/SB to organise.