

Slow and Steady Wins the rACE in the South East

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01 INTRODUCTION

In 2016, the National Institute for Health and Care Excellence (NICE) published Quality Standard QS138¹, highlighting four priority areas. The South East Transfusion Practitioners Group (SETPG) swiftly responded, collaborating to understand how hospital practices align to reduce a patient's risk of needing blood, bleeding or inappropriate transfusion. Compliance mitigates transfusionrelated hazards, as annually reported in Serious Hazards of Transfusion (SHOT) reports.

> IRON SUPPLEMENTATION TRANEXAMIC ACID REASSESSMENT PATIENT INFORMATION

In 2025, challenges like record surgical waiting lists, the 2024 **SHOT Transfusion-Associated** Circulatory Overload Safety Alert, the impactful Infected Blood Inquiry (IBI) report², and blood shortages underscore the need for the South East to share their experiences and champion good practice more broadly.

02 METHODOLOGY

From 2017 to 2020, SETPG partnered with NHS Blood and Transplant (NHSBT) to develop a manual gap analysis tool. After three pilots, this tool allowed regional hospitals to self-assess their QS138 compliance. Five regional audits across nine hospitals guided regional discussions and educational improvement efforts.

Recognising its value, a successful 2021 funding bid transformed this into a free, national, automated quality improvement (QI) tool. SETPG supported NHSBT in optimising this tool, which launched nationally as QS138 Quality Insights in 2023. Biannual regional auditing continues.

An uptake analysis and a regional questionnaire were recently conducted to evaluate the regional success of QS138 Quality Insights, the wider reach, and to explore potential further opportunities.





03 RESULTS

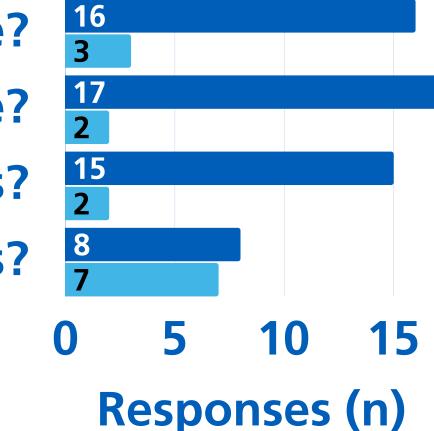
The 'winning' regional outcomes since the March 2023 launch of QS138 Quality Insights are measured in 3 ways: South East (SE) regional successes (uptake and action); National uptake; National influence.

SE Regional Successes

- Fixed SE biannual regional audits using QS138 Quality Insights (Quarter 2; Quarter 4); 5 audits completed with results discussed at regional meetings to share learning
- 24 SE hospitals in a Quality Improvement cycle
- 5367 SE cases audited

The SE questionnaire had a 95% response rate (19/20) SE users), representing 96% (23/24) of registered SE hospital sites:

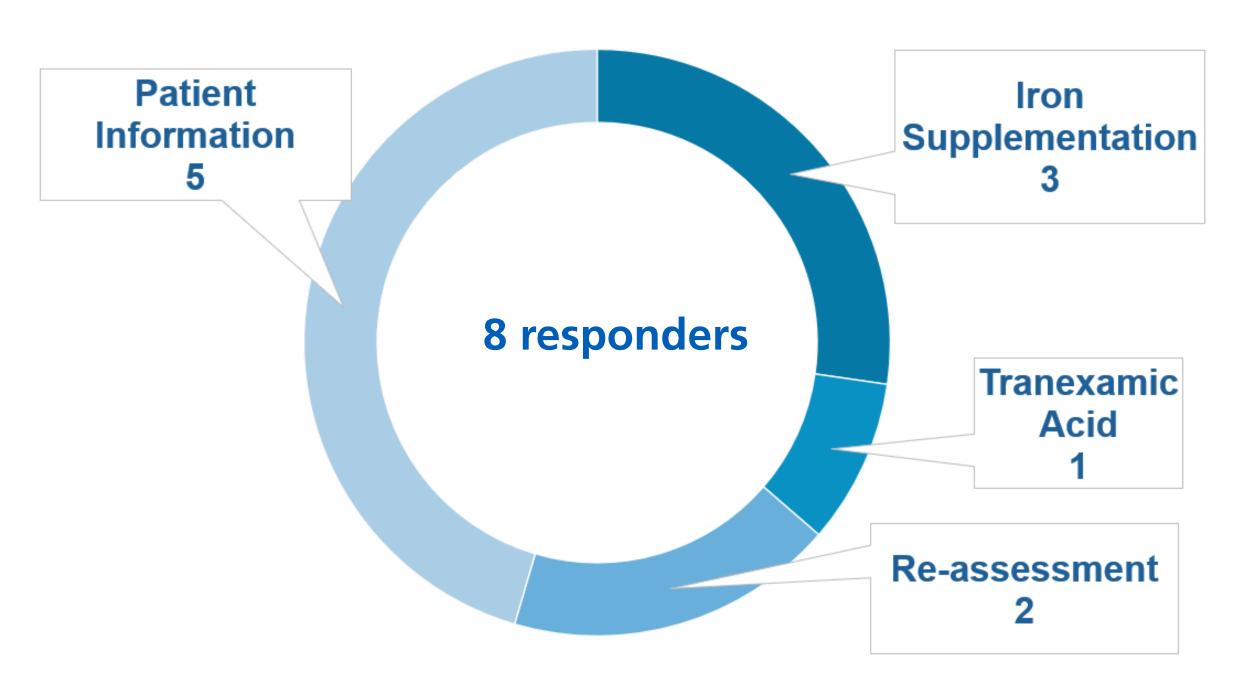
Have you identified good practice? Have you identified poor practice? Identified improvement initiatives? Seen intervention improvements?



Yes '

Successes have been shared with transfusion, patient safety and clinical teams. Where poor practice has been identified, 88% (15/17) have recognised improvement initiatives, demonstrating a learning culture. Examples include: surgical spaces reserved in iron clinics; redesigning a surgical checklist; introducing patient information QR code prompts. Barriers include funding, lack of national guidance or IT restrictions.

Which area/s have seen an improvement?



While bias-sensitive, regional trends are good practice indicators. Tranexamic acid use and reassessment consistently score above 75%, with steady improvements in iron and patient information. Seven SE responders are willing to share their experiences as a case study of good practice.

89% (17/19) of SE users have or intend to use results from QS138 Quality Insights audits to implement national guidance, demonstrating value of evidencing practice.

National Uptake

- 152 Hospitals registered for **QS138 Quality Insights**
- Sign-ups from: all 7 England regions; Wales; Northern **Ireland pilot sites**
- 72 hospitals in a Q.I cycle
- 12,596 national cases audited

National Influence

Regional feedback to national forums (NICE; National Comparative Audit (NCA); IBI working groups) has shared learning, with wide recognition. QS138 Quality Insights is endorsed by NICE, recommended by the NCA and the Centre of Perioperative Care Anaemia in the Perioperative Pathway guideline³. This is set to continue as benchmarking of transfusion metrics is a fully accepted recommendation of the IBI.

04 CONCLUSION

Through collaboration, innovation, and perseverance, the SETPG is dedicated to enhancing patient care by improving QS138 compliance.

Making healthcare changes is inherently challenging. The SETPG actively promotes uptake and collaborative learning for positive safety changes. The group will continue by developing a case study portfolio to share success stories nationally.

As the adage goes, change doesn't happen overnight; sometimes, being slow and steady wins the rACE.

Acknowledgements:

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References:

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QS138 Quality Insights webpage link