



South West Regional Transfusion Committee

# SW RTC Meeting

25<sup>TH</sup> NOV 2021

(VIA MICROSOFT TEAMS)



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Chair- Dr Stuart Cleland

TEAMS Support- Sam Timmins PBMP

Minutes and Admin- Jackie McMahon RTC administrator

Apologies for Absence

# House keeping

- By accepting the invite to this meeting you have given consent for us to record the meeting for the purpose of compiling written minutes.
- To view presentations you will need to access the call via laptop/ computer. You can dial in if you need to use a phone for audio function.
- Please keep yourself muted unless you are speaking to reduce background noise and interference.
- To participate in discussion please use the “Raise hand” function on the tool bar, the chair will invite people one at a time. Don’t forget to unclick it once you have contributed.
- During presentations, save questions for the end of the presentation and use the “hand raise” or chat function
- Please be aware the “Raise hand” function doesn’t work with the mobile phone app. You will need to make yourself known to participate in a discussion or use the chat function.
- If you have any TEAMS related issues, email [Samantha.Timmins@nhsbt.nhs.uk](mailto:Samantha.Timmins@nhsbt.nhs.uk) or [Jackie.McMahon@nhsbt.nhs.uk](mailto:Jackie.McMahon@nhsbt.nhs.uk) for assistance

Thank you!

# SW Regional Transfusion Committee Business Meeting: 25<sup>th</sup> November 2021

## AGENDA

10.30 – 10.35	Welcome, Apologies and Minutes of Previous Meeting	Stuart Cleland
10.35 – 10.45	NBTC Update	Stuart Cleland
10.45 – 10.55	HTC Report Feedback	Stuart Cleland
10.55 – 11.05	Customer Services & PBM Update	Emma Taylor Sam Timmins
11.05 – 11.20	Feedback from RTC Groups- TLM TP SWPBM	Ian Sullivan Stuart Lord Elmarie Cairns
11.20 – 11.35	RTC Objectives & Education Update	Stuart Cleland Sam Timmins
11.35 – 11.45	AOB	



# NBTC Meeting Update

27<sup>th</sup> September 2021

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DR STUART CLELAND

SOUTH WEST REGIONAL TRANSFUSION COMMITTEE  
MEETING

# Transfusion 2024 update

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## **A: Patient Blood Management**

To be covered in PBM update

## **B: Lab safety**

Standards for Transfusion for Pathology networks.

Representative on NHSEI digital and IT advisory committee – Blood safety to be included in framework to support IT update - funding bids

# Transfusion 2024

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## D: R&D

NHSBT R&D strategy aligned to Transfusion 2024 recommendations

Data Driven Transfusion Practice – NIHR BTRU (£4 million funding over 5 yrs)

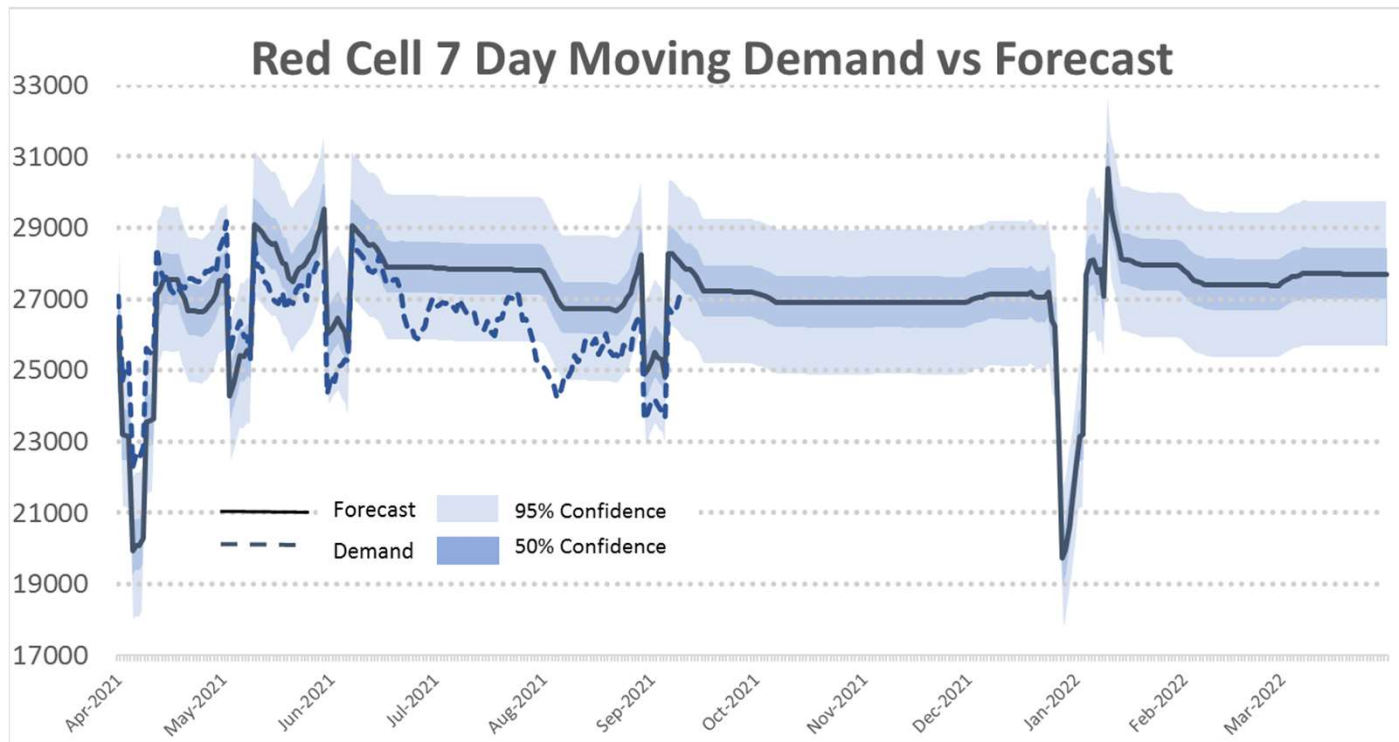
## Aims

1. Research that improves patient outcomes for those that receive NHSBT products – better data between NHSBT and NHS trusts
2. Research to reduce variation in clinical practice and optimise supply and use of components.
3. Novel data linkage and to develop analytic methods to facilitate effective research and audit.

Component development – whole blood for trauma, universal plasma.

# Demand till New Year is forecast to be c2.5% higher than pre-COVID expectations

**Red Cell 7 day Moving Demand vs Forecast 2021-22**



Throughout most of the pandemic, our red cell demand forecasting has been accurate, thanks to the support and intelligence provided from the wider-NHS.

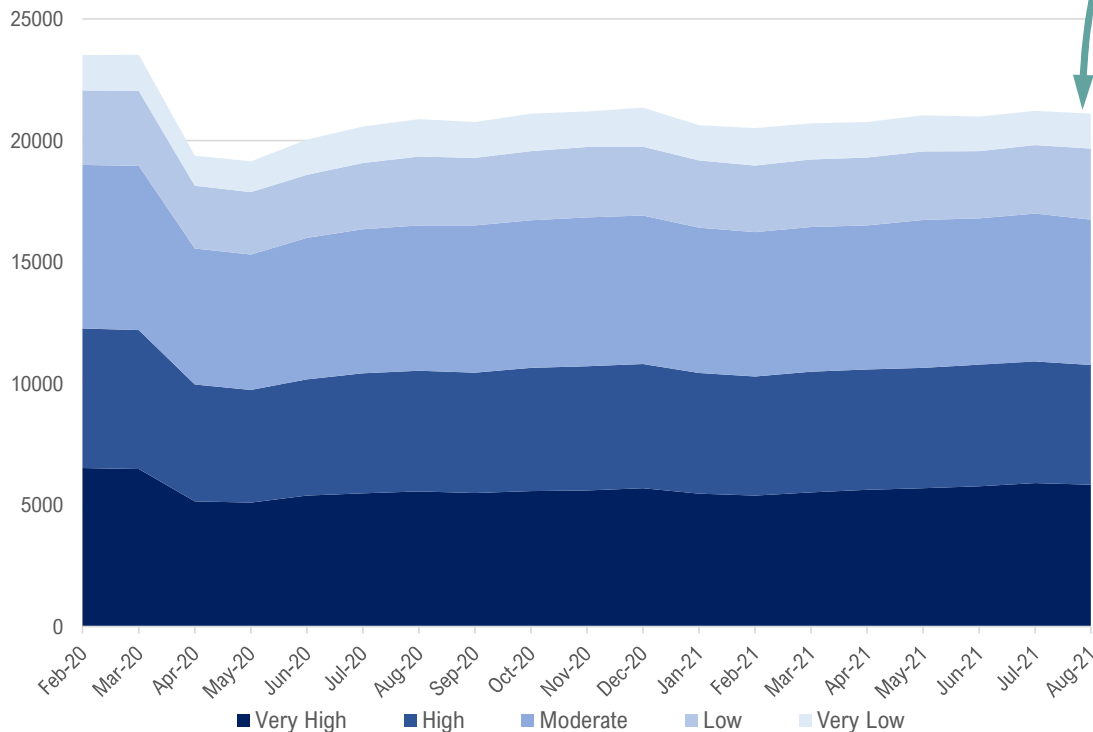
However, over the summer, demand has been consistently lower than forecast. We will need your support to keep our assumptions under regular review.

Demand has been quite variable as can be seen from chart data.



# What about hospital stock?

## Hospital RBC stock holding - all NHSBT served hospitals



(BSMS user category classification)

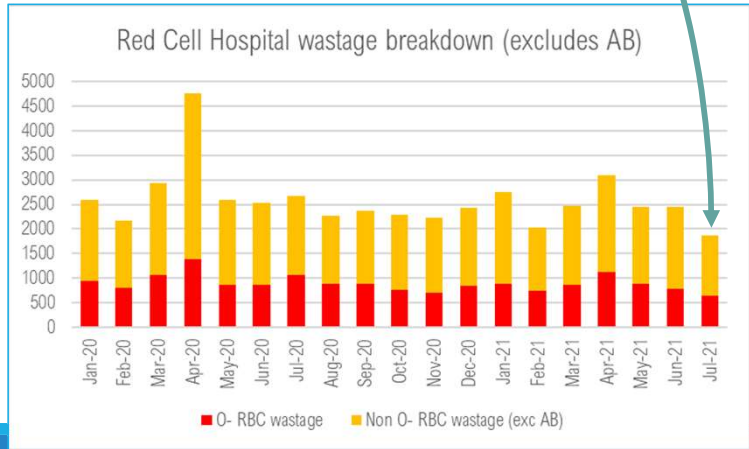
All RBC stock  
**89.8%**

O- RBC stock  
**97.0%**



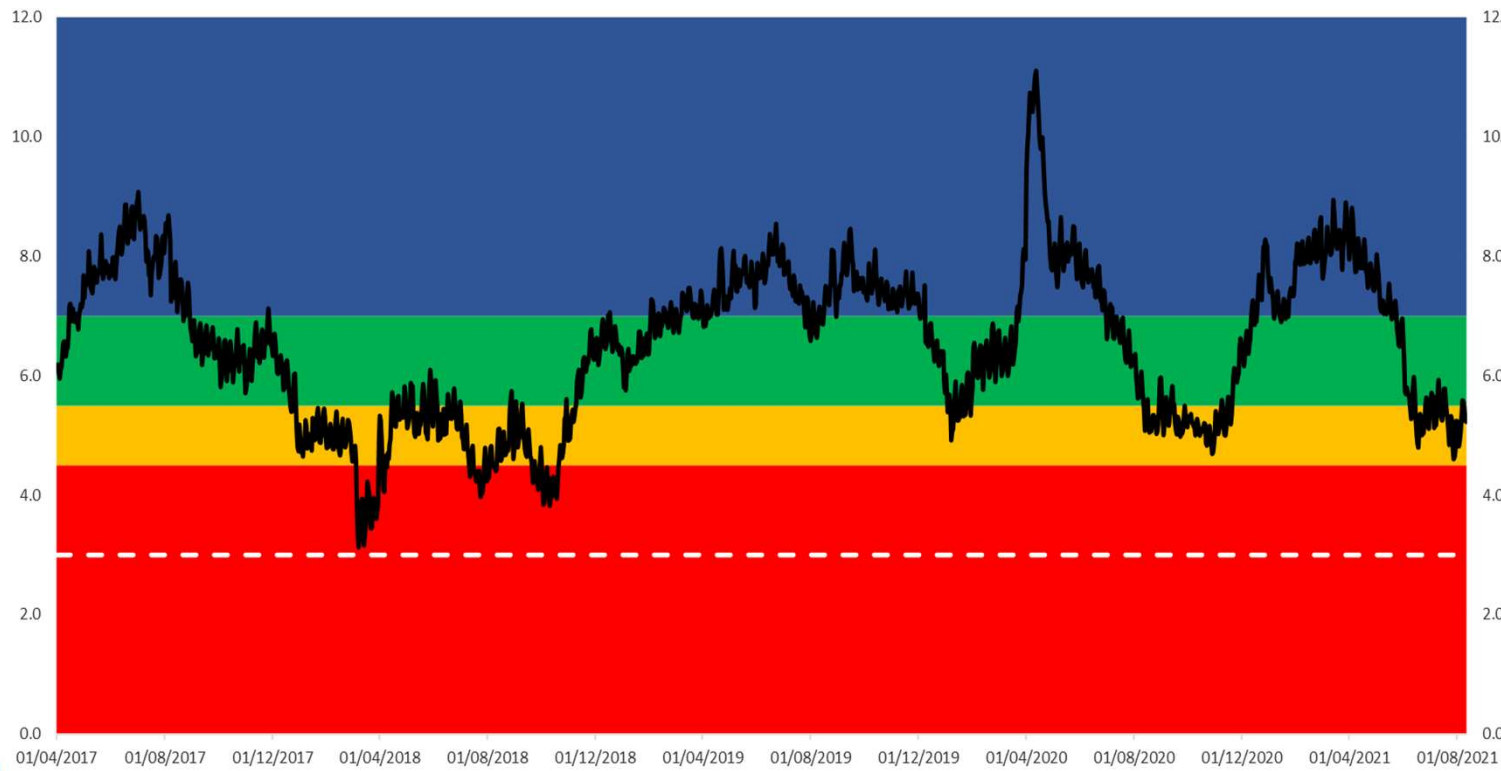
### What does this mean?

- There are approximately **2500** fewer red cell units (all groups) stored within hospitals compared to pre-pandemic; including approx. **150** O negative red cells
- Hospital stock is more agile
- Less time expired units



# NHSBT Red Cell stocks have recently declined, due to difficulty increasing supply in response to rapid increase in demand

**Total Days of Stock (DOS) – Red Cells. Target range = 5.5 to 7 DOS**

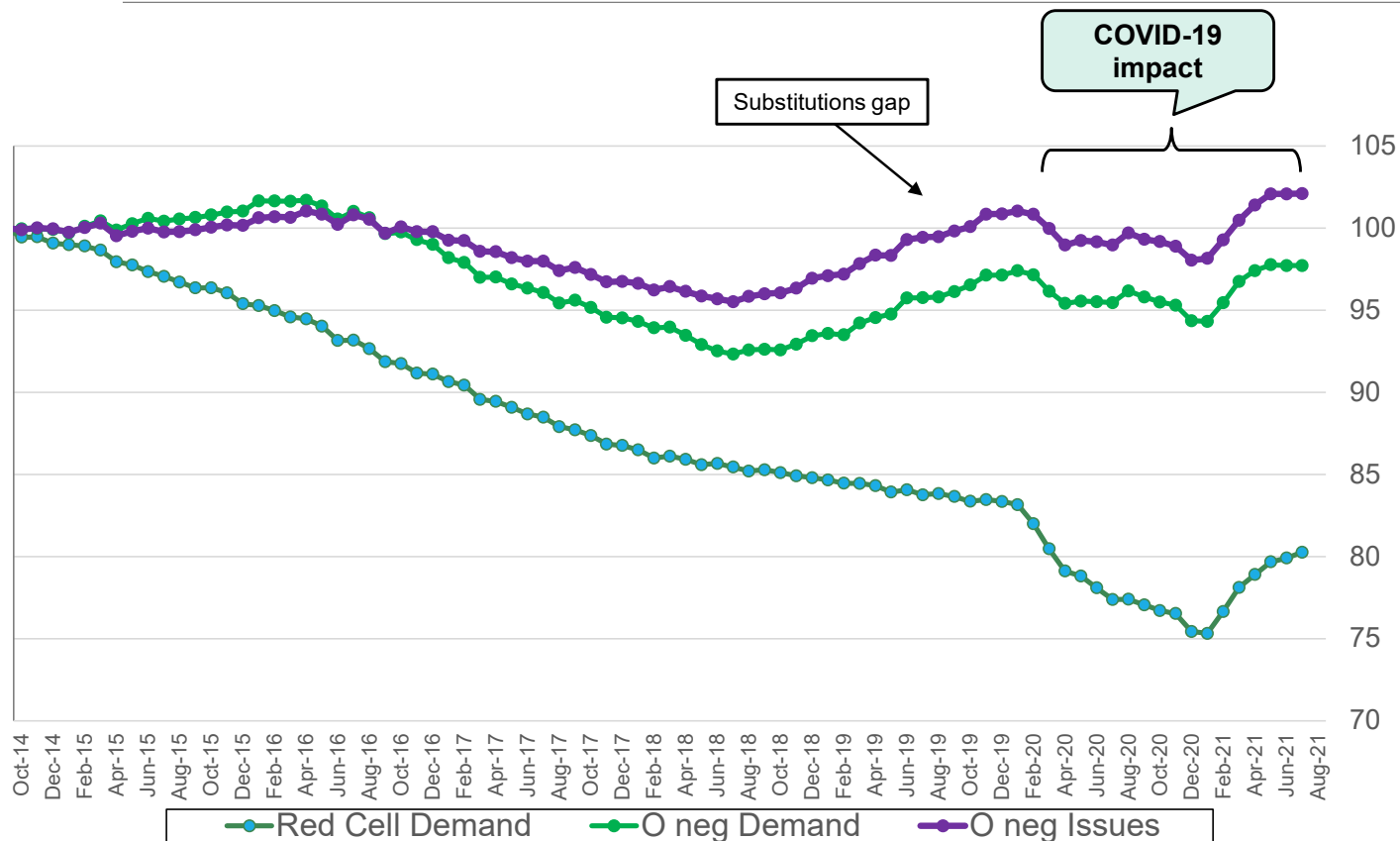


Donor appointments have been increased to match demand.

Trust advised regarding stocks of certain blood groups.

Ongoing need for intelligence over future supply and demand.

# 2% more O-ve units issued than 7 years ago, despite a 20% decline in overall RBC demand

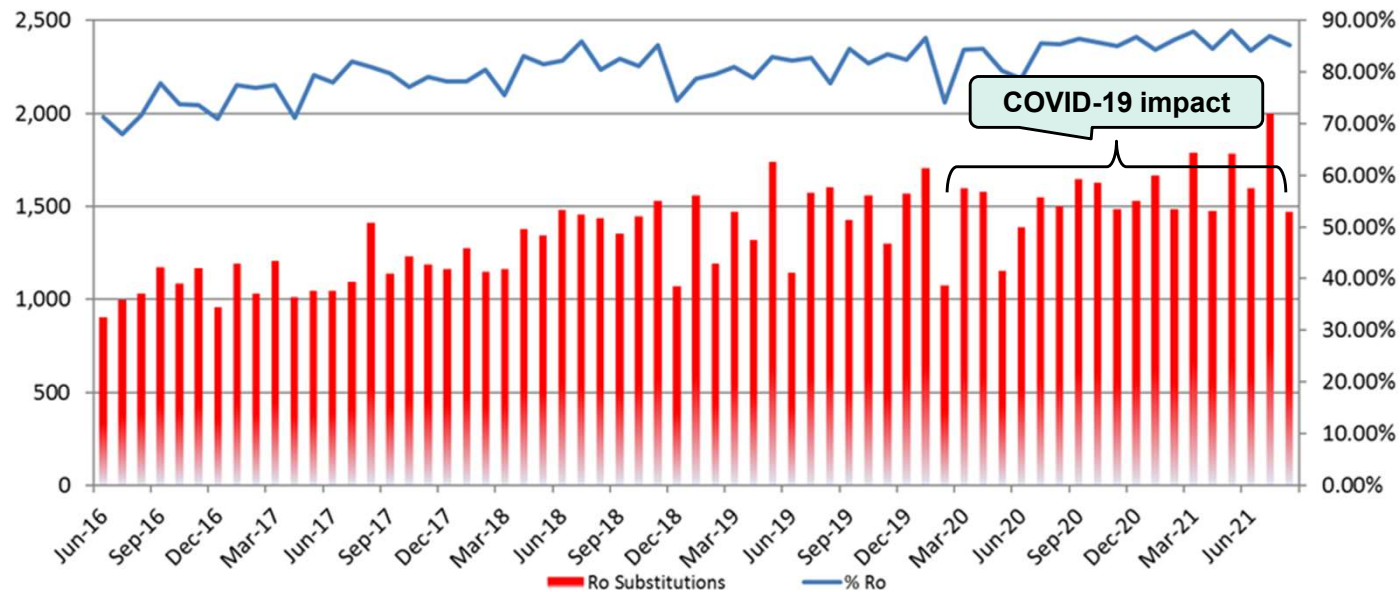


As a 12-months MAT and using October 2014 as a reference point:

- ✓ Overall red cell demand has decreased by c20%.
- ✓ O neg demand has decreased by just c2% over the same period .
- ✓ O neg issues have increased by c2% over the same period.

# Most of the O neg we issue as a substitute product is for unmet Ro Kell neg demand

O neg red cells issued as a substitute product for unmet Ro Kell neg demand



- Almost 90% of the O neg units we issue as a substitute product are for unmet Ro Kell neg demand.
- On average, O neg issued to unmet Ro Kell neg demand represents c1.7k units per month.

# Key Messages

#	Topic	Key Message	How you can help
1	Demand Forecasting	<ul style="list-style-type: none"> <li>We are forecasting demand at <b>c2.5% above pre-COVID expectations</b> as hospitals continue to restore services and catch up on activity postponed during the pandemic. However, recent actual demand has been lower.</li> <li>It is critical that we <b>accurately forecast demand</b> in order to plan a sufficient supply of blood components.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to provide us with insight into hospital activity and resulting blood demand as things develop over the coming weeks and months.</li> </ul>
2	Universal Components	<ul style="list-style-type: none"> <li>Demand for <b>O neg red cells and A neg platelets continues to increase</b> which is placing a strain on supply.</li> </ul>	<ul style="list-style-type: none"> <li>Advocate appropriate usage of universal components to keep supply sustainable.</li> </ul>
3	Donor Base	<ul style="list-style-type: none"> <li>Our active donor base contracted by c8.5% over the period of the pandemic, <b>but is beginning to recover</b>.</li> <li>We have plans in place to increase the size of the active Ro donor base, so that we can <b>gradually improve supply of Ro red cells</b>.</li> </ul>	<ul style="list-style-type: none"> <li>Advocate blood donation to eligible colleagues, friends and family!</li> </ul>

# Components update

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Aims to target three groups: -

1. Treatment of major hemorrhage
2. Transfusion dependent patients
3. Haematology/oncology patients.

Desirable properties

1. Universal products
2. Increase self-life (cryo/platelets)

Surveys

Lab managers

Clinicians

Whole blood in pre-hospital setting

- Leucocyte depleted whole blood undertaken feasibility and safety study.
- Lab study on whole blood with platelets being undertaken
- Trial on whole blood vs standard of care has secured funding.

Universal plasma

Dried plasma

Cryo shelf life 4 hrs to 5 days.

# Patient information Working Group

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- Still issues with reliable, accessible anti-D immunoglobulin PIL .
- Discussions on going with pharmaceutical companies to develop appropriate resource.

# Education Working Group

Recently released: -

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Transfusion Aide Memoire -

<http://www.shotuk.org/wp-content/uploads/myimages/Transfusion-Aide-Memoire.pdf>.

Foundation anaemia e-learning modules

- Anaemia - introduction

[https://www.elearningrepository.nhs.uk/sites/default/files/lms/6649/scorm\\_content/index.html](https://www.elearningrepository.nhs.uk/sites/default/files/lms/6649/scorm_content/index.html).

- Anaemia in primary care patients

<https://www.elearningrepository.nhs.uk/sites/default/files/lms/6650/scormcontent/index.html>.

- Anaemia in hospital patients

<https://www.elearningrepository.nhs.uk/sites/default/files/lms/6651/scormcontent/index.html>.

Maternal anaemia modules

<https://www.elearningrepository.nhs.uk/sites/default/files/lms/5960/scormcontent/index.html>

<https://www.elearningrepository.nhs.uk/sites/default/files/lms/5961/scormcontent/index.html>



# Transfusion Practitioner Working Group

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1<sup>st</sup> draft and regional approval of the JD/PS for each TP job band

Aim to develop competency framework once JD at each banding confirmed.

NBTC agreed funding for TP 2022 conference.

# Emergency planning working group.

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NBTC Transfusion triage tool  
updated 16 06 2021



National Blood Transfusion Committee

## **GUIDANCE AND TRIAGE TOOL FOR THE RATIONING OF BLOOD FOR MASSIVELY BLEEDING PATIENTS DURING A SEVERE NATIONAL BLOOD SHORTAGE**

**Goal:** To provide blood transfusions in an ethical, fair, and transparent way. All efforts should be made to minimise suffering and maximise the use of blood alternatives, as appropriate, for those who are triaged to 'no transfusion' due to insufficient resources. Use the Clinical Frailty Scale (CFS) when appropriate, available from the NHS Specialised Clinical Frailty Network, to assess baseline health and inform discussions on treatment expectations. <sup>7</sup>

# O-ve working group

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O +ve red cells in male trauma

- Initial benchmarking survey completed on “how many have protocol”

Engagement with helicopter prehospital care providers to understand use of O-ve in this setting.

- Good practice guidelines for labs supplying pre-hospital vehicles due March 2022.

Development of implementation toolkit underway and due in the new year

# MRHA / UKAS accreditation discrepancies

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Raised as agenda item in chairs meeting and discussed in main NBTC meeting.

Acknowledgement of extra burden that this puts on labs.

Some early discussions between MHRA and UKAS have started initiated through NBTC.

This is supported via aims of Transfusion 2024

# SHOT reporting conflict

- Some confusion about conflict / double reporting through SHOT and LFPSE service.
- NBTC have engaged with LFPSE for clarification

- Email from Lucie Mussett (patient safety lead LFPSE)

“it sounds like a bit of a misunderstanding at the meeting: LFPSE is replacing the NRLS, which has always had the ability to capture transfusion-related incidents, alongside what is recorded to SHT. This remains the case in LFPSE, it’s just that we have updated the way that data will be captured, and also added a prompt to users to remind them that they have obligations to record into SHOT, and encourage them to do that first.

If they also then choose to proceed to record to LFPSE (if the event has wider-reaching safety implications, for example, or simply that they are recording it in their Local Risk Management System anyway as usual practice – which LFPSE will draw data out of the back of) they have the option to include the SHOT ref number, to enable data linkage and highlight that it’s the same event.”

The screenshot shows the NHS website header with the NHS logo, a search bar, and navigation links: About us, Our work, Commissioning, and Get involved. Below the header is a yellow banner with text: "Our advice for clinicians on the coronavirus is here. If you are a member of the public looking for information and advice about coronavirus (COVID-19), including information about the COVID-19 vaccine, go to the NHS website. You can also find guidance and support on the GOV.UK website." The main content area has a breadcrumb trail: Home > Patient safety > Learn from patient safety events (LFPSE) service. The page title is "Learn from patient safety events (LFPSE) service". The main text states: "A new national NHS Learn from patient safety events service (previously called the patient safety incident management system – PSIMS – during development) is in the final stages of development as a central service for the recording and analysis of patient safety events that occur in healthcare. We have now commenced the public beta stage, where some organisations can begin using the system, instead of the NRLS." Below this, it says: "LFPSE is replacing the current National Reporting and Learning System (NRLS) and Strategic Executive Information System (StEIS), to offer better support for staff from all health and care sectors." A left-hand navigation menu includes: Patient safety, Learn from patient safety events (LFPSE) service, LFPSE-compliant Local Risk Management System (LRMS) suppliers, Learn from Patient Safety Events (LFPSE) Service – frequently asked questions for launch July 2021, and Learn from patient safety events (LFPSE) service.

# Hospital Transfusion Committee Reports

South-West Regional Transfusion  
Committee meeting – November 2021

Dr Stuart Cleland

Chair of the South-West RTC



# Introduction

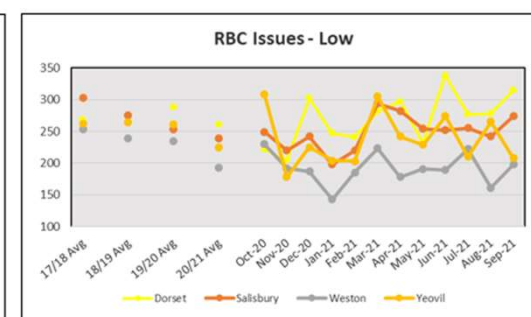
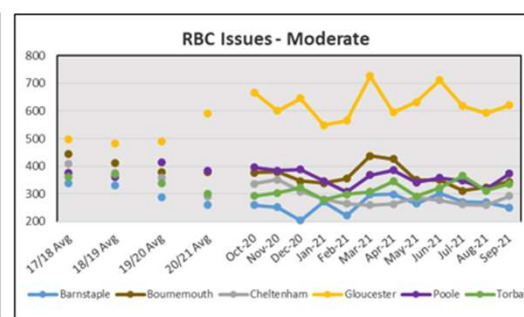
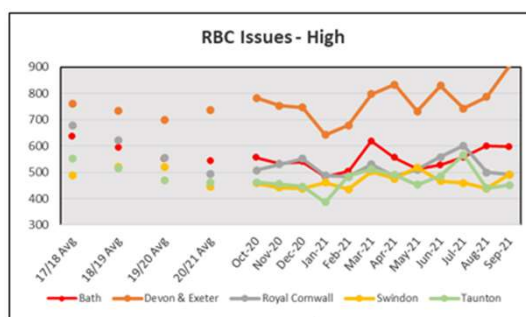
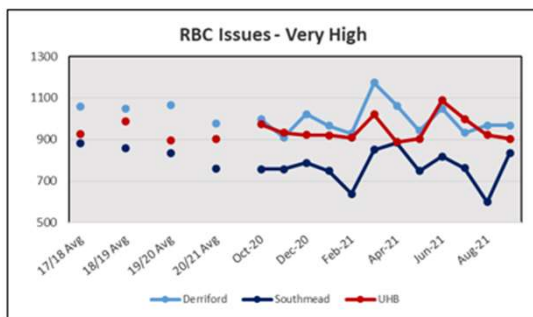
- Second meeting with presentation of HTC reports at SWRTC following pilot at last meeting
- Benefits: -
  - Easier to present and discuss usage / wastage data and issues arising in current virtual meeting format
  - Allows RTT to identify trusts demonstrating best practice / innovation in the region
  - Resource to allow better representation of SW work at national meeting.
- Reports met with interest at national meeting, template shared with other RTC chairs.
- Looking to refine/improve – any feedback gratefully received!

# Responses

Hospital	May 21 (Pilot)	November 21
Derriford	✓	✓
Southmead	✓	✓
University Hospitals Bristol	✓	✓
Bath	✓	✓
Royal Devon & Exeter		✓
Royal Cornwall	✓	
Great Western		✓
Taunton	✓	✓
Barnstable	✓	
Bournemouth	✓	✓
Cheltenham	✓	✓
Gloucester	✓	✓
Poole	✓	✓
Torbay	✓	✓
Dorset		
Salisbury	✓	✓
Weston		✓
Yeovil		✓



# 1. Usage data – Red cell issues

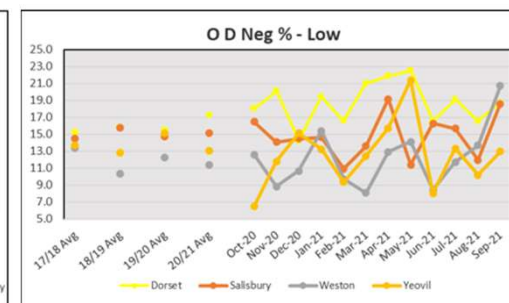
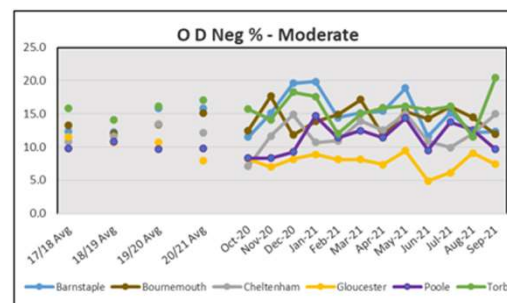
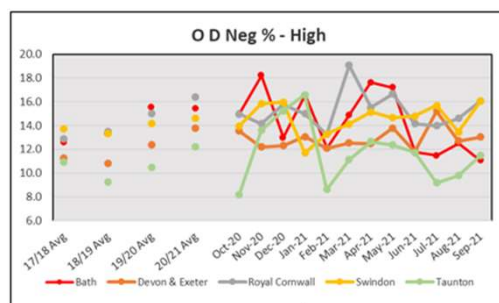
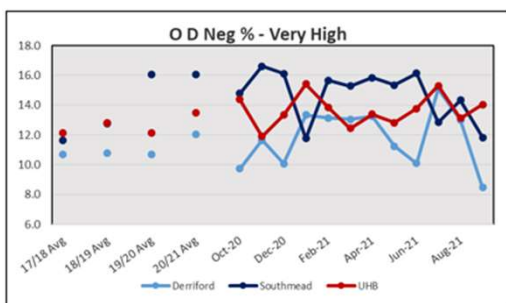


- V. High usage: General trend ↓ pre-pandemic. Return to baseline
- High usage: General trend ↓ pre-pandemic (RD+E exception), return to baseline
- Mod usage: General trend ↓ pre-pandemic (Gloucester exception), return to baseline
- Low usage: General trend ↓ pre-pandemic (Dorset exception), return to baseline.

## Comments

- Gloucester: Reviewing blood component movement with private sector, reviewing stock holding.
- Taunton: Noted ↑ in RBC, reviewed, due to specific haem patients, appropriate. Stock share with Yeovil.
- Southmead: Recently introduced BloodTrack, ensure data generated more accurate

# 1. Usage data – O-ve issues (Target <12.5%)

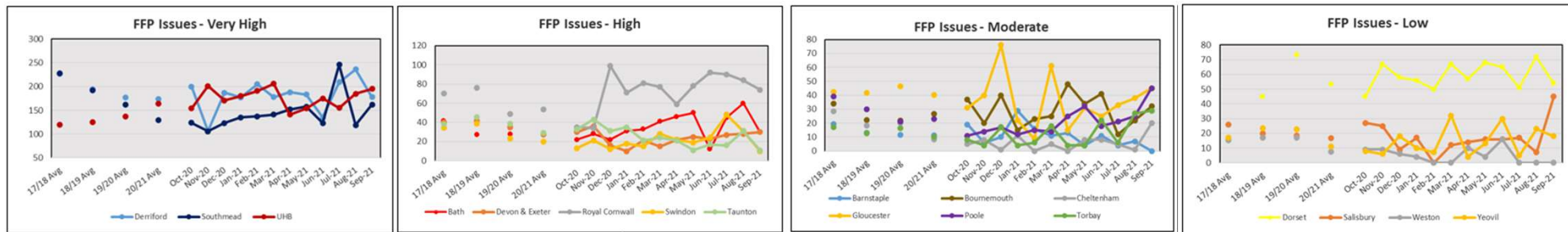


- V. high usage: Southmead had increase in % issues pre-pandemic, now under target.
- High usage: General trend ↑ in % issues pre-pandemic. RCH and Swindon still above target
- Mod. usage: Gloucester maintained low levels of O-ve usage, improvement on pre-pandemic, Torbay consistently above target.
- Low usage: Most above target.

## Comments:

- Torbay: Relocation of Blood Bank to unite with haem lab, creation of satellite fridges stocked with O-ve
- Gloucester: O-ve blood stocks have been reduced. Emergency O-ve stocks at community sites under review.

# 1. Usage data – FFP issues

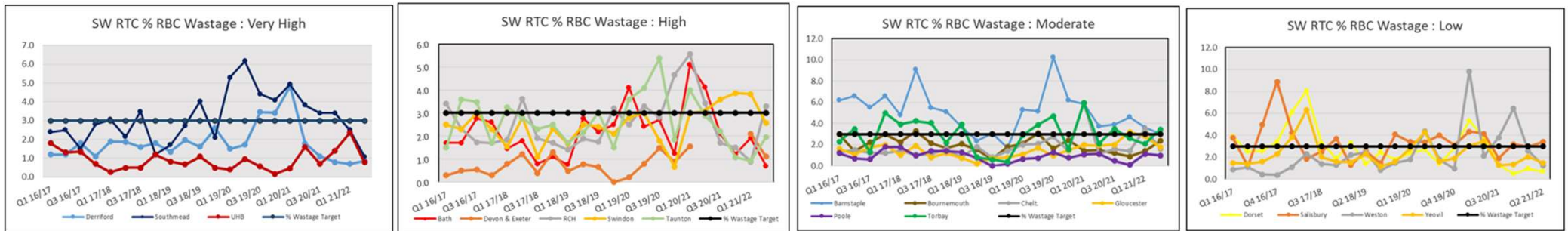


- V. high usage: UHB steady ↑ pre-pandemic and in last 12 months, Southmead ↓ pre-pandemic, ↑ in last 12 months
- High usage: RCH higher issues compared with other trusts. Most trusts at baseline c/w pre-pandemic.
- Mod/low: FFP issues comparable with pre-pandemic levels.

Comments:

No specific comments on FFP issues.

## 2. Wastage – Total RBC %



- Most trusts have seen steady improvement in wastage following notable increase during lockdown.

Comments: -

**Salisbury:** Reduced stock holding to try and reduce wastage. Introduction of Blood 360 in May 21 has seen ↑ in wastage due to change in transport rules. Training ongoing.

**UHB:** Wastage figure directly from LIMS system – better capture. Blood fridge temp excursion in April 21 led to spike in wastage.

**Southmead:** Most wastage comes from inappropriate use of blood boxes at bedside during major hemorrhage. No. of different interventions to reduce wastage.

# Southmead Blood Boxes

- Different coloured boxes for different products
- Clear expiry time on label.
- Once box issued, named units sent to remote fridge.
- Call from lab to clinical area to check for stand down after 90 mins.

## **URGENT BLOOD PROVISION** for bedside transfusion only



### Good Practice Points

- Do not open box until immediate transfusion is required
- Close the lid fully (zip) after each unit is withdrawn, never remove cold packs
- Once removed, units must not be returned to the box - they must be transfused or returned to the lab ASAP
- Pre-transfusion checks should be undertaken using a BloodTrack PDA
- RBC unit transfusion must be completed within 4 hours of removal from box
- **Inform lab of stand down**
- Return all boxes, QTA tracers and unused components to the lab ASAP
- DO NOT place any components from this box into your local blood fridge
- Additional emergency stock (O D Pos and O D Neg red cells) are available in your local theatre & ED blood fridges

Q-Pulse Reference HA/BB/F/160 V1

**Blood units in this box must commence transfusion within 90 minutes from the stated time of packing or be returned to the lab.**

Time box packed:.....



Return to laboratory by:.....

Contents(no.) RBC PPP PLT Cryo

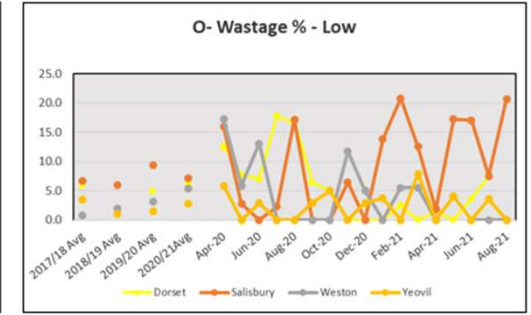
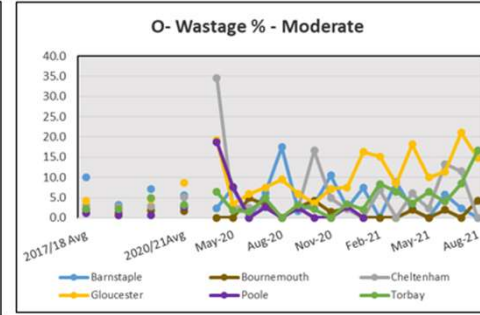
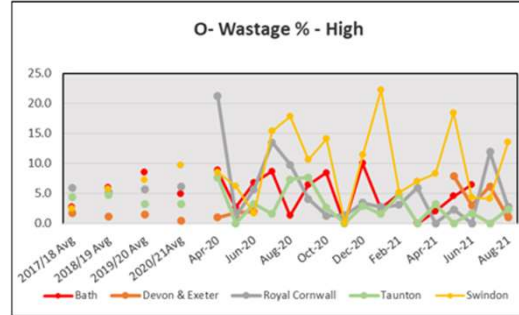
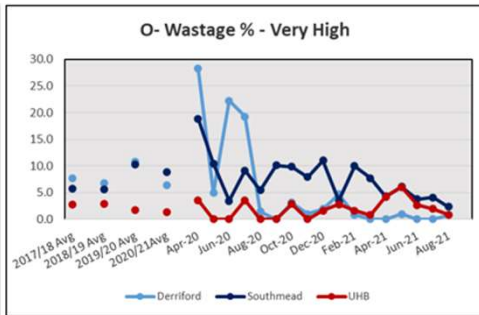
Destination:.....

**Please contact the lab (ext. 48350 / bleep 9433) if you require additional or replacement blood components**

Blood Box No:.....

Date:.....

## 2. Wastage – O-ve %



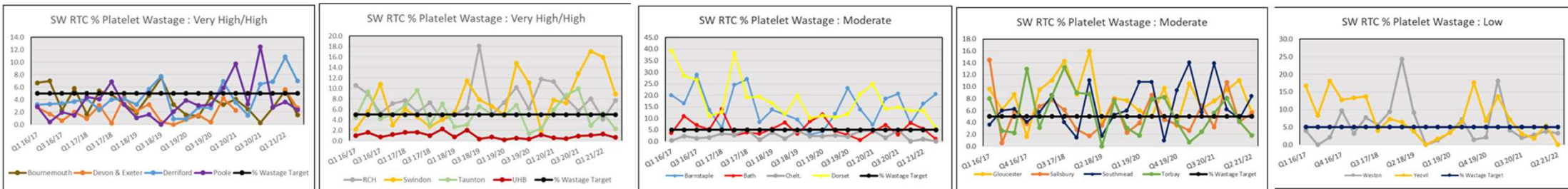
- V. high usage: Steady improvement following ↑ in lockdown.
- High usage: Swindon consistently higher levels of wastage compared with pre-pandemic.
- Mod usage: Gloucester has seen steady increase in wastage, Torbay increase in recent month.
- Low usage: Salisbury consistently high levels of wastage.

### Comments:

- *Gloucester:* O-ve blood stocks have been reduced, requests for cde and long dated units for emergency stocks have stopped. Emergency O-ve stocks in community under review.
- *Swindon:* Non-clinical staff collect emergency blood so O-ve blood used in massive haemorrhage – mostly maternity. Cell salvage not 24-hour service. No blood conservation practitioner.
- *Torbay:* Relocation of blood bank and increase in satellite fridges ? Cause of increase in wastage. O+ve used when possible.



## 2. Wastage – Platelet %



- **V. high/high usage:** Most below target following pandemic with exception of UHP, Swindon and RCH.
- **Moderate usage:** Dorset wastage high but steady improvement from historical levels. Barnstaple remains high. Gloucester and Southmead consistently high.
- **Low usage:** General at or below target following increase during pandemic.

### Comments:

- **UHP:** We take a lot of short dated platelets from NHSBT as high user, new SOP to capture wastage that wasn't all done in the past.
- **Gloucester:** Currently undertaking review by HTT, commencing audit to assess overall platelet usage.
- **Swindon:** Platelet transfusions take place on weekend (chemo during the week), platelets ordered in advance, FBC done on day. Wastage when no longer indicated. Short dated platelets. No routine NHSBT blood deliveries on the weekend, no on-site platelet stocks.
- **Poole:** Platelet wastage due to stock holding – single unit kept for unplanned/emergency care.

## 2. Nice Quality Standards – Perioperative iron

**QS1:** *People with iron deficiency anaemia who are having surgery are offered iron supplementation before and after surgery.*

14 reports: 12 responded they have pre-op anaemia service, Weston don't, Yeovil no response.

Key themes: -

- Many HTC don't have access to pre-operative service data (Poole, Torbay)
- Many run an anaemia service but have not been able to audit.

*RD+E:* Hope EPIC electronic patient record system will allow effective audit in future.

*Swindon:* Have moved to Monofer to allow for easier infusions. IV iron database in pre-op. Increasing use on Obstetrics.

*Bournemouth:* No links gastro led IDA service and IV iron service in pre-op.

*Poole:* PANDA project – audit stated treating approx. 1/3 patient's pre-op where indicated.

*UHP:* Sept 21 – Nurse led IV iron service, approx 20 patients/month, all specialties, database and outcomes for all that get infusion. Links to IV iron service in RCH to refer local patients. Due to start Vit B12 and folate replacement where indicated.

*Southmead:* Audited iron service against CQUIN standards. Achieved standard in all three domains.



# 3. Nice Quality Standards – Tranexamic Acid

## **QS2.** *People who are having surgery and expected to have moderate blood loss are offered TXA*

- 14 reports, 12 responded that they offer TXA to certain surgical patients as part of pathway.
- Themes:
  - Common to offer TXA to patients having hip/knee replacement surgery
  - Reports of discrepancies in anesthetist's as to CI to TXA
  - Not offered in Upper GI bleeds following recent RCT.

<i>Gloucester:</i>	Commenced audit, data collection stage. Using ROTEM to guide indication for TXA
<i>Exeter:</i>	Hoping to audit once EPIC established.
<i>Bath:</i>	Rolling audit in NOF and major haemorrhage patients, not in elective surgery.
<i>Torbay:</i>	Audited in hip/knee replacement – 90% compliance.
<i>Bournemouth:</i>	PBM audit – 100% compliance.
<i>Poole:</i>	Fractured NOF audit – 40% compliance.
<i>UHP:</i>	Audit in hip and knee replacements – 100% compliance IV, 38% topical.
<i>Taunton:</i>	Audit on TXA use with cell salvage Sept 21, 93% compliance
<i>Southmead:</i>	Part of Orthopaedic, Obstetric and NOF pathways, audited.

# 3. NICE Quality Standards – Single unit and reassess

**QS3:** *People are clinically reassessed and have their Hb levels checked after each unit of RBC they receive, unless they are bleeding or are on a chronic transfusion programme.*

- Themes
  - Most include single unit and reassess in their training.
  - Increase in audit activity of this standard compared with last series of reports.

<i>Gloucester:</i>	Request for blood includes Hb and haematinics check to ensure appropriate. Hb above cut off without comorbidities challenged.
<i>RD+E:</i>	Routine blood requested through EPR not phone. Logic in EPR which triggers advisory notice if Hb > national thresholds. TACO assessment tick box.
<i>Bath:</i>	Not audited recently as labour intensive
<i>Torbay:</i>	Audited recently, 90% compliance.
<i>Bournemouth:</i>	Audited in 2021, 53.3% compliance.
<i>Poole:</i>	Recent audit, 53% of all request single unit. Red cell requests reviewed at every quarterly HTC.
<i>Weston:</i>	Manual cross match – time consuming to do single unit, hope this will ease with electronic blood issuing.
<i>Salisbury:</i>	Single unit 68%, currently re-auditing.
<i>Southmead:</i>	Blood prescription chart contains decision to transfuse label.

# Southmead Transfusion Chart Label

## 1. Decision to Transfuse (National indications available via 'Blood Components' app)

Indication..... Diagnosis.....

Pre-transfusion Hb / plt count ..... Target Hb / plt count .....

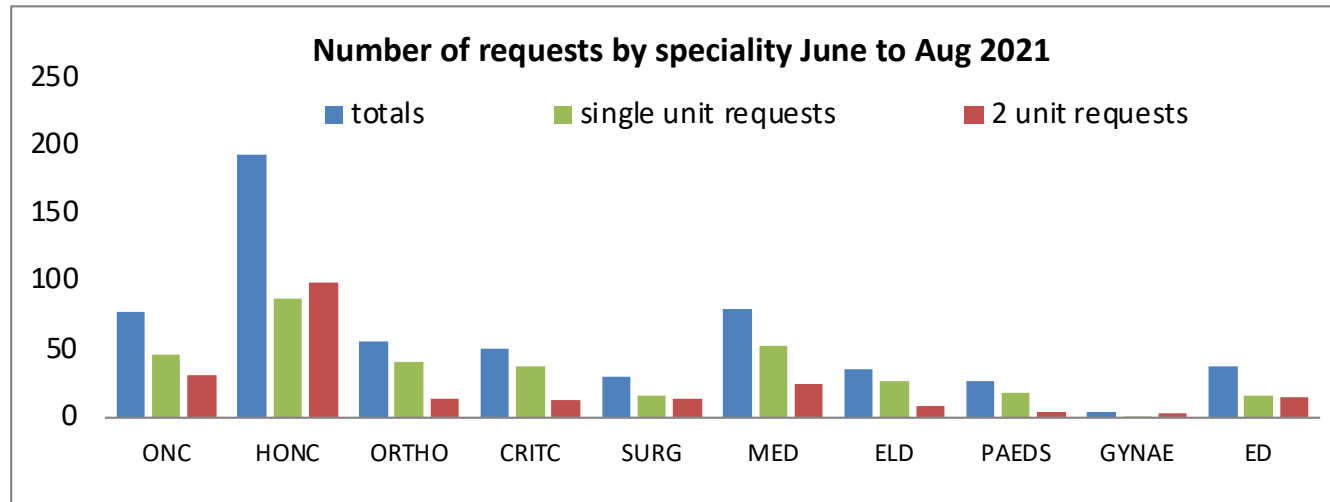
Is the patient actively bleeding? Yes / No      If No – see below:

Have alternatives been considered? Yes / No      Consider transfusion triggers\* & single unit transfusion\*\*

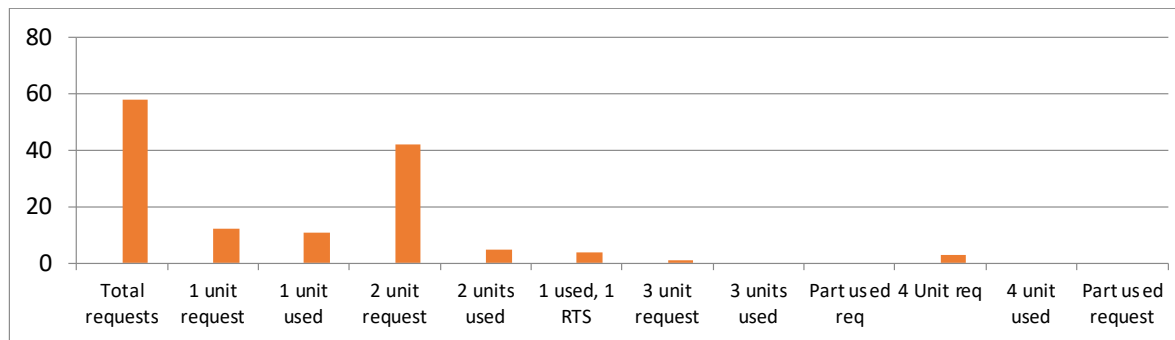
\*A Hb threshold of <70g/l (<80g/l in older patients or with known/likely cardiovascular disease) is recommended unless symptomatic or bleeding.

\*\*A rise of ~10g/L is expected per RBC unit for a 70-80kg patient. Repeat Hb & re-assess after each unit transfused when no significant bleeding.

# Poole single unit audit data



## Obstetric unit requests and usage



# 3. NICE Quality Standards – Consent for transfusion

**QS 4:** *People who may need or who have had a transfusion are given verbal and written information about blood transfusion.*

- Themes: -
  - Increase in audit activity of this standard
  - Many are changing prescription records to include prompts/checklist for consent.

<i>Gloucester:</i>	Implementation of combined transfusion authorization + care record with transfusion consent checklist – Dec 21.
<i>Bath:</i>	Completed audit – mostly verbal consent.
<i>Swindon:</i>	Evidence of consent should be documented on prescription chart, New pathway includes how/when PI should be given to patient.
<i>Torbay:</i>	Audited – verbal 95%, written low.
<i>Poole:</i>	Difficult auditing due movement junior doctors. Raw data just received.
<i>UHP:</i>	Not audited yet, Transfusion PIL given pre-op when G+S. Aim to add prompt for consent on EPR. Hope to add transfusion to e-discharge.
<i>Taunton:</i>	Audit consent for chronic transfusion Nov 21 – 52% compliance, actions in place. Reviewing process for acute transfusion.
<i>Salisbury:</i>	Currently auditing.
<i>Southmead:</i>	Not audited but on consent questions on prescription chart

## 4. RTC objectives – O+ve bleeding males.

- Themes: -
  - All trusts that have supplied report either have O+ve in bleeding males policy or in the process of developing one.

*Gloucester:* O+ve available for males, if O-ve male will switch to O+ve.

*RD+E:* O-ve in remote fridges, O+ve from the lab.

*Salisbury:* O+ve for males with MTP activation. Looking at issuing O+ve via porters.

*Swindon/Bournemouth:* On HTC action plan, aiming to move forward in new year.

*Bath/Torbay/Poole/UHP/Weston/Yeovil/Taunton/UHB/Southmead:* All have O+ve policy.

## 4. Other activities

<i>Gloucester:</i>	Review of fractured neck of femur pathway regarding transfusion triggers and outcomes
<i>Bath:</i>	Major haemorrhage review and QI project, cffDNA testing.
<i>Swindon:</i>	Production of massive haemorrhage educational video, maternal antibodies meeting, fetal free DNA testing in maternity.
<i>Torbay:</i>	Body weight and haematinics check
<i>Poole:</i>	New massive haemorrhage policy (pre-thawed FFP, critical care authorisation fibrinogen replacement). ROTEM live. PANDA project. Audit on transfusions at night to try and avoid if possible.
<i>UHP:</i>	Nurse delivered IV iron service in pre-op, ROTEM live, looking to restart non-medical authorization.
<i>Weston:</i>	Vein to vein tracking, electronic blood issuing,
<i>Taunton:</i>	Drafting updated maternal anaemia guideline – awaiting Obstetrician review.
<i>Salisbury:</i>	Lots of audit activity. Transfusion on mobile chemo unit.
<i>UHB:</i>	New transfusion prescription chart including consent / TACO.



**Blood and Transplant**


# Customer Service Update

Emma Taylor, Customer Service Manager

**Caring Expert Quality**



## Key Points

- Current blood stocks are lower than desired, please be mindful of this when submitting orders.
  - Please ensure that your AB stocks are suitable to avoid submitting too many Unused AB (UAB) credit claims
  - Couriers should be returning samples and boxes to NHSBT (routine runs).
  - Audit of reversal of anticoagulation (warfarin/DOACs) in trauma patients 2022 – go live for data collection is 03/01/22 (until 31/03/22)
- 



**Blood and Transplant**

# PBM Update

Sam Timmins – Patient Blood Management  
Practitioner

**Caring Expert Quality**

## Patient Blood Management

# Update

**NHS**  
Blood and Transplant



On-going regional alignment work

New PBM Toolkit content



National Education programme

Outcomes of platelet survey published

HSJ Awards

New e-learning on the way



Blood components App

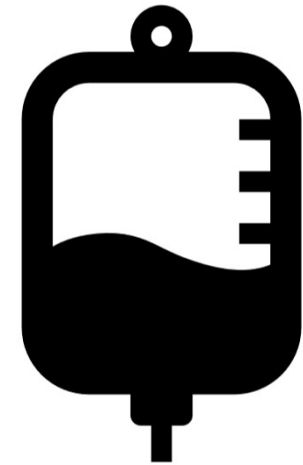
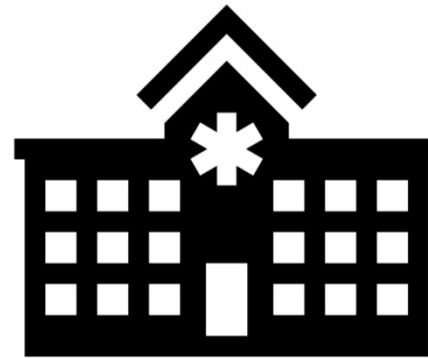
Practice Nurse Publication



New and updated resources

NCA & UKCSAG audits launch

# SW RTC Working Groups Feedback



SW Transfusion  
Practitioner Group Update  
Stuart Lord



- Non-Medical Authorisation
- Regional TP competencies
- Regional SharePoint page
- Transfusion 2024 – TP support recognised
- Digitalisation
- Engagement with SHOT, NHSBT Consultant Clinical Scientists
- Drive to carry momentum into 2022

# TP2021

# SWPBM Group Update

## Elmarie Cairns (verbal)

# SW TLM Group Update

## Ian Sullivan (verbal)





# RTC Objectives & Education Update

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DR STUART CLELAND – RTC CHAIR, CONSULTANT ANAETHSETIST –DERRIFORD  
HOSPITAL

SAM TIMMINS- PBMP- NHSBT

# O+ use in emergency and major haemorrhage

Sam Timmins



# MATERNAL ANAEMIA MANAGEMENT

Dr Stuart Cleland

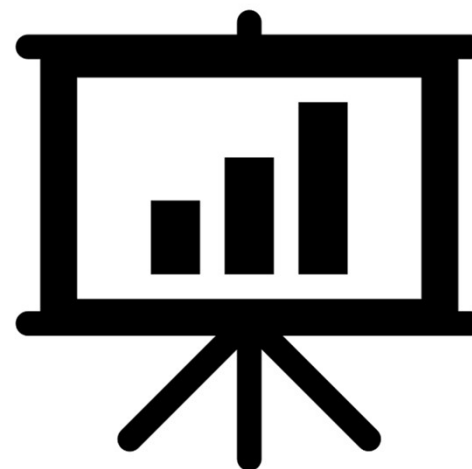


Any Other  
Business



# THE SURVEY -2021/2022

## Progress



# SW RTC Meetings - 2022



Wednesday 25<sup>th</sup> May



Wednesday 23<sup>rd</sup> November



Coffee  
Break.....

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