

CONFIRMED MINUTES OF THE SOUTH WEST REGIONAL TRANSFUSION COMMITTEE
Wednesday 23 November 2022, 10.30 – 15.30
Oake Manor, Taunton

Attendance:

NHS HOSPITALS/ORGANISATIONS	
Dorset County Hospital NHSFT	David Quick (DQ), Nicola Dewland (ND), Alexander Davies (AD), Graham Smith (GS)
Gloucestershire Hospitals NHSFT	Stuart Lord (SL)
Great Western Hospitals NHSFT	No representation
North Bristol NHS Trust	Elmarie Cairns (EC), Tim Wreford-Bush (TWB), Karen Mead (KM)
Royal Devon University Healthcare NHSFT (Barnstaple)	No Representation
Royal Cornwall Hospitals NHS Trust	Ian Sullivan (IS), Pedro Valle-Vallines (PVV), Oliver Pietroni (OP), Will Jones (WJ) Angharad Everden (AE)
Royal Devon University Healthcare NHSFT (RD&E)	Barrie Ferguson (BF)
Royal United Hospitals Bath NHSFT	Jenny Page (JP)
Salisbury NHSFT	Caroline Mathews (CM), Chloe Stacey (CS)
Somerset NHSFT/Yeovil District Hospital NHSFT	Sarah Allford (SA)
Torbay and South Devon NHSFT	Alistair Penny (AP)
University Hospitals Bristol & Weston - Bristol	Stephen White (SW), Soo Cooke (SCo)
University Hospitals Bristol & Weston - Bristol/NHSBT	Tom Latham (TL), Jonathan Massie (JM)
University Hospitals Bristol & Weston - Weston	David Brunt (DB), Lucia Elola Gutierrez (LG)
University Hospitals Bristol & Weston/Severn Deanery	Michelle Melly (MM)
University Hospitals Dorset NHS FT – Bournemouth	Lorraine Mounsey (LM)
University Hospitals Dorset NHS FT - Poole	Vikki Chandler-Vizard (VCV), Alison McCormick (AM)
University Hospitals Plymouth NHS FT	Stuart Cleland, Chair (SC), Caroline Lowe (CL), Tom Scorer (TS)
PRIVATE HOSPITALS	
	No representation
Patient Representatives	
	No representation
NHSBT	
Customer Service Manager	Rhian Edwards (RE)
RTC Administrator	Jackie McMahon (JM)

***Copies of presentations will be available with the minutes**

1. Welcome and Apologies:

All welcomed. Apologies will be attached to the minutes.

2. Previous Meeting Minutes

The main points of the meeting held on 25.05.22 were highlighted and the minutes approved. Subsequent to the meeting, an adapted version of NBT's flowchart for the rapid release of blood components for patients with antibodies was circulated to the region.

2. NBTC/RTC Chairs Meeting Update (SC)*

SC highlighted the following points from the September NBTC meeting and is happy to circulate the full presentation to anyone that is interested.

Supply and Demand:

- Thanks to the continued feeding back of intelligence to NHSBT following the pandemic, forecasting remained accurate.
- Demand for red cells has reached pre-pandemic levels.
- Demand for O- was declining but is now in an upward trend and already above pre-pandemic levels.
- Collection has been slightly lower than demand and declining stock levels were among the factors that led to the <3 days' supply situation. Initiatives are now in place to bolster collections and stabilise blood stock levels, particularly O- and O+.
- Since 2014 overall demand for red cells has gone down and initially O- matched this but was not maintained and demand is trending up. Steps are in place to improve the O- donor base and to recruit more donors to meet the increasing Ro demand.

Transfusion 2024:

Progress updates were given on NHSBT's deliverables within the Workplan – Stronger PBM, Increased Tx Lab. Safety, Enhanced IT and Further Research and Innovation - and an overall project update was given around the general work streams. RTCs can help by getting involved in:

- focus groups for clinical and scientific training.
- RCI Remoter Interpretation pilot - contact mawa.sall@nhsbt.nhs.uk if interested.
- fetal RhD reporting and requesting – initially looking to roll out to hospitals with Clinysis WinPath Enterprise v7 and v5.
- Involvement via stakeholder engagement with the design of a blueprint for inventory management.
- Spreading the word.

NBTC updated on outputs for their deliverables around PBM, Lab Safety and IT.

Tranexamic Acid:

- TXA working group to push use of TXA more in elective surgical procedures.
- Patient and Surgical Infographics produced.
- Following Amber Alert notice, the Centre for Perioperative Care issued a recommendation that TXA should be considered in all adult surgical groups.

Education:

The ambition to roll out a national education programme hasn't gone to plan and proposals have been put forward for discussion at the next national meeting that each RTC hosts one national event with a pre-agreed topic and one regional event geared towards local requirements. Other considerations are an agreed process for awarding CPD points from the Royal Colleges and other professional bodies and using alternative hosting platforms, as MS Teams may not be the most suitable platform for large numbers - there were some technical issues during the SW RTC Obstetric event which had 400 attendees. If necessary, some of the RTC budgets can be pooled to fund an alternative platform and it was also put forward that more IT support is required to run a national event.

Education Working Group:

The work to replace the LearnPro e-learning platform continues and the availability of new modules and those in development was highlighted.

NIHR:

An overview was given of the work being done to support data driven transfusion practice.

Audits:

The NCA of NICE Quality Standards and PBM survey have been completed. The repeat of the NCA of Upper GI Bleeding has closed with results expected early 2023.

3. **HTC Chair's Report Highlights (SC)***

Fourth meeting using this reporting format.

- Excellent response, with the majority of trusts responding.
- SC reviewed the issues and wastage data, highlighting some of the comments provided by trusts around their data.
- Issues approaching pre-pandemic levels in line with national trend.
- A lot of "just in case" platelet wastage.
- RCH rolling out of O+ for males.
SC mentioned that concern from the TLMs about the lack of clear guidance for transgender patients in this setting was raised and minuted at the national meeting and that it was acknowledged that national guidance is needed.
- Many trusts are considering keeping the reduced stockholding levels they implemented for the Amber Alert.
- Just under half of south west trusts are participating in the anaemia CQUIN and some were able to provide some data.

Amber Alert feedback:

- SC highlighted some of the actions that individual trusts had implemented.
- At the drop-in sessions for RTC Chairs, NBTC and NHSBT it was acknowledged cancelling elective surgery would reduce blood use by very little.
- Some of the positives included highlighting the importance of HTCs, getting transfusion back onto trust agendas, lab staff feeling more supported in challenging requests, getting back to good transfusion practice, reinforced importance of PBM, lots of support generally.
- Highlighted some issues with trusts struggling to run their cell salvage service due to constraints with staff grades. SC has raised this with the NBTC cell salvage working group and it is very much on their agenda trying to make it possible for more staff groups to utilise. OP mentioned that he had put one trust in touch with Issie Gardner at UHBW St Michaels who are using bands 3 & 4 to run their service and that Issie is happy to talk to the PBMG group about it at a future meeting.

Other themes that were in a number of trust reports:

- Lab staffing levels.
- Took the positives out of the Amber Alert and opportunities it presented.
- Couple of trusts reported background of reduced HTC participation and engagement.
- IS queried if there was going to be any national feedback from the Amber Alert and RE confirmed that feedback would be collected via an Amber Alert Actions Survey.

4. **NHSBT & PBM Update (RE)***

Customer Service Update: RE gave an update on the current situation since returning to pre-Amber on the 8th Nov and highlighted some ongoing asks from NHSBT's perspective, including a request that any trusts planning to return to pre-alert stockholding do so gradually and to continue with actions to conserve red cell stocks in-line with NHSBT Guidance for a Pre-Amber shortage.

PBM: 7 LBT modules are now available with the final two available at the end of Nov/beginning of Dec. New e-learning modules for anaemia and e-learning and component use in major haemorrhage also available. All can be accessed via ESR or eLfH. New online training course from BSMS on Smarter Inventory Management with several dates for 2023. Replacement PBMP to cover ST's maternity leave starting in January. The updated Transfusion Survey will be issued in early December.

5. **RTC Objectives & Education Update**

O+: Now that the majority of trusts in the region have a policy it is proposed to stand down as an objective but track as ongoing activity. Support will still be available to trusts working to implement and there is ongoing work to be done with regard to the transgender population.

Maternal Anaemia: Following regional presentations on the topic and the national education event in September, steps are underway to survey the regional obstetric anaesthetic groups about their approaches to maternal anaemia and to gauge their reaction to different types of management plans. SC to action.

Future RTC Objectives: TXA had been proposed but this now has national coverage so happy to take suggestions for the next regional objective.

Future Education: Lab. staff education continues on a rolling basis via the BMS education programme, with Transfusion Still Matters for senior staff planned for early next year. The topic for the next RTC event is Bleeding in the Medical Patient.

5. **RTC Working Groups Feedback***

TLM Group: (IS) – Discussed MHRA/UKAS inspections/findings. We now have the patient safety incident response framework as well so discussed how we are going to come together on that - SHOT has also come up with a framework so there is a need to get some unified guidance.

- SC commented that one of the aims of Transfusion 2024 is a unified approach to the regulatory and compliance processes.

Non-HPC registered staff – need to have more transfusion/blood sciences incorporated into their training so they can go straight into transfusion labs when they are qualified - links into how to alleviate pressure on the labs.

Major incident drills – good discussion and idea/script sharing. NBT's quality manager is putting a presentation together and TW-B is happy to ask her to present it.

IS proposed setting up a joint TLM/TP training day in the New Year on what to expect from a MHRA inspection. SL, GHNHSFT, mentioned that following their MHRA inspection and some confusion around deviation management, he has got a call scheduled with Chris Robbie to talk about what they are actually expecting and is happy to share.

TP Group: (SL) – Fact to face meeting in October with usual agenda. The main focus was a Major Haemorrhage SIM Workshop, which included a presentation from a SIMS expert. Outputs from the Workshop will be developed into a toolkit by the TP Major Haemorrhage Working Group and an audit/benchmarking questionnaire will be released to TPs in the new year, to include a O+ policy compliance question.

PBM Group: (EC) – The group continues to collect and share cell salvage data for regional analysis and benchmarking. The October meeting was well attended and there was a request to the group to share vaginal cell salvage data/policies via the PBMG SharePoint site. It was acknowledged that the number of cases will be small but pooling data will be really useful to provide evidence and push UKCSAG to publish something. Planned agenda items for the January 2023 meeting are how trusts devolve their blood budgets, use of EPO and presentation of the 2020/2021 cell salvage data.

7. **Roundtable Discussion: Incidents & Learning Outcomes**

This section is not minuted. Presentations were given by Ian Sullivan and Vikki Chandler-Vizard.

8. **One Step Closer to Universal Components (RE)***

RE gave an overview of the universal plasma/cryoprecipitate project. Extensive research was undertaken to explore the feasibility and demand for the development of this new blood component through surveys and market analysis. Feedback was positive; safety and better clinical practice were the top two perceived benefits; hospitals are willing to pay more for a universal component; potential for a reduction in plasma stockholding and wastage. Hospitals also want universal platelets. Now have an informed strategy to take forward.

Queries raised during the discussion that followed included:

Is the pricing achievable?

Would it be as clinically effective?

Would it be linked in with universal dried plasma?

Would group plasma still be available?

Benefits would be greater if we could switch it all to universal.

There is no timeframe for delivering the product as yet.

9. **RCHT Presentation – Where Does Our Blood Go? (OP)***

OP presented the results of some audits that contributed to planning RCHT's Amber Alert strategy:

- The trust has a well-established PBM programme and has recently implemented O+ for bleeding males. The key focus of the EBM plan was to try and postpone surgery with > 20% risk of transfusion. Pretty sure not applicable to the majority of elective surgery, so compared three months of theatre and transfusion activity (4652 cases). Of the 1400 units transfused 18% (268) went to surgical patients – 82% for emergency surgery and 18% for elective -, 2% to O&G and assumed 80% went to medical. 33 units were wasted during that period
- Also compared 2014 survey of where red cells go and RCHT had a lower surgical percentage than the national average and has seen a 43% reduction in rbc usage compared with historical data.
- An audit of the fate of rbc's for 2021 also highlighted the biggest users are medical and ED.
- Concluded that the burden of elective surgery on rbc usage is low and that further reduction should focus on stock management and data driven performance rather than policy.
- Also focussing on O- usage and wastage and have reduced stock in satellite fridges by agreement. In the longer term need to review the number of satellite fridges – currently 8.

10. **Amber Alert Roundtable Discussion**

- RE outlined NHSBT's actions to increase donor activity, which includes the recruitment of new staff and donors and extending donor sessions. SC thought that the use of haemocue to exclude anaemic patients may have the potential to exclude a lot of patients due to the variability in it's accuracy. RE to feedback.
- It is unclear if the improved stock situation is due to the increase in donor activity or hospitals holding less stock.
- TL commented from a Supply and Demand perspective that as a result of the Amber Alert there was a 10-15% decrease in rbc issues to hospitals, as well as a fall in platelet demand, but this is probably due to an increased awareness of the importance of blood getting through at all levels rather than surgical demand. At the BRI the number of requests for blood was similar.
- At the BRI, Cardiac was the biggest unit using less blood – should be aware of unconscious bias and not postponing operations that should go ahead
- SC - Derriford Cardiothoracic Dept are now keen to implement some PBM recommendations.
- Inappropriate GP requesting was discussed and OP highlighted this as an area we need better data for.
- Contingency plan to have a bank of hospital staff that could support donor sessions, i.e., phlebotomy staff and apheresis nurses – RE to feedback.
- Negative impact of focussing surgery on blood groups that have a healthy stock.
- Cell salvage re-infusion rates went up at NBT.
- A good opportunity to keep stock at reduced levels.
- The national media focus was a really useful tool for raising awareness.
- TWB queried when electronic ordering and stock level check would be available – probably not imminent.
- OP queried if anyone was aware of any software that helps with stock rotation.

11. **AOB** None

12. **Farewells** Farewell to Barrie Ferguson and Sarah Allford who are both retiring in the new year and David Quick's last meeting as HTC Chair for Dorset.

13. **Date of Next Meeting** 24 May 2023, Oake Manor, Taunton

South West Regional Transfusion Committee Meeting – 23.11.22 – Action Log

Actions from meeting minutes		Actioner(s)	Status	Notes
Item				
4	Circulate maternal anaemia survey	SC		
4	Let SC have any suggestions for future regional objectives	All		
5	Share details of telecon with MHRA	SL		
5	IS proposed setting up a joint TLM/TP training day in the New Year on what to expect from a MHRA inspection	IS		
10	Feedback to NHSBT SC's comments about the use of haemocues	RE		
10	Feedback to NHSBT suggestion to have a pool of 'standby' staff in hospitals to help at donation sessions	RE		

South West Regional Transfusion Committee Teams Meeting

23rd November 2022

Declined/Apologies

Hospital	Name	
GWH	Sally Fran Jassy	Charlton Morrison Uppal
Gloucestershire Hospitals	Tracey Robert Rebecca	Clarke Orme Frewin
NHSBT	Mike	Murphy
RCHT	Ashley David	Holt Tucker
RDUH - RD&E	Paul Jennifer	Kerr Davies
NBT	Nirosha	De Zoysa
UHD – Bournemouth	Ian	Mowatt
Somerset	Michelle	Davey
RUH	Adele	Wardle
Patient Rep	Helen	Witham
BMI Ridgeway	Timothy	Tang
BMI Harbour	Maria	Murphy
Yeovil	Alison	Hill

GLOSSARY OF ABBREVIATIONS

CPD	Continuing Professional Development
CQUIN	Commissioning for Quality and Innovation
eLfH	e-Learning for Healthcare
EPO	Erythropoietin
ESR	Electronic Staff Record
GHNHSFT	Gloucestershire Hospitals NHS FT
GI	Gastro Intestinal
HTC	Hospital Transfusion Committee
LBT	Learn Blood Transfusion
MHRA	The Medicines & Healthcare Products Regulatory Agency
NBT	North Bristol NHS Trust
NBTC	National Blood Transfusion Committee
NCA	National Comparative Audit
NHSBT	NHS Blood and Transplant
NICE	The National Institute for Health and Care Excellence
NIHR	National Institute for Health and Care Research
PBM	Patient Blood Management
PBMG	Patient Blood Management Group
RCI	Red Cell Immunohaematology
RTC	Regional Transfusion Committee
TLM	Transfusion Laboratory Manager
TP	Transfusion Practitioner
TXA	Tranexamic Acid
UHBW	University Hospitals Bristol & Weston NHS FT
UKAS	The United Kingdom Accreditation Service