

CONFIRMED MINUTES OF THE SOUTH WEST REGIONAL TRANSFUSION COMMITTEE
Wednesday 24 May 2023, 10.30 – 15.30
Oake Manor, Taunton

Attendance:

NHS HOSPITALS/ORGANISATIONS	
Dorset County Hospital NHSFT	No Representation
Gloucestershire Hospitals NHSFT	Stuart Lord (SL), Rebecca Frewin (RF)
Great Western Hospitals NHSFT	No representation
North Bristol NHS Trust	Elmarie Cairns (EC), Tim Wreford-Bush (TWB), Karen Mead (KM), Mooi Heong Tay (MT)
Royal Cornwall Hospitals NHS Trust	Ian Sullivan (IS)
Royal Devon University Healthcare NHSFT (Barnstaple)	No Representation
Royal Devon University Healthcare NHSFT (RD&E)	Katy Cowan (KC)
Royal United Hospitals Bath NHSFT	Helen Maria-Osborn (HM)
Salisbury NHSFT	No representation
Somerset NHSFT	Martin Best (MB), Michelle Davey (MD), Charlotte Neville-Rutherford (CNR)
Torbay and South Devon NHSFT	No representation
University Hospitals Bristol & Weston NHS FT	Stephen White (SW), Soo Cooke (SCo), David Brunt (DB), Egle Gallo (EG), Lucia Elola Gutierrez (LG), Christie Drury (CD), 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), Tom Scorer (TS), Linda McCracken (LM), Sam Gray (SG)
PRIVATE HOSPITALS	
Nuffield South West	Rebecca Tizzard (RT)
Patient Representatives	
	No representation
NHSBT	
Customer Service Manager	Rhian Edwards (RE)
RTC Administrator	Jackie McMahon (JM)
PBMP	Clare Cook (CC)

***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 maternal anaemia survey has been distributed to Lead Obstetricians, Lead Midwives and Lead Obstetric Anaesthetists at all trusts in the south west to get their views on maternal anaemia management. Feedback to be presented at the next meeting together with next steps, if any.
- SL updated that Chris Robbie from the MHRA delivered RCA/Incident Reporting training to the TP's at their February meeting. Regional TLMs were also invited to attend.
- IS will also be arranging for Chris Robbie to deliver some training around investigation handling for the TLMs, which will also be open to TPs and Pathology staff.

- SC requested that any major deviations between inspection bodies are escalated to a national level through the Lab Managers meeting.
- RE feedback SC's comments to NHSBT regarding the use of haemocues at donor sessions to exclude anaemic patients having the potential to exclude a lot of patients due to accuracy variability, and the suggestion for a bank of hospital staff as a contingency to help out at donor sessions in emergencies.
- CC commented that from a Blood Donation perspective the Haemocue is the most accurate piece of equipment they have to test donors and they have to be able to pass to donate. The suggestion for a bank of hospital staff would be challenging as NHSBT training would be required to meet MHRA requirements.
- TS commented that due to the variability in Haemocue results, UHP's POC team now use capillary blood gas analysers and EC suggested that Rad67 from Masimo could be easy to use out on session.

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

- SC gave an overview of key outcomes of the NBTC/NHSBT stakeholder event that was held in January to look at ways of raising the profile of transfusion in trusts by engaging and developing closer links with regional and ICB medical directors and it has been agreed that there will be funding, probably via the blood tariff, of one PA for RTC Chairs to recognise this expansion of the role. The south west region is a pilot site and SC has already met with Bruce Daniel, head of pathology for NHSE&I in the south west. The pathology networks have close links with the ICBs so closer links with them could help to raise the profile of transfusion and get more input within the ICBs. BD is also happy to be the pathology rep on RTC if the committee is happy with it.
- The new JPAC site is live and is now more interactive and easier to use, with more information now published on Consent. Please raise awareness within your groups.
- Update from NIHR re. the use of data to improve patient outcomes. TXA PQIP data coming out in 2024.
- Updated UKTLC standards produced in line with Transfusion 2024. Staffing is the main problem in a lot of labs.
- Transfusion 2024 - NHSBT updated on the deliverables within their scope and have allocated project leads for each section. There is a Transfusion 2024 webinar in June.
- Any hospitals that would like to participate in fetal RhD and RCI pilots contact mawa.sall@nhsbt.nhs.uk

Supply and Demand Challenges:

- Red cell demand almost back to pre-pandemic levels but the prediction is that this will be exceeded now that recovery programmes are underway following the amber alert. Despite overall demand for red cells is going down year on year, O- demand does not match this and the actual amount issued, with substitutions, has increased. NHSBT is doing a lot of work around this and has three key messages around Forecasting Demand, Universal Components and Ro type red cell supply:

Summary of Key Messages

#	Topic	Key Message
1	Forecasting Demand during uncertainty	<ul style="list-style-type: none"> • Thank you for your continued support and insights to understand hospital demand practices. Please continue to support us in understanding the effect of NHS plans and operational constraints on future demand.
2	Universal Components	<ul style="list-style-type: none"> • Please continue to help us ensure universal components (especially O D negative red cells) are ordered only where necessary. Ongoing increases in O neg supply to hospitals will become difficult to sustain and could result in future stock shortages.
3	Ro type red cell supply	<ul style="list-style-type: none"> • You can support us with Ro type supply in a few ways: <ul style="list-style-type: none"> ✓ Ensure orders are placed only where required ✓ Support re-distribution of Ro stocks between hospitals to improve utilisation in multi-transfused Ro patients ✓ Support changes to transfusion practice pertaining to how fresh red cell exchange units should be ✓ Encourage friends and family members of Black heritage to donate blood regularly!

- Amber Alert survey actions – a copy of the survey results will be distributed with the minutes.

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

Fifth meeting with these reports.

- SC has put in a request for a regional version of the the monthly BSMS component report to enable regional and national comparisons.
- RBC usage – largely in line with the national picture. Slight increase overall in O- usage.
- RBC wastage – There was a discussion around Nuffield's ordering practices and the shelf life/numbers of units going back to NHS hospitals. It was agreed to organise a separate meeting to take this forward.
- Platelet wastage: GHNHSFT were keeping one unit for two sites but due to re-allocation of blood centre from Filton to Birmingham may need to go back up to two which will impact wastage. It was agreed it would be useful to be able to compare platelet wastage at haem/onc centres nationally.
- TXA use is variable. Some trust are using more routinely and some are in the process of developing policies.
- Taunton would be keen for a discussion with other trusts around implementing BloodTrack.

5. **NHSBT Update (RE)***

Customer Service Update:

Bank Holiday Deliveries - TWB pointed out that blood usage over bank holidays was very similar to a normal weekday and RE will feed this back.

PBM Update (CC):

CC highlighted some of the upcoming educational events and the availability of RTC educational funding.

The NHSBT NMA courses are full for the rest of the year and this led to a discussion around the setting up of a regional course, as currently there is a lot of demand and not enough places. It was agreed to establish regional need in the first instance and progress from there.

It was also suggested that elements of the NMA course could form part of the foundation competencies as there is a lack of transfusion training for this group.

LM commented that one of the nurses from her trust that went on the course didn't want to prescribe for GP referrals as she was being asked to prescribe out of the guidance. They are now auditing GP referrals.

6. **RTC Objectives & Education Update**

Maternal Anaemia – survey results will be presented and published.

Suggestions for future objectives:

- Development of regional NMA course
- Transfusion education for junior doctors
- Promotion of TXA
- Provision of guidance and help around IT and vein to vein tracking, via workshops – similar to O+ objective.

Any other suggestions welcome.

Bleeding in the Medical Patient – 07.06.23 – virtual event open to all regions.

7. **Transfusion Survey Results (CC)***

CC presented the results of the 2021/22 Regional Transfusion Survey.

8. **RTC Working Groups Feedback***

TLM Group: (IS)

Proposal for regional pathology dashboard: NHSE&I trying to get transfusion data around traceability, red cell WAPI and ratio of 1 to 2 unit transfusions incorporated but concern it will put more pressure on lab managers.

National mentorship for lab managers – trying to get more support nationally to answer questions and get reassurance.

Roles of non-HPC registered staff discussed.

SHOT - increased numbers of errors and workloads in the labs.

Lab manager competency assessment – Do we need them? Who does them?

Too much information sent around the pre-amber alerts – long emails don't have as much impact.

Emergency neonatal red cells.

- This prompted a discussion around the ongoing query regarding the use of paedipacks after day 14 for emergency resuscitation. RE to discuss with NHSBT colleagues.

TP Group: (SL) – Major Haemorrhage Simulation Training Toolkit ratified. Plan to follow-up with a MH audit.

PBM Group: (EC) – Education sessions continue to be delivered including one on service development following employment of a blood conservationist practitioner, and the meetings continue to showcase some of the excellent PBM work going on in the region. The agenda for September's meeting will include a presentation on the use of EPO as part of pre-operative management and how to utilise the regional cell salvage data going forward, including the formulation of regional cell salvage KPIs. More evidence is needed to support the use of vaginal cell salvage, so please input any data you have into the excel spreadsheet on the PBMG SharePoint site.

9. Roundtable Discussion: Incidents & Learning Outcomes

This section is not minuted. Presentations were given by Ian Sullivan and Charlotte Neville-Rutherford.

10. Prothrombin Complex Concentrate Audit at NBT/UHB (MM)*

Following MM's presentation, there was a discussion on the use of PCC for DOAC reversal and the wide variation in terms of dosing and approaches taken by trusts. Derriford are developing a protocol to harmonise with RD&E which SC is happy to share at RF's request as she is developing a protocol for GHNHSFT.

11. Military Transfusion Research Update (TS)

TS gave an overview of some of the collaborative research involving the Military, including dried plasma, cold store platelets and cold store whole blood.

12. AOB

None.

13. Date of Next Meeting

22 Nov 2023, Oake Manor, Taunton

South West Regional Transfusion Committee Meeting – 24.05.23 – Action Log

Actions from meeting minutes		Actioner(s)	Status	Notes
Item				
2	Feedback any major deviations between inspection bodies via TLM meeting	TLMs		
3	Raise awareness of new JPAC website within groups	All		
3	Distribute amber alert survey results with minutes	JM		Complete
4	Organise meeting with Rebecca Tizzard to further discuss Nuffield blood tx practices	SC		
5	Feedback to NHSBT TW-B's comments re bank holiday blood usage	RE		Closed
5	Establish need for a regional NMA course	RTT		
8	Take back to NHSBT ongoing concerns around the use of paed-packs after day 14 for emergency resuscitation	RE		Closed

South West Regional Transfusion Committee Teams Meeting

24th May 2023

Declined/Apologies

Hospital	Name	
GWH	Sally Jassy Julie	Charlton Uppal Ryder
Gloucestershire Hospitals	Robert	Orme
RCHT	David Pedro	Tucker Valle Vallines
RDUH - RD&E	Paul Jennifer	Kerr Davies
UHD – Bournemouth	Ian Faye	Mowatt Jordan
RUH	Jerry Susan	Nolan Scott
Patient Rep	Helen	Witham
University Hospitals Plymouth	Sam Caroline Georgina	Reynolds Low Putt
Salisbury	Sarah James	Salisbury Milnthorpe
Dorset	Dietmar Lorraine Robert	Hofer Poole Stirk
Torbay	Alaister Patrick	Penny Roberts
Spire Bristol	Sarah	Threader

GLOSSARY OF ABBREVIATIONS

DOAC	Direct-Acting Oral Anticoagulant
EPO	Erythropoietin
GHNHSFT	Gloucestershire Hospitals NHS FT
HTC	Hospital Transfusion Committee
HPC	
ICB	Integrated Care Board
JPAC	Joint United Kingdom Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee
KPI	Key Performance Indicator
MH	Major Haemorrhage
MHRA	The Medicines & Healthcare Products Regulatory Agency
NBTC	National Blood Transfusion Committee
NHSBT	NHS Blood and Transplant
NHSE&I	NHS England and NHS Improvement
NIHR	National Institute for Health and Care Research
NMA	Non-Medical Authorisation
PA	
PBM	Patient Blood Management
PBMG	Patient Blood Management Group
PCC	Prothrombin Complex Concentrate
POC	Point of Care
PQIP	Perioperative Quality Improvement Programme
RBC	Red Blood Cell
RCA	Root Cause Analysis
RCI	Red Cell Immunohaematology
RhD	Rhesus D
RTC	Regional Transfusion Committee
SHOT	Serious Hazards of Transfusion
TLM	Transfusion Laboratory Manager
TP	Transfusion Practitioner
TXA	Tranexamic Acid
UHP	University Hospitals Plymouth
UKTLC	United Kingdom Transfusion Laboratory Collaborative