

UNCONFIRMED MINUTES OF THE SOUTH WEST REGIONAL TRANSFUSION COMMITTEE
Wednesday 22 November 2023, 10.30 – 15.30
Oake Manor, Taunton

Attendance:

NHS HOSPITALS/ORGANISATIONS	
Dorset County Hospital NHSFT	Nicola Dewland (ND), Lucy Fallon (LF), Robert Stirk (RS)
Gloucestershire Hospitals NHSFT	Stuart Lord (SL), Rebecca Frewin (RF)
Great Western Hospitals NHSFT	No representation
North Bristol NHS Trust	Mooi Heong Tay (MT), Emma Chambers (EC)
Royal Cornwall Hospitals NHS Trust	Ian Sullivan (IS), Pedro Valle Vallines (PVV)
Royal Devon University Healthcare NHSFT (Barnstaple)	No Representation
Royal Devon University Healthcare NHSFT (RD&E)	Paul Kerr (PK), Katy Cowan (KC), Sarah Wheeldon (SW)
Royal United Hospitals Bath NHSFT	No representation
Salisbury NHSFT	No representation
Somerset NHSFT	Michelle Davey (MD), Charlotte Neville-Rutherford (CNR)
Torbay and South Devon NHSFT	Patrick Roberts (PR)
University Hospitals Bristol & Weston NHS FT	Stephen White (SW), Egle Gallo (EG), Lucia Elola Gutierrez (LG), Karen Salvage (KS), Umbreen Mazhar (UM), Michelle Melly (MM)
University Hospitals Dorset NHS FT – Bournemouth	No representation
University Hospitals Dorset NHS FT - Poole	Vikki Chandler-Vizard (VCV), Katy Preston (KP)
University Hospitals Plymouth NHS FT	Stuart Cleland, Chair (SC), Daryl Thorp-Jones (DTJ), Jirina Putt (JP)
PRIVATE HOSPITALS	
Nuffield South West	Rebecca Tizzard (RT), Kate Huish (KH)
Patient Representatives	
	Helen Witham (HW)
NHSE&I	
	Bruce Daniel (BD)
NHSBT	
PBMP	Sam Timmins (ST)
RTC Administrator	Jackie McMahon (JM)
Customer Services Manager	Carol Stenning (CS)

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

1. Welcome and Apologies:

All welcomed. Apologies noted.

2. Previous Meeting Minutes

- Feedback any major deviations between inspection bodies via TLM meeting: No recent feedback received but RF commented that GHNHSFT were inspected by MHRA and UKAS and both had different approaches to risk assessments. SC re-emphasised that the more evidence we have of any discrepancies, the more chance we have of taking it forward through NBTC.
- Progress meeting with RT re Nuffield ordering practice. Actioned and further meetings planned.

- Regional NMA Course. SC has spoken to the North East & Yorkshire RTC and is due to observe one of their courses in December and will feedback on the practicalities of doing something similar in the South West and canvass opinion on taking it forward. ST mentioned that Karen Mead has contacts in Scotland and will also feedback so we can consider different approaches and ideas.

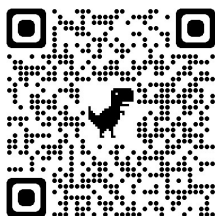
3. NBTC/RTC Chairs Meeting Update (SC)*

SC gave an overview of the main points:

- Proposed NBTC re-structure. SC gave an overview of the work being done to form closer links with the ICBs to raise and promote the profile of transfusion and PBM.
 - To help achieve this the role of the RTC Chair has been enhanced and has been allocated one PA.
 - The South West RTC has been a pilot region and as part of this work and existing relationship, Bruce Daniel from NHSE&I had agreed to join the RTC as pathology representative and SC and IS attend south west Pathology Group meetings.
 - The pathology groups feed into the ICBs.

SC outlined the expected outcome measures and highlighted the regional maternal anaemia project as an example of a key outcome.

- The role of the NIHR BTRUs in promoting data driven transfusion practice was presented. This included details of some of the current PBM transfusion trials - if anyone is interested in taking part in any of the trials, Simon Stanworth is happy to be contacted. In line with our current Obstetric theme, SC outlined the criteria for the PANDA trial. Data collection is relatively minimal and they are actively looking for sites to sign up.
- National Education Programme. It has now been agreed that a central programme of clinical and non-clinical events will be put together by the national working group for RTCs to choose from. They will be hosted virtually for national participation and the programme will be changed each year. Recordings will be made available via YouTube. The Working Group are also happy to take suggestions for topics. Locally, education will continue to be delivered via the RTC meetings.
- Transfusion 2024 Update –
 - Any trusts still wishing to participate in the fetal RHD pilot should contact mawa.sall@nhsbt.nhs.uk
 - Working on business case for hospital blood data integration project.
 - LIMS supplier Clinisys to allow electronic requesting.
 - Working with two pathology networks to pilot remote interpretation to try and streamline reporting and decision making process.
 - Request for all trusts to participate in the QS138 audit – data will be uploaded to Model Hospital to enable regional and national benchmarking.
 - QS138 quality insights audit tool is also available to support ongoing QI within hospitals.
 - IT – a lot of resources have been put together to help trusts move to V2V tracking, link via QR code below:



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

Sixth meeting with these reports. Provides an overview of regional activity and are a useful tool for reporting any local issues. Nationally, the amount of blood products used is going up and rapidly approaching and exceeding pre-Covid levels.

- NBT O- units impacted by 2 high risk obstetric patients but none used for either patient. Now working with obstetrics to try and reduce number of units kept on standby and looking to get remote issue for maternity site.
- Bournemouth has now introduced O+ for adult males and females >60.
- GHNHSFT wastage impacted by shortdated red cells from Nuffield and has increased platelet stockholding due to now having to order from Birmingham as an impact of Southampton re-provisioning. CS mentioned that different options are being explored for some of the hospitals affected by this.
- Derriford platelet wastage is quite high. Ordering and usage is monitored but one of the reasons is getting short dated platelets and this is to be discussed with NHSBT.
- More trusts are getting anaemia practitioners.

SC requested a copy of GHNHSFT's oncology anaemia programme.

SC mentioned that going forward and in line with the enhanced RTC role, there will be more formal discussion around issues and wastage.

5. NHSBT Update (CS)*

- Emergency blood and platelet SHU now up and running on the Southampton site and will look to upscale if successful.
- Tx 2024 survey – following feedback the requirement to enter the trust name has been removed but the band is still required to help identify any knowledge gaps in education and training.
- Removal of maximum age of blood components for thalassaemia and sickle cell patients – hospitals are asked to continue with this practice, which is helping with blood stocks.
- All sites affected by red cell pack volumes have been contacted. RCA investigations continue and if any hospitals require any additional support for internal QIs, contact local CSM.
- JPAC communication expected shortly on vaccination statement of blood components and also directed donation. We will ensure this is circulated once it has been released.

Universal Platelets Update (RE)*

Project evaluating the feasibility of producing a universal component that can go to anyone regardless of ABO and Rh type. Product will be irradiated and manufactured from donor platelets.

- Survey being circulated on 22.11.23 to TLMs, TPs and Consultant Haematologists – different questions for different roles.
- Quick and easy to complete – tick boxes, open for three weeks.
- Need as much feedback as possible from the different cohorts on the benefits of introducing universal platelets.

Points covered in the discussion that followed:

- Pricing will depend on scale but there will be increased manufacturing costs
- It is a long term project, at least 5 years away.
- HLA is currently out of the scope of the project.
- HLA, washed and other special requirements will still be met.
- Universal platelets would have to be equally as efficacious and the product would need to be re-tested once that point is reached.

PBM Update (ST)*

- Blood Stocks generally stable but still some concerns around O- and B- rbc's, although stocks of these groups have improved. It has been feedback that the vast majority of trusts are holding the minimum they can in terms of O- stocks.
- A lot of confusion and frustration around the comms, particularly the pre-amber alert for A-platelets but not O- and B- rbc's. ST explained that this is because we have a recovery plan for red cells but are not sure of the ongoing picture for platelet donation. The need for more clear communications has been escalated by the PBM team.
- NCA – Bedside Transfusion Practice audit has been pushed back to March 2024.

- PBMP – new Consent resources on H&S PBM pages; Obstetric Anaemia Toolkit updated.
- BSH perioperative anaemia guideline update undergoing final review and should now be in line with CPOC.
- ADOK/AWOK – updated and newly branded as Blood Essentials – interactive pdf – should be available towards the end of Jan/beginning of Feb.
- Genotyping – due to go live now and funding due to run until March. Pushed back pending final MHRA sign-off.
- BSMS released 10 year component and activity review. Available via the BSMS website.
- TXA Infographics available from PBM website.
- PBM Awareness week – pop-up stands hosted in Torbay and GWH. Really successful, had good buy-in with engagement. Happy to keep going with them if anyone else is interested.

ST to feedback query re any plans within NHSBT/NBTC to review EBMPs from a medical perspective.

6. RTC Working Groups Feedback*

TLM Group: (IS)

- Reviewed transfusion survey results – limitations of LIMS was a recurring theme. Some EPRs and LIMS have resulted in an increase in WBITs and inappropriate usage of patient wristbands – how do we feed this back to LIMS companies?
- FFP and Platelet survey circulated to understand what we are doing in the south west, what stock we hold and what we are ordering. Awaiting final results.
- MHRA/UKAS – more sites in the south west have had inspections and there is a recurring theme around RCAs. UKAS have updated their standards. No discrepancies reported apart from what RF/SL mentioned.
- One Peninsula joint request form for patients bled at one hospital but surgery at another. During discussion RF raised concerns with this combined form because there are already risks with pre operative patients and antibodies where the patient is being seen by one trust, let alone several trusts, and the potential for missed communications within the hospital regarding complexity of blood provision resulting in delayed / cancelled procedures. If patients are being bled by one hospital and coming to another, that risk increases. However, it was agreed that a proposal followed by consultation could be a way forward.
- Reviewed structure of the meetings – going forward will have 2 x Teams and one F2F.

BMT/PBSC shared care. There was a discussion around the discharge summary and what some trusts feel is a lack of information provided by the discharging hospital. IS agreed to take forward via the Lab. Managers group and SW is happy to be contacted for advice.

SC mentioned the London Region have put together a group to look at the issue of WBITs and is happy to supply contact details.

TP Group: (SL)

- Demonstrated how GHNHSFT use the QS138 Quality Improvement Audit Tool.
- In depth discussion on regional NMA
- Renewed ToRs
- Call set up to discuss key themes for proposed electronic tracking workshops.
- Major Haemorrhage SIMS Toolkit. Following CAS alert from SHOT, the TP group held a workshop with a SIMS expert and developed a toolkit which is hosted on the website – (<https://nationalbloodtransfusion.co.uk/rtc/south-west/documents-and-resources>) and the TP Sharepoint. Contact SL/ST with any feedback.

PBM Group: (EC)

There was no representation from the SW PBMG but an update slide is included with the meeting slides.

7. RTC Objectives & Education Update

- Maternal Anaemia - project to look at how maternal anaemia is treated in the region and the appetite/potential for a regional guideline to streamline treatment. SC will present the results of the regional survey in the Education Section and a summary of the results is also

being presented to the Peninsula Obstetric Anaesthetic Group. We would also like to get regional medical directors on board to enable us to get it more formalised. The Scottish PRAMS (Pregnancy Anaemia Management for Scotland) project – which is also presented in the education section – has had some great outcomes.

Future RTC Objectives

- Development of non-medical authorisation course – discussed..
- Ongoing TXA promotion.
- Nuffield hospitals – there was further discussion on the detrimental impact of Nuffield's MSBOS/ordering practices on NHS hospitals that take units that are not used, the majority of which are shortdated, which result in extra wastage for the hospitals. SC would be keen to discuss with their medical director and it was agreed with RT to schedule in a further meeting. SW mentioned that UHBW has been approached by Nuffield and would be happy to share their SLA if agreement is reached.

8. Increasing Perioperative TXA, Katie Preston, UHD Poole*

KP gave a presentation on a project to increase the use of TXA in her trust. A poster was produced as part of the strategy to increase use and it has been agreed this can be shared as a learning resource for the wider RTC. Next steps include a survey to find out why TXA isn't being given and to ultimately get it embedded into clinical practice and ideally on the WHO checklist. ST mentioned the QS138 quality insights audit tool as a good resource for ongoing data collection around TXA practice.

9. Roundtable Discussion: Incidents & Learning Outcomes

This section is not minuted. A presentation was given by Stuart Lord, GHNHSFT on an amniotic embolism with DIC, which was followed by questions and a discussion, including debriefing and supporting staff involved in such incidents.

10. AOB

ST took the opportunity to remind everyone of the QS138 quality insights audit tool which enables hospitals to assess their compliance with the NICE QS138 quality standards, and to benchmark regionally and nationally. We are planning to incorporate the tool into the next annual transfusion survey to avoid duplication of some of the questions and to provide more tangible data. This will delay this year's survey but the aim is to get something out by summer 2024. Hospitals will need to register and have an account to access the QS138 audit tool. Further information is available via the following link:

[QS138 Quality Insights Audit Tool - Hospitals and Science - NHSBT \(blood.co.uk\)](https://www.blood.co.uk/qs138-quality-insights-audit-tool-hospitals-and-science)

11. SW RTC Education

The following topics were included in the education session:

- PRAMS National Improvement Project
- SW Maternal Anaemia Survey Results
- Woman2 Trial Results Feedback

12. Date of Next Meeting

May 2024, Oake Manor, Taunton

South West Regional Transfusion Committee Meeting – 22.11.23 – Action Log

Actions from meeting minutes		Actioner(s)	Status	Notes
Item				
4	Send SC a copy of GHNHSFT's oncology anaemia protocol	RF/SL		Complete
5	Ensure RTC members receive any comms re JPAC statements on vaccination status of blood components and directed donation	RTT		
5	Feedback query re any plans by NHSBT/NBTC to review EBMPs from a medical perspective	ST		Complete
6	BMT/PBSC shared care - take forward concerns re lack of information on discharge forms via Lab Mgrs group	IS	Next TLM Meeting March 2024	BRI stated other hospitals can phone their lab to ask for advice, but local hospitals need to take some responsibility as not clear on when moving from phase 2 to phase 3.
7	Progress discussion with Nuffield re ordering practices	SC/RT		

GLOSSARY OF ABBREVIATIONS

ADOK	A Drop of Knowledge
AWOK	A Wealth of Knowledge
BMT/PBSC	Bone Marrow Transplant / Peripheral Blood Stem Cell
BSH	British Society for Haematology
BSMS	Blood Stocks Management Scheme
BTRU	NIHR Blood and Transplant Research Unit
CAS	Central Alerting System
CSM	Customer Service Manager
DIC	Disseminated Intravascular Coagulation
EBMP	Emergency Blood Management Plan
EPR	Electronic Patient Record
F2F	Face to Face
GHNHSFT	Gloucestershire Hospitals NHS FT
H&S	Hospitals & Science
HLA	Human Leucocyte Antigen
HTC	Hospital Transfusion Committee
ICB	Integrated Care Board
JPAC	Joint United Kingdom Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee
LIMS	Laboratory Information Management System
MHRA	The Medicines & Healthcare Products Regulatory Agency
MSBOS	Maximum Surgical Blood Ordering Schedule
NBT	North Bristol Trust
NBTC	National Blood Transfusion Committee
NCA	National Comparative Audit
NHSE&I	NHS England and NHS Improvement
NIHR	National Institute for Health and Care Research
NMA	Non-Medical Authorisation
PA	Programmed Activities
PANDA	P rimary prevention of maternal A naemia to avoid preterm D elivery and other A dverse outcomes
PBM	Patient Blood Management
PBMG	Patient Blood Management Group
PBMP	Patient Blood Management Practitioner
QI	Quality Improvement
QS	Quality Standard
RCA	Root Cause Analysis
RhD	Rhesus D
RTC	Regional Transfusion Committee
SHOT	Serious Hazards of Transfusion
SHU	Stock Holding Unit
SIMS	Simulation
SLA	Service Level Agreement
TLM	Transfusion Laboratory Manager
TOR	Terms of Reference
TP	Transfusion Practitioner
TX	Transfusion
TXA	Tranexamic Acid
UHBW	University Hospitals Bristol & Weston
UHD	University Hospitals Dorset
UKAS	The United Kingdom Accreditation Service
V2V	Vein to Vein
WBIT	Wrong Blood in Tube

WHO	World Health Organisation
WOMAN2	World Maternal Antifibrinolytic