

South East Transfusion Team Meeting

Tuesday 24 September 2024

Microsoft Teams meeting

Minutes

Present:	
(HW) Howard Wakeling, RTC Chair	Consultant Anaesthetist, University Hospitals Sussex NHS Trust
(KD) Kerry Dowling, RTC Deputy Chair	Transfusion Laboratory Manager, University Hospitals Southampton
(RO'D) Ruth O'Donnell	Transfusion Practitioner, University Hospital Sussex NHS Trust
(JR) Jonathan Ricks	Lead Transfusion Practitioner, University Hospitals Southampton
(SM) Susan Mitchell	Transfusion Laboratory Manager, East Kent Hospitals NHS Trust
(SS) Simon Stanworth	Consultant Haematologist, NHSBT
(TH) Tanya Hawkins	Transfusion Practitioner, Royal Berkshire Hospital
(AD) Anwen Davies	Patient Blood Management Practitioner NHSBT
(CS) Carol Stenning	Customer Services Manager NHSBT
(ST) Shabana Tufail	Customer Services Manager NHSBT
(DB) Danny Bolton	Customer Services Manager NHSBT
(FM) Frances Moll	SE RTC Administrator NHSBT (Minutes)

Apologies:	
Lisa March	Liz Tatam

Agenda item
Welcome and Apologies KD welcomed everyone to the meeting. HW was slightly delayed.
Review of Minutes – 8 May 2024 The minutes were approved for inclusion on the JPAC website. Action points had been completed. The Terms of Reference had been circulated for review, and it was agreed any changes or amendments would be discussed at the next RTT meeting - Agenda item . ACTION everyone to look at the RTT ToRs. A patient representative to be considered, to be involved for future RTC meetings. The Education Event had taken place on 16 July, it had been very well attended. ACTION – FM to circulate the evaluation feedback.
Extra Meeting – 18 June 2024 Linked to the IBI recommendations. There were no actions from this meeting. KD outlined the next stages - Working groups are being set up nationally for the IBI recommendations; these would then link alongside Transfusion Transformation with the plan for launch in 2025. KD shared the Timeline for Transfusion Transformation, which replaced Transfusion 2024. Stakeholder meetings have taken place, NHS England has been very engaged, currently in the final development of the strategy before the launch next year.
National Blood Transfusion Committee (NBTC) update: 23 September 2024 HW reviewed his notes: <ul style="list-style-type: none">Standardising data sets across the regions.

South East Transfusion Team Meeting

- There was discussion about Tranexamic Acid, and getting this into practice – hopefully the next round of QS138 will provide more information for the South East.
- There is a national shortage of Haematologists, with a special interest in transfusion, some regions do not have an NHSBT Haematologist.
- Within the NHS English regions, there are Pathology Directors and a Medical Directors, who might be contacted for support if required.
- There was a presentation about Platelet Resilience – with proposals to get better stock availability across the week. HW asked if anyone had experienced any problems with Platelet availability? SM said they had previously had issues when requesting later in the day, but this had not happened recently.
- Transfusion Transformation was discussed.
- The TP professional framework was still in development.
- The South West is trying to benchmark Trusts, against similar Trusts. Would you be willing to share data and try and share learning? It was suggested that this reporting would be via model health, to reduce some of the manual uploading of data.
- There was a report from the research unit, looking at further data integration. Also looking at offering blood donors, ferritin and iron to optimise donor health and potentially the ability to donate more!
- There was a presentation about the barriers and enablers to the use of tranexamic acid and surveying surgeons and anaesthetists to get a better understanding of this particular issue.
- Positive patient identification is still a real problem across all healthcare not just blood transfusion. There is still a real problem with wrong blood in tube!
- The Education Working Group is looking at undergraduate education nursing and medical schools and then postgraduate centres, to try and introduce transfusion modules into their training programmes.
- There is a call for funding for extra IT assistance for big education events, where delegate number can reach over 400!
- NBTC are looking for a patient co-chair, if possible, to be in place for next year.
- The Blood Transfusion Committee is now 25-years old, and there is a review to ensure it continues to be fit for purpose.
- Discussion on Indication Codes – to bring the Nations on board. This will enable better audit.
- Emergency Planning Working Group will be updating their planning, resilience and response, after the investigation following the cyber-attacks suffered by the London Hospitals is completed.

Other issues raised: The result of the Laboratory Managers culture survey was worrying; lack of a current price list for 2024/25; tackling health inequalities across the service; SHOT's latest report is available; Blood stocks are still very tight, there is still poor practice with regard to O neg blood use. HTC Chairs are asked to find out what is happening in their hospitals.

KD – Following the IBI recommendations a patient representative on the RTC would be a positive step. Someone who is a regular user of the service.

KD – suggested someone who has presented at a previous education event and is very engaged and involved.

ACTION: FM to provide the ToRs for a patient representative and confirm the process for recruitment.



RTC Patient
Representative Docun

South East Transfusion Team Meeting

SE RTC Budget

The South East Budget remains unspent and remains the same as 2023. The planned Transfusion Bites event to be held on 12 November, as a face-to-face meeting, will be similar to last year. The Hotel is holding costs at the 2023 prices. The RTT approved this expenditure.

Workplan 2024 Review

HW – referenced the audits in October. The QS138 Quality Insights scheduled audit, and the NCA Audit can use the same information. Getting the information takes the time, submitting the data is easier. The same data can be reused.

The RTT meeting on the 31st is in half-term (to be cancelled)! There was agreement to add an RTT meeting at the end of TP/TLM meeting – FM to adapt the TP/TLM agenda **ACTION**

RTT meeting to be scheduled later in the year. Proposal to have an RTT meeting after the Transfusion Bites event. **ACTION – FM** to adapt programme.

Blood Stocks

KD had a meeting today (24th) with the Blood Stocks Management team and Medical Director Transfusion. We are still in Amber Alert and are likely to be for some time. The O D Neg red cells stocks have dropped by one day in the last week, and this is predicted to continue to drop at a similar rate. The situation is not stable, and we are all being asked to help. KD shared an e-mail scheduled to go out this week.

KD then addressed this issue of what the SE could do – over the next month can we find out what the position is in hospitals in the region? Have we a problem with wastage? What is the amount of K pos units that are held within NHSBT because hospitals will not accept them? Would hospitals agree to accept O D neg red cells over 21-days of age? Auditing red cell usage over the next week; is the use appropriate in your hospitals?

TH felt NHS Hospitals were doing quite a lot to reduce stock holding etc. and asked if the private hospitals were being monitored and held to account for their usage? They are often supplied with O D neg red cells. KD said they would get the same message.

DB outlined a plan, developed a few years ago, and to be revisited – looking at the O D neg K positive model within some hospitals.

ST added as a temporary measure NHSBT are having discussions with the bigger users, to agree to take anything with less than 12-days expiry. CSMs are also asking if there have been any changes in practice recently.

AD asked if there should be joint comms from SE RTC and NBTC?

KD said this was the plan, a message would go out from the NBTC, JS and herself. KD felt it was important for this message to be supported by HW. To be reiterated to the RTCs. Or do we go further and offer help? Why has demand gone up – we need to know the reason?

JR felt it was important to refocus everyone with a reminder of the realistic stock situation.

CS shared a Benchmarking Summary on Red Cell Usage used by the South West region, as a possible tool to use. It was agreed to consider this for the Workplan 2025. **ACTION**

It was agreed to put a survey together, and capture more information?

Do you take K pos units?

If not, why not? ; Have you increased your stockholding post or during the Amber Alert?

Have you reviewed your stockholding in the last three months?

KD – we will look for patterns, reach out to those that might need some help. Feed it back into NHSBT.

To be sent to Lab Managers (and TPs.) Send out Forms, and letter from Howard sending the same message. **ACTION**

South East Transfusion Team Meeting

Working Groups:

Recruitment – no update available

Training – CS/TH

The group has met, with a further meeting to be planned. Gathering resources and signposting, but not to re-invent the wheel.

Retention – RO'D/SM

The group has met a few times, a survey has gone out to the region. The data is being analysed, and the plan is to provide hints and tips. This will be presented at Transfusion Bites.

RTC Education Event – Transfusion Bites – 12 November (face to face meeting)

It was agreed to ask LT to present the Incident Response Framework – **ACTION**.

Case Studies from LM to be recorded for presentation – Delayed transfusion reaction- **ACTION**.

LH – to be asked to presenter her poster. To include a slide providing a business case - how to secure funding. How might others achieve this – linked to IBI. **ACTION**

What has been an issue for you in the last 12 months? Put out an e-mail for something clinical; clinical project/audit. Request to the region **ACTION**.

Would LS talk about Transfusion Transformation – what is coming? KEY speaker – **ACTION**

SHOT team – patterns in increasing errors increasing ABO incompatible transfusions – KEY Speaker – linked to report published in the summer. **ACTION approach SHOT**.

Has anyone done anything on Tranexamic acid?

SS suggested topics - liver disease. Obstetrics, cancer, infection, sickle cell.

Liver Disease was supported, and possible linked to Albumin shortage – **ACTION SS** to consider who might be available.

Linked to JR/CS presentation, KD said there has been a change in practice. BBTS change to large volume transfusion units – donors are to be screened for this. **ACTION**.

Frances to update the template. **ACTION**

Standing Items – verbal updates

- **QS138 Quality Insights Tool** – AD

Nationally we now have 140 hospitals registered across England and Wales. Bias towards SE is lessening. Nationally there have been 6023 cases entered and just under 3000 from the SE (49%). The regional audit will repeat in October, open until 8 November.

AD is on the NCA working group, the audit cycle period is aligned which reduces duplication, and encourages others to sign up to the audit tool. With an uplift in activity, reviewing the KPI data takes a little longer, the team are reviewing options to optimise this process. AD is also working on starting to develop regional resources to help other regions.

At BBTS last week AD presented in the *Candour, Choice and Consent session* on how the audit tool can be used to monitor and improve patient information. AD and the QS138 Quality Insights team were presented with the Bill Chaffe Award at the Gala dinner.

- **Transfusion Transformation** (formerly Transfusion 2024) - discussed earlier.

South East Transfusion Team Meeting

- **TP Meeting** – 12 June – JR

Reviewed the IBI report, and the use of Tranexamic Acid, in the last audit cycle (Quarter 4, 23/24), the regional compliance was 90% - (national target is 80%).

The national patient safety alert for TACO, highlighted the need for patient consent. The Group talked about the bedside TACO check list – there are many challenges from the paper prescription, getting clinicians to complete this, but also incorporating it into an electronic system – EPR. Where concern was expressed that it could become a “tick-box” exercise, particularly if the tick is required to be able to authorise blood on the system. Or should it be done at the bedside, by the person administering the blood, the patient picture may have changed since the blood was authorised.

The group also discussed the provision of written information to patients before transfusion – in the South the regions compliance is under 50% - how can this be improved?

AD – while we are better than the national figure – the NCA national figure was 35% - SE was 48%, but it still needs improving. We’re not capturing if it’s being done. There is no easy answer, but there does need to be a prompt. A lot of work has been done to make the information as accessible as possible. How do you prove something is really happening – it is a real issue.

- **TLM Meetings** –

Ox/Soton 18 July – discussions included culture, staffing, issue with credits.

TADG meeting rescheduled to 17 October.

- **NCA Audits (for information)**

- Bedside Transfusion Audit Published
- Upper GI Bleeds Report imminent.
- Future audits
 - October 2024 - NICE QS138
 - Spring 2025 - Major Haemorrhage audit

NHSBT

- **Patient Blood Management Practitioner** AD gave an update (presentation e-mailed – completed after meeting)

A number of recently launched resources; Quick reference guide following the Amber Alert; new infographic for appropriate order CMV negative components; irradiated fact sheet recently updated; new receiving anti-D immunoglobulin in pregnancy leaflet.

SHOT newsletter - including links to meet the expert webinars.

Updates to the Intraop Cell Salvage factsheets.

The Haematology and Trauma group are planning to repeat the Audit on reversal of DOAC associated bleeding in trauma patients.

There are a number of Education events – all the information has been circulated.

SS asked about the Education Event held in July – Massive Haemorrhage and Bleeding.

ACTION FM to circulate the evaluation document.

- **Customer Services Managers** – CS gave an update

New colleagues have joined the team, on permanent contracts.

Shabana and Danny presented posters at BBTS.

As mentioned, the price list has not been released. There have been delays within NHS England and the Dept of H&SC.

The current credit process is under review and the 90-day credit claim limit will be lifted; a new form is to be released which will make claiming credit much easier.

Southampton update – Work has begun to bring the donor session receipts in house; work is beginning which will double the size of the current emergency red cells and platelet area

South East Transfusion Team Meeting

by the end of the year; we are hoping to meet 70% of our service level agreements with our customers with the expansion; Donor team move is now likely for 2025.
Thank you to everyone for your patience.



CSM update Sept
24.pdf

Planned Events – for information:

- Joint TP/TLM Meeting – 23 October (1300 – 1530 on Teams)
- Transfusion Bites – 12 November (face to face all day)
- Ox/Soton TLM UG – 20 November
- TP Meeting – 5 December

AOB – No items raised.

Next Meeting: – TP/TLM Meeting 23rd October (timing to be agreed)

- RTT Meeting December tbc