CONFIRMED MINUTES OF THE SOUTH WEST REGIONAL TRANSFUSION COMMITTEE Thursday 25 November 2021, 10.30 – 11.45 Via Microsoft Teams

Attendance:

*Full copies of all presentations will be available with the minutes

1. Welcome and Apologies:

All welcomed. Apologies will be attached to the minutes.

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

Last meeting 27 September 2021:

Transfusion 2024 Update:

- The PBM element will be covered in ST's PBM update.
- Lab Safety a lot of work on pathology modernisation with a standards for transfusion for pathology networks group convened to progress.
- Blood safety and efficiency to be included in the NHSE&I and IT advisory group's framework to support an IT update.
- NHSBT R&D Strategy has been aligned to the Transfusion 2024 recommendations and NIHR BTRU funding of £4 million available over 4 years to improve data driven transfusion practice.
- Ongoing component development work around whole blood for trauma and universal plasma.

Blood Stocks:

- Red cell demand is currently forecast to be 2.5% higher than pre-Covid expectations and hospitals are requested to continue supplying intelligence around this.
- Hospital red cell stockholding at 90% of pre-pandemic levels but no reduction in O-ve.
 Reduced stockholding has resulted in less time expired units.
- Blood stocks have recently declined and communications have gone out around this. Work
 is ongoing to secure continuity of supply and hospitals are encouraged to continue to
 advocate appropriate use of universal components to keep supply sustainable.
- O-ve stocks under pressure with 2% more units issued than 7 years ago. The majority go as a substitute for unmet Ro Kell-ve demand and initiatives underway to recruit more Ro Kell-ve donors.

Components Update:

 Work ongoing to develop universal components and increase the shelf life of cryo/platelets in particular to support the treatment of major haemorrhage, transfusion dependent patients and haem/onc patients; pre-hospital use of whole blood; universal plasma; dried plasma; increasing cryo shelf life to 5 days.

Patient Information Working Group:

• Ongoing issues with access to reliable anti-D PIL and discussions taking place with pharmaceutical companies to produce appropriate resource.

Updated NBTC Traige Tool issued for the rationing of blood for massively bleeding patients during a severe national blood shortage, with a request to trusts to make sure they have reviewed their emergency triage tools for such a situation.

O-ve Tool Kit due out in the New Year and Good Practice Guidelines for labs supplying prehospital vehicles is due in March 2022.

SC raised regional concern around MHRA/UKAS Accreditation discrepancies. The extra burden this puts on labs has been acknowledged and NBTC has initiated discussions between the two bodies to try and align the 2 accreditation processes and this is also supported by the aims of Transfusion 2024.

SHOT/LFPSE reporting conflict – clarification was given regarding the LFPSE reporting service around concerns of double reporting.

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

Second meeting using this reporting format and SC summarised the rationale/benefits. Interest also shown at a national level and SC has shared the template with other RTC Chairs.

- Responses received from 14/17 trusts.
- Red cell issues most trusts now returning to pre-pandemic baseline levels.
- O-ve issues variable, with some trusts over the <12.5% target.
- FFP issues no specific comments other than RCHT issues being higher in comparison due to supplying FFP for the pre-hospital service.

- Platelet issues no slide as fairly static.
- Red cell wastage steady improvement from most trusts, following notable increase during lockdown. Example given of steps taken by NBT to improve use of blood boxes to reduce wastage.
- O-ve wastage variable. Factors and steps trusts are taking to reduce wastage outlined.
 - o KW, NDDH, mentioned that geographical challenges mean they need to maintain a minimum amount of stock and that a change to the type of surgery they do has led to a reduction in the number of transfusions which has led to more time expired blood. Stock is regularly reviewed by the HTT.
- Platelet wastage variable, particularly in the very high, high and moderate groups.
 Contributing factors include short-dated platelets, weekend transfusions (chemo during the week), stockholding, new reporting SOP capturing more data.
- NICE QS 1: Perioperative Iron 12/14 trusts have a pre-op anaemia service but many have been unable to audit or HTCs don't have access to any data.
- NICE QS 2: TXA 12/14 offer to certain surgical patients, most commonly hip/knee replacements, some anaesthetists reluctant due to CI to TXA, and not offered in upper GI bleeds following HALT-IT trial. A lot more trusts now auditing.
- NICE QS3: Single Unit & Re-assess most include in training and audit around this standard has increased since last set of reports.
- NICE QS4: Consent for Transfusion: Increase in audit activity of this standard and many changing their prescription records to include prompts/checklist for consent.
- RTC Objective: O+ve in bleeding males. The majority of trusts have a policy and those that don't (2/14) have it on their HTC action plans. RCHT currently rolling out their O+ve policy in male emergency transfusion.
- Other activities are highlighted on the slide which will be available with the minutes.

SC summarised that the reports are really helpful, particulary when comments are added to supplement the information given and that they highlight a lot of the good work being undertaken in the south west region.

4. NHSBT Update (ET/ST)* Customer Service Update:

- Please be mindful of current stock issues when submitting orders.
- Review AB stock levels there has been an increase in credit claims for unused stock; use a blank form each time to avoid duplication.
- Report any issues with couriers not wanting to return samples and boxes to NHSBT.

PBM:

- RTC realignment underway (south west not affected).
- National education events looking to streamline communication of these events and to spread them out more evenly next year.
- Thanks given for feedback and support in development of the Blood Assist app.
- Blood Components app updated, which includes authorisation and indication codes.
- The new Receiving a Blood Transfusion PIL is available in hard copy. Iron in your diet and information for patients who have received an unexpected blood transfusion PILs being updated.
- Pre-op tookit updated.
- Work ongoing to amalgamate a Drop of Knowledge, A Wealth of Knowledge and the TP info
 pack into one succinct, electronic document and to make it more versatile and accessible for
 other staff with an interest in transfusion.
- Obstetric toolkit being updated and planning to merge into a well woman women's health toolkit
- Updated NMA course to make it more paediatric/neonatal friendly.
- Sickle cell training videos launched and ST will circulate details on finding them on NHSBT website.
- All of this work around the availability of resources supports the PBM element of Transfusion 2024. Also looking at developing new resources around iatrogenic anaemia and different ways of presenting the resources.

- Working on a gap analysis tool to help trusts move forward with Transfusion 2024.
- Good participation from the region in the NCA Quality Standards audit, and the UKCSAG survey. The platelet survey is now published on the BSMS website.
- E-learning in development around components, major haemorrhage and new modules focussing on anaemia management in primary care and anaemia and inflammation.

ST took the opportunity to highlight that due to the ongoing supply challenges, Hospital Liaison teams are reviewing hospital activity on a weekly basis.

5. RTC Working Groups Feedback

TLM Group: Last met on 24 November 2021 with 17 TLMs attending, including representatives from the Southampton and Oxford TLM/UGM groups. There were lots of key learning points and useful discussion, with presentations from the pathology lead for NHSE&I for the SW and updates from the national TLM group, There were several UKAS inspections in the SW in recent months and with no major non conformances identified, the inspections were positive overall – well done everyone.

SC mentioned that the Head of Pathology for NHSE&I will be invited to the next SW RTC.

TP Group: Key project to standardise the governance structure for trusts around sign-off for authorisers attending the NMA course completed. Competency assessments for Blood Transfusion Administration, Collection and Sampling updated. The TP Sharepoint page – a forum for communication and document sharing - is up and running. Recognition of TP support in Transfusion 2024 report welcomed. Impact of digitalisation on the workload of TPs discussed. Engagement with wider groups, with SHOT hosting a Human Factors workshop, presentations from NHSBT's clinical scientists and a TP from another RTC region presenting.

PBM Group: Last meeting (informal) held in June. Main theme was around the setting up of a cell salvage service, training and competency assessment. Also have a Sharepoint page for document and information sharing and for the uploading of cell salvage data. Now have a full year's worth of data from 8 trusts which will be analysed and presented at the next full meeting in January and then at RTC.

6. RTC Objectives & Education Update (ST/SC)

O-ve use in emergency and major haemorrhage (ST): An informal catch-up is planned for the New Year with hospitals yet to implement to address any concerns and issues that were raised at the initial meeting. The O-ve tool kit should also be live then. Potentially look at auditing towards the end of the year.

Maternal Anaemia Management (SC): Recapped on progress to date. Next step is a regional survey of current practice and strategies and then include in the Obstetric education event later in the year.

7. AOB

ST thanked members of the BMS education group for their input in implementing the rolling programme of scientific education.

8. Date of Next Meeting

25 May 2022 23 November 2022

South West Regional Transfusion Committee Meeting – 25.11.21 – Action Log

Actions from meeting minutes		Actioner(s)	Status	Notes
Item				
2	Continue to supply intelligence around clinical activity to support supply and demand challenges	All		
4	Review AB stock levels	All		
4	Report issues with couriers not wanting to return samples and boxes to NHSBT	All		
5	Invite NHSE&I Head of Pathology to next RTC meeting	SC		

South West Regional Transfusion Committee Teams Meeting

25th November 2021

APOLOGIES

Hospital	Name
Gloucestershire Hospitals NHSFT	Robert Orme
Great Western Hospitals NHSFT	Julie Ryder
Torbay and South Devon NHSFT	Alistair Penny
Royal Cornwall Hospitals NHSFT	Pedro Valle-Vallines
Royal United Hospitals Bath NHSFT	Helen Witham

GLOSSARY OF ABBREVIATIONS

BSMS	Blood Stocks Management Scheme
CI	Contra-Indication
Cryo	Cryoprecipitate
FFP	Fresh Frozen Plasma
GI	Gastro Intestinal
HALT-IT	Haemorrhage Alleviation with Tranexamic Acid – Intestinal System
HTC	Hospital Transfusion Committee
HTT	Hospital Transfusion Team
IT	Information Technology
LFPSE	Learn From Patient Safety Events
MHRA	The Medicines & Healthcare Products Regulagtory Agency
NBT	North Bristol NHS Trust
NCA	National Comparative Audit
NHSBT	NHS Blood and Transplant
NHSE&I	NHS England and NHS Improvement
NIHR BTRU	National Institute for Health Research Blood & Transplant
	Research Unit
NICE	The National Institute for Health and Care Excellence
NMA	Non-Medical Authorisation
PBM	Patient Blood Management
PIL	Patient Information Leaflet
QS	Quality Standard
R&D	Research & Development
RBC	Red Blood Cell
RCHT	Royal Cornwall Hospitals NHSFT
RTC	Regional Transfusion Committee
RTC SHOT	Regional Transfusion Committee Serious Hazards of Transfusion
	5
SHOT	Serious Hazards of Transfusion
SHOT SOP	Serious Hazards of Transfusion Standard Operating Procedure
SHOT SOP TLM	Serious Hazards of Transfusion Standard Operating Procedure Transfusion Laboratory Manager
SHOT SOP TLM TP	Serious Hazards of Transfusion Standard Operating Procedure Transfusion Laboratory Manager Transfusion Practitioner