

**CONFIRMED MINUTES OF THE SOUTH WEST REGIONAL TRANSFUSION COMMITTEE**  
**Wednesday 26 May 2021, 10.30 – 13.00**  
**Via Microsoft Teams**

**Attendance:**

<b>NHS HOSPITALS/ORGANISATIONS</b>	
Dorset County Hospital NHSFT	David Quick (DQ)
Gloucestershire Hospitals NHSFT	Stuart Lord (SL), Tracy Clarke (TC), Rebecca Frewin (RF)
Great Western Hospitals NHSFT	Sally Charlton (SCh), Fran Morrison (FM)
North Bristol NHS Trust	Tim Wreford-Bush (TWB), Karen Mead (KM), Mooi Tay (MT), Elmarie Cairns (EC), Halina Collingbourne (HC)
Northern Devon Healthcare NHS Trust	Kathleen Wedgeworth (KW), Laura Davenport (LD)
Royal Cornwall Hospitals NHS Trust	Pedro Valle-Vallines (PVV), Ian Sullivan (IS), Katharine Sprigge (KS)
Royal Devon & Exeter NHSFT	No representation
Royal United Hospitals Bath NHSFT	Helen Maria-Osborn (HM), Jenny Page (JP), Adele Wardle (AW)
Salisbury NHSFT	Caroline Mathews (CM)
Somerset NHSFT	Michelle Davey (MD)
Somerset NHSFT/Yeovil District Hospital NHSFT	Sarah Allford (SA)
Torbay and South Devon NHSFT	Patrick Roberts (PR), Alistair Penny (AP), Paul Scates (PS)
University Hospitals Bristol & Weston - Bristol	Steve White (SW), Soo Cooke (SCo)
University Hospitals Bristol & Weston - Bristol/NHSBT	Tom Latham (TL)
University Hospitals Bristol & Weston - Weston	Sam Lewis (SL), Egle Gallo (EG)
University Hospitals Dorset NHS FT – Bournemouth	Lorraine Mounsey (LM)
University Hospitals Dorset NHS FT - Poole	Vikki Chandler-Vizard (VCV)
University Hospitals Plymouth NHS FT	Stuart Cleland, Chair (SC), Caroline Lowe (CL)
Yeovil District Hospital NHSFT	Alison Hill (AH)
Cornwall Partnership NHS FT	Siobhan Hunter (SH)
<b>PRIVATE HOSPITALS</b>	
Nuffield Health Cheltenham Hub	No representative
Nuffield Health Exeter Hub	Bryant Cornish, (BC)
Spire Hospital, Bristol	Rebecca Oxley (RO), Sarah Threader (STh)
<b>Patient Representatives</b>	
	Helen Witham
<b>NHSBT</b>	
Patient Blood Management Practitioner	Sam Timmins (ST)
Customer Service Manager	Emma Taylor (ET)
Clinical Consultant	Mike Murphy (MM)
Haematology Registrar	Sophie Holmes (SH)
Consultant Clinical Scientist Trainee	Tom Bullock (TB)
Consultant Clinical Scientist Trainee	Matt Hazell (MH)
RTC Administrator	Jackie McMahon (JM)

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

**1. Welcome and Apologies:**

All welcomed by SC. Apologies will be attached to the minutes. The main points of November's virtual meeting were summarised and the minutes were confirmed.

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

Virtual education provision during lockdown/lunchtime sessions had worked well. Some regional educational sessions shared via YouTube.

Strong case for keeping some national meetings virtual to reduce travelling and environmental impact but to move back to in person for regional meetings for networking and social aspects.

Block contract arrangement likely to remain in place until September 2021 with the hope of moving back to cost per item in 2022/23. From Sept 21 proposal to change costs from price per unit to a fixed capacity + variable cost set up – more details expected shortly. Suggestion to introduce punitive cost for using O- to encourage people to use O+ instead where appropriate.

National Cell Salvage survey to be sent - need to update list of cell salvage leads in the region.

Consider presenting cell salvage data at HTCs to demonstrate potential savings on blood products, if not doing so already.

Interest in developing a national cell salvage database and Chair of RTC Chairs talking with Olly Pietroni who is running the SW regional database.

Convalescent Plasma REMAP-CAP and Recovery trials halted as no benefit seen on the use of CP in COVID 19.

Blood Components - O- demand now at 14% compared to 13% pre-COVID. Intelligence still sought from HTCs as to levels of activity in their trusts as services are restored.

Following SaBTO's recommendation a single leaflet to include all blood components and patient groups has been drafted for consultation. Anti-d not included as not produced by NHSBT.

NCA of Consent for Transfusion planned for 2023.

National audit of NICE Quality Standards planned for September 2021.

Ongoing work to explore engagement with primary care to influence anaemia management. Anaemia e-learning module has been launched and anaemia in primary care e-module to be launched Spring 2022.

NHSBT indication codes app update in development

Blood Assist very well received and request for Childrens version.

Blood Choices App in development.

NMA training will remain virtual until the end of the year.

Emergency Planning group involved in several projects and references to articles are provided in the presentation.

Virtual SHOT Conference on 14/15 July.

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

New report for this meeting. Enables trusts to review/comment on issues and wastage data prior to the meeting and highlights areas of best practice and topics of regional interest. Full reports will be made accessible. Common themes were the rise in rbc and O- wastage during the pandemic which is now settling with many trusts reducing their blood product stocks to combat this; general move towards O+ for bleeding males; good compliance with NICE quality standards but many struggle to audit.

- General rbc trend increasing as hospitals return to pre-COVID levels.
- Very impressive levels of wastage at UHBW Bristol during the pandemic
- Pan Dorset Anaemia Project would be an interesting topic for a future RTC presentation.
- No trust offers TXA universally to all moderate risk surgical patients. Discrepancy amongst anaesthetists at Poole as to contraindications for patients with a previous cardiac/neurological thrombotic event – have other trusts had a similar experience?
- Most trusts have single unit policy but find it hard to audit. GWH check Hb after every unit and this is audited in bedside audit. Poole has extensive audit data and has seen an increase in single audit requests in most specialities.
- Majority of trusts have a policy for verbal and written consent but find it difficult to audit compliance. RCHT has developed a prompt on e-prescribing for blood to aid consent and UHP renewing efforts to have it added to e-discharge.

- Regional objectives/Maternal Anaemia: UHP's new midwife delivered pathway was presented at the Nov 2020 RTC meeting and RCHT has developed a new pathway to be presented at this meeting. Common feedback was that many trusts did not have data from their units so we are looking at how we can develop this regionally.

#### 4. **NHSBT Update (ET/ST)\***

**Blood Supply and Wastage:** Stock position and decline in donors has been of concern over the last 18 months but multiple initiatives are in place to recruit more donors and secure supply. Most transfusion labs have reviewed and reduced red cell stocks and now hold 16% less than in 2019. Reliance on A- and AB- platelets is increasing, which can cause supply chain issues. Platelet wastage relatively stable.

**Customer Service Update:**

- Reminders to return recall paperwork promptly and to ensure contact details are up to date, particularly if removing fax machines.
- Procedure outlined for sending platelet/red cell packs for bacteriology investigation.

Links to the following are included in the presentation:

- Platelet ordering and stockholding guidance update
- Virtual blood centre tour
- NHSBT working closely with the Department of Health and Social Care and NHS England to operationalise the lifting of the ban on UK plasma for fractionation
- Introduction of a platelet-activation assay for the investigation of Heparin induced thrombocytopenia
- H&I update for the investigation for HIT and Vaccine Associated Thrombosis and Thrombocytopenia (VATT) and Vaccine Induced Prothrombotic Immune Thrombocytopenia (VIPIT)

**PBM:** In addition to the educational tools mentioned in SC's NBTC update, ST highlighted updated FFP and Cryo factsheets, Anaemia PIL and neonatal and paediatric bookmarks are available on the H&S website. A new PIL poster is available which includes a QR code to access them. ST also thanked everyone who had given feedback on the Blood Assist app.

#### 5. **Transfusion 2024 Update (MM)\***

Despite previous initiatives, there is still work to be done around inappropriate use, implementation of methods to avoid the use of blood, safety, transfusion lab staffing and resources and IT for blood safety and providing data on usage. NHSBT recognises the responsibility to support hospitals but struggles to know best how to achieve this. Tx 2024 is a five year plan and sets out recommendations to initiate progress under a number of different headings:

**PBM:** A national audit of the quality standards in transfusion is planned for Sept/Oct as a first step towards self-assessment/accreditation; the need for resources in both NHSBT and hospitals to better support clinical practice by providing data to clinical teams about their transfusion practice and help them to implement mechanisms to improve is recognised; the inclusion of transfusion in national patient quality and safety initiatives.

**Transfusion Lab Safety:** There is still work to be done around training, staffing, better support from NHSBT, pathology networks, making sure we comply with regulatory requirements and that we provide good data to SHOT and learn locally from problems with transfusion.

**IT:** Still presents a challenge but getting better with electronic tracking and the integration of transfusion into electronic patient record systems.

**Research & Development:** More use of IT – can we use initiatives in big data/machine learning/artificial intelligence to develop algorithms for really good use of blood; component development – consideration of whole blood component for major haemorrhage patients; better ways of extending donor/patient matching to reduce the risk of alloimmunisation; challenges of securing funding for clinical transfusion research.

Some progress since the initial meeting in March 2019 but slower than expected and COVID hasn't helped so there is a lot of catching up to do.

MM outlined a project that he is involved with covering data driven transfusion practice, the objectives of which are aligned directly with Transfusion 2024, and which is one of the priority areas for NIHR/NHSBT Blood and Transplant research units (BTRUs) funding. The introduction of

electronic patient record systems presents a huge opportunity to get better data but it needs to be linked to the data in the transfusion labs and NHSBT.

ST mentioned there are grants available from RCPATH to support LIMS updates and is happy to find out more if anyone is interested.

There was a discussion around the challenges of anaemia/PBM not being recognised and coded as a speciality by NHS England. MM recognised that it's a challenge and suggested the best way to influence change is by highlighting evidence of the benefits at a national level so that it can be properly developed with funding.

ST to establish if any more hospitals can apply to become VMI sites. MM is hopeful that the BTRU project will provide further data to encourage NHSBT provide the resources to role VMI out more widely.

## **6. 2020 Transfusion Survey Results/2021 Survey Proposals (ST)\***

First set of results from renamed and updated survey (previously Database Survey). Changes were made to make the information gathered more relevant and useful and to enable benchmarking. The data will also be made more accessible using the Sharepoint sites set up for the TP and PBM Groups and benchmarking summaries for each of the BSMS user groups around quality standards, electronic tracking, cell salvage and O+ implementation are already available. Further changes are planned with the method and frequency of data collection.

15/17 trusts responded and one private hospital.

- Clinician sessions dedicated to transfusion quite variable
- TLM transfusion sessions well provisioned
- Most trusts only have one TP, mainly Band 7, some have a team of TPs, four trusts also have blood conservation co-ordinators and two trusts also have anaemia nurses.
- HTC attendance – surgical attendance good, medical not so good.
- Induction and regular training – majority of trusts achieving >75% across all specialities.
- Vein to vein tracking for the whole transfusion process in a couple of trusts. Most have for some of the process but the question was felt to be confusing.
- Majority challenge inappropriate requests.
- All using iv iron pre-operatively with half of trusts responding using 130gl trigger for male and female.
- All but one trust using TXA where moderate blood loss expected but unclear if all trusts targeting all moderate blood loss of just specific specialities.
- 12 trusts had policies for assessment between transfusions with 8 trusts able to report percentage of single unit transfusions.
- Written patient information issued in all but one trust.
- Majority offer in hours cell salvage and out of hours provision has improved over the years. Trusts with BCCs and CS leads do better with percentage of staff trained.
- Teg/Rotem in use in over half the trusts that responded.
- Big improvement in the number of trustwide policies for the management of medical anaemia.
- 14 trusts use transfusion triggers – any specific reason why some trusts don't feel transfusion triggers are helpful?
- One trust had no maternal anaemia policy.
- 8 trusts had an emergency O+ Policy.

Considerations for future surveys:

Take onus away from TP. Suggestion to split into a suite of surveys and assign to a specialist in each area and do at intervals. Utilise the Nice Quality Standards audit. Gather meaningful, comparable information – not just yes/no answers. Comments from the chat indicated that the survey was useful so ST will canvass opinion about the best way to move forward via a short survey.

## **7. RTC Objectives & Education Update (ST/SC)**

O+ Emergency and Major Haemorrhage Policy for men: Kick-off meeting with 5/7 trusts without a policy to look at challenges/considerations. All trusts agreed to have it as an HTC objective and

take forward when appropriate. Follow up meeting towards the end of the year to address any outstanding questions. Nationally, the O- support group are working on a toolkit and supporting resources.

Maternal Anaemia Management: HTC Highlight reports suggested it is something that trusts want to look at and audit but do not always have access to the data as it is dealt with by obstetricians/obstetric anaesthetists. It was suggested that this could be taken forward via the regional obstetric anaesthetists' groups to conduct a survey about different approaches to anaemia management and follow-up with a workshop later in the year for midwives, obstetricians, anaesthetists, BCCs, TPs. Please share details of any obstetric anaesthetic groups within your areas.

HaemSTAR – no regional activity or project work so removed as an objective but if there is any work that involves transfusion would be very happy to advertise and support.

Audio copies will be made available of the following presentations:

**8. Royal Cornwall Hospitals NHS Trust Maternal Anaemia Audit (KS)\***

KS presented the results of work being done at RCHT to improve maternal anaemia management and justify changing current guidelines. Following audit, they are now planning to make changes and use an Hb target of 120g/L at booking and 28 weeks and follow-up women on iron treatment more thoroughly with an fbc at 34 weeks and then potentially offer Ferinject to optimise pre-delivery. Happy to share guideline once it has been approved within the trust.

**9. Electronic Tracking Roll-out Presentations\*:**

**North Bristol NHS Trust (TW-B)**

**Gloucestershire Hospitals NHS Foundation Trust (SL)**

Presentations from TW-B and SL detailing the roll-out of electronic tracking within their trusts.

Comments from questions/chat:

Would recommend a dedicated staff member to provide ongoing support post-implementation.

Be very specific with requirements from the outset – most powerful time is at set-up before supplier has been paid!

MM happy to share a document detailing the implementation of electronic blood tracking at his trust and will send a copy to ST to distribute.

At GHNHSFT taking the opportunity to reinforce the policy for O+ emergency blood during the roll-out training has led to an increase in the use of O+ in ED and Theatres.

**10. AOB**

None

**11. Date of Next Meeting**

TBC

## South West Regional Transfusion Committee Meeting – 26.05.21 – Action Log

Actions from meeting minutes		Actioner(s)	Status	Notes
Item				
1	Consider presenting cell salvage data at HTC to demonstrate potential savings on blood products, if not already doing	All		
1	Intelligence still sought by NHSBT from trusts as to levels of activity as services are restored	All		
5	Contact ST if interested in RCPATH LIMS update grants	All		
7	Share details of obstetric anaesthetic groups via SC, ST or JM	All		

## South West Regional Transfusion Committee Teams Meeting

26<sup>th</sup> May 2021

### APOLOGIES

Hospital	Name
Circle Health	Victoria Jones
Dorset County Hospital NHSFT	Lorraine Poole
Nuffield Health	Anna Gillard
Nuffield Health	Rebecca Tizzard
Nuffield Health	Lindsay Duffin
Royal Cornwall Hospitals NHSFT	Carol McGovern
Royal Devon & Exeter NHSFT	Barrie Ferguson
Royal Devon & Exeter NHST	Veronica Sansom
Royal Devon & Exeter NHSFT	James Piper
Royal Devon E Exeter NHSFT	Sian Denny
Royal Devon & Exeter NHSFT	Paul Kerr
Royal United Hospitals Bath NHSFT	Jerry Nolan
Sirona Care & Health	Greg Garrett
Somerset NHSFT	Nic Wennike
University Hospitals Bristol & Weston NHS FT	Sharif Goolam-Hossen
University Hospitals Plymouth NHSFT	Paul Moor

## GLOSSARY OF ABBREVIATIONS

BCC	Blood Conservation Co-ordinator
BSMS	Blood Stocks Management Scheme
CP	Convalescent Plasma
Cryo	Cryoprecipitate
CS	Cell Salvage
FFP	Fresh Frozen Plasma
GHNHSFT	Gloucestershire Hospitals NHS Foundation Trust
GWH	Great Western Hospital
H&I	Histocompatibility and Immunogenetics
Hb	Haemoglobin
HIT	Heparin-Induced Thrombocytopenia
HTC	Hospital Transfusion Committee
LIMS	Laboratory Information Management System
NBTC	National Blood Transfusion Committee
NCA	National Comparative Audit
NHSBT	NHS Blood and Transplant
NIHR	National Institute for Health Research
NICE	The National Institute for Health and Care Excellence
NMA	Non-Medical Authorisation
PBM	Patient Blood Management
PIL	Patient Information Leaflet
QR	Quick Response
RCHT	Royal Cornwall Hospitals
RCPATH	Royal College of Pathologists
RTC	Regional Transfusion Committee
REMAP-CAP	A Randomised, Embedded, Multi-factorial, Adaptive Platform for Community-Acquired Pneumonia
SaBTO	Advisory Committee on the Safety of Blood, Tissues and Organs
SHOT	Serious Hazards of Transfusion
TLM	Transfusion Laboratory Manager
TP	Transfusion Practitioner
TXA	Tranexamic Acid
UHBW	University Hospitals Bristol and Weston
UHP	University Hospitals Plymouth
VMI	Vendor Managed Inventory