NHS
Blood and Transplant

2025 National Comparative Audit of NICE Quality Standard QS138

National Comparative Audit of Blood Transfusion (NCABT)

January 2026

Acknowledgements

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This national report supplements your local audit report, which has already been sent to you, and should be read in conjunction with that report. This report contains an action plan template, which you may find useful.

Summary

Standard	2021	2023	2024	2025
1: Adults with iron deficiency anaemia are treated with iron supplementation before surgery.	665/1131 (59%)	617/908 (68%)	880/1337 (66%)	954/1251 (76%) ↑
2: Adults who are having surgery and expected to have moderate blood loss receive tranexamic acid.	1079/1599 (67%)	900/1336 (67%)	1259/1671 (75%)	1207/1568 (77%) ↑
3: People are clinically reassessed and have their haemoglobin levels checked after each unit of red blood cells they receive, unless they are bleeding or are on a chronic transfusion programme.	893/1534 (58%)	766/1205 (64%)	1088/1600 (68%)	1018/1576 (65%)* ↓
4: People who have had a transfusion are given verbal and written information about blood transfusion.	422/1622 (26%)	475/1356 (35%)	591/1649 (36%)	608/1627 (37%)* ↑
5: Restrictive haemoglobin thresholds are used to guide transfusion decisions in adults who are not actively bleeding or on a chronic transfusion programme.	*Not assessed*	*Not assessed*	680/1445 (47%)	710/1582 (45%)* ↓

** See the Discussion section for a further breakdown of these figures*

Background

This is the 4th audit of compliance with NICE Quality Standard QS138 (2016) [1], which encompass a range of key issues of the management of patients who may require blood transfusion, including key aspects of patient blood management (PBM).

This audit included an additional standard derived from the NICE guidelines for transfusion (2015) [2], that is, the use of restrictive haemoglobin thresholds to guide transfusion decisions in adults who are not actively bleeding or on a chronic transfusion programme. This standard complements the NICE Quality Standards and allows a direct review of how transfusions are being used.

Since the 2024 audit, SHOT has published comprehensive Transfusion Safety Standards [3] and SaBTO has updated its guidance on shared decision making and consent for transfusion.[4] The NICE Quality Standards cover some important aspects of these broader guidelines, and this underlines the ongoing relevance of QS138.

The UK government response to the Infected Blood Inquiry accepted all of the recommendations in full or in principle.[5] One of these recommendations relates to benchmarking transfusion performance between hospitals in order to deliver better patient blood management. The NCABT have repeated this audit to provide one source of data to support that recommendation.

Aims of the audit

- Provide the opportunity to evaluate local evidence of progress towards compliance with the NICE Quality Standard for Blood Transfusion since the 2024 audit [6]
- Include an additional audit of restrictive haemoglobin thresholds to guide transfusion decisions in adults who are not actively bleeding or on a chronic transfusion programme.
- Provide data to hospital teams to allow their understanding of what steps they can take to implement PBM and to measure their effectiveness in improving patient care
- Allow the transfusion community and national blood transfusion committees to benchmark the progress of PBM

Methodology

All NHS Trusts in the UK were automatically enrolled in the audit, aiming to optimise follow-up data in light of the Infected Blood Inquiry. Each participating site was issued with a stationery pack that contained guidance for selecting a sample for audit and five data collection forms, with ten copies of each, allowing them to audit up to 50 patients. Audit standards 1-4 were derived from NICE Quality Standard QS138 and standard 5 from NICE Guidance NG24. The audit was divided into five sections, A, B, C, D & E, with each section reviewing compliance with a standard, and a patient's record could be used for more than one section where applicable. Data were collected on cases seen during July, August and September 2025.

A copy of the clinical audit tool and audit guidance is available on request.

Participation in the audit

	2024	2025
Participating sites	149	171
Participating Trusts/Boards	122	115

Sites from across the four UK nations contributed.

A full list of participating sites is available on request.

DISCUSSION

Compliance with all four NICE Quality Standards has improved compared to 2021, but most of the increment was seen in the first two years, with little evidence of sustained year-on-year progress. The proportion of iron deficient patients treated with iron pre-operatively increased in the 2025 audit (75% compared to 69% in 2024), but compliance with the other standards was static.

In some cases, there was partial compliance with standards 3 and 4 (tables 1-2). While 55% of patients receiving a transfusion had a haemoglobin above 70 g/L, in 74% of those cases a clinical justification was given for the transfusion (table 3). Numerical triggers are a starting point and cannot replace clinical judgement. However, a detailed assessment of the appropriateness of the transfusion decision was not attempted in this audit.

Table 1. Assessing the patient following the transfusion of a unit of red blood cells

N=1576	N	%
Patient clinically reassessed **and** haemoglobin (Hb) checked after each unit of red blood cells	1018	65%
Hb checked after unit was given but no clinical reassessment	182	12%
Patient clinically assessed after unit was given but no Hb check	115	7%
Patient neither clinically reassessed **nor** Hb checked after each unit of red blood cells	261	17%

Table 2. Documented provision of information about risks, benefits & alternatives in transfused patients

N=1627	N	%
Patient was given ONLY VERBAL information	580	36%
Patient was given ONLY WRITTEN information	31	2%
Patient was given WRITTEN AND VERBAL information	608	37%
Patient was given NO information	408	25%

Table 3. Compliance with restrictive red cell transfusion practice in eligible patients

N=1582	N	%
Patient's Hb above 70 g/L and NO clinical justification for transfusion	227	14%
Patient's Hb above 70 g/L but with clinical justification for transfusion	645	41%
Patient's Hb NOT above 70 g/L	710	45%

New NICE guidelines on use of Tranexamic acid in surgery will be published in 2026, which should clarify the groups of patients who should be considered eligible. Sites are encouraged to review these and perform a gap analysis with their current practice.

The 2025 updated SaBTO guidelines on shared decision making and consent for transfusion recommend that patient consent is documented digitally within electronic patient records.[4] Implementing this would readily enable sites to demonstrate their compliance with quality standard 4, which we know is currently hampered by inadequate written evidence of what information is being provided to patients.

Sites are encouraged to review their own local results and identify priorities for improvement in the next 12 months. We have provided an action plan template with suggested steps to consider and key stakeholders and partners to involve. The QS138 Quality Insights tool can use as a means of reviewing and recording progress in the chosen focus areas in between national audit cycles.[7]

References

1. National Institute of Health and Care Excellence (NICE) 2016: Blood transfusion Quality standard [QS138]: https://www.nice.org.uk/guidance/qs138
2. National Institute of Health and Care Excellence (NICE) 2015: Guideline on Blood Transfusion NG24: www.nice.org.uk/guidance/ng24
3. Serious Hazards of Transfusion (SHOT) Transfusion Safety Standards: https://www.shotuk.org/transfusion-safety/transfusion-safety-standards/
4. UK Government response to the Infected Blood Inquiry report: https://www.gov.uk/government/publications/full-government-response-to-the-infected-blood-inquirys-may-2024-report
5. Murphy MF, Carson D, Davies A, Ditcham S, Donald G, Graham R, et al. Guidelines from the expert advisory committee on the Safety of Blood, Tissues and Organs (SaBTO) on patient consent and shared decision-making for blood transfusion. *Br J Haematol*. 2025; 207(6): 2314–2321. https://doi.org/10.1111/bjh.70075
6. 2024 National Comparative Audit of NICE Quality Standard QS138: 2024 National Comparative Audit of NICE Quality Standard QS138 - Hospitals and Science - NHSBT
7. QS138 Quality Insights: An automated quality improvement national blood transfusion audit tool. Patient Blood Management NHS Blood and Transplant (2023). https://hospital.blood.co.uk/audits/qs138-quality-insights-audit-tool/

RESOURCES

Blood Essentials is an interactive pdf book; it supports a transfusion knowledge base, assists all healthcare professionals involved in blood transfusion. There is also a section on MH to support laboratory and clinical staff. Education - Hospitals and Science - NHSBT

Blood Assist App: blood component administration, available for mobile download on android and IOS, web-based version also available here https://www.bloodassist.co.uk/terms

Pre op Anaemia: Guidance; toolkits; Information for patients (Anaemia, Iron in your diet); Quality Improvement; Blooducation; Research https://hospital.blood.co.uk/patient-services/patient-blood-management/pre-operative-anaemia/

Blood components: Indication codes App, available for mobile download on android and IOS, web-based version also available here https://www.bloodcomponents.org.uk/

Patient Information Leaflets https://hospital.blood.co.uk/patient-services/patient-blood-management/patient-information-leaflets/

Appropriate use of blood component toolkits https://hospital.blood.co.uk/patient-services/patient-blood-management/appropriate-use-of-blood-components/

We invite you to use this action plan framework on the next page to address any issues that arose from your individual site report.

Action Plan

Action	Team	Lead	Suggested timescale
1. Anaemia assessment and treatment Review pre surgical pathways for opportunities to assess haematinics Liaise with pre surgical assessment teams for capacity in existing service, engage with service managers Review capacity, staffing and funding for iron clinics in collaboration with service managers Disseminate evidence base of improvement in patient outcomes with relevant teams Review barriers for implementation and action plan next steps	Transfusion team in collaboration with: Pre surgical assessment team Surgical service managers Finance teams		

2.Review new NICE TxA guidance Review pre operative checklists for inclusion Review barriers for implementation with anaesthetic leads Disseminate evidence base for TxA in improving patient outcomes Benchmark existing practice by surgical speciality	Transfusion teams in collaboration with: Surgical leads Anaesthetic leads		
3. Using appropriate thresholds and reassessment of patients Review local policies and SOPs for inclusion of guidance Digital health record – review opportunity for guidance and decision tools within transfusion pathways	Transfusion teams in collaboration with: Learning and development teams Digital health record analysts Trust audit teams Clinical leads and link practitioners (if established)		

Review mandatory training for inclusion of thresholds and patient review and requirement for documentation Consider local audit of transfusions outside of guidelines to develop an understanding of barriers to restrictive transfusion Review establishment of clinical champions and or / link practitioners/nurses to facilitate local dissemination of good practice	for service improvement requirements		
4.SaBTO consent guidance Review local policy and SOPs for compliance with updated SaBTO guidance Digital health record – review consent pathways to incorporate easy documentation of information discussed, offered or declined Review pathways for ability to incorporate links to local and national patient leaflets and Apps available	Transfusion team in collaboration with: Digital health record analysts & trust information officers (Chief Nursing/ Medical Information Officer teams) Trust consent leads Patient information liaison teams		

Paper health record – review opportunity to add to existing checklists and consent pathways *(Suggestions available within the appendices to the SaBTO guidance)*			
Review local audit and benchmarking schedules for improvement cycles Review use of existing tools; Quality Insights tool recommended QS138 Quality Insights Audit Tool - Hospitals and Science - NHSBT	Transfusion teams HTT/HTC		

Notes