

**CONFIRMED MINUTES OF MEETING OF THE
NORTH WEST REGIONAL TRANSFUSION COMMITTEE**

Friday 10th October 2025 via MS Teams

Present (51 including 4 HTC Chair's)

Craig Carroll – Chair (CC)	Salford Royal Hospital
Imtiaz Ali	Blackpool Victoria Hospital
Rebecca Anderson	Arrowe Park Hospital
Pete Baker	LUHFT
Jo Bark	NHSBT - PBM
Samantha Bonney	Mersey & West Lancashire Teaching Hospitals NHS Trust
Lee Carter	ELHT
Steven Carter	Arrowe Park Hospital
Joanne Cooper	NCA
Laura Cooper	NCA - Salford Royal
Emma Copperwaite	MFT
Karen Davis	MBHT
Brendan Devine	Stepping Hill Hospital
Lorna Diggory	The Christie Hospital
Nicholas Doree	WWL – HTC Chair
Luke Dowey	Clatterbridge Cancer Centre
Nadia Evans	Tameside General Hospital
Karen Farrar	Royal Bolton Hospital
Neil Fuller	Blackpool Victoria Hospital
Amanda Gould	Macclesfield District General Hospital
Jan Harlow	Royal Preston Hospital
Julie Harrison	Mersey & West Lancashire Teaching Hospitals NHS Trust
Rukhsana Hashmat	NHSBT – Customer Services
Helen Hughes	Mersey & West Lancashire Teaching Hospitals NHS Trust
Jane Iatrou	Mersey & West Lancashire Teaching Hospitals NHS Trust
Jerjis Jeewa	Royal Preston Hospital
Mariya Joseph	Countess of Chester Hospital
Louise McCreery	Royal Albert Edward Infirmary
Helen McNamara	Liverpool Women's Hospital
Mahmoud Meleha	Warrington Hospital
Bernadette Mir	MFT
Shruthi Narayan	SHOT
Janet Nicholson	North Cumbria Integrated Care
Dane Ogden	NCA
Jo Oldfield	Nobles Hospital – Isle of Man
Derek Pegg	MCHT – HTC Chair
Jayne Peters	NHSBT / MFT
Clare Quarterman	LHCH – HTC Chair
Andy Quirk	Nobles Hospital – Isle of Man
Kathy Roberts	LTHTR
Annie Rose	The Christie Hospital
Jessica Sandham	Alder Hey Children's Hospital

Tracey Shackleton
 Rebecca Spiers
 Emma Stanfield
 Rebecca Sullivan
 Nicole Taylor
 Victoria Whitby
 Jo Wright
 Rebecca Wright

Alder Hey Children's Hospital
 Warrington Hospital
 The Christie Hospital
 MFT
 MBHT
 Arrows Park Hospital – HTC Chair
 Royal Bolton Hospital
 LUHFT – Aintree Hospital

Minutes

Jane Murphy (JM)

NHSBT

Apologies (10)

Lydia Baxter
 Dr Goode
 Jan Gorry
 Barbar Hammer
 Donald Lamond
 Anwar Maariyah
 Tom Murphy
 Andrew Simpson
 Vikram Singh
 Gill Smith

NCA – Salford Royal
 Blackpool Victoria Hospital – HTC Chair
 LUHFT – Aintree
 Arrows Park Hospital
 Tameside General Hospital – HTC Chair
 ELHT
 LUHFT
 Alder Hey Children's Hospital
 Clatterbridge Cancer Centre
 ELHT

Actions

Agenda no	Action	Owner	Status
10	Expressions of interest to join RTT to be sent to Jane Murphy, NW RTC Administrator	ALL	Completed

Minutes

1. **Welcome**

Craig Carroll welcomed members to the meeting and thanked everyone for joining.

The meeting was moved from face to face to virtual following low uptake. CC highlighted the benefits of face-to-face meetings i.e. better way for communicating / discussions / networking but understands the difficulties of travel. Meetings to remain as virtual unless there are requests for face-to-face meetings.

Apologies noted above prior to the meeting.

2. **Minutes of RTC Meeting 28th April 2025**

The minutes were circulated prior to the meeting. Minutes confirmed as a true representation.

Actions reviewed and either completed or on the agenda. CC reminded members to let him know if anyone has any issues / difficulties attending RTC Meetings.

3. **NBTC & RTC Chair's Meeting, 22nd September 2025**

Craig Carroll attended both these meetings which were held in London, first face to face meetings since covid. Every RTC was represented and interesting to see how the NW compares to other regions.

Firstly, CC provided the feedback he gave for the region:

- The NW are the first region to hold a meeting with HTC Chair's. This was held in July 2025. There were 8 HTC Chair's present and it was felt by all who attended that the meeting was extremely useful. These meetings are to be held every 6 months with the next scheduled for February 2026.
- Now have regional Anaemia and Cell Salvage leads.
- Successful contribution to the NBTC Education Program was extremely well received with another one being delivered in November 2025.
- No current regional projects.
- Lacking in contact with Primary Care to Anaemia.
- Customer Satisfaction Survey – low response from the region. Really important to contribute to these or any other national surveys to provide representation for the NW.

Key points Feedback from NBTC / RTC Meetings:

Restrictive Transfusion Triggers

- Time to rethink as some evidence that there are at least two areas where restricted transfusion may not be the right answer; acute myocardial infarction and neurotrauma. Suggested a regional approach.

Guidelines

- Mentioned lots of new guidelines, all slightly different and which ones should be followed. RTC Chairs feedback that there needs to be better obligatory uptake of guidelines with respect to transfusion for hospitals / Trusts.
- Consent guidance and SHOT Safety Standards were highlighted as priorities for the region.

Transfusion Transformation

- Process evolving. Version 15 sent to NHSE and returned advising reducing number of achievables so these can be implemented.

TP Framework

- Overview given on forthcoming National TP Development Framework.

Staffing

- Consultants in Transfusion Medicine; hope to have two WTE for each region.
- Laboratory staffing and overseas appointment; due to change within government, no longer able to appointment overseas students and allow them to complete their portfolio for their HCPC registration.

Co-Chair of NBTC

- Elizabeth Buggins is patient Co-Chair which really opens the opportunity for ensuring patient engagement.

4. NHSBT Customer Services & PBM Updates **Customer Services Update - Rukhsana Hashmat**

RH gave a presentation on Apheresis Platelets in Additive Solution and Plasma (PAS). Highlighting:

- Background and progress
- What is Platelets Additive Solution (PAS)?
- Other Blood Services
- NHSBT Component Comparison
- Evaluation approach
- Next steps
- Key considerations

Please ensure you have updated your LIMS with the new barcodes which are published on the [Portfolio and prices - Hospitals and Science - NHSBT](#)

Presentation available by contacting Jane Murphy, NW RTC Administrator jane.murphy@nhsbt.nhs.uk

PBM Update - Jo Bark

Resources & Patient Information Leaflets

- Anaemia Patient Information Leaflet: has been updated and is now live on [Patient information leaflets - Hospitals and Science - NHSBT](#). Available as a downloadable PDF version, with print-friendly and screen reader accessible versions available.
- Iatrogenic Anaemia Toolkit; designed to support healthcare professionals in both hospital and community settings. It identifies those at risk and provides resources, literature, best practice examples, and strategies to prevent

iatrogenic anaemia and reduce potential patient safety risks. Available on [iatrogenic anaemia - Hospitals and Science - NHSBT](#)

Resources

- Blood Essentials; a key transfusion education and reference tool for transfusion practitioners. Following a necessary update it is now live on the [Education - Hospitals and Science - NHSBT](#)
- Is my Transfusion Necessary; Patient empowerment in transfusion is so important for driving shared decision-making and safe practice. Encouraging questions promotes patient-centred care and safety.

UKNIBTN Joint Patient Information leaflets – Under Review

- Iron in Your Diet Leaflet; under Review. Soon to be a shared UK & NI resource. The PBM team welcomes feedback on content, structure and format. Share your suggestions: pbm.team@nhsbt.nhs.uk
- Irradiated blood; due imminently
- Receiving a blood transfusion; TBC

PBM Awareness Week

- PBM Webinar being held on 4th November. Hear from global experts as we explore the latest thinking around informed decision-making, consent, and the evolving view of blood as a vital organ. Register here: [Beyond Transfusion: The Patient-Centred Evolution of Blood Health](#)

Publications

- Recently published
 - July 2025: NHS 10-year plan
 - April 2025:WHO: [Guidance on implementing patient blood management to improve global blood health status](#)
- New – September 2025
[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](#)
- Coming soon; BSH Administration guideline.

Audits

- Oct 2025; NCA QS138 Audit, which is going to be an annual audit.
- Apr 2026; NCA Anti-D Audit
- Ongoing Audit: 2025 NCA Major Haemorrhage Audit
- Further information is available on the [National Comparative website](#)

QS138 Quality Insights Update

- Strong engagement with the tool and this supports real-time quality improvement. NCA Audit is a snapshot, so hospitals can use this tool to audit at any time one or four of the standards. As of August, there was 152 sites nationally registered, 87 of those have submitted data and 73 hospitals have repeatedly submitted data. Had over 13,000 cases audited in total. Great engagement and thanks everybody in the region for doing that.

Presentation available by contacting Jane Murphy, NW RTC Administrator
jane.murphy@nhsbt.nhs.uk

5. Feedback from Hospitals

Thank you to Luke Dowey who presented the feedback.

Good engagement from hospitals / Trusts. Feedback received from 20 out of the 23 Trusts in the region. Mainly Transfusion Practitioners completed the information. Luke presented the general feedback received along with the following responses for:

Cross Charging

Only a small minority are using, 6 out of the 23 Trusts. Comments received:

- Trust has a central budget so not cost charging.
- Like the idea but no capacity to implement.
- Exploring idea but facing push back from different directorates. Looking to implement / want to cross charge to ensure products are ordered appropriately and to try and reduce wastage.
- Would be a positive introduction.
- Currently use specifically for private care patients.

Sample Labelling

All but one respondent feedback they had problems with sample rejection due to labelling errors. Majority are using handwritten labels. Three hospitals accept both handwritten and electronic and one is using electronically printed labels. All would support standardised sample labelling regionally. Breakdown of use:

- 10 Sarstedt
- 6 Greiner
- 5 BD Vacutainer
- 2 Beckton Dickson
- 1 Path Lab

BSH Guidance 2017 states samples should be labelled which complies with the 2009 Guideline of the Administration of Blood Components. This states to ensure to use the core patient identifiers and as a minimum need to have last name, first name, date of birth and NHS number on the sample tube.

Additional feedback received:

- New EPR creates a new episode number for every admission which has increased rejection.
- 5% rejection rate. Date of birth and the date of sample next to each other can increase risk of error.
- Implementing new electronic sample labelling for inpatient areas.
- Would support standardised labelling as long as all sites needs were met.
- Time spent phoning the wards about rejected samples. Hard to train and get across zero tolerance requirements.
- Different rules for different Trusts causing errors.
- Bespoke label from Sarstedt.
- Electronic vein to vein would help.
- Difficult to label paediatric samples.

LD shared results from the survey completed by Transfusion Practitioners regarding sample tube labelling. The survey reviewed how tubes are currently labelled across Trusts. Overall, practices are similar.

Current labels typically include the NHS number, hospital number and address. It was noted that the address is not required, and only one unique number is necessary rather than both.

Feedback from most Trusts indicated that they either use the NHS number or the CB number but prefer to use the hospital number.

If this approach meets the requirements for all Trusts, it was suggested to engage with the manufacturers of the most used sample bottles to request a revised label design. A single box for the unique number and removal of the address field. The remaining information could then be displayed more prominently, which may help reduce the risk of sample rejection.

6. SHOT Transfusion Safety Standards

Shruthi Narayan presentation outlined:

- Why – the rationale for the SHOT Transfusion Safety Standards in July
- Overview of standards
- Supporting resources
- Implementation and monitoring

7. Feedback from 2025 Annual SHOT Symposium

RTC funded 5 members to attend the 2025 Annual SHOT Symposium on 11th July in Birmingham.

3 members presented their highlights / key messages from the symposium. Highlighting:

- Importance of communication failures in transfusion delays.
- Need for improved TACO risk assessment.
- Paediatric and neonatal safety concerns.
- Emphasis on systems-based learning rather than individual blame.
- Positive examples of post-symposium local improvements.

8. LIMS

Updates shared from Salford / NCA and Bolton experiences.

- Key themes:
 - Involvement of transfusion specialists early in procurement essential.
 - Unrealistic implementation timelines.
 - Significant workload impact on staff.
- Proposal raised to consider a regional LIMS subgroup

9. Shared Care

Luke Dowey presented:

- National shared care form which is endorsed by SHOT and NBTC.
- Trusts were encouraged to consider adopting the national template to improve special requirements communication.

10. AOB

Regional Transfusion Team (RTT)

Request from CC for volunteers to join the RTT.

Action: Expressions of interest to join RTT to be sent to Jane Murphy, NW RTC Administrator. (ALL)

Transplant Patients

Discussion on transplant patients and appropriateness of electronic issue. Jayne Peters advised NHSBT are in the process of rewriting SPM 15 – guidance around blood provision during the transplant process. Guidance should be out in the next few months.

Tranexamic Acid (TXA)

CC mentioned that there is a national working group is reviewing tranexamic acid (TXA) use across all settings, including paediatrics. Current practice based on expected blood loss ≥ 500 ml is being reconsidered. Professional bodies already advocate 1g at the start and 1g at the end of surgery, independent of anticipated blood loss.

Get It Right First Time (GIRFT)

CC advised GIRFT collaborative are about to release new transfusion group & save recommendations for hip and knee surgery which may alter policies in Trusts.

Finally, if anyone has any issues to follow on from this meeting or anything new, they wish to discuss, please email either Jane Murphy, NW RTC Administrator.

CC thanked everyone for their participation in the meeting.

11. Closing Comments

Finally, if anyone has any issues to follow on from this meeting or anything new, they wish to discuss, please email Jane Murphy, NW RTC Administrator jane.murphy@nhsbt.nhs.uk

CC thanked everyone for their support in attending in the meeting.

12. Evaluation of NW RTC Meeting, 10th October 2025

Evaluation Form

Feedback is vital from members who attend RTC meetings as this helps plan and support future meetings. Members were asked to complete an online evaluation which was sent out following the meeting.

51 members attended the meeting with representation from every Trust.

The results of the evaluations for this meeting were as follows:

- Low completion rate 43%
- Feedback received:
 - Do you feel the agenda items relevant? Yes - 100%
 - How well were the agenda items discussed? Excellent/Good - 95%
 - Overall, how would you rate the meeting? Excellent/Good - 95%
 - Recommend NW RTC Meeting to others Yes – 100%

13. Date of Next Meeting

April 2026 - to be confirmed.