Meeting of National Transfusion Practitioner Network (NTPN)
Working Group of the NBTC
Minutes

Thursday, 4th December 2025
10am – 12pm

Invited:

Jane Murphy	RTC Administrator	JM	NW RTC Administrator, NHS Blood and Transplant
Nella Pignatelli	RTC Administrator	NP	London RTC Administrator, NHS Blood and Transplant
Aimi Baird	Chair	AB	Advanced Transfusion Practitioner, The Newcastle Upon Tyne Hospitals NHS Foundation Trust
Julie Jackson	East of England	JJ	Transfusion Practitioner, James Paget University Hospital Foundation Trust, Norfolk
Emily Rich	East of England	ER	Transfusion Practitioner, North West Anglia – Hinchingbrooke and Peterborough
Dipika Solanki	East of England	DS	Transfusion Practitioner, West Hertfordshire Teaching Hospitals NHS Trust
Emily Carpenter	London	EC	Transfusion Practitioner, Kings College Hospital NHS Foundation Trust
James Davies	London	JD	Transfusion Practitioner, Kings College Hospital NHS Foundation Trust
Pascal Winter	London	PW	Transfusion Practitioner, Barking, Havering and Redbridge University Hospitals NHS Trust
Mary Blanton	Midlands	MB	Transfusion Practitioner, The Royal Wolverhampton NHS Trust
Ant Jackson	Midlands	AJ	Transfusion Practitioner, United Lincolnshire Hospitals NHS Trust
Janet Nicholson	NE & Yorkshire	JN	Transfusion Practitioner, North Cumbria
Vicky Waddoups	NE & Yorkshire	VW	Transfusion Practitioner, The Rotherham NHS Foundation Trust
Bushra Amin	NE & Yorkshire	BA	Transfusion Practitioner, Laboratory Medicine Northern General Hospital, Sheffield Teaching Hospitals NHS Foundation Trust
Lydia Baxter	North West	LB	Transfusion Practitioner, Salford Royal Hospital (NCA)
Rebecca Spiers	North West	RS	Transfusion Practitioner, Warrington and Halton Teaching Hospitals NHS Foundation Trust
Jonathan Ricks	South East	JRi	Transfusion Practitioner, University Hospital Southampton NHS Foundation Trust
Samantha Carrington	South East	SC	Transfusion Practitioner, University Hospital Southampton NHS Foundation Trust
Stuart Lord	South West	SL	Transfusion Practitioner, Gloucestershire Hospitals NHS Foundation Trust
Egle Gallo	South West	EG	Transfusion Practitioner, University Hospitals Bristol & Weston
Rachel Moss	ISBT TP subgroup	RM	ISBT TP subgroup of the Clinical Transfusion working party, Transfusion Practitioner at Great Ormond Street Hospital, London

Wendy McSporran	TRN	WM	Advanced Transfusion Practitioner, ` The Royal Marsden NHS Trust
Mike Desborough	TRN	MDe	Transfusion Research Network Lead, Consultant Haematologist, Oxford University Hospitals NHS Foundation Trust
Jennifer Rock	Transfusion Transformation	JR	Transfusion Transformation Education Specialist, NHS Blood & Transplant
Karen Mead	BBTS TP SIG	KM	Chair BBTS TP SIG, Specialist Practitioner of Transfusion, North Bristol NHS Trust
Pedro Valle Vallines	BBTS TP SIG	PV	Deputy Chair BBTS TP SIG, Lead Transfusion Practitioner, Royal Cornwall Hospitals NHS Trust
Chris Robbie	MHRA	CR	Senior Haemovigilance Specialist, MHRA
Mike Dawe	MHRA	MD	Haemovigilance Unit Manager, MHRA
John Grant-Casey	NCA	JGC	Programme Manager, National Comparative Audit of Blood Transfusion, NHS Blood and Transplant
Paul Davies	NCA	PD	Senior Clinical Audit Facilitator, National Comparative Audit of Blood Transfusion, NHS Blood and Transplant
Zona Kelly	Northern Ireland	ZK	Senior Haemovigilance Practitioner, Belfast Health and Social Care Trust
Denise McKeown	Northern Ireland	DM	Regional Haemovigilance Co-ordinator/ Manager of BHSCT Haemovigilance Team
Julie Staves	NTLM	JS	Chair NTLM group, Transfusion Laboratory Manager, John Radcliffe Hospital
Lorraine Boylan	Nursing	LB	Pre-Assessment Lead, Buckinghamshire Healthcare NHS Trust
Louise Jeffries	Pathology Network	LJ	Peninsula Pathology Workforce Lead, University Hospitals Plymouth NHS Trust
Anna Mamwell	Patient Representative	AM	Patient & Public Involvement Lead, NHS Blood and Transplant
Anwen Davies	QS138	AD	Patient Blood Management Practitioner South East, NHS Blood and Transplant
Aimee Burtenshaw	NHSBT	AiB	Patient Blood Management Practitioner North East and Yorkshire, NHS Blood and Transplant
Caryn Hughes	SHOT	CH	SHOT Operations Manager
Victoria Cartwright	Spire Healthcare	VC	National Clinical Practice Facilitator Lead / National Blood Transfusion Clinical Specialist, Spire HealthCare
Claire Wroe	SHOT	CW	SHOT Clinical Incident Specialist

Apologies (A):

Anwen Davies	QS138	AD	Patient Blood Management Practitioner South East, NHS Blood and Transplant
Rebecca Spiers	North West	RS	Transfusion Practitioner, Warrington and Halton Teaching Hospitals NHS Foundation Trust
Mike Desborough	TRN	MDe	Transfusion Research Network Lead, Consultant Haematologist, Oxford University Hospitals NHS Foundation Trust
Mike Dawe	MHRA	MD	Haemovigilance Unit Manager, MHRA
Zona Kelly	Northern Ireland	ZK	Senior Haemovigilance Practitioner, Belfast Health and Social Care Trust
Denise McKeown	Northern Ireland	DM	Regional Haemovigilance Co-ordinator/ Manager of BHSCT Haemovigilance Team

Minutes

1	**Welcome & Apologies**	**Aimi Baird**
2	**Minutes & Actions from previous meeting, 11/09/2025**	
	Last meeting's action points discussed: • AB asked the group to continue sending over biographies if they have not done so yet to NP so she can add them to the NTPN contact document. • AB asked the group for any feedback regarding the terms of reference that was circulated to the group before the meeting. No one had any feedback and terms of reference were accepted. • AB highlighted to the group that the NTPN education team are looking for volunteers to assist with TP2026 and to contact NP or EC to get involved. • AB did raise concerns at the NBTC meeting – AB to elaborate on this later in the meeting. • AB confirmed JD sent out the cold debrief document and that the PBM webinar details were shared. • AB highlighted that the North West, North East & Yorkshire and Midlands have yet to have a QS138 ambassador.	**Aimi Baird**
3	**Affiliated Groups**	
	Northern Ireland • No update given. Apologies sent from ZK and DM.	**Zona Kelly / Denise McKeown**
	BBTS TP SIG • KM updated the group on BBTS TP SIG, stating that the conference went well and that their first ever TP SIG award was given to WM, as well as a Gold Award which was given to RM. • KM told the group that they would love to hear back any feedback regarding TP SIG session. • KM stated that this year they will be looking to offer one slot to either Northern Ireland or Scotland but will be asking for interest for the other two slots. • KM informed the group that the South West are trying to introduce an incident investigation template to support people with external reporting aspects and page 1 has been in developed in collaboration with CR. • CR is willing to accept this as demonstration of your human factors analysis, root cause CAPA and effectiveness of CAPA. • Page two of the template is to support ongoing SHOT elements. • The template is available in PowerPoint and Word format on the BBTS TP forum. • KM told the group that the BBTS bloodlines have released articles on improving transfusion research, which was from the Transfusion Research Network.	**Karen Mead / Pedro Valle Vallines**
	ISBT • RM reported limited movement for next year, as the next ISBT Congress will be held in Kuala Lumpur, though some Australian colleagues may be able to attend. • The group will explore the possibility of an ATP session in Kuala Lumpur, but the focus is on Rotterdam 2027. • ISBT webinars are being rebooted after slowing this year; they were previously well received, and the aim is to increase output.	**Rachel Moss**

	• Three current areas of work include:
	  ○ HTC effectiveness, linked to earlier discussions.
	  ○ The TP role, which remains challenging to define internationally, particularly for countries where the concept is not yet established.
	  ○ PBM content, led by a member with strong expertise in pre-operative assessment.
	• A proposal for concurrent educational videos across four countries was explored, but the estimated cost (£50,000) makes this unfeasible at present.
	• RM noted the challenge of producing content suitable for a mixed global audience, ranging from low- and middle-income countries with limited staffing to highly developed services in North America, Europe, and Australia.
	• As an aside, RM shared that she has become Chair of the BBTS Annual Scientific Meeting.
	• This is the first time a TP has held such a senior role within BBTS.
	• RM will be supported by Graham Scott, a co-chair from Northern Ireland, ensuring scientific oversight of the programme.	

	MHRA • No update given. Apologies sent from MD.	**Mike Dawe / Chris Robbie**
	NCA • PD confirmed no major updates since the previous meeting. • Major Haemorrhage Audit report will be pushed back to early next year. A specific month cannot be confirmed as timelines continue to shift. • Data collection for QS138 closes end of next week. Approximately 100 sites have submitted data. • Local reports are being issued to sites as soon as their data is received, allowing teams to review performance immediately. • Initial figures show minimal change compared with previous cycles. • Recruitment for the Anti-D audit begins January. This audit is expected to be midwife-led, and TPs may be contacted to help link the team with midwives for data collection. • Platelet audit planned for next year remains in the early planning stage, with no further updates available. • TP homepage has been relaunched on the clinical audit website. All TPs with known email addresses should now have received login details. • The TP homepage aims to act as a resource hub, providing tools to support TPs following national audits. • A bedside transfusion audit tool has been uploaded, enabling TPs to complete a full local audit—from registration to reporting—using a single document. • PD clarified that these tools are optional resources, not audits that need to be submitted back to the national team. • Additional materials, including spreadsheets, PowerPoints, and guidance on next steps (e.g., root cause analysis), will continue to be added. • TPs who have not received access can contact PD directly to be set up. • Teams are encouraged to share results or resources they would like uploaded to the TP page.	**Paul Davies**

	NHSBT PBM & QS138 Quality Insights • AiB informed the group that she will be coming more regularly now to meetings as she has joined the NTPN group. • No major updates from the PBM team beyond what was shared at the previous meeting. • E-learning platform migration has been delayed again, with no confirmed date. Teams will receive two weeks' notice once a migration date is set. • The Blood Essentials Pack has now been updated and is live on the PBM website. • The WHO guidance on implementing PBM, including the shift toward the term blood health, is now available. The full document is lengthy, but the summary is particularly useful. • A WHO webinar was held with an international panel. It was not recorded, but slides are available. TPs interested in the slides should contact their regional PBM practitioner, who can escalate the request. • QS138: No new updates. A few regions still need to identify a champion. The role is currently undefined and will act as a point of contact until further developments. • AB added that the purpose of the QS138 champion is to support TPs who have not yet engaged, helping them understand the value and ease of the tool once familiar. • AB emphasises that the Real-time data feedback from QS138 is highly valuable. • AiB noted that the tool becomes more useful once viewed from a PBM perspective rather than a TP perspective, with clear benefits for local practice.	**Anwen Davies/ Aimee Burtenshaw**
	NTLM • No update given.	**Julie Staves**
	Nursing • LB was unable to attend this meeting, and there has not yet been nursing representation at NTPN meetings to date.	**Lorraine Boylan**
	Pathology Network • No update given.	**Louise Jeffries**
	Patient and Public Involvement • AM continues to spend significant time working on the Transfusion Transformation Project, including strategy work and activity within the Transfusion Research Network. • Due to working part-time, this project work has taken up the majority of AM's time. • AM has also been working with JR on TP-related work, including exploring whether a uniform for TPs should be considered in the future. • AM sought feedback from patients who have had a blood transfusion and/or hospital experience to understand perceptions of uniforms. • Feedback indicated that uniforms contribute to feelings of safety, trust, and professionalism. • Patients noted that although uniform colours can be confusing at first, the presence of a uniform itself is reassuring. • Uniforms would still require clear identification badges showing name and role.	**Anna Mamwell**

	• Some patients highlighted that consultants do not wear uniforms, but this did not detract from recognising their role. • AM reflected that the feedback aligned with expectations and that the importance of a uniform was consistently emphasised. • Considerations remain regarding design and feasibility. • AM noted that from personal experience, seeing staff in uniform helps distinguish clinical staff from visitors. • AB shared that wearing a white uniform previously led to assumptions of being a student, which sometimes undermined their role when interacting with nursing staff. • There was agreement that a uniform could be beneficial for patient reassurance. • The group acknowledged this as useful insight and ongoing work. • JR shared that during a visit to Birmingham, the TP team there had worked hard to secure a uniform, eventually obtaining a polo shirt, which was highly valued by the team. • JR noted that previous discussions within the forum have shown mixed views on uniforms. • JR highlighted that the patient is the primary consumer, and this perspective guided the decision to seek patient feedback. • JR asked AM to gather views from the patient groups they work with. • JR reflected that greater patient recognition of the TP role could help strengthen the professional identity and visibility of TPs. • JR shared personal experience of previously wearing a different-coloured uniform to distinguish from nursing staff, while still ensuring clear introductions. • JR emphasised that uniforms would be optional, but if patient feedback supports the idea, it could help reinforce the patient safety role of TPs. • JR thanked AM for gathering feedback from multiple patient contacts and acknowledged the work being done in the background to raise awareness of the TP role. • JF noted previous experience working with JR where no uniform was used and acknowledged the mixed views on the topic. • A new team member expressed strong interest in having a uniform, and JF agreed this could be beneficial, including reducing the need to purchase work clothing. • JF shared that their team agreed that all members, including BMS staff, should have the same uniform colour to maintain a unified appearance. • JF highlighted that uniform colour can vary across roles and trusts; for example, the white uniform with a purple stripe previously worn by JR resembles the dietitian uniform in Leeds. • JF felt that wearing a uniform can help staff be taken more seriously on the ward, as it signals, they are part of the trust rather than external visitors. • Uniforms were seen as helpful during audits and simulation sessions, making staff more identifiable and reinforcing their purpose on the ward. • JF acknowledged mixed views within their own team, with some colleagues feeling they have limited face-to-face contact, though the team is aiming to be more visible. • Their current uniform is the CNS colour (specialist pink), but JF noted that uniform colours vary widely across UK trusts, with no national standard.	

	• Overall, JF felt that having a uniform is a positive and practical option, though standardisation remains challenging. • VW agreed with the points raised so far and noted that availability and practicality are key considerations. • VW suggested that any decision on uniforms could be aligned with the TP framework, using it as an opportunity to highlight and strengthen the professional role. • VW acknowledged that some trusts are adopting the national uniform, while others are not, and that this variation is likely to continue. • VW proposed that, as a profession, the group could agree on a preferred uniform approach, which teams could adopt if they choose. • This would provide a platform to launch a unified identity, while still allowing flexibility for teams or individual TPS who may opt out. • JR noted that decisions around uniforms depend on individual trust policies, which is why the group sought patient voice first to understand whether uniforms are valued. • JR emphasised that a mandated national uniform is not feasible, as TPs across trusts already wear different colours and styles. • JR added that while the framework cannot mandate uniform use, it may still support teams who wish to pursue it, especially with patient-backed evidence. • JR noted that having AM involved helps reinforce patient visibility and expectations around the TPs role. • AB agreed, clarifying that the intention is not to mandate uniforms through the framework, but to include a consistent suggestion so all teams receive the same guidance. • LB shared that at Salford, the team successfully obtained uniforms by being placed under the education team structure, adopting the same uniform as education staff. • LB usually wears personal clothing but switches to uniform when conducting audits or working in clinical areas, finding it significantly easier to carry out audits when wearing uniform. • LB noted that even after 15 years in the trust, wearing uniform reduced the need to justify her presence, improved acceptance on the ward, and helped her feel more integrated. • RM relayed a colleague's experience (WM), noting that when training consultants, the difference in how she was perceived without a uniform was significant, reinforcing the value of recognisable attire.	
	SHOT • Save-the-date issued for the 2026 SHOT Symposium: The event will take place on 10 July. Registration is not yet open and is expected to launch in the new year. Further details will be available on the SHOT website and were included in this month's newsletter. • Feedback requested on the My Transfusion app: The app will reach six months of use in January. SHOT is seeking feedback from TPs and organisational staff on uptake, usability, issues encountered, and any patient or clinical anecdotal feedback. • SHOT has entered the end-of-year reporting cycle, and work has begun on the annual SHOT report. • Response times may be delayed during this period due to the high workload. • All reporters are asked to review their outstanding SHOT reports and close any that remain open. • The deadline for closing reports is 31 December.	**Caryn Hughes**

	• SHOT noted that some reports remain open for up to four years, which prevents the learning from being included in national outputs.
	• Teams are strongly encouraged to check for any outstanding reports and ensure they are completed and closed.
	• The Script IT survey has recently been launched. It is a large, detailed UK-wide document designed to capture a broad range of organisational IT issues.
	• The Script team confirmed that both a Word version and a PDF version are available.
	• The survey has also been issued via online survey platforms.
	• Alternative formats can be provided on request; several members have already contacted the team for different versions, and these remain available if needed.
	• The survey aims to gather comprehensive insights into IT challenges across organisations.
	• CH noted that several new resources have recently been launched, with further details to follow.
	• Updated SHOT Bites:
	  ○ SHOT Bite **5-B** updated – appropriate investigations for febrile, allergic, and hypertensive reactions.
	  ○ SHOT Bites **7A and 7B** updated – transfusion-transmitted infections and massive haemorrhage.
	  ○ SHOT Bite **33** updated – plasma and plasma components.
	• Laboratory Communication Toolkit launched: Developed with Royal Cornwall Hospitals, Countess of Chester Hospitals, NEQAS, UKTLC, and transfusion laboratory managers. Designed to address communication gaps in laboratory settings. Available under SHOT resources.
	• Haemovigilance Workshops: Workshops held this year in Wales, Scotland, and Northern Ireland were highly successful. Two England workshops are planned for May 2026 (North and South). Registration is expected to open within the next few weeks.
	• Workshop structure and attendance: Sessions will be highly focused, shaped by incident themes identified across devolved nations. Each workshop will have 150 places, expected to fill quickly.
	• JR raised a query from a PICU nurse about whether a paediatric-specific My Transfusion app is planned.
	• CH explained that the current app took over two years to develop and required significant quality assurance and investment.
	• CH noted that it is something that may be considered in the future, but not currently in development.	

4	**Education**	**Emily Rich / Vicky Waddoups**
	Update • VW reported that the TP workbook working group remains a major focus within the education workstream. • The workbook is making strong progress, with significant input from SC, the wider team, and JR, who has been instrumental in constructing the content. • The group is working towards completing the first draft by January, which is the current internal deadline. • Weekly meetings are being reinstated to support completion and refinement of the draft.	

	• VW made a request for support from anyone with strong formatting or IT skills, noting that while the document is progressing well, there are areas where technical input could improve layout and structure. • AB suggested NP as someone who could support this work, and NP agreed, asking VW to contact her directly via email. • AB noted that the group now has TP representation on the NBTC Education Working Group, with Vicky joining as a member. • This is the first time a transfusion practitioner has sat on this group. • Leadership of the working group has recently transitioned from Susie Morton to Jane Graham. • As part of wider updates to the group's work, a TP representative was specifically requested, and this has now been fulfilled. • AB highlighted that this involvement should support the development of stronger, more coordinated education plans for the TP profession going forward. • AB praised the education team for TP2025 and asked for any volunteers to get in touch to join the team to help plan TP2026.	
5	**Audit/Survey**	**Stuart Lord / Julie Jackson**
	Update • JS reported that a survey was carried out to understand current audit and benchmarking practices across organisations. • The work supports progress towards the IBI recommendation on standardisation. • The survey was distributed to hospitals across all regions, asking what audits they currently undertake. • JS noted an excellent response rate, which strengthens the quality and reliability of the resulting data. • JS to share slides with NP for circulation to the group.	
6	**BSQR**	**Rebecca Spiers**
	Incidents and safety alerts • No updates given.	
7	**IT**	**James Davies**
	Critical standards – LIMS/EPR/EBMS • JD has now officially joined the SHOT SCRIPT group, becoming the first TP representative on the group, which will help ensure TP perspectives are included. • JD and RM have been working on the IT Standards document for clinical systems, which has been submitted to SCRIPT and is now endorsed. • The document is currently out for stakeholder review across all four devolved nations. • JD will be presenting the document at the JPAC meeting next week. • Following stakeholder feedback, SCRIPT will publish the final version on their website. • JD noted this is a first-version document, expected to evolve, and welcomed further comments once released. • The standards aim to bring together key safety requirements and outline what EPR systems should deliver, including potential minimum data/reporting standards. • JD is also working with NHSE on a safety blueprint for pathology networks, linked to IBI recommendations. This will mirror the structure of SHOT standards but for pathology networks.	

	• Early meetings have taken place, and the blueprint will form a set of standards for pathology networks once developed. • JD highlighted a recent HSSIB thematic review on patient safety issues related to EPR systems, which reinforced known challenges around design, usability, functionality, interoperability, implementation, and maintenance. Although transfusion was not specifically referenced, the findings are highly applicable to transfusion practice.	
8	**Transfusion Transformation**	
	TP Professional Framework • JR noted that some terminology within the framework has been queried, with feedback indicating that certain terms (e.g., "pillars") may need to be changed. • The framework is therefore undergoing further revision to address these terminology concerns. • JR thanked everyone who responded to the four sound bites, all of which have now been circulated and have received feedback. • JR and Steph Tempest are reviewing all TP feedback from the sound bites, noting that the comments have been highly insightful and highlight areas for terminology changes and wording refinements. • Multiple meetings have taken place to work through revisions to the purpose statement, values, and the third sound bite, with further amendments still in progress. • JR will meet with NHS Employers and the Job Evaluation Group next week for an initial review of the draft to ensure the language is appropriate and does not create unintended issues. • Once approved, the draft will be formatted into a PDF and circulated for consultation. • The consultation period will run from 5 January to 31 January, during which feedback will be requested from the wider group. • JR noted mixed views on the use of the term "consultant" and similar terminology. • JR clarified that these terms were not created by the group but were selected to align with existing NHS frameworks, ensuring the TP role fits within recognised structures. • Using NHS-aligned terminology helps position the role within organisational planning and funding structures, even though it may not perfectly match every TP's job description. • JR emphasised that the framework provides a high-level overview rather than a role-specific description, supporting consistency across the NHS. • JR has contacted JD, JRi, and SC to begin establishing pilot sites to test how the framework will be used in practice. • JR has submitted a bid to extend Steph Tempest's involvement for a further six months, enabling her to support workshops and pilot-site evaluation. • The aim is to gather real-world user feedback on how the framework is applied in different settings and how practitioners interpret and use it. • JR highlighted the importance of an IT perspective, noting that TPs often undertake significant IT-related responsibilities that contribute to advanced and consultant-level practice, even if not always recognised. JD has agreed to support this element. • JR made a request to the group if anyone can design a logo to summarise the role of a TP but not to use imagery such as a unit of blood.	**Jen Rock**

	• The group, especially AB and WM, praised JR for her hard work with getting this framework developed for TPs.	
	Working stream Feedback • JR expressed thanks to the working and steering groups, noting that they reviewed early drafts of the work to ensure accuracy and appropriateness. • Their input helped confirm that the content was clear, correctly interpreted, and unlikely to cause confusion or concern.	**Jen Rock**
9	**Transfusion Research Network**	**Wendy McSporran**
	Update • Not much to update except for a Winter Newsletter coming out shortly. • A website is currently being built, and more information will follow on this in the coming weeks. • WM reported having a recent discussion with Laura about future research direction. • Work will soon begin to identify ways to engage transfusion practitioners and laboratory teams to gather their perspectives. • The aim is to understand which research areas would be most valuable going forward, ensuring priorities reflect the needs and experiences of those working in practice.	
10	**Infected Blood Inquiry**	
	NHSE working group feedback • AB noted that there has not been much movement in this area. • All actions are acknowledged and supported, and the intention remains for them to progress. • However, no additional resource has been allocated at this stage. • Work is continuing within existing capacity, with hope that further resource may become available in the future.	**Aimi Baird**
11	**Blood Stocks**	
	Update • AB reported that ongoing blood stocks management meetings continue regularly. • Current stock levels are marginally stable but remain fragile, and the situation could change quickly. • AB emphasised the need to maintain all current measures to minimise inappropriate use and ensure blood is used as appropriately as possible. • AB added that the aim is to avoid further alerts, particularly over the Christmas period. • JD noted that NHSBT observed a 7% reduction in demand around the time of the doctors' strike. • NHSBT is unsure whether this decrease was due to reduced clinical activity, seasonal pressures, or other factors such as increased flu admissions affecting bed availability. • JD asked that anyone with insight into reasons for the reduced demand share this information with NHSBT.	**Aimi Baird/ James Davies**
12	**NTPN Webpage / Socials**	
	Update • Not much to update regarding the NTPN webpage.	**Ant Jackson / Jonathan Ricks**

	• It continues to be updated with relevant information and NP has been keeping the TP contact information up to date. • JRi raised feedback that users are finding it difficult to access the BBTS forum, noting that the route from the main BBTS webpage is unclear and that some users were unaware the forum is accessible without BBTS membership. • KM acknowledged the issue, explaining that the forum was developed before her time as Chair and is not user-friendly. • KM will raise this at the upcoming meeting to explore improvements to wording, navigation, and usability. • AB suggested adding a direct link to the forum on the NTPN webpage to improve accessibility and JRi agreed.	
13	**AOB**	
	Newsletter • Idea of an NTPN newsletter is being explored. AB asked the group for any items to include in the newsletter.	**Aimi Baird**
	NTPN Updates • AB explained that when attending NBTC meetings, she presents slides summarising updates from the group. • AB asked whether it would be helpful to circulate a standardised slide format for regional representatives to use, like the approach taken by NHSBT for PBM updates. • The aim would be to ensure consistent messaging across all regions. • AB invited views on whether this would be useful or whether regions prefer to continue with their current individual approaches.	**Aimi Baird**
14	**Date and time of next meeting:** TBD	
15	**Actions for next meeting:** see below	

ACTIONS

Item	Meeting Date	Actions to complete	Owner	Comment
1	11/09/2025	Ensure all TP biographies are up to date on the NBTC website	All TPs	Ongoing
2	11/09/25	Contact regional TPs to request volunteers for the 2026 education group	All TPs	As soon as possible, notify AB or NP with names.
3	11/09/25	QS138 Quality Insights Regional ambassadors required for Midlands, North West and North East and Yorkshire RTCs, please contact your PBMP for more info.	Regional TP reps	Ongoing
3	04/12/25	QS138 Quality Insights Tool presentation prepared by AD to be sent to NP for onward distribution to the group.	NP	Completed

4	04/12/25	Teams are encouraged to share results or resources they would like uploaded to the TP homepage on the clinical audit website to PD	NTPN group	
5	04/12/25	SHOT is seeking feedback from TPs on the 'My Transfusion App'. Please get in touch with CH.	TPs	
6	04/12/25	VW to contact NP regarding IT support with the TP Workbook.	VW/NP	Completed
7	04/12/25	Any volunteers to get in touch with NP/SC/EC to join the team to help plan TP2026.	NTPN group	
8	04/12/25	JS to share slides with NP for circulation to the group.	JS/NP	Completed
9	04/12/25	JR made a request to the group if anyone can design a logo to summarise the role of a TP.	NTPN group	
10	04/12/25	JD asked that anyone with insight into reasons for the reduced demand during the doctor strikes to get in touch.	NTPN group	
11	04/12/25	KM to escalate reported issues with accessing the BBTS forum. AB suggested to JRi adding a direct link to the forum on the NTPN webpage to improve accessibility.	KM/AB/JRi/NP	
12	04/12/25	Please get in touch with AB regarding feedback on whether a standardised slide would be useful or whether regions prefer to continue with their current individual approaches.	NTPN group	