

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

Monday 28th April 2025 via MS Teams

Present (63 including 5 HTC Chair's)

Craig Carroll – Chair (CC)	Salford Royal Hospital
Lesley Adams	Leighton Hospital
Olajide Akinwumiju	NCA – Royal Oldham
Imtiaz Ali	Blackpool Victoria Hospital
Rebecca Anderson	Arrowe Park Hospital
Sue Andrews	NCA – Royal Oldham
Laura Baglow-Micic	NHSBT – Transfusion 2024
Pete Baker	LUHFT
Jo Bark	NHSBT - PBM
Lydia Baxter	NCA - Salford Royal
Laura Bridge	Arrowe Park Hospital – HTC Chair
Steven Carter	Arrowe Park Hospital
Laura Cooper	NCA - Salford Royal
Joanne Cooper	NCA
Emma Copperwaite	MFT
James Clarke	LUHFT
Lorna Diggory	The Christie Hospital
Luke Dowe	Clatterbridge Cancer Centre
Henrietta Drake	NCA – Royal Oldham – HTC Chair
Nadia Evans	Tameside General Hospital
Karen Farrar	Royal Bolton Hospital
Emily Fisher	Mersey & West Lancashire Teaching Hospitals NHS Trust
James Fletcher	Warrington Hospital – HTC Chair
Tim Fforde	Royal Bolton Hospital
Amanda Gould (AG)	Macclesfield District General Hospital
Julie Harrison	Mersey & West Lancashire Teaching Hospitals NHS Trust
Rukhsana Hashmat	NHSBT – Customer Services
Daniel Holmes	Liverpool Women's Hospital
Helen Hughes	Mersey & West Lancashire Teaching Hospitals NHS Trust
Jane Iatrou	Mersey & West Lancashire Teaching Hospitals NHS Trust
Sharon Jackson	The Christie Hospital
Jerjis Jeewa	Royal Preston Hospital
Nathan Jones	MFT
Mariya Joseph	Countess of Chester Hospital
Indrani Karpha	Clatterbridge Cancer Centre
Karen Knowles	LUHFT
Rebekka Konig	LUHFT – HTC Chair
Eva Loutraris	NCA - Salford Royal
Louise McCreery	Royal Albert Edward Infirmary
Jo McCullagh	NHSBT
Helen McNamara	Liverpool Women's Hospital
Mahmoud Meleha	Warrington Hospital
Tom Murphy	LUHFT - Aintree
Kaiser Mushtaq	Royal Oldham Hospital
Jo Oldfield	Nobles Hospital – Isle of Man

Dan Palmer
 Jayne Peters
 Louise Polyzois
 Annabel Power
 Clare Quarterman
 Andrew Sefton
 Tracey Shackleton
 Andrew Simpson
 Gillian Smith
 Mary Sokolowski
 Hayley Speirs
 Rebecca Spiers
 Nicole Taylor
 Rhian Thomas
 Jo Wright
 Rebecca Wright
 Raisa Zaman

NHSBT - RCI
 NHSBT / MFT
 MFT
 Warrington Hospital
 LHCH – HTC Chair
 Liverpool Women's Hospital
 Alder Hey Children's Hospital
 Alder Hey Children's Hospital
 ELHT
 ELHT
 Countess of Chester Hospital
 Warrington Hospital
 MBHT
 Warrington Hospital
 Royal Bolton Hospital
 LUHFT – Aintree Hospital
 Stepping Hill

Minutes

Jane Murphy (JM)

NHSBT

Apologies (17)

Daisy Alty
 Lucy Cooper
 Nicholas Doree
 Daisy Hutton
 Jessica Kenworthy
 Tracey Kyriacou
 Rajan Mohan
 Amy Leigh Nelson
 David Osbourne
 Derek Pegg
 Katherine Roberts
 Jennie Rogers
 Dilraj Sandher
 Vikram Singh
 Hannah Thomas
 Val Wallace
 Carolyn Warren

Royal Preston Hospital
 MFT
 WWL – HTC Chair
 Royal Preston Hospital
 LUHFT
 TDL
 ELHT – HTC Chair
 LHCH
 NCA
 MCHT – HTC Chair
 Royal Preston Hospital
 MFT
 Tameside General Hospital – HTC Chair
 Clatterbridge Cancer Centre
 LUHFT
 LHCH
 SPIRE

Actions

Agenda no	Action	Owner	Status
3	If interested in being part of the NW ICS working group, please email Jane Murphy	ALL	Completed
3	Meeting of NW HTC Chair's to be arranged	JM	Completed
9	Please advise CC if aware of any RTC Members who would like to attend RTC Meetings but have problems doing so	ALL	Completed

Minutes

1. Welcome & Housekeeping

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

CC asked everyone to take 2 minutes to complete the evaluation form following the meeting as feedback from members is important.

CC asked if for future meetings, if any AOB's could be submitted in advance of the meeting as this would allow responses to be prepared / presented at the meeting.

2. Minutes of RTC Meeting 14th October 2024

The minutes circulated prior to the meeting. Minutes reviewed and agreed as a true representation.

3. NBTC & RTC Chair's Meeting, 24th March 2025

Craig Carroll attended both these meetings virtually and provided feedback on the following key points:

Education

- National concern over inconsistent transfusion education.
- Discussion on timing, responsibility, and curriculum integration.

Infected Blood Inquiry

- Anticipated directives may lack funding/enforcement.
- Focus on improving PBM despite resource constraints.

Consent

- QS138 includes consent as a quality standard.
- SaBTO guidelines are in development.
- Emphasis on Montgomery ruling and informed patient choice.

Cell Salvage

- Craig Carroll appointed Chair of UK Cell Salvage Action Group.
- Development of patient information materials underway.
- Plan for a National Minimal Dataset for ICS cases.
- Proposal for Northwest ICS working group.

Action: If interested in being part of the NW ICS working group, please email Jane Murphy, NW RTC Administrator (ALL)

National Education Programme

- Major Haemorrhage Event planned for November.
- Cell Salvage Education Event in development and to be supported by NW.

HTC Chair Engagement

- Proposal for dedicated RTC Chair / HTC Chair Meetings. Chair's to be encouraged to propose topics to discuss. To promote PBM best practices.

Action: Meeting of NW HTC Chair's to be arranged (JM)

Mandatory Training Survey

- 60% use in-house training; 40% use national modules.
- Neither approach fully effective.

A copy of the minutes from these meetings are available by contacting Jane Murphy, NW RTC Administrator jane.murphy@nhsbt.nhs.uk

4. NHSBT Customer Services & PBM Updates

Customer Services Update - Rukhsana Hashmat

Blood Stocks

- Group O and B negative red cells remain low.
- Amber Alert continues for group O red cells and pre-amber for BD negative red cells.
- Platelet stocks are stable.

Donor Engagement

- Appointment fill rate remains a challenge at 87%.
- New donor bookings at 12%.
- National Blood Week is 10th – 16th June. Campaign to inspire the country to get talking about blood types [National Blood Week - NHS Blood Donation](#)

NHSBT Updates

- RCI reports to be available only on SPICE from 2nd June.
- Updated RCI Toolkit available [rci-paper-report-cessation-toolkit-v2.pdf](#)
- RCI Assist awareness sessions available; support tool to guide hospital laboratory staff to either refer a sample to RCI or process the sample in-house.
- LVT ordering on OBOS; new box “maximum blood age on day” which will replace the “transfusion date and time” box.

Customer Satisfaction Survey

- Northwest response rate: 46% (below national average of 64%).
- Shared national results.

PBM Update - Jo Bark

Resources

- Blood Essentials tool currently unavailable.
- PBM Quick Reference Guide v2 available [Quick Reference Guide - PBM Clinical Resources](#)
- Transfusion Training Hub marks one-year anniversary (31,000+ visits). The one-stop shop for transfusion education resources.
- Updated videos for “Pre-transfusion sampling process” and “Pre-administration blood component bedside check”
- PBM Website on Hospitals & Science website has a fresh new look. An intuitive and navigable format with data driven content for an easier user journey.

Ongoing Projects

- Baby Blood Assist app in development.
- Fit to Donate: Collaboration with donation teams on iron optimisation. Video available on YouTube [Top tips for making sure your blood has enough iron | NHS Give Blood](#)

Education

- Meet the Expert Sessions ongoing. Next session, 21st May – Incorrect Blood Component Transfused.
- Shot Cautionary Tales, new webinars launched
[Cautionary Tales - Serious Hazards of Transfusion](#)
- BTEDG Sessions continue on the last Wednesday of the month.

Audit

- 2024 Audit of NICE Quality Standard QS138: now published. Regional data to be reviewed at next NW TP Meeting.

5. Transfusion Research Network

Presentation given by Laura Baglow-Micic, Manager of Transfusion Research Network (TRN).

Background

- Transfusion 2024 highlighted the need for research and innovation as there is a direct link to better patient outcomes.
- Few hospitals are active in transfusion research, leading to prolonged research timelines.
- Geographical areas of the UK with the highest disease burden have the lowest numbers of participants in research.
- Need a group that can support and collaborate with transfusion research who can disseminate and implement research findings.
- Need a multidisciplinary approach with strong patient involvement.

Key Objectives

- Develop a transfusion research network.
- Increase the number and geographical reach of research active hospitals.
- Better informed care and outcomes for all patients
- Increase the involvement of Patients and the Public in transfusion research.

Targets

- Survey sent to all hospitals regarding research capacity and educational needs.
- Representation from all 7 English RTC's.
- Future goals include; representation from devolved nations. Increase in geographical spread of research active hospitals. Patient and public involvement with clinical trial decision making. Explore 3rd party funding to offset some of the core costs.

Next Steps

- Promote TRN membership and engagement via RTC meetings.
- Encourage survey participation which will form the basis of where to focus TRN priorities initially and provide data for research sponsors on where / how to direct resources.
- Discussion of research priorities. Looking at large existing trials and seeing how TRN can support.

6. Sample Errors / Transfusion Training

LB facilitated a discussion on streamlining blood transfusion sample training for rotating medical staff with a focus on the “obtaining” aspect of the process.

Highlights

Salford, currently conduct face-to-face competency assessments every two years for blood transfusion sampling. This has helped maintain low rates of wrong blood in tube (WBIT) errors, they have a gradual increase in sample rejection rates. National guidance is clear on one-off training for administration and collection but remains unclear regarding the “obtaining” of samples. This lack of clarity has prompted a review at the Northern Care Alliance (NCA), where we have been working on updating our training package.

Resident doctors rotating every three months across Trusts face significant training demands, including compulsory NHSBT modules which is not often achievable.

LB wondered if there could be a regional disclaimer for medical staff entering trusts. Upon arrival, doctors would sign a declaration confirming they have completed one-off training for obtaining blood transfusion samples. This would reduce training requirements while maintaining safety standards. The NCA plans to implement this system, and LB asked members if the regional could consider adopting a shared regional approach.

It was highlighted how there is so much variance around the region even down if hand labelling samples is it the NHS number or district number or patient identification. around obtaining blood transfusion samples.

Agree there should a way to capture the similarities in the process but think it is good to have some repetition and reminders for the people taking blood samples that they need to do the process correctly and the correct way will vary across each site.

Various members highlighted what happens at their Hospital / Trust.

Conclusion

LB concluded this is an issue that has been ongoing for many years. Everyone has systems in place that require rotating doctors to receive training. Ideally, this would include a face-to-face competency assessment. It would be interesting to know how many actually manage to deliver that in practice, especially since most are not present at local inductions and do not have the opportunity to ensure it happens. If were to look at the numbers across trusts, suspect the figure would be quite low.

Suggested doing a regional audit to explore further, obtaining data on how many staff are actually receiving face-to-face competency training.

7. Feedback from Hospitals

Thank you to Amanda Gould who presented the feedback.

Feedback was requested in a different format using MS Forms and focused on tranexamic acid and consent. Responses received from 20 out of the 23 Trusts in the region which was a great response. Mainly Transfusion Practitioners completed the information.

Responses received from the following questions:

Tranexamic Acid

Has there been a change in practice following the IBI report?

- Yes* - 21%
- No - 78% (commented, already have procedures in place)

*Some of the changes noted in practice are:

- Work to get captured into the new EPR record.
- Recommendation that the anaesthesia directorate include guidance on which procedures should have TXA considered / offered to patient.
- Increasing use in thoracic surgery routinely.

Consent

Has there been a change in practice following the IBI report?

- Yes* - 21%
- No - 78% (commented, have systems in place such as audits and stickers evidence on paper notes and electronic prescribing)

*Some of changes highlighted:

- Change to Blood Transfusion pathway document to make consent recording clearer.
- Part of a consent task and finish group.
- New transfusion therapy chart reviewing the process for haematology patients that were having transfusions regularly.
- Reviewing discharge letters.
- Consent on transfusion record updated.

AG shared the additional comments/ shared learning collated from the responses covering several areas including lots of successes.

Discussions held on MH simulation exercises at Hospitals / Trusts

The key reoccurring challenges were around agency staff / implementing blood tracking / training – reviewing training packages.

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

8. AOB

NHS Framework for albumin and immunoglobulin products

Jayne Peters mentioned following the introduction of the National Framework, there remains two anti-D products available nationally, D-Gam (by BPL) and Rhophylac (by CSL Behring).

9. Closing Comments

Regional Items that need to think about

- Agency Staff: issues and if they are allowed or not allowed to be involved in transfusion related issues. How is this impacting on permanent members of staff?
- Training: how many people are actually trained? Is this possible to find out?

Attendance

CC raised that if anyone who wishes to attend these meetings but is unable due to Trusts not allowing the time to do so or Clinicians professional leave not being given to advise Jane Murphy, RTC Administrator.

Action: Please advise JM if aware of any RTC Members who would like to attend RTC Meetings but have problems doing so. (ALL)

Hospital HTC Meetings

Dan Palmer, RCI highlighted he is happy to attend hospital HTC Meetings or arrange hospital visits.

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

CC thanked everyone for their participation in the meeting.

10. Evaluation of NW RTC Meeting, 28th April 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.

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

- Low completion rate of 38%
- Feedback received:
 - Do you feel the agenda items relevant? Yes - 100%
 - How well were the agenda items discussed? Excellent/Good - 94%
 - Overall, how would you rate the meeting? Excellent/Good - 92%
 - Recommend NW RTC Meeting to others Yes – 100%

11. Date of Next Meeting

Monday 20th October 2025.

Considering face to face meeting at NHSBT Blood Centre, Liverpool. To be confirmed.