National Transfusion Practitioner Network Meeting

11th of September 2025
10am - 12pm

Attendees:

Aimi Baird	Chair	AB	Advanced Transfusion Practitioner, The Newcastle Upon Tyne Hospitals NHS Foundation Trust
Nella Pignatelli	RTC Administrator	NP	London RTC Administrator,
Julie Jackson	East of England	JJ	Transfusion Practitioner, James Paget University Hospital Foundation Trust, Norfolk
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
Ant Jackson	Midlands	AJ	Transfusion Practitioner, United Lincolnshire Hospitals NHS Trust
Vicky Waddoups	NE & Yorkshire	JR	Transfusion Practitioner, The Rotherham NHS Foundation Trust
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
Rachel Moss	ISBT TP subgroup	RM	ISBT TP subgroup of the Clinical Transfusion working party, Transfusion Practitioner at Great Ormond Street Hospital, London
Jennifer Rock	Transfusion Transformation	JRo	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
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
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

Apologies:

Dawe	MHRA	MD	Haemovigilance Unit Manager, MHRA
Mike Desborough	TRN	MDe	Transfusion Research Network Lead, Consultant Haematologist, Oxford University Hospitals NHS Foundation Trust
Caryn Hughes	SHOT	CH	SHOT Operations Manager
Louise Jeffries	Pathology Network	LJ	Peninsula Pathology Workforce Lead, University Hospitals Plymouth NHS Trust
Jane Murphy	RTC Administrator	JM	NW RTC Administrator, NHS Blood and Transplant
Chris Robbie	MHRA	CR	Senior Haemovigilance Specialist, MHRA
Julie Staves	NTLM	JS	Chair NTLM group, Transfusion Laboratory Manager, John Radcliffe Hospital

Minutes secretary: Nella Pignatelli

Nella.pignatelli@nhsbt.nhs.uk

NTPN Meeting Summary:

The NTPN meeting covered several key updates and initiatives. Northern Ireland reported no inspections and completed the BASF blood loss audit, with an upcoming anaemia audit. The BBTS TP SIG discussed the SHOT standards and BadgerNet issues. The ISBT TTP group highlighted upcoming podcasts and conferences. The PBM team updated on the move to Learning Zone, new resources, and the QS138 quality insights tool. The transfusion transformation strategy is awaited, with a focus on professional development frameworks. The need for a pilot of the TP framework was discussed to ensure its effectiveness and support. The meeting also touched on the importance of patient and public involvement and the challenges of resource allocation. The meeting discussed the challenges of managing resources and staffing without additional financial support, emphasising the need for better communication and recognition of hospital efforts. A cold debrief exercise on Amber Alerts revealed useful lessons for future responses, and the importance of regional collaboration was highlighted. There was a spike in Oneg demand in early September, with potential causes including seasonal factors or specific trauma cases. Updates on the NTPN website and LinkedIn group were provided, including plans to create a password-protected spreadsheet of TPs contacts and efforts to increase engagement on LinkedIn.

Contents

-- Meeting Starts –

1. Welcomes & Apologies

AB welcomed everyone to the meeting. Introductions were skipped as everyone on call knew each other from previous meetings.

2. Minutes & Actions from last meeting, 19/06/2025

Minutes from last meeting were accepted as true.

Item	Meeting Date	Ongoing actions from previous meetings	Owner
1	13/02/2025	Core member to send biographies to NP or JM, NTPN Administrators	Core Members
2	19/06/2025	AM to send round updated draft ToR to group for final comment	AB
3	19/06/2025	Agree ToR at next meeting, 11th September 2025	ALL
4	19/06/2025	TPs to contact TPs in their region requesting volunteers to join the education group to support the planning of the 2026 TP Education Event	TPs
5	19/06/2025	AB to feedback to NBTC concerns regarding minimum safety criteria for patients being transfused / receiving care in corridors	AB

Action 1: AB asked that all members ensure their biographies are up to date on the NBTC website. She noted there have been some recent changes in personnel, with individuals stepping down and others taking on new roles. AB highlighted that having biographies available is a helpful way for colleagues across the TP network to know who everyone is and who to contact for support.

Action 2/3: AB confirmed she will circulate the updated draft of the Terms of Reference following the meeting. She noted that only one comment had been received since the last version was shared, which has now been incorporated. AB expressed hope that the group will be able to accept the document and have it signed off at the next meeting.

Action 4: AB encouraged TPs to contact their regional colleagues to request volunteers for the education group supporting the TP2026 event. AB asked that any names be passed on to herself, NP or JM so they can be involved in the planning.

Action 5: AB noted that one of her actions was to feedback concerns raised by the group to the NBTC. Since then, additional concerns have emerged; however, the NBTC meeting has not yet taken place. She explained that, as is often the case, several meetings are happening around the same time, and the NBTC meeting is scheduled for either next week or the week after. AB confirmed she will provide an update later in the meeting on what she plans to raise.

3. Affiliated Groups Updates

AB asks for updates from regional partners, starting with Northern Ireland.

3.1 Northern Ireland

ZK from Northern Ireland reports no inspections and discusses the setup of their own group to address gaps between current practice and recommendations.

ZK mentions the completion of the BASF blood loss audit and the upcoming anaemia audit and introduces a new app for staff competencies.

ZK continues to discuss the introduction of EPIC and Encompass for single patient records and the challenges of remote issue fridges.

ZK mentions the local NHS HSC platform for education and the need for certificates to transfer across.

AB acknowledges the regional TP report and expresses interest in Northern Ireland's opinion on the SHOT standards.

AB thanks ZK for the updates and expresses interest in their anaemia audits and gap analysis.

3.2 BBTS TP SIG Summary

KM updates on the BBTS TP SIG, mentioning the SHOT standards and the need for feedback from TPs. KM discusses the BadgerNet issue raised within the BBTS TP group and the joint statement from SHOT/SCRIPT sent to System C, who are the supplier for BadgerNet.

KM mentions the pre-hospital pre-transfusion sample survey and the high completion rate from air ambulances and major trauma centres. KM highlights the upcoming BBTS conference and encourages registration.

3.3 ISBT TTP Group

RM from ISBT TTP Group discusses the need for more members and upcoming podcasts on various topics.

RM mentions the national comparative audit report and the upcoming ISBT conference in Perth.

RM talks about her upcoming talks in Oman and the importance of the TP role globally.

RM emphasises the UK's leadership in the field and the need for incremental gains in promoting the TP role worldwide.

3.4 MHRA

AB mentions the lack of updates from MHRA and assumes everything is going well.

3.5 National Comparative Audits

PD provides updates on the national comparative audit of blood transfusion, including data collection for the major haemorrhage audit.

PD discusses the upcoming audit for QS138 and the new audit form with minimal data collection.

PD mentions the anti-vein audit and the platelet audit planned for next year.

3.6 PBM Updates and Qs 138 Quality Insights

AD provides updates from the PBM team, including the move from eLearning for health to Learning Zone.

AD mentions the updated anaemia patient information leaflet and the new iatrogenic anaemia Toolkit.

AD discusses the temporary pause on the blood essentials and the new poster "Is my transfusion necessary?"

AD highlights the work with the donation team to provide information about iron deficiency and the upcoming leaflets on iron in your diet and irradiated blood.

3.7 NTLM

No update received for NTLM.

AB mentions the potential for a joint meeting with the transfusion lab managers group.

3.8 Nursing

No update received for Nursing.

AB advised that a Group and Save Recommendation Paper is currently in draft form and will be taken to the stakeholder group for further discussion next month. It is anticipated that additional recommendations may be received from the Getting It Right First Time team, particularly regarding which surgical episodes should require a Group and Save, potentially aligning with NICE guidance on surgeries relevant to Patient Blood Management (PBM) recommendations.

3.9 QS138 Quality Insights

AD provides an update on the QS138 quality insights tool, including the double success at SHOT and the high compliance rates in the South East.

AD discusses the regional uptake of the QS138 tool and the importance of regional ambassadors.

AD mentions the upcoming webinars and the alignment of data for the NCA and QS138.

AD highlights the need for feedback on the inclusion criteria for TxA and the upcoming guidance from NICE.

3.10 Pathology Network

No update received for Pathology Network.

3.11 Patient and Public Involvement

AM reported that the Transfusion Transformation Strategy, developed in collaboration with patient and public representatives, is close to being finalised.

She also highlighted ongoing developments related to the Transfusion Research Network. This initiative will involve substantial patient and public engagement, and planning is currently underway.

AM noted the intention to establish a retained group of patient and public contributors who can be approached for input as needed across various projects.

In addition, AM is actively involved in wider engagement efforts, including speaking at BBTS, IBMS, and other forums. She has also been in contact with the RTC in the Midlands region as part of her ongoing work.

AM encouraged anyone on the call who would like more information or support to get in touch.

3.12 SHOT Safety Standards and Education Updates

SHOT representatives could not attend this meeting but did send an update.

AB provides an update on the SHOT safety standards and the baseline assessment tool.

AB mentions the' my transfusion' app and the upcoming education sessions and webinars.

AB discusses the importance of pushing out the' my transfusion necessary' posters.

AB provides an update on the education lead's role and the workbook for the TP working group.

3.13 Spire Healthcare

No update received from Spire Healthcare.

4. Education

VC introduced herself to the group as the new TP Chair for the North East and Yorkshire region.

VC reported that although she was unable to provide a full update, she wanted to highlight the progress of the TP working group developing the new workbook. The group has made excellent strides, with a strong collaborative effort and weekly meetings. The first draft is expected by October.

VC commended the draft workbook and described it as a valuable resource that will support the framework. She encouraged those who haven't yet seen it to do so.

VC noted the document will be substantial due to the breadth of TP responsibilities but praised the inclusion of interchangeable sections and useful links. She also mentioned she would be contacting ER to get up to speed, having recently stepped into the role.

EC provided an update on the upcoming education events. The November webinar 'TP2025' is now open for registration, and she encouraged attendees to apply. The 2026 event is scheduled for June, with further details to be released in due course.

AB added that 168 people had registered for the TP2025 webinar so far, which is a strong turnout. She encouraged anyone who hadn't yet registered to do so, noting the quality of the speakers lined up.

5. Audit/Survey

SL thanked everyone who completed the NTPN survey and acknowledged the effort involved.

SL extended the deadline due to the survey being released during a quiet period.

SL informed the group that as of this morning, around 110 responses received, which he considers impressive across regions.

SL told the group that no data is available yet as the survey is still open.

SL promised to present data at the next meeting with JJ's support to show audit activity across the country.

6. BSQR

RS mentioned that everything she intended to raise had already been covered.

7. IT

JD introduced himself as the Co-Chair of the London TP group.

JD shared that a set of IT standards are being developed for EPR and blood tracking suppliers and that the document has gone through approximately five revisions.

JD thanked contributors from the group who provided comments and informed the group that the final draft is now ready, and they plan to present the document to SCRIPT in October. SCRIPT has previously expressed support and is keen to see the final version.

JD said that the document is comprehensive, covering all stages of EPR and blood tracking systems across 10 steps.

JD will keep the group updated on SCRIPT's feedback.

8. Transfusion Transformation and Framework Development

JR provided an update on Transfusion Transformation and the development of the TP framework.

JR discussed the importance of the framework being a professional development tool and not just a competency framework.

JR mentioned the upcoming sound bites and the need for feedback from TPs.

JR highlighted the importance of the framework being used and supported by the RTCs and HTCs.

JR suggested the idea of a pilot to test the framework and gather feedback.

JJ supports the idea of a pilot and emphasises the need for evidence of the framework's positive impact.

JR discussed the importance of the framework being a supportive tool for TPs and not just another workload.

JR mentioned the need for continued support and the importance of the framework being used and maintained.

9. Transfusion Research Network

No update provided for the Transfusion Research Network.

10. Infected Blood Inquiry

AB asked if there were any updates from the 7a group regarding the Infected Blood Inquiry.

JJ responded that there may not be anything new to report and noted the group's progress feels stalled.

AB confirmed that other working groups are in a similar position, awaiting outcomes from budget reviews.

AB told the group that all recommendations from the Inquiry have been accepted in principle, but there is currently no financial or staffing resource to support implementation; Budget breakdown is expected in either September or October.

AB highlighted that the current expectation is for progress without additional input, which working groups are pushing back against and emphasised that further improvement is not possible without proper resourcing.

AB urged the group to avoid continuing unpaid or extra work, as it contributes to the perception that progress can be made without support.

AM echoed AB's points, sharing that the 7c working group had similar discussions and concerns.

AB reiterated the importance of not promising delivery without resources and the need to raise visibility across NHS leadership.

RM concluded that while the update isn't ideal, it reflects the current reality.

11. Blood Stocks

AB asked for updates from Blood Stocks and noted that TPs are attending regular NHSBT updates, which have received positive feedback. Hospitals have likely done all they can to support blood stock management, and there's concern about limited capacity to respond to future crises. Wider meetings are ongoing to build resilience across production, donation, and hospital management.

JD shared that the London TP group conducted a cold debrief on responses to Amber Alerts, organised by Pascal. The exercise reviewed successes, challenges, and lessons learned, and the findings were

summarised in a document shared with NHSBT and internal trusts. NHSBT found the feedback helpful and encouraged other regions to do the same. JD offered to send the document to AB for wider distribution.

AB agreed to publish the document on the website and encouraged other RTCs to replicate the exercise.

AD confirmed current blood stock status: Oneg and B neg are in pre-Amber; all other groups are Green.

AD flagged a comms update from Lise Escort and Julie Staves noting a spike in Oneg demand during the first week of September and requested any intel on the cause.

JD reported that Kings had five simultaneous Code Reds in one night, which may have contributed to the spike.

AB acknowledged the need for further regional analysis and mentioned ongoing work with Matt Benson's team to share good practice and address poor practice in blood stock management.

12. NTPN Webpage / Socials

JR shared that he, NP, AJ and JM have been working on two areas: the NTPN section of the NBTC website and the NTPN LinkedIn group.

JR explained that the existing spreadsheet on the website includes NTPN staff and biographies, and they plan to expand it to show regional coverage for clarity.

AJ confirmed they're using JR's original database, which included consent flags, and are removing anyone who opted out. The spreadsheet will be password-protected and shared with verified TPs.

JR noted that some TPs initially declined to be listed but may opt in once they see its usefulness. He hopes the resource will be widely used and will be shared with RTC administrators and this group.

JR mentioned limited activity on the NTPN LinkedIn group, with only one recent question posted about serological crossmatching for non-specific antibodies, which received minimal response.

AJ thanked NP and JM for consistently updating the website without prompting.

13. RTP Matters

AB noted that all regions had been asked to submit an update using the highlight report template circulated prior to the meeting. Most regions had responded; however, two had not.

AB encouraged those regions to improve submission rates to ensure their voices are included. She acknowledged that one region had not held a meeting but had still provided some feedback. She added that if a region has not met, it's helpful to simply state that, so it's clear there is no omission rather than a lack of engagement.

AB shared that she had collated key points from the reports rather than going through each individually. One notable item was a finding from the East of England regarding the need for investment in laboratory staffing.

JJ responded, expressing frustration over the lack of funding and the impact on morale. She explained that despite demands for improvement, financial constraints are worsening, with staff being

encouraged to take voluntary redundancy. She highlighted the lengthy internal processes required to approve even established vacancies, often delaying recruitment by six months. She added that resistance to change in some areas is disheartening, especially when positive developments are being overlooked due to a preference for maintaining the status quo.

RS added that the MHRA has no jurisdiction over clinical areas, which limits the impact of transfusion-related incident reporting. She explained that trust boards often only act when issues cross into the clinical domain. While laboratory incidents receive immediate attention, clinical incidents often do not prompt the same response unless they escalate. She noted that although inspections generate urgency, this doesn't translate into day-to-day improvements. The legal requirements tied to MHRA reporting don't seem to influence clinical areas in the same way they do laboratories.

AB agreed, noting that change often only comes when transfusion services are directly affected.

RS continued, stating that she had heard MHRA is trying to gain more influence in clinical areas but is struggling to get buy-in, possibly due to fear of increased scrutiny. She emphasised that until clinical teams are willing to engage, meaningful change is unlikely. The distinction between potential and actual harm remains a key issue, and without broader support, improvements are limited.

RM clarified that MHRA's remit is limited to the Blood Safety and Quality Regulations, making it unlikely they can intervene in clinical areas. She suggested that the CQC may be better placed to take on a broader role in transfusion oversight in the future.

AB then moved the discussion on, reiterating SR's earlier point about the difference between actual and potential harm in Datix reporting.

AB also highlighted concerns around the integrity of Datix, noting that once an entry is finalised, it can still be altered. Some trusts have moved to InPhase, which appears to offer more secure locking. While Datix does have a lock-down function, it is cumbersome to use and difficult to reverse if further edits are needed.

JJ raised a query regarding InPhase and Q-Pulse (QSafe), expressing frustration with its lack of user-friendliness and the limitations in how transfusion incidents are reported. She noted that her governance team insists the wording is nationally mandated and cannot be changed.

JJ asked to connect with others using the same system to determine whether this is accurate and to explore whether national feedback could be provided to improve the terminology used.

JD confirmed that his trust also uses the system and agreed with JJ's concerns. JD stated they had also been told the wording is nationally set. JD invited JJ to get in touch so they could discuss the issue further.

14. Any Other Business

JD raised a query regarding the use of antibody cards for patients. He noted that while some hospitals issue them, others do not, citing cost pressures related to time and printing.

JD expressed his personal view that the cards are very useful for patients.

AM agreed, acknowledging the financial pressures discussed throughout the meeting, but emphasised the importance of balancing cost with doing the right thing for patients. She suggested exploring

alternatives, such as emailing a printable version to patients or integrating the information into the NHS app.

AM shared her personal experience, highlighting how having access to information helped her feel more in control and safe during her own health journey. She encouraged continued advocacy for patient access to information and offered to provide further input if needed.

AB supported the idea of a digital card, noting that during COVID-19, various digital solutions were successfully implemented. She agreed that the NHS app could be a suitable platform for this kind of functionality.

AM added that the NHS app is continually evolving, with more features being added. She suggested that transfusion services should consider engaging with the app's development to ensure relevant information is included. She also pointed out that patients often experience inconsistencies between hospitals, and a centralised digital solution could help address this concern.

AD joined the discussion, agreeing that the lack of antibody cards poses a risk. She proposed that this issue could be included in the gap analysis for the new SABTO guidance, particularly under informed consent and patient-specific requirements.

AD also informed the group that PBM Awareness Week will take place in the first week of November, featuring a webinar with key speakers and a patient representative. She noted a slight scheduling clash with the SHOT NCA webinar but hoped the overlap would be minimal.

15. Next Meeting

Thursday 4th December 2025, 10am – 12pm on MS Teams

16. Action Items to complete

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	Circulate updated draft of the Terms of Reference	AB	After the meeting; aim for sign-off at next meeting
3	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.
4	11/09/25	Raise concerns at the upcoming NBTC meeting	AB	NBTC meeting scheduled in 2 weeks time.
5	11/09/25	Submit regional highlight reports or notify if no meeting has taken place	Outstanding regional reps	Before next meeting
6	11/09/25	JD to send document from cold debrief exercise to AB for wider distribution.	JD/AB	Before next meeting

7	11/09/25	Explore possibility of digital antibody cards or NHS app integration	AB / AM / JD	For future consideration
8	11/09/25	Share PBM Awareness Week webinar details	AD	When available
9	11/09/25	Members to help to disseminate the new SaBTO consent guidelines British Journal of Haematology | Wiley Online Library	All	
10	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	

-- Meeting Ends –