

## South East Regional Transfusion Team Meeting

**Tuesday 9 September 2025 (1300 – 1500)**  
**Minutes**

<b>Present:</b>	
Howard Wakeling (HW) Chair (part of the meeting)	Consultant Anaesthetist, University Hospitals Sussex
Kerry Dowling (KD) Deputy Chair	Transfusion Laboratory Manager, University Hospitals Southampton
Emma O'Donovan (EO'D)	Consultant Haematologist, Sussex & Surrey Healthcare Trust
Jonathan Ricks (JR)	Transfusion Practitioner, University Hospitals Southampton
Susan Mitchell (SM)	Transfusion Laboratory Manager, William Harvey, East Kent
Tanya Hawkins (TH)	Transfusion Practitioner, Royal Berkshire Hospitals (BSPS)
Ruth O'Donnell (RO'D)	Transfusion Practitioner, University Hospitals Sussex
Isla Downs (ID)	Transfusion Practitioner, William Harvey, East Kent
Kim East (KE)	Lead Transfusion Practitioner, Royal Surrey Hospital (BSPS)
Julie Staves (JS)	Transfusion Laboratory Manager, Oxford University Hospitals
Anwen Davies (AD)	Patient Blood Management Practitioner, NHSBT
Shabana Tufail (ST)	Customer Services Manager, (Oxford) NHSBT
Frances Moll (FM)	SE RTC Administrator, NHSBT (Minutes)
<b>Guests:</b>	
Naim Rahimi	Clinical Fellow, based at Oxford University Hospitals
Sandra Rakowska	Patient Blood Management Practitioner, (South West), NHSBT
<b>Apologies:</b>	
Lauren Hamilton	Elizabeth Tatam
Lisa March	Danny Bolton
Rhian Edwards	

<b>MINUTES</b>
<b>Welcome and Apologies</b> <p>HW sent his apologies being delayed by a clinical situation. KD chaired the meeting.    KD welcomed: Naim Rahimi, a clinical fellow in transfusion medicine, based in Oxford, on a 12-month placement as part of Suzi Morton's team. Sandra Rakowska, the newly appointed Patient Blood Management Practitioner for the South West; Julie Staves, Transfusion Laboratory Manager, Oxford; and noted Rhian Edwards' return from secondment, as Customer Services Manager, Southampton/South West.    Thank you to Carol Stenning, for her work as CSM, who has moved to another role within NHSBT.</p>
<b>Review and approve RTT Minutes –</b> <p>The Minutes from the meeting held on Thursday 8 May 2025 were approved, with no outstanding actions. To be added to the NBTC website – <b>ACTION</b></p>
<b>NBTC meeting (September)</b> (this section was discussed when HW joined the meeting) <p><b>Draft Chair's Report</b> – The Chair's report was reviewed with particular reference to the Concerns and Constraints. This led to a conversation about the attendance at TLM meetings, the implications of staffing and the current visa regulations for employing new staff; a common concern that the launch of Transfusion Transformation, the recommendations from the IBI Report, plus other initiatives and updates likely to come together with Hospital Trusts concerned about priorities, costs and work overload.    Also, considered for inclusion are the outcomes from the QS138 Quality Insights regional audits which have highlighted the need for national guidance for the use of TXA during surgery.</p>
The following sentences were agreed and added to the report after the meeting:

- The issue of staffing within the labs continues to be a concern, often highlighted by poor attendance at TLM meetings (and education events), where key information and support is provided. Also, the constraints set by the new visa regulations has made the recruitment of staff even more challenging.
- Concern was expressed by the RTT, that the IBI recommendations and the outcomes from Transfusion Transformation may overwhelm Hospital Trusts if there is no guidance on timescales or budgetary support. Different initiatives also include recently released SHOT standards and upcoming guidance updates e.g. SaBTO consent. There is a need for implementation advice and a realistic plan for multiple competing priorities.
- The SE bi-annual regional audits using QS138 Quality Insights are consistently demonstrating vast discrepancies in surgical tranexamic acid (TXA) use across specialities. Further national surgical TXA-eligibility guidance is required to effect change.

The RTC now has a Logo which will appear on some RTC documents and RTT paperwork.



#### **SE RTC Budget –**

The two spends from last year's budget were:

The cost for five delegates to attend the SHOT symposium; and

The cost of printing a poster - outlining the extraordinary work of the region to improve compliance to Quality Standard QS138 - which went on to win the best poster at SHOT's Symposium 2025, The category – Acknowledging Continuing Excellence (ACE).

This year's budget:

The Transfusion Bites meeting is planned to be held at the East Surrey Post Graduate Centre (free).

The SE RTC budget will pay for lunch, teas/cafes – around £12.00 per head, full cost, to be confirmed - members agreed to this spend.

**Blood Stocks** – ST provided an update – referencing the daily figures provided on the Hospitals and Science Website. Stocks are still at pre-amber, but there is little resilience. There continues to be promotional work to ensure building up resilience within the stock levels.

The following question had been raised regarding an increase in demand for O neg –

*The demand for O neg has increased considerably this week (1 – 5<sup>th</sup> September) and LE is keen to know if anyone has any insight into why demand has increased?*

*LE is particularly keen to know if anyone had a spike in the number of Surgical cases who are O neg? It was asked if this could be because O neg is no longer in amber status and perhaps some hospitals may have been delaying surgery for some O neg patients?*

No one was aware of any block bookings for surgery.

EO'D and KE had looked at the use by HEMS team, but there haven't been any obvious changes. This discussion moved to SOPs and risk assessments. SM said East Kent also provide blood for the Kent, Sussex & Surrey Air Ambulance, they have been supplying mixed boxes since February, they've completed the risk assessment, and it was all working well. SM happy to provide information to KE.

#### **ACTION**

There was no evidence to show any "block bookings", or extra demand to cause the spike. JS agreed to feed back to LE. **ACTION**

**Education Events:****– National Blood Transfusion Committee – Education Topic:**

*Management of adverse events including PSIRF, human factors and safety – 3 July Feedback / RTC Business Meeting – Action points*

Feedback from the Education event had been circulated. The overall response had been very positive, with many agreeing that the presentations had been excellent.

The presentations, where permission given, had been added to the website.

**RTC Business Meeting:**

There had been a good attendance at the early morning RTC business meeting, with one action – a query about any possible changes in the Hb for women blood donors - *it had been increased a few years ago to 125, and a number of people were now being “rejected” because they were considered anaemic!* – AD had circulated the response – which is shown below:

A response came from the BTRU and the NHSBT Consultant in Donor Medicine:

*At the current time there is no possibility of altering the donation thresholds for any groups.*

*Personalised donor care is several years away.*

*There is an assessment of post donation testing, using analyser blood counts, as a more accurate test to assess donor haemoglobin at time of donation to determine when they should return for next donation and a study assessing tolerability of iron supplementation due to start in the Autumn, but none will change donation thresholds.*

AD also raised an issue regarding increased requests for blood for “top-up transfusions” and the discrepancies between the CPOC and anaesthetists’ guidelines – this had been raised under AOB at the RTC Business Meeting. A reply from HW had been circulated via e-mail, indicating the need was considered on a case-by-case basis following a risk assessment. AD raised the discrepancies with CPOC, who outlined their guidelines; she also contacted SHOT – reports of TACO in orthopaedic patients was very low (3.7%).

If you wish to see the full e-mail response please contact FM.

**– TP/TLM joint meeting – 30 September**

The agenda and presenters for this event had been confirmed. With final details to be circulated in the coming week.

**– Transfusion Bites – ~~Tuesday 4 November~~ to be rescheduled –** The Post Graduate Centre at East Surrey Hospital, Redhill has been booked for this face-to-face event.

The following topics were considered for the presentations and actions agreed:

Simon Stanworth agreed to present on the new platelet guidelines (to be published in June) – this presentation is likely to be a recording. Can SS find someone to handle a Q&A on his topic? **ACTION**  
Transfusion Transformation and the IBI recommendations – KD to present or ask if anyone from LE’s team could attend. **ACTION**

EO’D agreed to ask one of the delegates who attended SHOT to give a short presentation about their experience, what they learned/ gained from attending the Symposium. **ACTION**

JS to ask Mike Murphy if he would present on the rewrites to SABTO - Consent. These have yet to be published. **ACTION**

Red Cells and Plasma – the first iteration of whole blood – KD to reach out to see if the team would be willing to present. **ACTION**

KD to ask if the SHOT team would come and present on safety standards **ACTION**

“Bites” – case studies are always popular FM to seek volunteers. **ACTION**

AD suggested the new NBTC patient representative – “what I do! empowering patients” **ACTION** FM to enquire where they are based.

**The theme: Future and Changes!**

**Standing Items:**

- **RTC Workplan 2024/2025** – KD suggested an O Neg audit could be considered for the last two weeks in November – with particular reference to the reason for substitutions and how can this be improved? KD & JS to put together questions to be circulated with the RTT before wider circulation to the region. **ACTION**

- **QS138 Quality Insights Audit Tool** – AD updated on the most recent results which are summarised in the attached.



SE RTT QS138  
Quality Insights updat

The next audit is in October, auditing cases from July to September (Q2 25/26). Alongside the NCA audit there is a comparison slide, so data can be aligned. The work is not being duplicated.

- **Transfusion Transformation** – no update until the launch – launched planned for October.
- **TP Meeting** - Update (5 June) – Teams meetings are well attended. Members are encouraged to ask questions and bring queries for discussion, which in turn can sometimes provide solutions or suggestions. Plus NHSBT and CSM updates. The National TP network is planning a protected database that TPs can access. At present there is a LinkedIn group. There was a warning that databases can get out of date very quickly!

- **TLM Meetings** – Update

TADG (26 June f2f) – DB had provided ST with the update – the meeting discussed the current IT systems – updates on systems Enterprise, the EPRS and LIMS. The lack of regulatory requirements, just guidance, means there are “workarounds”. This was raised with MHRA and while they could not make changes it would be raised in inspections and then logged. JS said she would take this to the SCRIPT group - **ACTION**

Ox/Soton (16 July f2f) – there had been a very disappointing attendance, availability and the shape of the region were given as reasons, but even Teams meetings have little engagement! Everyone to encourage their lab teams to attend. **ACTION**

KE asked to be added to circulation list for the meeting. **ACTION**

AD suggested have a Terms of Reference – something introduced for the TPs’ meetings, helping to provide a purpose.

JS suggested that the Chair of the group changed each year which might bring a change to the agenda. However, volunteers are hard to find. JS had someone in mind. **ACTION**

- **RTT Terms of Reference** – review after launch of Transfusion Transformation.

HW joined the meeting – Draft RTC Chair’s Report discussed (see above).

**NCA Audits:** For information:

Upcoming audits:

- October 2025 -2025 Audit of NICE Quality Standard QS138
- April 2026 – Anti-D audit

Ongoing audits:

- 2025 Major Haemorrhage Protocol audit

**NHSBT Update:**

- **PBMP**

The following have either been updated or are now available on the Hospitals and Sciences Website: Anaemia Patient Information leaflet has been updated; new iatrogenic anaemia tool kit – there are resources, literature, best practice examples and strategies to prevent IA anaemia; Version two of the quick reference guide; a poster to display how patients can obtain the digital patient information leaflets. **links within the attached presentation**



NHSBT update for  
RTT Sept 2025.pptx

Blood Essentials Education Resource has now been updated – please discard any old copies.

**ACTION**

A new patient poster – Is my transfusion necessary? Is available.

A number of patient information leaflets are under review or being updated – Iron in your diet, Irradiated blood, Receiving a blood transfusion. Any comments, ideas etc please let AD know.

**ACTION**

The Blood Transfusion Training Modules are moving to the Learning Zone (from the e-learning for health platform) in October. Please ensure any incomplete modules are completed by the end of September, plus you will need to download your certificates. There will be temporary disruption during October.

The NHS 10-year plan was published in July. The PBM pop-up stands are still taking place, the next is at Medway Maritime Hospital at the end of September.

SHOT safety standards were published - a webinar entitled: Transfusion Safety Standards: From Paper to Practice is taking place on 22 October (registration required).

AD is on extended leave 22 October – 5 December. PBM cover will be provided by the PBMP team.

• **CSMs**

ST provided the update – the Customer Satisfaction Survey will be sent out to the TLMs, please complete this. It provides a good insight for the CSMs and can enable issues to be resolved and help towards service improvement.

A new credit form is being launched next month – removing the need for a product code. There will be an update on the website when it is launched.

There has been a delay in launching a new product – Platelets in PAS – additional testing is required following the initial trials in Leeds.

Sprayed dried plasma – Following a number of presentations on sprayed dried plasma and cryo, Rhian Edwards, is wanting to gauge hospital interest. If you are interested or have more questions, please contact Rhian Edwards or ST.

**ACTION**

Next Meeting: **Wednesday 10 December 2025**