Minutes of the
National Transfusion Laboratory Managers (NTLM)
Advisory Group Meeting

Wednesday 22nd April 2026
11:00hrs – 12:30hrs
MS Teams

Present (17)		
Julie Staves	JS	Chair, South East Region
Kerry Dowling	KD	Deputy Chair, South East Region
Pete Baker	PB	North West Region
Anna Capps-Jenner	ACJ	London Region (private labs)
Anna Dobson	AD	Midlands Region (West)
Sam Kershaw	SK	North East and Yorkshire Region
Alison Muir	AM	North East and Yorkshire Region
Katherine Philpott	KP	East of England Region
Michelle Scott	MS	North East and Yorkshire Region
Jey Visuvanathan	JV	London Region
Tim Wreford-Bush	TWB	South West Region
Kirk Beard	KB	Stock Management & Production Manager, NHSBT
Ruth Evans	RE	Scientific and Clinical Training Organisation and Workforce Development, NHSBT
Wisdom Musabaike	WM	Assistant Director, RCI, NHSBT
Chris Philips	CP	Head of Hospital Customer Service, NHSBT
Chris Robbie	CR	Senior Haemovigilance Specialist, MHRA
Vicky Tuckley	VT	Laboratory Incident Specialist, SHOT

Apologies (5)		
Mike Brewer	MB	MOD Defence Pathology
Patricia Richards	PR	London Region
Nikki Swarbrick	NS	Laboratory Incident Specialist, SHOT
Helen Wilkinson	HW	Midlands Region
Jane Murphy	JM	Administrator

Minutes		
13.26	**Welcome & Apologies**	**Actions**
	JS welcomed all to the meeting. Apologies were given from those listed above prior to the meeting.	
14.26	**Minutes from last meeting, 27th January 2026**	
	No amendments raised. Accepted as a true and accurate record. Action log reviewed / updated.	
15.26	**M Neg Demand**	
	Kirk Beard presented data to show over the past 12 years, ordering of M-negative red cells has increased by 10–12% per year, rising from 500 units/month (2014) to 1700 units/month (2025). Group discussion on possible reasons: • Is it because people are not checking thermal range? • Ortho platforms may detect more anti-M. • Newly trained staff may be over-cautious. • Anti-M detected in reverse grouping may be incorrectly treated as clinically significant. • Some hospitals stock M-negative units due to concerns about availability. NHSBT position • No stockpiling of M-negative units by hospitals. • Requests must be antibody-driven, not phenotype-matching. • NHSBT reviewing whether testing gaps exist. **Action: JS/KD to issue comms explaining the issue and advise labs should not be holding an M- stock.**	**JS / KD**
16.26	**NBTC**	
	JS gave the following feedback: • NHSBT board have allocated funding for staffing for 2026/27 for the Transfusion Transformation project. • Push on patient representation on groups – JS has asked if it is appropriate for this group to have a representation.	
17.26	**Regional Feedback**	
	<u>North East and Yorkshire Region</u> MS provided an update on the development of an in-house registrar training package, which includes introductory blood transfusion technical training. The package currently covers blood grouping, antibody screening, antibody panels, guideline-based presentations, an antibody identification exercise, and an overview of concessionary release. It has been designed with a paediatric focus for local needs.	

Plans are underway to expand the package to include additional topics such as fridge-failure scenarios relevant to FC Path examinations, further detail on concessionary release, and transfusion reaction investigations.
A request was made for information on whether other regions provide similar local training packages, as the NE&Y RTC Chair intends to raise this at the national NBTC meeting. Group were invited to share any comments, experiences, or knowledge of comparable training resources.

Midlands Region
AD gave a brief update on the recent meeting held; no significant issues were raised. Attendees discussed recent MHRA visits, with no major concerns identified. It was noted that MHRA inspections appear to be placing increased emphasis on clinical training.
A recent issue involving an MHP being stored in an unauthorised fridge was highlighted. Transfusion practitioners addressed the matter promptly, and this scenario will now be incorporated into training to ensure ready for future visits.

East of England Region
KP fedback from the last meeting held. Key topics included discussion of Haemonetics kiosks and ongoing work related to tendering for blood transport boxes. A request was raised to consider the needs of blood bikers when selecting and transporting these boxes.
Staffing challenges continue, particularly the shortage of suitably qualified BMS staff. Sickness levels were noted to be particularly high during the recent winter period in the East region.

North West Region
PB raised a query regarding the availability of mature policies on transgender. There is uncertainty about current progress. It was noted that Trusts, not laboratories, should hold responsibility for establishing policies on managing transgender patients, including handling sensitive information, and ensuring accurate communication with laboratories. This is particularly important for issuing results within sex appropriate reference ranges and providing blood components based on biological sex rather than gender identity.

South East Region
KD advised that their recent meeting was very well attended, best attendance seen in some time. The group discussed attendance and agreed it is reasonable for members to bring one of their senior staff to future meetings. Where a senior member is unable to attend, a deputy will be sent to maintain consistent representation and engagement.

South West Region
TWB fedback from their recent meeting. Discussed a recent technical agreement issue, and thanks were expressed to those who responded to the email request for examples. This followed findings that some SLAs lacked sufficient detail.
Capacity-related escalation processes were also considered, particularly how to document situations where staffing shortages impact service delivery. Suggestions included using local risk registers, retaining relevant email correspondence, and recording issues within QMS systems.

	London Region ACJ highlighted notification received from RCI at Colindale about capacity issues. WM provided an updated on ongoing staffing pressures, particularly within the on-call service, where numbers have now reached the minimum threshold that triggers intervention. Actions are underway to increase on-call capacity, including progressing staff currently in training who may soon be able to join the rota. Contingency planning is also being explored in case pressures worsen, including the potential transfer of samples to other sites if necessary. A communication has been issued asking colleagues to bear with the team over the coming weeks while these issues are addressed. It was noted that capacity challenges are being experienced across several sites, although some improvement has been seen in Filton and Liverpool. A concern was raised about recruitment, with many of the strongest Band 6 applicants coming from hospital laboratories, which may inadvertently increase pressures across the wider system.	
18.26	**IBI**	
	Nothing to update.	
19.26	**Webinars 2026**	
	MHRA webinar planned for April was cancelled due to illness. Upcoming webinars: • May 21st: Business Continuity hosted by Julie Staves and Andrew Platt. • June: KD suggested sharing IBI presentation of "what's coming and what's happening with the recommendations so far with lab managers for the future." **Action: KD to speak to Shuba Allard re sharing of IBI presentation and then liaise with Jane Murphy.** • July 16th: Support workers - what can they do? Hosted by Tim Wereford-Bush and Anna Capps-Jenner.	**KD**
20.26	**Education and Training**	
	Ruth Evans provided update. • All course booking for 2026/27 are now open. • Lots of availability on: - Practical instruction - Transfusion Science - Specialist Course - Masterclass – theme is pan reactive panels • Plenty of NHSE vouchers available. • Basic Introduction to Transfusion Science for support-grade staff planned for July 2026. • Please let RE know any suggestions for new education to address identified gaps. **Action: RE to send slide to JM for advertising Transfusion Science Courses at NTLM webinars and sharing with RTC regions to present at RTC meetings.**	**RE**
21.26	**MHRA**	
	Nothing to update.	

22.26	**SHOT**	
	Update provided by Vicky Tuckley. • Major Haemorrhage Simulation Toolkit now available. Includes scenarios from all sorts of different healthcare. Major Haemorrhage (MH) Simulation Toolkit - Serious Hazards of Transfusion • Giving set Guidance Administration (giving) set guidance - Serious Hazards of Transfusion • Laboratory cumulative data page Laboratory Errors Cumulative Data - Serious Hazards of Transfusion • Concessionary Release Toolkit coming soon. • All events Events - Serious Hazards of Transfusion	
23.26	**NHSBT**	
	Customer Services Update Chris Phillips provided the following update: • OBOS downtime on 30th April for essential maintenance. • Thank you for your support in accepting O D negative red cells for B R_0 orders. Looking to return to normal substitution practice. Communication to be sent out tomorrow. • Bank holiday routine deliveries; short survey to be sent out requesting feedback on whether it is working for you. **RCI Update** Wisdom Musabaike gave an update. • UKAS assessment in March went well. • Call recording at Colindale; some technical challenges which IT have been asked to resolve. • Electronic requesting; end to end testing completed in Barnsley. Next step is to pilot system.	
24.26	**AOB**	
	Neonatal Split Units JS mentioned some hospitals have requested paediatric units in groups other than O-negative. KB advised: • O-positive paediatric units could be supplied without issue. • Expanding to A, B, AB would increase wastage and complexity. • Any change must be national, not hospital-specific. **Action: JS to poll NTLM members on need and feasibility of neonatal split units.** National Shared Care Form KP advised form has been reviewed. To remove decision making tools from within the form. Form to be endorsed by SHOT and hopefully NBTC. Meeting Attendance JV asked for feedback from other regions about attendance at face-to-face meetings as becoming more challenging in the London region. CP advised Sasha Tidy, Operation manager, NBTC is doing a piece of work looking at ways support can be given to User Group Meetings.	**JS**

	UKAS TWB raised a concern was regarding UKAS findings, some sites receiving close to 40 actions and being expected to complete them within 28 days. The group questioned whether this timescale is realistic and discussed whether anyone has pushed back to UKAS about the feasibility of meeting such deadlines. It was noted that MHRA takes a more pragmatic approach, focusing on reviewing action plans and timelines rather than requiring full completion within a fixed period.	
25.26	**Date of Next Meeting**	
	Tuesday 14th July 2026, 11am – 12:30pm via MS Teams.	