Present: Oliver Pietroni (OP): Chair

Tim Wreford Bush (TW)

Vikki Chandler (VC)

Samantha Timmins (ST)

Stuart Lord (SL)

Sandra Rakowska (SR)

Sherin Monichan (SM)

All present **welcomed and apologies** noted.

1. **Action log:** (review of action points: only extensive discussion noted)

QS 138 to be uploaded in the model hospital or not?

- ST said that there's lot of work ongoing in the background and it is not finalised yet. ST confirmed she took this query away for clarification following the RTC. She advised that, based on current information, the NCA audit is planned to be incorporated into the Model Hospital platform.
- SL further agreed and highlighted that, at present, the focus is on incorporating SHOT data into Model Health. Further data integration, including potentially data of interest to the group, will be subject to additional consultation once budget allocations are confirmed
- OP recommended removing this item from the action log, as there is currently limited influence or control over its progression.

Reprovision of a Patient Information Leaflet (PIL) for Blood Shortages:

- ST reported that he followed up with Anne Davidson, but currently, the reprovision of a PIL for blood shortages is not being considered. He noted that incorporating clinical aspects into the PIL would be challenging and difficult to manage effectively.
- OP advised that rather than removing the item from the action log, it should be referred to the TP (Transfusion Practitioner) group for further feedback.

Integration of Patient Blood Management Data into Model Hospital Dashboards:

- OP will revisit the conversation with BD regarding the potential integration of patient blood management data into the Model Hospital dashboards.

Update from the Transfusion Transformation Team:

- SR and ST were tasked with following up with Louise from the Transfusion Transformation Team to obtain updates from their side.
- ST mentioned that more information will become available only once the Transfusion Transformation programme is published and finalised.
- Follow-up to be undertaken after the publication of the programme.

Volunteers for Audit Proposal – Medics and Haematologists:

- OP suggested removing the item from the list due to low levels of participation.
- VC recommended a more targeted approach, such as directing communications specifically to TLMs and medics.
- TW agreed and proposed that this be raised at the next TLM meeting to seek volunteers.
- OP to email all HTC Chairs and Haematology Transfusion Leads to enquire if they have any medics, specialist registrars, or others who could support this regional audit project.
- ST and VC suggested to be more specific about the ask and to add more information/questions for the audit tool.
- If there are no responses, then OP suggested contacting HaemStar, who might have contact who are interested in the research. ST to draft email targeting HTC chairs and TL in the region asking them if they are willing to volunteer.

2. **SW RTC Budget:**

- OP gave an overview of the budget, and it was noted that we had underspend £837. This year, SW budget is £3909 and has been spend £0 so far.
- OP has followed up for some guidance on how we can spend on the budget, however, ST will further follow up with Jane Murphy (NW administrator) who may have all the record of the previous budgets being spend.

3. **Change of SW PBMP support:**

- OP officially introduced SR to the team and thanked ST for all her hard work and dedication to the RTC. ST kindly offered her support and said she will be around for few more meetings in future.

4. **Locations for Face-to-face meetings:**

- An excel sheet has been compiled by SM for keeping the records of all the government spaces and NHS buildings that has been contacted. OP asked everyone to let him, or SM know if there are any government spaces available. The preferred locations are Taunton and Exter., which makes everyone to commute.
- ST suggested SM to contact donor centres.

5. **Maternal Anaemia update:**

- In the absence of Stuart and Ali, OP provided a brief update. He acknowledged that progress on the maternal anaemia initiative appears to have stalled, likely due to recent changes within the ICB and the presence of competing studies.
- OP to further discuss with Stuart and Ali about how best to move ahead and whether it still needs to be on the agenda.

6. **Educational Group update:**

- Cell Salvage Action Group: We have agreed to host the Cell salvage webinar in the SW which will be on 8ᵗʰ October (tentative). Speakers will soon be confirmed by the Uk Cell Salvage Action Committee and will be publishing soon.

7. RTC planning

- SM was approached by the NHSBT/UKHSA Epidemiology Unit for showcasing their lookback forms which are the investigations initiated when a donor is newly positive for a marker of infection either because they have had a recent infection or because of a new test in one of the regional meetings.
- More information will be asked from them if they are happy to present in the coming November RTC.

Proposal for New Regional Objectives:
- ST suggested that using existing data and evidence could form a strong basis to launch a new regional objective. She noted that having two objectives had worked well in the past (e.g. maternal anaemia and O+POS usage) and recommended continuing with a similar approach.
- ST proposed that top two themes could be shortlisted from ongoing discussions and then put forward in a poll for prioritisation.
- VC raised the draft incident investigation tool developed by Karen, noting its potential value. As incident investigation can be a challenging and inconsistent process across trusts, the availability of a standardised tool or template could offer significant support to both new and experienced Transfusion Practitioners (TPs).
- The tool could help ensure key elements are captured consistently, particularly for submissions to SHOT, SABRE, or internal systems.
- The group supported the inclusion of this as a potential regional project or objective.

Other Potential Objectives Identified

- **TXA and Consent** – Highlighted as key issues based on data analysis.
- **Major Haemorrhage Activation** – Recognised as another critical area.
- **Incident Investigation** – Backed by **TW**, who emphasized that effective incident investigation is a specialised skill often misunderstood.
- **Anti-D Errors** – **SL** proposed including this due to the Southwest being one of the highest reporting regions for Anti-D-related incidents according to SHOT benchmarking. There was some uncertainty whether this falls under RTC remit as it's a drug, not a component, but it was deemed a valuable area of interest.
- ST added that there has been significant discussion on Anti-D usage in PBMG forums, indicating broader interest despite the complexity surrounding its classification and alternatives.

Next Steps:
- OP proposed drafting a list of potential project topics based on the discussion.
- It was agreed that the RTT will first be contacted to suggest any additional topics or express preferences.
- A poll will then be circulated across the wider RTC to prioritise which objectives should be taken forward.
- One objective may be chosen by the RTT, with the second selected by regional vote to ensure broad engagement.

8. **RTC audit review:**
   OP asked for the review for the HTC survey for the region and also if everyone prefer doing the survey once a year.

- ST supported the annual frequency, noting that IBI developments are slow-moving and more frequent surveys may be redundant. She explained that the IBI survey had superseded HTC reports, which previously offered hospitals a platform to provide contextual feedback—particularly around usage and wastage data. Without context, PBMP data presentations felt one-sided and "tactless," hence the need for a more balanced, feedback-driven approach.

- OP included three open questions in the previous survey:
     1. Have your reports been reviewed and can you make any comments on it?
     2. Any audits or issues that they'd like to bring to the RTC
     3. Any usages and wastages?

- ST suggested to make a basic version and other more detailed IBI specific HTC survey, which will give an opportunity for hospitals to explain any significant changes, variations, or learning points.

- TW suggested inviting hospitals to share explanations behind usage/wastage spikes (e.g., fridge failure, trauma, etc.), to encourage learning without blame.

- Discussion around reviving graphical data reporting to aid hospitals in providing contextual feedback. ST mentioned Matt Bend (Blood Stocks Management) as a helpful and responsive contact for data or support.

- The potential use of such data in the RTC newsletter was raised

- OP referenced a discussion with Ian Sullivan about staffing issues reported in HTC surveys and proposed:
     1. Including a percentage of understaffing metric in future surveys.
     2. Asking hospitals how they manage staffing shortfalls, whether these are on risk registers**,** and if escalation plans are in place.
     3. The goal: share strategies regionally to improve resilience

9. **AOB:**

- OP raised concerns about the number of emails being sent to group members and emphasized the need to avoid overwhelming members while still ensuring timely communication. Asked for feedback on whether ad hoc emails are acceptable or if a consolidated communication strategy

- VC expressed a clear preference for receiving emails individually and as needed.

- SL also raised concerns about previous duplication and lack of oversight. A current process is in place where SM checks with SL or EG before sending out emails to the TP group.

   <u>End of year RTC newsletter:</u>

- ST suggested launching the annual RTC objectives in November rather than rushing the end-of-year report.
   The team agreed to produce a more engaging and upbeat end-of-year newsletter, highlighting achievements, objectives, and funding updates.

- OP proposed targeting early May for releasing the summary report, to include:
     1. Budget summary
     2. Publicity around available funding

3. Other relevant updates

- The newsletter would also serve as a ready-made document for other communication channels.
- The team agreed on a once-a-year RTC newsletter, with planning to begin in January and dissemination aimed for the following 4 months.

10. Date of next RTT: 17/09/2025

Action Log:

S. No	Actions	Actioner(s)	Status	RTT Comments
1	ST to raise the query to Ann Davidson about the feedback reprovision of a PIL to cover transfusion in times of severe shortages	ST/SL	Complete	SL to raise in the TP meeting
2	Volunteer on joining as a Patient Representative in joining RTC. One more volunteer needed	All	WIP	
4	OP to revisit the conversation with BD about integrating patient blood management data into Model Hospital dashboards.	OP	WIP	Email sent to BD 25/6
5	ST agreed and offered to follow up with Louise from the Transfusion Transformation Team for the updates from their side on integrating patient blood management data into Model Hospital dashboards	ST/SR	WIP	Follow-up to be undertaken after the publication of the transfusion transformation programme.
6	OP to email all HTC Chairs and Haematology Transfusion Leads to enquire if they have any medics, specialist registrars, or others who could support this regional audit project	OP		Done
7	If there are no responses from the email above, OP suggested contacting HaemStar, who might have contact who are interested in the research.			
8	IS to add the point of how the labs are recording escalating capacity issues and challenges in the TLM agenda & consider adding to next HTC Chairs survey.	IS/OP	WIP	OP added questions into survey
9	OP to send TL summary of the comments on the Chairs report for the NHSE working group	OP		
10	Volunteers for the audit proposal: Medic and haematologists	All		Email sent to HTC Chairs & Transfusion leads (18/06)
	TW agreed and proposed that this be raised at the next TLM meeting to seek volunteers	TW		
	ST to draft email targeting HTC chairs and TL in the region asking them if they are willing to volunteer.	ST		

11	SM & OP to create a poll on objectives and send it out to RTT first A poll will then be circulated across the wider RTC to prioritise which objectives should be taken forward	SM/OP		