

South-West Transfusion Practitioners (SWTP)

Meeting Minutes - Confirmed

5th June 2025, Location: Microsoft Teams

Time: 10:00-12:00

Chair: Stuart Lord

Deputy Chair: Egle Gallo

Welcome and apologies noted.

Attendance

Stuart Lord (SL): Chair
Laxmi Chapagain (LC)
Amy Heaver (AH)
Kathleen Wedgeworth (KW)
Samuel Gray (SG)
Egle Gallo (EG) : Deputy Chair
Vikki Chandler (VC)
Lucia Elola Gutierrez (LEG)
Michelle Neal (MN)
Julie Ryder (JR)
Claire Gallo (CG)
Soo Cooke (SC)
Pedro Vallevallines (PV)
Nesa Kelmendi (NK)
Laura Davenport (LD)
Jaroslav Kamensky (JK)
Clare Thompson (CT)
Jirina Putt (JP)
Karen Mead (KM)
Mooi Heong Tay (MT)
Samantha Timmins (ST)
Sherin Monichan (SM)

Trust

Gloucestershire Hospitals NHS foundation trust
Gloucestershire Hospitals NHS foundation trust
Royal Devon University Healthcare NHS Foundation Trust
Royal Devon University Healthcare NHS foundation
University Hospitals Plymouth NHS trust
UHB- Weston
UHD-Poole
UHB-Bristol
Dorset County Hospital NHS Foundation Trust
Great Western Hospitals NHS foundation trust
Great Western Hospitals NHS foundation trust
UHB-Bristol
Royal Cornwall Hospitals NHS trust
Royal Cornwall Hospitals NHS trust
Royal Devon University Healthcare NHS Foundation Trust
Royal Cornwall Hospitals NHS trust
Royal Bournemouth Hospital
University Hospitals Plymouth NHS trust
North Bristol NHS Trust
North Bristol NHS Trust
NHSBT
NHSBT

Meeting Minutes:

Introductions: Speaker: SL

- SL opened the meeting and explained that the group had to switch to a virtual format due to challenges booking public sector venues, as required by government policy.
- Emphasised the need to plan ahead to secure venues and noted that this was a short-term challenge, not a permanent change.

RTC Updates: Speaker: ST

- Gave an overview update about the National educational event - special requirements education event taking place on September 10th and Cell Salvage on October 8th (tentative).
- Collaboration with the UK Salvage Action Group for the cell salvage session due to regional expertise.
- A poll will be circulated to identify future focus areas/objectives for the committee.
- An education group is being formed to support both national and local education events; volunteers, especially with educational interests, are sought for broader representation.
- Continued efforts to secure face-to-face RTCs by booking venues well in advance.

PBM and Resources update: Speaker: ST

- The Hospitals and Sciences website has been updated to be more user-friendly, with expanded PBM content, especially on B12, folate, and anaemia.
- Feedback on resources is encouraged via a new feedback form.
- Upcoming website content includes:
 - Expanded toolkits with practical advice and best practice papers.
 - New resources on anaemia of inflammation/chronic disease.
 - A major haemorrhage/bleeding toolkit, incorporating previous major haemorrhage simulation work.

- "Fit to Donate" programme launched to support donor health and provide better information to deferred donors.
- Refreshed sampling and pre-administration training videos are now on YouTube; ensure all training links are updated.
- QR posters and Amber Alert resources have been refreshed.
- New and updated patient information leaflets (e.g., on blood transfusion and irradiated components) are in progress, with accessibility improvements for neurodiversity.
- "Baby Blood Assist" (paediatric/neonatal version of Blood Assist) is progressing well, aiming for an October launch.
- Continued public health and health promotion work, including YouTube Health content and pop-up stands for trusts.
- ST explained that due to changes in team dynamics and working hours, she will step back from her regional PBMP role to focus on central project management. She said this is a trial arrangement and she hopes to return to the Southwest in the future.
- Introduced Sandra Rakowska (SR) as the new PBM, and said SR will continue the TP drop-in calls and will be the main point of contact. ST remains available for support as needed.
- ST advised that if specific PBM representation is needed at meetings, members should make a direct request rather than relying on generic invites, as attendance is now prioritised centrally.

National TP Group Update: Speaker: SL

- SL gave a brief update on national TP activities, referencing a major meeting held in February. He stated that the meeting included broad representation: Amy Baird (lead TP, Newcastle) chaired, with participants from TP's, SHOT, lab managers, BBTS (Karen Mead, Special Interest Group Chair), patient representatives, MHRA, NHSBT, and others.
- Emphasised that the national group now has momentum, with TPs actively involved in project work. Highlighted that TPs are represented on the IBI project subgroups, ensuring their input is considered.
- In the past, decisions were made without TP involvement, but now their engagement is central—an important positive change.
- He noted the next national TP meeting is scheduled soon. SL and EG will continue to provide feedback from these meetings.

National NHSBT/TLM/TP Chairs Meetings:

- SL explained that every two weeks, there are meetings between national NHSBT TLM chairs and TP chairs (mainly for England). These meetings have been ongoing, but until recently, updates were routine and not particularly newsworthy.
- Reported that, following a recent letter hinting at possible further severe blood shortages (potentially moving to "red"), the latest meeting was more informative, with detailed updates on blood stocks, forecasting, and NHSBT actions.
- SL and EG are planning to provide succinct feedback from these meetings every two weeks, starting with the next one on Monday. He asked attendees if they would find these updates useful and the group agreed this would be helpful.
- Proposed sharing feedback via email but is open to using SharePoint if preferred. He encouraged members to let him know their preferences.
- SL reported that, at the national TP meeting, there was a discussion about the feasibility and criteria for holding pop-up blood donation sessions at hospitals. He noted that these are complex to organise and not as simple as it may sound.
- SL suggested that some hospital sites—especially in rural areas—may be suitable for such sessions and could liaise with NHSBT if needed. NHSBT are going to provide the criteria for the venues so some hospitals may be able to reach out to NHSBT.

BBTS Updates: KM

- BBTS website is updated and KM reiterated that all the information will be available in the Blood Transfusion training hub. Ideas were asked from the team if there is anything to be added in the website.
- This year's BBTS annual conference is in October at Harrogate. We have now become the official Special Interest group, before we were sub-groups. Promoted TP's to come and attend this meeting, , also an opportunity to showcase their work and network with other TP's.
- Latest bloodlines issue from the group will be sent out soon.
- The padlets for the TP professional development framework project work is now closed.

Working group updates:

Sample acceptance project: Speaker: PV

- PV stated that, the team is meeting with some hospitals around to have different acceptance criteria from different times. Work is going on to put the common themes together from each hospital and hopefully framing a guidance.

Major Haemorrhage/ OPos Survey: Speaker: SL

- Updated the group on the progress of the Major Haemorrhage/OPos survey project.
- Explained that the survey, distributed at the end of last year, gathered information on each hospital's major haemorrhage processes, O-Pos usage, and data collection methods.
- The group reviewed survey results and presented them at the February TP meeting, where there was interest in moving forward to encourage regional standardisation
- Acknowledged the challenges of standardisation due to hospital-specific nuances (e.g., differences in lab proximity to theatres/obstetrics), which require tailored processes.
- The group can develop loose recommendations or useful information resources, especially for hospitals experiencing delays in transfusion incidents.
- The working group met for the first time recently and will meet again in a few weeks. Several action points are in progress
- The group recognised the importance of junior doctor education on major haemorrhage, but noted limited influence at the medical school level. They are approaching the IBI education subgroup to see if this topic can be included in wider medical education improvements.
- SL anticipates the project will increasingly involve laboratory managers, given the lab's central role in major haemorrhage processes.
- The group aims to present updated survey data and findings at the next RTC meeting to seek endorsement and further direction.

Incident Investigation Template:

- KM highlighted about the safety advocate course within the trust organised by the external organisation, which helped massively to handle the investigations. The link to the course will be shared if needed.

AOBs and Discussions:

SL kindly asked everyone to introduce themselves to the new TPs and bring up points to discuss:

- JR mentioned about the new transfusion pathway which launched in December. It has a patient leaflet, TACO risk assessment and NHSBT indication codes and advice for doctors. To be shared on the SharePoint
- SM requested to pencil down the TP meetings for the upcoming year in order to avoid delays and book venues in advance. SM to organise a meeting with SL and EG.
- MT highlighted about the issues with regards the portering support to collect or return blood and mentioned about the two tier system that has been followed in their organisation – calling helpdesk or fill out an electronic form using symbiotic system

- JR also highlighted the challenges in GWH with the case of communication gaps across the call centre operator and the nurses. Will be introducing major haemorrhage protocol launching as a document called 'code red'.
- VC mentioned about the "my porters request" in the hospital which prioritises the request and is more efficient.
- EG highlighted about the Wi-Fi issues to access the symbiotic system.
- KM reminded everyone to replace blood track PDS TC51 version as it is going to expire as of next month. Secondly, KM mentioned about that within the trust, they are looking at developing products module. Thirdly, Southeast RTC is holding an education event on management of adverse events which includes topics such as human factors and safety.
- EG added a point to the National blood stock update with NHSBT having blood components from other UK counties that may look a bit different

NICE QS138 Quality Insight tool regional report. Speaker: ST

- ST provided an update on the second regional cycle of the quality improvement tool.
- Explained that this cycle allows for a "before and after" comparison, showing progress from Q2 to Q4.
- Thanked everyone for their participation and acknowledged that some members had difficulty submitting data on time.
- Encouraged those who have not yet submitted data to do so, even after the deadline, as the data remains valuable both locally and for regional reporting.
- Assured the group that the report can be rerun once late data is received, ensuring comprehensive results for presentation at the RTC and other forums.
- Noted that several people have already committed to participating in the next cycle, expressing appreciation for their ongoing engagement
- Reported that 9 out of 18 hospitals submitted data for Q4, with one more trust expected to submit soon, maintaining consistency with previous cycles.
- Due to hospital mergers, there are about 15 trusts but 18 hospitals,
- Highlighted that all hospitals entered data for more than one standard, which is commendable given the data collection challenges.
- Nationally, more datasets are being submitted, improving the value of regional and national benchmarking.
- She explained that the RTT proposed a collaborative regional approach to the TACO CAS Alert audit requirements, aiming for a rolling, year-on-year plan to collectively meet audit targets.
- Acknowledged some confusion and overlap between the regional QI tool and the NCA audit, noting that steps are being taken at the SMT level to clarify the distinct roles of each and avoid duplication. The QI tool requires a minimum of 10 cases per trust per quarter, with no prerequisites regarding patient selection, making it accessible and easy to use.
- For QS1 (iron deficiency treatment before surgery): The region achieved 80% in Q4, up from 59% in Q2, compared to a national average of 54%.
- For QS2 (TXA for moderate blood loss surgery):
- The region averaged 67% in Q4, slightly below the national average of 75%, with some hospitals achieving 100%.
- For QS3 (clinical reassessment after RBC transfusion):
- The region achieved a 77% average, closely matching the national average and showing strong data collection and performance.
- ST reminded the group that data fluctuations may be due to external factors like staffing and bed pressures. She encouraged trusts to use the data for local improvements and to recognise positive trends.
- Noted significant improvement in regional performance for Haemoglobin Reassessment Post-RBC Transfusion: now at 78%, slightly above the national average.
- Improvement observed in Q4 outcomes, with most trusts showing better results.
- National average stable at 81% (Q2) and 79% (Q4); regional performance at 75% in Q4.
- QS 4B – Written Patient Information: National dip to 39% in Q4, regional average at 23%. Some trusts (e.g., Great Western at 58%, Southmead at 90%) performed exceptionally well.
- Interest expressed in local practices (e.g., tear-off information sheets at Great Western) and their effectiveness

- Emphasis on the importance of using the tool for targeted quality improvement rather than solely for benchmarking. Encouraged to use the tool flexibly to support and evidence local objectives.
- Discussion on how to best use the data regionally and at hospital level to share learning and drive improvement.
- Suggestion to consider refining data collection criteria, but with caution to avoid excluding trusts with smaller specialties.
- Proposed to set specific objectives and use the tool to evidence progress against these.
- Strong encouragement for attendees to provide feedback on the tool and its future direction.
- The PBM team is seeking input on how the tool can best serve local and national needs.
- SL expressed strong support for the QS 138 audit tool, highlighting its value for local Hospital Transfusion Committees (HTC).
- Acknowledged limitations: Small sample sizes in certain specialisms can reduce statistical power. Data is more powerful and meaningful when aggregated regionally or nationally.
- QS 138 Data Use: Data has been instrumental in developing and supporting local action plans, particularly for TXA (tranexamic acid) use in line with Recommendation 7.
- Data transparency is key; even when results are not ideal, it provides a basis for improvement.
- SL advocated for annual audits of PBM and NICE standards by every trust, recognising resource and time constraints but emphasising the value of regular review.
- Feedbacks and suggestions about the QS 138 are welcomed. To be actioned in the next RTT.
- ST asked feedback for generating PIL as the action of the RTT. It was concluded that it's not that efficient to draft the PIL and will be removed from the agenda

Action Log:

Action	Actioner	Status
SL and EG are planning to provide succinct feedback from National TP group update every two weeks, starting with the next one on Monday	ST/EG	
JR to share New Transfusion Pathway document once it is published	JR	
To present updated survey data on Major Haemorrhage/ OPos and findings at the next RTC meeting	SL/EG	
SM to organise meeting with ST and EG for pencilling down the dates for the TP meetings next year	SM	
SM to send out the regional objectives from the RTT, once decided after the poll	SM	
Feedback and suggestions about the QS 138 tool		To be actioned in the next RTT