

SHOT Newsletter May 2026



SHOT Symposium 2026



2026 Annual SHOT Symposium

Friday 10th July 2026

Birmingham
Hilton Metropole
B40 1PP

08:00-17:00



Scan the QR code for more information and to register

Registration is open for the 2026 Annual SHOT Symposium



Friday, 10 July 2026



Hilton Birmingham Metropole Hotel

Early bird rate of **£120** is available when registration information and payment received before **31st May 2026**.

Thank you to all those who have submitted abstracts, they are now with our judges.

Last few remaining spaces for exhibitors! If you know of anyone who may be interested, ask them to contact

SHOT.symposium@nhsbt.nhs.uk



[Click here to register](#)

Join us for an engaging and inspiring event, featuring insightful discussions, presentations from expert speakers, and valuable networking opportunities.

This symposium will be relevant to all health care professionals involved in transfusion – Laboratory Staff, Clinicians, Transfusion Practitioners and Haemovigilance Specialists, as well as Quality Assurance Professionals.

Feedback from last year's event "I absolutely love the SHOT symposium; I find it very interesting and am always inspired to incorporate many things at my hospital as a result."

SHOT/MHRA Haemovigilance Workshops-England



Medicines & Healthcare products
Regulatory Agency



Serious Hazards
of Transfusion

There's still time to [book your place](#) on the South England haemovigilance workshop! Delivered by SHOT and the MHRA, this **free, full-day, in-person session** offers interactive learning on key haemovigilance and transfusion safety topics. The programme can be accessed [here](#).

Remaining date and venue:



28 May 2026 (08:00-16:30)



Holiday Inn, Bloomsbury, London

The closing date for registration is 14th May 2026

Key Information

- This event is free-to-attend for staff from SHOT/MHRA reporting organisations only (line manager approval required)
- Places are limited – please only register [if you plan to attend](#)



[Click here to register](#)

Mayday Ready seminars

In May 2026, the NBTC's Emergency Planning working group (EPWG) in collaboration with Serious Hazards of Transfusion Haemovigilance Scheme (SHOT) are hosting a series of webinars:

Wednesday 6th May 2026 13:00-14:00 via MS Teams: **Emergency Preparedness**

Wednesday 20th May 2026 13:00-14:00 via MS Teams: **Management of Paediatric Major Haemorrhage / Major Incidents**

Wednesday 27th May 2026 13:00-14:00 via MS Teams: **Cyber attack and IT downtime**

National Blood Transfusion Committee

MAYDAY READY

May 2026 Webinar Series

3 x Wednesday lunchtime webinars covering:

- Emergency Preparedness
- Management of Paediatric Major Haemorrhage
- Cyber Attack and IT Downtime

REGISTER NOW
via MS Teams

hosted by the NBTC Emergency Planning Working Group
in collaboration with SHOT

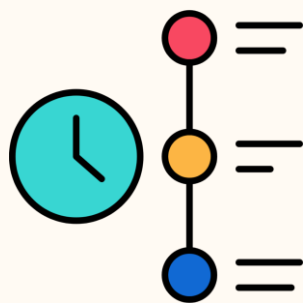
There will be two presentations followed by a 15-minute slot for questions and discussions.



[Click here to register](#)

New SHOT Resources

2025 Annual SHOT Report release



2025 SHOT data analysis complete

All chapter writing complete, and proof-reading complete.

Report to be sent to publishers for final preparations

2025 Annual SHOT Report due for release **10th JULY 2026** during the Annual SHOT Symposium in Birmingham

New SHOT Bite No.37 – Risks of lone working in the laboratory

SHOT Bite No. 37
Recognising the risks of lone working in the laboratory

What is lone working?
When one member of staff is working by themselves and covering the department in the complete absence of on-site colleague support or supervision. Lone working is standard practice in UK laboratories, especially during evenings, at night and during weekends. Clinical staff may experience similar scenarios, but the SHOT Bite focuses on the transfusion laboratory.

What risks does lone working present?
Lone working can inherently pose a greater risk of errors as the worker is isolated, without colleagues available for advice or to assist in tasks. There are unique challenges lone workers face including:

- High pressure decision-making
- Increased responsibility
- Limited or no access to support from peers and senior staff
- Isolation, stress, confidence and competence issues
- Communication and contact issues

In the laboratory where one staff member may cover several pathology disciplines during their lone working period, these issues can further be heightened when dealing with emergencies.

What does SHOT data show?
SHOT incident data consistently identifies lone working as a contributory factor in approximately 30% of preventable laboratory transfusion errors. Southwood et al. (2025) analysed SHOT laboratory data from 2020-2023 for errors involving lone working as a contributory factor. During this time 1786 laboratory errors were reported, of which 146 lone working reports were identified (8.1%) (Figure 1). These errors resulted in 2 patient deaths due to transfusion delays, 13 possibly related, 1 probably, and 11 cases of major morbidity due to development of anti-H in patients of childbearing potential.

Figure 1. Transfusion laboratory errors occurring during lone working (n=548) (2020 – 2023)

Error Category	Count
Errors leading to anti-H in patients	16
Transfusion delays which impacted on patient wellbeing	11
Wrong component being transfused	74
Laboratory team patient blood group errors	101
Handling and storage issues of the blood components	108
Blood transfusions which did not meet the patient's specific requirements	118

SHOT Bite No. 37 – Recognising the risks of lone working in the laboratory

SHOT incident data consistently identifies lone working as a contributory factor in approximately 30% of preventable laboratory transfusion errors. This SHOT bite explores SHOT data on lone working, the risks posed by lone working and how these risks can be reduced.

[Click here to access](#)

New Human Factors document – addressing the Dirty Dozen

This document provides practical guidance on addressing the human factors “Dirty Dozen” to support safer clinical and laboratory transfusion practice. It highlights common contributory factors and outlines approaches to reduce risk and improve patient safety across the transfusion pathway.

[Click here to access](#)

Addressing the dirty dozen for transfusion safety: human factors and ergonomics principles that support safe transfusions

“Human factors and Ergonomics (HFE) is about ensuring a good ‘fit’ between people, the equipment they use, the task they carry out and the environment in which they work. Effective understanding and application of HFE principles will make work safer, healthier, and more productive with a better assessment of contributory factors that can lead to transfusion adverse events.”

SHOT Serious Hazards of Transfusion

The key factors that need to be considered are listed below:

- People who do the job:** Safe transfusion practice is supported by adequate staffing levels matched to workload, appropriate training and skills, competency assessment, familiarity with escalation policies, and ready access to policies and guidelines. Awareness of the Dirty Dozen factors that can influence actions, and their mitigation, also contributes to safer practice.
- Environment in which they work:** Good physical working environment and effective leadership supporting a just, restorative, learning culture and promoting staff raising concerns freely and openly.
- Actions they perform:** Clarity regarding how to perform tasks and sequence of activity; adequate knowledge; effective, timely communication; acting on prompts and alerts; optimising learning from incidents.
- Resources necessary to complete the job:** Fit for purpose and reliable IT; all equipment functional, easy access to policies and procedures; access to senior colleagues for advice; access to human factors and ergonomics experts; access to relevant information about patients’ transfusion requirements, any previous transfusion reactions, clinically significant red cell antibodies, transplant protocols if relevant and specific transfusion requirements.

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Red cell Dosage Calculator decommissioning

The Red Cell Dosage Calculator (RCDC), has been **decommissioned with effect from 1 June 2026** following changes to UK Medical Devices regulations that require reclassification to a Class IIa medical device and independent Approved Body assessment.

[Click here to access](#)

Publications

Tracing the gaps: A global snapshot



SHOT, in collaboration with ISBT and IHN traceability working group, have recently published a paper in Vox Sanguinis detailing a world-wide survey of traceability practices. This paper is free to access. It highlights the wide variation and lack of standardisation regarding traceability and highlights critical risks requiring urgent action.

[Click here to access](#)

Moments that matter - Transfusion Today - April 2026

SHOT, in collaboration with the ISBT haemovigilance working party, have recently published an article in the ISBT newsletter *Transfusion Today*: **Moments that matter - Turning near misses into life-saving lessons.** The article outlines what are near miss events and why they matter and discusses learning proactively following a near miss to reduce future errors.



[Click here to access](#)

The Bulletin of the Royal College of Pathologists

SHOT have recently published articles in the Royal College of Pathologists newsletter *The Bulletin*. These are:



January 2026: **Empowering patients through knowledge: Introduction to the My Transfusion app**
Pages 31 - 37

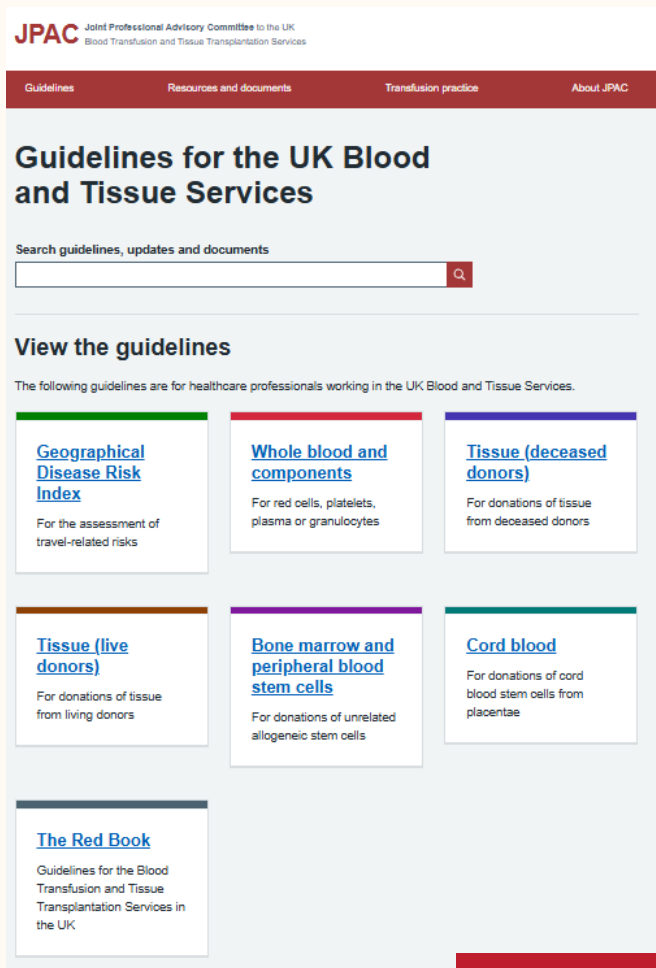
[Click here to access](#)



April 2026: **Advancing patient safety in transfusion practice: The SHOT Transfusion Safety Standards**
Pages 47 - 56

[Click here to access](#)

New JPAC website now live



Guidelines for the UK Blood and Tissue Services – JPAC

The Joint Professional Advisory Committee (JPAC) to the UK Blood Transfusion and Tissue Transplantation Services launched its new website on Friday 1 May.

The new site will offer improvements in accessibility, user experience on mobile devices and much improved search capabilities.

This is the result of 18 months of hard work and excellent collaboration between the JPAC Office, users of the website, the Design Team and the Donor Experience Product Centre, who developed and delivered the new site using the Wagtail content management system. Thank you to everyone involved.

Click [here](#) to access

Please visit the new website by clicking [here](#) and let JPAC know if you like it and if you have ideas for further improvement.

Upcoming educational events



You'll meet members of the SHOT team hosting workshops, presenting abstracts, or hosting an exhibition stands at many upcoming educational events. To find out more visit our **events page** by clicking on this [link](#)

Celebrate 30 years of SHOT!

SHOT would not be possible without the dedication of our vigilant reporters! We would love you to help us celebrate 30 years of SHOT by sharing **what SHOT means to you in 5 words**.

Either fill in this simple [form](#), or engage with our [linked in post](#)

