EAST OF ENGLAND REGIONAL TRANSFUSION COMMITTEE

Minutes of the meeting held on Wednesday 14th January 2026, 10:00am – 13:00pm via Microsoft Teams

In Attendance:

Name	Role	Hospital
Lynda Menadue **LM**	RTC Chair / Consultant Anaesthetist	Peterborough Hospital
Frances Sear **FS**	PBMP	NHSBT
Dora Foukaneli **DF**	Consultant Haematologist	NHSBT / CUH
Martin Muir **MM**	TLM	Royal Papworth
Clare Neal **CN (Minutes)**	RTC Administrator	NHSBT
Claire Sidaway **CS**	TP	Addenbrooke's Hospital
Katarzyna Janse Van Rensburg **KJVR**	TP	Peterborough Hospital
Eleanor Byworth **EB**	Network Manager	EPA, Norfolk & Norwich Hospital
Emily Rich **ER**	TP	North West Anglia Foundation Trust
Isabel Lentell **IL**	Consultant Haematologist	West Suffolk Hospital
Georgie Kamaras **GK**	HTC Chair	Luton & Dunstable
Melissa Zarrella **MZ**	TP	Milton Keynes
Gilda Bass **GB**	TP	West Suffolk Hospital
Joanne Hoyle **JH**	TP	West Suffolk Hospital
Jenine Yearwood **JY**	TLM	Southend Hospital
Niobe Amoros Rodriguez **NAR**	TP	Norfolk & Norwich Hospital
Sebastian Ignacak **SI**	TP	Colchester Hospital
Ana Gouveia **AG**	TP	Luton & Dunstable
Julia Wood **JW**	TP	Basildon Hospital
Maria O'Connell **MOC**	TP	Basildon Hospital
Tosin Oke **TO**	TP	Colchester Hospital
Katherine Philpott **KP**	TLM	CUH
Khuram Shahzad **KS**	TLM	Luton & Dunstable
Shinsu Kuruvilla **SK**	TP	Queen Elizabeth Hospital KL
Natalie Gravell **NG**	HTC Chair	Broomfield Hospital
Abiya Sam **AS**	TP	Princess Alexandra Hospital
Shereen Elshazly **SE**	Consultant Haematologist	Broomfield Hospital
Justin Harrison **JH**	Consultant Haematologist	Watford Hospital
Lovina Thomas **LT**	Consultant Haematologist	Basildon Hospital
Suzanne Docherty **SD**	Consultant Haematologist	Norfolk & Norwich
Dino Maw **DM**	Consultant Haematologist	James Paget Hospital
Caroline Lowe **CL**	TP	Milton Keynes Hospital
Dipika Solanki **DS**	TP	Watford Hospital
Shehan Palihavadana **SP**	TLM	Peterborough Hospital
Donna Beckford Smith **DBS**	TP	Watford Hospital
Sandra Faloye **SF**	TLM	Queen Elizabeth Hospital KL
Julie Jackson **JJ**	TP	James Paget Hospital
Julie Edmonds **JE**	TP	Lister Hospital
Noha Gasmelseed **NG**	Consultant Haematologist	Bedford Hospital
Danielle Fisher **DF**	TP	Luton & Dunstable

Apologies: Mohammed Rashid **MR**

<table>
<tr><th></th><th></th><th>Actions</th></tr>
<tr><td>1.</td><td>Welcome & Introductions
LM welcomed everyone to the meeting. Introductions were made.</td><td></td></tr>
<tr><td>2.</td><td>RTC Meeting Minutes
Previous minutes were agreed as correct and will be published on the NBTC website.
<table>
<tr><th>No</th><th>Action</th><th>Responsibility</th><th>Status/due date</th></tr>
<tr><td>1</td><td>Publish RTC Minutes on Website</td><td>CN</td><td>Complete</td></tr>
<tr><td>2</td><td>Update Action Plan and publish on Website</td><td>CN</td><td>Complete</td></tr>
<tr><td>3</td><td>Lay person – ask Celina and RTC admin of recruitment process</td><td>CN</td><td>Milton Keynes has contact – liaise with LM and CN</td></tr>
<tr><td>4</td><td>Remind TP group of TP2025</td><td>CN</td><td>Complete</td></tr>
<tr><td>5</td><td>SHOT Standards – escalate through TP / TADG Groups and to NBTC</td><td>Chairs</td><td>Complete</td></tr>
<tr><td>6</td><td>Credit form – notify hospitals separately</td><td>MR</td><td>Complete</td></tr>
<tr><td>7</td><td>If you would like to be part of the Transfusion Research Network let Laura know</td><td>ALL</td><td>Complete</td></tr>
</table></td><td>CL to LM
CN</td></tr>
<tr><td>3.</td><td>RTC Action Plan
CN shared the action plan. This will be updated for 2026 and uploaded to the NBTC website.
Toolkits under review
FFP / Cryo is in a position to go to Brian to go be put onto a snap survey.
Trauma flowchart being updated and is being discussed at RTT
Simulation was cancelled for the TP meeting during 2025; this will take place during 2026.</td><td></td></tr>
<tr><td>4.</td><td>PBMP Update
FS presented to the group.
CS have you managed to produce a slide to share with GP practices for their rolling screens in the surgeries? FS my colleague is putting this together so it can be circulated.</td><td>FS</td></tr>
<tr><td>5.</td><td>Regional Group Updates
<u>TADG Group</u>
KP stock sharing is ongoing within the region. CN has started to put together a spreadsheet of who is stock sharing in the region and who have SLAs in place. KP has received a number of requests from the region about CUH stock sharing. It is really encouraging discussions across the region.
FFP / Cryo audit is ongoing. Will be looking at a retrospective audit from 2025 looking at up to 20 episodes. It will be interesting data to have to review insights across the region.
Haemonetics blood track kiosks – version 5 will be out of contract and will need replacing. This will be incur significant costs across the region, CUH have 9. JJ the current kiosks are covered security update wise until 2029 so I am putting together a business case for them to decide financially when they replace, this could be now or when they break. KP I am raising a risk and then</td><td></td></tr>
</table>

	a business case. Replacing when broken may cause issues for CUH. **LM** I am responding to ICB about problems in East of England. If anyone has kiosks going out of date, please let me know how many in the chat so we have a clear picture for the region. • **KP** visa issues are ongoing when recruiting staff and maintaining staff. **LM** this has been raised at NBTC. • **KP** IBMS are looking at top up modules. This will hopefully help with visa and qualification issues. These are comparable to university modules. • **KP** we had two major incidents at CUH. Train stabbing at Huntingdon and a car park fire on site. **CS** has produced an after action review for the train stabbing incident. We have some actions to take forward. **KP** we keep our stocks low as we are so close to Cambridge Blood Centre and the car park fire closed the Cambridge Centre so this affected CUH and Royal Papworth. We are happy to present this at a later meeting. **LM** I think this would be great for RTC. <u>TP Group</u> • **JJ** a lot is going on in the background with the National TP Group. The chair is going produce a feedback form for us to use. • **JJ** shared some slides for recommendations for data to benchmark. This covers both local and national benchmarking. • **JJ** nobody wants to increase workload but in order to improve practice we need to look at data locally and nationally. • **LM** this is very interesting. Does anyone do electronic learning feedback? **GB** we don't do it for everything. **JJ** how successful is engagement? I am going to include it as part of their knowledge assessment. **LM** the other way is to not give them their certificate until completed. **MM** I had to do a Protect UK security course and you had complete a tick box at the start and end of the course. That was an internal measure. • **KP** the laboratory staff competencies for on-call staff. Is there any way you can measure that? To keep that 100% all the time would be difficult. **JJ** I don't know of any discussions, all I would think is that the lab manager keeps a record. **KP** we do but they expire. **JJ** do you have to be 100% to be on-call? **KP** yes but competencies are ongoing. **CL** who sets these targets? 100% is never going to be achievable. CQC look for 95%. • **DF** everybody should complete competencies before they start completing tasks to ensure they are competent. Maintaining competencies are ongoing and is difficult to maintain 100%. • **JJ** these are guidelines. If you are not meeting your target this needs to be recorded why, for example, staff sickness. **KP** agreed. • **CL** surely traceability should be 100%? **JJ** MHRA accept 99%. • **GB** does BSQR not states 100% for traceability? **Education Working Group** • **LM** national event is being led by Suzanne Docherty. • **LM** suggested at NBTC we can't keep changing events so we have asked to have a rolling programme of 2-3. Other RTCs have agreed with this. They will look at what their rolling subjects will be for a two year period. • **LM** we would like VR training at RTC. • **SD** in terms of SpR training, I am looking at this. I have some material. Is your SpR training more laboratory based? **DF** we train Haematology SpRs Thursday mornings. We look at lab issues, management. 65% is clinical. Haematology Consultants offering out of hours cover, we need further work on that as everyone is asking for scenarios. It would good to have some scenarios for CPD. **SD** should we have a national training module for Haematology Consultants on call? **DF** this is a question for the college. The college should	**LM** **KP**

	provide guidance. They issues guidance on 2017. They should have some responsibility to provide guidance on that. • **LM** I think we should do a East of England webinar. **SD** I have a list and have trialled it on the registrar training day, I have embedded lots of SHOT scenarios. It was interactive. • **DF** if we can complement the toolkit with a webinar that would be brilliant. **LM** can we take this as an action to the next Education Working Group to start working on this. Could **SD** present and then have a brainstorming session at the May RTC? **SD** agreed.	**SD / RTC**
6.	**NHSBT Customer Services Update** **MR** was unable to attend the meeting. Any updates will be circulated via email. Please contact Customer Services if you need any assistance.	
7.	**Consultation Draft – Professional Development Framework for Transfusion Practitioners** • **JJ** this has been in the pipeline for a long time. This is currently under consultation so would be great to have RTC input. • **JJ** shared slides on the reasons for this framework. • **JJ** has anyone got any immediate thoughts or questions? • **JE** I have been involved with this. It has been a long time coming. Our concerns with East and North Herts is with staff retiring and planned retirement, we needed something like this in place so new staff and colleagues know what we do and why. We are all passionate about what we do. I would encourage new TPs to also get involved in driving this forward. • **JJ** we are going to need everyone's support to implement this. It cannot be done in isolation. • **LM** we have waited for this for a long time. • **MM** how have Trusts been able to write job profiles to employ staff without this. **JJ** the jobs have developed with the person. I put together a Band 6 job description, nobody in the Trust could help, I relied on local / national colleagues. This will provide us with a basic foundation of what we do. **MM** it is a big step forward. • **JE** we have had to sit and write a Band 5/6 job description. It is a struggle. There is no progression as we are not matrons. • **JJ** I have worked hard to ensure that it isn't turned into a nursing role. They didn't want me involved in medical education. This document supports this as it talks about your regulated profession and the skills you bring. • **LM** has this been shared. • **CN** this was circulated on 6 January 2026. **JJ** feed back is due at the end of January 2026. **CN** will re-circulate. • **JJ** would it be useful for TPs to have an hours meeting? Everyone agreed. **CN** will organise a date.	**CN** **CN**
8.	**Toolkits – HTC Chair and Consultant Haematologists** • **FS** the toolkits are currently being updated. • **CN** shared the toolkits as they stand. These will be shared further when completed. • **CS** SHOT are looking at a HTC toolkit. **LM** I think they are waiting for ours to be completed. • **JH** where can I see this? **CN** shared the link for the old version on the NBTC website in the chat.	

	• **LM** does anyone have anything they would like to see in these toolkits? • **IL** is this a good place to link into the competency assessments / CPD aspect which we have talked about? We talked at RTT about producing guidance for assessing consultant competency for UKAS. UKAS inspectors ask for evidence of competency in the clinical advisory service that you give in transfusion. • **DF** it is challenging. We need other bodies to help. We need engagement and internal standards. The ones who are setting out the standards carry legal responsibility to GMC. It is a huge responsibility for me to sign someone as competent. We have to understand limitations and boundaries. In CUH we are moving towards guided CPDs. It is up to each consultant to take responsibility for their actions and link to their appraisals. • **IL** for other aspects of the laboratory there are clear standards of what should be met. The standard of clinical competency seems to have been left to individual sites. In our initial UKAS inspection I was asked how we assess consultant clinical competency. We don't have a formal process. Can we share as a region how others are doing this? • **SD** as part of my appraisal I can evidence that I for the HTC, I'm the transfusion lead and I attend BBTS conference. It is harder for colleagues do demonstrate this. Developing on call scenarios will be useful for this and can be used as CPD within your appraisal. It is difficult to call it a competency is hard unless the colleges back it. Having this CPD in the toolkit would be a good place to sit. • **LM** we could have a section on CPD with guidance on what should be covered. • **NG** as HTT / transfusion lead for my Trust I was given the role without any previous competency assessment. Guidance and documented CPD on our records when UKAS inspect would be beneficial. • **JH** I think UKAS are there to assess the quality of the laboratory output and the not the clinical staff interpretation of the output. That's a measure for the colleges and GMC. • **DF** the labs are clinically led. • **JH** we have passed RC Path exam, we are registered with GMC, we undertake regular appraisals and CPD. • **DF** it is a difficult pathway for the RTC to set up the standards. Needs a huge amount of consultation, expertise, evaluation and understanding the consequences. • **SD** I think creating a tool that people can use in their appraisals. Demonstrating consistency is key. Having a tool that everyone can follow proves consistency. **LM** this is something that RTC can be involved in. This is what we can offer as some CPD. • **IL** it is impossible and not appropriate for us to set up a final structure for everyone to follow. Sharing CPD options that everyone has access to gives us something to work on. **LM** it gives consistency. • **DF** RTC are able to give guidance, guided CPDs and toolkits to help facilitate this process. • **LM** this can go in the Consultant Haematologists toolkit as something East of England supply as a support network. • **SD** this should also go to NBTC because it will affect hospitals across the UK. **LM** I can take to the meeting in March 2026.	
9.	**HTC Chair Updates** • **LM** we haven't sent around questions this time as it is a virtual meeting. • **LM** Peterborough Hospital has implemented BloodTrack with blood track kiosks and haemobank set up. We have brought some of the functions down on haemobank. Some of the functions were not working. We have had issues	

	with IT and what's available, issues with patient naming and some with how point of care works in obstetrics. Babies gasses and bloods are saved under the mum's number. E-learning that **ER** put together on storyline now wont link to ESR due to updates. This is affecting a lot of local e-learning, not just transfusion. • **NG** we are in a state of limbo as we are changing over to a new IT system called Nova. There have already been some issues, but I don't know the technical issues. Unfortunately, we won't be upgrading to Epic. We have been trying to get vein to vein, this has been on the agenda for a long time. We are suffering from severe financial constraints. Hopefully IT system will bring improvements. • **LM** mixing IT systems has been an issue we have seen especially with people of the same names. It is exposing poor practice. • **GK** we are moving over to nerve centre; this will be our electronic system. There are problems with the measurement of the printout what we still need. Trying to work through this and also get the electric bracelets for patients. Hopefully this will reduce WBIT even further. Fetal DNA testing is being rolled out at both sites. • **LM** are you using beside electronic transfusion checks? **GK** yes but not yet. **LM** we have nerve centre, but we don't have bedside electronic checks. If the two are compatible that may be positive. • **GK** we had bloodhound first, I am not sure how nerve centre works. • **KS** nerve centre is going to be the order comms, the issue we have is the bag labels which are less than A5 size which we couldn't see all the information on. Currently we need a request form. We are working with nerve centre on that. With regards to blood tracking and electronic checks, nerve centre is replacing ICE within the hospital. They are looking at implementing wristbands from nerve centre. • **LM** is anyone else using nerve centre for blood checks for wristbands?	
10.	**Any other business** • **LM** I have the transfusion transformation document which I cannot share at the moment. I have a couple of questions that I have been asked to ask the region. ○ **LM** who has full vein to vein? CUH and Royal Papworth have. **SD** we are pretty close. ○ **LM** blood track kiosks – who else is running them? PCH, JPH, QEH KL, NNUH, MK, West Suffolk. ○ **LM** who has haemobank? Royal Papworth. **MM** not separate kiosks. ○ **LM** is anyone running electronic bedside checks. JPH - BloodTrack, CUH - epic, Royal Papworth – BoodTrack. ○ **LM** I have asked for workforce planning in the chat regarding TPs. Who has BMS vacancies at any level? It looks like 70% do. ○ **LM** are there any other workforce planning issues you would like me to raise? **KP** visa restrictions. ○ **LM** does anyone have any issues getting learning onto e-learning or connecting to ESR? **JJ** we don't have any issues getting it onto ESR, it's the trust adopting it. **ER** all our local e-learning modules have stopped working. It's the link between IBM and ESR. The e-learning that is specific to our Trust. **CS** getting through the Trust system for approval. Staff are being allocated training by cost codes rather than what their job involves. ER we used position numbers, it was a lot of work to start with. ○ **LM** if the ICB can help us with financially, they may be able to help us.	

	○ **LM** does anyone not use e-learning? **JJ** it is paper based – we use forms. **JE** we attend induction and core mandatory updates. We cover the sessions face to face. We do get more interaction and allows them to interact and ask questions. We have 3 TPs but 1.5 WTE. We also have 15 hours admin support. Yesterday we had 48 in the classroom. **JJ** how do you assess understanding with that many people? **JE** we cant assess everybody's individual understanding. We train the trainers and they train in their areas. ○ **LM** has anyone heard of the federation data platform? Nobody knew. • **EB** like BloodTrack, we have been put in a similar position with our LIMS, we are on telepath an NNUH. We had communication last week that LIMS are not provided and from March 2027 all are end of life. This covers all 3 sites LIMS. They want everyone to move to dedalus version 5. We don't know anyone that uses it. **EB** we are in discussions at the moment. • **KP** Hanwell ellab temperature monitoring system have also given notice that as of January 2027 it will be end of life. • **JJ** it is not just a cost issue; it is IT engagement to provide upgrades. • **CN** if anyone has access to any potential venues for future meetings, please advise **CN**. **LM** thanked everyone for attending this meeting.	**CN**

Date of Next Meeting: 14th May 2026 – face to face, venue to be confirmed.

Actions:

No	Action	Responsibility	Status/due date
1	Publish RTC Minutes on Website	**CN**	
2	Update Action Plan and publish on Website	**CN**	
3	Lay person – Milton Keynes to advise LM / CN of contact details	**CL to LM / CN**	ASAP
4	Slide for GP Practice screens	**FS**	ASAP
5	How many blood track kiosks do you have that are going out of contract?	**Advise LM**	Feedback to ICB
6	Major incidents at CUH	**KP / CS**	Present at May RTC
7	Haematology Consultants on call	**SD**	Present at May RTC / brainstorming session for module
8	Re-circulate TP framework consultation	**CN**	ASAP
9	Arrange meeting for TPs for TP framework consultation	**CN**	Circulate date
10	Advise CN of any potential rooms for future meetings	**CN**	Ongoing