

EAST OF ENGLAND REGIONAL TRANSFUSION COMMITTEE

Minutes of the meeting held on Thursday 14th May 2026, 10:00am – 15:00pm

Held at the Clinical School, Cambridge University Hospitals

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
Mohammed Rashid MR	Customer Services Manager	NHSBT
Sasha Tidy ST	Operations Manager	NBTC
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
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
Sebastian Ignacak SI	TP	Colchester Hospital
Katherine Philpott KP	TLM	CUH
Dipika Solanki DS	TP	Watford Hospital
Donna Beckford Smith DBS	TP	Watford Hospital
Danielle Fisher DF	TP	Luton & Dunstable
Sheila Needham SN	TP	Lister
Suzanne Docherty SD	Consultant Haematologist	Norfolk & Norwich
Lena Farmer LF		
Rebecca Smith RSm	TP	Ipswich
Aline Seigneur AS	TP	CUH

Apologies: Eleanor Byworth **EB** Sam Jaggard **SJ** Trish McClure **TMc** Cathryn Mills **CM** Justin Harrison **JHa** Shereen Elshazly **SE** Niobe Amoros Rodriguez **NAR** Julie Jackson **JJ**

		Actions																					
1.	Welcome & Introductions LM welcomed everyone to the meeting. Introductions were made.																						
2.	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 – Milton Keynes to advise LM / CN of contact details</td><td>CL to LM / CN</td><td>Ongoing</td></tr> <tr> <td>4</td><td>Slide for GP Practice screens</td><td>FS</td><td>Ongoing</td></tr> </table>	No	Action	Responsibility	Status/due date	1	Publish RTC Minutes on Website	CN	Complete	2	Update Action Plan and publish on Website	CN	Complete	3	Lay person – Milton Keynes to advise LM / CN of contact details	CL to LM / CN	Ongoing	4	Slide for GP Practice screens	FS	Ongoing		
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	5	How many blood track kiosks do you have that are going out of contract?	Advise LM	Complete	
	6	Major incidents at CUH	KP / CS	Complete	
	7	Haematology Consultants on call	SD	Complete / Education Working Group	
	8	Re-circulate TP framework consultation	CN	Complete	
	9	Arrange meeting for TPs for TP framework consultation	CN	Complete	
	10	Advise CN of any potential rooms for future meetings	CN	Ongoing	
	<u>Lay person</u> CN approached Elisabeth Buggins. LM discussed at NBTC. ST North East and Yorkshire are hosting a patient led event. Uptake has been good. IL how many lay persons would you like? Can a poster be displayed for encouragement. If Haematology Day Units are big enough give where patients are given blood, you may get more options from there. ST will help with poster. IL could be titled 'Do you come here regularly for blood'?				RTT / ST / CN
3.	RTC Action Plan CN shared the action plan. This will be updated / uploaded to the NBTC website. MM received 180 episodes for FFP/Cryo Audit – will present at RTC October. CN to send to TPs for hospitals who haven't completed audit. LM toolkits ongoing, flowcharts ongoing.				CN CN / MM
4.	PBMP Update FS presented to the group. <u>Audits</u> GB we plan audits during the year, they seem to come from different avenues not all NCA. ST the recent one we utilised customer services. Not part of NCA. I feel there are some lessons to learn and have some ideas of how to do this. LM I agree with GB. SN we are in the middle of anti-d audit too. CS one of the topics at the TP SIG group is maternity based. If you have anything related, please submit. CS is contact for this group. <u>NCA Anti D</u> DF do we need to escalate nationally for further guidance. LM if you order a test you are responsible for feeding back results. IL other areas results have sat with the GP. LM secondary care can't pass to primary. SD do you have fetal medicine? DF screening midwives are part of fetal medicine at CUH. Sample taken at a clinic. The lab is alerted. Up to haematologists to alert GP and patient. Combined haematologist and obstetrics. Sits with fetal medicine. IL West Suffolk patients come to Rosie Hospital for fetal medicine. LM there seems to be a lot of discussions about the system. Problems seem to be community based.				
5.	Regional Group Updates				

	<u>TADG Group</u> KP presented. <u>SpR Training</u> • DF there is a big gap. Being acknowledged by trainers and trainees. • IL most consultant posts will not be transfusion specialists because they will be in DGH. • DF if not in your job plan. It becomes difficult to allocate time to teach trainees. DF curriculum changed in 2021 for Haematologists. Transfusion competencies needs to be in the curriculum. Nobody has allocated time in London. We have a good culture in East of England for training transfusion. If you have a trainee, please teach at every opportunity if possible. <u>Capacity Issues</u> • LM escalate these to HTC / patient safety committee meeting. • DS can be added to risk register MM what sort of case studies would you like for TADG? KP example is CUH have a transplant patient who has antibodies with a high risk of bleeding. How will this be managed? MM Royal Papworth can share a couple of case studies. <u>TP Group</u> • CN to ask JJ for an update. <u>Education Working Group</u> • LM excellent feedback from Transfusion in Haemoglobinopathies. Thank you so much SD for organising. Patient perspective went down especially well. It made a difference to clinical processes. • LM next event 'Major haemorrhage in patients receiving anticoagulation or antiplatelet agents (including avoiding delays in transfusion)' is in February 2026. NBTC has asked us to encourage attendance from all staffing groups. <u>Clinicians Meeting</u> • LM job plans, consent, SaBTO guidelines discussed. • DF do we need a survey across the region to look at what PA is allocated for HTC Chairs / Haematologists? • LM will discuss questions at RTT to put together a survey to circulate.	
6.	NHSBT Customer Services Update MR presentation. • DF who is paying for genotyping. KP if it is forwarded on from RCI, it is billed to hospital. • ST NHSBT finance deal with sending out communications. We can ask to be distributed elsewhere if it isn't reaching the right people.	
7.	Haematologists Consultants On-call SD presentation. • DF link to CAS Alert 2022. Always NHSBT Consultant on-call. It would be good to include covering and prioritising multiple patients in shortages. • SD could a tool be created to use either regionally or nationally. Discuss further at Education Working Group.	CN
8.	SaBTO Guidelines JH presentation. What can we do locally, regionally, nationally?	

	• LM how many group and saves do you do? DF CUH 60,000. RSm Ipswich 30,000. IL you can make it a tick box exercise. That is not what SaBTO want us to do. RSm worry about pre assessment. Group and screen and requests for surgery. We have asked if the questions can be changed. • LM should we take one bit that it important and target that over the next year. • LM requesting and prescribing first. Can include on e-learning. ER we need to include some more questions. • IL consent module available. RSm takes about half an hour. • IL If completing nationally, it will still be relevant when they move hospitals. • DF incorporate into surgical consent form. Forcing them to have the conversation. We populated the generic consent form, added information for sub speciality. More complicated with haematology / oncology. • LM areas include surgery, obstetrics, haematology. • IL I would prefer one document in one place. • CS it says in guidance about consent 'it can be easily accessed', this can be difficult. LM can you tab your media? We can find specific items. Potentially someone has signed / ticked to say they have discussed it. LM it doesn't necessarily cover the specifics. RSm are they given information electronically?	
9.	Any Other Business • ST NBTC Operations Manger in post for approximately 4 months. Attending regional meetings. • ST Introducing a national form to request funding for attendance at conferences. Decision will be made with RTC Chair with responsibility of budget. • ST looking at having a consistent approach for audits and surveys. There is no one place to see all current audits and surveys. It would be good to be able to replicate other areas audits and can add to the NBTC web page. ◦ GB what is the difference between NBTC and NCA audits? ST NCA audits are less optional.	
10.	Welcome and Introduction to the Afternoon LM welcomed everyone to the afternoon.	
11.	Learning from an Inquest IL presentation. • DF remit is clear. Coroner has right to issue recommendations. It has to go through your organisations legal team. • GB documenting conversations in laboratory is important. • LM we introduced BloodTrack. • ER understanding practice can be different in different areas / countries.	
12.	Learning Internally from a Major Incident CS presented. • CS after action review will happen immediately within days. • LM do you have to pick up your action cards? CS they are in laboratory. • LM Peterborough would manage without extra stocks for a while as they hold more. • DF some hospitals would have their provisions from other centres, not just Cambridge / Colindale. NHSBT would activate reprovisions and arrangements. • RSm we should all have a plan in place.	

13.	Closing of Hospital Services at Local Blood Centre SJ unable to join. This will be added to a future RTC.	
14.	Closing of the Transfusion Laboratory EB unable to join. This will be added to a future RTC.	
15.	Closing Thoughts	

Date of Next Meeting: 1st October 2026 – face to face, venue to be confirmed.

Actions:

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1	Publish RTC Minutes on Website	CN	
2	Update Action Plan and publish on Website	CN	
3	Lay person	CN/ LM	Ongoing
4	Slide for GP Practice screens	FS	Ongoing
5	Poster for lay person encouragement	RTT / ST / CN	Discuss at RTT
6	FFP Cryo Audit	CN MM	Send to TPs Present at Oct RTC
7	Case Studies for MM	MM	Add to TADG
8	TP Group Update	CN ask JJ	Add to minutes
9	Survey HTC Chairs / Consultant Haematologists – how much PA is allocated	Discuss at RTT	Agree questions at RTT to put together
10	Consultant Haematologists On Call Training Tool	Discuss at EWG	
11	Closing of Cambridge Donor Centre / Closing of Laboratory	Add to future RTC	SJ EB