

EAST OF ENGLAND REGIONAL TRANSFUSION TEAM

Minutes of the meeting held on Thursday 4th June 2026, 13:30pm – 15:00pm via Microsoft Teams

Attendance:

Name	Organisation	Name	Organisation
Lynda Menadue LM <i>Chair</i>	Consultant Anaesthetist, Peterborough	Clare Neal CN <i>Minutes</i>	RTC Administrator, NHSBT
Dora Foukaneli DF	Consultant Haematologist NHSBT / CUH	Katherine Philpott KP	TLM / TADG Chair, CUH
Frances Sear FS	PBMP, NHSBT	Emily Rich ER	TP, Peterborough and Hinchingbrooke Hospitals
Isabel Lentell IL	Consultant Haematologist, West Suffolk Hospital	Eleanor Byworth EB	EPA Network Manager
Shehan Palihavadana SP	TLM, North West Anglia	Mirielle Connolly MC	TLM, West Suffolk Hospital
Julie Jackson JJ	TP and TP Chair, James Paget Hospital	Dee Solanki DS	TP / Deputy TP Chair, Watford
Suhel Kalam SK	Senior ODP, Colchester Hospital	Bridie Trower BT	Cell Salvage Lead, West Suffolk Hospital

Apologies: Joanne Hoyle **JH** Mohammed Rashid **MR** Lisa Cooke **LC** Suzanne Docherty **SD** Shinsu Kuruvilla **SK**

		Actions																													
1.	Welcome & Introductions LM welcomed everyone to the meeting. Introductions were made.																														
2.	Minutes of previous meeting: LM those in attendance agreed the previous minutes and these will be uploaded to the NBTC website.																														
	Actions from previous meeting <table> <tr> <th></th><th>Detail</th><th>Responsibility</th><th>Status</th></tr> <tr> <td>1</td><td>Research venues for meetings</td><td>CN</td><td>Ongoing</td></tr> <tr> <td>2</td><td>Amend FFP/Cryo audit and send to Brian Hockley</td><td>CN</td><td>Martin Muir collating results to share at October RTC</td></tr> <tr> <td>3</td><td>Amend toolkits and circulate for further input</td><td>CN/FS DF/IL/SD/LM</td><td>On Agenda</td></tr> <tr> <td>4</td><td>RTC Action Plan</td><td>CN to amend. Upload to website</td><td>Complete</td></tr> <tr> <td>5</td><td>Trauma Flowchart</td><td>CN make amendments, circulate to Trauma Network and then region</td><td>Awaiting Trauma Network</td></tr> <tr> <td>6</td><td>Future RTC Presentations TP Simulation Meeting </td><td>TP Group CS</td><td>Complete</td></tr> </table>		Detail	Responsibility	Status	1	Research venues for meetings	CN	Ongoing	2	Amend FFP/Cryo audit and send to Brian Hockley	CN	Martin Muir collating results to share at October RTC	3	Amend toolkits and circulate for further input	CN/FS DF/IL/SD/LM	On Agenda	4	RTC Action Plan	CN to amend. Upload to website	Complete	5	Trauma Flowchart	CN make amendments, circulate to Trauma Network and then region	Awaiting Trauma Network	6	Future RTC Presentations TP Simulation Meeting	TP Group CS	Complete		
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	• CS Learning internally from incidents • IL Learning from an inquest • EB Closing lab • Sam Jaggard NHSBT closing Cambridge Centre CN create agenda for May RTC	IL EB Sam Jaggard		
	• CN HTC Chair toolkit ready to send to LM and then go to NBTC. • CN need a Consultant Haematologist to review Consultant Haematologist Toolkit. IL will review this. • LM consent theme at October RTC. ○ IL sent copy of CUH information. One has transfusion embedded into the surgical consent, the other is transfusion information as a standalone consent. I have seen the surgical one. We are exploring developing for West Suffolk. ○ DF the standalone is blood therapy, more for people who receive regular transfusions or more than one product. Albumin has been separated as it comes from pharmacy. Octaplex etc comes under the haemophilia service. ○ IL at West Suffolk surgical consent uses Concentric. Concentric are open to updating the surgical consent to include transfusion. ○ DF I am not aware of anyone else in the country using electronic consent for transfusion. ○ LM shall I ask RTC Chairs? ○ IL is there a move to written consent rather than verbal. How is the best way to document that? ○ DF cannot see anyone moving away from written consent. ○ DF you need extended project, good validation to develop this. It is good if a smaller hospital creates this and then it develops. ○ IL it is being led by the consultant who is head for shared decision making at West Suffolk. ○ LM asked IL to feed back at RTC – doesn't have to be a presentation, just 5 minutes to update us. ○ JJ Lisa Cooke is involved in getting electronic consent into the new electronic patient record. ○ DF CUH started a project 3-4 years ago to improve consent. The project to implement electronic consent is enormous. There is a plan to move the surgical consent forms into EPIC. ○ CN Lisa Cooke and Georgie Kamaras said they would share their consent documentation.		CN / LM / IL	CN / IL
3.	Expressions of Interest: Regional Cell Salvage Lead • SK senior ODP at Colchester. We are aiming to train as many staff as we can in our department to become competent with the cell saver. We are seeing the benefits. Pushing the limits more for use within vascular and maternity. We are amalgamated with Ipswich but it is slightly different at each hospital. We have reached 75% trained. • LM do your ODPs solely use the cell saver or do they do airway too?			

	• SK we have to do both. • LM at Peterborough we don't have enough experience. They have only just been taught so can't do both. • SK we have 4 train the trainers. • LM do you have on-call? What percentage do you think you need so you can start on-call? • SK we have on-call, the majority are cell saver trained. • BT runs the cell salvage service at West Suffolk Hospital. We were at 42% compliance but now sit at 96% of staff are trained, both scrub and anaesthetic. It was a lot of hard work. We have recently discovered a way to use cell salvage laparoscopically. • LM do you have a single person running the cells or does that person run anaesthetic too. • BT recently recruited overseas. They were doubled up for 6 months until they were signed off. We have 24 hour on call with cell salvage. • LM UK Cell Salvage Group asked us to have a representative. We would very much like you both to be East of England representatives. You would be invited to regional meetings. You don't need to attend the whole meeting but we will have cell salvage as a standard agenda item. It is a new role. You may be asked to attend the UK Cell Salvage Group. • BT I am happy to share our training package. CN will save on RTC repository. • CN I have started to put together some contacts of cell salvage leads within the region if we need to reach out to other hospitals.	BT / CN
4.	Matters Arising from RTC <u>Poster for Lay Person Encouragement</u> • CN will liaise with Sasha regarding a poster. • LM we need a lay person for East of England RTC and need to encourage someone to join us. • IL haemoglobinopathy clinic may be a good place to advertise. • DF MDS team also have a local group. • JJ Anna Mamwell works nationally. Anna may have a network. • DS I have a contact that may be willing to support. • LM contact details for local groups or possible contacts to be sent to CN/LM. <u>Survey HTC Chairs / Consultant Haematologists – how much PA is allocated</u> • CN do you have certain questions you would like to ask. I can put together a survey. • Questions agreed 1. Do you have PA allocation for HTC chair role within your job plan? (Yes/No) 2. How much PA allocation do you have for the HTC chair role? (Free Text) 3. Are you given professional leave to attend HTC meetings? (Yes/No) 4. Do you have admin support? (Yes/No) 5. What admin support is provided ? Tick all that apply. (Minutes, planning of meetings, action logs, administration burden between meetings, other). 6. Do you have an escalation route into management, for example, Executive Team / Patient Safety Committee (Yes/No) 7. How are you able to escalate concerns tick all that apply executive team, patient safety committee, QGOC, clinical leads, medical director, chief nurse, other please specify. • CN will put together survey. <u>Consultant Haematologists On Call Training Tool ? go to EWG</u>	CN ALL CN

	• CN add to Education Working Group Agenda. • LM has space on PGVLE which is the ACCS Core and Anaesthetic Higher Training. We can advertise the NBTC events and if there are any other training presentations that would be useful. • DF we need to map to the curriculum and identify gaps. • LM we can start with some useful resources and develop as needed. Email Fatts Chowdhury to see if any resources already available.	CN LM
5.	RTC Budget • CN we have more budget available now we are not spending it on private venues for meetings. We are able to use the budget to send regional contacts onto conferences such as the SHOT symposium. We have a funding request form that we are able to share with regional contacts. • LM once the request form is completed it will go to LM to approve. • CN other regions have been able to support this previously so will bring us into align with them. We may have to make a decision if we have multiple applications. • LM a smaller group to include the working group chairs can decide what RTC would like to support to ensure RTC are not always supporting one group and / or hospital. • FS we also have Cell Salvage representation now so could be a great benefit for them. We must encourage to share what we do in the region. If that is put forward to BBTS / SHOT they will pay for that day. • CN to confirm that form is live and whether travel is paid for. Once confirmed email region. • CN expectation would be to feed back at a future meeting about the conference.	CN
6.	Flowcharts <u>Trauma Flowchart</u> • CN Trauma Network have advised the Trauma Flowchart should be with us by middle of June. <u>Adult MH Flowchart</u> • Remove crystalloid / colloid and put 'as per local policy' • Swap to say FFP: RBC. • Enlarge give blood boxes to make it obvious. <u>Paediatric Flowchart</u> • DF awaiting BSH publication. Once this is out we can update this.	CN
7.	Any Other Business • 2025 NICE QS138 Audit – Share Document. NCA attending RTC in October • RTC Education Event – questions from EWG. LM / DF / IL had a discussion. ○ Is it massive haemorrhage bleeding or are we including massive stroke? IL I would advise keeping it separate to the intracranial bleeds. They don't need blood components. DF you have those on aspirin. IL the advice we get off site is that there is not role for platelet transfusion in patients on aspirin unless they are going for neurosurgery. That only happens at CUH. ○ GI Bleeds? IL yes. ○ Do we do separate talks on anticoagulation and antiplatelets? IL I would put antiplatelet at the end of anticoagulation. DF agreed. ○ Is there lab input for the Octaplex? It is held in different places across the region. IL you could do case studies. ○ Introduction to what patients can be on, reversals, case studies.	

	○ IL could include management of major haemorrhage including some reversal. ○ LM case study of patient on rivaroxaban, fallen down stairs, some trauma, now they are bleeding and this is how we are going to treat. A short bit on major haemorrhage, what rivaroxaban does, then two case studies which do different things. We could do one on heparin. LM thanked everyone for attending. Date and Time of Next Meeting: 1st October 2026, Venue to be confirmed	
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Actions:

	Detail	Responsibility	Status
1	Research venues for meetings	CN	Ongoing
2	Feed back FFP / Cryo Audit	Martin Muir	October RTC
3	HTC Chair Toolkit Consultant Haematologists Toolkit	CN CN Complete	Send to LM Send to IL
4	Add consent to RTC Agenda	CN	IL to feed back – 5 minutes
5	Share Cell Salvage Training Package	BT	CN add to RTC repository
6	Poster for Lay Person	CN	Arrange meeting with Sasha to discuss
7	Send contacts for potential Lay Representatives or groups to advertise	ALL	Send to CN
8	HTC Chair Survey	CN	Send to HTC Chairs
9	On Call Haematologists Training Tool	CN	Add to EWG Agenda
10	Email Fatts Chowdhury for possible resources for PGVLE	LM	
11	Confirm conference funding form is live. Confirm if travel is funded.	CN	Once confirmed, email region.
12	Update MH Flowchart as discussed	CN	Once agreed by RTT, email to region