

North East & Yorkshire RTC Meeting Minutes

13:00 - 16:00 Wednesday 11 June 25

		0.00 Wednesday in June 25
Attendees		
Pip Allison	PA	Advanced Practitioner, Northern Lincolnshire & Goole
Bushra Amin	BA	Transfusion Practitioner, Sheffield Teaching Hospital
Abraham Aweda	AA	Transfusion Laboratory Manager, Goole
Laura Baglow-Micic	LBM	Transfusion Laboratory Manager, Harrogate
Aimi Baird	AB	Transfusion Practitioner, Newcastle
Amanda Baxter	ABa	Transfusion Practitioner, Sheffield Children's
Helen Barber	HBa	Transfusion Practitioner, Leeds
Helen Baxter	HB	Senior Biomedical Scientist, South Tees & North Tees
Jill Braithwaite	JB	Advanced Practitioner, Northern Lincolnshire & Goole
Joanne Bowden	JBo	Transfusion Practitioner, Hull
Amanda Burns	ABu	Chief BMS, Hull & East Yorkshire
Steve Burns	SB	Quality Assurance, NHSBT
Aimee Burtenshaw	ABur	Patient Blood Management Practitioner, NHSBT
Carolyn Carveth-	CCM	Transfusion Practitioner, South Tees
Marshall		
Victoria Chong-Cave	VCC	Biomedical Scientist, Co Durham & Darlington
Emily Christly	EC	Anaesthetic Consultant, York & Scarborough
Jacqueline Clapshaw	JC	Biomedical Scientist, North Cumbria
Laura Condren	LC	Transfusion Technical Lead, South of Tyne Clinical Pathology
		Services
Robin Coupe	RC	Customer Service Manager, NHSBT
Leslie Davies	LD	RCI, NHSBT
Katie Douglass	KD	Transfusion Practitioner, Northumbria
Nicola Keepin	NK	Departmental Manager for Haematology, South of Tyne Clinical
·		Pathology Services
Khaled El-Ghariani	KEG	Consultant Haematologist, Chair of HTC, Sheffield Teaching
Jay Faulkner	JF	Transfusion Practitioner, Leeds
Stephanie Ferguson	SF	Transfusion Practitioner, Leeds
Carolyn Hippey	CH	Transfusion Practitioner, Bradford
Alison Hirst	AH	Transfusion Practitioner, Airedale
Brian Hockley	BH	Data Analyst and Clinical Audit Manager, NHSBT
Diane Howarth	DH	Biomedical Scientist, Leeds
Gulraiz Hussain	GH	Northern Lincolnshire & Goole
Wasim Hussain	WH	Customer Service Manager, NHSBT
Adil Iqbal	Al	Consultant Haematologist, Co Durham & Darlington
Juliet James	JJ	Transfusion Practitioner, Co Durham & Darlington
Magda Jakubiak	MJ	Transfusion Laboratory Manager, North Cumbria
Angela Kanny	AK	Haemostasis and Thrombosis link
Marina Karakantza	MK	Consultant Haematologist, NHSBT
Nicola Keeping	NK	Haematology Departmental Manager, South of Tyne Clinical
	1	Pathology Services
Rohit Kumar	RKu	Neonatal Representative
Anna Mamwell	AM	Patient & Public Involvement & Engagement Officer, NHSBT
Carole McBride	СМс	Transfusion Practitioner, Mid Yorkshire
Lisa McCallion	LMc	Transfusion Practitioner, Calderdale & Huddersfield



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Nita Mistry	NM	Transfusion Practitioner, Bradford
Paula Mitchell	PM	Service lead for blood transfusion, Harrogate
Chantal Morrell	CM	Blood Transfusion Quality Coordinator, Co Durham & Darlington
Alison Muir	AM Transfusion Laboratory Manager, Newcastle	
Janet Nicholson	JN	Transfusion Practitioner, North Cumbria
Achana Obris	AO	International Clinical Trainee
Ruth Pratt	RPr	Sheffield Teaching Hospitals
Ric Procter	RP	Chair, A&E Consultant and Chair of HTC, South Tees
Jordan Reed	JRe	Transfusion Practitioner, York, and Scarborough
Gregory Rennick	GR	Transfusion Practitioner, Sheffield Teaching Hospitals
Emma Richards	ER	Transfusion Practitioner, Doncaster & Bassetlaw
Janice Robertson	JR	Minutes, RTC Administrator, NHSBT
Alexandra Rosa	AR	Clinical Scientist – Haematology, Hull & East Yorkshire
Karen Simblet	KS	QA Manager, NHSBT Newcastle
Faye Smith	FS	Transfusion Practitioner, Harrogate
Autumn St John	ASJ	Scientist (Epidemiology) NHSBT/UKHSA Epidemiology Unit
Katie Tallant	KT	Airedale
Brian Taylor	BT	Transfusion Laboratory Manager, Sheffield Teaching
James Taylor	JT	Consultant Haematologist, Chair of HTC, Rotherham
Angeline Thiongo	AT	Transfusion Practitioner, Sheffield Teaching
Gemma Timms	JT	Consultant Anaesthetist and Chair of HTC, Newcastle
Vicky Waddoups	VW	Transfusion Practitioner, Rotherham
Tracey Watson	TW	Head of RCI Barnsley, NHSBT
Helen West	HW	Transfusion Practitioner, Bradford
Faye Wilson	FW	Haematology Operational Manager, Northumbria
Benjamin Wetherell	BW	Consultant Anaesthetist and Chair of HTC, Bradford
Rebecca Wetherill	RW	Sheffield Teaching Hospitals
Abbie White	AW	Transfusion Practitioner, Northern Lincolnshire & Goole
Tali Yawitch	TY	Scientist (Epidemiology) NHSBT/UKHSA Epidemiology Unit

Apologies			
Gillian Bell	GB	Transfusion Laboratory Manager, Doncaster, and Bassetlaw	
Matt Bend	MB	Blood Stocks Management Scheme Manager, NHSBT	
David Bruce	DB	Head of RCI Newcastle, NHSBT	
Andrew Charlton	AC	Consultant Haematologist, Newcastle, and NHSBT	
Debra Cox	DC	Transfusion Practitioner, North Tees	
Vicky Dowson	VD	Transfusion Practitioner, North Tees	
George Holmes	GH	Clinical lead for Transfusion, Northumbria	
Nicola Redding	NR	Consultant Haematologist, Northumbria	
Jemma Yorke	JY	Consultant Obstetrician, Chair of HTC, Co Durham & Darlington	

1.	Welcome
	RP welcomed the group.
2.	Education Section
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Presented by Brian Hockley



Survey on the use of group O D Negative r

KEG raised the following points:

- Could results be split into appropriate / inappropriate use of O neg?
- Could we look at Trusts with high wastage? This is data available via BSMS, but we
 do not seem to be acting on it.
- Consideration of a Ro audit. We can get data by just asking all the blood banks whether they do have a Ro patient being treated with O neg avoiding audit fatigue BH advised that he will take the points back to the NCA working group.

HW raised the following point

• Interesting to hear less than half of O neg was given to O neg patients. For the remaining patients, do we know how many could have had O pos?

BH advised that there was initially a category 'other' which was reviewed to attempt to allocate them into a specific group, which reduced that that category. The cyber-attack affecting the London hospitals was quite a lot of units which was unfortunate.

The aims of the Transfusion Research Network (TRN) Presented by Laura Baglow-Micic



Introduction to the Transfusion Research

KEG raised the following points:

- The need to come up with the correct research questions. We need to ensure that questions address our main uses of blood.
- We need to look at what is working and duplicate the process.

LBM advised that this tallies with other views, but transfusion does not seem to be encompassed within other specialities. The work of this network is to not reinvent the wheel. If there is something that is working for another clinical group, then that is something that they would look to implement.

JJ raised the following point:

• Could TRN merge with research teams within the Trusts in our own hospitals. LBM advised that there is a lot of variance throughout the country but that is something TRN need to look at, especially as they have expertise of performing research and there is not a transfusion specific area of research.

MK raised the following point:

• The majority of the time we are approached with trials that they have already been set up and they ask for data. It is not a research from the point of view of the transfusion community, and this is an unfair situation for the transfusion staff to have to provide data when there is no clinical governance system to control how this data goes out of our systems.

LBM advised that this is something that will be looked at.

RP noted that we need to increase transfusion as the primary source of the research and get more recognition, time, and resource.

Patient and Public Involvement Plans Presented by Anna Mamwell



Patient and Public Involvement.pdf



Lessons Learnt from TEG usage in a DGH Presented by Emily Christie



Lesssons Learnt from TEG usage in a DGH.r.

3. Apologies for absence, minutes of last meetings and matters arising

Apologies noted.

Minutes of previous meeting, 19 March 25 confirmed

Action: Post confirmed minutes onto NBTC website.

3.1 Matters arising

Minutes of previous meeting, 13 November 2025 posted onto NBTC website.

4. Project Plan reviewed

5. Update from NBTC

RTC chairs and NBTC meeting summary - March 25.



RTC Chairs and NBTC meeting summary MA

2024/25 National HTC Survey

A summary, along with conclusions and proposals, can be found on slides 13–15.



2025 HTC Survey.pdf

6. Reports from Hospital Transfusion Teams

Airedale NHS Trust



Airedale.pdf

Barnsley Hospital NHS Foundation Trust



Barnsley .pdf

Bradford Teaching Hospitals NHS Foundation Trust



Bradford.pdf

Calderdale and Huddersfield NHS Foundation Trust



Calderdale Huddersfield .pdf

County Durham & Darlington NHS Foundation Trust



Co Durham and Darlington.pdf

Doncaster and Bassetlaw Hospitals NHS Foundation Trust



Doncaster & Bassetlaw.pdf

Harrogate and District NHS Foundation Trust



Harrogate.pdf

Leeds Teaching Hospitals NHS Trust

No report submitted

Mid Yorkshire Hospitals NHS Trust

No report submitted



Newcastle Upon Tyne Hospitals NHS Foundation Trust



Newcastle.pdf

North Cumbria University Hospitals NHS Trust



North Cumbria.pdf

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

No report submitted

North Tees and Hartlepool NHS Foundation Trust



North Tees.pdf

Northumbria Healthcare NHS Foundation Trust



Northumbria.pdf

The Rotherham NHS Foundation Trust



Rotherham.pdf

Sheffield Children's NHS Foundation Trust



Sheffield Childrens.pdf

Sheffield Teaching Hospitals NHS Foundation Trust



Sheffield Teaching.pdf

SHYPS Network

(Scarborough Hull York Pathology Services)



SHYPS Network .pdf

South of Tyne Pathology

(Inc Gateshead, South Tyneside and Sunderland NHS Foundation Trusts)



South of Tyne.pdf

South Tees Hospitals NHS Foundation Trust



South Tees.pdf

York & Scarborough Teaching Hospitals NHS Foundation Trust



York & Scarborough.pdf

Key points from reports highlighted in the summary

- Recurring themes:
 - · Reducing sample rejection rates, what is the root cause?
 - New BMS training burden and possible solutions/aids
 - Creating TP capacity for local audits
 - TP capacity for induction or training
- Ideas for local implementation:
 - Evidencing MHP drills/SIM in multiple areas of your trust
- Feedback on NHSBT representation at HTCs, what is the value?:
 - Useful to discuss outstanding matters
 - Allows insights and recommendations to be shared
 - Closer working relationship
 - NHSBT can engage with how a trust is implementing PBM
 - More focussed PBM updates
 - Raises awareness of NHSBT issues ie stock/alerts
 - Allows discussion of complicated cases and wider education
- Feedback on gaining patient stories into transfusion. How can we improve this?:
 - Short videos for mandatory training, use video clips to break up sessions
 - SHOT cases used
 - Live or recorded patient meetings, embed their story
 - Use case studies to highlight challenges
 - Engage with NHSBT PPI team
 - TPs review patients and provide those stories to F2F teaching/induction
- Topics for future education slots:



- Tackling PBM in medicine
- What information should a HTC provide to hospital boards
- What does it mean to have SHOT standards rather than recommendations
- Red cell manufacture and stem cell R&D
- How are trusts managing challenges/investigations
- Genotyping for complex transfusion cases: is this more accessible now?
- Transfusion threshold for fracture Neck of Femur



Transfusion threshold for fracture Neck of Fe

7. Budget

- NE&Y 2025/26 budget RTC have funded:
 - 3 delegates to attend BBTS
 - 1 delegate to attend SHOT
 - 1 delegate to attend IBMS
 - Newcastle and Barnsley User Group In Person meetings
- Funding is available for educational events (not post graduate).
 If delegates who received funding are unable to attend, we ask that they advise us a minimum of 24 hours prior to the event to allow us to obtain a refund. Although we normally stipulate that funding is for the delegate fee only, if Trust are struggling with funding for transport we can discuss on a case-by-case basis.
- Please forward suggestions for use of the budget to RP/JR.

8. Haemostasis and Thrombosis Matters



Haemostasis and Thrombosis.pdf

9.. NHSBT Updates

9.1 **BSMS**

No update

9.2 **PBM** including update on RTC events



PBM update.pdf

9.3 Other relevant NHSBT updates

RCI

Cessation of hard copy reporting went live at the beginning of June. No issues reported.

10. Education and Training

10.1 NBTC study day

Neonatal and Paediatric Transfusion

Registration is open, please share within your Trusts





Neonatal and Neonatal and Paediatric TransfusionPaediatric Transfusion

10.2 Non-Medical Authorisation

- Upcoming dates: 12 June / 17 September / 03 December 25
- Feedback is positive.



	 Volunteers required for the 'Past Experience' slot. Please forward any volunteers details to <u>catrina.ivel1@nhs.net</u>
10.3	National Transfusion Practitioner Network No update
10.4	Scientific and Technical Training Jordan Reed will be joining the team on 16 June 25. SciClinTraining Update.pdf
11.	Audits / Standards / Studies
11.1	Audits, trials, and publications Audits trails and publications update.p
11.2	Regional Surveys No update
12.	Reports from RTC groups
12.1	 An increase in the culture of clinical staff bypassing procedures but noting that the procedure has been completed in checklists. Action: Suggestions to address this issue to be forwarded to megan.wrightson@nhs.net The group has reached out to NTPN lead for end-to-end IT, regarding electronic authorisation. Concerns regarding discharge paperwork not including transfusion, this has also been escalated to NTPN. Next meeting Monday 16 June 25. Megan Wrightson to chair In person meeting 04 November 25 at Darlington Arena. JRe is stepping down as chair of the group as he is joining NHSBT next week.
12	Centre Users Groups Barnsley – In person meeting scheduled for 17 June 2025 at Barnsley Blood Centre. Newcastle – In person meeting held on 14 May 25 at Newcastle Blood Centre.
12.3	 NBTC Laboratory Managers Group Meeting 16 June 25 The function to specify maximum life of red cells, to be removed from OBOS on 27 July 25. Genotyping programme for Haemoglobinopathies, paid places has been extended until January 2026 BT is retiring so will be stepping down from the group. Sam Kershaw and Michelle Scott will be taking his place.
12.4	National Transfusion Practitioner Network No update



12.5	Trauma Network update
	No update
	Transfusion I.T. group
12.6	Summary of learning points Regional IT Group Lessons Learned.pdf
	Post discharge advice group
12.7	 Reporting Transfusion Reaction after discharge from hospital. The pathway can be part of the existing Trust SOP clarifying what is happening specifically if a patient is discharged. Thalassemia patients are pleased that this is in place as they felt there was an inconsistency in practice. Thalassemia patients are to review the leaflet. Draft on Reporting Transfusion Reaction
	Cell salvage
12.8	 Looking to produce a generic proforma for the region. This could be used within Trusts to report on safety and effect of cell salvage use, how much is cell salvage used and has it had an impact on PBM activity or other transfusion markers.
13.	A.O.B.
	 Feedback for NE&Y I.B.I. Specific Regional Transfusion Committee (RTC) meeting - March 25 Feedback for NE&Y I.B.I. Specific Regional Piloting a new lookback form Presented by Tali Yawitch MS Forms for lookback reporting fro
	Emails to hospitals will include a link to form <u>LBF1: Determining the fate of the</u>
14.	implicated component Date of next meetings
	• 10 November 2025

RTC – Action list			
Item No	Action	By Whom	
3	Post minutes of previous meeting, 19 March 25 onto the NBTC website.	JR	
12.1	Suggestion to address the increase in the culture of clinical staff bypassing procedures but noting that the procedure has been completed in checklists, examples to be forwarded to megan.wrightson@nhs.net	All	

