

EAST OF ENGLAND REGIONAL TRANSFUSION COMMITTEE

Minutes of the meeting held on Thursday 25th September 2025, 10:00am – 13:00pm at The Coneygear Centre, Huntingdon

In Attendance:

Name	Role	Hospital
Frances Sear FS	PBMP	NHSBT
Dora Foukaneli DF	Consultant Haematologist	NHSBT / CUH
Mohammed Rashid MR	Customer Services Manager	NHSBT
Martin Muir MM	TLM	Royal Papworth
Sheila Needham SN	TP	Lister
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
Sasha Tidy ST	Business Support Manager	NHSBT
Kristyn Dyer KD	HTC Chair	Lister Hospital
Mireille Connolly MC	TLM	West Suffolk Hospital
Yvonne Hernandez YH	Nurse	St Edmunds Hospital – Circle Group
Ecaterina Dorohoi ED	Nurse	St Edmunds Hospital – Circle Group
Melissa Zarrella MZ	TP	Milton Keynes

Apologies: Lynda Menadue **LM**, Suzanne Docherty **SD**, Daniel Soltanifer, Tosin Oke, Khuram Shahzad, Gilda Bass, Joanne Hoyle, Katherine Philpott **KP**, Julie Jackson **JJ**, Donna Beckford-Smith

- Welcome & Introductions** **DF** welcomed everyone to the meeting. Introductions were made.
 - DF** there has been a change in RTCs, they are well structured for NBTC. RTCs offer the engagement and support for hospitals providing hospitals with more ownership.

2. RTC Meeting Minutes

Previous minutes were agreed as correct and will be published on the NBTC website.

Actions from previous meeting:

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	Audits – take to RTT Make amendments	RTT	Complete
4	HTC Updates <ul style="list-style-type: none"> Advise of any combined protocols / flowcharts wanted Major Incident Response Presentation (Addenbrooke's and DGH) Trust Impact Reports from Amber Alert Executive Summary for document changes Ask Lise Estcourt for updates from IBI working groups	ALL ? September RTC ? September RTC LM to raise LM to raise	Ongoing
5	Email RTC asking about days for meetings 2026	CN	Complete
6	Antibody cards to RSm	SW	Complete
7	Discuss Peterborough / Hinchingbrooke Deliveries	SP. LM, MR	Complete

3. RTC Action Plan

- **CN** update action plan and upload to NBTC website.

4. PBM Update

FS presented to the group.

- **DF** South West are doing well with QS138. **FS** they developed the tool. East of England are doing well, we need to get regular cycles of data.
- **MM** are you able to engage with manufacturing? **SN** blood tubes have been switched and have moved to 6ml tubes for blood transfusion. **FS** we can take any comments back to transfusion transformation team.
- **DF** with changes taking place, publications need to be highlighted with staff.
- **DF** ensure you read SaBTO guidelines. Content is important.
- **CS** disappointing that it is the responsibility of the person giving transfusion to make sure consent is received. We have electronic record. Paper consent could delay transfusion.
- **IL** consent should be visible for both medical and nursing staff. West Suffolk have developed electronic consent. The front page of the prescription chart is ticked and signed.
- **CS** CUH have the same electronically.
- **DF** there is tremendous responsibility on clinicians. RTC can look at this and feed back any comments.
- **CS** nationally it is a huge topic.

5. Regional Group Updates

TADG Group

- **EB** provided update on **KP** behalf.

HEMS – saving second unit

- **GK** would there be regional guidance? Would our labs have to take that second unit.
- **EB** I would prefer guidance to be national rather than everyone having different local policies.
- **EB** we have asked HEMS to audit usage. **MM** will journey times be included? **EB** we can ask them to include.
- **MM** attended capacity planning session. Encouraging of APs to do more tasks within labs.

TP Group

- **ER** provided update on **JJ** behalf.
- **DF** do any other RTCs have a lay person? **FS** some do. **CN** there have been discussions with **LM** regarding this. **DF** we need to look at the process for recruiting a lay person and the selection process. **CN** to ask Celina / RTC admin for guidance.
- **CN** send a reminder to TP group of TP2025.
- **CS** SHOT safety standards are being escalated by the National Group. It should not be left on the shoulders of transfusion. National guidance has been requested. Trust directors and patient safety should be included. **IL** some standards are regarding organisational areas, we can't implement these. **CS** we can't influence all points. **DF** this needs escalating through TP / TADG groups.

6. NHSBT Customer Services Update

MR presented to the group.

- **DF** can the 'credit form' action be sent to hospitals separately so it doesn't get missed. **MR** will action.
- **DF** O Negative remains a challenge especially as we are entering the winter months. We need to remain engaged as a RTC along with Medical Directors.

7. Presentation – Transfusion Research Network (TRN)

Laura Baglow-Micic, Transfusion Research Network Manager - Transfusion 2024 presented.

- If anyone would like to represent East of England, please contact Laura. It can be any staff group. It would be interesting to have someone from each group from each region.
- **MM** this links to capacity planning. Getting the space to release someone for research would be part of this process.

8. Audit – Platelet Audit

JJ presented.

- **DF** thank you for all the work on this.
- **FS** useful we completed this as the previous audit was 10 years ago.
- **DF** it should be celebrated that there is low wastage. It reflects the laboratories work. CUH absorbs stocks from other hospitals.
- **JJ** we have recommendations for if we were to repeat the audit in the future.

9. Audit – FFP Cryo Audit

MM shared potential questions for the audit. We need to know exactly what we want from the audit.

- **DF** this is a great start and should be taken back to the TADG to discuss further and define scope.
- **IL** bigger and smaller sites are very different. We could have a section for everyone to complete and another section for trauma centres / high users.
- **FS** we can look at how this information was captured last time. Again, it was an audit which took place about 10 years ago.
- **DF** it can take months to roll an audit out but is worth repeating.
- **FS** we can also liaise with Brian who has sight of all other audits.

10. Blood Transfusion Competency for Clinicians Covering Transfusion Laboratories

- **DF** and **SD** have had discussions about developing a package to help hospitals. This could be a toolkit which is shared with other regions. One plan does not fit everybody but we can develop a inventory.
- **IL** it would be good to have a resource.

11. Takeda Update

Jonathan Cowman provided an update.

12. Any Other Business

There was no other business.

Date of Next Meeting: 2026 dates have been circulated.

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 – ask Celina and RTC admin of recruitment process	CN	ASAP
4	Remind TP group of TP2025	CN	ASAP
5	SHOT Standards – escalate through TP / TADG Groups and to NBTC	Chairs	Ongoing
6	Credit form – notify hospitals separately	MR	ASAP
7	If you would like to be part of the Transfusion Research Network let Laura know	ALL	ASAP