EAST OF ENGLAND REGIONAL TRANSFUSION COMMITTEE

Minutes of the meeting held on Thursday 15th May 2025, 10:00am – 15:30pm at The Bull Hotel, Peterborough

In Attendance:

Name	Role	Hospital
Lynda Menadue **LM**	RTC Chair / HTC Chair	North West Anglia – Hinchingbrooke and Peterborough
Frances Sear **FS**	PBMP	NHSBT
Dora Foukaneli **DF**	Consultant Haematologist	NHSBT / CUH
Mohammed Rashid **MR**	Customer Services Manager	NHSBT
Joanne Hoyle **JH**	TP	West Suffolk
Martin Muir **MM**	TLM	Royal Papworth
Sheila Needham **SN**	TP	Lister
Clare Neal **CN (Minutes)**	RTC Administrator	NHSBT
Rebecca Smith **RSm**	TP	Ipswich
Claire Sidaway **CS**	TP	Addenbrooke's Hospital
Donna Beckford-Smith **DBS**	TP	Watford
Katarzyna Janse Van Rensburg **KJVR**	TP	Peterborough Hospital
Dipika Solanki **DS**	TP	Watford
Caroline Lowe **CL**	TP	Milton Keynes
Shehan Palihavadana **SP**	TLM	Peterborough
Katherine Philpott **KP**	TLM / TADG Chair	Addenbrooke's
Khuram Shahzah **KS**	TLM	Luton & Dunstable
Shinsu Kuruvilla **SK**	TP	Queen Elizabeth KL
Tosin Oke **TO**	TP	Colchester
Sara Wright **SW**	RCI	NHSBT
Sandra Faloye **SF**	TLM	Queen Elizabeth KL
Melissa Zarrella **MZ**	TP	Milton Keynes
Greg Pankhurst **GP**	TP	Norfolk & Norwich
Anna Gouveia **AG**	TP	Luton & Dunstable
Dr Mali Bahramgoudar **MB**	HTC Chair	Milton Keynes
Matthew Bend **MBe**	Blood Stocks Management Scheme Manager	NHSBT

Apologies: Eleanor Byworth, Stephen Cole, Emily Rich, Daniel Soltanifer, Isabel Lentell, Danielle Fisher, Ellen Strakosch, Karen Baylis, Suzanne Docherty

1. **Welcome & Introductions**

   LM welcomed everyone to the meeting. Introductions were made.

   RTC Meeting Minutes

   Minutes from January 2025 were agreed as correct. Only amendment is to add brackets to 'Having a Blood Transfusion' leaflet at the bottom of the minutes. **CN** will amend. Action plan will be amended by **CN** according to todays meeting. **LM** agreed for these to be uploaded to the 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	Discuss with PBM Team comments regarding leaflets	**FS**	Complete
4	Share link of Cambridgeshire and Peterborough Shared Care Form	**MM to KP**	Complete
5	Ask EB about EPA Stock sharing	**CN ask EB**	Complete
6	Audits – take to RTT Make amendments	**RTT**	Ongoing
7	HTC Updates • 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
8	Email RTC asking about days for meetings 2026	**CN**	Ongoing - Collate information before dates are booked for 2026

2. Regional Updates

FS presented to the group.

- **RSm** is anyone using the unexpected blood transfusion leaflet?
- **JH** we don't use it much.
- **DBS** did the results come out from the GI audit?
- **FS** I don't think I've seen it but will check.
- **LM** I also haven't seen it.
- **JH** I have done some typing events. Fit to donate is quite deep into the document.
- **FS** this has been raised to make sure it is more accessible.
- **JH** some communication is lacking with regards to national audits, the Anti D Audit was moved but we are not advised of this.
- **FS** the schedule was changed. It was decided to delay this sue to hospital pressures. Clearer communication is needed.
- **CL** it would be useful if quality teams are included in the communication so the information is passed to the relevant departments.

TADG Group

- **KP** presented to the group.
- **CS** do the thresholds / sponsorship relate to people in Band 6 posts or anyone not being paid at Band 6.
- **LM** it relates to the salary. Would bank shifts help those affected?
- **KP** this could be difficult where there are a reduction of bank shifts available due to vacancy freezes.
- **CS** there have been some issues with the SABRE platform.
- **LM** we have talked a lot about O Pos on HEMS, I would say that we move to this is we moved to a red alert.
- **KP** that was the original idea but too many groups rejected the idea.
- **LM** it doesn't seem sensible having both O Positive and O Negative.
- **CS** it is impossible to have two separate boxes on the helicopters due to space.
- **GP** wastage comes from box being opened and 1 unit being used / 1 unit not being used.

- **KP** will share electronic shared care form at the TADG meeting. This has come from the regional document and will be used nationally.

TP Group

- There was no TP Update. An update will follow by email if relevant.

3. **NHSBT Customer Services Update**

MR presented to the group.

- **KP** if we don't have EDN do we still complete the survey? We know the benefits. Can you advise further?
- **RSm** we requested some blank antibody cards to print ourselves but haven't received them.
- **SW** I will organise for these to be sent.
- **MM** I thought I hadn't received mine but another staff member put them away.

Customer Service Updates May 2025 RT

4. **Presentation – Blood Stocks**

MBe presented to the group.

- **LM** what happens in August / September for the data levels to change?
- **MBe** does activity reduce? Do hospitals need to look at the stock they hold during this time? A lot of factors could have an impact.
- **MM** blood collected and issued in July would be wasted in August.
- **KP** Ipswich and Royal Papworth send their platelets to Addenbrooke's. They show low wastage.
- **DF** East of England is a good region when you look at the data.
- **GP** the platelet wastage slide was interesting, can we come to you for this data?
- **JH** I am not sure I see the newsletter you refer to.
- **MBe** will look at how this is shared with hospitals.

5. **Presentation – O Negative Audit**

DF presented to the group.

- **KP** asked **DF** view on O Positive on HEMS. Some areas want to put both O Positive and O Negative on the helicopter.
- **DF** the decision needs to involve various parties. It depends on the availability and what has been done to improve the supply chain. We need to show we can reduce if possible. Clinical teams and patients would need to be involved in the discussions.
- **LM** would going to red alert have an impact?
- **DF** I think there would be consideration in all emergencies to use O Positive. We have to be aware that we are judged on any decisions made.
- **DF** it is not possible to remove all wastage.

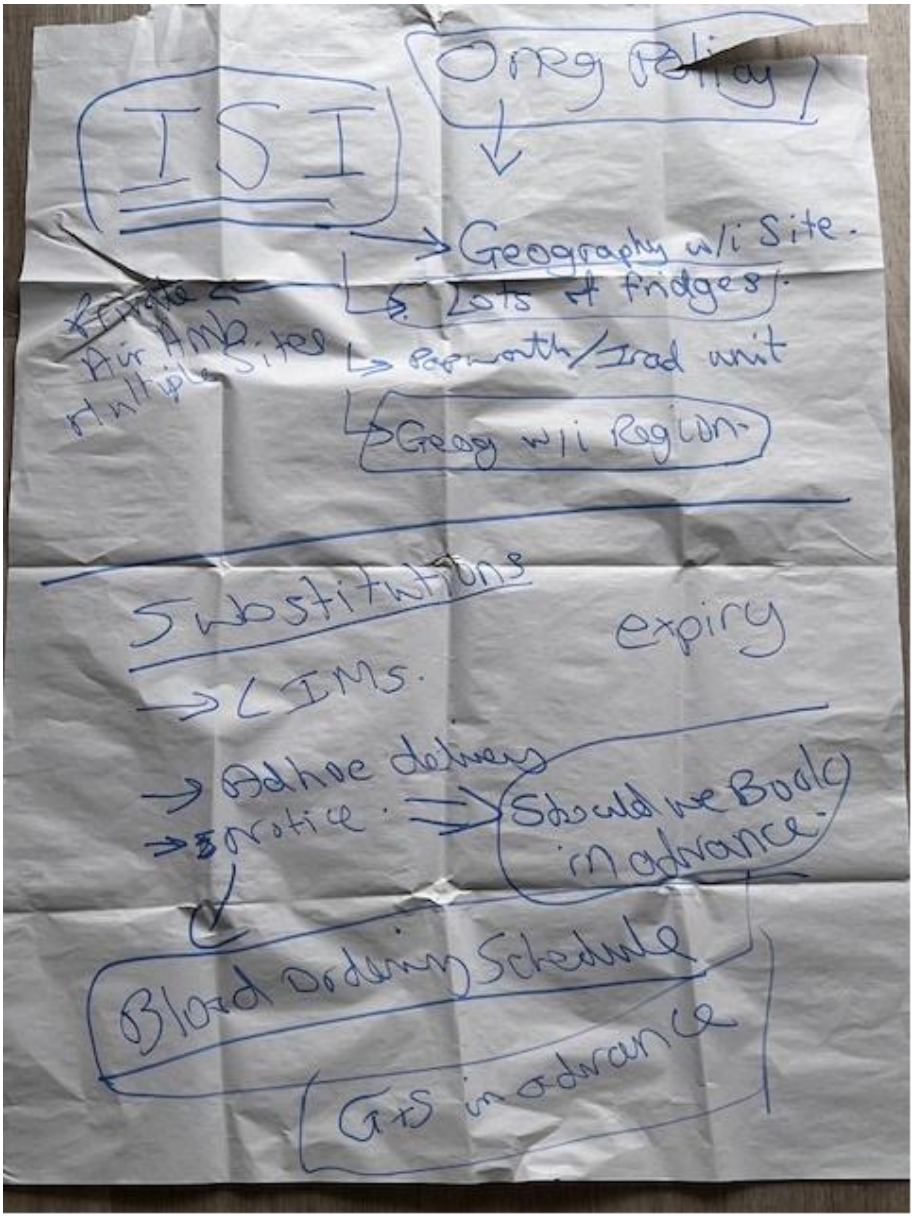
6. **Welcome to the Afternoon**

LM welcomed everyone to the afternoon.

7. **Brainstorming Session – O Negative**

- **LM** how many hospitals have satellite fridges?
- **RSm** Ipswich have them in theatres and oncology.
- **GP** Norfolk & Norwich have 8 satellite fridges. One has O Negative.
- **CS** Addenbrooke's have 5 with O Negative.
- **SN** a satellite fridge has been purchased for the treatment centre which will be providing robotic surgery. They are keen to stock O Negative.
- **RSm** we have one in the orthopaedic hub.

- **DBS** Watford has a surgical hub with two units of O Negative, they wanted 4.
- **GP** SERV blood bikes have helped with reducing over ordering.
- **SN** SERV won't work with private entities.
- **CS** we should look at the cost of adhoc deliveries.
- **GP** some blood on HEMS may have gone out, come back to stock, gone out again and come back to stock again so will expire.
- **LM** is there a policy that we shouldn't use O Negative?
- **KP** it is a culture change.
- **CS** we are suffering from our own successes. Colleagues have expectations that we can provide blood within a short timeframe.
- **LM** Peterborough has looked at group and saves in maternity. Should we be doing this more?
- **JH** West Suffolk are doing more group and saves.
- **LM** O Negative use has decreased as a result of doing more group and saves on delivery.
- **SN** this may be worth trialling in individual hospitals to see if it makes a difference.
- **LM** what should we be looking at as an RTC?
- **MBe** do you all have the same O Negative emergency situations?
- **KP** why do we need 4 units in a major haemorrhage pack?
- **JH** West Suffolk send 2 units in one box and 2 in a other.
- **LM** outside of Cambridge 2 units should be plenty.
- **LM** as a clinician I would like 2 units x2.
- **GP** Norfolk & Norwich don't have boxes.



8. Presentation – Hospital Deliveries, Times and Distances

MR presented to the group.

- **MM** how many blue light drivers are there?
- **MR** there is a blue light driver available for each site.
- **SP** would it be possible for Peterborough to have an afternoon delivery? We are spending on adhoc deliveries.
- **MM** it is worth noting that our afternoon delivery is actually in the evening.
- **LM** if Peterborough cant have the additional delivery, could Hinchingbrooke Hospital have an afternoon delivery and the two sites can organise transport between the two?
- **MR** we can look at this further. A discussion will need to take place with the Transport Manager.

PDF

Deliveries Provided by Camb & Basildon S

9. Presentation – Stock Sharing

KP presented to the group.

Stock sharing presentation 2025.pdf

10. Brainstorming Session – Stock Sharing

- **RSm** are there charges with Nuffield?
- **MBe** Nuffield have a set figure.
- **GP** do they look at wastage as just being one unit?
- **KP** there has to be a cut off. We struggle if they come on the last day of expiry.
- **MM** we look at a 3 day expiry.
- **MBe** having a centralised system for everyone to see what stock is available would be easier.
- **LM** there is some money available for IT from NBTC.
- **MBe** we would need to prove having a centralised system in place is beneficial.
- **CS** could cyber attacked be a issue?
- **MBe** no as data is pushed to a location and then collected from there.
- **MRa** if two hospitals work under the same network, do they need a SLA?
- **GP** yes.
- **CS** it is difficult when you have 10 units all with the same expiry date.
- **LM** is there a way they can be spread out across hospitals rather than having the same date?
- **FS** some hospitals were struggling with who to stock share with.

11. Any Other Business

There was no other business.

12. Final Thoughts and Close

LM thank you for attending.

Date of Next Meeting: 2025 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	Audits – take to RTT Make amendments	**RTT**	Ongoing
4	HTC Updates • 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**	Ongoing - Collate information before dates are booked for 2026
6	Antibody cards to RSm	**SW**	ASAP
7	Discuss Peterborough / Hinchingbrooke Deliveries	**SP. LM, MR**	ASAP