EAST OF ENGLAND REGIONAL TRANSFUSION TEAM

Minutes of the meeting held on Wednesday 14 January 2026, 13:30pm – 15:00pm via Microsoft Teams

Attendance:

Name	Organisation	Name	Organisation
Lynda Menadue **LM** *Chair*	Consultant Anaesthetist, Peterborough	Clare Neal **CN** *Minutes*	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 / Deputy TP Chair, Peterborough and Hinchingbrooke Hospitals
Julie Jackson **JJ**	TP and TP Chair, James Paget Hospital	Eleanor Byworth **EB**	EPA Network Manager

Apologies: Joanne Hoyle **JH** Mohammed Rashid **MR** Lisa Cooke **LC** Suzanne Docherty **SD** Shinsu Kuruvilla **SK** Shehan Palihavadana **SP** Mirielle Connolly **MC** Isabel Lentell **IL**

<table>
<tr><th></th><th></th><th>Actions</th></tr>
<tr><td>1.</td><td>Welcome & Introductions
LM welcomed everyone to the meeting. Introductions were made.</td><td></td></tr>
<tr><td>2.</td><td>Minutes of previous meeting: LM those in attendance agreed the previous minutes and these will be uploaded to the NBTC website.

<u>Actions from previous meeting</u>

<table>
<tr><th></th><th>Detail</th><th>Responsibility</th><th>Status</th></tr>
<tr><td>1</td><td>Presentation – Consent Audit</td><td>CN ask Claire Sidaway</td><td>RTC 2026</td></tr>
<tr><td>2</td><td>RTC Action Plan</td><td>CN to amend.
Upload to website</td><td>ASAP</td></tr>
<tr><td>3</td><td>TP Simulation Meeting Feedback</td><td>TP group</td><td>Ongoing</td></tr>
<tr><td>4</td><td>Look at Toolkits</td><td>FS, CN and other specialties</td><td>Ongoing</td></tr>
<tr><td>5</td><td>Audit – Cryo / FFP</td><td>Martin Muir / TADG</td><td>Ongoing</td></tr>
<tr><td>6</td><td>HTC Chairs
Review HTC Chair reports
Set up clinicians meeting twice a year</td><td>
LM
LM / CN</td><td>Meeting arranged</td></tr>
<tr><td>7</td><td>Future RTC Presentations
WHO Blood Patient Management Document
CS Learning internally from incidents
IL Learning from an inquest</td><td>
?

CS

IL</td><td>May 2026</td></tr>
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</td><td></td></tr>
<tr><td>3.</td><td>RTC Business</td><td></td></tr>
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	TP Meeting – Simulation
	• **CN** March TP meeting will focus on Simulation. Business case for venue needs to be put together.
	  ○ **LM** Can you use the Cambridge Centre? The last meeting was cancelled due to MHRA inspection.
	  ○ **CN** we can however, ideally a larger venue would be used to allow attendees to spread out more and would have to limit attendance numbers.
	
	Meeting Room Venues
	• **CN** have asked the region multiple times if they have access to venues. Only response has been from West Suffolk Hospital. This is great but we can't hold everyone meeting at the same venue. It would be good to rotate.
	  ○ **KP** Discovery Drive Histology Labs have rooms? **LM** Babraham Research Centre. **CN** will look to see if they are public sector.
	  ○ **KP** memorial hall in Burwell? **CN** we can work around it; some venues prefer to have payment up front.
	
	FFP / Cryo Audit
	• **CN** Martin Muir has emailed the FFP / Cryo audit information and this will be passed to Brian Hockley.
	  ○ **CN** this was discussed at TADG December 2025.
	  ○ **DF** if the lab is happy those questions are fine. Are there any questions about if they have any guidelines? Do you want to have a policy or guideline for the usage of FFP.
	  ○ **LM** question 15 and 16. Does your Trust have a policy for the usage of FFP? Does your Trust have a policy for the usage of Cryo?
	  ○ **DF** could be Trust wide or could be for specific use such as trauma.
	  ○ **DF** question 17. Does your Trust have an overarching policy or is it for a specific area/specialty?
	  ○ **JJ** would you ask what National Indication Codes they are using? Are they using 2020 or 2024.
	  ○ **EB** is it worth expanding on question 14 as it mentions EPR. We have electronic requesting but it's through ICE. Maybe change to do you have electronic ordering. Yes / No. If yes, specify?
	  ○ **LM** I am wondering if electronic orderings through the electronic patient record is more like prescribing. If you are prescribing blood and authorising blood you are doing that through EPR. What does Martins question refer to? I can't imagine anyone doesn't order through ICE. **EB** there are still some labs who use paper requesting.
	  ○ **KP** we could turn question 14 into two questions, electronic ordering and electronic prescribing. **LM** lets do that.
	  ○ **DF** this will be retrospective. **KP** we will look at 2025 data covering 20 episodes.
	  ○ **JJ** looking at the indication codes, they look like they are 2020 codes. **DF** the codes came out in 2024 and we are looking at episodes in 2025. **KP** they should be using the 2024 codes but has everyone updated to that.
	  ○ **LM** shared codes. **KP** put full description on codes to make it clear.
	  ○ **DF** how are you going to capture use of FFP for bleeding in chronic liver disease? **LM** there is 'other' and please state.
	  ○ **KP** column should read 2024 indication codes.
	  ○ **CN** will make amendments and share with Brian Hockley.
	
	Clinicians Meeting
		CN
		
		CN

	• **LM** meeting taking place in February. Will take place twice a year and hope to encourage more engagement at RTC. <u>Toolkits</u> • **CN** it would be good to have a clear plan of who is updating certain parts of toolkits. I can't amend the content but pull it together. Would you like two HTC Chais / two Consultant Haematologists to review? • **JJ** would TP / TADG be involved as they have HTC input? • **DF** will review Consultant Haematologists toolkit with **SD / IL**. • **LM** will review HTC Chair toolkit. • **CN** plan was to pull all the other information together such as PBMP, Audit etc and then share for final information to be added by HTC Chair and Consultant Haematologist. • **FS** we need to also add the contingency plan for shortages. Who will look at that? Putting in about extra meetings and who to contact would be helpful. **LM** adding Hospital Liaison meetings and roles within this would be useful. • **MR** has included the link for the current web page. • **JJ** the NHSBT fortnightly meetings are beneficial. It would be good to have HTC Chairs involved during alerts. <u>ICB Feedback - BloodTrack Kiosks and e-learning</u> • **LM** will feed back to ICB. There are 50 kiosks in the region going out of service. • **KP** they go out of service in November 2026. • **EB** worth checking with Haemonetics. After a discussion with Fiona, kiosks at Norwich and QEH KL end of life November 2026 but her inference to me was James Paget may be next year. • **ER** we will look at this. • **JJ** ours are end of life but form an IT security point of view they will be supported until 2029. The version of software that we'll be going to is also ok on Windows 10. We could continue using them until they fail. I will put that to finance as to when they replace. • **LM** is it a Windows 10 problem? • **EB** the conversation arose because our BloodTrack software version is becoming end of life. All the kiosks needed updating. Trust completed Windows 11 update. We asked Haemonetics if the kiosks were supported upgrading to Windows 11. They came back and said no. They are extended Windows 10 support. I then got an email saying they haven't gore spares for repairs and received end of life notice. • **DF** there's nothing worse than utilising unsupported and partially broken equipment. It will cause instability. This is what needs to be included risk assessment before final decisions are made. Having the instability will create confusion. • **LM** I don't think anyone else had the same issues with regards to e-learning. **JJ** some are using PowerPoint and I don't think that has the same problems with connections. **ER** I don't think it is just storyline; it seems to be other packages too.	**CN**
4.	**RTC Action Plan** • **CN** shared current action plan. This was amended after the September 2025 RTC meeting. Some actions will remain the same. • **LM** QS138 we didn't repeat this? **JJ** NCA opted to do it so we didn't complete the regional one. It has been discussed as NCA avoiding this is future. • **CN** it looks like we have some presentation from **IL** and Claire Sidaway. **LM** that covers inquests and investigations – May 2026. • **JJ** with regards to consent, one of the TPs advised they attended the global PBM webinar and it had they had brought up that the doctors authorisation of transfusion	

	should be competency assessed. **LM** I got it on the mandatory training as e-learning following the CAS alert. **JJ** we get pushback from our Trust. **EB** we are currently three separate sites but I think there is a drive to unify, unsure how long this will take. **LM** I can feed back that there are problems with group Trust models and mandatory training. **JJ** its needs to be standardised by NBTC. **LM** I am surprised that some still manage to train face-to-face. **JJ** its is easier if it is mandated at a higher level. • **LM** PANDA – maternal anaemia, is that coming out at some point? **FS** they are still recruiting. It is a long trial. Simon Stanworth is providing talks on it. **DF** Simon will know what is happening. **FS** will liaise with PBM team to see if there are any other updates. **LM** will ask other chairs. I would like to know what is going on and bring it back to RTC at a later. • **LM** what would you like as an education event for May 2026? **CN** I have booked a standard RTC and RTT. I can rearrange the RTT so RTC can be held all day if you would like an education afternoon. • **LM** what should we cover for education afternoon? ○ **KP** we have incidents including major incident CUH had. ○ **LM** major incidents and smaller incidents like never events. ○ **KP** look at how they get investigated and reviewed. ○ **EB** we have recently had an incident in James Paget but we shut the transfusion lab as we had no cover. This was only for 2.5 hours. There were a lot of meetings. Potentially we can put something together about that. ○ **DF that would be useful as could apply to other scenarios.** ○ **LM** last Friday we nearly closed Hinchingbrooke. ○ **EB** we were lucky but it could have gone quite differently. ○ **KP** Sam Jaggard may do something from NHSBT about them having to close due to the car park fire. ○ **CN** will put together an agenda for timings so see if we have gaps and also look at potential venues so a business case can be put together. ○ **LM** the education will focus on major incidents. ○ **JJ** if you need any other incidents, child admitted weight 8.6kilos, documented as 18kilos. They calculated the transfusion on HB of 20 based on 18kilos. 288mls issued. Started unit, 180mls in and stopped it. Paeds have said its human error. We are suggesting an independent review of weight. They don't want to change processes. ○ **JJ** the other incident we have had is the BMS put fibryga out and the fibryga was collected and reconstituted before they realised it was the wrong drug. It should have been factor 8. They didn't check what they were signing for. They didn't give it. We wasted a lot of money on that. ○ **LM** asked would you do the ABOI. The main problem was the wristband was wrong. ER we found there were other practices that were not being done correctly and safely. **LM** we did a lot of follow up on that including the root cause analysis. **LM** we can see what time we have on the agenda. ○ **JJ** we had one about three years ago where the nurse decided to collect three different patients' units and have them there. Did the checks, didn't have a giving set, moved away and someone moved the table, picked up what he thought was the correct unit, attached the giving set, attached to the patient, set it up running and then realised the error. It wasn't classed as an incompatible transfusion. I think we should have classed it as one. He became the best champion and changed practice. ○ **ER** we have had three with the last one being before Christmas. ○ **LM** I think we if use the major incidents and see what space we have.	**CN**

	CN will amend so it can be uploaded to website.	**CN**
5.	**MH Trauma Flowchart** • **LM** Matt Targett was unable to attend. • **CN** it is essentially the same with a couple of variations to the MH adult flowchart. I will put it into a similar format and circulate for final approval. We will have to ask the Trauma Network to confirm they are happy. • **JJ** they have added back in 150mls per minute. With their FFP they have kept 4 FFP, although they say the ration is 2:1. We have recognised that increases wastage at James Paget. • **LM** we have our own MH flowchart that we would use. • **JJ** I wouldn't use the two flowcharts. I would have one combined one. • **LM** I agree but trauma in CUH want their own one. Everyone else will run off the MH Adult flowchart. • **JJ** for the MH Adult flowchart, do we need to make some changes where it says warm IV fluids? **LM** that will remind your staff in ED. You can send it around James Paget but keep the regional one as it is so people can add in if they need to.	**CN**
6.	**Any Other Business** **LM** thanked everyone for attending. **Date and Time of Next Meeting:** Booked for 14th May but will be changed to accommodate a full day RTC meeting.	

Actions:

	Detail	**Responsibility**	**Status**
1	Research venues for meetings	CN	Ongoing
2	Amend FFP/Cryo audit and send to Brian Hockley	CN	ASAP
3	Amend toolkits and circulate for further input	CN/FS DF/IL/SD/LM	ASAP
4	RTC Action Plan	CN to amend. Upload to website	ASAP
5	Trauma Flowchart	CN make amendments, circulate to Trauma Network and then region	ASAP
6	Future RTC Presentations • TP Simulation Meeting • **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	TP Group CS IL EB Sam Jaggard	May 2026