### 1. Welcome and Introductions

**In attendance:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Professional Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(HD) Heidi Doughty (Chair)</td>
<td>Clinical services and emergency planning, NHSBT</td>
</tr>
<tr>
<td>(FC) Fatts Chowdhury</td>
<td>Clinical services NHSBT &amp; Imperial College Healthcare NHS Trust</td>
</tr>
<tr>
<td>(JS) Julie Staves</td>
<td>Transfusion Laboratory Manager, Oxford University Hospitals NHS Foundation Trust</td>
</tr>
<tr>
<td>(AJ) Ant Jackson</td>
<td>Transfusion Practitioner (representing BBTS)</td>
</tr>
<tr>
<td>(RM) Rachel Moss</td>
<td>Transfusion Practitioner, Great Ormond Street Hospital for Children NHS Foundation Trust &amp; ISBT Transfusion Practitioners Forum</td>
</tr>
<tr>
<td>(LB) Lydia Baxter</td>
<td>Transfusion Laboratory Manager, Salford Royal Foundation Trust</td>
</tr>
<tr>
<td>(EC) Emily Carpenter</td>
<td>Transfusion Practitioner, King’s College London (London TP Group &amp; National TP Network)</td>
</tr>
<tr>
<td>(PBM) Paula Bolton-Maggs</td>
<td>NBTC Education Working Group</td>
</tr>
<tr>
<td>(MS) Martin Smith</td>
<td>Clinical Director, Greater Manchester Trauma Network and Consultant in Emergency Medicine, Salford Royal Foundation Trust</td>
</tr>
<tr>
<td>(TC) Tom Cowdrey</td>
<td>Head of Business Continuity, NHSBT</td>
</tr>
<tr>
<td>(CW) Craig Wilkes</td>
<td>Lead Specialist – Process Improvement, Commercial &amp; Customer Service, NHSBT</td>
</tr>
<tr>
<td>(EW) Emma Watkins (Minutes)</td>
<td>Clinical services, NHSBT</td>
</tr>
</tbody>
</table>

**Apologies:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Professional Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(JU) James Uprichard</td>
<td>Consultant Haematologist, St George’s University Hospitals NHS Foundation Trust and Chair of the London Trauma &amp; Haematology Group</td>
</tr>
<tr>
<td>(SG) Simon Glasgow</td>
<td>Academic, The Centre for Trauma Sciences, Queen Mary University of London</td>
</tr>
<tr>
<td>(YS) Youssef Sorour</td>
<td>Consultant Haematologist, Barnsley Hospital NHS Foundation Trust</td>
</tr>
</tbody>
</table>

**No response received from:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Professional Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(SR) Susan Robinson</td>
<td>Consultant Haematologist and Clinical Director, Guy’s and St Thomas’ NHS Foundation Trust</td>
</tr>
</tbody>
</table>
2. **Review of the actions from the previous call on 8th July 2020**

The minutes were ratified online and uploaded to the JPAC website in July 2020.

- MI Action Cards – see item 5 of these minutes.
- Learning points re staff working outside of their normal role – see item 7.
- Transfusion Teams – lessons identified from COVID-19 – see item 6 of these minutes.
- EPRR guidance – no further updates planned at present.

Key themes were (1) blood stocks and the need for intelligence on hospital recovery plans and (2) maintaining education and training programmes during a pandemic.

3. **Update from the NBTC main meeting on 28th September - HD**

A copy of the EP Working Group report to the NBTC was circulated to the group for information.

**Key themes from the NBTC meeting**

- Regional Transfusion Committees – use of virtual meeting platforms.
- NHSBT – update on the Convalescent Plasma programme, demand planning and component development.

**Component Workshop**

An NHSBT/NBTC workshop took place on 18th September to help inform NHSBT’s 5-year strategy for component development. HD presented a summary of the implications of emergency planning for component development within NHSBT. HD covered the following key points.

- Updated clinical guidelines were issued late September – *NHS Clinical Guidelines for Major Incidents and Mass Casualty Events*. MS confirmed that the guidelines have been circulated via the Trauma Networks. The updated guidance is available at [https://www.england.nhs.uk/publication/clinical-guidelines-for-major-incidents-and-mass-casualty-events/](https://www.england.nhs.uk/publication/clinical-guidelines-for-major-incidents-and-mass-casualty-events/).
- Effects of COVID-19 on the blood supply & the challenges of forecasting demand.
- The importance of integrated planning – red cell and platelet shortage plans.
- Options to mitigate blood shortages, e.g. universality, extended shelf life, changing specifications, speed of access and novel products.
- Importance of products, processes and people in building resilience.

Following the workshop, there is a short online survey to gauge priorities for new blood components in clinical transfusion practice. Members of this Working Group were encouraged to complete the survey (link on email from Sue Katic 05/10/20).

[Post meeting note: The NBTC Secretary is content for JS and EC to publicise the survey within their networks.]

4. **Update on guidelines and communications**

<table>
<thead>
<tr>
<th>All</th>
<th>JS, EC</th>
</tr>
</thead>
</table>

NBTC Emergency Planning Working Group October 2020 - 2 -
FC presented the latest data on the number of users accessing the Working Group pages 1st March to 1st October 2020. There has been a steady increase in access, with a peak in May. Different means of communication are required to ensure that key information reaches all users.

JS is currently working on a “myth buster” around emergency blood stocks. The aim will be to make this available via the NHSBT Hospitals and Science website.

### 5. Major Incident Action Cards for Transfusion Practitioners (TP)

The final draft of the action card will be circulated to the group for final sign-off. EW will liaise with NHSBT’s Business Continuity Team to enhance the formatting. EC/FC will seek permission for the card to be made available as a word document on the NBTC website. The group will also share this with international colleagues. EC was thanked for her efforts.

### 6. Transfusion Teams – lessons identified from COVID-19

A summary of the key lessons identified is ready for final review and sign-off.

HD congratulated JS and EC on this national and collaborative piece of work, which pulls together the lessons identified by the Transfusion Laboratory Managers and TP groups. The document highlights good practice and identifies where things could have been improved. JS and EC should liaise with the NBTC Secretariat to agree how the document can be made available nationally. Colleagues may wish to publicise it via the Royal College of Pathologists’ virtual transfusion meeting on 26th November.

JS/EC will forward a copy for final comments by this Working Group.

### 7. Business Continuity update - TC and HD

NHSBT’s planning for the next few months is focussed on four main pressures: COVID-19, EU Exit, the potential for severe weather, and the usual winter pressures on the NHS. There are stresses within the supply chain for testing kits and consumables etc but NHSBT is still maintaining routine and contingency stocks. Hospitals should be aware of any potential problems within their supply chains, although colleagues on the call reported good utilisation of networks to mitigate any risk.

Test and Trace and social distancing within the workplace remain a challenge.

TC has a weekly dialogue with other UK and Irish blood services to provide mutual support as required.

HD reported that in addition to the key challenges mentioned by TC, the latest meeting of NHS England’s Clinical Reference Group for EPRR also highlighted the importance of the current restoration of NHS services.
**Impact on People/Human Factors**

HD drew the group’s attention to the forthcoming NHS England & NHS Improvement framework for planning and delivering psychosocial and mental health care, which is due to be published this Autumn. The group acknowledged the impact that emergency incidents and pandemics have on staff in all areas, not just those on the frontline. Colleagues described their experiences of training staff who are not used to working within transfusion and the pressure that is placed on staff once they have been redeployed. Some teams have seen an increase in errors and adverse events.

PBM reported that some pathology trainees who have been deployed to frontline posts during the pandemic have struggled with the pressure. Free counselling/mentoring is being offered via the Royal College of Pathologists. Some colleagues have suggested that the focus should be on redeploying senior staff since they are likely to cope better with the transition.

PBM has been looking at the impact of mobilising staff to different areas on training and support. It would be useful to have some tools, e.g. an aide memoire or a checklist. This work could be linked to a summary of lessons learnt from the Nightingale hospitals. FC will approach Dr Lise Estcourt as Chair of the Education Committee to check that she is happy for FC, LB and Dr Catherine Booth (Barts, London) to prepare an aide memoire. PBM is happy to contribute. RM pointed out that colleagues will probably be publishing the lessons identified from the Nightingale Hospitals, so colleagues should check whether work is already underway.

Members of the Working Group raised concerns that the impact of a second wave of COVID-19 on staffing resource has not been incorporated into contingency plans. They highlighted the potential for lots of employees to be absent from work, for example, due to childcare issues where classes of school children have been forced to isolate at home. NHS organisations should be putting greater focus on how staff can work remotely and still feel connected to the workplace. FC will look at this offline.

**Working Group Membership**

HD has been approached by the Medical Director of the Serious Hazards of Transfusion (SHOT) Scheme with a request that they provide representation on this Working Group. The group was pleased to welcome representation from SHOT. This will provide mutual benefit to both groups, especially for the discussions around human factors. HD will email the Medical Director, SHOT.

---

8. **Further tools/workplan**

- Promote survey on component development
- Sign off the action card & the summary of lessons learnt
- Support production of a transfusion aide memoire for the Nightingale Hospitals
- Circulate paper on psychosocial framework when available

9. **Any Other Business**
No other business was raised.

**10. Future meetings/telecons**

Dates will be circulated for another virtual meeting in December.

---

Draft circulated for review 12/10/2020
Minutes confirmed 26/10/2020