DRAFT MINUTES OF THE NATIONAL BLOOD TRANSFUSION COMMITTEE
30 September 2019
Royal College of Pathologists

Dr J Wallis   JW   Chair NBTC
Dr S Allard   SA   Secretary, NBTC,
Ms C Bernstrom CBe   EA to NBTC
Dr C Baker    CB   Patient Involvement Working Group
Dr A Benton   AB   Blood Implementation Group, Wales
Dr P Bolton-Maggs PB-M Royal College of Pathologists
Dr C Carroll  CC   North West RTC
Dr R Cardigan RC   National Head of Components Development, NHSBT
Dr F Choksey  FC   West Midlands RTC
Dr J Cort     JC   East Midlands RTC
Dr A Dodds    AD   North East RTC
Mr G Donald   GD   Patient Representative
Ms H Doughty  HD   NBTC Emergency Planning Working Group
Ms A Douglas  AD   Deputy Chief Scientific Officer, NHS England
Mr C Elliott  CE   Institute of Biomedical Science
Dr L Estcourt LE   Clinical Lead, National Comparative Audit in Blood Transfusion (NHSBT)
Ms C Howell   CH   Chief Nurse Diagnostic and Therapeutic Services (NHSBT)
Mr A Jackson  AJ   British Blood Transfusion Society TP Group
Dr N Jones    NJ   East of England, RTC
Dr P Kelly    PK   London RTC
Dr G Miflin   GM   Medical and Research Director (NHSBT)
Dr S Narayan  SN   Medical Director, SHOT
Mr J Reid     JR   Royal College of Physicians
Mrs S Reynolds SR   British Blood Transfusion Society, Plymouth
Mrs S Robinson SR   Interim BSH rep
Dr N Sargent  NS   South Central RTC
Ms L Sherliker LS   National Lead: PBM Team
Dr S Shrethsa SS   Professional Lead for Acute, Emergency & Critical Care, Royal College of Nursing
Ms R Skeete  Rs   Patient Representative
Dr Y Sorour  YS   Chair of RTC Chairs & Yorkshire & Humber RTC
Ms J Staves  JS   Chair, TLM Working Group
Dr H Wakeling HW   South East Coast RTC
Dr S Wexler  SW   South West RTC
Ms H Witham  HW   Patient Representative

In attendance:
Ms E Carpenter EC   Chair, TP Group
Ms D McGettrick DMc Observer, Performance & Business Support Manager
Prof M Murphy MM   Consultant Haematologist, PBM Self-Assessment Working Group
Welcome and Apologies

The Chair, Jonathan Wallis (JW) welcomed all present and noted apologies.

Minutes of the meeting of the full Committee held on 24 September 2018.

The minutes of the meeting held on 24 September 2018 were agreed as a true record confirmed by Sarah Wexler (SW) and seconded by the Chair.

Most of the actions form the Agenda for the meeting today.

Regional Transfusion Committee (RTC) Chairs

Update from the morning meeting of RTC Chairs of 30 September 2019 – the key highlights were presented by Chair, Youssef Sorour (YS).

- A report from each of the 10 regions was discussed.
- Staff shortages are an ongoing issue.
- RTC and RTT Terms of Reference (ToR) will be recirculated following further amendments.
- The budget is going to remain unchanged. The costs of regional activities will be reviewed again for next financial year.

The minutes of the 24 September 2018 were agreed as a true record.

NBTC Workplan for 2018/2019 and 2019/2020

The Executive Working Group (EWG) of the NBTC will reformulate the workplan based on the outcome and recommendations following Transfusion 2024 in March of this year.
### Minutes of Executive Working Group meeting held on 17 June 2019

The minutes of the meeting held on 17 June 2019 were agreed as a true record.

### Interim Chair and new Chair appointment process

JW confirmed that he is retiring. He was thanked for his significant contributions and providing strong leadership to the NBTC.

Dr Jon Cort (JC) has accepted the position of Interim Chair of the NBTC and he was welcomed.

Recruitment is underway and the advert for Chair will be circulated through the networks with interviews scheduled for 03 December.

It was suggested and agreed that a Deputy Chair is also sought on the proviso that the roles of the Chair and the Deputy are clearly defined. This was well received and agreed by the committee.

### Transfusion 2024 - A 5-year strategy for clinical and laboratory transfusion practice

- The success of the Transfusion 2024 symposium was highlighted, and recommendations have been drafted and circulated to the committee.
- SA and JW also met with the NHS England Medical Directorate chaired by Stephen Powis. Current accountability and reporting for the NBTC continues via the CSO but the NBTC chair and Sec will meet with NHSE Medical Directorate 3 times a year to strengthen medical support for the committee.
- Gail Miflin (GM) confirmed that she has not had the opportunity to discuss the Tx 2024 recommendations fully with colleagues within NHSBT but agreed that there are effective mechanisms and scope for discussion.

**PBM Self-Assessment**

- There was a lot of discussion on various models for self-assessment.
- MM co-chairing a sub group to develop a self-assessment tool for hospitals in conjunction with the National Comparative Audit program.

**Resources to support clinical transfusion practice**

- It was agreed to keep this in. GM informed that this will be discussed with the NHSBT Executive team with a presentation planned in Oct 2019.
- A national TP group reporting to the NBTC will develop TP competencies.
- There is a joint TP event with Guys and Kings with 100 TPs attending.
- Health Education England have been contacted.
- Catherine Howell (CHI) inquired regarding centralisation of Transfusion Practitioners, assessing the risks, benefits and costs. JW highlighted that this had not been agreed at the Transfusion 2024 symposium and that the HTT does not consist of just TPs but also laboratories and medical support so appropriate to continue with current model in England.
- James Reid (JR) said Transfusion Practitioners will remain the core workforce and there is a strong argument that the governance responsibility rests with the Trusts, not the decentralised pathology services.

**Inclusion of transfusion in national patient quality and safety initiatives**
A lot of interest in having a quality standard toolkit. Craig Carroll (CC) highlighted cell salvage is an issue. The Royal College of Surgeons does not see cell salvage as part of their educational remit.

Suman Shrestha (SS) highlighted a new collaborative through centre of perioperative care. He agreed to circulate ToR for this group.

JW highlighted the need for inclusion of transfusion data in national initiatives. Lise Estcourt (LE) has requested HQIP for NCA data to be included and they refused. SA and NBTC chair will pursue further with NHSE.

SA and NBTC Chair to pursue inclusion of Transfusion in national databases with NHSE.

SS to circulate peri-operative care collaborative ToRs.

Scientific and technical education and training
Angela Douglas (AD) reported on review of scientific and technical training and also the development of a new Healthcare Science Workforce Partnership Board. SA will submit names of representatives to join this board.

Action: SA to submit NBTC representatives to join Health Science Workforce Partnership Board.

Integrated Services
In HW’s absence CH advised there are currently two pilots on integrated services (RCI assist) between NHSBT RCI and hospital Laboratories.

Pathology networks
SA updated on the Transfusion Advisory committee supporting Pathology Modernisation – see below. This committee will be defining standards for laboratory transfusion practice including need for a capacity plan for all labs.

Also see report from Adrian Newland below

Regulatory/Compliance alliance
All agreed there is a need for regulatory/compliance alignment of MHRA & UKAS to support collaborative working and reduce the compliance burden for transfusion laboratories. AD updated on ongoing dialogue between MHRA and UKAS

Adverse event reporting
- Adverse event reporting support continuation of confidential reporting. Work with MHRA SABRE group and SHOT to investigate the potential for a single UK wide haemovigilance reporting agency to minimise duplication.
- Allistair Dodds (AD) said Mark Bellamy had presented on a just culture at Transfusion 2024 but this had not been included. There was a section on this subject that was removed. SN to send some wording to SA to incorporate.

Action: SN to review and update with inclusion of a just reporting culture.

Transfusion IT
- Should include development of project plans for hospitals and IT suppliers to jointly improve safety and efficiency of transfusion laboratory
IT. The following has also been included: Enhanced IT connectivity between hospitals and NHSBT and promote interoperability in line with the Wachter review and NHSX strategy Collection of data to monitor clinical and laboratory transfusion practice and facilitate benchmarking.

- Some Trusts are using out of date and incompatible IT systems.

**Vein to Vein electronic tracking**

The Health Safety Investigation Branch (HSIB) has investigated Wrong Blood in Tube (WBIT) which has now been published and which strongly recommends electronic solutions (report via link below).


The Tx2024 recommendations have been strengthened to include:

Developing a plan to drive the implementation of vein to vein electronic systems from taking the blood sample, blood collection, administration of blood and monitoring of transfused patients – a study had been conducted on Wrong Blood in Tube (WBIT) which identified problems; no IT solution.

The committee agreed this is an important topic and agreed with recommendation to extend blood tracking.

Circulate draft Transfusion 2024 recommendations again with a deadline of 2 weeks requesting feedback.

**Action: Celina Bernstrom (CBe)**

### 08/19 Maintaining standards in Hospital Transfusion Laboratories

- Adrian Newland (AN) advised that updated pathology networking report has recently been published. There are 97% of trusts making progress towards networking.
- AN has not spoken to devolved nations since last year but has spoken to many RTCs and it seems that no universal solution so must deal with each region individually. Number of issues have been raised in discussion here. All dealings have been through the Chief Executives and they need to have ownership. Information is available on the website.
- Efficiency savings have been very conservative and now the savings are being put back into the system. Department of Health and Mental Care have confirmed they will be reinvesting.
- Transfusion subcommittee advising NHSi on Pathology modernisation has been formed which SA currently chairs. This group will come up with some defined standards for transfusion laboratory practice. Representation includes deputy CSO, NBTC National Lab managers chair, IBMS, NEQAS, BSH guidelines, UK TLC, SHOT and NHSBT.

**Action: SA to produce updates for the committee.**

### 09/19 Blood Components Update

Blood components update summary from Rebecca Cardigan (RC).

**Whole Blood**

Feasibility study of red cells and plasma (in one bag) at Barts Health in pre-hospital setting on air ambulance – 12 months completed with 12 months to go. Current issues with wastage of product – seeking to extend clinical use of
component to other groups to reduce issue. Laboratory studies of whole blood platelet replete undertaken.

**Universal Plasma**
Successful in obtaining £1.13M funding from NIHR to upscale a proof of principle filter to remove anti-A/B from plasma (3-year programme of work). Partnership between NHSBT, Macopharma and Non-wovens Research Institute. Currently optimising conditions to enable transfer of prototype to industrial scale.

**Clinical Trials**
NHSBT currently supporting three trials:
1) **RESTORE** – single centre RCT cross over study of mini dose of standard or cultured red cells to assess survival in healthy volunteers (sponsor: NHSBT, funding: NHSBT/NIHR).
2) **REDUVENATE** – multi-centre RCT of standard v rejuvenated red cells to assess markers of organ injury in large volume transfusion in cardiac surgery.
3) **Trial of pathogen inactivated red cells in sickle cell patients at UCLH**.

Currently developing next 5-year R+D strategy (2020-2025) which will be focused on: Addressing immediate and longer-term business needs and addressing clinical need for new/changed products including reference to James Lind research priorities.

RTC chairs are happy to support by completing short surveys on areas interested in developing.

**Action:** NHSBT to continue to work with NBTC and RTCs on research priorities.

10/19 **Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO)**

Review of requirement for foreign sourced plasma components for those born after 1996. JW confirmed by the minister has confirmed the plasma for this group no longer needs to be sourced from overseas. NHSBT is issuing guidance to hospitals around plans for implementation.

Catherine Howell (CH) distributed a questionnaire to hospitals so we can better understand what the future plans are. JPAC must make decision re ongoing need for methylene blue inactivation. NHSBT will issue a letter. The infected blood enquiry is ongoing.

Hepatitis E donor positive rates at 1 in 5,000 so testing will continue.

James Neuberger and Andrea Harris are reviewing SaBTO’s patient information and consent guidance and this will include NBTC representatives.

**Action:** JW agreed to ask Andrea Harris to contact Charlie Baker (CBa) to progress consent discussions.

11/19 **Group O Update demand & supply**

Summary Group O D Neg audit results and O Neg Action Plan.

Key actions for next 12 months:
- Implementation of NBTC O D negative red cell guidance
- Address findings and recommendations of O D negative red cell audit including setting of KPI’s for stock holding and wastage
- NHSBT to provide targeted support to hospitals profiled.
- Revised NHSBT/NBTC ed TOR of O D negative red cells working group and formation of revised workplan
- Regional support for workshops and RTC events

**NHSBT Director update on maximising O Neg supply – update from Mike Stredde (MS), Director of Blood Donation:**

- Across the country NHSBT deploy total of: 50 Mobile Teams and 23 Donor Centres. In 2019/20 NHSBT plan to collect 1.45 million whole blood donations and 132K Platelet doses. To date this year 24% of whole blood has been collected in donor centres and 76% through mobile teams. NHSBT on session deferrals are at 15.7% and our Donor Not Attend rate for donors on session is around 8.5% YTD.

- Customer service metrics are at an all time high; with donor satisfaction at 79% YTD, complainants making up only 0.35% of collections YTD (lowest complaints and highest compliments), and the Net Promotor Score at 85.4.

- Ro demand expect to continue to grow by c10% per year driven by further adoption of NICE guidelines on use of automated exchanges and sickle cell population.

- O neg challenge – if current trend continues, o neg issues forecast to range between c.213K – 225K in 2020-21 or grow by c.18.3K – 3.3k vs. 2018.

- SN asked whether we can make use of networks. Families of patients should be targeted. Blood donation should be promoted through the RTC and we should build strategic partnership with hospitals.

- Loyalty of O neg donors is greater than all other blood types. This is shown by the frequency of donation and no-shows.

- GD raised the power of social media and ‘influencers’. Females respond to social media more than males at a ratio of 60/40.

- Updated ToRs Group O D neg group – updated and approved.

### 12/19 Patient Involvement Working Group (Dr Charlie Baker)

- Considering Patient Information Leaflet (PIL) for long term transfusion patients.
- Aim to empower patients in the transfusion process.
- Discussions of attendance and increasing the relevance of this group.
- Aim to collaborate with sickle cell and thalassaemia groups to develop long term transfusion leaflet.
- Review and update all PILs >3 years old and in light of recent decision and ongoing infected blood enquiry.

### 13/19 Patient Blood Management Working Group

**Single Unit Transfusion: -**

- 5 hospitals across England have been identified (or self-identified) as needing support to implement a single use policy for red cells and one for platelets.
- Project plans have been drawn up for these hospitals and project groups have been assembled with key stakeholders and bespoke resources/approaches needed.
- Individual KPIs have been agreed locally.
- 2 of the projects are complete and the others are nearing completion.
- When the reports have been written up the results will be shared.
- We have been invited to present one of these projects as a case study at BBTS conference later this month (Derby Royal).
- The approach and initial success of these projects are being shared.
locally and another 14 hospitals in 2 regions (East Midlands and Yorkshire and Humber) have asked for similar support.

### Anaemia:
- PBM Development Manager to oversee regional workstreams and liaise with lead clinician.
- Options appraisal of 4 key themes for management of IDA identified at joint PBMP & Consultants meeting.
  1. Management of peri-operative anaemia
  2. Reducing transfusions for haematinic anaemias
  3. Public Health Campaign
  4. Medical & Nurse education programme
- Contact with PHE to explore media options through existing platforms and possible formal collaboration.
- Consider online CPD programme for GPs.
- Plan to gather regional intelligence to develop national picture of services.

### PBM Blood Choices App:
- Following evaluation further discussions around change in script and release of App.
- Publication around development of App being drafted.

### NBTC Indication Codes App:
- Dr P. Watson (original App designer) has submitted an article to Transfusion.
- Since launch in April 2017 the app has had over 11,500 users over 156 countries. Initial expectation was between 500 and 1000 users in its lifetime.
- Each user has viewed 4.52 pages a session Users are looking at more than one screen on each visit and navigating to the information they require.
- Average Time that a user stayed on the app 1m:31s This indicates that users are finding the content useful.
- 62% of users returned to the app. Users must be finding the content useful and are actively using the app again to help them in their role.
- Most Popular Pages (not including home screen).
  - Adult – RBC 29,162 views
  - Infants and Children – RBC 14,142
  - Adult – PLT 13,952
  - Neonates – RBC 13,844
  - Adult FFP 11,506

### NHSBT/NBTC PBM SURVEY 2018
- Final report to be confirmed at the EWG on 13 January and signed off.

### 14/19 PBM Self-Assessment Working Group (Prof Mike Murphy)

MM confirmed membership to this group as:
1. Mike Murphy and James Uprichard (co-Chairs)
2. Jon Cort
3. Wendy McSporran (representing TPs)
4. Anna Capps-Jenner
5. Jey Visuvanathan (hospital transfusion laboratories)
6. Lise Estcourt
7. John Grant-Casey
8. Brian Hockley (NCA).
• This group has had two F2F meetings and several telecoms since March.
• They have agreed that it is not feasible to establish external accreditation as AABB have done in the US. Instead, intend to use data from surveys and audits of practice to benchmark PBM implementation.
• The National Comparative Audit of Blood Transfusion have agreed to be the vehicle for conducting and analysing the surveys and audits and issuing reports and feedback to hospitals.
• Considerable discussions about 3 main issues: -What information to ask hospitals for. How to analyse the data. How to use the data to drive PBM implementation
• Next steps: finalizing the audit tools, working on identifying sites for pilots in December and conducting the audit through the NCABT in autumn 2020

• JR commented that the data collection and feedback need to be ongoing to be useful.
• Rhonda Skeete (RS) aired concerns over repetition. This group should review that this data is not already being collected by hospitals, just analysed in a different way.

15/19 Education Working Group (Dr Lise Estcourt)

LE gave update on the Education Working Group projects that are progressing: -
• LearnBloodTransfusion
• Non-medical authorisation of blood components
• Educational Toolkit
• Transfusion Education Initiative in collaboration with BSH
• Transfusion for Haematology Trainees
• Higher Specialist Scientific Training

HEE funding: -
• New pre-transfusion blood sampling video
• Pulmonary complications of transfusion video
• Transfusion laboratory errors. Additional SHOT videos in production
• Manual red cell exchange animations in production
• Money approved to support online midwife education on maternal anaemia
• Applying for funding for online anaemia education
• Blood components App -Article submitted to “Transfusion” by Dr Watson
• Administration App - In early stages of development.

16/19 Transfusion Laboratory Managers Working Group (TLM) (Ms Julie Staves)

• Military representation on group agreed
• Representative for Patient Involvement Working Group confirmed
• Confirmation of new charre and new role of deputy chair
• Discussion around Ro demand
• Confirmation of representative on PBM self-assessment group
• Generic Senior Staff competency development (in progress)
• Review of transportation of blood between hospitals (in progress)

17/19 Emergency Planning Working Group

• Agreement on the final version of the revised guidance for Hospital Transfusion Teams. Guidance posted on NBTC and NHBT websites.
• Tools for HTT Survey of practice Future revision of Red cell shortage plans.
• Issue of new NBTC document Emergency Preparedness, Resilience and Response guidance for Hospital Transfusion Teams.
• Writing and review contribution to updated NBTC guidelines (July 2019) The appropriate use of group O D negative red cells.
• Presentations/Workshops Trainees x10, RTCs x 3, NHSBT x3.
• Other organisations: BSH, BBTS, SHOT International: x3.
• Training for multi-disciplinary community.
• Raising awareness within national and international Transfusion community.

• In progress: Submission of guidance document for publication in Transfusion Medicine.
• Editorial for Transfusion Medicine journal.
• Submission of article on London 2017 incidents to Transfusion Medicine journal.
• Review of red cell shortage plans
• Survey of transfusion emergency preparedness
• Review of red cell shortage plans
• BBTS
• Participation in International Congresses – Turkey, Barcelona, Adelaide

18/19 TP Network group

• Emily Carpenter (EC) presented the Suggested Terms of Reference (ToR) for National TP Group.
• Aware across the country there are various working groups and not sharing practice and need to come together as a network to standardise.
• Framework working with NHS England to align with other practices.
• Education Day has 100 attendees booked.

19/19 Serious Hazards of Transfusion (SHOT)


20/19 Medicines and Healthcare Products Regulatory Agency (MHRA)/SABRE

Mike Dawe and Chris Robbie were not present. Report was circulated for information.

21/19 Laboratory Reporting Culture Survey

Discussions on the report: -
• One incident is too many.
• SA is waiting for a badged version and will forward to Aiden Fowler, Director of Patient Safety, NHS England.
• Nigel Sargant (NS) difficulty lies that if no harm affects the patient then
the incident is downgraded.

- It is a constant battle to get incidents investigated where there is no patient harm.
- Grave concern from the patient representatives on this point.
- GD commented that bullying will not improve practice.
- CE suggested appropriate risk banding. Difficult to monitor when Datix is defaulted to search in order of priority by whether the patient has been harmed.

Sue Robinson (SR) suggested writing to Patient Safety Office in each Trust although JW was unsure and SN will consider this option.

**Action:** SA to forward report to Aidan Fowler

### 22/19 NHSBT Blood Strategy

CH updated in the absence of Huw Williams. Metalog has been employed to review and a more formal update will be submitted to the next NBTC meeting.

**Action:** CBe to add to next agenda

### 23/19 NHSBT Key Performance Indicators (KPIs)

CP highlighted key issues from submitted report:

- OTIF - great standard of service increasing performance from 96.9% in 2017/18,
- Ro - We aim to grow Ro collections and donor base; however, Ro demand continues to grow rapidly and we anticipate a further 10% growth in 2020/21 vs 2019/20. Significant challenge to grow donor base sufficiently to meet demand and reduce substitutions. Majority of Ro donations from white donors (15-18% from black donors)
- Low stocks and wastage improved.
- JW commented that the Platelet supply by centre still shows the age of platelets as being quite old and improvement of this situation was minimal.
- CH will bring a paper on this to the NBTC’s Executive Working Group on 13 January 2020. CH noted that the dip on platelet supply on Wednesdays has been raised at board level.

### 24/19 RCI Turnaround Figures

Situation steadily improving. MM suggested that need to review what information the NBTC would like to see presented here. CH to progress this.

**Action:** CH to review inclusion of RCI KPIs for future reports to the NBTC

### 25/19 Leeds/Sheffield project

CP confirmed they will showcase the development that they have made. The build is complete the internal fit-out is underway. It will be the second largest stockholding unit in the country.

### 26/19 JPAC Transfusion Guidelines

Report for information and large volumes of traffic around donor selection
guidance. The North West Region is the most searched. An influx of visitors from America have been noted since the last report.

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<th>27/19</th>
<th>Any Other Business</th>
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<td>PBM survey non responders – overview from LS.</td>
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<td>CP – EU Exit – letter coming out for preparedness.</td>
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<td>FC added that some Trusts allowed the role of Associate Nurse to be involved in transfusion administration and SS confirmed that this is currently under review.</td>
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<th>28/19</th>
<th>Date of Next meetings</th>
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<td>Monday, 30 March 2020</td>
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<td>Monday, 28 September 2020</td>
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<td>Venues TBC.</td>
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### SUMMARY OF AGREED ACTIONS – 30 September 2019

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<th>Minute Ref</th>
<th>Agreed Action</th>
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<tr>
<td>07/19</td>
<td>Transfusion 2024 - A 5-year strategy for clinical and laboratory transfusion practice</td>
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<td><strong>Pursue inclusion of Transfusion in national databases with NHSE.</strong></td>
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<td><strong>Circulate peri-operative care collaborative ToRs.</strong></td>
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<td><strong>Submit NBTC representatives to join the new Healthcare Science Workforce Partnership Board.</strong></td>
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<td><strong>Adverse event reporting</strong></td>
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<td><strong>Send wording to SA to incorporate. Review and update with the inclusion of a just reporting culture</strong></td>
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<td><strong>Circulate draft Transfusion 2024 recommendations again with a 2 week deadline requesting feedback.</strong></td>
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<td><strong>Maintaining standards in Hospital Transfusion Laboratories</strong></td>
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<td><strong>Produce updates for the committee.</strong></td>
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<td>09/19</td>
<td><strong>Blood Components Update</strong></td>
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<td><strong>NHSBT to continue to work with NBTC and RTCs on research priorities.</strong></td>
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<td><strong>Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO)</strong></td>
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<td><strong>Ask Andrea Harris to contact Charlie Baker to progress consent discussions.</strong></td>
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<td><strong>Laboratory Reporting Culture Survey</strong></td>
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<td><strong>Forward report to Aiden Fowler.</strong></td>
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<td>22/19</td>
<td><strong>NHSBT Blood Strategy</strong></td>
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<td><strong>Add to Agenda for next NBTC meeting on 30 March 2020.</strong></td>
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<td>24/19</td>
<td><strong>RCI Turnaround Figures</strong></td>
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<td><strong>Review inclusion of RCI KPIs for future reports to the NBTC.</strong></td>
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