DRAFT MINUTES of the MEETING of the
NATIONAL BLOOD TRANSFUSION COMMITTEE

Monday, 24 September 2018

Ambassadors Bloomsbury

Present:
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

Ms F Carragher FC Deputy Chief Scientific Officer, NHS England
Dr J Cort JC East Midlands RTC
Dr A Crossley AC Deputising for Rose Gallagher, Royal College of Nursing

Mr M Dawe MD MRHA
Dr A Dodds AD North East RTC
Mr G Donald GD Patient Representative
Ms H Doughty HD Chair, NBTC’S Emergency Planning Working Group

Mr C Elliott CE Institute of Biomedical Science
Mrs S Harle-Stephens SHS British Blood Transfusion Society, Plymouth
Ms C Howell CH Chief Nurse Diagnostic and Therapeutic Services (NHSBT), deputising for Huw Williams.

Mr A Jackson AJ British Blood Transfusion Society TP Group
Dr N Jones NJ East of England, RTC
Dr A Kelly AK Royal College of Paediatrics and Child Health
Dr P Kelly PK London RTC

Dr C Newson CN West Midlands RTC
Mr J Reid JR Royal College of Physicians
Ms R Scanlon RS Royal College of Midwives
Dr N Sargent NS South Central RTC
Ms M Sekhar MS British Society of Haematology
Ms L Sherliker LS National Lead: PBM Team
Dr Y Sorour YS Chair of RTC Chairs & Yorkshire & The Humber RTC

Dr S Thomas ST Assistant Director - Manufacturing Development representing NHSBT, Component Strategy Group

Dr H Wexler HW South East Coast RTC
Dr S Wexler SW South West RTC

In attendance:
Apologies:

Mr S Bassey SB Transfusion Laboratory Managers Working Group
Dr C Carroll CC North West RTC
Dr R Cardigan RC National Head of Components Development, NHSBT
Dr L Estcourt LE Consultant Haematologist & Clinical Lead for the National Comparative Audit in Blood Transfusion (NHSBT)
Ms R Gallagher RGa Royal College of Nursing
Ms G Gray GG Royal College of Obstetricians and Gynaecologists
Dr L Green LG Blood Components Working Group
Mr S Khan SK Intensive Care Society
Dr A Kotze AK Royal College of Anaesthetists
Ms E Coelho EC Infected Blood Policy and Finance Manager, SaBTO
Dr G Miflin GM Medical and Research Director (NHSBT)
Dr A Morrison AM Scottish Clinical Transfusion Advisory Committee
Dr S Pavord SP Co-Chair, NBTC’s Anaemia working group
Dr S Robinson SR Co-Chair, NBTC’s Anaemia working group
Mr C Philips CP Head of Hospital Customer Service (NHSBT)
Mr C Robbie CR Principal Haemovigilance Specialist, MHRA
Mr J Thompson JT Royal College of Surgeons
Dr H Williams HW NHSBT Director of Diagnostic and Therapeutic Services (NHSBT)

21/18 Welcome and Introductions

New NBTC Members:

Dr Shruthi Narayan, Medical Director, SHOT
Dr Falguni Choksey, incoming WM RTC Chair, Consultant Anaesthetist

22/18 Minutes of the meeting of the full Committee held on 19 March 2018.

These are to be further amended by Chair, Jonathan Wallis (JW) and will be circulated in due course.
<table>
<thead>
<tr>
<th>Action: JW</th>
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<tbody>
<tr>
<td><strong>23/18</strong> Regional Transfusion Committee (RTC) Chairs</td>
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<tr>
<td>YS updated from the morning meeting of RTC Chairs confirming the ongoing successful work within the regions specifically relating to Education Events and Audits.</td>
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<td>Concerns still exist around pathology services and Transfusion Practitioners (TPs) have highlighted a lack of funding for Education Events. It has been agreed to explore setting up an NBTC TP group.</td>
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<td>NBTC's Patient Blood Management Accreditation Working Group - verbal update from Louise Sherliker (LS), National Lead, PBM Team. It has been questioned whether accreditation is necessary. NICE guidance and Quality Standards exist and it was agreed to collect data around these as part of the forthcoming PBM survey. The RTC chairs approved of this approach.</td>
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<tr>
<td><strong>24/18</strong> NBTC Workplan for 2017/18 and 2018/19</td>
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<td>JW presented overview of the document to measure ourselves against.</td>
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<td>Item 4. Support hospitals to implement Patient Blood Management Initiatives. GD noted 95% participation from Trusts and questioned the 5% not participating. Response rate for the last survey was 93%. Concerns over the same trusts not participating each time. LS to compile list of those Trusts not participating and report back to the NBTC.</td>
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<td><strong>25/18</strong> Minutes of the meeting of the Executive Working Group held on 11 June 2018</td>
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<td>The unconfirmed minutes of the meeting held on 11 June 2018 are to be amended further and submitted for review at the next meeting of the Executive Working Group.</td>
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<tr>
<td><strong>Action: JW &amp; CBe</strong></td>
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<tr>
<td><strong>26/18</strong> Transfusion 2024 - A 5-year strategy for clinical and laboratory transfusion practice</td>
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<td>SA updated on progress with organising the program. 3 sessions with short invited talks.</td>
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<td><strong>Session 1:</strong></td>
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<td>Patient Blood Management summarising what we have achieved and priorities for further action.</td>
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<tr>
<td>SA updated confirming engagement from Erica Wood, President Elect ISBT who will provide an international perspective.</td>
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### Session 2:
Highlight ongoing issues within hospital transfusion laboratories and identify suggested solutions.

### Session 3:
Translation of research and innovation into practice.

The 3 sessions will be followed by an expert panel discussion with engagement from RCPath, NHSBT, CSO, NHSI, NHSE and NHS Commissioning.

We have engagement from Prof Keith Willett, Director for Acute Care, NHS England who will be opening the meeting. It was mentioned that NHS England and NHSI will be merging into one Directorate. Fiona Carragher (FC), Deputy Chief Scientific Officer, NHS England invited to join the writing group for the output recommendations from Transfusion 2024.

James Reid (JR), Royal College of Physicians suggested that the wording of the programme will not be clear to those not directly involved in transfusion. He agreed to review. SA to send copy of the programme to JR for his suggested amendments.

**Action: SA**

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**Action: CBe**

Aim to collect information regarding issues and to analyse the status of networks where savings/costs are shared out.

AN confirmed workforce issues in pathology, diagnostics and imaging. Acute hospitals should have transfusion capacity.

1 in 5 networks are up and running with 30% expected to follow by the end of 2019. Networks are expected to collaborate. 80% of Trusts are actively engaged on developing the network. Only 2 Trusts out of 130 that provide pathology activity are not interested in engaging in the process.

JW surprised by the data and aware of serious discrepancies in how test numbers were counted between Trusts within a region. Concerns over data being inaccurate. The initial conclusions reached may have been misleading. He asked if the conclusions were to be re-assessed given this. AN said they were not. JW also noted that there is no mention of quality of service.

Nicola Jones, (NJ) East of England RTC highlighted difficulties in understanding complexities. Pathology Modernisation has led to problems i.e. a crisis in staffing, skill/mix deficit and noted 2 hospitals in special measures. AN recognised issues concerning Pathology Modernisation and wants to learn from issues going forward.
Jon Cort, (JC) East Midlands RTC stressed importance of exploring IT issues to avoid repeat mistakes. AN highlighted that NHSi now stipulates that through procurement a Trust cannot buy large capital items without prior approval by his committee.

Allistair Dodds, (AD) North East RTC asked how can we ensure that smaller Trusts are not without transfusion support out of hours. It was suggested that this should be a provider purchaser arrangement. For larger hospitals the culture is hub and spoke provider/purchaser relationship. AN confirmed representatives from all Trusts for finance, staffing, quality of provision must be transparent.

Chris Elliot, IBMS representative (CE) confirmed importance of addressing transfusion issue or costs will escalate.

The Secretary, Shubha Allard (SA) asked AN for a comprehensive update before and after the next Board Meeting. AN agreed to organise specialist Transfusion input to NHSi discussions and will facilitate.

Post meeting note – meeting between hospital transfusion labs and NHSBT RCI now being arranged to provide specialist input into NHSi discussions

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<th>28/18</th>
<th>Update on RCI Assist initiative.</th>
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<td></td>
<td>Mark Williams, (MW) Head of RCI reiterated that hospitals have a staff skill/mix deficit. Confirmed involvement from Barnsley and Rotherham Trusts in electronic requesting and reporting RCI ASSIST pilot which is going well.</td>
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<td>Will have further update for the Transfusion 2024 symposium to demonstrate work in progress.</td>
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<th>29/18</th>
<th>RCPath KPIs/KAIs</th>
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<td>SA updated that the RCPath developing Pathology KPIs/KAIs. A small group was convened by NBTC which submitted suggestions for hospital transfusion related KPIs. The College currently finalising generic KPIs and will advise when ready to progress specialty specific KPIs.</td>
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<th>Serious Hazards of Transfusion (SHOT)</th>
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<td>SN updated on the outcome of the SHOT symposium with key recommendations including:</td>
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<td>• All staff involved in transfusion must be trained in and know ABO-group compatibility. Clinical staff must not just rely on the laboratory staff to get this right.</td>
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<td>• IT systems have the potential to increase transfusion safety by minimising human factors and should be considered for all transfusion steps.</td>
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<td>• A formal risk-assessment for transfusion-associated circulatory overload should be undertaken wherever possible.</td>
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<td>Key SHOT messages:</td>
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• **Do not assume, verify:** At each step in the transfusion process, do not assume that no errors have been made in previous steps; verify each step, particularly patient identification

• **Human factors:** Failure of communication, distractions, interruptions, wrong assumptions, poor handovers and overriding alerts in the laboratory information systems are all important contributory factors

• **What went wrong?** Thorough root cause analyses are essential and must identify attributable system-related and human factors so that appropriate actions can be instituted Is your staffing adequate?

• **Inadequate staffing,** lack of training and poor supervision are all likely to be associated with an increased risk of error

• **Do not delay:** Emergency transfusion saves lives. Do not let the patient bleed to death or die from anaemia

• **Guidelines or rules?** Guidelines must not be translated into inflexible rules which may put patients at risk. Proportionate application of knowledge and experience may lead to a different course of action in individual circumstances. However, the final bedside check is a rule and must be completed in full

• **TACO alert:** Patients who develop respiratory distress during or up to 24 hours after transfusion where transfusion is suspected to be the cause must be reported to SHOT. The national comparative audit of TACO in 2017 demonstrated that risk factors are being missed

It is the clinician’s responsibility to know the patient’s specific transfusion requirements.

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**31/18 Medecines and Healthcare Products Regulatory Agency (MHRA)/SABRE**

JW highlighted with agreement from the committee that the regulatory burden on hospitals is not acceptable and makes it hard to make progress.

Following discussions with Lorraine Turner, UKAS about a combined MHRA/UKAS approach JW, SA and SB have drafted and sent a letter to the MHRA inspectorate to ask that a combined streamlined regulatory approach be explored.

Mike Dawe (MD) will also contact and discuss further with MHRA representatives. Fiona Carragher (FC) confirmed that a letter is due to go out confirming importance of UKAS and how valuable it is.

Discussions around route cause investigations. Nigel Sargant, (NS) South Central RTC concerns over finger-pointing causing issues. Bullying within laboratories is a concern.

**32/18 Blood Components Update**


Irradiation labels have been introduced in September.

Ordered blood pack contracts for next 4 years.

Importation of Plasma - The supply of Austrian plasma, MB treated by NHSBT,
will continue during 2019 to ensure sufficiency of supply. The SaBTO review of the vCJD risk reduction measure of the importation of plasma for those born on or after 1.1.96 is ongoing.

It would be interesting to know, in the event that UK FFP could be used for younger recipients, whether customers would want it to be PI treated. Relevant considerations would include cost, safety and quality. Further items discussed as summarised in report from the NHSBT Component Strategy group

### 33/18 5 year NHSBT R&D Strategy

Presented by Nick Watkins, (NW), Assistant Director - Research and Development

NW confirmed R&D are on track to deliver 7 of the 8 strategic goals in the 2015-2020 R&D Strategy and are developing an action plan to achieve the 8th. A total of 250 scientific manuscripts were published in 2017 and £4.2M external grant funding awarded. The R&D Committee accepted that the programme continues without any changes.

In neonatal transfusion (transfusions up to 28 days beyond the expected date of delivery), the results of the Planet-2 trial, led by Dr Simon Stanworth, are being prepared for publication in the New England Journal of Medicine. It is anticipated that the results will lead to changes in clinical practice.

Work led by Professor Ouwehand, working with international collaborators and Industry has resulted in the formation of the Blood Group Genomics Consortium. This group has developed a genotyping platform, which can be used to determine a donors’ full blood type (HLA, HPA and red cell antigens) as well as genetic variants which are linked to donor health and resilience for around £30 currently. This genotyping platform will be used to type 6,000 donors in the COMPARE study initially. Over the next 3 years all 250,000 donors recruited to the NIHR BioResource through the STRIDES study will be typed on this platform providing NHSBT with information on donor blood groups at an unprecedented level. This typing will enable the identification of donors with rare blood groups and the potential operational impact of this approach to donor typing is being considered.

Discussions over the ethical issues around genomics took place.

JW wants to highlight the importance we see in these projects for blood transfusion to optimise transfusion practice.

SA asked for clarification on how best the NBTC can feed back on R&D priorities with the possibility of future workshops.

### 34/18 NBTC Working Groups

Patient Involvement Working Group

The Chair, Charlie Baker (CBa) gave an overview of the group’s activities confirming ICAG pad will be available from December after a few amendments are being made.

Information Standard was awarded for NHSBT patient information leaflets.
Patient Blood Management Working Group
Louise Sherliker (LS) gave an overview on the activities of the Patient Blood Management Working Group.

The following groups submitted reports to the meeting held in June 2018. The terms of reference have been updated to reflect that the working groups listed below will now report into the Patient Blood Management Working Group.

- Education Working Group
- Patient Involvement Working Group
- Anaemia Working Group
- PBM Accreditation Working group
- Emergency Planning Working Group

LS confirmed that a PBM survey will be going out in October 2018 and that everyone is encouraged to take part.

Anaemia Working Group

Neither of the co-Chairs Sue Robinson or Sue Pavord were able to attend. They are still proposing a CQUIN.

James Reid (JR) is frustrated and would like to see some progress with this group as their intentions are of interest to the Royal College of Physicians.

Discussions around whether this group is fit for purpose took place with the lack of clear output. The group wanted more funding, and this has not been approved. The group to provide an update at the meeting of the NBTC’s Executive Working Group on 28 January 2019.

Education Working Group

LE unable to attend but provided a written report for information.

LearnBloodTransfusion

Lead: Anne Davidson, Education Lead: PBMP Team
Objective:
1. Monitor uptake of the resource
2. Further development of e-learning modules
3. (haemoglobinopathy)
4. Development of functionality of the resource
5. Educational governance

Non-medical authorisation of blood components

Lead: Anne Davidson, Education Lead: PBMP Team
Objective:
Further develop non-medical authorisation course
1. Further business modelling
2. Governance framework

Education Toolkit

Leads: Anne Davidson and Dr Lise Estcourt
Objective:
1. Support specific projects
2. Make changes to NHSBT Hospital and Science website to ensure easy access to PBM toolkit in collaboration with website development manager
3. Creation of an education / PBM toolkit within the H&S website
   - Development of a “one stop shop” to gain access to transfusion education materials

**Transfusion Education Initiative in collaboration with BSH**

**Leads:** Dr Shruthi Narayan & Dr Suzy Morton

**Objective:**
1. To enhance training for junior doctors in identification and management of anaemia, interpretation of FBC and other relevant topics including transfusion
2. Explore if course can be integrated in to Core Medical Training Days

**Transfusion education for Haematology Trainees**

**Lead:** Dr Lise Estcourt

**Objective:**
1. Increase access to educational resources on-line once resources in place
2. Consider creating shorter clinical fellow posts to enhance exposure to transfusion to all trainees

**Advances in Transfusion Medicine**

**Leads:** Dr Lise Estcourt, Dr Shubha Allard & Prof Dave Roberts

**Higher Specialist Scientific Training**

**Lead:** Dr Lise Estcourt & Ruth Evans

**Objective:**
1. Improve access and opportunities for HSST training
2. Consider long-term training needs for HSST not just in Transfusion Medicine but also in allied subjects e.g. Microbiology, Bioinformatics, and Advanced Cellular Therapies

**Transfusion Laboratory Managers Working Group**

The Chair, Stephen Bassey was not present due to unexpected work commitments

Investigating pressure and bullying culture emerging in laboratories.

There have been discussions post meeting around the appointment of a co-chair to support the Chair of the NBTC lab manager’s groups.. SA will pursue discussion with SB together succession planning for the role of chair and will also include as an agenda item for the EWG in Jan 2019

**Action:** SA and SB

**Choosing Wisely** ([www.choosingwisely.co.uk](http://www.choosingwisely.co.uk))

Paula Bolton-Maggs (PB-M) gave overview confirming her attendance at the launch and then progress has halted.

Choosing Wisely UK is part of a global initiative aimed at improving conversations between patients and their doctors and nurses. By having discussions that are informed by the doctor but take into account what’s important to the patient too, both sides can be supported to make better decisions about care. Often, this will help to avoid tests, treatments or procedures that are unlikely to be of benefit.
The Choosing Wisely principles encourage patients to get the best from conversations with their doctors and nurses by asking four questions.

1. What are the benefits?
2. What are the risks?
3. What are the alternatives?
4. What if I do nothing?

Discussions focussing on courses at medical school to incorporate this area of learning. It was agreed that this issue should be raised at the RCPPath November meeting. PB-M confirmed that the Clinical Effectiveness has been contacted. Any ideas or suggestions please submit to PB-M via Celina.Bernstrom@nhsbt.nhs.uk

Action: All

### 35/18 NBTC Emergency Planning Group

Emergency Preparedness guidance for Hospital Transfusion Services.

The Civil Contingencies Act 2004 requires NHS organisations and providers of NHS funded care to demonstrate that they can deal with Major Incidents while maintaining critical services. The healthcare community refers to this national programme of work as Emergency Preparedness, Resilience and Response (EPRR). The programme is overseen locally by the NHS England regional EPRR teams.

Heidi Doughty, (HD) Consultant Haematologist (NHSBT) presented overview of paper which should dovetail within NHS England and NHSBT and a wider range of stakeholders.

The Terms of Reference format as advised by NHS England currently excludes special major incidents such as radioactive, chemical, nuclear etc.

6.4 Platelets. Early consideration should be given to the demand and storage for platelets especially if the Trust is located at some distance from NHSBT and does not routinely stock platelets – Allistair Dodds, (AD) North East RTC pointed out that this may not apply to smaller Trusts, can an alternative strategy be considered.

HD would like this document ready for March. Prof David Roberts is helping design the toolkit. Need to look at the audit schedule to support it. HD confirmed that albumin is outside scope, and this should be left to anaesthetists.

Dr Falguni Choksey, (FC) incoming WM RTC Chair, Consultant Anaesthetist. Asked if the issue of albumin was in or outside of the document remit. She suggested that there should be a mention for those laboratories that act as supplier.

JW suggested that points 8.2 on baseline blood tests and 8.3 on which blood group to use could be amalgamated into one. He suggested stressing the high risk of ABO errors in chaotic situations if non-group O blood was used.

Discussions took place around how devolved nations would cope with
implementation of these recommendations. Ann Benton (AB) Blood Implementation Group, Wales confirmed that her region would adopt these recommendations. The Secretary, SA confirmed representation from devolved nations on the NBTC committee and present at the meeting highlighting that their willingness to participate depends on supply for clinical and blood service.

HD asked for operational plans for sharing blood between England and Wales during a shortage and could wording be added to this effect? The group was asked to feedback opinions and recommendations to Celina.bernstrom@nhsbt.nhs.uk.

**Action: All**

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<tr>
<th>36/18</th>
<th><strong>NHSBT - Blood strategy</strong></th>
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<tr>
<td>L H Del Hoyo (LHDH) Assistant Director of Supply Chain Operational Planning &amp; Strategy (NHSBT) fed back on this item confirming that forecasting and demand planning for hospitals and stockholding units was taking place.</td>
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<tr>
<td>Demand is in line at 12% over the last 6 months despite the ongoing o neg stock problems that have been encountered. This has increased over the past few months.</td>
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<td>A neg platelet demand is at 16% and supply of this group is challenging due to lack of donors. Appropriate use needs to be reiterated although it is good that there is no increase to note. RTC Chairs agreed to feedback although the information takes time to filter through and to change practice.</td>
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<th><strong>Therapeutic Apheresis Services (TAS)</strong></th>
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<td>Catherine Howell, (CH) Chief Nurse Diagnostic and Therapeutic Services (NHSBT) talked to the circulated paper and requested feedback from the meeting. Shruthi Narayan, (SN) Medical Director, SHOT praised the service. CH was thanked for the clear update.</td>
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<th><strong>Proposed Change to On-Call Services for Provision HLA selected Platelets</strong></th>
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<td>CH confirmed that Human Leucocyte Antigen (HLA) selected platelets for patients in England are provided by NHS Blood and Transplant (NHSBT) Histocompatibility and Immunogenetics (H&amp;I) laboratories. In order to locate and provide the best matched platelet units for patients requiring HLA selected platelets, 24 hours advanced ordering notice is required. Requests for urgent HLA matched platelets will no longer be taken by medical staff between the hours of 23:00 and 06:00.</td>
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<tr>
<td>Please can RTC Chairs consider the paper and feedback comments and concerns to <a href="mailto:Celina.Bernstrom@nhsbt.nhs.uk">Celina.Bernstrom@nhsbt.nhs.uk</a> with the deadline of the end of November.</td>
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<th>39/18</th>
<th><strong>Key Performance Indicators (KPIs) Key Assurance Indicators (KAIs) for NHSBT</strong></th>
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<tr>
<td>Tracey Scholes (TS), Customer Service Development Manager (Patient</td>
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<td>Services) covered salient points.</td>
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<td>Occasions have been noted where red cell stocks have had a 3-day alert for more than 3 days.</td>
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<td>Rh R0R0 – supplying 50% of requests received but the target is 55%.</td>
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<td>JW noted that nearly 50% of Platelets issued to hospital blood banks are at day 5 or older.</td>
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<td>The Chair, JW to contact Huw Williams to highlight concern about these figures.</td>
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<td><strong>Action:</strong> JW</td>
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### 40/18 Leeds / Sheffield project

NHSBT is creating a centre of excellence in Barnsley to be launched in 2020.

Jon Cort, (JC) East Midlands RTC is disappointed that the site has no lecture theatre. Catherine Howell (CH) to feed this back.

**Post meeting update:** CH has linked with the Accountable Executive who has advised that there is facility in the new site to provide lecture facilities. It will hold approx. 80 people.

### 41/18 NCG

Impact of 2017/18 NCG agreement – the price of blood was confirmed at £133.44 – competitively priced for Europe.

### 42/18 Date of Next meetings

- 26 March 2019 - Transfusion 2024 - A 5-year strategy for clinical and laboratory transfusion practice
- **NBTC/RTC Chairs – 30 September 2019 – London Venue TBC**
<table>
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<tr>
<th>Minute Ref</th>
<th>Agreed Action</th>
<th>Responsibility</th>
<th>Completion /Review</th>
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<td>Medicines and Healthcare Products Regulatory Agency (MHRA)/SABRE</td>
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<td>MD to contact Lorraine Turner, UKAS to discuss regarding a combined MHRA/UKAS approach.</td>
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<td>34/18</td>
<td>NBTC Working Groups</td>
<td>SA/ SB</td>
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<td>A co-chair needs to be identified. Registrations of interest or recommendation to be sent to <a href="mailto:Celina.Bernstrom@Nhsbt.nhs.uk">Celina.Bernstrom@Nhsbt.nhs.uk</a></td>
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<td>Choosing Wisely (<a href="http://www.choosingwisely.co.uk">www.choosingwisely.co.uk</a>)</td>
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<td>Discussions focussing on courses at medical school to incorporate this area of learning. It was agreed that this issue should be raised at the RCPath November</td>
<td>All</td>
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</table>
meeting, PB-M confirmed that the Clinical Effectiveness has been contacted. Any ideas or suggestions please submit to PB-M via [Celina.Bernstrom@nhsbt.nhs.uk](mailto:Celina.Bernstrom@nhsbt.nhs.uk)

### 35/18 NBTC Emergency Planning Group

Everyone to forward their operational plans for sharing blood between England and Wales during a shortage to decide if wording should be amended to reflect implementation suggestions. Send to Celina.bernstrom@nhsbt.nhs.uk)

CBe/All

### 38/18 Proposed Change to On-Call Services for Provision HLA selected Platelets

RTC Chairs consider the paper and feed back comments and concerns to [Celina.Bernstrom@nhsbt.nhs.uk](mailto:Celina.Bernstrom@nhsbt.nhs.uk) by the end of November.

RTC Chairs/CBe

### 39/18 Key Performance Indicators (KPIs) Key Assurance Indicators (KAIs) for NHSBT

The Chair to contact Huw Williams to highlight concern about these figures.

JW

### 40/18 Leeds / Sheffield project

Jon Cort, (JC) East Midlands RTC is disappointed that the site has no lecture theatre. Catherine Howell (CH) to feed this back.

CH