

**CONFIRMED MINUTES OF THE NBTC's  
EXECUTIVE WORKING GROUP (EWG)**

**Monday, 27 June 2022**

**13:00 – 15:00**

**Online/MS Teams**

**Members:**

Prof Cheng Hock Toh	Chair, NBTC
Dr Youssef Sorour	Deputy Chair, NBTC
Dr Andrew Charlton	Secretary, NBTC, Consultant Haematologist, NHSBT
Ms Celina Bernstrom	Executive Assistant for NBTC, NHSBT
Ms Suzy Biggs	RTC Administrator for The Midlands, NHSBT (Admin support)
Ms Kairen Coffey	Operations Manager PBM, NHSBT
Dr Lise Estcourt	Consultant Haematologist, NHSBT, Deputising for Farrah Shah, Director of Transfusion, NHSBT
Dr Shruthi Narayan	Medical Director, SHOT
Ms Louise Sherliker	Operations Manager - Transfusion 2024 programme
Ms Julie Staves	Chair, Transfusion Laboratory Managers Working Group
Mr Chris Philips	Head of Hospital Customer Service, NHSBT

**Invited Attendees:**

Mr Aman Dhesei	Associate Director – Technical and Scientific Development, NHSBT
Ms Ruth Hill	Director of Blood Supply, NHSBT
Ms Uchechi Izuka	Operational Planning & Strategy, NHSBT
Ms Rebecca Lanaway	Operational Planning & Strategy, NHSBT
Ms Andrea Marshall	Development Manager PBM, NHSBT (Observer)

**Apologies:**

Ms Angela Douglas	Deputy Chief Scientific Officer and NHSE Rep
Mr Dean Neill	Head of Operational Planning and Strategy, NHSBT
Dr Farrukh Shah	Medical Director for Transfusion, NHSBT
Mr Mark Taylor	Assistant Finance Director - Planning & Performance, NHSBT

<b>01/22</b>	<b>Welcome and Apologies</b>
	The Chair welcomed everyone who then introduced themselves.
<b>02/22</b>	<b>Executive Working Group meeting held 27 January 2022</b>
	The minutes of the meeting held on 27 January 2022 change were agreed as at true record after changing minor typo:

3.22	“Royal College of Obstetricians and Gynaecology”. The Action Log was reviewed with action points either completed or forming part of the agenda today.
<b>03/22</b>	<b>NBTC/RTC Chairs minutes</b>
	The minutes and action logs from the meetings of the NBTC and RTC Chairs held in March 2022 were noted and will be finalised at the forthcoming NBTC/RTC meetings in September 2022.
<b>04/22</b>	<b>Royal College &amp; Specialist Societies Representatives</b>
	Absences noted from the Royal College of Surgeons and the Royal College of Obstetricians and Gynaecologists. Spoken to Prof Neil Mortensen from the Royal College of Surgeons around him nominating a representative to join.
	<b>Action: CHT to follow up with Prof Neil Mortensen and him nominating a RCS rep to join the NBTC.</b>
<b>05/22</b>	<b>Transfusion 2024, Louise Sherliker</b>
	<ul style="list-style-type: none"> <li>• LS provided an overview to the group. The next steps and actions are as follows: -</li> <li>• NBTC Deliverables – reflect if there is any specific feedback.</li> <li>• We have received sign off for the next 12 months from the NHSBT Executive Committee and will be building our programme going forward.</li> <li>• NBTC deliverables – being looked at are as follows: - <ul style="list-style-type: none"> <li>1) Education and Workforce Planning</li> <li>2) Transfusion Research and Development</li> <li>3) Transfusion Information Technology</li> <li>4) Pathology Services</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• <u>Next Steps</u></li> <li>• Transfusion 2024 programme will be confirmed following approval of a strategic outline case by the NHSBT Executive Team.</li> <li>• It is proposed that the initial phase of the Transfusion 2024 Programme will formalise the supporting infrastructure, plus define the scope and deliverables for each of the workstream/projects, which will then highlight any future resource need.</li> <li>• Project workstreams have started scoping objects and workplans for 2022/23. LS to provide an update on progress.</li> <li>• There will be a need for hospital engagement across all of the workstreams and this will be done via NBTC working groups, focus groups and broader NHS strategic engagement.</li> <li>• LS will contact JS to update her on the current situation.</li> </ul>

- NHSBT PBM – transfusion laboratory safety and IT – lots of areas of feedback. Do we need to offer any support?

SN reported: -

- UKTLC have collaborated and re-written, getting together this week to discuss and get ratified.
- Pathology Network guidance. SA is leading on this and has a small group that have drafted a document. However, quite an arduous route to get published on the NHSEi website, so suggested going through RCPATH, a guidance document with aide memoir for the laboratories part of the Pathology Network so enlisted the assistance of NHS England to support the LIMS.
- HEE interested in developing a foundation model which will be free across UK/international. This will include a Toolkit, including an FAQ document, along with SharePoint, which can be downloaded onto the SHOT website.
- JS reported that the IT guidelines document was too long, so added useful points to an Appendix useful for networks and implementation.
- JS confirmed these will feature on BSH website but are waiting to hear back from them for approval to move forward.
- BTRU work is progressing, and JS is in touch with Simon Stanworth on this.
- JS confirmed she has a meeting with the project lead in two weeks' time, so will update the group.
- UKTLC SN reported that a survey goes out every two years - they have been gathering questions and feedback from this, which should be available in the autumn time to circulate to the transfusion laboratories.
- LS confirmed this will be really useful data for Scientific & Technical Training and identifying education needs.

**Action: JS to update group after meeting the project lead around loading the IT guidance onto the BSH website.**

For discussion

- LS confirmed the format for the next planning period to cover a 2/3-year period.
- SN – need help with end of year to have engagement workshop with key stakeholders, LIMS suppliers, NHSEi, and NHS Digital. Can have an interactive day with smaller group discussions based around key themes. SN will be seeking help to make this collaborative event.
- LS – IT projects trying to lead on Stock Management. Ensure engagement.
- Engagement with a number of hospitals, where NHSBT are running a pilot for cffDNA screening and RCI testing. Foetal RHD testing and reporting.

	<ul style="list-style-type: none"> <li>• For your trust to take part you will need to have 1. An active NPex connection, 2. Have WinPath enterprise, 3. Provide samples to IBGRL for screening and 4. Commitment to the project. This is an exciting project, and we will need your assistance to help recruit hospitals.</li> <li>• Pilot likely to run for 6 months, and NHSBT team can visit you and your trust. Please contact <a href="mailto:Gary.cavanagh@nhsbt.nhs.uk">Gary.cavanagh@nhsbt.nhs.uk</a> for further details. Looking to engage over next 6 months.</li> <li>• JS said her trust are moving over to WinPath within next 12 months and will ask at the next TLM meeting.</li> <li>• JS suggested contacting Clinisys.</li> <li>• RTC Chairs – LS said they are asking for assistance at the earliest opportunity.</li> <li>• LS will contact JS/YS after meeting.</li> </ul> <p><b>Action: LS to contact YS and JS re the above.</b></p> <ul style="list-style-type: none"> <li>• CHT said feedback very useful, particularly around IT. There should be lessons learnt from Covid so could be a quick win. Simon Stanworth is leading the BTRU project, CHT helped him get in touch with NHS transformation and some of the IT data interoperability issues and thought this could from a blood transfusion 2024 perspective too, as well as BTRU. This is positive progress.</li> <li>• LS suggested creating a short-term working group and CHT agreed. LS/CHT to discuss offline.</li> </ul> <p><b>Action: CHT/YS/LS/CBe to hold a meeting outside the group.</b></p> <ul style="list-style-type: none"> <li>• SN said they created a dashboard and update every 3 months and share it on JPAC/SHOT webpages to get people engaged. To be crosslinked promoting this work.</li> <li>• NHSBT PBM monthly updates to be shared to encourage engagement.</li> <li>• SHOT monthly snapshot – SN reported this can be done too.</li> <li>• We all want the same thing so bare this in mind. The Chair extended congratulations to LS.</li> </ul>
<b>06/22</b>	<b>Key points from the morning meeting of the NBTC PBM Working Group, Cheng-Hock Toh</b>
	<ul style="list-style-type: none"> <li>• Celebrate achievements now and those in process of working towards, NHS staff are very busy.</li> <li>• Continue to be mindful and acknowledge efforts as and when you can.</li> </ul>

	<ul style="list-style-type: none"> <li>• Working efficiently as possible ensuring that patients are happy, and we all work towards the implementation of Transfusion 2024.</li> </ul>
<b>07/22</b>	<b>Five-year Blood Services Strategy, Presentation by Aman Dhesi</b>
	<p>AD provided an overview of slides: -</p> <ul style="list-style-type: none"> <li>• NHSBT corporate strategy.</li> <li>• Collaborating with partners, diverse donor base, modernise our operations, drive innovation and invest in people.</li> <li>• It will define a single vision for the blood service and clinical services, enabled by our cross functional directorates with blood, plasma, organs, tissue and eye, pathology and cellular apheresis and gene therapies.</li> <li>• Sickle Cell disorders found predominately amongst black heritage patients, NHSBT can do wider interventions.</li> <li>• Only 52% of hospital Ro demand can be fulfilled from our existing donor base.</li> <li>• Closer genotype matching of multi-transfused patients could improve their outcomes if we are able to expand our donor base to meet the ethnic makeup of patients.</li> <li>• Blood service must respond in the next 5 years, to major challenges such as follow: -</li> <li>• Patient health inequalities – due to the sub-optimal blood matches for frequently transfused patients.</li> <li>• Changing donor expectations – and a need to increase diversity will drive the service model.</li> <li>• Unpredictability in collection – following the pandemic, alongside global supply chain disruption.</li> <li>• Declining productivity – and increasingly unsustainable costs in a challenging economic climate.</li> <li>• Stretched colleagues – due to pandemic and challenges with equity, development and retention.</li> <li>• Unconnected data - and legacy technology constrains our ability to adapt in a rapidly changing world.</li> <li>• Variable transfusion practice.</li> <li>• Growing clinical requests for both universal, and highly specific components.</li> <li>• Bio-medical developments over the next 15 years have the potential to transform our service and patient outcomes (peak vision: the need for organic blood will increasingly be reduced due to greater availability of gene therapy and synthetic blood)</li> <li>• Blood service strategy will prepare us for the future whilst meeting the challenges of today, focussing on our donor-patient profile.</li> <li>• Service mission is “to ensure every patient receives the blood they need, when they need it” building a safe supply chain.</li> </ul>

Ambitious targets to show the following strategic priorities: -

- “Everyone counts”
- “We are the best at what we do”
- “We deliver great donor engagement and experiences”
- “Our expertise saves patient’s lives”
- NHSBT OTIF targets is 98% (excluding Ro traditionally) but Ro is 52%, so we will bring them together for an all-encompassing overall position. Therefore, we can tackle our on-time failures to help us correct a drop of 2 points.
- R&D - ambition is to have 2 new blood products per year, onto the market (within 5-10 years), on average. Aim for 20% increase in NICE standards and 20% in education.
- A strategic roadmap identifies the core deliverables across each priority. Further sign offs will come through this group.
- SN said thanks these are great slides. SN very disappointing that no specific funding has been agreed. SN asked 1) what you have learnt from previous strategy and 2) how has this informed the current investment in safety. AD answered, the last strategy ended in 2020, there was a 2-year gap, pandemic occurred including an interim plan. We did look at the last strategy and looked at whether we could extend the date. However, there were some key things missing e.g., Ro.
- LS said first strategy where we are all working together, a re-alignment across all areas within NHSBT, which was not there before. Particularly T2024, impact of pathology, due to covid more of an awareness of our supply chains. We need to make sure we keep moving forward and together with hospitals.
- CHT – after the pandemic we have to make sure all lessons are learnt. Not just the 5 years from our strategy but especially data linkage and keen to get systems working in conjunction and not duplicating things. So, we want to build on the momentum.
- Another thing to point out is we have just had the Health and Social Care Act in 2022 launched. First one in a decade, lots of changes. However, no workforce planning or social care. They have learnt from Covid. National integration is of national importance.
- Health and Equality was mentioned, namely patients with sickle cell and thalassaemia. Their needs are extensive, and people can identify with them and problems with care nationally in NHS. Along with health and economic disparities, so please be mindful of this.
- AD/RH confirmed this strategy has been signed off and launched, as we propose to review this annually/or 6 months. An update via the clinical team may be appropriate or direct to this meeting? RH confirmed it will not change month on month, so it will be your choice, maybe newsletter or bulletin. First 2 years set out RH said but years 3-5 the strategy team will require more granular feedback after a while, to see if we are setting out the correct tone and approach. CHT said it is often the nuances,

	that sometimes you cannot plan so far ahead. However, appreciate how much work has gone into this, and look forward to updates. Congratulations to the team for work to date.
<b>08/22</b>	<b>UK plasma for medicines and Blood Supply Issues, Lise Estcourt &amp; Rebecca Lanaway</b>
	<ul style="list-style-type: none"> <li>• UK Plasma for medicines is progressing well working with NHS E&amp;I and DHSC to finalise a fractionator.</li> <li>• The Australians have lifted the ban on fractionated plasma to the UK, so this has increased pressure on Europe and FDA to do the same.</li> <li>• International fractionated plasma in Romania - supply issues are getting worse, with 12 children reported to have died. A national security issue has been raised.</li> <li>• Ramping up collections of plasma for medicine and clarification of a fractionator too.</li> <li>• Three plasma centres are permanently collecting apheresis only, plus we are increasing plans to create from whole blood. This will be worked on over the next 12 months, including to increase centre numbers responsible for collecting.</li> <li>• Convalescent Plasma trials – working alongside plasma for medicine programme. REMAP-CAP has restarted, comparing patients who are hospitalised and vaccinated verses those who are not. A plan to open another trial later in convalescent plasma in immunised patients. Germany has started, and France and UK to open in the autumn.</li> <li>• Convalescent Plasma only available as a trial product at the moment despite the fact other countries have made it available on a named patient basis. LE will send a notification later to send out. There is mounting evidence to suggest that it may be beneficial for the immunocompromised group. We have proven that it effectively works against omicron group in lab. It has high neutralisation activity, whereas a lot of monoclonal anti-bodies no longer work against omicron. Finally, it is a much higher titre product which we are not able to produce.</li> <li>• LE needs our assistance to promote the Convalescent Plasma trials from the NBTC's perspective. Also, trying to get other countries involved. New Zealand have opened with REMAP-CAP and trying to get France, Germany, Canada and Australia on board too. CHT encouraged all to share as much as possible.</li> <li>• Blood Supply Issues – LE reported this is an update following the two letters that went out last week with a pre-amber alert. JS was at PWC meeting this morning so can this go out to all the laboratory managers as a serious concern of an amber alert. JS to look at hospital stocks to see if we can safely reduce stock. We are having issues with a high number of donors</li> </ul>

	<p>cancelling, plus staff sickness. JS confirmed her eagerness to assist.</p> <ul style="list-style-type: none"> <li>• CHT asked if we are envisaging being UK self-sufficient in IV IGG. LE reported probably not a short-term goal aiming for 20-30% in around 5 years, but not completely without an external supply and require a lot of plasma to reach this capacity. Plus, would still require IV IGG from other countries.</li> <li>• RL presented some slides to go along with LS's overview and agreed to send out to the group noting variations in stock levels across all blood types.</li> <li>• Ro saw 4K collections last month, the highest on record.</li> <li>• O neg, increase in ordering 2% more units than we were 7 years ago despite 18% overall decline in red cell demand.</li> <li>• Issues noted across all blood products and platelets putting pressure on supply.</li> </ul> <p><b>Action: JS/LS/LE to hold urgent call tomorrow morning to clarify communication to go out as soon as possible.</b></p> <p><b>Action: RL to send slides to the group.</b></p> <p><b>Action: LE to send communication on the CVP trail.</b></p>
<b>09/22</b>	<b>Budgets, Kairen Coffey</b>
	<ul style="list-style-type: none"> <li>• KC noted budgets were extremely healthy due to massive underspend b/c holding virtual events only.</li> <li>• Discussions were held about developing an NBTC microsite that sits in the same position on the JPAC site.</li> <li>• Approached a developer and need to ringfence some funds.</li> <li>• In January it was agreed to allocate £10,000 from NBTC budget towards the initial work for a developer, which would host the web pages, Transfusion 2024 links, etc.</li> <li>• £2-3,000 anticipated for hosting and maintenance annually.</li> <li>• Expressions of interest been sent out, and several people came forward who wanted to work with us. We approached a developer and awaiting to sign a contract.</li> <li>• Issues are where the money can be ring-fenced.</li> <li>• £47,000 has been allocated out to 7 regions, under non-pay, so not suggesting this is to be used.</li> <li>• KC said the deficit of £16,000 would ordinarily be used for travelling, meetings etc. Last year there was an underspend of £14,000 due to virtual meetings only. So would expect the same predicted underspend again if things did not change.</li> <li>• KC said if this meeting can gain consensus or a decision on whether we can ringfence £10,000 of this. It does not just cover the main working groups that form and fall out of it.</li> <li>• We do not think we can offer as many free educational sessions at NHSBT sites as in the past due to number sizes, costs etc. Birmingham New Street – still not opened its meeting rooms yet.</li> </ul>



	<ul style="list-style-type: none"> <li>• CHT reported that following the PBM meeting held this morning people saw the benefits from virtual meetings, as saving on time and costs, the downside was not meeting people in person. However, given the relative importance of having a website that we can engage with, agreed to continue with virtual and ringfence the funds accordingly.</li> <li>• KC reported that were aiming to have timescale parameters by 31 March, however, clearly not started yet so will not be hitting this. We will be able to use this year's funds though and should only encounter a small delay.</li> </ul>
	<b>Action: CHT gave KC the go-ahead to ringfence the funds for work to progress with the microsite.</b>
<b>10/22</b>	<b>JPAC Website Changes</b>
	<ul style="list-style-type: none"> <li>• LE asked about if JPAC was being updated as well. AM reported that the NBTC public/staff information pages currently sit within the JPAC website. This is a long-standing arrangement and the NBTC is a guest on this site. They are happy for us change things, but we have to fund it ourselves. The look of JPAC will not change, click on the NBTC link and it will take the microsite which will be a new functioning website, which we will design and agree.</li> <li>• The group agreed that JPAC needed an update and to be more user friendly.</li> </ul> <p><b>Proposal Now Signed Off</b></p> <ul style="list-style-type: none"> <li>• Approval has been given to develop an NBTC microsite that sits in the same position on the JPAC site.</li> <li>• Complete this work before the end of the 22/23 financial year.</li> <li>• Showcase and promote the NBTC education programme and Transfusion 2024.</li> <li>• Approval has been given to the NBTC proposed changes to the current site and has authorised funding of £10K from the 2022/23 budget.</li> </ul>
	<b>Action: All had agreed to allocate funding</b>
<b>11/22</b>	<b>NBTC - Transfusion Laboratory Manager Working Group, Julie Staves</b>
	<ul style="list-style-type: none"> <li>• Face to Face meeting had been scheduled for September in Birmingham but let her know if not now possible after this morning's agreement to go with virtual. Only 15 in number.</li> <li>• CBe confirmed a meeting room had been booked in Birmingham, so only the cost of travel on top of this meeting was required.</li> <li>• WhatsApp group is very active and valuable resource.</li> <li>• KC asked if anyone else had any F2F meetings booked, the group advised no.</li> </ul>

	<ul style="list-style-type: none"> <li>• CMT confirmed hybrid meetings can become very expensive and venues moving away from them because of this.</li> </ul> <p><b>Action: JS/CBe to go ahead with face to face in Birmingham.</b></p>
<b>12/22</b>	<b>Serious Hazards of Transfusion (SHOT), Shruthi Narayan</b>
	<ul style="list-style-type: none"> <li>• 2021 SHOT Annual Report and the 2022 Annual SHOT Symposium. Final proof-reading taking place, then limited copies available at the symposium. Released on Thursday 2<sup>nd</sup> July on the website.</li> <li>• Slow registration, 150 so far may get to 200.</li> <li>• Never again with the hybrid meetings. Venues become so expensive. People still worried about Covid. Exhibitors are short staffed too for this reason.</li> <li>• Recording will be available for 3 months afterwards.</li> <li>• NHSBT/NBTC staff to hold a panel discussion, representatives from clinical labs etc Andy, Lisa, Julie and CHT on programme, international speakers too.</li> <li>• Please still encourage people to attend.</li> </ul>
	<ul style="list-style-type: none"> <li>• Recently sent out a safety notice – circa 2 weeks ago. This is different to an alert. a softer recommendation. 10% of reports not met. So developed an aide memoire and a check list to go through with staff.</li> <li>• Planning a couple of roadshows, one in the north and one in the south. At the end of this year and Mike Murphy to assist. Further details to follow.</li> <li>• SHOT been nominated for The Health and Safety Patient Awards this is around the human factors. Will know in September.</li> <li>• We have been extremely short staffed but now have a new member of staff, the SHOT Operations manager Karen Van De Reet, a nurse by background. Previously a colleague of JS's from Oxford. Will ask her to attend this meeting as an observer next time to meet us all.</li> </ul>
<b>13/22</b>	<b>Research &amp; Development (R&amp;D), Lise Estcourt</b>
	<ul style="list-style-type: none"> <li>• 2 BTRUs launched this year relevant to NBTC, “donor health and behaviour” seeing if we can increase transfusions over the next 5 years, plus better care of donors.</li> <li>• Also, whole blood and plasma donors, and appropriate intervals of collections.</li> <li>• BTRU in data driven practice, previously mentioned. First year is looking at logistics, contracts, and agreements.</li> <li>• Going to be development of universal component programme: work on a business case to be put forward to NHSBT, along with some initial work Rebecca Cardigan is currently doing on</li> </ul>

	<p>different universal platelets. Really exciting work with big projects being worked on.</p> <ul style="list-style-type: none"> <li>• CHT said that an annual update on the developments would be amazing.</li> </ul> <p><b>Action: LS: to provide an annual update to this group.</b></p>
<b>14/22</b>	<b>AOB</b>
	<ul style="list-style-type: none"> <li>• Twitter Account – KC/YS/AM had an action that came out of Transfusion 2024 had a telephone call to discuss this. PBM Twitter account has 3,000 followers, and is managed successfully by AM sending campaigns, educational events, NBTC guidelines, YouTube, probably have duplications etc.</li> <li>• It very time consuming, including policing, checking regularly that things are up to date, blocking people. Currently only North-East and London who are active.</li> <li>• So was going to ask the group about putting this forward to the RTC Chair's to see if there is an NBTC/PBM Twitter account that we use or maybe merge them together to streamline the management of these. YS said he cannot see why these cannot come under one umbrella.</li> <li>• The group discussed to take this away September to bring forward to Chairs.</li> <li>• CHT suggested that discussions around the development of a Twitter account should be progressed.</li> </ul> <p><b>Action: YS/CHT – To agenda this at the meeting in September</b></p>
	<ul style="list-style-type: none"> <li>• T24 - CHT reported that Angela Douglas been very helpful,</li> <li>• Transfusion 2024 patient safety is on the bulletin. 2-page sent out to hospitals</li> <li>• Chair of Chairs – replacement, as YS not available for September.</li> </ul>
<b>15/22</b>	<b>2023 Meeting Dates</b>
	<p><b>NBTC/RTC Chairs 2022/2023</b>  Monday, 13 March 2023  Monday 25 September 2023</p> <p><b>PBM/EWG 2022</b>  Monday, 30 January 2023  Monday, 26 June 2023</p>