

## MEETING OF THE EXECUTIVE WORKING GROUP

Confirmed Minutes of the meeting of the Executive Working Group held on Monday, 22<sup>nd</sup> June 2015, 1.00pm – 4.30pm at Holiday Inn London Bloomsbury, Corum Street, London WC1N 1HT.

<b>Present:</b>		
Dr Jonathan Wallis	(JW)	NBTC Chair and Consultant Haematologist
Dr Kate Pendry	(KP)	NBTC Secretary and Clinical Director Patient Blood Management NHSBT
Mr Stephen Bassey	(SB)	Transfusion Laboratory Manager and NBTC NCG representative
Dr Gavin Cho	(GC)	London RTC
Dr Paula Bolton-Maggs	(PB-M)	SHOT Medical Director
Ms Rebecca Gerrard	(RG)	National Lead: Patient Blood Management Team
Ms Teresa Allen	(TA)	NHSBT Assistant Director Customer Service
Dr Stephen Thomas	(ST)	Interim Assistant Director - Manufacturing Development – NHSBT (in attendance for item 43/15)
Elaine MacRate	(EC)	Manager Blood Stocks Management Scheme (in attendance for item 41/15)
Mr Charlie Baker	(ChB)	NBTC NCG representative (in attendance by telecon for item 41/15)
Ms Celina Bernstrom	(CB)	EA to NBTC
Lynne Mannion	(LM)	Transfusion Practitioner and BBTS representative (in attendance)
<b>Apologies:</b>		
Dr Mike Desmond	(MD)	Chair and North West RTC

<b>30/15</b>	<b>Executive Working Group meeting held on 22 January 2015</b>
	The minutes of the meeting held on 22 <sup>nd</sup> January 2015 were agreed as a correct record subject to a few minor amendments to be completed by CB.
	<b>Action: CB</b>
<b>31/15</b>	<b>Matters Arising</b>
<b>03/15</b>	<u>Two Blood Samples Collected</u> - Guidance is well intentioned but some Trusts have difficulty with implementation. PB-M to update at next meeting with results of the survey that went out in May 2015.

	<u>Extending the shelf-life for thawed Fresh Frozen Plasma (FFP)</u>
	A survey was conducted on extending the shelf-life of thawed FFP. This was confirmed by Laura Green as an old action and it has been decided by NHSBT not to extend the shelf life for thawed FFP.
	There is work in progress by NHSBT to introduce liquid (never frozen) plasma. Ongoing work with the components development laboratory (CDL) and the results will be presented to JPAC in November 2015
	Discussions took place on whether liquid FFP needs to be irradiated due to presence of residual leucocytes.
	<u>Website</u> - Ongoing concerns over a lack of posting of material on the website from the RTCs. RG confirmed that a new Website Development Manager was being sought and in the meantime in order to upload information on the JPAC site please contact either Michelle Carter or Fay Underhill from Customer Services via <a href="mailto:NHSBT.customerservice@nhsbt.nhs.uk">NHSBT.customerservice@nhsbt.nhs.uk</a> .
	<u>TORs/6. Outcome Measures</u> – JW has written to Graham Donald on implementing the reporting on patients' experiences about the provision of transfusion services to be properly actioned as an outcome measure and there is no update at present.
	<u>NBTC Membership</u> – JW provided update on ongoing relationship with NHS England highlighting that Professor Jo Martin is very supportive of the NBTC and SHOT however would not be a regular attendee of these meetings.
<b>04/15</b>	<u>NBTC, SHOT AND NCABT - Steering Group Membership</u> - JW confirmed that BBTS have provided funding for Lynne Mannion, Transfusion Practitioner and Daniel Palmer, Biomedical Scientist. It was discussed whether Daniel Palmer is a suitable candidate for the role as he has recently moved to a post in NHSBT.
	<b>Action: JW to discuss with KP and BBTS Council</b>
<b>05/15</b>	<u>NPSA SPN 14 Review Group</u> – this group is no longer in operation; the work of this group has been continued as noted in 40/15 below. Remove from the next agenda.
	<b>Action: CB</b>
<b>12/15</b>	<u>RTC Chair of Chairs recruitment</u> – Dr Youssef Sorour has expressed an interest in this position which is currently being considered. The role of the RTC Chair of Chairs may be changed depending on plans for structure of the RTC Chairs' meeting
	<b>Action: KP to confirm position with YS</b>
<b>32/15</b>	<b>Serious Hazards of Transfusion (SHOT)</b>
	PB-M gave overview highlighting that SHOT was set up in 1996 and now has 18 years of accumulated data and an international reputation as the best haemovigilance scheme in the world.

	SHOT has recently been challenged by the UK Forum with regard to professional accountability. The SHOT medical director provides a report for each UKF meeting and attends in person at least once a year, usually in September. The UKF is represented at the SG and their representative was present at the UKF meeting in March where SHOT was criticised. It seems that the UKF believe it to be appropriate to have greater say and direction in what SHOT recommends and publishes. This has not been our understanding and indeed is not what is clearly stated in our Terms of Reference. Until now my experience had been that the UKF was very supportive.
	Dafydd Thomas (Chair, SG), Alison Watt (SHOT operations manager) and Paula Bolton-Maggs, (SHOT Medical Director) met with Lorna Williamson (Medical Director NHSBT) and Mary Morgan (CEO SNBTS and chair of UKF) on May 20 <sup>th</sup> .
	At that discussion it was agreed that it would be good to have a strategic review of SHOT and its functions and we are asking the SG to endorse this. Mary Morgan has suggested a colleague to act as the external facilitator who works for NHS National Services Scotland.
	SHOT strongly believes that it should remain independent of the Blood Services in making recommendations and the content of our Annual Report.
	Following circulation of these concerns to the SHOT Steering Group strong support was received for the principal of independence.
	PB-M had a further meeting with Lorna Williamson on June 8 <sup>th</sup> who confirmed that: <ul style="list-style-type: none"> <li>○ The UKF will provide a clear statement that the UKF recognises the professional independence of SHOT and that the UKF has no wish to take over the running of SHOT</li> <li>○ That the UKF hold the work of SHOT in high regard.</li> </ul>
	PB-M to nurture affiliation with Royal College of Pathologists.
	Concerns were felt about the future of SHOT and its potential loss of funding. TA felt that a small fund generated by the price of a bag of blood would be reasonable to fund SHOT should the need arise.
	JW/PB-M would like to know more of the cost of haemovigilance in other countries. JW offered to write a letter from the NBTC (National Blood Transfusion Committee) to support SHOT's independence and governance measures. All agreed SHOT is not such a costly organisation to run. SB offered to raise a letter of support from the NCG (National Commissioning Group) too.
	<b>Action: JW/SB</b>
	TA also put to the meeting that should funding be required in the future then this could come from the NCG. JW agreed to write to Mary Morgan, Chair of the UK Forum.
	<b>Action: JW</b>

	<b>What is the haemovigilance role of the MHRA?</b>
	The Medicines and Healthcare products Regulatory Agency (MHRA) is a government agency acting as the Competent Authority which fulfils the requirements of the Blood Safety and Quality Regulations (since 2005). Data are submitted to the European Union (EU) and the MHRA has a regulatory role to ensure the competence of Blood Establishments and hospital transfusion laboratories. Their two haemovigilance specialists review every new report daily as an early warning system for potentially failing establishments.
	Reports are made through an online database, SABRE, since 2005. The MHRA has an overall aim to enhance and safeguard the health of the public, which is similar to SHOT's mission to improve patient safety in blood transfusion.
	The MHRA produced a 5 year report (data from 2005-2010, published March 2012), which included some learning points (mostly related to how to report). Since that date, the annual data have been reported as a chapter in the Annual SHOT Reports (2011-2014) as part of working more closely together.
	The MHRA haemovigilance activity is funded by collection of fees from hospitals. SHOT and the MHRA are working well together towards a single HV system. Although it was agreed in 2014 that the project would go through the NHSBT IT and business management systems this has not been possible due to IT constraints and funding. Instead, the MHRA is working with SHOT towards integration of a joint system through their IT developers. This is urgent since joint analysis of serious adverse reactions reported to MHRA and SHOT has demonstrated that many are not reported to the MHRA.
	Action: JW to convene a meeting with the MHRA in August 2015
<b>33/15</b>	<b>NBTC Annual Report 2014/15</b>
	Presented by KP and approved with minor corrections in anti D audit section. It was suggested that CB might add the Annual Report to the JPAC website once approved.
	<b>Action: CB</b>
	KP to show amended version Professor Mike Murphy before sending to Jo Martin, NHS England and the Chief Executive UK Forum, Mary Morgan and Professor Sir Bruce Keogh, NHS England Medical Director.
	<b>Action: KP</b>
<b>34/15</b>	<b>NBTC Workplan 2015/16</b>
	KP invited any further comments from the group. It was pointed out that point 5. Replace Safer Practice Notice 14 'Right Patient Right Blood' should be amended to show that Lynne Mannion has set up a Working Group and is the process of developing a set of Recommendations for Training and Assessment in Blood Transfusion.
	<b>Action: CB</b>
<b>35/15</b>	<b>NBTC Working Groups update</b>

	<ul style="list-style-type: none"> <li>• RTC Chairs Minutes, Monday, 16<sup>th</sup> March 2015 were accepted as a correct record in the absence of MD.</li> </ul>
	<ul style="list-style-type: none"> <li>• Royal Colleges and Specialist Societies – Questions arose over whether the Anti-D issue had been resolved and LM believed that it had. RG to ask Tony Davies and Megan Rowley for official update on this.</li> </ul>
	<b>Action: RG</b>
	<ul style="list-style-type: none"> <li>• TLM Working Group – SB gave update including the Transportation Boxes overview. SB to e-mail Clive Ronaldson signing off on Red Cell and Platelet Shortage document.</li> </ul>
	<b>Action: SB</b>
	<ul style="list-style-type: none"> <li>• Education Working Group – SA and the group are continuing to drive the transfusion training work</li> </ul>
	Skills for Health Transfusion Training Passport - The training passport system has not been launched by SFH - the Blood Component Transfusion subject guide will now be included in the next version of the SFH Core Skills Framework as an optional subject.
	SPN14 Review Work - The SPN14 group had completed draft recommendations A survey was sent to TPs to ask how they feel this project should move forward. There was a 50% response rate (111 responded). 84% would consider using Skills for Health when revised. 73% would use a set of standards endorsed by NBTC. Following the survey 15/20 TPs offered to help. It was agreed that this group should be TP led see item 40/15 below.
	<ul style="list-style-type: none"> <li>• Patient Involvement Working Group – F2F scheduled for Friday, 26<sup>th</sup> June – update from RG at next meeting. CB to add to next agenda.</li> </ul>
	<b>Action: CB</b>
<b>36/15</b>	<b>NICE Transfusion Clinical Guideline Consultation</b>
	KP/JW highlighted the recent NICE guidelines sent out for consultation. Document can be located in the following location: <a href="http://www.nice.org.uk/guidance/indevelopment/gid-cqwave0663/consultation">http://www.nice.org.uk/guidance/indevelopment/gid-cqwave0663/consultation</a> The deadline for feeding back comments to JW / KP is: 25 <sup>th</sup> June 2015
<b>37/15</b>	<b>Patient Blood Management</b>
	KP gave an update on PBM pilots:
	<ul style="list-style-type: none"> <li>a) Single Unit Pilot Project</li> <li>b) North West Regional Pre-Operative Anaemia Project</li> <li>c) South West Regional Transfusion Committee Joint Project with CliniSys to develop Electronic Blood Use Analysis Data</li> </ul>
	KP and RG gave an update on other PBM activities:
	<ul style="list-style-type: none"> <li>a) AFFINITIE and PBM audits</li> </ul>

	<ul style="list-style-type: none"> <li>b) The development of a PBM App</li> <li>c) Data collection for PBM</li> <li>d) Standardised transfusion request</li> <li>e) Toolkit and website for PBM</li> </ul>
<b>38/15</b>	<b>NHSBT PBM Strategy</b>
	<p>RG noted that there had been delays with presentation to the NHSBT executive team (ET) and it is hoped that the strategy will be presented at the September ET meeting; the final version will be presented to the National Blood Transfusion Committee meeting on 28<sup>th</sup> September 2015. Discussion took place highlighting that additional funding is required to achieve the action plan. KP will be preparing a one page summary with RG; this will be circulated to the NBTC EWG and submitted to NHSBT with the Exec Team papers.</p>
	<b>Action: KP</b>
<b>39/15</b>	<b>NHSBT KPIs</b>
	<p>TA presented reiterating that the role of KPIs is to monitor performance of NHSBT and that NBTC requires this. TA shared with the group the set of information in the form of dashboards that is created for performance monitoring within NHSBT. She suggested that the TLM group could review this information at their meetings on behalf of the NBTC. SB agreed to trial with TLMs.</p>
	<p>SB to revisit last KPIs to see if any further information is needed from NHSBT.</p>
	<b>Action: SB</b>
<b>40/15</b>	<b>NBTC Recommendations for Training and Assessment in Blood Transfusion (replacement for NPSA SPN 14)</b>
	<p>LM explained that she had been tasked with bringing the work of the NPSA SPN 14 working group to a conclusion.</p>
	<p>Assessment recommendations were deliberated. The feedback from TPs was mostly 2 year intervals between assessments with some TPs suggesting an annual review. It was generally felt that every 3 years was too infrequent and so wording would be adjusted to a read a “<b>minimum</b>” of every 3 years. LM to amend.</p>
	<p>It was suggested that the word “Training” needed clarification. The additional point was added. The deletion on Page 3 regarding discussion of incidents at annual review was contested and instead of its removal a minor amendment was suggested that the word “must” be amended to read “may”. LM to amend.</p>
	<p><i>Transferability of training, knowledge tests and practical assessment</i> – It is suggested that the outcome of training, knowledge tests and practical assessments should be recorded through the ESR system. SB expressed concerns that his TPs will not take responsibility for the testing.</p>
	<p>Retention of blood packs was raised as a concern whether they should be until the end of an episode. RG reiterated that the BSCH guidelines must be adhered to.</p>

	LM to contact Andrea Harris on this subject and BCSH Guidelines. Discussion on how these would be received. RG added that these are Guidelines however; if hospitals are not in happy with this guidance they will do their own thing as they have done in the past.
	SB suggested wording to be added “should comply with BCSH Guidelines” to cover these eventualities.
	Minor amendments to the standards were discussed; again the final version is dependent on the draft BCSH guideline.
	Plan is for LM to amend the Recommendations for Training and Assessment in Blood Transfusion and the standards, and to send them to KP who will compose an e-mail so that CB can disseminate to HTC's and RTC Chairs for comments by the end of August for review at the NBTC meeting in September. CB to collate comments
	<b>Action: LM/KP/CB</b>
	<i>NHS England Patient Safety Expert Groups – Terms of Reference</i>
	These were distributed amongst the meeting and discussed.
	<i>Patient Safety Steering Group</i>
	The purpose of this group is to provide oversight of and an accountability framework for the work of the Patient Safety Expert Groups. These provide senior clinical advice regarding patient safety to the commissioning system and support NHS England's priorities in patient safety and lead on the development and dissemination of agreed patient safety advice and guidance for both commissioners and providers.
	<b>Action: JW to decide best method for ensuring that Transfusion Safety Issues are represented at a high level in NHS England</b>
<b>41/15</b>	<b>National Commissioning Group Prices for Blood Components and Specialist Services for 2015/2016 from NHS Blood and Transplant / Letter from NHSBT re price reduction to £120 for red cells June 2015 / NBTC representation at the NCG</b>
	Charlie Baker, NBTC representative on the NCG joined via telephone conference.
	Conversations around the reduced price of blood to £120 took place despite this reduction in price it is important to maintain consistent service. SB and CB highlighted concern that this reduction was agreed bypassing the National Commissioning Group. JW to write to Huw Williams noting the decision, however in the future such decisions must pass through NCG (i.e. NBTC representatives should be consulted).
	<b>Action: JW</b>
	O RhD neg differential pricing: a paper was presented by Elaine MacRate.
	Following a proposal from the NCG, a paper with options around differential

	pricing of O RhD Neg red cells was presented. Although NHSBT can generally meet demand, TA reiterated that there are still periods with shortfalls relating to donation namely during the summer holiday period and Christmas. There were concerns that matching demand to the overall donor population is an unrealistic goal as there are many reasons why O RhD neg is the blood group of choice, or even the only suitable group for patients. It was however agreed that usage is increasing unreasonably.
	TA responded that money is being spent on marketing to counteract these gaps in donor activity, the O RhD neg is to be tackled as a priority. SB remarked that whilst some TLMs have good strategies in place to use it efficiently, such as transfusion when it is close to expiry, there is much room for improvement in inventory practices and some laboratory managers need a push to improve practice.
	JW asked how much O neg is given to other patients to avoid time-expiry. A rate of about 7% was confirmed by SB. JW said that whilst O RhD Neg was available in a plentiful supply, it would be difficult to change the demand. CB added that it comes down to whether it is supply or demand driven.
	Of the options proposed, the most straightforward of charging a higher price for O RHD neg and a reduced price for other blood groups was preferred. However the group wanted more work done by NHSBT with the help of PBM team to try to reduce demand before this is implemented. <ul style="list-style-type: none"> <li>• Reduction of substitutions by NHSBT</li> <li>• Age of cells at issue (what age are O RhD Neg red cells at issue?)</li> <li>• NHSBT to encourage stock sharing to avoid time-expiry</li> </ul>
	Discussion took place over whether the mere threat of a price increase would motivate change within hospitals, but most felt that the change would have to be implemented in order to see demand change.
	It was agreed that this subject would need further discussion at the NCG meeting in July and the NBTC meeting in September.
<b>42/15</b>	<b>New structure of the NBTC meeting and reviewing the role of the Specialist Society and College Representatives</b>
	This item was skipped owing to time constraints.
	<b>Action: KP to follow up with JW by email</b>
<b>43/15</b>	<b>Bacterial Risk Reduction Project - Early engagement with hospitals</b>
	Stephen Thomas presented this item. NHSBT currently uses a bacterial screening system for its platelet components. However, pathogen inactivation (PI) technology is now available and may present an acceptable alternative to screening. A competitive procurement exercise will be undertaken. Hospital customers will be kept informed
	Overview:
	<ul style="list-style-type: none"> <li>• Current bacterial screening contract with Biomerieux expires 31 March 2016</li> <li>• SaBTO review April 2014 concluded that PI is safe for use, subject to</li> </ul>

	<p>some caveats</p> <ul style="list-style-type: none"> <li>• New procurement exercise to begin with head to head of Bacterial Screening v Pathogen Inactivation</li> <li>• Minimum platelet safety standards are to be maintained.</li> </ul>
<b>29/15</b>	<b>AOB</b>
	<b>NBTC EWG/NBTC PBM meetings:</b>
	Royal College of Obstetricians and Gynaecologists (Room on Regents Park) Monday, 18 <sup>th</sup> January 2016

**NBTC – Executive working group  
SUMMARY OF AGREED ACTIONS – Meeting held on 22 June 2015**

Minute Ref	Agreed Action	Responsibility	Completion /Review
<b>30/15</b>	<b>Executive Working Group meeting held on 22 January 2015</b>		
	A few minor amendments to be completed by CB.	CB	Completed
<b>04/15</b>	<b>NBTC, SHOT AND NCABT - Steering Group Membership -.</b>		
	JW/KP to contact BBTS to ascertain whether Daniel Palmer a suitable candidate for the role given he has recently moved to a post in NHSBT?	JW/KP	Completed
<b>05/15</b>	<b>NPSA SPN 14 Review Group</b>		
	Group no longer in operation. Remove from the next agenda.	CB	Completed
<b>12/15</b>	<b>RTC Chair of Chairs recruitment</b>		
	KP to update Dr Youssef Sorour on his interest in this position. The role of the RTC Chair of Chairs may be changed depending on plans for structure of the RTC Chairs' meeting.	KP	Completed
<b>32/15</b>	<b>Serious Hazards of Transfusion (SHOT)</b>		
	JW/PB-M would like to know more of the cost of haemovigilance in other countries. JW to write a letter in support of SHOT's independence and governance measures.	JW	<b>Completed</b>
	SB offered to raise a letter of support from the NCG (National Commissioning Group) too.	SB	
	TA also put to the meeting that should funding be required in the future then this could come from the NCG. JW to write to Mary Morgan, Chair of the UK Forum.	JW	<b>Completed</b>
<b>33/15</b>	<b>NBTC Annual Report 2014/15</b>		
	CB to add the Annual Report to the JPAC website once approved.	CB	Completed
	KP to show amended version Professor Mike Murphy before sending to Jo Martin, NHS England and the Chief Executive UK Forum, Mary Morgan and Professor Sir Bruce Keogh, NHS England Medical Director.	KP	Not completed: Action to be completed for 2015/16 annual report
<b>34/15</b>	<b>NBTC Workplan 2015/16</b>		
	Replace Safer Practice Notice 14 'Right Patient Right Blood' should be amended to show that Lynne Mannion has set up a Working Group and is the process of developing a set of Recommendations for Training and Assessment in Blood Transfusion.	CB	Completed

<b>35/15</b>	<b>Working Group Update</b>		
	Royal Colleges and Specialist Societies – RG to ask Tony Davies and Megan Rowley for update on whether the Anti-D issue had been resolved.	RG	Completed
	Patient Involvement Working Group – CB to add to next agenda so that RG can update after PIWG F2F meeting 26 <sup>th</sup> June.	CB	Completed
<b>36/15</b>	<b>NICE Transfusion Clinical Guideline Consultation</b>		
	The deadline for feeding back comments to JW / KP is: 25 <sup>th</sup> June 2015	All	Completed
<b>38/15</b>	<b>NHSBT PBM Strategy</b>		
	KP to prepare a one page summary with RG; this will be circulated to the NBTC EWG and submitted to NHSBT with the Executive Team papers.	KP	Completed
<b>39/15</b>	<b>NHSBT KPIs</b>		
	TLMs to review this information at their meetings on behalf of the NBTC. SB agreed to trial with TLMs and to revisit last KPIs to see if any further information is needed from NHSBT.	SB	Completed
<b>40/15</b>	<b>NBTC Recommendations for Training and Assessment in Blood Transfusion (replacement for NPSA SPN 14)</b>		
	Assessment and recommendations - LM to amend wording to read a “minimum” of every 3 years.	LM	Completed
	It was suggested that the word “Training” needed clarification. The additional point was added. The deletion on Page 3 regarding discussion of incidents at annual review was contested and instead of its removal a minor amendment was suggested that the word “must” be amended to read “may”. LM to amend.	LM	Completed
	SB suggested wording to be added “should comply with BCSH Guidelines” to cover these eventualities.	LM	Completed
	LM to amend and send to KP for CB to circulate to HTC and RTC Chairs for comments for presentation at NBTC meeting in September.	KP/CB	Completed
	<i>Patient Safety Steering Group</i>		
	JW to decide best method for ensuring that Transfusion Safety Issues are represented at a high level in NHS England	JW	Completed
<b>41/15</b>	<b>National Commissioning Group Prices for Blood Components and Specialist Services for 2015/2016 from NHS Blood and Transplant / Letter from NHSBT re price reduction to £120 for red cells June 2015 / NBTC representation at the NCG</b>		
	JW to write to Huw Williams regarding the decision to reduce the price of the blood bypassing the NCG and to notify him that in future all decisions must pass through NCG i.e. NBTC representatives should be	JW	Completed

	consulted).		
<b>42/15</b>	<b>New structure of the NBTC meeting and reviewing the role of the Specialist Society and College Representatives</b>		
	This item was skipped owing to time constraints, KP to follow up with JW by e-mail.	KP	Completed