

# **Hospital Transfusion Committee**

## **Chair's Toolkit**



**Guidance for New and Developing HTC Chairs**

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## **Foreword**

This toolkit has been produced to assist you in your role as Hospital Transfusion Committee Chair. We hope it provides you with guidance to fulfil this important role and would welcome any feedback you may have on the document or suggestions how the RTC can support you further.

The NHSBT Customer Service Team welcomes the opportunity to support your Hospital Transfusion Committees by aiming to attend at least once per year. Although they all have different roles, their overall aim is to work collaboratively with hospitals to ensure that blood components are safe, used appropriately and available when you need them. Please do invite them and provide meeting dates as far in advance as possible.

For more details on the Customer Service Team's roles see p.10

Prior to each Regional Transfusion Committee (RTC) business meeting you will be sent a HTC Report form. This is your opportunity to feed into the RTC 3 times per year detailing your key successes and achievements, constraints, issues that you would like the RTC Chair to address locally and nationally at the National Blood Transfusion Committee (NBTC).

Also, I would welcome your attendance at the RTC Business meetings which are held three times per year; March / June / November. Dates and agendas will be sent via email from the North East RTC. The meetings provide an opportunity to share experiences, participate in active discussions and to keep up to date with transfusion news and issues both regionally and nationally.

North East Regional Transfusion Committee

## **Transfusion Team Infrastructures in England and North Wales**

The aim of this section is to provide an overview of the different transfusion committees and teams who work collaboratively to improve transfusion practice.

### **Section 1.01 National Blood Transfusion Committee (NBTC)**

The NBTC was established in 2001. Its remit is to promote safe and appropriate transfusion practice. The committee provides a forum to discuss national transfusion issues and to channel information to Regional Transfusion Committees (RTCs) to share with hospitals in their region.

The NBTC is made up of representatives from:

- NHS England
- Royal Colleges
- Specialist Societies e.g. British Society for Haematology (BSH), British Blood Transfusion Society (BBTS)
- Other organisations e.g. Serious Hazards of Transfusion (SHOT) scheme, Institute of Biomedical Sciences (IBMS), Medicines and Healthcare products Regulatory Agency (MHRA).
- NHS Blood and Transplant (NHSBT)
- Patient
- Regional Transfusion Committee Chairs

The NBTC aims to meet twice a year. The minutes from each meeting are available via the NBTC website on the UK Blood Transfusion & Tissue Transplantation Services website: <https://www.transfusionguidelines.org/> The Executive Working Group is a subgroup of the NBTC, it ensures that the momentum of the committee's activities is maintained between full committee meetings; this group also meets up twice a year.

### **Section 1.02 Regional Transfusion Committee (RTC)**

The RTCs are responsible for implementing actions of the NBTC in England and North Wales. They oversee the activities of the local HTC and provide a link between the HTCs and NBTC.

The RTC is usually made up of representatives from:

- The region's HTCs (including NHS and private hospitals)
- The NHSBT Customer Service Team
- Patient

There are three meetings of the RTC per year; minutes and actions are disseminated to Chairs of all HTCs in the region. The work of the RTC is co-ordinated by the Regional Transfusion Team (RTT). Information on RTCs can be accessed at: <https://www.transfusionguidelines.org/>

### **Section 1.03 Hospital Transfusion Committee (HTC)**

Every Trust involved in blood transfusion should have a HTC as stated by the DH in the Health Service Circular 2007/001: Better Blood Transfusion - Safe and Appropriate use of Blood. The HTC should have the authority to take the necessary actions to improve transfusion practice.

A HTC should:

- Promote safe and appropriate blood transfusion practice through local protocols based on national guidelines
- Audit the practice of blood transfusion against the NHS Trust policy and national guidelines, focusing on critical points for patient safety and the appropriate use of blood
- Lead multi-professional audit of the use of blood within the NHS Trust, focusing on specialities where demand is high, including medical as well as surgical specialities, and the use of platelets, plasma, and other blood components as well as red cells

- Provide feedback on audit of transfusion practice and the use of blood to all NHS Trust staff involved in blood transfusion
- Regularly review and take appropriate action regarding data on blood stock management, wastage and blood utilisation provided by the Blood Stocks Management Scheme (BSMS) and other sources
- Develop and implement a strategy for the education and training for all clinical, laboratory and support staff involved in blood transfusion
- Promote patient education and information on blood transfusion including the risks of transfusion, blood avoidance strategies and the need to be correctly identified at all stages in the transfusion process
- Consult with local patient representative groups where appropriate
- Modify and improve blood transfusion protocols and clinical practice based on new guidance and evidence
- Be a focus for local contingency planning and management of blood shortages
- Report regularly to the RTC, and through them, to the NBTC
- Participate in the activities of the RTC
- Contribute to the development of clinical governance.

Although no recommendation is made from the DH regarding actual HTC membership, it is suggested that the committee membership should include:

- Chair
- Transfusion Laboratory Manager (TLM)
- Transfusion Practitioner (TP)
- Haematologist with responsibility for transfusion
- Senior nursing and midwifery representation
- Representatives from clinical high users of blood components
- Anaesthetist
- Member of risk management
- Representative from finance
- Representative from the Primary Care Trust or equivalent organisation

The committee should aim to meet at least 3 times per year. The HTC should report to senior management within the Trust, usually via the Risk Management Committee. A suggested organisational structure for HTC feedback is shown below:



## Section 1.04 Hospital Transfusion Team (HTT)

In accordance with the recommendations from the Health Service Circular 2007/001: Better Blood Transfusion – Safe and Appropriate use of Blood, Trusts should establish a HTT for promoting good transfusion practice through the development of an effective local clinical infrastructure. The team should consist of the Lead Consultant for Transfusion (with sessions dedicated to blood transfusion), Transfusion Practitioner, Transfusion Laboratory Manager and possibly other members of the HTC. There should be identified clerical, technical, managerial and IT support, the team should also have access to audit and training resources to promote and monitor safe and effective use of blood and alternatives. The HTT should aim to meet on a monthly basis.

The role of the HTT is to:

- Implement the HTC's objectives
- Promote and provide advice and support to clinical teams on the safe and appropriate use of blood
- Promote patient information and education on blood transfusion safety and use of alternatives
- Actively promote the implementation of Patient Blood Management
- Be a source for training all NHS Trust staff involved in the process of blood transfusion
- Produce an annual report including its achievements, action plan and resource requirements for consideration by senior management at Board level through the HTC and the Trust's clinical governance and risk management arrangements.

## Section 1.05 NHS Blood and Transplant (NHSBT) Regional Team

A priority for NHSBT is to 'continue to work with hospitals to ensure best use made of blood through the Patient Blood Management initiative' (NHSBT Strategic Plan 2014-15). The Regional Team structure is one of the initiatives established to drive forward the recommendations in the National PBM Guidelines released by the NBTC in July 2014 – see p7.

A regional team is linked to every Trust and hospital in England and North Wales. Each team works with the local healthcare community to ensure that the service provided by NHSBT is of the highest possible standard and to support clinical colleagues in Trusts to promote PBM. The team works in partnership with the other UK Blood Services and inputs into many national groups such as the NBTC, SHOT, National Comparative Audit (NCA) and Blood Consultative Committee (BCC). The team contribute to the development and dissemination of evidence based transfusion guidelines and policies. A key objective for the regional team is to support the activities of the RTC.

Each team includes representatives from the Customer Services, Patient Blood Management and Patient Clinical teams.

**Consultant Haematologist** - The Consultant Haematologist is a member of the Patient Clinical Team. The primary focus of this role is to provide clinical support and advice to hospitals. The Patient Clinical team provide 24 hour on call support across England and North Wales. Posts are often joint with a local large trust.

**Customer Service Manager (CSM)** - The CSM is a member of the Customer Services team. The CSM has a scientific background and is the primary link between the blood centre and the hospital transfusion laboratory. They ensure that hospital transfusion laboratories obtain the best quality of service from NHSBT by handling complaints and escalating requests for service improvements and developments.

**Patient Blood Management Practitioner (PBMP)** - The role of the Patient Blood Management Team is to support and promote Patient Blood Management initiatives to optimise the care of patients who may need transfusion. By acting as a resource and by facilitating networking, each regional PBMP works with hospital Transfusion Practitioners (TPs) to identify specific areas of support required. This support may involve 1:1 visits to the TP or attendance at HTTs or HTCs. The PBMP also facilitates regional training and educational events either as a support to TPs or as the event co-ordinator.

## **Patient Blood Management (PBM)**

*Patient Blood Management* is an evidence-based, multidisciplinary approach to optimising the care of patients who might need transfusion. It puts the patient at the heart of decisions made about blood transfusion to ensure they receive the best treatment and avoidable, inappropriate use of blood and blood components is reduced. It represents an international initiative in best practice for transfusion medicine.

National, regional and local audits in England consistently show inappropriate use of all blood components; 15-20% of red cells and 20-30% of platelets/plasma. Evidence shows that the implementation of *Patient Blood Management* improves patient outcomes by focussing on measures for the avoidance of transfusion and reducing the inappropriate use of blood and therefore can help reduce health-care costs.

*Patient Blood Management: The Future of Blood Transfusion* conference was held on 18 June 2012. The event was jointly hosted by the Department of Health, the National Blood Transfusion Committee (NBTC) and NHS Blood and Transplant (NHSBT) and supported by Professor Sir Bruce Keogh, NHS Medical Director.

The aim of the multi-disciplinary conference was to share views on how blood transfusion practice could be improved to:

- Build on the success of previous *Better Blood Transfusion* initiatives and to further promote appropriate use of blood components.
- Improve the use of routinely collected data to influence transfusion practice.
- Provide practical examples of high-quality transfusion practice and measures for the avoidance of transfusion, wherever appropriate.
- Consider the resources needed to deliver better transfusion practice including support from NHSBT.
- Understand the patient perspective on transfusion practice.

PBM recommendations developed from this conference were launched in June 2014. They are supported by NHS England and the NBTC. They provide initial recommendations about how the NHS should start implementing *Patient Blood Management*.

### **Some key points from the PBM Recommendations for the HTC Chair to consider:**

- All NHS Trusts should establish a multidisciplinary PBM programme through the Hospital Transfusion Committee (HTC) or as a subgroup of the HTC
- Analyse case mix and clinical services to determine the main targets for PBM
- Identify PBM champions to help educate staff and patients
- Establish a PBM committee (either stand-alone or within the Hospital Transfusion Committee) to oversee the PBM programme
- Obtain a mandate for PBM from hospital management
- Educate clinicians about PBM and evidence-based transfusion practice
- Adopt a PBM scorecard to share with senior NHS Trust members to monitor adherence to guidelines for blood avoidance and the use of blood, including the use of benchmarking to identify clinicians/clinical teams who are consistently well outside of average blood use for a specific procedure



@PBM\_NHS

## **NHS & Independent Hospitals/Trusts within NE RTC** **including HTC Chair's Name**

Below is a list of Hospitals / Trusts which fall within the North East Regional Transfusion Committee along with the HTC Chair's name:

### **County Durham & Darlington NHS Foundation Trust**

- Bishop Auckland General Hospital
- Darlington Memorial Hospital
- University Hospital of North Durham

Chair: Dr Helen Melsom - Consultant Anaesthetist [helen.melsom@nhs.net](mailto:helen.melsom@nhs.net)

### **Gateshead NHS Foundation Trust**

- Queen Elizabeth Hospital

Chair: Dr Chris Izod – Consultant Anaesthetist [c.izod@nhs.net](mailto:c.izod@nhs.net)

### **Independent**

- Nuffield Health, Newcastle upon Tyne

Contact: Paula Hope – Transfusion Laboratory Manager [paula.hope@nuffieldhealth.com](mailto:paula.hope@nuffieldhealth.com)

- SPIRE Washington Hospital

Contact: Amanda Cassidy – Transfusion Laboratory Manager [amanda.cassidy@spirehealthcare.com](mailto:amanda.cassidy@spirehealthcare.com)

- Ramsey Healthcare

Contact: Sue McGeoch [Susan.McGeoch@ramsayhealth.co.uk](mailto:Susan.McGeoch@ramsayhealth.co.uk)

### **North Cumbria University Hospitals NHS Trust**

- Cumberland Infirmary
- West Cumberland Hospital

Chair: Dr C Graham – Consultant Microbiologist and Business Unit Director [Clive.Graham@ncuh.nhs.uk](mailto:Clive.Graham@ncuh.nhs.uk)

### **North Tees and Hartlepool NHS Foundation Trust**

- University Hospital of Hartlepool
- University Hospital of North Tees

Chair: Dr Nini Aung – Consultant Haematologist [nini.aung@nhs.net](mailto:nini.aung@nhs.net)

### **Northumbria Healthcare NHS Foundation Trust**

- Hexham General Hospital
- North Tyneside General Hospital
- Wansbeck General Hospital

Chair: Dr P Douglas – Consultant in Emergency Care [peter.douglas@nhct.nhs.uk](mailto:peter.douglas@nhct.nhs.uk)

### **South Tees Hospitals NHS Foundation Trust**

- Friarage Hospital
- James Cook University Hospital

Chair: Dr Richard Proctor – Consultant in Emergency Medicine [richard.procter@nhs.net](mailto:richard.procter@nhs.net)

### **South Tyneside and Sunderland NHS Foundation Trust**

- South Tyneside District Hospital
- Sunderland Royal Hospital

Chair: Dr Allistair Dodds – Consultant in Anaesthesia and Pain Management [Allistair.Dodds@chsft.nhs.uk](mailto:Allistair.Dodds@chsft.nhs.uk)

### **The Newcastle upon Tyne Hospitals NHS Foundation Trust**

- Freeman Hospital
- Royal Victoria Infirmary

Chair: Dr Henning Pauli – Consultant Anaesthetist [henning.pauli@nhs.net](mailto:henning.pauli@nhs.net)

## **North East RTC Chair & NHSBT Customer Service Team**

### **Contact Details, Roles & Responsibilities**

#### **RTC Chair – under review**

The chair is responsible for ensuring the RTC meets its principle objective of promoting safe and effective transfusion practices within the region.

#### **Janice Robertson – RTC Administrator**

[janice.robertson@nhsbt.nhs.uk](mailto:janice.robertson@nhsbt.nhs.uk)

Direct line 0191 202 6604

Janice provides administrative support to the RTC, the NHSBT Hospital Liaison regional team and Chairs of the RTC sub groups.

#### **Andrew Charlton– Consultant Haematologist, Patients Clinical Team**

[Andrew.charlton@nhsbt.nhs.uk](mailto:Andrew.charlton@nhsbt.nhs.uk)

Direct Line 0191 202 4548 / 0191 202 4542 PA, Sue Henderson

Working with the Hospital Liaison Team at the Newcastle Blood Centre and the NHSBT Patients' Clinical team to improve transfusion practice in line with Patient Blood Management and other initiatives.

#### **Charlotte Longhorn – Patient Blood Management Team**

[charlotte.longhorn@nhsbt.nhs.uk](mailto:charlotte.longhorn@nhsbt.nhs.uk)

Mobile 07385387429

Charlotte is responsible for leading activities designed to support Patient Blood Management, including the provision of an on-going programme of support, education, audit, research and specialist transfusion advice.

#### **Robin Coupe – Customer Service Manager**

[robin.coupe@nhsbt.nhs.uk](mailto:robin.coupe@nhsbt.nhs.uk)

Direct line 0191 202 4553 / Mobile 07711447558

Robin provides a link between NHSBT and the hospitals served by the Newcastle and Leeds Blood Centres, managing the communication, complaints and performance monitoring processes and ensures NHSBT works towards delivering an outstanding service. Robin acts as an advocate ensuring their views are considered in all NHSBT activities and developments and is responsible for managing all aspects of customer care.

#### **Aimi Baird – Blood Conservation Lead**

[aimi.baird@nhs.net](mailto:aimi.baird@nhs.net)

Direct line 0191 244 8852

Aimi's main role is to promote blood conservation by liaising with colleagues in the region and with the conservation leads in other RTC regions. This will encourage sharing of best practice within the region and nationally.

## **North East RTC Website**

For up to date RTC news and information, please visit:

<http://www.transfusionguidelines.org.uk/uk-transfusion-committees/regional-transfusion-committees/north-east>

Extract from the North East RTC Welcome page:

- North East RTC
  - Audits
  - Calendar
  - Contacts
  - Education
  - Policies
  - RTC business

If you would like any changes to or have any suggestions for the North East website pages, please contact:

Janice Robertson RTC Administrator

E-mail: [janice.robertson@nhsbt.nhs.uk](mailto:janice.robertson@nhsbt.nhs.uk)

Direct line 0191 202 6604

## **Audits**

The National Comparative Audit of Blood Transfusion (NCABT) is a programme of clinical audits which looks at the use and administration of blood and blood components in NHS and independent hospitals in England and North Wales.

The programme is funded entirely by NHS Blood and Transplant (NHSBT) through the blood pricing mechanism and is one of the largest independently funded audit programmes in the UK. No charge is made to UK hospitals participating in the programme. The programme has been in operation since 2003.

For further information, see <https://hospital.blood.co.uk/audits/national-comparative-audit/>

## Appendices

- I. Person Specification for Lay/Patient Representative on Hospital Transfusion Committee (HTC)\*



HTC Lay  
Representative (appx

- II. Strategies to improve clinician attendance at, and engagement with, Hospital Transfusion Committee (HTC) meetings\*\*



HTC Attendance  
(appendix 2).pdf

- III. Duties and Responsibilities of a Transfusion Lead Consultant Haematologist are listed on page 7 of the Haematology Consultant Transfusion Lead Toolkit

<https://www.transfusionguidelines.org/uk-transfusion-committees/regional-transfusion-committees/north-east/education-resources>

- IV. NE RTT Project Plan

<https://www.transfusionguidelines.org/uk-transfusion-committees/regional-transfusion-committees/north-east/rtc-business>

- V. Patient Blood Management Recommendations and Action Plan



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Thank-you to:

- The Midlands and South West PBM Team for providing these documents\* \*\*
- South West RTC for providing this document \*\*\*