East Midlands Regional Transfusion Committee

Hospital Transfusion Committee

Chair's Toolkit

Guidance for New and Developing HTC Chairs

CONTENTS

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.

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 three 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. Dates and agendas will be sent via email from the East Midlands RTC administrator. 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.

Dr Jon Cort
RTC Chair
East Midlands Regional Transfusion Committee

Transfusion Team Infrastructures in England

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:

- Department of Health (DH)
- 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: www.transfusionguidelines.org.uk (UK Transfusion Committees, National Blood Transfusion Committee). 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. They oversee the activities of the local HTCs 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: www.transfusionguidelines.org.uk (UK Transfusion Committees, East Midlands)

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 good transfusion practice
- 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

Safe and appropriate use of blood is a priority for the National Blood Service (NBS) branch of NHSBT. The Regional Team structure is one of the initiatives established to help drive forward the recommendations in the Health Service Circular 2007/001: Better Blood Transfusion – Safe and Appropriate use of Blood.

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 support the safe and appropriate use of blood. 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.

Hospital Customer Service Manager (HCSM) - The HCSM is a member of the Customer Services team. The HCSM 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 an evidence based approach to optimal transfusion practice, building on the initiatives of the Health Service Circular 2007/001: Better Blood Transfusion - Safe and Appropriate use of Blood within hospitals. 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*.

A toolkit to assist NHS Trusts has been developed and posted on the NBTC website

http://www.transfusionguidelines.org.uk/uk-transfusion-committees/national-blood-transfusion-committee/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

East Midlands RTC Chair & NHSBT Customer Service Team

Contact Details, Roles & Responsibilities

Dr Jon Cort – RTC Chair
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Dr Cort is the current chair of the East Midlands RTC. The chair is responsible for ensuring the RTC meets its principle objective of promoting safe and effective transfusion practices within the region.

Debbie Booth– RTC Administrator
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Debbie provides administrative support to the RTC, the NHS Blood and Transplant (NHSBT) Hospital Liaison regional team and Chairs of the RTC sub groups.

Jo Shorthouse - PBM Practitioner – NHSBT Patient Blood Management Team
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Jo 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.

Delia Smith – Customer Services Manager
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Delia provides a link between NHSBT and the hospitals served by the Barnsley Blood Centre, managing the communication, complaints and performance monitoring processes and ensures NHSBT works towards delivering an outstanding service. Delia 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.

East Midlands RTC Website

For up to date RTC news and information, please visit:
https://www.transfusionguidelines.org/uk-transfusion-committees/regional-transfusion-committees/east-midlands

If you would like any changes to or have any suggestions for the East Midlands website pages please contact:
Debbie Booth RTC Administrator

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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 NCA audits can be accessed at:
https://hospital.blood.co.uk/audits/national-comparative-audit/

Audits and surveys – full report and key points:

- 2018 Survey of O D negative red cell use
- 2017 Audit of transfusion-associated circulatory overload
- 2017 Audit of red cell & platelet transfusions in haematology patients
- 2016 Audit of red cell transfusion in Hospices
- 2016 Audit of Patient Blood Management in adults undergoing elective, scheduled surgery

Appendices

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

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

III. Duties of a Trust wide Transfusion Lead ***

Thank-you to:

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