

## **THE NATIONAL BLOOD TRANSFUSION COMMITTEE**

### **TERMS OF REFERENCE**

#### **1. BACKGROUND**

1.1 The National Blood Transfusion Committee (NBTC) was founded in 2001, with the primary purpose of promoting safe and effective transfusion practice in hospitals. The committee promotes national best practice guidelines such as those produced by the National Institute for Health and Care Excellence (NICE) and supports the recommendations of the Serious Hazards of Transfusion (SHOT) UK Haemovigilance Scheme.

1.2 The NBTC is accountable to the NHS England Medical Director through their deputy, the Chief Scientific Officer, who will also appoint the Chair and Deputy Chair of the NBTC.

1.3 The continuous flow of information and guidance between Hospital Transfusion Committees, Regional Transfusion Committees (RTCs) and the NBTC fosters both local blood transfusion best practice and the implementation of national transfusion guidelines. This ongoing information stream is a fundamental core value of the NBTC.

1.4 The identification of potential Quality Improvements in any aspect of blood transfusion including the delivery and pricing of services by NHS Blood and Transplant (NHSBT) is within the remit of influence of the NBTC and RTCs.

#### **2. REMIT**

2.1 The NBTC's overall objective is to promote good transfusion practice towards improving patient care and outcomes by providing a framework to:

2.1.1 Channel information and advice to hospitals and NHSBT on best practice and performance monitoring with the aims of:

- Improving the clinical and laboratory safety of blood transfusion practice
- Promoting the highest quality and consistency in clinical and laboratory transfusion practice also with oversight of wastage and ordering schedules within hospitals
- Implementing Patient Blood Management across the NHS in England with a remit for improving the appropriateness of clinical blood transfusion, exploring and facilitating the implementation of alternatives to allogeneic blood transfusion
- Listening to and informing patients about blood transfusion to support consent for transfusion

- Engaging with and supporting the views of the Transfusion community in England via the Regional Transfusion Committees representing Hospital Transfusion Committees and ensuring their input into national strategic development.

2.1.2 Consult with national groups developing guidelines in transfusion medicine in order to determine best practice.

2.1.3 Work in collaboration with NHS England and Improvement (NHSEI) to develop an accountability matrix for both supply and utilisation of all blood components. The wider NTBC membership of the Royal Colleges, MHRA and SHOT is important in promoting these NBTC deliverables across the NHS in England.

2.1.4 Review the performance of the services related to the provision of blood and derived components provided by NHS Blood and Transplant.

2.1.5 Influence the Research and Development programme of NHS Blood and Transplant to ensure relevance to clinical practice and assist in the uptake of advances to improve patient care.

2.1.6 Identify service development needs and influence the change programme workflow of NHS Blood and Transplant to ensure relevance to clinical practice and assist in the uptake of advances to improve patient care.

2.1.7 Provide assistance, as required, with the work of the National Commissioning Group for Blood, acting as the voice of the customer in influencing the cost of blood.

2.1.8 Identify and respond to patients' perceptions about the provision of transfusion services.

2.1.9 Support and assist NHSBT to enhance donor engagement, with a focus upon high need groups to help meet the health needs of the population of England.

2.1.10 Provide advice on all aspects of transfusion practice to the NHS England Medical Director through the Chief Scientific Officer, Chief Nursing Officer, Chief Medical Officer and other DHSC officials; including the Secretary of State for Health and Social Care.

2.1.11 Provide information and toolkits to support education and training of blood transfusion throughout the NHS aligned to the five-year plan for clinical and laboratory transfusion: *Transfusion 2024*.

### **3. SCOPE**

3.1 The Committee will cover the area served by NHS Blood and Transplant with its supply of blood and associated derived components i.e. currently England.

3.2 The Committee will ensure there is close collaboration with similar initiatives in the rest of the United Kingdom and in other countries, with representation of the

devolved Nations as part of the membership of the committee, acting in an observation capacity.

3.3 The NBTC has Patient Blood Management as a core value. This promotes the safe, rational, evidence based and effective use of all blood components and their alternatives.

3.4 The scope includes maintaining oversight of various activities essential to promote best clinical and laboratory transfusion practice such as implementation of guidelines, clinical audit, participation in haemovigilance together with education and training of key healthcare professionals.

#### **4. MEMBERSHIP**

4.1 Representatives to include: -

- *Royal Colleges*

Pathologists, Physicians, Surgeons, Anaesthetists, Obstetricians, Paediatrics & Child Health, General Practitioners, Emergency Medicine, Nursing and Midwifery.

- *Specialist Societies*

British Society for Haematology, British Blood Transfusion Society, UK Intensive Care Society.

- *Other professional organisations*

Serious Hazards of Transfusion (SHOT), Institute of Biomedical Sciences, Medicines and Healthcare Products Regulatory Agency (MHRA).

- *NHS Blood and Transplant*

Director of Blood Supply or Chief Medical Officer, Medical Director of Transfusion, NHSBT PBM and Customer Services Assistant Director and/or leads. Additional representatives to be co-opted as needed based on agenda items.

- *NHS England*

Deputy Chief Scientific Officer

- *Patient representatives*
- *Chairs (or nominated representatives) of the Regional Transfusion Committees*
- *Observers – Representatives from the UK devolved nations; Other observers invited as required based on agenda items e.g. from SABTO.*

#### **5. WORKING ARRANGEMENTS**

5.1 The Committee will be accountable to the NHS England Medical Director through the Chief Scientific Officer. Any significant changes to the Committee's remit and Terms of Reference will be agreed with the NHS England Medical Director.

5.2 The Chair will be appointed by the NHS England Medical Director or his deputy, the Chief Scientific Officer, with the agreement of the NHS England Medical Director.

A Deputy Chair will also be appointed to support the duties of the Chair.

5.3 The term of the Chair, Deputy Chair and members will be reviewed every three years and renewable for up to 6 years in total

5.4 There will be at least two meetings of the Committee each year. The format for each NBTC meeting will be decided by the Executive Working Group by consensus i.e. virtual/face to face upon consideration of the societal constraint England is facing. The format will be published no later than 2 months prior to the meeting date. A mix of virtual and face to face being the intention.

5.5 The Committee will appoint an Executive Working Group comprising:

- The Chair and Deputy Chair of the Committee
- Secretary of the Committee
- Chair of the RTC Chairs and an additional RTC Chair by rotation
- Medical Director of SHOT Haemovigilance scheme
- Chair of the NBTC Lab Managers' Group
- 2 NHS Blood and Transplant representatives
- 1 NHS England Representative

Further members including a patient representative may be co-opted as required.

5.6 The Executive Working Group will ensure that the momentum of the Committees' activities is maintained between full Committee meetings, and it will meet up to four times each year, in a virtual format or face to face.

5.7 The secretariat for the Committee and Executive Working Group will be provided by NHS Blood and Transplant. The draft minutes will be circulated no more than 6 weeks after a NBTC meeting, with an associated action log with named responsible action owners. Agenda items, presentations and papers will be submitted no less than 14 days before a NBTC meeting. Matters of Any Other Business (AoB) must be submitted to the secretariat no less than 10 working days prior to a NBTC meeting. AoB on the day will only be sanctioned by exception by the NBTC Chair/Deputy Chair.

5.8 The Committee may establish working groups for a specific period or project as required. The working groups will report to the NBTC, at every formal meeting.

5.9 Royal Colleges, Specialist Societies and other professional organisations should pay the travelling expenses of their representatives in attending main Committee meetings. NHS Blood and Transplant will reimburse travelling expenses, according to published [NHS terms for travel](#) for members attending meetings of the Executive Working Group, and Chairs of RTCs attending National Blood Transfusion Committee meetings. Expenses will be paid for all individuals attending meetings of NBTC working groups except for specific representatives of other organisations.

5.10 Following the COVID-19 pandemic of 2020 wherever feasible all meetings of the Committee and working groups should be undertaken virtually, with appropriate social distancing measures for any face to face meetings perceived to be essential.

5.11 Royal Colleges and Specialist Societies should provide annual reports one month in advance of the autumn NBTC meeting.

5.12 The Committee will prepare an annual report on progress in achieving its objectives.

## **6. OUTCOME MEASURES**

Outcome measures will be reviewed and reported within the annual NBTC report:

6.1 Demonstrating improved safety performance of the clinical transfusion process e.g. using data from SHOT, reduced morbidity and mortality associated with blood transfusion.

6.2 Demonstrating increased appropriate use of blood components i.e. compliance with guidelines for clinical transfusion practice and less variation in the use of blood between clinical teams, Trusts and Regions. This will be an iterative process with the assistance of the NHSI Model Hospital.

6.3 Reporting on performance monitoring of the blood supply services provided by NHS Blood and Transplant. This includes the delivery of RCI products within the desired clinical timeframe.

6.4 Reporting on patients' experiences of the provision of transfusion services, including the provision of information to patients.

6.5 Organising a 5-year symposium with key stakeholders and representatives across hospitals, NHSBT, professional organisations, regulatory bodies, NHSE/I and patients to inform and update clinical and laboratory transfusion policy/strategy.

For Regional Transfusion Committees see updated Terms of Reference available at <https://www.transfusionguidelines.org/uk-transfusion-committees/regional-transfusion-committees>