

Hospital Transfusion Committee

Chair's Toolkit



Guidance for New and Developing HTC Chairs

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Foreword

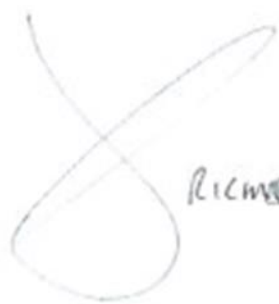
This toolkit has been produced to assist you in your role as Hospital Transfusion Committee Chair. We hope it provides you with guidance to fulfil this important role and would welcome any feedback you may have on the document or suggestions how the RTC can support you further.

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 page 6.

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, 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, we 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 & Yorkshire 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.



Ric Procter

Youssef Sorour (chair) and Ric Procter (deputy chair)
North East & Yorkshire 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 HTC 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.

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*.

See <https://www.transfusionguidelines.org/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



@PBM_NHS

Transfusion 2024

Transfusion 2024 report - five-year plan supporting patient care across the NHS

The Transfusion 2024 report highlights key priorities for clinical and laboratory transfusion practice for safe patient care across the NHS over the next five years. It follows a joint symposium in March 2019 hosted by the National Blood Transfusion Committee (NBTC) and NHS Blood and Transplant (NHSBT) with support from NHS England and Improvement (NHSEI).

For further information see:

<https://www.transfusionguidelines.org/uk-transfusion-committees/national-blood-transfusion-committee/transfusion-2024>

NHS & Independent Hospitals/Trusts within NE RTC
including HTC Chair's contact

Airedale NHS Trust Airedale General Hospital	Chair paul.jennings@nhs.net
Barnsley Hospital NHS Foundation Trust Barnsley District Hospital	Chair y.sorour@nhs.net
Bradford Teaching Hospitals NHS Foundation Trust Bradford Royal Infirmary	Chair lesley.hawthorne@bthft.nhs.uk
Calderdale and Huddersfield NHS Foundation Trust Calderdale Royal Hospital Huddersfield Royal Infirmary	Chair anu.rajqopal@cht.nhs.uk
County Durham & Darlington NHS Foundation Trust Bishop Auckland General Hospital Darlington Memorial Hospital University Hospital of North Durham	Chair jemma.yorke@nhs.net
Doncaster and Bassetlaw Hospitals NHS Foundation Trust Bassetlaw District General Hospital Doncaster Royal Infirmary	Chair a.bobbili@nhs.net
Gateshead NHS Foundation Trust Queen Elizabeth Hospital	Chair c.izod@nhs.net
Harrogate and District NHS Foundation Trust Harrogate District Hospital	Chair tharani.balasubramaniam@hdfnhs.uk
Hull & East Yorkshire Hospitals NHS Trust Castle Hill Hospital Hull Royal Infirmary	Chair ASaleh@nhs.net
Leeds Teaching Hospitals NHS Trust Leeds General Infirmary St James' University Hospital	Chair mike.carrick@nhs.net
Mid Yorkshire Hospitals NHS Trust Dewsbury and District Hospital Pinderfields Hospital	Chair to be confirmed
North Cumbria University Hospitals NHS Trust Cumberland Infirmary West Cumberland Hospital	Chair Clive.Graham@ncic.nhs.uk
North Tees and Hartlepool NHS Foundation Trust University Hospital of Hartlepool University Hospital of North Tees	Chair nini.aung@nhs.net
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust Diana Princess of Wales Hospital Scunthorpe General Hospital	Chair s.durairaj1@nhs.net

Northumbria Healthcare NHS Foundation Trust Northumbria Specialist Emergency Care Hospital (NSECH) Hexham General Hospital North Tyneside General Hospital Wansbeck General Hospital	Chair peter.douglas@nhct.nhs.uk
Sheffield Children's NHS Foundation Trust Sheffield Children's Hospital	Chair judith.morgan3@nhs.net
Sheffield Teaching Hospitals NHS Foundation Trust Northern General Hospital Royal Hallamshire Hospital	Chair Khaled.el-ghariani@nhs.net
South Tees Hospitals NHS Foundation Trust Friarage Hospital James Cook University Hospital	Chair richard.procter@nhs.net
South Tyneside and Sunderland NHS Foundation Trust South Tyneside District Hospital Sunderland Royal Hospital	Chair Allistair.Dodds@chsft.nhs.uk
The Newcastle upon Tyne Hospitals NHS Foundation Trust Freeman Hospital Royal Victoria Infirmary	Chair henning.pauli@nhs.net
The Rotherham NHS Foundation Trust Rotherham District General Hospital	Chair j.taylor43@nhs.net
York Hospitals NHS Foundation Trust York Hospital Scarborough General Hospital	Chair laura.munro@york.nhs.uk
Independent Nuffield Leeds Hospital Nuffield Newcastle Hospital Ramsey Healthcare SPIRE Hospital, Leeds SPIRE Hull & East Yorkshire SPIRE Washington Hospital	Contact Raheela.Khalid@nuffieldhealth.com Contact susan.moutrey@nuffieldhealth.com Contact Kendra.appleby@ramsayhealth.co.uk Contact jemma.mawson@spirehealthcare.com Contact richard.mcbain@spirehealthcare.com Contact amanda.cassidy@spirehealthcare.com

North East & Yorkshire RTC Chair & NHSBT Customer Service Team

Contact Details, Roles & Responsibilities

RTC Chair,

Youssef Sorour y.sorour@nhs.net

RTC deputy Chair

Ric Procter richard.procter@nhs.net

Youssef and Ric are responsible for ensuring the RTC meets its principal objective of promoting safe and effective transfusion practices within the region.

RTC Administrator

Janice Robertson 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.

Consultant Haematologists, Patients Clinical Team

Andrew Charlton Andrew.charlton@nhsbt.nhs.uk Based at Newcastle blood centre

Direct Line 0191 202 4548 / 07471 148121 PA, Sue Henderson 0191 202 4437

Marina Karakantza marina.karakantza@nhsbt.nhs.uk Based at Barnsley blood centre

Direct Line 0113 820 8676 / 07515761070 PA, Martina Leonard 0113-8208671

Andy and Marina work with the Hospital Liaison Team and the NHSBT Patients' Clinical team to improve transfusion practice in line with Patient Blood Management and other initiatives.

Patient Blood Management Practitioner

Charlotte Longhorn 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.

Charlotte is currently on maternity leave, interim contact:

Sasha Wilson sasha.wilson2@nhsbt.nhs.uk Mobile 07823351890

Customer Service Managers

Robin Coupe robin.coupe@nhsbt.nhs.uk Direct line Mobile 07711447558

Delia Smith delia.smith@nhsbt.nhs.uk Direct line 07764 280183

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

Blood Conservation Lead

Aimi Baird 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 & Yorkshire RTC Website

For RTC news and information, please visit:

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

<https://www.transfusionguidelines.org/uk-transfusion-committees/regional-transfusion-committees/yorkshire-humber>

Awaiting update on JPAC website to amalgamate the regional pages.

Extract from the welcome page:

Welcome

Audits

Contacts

Education - Presentations

Education - Resources

Policies

RTC Business



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

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/>