

**THE CMO'S NATIONAL BLOOD TRANSFUSION COMMITTEE AND REGIONAL
TRANSFUSION COMMITTEES**

TERMS OF REFERENCE

1. BACKGROUND

- 1.1 The primary purpose of this initiative is to promote safe and effective transfusion practice in hospitals. The National Blood Transfusion Committee will be accountable to the Chief Medical Officer (CMO), and the Chairman appointed by the CMO.
- 1.2 The name of the National Blood Transfusion Committee will be the 'CMO's National Blood Transfusion Committee'.
- 1.3 A two-way flow of information between Hospital Transfusion Committees and the Regional and CMO's National Blood Transfusion Committees should encourage good local blood transfusion practice and the implementation of national transfusion guidelines in accordance with the recommendations in the HSC 2002/009 *Better Blood Transfusion – Appropriate Use of Blood*.
- 1.4 In addition, the identification of problems in any aspect of blood transfusion including the delivery of transfusion-related services by NHS Blood & Transplant (NHSBT) remains within the remit of the CMO's National Blood Transfusion and Regional Committees.

THE CMO'S NATIONAL BLOOD TRANSFUSION COMMITTEE

2. REMIT

- 2.1 The overall objective is to promote good transfusion practice by providing a framework to: -
- 2.1.1. Channel information and advice to hospitals and Blood Services on best practice and performance monitoring with the aims of: -
- Improving the safety of blood transfusion practice
 - Improving the appropriateness of clinical blood transfusion
 - Exploring and facilitating the implementation of methods to reduce the need for allogeneic blood transfusion
 - Listening to and informing patient concerns about blood transfusion
 - Promote the highest quality and consistency in transfusion practice
- 2.1.2 Consult with national groups developing guidelines in transfusion medicine in order to determine best practice.
- 2.1.3 Review the performance of the transfusion-related services provided by NHSBT.
- 2.1.4 Identify service development needs, and provide assistance, as required, with the work of the National Commissioning Group and the Blood Stocks Management Scheme.
- 2.1.5 To provide appropriate patient information and seek patients' opinion on these and other transfusion experiences.
- 2.1.6 Provide advice to the CMO on transfusion practice.
- 2.1.7 Provide information on appropriate education and training of blood transfusion.

3. SCOPE

- 3.1 The Committee will cover the area served by NHSBT i.e. England & North Wales.
- 3.2 The Committee should ensure there is close collaboration with similar initiatives in the rest of the United Kingdom and in other countries in the EU.
- 3.3 The scope of the National Blood Transfusion Committee includes the safe and effective use of blood components, blood products and their alternatives, except for specialist areas such as the treatment of inherited disorders such as haemophilia and immunodeficiencies.

4. MEMBERSHIP

4.1 Representatives to include: -

Royal Colleges	Pathologists, Physicians, Surgeons, Anaesthetists, Obstetricians, Paediatricians & Child Health, Radiologists, General Practitioners, Nurses.
Specialist Societies	British Society for Haematology, British Blood Transfusion Society, British Society of Haemostasis and Thrombosis, Faculty of Accident and Emergency Medicine, UK Intensive Care Society.
Other professional organisations/groups	Serious Hazards of Transfusion (SHOT) Scheme, Institute of Biomedical Sciences, Medicines and Healthcare products Regulatory Agency (MHRA), National Patient Safety Agency (NPSA), Transfusion Practitioners.
NHSBT	Medical Director, Director of Diagnostics, Development and Research, Director of Public and Customer Services, Head of Hospital Liaison, Clinical Director Patients, Transfusion Liaison Nurse Manager.
Department of Health	
	Patient representative from the Royal College of Pathologists Patients' Liaison Group
	Chairmen (or alternates) of the Regional Transfusion Committees

5. WORKING ARRANGEMENTS

- 5.1 The Committee will be accountable to the CMO.
- 5.2 The Chairman will be appointed by the CMO.
- 5.3 The term of members will be reviewed annually and renewable for up to 5 years.
- 5.4 There will be 1-2 meetings of the Committee each year.
- 5.5 The Committee will elect an Executive Working Group comprising: -

The Chairman and Secretary of the Committee
5 members of the Committee
3 NHSBT representatives
1 Patient representative
1 Department of Health representative
Further members 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 that it will need to meet up to four times each year.
- 5.7 The secretariat for the Committee and Executive Working Group will be provided by NHSBT.
- 5.8 The Committee may establish Working Groups for a specific period or project as required. The Working Groups will report to the NBTC on a six-monthly basis.
- 5.9 Royal Colleges, Specialist Societies and other professional organisations should pay the travelling expenses of their representatives in attending main Committee meetings. NHSBT will reimburse travelling expenses, according to an agreed formula, of 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 and those attending on behalf of the devolved countries.
- 5.10 Royal Colleges and Specialist Societies should provide annual reports one month in advance of the autumn NBTC meeting.
- 5.11 The Committee will prepare Annual Reports on progress in achieving its objectives.

6. OUTCOME MEASURES

- 6.1 Demonstrating better performance of the clinical transfusion process e.g. using data from SHOT, reduced morbidity and mortality associated with blood transfusion.
- 6.2 Demonstrating more appropriate use of blood components and blood products i.e. compliance with guidelines for clinical transfusion practice and less variation in the use of blood between clinical teams, Trusts and Regions.
- 6.3 Reporting on performance monitoring of the transfusion-related services provided by NHSBT.
- 6.4 Reporting on patients' experiences about the provision of transfusion services.

THE REGIONAL TRANSFUSION COMMITTEES

7. REMIT

7.1 The overall objective of the Regional Transfusion Committees is to support the activities of Hospital Transfusion Committees, thus enabling the National Transfusion Blood Committee to achieve its aims.

7.2 Specific objectives include the: -

- To provide timely communication from the National Blood Transfusion Committee to local Trusts.
- To create a programme of activities in line with the objectives agreed by the National Committee. The activities are likely to include:
 - Workshops on specific topics to identify examples of good practice within local Trusts
 - Creation of project groups to aid implementation of identified good practice in participating neighbouring Trusts
 - Audit
- To undertake similar activities to meet locally agreed agendas.
- To organise educational meetings on at least an annual basis.
- To identify outlying Trust performance in external quality assessment and benchmarking schemes and those with difficulties meeting accreditation requirements.
- To act as a resource for HTTs in Trusts with outlying performance in Transfusion practice.
- To regularly report on the output of the Regional Committee to the National Committee.
- To raise documented specific NHSBT performance issues at a National level.

8. SCOPE

8.1 The Regional Transfusion Committees should be aligned to the boundaries of the ten Strategic Health Authorities (SHAs), East Midlands, East of England, London, North East, North West incorporating North Wales, South Central, South East Coast, South West, West Midlands and Yorkshire and The Humber.

9. MEMBERSHIP

9.1 The Committee will comprise: -

Representatives from all Hospital Transfusion Committees (including private hospitals)
3 NHSBT representatives
1 Patient representative
1 Representative from the Strategic Health Authority

10. WORKING ARRANGEMENTS

- 10.1 The Regional Transfusion Committees will be accountable to the CMO's National Blood Transfusion Committee.
- 10.2 The Chair of the Regional Transfusion Committee will be elected by the members of each Regional Transfusion Committee from one of the 'users of blood' for a term of 2 years renewable for 2 years. The Chair should be a member of the National Blood Transfusion Committee.
- 10.3 There will be at least 2 meetings of the Committee each year.
- 10.4 The Committees should maintain good lines of communication with Chairs of Hospital Transfusion Committees.
- 10.5 The Regional Transfusion Committees should establish a Regional Transfusion Team to ensure that the momentum of the Committees' activities is maintained between full Committee meetings. The term of hospital members will be 2 years renewable for another 2 years with the option of an additional 2 years for the Chair.
- 10.6 The Regional Transfusion Team should organise educational meetings for representatives of Hospital Transfusion Committees once or twice a year.
- 10.7 Each Regional Transfusion Team should decide on attendance and tenure of membership of the RTC and Working Groups.
- 10.8 The secretariat for the Committees and Regional Transfusion Teams will be provided by NHSBT.
- 10.9 NHSBT will reimburse travelling expenses, according to an agreed formula, of members attending meetings of the Regional Transfusion Team.
- 10.10 The Committees will provide Minutes of their meetings to the National Blood Transfusion Committee and a written structured report one-month in advance of each meeting.
- 10.11 The RTC Chairs will elect a Chair for their meetings. The term of the Chair will be 3 years when he/she completes their term as RTC Chair, whichever is the earlier.
- 10.12 The Chair of the RTC Chairs will attend the NBTC Executive Working Group meetings.

11. OUTCOME MEASURES

- 11.1 Providing data on the transfusion practice of Trusts in the Region
- 11.2 Monitoring and recording transfusion audit on a Regional basis.
- 11.3 Demonstrating Regional education in good transfusion practice.
- 11.4 Reporting on performance monitoring of the transfusion-related services provided by NHSBT.
- 11.5 Providing information on patients' experiences about the provision of transfusion services.