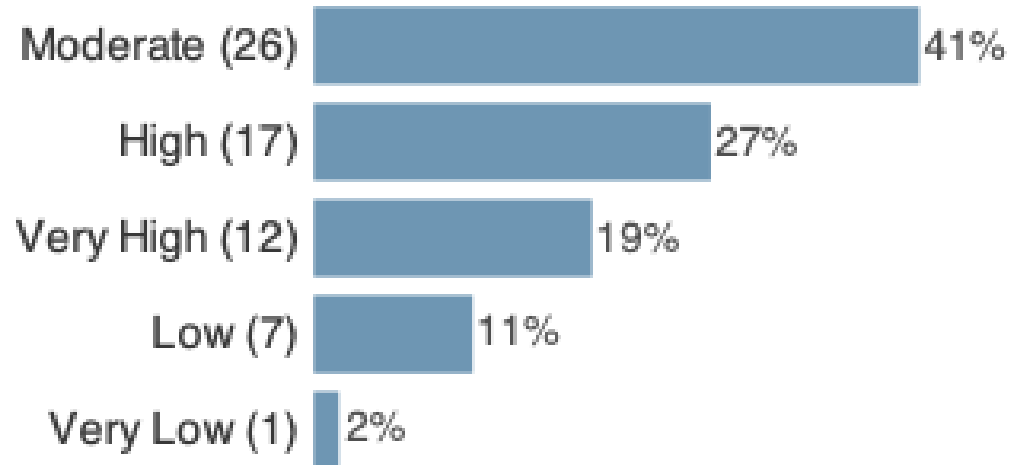


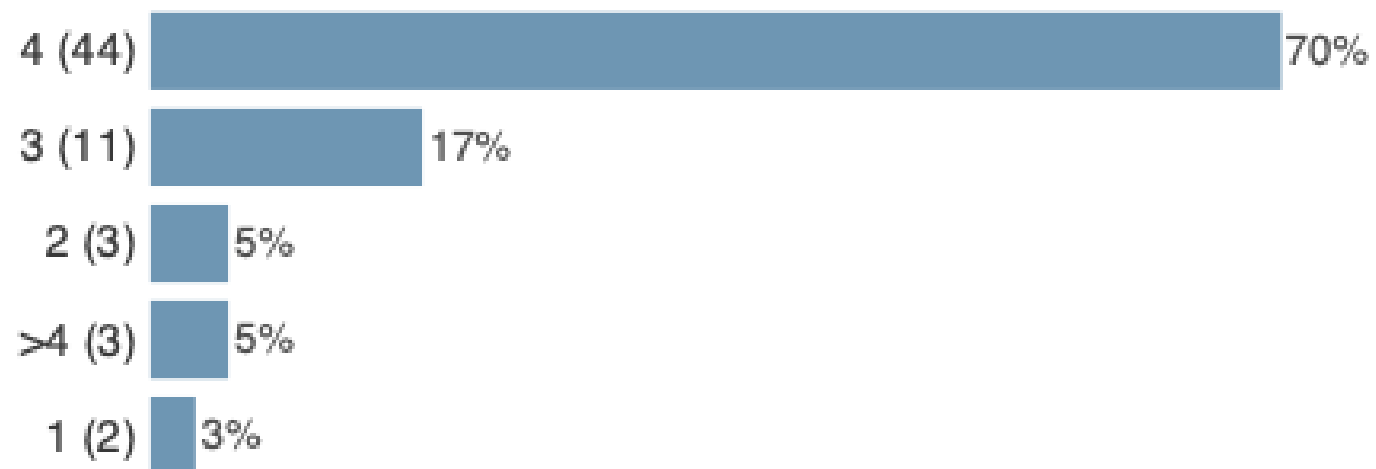
With thanks to Brian Hockley, RTC and  
HTC Chairs, RTC Admin, TP and TLM  
Groups

# 2025 NATIONAL HOSPITAL TRANSFUSION COMMITTEE SURVEY

**What is your blood stocks management scheme designation for your user category (if unsure, please ask your local TLM or TP who should be able to help)?**



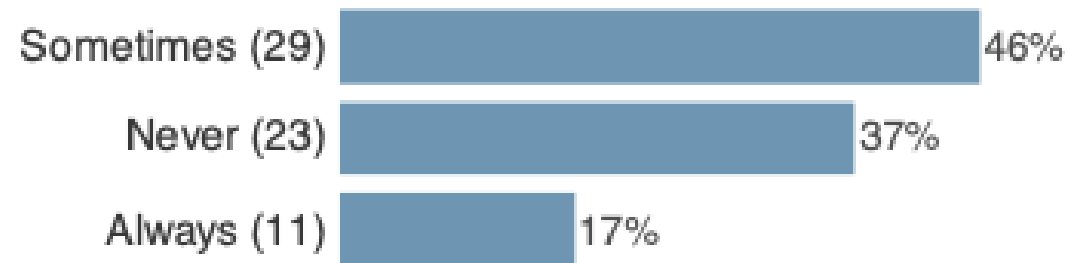
## How many meetings per year does the HTC have?



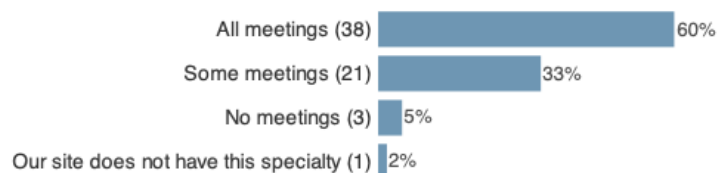
**Does the HTC have a clear reporting governance pathway that leads to the Executive (e.g. Patient Safety/ Governance and Risk Group etc?)**



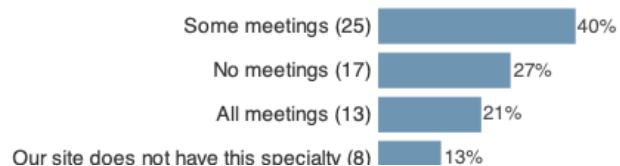
In the last 12 months how often has a representative from the Patient Safety or Governance/Risk group been present?



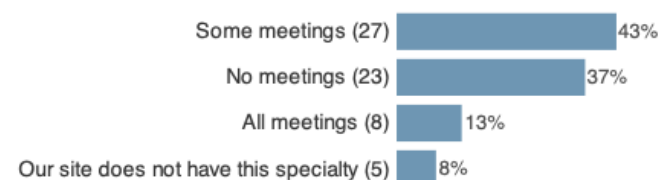
In the last 12 months how many of the HTC meetings have had representation from the following specialties? (Anaesthetics)



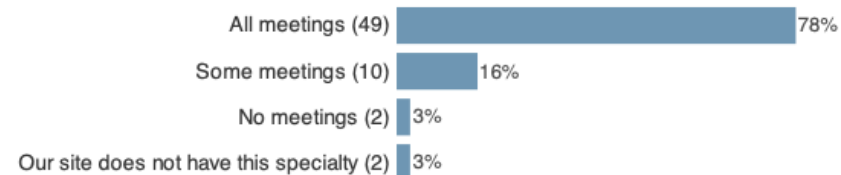
In the last 12 months how many of the HTC meetings have had representation from the following specialties? (Obstetrics)



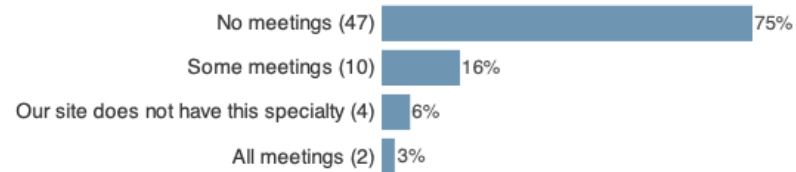
In the last 12 months how many of the HTC meetings have had representation from the following specialties? (Medicine)



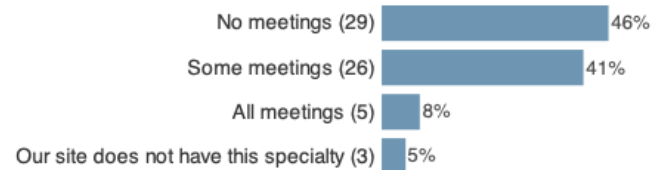
In the last 12 months how many of the HTC meetings have had representation from the following specialties? (Haematology)



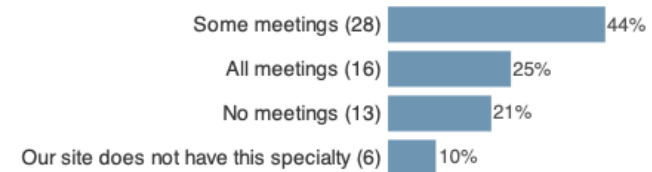
In the last 12 months how many of the HTC meetings have had representation from the following specialties? (Orthopaedics)



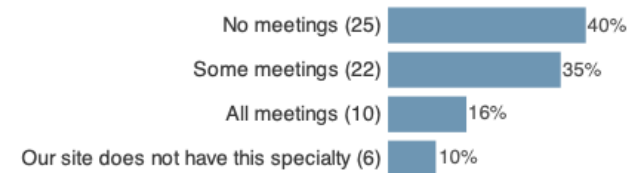
In the last 12 months how many of the HTC meetings have had representation from the following specialties? (Surgery (non orthopaedics))



In the last 12 months how many of the HTC meetings have had representation from the following specialties? (Emergency Department)



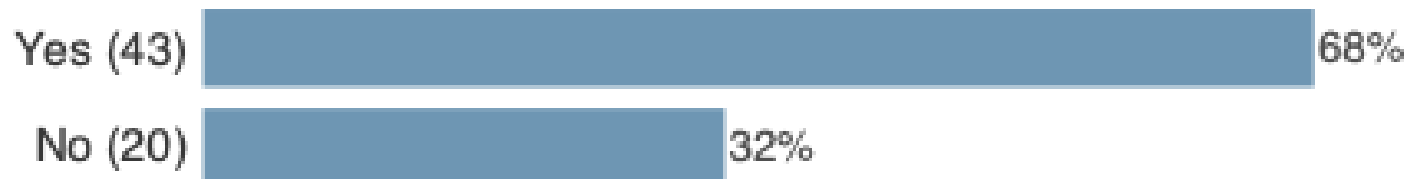
In the last 12 months how many of the HTC meetings have had representation from the following specialties? (Paediatrics and Neonatal)



Is the HTC Chair medical or non-medical?



Is the HTC Chair **NOT** a member of the Hospital Transfusion Team i.e. independent from the daily running of the transfusion service?





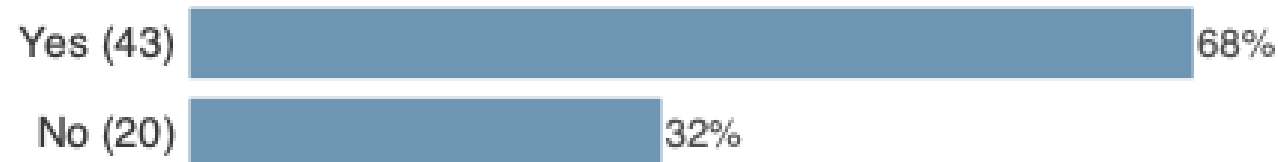
Is the Chair given time in their job plan or extra SPA (above 'core') to attend and run the HTC?



Does your HTC have any dedicated admin support?



Do you supply blood outside your Trust (e.g. private hospitals)?



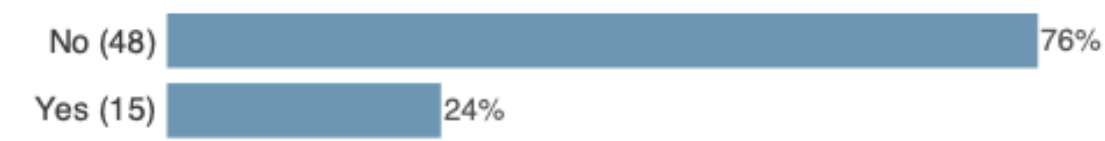
IF YES, in the last 12 months how often have they been represented at your HTC?



Is there an identified member of the HTC responsible for representing cell salvage activities?



Have you recently changed the name of your hospital transfusion committee from HTC to something else?



What is the current name?

- Hospital Transfusion Group
- Hospital Transfusion Group
- PBM
- Patient Blood Management Committee
- Hospital Transfusion Group
- Hospital Transfusion Group
- Changed many years ago to Patient Blood Management Committee (PBMC) and Patient Blood Management Team(PBMT)
- Changed many years ago to Patient Blood Management Committee and Patient Blood Management Team
- Hospital Transfusion Group
- Hospital Transfusion Forum
- Hospital Transfusion group
- Hospital Transfusion Group. The Trust instructed this
- Forum
- Trust transfusion committee
- Hospital Transfusion Group (HTG)

## SUMMARY

- The vast majority of HTC's are active (3-4 meetings per year).
- A small but important number (16%) do not have a direct governance link to their Trust Exec.
- 1/3 of HTC's never have representation from their patient safety or clinical / risk governance group.
- There are significant numbers of HTC's with poor representation from important specialties like Medicine, Surgery (non-orthopaedic and orthopaedic) and Paediatrics
- The vast majority of HTC Chairs are medical, but around 1/3 are also working as members of their Hospital Transfusion Team
- Only 50% of Trusts recognise the role of HTC Chair beyond standard SPA in a job plan, and 2/3 of HTC's are provided with no dedicated admin support.
- 2/3 of Trusts supply blood outside their own hospitals, but only 1/3 see regular representation of these at HTC meetings
- 25% of Trusts have recently renamed HTC's, most often to 'Group'.



## CONCLUSIONS

- Most HTC's are active in meeting, but many have poor representation from important, high-transfusing stakeholder specialties such as Medicine and Surgery, and many lack a patient safety or governance representative.
- Around half of Trusts do not prioritise their HTC in the form of representation in Chair job plan, nor admin support for the Committee.
- A significant number of Trusts have changed their Committee to another name, most commonly 'Group', which some Committees report as a downgrade of importance in the Trust's governance structure.
- Overall, these findings support the concerning feedback received by NBTC from Regional Transfusion Committee (RTC) Chairs over the preceding 4-5 years, that HTC's are losing support from Trust governance systems and are being deprioritised for attendance even by major stakeholder specialties.

# PROPOSALS

- NBTC proposes the following solutions:
  1. Trust Executive teams nominate a Responsible Exec member for blood transfusion
  2. Hospital Transfusion Committees have a direct reporting line to the highest Trust governance level
  3. HTC's to have mandatory attendance from the key transfusing stakeholder specialties, agreed in the Terms of Reference, with Deputies appointed as needed
  4. Trusts to support the Chair role with at least 1 Programmed Activity
  5. Trusts to provide dedicated admin support to the HTC