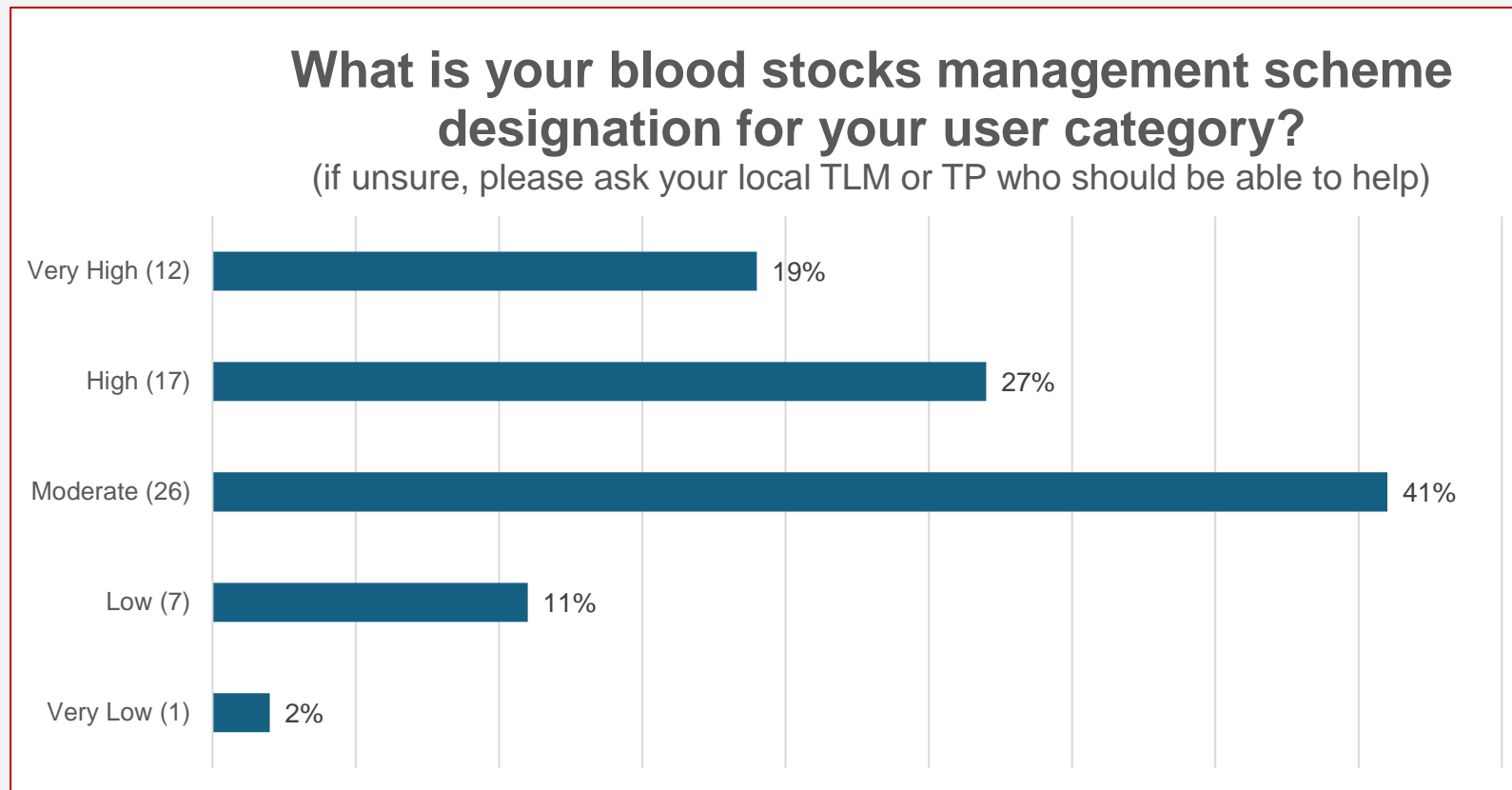


## 2025 NATIONAL HOSPITAL TRANSFUSION COMMITTEE SURVEY

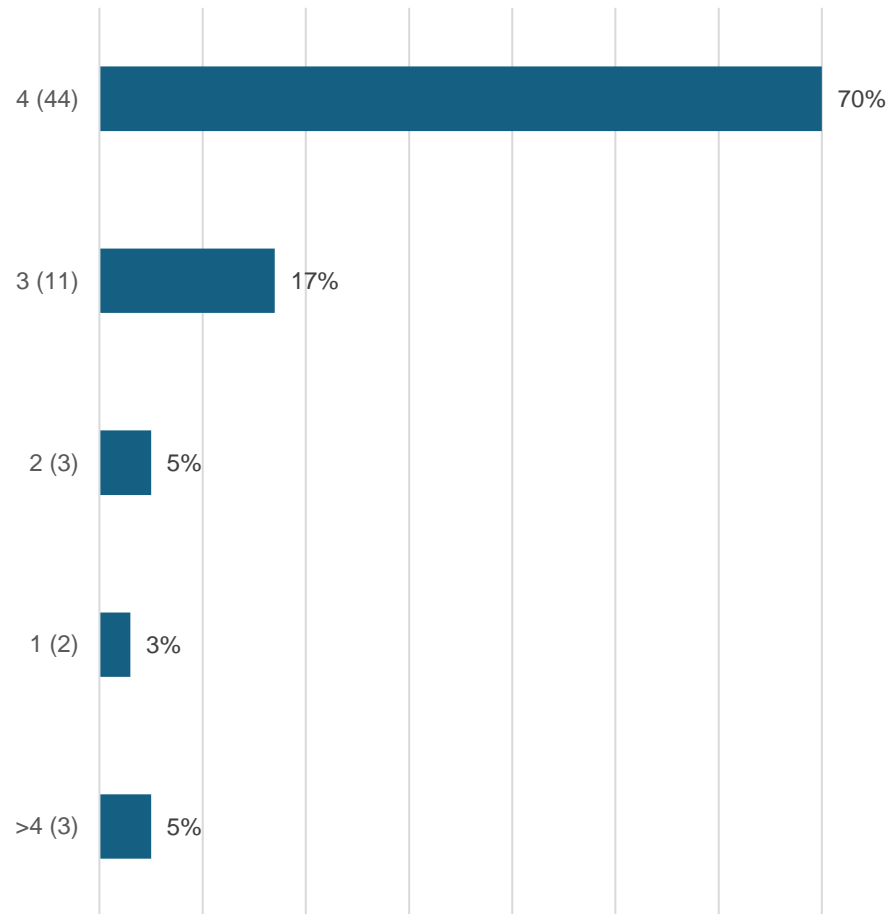
With thanks to Brian Hockley, Regional Transfusion Committee chairs and Hospital Transfusion Committee Chairs, the Regional Transfusion Committee administrative RTC Administrative team, Transfusion Practitioner and Transfusion Lab Manager Groups.

### Survey Results

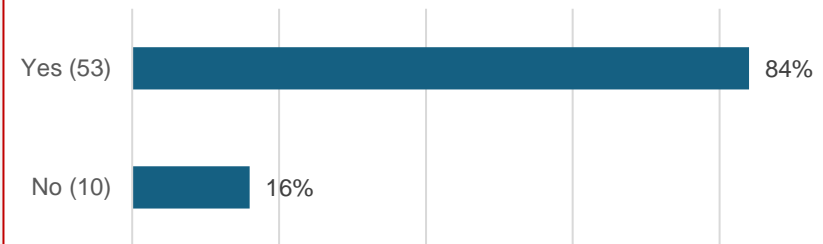


## Frequency and Governance

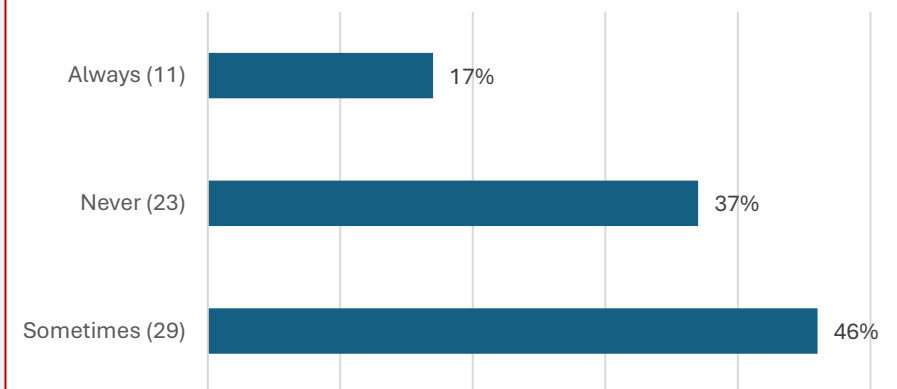
### How many meetings per year does the Hospital Transfusion Committee have?



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

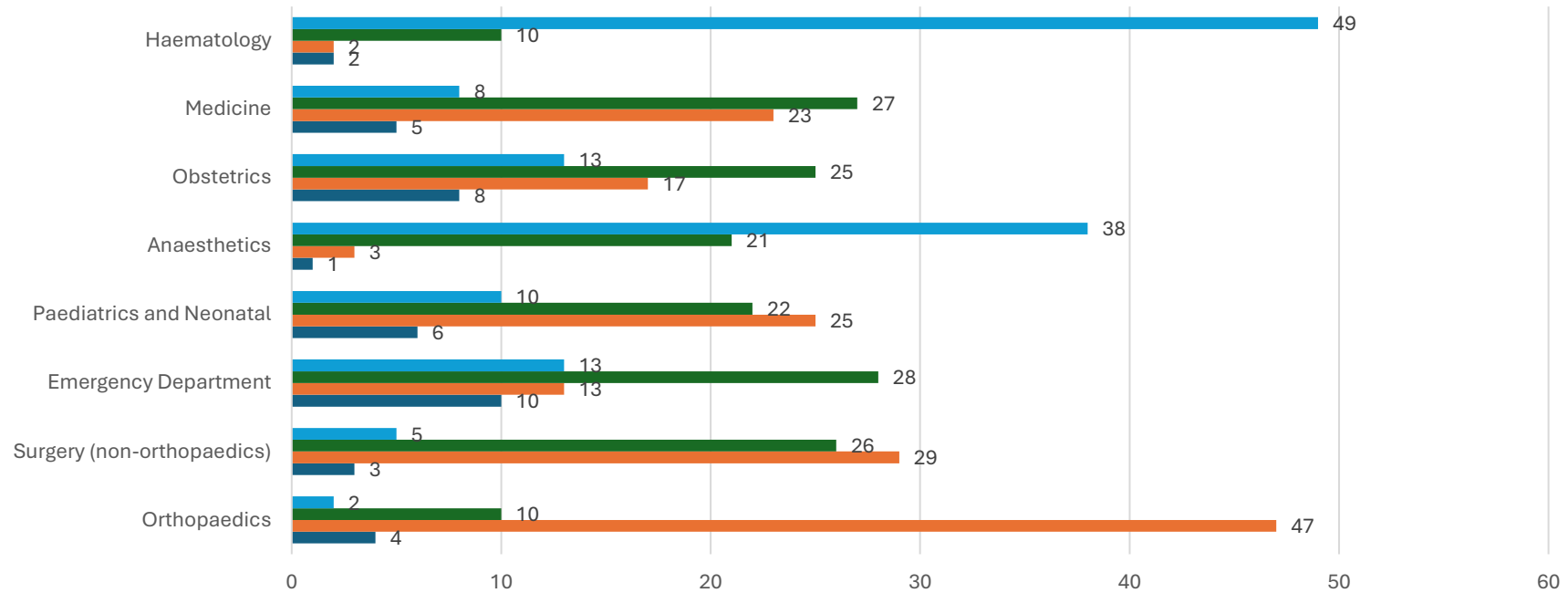


### In the last 12 months how often has a representative from the Patient Safety or Governance/Risk group been present?



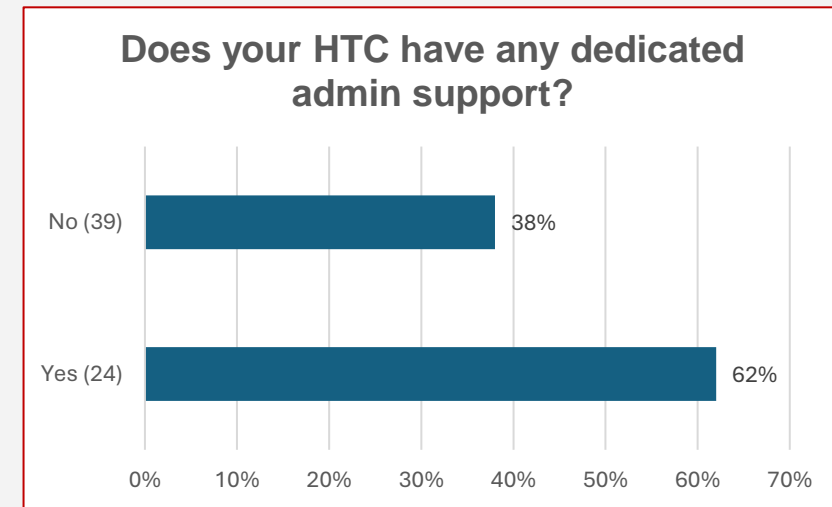
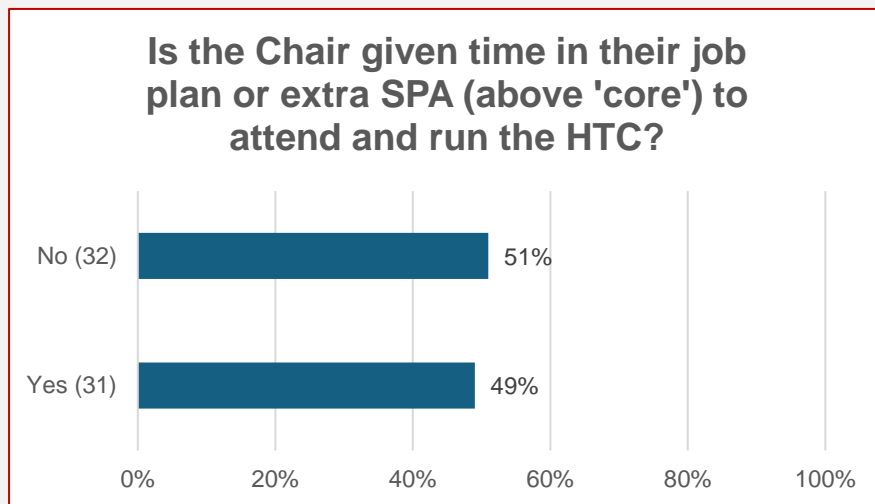
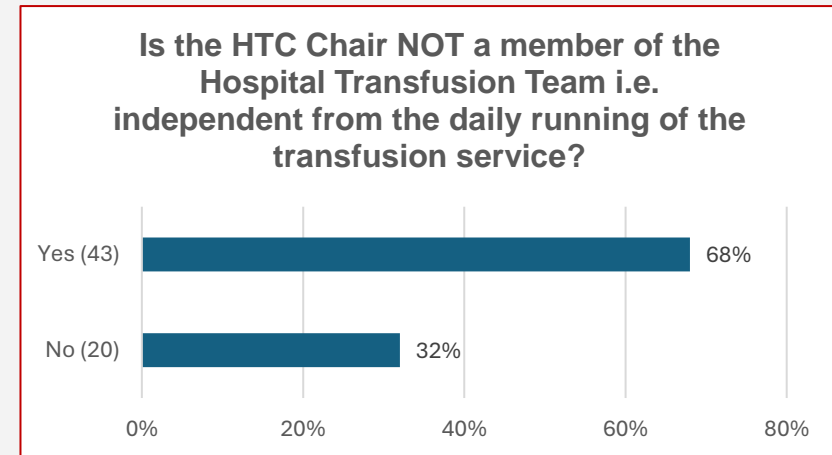
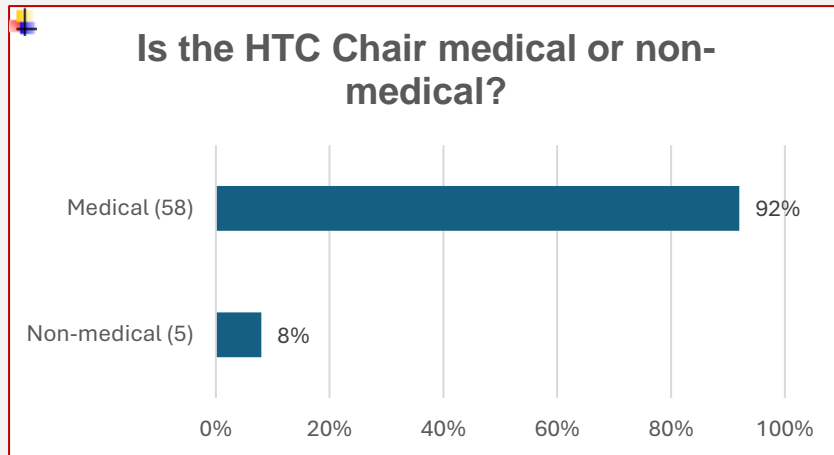
## Representation from specialties

In the last 12 months, how many of the Hospital Transfusion Committee meetings have had representation from the following specialties?



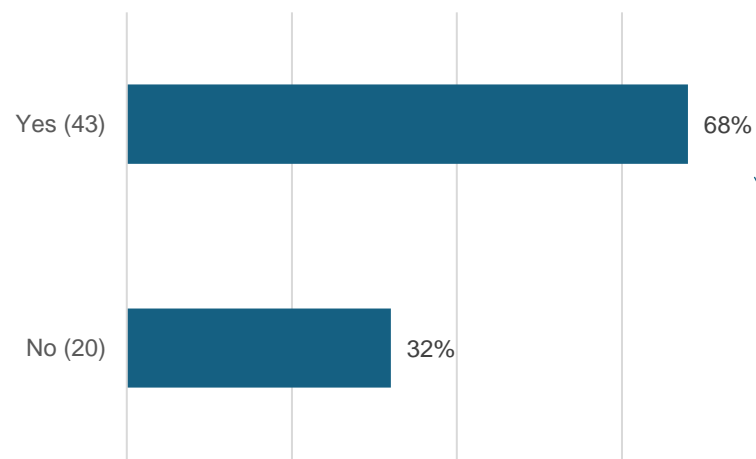
	Orthopaedics	Surgery (non-orthopaedics)	Emergency Department	Paediatrics and Neonatal	Anaesthetics	Obstetrics	Medicine	Haematology
All meetings	2	5	13	10	38	13	8	49
Some meetings	10	26	28	22	21	25	27	10
No meetings	47	29	13	25	3	17	23	2
Our site does not have this specialty	4	3	10	6	1	8	5	2

## Hospital Transfusion Chair and administrative support



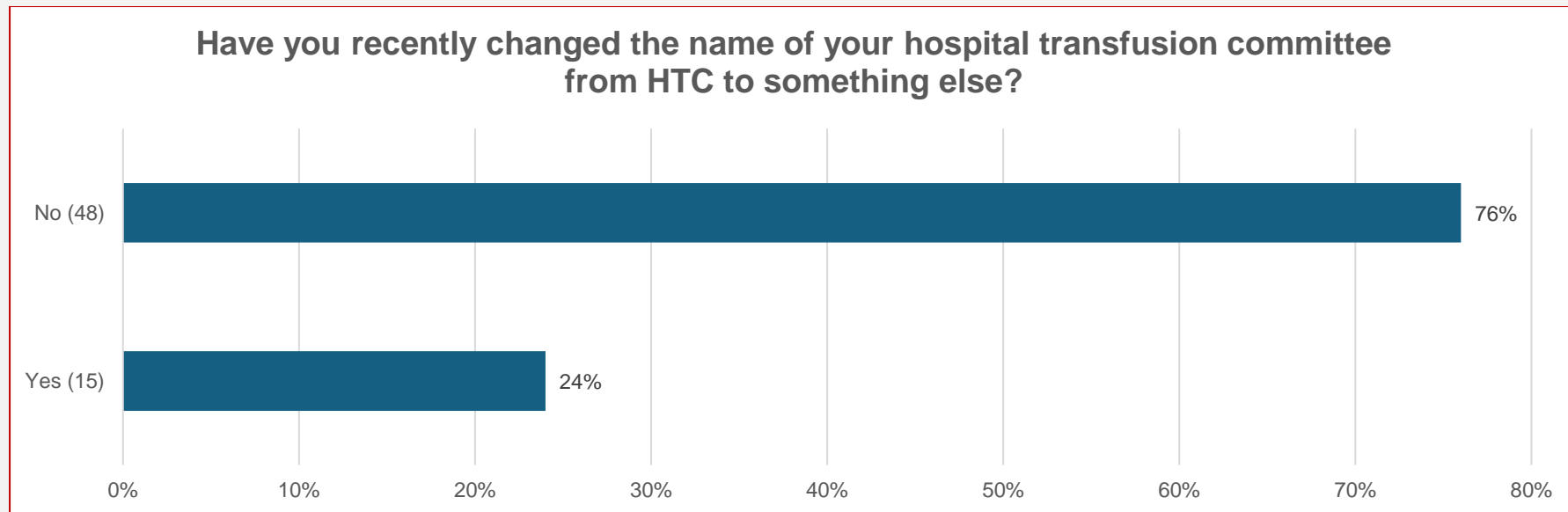
## External supply of blood and HTC Representation

**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?**



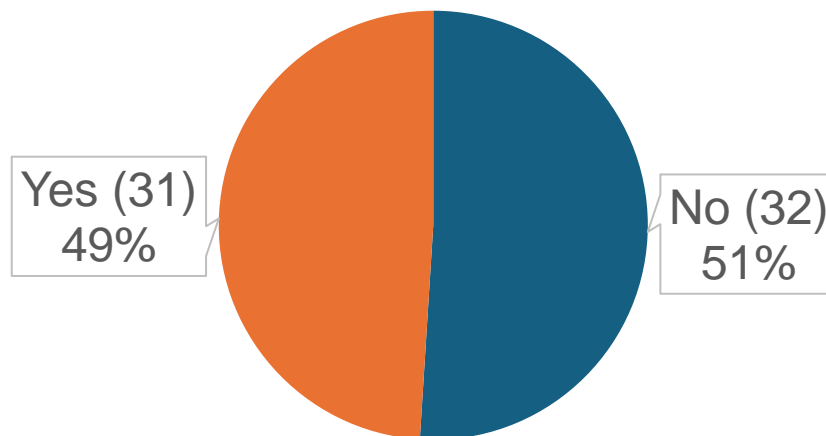


**If YES – what is the current name?**

Hospital Transfusion Group	8
PBM	1
Patient Blood Management Committee	1
Changed many years ago to Patient Blood Management Committee (PBM) and Patient Blood Management Team (PBMT)	2
Hospital Transfusion Forum	2
Trust transfusion committee	1

## HTCs and Cell Salvage Activities

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



## Summary

- The vast majority of HTCs 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 HTCs never have representation from their patient safety or clinical / risk governance group.
- There are significant numbers of HTCs 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 HTCs 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 HTCs, 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. HTCs 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