

**Reference Number: UHB 068**  
**Version Number: 4**

**Date of Next Review: 07/03/2027**  
**Previous Trust/LHB Reference Number:**  
UHB 068

## **Blood Component Transfusion Policy**

### **Policy Statement**

Donated blood is an essential adjunct to health care but is also a limited resource. It is increasingly expensive, subject to public health concerns and can present a source of risk for patients (namely, the risk of 'wrong blood/component transfused' incidents, as reported to the Serious Hazards of Transfusion scheme (SHOT) as being the most commonly occurring adverse incident of blood/component transfusion).

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we are committed to the lawful, safe and appropriate administration of blood/components according to current law, national guidelines and regulatory requirements, and to the maintenance of patient information in accordance with the Data Protection Act 2018. The UHB is also committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and does not discriminate against individuals or groups.

The policy applies to all UHB staff and patients involved at any stage in the process of blood/component transfusion and is applicable to both children and adults. A copy of the policy will be issued by the Blood Transfusion Laboratory Manager with the Technical Service Level Agreement(s) held between the UHB and relevant third parties.

### **Policy Commitment**

We will ensure

- The organisation supports and promotes quality within the field of transfusion both in the BTL and clinical environments. This includes the reporting of incidents, accidents and near misses in relation to transfusion, the investigation of their cause and the implementation of corrective and preventative actions.
- That the health care professionals it employs are informed of, and have access to, UHB policies on blood transfusion and have received the appropriate training and competency assessment relevant to their scope of practice.
- Prudent Health Care includes encouraging clinical staff to consider the appropriateness of transfusion and to explore alternatives while minimising avoidable risks of transfusions by providing clarity to the critical points of the process including appropriate consent. Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production; Care for those with the greatest health need first, making the most effective use of all skills and resources; Do only what is needed, no more, no less; and do no harm. Reduce inappropriate variation using evidence-based practices consistently and

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| Document Title: Blood Component Transfusion Policy and EHIA | 2 of 21 | Approval Date: 08/10/2024       |
| Reference Number: UHB 068                                   |         | Next Review Date:07/03/2027     |
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| Approved By: Quality, Safety and Experience Committee       |         |                                 |

transparently.

- The Blood Transfusion Laboratory (BTL) has a robust Quality Management System (QMS) which complies with the Blood Safety and Quality Regulations (BSQR) (SI 2005 No. 50 as amended)

### Supporting Procedures and Written Control Documents

This Policy is supported by one procedure

- UHB Transfusion Procedure

This describes the following with regard to safe and appropriate use of blood components:

- Request of Blood Components
- Blood Transfusion Samples
- Sample Acceptance
- Testing
- Component Selection
- Labelling
- Collection
- Prescription/Authorisation
- Administration

### Other supporting documents include:

Provision of Intra-Operative Cell Salvage Policy (UHB030)

Blood Shortage Planning Procedure (UHB 285)

Consent to Examination or Treatment Policy (UHB 100)

Labelling of specimens submitted to Medical Laboratories Policy (UHB 017)

### Scope

The policy applies to all UHB staff in all locations including those with honorary contracts involved at any stage in the process of blood/component transfusion and is applicable to both children and adults

### Equality and Health Impact Assessment

An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be a positive impact.

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| <b>Policy Approved by</b>  | Quality, Safety and Experience Committee                  |
| <b>Group with authority to approve procedures written to explain how this policy will be implemented</b> | UHB Transfusion Group                                     |
| <b>Accountable Executive or Clinical Board Director</b>  | Divisional Director Clinical Diagnostics and Therapeutics |

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**Disclaimer**

**If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).**

**Summary of reviews/amendments**

| <b>Version Number</b> | <b>Date Review Approved</b> | <b>Date Published</b> | <b>Summary of Amendments</b>  |
|-----------------------|-----------------------------|-----------------------|---|
| 1                     | 20/09/2009                  | 23/08/11              | Incorporates Better Blood Transfusion Practice Blood Safety and Quality Regulations All Wales Zero Tolerance Safer Practice Notices Massive Haemorrhage |
| 2                     | 21/02/2017                  | 23/02/2017            | The former policy has been split into two documents: A Policy and procedure. There has been no change to the commitment of the policy                   |
| 3                     | 09/10/2020                  | 06/04/2021            | The previous document has been reviewed and updated. The integrity and commitment of the policy remains.  |
| 4                     | 08/10/2024                  | 11/10/2024            | The previous document has been reviewed and updated. The integrity and commitment of the policy remains.  |

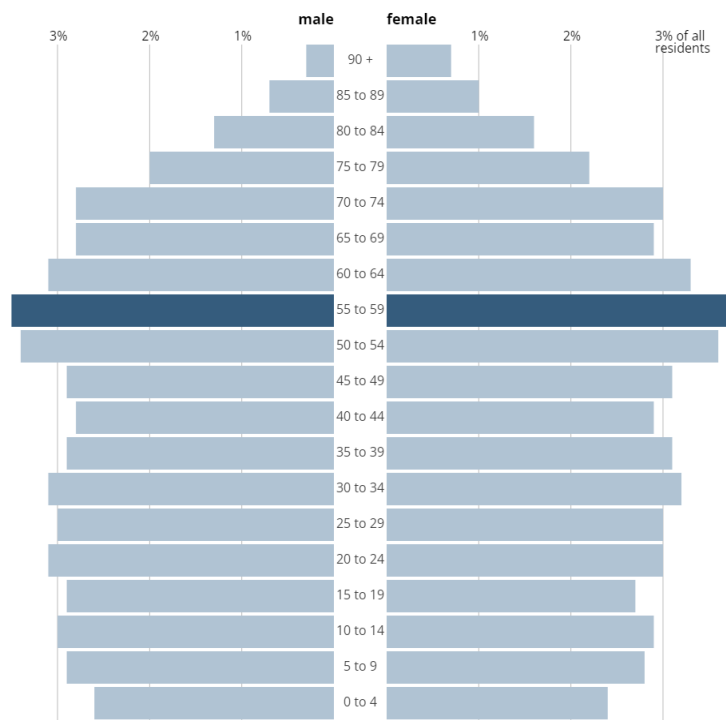
## Equality & Health Impact Assessment for Blood Component Transfusion Policy

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|---|---|
| <p><b>1</b> For service change, provide the title of the Project Outline Document or Business Case and Reference Number</p>   | <p>Blood Component Transfusion Policy<br/>Reference number UHB 068</p>  |
| <p><b>2</b> Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details</p>   | <p>Clinical Diagnostics and Therapeutic Services<br/>[Haematology]<br/>Dr Andrew Goringe Ext 42033</p>  |
| <p><b>3</b> Objectives of strategy/ policy/ plan/ procedure/ service</p>  | <p>The objectives of this policy and associated procedure are to provide a rational and practical framework on which to maximise patient safety during blood/component transfusion by:</p> <ul style="list-style-type: none"> <li>• Assisting clinical staff to minimise avoidable risks of transfusions by providing clarity to the critical points of the process, namely pre-transfusion blood sampling, removal of blood components from blood fridges including Blood Track, transfer of blood components across clinical areas (including to satellite fridges) and administration of blood components. An understanding of the policy will provide the basis of knowledge required to comply with the National Patient Safety Agency (NPSA) (2008) Safer Practice Notice (SPN) 14 Right Patient Right Blood.</li> <li>• Managing, investigating and reporting adverse events and reactions.</li> <li>• Encouraging clinical staff to consider the appropriateness of transfusion and to explore alternatives.</li> <li>• Promoting safer transfusion as part of clinical governance responsibilities and highlighting Good Manufacturing Practice (GMP) and the organisation's regulatory responsibilities.</li> </ul> |
| <p><b>4</b> Evidence and background information considered. For example</p> <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service user's data, as applicable</li> </ul> | <p>Cardiff and Vale University Health Board is one of the largest NHS organisations in Europe. Employing approximately 14,500 staff and spending around £1.4 billion every year on providing health and wellbeing services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan. We also serve a wider population across</p>  |

- needs assessment
- engagement and involvement findings
- research
- good practice guidelines
- participant knowledge
- list of stakeholders and how stakeholders have engaged in the development stages
- comments from those involved in the designing and development stages

South and Mid Wales for a range of specialities. As of 2022, Cardiff is the most densely populated area of Wales. In Cardiff, the population size has increased by 4.7%, from around 346,100 in 2011 to 372,400 in 2022. Nearby areas like the Vale of Glamorgan have seen their populations increase by 4.3% to 133,492,

The average age of people in both Cardiff and the Vale is increasing steadily, with a projected increase in people aged 85 and over in the Vale is 20% over the next 5 years and nearly 50% over 10 years. Cardiff has one of the most ethnically diverse populations in Wales, with one in five people from a black or minority ethnic (BME) background. ‘White other’ and Indian ethnicities are the second and third most common ethnic groups after White British. There are an increasing number of people in our area with diabetes, as well as more people with dementia as the population ages. The number of people with more than one long-term illness is increasing.



The graph above indicates the population of Cardiff change.

Office of National statistic census 2021. [Cardiff population change, Census 2021 – ONS](#)

The UHB’s usual arrangement with regard to consultation

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|  | <p>was followed (i.e. 28 days on the intranet).<br/>As part of good practice, other policies from different organisations were considered.</p> <ul style="list-style-type: none"> <li>• Stakeholders were not engaged in the EHIA and/or policy development.</li> <li>• Blood Safety and Quality Regulations 2005 (SI 50)</li> <li>• The Blood Safety and Quality (Amendment) Regulations 2006 (S I 2013)</li> <li>• British Committee for Standards in Haematology [BCSH] guidelines for Transfusion</li> <li>• National Patient Safety Agency [NPSA] Safer Practice Notices/Rapid Response Notices</li> <li>• Serious Hazards of Transfusion [SHOT] the UK independent, professionally led haemovigilance scheme has been considered in this policy.</li> <li>• Advisory Committee on the Safety of Blood, Tissue and Organs [SaBTO] guidelines have been considered in this policy</li> <li>• Blood Health National Oversight Group (BHNOG)</li> </ul> |
| <p><b>5</b> Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> | <p>The policy applies to all UHB staff involved at any stage in the process of blood/component transfusion and is applicable to both children and adults. A copy of the policy will be issued by the Blood Transfusion Laboratory Manager with the Technical Service Level Agreement(s) held between the UHB and relevant third parties</p>   |

## 6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

| How will the strategy, policy, plan, procedure and/or service impact on:-   | Potential positive and/or negative impacts   | Recommendations for improvement/mitigation  | Action taken by Clinical Board / Corporate Directorate.<br>Refer to where the mitigation is included in the document, as appropriate   |
|---|--|---|--|
| <p><b>6.1 Age</b><br/>For most purposes, the main categories are:</p> <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>  | <p>No documented evidence found from the assessment review of the information available on the date the search was performed to suggest that there are any statements, condition, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of age.</p> | <p>N/A</p>  | <p>N/A</p>   |
| <p><b>6.2 Persons with a disability as defined in the Equality Act 2010</b><br/>Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p> | <p>This policy applies to all employees and organisational partners (e.g. our contractors, suppliers and joint venture partners) when undertaking services for, or on behalf of CVUHB. The policy applies equally to physical and emotional wellbeing.</p>   | <p>Copies of the policy can be made available in alternate formats (e.g. electronic or paper copies).</p> | <p>Specific policies and procedures exist to account for all disability groups and the necessity to make reasonable adjustments accounted for. Examples include potential protected disability characteristics through the wellbeing policy and safe access through normal and emergency situations in the fire safety policy.</p> |

| How will the strategy, policy, plan, procedure and/or service impact on:-   | Potential positive and/or negative impacts   | Recommendations for improvement/mitigation | Action taken by Clinical Board / Corporate Directorate.<br>Refer to where the mitigation is included in the document, as appropriate |
|---|--|--|--|
| <p><b>6.3 People of different genders:</b><br/>Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p> | <p>There appears not to be any impact on staff regarding gender. No documented evidence found from the assessment review of the information available on the date the search was performed to suggest that there are any statements, condition, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of gender.</p> <p>Guidelines for The Use of Group O Rh D Negative Red Cells is followed</p> | <p>N/A</p>                                 | <p>Policy put out for consultation within the organisation and ratified by Transfusion Group</p>                                     |
| <p><b>6.4 People who are married or who have a civil partner.</b></p>   | <p>This policy applies irrespective of whether individuals are married, in civil partnership or not. There appears not to be any impact. No documented evidence found from the assessment review of the information available on the date the search was performed to</p>  |  | <p>Policy put out for consultation within the organisation and ratified by Transfusion Group</p>                                     |



| How will the strategy, policy, plan, procedure and/or service impact on:-   | Potential positive and/or negative impacts  | Recommendations for improvement/mitigation   | Action taken by Clinical Board / Corporate Directorate.<br>Refer to where the mitigation is included in the document, as appropriate                  |
|---|---|--|---|
|   | suggest that there are any statements, condition, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of sexual orientation. Stonewall and Terrance Higgins Trust websites accessed and no evidence found. |  |   |
| <p><b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p> | <p>This policy applies irrespective of whether individuals are on maternity leave or have recently had a baby. There appears not to be any impact.</p>  |  | <p>This is covered in the UHB Maternity Procedure which requires managers to complete a Maternity Risk Assessment for pregnant employees.</p>         |
| <p><b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b></p>   | <p>There appears not to be any impact regarding race, nationality, colour, culture or ethnic origin. No documented evidence found from the assessment review of the information available</p>   | <p>Whilst there doesn't appear to be any impact, if a member of staff was known to have difficulties with the written word, good management would dictate that alternative</p> | <p>All departments to be aware of their staff profiles. Policy put out for consultation within the organisation and ratified by Transfusion Group</p> |

| How will the strategy, policy, plan, procedure and/or service impact on:-  | Potential positive and/or negative impacts   | Recommendations for improvement/mitigation   | Action taken by Clinical Board / Corporate Directorate.<br>Refer to where the mitigation is included in the document, as appropriate   |
|--|--|--|--|
|  | on the date the search was performed to suggest that there are any statements, condition, rules or requirements which could potentially exclude or where applied cause an adverse impact against any group of individuals in respect of race | arrangements be made, such as individual meetings. Members of the public would be supported by staff or family members as appropriate  |  |
| <p><b>6.7 People with a religion or belief or with no religion or belief.</b><br/>The term 'religion' includes a religious or philosophical belief</p>   | There is unlikely to be any impact on staff regarding their religion. There is documented evidence in relation to religion, specifically Jehovah Witnesses which is discussed in the Blood Component Transfusion Procedure.                  | Staff are able to raise any issues with their line manager/Human Resources. There is documented evidence in relation to religion specifically Jehovah Witnesses which is discussed in the Blood Component Transfusion Procedure. | Policy put out for consultation within the organisation and ratified by Transfusion Group  |
| <p><b>6.8 People who are attracted to other people of:</b></p> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul> | This policy applies irrespective of sexual orientation. There appears not to be any impact on staff.   |  | The UHB is committed to equal opportunities and ranked on the Stonewall Index which indicates the UHB is committed to making the workplace LGBT+ friendly in all its policies. |
| <p><b>6.9 People who communicate using</b></p>   | Bilingually patient information leaflets   | The policy prompts staff to  | Policy put out for consultation within the   |

| How will the strategy, policy, plan, procedure and/or service impact on:-  | Potential positive and/or negative impacts   | Recommendations for improvement/mitigation  | Action taken by Clinical Board / Corporate Directorate.<br>Refer to where the mitigation is included in the document, as appropriate |
|--|--|---|--|
| <p><b>the Welsh language in terms of correspondence, information leaflets, or service plans and design</b></p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p> | <p>are available for patients. This is in line with our current Welsh Language Scheme and the future Welsh Language Standards. The leaflets are available in one, the leaflet should be bilingual in one single document English on one side and Welsh on the other side.</p> <p>The aim of the 'active offer' is that staff should ask for the language choice (of either Welsh or English) of the patient. The language choice should then be integrated into the patients' treatment. In other words, the patient could request their treatment be in Welsh. If we are unable to provide a fully Welsh language service for the patient, we should then aim to maximise the coverage of treatment and care in Welsh for them using the staff and resources we</p> | <p>ask patients which language the patient/service users would like to communicate in, either English or Welsh, in line with the 'Active Offer' requirements of the Welsh Governments' More than Just Words Strategy.</p> | <p>organisation and ratified by Transfusion Group</p>  |

| How will the strategy, policy, plan, procedure and/or service impact on:-   | Potential positive and/or negative impacts   | Recommendations for improvement/mitigation   | Action taken by Clinical Board / Corporate Directorate.<br>Refer to where the mitigation is included in the document, as appropriate |
|---|--|--|--|
|   | already have.  |  |  |
| <p><b>6.10 People according to their income related group:</b><br/>Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p> | <p>This policy applies irrespective of the income of the individual concerned. There appears not to be any impact</p>  | <p>N/A</p>   | <p>N/A</p>   |
| <p><b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p>  | <p>There appears not to be any impact on staff, and this policy has a positive impact on people on low income as the policy is applicable to all people.</p>   | <p>N/A</p>   | <p>Policy put out for consultation within the organisation and ratified by Transfusion Group</p>                                     |
| <p><b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b></p>   | <p>People who speak other languages other than Welsh or English will be impacted positively as the policy refers to issues of language accessibility. There are no other groups including Carers or risk factors to consider with regard to this Policy.</p> | <p>There have been new statements regarding language accessibility within the policy</p> | <p>Policy put out for consultation within the organisation and ratified by transfusion Group</p>                                     |

**7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

| <b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>   | <b>Potential positive and/or negative impacts and any particular groups affected</b>  | <b>Recommendations for improvement/mitigation</b> | <b>Action taken by Clinical Board / Corporate Directorate</b><br>Make reference to where the mitigation is included in the document, as appropriate |
|--|---|---|---|
| <p><b>7.1 People being able to access the service offered:</b><br/>           Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p> | <p>The aim of this policy is to enable blood/components to be transfused safely, in particular to minimise the risk of giving blood/components of the wrong group to a patient in error and to avoid unnecessary transfusion in general. It is based on national multidisciplinary guidelines <sup>(2)</sup> and informed by local experience. Red cells are the most commonly transfused blood component; however, the principles described in the policy apply to all blood components (e.g. platelets and plasma).</p> | <p>N/A</p>  | <p>N/A</p>  |

| <b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>  | <b>Potential positive and/or negative impacts and any particular groups affected</b> | <b>Recommendations for improvement/mitigation</b>                     | <b>Action taken by Clinical Board / Corporate Directorate</b><br>Make reference to where the mitigation is included in the document, as appropriate |
|---|--|---|---|
| <p><b>7.2 People being able to improve /maintain healthy lifestyles:</b><br/>           Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p> | <p>As a policy, there will be no impact.</p>   | <p>N/A</p>  | <p>Other procedures exist to cover this, including stress at work and Alcohol and Substance Misuse.</p>   |
| <p><b>7.3 People in terms of their income and employment</b></p>  | <p>The Cardiff and Vale Health Board staff have a yearly Values Based</p>            | <p>To comply with the organisation's regulatory requirements, the</p> |   |

| How will the strategy, policy, plan, procedure and/or service impact on:-   | Potential positive and/or negative impacts and any particular groups affected   | Recommendations for improvement/mitigation   | Action taken by Clinical Board / Corporate Directorate<br>Make reference to where the mitigation is included in the document, as appropriate |
|---|---|--|--|
| <p><b>status:</b><br/>Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal –<br/>A prosperous Wales</p> | <p>Assessment (VBA) where the opportunity to discuss good transfusion practice can be explored for evidence of competency. Assisting clinical staff to minimise avoidable risks of transfusions by providing clarity to the critical points of the process, namely pre-transfusion blood sampling, removal of blood components from blood fridges, transfer of blood components across clinical areas (including to satellite fridges) and administration of blood components. An understanding of the policy will provide the basis of knowledge required to comply with the National Patient Safety Agency (NPSA) (2008) Safer Practice Notice (SPN) 14</p> | <p>Blood Transfusion Laboratory (BTL) must ensure that they have a robust Quality Management System (QMS). The organisation supports and promotes quality within the field of transfusion and the principles must be adhered to both in the BTL and clinical environments. This includes the reporting of incidents, accidents and near misses in relation to transfusion, the investigation of their cause and the implementation of corrective and preventative actions.</p> |  |

| How will the strategy, policy, plan, procedure and/or service impact on:-  | Potential positive and/or negative impacts and any particular groups affected   | Recommendations for improvement/ mitigation | Action taken by Clinical Board / Corporate Directorate<br>Make reference to where the mitigation is included in the document, as appropriate |
|--|---|---|--|
|  | <p>Right Patient Right Blood <sup>(3)</sup>.</p> <p>Managing, investigating and reporting adverse events and reactions.</p> <p>Encouraging clinical staff to consider the appropriateness of transfusion and to explore alternatives.</p> <p>Promoting safer transfusion as part of clinical governance responsibilities and highlighting Good Manufacturing Practice (GMP) and the organisation's regulatory responsibilities.</p> |   |  |
| <p><b>7.4 People in terms of their use of the physical environment:</b><br/>Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built</p> | <p>For this policy, there will be no impact.</p>  |   |  |



| <b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>   | <b>Potential positive and/or negative impacts and any particular groups affected</b> | <b>Recommendations for improvement/ mitigation</b>  | <b>Action taken by Clinical Board / Corporate Directorate</b><br>Make reference to where the mitigation is included in the document, as appropriate |
|--|--|---|---|
| <p>environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Well-being Goal – A resilient Wales</p>    |  |   |   |
| <p><b>7.5 People in terms of social and community influences on their health:</b><br/>           Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> |  | <p>Evidentiary record can be seen that the Jehovah Witness committee members have close links with the Transfusion Practitioner team and support patients within the Cardiff and Vale UHB.<br/>           Representatives from the JW committee frequently attend and present on Link Nurse groups.</p> |   |

| <p><b>How will the strategy, policy, plan, procedure and/or service impact on:-</b></p>  | <p><b>Potential positive and/or negative impacts and any particular groups affected</b></p>   | <p><b>Recommendations for improvement/ mitigation</b></p> | <p><b>Action taken by Clinical Board / Corporate Directorate</b><br/>           Make reference to where the mitigation is included in the document, as appropriate</p> |
|--|---|---|--|
| <p>Well-being Goal –<br/>A Wales of cohesive communities</p>   |   |   |  |
| <p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal –<br/>A globally responsible Wales</p> | <p>This policy has a positive impact by ensuring that the same processes are followed irrespective of macro-economic, environmental or sustainability factors</p> |   |  |

|  |   |
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| <p><b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b></p> | <p>This review of the Transfusion Policy reaffirms the commitment of the senior management team who support the update. The policy aims to ensure the Health Board has appropriate policies, procedures and other written documents to allow it to fulfil its responsibilities. There is an impact on staff whose first language is not English and those of visual impairment.</p> <p>This revision will be rolled out to employees to ensure they are aware of their responsibilities and duties under the policy and confirm their commitment to it.</p> <p>It is assessed that the impact of this policy will be overwhelmingly positive for all employees, patients, carers and service users.</p> |
|--|---|

### Action Plan for Mitigation / Improvement and Implementation

|   | Action   | Lead                     | Time scale     | Action taken by Clinical Board / Corporate Directorate                   |
|---|--|--------------------------|----------------|--|
| <p><b>8.2 What are the key actions identified as a result of completing the EHIA?</b></p> | <p>Overall, there appears to be very limited impact on the protected characteristics and health inequalities as a result of this policy.</p> | <p>Dr Andrew Goringe</p> | <p>1 month</p> | <p>Action in accordance with UHB Employment Policies and Procedures.</p> |

|  | Action  | Lead | Time scale | Action taken by Clinical Board / Corporate Directorate |
|--|---|------|------------|--|
| <p><b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b></p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p> | <p>As there has been potentially very limited impact identified, unnecessary to undertake a more detailed assessment.</p> | N/A  | N/A        |  |

|   | Action   | Lead              | Time scale              | Action taken by Clinical Board / Corporate Directorate |
|---|--|-------------------|-------------------------|--|
| <p><b>8.4 What are the next steps?</b></p> <p>Some suggestions: -</p> <ul style="list-style-type: none"> <li>• Decide whether the strategy, policy, plan, procedure and/or service proposal <ul style="list-style-type: none"> <li>○ continues unchanged as there are no significant negative impacts</li> <li>○ adjusts to account for the negative impacts</li> <li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so).</li> </ul> </li> <li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>• Publish your report of this impact assessment</li> <li>• Monitor and review</li> </ul> | <p>The policy and EHIA have been discussed and agreed by the Hospital Transfusion Team, presented and ratified at Transfusion group.</p> <p>It has been approved by the Transfusion Group, and will continue to be reviewed every 6 months as part of the groups Terms of Reference. When this policy is reviewed, this EHIA will form part of that consultation exercise.</p> <p>The policy will be published on the CVUHB intranet site and made available through SharePoint.</p> <p>The policy and EHIA will be reviewed every three years after ratification unless changes to legislation, or best practice determine that an earlier review is warranted.</p> <p>The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement).</p> | Dr Andrew Goringe | 6 months<br><br>3 years |  |