ANNUAL SELF ASSESSMENT
HEALTH AND CARE STANDARDS

S **Situation**	**2.8 Blood Management** **People have timely access to safe and sufficient supply of blood, blood products and blood components when needed**
B **Background**	**Please Confirm the rating from the following definitions*:*** **Getting there**
A **Assessment**	The UHW transfusion laboratory was inspected by the MHRA against the BSQR 2005 regulations in Dec 2017. Four major non conformities were identified. These are being addressed through an action plan. In April 2018 the transfusion laboratory was inspected as part of the haematology department by the United Kingdom Accreditation Service against the ISO 15189:2012 standards. Accreditation was maintained with very positive feedback from the inspectors. As part of the response to the MHRA inspection CD+T are developing a 'Regulatory Compliance Group' (see recommendations) The transfusion laboratory participates in the National Blood Stock Management Scheme and has a local procedure to optimise stock management. The UHB has a 'Blood and platelet shortage planning procedure' in line with national guidelines and successfully responded to the recent 'Amber' shortage of platelets. The response to the activation of the 'Massive haemorrhage procedure' is audited on each occasion. The clinical rating of the response is generally excellent. The procedure has been modified for patients presenting to the E.U Resus department. The UHB transfusion team is actively involved in incident management and investigation and reports all significant clinical incidents, including all externally reportable incidents to the UHB transfusion group. One never event has been reported to the Welsh government. This event involved a RBC unit being administered to the wrong patient, fortunately with no patient harm. The final version of the Serious Incident report and action plan is awaited. The transfusion team delivers education and training within the UHB including -Annual All-Wales half day standardised training and assessment to all year 5 medical students

	-Participation in Nurse foundation programme -Participation in I.V study days -Porter training and assessment -Assessor workshops x4 per year -Link Nurse Study Days The present system of recording which staff have successfully completed training and competency assessment is not robust and requires strengthening (see recommendations). The transfusion team participate in National Comparative audits. The UHB transfusion procedure is updated regularly in line with national guidelines The attendance at the UHB transfusion group is weak at times and this should be strengthened to improve the dissemination of lessons learnt from incidents, audits and national guidelines. (see recommendations) The UHB is represented on several All-Wales transfusion groups including the 'National Oversight Group', the 'Transfusion team all Wales group' and 'Transfusion manager group'. The cold chain and final fating of blood products rely on paper records. This is a potential weakness and requires significant time to maintain. It is recommended that these should be replaced by electronic solutions including electronic blood tracking and the electronic final fating of products by the patient bedside. There are several areas where the UHB has led the way in transfusion. The most notable being the OBS Cymru initiative.
R **Recommendation**	**The following improvement actions have been identified as key deliverables for 18/19** The development of a 'Regulatory Compliance Group' within the Clinical Diagnostics and Therapeutics Division that will monitor key aspects of regulatory compliance of the Quality Management System. Competency assessments for pre-transfusion sampling and the administration of blood products to be held within the Electronic Staff Record and discussed as part of annual PADR. Monitoring of the compliance position will be a standing agenda item at the Transfusion Group. To strengthen the representation attending the UHB transfusion group and review the Terms of Reference The UHB to look towards the implementation of electronic blood tracking and electronic fating of blood products at the patient bedside.