North West Anglia NHS Foundation Trust

Policy for training and competency assessment of staff involved in transfusion
Version 7.3

Central Index Number:	C0175		
Document Owner: (Name, job title and email)	Emily Rich, Lead Transfusion Practitioner, emily.rich3@nhs.net		
Division:	Family and Integrated Support Services Division		
Directorate/CBU:	FISS - Pathology		
Scope (please select)**:**	☑ Trust wide	☐ Specific staff group:	
Standards and Legislation and key related documents:	National Blood Transfusion Committee (2016), British Society for Haematology (2017), Blood Safety and Quality Regulations (2005)		
Specialty Meeting Approval:	FISS - Pathology Specialty Meeting	**Date:**	3 February 2025
CBU Meeting Approval:	FISS - Hospital Transfusion Committee	**Date:**	30 November 2024

Additional Approval *(if required)*:				
PSC - *Tick* ☐	**D&TC** - *Tick* ☐	**TIPCC** - *Tick* ☐	**Safeguarding Committee** - *Tick* ☐	**ELD** - *Tick* ☐
Enter date	Enter date	Enter date	Enter date	Enter date

First-Level Approval: (Divisional Leadership Board)	FISS Divisional Leadership Board	**Date:**	23 December 2024
Second Level Approval: (*if required* – please consult sect. 6.4 of the Trust Wide Document Control Policy)	Quality Governance Oversight Committee	**Date:**	17 February 2025
Review Date:	17 February 2028		
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Document Title:	Policy for training and competency assessment of staff involved in transfusion
Central Index Number:	C0175

Must be completed when reviewing existing published documents only

Before beginning the process of reviewing and updating an existing document, please take the below into consideration:

Considerations for all documents		**Y/N**	**Action**	
			"Yes"	"No"
1.	Is the document still required?	Yes	Please see question 2.	Arrange document removal with Exec Director/Chair of DLB and forward to the relevant compliance team.
2.	Has there been any change in guidance or national policy since the previous version?	No	Please see question 4.	Please see question 3.
3.	**REVIEW DATE ROLL ON:** Where there has been no major[1] change to the document, can it be approved without having to go through all relevant committees (including those in chronological order)?	No	Exec Director/Chair of the DLB to approve new review date by email*. *(see version control summary/page 3)* The following information must be sent to the relevant compliance team: 1. Evidence of review date approval (*email). 2. Author's Checklist page only. Non-Clinical Compliance Team Clinical Compliance Team	Please see question 4.
4.	Can the document be approved at first-level only? (Please refer to section 6 of the Trust-wide Document Control Policy)	Yes	Proceed with review and **first-level only** approval processes.	Proceed with review and both first and second-level approval processes.

[1] As defined in section 7.3 of the Trust-wide Document Control Policy

VERSION CONTROL SUMMARY

Version:	Page/ Section of Document:	Description of change: (List all amendments made to the document. "Review" or "Update" is not sufficient information.)	Date Exec Director/Chair of DLB approval given for change of review date only	Date approved:	Date published:
V1-2007		Original Document	N/A	April 2007	April 2007
V2-2009		Change from self-assessment to observed assessment	N/A	June 2009	June 2009
V3-2012		Changes in format of document. Knowledge assessment now self-assessment and declaration. Designated assessor defined	N/A	11/09/12	12/10/12
V4-2016		Designated assessor and lead assessor defined. Assessment changed to meet National Blood Transfusion Committee assessment criteria. Assessment required 2 yearly. Access control for the blood bank defined. Knowledge assessment changed to Q and A, observation of practice on initial assessment, & then only required if not observed by an assessor in last 6 months in practice.	N/A	12/07/16	13/07/16
V5-2018		Combined document for NWAngliaFT	N/A	07/06/18	27/06/18
V6-2021		Review Revised competency assessment document for non registered and registered staff Addition of audit of sample of completed assessments	N/A	07/10/21	11/10/21
V7-2025		Changed title to include all involved in transfusion. Added details of competency for doctors and porters. Revised competency assessment documents to reflect BloodTrack changes. Added reference to e-learning. Added review of knowledge for assessors.	N/A	17.02.2025	17.02.2025
V7.1 2025		Amended to reflect BloodTrack process changes – requirement of Pickup Slip and removal of some non-registered practitioner tasks.	N/A	N/A	26/11/2025
V7.2 2026		Minor change to porter assessment exercise – following clarification of MHP processes and urgent neonatal blood bleep.	N/A	N/A	01/06/2026

V7.3 2026		Added paragraph to section 4.3 regarding disabling of BloodTrack access if blood hasn't been collected for >12 months. This is to ensure compliance with the practice requirements in the section above.	N/A	N/A	05/08/2026

DOCUMENT CONTRIBUTORS

Please list the details of all who contributed to the development of this document.

Name	Job Title	Version Contributed to
Kaye Bowen	Transfusion Practitioner	Version 1-6
Emily Rich	Lead Transfusion Practitioner	Version 6-7.3
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1. INTRODUCTION

1.1 Blood transfusion involves a complex sequence of activities. Training and competency assessment is required for all staff involved in the transfusion process, to help ensure that patients are transfused safely and appropriately.

The Serious Hazards of Transfusion (SHOT) reporting scheme shows that adverse incidents surrounding transfusion, including transfusion reactions and failures in checking and monitoring procedures, continue to be reported. Compliance with training and competency assessment will help to ensure awareness of policy and reduce risk of adverse events.

1.2 This policy is based on the recommendations of the National Blood Transfusion Committee, published in 2016. These recommendations are based on the Blood Safety and Quality Regulations 2005 and are also reflected in the British Society for Haematology Guideline for the Administration of Blood Components (2017).

Several patient safety alerts in recent years have also highlighted the importance of training for all staff involved in blood transfusion.

2. OBJECTIVES/AIMS

2.1 The purpose of this policy is to ensure that all staff involved in blood transfusion are able to perform the procedures safely.

This involvement may be in prescribing blood products, administering them, collecting them, or caring for patients who are receiving them.

2.2 This document applies to any member of staff involved in transfusion. It also applies to agency and flexible staffing service staff working in the trust.

3. DUTIES, ROLES and RESPONSIBILITIES

3.1 All staff participating in transfusion must attend mandatory training as set out in the trust's Training Needs Analysis. Where staff fail to attend, the process to be taken is described the trust Mandatory and Statutory Training Policy. They must also demonstrate competency in the part of the transfusion process they are participating in.

3.2 **Ward or departmental managers**

- Must ensure they have sufficient trained and competent staff to safely manage blood transfusions in their area
- Must ensure staff are aware of this policy and the necessary requirements within it
- Must enable re-training and assessment following any adverse events

- Must ensure they have at least one designated Transfusion Assessor in their area.

3.3 Registered practitioners

- Must ensure they complete the relevant blood transfusion training and competencies for their role
- Should know where competency records are stored and know when they are due for renewal
- Must ensure they only practice aspects of transfusion for which they have the relevant competency.

3.4 Non-registered practitioners

- Must ensure they complete the relevant blood transfusion training and competencies for their role
- Should know where competency records are stored and know when they are due for renewal
- Must ensure they only collect blood products when they have completed the relevant competency.

3.5 Porters

- May move blood between storage locations once they have completed their training
- May be asked to take a bag or box of blood to the clinical area in a major haemorrhage protocol activation
- Must complete an annual transfusion update

3.6 Medical Staff

- Must complete the relevant Blood Transfusion e-learning

3.7 Transfusion Team

- Will keep records of blood transfusion competency status
- Will train Transfusion Assessors to enable cascade assessment within clinical areas
- Will monitor compliance with the policy

3.8 Transfusion Assessors

- Will cascade training to their area and confirm competency of staff they train
- Will keep up to date with current transfusion practice
- Will complete a transfusion knowledge assessment periodically to ensure familiarity with current processes
- Will assist in re-training staff following adverse events

4. TRAINING and COMPETENCY

4.1 Blood transfusion training and competency requirement will vary with job role. The table in Appendix B summarises the specific requirements for different staff groups.

4.2 Blood Transfusion Theory

All clinical staff within the trust must complete the relevant blood transfusion e-learning module on ESR. This will be linked to individual ESR competency requirements and will automatically update upon successful completion of the assessment.

The e-learning is specific to the trust, gives an overview of transfusion and contains some key pieces of information necessary to transfuse safely. There is an assessment included which must be successfully completed to enable the competency to be updated.

Other blood transfusion e-learning modules are available, and can be a useful additional resource, but the local module must be completed in order to update the trust competency.

Staff group	E-learning required	Competency achieved
Doctors	176 Blood Transfusion Theory – Medical Staff	Blood Transfusion – 2 Years
Registered practitioners	176 Blood Transfusion Theory – Registered Practitioners	Blood Transfusion Theory – Registered Staff – 2 Years
Non-registered practitioners	176 Blood Transfusion Theory – Non-registered Practitioners	Blood Transfusion Theory – Non-registered Staff – 2 Years

4.3 Blood Transfusion Practical

Registered practitioners and non-registered staff who have a practical involvement in transfusion must complete the Blood Transfusion Practical competency.

For non-registered staff this involvement may be collecting blood products from storage locations. For registered practitioners this may involve collection, administration and managing the transfused patient.

Practical assessments are carried out by a designated Transfusion Assessor.

The Transfusion Assessor must ensure the staff member is aware of the correct process to follow in relation to their role, and where to refer to if there are any queries.

There are two different ways to complete the practical assessment, a full assessment, and a review.

Full assessment is required for:

- Anyone new to the trust
- Anyone new to their profession (e.g. trainee now qualified)

- Anyone involved in a significant Datix (level 3 or above)
- Anyone involved in multiple errors
- Anyone who has been out of practice for >6 months
- Anyone who would like a full assessment
- Anyone whose competency expired >3 months ago

Review assessment can be used for:

- Those who regularly undertake the task
- Those who have a current competency
- Those whose competency expired <3 months ago

Once the assessment has been completed a copy of the Verification of Competency page must be returned to the Transfusion Team.

Upon receipt the Transfusion Team will arrange for ESR to be updated, and the individual will be given BloodTrack access appropriate to their role.

BloodTrack access will not be given until completed competency has been received. It is a legal requirement that anyone accessing blood storage locations must have completed training and competency assessment.

If you have not collected a blood product/component within the past 12 months your BloodTrack access will be disabled prior to competency expiry. This will require a repeat assessment before it is reinstated.

ESR will show individuals and ward managers their competency status. They must ensure that they are re-assessed before their competency expires. **Failure to do this will result in removal of BloodTrack access.**

4.4 IV training

Any member of staff involved in the administration of transfusion must have completed the relevant IV training and assessment, in addition to the blood transfusion competencies. See Intravenous (IV) drug administration: policy and assessment for clinicians (C0019) for details.

IV assessment must take place prior to completing the Practical competency assessment for Registered Practitioners involved in transfusion.

4.5 Venepuncture

Any members of staff who take blood samples for pre-transfusion testing must complete the trust competency assessment in venepuncture. See Venepuncture on Adult Patients: Guideline and Assessment for Clinicians (C0062) and Venepuncture – Guideline in children within Peterborough City and Stamford Hospitals (C0227).

4.6 Porters

Porters may be involved in the movement of blood products between storage locations or delivery of boxes of blood to clinical areas in urgent situations. They must complete their

initial training with a Transfusion Practitioner, and then complete an annual update as directed by the Transfusion Team.

4.7 Anti-D

Anti-D is requested and collected in the same way as other blood products, therefore the same competency must be completed.

Any staff who prescribe or administer anti-D must also complete anti-D e-learning on ESR.

4.8 Laboratory staff

Laboratory staff complete separate competency assessments as detailed in the laboratory SOPs.

4.9 Medical staff

Medical staff can request access to BloodTrack Enquiry once they have completed the Trust Transfusion e-Learning. They must complete the application on Appendix F and return to the Transfusion Team.

5. TRANSFUSION ASSESSORS

5.1 Ward managers should ensure that there is at least one designated Transfusion Assessor for their area. Some larger wards/departments will benefit from having several assessors to ensure availability to assess all staff.

Ward managers should be aware of the staff in their area who are the designated Transfusion Assessors, and any new assessors should get authorisation from the ward manager before applying to be trained by Transfusion Practitioners .

5.2 Any nominated new assessors should complete the Knowledge Assessment questions (Appendix G) and then contact the Transfusion Team to arrange training. This will be with a Transfusion Practitioner.

The training will give an overview of the transfusion competency process and ensure the assessor has the correct knowledge and resources to sign-off their colleagues.

5.3 Both registered and non-registered staff are able to become assessors, however non-registered staff will only be able to assess others in this group.

5.4 Transfusion Assessors will be listed on a document that will be sent to anyone who requests details on how to get assessed for the transfusion practical assessment.

Transfusion Assessors may assess staff from other departments if they are happy to do so, for example this may include Flexible Staffing staff who regularly work in one area.

5.5 Transfusion Assessors must complete a Knowledge Assessment every year to ensure familiarity with current practice.

5.6 There will be a limit to the number of Transfusion Assessors trained in each ward. This enables better management of distribution of knowledge, and appropriate use of Transfusion Practitioner's time. The numbers will be determined on a case by case basis dependent on need.

6. COMPETENCY RECORDS

6.1 Blood transfusion competency status is recorded on ESR for trust staff who complete their Theory and Practical competencies.

Individuals should ensure they keep up to date with their training via their ESR records.

Ward managers should monitor their department and enable completion of competency where there are staff who are not up to date.

Each month the Transfusion Team will send a report of competency status to the ward manager and the Transfusion Assessors. This information will be taken directly from ESR, so will not show staff who have completed competencies in the few days prior.

Should details of competency status be required at any other time this can be provided from the Transfusion Team (nwangilaft.transfusion@nhs.net).

6.2 A separate record of competencies for staff who are not attached to the local ESR system (e.g. Dialysis staff and porters) will be kept by the Transfusion Team.

7. STAFF INVOLVED IN DATIX

7.1 Anyone who is directly involved in a Datix will be asked to contribute to its investigation.

Depending on the nature they may be required to repeat part or all of their blood transfusion competency.

7.2 Details of the investigation should be added to the Datix promptly to enable prompt decisions on corrective action and need to repeat training or competency assessment. This should be within 7 days of the incident.

7.3 Reassessment will be required if the incident has scored as serious or moderate, and/or the individual has been involved in repeated incidents.

- If the Datix is reported as level 0-2 any reassessment may be performed by a Transfusion Assessor if they feel comfortable doing so.

- If the Datix is reported as a 3 or above the practical reassessment must be with a Transfusion Practitioner. The ward manager should enable this to happen within 1 month of the incident to allow prompt resolution.

Competency will be expired on ESR, and BloodTrack access will be removed, until the re-training is completed. Therefore staff should not undertake the relevant tasks again until deemed appropriate by the Transfusion Practitioner.

8. ASSOCIATED DOCUMENTS

Blood Transfusion Policy (C0160)

BloodTrack Procedure (C0160a)

Venepuncture on Adult Patients: Guideline and Assessment for Clinicians (C0062)

Venepuncture – Guideline in children within Peterborough City and Stamford Hospitals (C0227)

Intravenous (IV) drug administration: policy and assessment for clinicians (C0019)

9. MONITORING COMPLIANCE

Document Section		Control	Checks to be carried out to confirm compliance with the policy	How often the check will be carried out	Responsible for carrying out the check	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting
Page	**Section**	**WHAT?**	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
8	4.3 4.6	Staff accessing blood bank must be competency assessed	Spot check on access to blood fridges	Monthly	Transfusion Team	Clinical Managers	Annually
8	4.3 4.6	Staff only have access to blood bank on their ID badge if they have a current competency assessment	Removal of access for staff whose competency expires, and who have left the trust	2 monthly	Transfusion Team	Feedback to access team to remove access where necessary	2 monthly
10	5.1	Blood transfusion assessors must be familiar with current practice	Review of knowledge to be completed and feedback sent to assessors	Annually	Transfusion Practitioners	Assessors and managers	Annually
15	Appendix B	Staff involved in transfusion must complete the relevant training for their role	Monitor compliance on ESR	Monthly	Transfusion Practitioners	Hospital Transfusion Committee	6 monthly

APPENDIX A: DEFINITIONS OF TERMS

Blood Component – A therapeutic constituent of human blood (red cells, white cells, platelets, plasma and cryoprecipitate).

Blood Product – A therapeutic substance prepared from human blood including prothrombin complex concentrate and anti-D.

NBTC – National Blood Transfusion Committee.

Registered Healthcare Professional – a member of staff who holds current registration with a professional body, for example the General Medical Council, Nursing & Midwifery Council, or Health and Care Professions Council.

SHOT – Serious Hazards of Transfusion, the UK haemovigilance reporting scheme.

APPENDIX B: TRAINING REQUIREMENTS BY STAFF GROUP

Staff Group	Competency required	How to achieve
Doctors	Blood Transfusion Theory - Doctors	E-learning – accessed via ESR
Registered Practitioners with involvement in transfusion	Blood Transfusion Theory – Registered Practitioners	E-learning – accessed via ESR
	Blood Transfusion Practical – Registered Practitioners	Face-to-face with a Transfusion Assessor
Registered Practitioners without involvement in transfusion	Blood Transfusion Theory – Registered Practitioners	E-learning – accessed via ESR
Non-Registered Practitioners who collect blood products	Blood Transfusion Theory – Non-Registered Practitioners	E-learning – accessed via ESR
	Blood Transfusion Practical – Non-Registered Practitioners	Face-to-face with a Transfusion Assessor
Non-Registered Practitioners who don't need to collect blood products	Blood Transfusion Theory – Non-Registered Practitioners	E-learning – accessed via ESR
Porters who move blood	Movement of blood products	Face-to-face with a Transfusion Practitioner or Trained Assessor

APPENDIX C: PRACTICAL COMPETENCY ASSESSMENT FOR REGISTERED PRACTITIONERS INVOLVED IN TRANSFUSION

Name			
Date		**Job role**	

Sections A and B must be completed if any of the following apply:

- This is the first blood transfusion practical competency assessment.
- Re-assessment has been requested following a Datix
- Staff member has not been observed in practice within the last 6 months
- Staff members practical or theory competency has expired by more than 3 months.

If an initial competency has been completed in the past and the above do not apply complete the box below (using dates recorded on ESR) and then jump straight to Section B.

Competency	Expiry date
Blood Transfusion Practical – Registered Staff	
Blood Transfusion Theory – Registered Staff	
Theory – IV administration	
IV administration practical assessment	

Important notice: This competency is for assessing the member of staff in caring for a patient having a transfusion and collecting blood components. To administer blood components and access intravenous devices the appropriate assessment for clinicians administering of intravenous (IV) drugs for their area must also be completed.

Section A

Practical observation for Registered Staff involved in transfusion.

Name	

The above member of staff has demonstrated, either by observation in practice or by a simulation exercise and discussion, that they:	**Assessor initial**
Knows to check the blood is prescribed, and check the Blood Prescription against the patient ID band, and verbally if possible, before going to BloodTrack Enquiry	
Can lookup a patient on BloodTrack Enquiry	
Can generate a collection slip using BloodTrack Enquiry	
Know that when collecting blood products they must take a blood collection slip	
Can follow the correct process for removal of blood from a Haemobank fridge – checking the patient details and scanning all appropriate barcodes	
Is aware that if a label needs adding to a product this **must** be fully attached before scanning any barcodes.	
Knows that if collecting batch products from the batch fridge then all individual boxes must be scanned	
Knows to always wait for the 'Good' message on BloodTrack	
Knows where to find instructions to use in case of BloodTrack downtime	
Know to check for discolouration and leaks of the unit/s	
Know the procedure to follow if there are any discrepancies or queries	
Know that unless a major haemorrhage situation, or blood is being moved between fridges, only 1 unit at a time should be taken	
Knows that blood must never be collected for two different patients at a time	
Knows how to 'Arrive' a unit on BloodTrack Enquiry, and the importance of adhering to any alerts	
Are aware of the location/s of the emergency O blood, and the procedure to follow if this is taken for use	

Know to return any unused blood promptly, and ensure it is scanned back into the Haemobank	
Must complete the pre-transfusion preparation checklist including: ☐ Patient information and consent ☐ Checking the unit has been prescribed correctly (including any special requirements) ☐ Check the patient has suitable IV access ☐ Ensure all equipment is available (e.g. blood giving set, drip stand etc.) ☐ Check the patient is wearing an ID band ☐ Ensure a baseline set of observations has been recorded	
Know to ensure that the unit is commenced within 30 minutes of removal from the storage location, or if more than 30 minutes has passed to contact the blood transfusion laboratory for advice.	
Must complete the pre-transfusion bedside check, and know that 2 Registered Practitioners must independently confirm: ☐ The patient's ID (verbally if possible and ID band) ☐ The information on the patients ID band exactly matches the traceability tag on the unit to be transfused (unless emergency O blood) and prescription chart ☐ The quality and expiry date of the unit ☐ The expiry time and date of the issued unit/s ☐ The compatibility of the unit ☐ If special requirements (e.g. CMV negative or irradiated products) are indicated on the prescription chart, that the unit matches these requirements ☐ If an infusion pump is used, that the rate and volume to be infused is correct	
Knows to complete the traceability tag as soon as the transfusion has started – return the tag back to the laboratory	
Know to record a set of observations no less than 15 minutes after the start of the transfusion	
Know the importance of monitoring the patient regularly throughout the transfusion, making sure they have their call bell if appropriate	
Know that red cell transfusion must be completed within 4 hours of the unit being removed from the fridge, therefore it is important to ensure the transfusion is progressing at the prescribed rate	
Know to record a set of observations at the end of the unit	
Know how to respond in case of a suspected adverse reaction, including contacting Blood Bank, using the Transfusion Related Adverse Events Form and reporting via Datix	

Know how to use the ‘End Transfusion’ function on BloodTrack Enquiry, and that this must be used for all transfused units/products	
Know to dispose of the unit 24 hours after the end of the transfusion, as per the clinical waste policy	

Name of Transfusion Assessor	**Signature of Transfusion Assessor**

Section B – Verification of Competency

Blood Transfusion – Practical Competency – Registered Practitioners

Name of Staff member assessed (PRINT name as shown on ID badge)				
Job role		**Ward/Clinical Area**		
ID badge/POCT number		**Assignment number**		
Site	**Hinchingbrooke**	**PCH**	**Stamford**	**Cross Site**

Member of staff has:	**Signature of Assessor**	**Date**
Completed an **initia**l practical competency assessment, including all of the aspects detailed in Section A, either by observation in practice or a simulation exercise and discussion		
OR		
Completed a **review** of their practical competency, by being observed following the correct procedures detailed in Section A within the last 6 months, or through a simulation exercise and discussion		

Assessor – PRINT NAME		**Member of Staff – PRINT NAME**	
Signature	**Date**	**Signature**	**Date**
BloodTrack Barcode Number – Assessor		**BloodTrack Barcode Number – Staff Member**	

When completed please send a scanned copy of this page to:

nwangliaft.transfusion@nhs.net

The Transfusion Team will activate your BloodTrack barcode and arrange for ESR and Blood Bank access to be updated.

Please ensure the original copy is kept in your personal file.

APPENDIX D: PRACTICAL COMPETENCY ASSESSMENT FOR NON-REGISTERED STAFF INVOLVED IN TRANSFUSION

Name			
Date		**Job role**	

Sections A and B must be completed if any of the following apply:

- This is the first blood transfusion practical competency assessment.
- Re-assessment has been requested following a Datix
- Staff member has not been observed in practice within the last 6 months
- Staff members practical or theory competency has expired by more than 3 months.

If an initial competency has been completed in the past and the above do not apply complete the box below (using dates recorded on ESR) and then jump straight to Section B.

Competency	Expiry date
Blood Transfusion Practical – Non-Registered Staff	
Blood Transfusion Theory – Non-Registered Staff	

Section A

Practical observation for Non-Registered Staff involved in collecting blood products for transfusion.

Name	

The above member of staff has demonstrated, either by observation in practice or by a simulation exercise and discussion, that they:	**Assessor initial**
Know that when collecting blood products they must take a blood collection slip	
Can follow the correct process for removal of blood from a Haemobank fridge – checking the patient details and scanning all appropriate barcodes.	
Is aware that if a label needs adding to a product this must be fully attached before scanning any barcodes.	
Knows to always wait for the 'Good' message on BloodTrack	
Knows where to find instructions to use in case of BloodTrack downtime	
Know to check for discolouration and leaks of the unit/s	
Know the procedure to follow if there are any discrepancies or queries	
Knows that blood must never be collected for two different patients at the same time	
Know that unless a major haemorrhage situation, or blood is being moved between fridges, only 1 unit at a time should be taken	
Are aware of the location/s of the emergency O blood, and the procedure to follow if this is taken for use	
Know how to return any unused blood promptly, and ensure it is scanned back into the Haemobank	

Name of Transfusion Assessor	**Signature of Transfusion Assessor**

Section B – Verification of Competency

Blood Transfusion – Practical Competency – Non-Registered Practitioners

Name of Staff member assessed (PRINT name as shown on ID badge)				
Job role		**Ward/Clinical Area**		
ID badge/POCT number		**Assignment number**		
Site	**Hinchingbrooke**	**PCH**	**Stamford**	**Cross Site**

Member of staff has:	**Signature of Assessor**	**Date**
Completed an **initia**l practical competency assessment, including all of the aspects detailed in Section A, either by observation in practice or a simulation exercise and discussion		
OR		
Completed a **review** of their practical competency, by being observed following the correct procedures detailed in Section A within the last 6 months, or through a simulation exercise and discussion		

Assessor – PRINT NAME		**Member of Staff – PRINT NAME**	
Signature	**Date**	**Signature**	**Date**
BloodTrack Barcode Number – Assessor		**BloodTrack Barcode Number – Staff Member**	

When completed please send a scanned copy of this page to:

nwangliaft.transfusion@nhs.net

The Transfusion Team will activate your BloodTrack barcode and arrange for ESR and Blood Bank access to be updated.

Please ensure the original copy is kept in your personal file.

APPENDIX E: COMPETENCY FOR THE MOVEMENT OF BLOOD PRODUCTS FOR PORTERS

Name			
Date		**Job role**	

Sections A, B and C must be completed if any of the following apply:

- This is the first blood transfusion practical competency assessment.
- Re-assessment has been requested following a Datix
- Staff member has not been observed in practice within the last 6 months
- Staff competency has expired by more than 3 months.

If an initial competency has been completed in the past and the above do not apply complete the box below and then complete Sections B and C.

Competency	Date completed
Movement of blood products - Porters	

Section A

Practical observation for Porters who move blood products

Name	

The above member of staff has demonstrated, either by observation in practice or by a simulation exercise and discussion, that they:	**Assessor initial**
Know that when moving products requested by NICU/SCBU they must take a Pickup Slip	
Can follow the correct process for removal of blood from a Haemobank (BloodTrack) fridge – checking the patient details and scanning all appropriate barcodes	
Knows how to move blood into a fridge	
Knows that if collecting platelets or cryoprecipitate for NICU/SCBU these must be taken directly to a staff member on the unit	
Know that the unit must be tracked into the new storage location within 30 minutes of removal from the storage location, or if more than 30 minutes has passed to contact the blood transfusion laboratory for advice.	
Know what to do in the event of a 'urgent neonatal blood' bleep message	
Know that MHP/MOH bleeps are a priority. The lab will pack a box/bag of blood and inform you of the clinical area that you need to deliver the blood to	
Knows that if transporting blood to the clinical area (in a bag or box for MHP/MOH) it must be for one patient at a time only	
Know the procedure to follow if there are any discrepancies or queries	
Knows where to find instructions to use in case of BloodTrack downtime	
Know how to complete the tracking log on the reverse of the issue paperwork – in cases of downtime	
When delivering blood boxes to the lab always hand to a member of staff – never leave in the issue room/unattended	
Know what to do when an out of hours blood delivery arrives in ED	

Name of Transfusion Assessor	**Signature of Transfusion Assessor**

Section B – Quiz

1. Someone asks you to let them into the blood bank room as their badge isn't working, what should you do?	
Let them in	
Ask them to contact transfusion	
Lend them your badge	

2. True or false – blood can be stored in any temperature-controlled fridge, including drug and specimen fridges.	
True	
False – it must only be stored in a designated blood fridge	

3. Which product is stored at 22°C and gently agitated?	
Red blood cells	
Platelets	

4. When collecting blood for NICU/SCBU what do you need?	
The patient's full name and date of birth	
A Pickup Slip detailing the full patient details and product to collect	

5. True or false – failure to use Haemobank correctly may mean the blood has to be thrown away	
True – if we don't have an accurate record of how long it took to move blood between fridges it is unsuitable for use and is destroyed	
False – we never throw blood away	

6. When transferring blood between the blood fridges the transfer must be completed within a maximum of:	
10 minutes	
30 minutes	
60 minutes	

7. A nurse on A2 asks you to collect a unit of blood for a routine transfusion and take it directly to the ward, should you do this?	
Yes	
Possibly	
No	

8. Some platelets are needed on NICU/SCBU. When you arrive should you:	
Put the platelets in a fridge	
Hand them over to a member of staff	
Leave them on a reception desk	

9. If you get a call out of hours asking you to collect some blood that has arrived in ED from NHS Blood and Transplant, what must you do?	
Nothing – this is not a porter responsibility – the lab will collect it	
Take it to transfusion as a priority	
Take it to transfusion, but as a non-urgent task	

10. If you are carrying the pathology porter bleep and it's activated with the message 'major haemorrhage A8 call 1234' what should you do?	
Ring the control desk to check what's happening	
Report to transfusion whenever you have finished your current job	
Report to transfusion immediately – this is a priority	
Ring transfusion to find out what's happening	

11. If you receive the bleep message 'urgent neonatal blood' what do you do?	
Ring the ward to find out what they need	
Go directly to Blood Bank as a priority	

12. Someone asks you to lend them your BloodTrack ID barcode – do you do this?	
Yes	
No	

13. You have just transported the first major haemorrhage pack to the clinical area, what do you do now?	
Move on to your next job	
Check if the clinical team have any samples to take to the lab and then report back to transfusion to check if there is any further blood transport required	
It's time for your tea break, go for break and then report back to transfusion	

14. Complete the log below as if you were moving the blood from the issue fridge to the theatres blood fridge.

The log below MUST be completed for every journey blood products make between storage locations.
IT IS A LEGAL REQUIREMENT!

The left hand-side of the log must be completed when blood products are TAKEN OUT of a storage location (fridge/incubator/transport box) and the right-hand side must be completed when they are PLACED INTO a storage location.
All the unused units listed overleaf MUST be moved to the new location TOGETHER, along with this paperwork.
Do not leave any units / paperwork behind.

Placed into storage location *(For lab use only)*	PRINT NAME	Date	Time	Location
	EMILY RICH	19/10/23	14:15	IF1

OUT				IN			
PRINT NAME	Date	Time	Location taken from	PRINT NAME	Date	Time	Location placed into

Section C – Verification of Competency

Blood Transfusion – Practical Competency – Porters

Name of Staff member assessed (PRINT name as shown on ID badge)			
Job role		**ID badge number**	

Member of staff has:	**Signature of Assessor**	**Date**
Completed a practical competency assessment and Completed the quiz in section B.		

Assessor – PRINT NAME		**Member of Staff – PRINT NAME**	
Signature	**Date**	**Signature**	**Date**
BloodTrack Barcode Number – Assessor		**BloodTrack Barcode Number – Staff Member**	

When completed please send a scanned copy of this page to:

nwangliaft.transfusion@nhs.net

The Transfusion Team will activate your BloodTrack barcode request your ID badge has Blood Bank access.

Please ensure the original copy is kept in your personal file.

APPENDIX F: DOCTORS APPLICATION FOR BLOODTRACK ACCESS

If BloodTrack access is required as part of your role please complete the below and return this form to the Transfusion Team Nwangliaft.transfusion@nhs.net

You must have completed the Trust Blood Transfusion e-learning linked to your ESR (Blood Transfusion – 2 years)

For Doctor to complete

Name			
Date		**Job role**	
Assignment Number		**Badge Number**	
Date NWAngliaFT Blood Transfusion e-Learning completed		**Signature**	

For Transfusion Practitioner to complete

BloodTrack Barcode		**Date**	
Transfusion Practitioner Name			
Signature		**Date**	

APPENDIX G: KNOWLEDGE ASSESSMENT FOR ASSESSORS

Name			
Date		**Ward/Department**	

I confirm the above member of staff has the authorisation be a designated Blood Transfusion Assessor.	**Manager of Staff member – PRINT NAME**	
	Signature	**Date**

Read questions carefully – some have multiple correct answers

1. How would you contact Blood Bank staff at night time?	
Phone	
Bleep	

2. Who is able to collect blood products?	
Staff who have completed their Blood Transfusion Practical Competency	
Staff who have completed the Blood Transfusion e-learning	
Doctors	

3. Why is it important to complete the collection process correctly?	
To ensure you are collecting the right product for the right patient	
To ensure the records evidence the blood has been kept safely prior to transfusion	
To comply with the Blood Safety and Quality Regulations 2005	

4. At what temperature should the following products be stored?	
Red blood cells	
Thawed FFP	
Thawed Cryo	
Platelets	

5. What must be completed if your patient requires irradiated blood products?	
The prescriber must tick the 'irradiated' box on the prescription	
When requesting red cells or platelets you must request irradiated products	
You must ensure the Irradiated/Specialist Blood Components Shared Care Form is completed and sent to Blood Bank (available in Policy C0662)	

6. Where can you get more transfusion patient information leaflets from?	
The Transfusion Team	
The Blood Bank	
The internet (NHSBT website)	

7. Name 2 alternatives to transfusion

8. Where would you find the emergency O blood?

9. Why are incident reports (Datix) important?	
To notify relevant areas of an adverse event	
To raise awareness and allow investigation	
To highlight processes that can be improved	
To know who to blame for an incident	

10. Where can you find Blood Transfusion policies and guidelines?

11. Do you have any ideas or suggestions for the Transfusion Team? There is no right or wrong answer to this question!

Transfusion Practitioner – PRINT NAME		Member of Staff – PRINT NAME	
Signature	**Date**	**Signature**	**Date**

When completed please send the entire document to:
Transfusion Team
Pathology
Department 413e
PCH
Or email to nwangliaft.transfusion@nhs.net

The Transfusion Team will mark the answers and return a copy for your personal file.

APPENDIX H: EQUALITY AND FREEDOM TO SPEAK UP IMPACT ASSESSMENT (EQFSUIA)

The Equality and Freedom to Speak Up Impact Assessment (EFSUIA) process is a key function to identify and mitigate inequality in policies and processes adopted by the organisation.

The Trust has introduced an automated system that is simple to use and utilises co-production where issues cannot be easily resolved.

All policies and processes agreed by formal committee must include an EqFSUIA form which is completed by the author or process lead, this enables a rapid identification of inequality. If no significant inequalities are identified in the **Stage 1** process, this is the end of the EqFSUIA process. If unsure about the likelihood and limitations please see example table Stage 1 – Equality and Freedom to Speak Up Matrix Key and Examples.

If moderate or greater inequalities (*highlighted in yellow, amber or red in the **Stage 2 Matrix Calculation Example table***) are identified the EqFSUIA will automatically calculate and initiate a Stage 2 advance impact assessment, creating a work programme to reduce the inequality to its minimum level.

- Stage 1 follow the link and answer the assessment questions
- You will receive an email showing the generated score in numbers
- If the individual scores are 1, 2 or 3 – place the generated numbers into the Stage 1 assessment and copy/paste into your document. No further action required
- If any individual generated score is 4 or 5 and above for a characteristic an advanced impact assessment will be initiated.
- Follow the Stage 2 Process Mapping
- Use the Stage 2 Action Plan to record how the inequalities will be implemented and the dates of completion.

In many cases, a discussion with the Equality, Diversity, Inclusion and Armed Forces team and/or the Freedom to Speak Up Guardian will provide an immediate solution, enabling the EqFSUIA to be resubmitted with no further action required.

Contact: Equality, Diversity, Inclusion and Armed Forces Team
Email: nwangliaft.edi@nhs.net

Contact: Freedom to Speak Up Guardian, Sally Mumford
Telephone 01733 678026 or 075171 32592
Email: sally.mumford1@nhs.net

In a few cases, where inequalities cannot be solved by revising the document, an Advanced EqFSUIA should be introduced.

The Equality Impact Assessment Stage 2 (*see Stage 2 Matrix Calculation Example table*) uses a matrix to identify the level of detriment the inequality will have upon the affected protected groups and guide the author to the level of action needed as a result. The process includes the forming of co-production groups to develop solutions to the inequality and a means by which unsolvable inequalities can be reviewed periodically if no solution becomes available.

APPENDIX I: EQUALITY AND FREEDOM TO SPEAK UP IMPACT ASSESSMENT STAGE 1

Follow this link to complete an electronic Equality and Freedom to Speak Up Impact Assessment.

Your answers will be converted into a numerical value and calculated against the above EqFSUIA matrix to provide an inequality score for each protected characteristic.

You will receive an email with the score results of your assessment, which you should place into the table below. The details of your submission will be logged within the EDI and Armed Forces data systems. If your score is below 7, you can enter your results into the below table with no further action required.

If any score exceeds 7 points, you will be contacted automatically to initiate an advanced Equality and Freedom to Speak Up Impact Assessment using co-production processes to mitigate the issue identified.

Age	Equality Impact Score	**1**
	FTSU Impact Score	**1**
Armed Forces Community	Equality Impact Score	**1**
	FTSU Impact Score	**1**
Carers	Equality Impact Score	**1**
	FTSU Impact Score	**1**
Disability	Equality Impact Score	**1**
	FTSU Impact Score	**1**
Gender Identity or Reassignment	Equality Impact Score	**1**
	FTSU Impact Score	**1**
Marriage and Civil Partnership	Equality Impact Score	**1**
	FTSU Impact Score	**1**
Pregnancy and Maternity	Equality Impact Score	**1**
	FTSU Impact Score	**1**
Race	Equality Impact Score	**1**
	FTSU Impact Score	**1**
Religion and Belief	Equality Impact Score	**1**
	FTSU Impact Score	**1**
Sex	Equality Impact Score	**1**
	FTSU Impact Score	**1**
Sexual Orientation	Equality Impact Score	**1**
	FTSU Impact Score	**1**

APPENDIX J: QUALITY ASSURANCE CHECKLIST

CORPORATE GOVERNANCE COMPLIANCE OFFICER'S USE ONLY

		Y/N/ n/a	COMMENTS (to author for any amendments)
1	**Title of the document**		
	Is the title clear and unambiguous	Y	
2	**Type of document (e.g. policy, guidance)**		
	Is it clear whether the document is a policy, guideline, procedure?	Y	
3	**Introduction**		
	Are reasons for the development of the document clearly stated?	Y	
4	**Content**		
	Are all sections of the front cover completed correctly?	Y	
	Is the document in the correct Trust approved format?	Y	
	• Paragraphs numbered consecutively	Y	
	• Headers: only on front page to contain logo	Y	
	• Footers: on every page except front page	Y	
	Has the Author's Checklist been fully updated?	Y	
	Are the Version numbers correct in the title, summary and the footers?	Y	
	Has the Version Control Summary been fully updated with changes?	Y	
	Has the Document Contributors section been completed?	Y	
	Is the introduction of the document clear?	Y	
	Are the objectives/aims clearly stated?	Y	
	Are the duties, roles and responsibilities clearly explained? **(policies only)**	Y	
	Are the definitions of terms clearly explained?	Y	
	Have recommendations from Counter Fraud/Internal Audit been included? **(policies only)**	N/A	
	Does this document concern the handling, moving or storage of personal identifiable or commercially sensitive information? If yes, has a Summary Privacy Impact Assessment been completed?	N/A	
5	**Evidence Base**		
	Is the type of evidence to support the document explicitly identified?	Y	
	Are associated documents referenced?	Y	
6	**Monitoring Compliance and Effectiveness (policies only)**		
	Has section 'Compliance Monitoring' been completed?	Y	
7	**Equality and Diversity (policies only)**		
	Is the Equality Impact Assessment completed?	Y	
8	**Approval Route**		
	Has email approval been received for change of review date only?	N/A	
	Does the document identify which committee(s)/group(s) will approve it?	Y	
	Does the document meet the criteria for Second Level approval or Information Only?	Y	For approval

If answers to any of the above questions is 'no', then this document is not ready for approval, it needs further review.

It is vitally important that documents are forwarded to the Corporate Governance Team after every amendment and approval meeting to ensure the most up-to-date version is held by the team at all times.

COMPLIANCE TEAM:		
1.	Date Comments returned to author by Compliance Lead	
2.	Date of Compliance Team approval	13 October 2025
3.	Name of Compliance Lead	Carly Goddard

Please do not delete any of the below approval sections.
If certain sections are not applicable to the document's journey please enter 'N/A'

SPECIALTY APPROVAL MEETING: Pathology Specialty Meeting			
On approval, Chair to sign below and send the document and the minutes from the approval committee to the Corporate Governance Compliance Team. **To aid distribution all documentation should use electronic signatures and be sent electronically wherever possible.**			
Chair's Name	Dr Ashraf Ibrahim	**Date**	03/02/2025
Signature			

CBU APPROVAL MEETING: Hospital Transfusion Committee			
On approval, Chair to sign below and send the document and the minutes from the approval committee to the Corporate Governance Compliance Team. **To aid distribution all documentation should use electronic signatures and be sent electronically wherever possible.**			
Chair's Name	Lynda Menadue	**Date**	30/11/2024
Signature			

ADDITIONAL APPROVAL MEETINGS: Complete all that apply

On approval, Chair to sign below and send the document and the minutes from the approval committee to the Corporate Governance Compliance Team. **To aid distribution all documentation should use electronic signatures and be sent electronically wherever possible.**

Select Meeting.		Select Meeting.	
Chair's Name		**Chair's Name**	
Date		**Date**	Enter date
Signature		**Signature**	
Select Meeting.		**Select Meeting.**	
Chair's Name		**Chair's Name**	
Date	Enter date	**Date**	Enter date
Signature		**Signature**	

FIRST-LEVEL APPROVAL: FISS Divisional Leadership Board			
On approval, Chair to sign below and send the document and the minutes from the approval committee to the Corporate Governance Compliance Team. **To aid distribution all documentation should use electronic signatures and be sent electronically wherever possible.**			
Chair's Name	Dr. Tim Jones	**Date**	23/12/2024
Signature			
Please confirm if document requires Second-Level **approval** or it is to be submitted for **information only**. Please see section 6.4 of the Trust's Document Control Policy.			✓ **APPROVAL** ☐ **INFORMATION ONLY**

SECOND-LEVEL APPROVAL: Quality Governance Oversight Committee			
On approval, Chair to sign below and send the document and the minutes from the approval committee to the Corporate Governance Compliance Team. **To aid distribution all documentation should use electronic signatures and be sent electronically wherever possible.**			
Chair's Name	Callum Gardner	**Date**	17/02/2025
Signature			