

# WELSH HEALTH CIRCULAR

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Llywodraeth Cymru  
Welsh Government

**STATUS: ACTION & INFORMATION**

**CATEGORY: QUALITY & SAFETY**

**Title:** NHS WALES BLOOD HEALTH PLAN

**Date of expiry/review:** September 2019

**For Action by Health Board/Trust:**

Chairs  
Chief Executives  
Board Secretaries  
Secretary to the Board Secretary Group  
Medical Directors  
Directors of Nursing  
Directors of Therapies & Health Science  
Directors of Planning  
Renal Teams  
Directors of Public Health  
Infection Control Doctors & Nurses  
Hospital Chief Pharmacists

**For information:**

DG/Chief Executive NHS Wales  
Deputy Chief Exec NHS Wales  
Chief Scientific Officer  
Chief Pharmaceutical Adviser  
Professional & Policy Leads  
DHSS Operations Team  
DHSS Comms Team  
DHSS Digital Team  
NHS Direct Wales  
WSSP for distribution to GP practices, community pharmacies & General Dental Practices

**Action required by:**

See paragraph 3

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**Enclosure:** NHS Blood Health Plan

## NHS WALES BLOOD HEALTH PLAN

1. The purpose of this Welsh Health Circular is to highlight the publication by the Welsh Blood Service of the NHS Wales Blood Health Plan (“the Plan”) that has been developed by staff across NHS organisations, supported by the Health Board/Trust Medical Directors, and co-ordinated by the Welsh Blood Service (“WBS”).

### Background

2. In some situations, blood and blood components are essential and life-saving. However, transfusions are not risk free and there is the possibility of reactions (some life-threatening) or transmission of infections. There is a wealth of guidance, statutory requirements and best practice in relation to blood donation eligibility, blood testing/screening and product production so these are outside the focus of the Plan.
3. However, it is essential that blood and blood components are used only when needed and where no other suitable alternative exists. The Plan therefore sets the direction of optimising blood health and transfusion practice under three core aims that draw on the principles of prudent healthcare:
  - supporting individuals to manage their health and wellbeing, avoiding unnecessary intervention;
  - using evidence and transparent data to drive service planning and improvement to reduce inappropriate variation; and
  - avoiding harm.
4. It includes a number of specific actions; how they will be delivered; expected outcomes and sets out how success will be measured. These actions build on the substantial progress made over the past 15 years through the arrangements put in place to implement the *Blood Safety and Quality Regulations 2005*<sup>1</sup> and the structure put in place at that time (WHC 2005 063<sup>2</sup>) to meet the broad standards for the safe and appropriate use of blood components in clinical practice. Delivery on these standards was through collaborative work between hospital based practitioners and the WBS Better Blood Transfusion Team. This work included standardisation of processes and practises; education; audit; and benchmarking of clinical and laboratory practice.
5. The move to the all Wales Blood Service in May 2016 and new IT data capture systems/processes brings new momentum to driving improvements in support and management of blood health.
6. Given that production of the Plan has been a collaborative effort, each health boards/trust should be working towards implementation and ensuring that the

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<sup>1</sup> [2005 BSQR](#)

<sup>2</sup> [WHC-2005-063.pdf - no longer extant](#)

overarching strategic aims and commitments are in its Integrated Medium Term Plan.

7. A national leadership group is being established by the WBS to oversee delivery of the Plan through a clear work programme and the next step is to secure appropriate representation from NHS Wales.



## Executive Summary

A blood transfusion is a gift. Unlike any other component used in care, blood is given freely by people. We must cherish this gift, drive out waste and demonstrate to donors how their gift is being used. For people who need blood components we must value them as individuals, recognise transfusion is not without risk, agreeing with them treatment which only does what is necessary and does no harm.

This plan sets out a direction for blood health and transfusion practice. It has been produced by the NHS and will be owned and delivered by the staff of NHS Wales. The plan will not focus on the donation of blood or the production of blood components and products but will centre on good blood health and the use of blood components. The plan provides a number of core actions, expected outcomes and sets out how success will be measured.

## Strategic Aims

There are three core aims which lie at the heart of this plan. They draw on the principles of prudent healthcare and the unique characteristics of NHS Wales, a planned system with quality at its core:

- supporting individuals to manage their health and wellbeing, avoiding unnecessary intervention
- using evidence and transparent data to drive service planning and improvement to reduce inappropriate variation
- avoid harm, placing safety and quality at the core of care.

## Context

The population of Wales is ageing; we want our population to age well, to live interesting and full lives. We need people to consider their blood health as part of taking control of their lives. People are living longer than ever before with more chronic and complex conditions, blood components are currently used as part of the care for a range of conditions with over 50% used in people aged over 70<sup>1</sup>. Although overall red blood cell use is in decline, we need to be mindful of demand changes in line with demographic changes.

An ageing population additionally impacts upon donations of blood, as those who become too old or unfit to donate are not necessarily replaced by younger donors. Different lifestyles, increased foreign travel, emerging diseases and changing social responsibility impact upon blood supply with increasing numbers of donors having to be turned down and fewer regular donors from the younger age groups.

There is variation in the use of blood across the health service and evidence to suggest outcomes for people can be improved though more effective use of blood components. Transfusion of blood components is not without risks. These include, increased risk of infection, longer stays in hospitals and increased mortality from surgical procedures. Patients who receive red cell transfusion for cardiac surgery and were preoperatively identified as anaemic are likely to spend 2 more days in hospital with a 16% increase in the likelihood of death<sup>2</sup>. This is not to say transfusion should always be avoided, under-transfusion can equally cause harm to patients and we must focus on appropriate and safe use.

Progress has been made led by legislative changes to put in place a robust regulatory framework for laboratory practice. Activity to minimise risks through the standardisation of processes and practice has been undertaken. Led by the Better Blood Team audit and benchmarking of clinical and laboratory practice, development of new training packages, specific educational programmes and all-Wales documentation for blood transfusion with standardised policies have supported service improvement.

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<sup>1</sup> 'Where does Blood Go?' Welsh Blood Service 2014

<sup>2</sup> Klein, A.A., et al. 2016. The incidence and importance of anaemia in patients undergoing cardiac surgery in the UK—the first Association of Cardiothoracic Anaesthetists national audit. *Anaesthesia*, 71(6), pp.627-635.

Building on this progress alongside the Welsh Blood Service becoming all Wales in May 2016, new IT systems and processes providing a greater level of data, and the direction set by the Prudent Healthcare Principles this plan aims to bring new momentum to driving improvement in blood health and blood management.



## Achieving our aims

# Supporting individuals to manage their health and wellbeing, avoiding unnecessary intervention

## What this means

We will support individuals to better manage iron deficient Anaemia to reduce the need for potential transfusion.	We will work with healthcare staff operating in the community to support individuals manage their blood health.	Transfusion considerations will be embedded in care planning with individuals.	Staff will be empowered to deliver good blood health management.
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## What we need to do to achieve this

- We will work with specific patient and population groups at greatest risk to improve awareness of iron deficient anaemia
- There will be targeted programmes to support those delivering care in the community to support individuals to prevent, identify and manage anaemia
- We will develop national anaemia principles and ensure the principles are reflected in appropriate care pathways
- We will develop national guidance for transfusion in the community
- We will work with relevant clinical groups to support individualised blood management in relevant care pathways
- We will review clinical pathways of the five biggest blood component users
- We will deliver education to support relevant staff to have effective conversations to support clinical decision making
- We will work with the clinical community to ensure preoperative assessment includes assessment of transfusion and blood health- including delisting patients with anaemia where appropriate
- We will bring together local major haemorrhage policies to develop a national framework



## Achieving our aim

# Using evidence and transparent data to drive service planning and improvement to reduce inappropriate variation

## What this means

Data on transfusion is transparently available to support service planning to support matching of supply and demand	Data on transfusion is openly published to highlight variation in practice	Data is available to staff to support effective conversations on clinical practice	Information is available to staff across healthcare settings
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## What we need to do to achieve this

- We will establish a national core data set, with agreed performance and outcome measures
- There will be mechanisms for determining how blood components are used e.g. by major medical and surgical diagnostic groups and by clinical teams and individual clinician.
- There will be tools and opportunities for presenting blood usage and audit data back to clinical teams and individual clinicians and people
- We will deliver absolute transparency, providing public information on the use of blood components

## Achieving our aim

# Avoid harm, placing safety and quality at the core of care

## What this means

Minimising risk of transfusion reaction

Effective monitoring and reporting of incidents embedded in strong quality systems

Supporting research and continually evolving practice based on the best available evidence

## What we need to do to achieve this

- We will establish a programme of audit and exploit existing audit to drive service improvement
- There will be robust incident reporting (such as Serious Hazards Of Transfusion) and follow up processes in place at a local and national level
- We will establish a programme of peer review in line with the NHS Wales framework
- We will develop a Blood Health Education Strategy

## Oversight arrangements

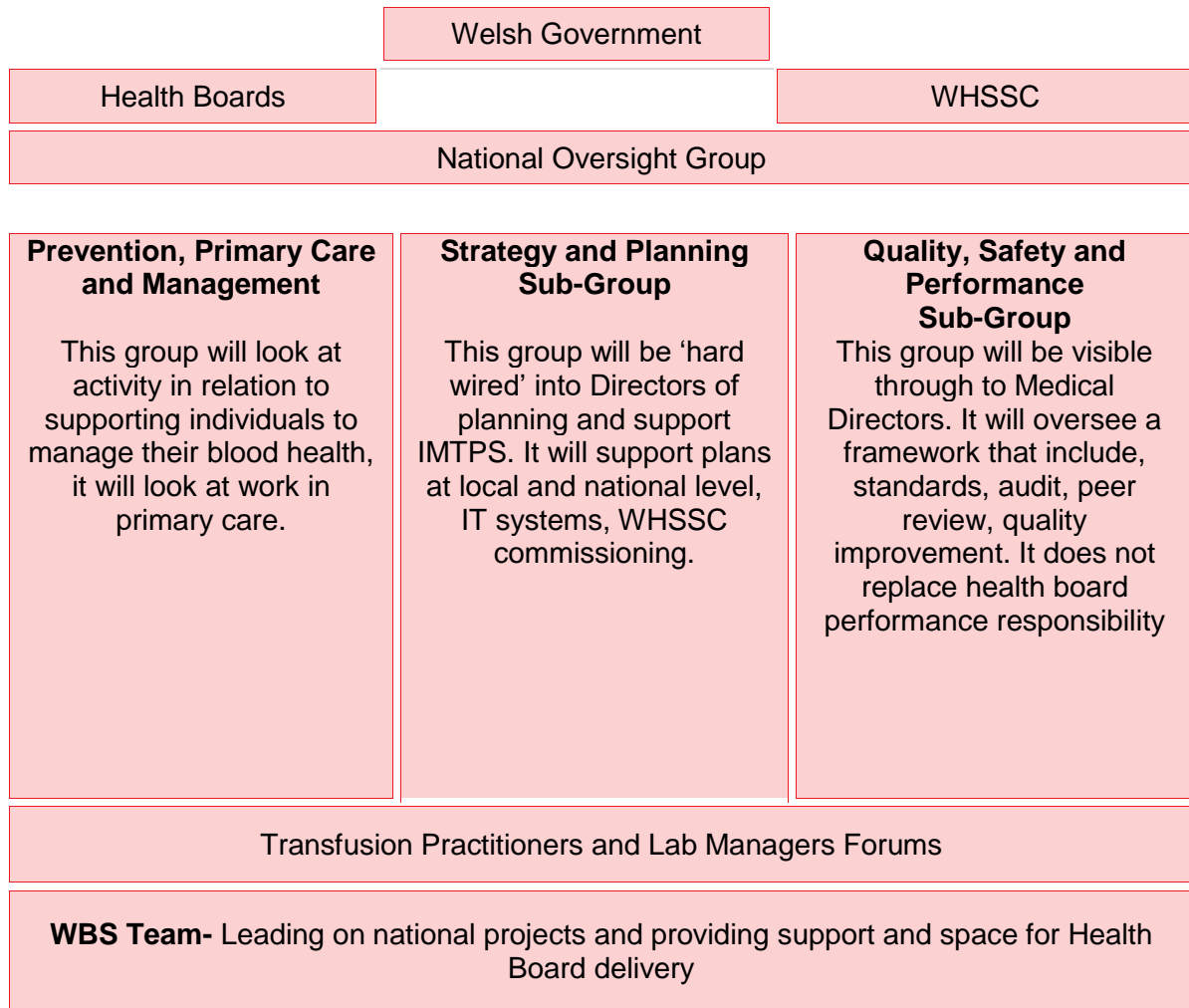
We will put in place a new national oversight group that will replace the current Clinical Advisory Group, Blood Policy and Implementation Groups. It will be a simple structure with a single national group meeting a few times a year, with a clear programme of work focussed in the three core areas. It will operate with an agile and light touch approach. The method of working will allow support to be called on for specific pieces of work and not maintain a heavy programme of regular meeting structure. The Welsh Blood Service will provide the Secretariat. Sub groups would meet only when necessary and use a task and finish approach

## How and why?

- Streamlined, effective and targeted advice, planning and support to deliver and improve blood transfusion at an all Wales level
- Clear and robust governance
- Clinically owned and led
- Integrated into NHS Wales systems and processes
- Responding to the challenge from stakeholders and politicians for a central 'engine room' for better blood management.

We recognise this new model will only work if it is truly linked to existing systems, processes and groups and recognises that only Health Boards have the statutory duty to deliver services. We would expect these groups to engage with this structure as the primary group for Blood Transfusion advice and support.

We will also commit to absolute transparency, publishing openly data and reports on achievement against the strategy



## NHS Blood Health Plan- Delivering the Actions

This section aims to capture existing and new activity across Wales. It will remain a live log of actions and will be maintained by the oversight group.

### Supporting individuals to manage their health and wellbeing, avoiding unnecessary intervention

Actions	Existing activity in Local Health Boards and Welsh Blood Service	New Action for Health Boards	New National Actions led by the Welsh Blood Service	Success Measures
We will work for specific patient and population groups at greatest risk to improve awareness of iron deficient anaemia	Existing pre-operative iron clinics programmes for Cardiac surgery in Cardiff and Vale and in other Health Boards	Identify primary care teams to work with as areas of focus	Improve the public information available on iron deficient anaemia, review online content and information leaflets	Reduction in iron deficient anaemia in specific populations
			Develop simple core messages and test with public	
			Commission further research on public awareness and iron deficiency in the population	

Actions	Existing activity in Local Health Boards and Welsh Blood Service	New Action for Health Boards	New National Actions led by the Welsh Blood Service	Success Measures
There will be targeted programmes to support those delivering care in the community to support individuals to prevent, identify and manage anaemia		<p>Put in place a programme to support relevant Primary Care Clusters to access appropriate programmes</p> <p>Support delivery of training for community health and social care teams</p> <p>Consideration of use of Quality Outcomes Framework points to promote blood health and anaemia management</p>	Lead the design of training and support programmes	Reduction in iron deficient anaemia in specific populations

Actions	Existing activity in Local Health Boards and Welsh Blood Service	New Action for Health Boards	New National Actions led by the Welsh Blood Service	Success Measures	
We will develop national anaemia principles and ensure the principles are reflected in existing care pathways	Initial conducted 1000lives on an anaemia pathway	Scoping with an care pathways starting with most relevant clinical areas	Gradually introduce new principles into existing care pathways starting with most relevant clinical areas	Consult and develop national principles in partnership with health boards	Reduction in iron deficient anaemia in specific populations
We will develop national guidance for transfusion in the community	Exiting community transfusion taking place in some health boards with local policies in place.  National (WBS led) Out of Hospital Transfusion Policy Exists- requires update as originally produced in 2009	Review community transfusion activity	Refresh and update national policy	Number of community transfusions as % of planned activity	

Actions	Existing activity in Local Health Boards and Welsh Blood Service	New Action for Health Boards	New National Actions led by the Welsh Blood Service	Success Measures
We will work with relevant clinical groups to support individualised blood management in relevant care pathways	<p>Education Programmes in place in some areas.</p> <p>Lots of examples of local good practice in specific hospitals</p> <p>Active programmes run by Transfusion Practitioners (TPs)</p> <p>WBS run F1 Training Days and Competency Assessment</p>	Support Initial focus on Cardiac Pathway- develop pathway review with Cardiac Network as pathfinder project	<p>Lead focus on Cardiac Pathway- develop pathway review with Cardiac Network as pathfinder project</p> <p>Collect examples of good practice from across Wales and produce 'good practice guide'</p>	
Review clinical pathways of the five biggest blood component users	Where does Blood Go survey provides a baseline of major usage areas	Start with Cardiac Pathway in year one- developing review model that can be used in other areas	Build links with Clinical Networks- presenting at Audit Days and Network Boards	



Actions	Existing activity in Local Health Boards and Welsh Blood Service	New Action for Health Boards	New National Actions led by the Welsh Blood Service	Success Measures
We will deliver education to support relevant staff to have effective conversations to support clinical decision making	<p>TPs already delivering education and support in many areas</p> <p>Training offered to laboratory staff from WBS</p> <p>Guidance issued from WBS to support issue by Blood Banks</p>	Review education offering	<p>Develop a WBS Education Offering</p> <p>Review quality and content of WBS guidance to ensure it promote active conversations on effective blood management</p>	
We will work with the clinical community to ensure Preoperative assessment includes transfusion and blood health- including delisting patients with anaemia where appropriate	<p>Included in some preoperative processes</p> <p>Cardiff IV Iron Clinic for Cardiac Surgery Patients</p> <p>Fitness for Surgery Programmes in place in some health boards</p>	Initially work with Fitness for Surgery Programmes in each health board (1000lives piece of work) to review transfusion element		

Actions	Existing activity in Local Health Boards and Welsh Blood Service	New Action for Health Boards	New National Actions led by the Welsh Blood Service	Success Measures
We will bring together local major haemorrhage policies to develop a national framework	Local Policies in place and under review Facilitating sharing of local policies at Transfusion Practitioner meetings		Review local policies and develop national core principles document to support consistency of practice  Conduct audit in relation to the application of major haemorrhage policies	

## Avoid harm, placing safety and quality at the core of care

Actions	Existing activity in Local Health Boards and Welsh Blood Service	New Action for Health Boards	New National Actions led by the Welsh Blood Service	Success Measures
We will establish a programme of audit to drive service improvement	Health Boards already participate in some mandated audits  Previously national audit in Welsh mandatory programme	Fully participate in appropriate clinical audit	Talk to commissioners of national audit programme around inclusion of transfusion in relevant audits  Develop national audit plan with annual cycle	

Actions	Existing activity in Local Health Boards and Welsh Blood Service	New Action for Health Boards	New National Actions led by the Welsh Blood Service	Success Measures
There will be robust incident reporting (such as Serious Hazards Of Transfusion) and follow up processes are in place	<p>SABRE and SHOT reporting in Place</p> <p>TP follow up of incidence already in place</p> <p>Support for SHOT publications and Reporting in place</p>	Increase the visibility of SHOT data in health board quality and safety systems	Provide national data reports to support health boards	
We will establish a programme of peer review in line with the NHS Wales Framework		Fully participate in a peer review programme	Lead the establishment of an appropriate Peer Review programme	

Actions	Existing activity in Local Health Boards and Welsh Blood Service	New Action for Health Boards	New National Actions led by the Welsh Blood Service	Success Measures
We will develop a Blood Health Education Strategy	TPs delivering training across health board staff  A number of educational offerings are in place e.g. JPAC, Non medical Authorisation Masters Programme, e-training		Review Training and education offering and produce a WBS training 'Offer'	

### Using evidence and transparent data to drive service planning and improvement to reduce inappropriate variation

Actions	Existing activity in Local Health Boards and Welsh Blood Service	New Action for Health Boards	New National Actions led by the Welsh Blood Service	Success Measures
We will establish a national core data set, with agreed performance and outcome measures	Some work at UK level underway	Develop and agree Core data set	Support activity and work on data systems	

Actions	Existing activity in Local Health Boards and Welsh Blood Service	New Action for Health Boards	New National Actions led by the Welsh Blood Service	Success Measures
<p>There will be mechanisms for determining how blood components are used e.g. by major medical and surgical diagnostic groups and by clinical teams and individual clinician</p>	<p>Reporting down to individual level in place from some LIMS</p> <p>'Where does Blood go?' survey data</p> <p>BSMS data available for some elements</p>	<p>Review availability of data sources once core data set established</p>		
<p>There will be tools and opportunities for presenting blood usage and audit data back to clinical teams and individual clinicians and people</p>	<p>Through TPs</p> <p>Clinical Audit Days</p> <p>TP and Blood Bank Manager Forums</p>		<p>Further develop WBS dashboard offering for health boards</p>	

Actions	Existing activity in Local Health Boards and Welsh Blood Service	New Action for Health Boards	New National Actions led by the Welsh Blood Service	Success Measures
We will deliver absolute transparency, providing public information on the use of blood components	Some audit data published  Some data on stocks published on WBS website		Phased programme of publishing information on stocks and usage on WBS website	