

3 April 2008

Statement on *Right patient, right blood* Competency Assessment

This statement is only applicable to organisations in England; the deadline for implementation in Wales does not need to be extended

Safer Practice Notice (SPN) 14 'Right patient, right blood' issued jointly by the National Patient Safety Agency (NPSA), National Blood Transfusion Committee (NBTC) and Serious Hazard Of Transfusion (SHOT) in November 2006 introduced the requirement for all clinical staff involved in the blood transfusion process to be assessed against competencies developed on a national basis. These national competencies are identified in the SPN and can be viewed at www.npsa.nhs.uk/patientsafety/alerts-and-directives/notices/blood-transfusions

The SPN clearly states that 'formal' assessment should be undertaken. Supporting information provided on the NPSA website makes reference to the role of the assessor in the assessment process. It has, however, become apparent that in some NHS organisations the decision has been made to introduce self assessment rather than an observed assessment process.

The NPSA, NBTC and SHOT have collectively reviewed the patient safety principles behind the introduction of a competency assessment process and strongly recommend that assessment should be an observed process. We do not believe that self assessment is an adequate form of competency assessment.

In recognition of the additional resources that may initially be required for NHS organisations who are currently using a self assessment model to transfer to introducing the principles of observed assessment, we have agreed that the timescales identified in the SPN to implement competency assessment should be extended for all organisations. We now recommend that 50 percent of all relevant staff should have been formally assessed against these competencies by May 2009. By Nov 2010 all initial competency assessments should have been undertaken.

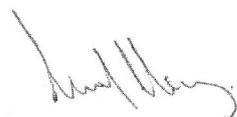
We do not think it appropriate to be prescriptive about how observed assessment should be undertaken as this is something that should be identified locally to reflect local requirement and resources.

National competencies have been developed in conjunction with Skills for Health (SfH) as part of this project. These competencies are available on the NPSA and SfH website. If an organisation has chosen to implement an adapted version of these competencies or had already developed local competencies prior to the SPN that they are continuing to use then it is not appropriate for the organisation to state that they are using NPSA/SfH competencies.

We recommend that in these instances the organisation risk assesses their competencies against the nationally developed competencies from a patient safety perspective. As the NPSA is not a legislative body monitoring of compliance with the SPN will be undertaken by the Healthcare Commission as part of the annual health checks. We again recommend that these risk assessments are kept to be made available to Healthcare Commission as required.

An NBTC working group has now been established, with input from the NPSA, to provide a tool kit to support trusts in the implementation of observational competency assessment. This tool kit will shortly be available on NBTC, RTC and NPSA websites.

Any queries regarding this statement should be sent initially to your Regional Transfusion Committee representative on the NBTC working group. Details of your representative can be found on the NBTC website www.transfusionguidelines.org.uk If your representative needs further assistance in providing a response it will then be forwarded to the NPSA who will either respond directly or discuss with the NBTC working group.



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Adrian Coplestone, Chair, NBTC



Hannah Cohen, Chair, SHOT