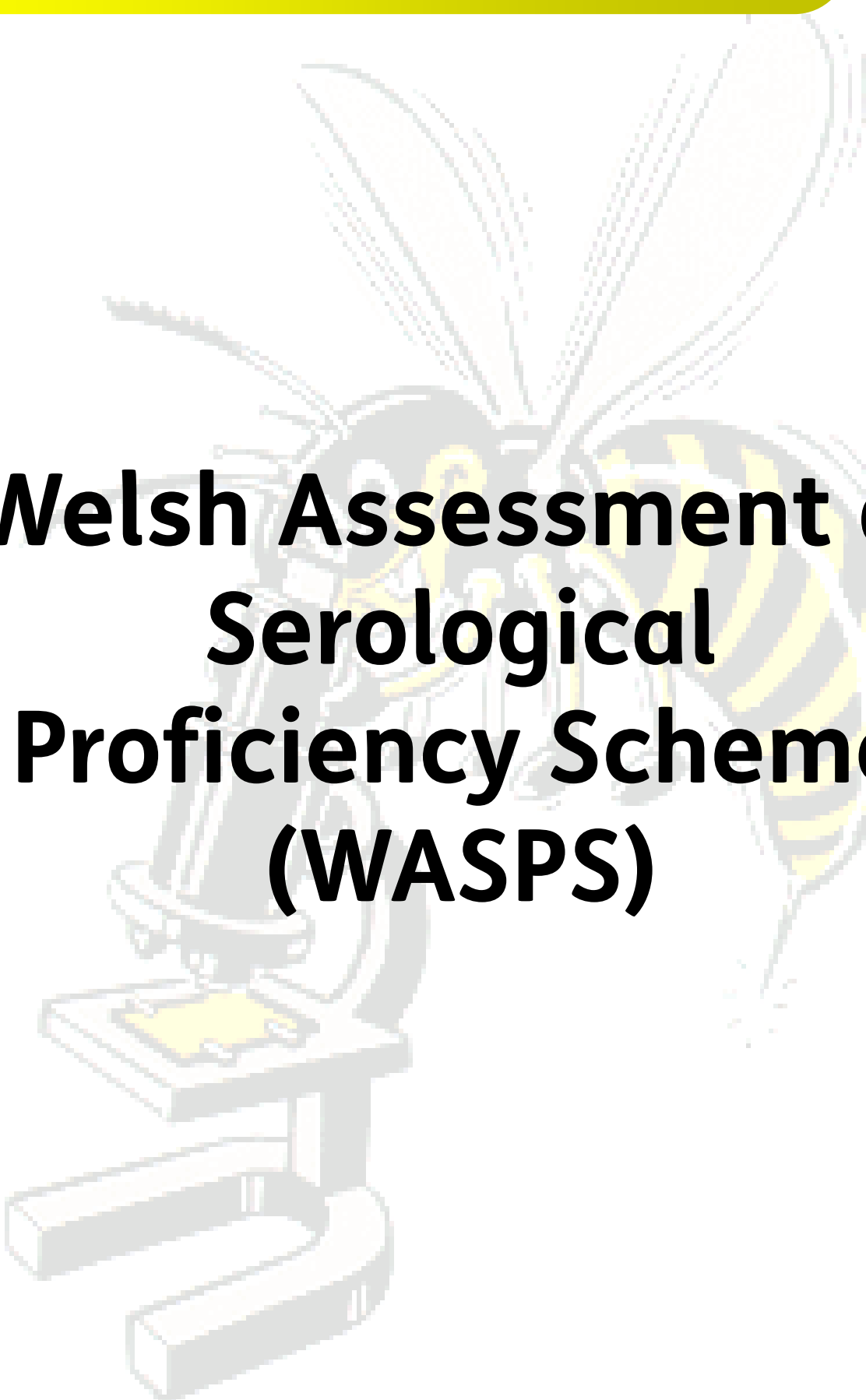


# PARTICIPANT MANUAL



## Welsh Assessment of Serological Proficiency Scheme (WASPS)

[www.waspsqa.org.uk](http://www.waspsqa.org.uk)

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# 1. Overview

The Welsh Assessment of Serological Proficiency (WASP) scheme was established in 1989 by the Welsh Blood Service (WBS) and Welsh regional hospitals as a direct result of variable performance by some hospitals in the UKNEQAS (BTLP) scheme.

It is an external quality assurance (EQA) scheme that operates in conformity with the Clinical Pathology Accreditation (CPA) “Standards for EQA Schemes in Laboratory Medicine”. The scheme aims to assist participants in improving transfusion practice, providing those responsible for service provision with the facility to monitor and assess staff competency.

The scheme is based on a simulated compatibility test in which four antisera are tested against three cell samples. The exercise is performed by individual members of staff using routine laboratory methods. Sufficient material is provided to each participant laboratory for all members of staff to participate, including on-call staff who may not routinely work in a blood transfusion laboratory.

The reports provide a clear presentation of the quality of performance for both the laboratory and individual participants. The reports may also be utilised for informational and educational purposes. A WASPS Steering Committee was established in 1992, the current members are listed (*Appendix 1*).

Participation in the scheme is purely on a voluntary basis. Details of performance in the scheme are confidential.

## 2. Scheme Organisation

The scheme is based at the Welsh Blood Service, Ely Valley Road, Llantrisant.

Telephone: 01443 622148; Fax: 01443 622199.

E-mail: heather.davies4@wales.nhs.uk

Scheme Manager: wasps@wales.nhs.uk

The chairperson is Mrs Lee Wong, Welsh Blood Service, Llantrisant.

Telephone: 01443 622156

E-mail: lee.wong@wales.nhs.uk

The Scheme Organiser is Dr Margaret Goodrick, Consultant Haematologist, Ysbyty Glan-Clwyd, Rhyl.

Telephone: 01745 583910

E-mail: margaret.goodrick@cd-tr.wales.nhs.uk

There is a Steering Committee that advises and supports the Scheme Organiser / Manager. The members of the committee represent the majority of the host Health authorities who participate in the scheme. Each member serves a minimum three-year term. They may be nominated by any participant in the scheme.

## 3 Participation Costs

To participate in the scheme, laboratories register annually. Participants must register in **one** of three categories:

Small laboratory < 5 individuals

Medium laboratory 6-10 individuals

Large laboratory > 10 individuals

Due to the individual analysis service provided by the WASP scheme, participating laboratories are charged a variable rate for exercises based on number of participating individuals.

Small laboratory : £260 per annum

Medium laboratory : £310 per annum

Large laboratory : £360 per annum

**A total of three exercises are dispatched  
each year (January, June & October)**

## 4. Registration

Participants are required to provide the following information on the registration

form :- Consultant Haematologist in charge of the laboratory

Individual to whom the exercise material will be addressed

The person to whom the invoice will be sent.

Details of exercise materials and performance scores will be sent to both the Consultant Haematologist and Laboratory Manager. A registration form is sent to prospective participants and a re-registration form is sent to all existing participants annually.

Upon registration, each participating laboratory will be allocated a unique laboratory code. To retain confidentiality, **THIS CODE IS KNOWN ONLY TO THE SCHEME MANAGER**. In cases of persistent unsatisfactory performance, however, laboratories concerned will be informed of the situation and identified to the Scheme Organiser, and members of the appropriate National Quality Assurance Advisory Panel (NQAAP) in line with the current WASP Performance Scoring System (*Appendix 2*).

To allow analysis of individual participants, each person who performs the WASPS exercises must be allocated with an individual code. These are supplied by the relevant laboratory manager. It is **not** necessary for the Scheme Manager to know the identity of individual participants. **It is essential that the laboratory code number is quoted on all result sheets.**

## 5. Data Protection Act

The Act is intended to prevent the misuse of personal data held on computers and to ensure that organisations holding such data conform to defined standards.

The WBS is registered as a data user. Both information provided by participants on registration forms and exercise results are retained on computer by the WBS.

All information held on a participant has therefore been submitted by the participant themselves. A participant is entitled to view his or her own personal data on request.

## 6 Exercise Details

### 6.1. Exercise Format

Three exercises are prepared annually (April – March). Each exercise is based on a simulated compatibility test in which four antisera are tested against three red cell samples. The exercises have primarily concentrated on weak quantifiable examples of Anti-D, however, other specificity's have been utilised (e.g. anti-Fy<sup>a</sup>). This has allowed the scheme to provide a quantitative comparison of performance over time. **Exercises have a two-week expiry date.**

### 6.2. Exercise Materials

The red cell samples for each exercise are presented as a washed 2.5 - 3% suspension in Modified Alsevers.

**Laboratories must ensure that the red cell samples are modified in line with the manufacturer's recommendations for the technology in use prior to testing**

Serum samples are donations from one or more individuals. All exercise materials are dispensed aseptically. All materials are tested for markers to HbsAg, HCV and HIV antibodies by approved methods for detection and found to be negative. Such testing does not ensure that these materials will not transmit infection. The contents and containers must be handled in accordance with organisational policies and compliance with relevant health and safety requirements. Sufficient material is provided for all staff to participate in the exercise. In the event of postal delays or breakages, additional or replacement material is available on request from the Scheme Manager (Tel: 01443 622148). Amendments to reagent volume may be requested at any time.

## 6 Exercise Details

### 6.3. Distribution and Dispatch of Materials

All exercise material is addressed to the Laboratory Manager listed for contact on the registration form. Exercise material is dispatched to regional participants on routine delivery rounds and to participants outside the region by first-class mail. The nature of the contents and storage on receipt are indicated on the outside packaging.

Dates of exercises are notified to participants in advance. Participants who fail to receive an exercise within five working days of the dispatch date should contact the scheme ([wasps@wales.nhs.uk](mailto:wasps@wales.nhs.uk)).

### 6.4. Undertaking the Exercise

All WASP materials should be handled in a manner representative of routine laboratory performance. Exercises should be performed individually with no collaboration between staff members. Only the manual technique normally used for routine non-urgent testing should be performed.

A grading scheme is provided on all WASP result sheets, participants should adhere to this grading scheme when submitting results.

Results submitted as either 'compatible' or 'incompatible' will not be accepted and the laboratory concerned will be invited to re-submit.

## 6 Exercise Details

### 6.5. Completion of Results forms

Each participant laboratory is supplied with exercise material, individual results sheets and a cumulative results sheet for each exercise. Results should be entered onto the cumulative sheet containing the code number of the laboratory, technique, number of actual/possible participants and individual participant's codes.

Only individuals present in participating laboratories during the two-week period of an exercise should be included in the participation rates reported to the scheme. Those individuals who are on leave for the entire duration of an exercise need not be included as possible participants. **N.B.** Supplying individual codes allows analysis of individual participants. It is NOT necessary for the Scheme Manager to know the identity of individual participants.

Exercise collation sheets must be returned to the Scheme Manager by the expiry date of the exercise. Results returned after this date may not be included in the analysis, and will result in the laboratory incurring a Performance Score for that exercise.

Results may be returned either by:

- e-mail : **wasps@wales.nhs.uk**
- Fax : **01443 622049**

## 7 Reports

All data returned will be analysed to produce the exercise report. At present this is done by manual data entry onto a computer spreadsheet. All results are verified by a second confirmatory entry.

A report is produced and issued to all participants within six weeks of the exercise expiry date. The report gives a graphical representation of: -

- Laboratory Performance
- Cumulative Performance for previous three exercises
- Individual Participant Performance

## 8 Discrepant Results

Discrepant results will be indicated by allocation of a Performance Score. Criteria for Performance Score for both laboratories and individual participants are given in Appendix 2. Assessment of Laboratory Performance is defined on the exercise report. The appropriate corrective action following notification of Unsatisfactory Performance Score is also defined in Appendix 2.

Should a participant incur an error through a fault in the operation of the scheme, this will be corrected and the participant notified by the Scheme Manager.

## 9 Advice & Information

Advice on any aspect of the scheme or related matters on performance may be sought from the Scheme Manager or Scheme Organiser by telephone, E-mail or in writing (Address and relevant numbers on page 4).

Enquiries relating to a specific exercise, exercise material or scheme registration should be directed to:

- [wasps@wales.nhs.uk](mailto:wasps@wales.nhs.uk)

## 10 Complaints Procedure

Participants may complain about any aspect of the scheme using the following e-mail address:

- [WaspsComplaints@wales.nhs.uk](mailto:WaspsComplaints@wales.nhs.uk)

Complainants will receive a letter of acknowledgement from the Scheme Manager regarding the complaint within two working days. All complaints will be entered onto the complaints module of the DATIX incident management software.

All complaints will be fully resolved within 20 working days of the original complaint being made. The letter will identify any follow up/corrective actions.

# 11 Quality

The needs of participants are kept under constant review and regularly reviewed.

This is achieved by:

- encouraging participants to give their views, concerns and comments to members of the Steering Committee and/or scheme management;
- holding an Annual Participants' Meeting to which all participating laboratories are invited to send at least one attendee;
- the issue of participant questionnaires.

Scheme management have identified the following quality objectives:

- Issue of one-page summary report to all participants within five working days of exercise expiry;
- Issue of full report to all participants within five weeks of exercise expiry;
- All complaints to be acknowledged within two working days of receipt;
- Enquiries received by electronic mail responded to within three working days;
- Issue of a summary report to the National Quality Assurance Advisory Panel (NQAAP) for Haematology every three months;
- Steering Committee meetings to be held a minimum of three times per annum;
- Scheme management to conduct an Annual Management Review (AMR)

Assessment of user satisfaction and any complaints received are conducted at the annual management review.

# APPENDIX 1

## WASP STEERING COMMITTEE

|                   |                             |
|-------------------|-----------------------------|
| Lee Wong          | Chairperson                 |
| Dr. M.J. Goodrick | Scheme Organiser            |
| Gareth Nottage    | Scheme Manager              |
| Ted Allen         | Withybush Hospital          |
| Clive Cox         | Royal Gwent Hospital        |
| Heather Davies    | Welsh Blood Service         |
| Lynda Davies      | Southmead Hospital          |
| Sylvia Lees       | Princess of Wales Hospital  |
| Huw Peregrine     | West Wales General Hospital |
| Lyndon Richards   | Prince Charles Hospital     |
| Tim Woolley       | SPIRE Cardiff Hospital      |

Members of the committee serve a minimum three-year term.

Any participant in the scheme may nominate them.

# APPENDIX 2

## WASPS Performance Scoring System

| Rules for Performance Scoring |                                      | Penalty under scoring system |
|-------------------------------|--------------------------------------|------------------------------|
| 1.                            | Deviation >-2 from the mode          | 100                          |
| 2.                            | Deviation >-1 from the mode          | 40                           |
| 3.                            | Deviation >+1 from the mode          | 10                           |
| 4.                            | Deviation >+2 from the mode          | 40                           |
| 5.                            | False positive reaction              | 40                           |
| 6.                            | Failure to detect an incompatibility | 100                          |
| 7.                            | Failure to return results            | 50                           |

| Rules for Laboratory Performance Scoring |  |
|--|--|
| Laboratories accrue the sum of :         |  |
| 1.                                       | The average score of individual participants who default under rules 1 to 5. |
| 2.                                       | The score of individuals who default under rule 6                            |

The scores allow translation into 3 categories of performance:

- 0 – 49 indicates satisfactory performance.
- 50 – 99 indicates **borderline performance**, the reason for which needs to be reviewed.
- >100 indicates **unsatisfactory performance**, needing corrective action to eliminate the cause and prevent recurrence.

N.B. The scores and corresponding colour of performance will be reflected on the Individual Participant Graph.

## APPENDIX 2

### Rules for Notification of Unsatisfactory Performance Score

- I. On the first occasion a laboratory is identified with an Unsatisfactory Performance Score they will be notified by a standard letter from the WASPS Scheme Organiser dispatched via the Scheme Manager.
  
- II. A laboratory gaining an Unsatisfactory Performance Score for two consecutive exercises will be deemed to be a persistent unsatisfactory performer. Laboratories concerned will be informed of the situation and identified to the Scheme Organiser, and members of the appropriate National Quality Assurance Advisory Panel (NQAAP), who will facilitate and where necessary authorise the appropriate corrective action.



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