Guidelines & Standards:
Protecting Our Patients & Staff

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Overview

1. PAST
   • Good
   • Bad

2. PRESENT
   • UK TLC Survey
   • Capacity planning

3. FUTURE
   • Communication
   • Mentors
UK Transfusion Laboratory Collaborative

SHOT (Serious Hazards of Transfusion)

MHRA (Medicines & Healthcare products Regulatory Agency)

NEQAS (National External Quality Assurance Scheme)

BBTS (British Blood Transfusion Society)

IBMS (Institute of Biomedical Science)

NBTC/ TLM (National Blood Transfusion Committees/ Transfusion Lab Managers for E, S, W, NI)

RCPPath (Royal College of Pathologists)

UKAS (United Kingdom Accreditation Service)
PAST
The good old days.....

1. SOPs?
2. Errors?
3. Validation???
5. Cold rooms storing: blood, reagents, sandwiches.
6. Trainees worked with a senior.
7. Seniors supervised and guided trainees
8. No guidelines, standards, regulations
9. No change control
The *bad* old days.....

1. 1hour Cross-matching.
2. Manual testing ++++
3. 32hr working day.
4. Serious patient safety errors
5. Traceability…..???
6. No guidelines, regulations, standards!
7. No understanding of human factors
THOSE WHO DO NOT LEARN FROM HISTORY ARE DOOMED TO REPEAT IT.

George Santayana
Spanish Philosopher
1863-1952
PRESENT
"It's great. I'm great. Everything's just great."
In your professional judgement does your full establishment of staff allow you to deliver all operational and regulatory activities?
LAB ERRORS

- No staff available for training and keeping competencies up to date.
- Increase use of unqualified, multidisciplinary & locum staff.
- Educational events not well attended - further loss of knowledge.
- Poor quality of applicants.
- Reduction in funding for training & development.
- Vacant posts unfilled for long spells.
- Increasing workload.
- Loss of “body of knowledge” as experienced staff leave.
55% of laboratories do not have an agreed **staffing capacity plan** to cover core hours
......we are dealing with a demoralised workforce and especially demoralisation among our future workforce, which is a sign of enormous distress.

Dr Don Berwick
Define what you need

<table>
<thead>
<tr>
<th>STAFF &amp; SKILL MIX – CORE HOURS</th>
<th>Required WTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Bank Manager</td>
<td></td>
</tr>
<tr>
<td>Senior BMS- Supervision</td>
<td></td>
</tr>
<tr>
<td>Senior BMS- Training</td>
<td></td>
</tr>
<tr>
<td>Senior BMS- QMS support</td>
<td></td>
</tr>
<tr>
<td>BMS or MLA- Automation</td>
<td></td>
</tr>
<tr>
<td>BMS- Serology, review &amp; Authorisation</td>
<td></td>
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<tr>
<td>BMS Cross-match</td>
<td></td>
</tr>
<tr>
<td>Transfusion Practitioner- clinical interface</td>
<td></td>
</tr>
<tr>
<td>MLA-TP and BBM support for Traceability</td>
<td></td>
</tr>
</tbody>
</table>
Staffing Capacity Plan - Blood Transfusion Department
for XXXX NHS Hospital Trust
Period: 1st April 2017 to 31st March 2018

This staffing capacity plan is to identify staff levels and skill mix required to maintain safe services in the Transfusion Laboratory. This department provides both a diagnostic and a therapeutic service and must meet the requirements of the Blood Safety & Quality Regulations 2005, as amended, which are overseen by the Medicines & Healthcare products Regulatory Agency (MHRA), via inspections and the annual Blood Compliance Report (BCR).

The UK Transfusion Laboratory Collaborative produced Standards in 2014 for Staffing levels, knowledge and skill mix required to allow the department to fulfill the requirements of the BSH Transfusion Guidelines and annual SHOT recommendations to maintain safety for both patients' and staff.

Staffing Levels & Skill Mix Required: Table 1

<table>
<thead>
<tr>
<th>Staff &amp; Skill Mix</th>
<th>CORE hours</th>
<th>Required VTE (define)</th>
<th>Q1 Apr-Jun</th>
<th>Q2 Jul-Sep</th>
<th>Q3 Oct-Dec</th>
<th>Q4 Jan-Mar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Bank Manager</td>
<td></td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
</tr>
<tr>
<td>Senior BMS - Supervision</td>
<td></td>
<td>Inadequate</td>
<td>Inadequate</td>
<td>Inadequate</td>
<td>Inadequate</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Senior BMS - Training</td>
<td></td>
<td>Inadequate</td>
<td>Inadequate</td>
<td>Inadequate</td>
<td>Inadequate</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Senior BMS - EMS Support</td>
<td></td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
</tr>
<tr>
<td>EMS or MLA - Automation</td>
<td></td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
</tr>
<tr>
<td>EMS - Serology, review &amp; Authorisation</td>
<td></td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
</tr>
<tr>
<td>EMS Cross-match</td>
<td></td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
</tr>
<tr>
<td>Transfusion Practitioner - clinical interface</td>
<td></td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
</tr>
<tr>
<td>MLA-TP and BEM support for Traceability</td>
<td></td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
</tr>
<tr>
<td>MLA Protection</td>
<td></td>
<td>Inadequate</td>
<td>Inadequate</td>
<td>Inadequate</td>
<td>Inadequate</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Trainers - supernumery</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Rights &amp; Weekend Shifts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EMS - Transfusion + Haematology</td>
<td></td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
<td>Adequate</td>
</tr>
<tr>
<td>MLA Support</td>
<td></td>
<td>Inadequate</td>
<td>Inadequate</td>
<td>Inadequate</td>
<td>Inadequate</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Transfusion Advisory Support (Senior BMS)</td>
<td></td>
<td>24/7 cover</td>
<td>Inadequate</td>
<td>Inadequate</td>
<td>Inadequate</td>
<td>Inadequate</td>
</tr>
<tr>
<td>Overall staffing level for the financial year 1st April 2017 - 31st March 2018 for BCR reporting</td>
<td></td>
<td>Inadequate due to unmet target to maintain safety standards</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evidence for the above classification of staffing levels can be found:
1. Weekly shift rates
2. Number of incident based incidents reported
3. Audit schedules

Actions taken:

<table>
<thead>
<tr>
<th>Actions</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escalated to Senior Management via Quality Team</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Staffing concerns raised at HTC</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Added to Trust risk register as a Live Risk Factor?</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Business case made for additional staffing resources?</td>
<td>No</td>
<td>No</td>
<td>in progress</td>
<td></td>
</tr>
<tr>
<td>Funding approved?</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Vacancies available to recruit into?</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Staff recruited &amp; training in progress?</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

This Capacity Plan and associated Risk Register entry may be required for review by the regulators and must be kept up to date.

Capacity Plan produced by: 
_________________  Date: ____________
Blood bank manager

Q1 Review: ______________  Date: ____________

Q2 Review: ______________  Date: ____________

Q3 Review: ______________  Date: ____________

Q4 Review: ______________  Date: ____________
Culture Concerns

• Reports of threats, bullying and blame.
• False declarations on Annual BCR
• Post inspection commitments not supported
• Incidents and errors not reported
• Staff losing their jobs over raising issues
• Risks not raised
• Capacity plans ignored
Impact of Errors & Culture

Errors & Culture

- Patient
- Staff
- Families
- Work places
- society
Drive out fear from an organisation—
as fear is toxic to safety &
 improvement

W. Edwards Deming
• Right staffing levels
• Right skill mix
• Right knowledge
• Right supervision
• Right equipment
• Right procedures
• Right resources

Patient and Staff Safety
FUTURE
All anyone asks for is a chance to work with pride.

W. Edwards Deming
Communication & Support

• Attend external meetings

• Connect colleagues: Risk teams, BBMs, Quality teams.

• Participate on forums: MHRA Blood Forum, PathlabTalk, IBMS

• Tell us what is happening: UKTLC email TBA

• Share documents - JPAC website soon.

• Write your capacity plans

• Find mentors to listen and advise.
Friends & Mentors

Keith Prior
Barbara Morris
Bill Chaffe
Joan Jones
Gwen Guthrie

Many others!

UKTLC team
Forums

MHRA Blood Forum
http://forums.mhra.gov.uk/forum.php

PathLabTalk:

IBMS members Forum:
https://www.ibms.org/membersarea/login/login.asp
Human interaction is the key force in overcoming resistance and speeding change.

Atul Gawande
Bring joy and pleasure back into our working lives.