



A sting in the tale?

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Our Story.....

- In the beginning
- Day 1, 24th September 2012
- Getting the message across
- Finding our feet again
- The sting
- Lessons learned



24th September

Day 1

8.45am West End Donor
Centre, London





9.16am

Hospital Services were
unable to issue blood to
hospitals

A decision had been taken
locally to divert all
emergency orders to other
blood centres for delivery

Customer Services Response phase 1



I was at the
WEDC and
was asked to
join a
National
Emergency
Planning
team at
9.35am



Elaine
Macrate was in
the building at
Filton & was
co-ordinating
the calls to
hospitals



Heather Aplin
was at the
Aztec West
Hotel in
Bristol

9.45am

- Our National Emergency Team (NET) meeting started





Key Decisions affecting hospitals -1

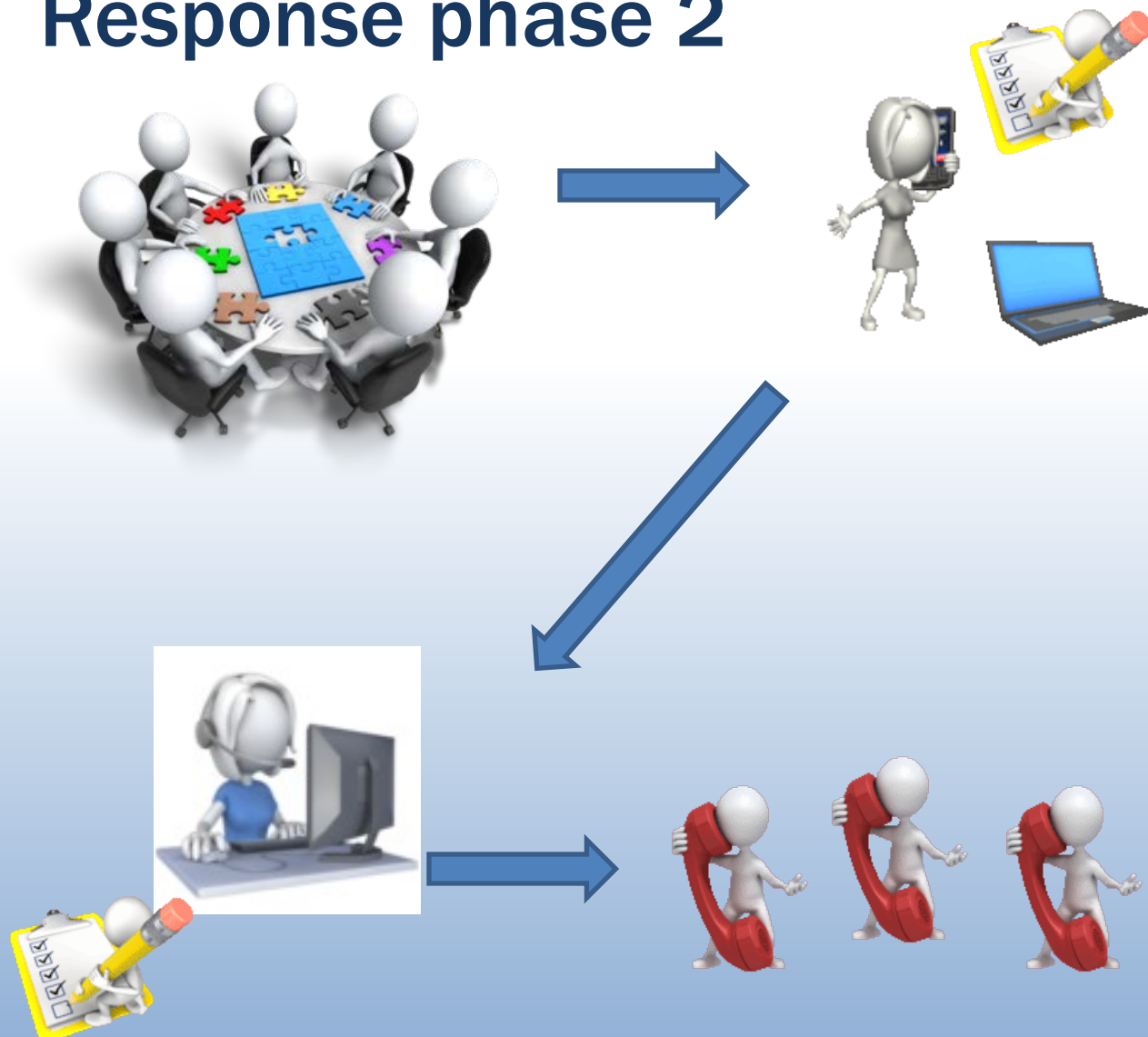
- Blood stocks at Filton should be packed up and moved to preserve stock nationally
- The Filton reprovisioning plan was activated for blood components & other services
- Filton Hospitals needed to be advised of new arrangements
- All other hospitals needed to be notified of potential service disruption



Key Decisions affecting hospitals -2

- Temporarily stop testing of platelets to release manufacturing capacity at other sites
- Reduce amount of CMV testing to increase testing capacity
- Offer Filton hospitals extra stocks to reduce risks on a “use or credit basis”
- Additional costs incurred by hospitals to send samples to other sites would be reimbursed

Customer Service Response phase 2





Day 1 pm

Hospitals served by Filton

- How much stock were hospitals holding at that time?
- Did they have the space to hold extra components? How much?
- What help did they need to minimise disruption?
- Were they clear about the new arrangements?

A decorative image on the left side of the slide showing a stack of smooth, dark grey stones on a reflective surface, with their reflection visible below. The stones are stacked in a slightly offset manner, creating a sense of balance and calm.

Day 1- 13.15pm

Other hospitals & Customers

Filton provides both regional and National Diagnostic Services

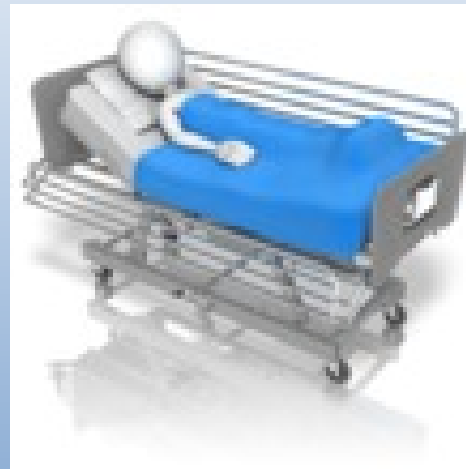
Communications had to be issued to all other SW hospitals describing new arrangements for Red Cell Immunohaematology Services

All hospitals had to be notified about Platelet Immunology & the International Blood Group Reference service

Customers of our non-clinical services had to be contacted as we had taken a decision to stop providing this service temporarily

13.00pm

Communication relay!

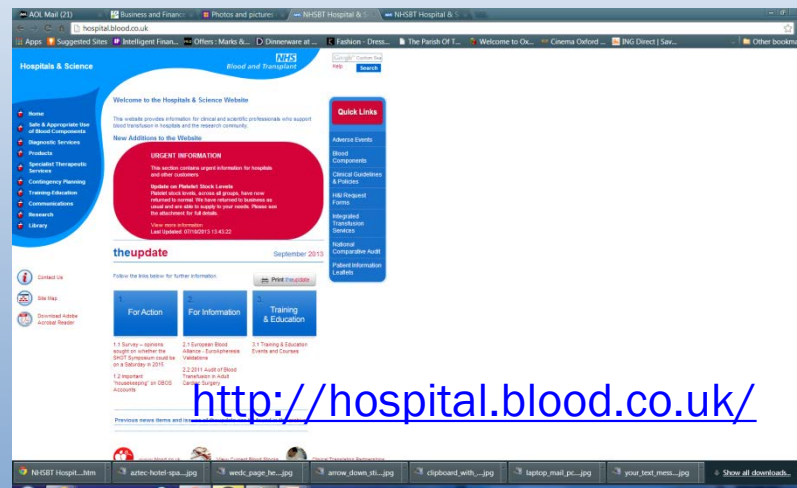


Tools

Standard communication tools were used including FAX & e-mail

Our emergency “Red Bubble” was regularly updated on our website

Our Online Blood Ordering System Messenger was also used



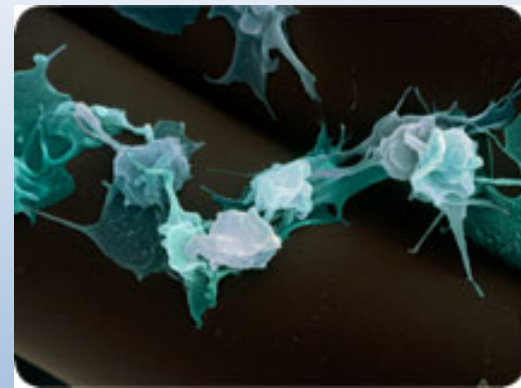


25th Sept to 2nd Oct

- 42 different written communications issued out via FAX to each recipient group
- 9 updates were made to the OBOS messaging screen
- Our website was updated with each new communication
- 126 telephone calls were made to Filton Hospitals via the Customer Services Team after the incident

Challenging Messages

- CMV & enforcement of SaBTO recommendations
- Platelets



10th October The Sting.....

From the outset
we were closely
monitoring
stocks including
platelets

If you recall we
had taken a
decision to stop
bacterial testing
and revert to
platelets with a
five day shelf life.
Reversing this
affected stocks



What we saw



What happened on 10th Oct



In conclusion

- Most of the feedback about our communication was very positive
- Our tools used to determine the level of issuable platelet stocks at the end of the incident failed creating a communication issue
- Some hospitals were unable to change their internal processes quickly enough with respect to CMV negative components

Learning points

- Our national infrastructure was a key enabler for communication “eggs not all in one basket”
- Keep all critical contact lists up to date and accessible externally
- Do not rely on one form of communication – NHSBT SOP updated, FAX clients updated
- Hospital response speeds vary – build into planning assumptions





**Thank you
to all of our Hospitals
who worked with us
to minimise the impact
on patients**