



UK TRANSFUSION LABORATORY COLLABORATIVE

2017 survey indicates that staff shortages are not being addressed

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No Disclosures

Introduction

UK transfusion laboratory collaborative (UKTLC)

→ WHEN

→ WHO

→ WHAT

Staffing Knowledge & Skills IT



UK Transfusion Laboratory Collaborative: minimum standards for staff qualifications, training, competency and the use of information technology in hospital transfusion laboratories 2014

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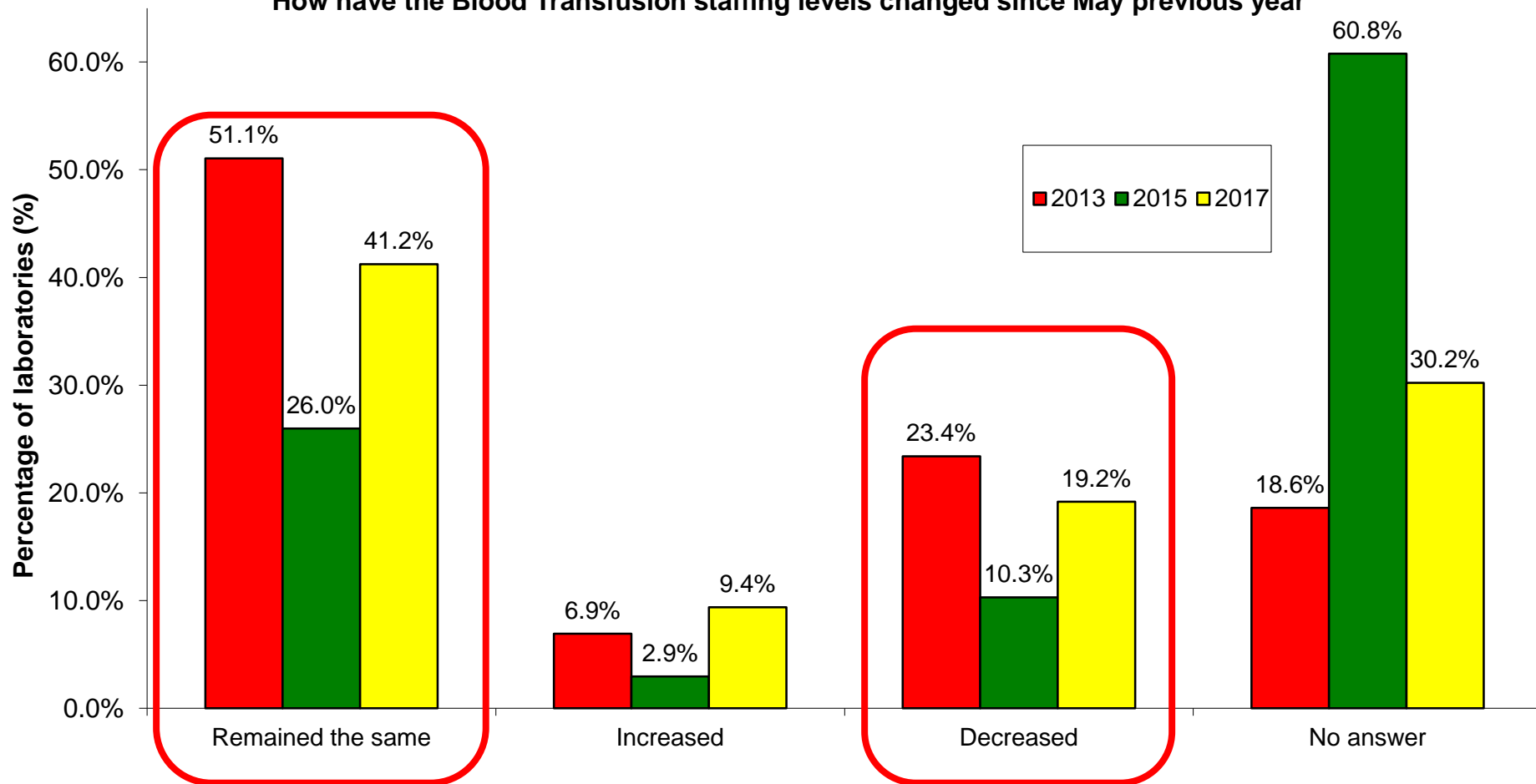
Method

- Distributed to 302 laboratories to be answered on Wed 15th March 2017
- Survey consisted of 51 questions

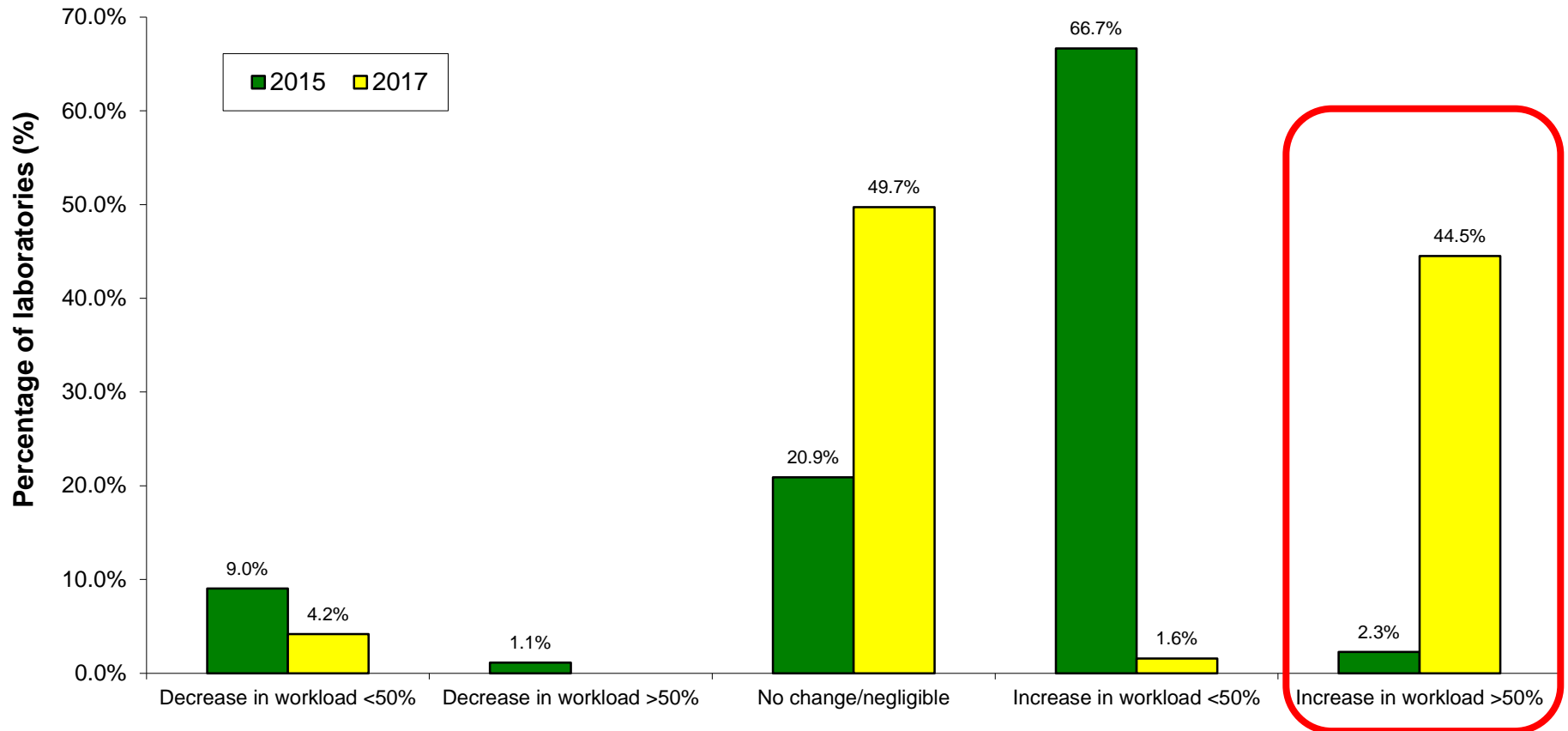
Survey	Replies/Total laboratories	Response (%)
2017	245/302	81.1
2015	204/327	62.4
2013	188/304	61.8
2011	162/322	50.3

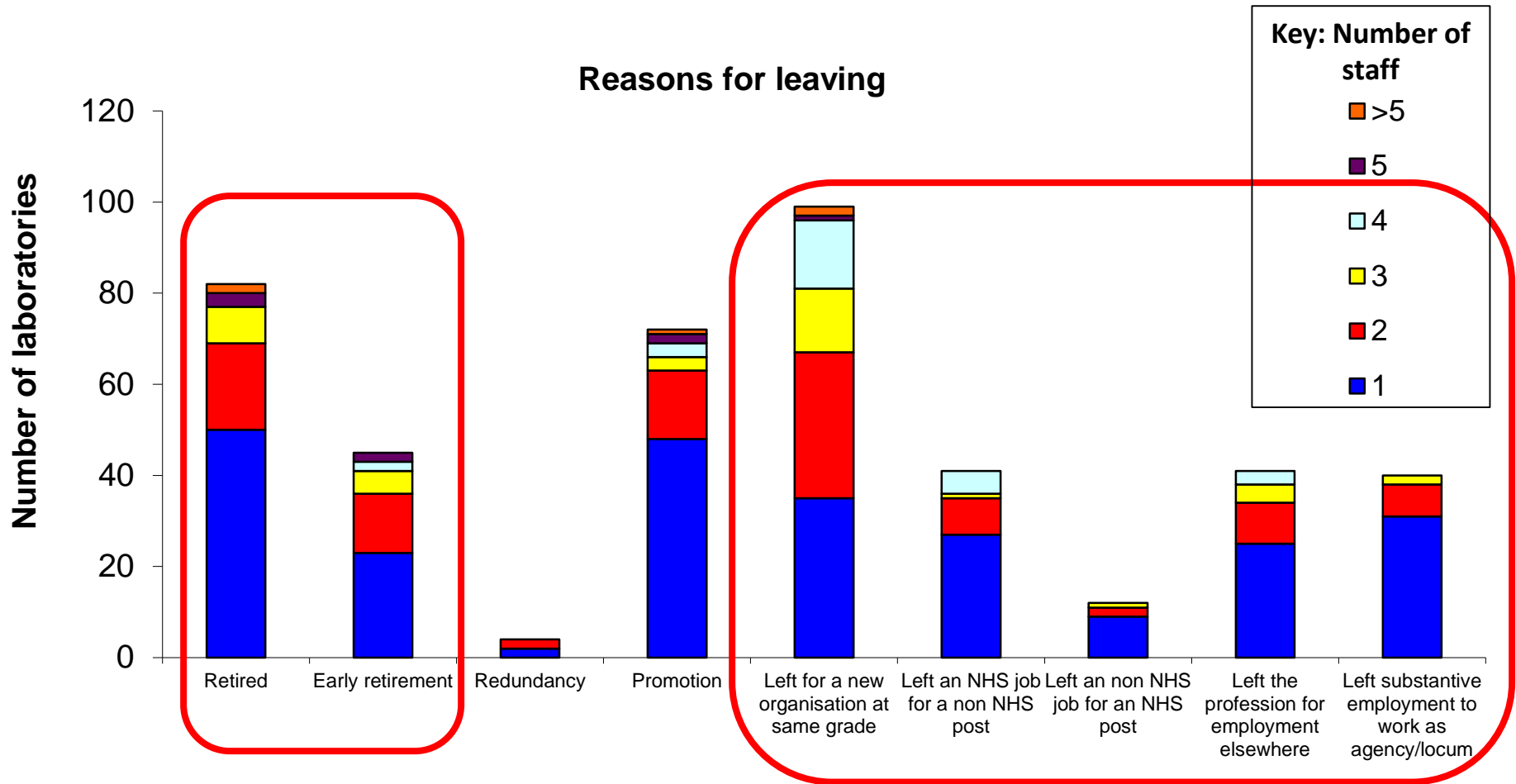
STAFFING

How have the Blood Transfusion staffing levels changed since May previous year



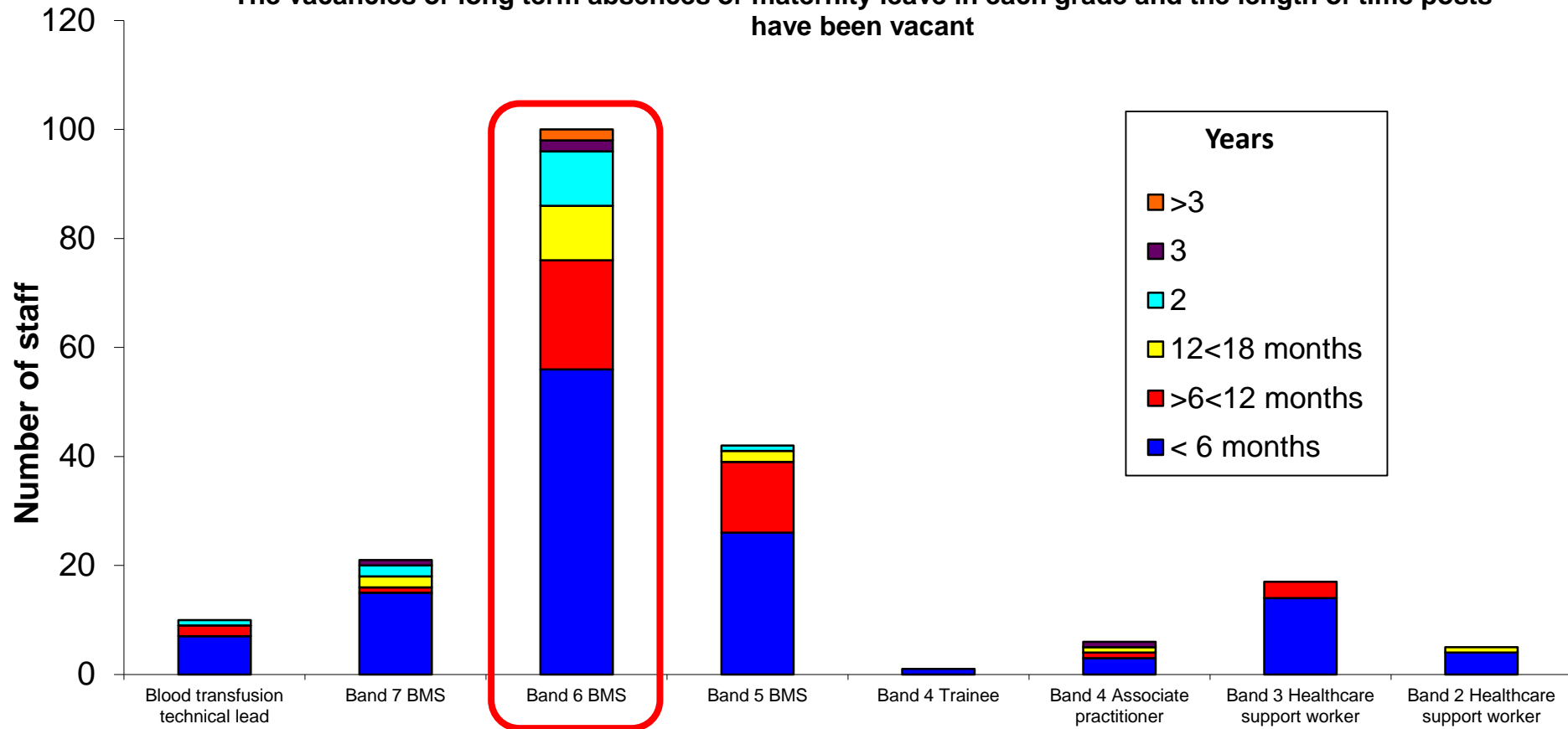
What is the percentage variation in current workload compared to that in May 2013 (or previous year)?





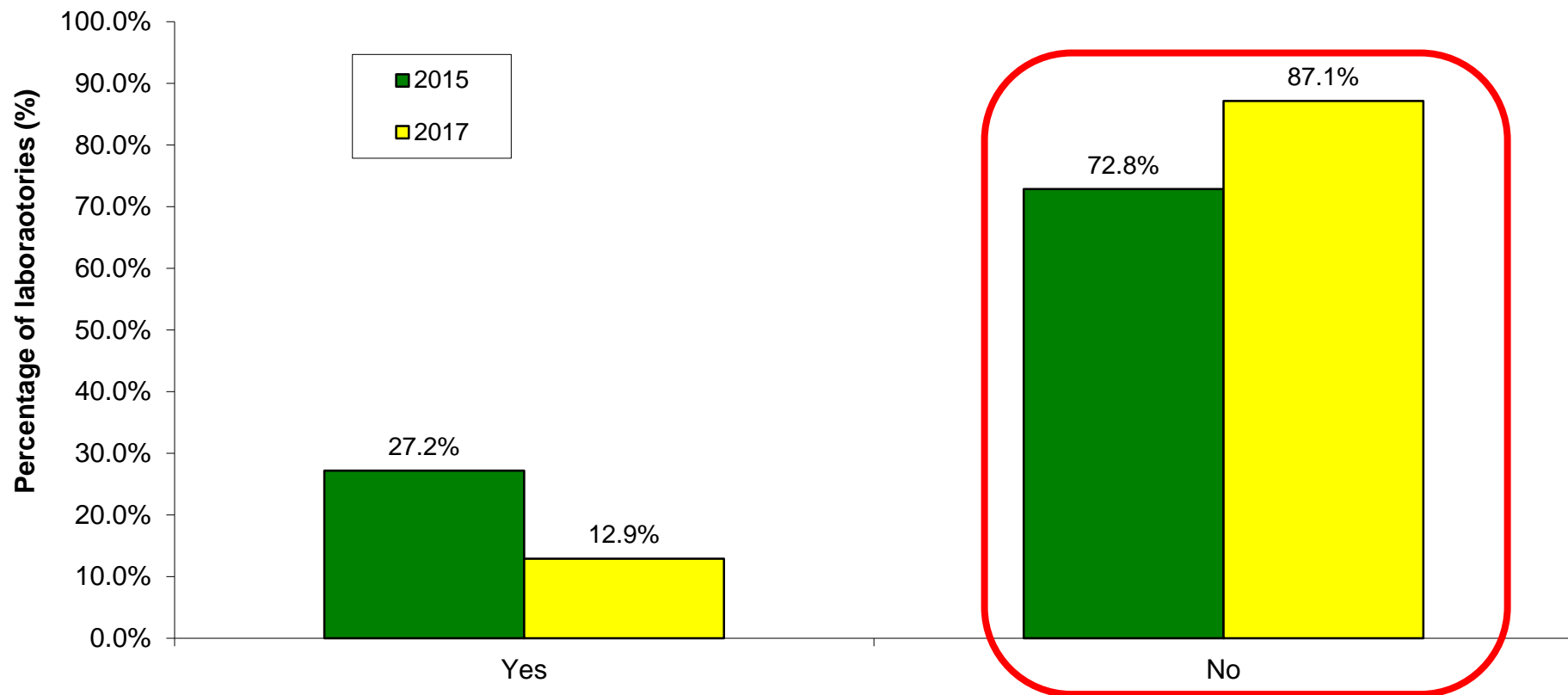
Vacancies

The vacancies or long term absences or maternity leave in each grade and the length of time posts have been vacant

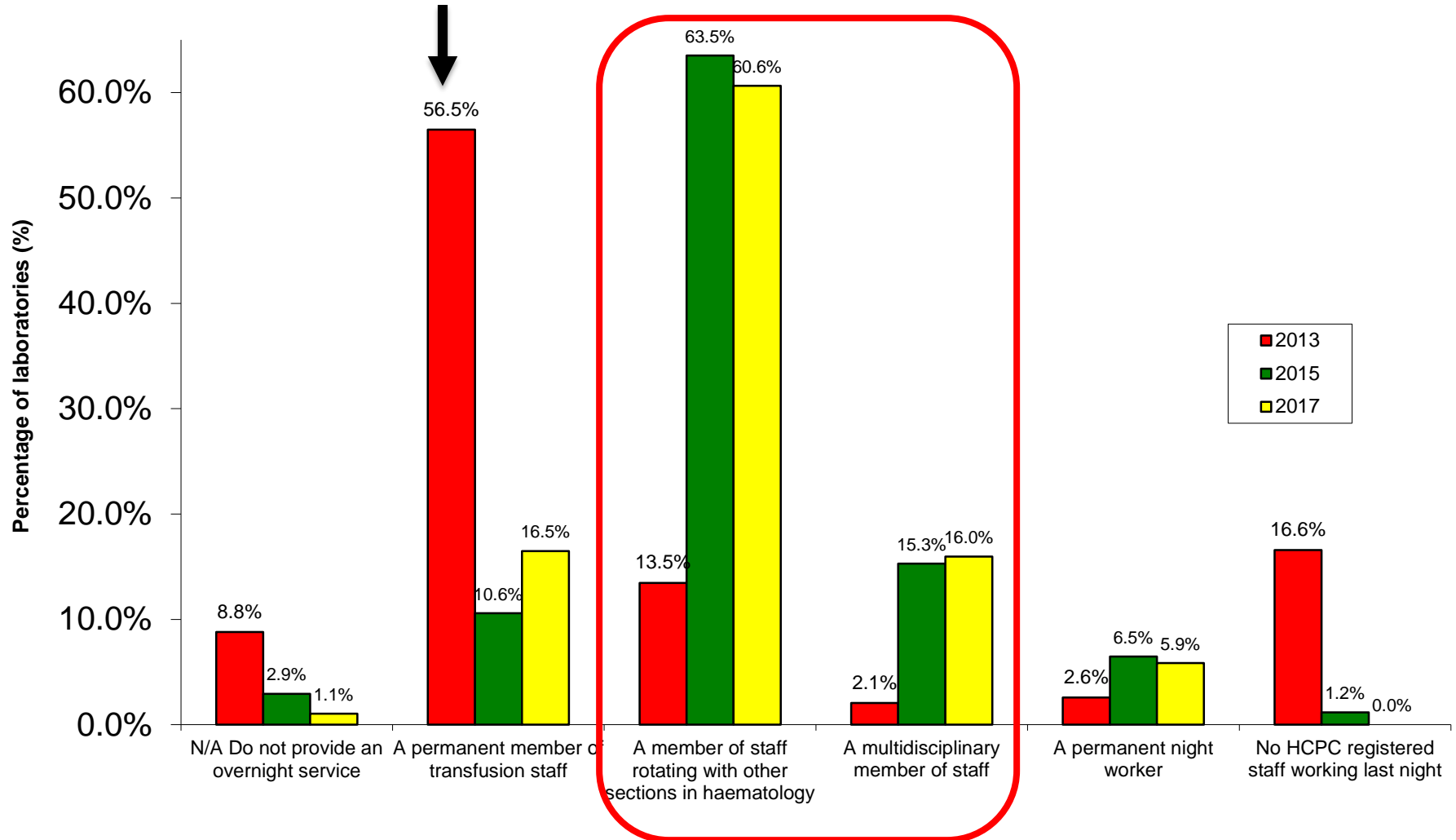


KNOWLEDGE & SKILLS

Do you feel that a newly HCPC registered BMS has an appropriate level of education (knowledge and understanding) to work in blood transfusion?

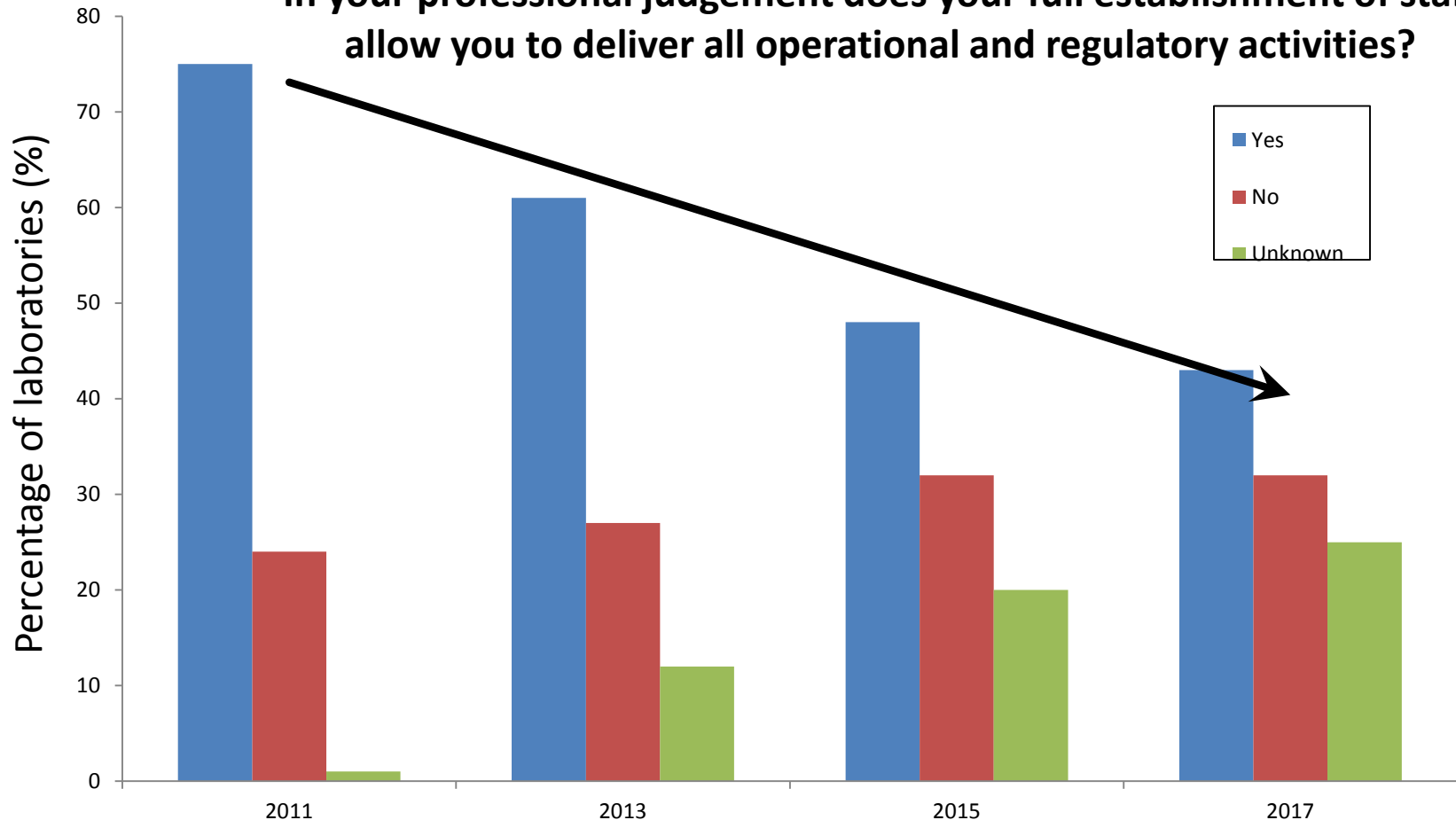


Which description best fits the HCPC staff member(s) working last night? (tick more than one box if required i.e. where there was more than one HCPC registered member of staff working)

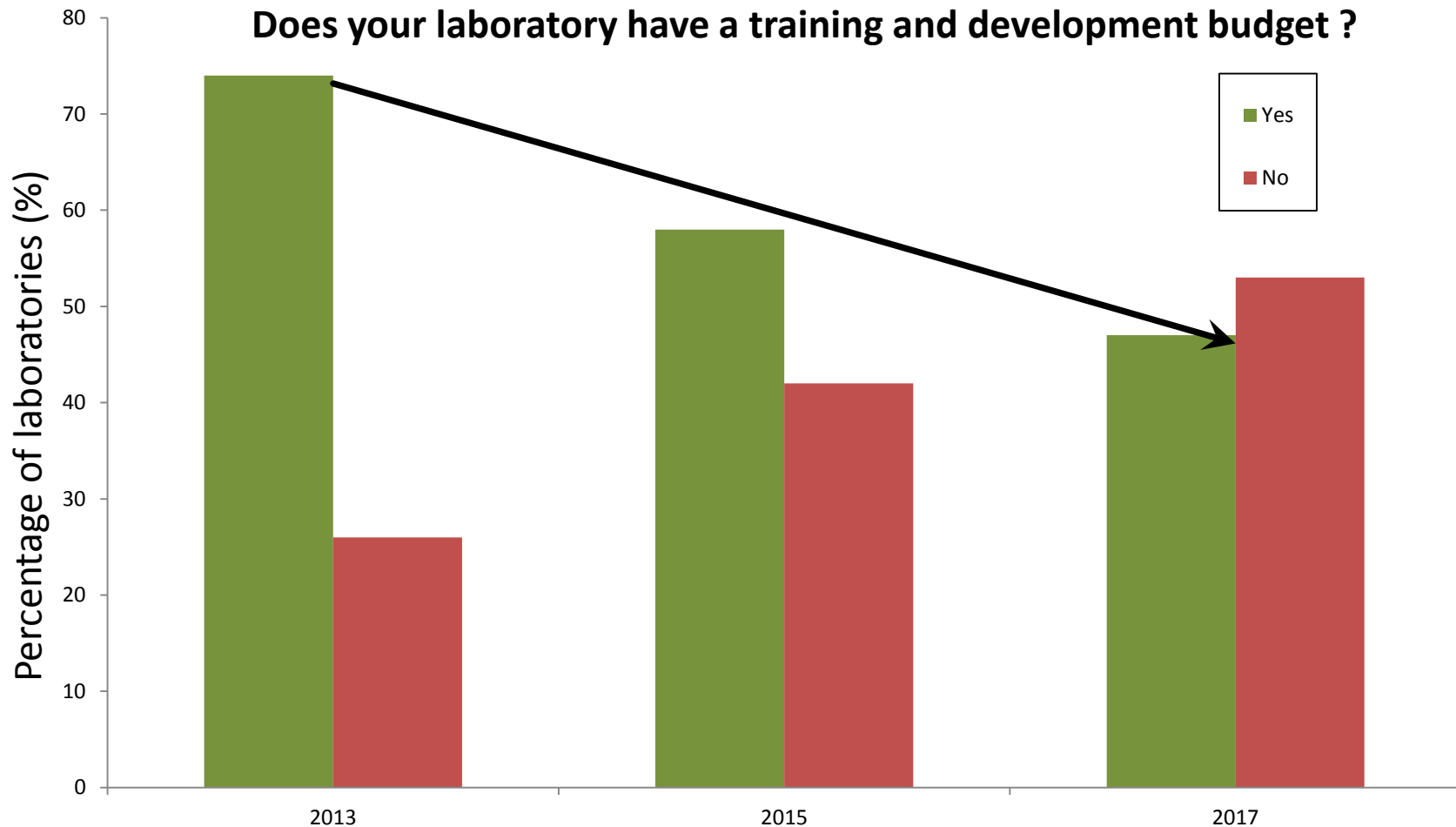


Capacity planning

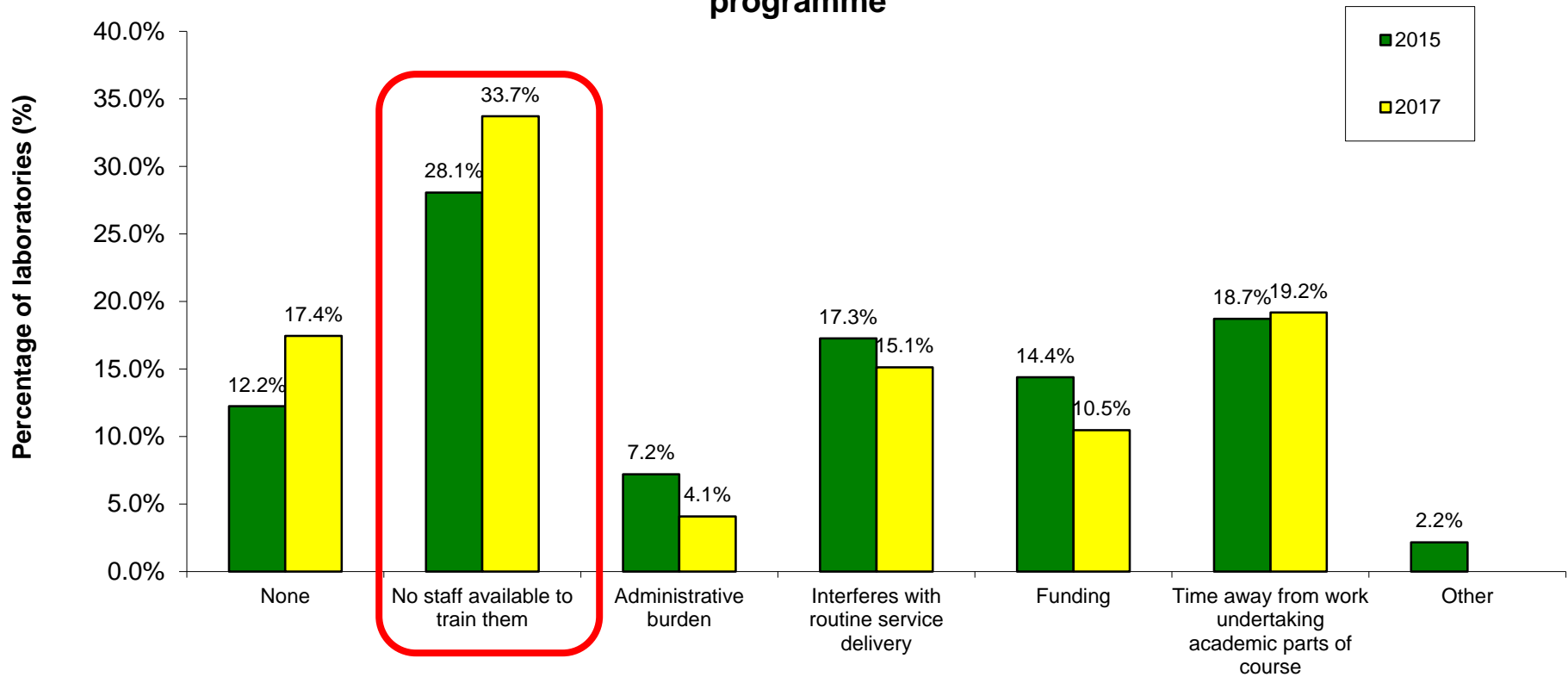
In your professional judgement does your full establishment of staff allow you to deliver all operational and regulatory activities?



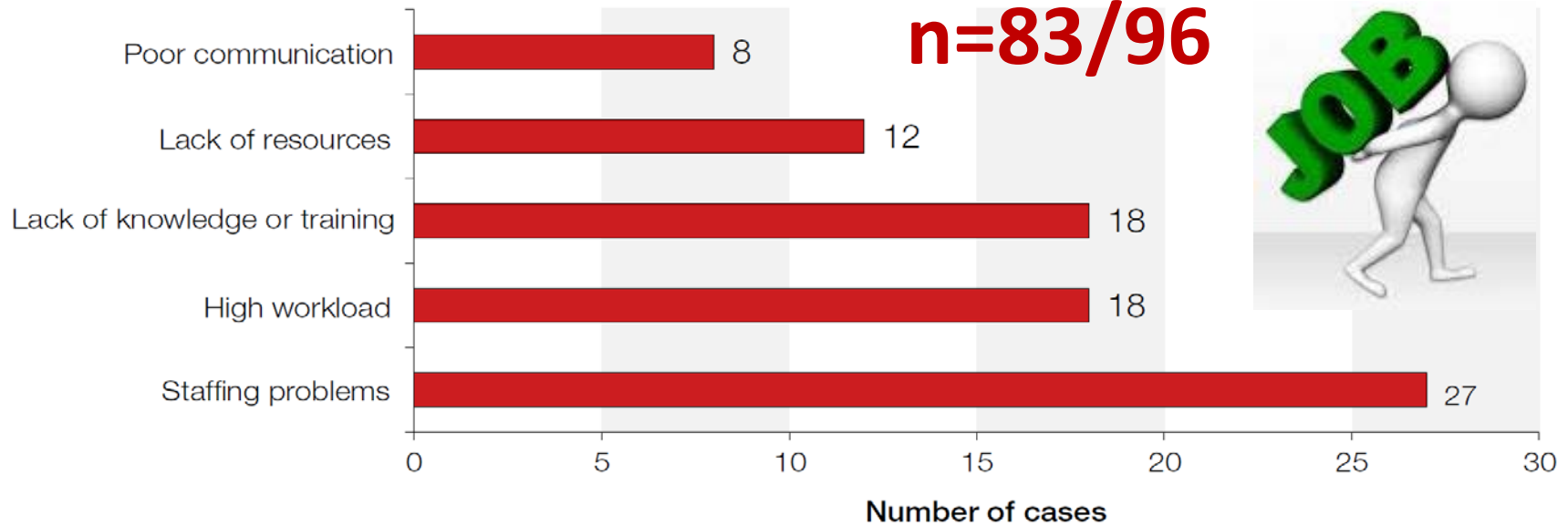
Training & Development



What are the main issues with having substantive staff on formal training programme



Human Factors



“The BMS was sick and should not have been at work, but there was no one else available to cover the night shift so they came in. Staffing levels are critically low and there is no give in the system to allow for sickness. All band 6 staff are locums, because the pay is better...”

Wrong component transfused where there were five opportunities for detection

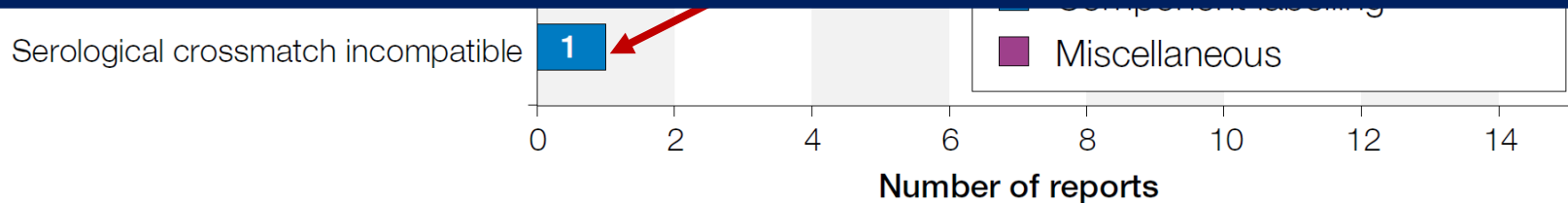
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STAFFING ISSUES

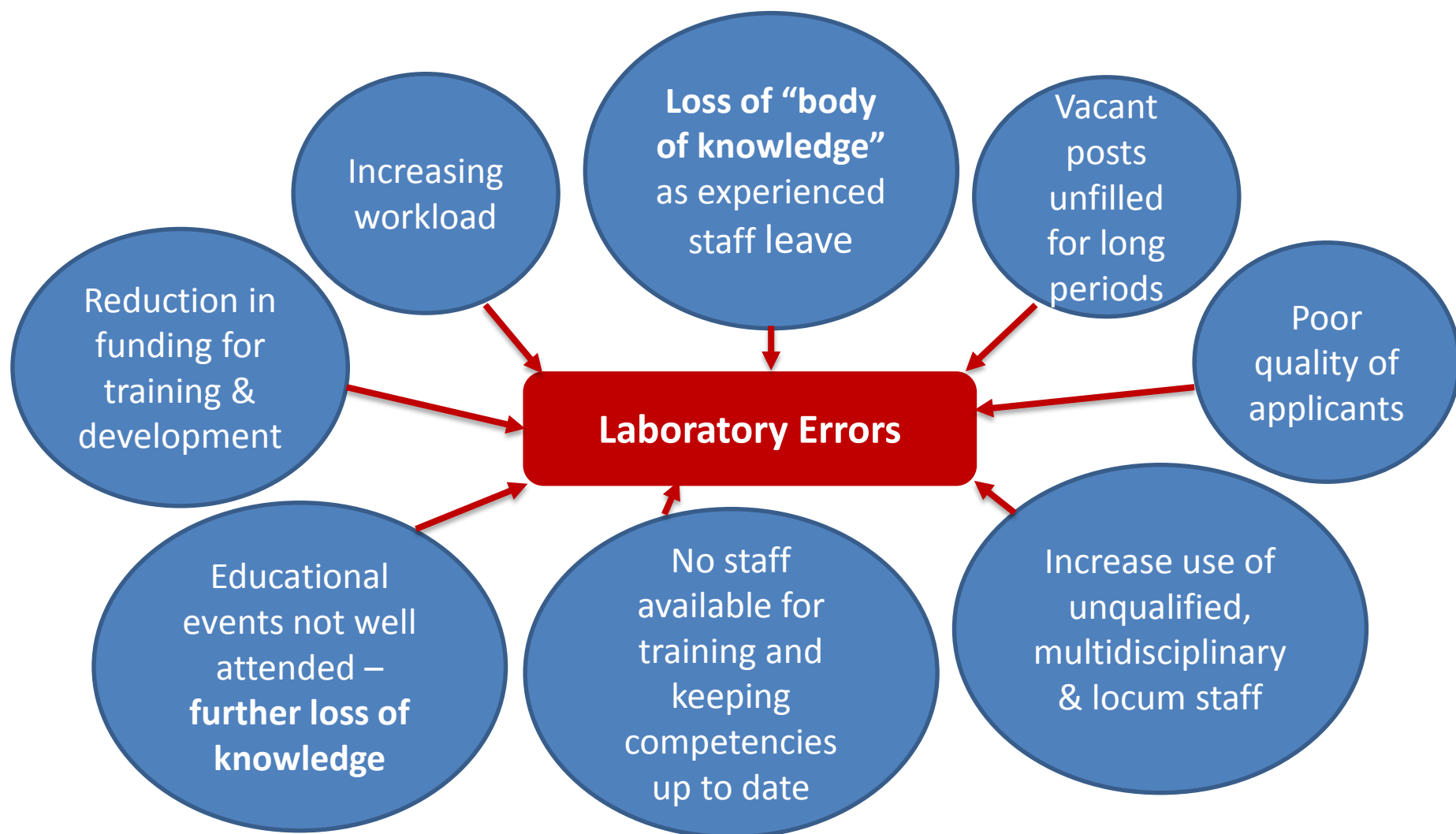
Incorrect blood component transfused n=170

Sampling errors 2

KNOWLEDGE AND SKILLS



UKTLC 2017



General comments

Quality of service is suffering due to increased numbers of very inexperienced staff and the inability to recruit anyone with BT experience.

As the technical transfusion lead I struggle to keep up with workload within my core 37.5 hours, and regularly work additional hours.

Lack of resource and support leads me to feel stressed and under considerable pressure regularly, and the only aspect that keeps me in this profession is my personal interest in the subject

Rotation of staff due to shift systems means less continuity.

Key SHOT Messages 2016



Laboratories should always have adequate staffing at the appropriate grade to support those that require training



Gap analysis should be performed against national transfusion guidelines and SOPs amended to correct deficiencies and to identify any necessary alterations to laboratory procedures



Appropriate use and management of LIMS are essential for patient safety

Conclusion

The standard of transfusion knowledge and education within laboratories is becoming a prevalent source of error

Anecdotal evidence that there is a national shortage of qualified BMS staff applying for vacant positions and vacancies being filled with less qualified staff

It is everyone's responsibility to ensure they complete their part of the process fully with care