

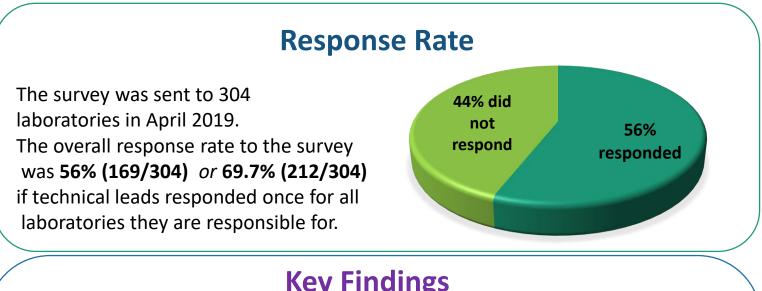
# **United Kingdom Transfusion Laboratory Collaborative (UKTLC) Survey 2019**



The UKTLC aims to influence positive changes within the transfusion community through the collaborative identification and promotion of best practice. It provides informed recommendations regarding staffing levels and competency within UK transfusion laboratories to promote staff and patient safety.

#### A biennial survey is sent out to all transfusion laboratories in the UK who report to the Serious Hazards of Transfusion (SHOT) haemovigilance scheme and is intended to represent a 'snapshot' of working conditions within the laboratory on a single day.

The UKTLC standards (currently under review) are available on the SHOT website https://www.shotuk.org/wp-content/uploads/myimages/UKTLC-standards-2014.pdf



## **Key Findings**



Staffing levels remain a concern, with pressure to work extra hours to meet demands

There is a high level of inexperienced staff who require training, without adequate specialist support

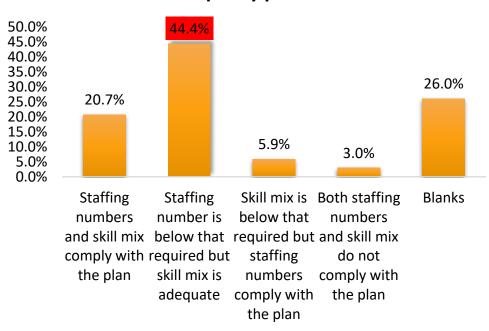


There is an overall increased level of vacancies and possible deskilling by recruiting at lower banding.

#### **Capacity** Planning

- 62% of respondents state they have a capacity plan in place (compared with ~44% in 2017),
- 12.4% state a plan is in progress

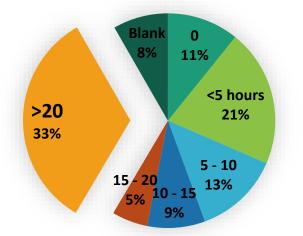
#### Does the staffing level and skill mix TODAY (you and your colleagues) comply with your capacity plan?



- Approximately **28%** state current staffing levels do **not** fulfil the capacity plan
- On the survey day
  44% stated staffing numbers were
   below the level required

### **Staffing imbalance**

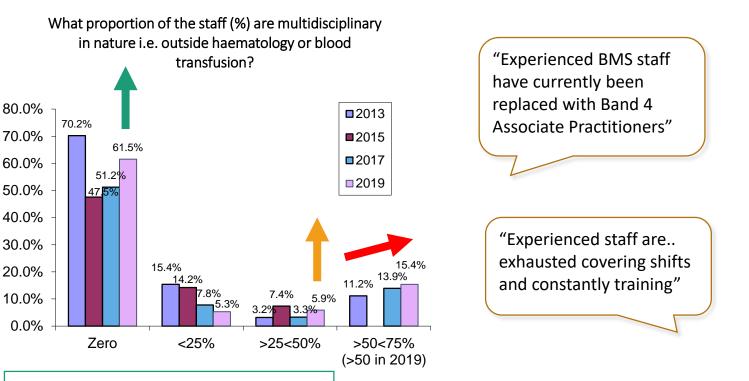
#### Number of extra hours worked per week to address staffing imbalance



- 33% of respondents stated the team worked
   >20 hours extra per week to account for staffing shortfalls.
- This is a large increase from previous years (when data was assessed on an individual basis).

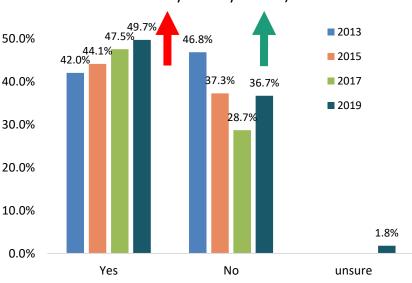
"There is a chronic shortage of staff... The band 7 is required to perform duties out of hours. The ideal staffing ... is only achieved 10% of the time."

### Vacancies, skill mix and specialist support

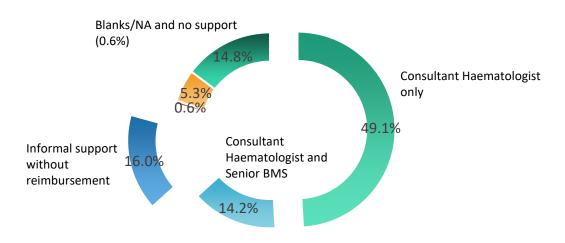


- There has been an increase in laboratories with no multidisciplinary (MD) staff, and conversely, a modest increase in hospitals reporting that MD workers constitute >50% of staff.
- Approximately 50% of laboratories are carrying vacancies, which is steadily increasing
- Out of hours 16% of laboratories have no formal specialist support for their staff

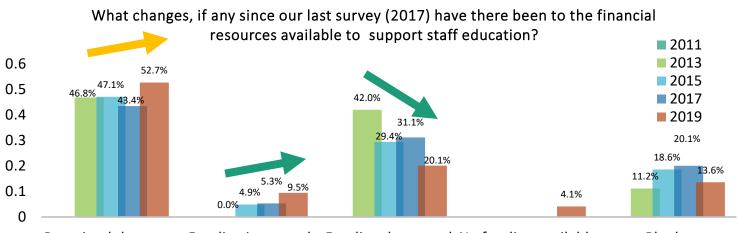
Is the blood transfusion department (or haematology / blood transfusion department if combined) carrying any vacancies? (Including posts 60.0% currently filled by locums)



Is there FORMAL (contracted/paid) arrangement for lone workers to access specialist transfusion laboratory and clinical advice outside routine core hours?



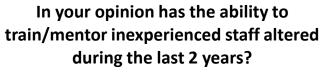
#### **Education and training**

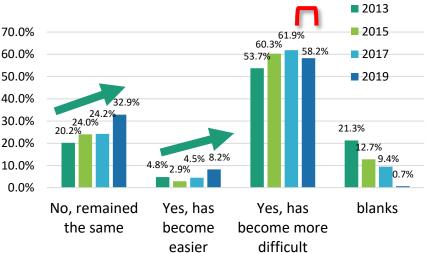


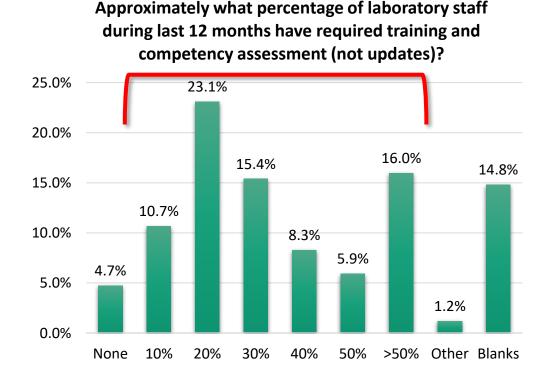
Remained the same Funding increased Funding decreased No funding available Blanks for education

- The majority of laboratories employ staff who require training, with the financial resources for education and ability to train remaining the same.
- In 16% of responses >50% of laboratory staff require

**training**. This may be due to a high turnover of staff and increased retirement and redundancy.



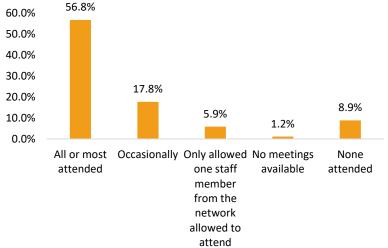




"I've been the TLM for 1.5 years and seen a 100% turnover of staff in this time"

## Networking

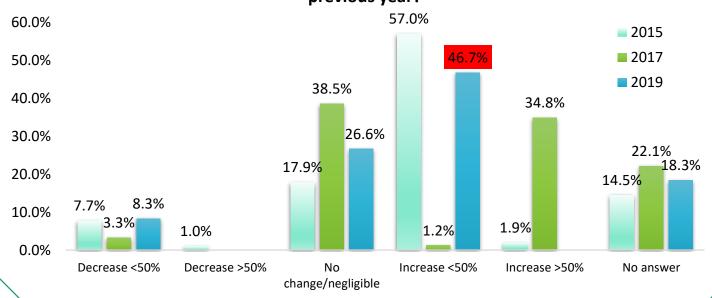
Transfusion Lead BMS or Senior BMS attendance at Transfusion Advisory Group (TAG) meetings (also known as Transfusion Lab Managers or Transfusion User Group meetings) (last 12 months)?



- Improved attendance with ~57% having attended all or most of these meetings, with ~9% saying they have not or cannot
- Laboratory representation at other professional meetings has remained stable

Workload

#### What is the percentage variation in current workload compared to previous year?



## **Key Recommendation**



Laboratories are facing unprecedented challenges and pressures. In this atmosphere a robust, full and accurate capacity plan is an essential tool. This should be wide ranging enough to allow capacity for education and training activities. These activities are essential for a group of staff which is becoming less experienced and is in transition.

# **Further Resources**

- Staff capacity plan template <u>https://www.shotuk.org/wp-</u> <u>content/uploads/myimages/Staffing-Capacity-</u> <u>Plan-simple-template-v1.0-draft.docx</u>
- Bolton-Maggs et al., (2019) Staffing in hospital transfusion laboratories: UKTLC surveys show cause for concern <u>https://onlinelibrary.wiley.com/doi/10.1111/tme</u> .12593
- UKTLC survey 2017 Key Findings <u>https://www.shotuk.org/wp-</u> <u>content/uploads/myimages/UKTLC-Report-Final-</u> <u>Report-Findings-2017\_V2.pdf</u>
- UKTLC survey 2015 Key Findings <u>https://www.shotuk.org/wp-</u> <u>content/uploads/myimages/2015-UKTLC-</u> <u>Laboratory-Survey-Key-Findings.pdf</u>
- For any queries or further information please contact UKTLC chair Rashmi Rook: <u>rashmi.rook1@nhs.net</u>