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SNBTS DISCUSSION DOCUMENT

TOTAL QUALITY PROGRAMME

(Prepared by JDC for SNBTS Board)

07/90

INTRODUCTION

1.01 There can be no doubt that the new legislation associated with consumer protection and the anticipated legislation which will remove the protection of crown immunity from the blood transfusion services have collectively provided a significant impetus for these services to address the area of quality assurance. The recent White Paper on the NHS has also emphasised the need to direct attention and resources to quality.

1.02 Whilst the SNBTS has hitherto not enjoyed the support of SHHD in regarding quality as a high priority, in the context of funding this development, there is now evidence of a change in policy. Much has already been achieved in many parts of the SNBTS - resourced by efficiency savings. Thus significant progress has been made at PFC and following the several unofficial visits of Medicines Inspectors to RTCs, many improvements have emerged in these Centres.

1.03 Nonetheless many colleagues would agree that this activity has inevitably rated a low centre operational priority and one might conclude that, because of resource limitations and the indifferent attitude of SHHD, we have hitherto been at best tinkering with the problem.

1.04 Those industrial pharmaceutical organisations that were required by law to acquire manufacturing and product licenses soon discovered that quality assurance was a profitable exercise. Moreover, the original emphasis on specifying and testing products has in recent years expanded rapidly to involve quality considerations throughout the organisation and this now enjoys the title of "total quality management".

TOTAL QUALITY MANAGEMENT (TQM) : SOME THOUGHTS

The author is not an expert on this topic, but from his readings and discussions with colleagues in industry, the following points emerge which seem to be relevant to the SNBTS in the 1990s:

2.01 Everybody in the organisation must be committed and involved in quality. This will not develop unless a sustained drive, enthusiasm and leadership comes from the top. In the SNBTS context I believe the appropriate first

action has already been made in HQ, but there is now a requirement for our Centre Directors to firmly place this activity as a high priority for their own (personal) operational objectives. This does not mean that the Directors will write the Centre's SOPs etc etc etc but it will require very active leadership. The "purchase" of a QA Officer to sort it out will not be sufficient and indeed such an attitude may be counterproductive.

2.02 The key elements of TQM are PEOPLE, PROCEDURES, PROPERTY (accommodation) and AUDIT

The following is not a sermon for, if so, many of the deficiencies described can be ascribed, at least in part, to the preacher.

(a) People:

There can be no doubt that in any organisation that claims it delivers some outputs (whether manufacturing or servicing) the most precious commodity it has and the commodity which will largely determine success or failure of the organisation is its personnel. We have consistently mouthed these sentiments but the evidence that we corporately and individually really recognised the central nature of this concept to the success of our operations is, at best, sporadic. Lest we overdo the self-flagellation, we might note that many of the key management tools needed to develop TQM have hitherto been denied Centre Directors and their line managers. Many restrictions remain - central government control over pay and conditions of service and central control over many areas of education/training. But there is evidence of increasing flexibility and opportunities should be seized with appropriate care for the welfare of our staff. There is also much yet to be seized from TPH, for I remain far from convinced that the acclaimed delegation of salary and pay budgets and personnel functions from TPH to Division is sufficient for us to develop an effective TPM programme.

In the context of people it seems to me we should develop a TQM programme in which partiuclar attention is paid to at least the following:

(i) The selection process
(ii) Staff induction processes
(iii) Staff training
(iv) Corporate and individual target setting
(v) Opportunities for performance assessment
(vi) Opportunites for rewards for high quality performance
(vii) Health and Safety at work.

Much of the above must inevitably be the responsibility of many existing senior staff but particular consideration needs to be given to the creation of a dynamic personnel function in the Service and I believe the leadership for this must come from SNBTS HQ.

(b) Procedures and Practices

In many ways this has been an area which has already received significant attention - primarily as a result of the activities of the Medicines Inspectorate. Very much more needs to be done and we must now include medical audit. In the context of laboratory services it is clearly evident that the highest priority - in terms of developments which will be key initial auditing areas - will be those functions associated with the collection, transport, testing, processing and issuing of blood and blood products. Beyond this it will be necessary to turn our attention to the diagnostic laboratory services. Success in these various endeavours will depend on the involvement of all our staff. All of us will need to give some space for quality and we will need to remind ourselves that the production of SOPs is but a part of this exercise.

Finally, we will need to develop a TQM programme in those areas not regarded as rooted in scientific method - general management, financial management and information technology. It is of interest that the DSMs have already taken up this challenge. Of no less interest will be the development of a programme to ascertain the views of RTC's customers.

(c) Property

It is my view that we, in common with many in the NHS, have learned to put up with squalor and overcrowding. This indifference in a TQM environment needs to be challenged. Fortunately the visits of the MI have brought some improvements but these have been limited. There is an urgent need for more control of our capital funds.

(d) Audit

There is no doubt this is a critical feature of TQM. Hitherto it has too often been seen as a punitive policing exercise and as a consequence has been avoided - unless dictated from outside (e.g. the MI). Of no less importance has been the tendency for local management to ignore audit because it inevitably brings to light matters which require managerial action, which is frequently difficult, time consuming and requires considerable managerial courage, determination and skill.

It must be the intention of an evolving SNBTS TQM programme to move away from attitudes which smack of being punitive in nature and to emphasise the concept of "doing the job proper", of professionalism and of teams creating their own SOPs and their own collective determination to stick by their own rules. At the same time much effort will be needed to see that these "rules" have a corporate SNBTS identity, for the notion of collective defence should be a high SNBTS priority.

We need to encourage both internal and external auditing and in this latter context should explore ways of linking with NBTS inspections. We should not be afraid of encouraging auditing systems which closely relate to FDA/AABB standards and we will need to develop systems in which the efficacy of associated management actions are appropriately audited.

Quality Policy Statement.

PROPOSALS

3.01 The proposals outlined below take on board a number of features which I believe are vital for the successful implementation of TQM (as distinct from QA). They can be summarised as follows:

(a) That the NMSD's function is primarily catalytic, resource seeking, monitoring, a persuader for change and a champion for collective defence.

(b) That there will be a need within SNBTS HQ, and reporting to the NMSD, a strong co-ordination function for the national TQM programme, the output of which will be expressed in each individual Centre. This function will primarily be directed towards the concept of collective defence, corporate excellence and the lateral movement of ideas.

(c) That in the creation of programmes, which seek to emphasise the key role of all staff and the pivotal role of existing Centre line managers, we should establish a programme which has the following characteristics:

(i) Creates separate functional foci of expertise, thereby enhancing professional credibility. In practice this will be about horses for courses.

(ii **Minimises the disruption of existing managerial line reporting arrangements** - thereby enhancing effective operational responses to audit queries. In practice this will mean the audit reports are addressed to relevant senior managers on the RTCs Management Board with a copy to the Director. It follows that the primary foci for interaction between local QA personnel will be senior operational managers.

3.02 Proposal 1

That we should consider changing the title from total quality management (TQM) to total quality programme (TQP). Such a move would emphasise that this exercise is not just about management: it involves everyone. In the fullness of time the "P" could be switched to people - particularly in the context of our teaching programmes.

3.03 **Proposal 2**

That our TQP is directed towards 4 separate foci of expertise:

(a) Blood Collection Programme
(b) Laboratory Services
(c) Clinical Services (Medical Audit)
(d) Management Services.

3.04 **Proposal 3**

That the following staff act as **national co-ordinators** and report to the NMSD on these functions:

(a) Blood Collection - Mairi Thornton
(b) Laboratory Services - Martin Bruce
(c) Clinical Services - Brian McClelland
(d) Support Services (including I.T.) - John Francis

3.05 **Proposal 4**

That within each Centre there be designated a separate individual who will be responsible for (a) to (d) inclusive.

It is recognised that in some Centres new investments may be required to achieve these ends and in some of the smaller centres some of these proposals may be difficult to implement. But where possible the primary reporting function of these individuals will be to the operational line manager as follows:

(a) Donor Services Manager (Blood Collection)
(b) Consultant with administrative responsibility (Laboratory Services)
(c) Director (Clinical Services)
(d) Support Services Manager (Support Services).

3.06 **Proposal 5**

Directors will convene regular TQP meetings. The frequency with each foci of expertise should be not less than quarterly. HQ co-ordinators will normally be in attendance. Minutes of these meetings will be lodged with the NMSD and will be used to prepare the Annual TQM Report.

3.07 Proposal 6

Appropriate HQ co-ordinators will attend M1 inspections summary meetings.

3.08 Proposal 7

The NMSD will provide the Board with an annual Report.

3.09 Proposal 8

Separate consideration should be given as soon as possible to PFC, because it is more firmly established within the context of the Medicines Act 1968 than RTCs.

3.10 Proposal 9

That TQP begins at the top and the Board should encourage David McIntosh to deliver greater delegation of key functions from TPH and that he takes urgent steps to establish an effective Divisional personnel function which will appropriately service the TQP programme.

3.11 Proposal 10

That the SNBTS TQP establishes targets that are achievable and realistic in the context of other work which must be done.

PROPOSED TIMETABLE

4.01 Board Meeting: 4 December 1990

JDC submits the national co-ordinators strategy proposals.
(? Half-day seminar for Directors organised by Noel-Brown & Co Ltd.)

4.02 Board Meeting (March 1991)

JDC submits Centre funding requirements for initiating implementation of RTC TQP investments.

4.03 April 1st 1991

RTC staff TQP appointments commence. Quarterly RTC TQP meetings established.

4.04 December 1991 Board Meeting

First annual TQP Report presented by JDC with MB in attendance.

CURRENT FUNDING PROPOSALS FOR TQP

5.01 Whilst it is certain that all centres will be able to achieve some development of TQP by redirecting existing resources, there will be a need for new investment. At the present time the proposed schedule of funding is as follows:

	1990/91	1991/92	1992/93	1993/94
Approved/Allocate	20,000	80,000	N.A.	N.A.
Submitted in PES	N.A.	50,000	10,000	50,000

RELATED PHENOMENA

6.01 Directors are advised that there are currently in train several management developments which will impact significantly on a future TQP. These include the following:

1. Determination of a policy on the function of medical consultants in the SNBTS.
2. Scientific staff restructuring.
3. Donor Session staffing review.
4. Strengthening of RTC (non medical/scientific) support services.