Improving Patient Safety
Improvements in Document Acknowledgement – Haem/BT

NHS North West London Pathology

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Background and Aim

Distributed documents on the laboratory quality management software were not being acknowledged within a month in the Haematology and Blood Transfusion (Haem/BT) department as per the document control procedure.

On 10th May 2024, there were 10,053 outstanding acknowledgements across 220 staff members. Document updates can include communication of critical updates to processes and procedures. Not acknowledging documents can lead to staff being unaware of critical updates which may lead to health and safety or patient safety issues and is not compliant to ISO15189 requirements.

The aim for this project was to understand the limitations to acknowledging documents and to improve overall document acknowledgement compliance.

Who was involved?

Project Leads
Jamie Simpson, Navindi Samaraweera

Blood Sciences Quality Managers
Gillian Lynam, Amal Bashir

Blood Sciences Divisional Managers
Monica Rebec, Mike Lyall, Sreekanth Talluri

Laboratory Managers
Laboratory Team Members

What did we do? [3]

Team Member Engagement: Team members with high workload interviewed for their views on limitations.

Data Analysis: Identified areas for improvement using Pareto Analysis of data collected from team members.

Identify Contributory Factors: Fishbone and Five Whys Analysis used to review the process.
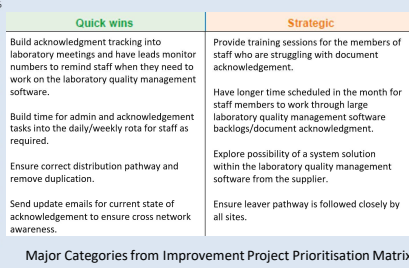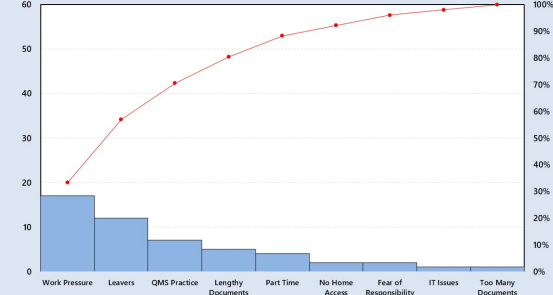
Document Acknowledgement Training: Sessions held to provide guidance on acknowledgement.
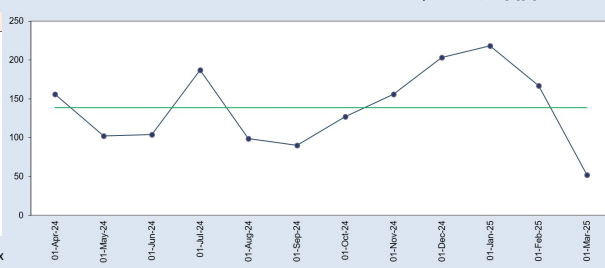**Document Acknowledgement Tracking Tool**: Data generated monthly to share with teams.

Operational Engagement: Divisional Management Team (DMT) consulted for operational changes.
Systems Gap Analysis: Identification of staff who were assigned to the wrong department or had left the trust remaining on the quality management software. Update locations of team member to align with current line management. Review of the leavers process to capture software updates.


Pareto Chart of Factors Contributing to High Document Acknowledgement Numbers [1][2]

Quick wins	Strategic
Build acknowledgment tracking into laboratory meetings and have leads monitor numbers to remind staff when they need to work on the laboratory quality management software.	Provide training sessions for the members of staff who are struggling with document acknowledgement.
Build time for admin and acknowledgement tasks into the daily/weekly rota for staff as required.	Have longer time scheduled in the month for staff members to work through large laboratory quality management software backlogs/document acknowledgment.
Ensure correct distribution pathway and remove duplication.	Explore possibility of a system solution within the laboratory quality management software from the supplier.
Send update emails for current state of acknowledgement to ensure cross network awareness.	Ensure leaver pathway is followed closely by all sites.

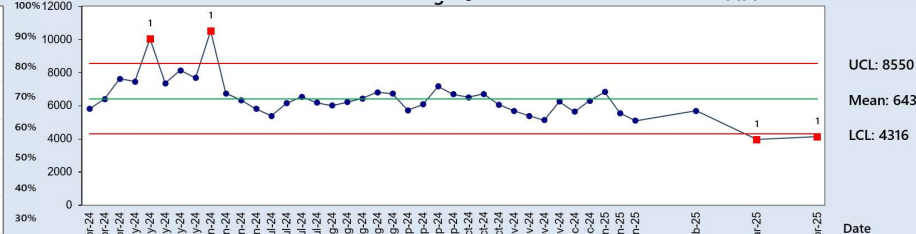Major Categories from Improvement Project Prioritisation Matrix

Time Series Plot of Documents Activated Monthly in Haem/BT [1][2]

Pareto Chart of Document Types Activated April 2024 – March 2025 [1][2]
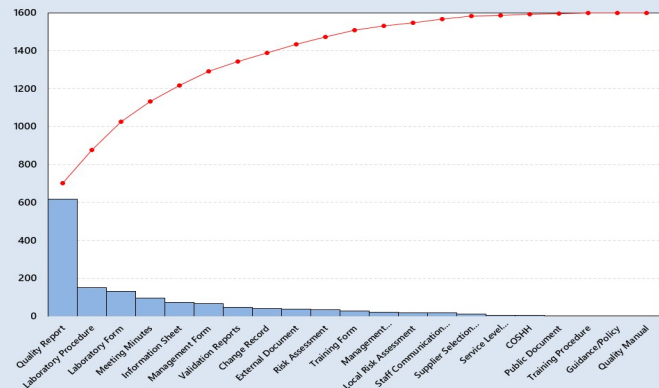
Control Chart of Total Unacknowledged Distributions Across Haem/BT Network [1][2]

UCL: 8550
Mean: 6433
LCL: 4316

What did we achieve?

2024 July – Training Sessions held with team members remaining with high outstanding acknowledgement numbers to help combat this workload efficiently.
2024 July – Operational Engagement Meeting held in which support was confirmed with DMT to allow allotted rota time for document acknowledgement.
2024 September – Systems Gap Analysis was held to determine which accounts needed action in the quality management software to make data representative and accurate.
2024 October – Record Duplication Removal was built into analysis process to ensure unnecessary data wasn't interfering with improvements being seen.
2024 November – Leaver Pathway was amended to cover removal from lab quality management software and other IT systems when staff leave the Trust to combat inaccurate records being kept.

- The outstanding total acknowledgements of 10,053 seen on the 10th May 2024 fell by 60.4% down to 3,983 seen on the 3rd March 2025.
- Overall mean showed a 26.9% decrease. Between 35% and 58% reduction on 5 out of 6 lab sites.

Key Learning and Next Steps:

Distribution Lists – Not kept up to date. Project to harmonise distribution lists for distribution by banding and job roles/training.
Document Types – SOPs and other procedures take longer to acknowledge. Project to analyse if all document types need to be distributed network wide.
Leaver Policy Review – Follow up review to confirm the changes made to the leavers policy have been effective in removing staff from software systems.
BT Super List – The Blood Transfusion Team are trialling a distribution list containing all trained BT team members to streamline network wide distributions.

Document Harmonisation Project – Documents to be reviewed to reduce number of unnecessary documents held on quality management software.
Systems Solution – Review of quality management software functionality for notification of total outstanding acknowledgements per person that exceed one month.
Activation Per Month and Time Requirement – Documents activated per month varied. Analysis of workload produced monthly to make monthly acknowledgement consistent.
Outlier Site – One of the six sites saw a decrease in compliance. To be investigated with outcomes and improvement actions shared across the network.
Continued Training – Key learning to be shared in NWLP Quality and Safety Drop-in Sessions as well as the My Learning Today internal mini lecture series.

References/Acknowledgements
1 - Data Analysis Toolkit. (2024, Advanced Analytics Solutions). 2 - Making Data Count. (2021, NHS England). 3 – DMAIC Data-Driven Improvement Cycle/Project Framework