



NSS Blood Tissues and Cells

## **Transforming the Donation Experience Revised Management Arrangements**

### **Consultation Paper**

Future vision of Donor Services Management,  
Administration, Clinical and Professional  
Arrangements, Processes and Systems

**Consultation Period**  
14<sup>th</sup> April - 5<sup>th</sup> May 2014

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## Executive Summary

Blood Tissues and Cells SBU considers that we need to revise the management arrangements for Donor Services in order to meet the challenges we face in the future while delivering the planned service improvements included in the Transforming the Donation Experience Programme (TDE). The proposals outlined in this document are fundamental to this.

The formulation of the Transforming the Donation Experience Programme has been extensive, detailed and thorough. It has involved over 70 staff working in work-streams to identify future services needs and make recommendations for Donor Services in the future. To deliver this agenda we need to become more nimble in delivering change and improve the pace of service improvements.

The overarching TDE Programme and the proposals for the Revised Management Arrangements have been shared well with staff, managers and staff-side during their development and we are satisfied that it is a robust plan for taking Donor Services forward in the future and that the interests of the workforce have been fully taken into consideration.

The proposals provide details of the new Donor Services Structure and Operational model that will support the TDE Programme and ensure that we continue to meet the expectations of blood donors, patients and NHSScotland.

- The impact of this organisational change has deliberately focussed on the top three layers of Donor Services (Associate Director: Donor Services, Direct reports to Associate Director and their direct reports). There a small number of other staff who will be affected and these have been identified within the document
- NSS organisational change processes and policy will apply throughout the change
- There is no planned reduction in staffing within Donor Services resulting from these proposals
- There are a total of 27 posts within the new structure including 11 new roles
- This is an increase of 2 compared to the current structure and has a negligible impact on total pay cost
- This together with the job evaluation outcomes for the new structure make it unlikely that staff will be displaced or on protection of earnings

We look forward to a full and effective consultation on the proposals with the Trade Unions and to early discussions as part of that consultation, with a view to the plan being implemented against the timescales outlined in this document.

The two key areas of this consultation are:

- the proposals for the new staff structure within Donor Services
- the proposals for the new operational model for Donor Services.

The period of Formal Consultation with Trade Unions is from 14<sup>th</sup> April 2014 and will be set for 21 days. Consideration of the specific questions and comments are invited on the proposals set out in this Consultation Document.

# 1. Introduction

The Transforming the Donation Experience Programme (TDE) is a key element of the overarching NSS Blood Tissues and Cells (BTC) Strategy and Modernisation agenda. It will have a significant role in the BTC contribution towards the NSS Vision, Objectives and Outcomes and the Scottish Government's Healthcare Quality Strategy.

This review of management arrangements (RMA) for Donor Services is essential to help us implement the Transforming the Donation Experience Programme and to develop a culture that delivers excellence at every point of contact for blood donors and makes sure that there is always enough blood for patients in Scotland.

The proposals for the Revised Management Arrangements for NSS BTC, Donor Services Department outlined in this consultation paper have been developed by five work-streams and conducted in partnership with staff and their representatives. At every stage, the process has fostered staff involvement and engagement across all disciplines and grades to make certain that the proposals are fit for purpose.

The proposals outlined in this document cover:

- Revised management arrangements for Donor Services administrative and clinical processes
- Key roles and revised organisational structure to support delivery of the TDE recommendations
- The redesigned and streamlined operational model of service delivery that fosters continuous service quality improvement and modernisation
- The overarching service transformation we need to deliver service excellence in the future.

In developing the future management arrangements a key aim was to build on our existing strong foundations, while further strengthening and improving the current management arrangements and service delivery model.

The proposals for the Revised Management Arrangements (TDE RMA) for Donor Services are a major component of the workforce plan for Donor Services to deliver this ambitious change portfolio included in the wider Transforming the Donation Experience Programme.

In developing these proposals we have considered the wider perspective including the impact of external forces that affect how NSS and the wider NHSScotland operate. The evaluation of the options used the NSS Strategic Aims and Road Map to assess the suitability of the proposals.

The NSS Quest Programme identified the need for us to have customers at the heart of our services and to increase our health and financial impact to add value. For Donor Services to support this agenda we need to make sure we meet and exceed donor expectations to guarantee that patients in Scotland will receive first class transfusion support into the future.

We recognise that this can only be delivered by making sure that our staff are developed and supported to deliver excellence and continuing improvements quickly and effectively.

## 2. The TDE Programme

### 2.1 Background

The continued need to make certain that we have enough blood for Scotland's patients was clearly set out in the "The Strategic Direction of SNBTS 2007-11" which was endorsed by the NSS Board in July 2007 and in the Strategic Development Plan 2009 – 14. This strategy was substantially refreshed in 2012 and forms part of the Blood Tissues and Cells Local Delivery Plan.

#### ***Our Vision***

*To enable service excellence through delivery of high quality, efficient and modern Donor Services, that will ensure safe and sufficient blood is available to support the transfusion needs of Scotland, and that demonstrates an effective and value for money service.*

The TDE Programme has involved extensive review and redesign of how we deliver our services to donors and make sure that we always meet the transfusion needs of patients in Scotland by:

- Making sure that we have a safe and adequate Donor Base to support the transfusion needs of patients in Scotland
- Streamlining and modernising our working practices
- Keeping blood safe
- Improving access and opportunity to donate
- Maintaining a flexible and adaptable collection footprint
- Delivering excellence at every point of contact
- Delivering a culture that fosters continuous improvement and develops and supports our people.

The TDE programme recommendations and proposals have been developed following an extensive review of customer and service needs to extensively modernise our services while delivering safe, effective person-centred care for both patients and volunteer blood donors. This programme will be delivered as part of a 5-year plan to implement service and quality improvement projects that will incrementally transform the service we provide to Scotland's donors. This is being delivered through a programme of service and quality improvement projects and through effective workforce planning. Further details and information of on the overarching TDE programme are provided in Appendix 1: TDE Programme Definition Document.

The first phase of recommendations from the TDE programme was implemented in 2012 and it realised the anticipated benefits. We are also progressing the initiatives that support the second phase. We need to review the management arrangements that will support the TDE programme and make sure that we have the appropriate organisational structure and capacity to deliver this ambitious agenda of change.

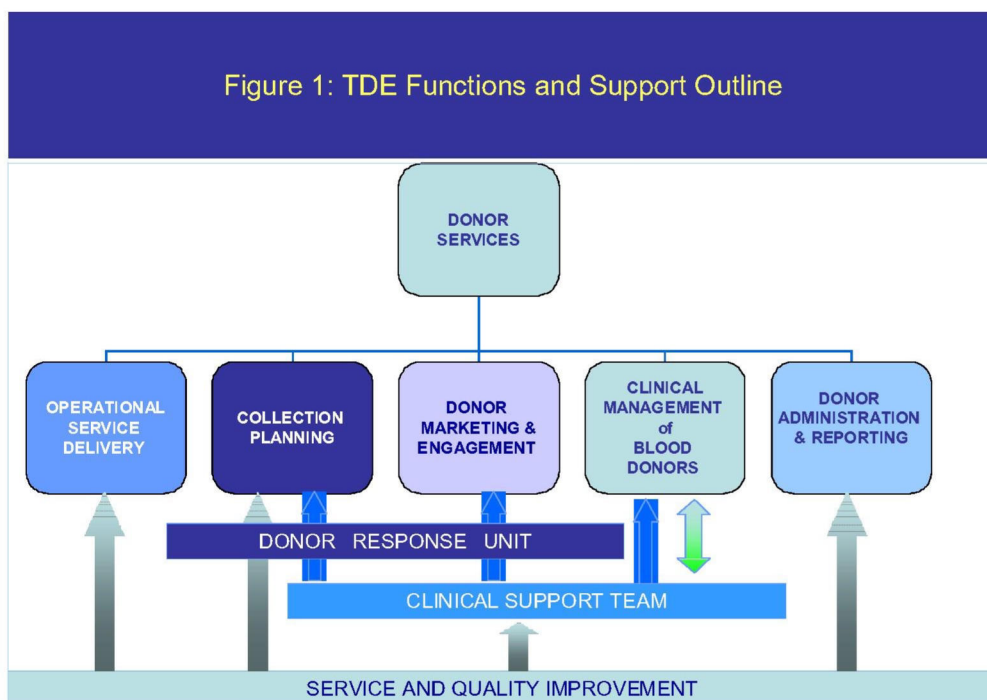
## 2.2 The Redesign Process

The TDE Programme has been supported at each phase by a number of workgroups designed to foster multidisciplinary input and maximise staff involvement and engagement. All workgroups have involved Trade Union representatives working in partnership.

The Donor Services Partnership Forum has acted as the Programme Steering Group .

The proposals for the Revised Management Arrangements were informed by four work-streams to develop recommendations for how we should redesign Donor Services.

The recommendations from this work resulted in a proposal for a revised future state for Donor Services with a new functional structure which outlines the required functions and support required. The Functions and Support Structure is provided as Figure 1.



## 2.3 Why Do We Need To Change our Management Arrangements?

- The TDE Programme is an extensive modernisation strategy that requires us to work differently in future, to enable us to continuously improve and change to meet donor and patient needs.
- Additionally, in the last two years there have been a number of retirements from key senior posts including management and clinical posts in Donor Services. It is essential that we have a comprehensive workforce strategy that develops and supports our people and builds our organisational capability.
- During 2013/14, SNBTS experienced a step change in the degree of stringency of inspection by MHRA and other regulators that means we need to think about how we can achieve compliance in a more agile way that helps our staff to get things right first time.





- The NSS Roadmap and Strategic Objectives ([http://www.nhsnss.org/pages/corporate/priorities\\_and\\_objectives.php](http://www.nhsnss.org/pages/corporate/priorities_and_objectives.php)) and NSS QuEST Roadmap provide direction for the way we must operate in the future to make sure that we continue to add value to NHS Scotland and the wider public sector. It is vital that our revised management arrangements support these new ways of working.
- Delivering against these goals has significant implications for the skills we need in the future.
- The global economic situation and its impact on public spending means that there is a pressing need to improve efficiency while striving to improve the quality of services we deliver.

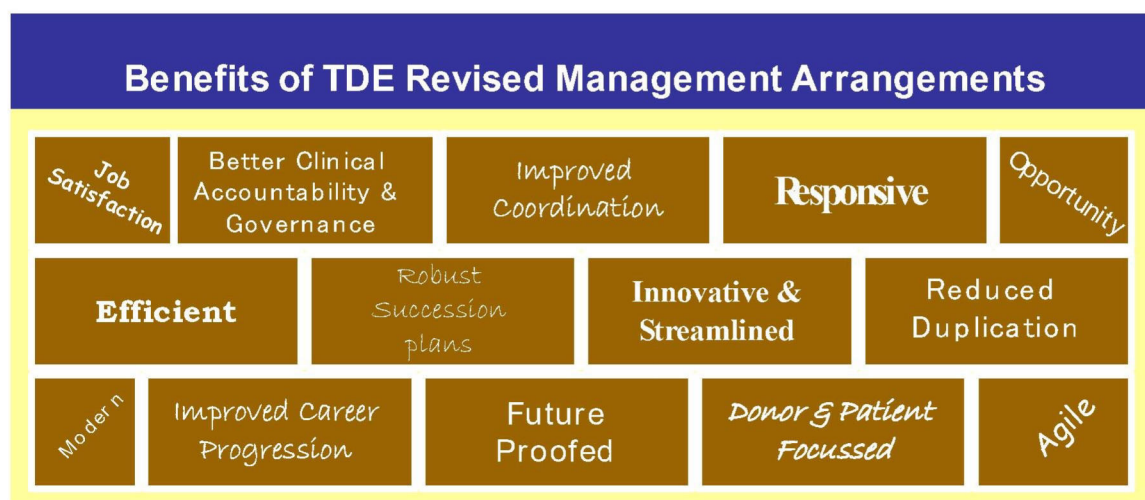
- The implications of the recent reviews of practice and management within the NHS and the recommendation of the Christie Commission compel us to consider our clinical governance and clinical accountability within Donor Services and modernise the way we work together.

## Question 1: Is now the right time for us to make changes in the way Donor Services operates?

### 2.4 Benefits of TDE Revised Management

The Revised Management Arrangements for Donor Services are designed to form a platform for future improvements and to enable us to truly deliver modernised services to donors based on best practice. The anticipated benefits are outlined below.

An further analysis of the benefits and outcomes of TDE RMA are more fully discussed and evaluated in sections 8.0 and 9.0 of this document.

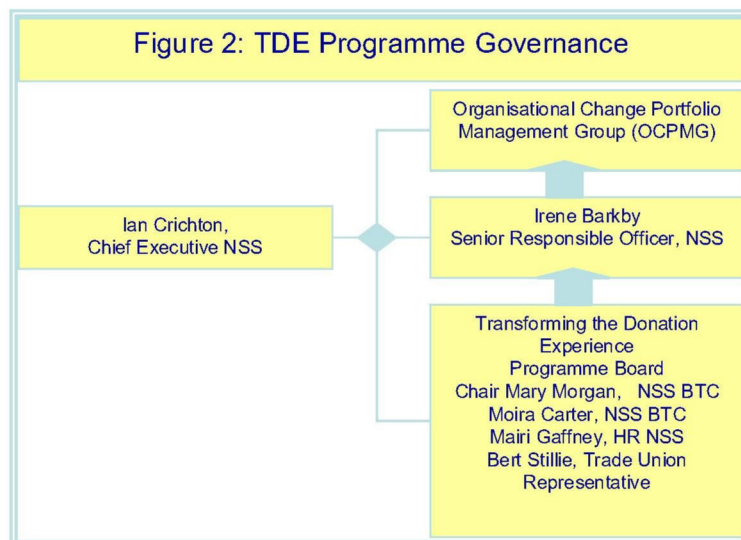


## 2.5 Project Governance

The governance arrangements for the overarching Transforming the Donation Experience programme are outlined in Figure 2. The Blood Tissues and Cells SBU of NSS have formed a Programme Board for the Transforming the Donation Experience Programme consisting of:

- Senior Responsible Officer
- Programme Director
- Project Manager
- Clinical Director for Donors and Manufacturing
- Trade Union Representative
- Human Resources Representative.

They are deemed to have the necessary skills to take forward this project. Advice and project management skills are also being provided by NSS Programme Management Services (PgMS). This board will act as the governance forum for the TDE Revised Management Arrangements project. Additionally the project reports to NSS OCPMG (Organisational Change Portfolio Management Group).



## 3. Donor Services Structure

### 3.1 Current Structure

The current organisational chart for Donor Services is provided in Figure 3, which also identifies the posts affected by these recommendations.

### 3.2 Developing the New Structure

During 2013 we set up a work-stream to look at the future operational model for Donor Services and identify new roles and responsibilities and the future organisational structure. This work was undertaken by a multidisciplinary group with membership from Donor Services and other NSS SBU managers providing external and objective input. This was conducted in partnership with staff representatives as core members of the group involved in formulating and challenging options for the future. The workgroup used the functional structure outlined in Figure 1 as the

starting point to develop the new staffing structure. The resultant proposals are robust and will facilitate the ongoing reconfiguration of Donor Services to truly Transform the Donation Experience. We recognised a need to further improve some key areas and to optimise the management in these functions. In order to deliver this, we identified the need to introduce further specialist functions managed for the whole of Donor Services. These included:

- Collection Planning and Forecasting
- Donor Marketing and Engagement
- Clinical Management of Blood Donors.

Alongside this, we recognised the need for:

- Donor Services to operate cohesively while maintaining our geographical footprint
- Improved Clinical Governance and accountability.

It was essential that we learned from our successes and further strengthened our management structure and specialist matrix. It is essential that we work together well at national and territorial levels and means that an effective Operational Service Delivery and Coordination is key to making sure we succeed in our goals.

### **3.3 Donor Services Future State**

We propose to reconfigure Donor Services into three territories based across Scotland, supported by a national support infrastructure with specialised functions. The future organisational structure for Donor Services is provided in Figure 4. Further details of the changes in responsibility and focus for the operational and specialist areas are outlined in Table 1.

This new model:

- Builds on the successes of the past
- Strengthens our operational model
- Strives to deliver excellence
- Continues to improve and maximise our health and financial impact.

The reconfigured structure recognises the need to provide effective leadership across our geography while addressing remote and rural service delivery challenges. This relies on successful matrix management and means that we will deliver some functions locally but co-ordinate them nationally.

- These proposals rely on strong teams working together and making the best use of the available resources.
- The shift towards increased specialism in some areas changes the way the territory based teams operate.
- The concept behind this strategy is to operate effectively, based on best practice, using consistent and efficient processes, while avoiding duplication.

To do this we must avoid the danger that we continue to think silos, just different silos to those of the past. Therefore the way we deliver this across Scotland must change how we operate in future.

**Figure 3: Current Donor Services Structure**

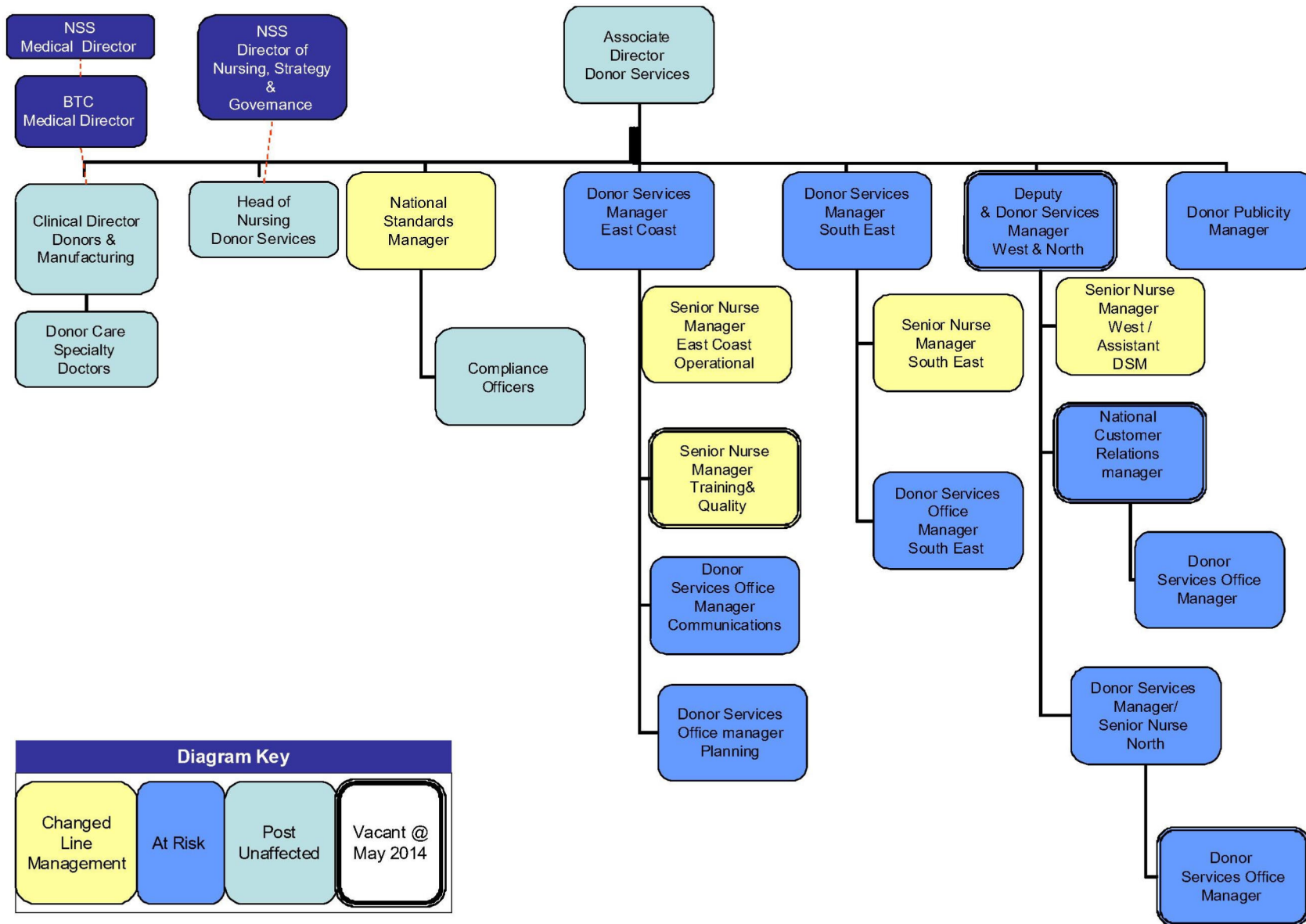
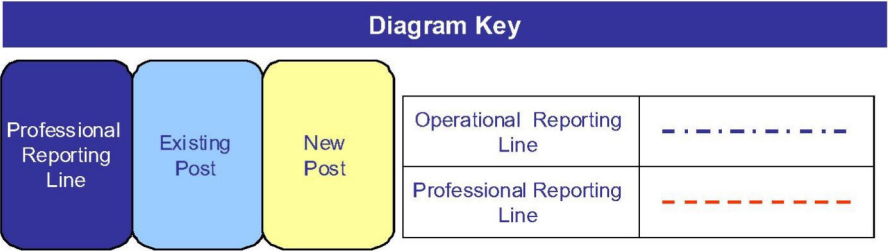
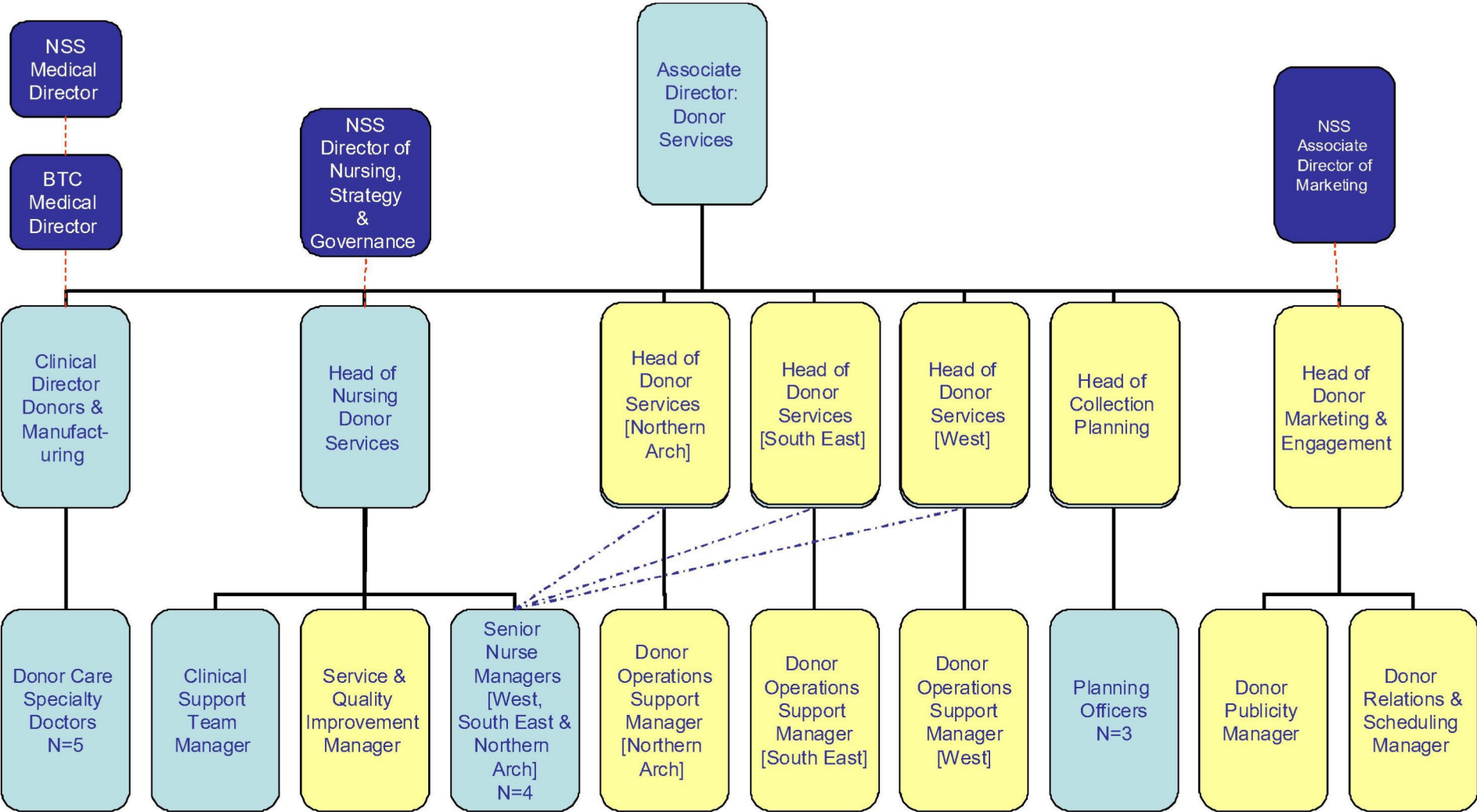




Figure 4: Proposed New Structure for Donor Services



| <b>Table 1</b><br><b>OPERATIONAL SERVICE DELIVERY AND INTEGRATION</b>  | <b>CLINICAL MANAGEMENT OF BLOOD DONORS</b>  |
|--|---|
| <p>This function is the glue that makes the whole concept work and needs to dynamically and effectively harness the power of all resources.</p> <p>This will ensure that the collection, medical, nursing and administrative functions in the territory work together to deliver excellence.</p> <p>This will have increased emphasis on:</p> <ul style="list-style-type: none"> <li>• Getting the culture right</li> <li>• Promoting joined up thinking</li> <li>• Ensuring that we manage performance well</li> <li>• Remaining appropriately resourced</li> <li>• Pro-active management of workload to deliver service objectives.</li> </ul> <p>This function will take the lead in business planning for the territory and delivery against Donor Service Business Plan and Objectives.</p> | <p>This function will be responsible for:</p> <ul style="list-style-type: none"> <li>• Setting policy for the clinical management of blood donors across all disciplines</li> <li>• Agreeing safe, effective, person centred working practice and resource levels</li> <li>• Ensuring appropriate clinical governance and accountabilities are maintained</li> <li>• Providing first class, integrated care for blood donors</li> <li>• Providing a highly responsive and timely approach to the medical management of blood donors</li> <li>• Delivering service and quality improvements</li> <li>• Ensuring that training and development needs are identified and staff are appropriately trained and developed.</li> </ul> |
| <b>DONOR MARKETING AND ENGAGEMENT</b>  | <b>INTEGRATED COLLECTION PLANNING</b>   |
| <p>This new integrated function will improve co-ordination of all communications and support the optimisation of our Donor Relationship Management vision designed to deliver:</p> <ul style="list-style-type: none"> <li>• Effective Recruitment and Retention of Blood Donors</li> <li>• Career Streaming to support Right Donor Right Time</li> <li>• Maximising the effectiveness of the available donor</li> <li>• Deliver a balanced inventory.</li> </ul> <p>This function will lead on:</p> <ul style="list-style-type: none"> <li>• Development of the e-Donor Relationship Management Strategy</li> <li>• Developing the tools, systems and processes to deliver this function optimally.</li> </ul>   | <p>The new Collection Planning function integrates all activity to ensure:</p> <ul style="list-style-type: none"> <li>• Clear leadership and working to consistent standards</li> <li>• Improved resilience and organisational capacity in this area</li> <li>• Scotland wide responsibility to ensure that the collection programme is optimised to match intake to demand</li> <li>• Support continual refinement of that plan to support a balanced inventory</li> <li>• Promote overall integration and efficiency</li> <li>• Smooth intake to processing and testing to optimise manufacturing workload management.</li> </ul>   |

**Question 2: Will the proposals for the new structure and operating model for Donor Services support the aims of Transforming the Donation Experience?**



## 4. Workforce Plan

A major objective for TDE RMA was to deliver a robust workforce plan for Donor Services designed to ensure:

- Clear and visible leadership
- Effective succession planning
- Develop and support our staff by identifying training needs to deliver the future
- Improve career progression
- Future proof service deliver and deliver a quality culture with donors and patients at the heart of our service
- The workforce plan to support TDE RMA is outlined below.

### 4.1 People Impact

As outlined above, there is no need to reduce our workforce; indeed the new structure creates new roles and opportunities throughout the structure and across Scotland. The transition to the new structure and service delivery model will be achieved following the NSS Organisational Change Process (appendix 2). This consultation allows staff and their representatives to feed back on the proposed changes and provide an open dialogue throughout the formal process.

### 4.2 What do these changes mean for our Workforce?

Following implementation there will be 27 posts in the top three tiers of the structure. These posts are outlined in Figure 5 and in Table 2.

**Table 2: Future State for Donor Services**

| Job   | Number of Posts |
|---|-----------------|
| Associate Director: Donor Services                                    | 1               |
| Clinical Director: Donors & Manufacturing                             | 1               |
| Donor Care Specialty Doctors  | 5               |
| Head Of Donor Services (Northern Arch, South East and West)           | 3               |
| Donor Operations Support Manager (Northern Arch, South East and West) | 3               |
| Head of Nursing: Donor Services                                       | 1               |
| Senior Nurse Managers   | 4               |
| Clinical Support Team Manager   | 1               |
| Service & Quality Improvement Manager                                 | 1               |
| Head of Collection Planning   | 1               |
| Planning Officers (Northern Arch, South East and West)                | 3               |
| Donor Marketing and Engagement Manager                                | 1               |
| Donor Publicity Manager   | 1               |
| Donor Relations & Scheduling Manager                                  | 1               |
| <b>Total</b>  | <b>27</b>       |

Donor Services currently has sufficient vacancies to cope with the transition to the new structure and it is anticipated that by 1st May 2014 we will have 20 staff in post within the

existing Donor Services Structure. . It is highly unlikely that any staff will be displaced by this process or that staff will be on protection following transition to the new structure.

This means that there are no planned reductions in staffing and that the transition to the new structure will create new opportunities for staff. Staff considered 'at risk' affected by these changes will undergo the process agreed for matching to new posts outlined in the NSS Organisational Change Process and Guidelines (Appendix 2).

- The revised management arrangements will be supported by three main administrative centres for Donor Services based in Glasgow, Edinburgh and Aberdeen
- The donor administration staff based in Dundee and Inverness will remain based there but it likely that their line management arrangements will change. They will be part of the Northern Arch team. In the longer term, as vacancies arise, we will review the need for administration resources in the collection hubs
- The focus of donor administration will shift to have a wider remit, supporting all operational functions within the territory and will incorporate the collection resourcing function to promote greater integration with the collections and administrations functions.

### 4.3 Summary of New Roles

Introducing consolidated specialised functions has created new roles for Heads of Collection Planning and in Donor Marketing and Engagement (DME). These new functions will have Scotland-wide responsibility for the activity. There will also be new posts created in planning and DME to standardise how these departments operates in each territory. This will be achieved by planned change using existing vacancies and posts will be advertised in due course.

Table 3, below, outlines the 11 new roles required to support the proposals for the Revised Management Arrangements for Donor Services. These new posts have been evaluated using the agreed NSS process and the grading will be reviewed six months after appointment. The job descriptions for these posts are provided at Appendix 3.

| Table 3: New Roles  |                 |           |
|---|-----------------|-----------|
| Job Title   | Number of posts | AFC Grade |
| Head of Donor Services [Northern Arch, South East & West] | 3               | 8b        |
| Donor Services Operations Support Manager                 | 3               | 6         |
| Service & Quality Improvement Manager                     | 1               | 8a        |
| Head Of Donor Marketing & Engagement                      | 1               | 8a        |
| Donor Publicity Manager                                   | 1               | 6         |
| Donor Relations and Scheduling Manager                    | 1               | 7         |
| Head of Collection Planning                               | 1               | 7         |
| <b>Total</b>  | <b>11</b>       |           |

#### 4.4 Summary of Posts “At Risk”

There are a total of 11 posts considered to be “at risk” under NSS Organisational Change Process and Guidelines (Appendix 2) and these are identified below. By May 2014 there will only be 8 post-holders affected.

| Table 4: Summary of Post ‘at risk ‘                  |                 |                            |       |
|--|-----------------|----------------------------|-------|
| Job  | Number of Posts | People in Post at May 2014 | Grade |
| Deputy Associate Director Donor Services /DSM West   | 1               | 0                          | 8c    |
| Donor Services Head of Territory (East & South East) | 2               | 2                          | 8b    |
| Donor Services Manager/ Senior Nurse (Inverness)     | 1               | 1                          | 8a    |
| Donor Services Office Managers                       | 5               | 4                          | 6     |
| Donor Publicity Manager                              | 1               | 1                          | 8a    |
| Customer Relations Manager/Assistant DSM West        | 1               | 0                          | 8a    |
| <b>TOTAL</b>   | <b>11</b>       | <b>8</b>                   |       |

#### 4.5 Summary of Posts with Changes in Line Management

There will be a number of changes in line management in the top three tiers as a direct result of the new arrangements (Table 5). These relate to the transition to the new Clinical Management of Blood Donors Function.

| Table 5: Changes in Line Management |                 |                            |                                |
|-------------------------------------|-----------------|----------------------------|--------------------------------|
| Job                                 | Number of Posts | People in Post at May 2014 | New Reporting Line             |
| DSM/ Senior Nurse Manager           | 1               | 1                          | Head of Nursing Donor Services |
| Senior Nurse Managers               | 4               | 3                          | Head of Nursing Donor Services |
| Deputy National Standards Manager   | 1               | 1                          | Service and Quality Manager    |
| <b>TOTAL</b>                        | <b>6</b>        | <b>5</b>                   |                                |

#### 4.6 Other Line Management Changes

Once the new structure is in place there may be other changes in line management for some staff groups. We do not expect substantive changes in existing job descriptions for these posts and any changes to working arrangements should be accommodated within existing job descriptions.

It is proposed that the line management of the Recruitment and Publicity Officers, Donor Communications Coordinator and the Print Unit Manager change to report to the Donor



Marketing and Engagement function. These potential changes in line management that are outlined in Table 6.

| <b>Table 6: Other Changes in Line Management</b> |                        |  |
|--|------------------------|--|
| <b>Job</b>                                       | <b>Number of Posts</b> | <b>New Reporting line/ Function</b>        |
| Donor Recruitment & Publicity Officers           | 9                      | Donor Publicity Manager                    |
| Training & Quality Coordinators                  | 2                      | Service & Quality Improvement Manager      |
| Collection Resource Managers                     | 2                      | Donor Services Operations Support Managers |
| Collection Planning Officers                     | 1                      | Head of Collection Planning                |
| Medical Secretaries                              | 2                      | Clinical Support Team Manager              |
| <b>TOTAL</b>                                     | <b>16</b>              |  |

## 5. Costs

A comparative costing of the current and New Structure is provided at table 7. The primary aim of the TDE RMA project was to reconfigure the operational model to enable more rapid delivery of services improvements and efficiencies rather than to directly reduce costs. The new structure represents an effective platform for delivery of streamlined processes and systems that will reduce costs in the longer term. The costs outlined below clearly indicate further investment of £30K in the new structure within the top three layers. This is fully self funded by reallocation resources from within the current Donor services establishment.

## 6.0 Transitional Approach

### 6.1 Initial phase

The proposed approach to service transformation is designed to reduce the impact on staff and minimise service disruption during the period of change.

The impact of organisational change is deliberately focused on the top three layers of the current Donor Services management structure (Associate Director, direct reports to Associate Director and their direct reports).

However, a small number of others are impacted by the changes, but only where it is needed to make sure the business function is maintained. This approach is similar to that taken by the NSS Quest programme and will incorporate the lessons learned from that approach. Where this is required we will engage with the individual staff members affected to discuss the impact and options available to enable this change.

# Table 7a&b: Comparative Costing

| Table 7a: Current Structure Costs         | Grade      | WTE | Mid Point Salary | Cost       | On-costs | Total salary cost |
|---|------------|-----|------------------|------------|----------|-------------------|
| Associate Director: Donor Services        | 8d         | 1   | £73,082          | £73,082    | £16,078  | £89,159           |
| Deputy Head of Donor Services/ DSM West   | 8c         | 1   | £61,002          | £61,002    | £13,420  | £74,422           |
| Donor Services Manager                    | 8b         | 2   | £51,363          | £102,725   | £22,600  | £125,325          |
| Donor Services Manager/Senior Nurse       | 8a         | 1   | £43,437          | £43,437    | £9,556   | £52,993           |
| Donor Publicity Manager                   | 8a         | 1   | £43,437          | £43,437    | £9,556   | £52,993           |
| Customer Relations Manager                | 8a         | 1   | £43,437          | £43,437    | £9,556   | £52,993           |
| Head of Nursing: Donor Services           | 8c         | 1   | £61,002          | £61,002    | £13,420  | £74,422           |
| Clinical Director                         | Consultant | 1   | £83,493          | £83,493    | £18,368  | £101,861          |
| Senior Nurse Managers                     | 8a         | 4   | £43,437          | £173,746   | £38,224  | £211,970          |
| Deputy Standards Manager                  | 6          | 1   | £30,057          | £30,057    | £6,613   | £36,670           |
| Compliance officers                       |            | 5   | £24,555          | £73,665    | £16,206  | £89,871           |
| Donor Services Office Manager             |            | 6   | £30,057          | £150,285   | £33,063  | £183,348          |
| Donor Care Doctors                        | Specialty  | 4   | £54,696          | £218,784   | £48,132  | £266,916          |
|   |            | 25  |                  | £1,158,149 | £254,793 | £1,412,942        |
| Table 7b: Future Structure Costs          | Grade      | WTE | Mid Point Salary | Cost       | On-costs | Total salary cost |
| Associate Director: Donor Services        | 8d         | 1   | £73,082          | £73,082    | £16,078  | £89,159           |
| Head of Donor Services (territory)        | 8b         | 3   | £51,363          | £154,088   | £33,899  | £187,987          |
| Donor Operations Support managers         | 6          | 3   | £30,057          | £90,171    | £19,838  | £110,009          |
| Head of Donor Marketing and Engagement    | 8a         | 1   | £43,437          | £43,437    | £9,556   | £52,993           |
| Donor Publicity Manager                   | 6          | 1   | £30,057          | £30,057    | £6,613   | £36,670           |
| Donor Relations And Scheduling Manager    | 7          | 1   | £35,891          | £35,891    | £7,896   | £43,787           |
| Head of Collection Planning               | 7          | 1   | £35,891          | £35,891    | £7,896   | £43,787           |
| Collection Planning Officers              | 5          | 3   | £24,555          | £73,665    | £16,206  | £89,871           |
| Head of Nursing: Donor Services           | 8c         | 1   | £61,002          | £61,002    | £13,420  | £74,422           |
| Senior Nurse Managers                     | 8a         | 4   | £43,437          | £173,746   | £38,224  | £211,970          |
| Service And Quality Improvement Manager   | 8a         | 1   | £43,437          | £43,437    | £9,556   | £52,993           |
| Clinical Support Team Manager             | 7          | 1   | £35,891          | £35,891    | £7,896   | £43,787           |
| Deputy Standards Manager                  | 6          | 1   | £30,057          | £30,057    | £6,613   | £36,670           |
| Clinical Director: Donors & Manufacturing | Consultant | 1   | £83,493          | £83,493    | £18,368  | £101,861          |
| Donor Care Doctors                        | Specialty  | 4   | £54,696          | £218,784   | £48,132  | £266,916          |
|   |            | 27  |                  | £1,182,690 | £260,192 | £1,442,881        |

## 6.2 Later Stages

As outlined above, the initial reconfiguration will affect the top three layers to populate the new structure. Once this is in place we will recruit to vacancies in the remaining tiers of the organisation.

The new specialist functions will have defined roles and some staff groups will have their line management arrangements changed to report to the specialist leads in Clinical Management, Planning and Donor Marketing and Engagement. The anticipated staff groups affected by these changes are outlined in tables 5 and 6.

Once the new structure is populated our focus will shift to looking at how we will work together in the future and move towards implementation of the supporting developments that support TDE. These developments and objectives are based on the recommendations of the TDE work groups and will have a significant impact on the way we work with a need to modernise our working practices. As our working practices, systems and processes are modernised we will review the need for further specialist roles and skills.

**Question 3: Is the approach of keeping the impact of these changes on staff to the top three tiers the correct one?**

## 7.0 Making the Matrix Structure Work

The new structure relies on effective management of all resources and that some functional support will be provided on a matrix basis.

Matrix Management is the practice of managing individuals with more than one reporting line (in a matrix organisation structure). It is also commonly used to describe managing cross functional, cross business group and other forms of working that cross the traditional vertical business units of function and geography. This is increasingly the model on which the NHS and other public bodies operate given the pressure to progress health and social care integration.

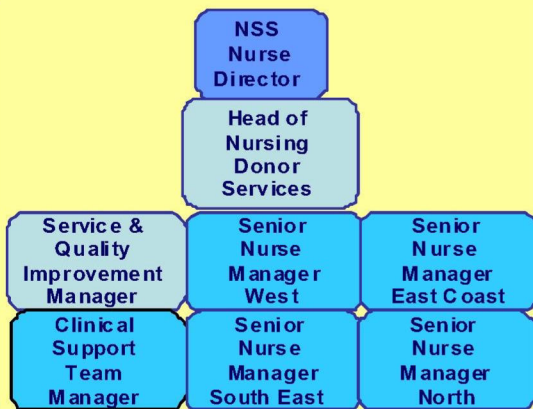
Where staff operate within a territory but have their line management within a specialist or professional function, objectives will be agreed and prioritised jointly by the line manager and with the Head of Territory.

It is important to remember that Donor Services already operate using elements of Matrix Management and this has been highly effective in delivering change and innovation since 2003. These proposals build on our strong foundations while addressing any weaknesses, reinforcing and enhancing what works well. The new Donor Services Matrix is provided in Figure 5.

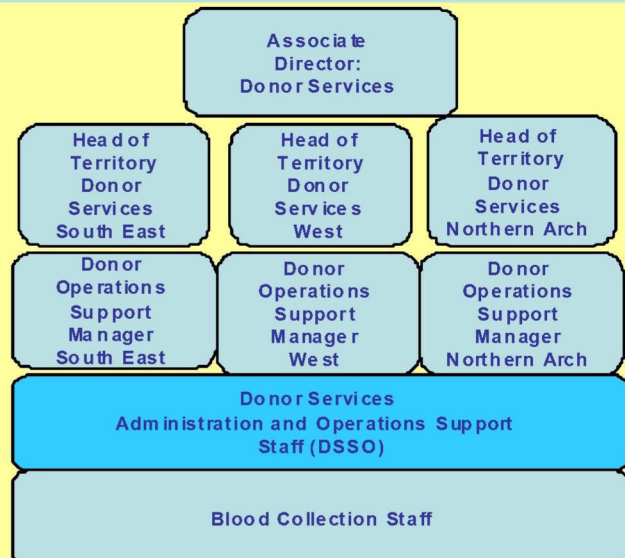


# Figure 5: Donor Services Matrix Structure

## Nursing Matrix



## Operational Matrix



## Medical Matrix



## Territory Based Management Team Matrix



## **8.0 Benefits of TDE Revised Management Arrangements**

The overarching NSS Strategy has four Strategic Objectives and we have assessed TDE RMA on its ability to deliver these goals.

### **8.1 Optimise Service Value**

TDE Revised Management Arrangements will bring clearer lines of accountability and communication which lead to a more agile and responsive business culture, which should bring the improvements we are looking for.

The aim is to modernise our systems, increase automation and work in an agile way to enhance the services we deliver to donors and patients.

### **8.2 Enhance Customer and Partner Focus**

The TDE RMA will help us to modernise and enhance our interfaces with donors and deliver excellence at every point of contact.

This gives donors more choice and improves our responsiveness to meet customer demand from blood donors, patients and clinicians within NHS Scotland.

Improvements to clinical management of blood donors will provide more effective and timely person-centred care.

### **8.3 Build Organisational Effectiveness**

The recommendations within TDE RMA further standardise and improve our internal processes, modern working practices and our ability to work as a strong team.

This will help us to deliver new developments that will significantly expand our tool kits to make the best use of the available donor base to deliver a balanced and timely supply of blood and blood components.

### **8.4 Be a Great Place to Work**

The TDE RMA offers opportunities for staff development and career progression across all staff groups. This will release the potential of our staff to fully contribute to the future of Donor Services, NSS and the wider NHS.

These recommendations include the provision to expand the knowledge and skill base of our workforce and encourage our people to overcome obstacles and reach their potential.

## **9.0 Outcomes**

A major aim and outcome of the Revised Management Arrangements will be:

- Improved leadership
- Improved capacity and capability across the whole Donor Services structure
- Improved ability to deliver service improvements more rapidly while achieving compliance
- Streamlined structure with clearer lines of accountability

- We will make sure that our staff are developed and supported and will be appropriately trained
- Optimising the skills mix of our workforce will support flexible and adaptable working and make sure staff are motivated and have longer term options for career progression
- These new arrangements will provide the framework for Donor Services to deliver excellence at every point of contact as evidenced by donor retention and customer satisfaction
- Optimised staff engagement (evidenced by the Staff Survey and eKSF review)
  - Cohesive and effective teams
  - Highly motivated and committed workforce
- Modernised and efficient business systems as evidence by productivity measures
- Improved efficiency and productivity across Donor Services including collection programme productivity, reduction in deferral rates and in workload management

## 10.0 Risk Management

The risks associated with the TDE RMA have been identified and managed as part of the overarching TDE programme risk management strategy. These risks are escalated as appropriate to the TDE Programme Board for review and monitoring. There are 4 risks currently open on the register and these are outlined below in Table 7.

## 11.0 Process for the Project Change

Organisational change must follow due process and be subject to robust governance. Specifically it must comply with NSS Staff Governance Standard, employment legislation, NHS National Services Scotland (NSS) policies and values and be taken forward in partnership with the Trade Unions and Professional Organisations.

### 11.1 Staff Governance

Staff Governance is how we guarantee that staff are managed fairly and effectively. It focuses on how NHSScotland staff are managed and feel they are being managed, by one of Scotland's largest employers. It makes up the third pillar of the governance framework (alongside clinical and financial governance) within which NHS Boards and Special Health Boards must operate.

The Programme Board is working in Partnership and following the principles of the Staff Governance Standards during this consultation process.

**Table 8: TDE RMA risks**

| Unique Ref No | Risk Title                          | Status | Risk Description  | Impact Description  | Primary Category | Secondary Category | Current Risk |            |                | Mitigation Strategy | Residual Risk |            |                |
|---------------|-------------------------------------|--------|---|---|------------------|--------------------|--------------|------------|----------------|---------------------|---------------|------------|----------------|
|               |                                     |        |   |   |                  |                    | Impact       | Likelihood | Combined Score |                     | Impact        | Likelihood | Combined Score |
| RMA001        | Staff dissatisfaction               | Open   | There is a risk of staff unrest and stress due to the length of timescales to implementation and full clarification of outcomes for all staff groups  | 1. Increased sickness and absence<br>2. Loss of staff and Increased turnover<br>3. Reduced staff motivation<br>4. Loss of essential skills<br>5. Impact on service delivery | Staff            | Clinical           | 2            | 3          | 6              | Prevention          | 1             | 2          | 2              |
| RMA004        | Insufficient OD resource            | Open   | There is a risk that we are unable to secure sufficient OD resource to support program and the staff during period of Organisational Change and uncertainty due to competing demands on OD resources. | 1. Insufficient OD resource available to support RMA project.   | Business         | Clinical           | 2            | 2          | 4              | Prevention          | 1             | 2          | 2              |
| RMA006        | Staff expectations not met          | Open   | There is a risk that the Matching process results in staff dissatisfaction due to individual expectations not being met.  | 1. Staff may feel that they have been unfairly treated<br>2. Staff may feel that any acting up positions have not been taken into account through the matching process      | Business         | Clinical           | 2            | 2          | 4              | Prevention          | 1             | 1          | 1              |
| RMA007        | No improvements in service delivery | Open   | There is a risk of an inability to deliver improved services due to failure to secure buy-in for new structure and develop supporting processes   | 1. Service improvements not delivered.  | Business         | Clinical           | 1            | 2          | 2              | Prevention          | 1             | 1          | 1              |

## 11.2 NHS Organisational Change Policy

The Programme Board is working in line with the principles of the NHS Organisational Change policy during this consultation process. The policy is available on [GeNSS Organisational Change Policy](#)

Organisational Change can be defined as changes to organisational structure, service delivery methods and/or relocation of premises, which involve either an increase or decrease in staffing levels, significant changes to the way in which people work, and/or significant change of geographic location and changes to Terms and Conditions of Employment.

## 11.3 Agenda for Change Framework, Including Terms and Conditions

All Management, Administration and Nursing posts will be subject to the Agenda for Change Terms and Conditions. The Medical posts are an exception. There are no proposed changes to job descriptions for medical staff.

## 12.0 Communication and Employee Engagement Plan

The overarching communication strategy for the TDE Programme has been developed to support this (see Appendix 4).

Throughout the process, the TDE Programme has been undertaken with a high degree of staff involvement and engagement.

The work-streams that have supported the programme have been undertaken in Partnership with staff and their representatives fully embedded in the review process.

In addition there have been regular briefings and discussions with staff and feedback has been used to refine the recommendations.

A number of meetings and staff engagement events have taken place between the staff and management and the proposals have been worked through in consultation with Trade Union representation.

A session on the Emotional Aspects of Change was held at the staff engagement day in November 2013 and all affected staff were given the opportunity to attend.

The staff were advised that a formal 21 day consultation period would commence on 14<sup>th</sup> April 2014 between NSS Chief Executive and the Trade Unions.

Further communications will be ongoing with staff throughout the consultation period and also at the conclusion.

**Question 4: Do you have any thoughts on how we could strengthen and improve on these recommendations?**



## 13.0 Formal Consultation Process

Organisational Change, no matter how small or large, must follow proper process and comply with the Staff Governance Standard, employment legislation, NSS policies and values and is taken forward in partnership with the Trade Unions and Professional Organisations.

This approach also supports Staff Governance aims to make sure staff are kept informed and provided with sufficient information to enable them to make decisions about their future.

**The two key areas of this consultation are:**

- **The proposals for the new staff structures within Donor Services**
- **The proposals for the new operational model for Donor Services**

The period of formal consultation with Trade Unions commences from 14<sup>th</sup> April 2014 for 21 days until 5<sup>th</sup> May 2014. At the same time, all staff that will be impacted by this change will have access to a copy of the consultation document. Comments are invited on the proposals set out in this consultation document within this timescale.

These arrangements have been drawn-up in partnership with Trade Unions. Trade Union representatives will work with management to inform their members of the ongoing discussions and be available to take any questions back from their members as appropriate.

After consultation, taking into consideration the comments made, the proposal will be taken forward and implemented into the business with effect from 1st June 2014.

If negotiations are required to be conducted, this will be undertaken by the NSS Negotiating Committee.

## 14.0 Review Process

The implementation of these proposals will be monitored and reviewed by the TDE Programme Board. As with the standard NSS process for Project Governance, TDE RMA will be subject to review through Organisational Change Portfolio Management Group (OCPMG).

As part of this review we will conduct a lessons learned exercise and assess benefits realised against the anticipated benefits and outcomes.

## 15.0 Conclusion

Blood Tissues and Cells SBU considers that in order to meet the challenges we face in the future and deliver the planned service improvements, we need to revise the management arrangements for Donor Services. The proposals outlined in this document are fundamental to this.

The formulation of the Transforming the Donation Experience Programme has been extensive, detailed, and thorough. It has involved over 70 staff working in work-streams to identify future services needs and make recommendations for Donor Services in the future.

To deliver this agenda we need to become more nimble in delivering change and improve the pace of service improvements. The overarching TDE Programme and the proposals for the Revised Management Arrangements has been shared well with staff, managers and staff-side during their development and we are satisfied that it is a robust plan for taking Donor Services forward in the future and that the interests of the workforce have been fully taken into consideration.

These proposals represent further investment in the donor services structure and offer increased opportunity for career progression and 2 additional posts within the structure. In addition, the proposed structure promotes effective succession planning

We look forward to a full and effective consultation on the Proposals with the Trade Unions and to early discussions as part of that consultation, with a view to the plan being implemented against the timescales outlined in this document.

The period of Formal Consultation with Trade Unions is from 14th April 2014 and will be set for 21 days. Consideration of the specific questions and comments are invited on the proposals set out in this Consultation Document.

## 16.0 List of Appendices

|            |   |
|------------|---|
| Appendix 1 | TDE Programme Definition Document (available on request)            |
| Appendix 2 | NSS Organisational Change Policy (available on GeNSS or on request) |
| Appendix 3 | Job Descriptions (available on request)                             |
| Appendix 4 | TDE Communication Strategy (available on request)                   |

To obtain copies of the Appendices, please contact [moira.carter@](mailto:moira.carter@)

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