NHS Blood and Transplant

NHSBT BOARD MEETING
26 May 2016

ORGAN DONATION AND TRANSPLANTATION WORKFORCE PROJECT: CLOSURE REPORT

1. Status: Public

2. Executive Summary

The ODT Workforce Project was set up to take forward a specific action within the Taking Organ Transplantation to 2020 strategy. The two phase project started in December 2013 and finished in March 2016. Phase one undertook an exploration and analysis of the current Specialist Nurse role and made a series of recommendations. Phase two took forward these recommendations within 5 workstreams, the key workstream being the pilot of a specialist Requester role. The other four workstreams took forward changes to release efficiency savings for reinvestment into the new role, should the pilot be deemed successful. The pilot was deemed to be successful and agreement was given by the ODT SMT to take forward the implementation of the new role.

3. Action Requested

The Board is asked to:

- **Note the completion of the project and the outcomes of the associated workstreams.**
- **Note the introduction of a new role in Organ Donation and Nursing.**

4. Purpose of the paper

This paper presents a summary of the findings, recommendations and a final update for the 5 workstreams within phase two of the ODT workforce project. The project closed in March 2016 following endorsement by ODT SMT to proceed with the recommendation to introduce a specialist Requester / consent role into the workforce.

5. Background

5.1 The Taking Organ Transplantation to 2020 strategy has a specific action to "develop a workforce strategy for the organ donation service which will tailorthe service to the needs of individual hospitals and seek to provide a workforce that is focused on supporting the potentially conflicting demands of providing a service to the donor family, donor management and donor co-ordination. This may be configured in one or more roles as the needs of the service dictate"

5.2 The ODT Workforce Project was set up to take this action forward. The project started in December 2013 and finished in March 2016 and was undertaken in two phases. Phase one undertook exploration and analysis of the current Specialist Nurse role with extensive staff and partner engagement. This phase concluded with a series of recommendations presented to the Board in 2014.

5.3 Phase two took forward these recommendations within 5 workstreams. The key workstream being the pilot of a specialist Requester role, with the other four taking forward reviews and changes identified to release efficiency savings to reinvest in the frontline service in support of the new role should the pilot be deemed successful. The five workstreams were;

1. Administration Review Workstream - Review of the current administration support to Organ Donation teams; make recommendations for change and implement changes;
2. Management Review Workstream - Review of the current management model in relation to the Organ Donation workforce; make recommendations for change and implement change;
3. Regional Review Workstream - Review of the current geographical regions; make recommendations and implement change;
4. DCD Triage/ Assessment Workstream - Pilot and implement a DCD Triage model;
5. Requester Pilot Workstream - Pilot a new specialist Requester role.

6 Administration Review Workstream

6.1 The Donation Service Teams administration support was reviewed. This. included an analysis of the roles of the Office Managers and Office Administrators; the processes followed; the workload undertaken in each of the 12 regional teams and the impact of the anticipated future workload from the Taking Organ Transplantation to 2020 strategy.. The review showed that some regional teams were over-resource whilst others were under-resourced.. With most of the 12 regions only having 2 administrative staff it is impractical to flex staffing in accordance with the workload.

6.2 The Review recommended a new administrative structure to support the Organ Donation teams. This structure is a centralised Donor Records Department in Speke and 5 regional administrative clusters to provide regional administrative support to the teams. This was approved by ODT SMT and the ET.

6.3 The centralised Donor Records Department will manage all the organ donor records for the UK, collating all the information required and producing the follow-up letters for donor families on behalf of the Specialist Nurses. Centralising the donor files allows the workload to be appropriately managed in a responsive way during peaks and troughs of activities and will provide efficient and effective donor record administration with the capacity to support the number of donors predicted in the TOT2020 strategy. It will also improve the quality and consistency of our post donation support to donor families.

6.4 The 5 regional administrative clusters will provide regional administrative support to the Organ Donation teams, maintaining and managing regional activity such as the Regional Collaboratives, St John Awards Ceremonies, regional meetings, rotas etc.

6.5 The introduction of the new administrative model has released efficiency savings to reinvest to provide additional Specialist Nurses to support the introduction of the specialist Requester role.

6.6 The Donor Record Department is now operational with a staged transition of the donor file workload being transferred into the department which will be finished by the 4th July 2016.

7.0 Management Review Workstream

7.1 This workstream reviewed the roles at tiers 2 and 3 within the Organ Donation and Nursing management team.

7.2 The review recommended no change to the establishment at tier 2 and a reduction in the number of regional manager posts from 6 to 5 at tier 3. The reduction allowed for a more effective grouping of regions and was achieved without the requirement for redundancy due to a vacant position. This released further savings to add to those from the Administration Review Workstream providing together an additional 3.1 WTE Specialist Nurses to support the introduction of the Requester role.

8.0 Regional Review Workstream

8.1 It was identified that efficiencies might be released by reconfiguring the regional teams. Reducing the number of teams would created efficiency savings through reducing the number of Specialist Nurses on-call rotas and the potential reduction to the lease costs for office bases.

8.2 Multiple options were considered and tested. The benefits in reducing the number of operational regions however were outweighed by the disadvantages. It was concluded that many of the efficiencies could be realised whilst maintaining the current 12 region structure through improvements in the deployment of on-call Specialist Nurses and Requesters. Some of this work will be tested as part of the referral pilot within the ODT Hub programme. With this learning and the existing expertise gained from Specialist Nurse cross cover arrangements further efficiencies may be realised. Keeping the 12 region structure maintains and strengthens the existing regional collaborative structure and regional CL-OD structure and relationships. It also allows for future performance to be evaluated against previous performance.

9.0 DCD Triage/ Assessment Workstream

9.1 This workstream developed a DCD triage/ assessment tool in response to requests from the Critical Care Community and the Specialist Nursing teams to improve the DCD donor referral process and to address inefficiencies across the donation service. Analysis identified a number of factors that are associated with consented DCD donor organs not being accepted for transplantation.

9.2 The tool was presented at the NHSBT Board and was implemented nationwide on the 1st December 2015. Feedback from SNODsand CL-ODs has been positive and there has been no negative impact on DCD donor numbers. Specialist Nurse resource released through this initiative will be re-directed to other pools of potential donors with an initial focus towards maximising the DCD referral rate.

9.3 DCD Conversion rate from approach to donation has increased from 26.2% – 32.3% over the last 12 months with a continuous steady rise since the launch of the tool. The number of consented potential DCD donors not proceeding due to recipient centres declining at the offering stage has decreased from 32.8% to 26.9% since introduction. Organs deemed medically unsuitable on surgical inspection decreased from 1.4% to 0%. The tool is subject to review with the remit to improve continuously and to increase the efficiency of the DCD operating model. The existing data collection tool will also be incorporated within Donor path in the near future.

9.5 DCD Triage has enabled more effective use of the Specialist Nursing workforce and savings have enabled us to fund a further 3.0 WTE posts. The continuous review of the tool will facilitate a more cost effective DCD programme, however if offset by increasing numbers of proceeding DCD donors the savings may not be cash releasing and available for reinvestment.

10.0 Requester Pilot Workstream

10.1 The objectives of the Requester Pilot were to:

- Test if the regional consent rate increased by having fewer dedicated Specialist Nurses performing more approaches for donation.
- Fully understand the impact on the workforce of creating a Requester role.
- Obtain feedback from staff and external stakeholders on the impact to service delivery of introducing a new Requester role.

10.2 Consent rates within the two regions increased during the Requester pilot period compared to the equivalent period pre-pilot. The increase was not statistically significant change but was positive and was accompanied by positive outcomes from the secondary measures. The introduction of a Requester role did not lengthen the donation process, proving the role can be responsive to donating hospitals.

10.3 Staff confidence and morale has been boosted by the pilot. The Requesters reported feeling more confident dealing with families and tailoring their language and approach to suit the needs of individual families in a way they would not have done before. They also identified themselves as becoming 'expert' in approaching and this view was supported by Specialist Nurses who used the Requesters for expert advice when they needed to make an approach or when they wanted to discuss their approach style. Requesters noted that increased exposure and cultural training had increased their confidence at BAME approaches.

10.4 Both roles offered benefits to staff in reducing the need for 24 hour working with Requesters working 12 hour periods and SN-ODs only mobilising to consented donors.

10.5 Following robust discussion at the project board it was formally recommended to the ODT SMT that the Requester role be implemented through a managed staged approach. This decision was formed by a overall consideration of the impacts and benefits of the role in terms of its potential to increase consent, help to reduce 24hr working, improve donor family support and the chance to offer staff increased variety and potential for specialisation while working within Organ Donation.

10.6 Implementation will be staged during 2016/17. Stage 1 (April – July 2016) will involve detailed operational planning and Stage 2 will roll out the new Requester role across North West, Yorkshire, Midlands and London regions.

10.7 Following the roll out further evaluation will assess if the roll out should continue to the remaining regions. More work will also be needed to release efficiency savings for re-investment if the role is to be implemented nationally.

10.8 The Requester Pilot Workstream closed on the 31st March 2016 with the recommendation to move forward with the implementation of the Requester role. This work will be overseen by a project implementation board and ODT CPB until established in the first of the 4 regions. This will be completed in the 2016/17 financial year using efficiency savings from the project.

11.0 Conclusion

11.1 The majority of service benegits have been secured and are being embedded although the anticipated efficiency savings were over optimistic and have not been fully achieved. Further work has shown that costs for the changed workforce and therefore the savings needed are lower than originally modelled. Most regions will be able to introduce the Requester role without extra investment though futher savings will be needed for teams where overall staffing numbers need to be increased. The project requirements were that the implementation of any change would be delivered within the existing service budget. This has been achieved.

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