



Blood and Transplant

Working Arrangements Handbook Blood Donation Teams

- Second Edition –July 2017 -



Caring Expert Quality

Contents

<u>Topic</u>	<u>Page</u>
Introduction	3
Applicability	3
Contactual Hours and Pay	4
Rosters and Work Patterns	5
Operations on Session	6
Mobile Subsistence Allowance	7
Nurse Working Arrangements	8
Donor Carer & Nurse Travel	9
Donor Carer and Session Nurse Skills	10
Donor Carer Drivers	14
Public Holiday Weekend and Bank Holiday Working ..	15

Introduction

Blood Donation Working Arrangements Handbook Edition Two, July 2017

It replaces the following below:

- Modernising Blood Collection Staff Terms and Conditions Agreement April 2003
- Modernising Blood Collection Harmonisation Of Nurse Working Arrangements July 2003
- NMS (Donor Services Committee) Working Arrangements Handbook 2008
- Blood Donation Working Arrangements Handbook, Edition One, July 2016

The handbook contains all agreed working arrangements relating to Blood Donation Collection teams - both session nurses and Donor Care staff. The handbook and its contents have been compiled in partnership with colleagues from the BD Committee and ratified by the National Staff Partnership Committee.

Contractual Hours and Pay

- All staff will be contracted to fortnightly hours contracts.
- All Blood Donation staff are paid in accordance with a simple set of pay rules which reflect AfC and the principle of payment for hours worked.
- Working time is defined as any time when the individual is travelling in an NHSBT vehicle (or NHSBT provided substitute), at the behest of the employer, or is available at a workplace to perform duties, attend training, meetings etc.
- The full time contracted working week is 75 hours per fortnight. Every effort will be made to plan work time each week as close as possible to 37.5 hrs.
- Contracted working hours may include work at weekends, on Public Holidays and during other unsocial hours.
- All worked hours will count towards contracted hours
- Payment will be based on actual worked time rather than rounding worked time to the nearest 15 minutes
- Where necessary for the efficient coverage of available sessions, contracted hours in any one week (Mon-Sun) may be planned in the range 32 to 43 hours, subject to an average of 37.5 hours pw over 2 weeks.
- All hours worked in excess of 75 hours per fortnight will attract overtime premium in accordance with AfC Terms and Conditions.
- Every effort will be made to roster staff to their contracted hours. Where not possible and staff fall short of their contracted hours, discussions will take place when the roster is made available to reasonably rectify this which may include being rostered to undertake necessary pre-session tasks on a day that an individual is already rostered to work.
- Under-rostered hours as a result of staff being picked up or travelling direct to session are unpredictable and subject to change so any projected under-rostered hours will not be known until the roster period has been completed.
- Staff may claim 'planned hours' in circumstances where the team return to base earlier than planned, however the reasons for this will be reviewed by the Senior Sister/Charge Nurse and planned hours will reduce if necessary for the future visits to that session.
- Meal breaks do not constitute work time.
- Refreshment may be taken without formal break in the interests of health, safety and wellbeing.
- We will continue to provide a rolling 4 weeks' advance notice of rosters but will remove the current complex pay rules surrounding guaranteed payment of planned hours/other payments.
- In circumstances where sessions are cancelled or aborted by NHSBT as a result of emergencies or unplanned or unforeseen events then staff will be authorised to claim planned hours as if worked.

Rosters and Work Patterns

- We will work towards the implementation of automated roster tools which will reduce the administrative and time burden on managers and staff.
- Rosters will be produced 4-weeks in advance for each 4-week period (will be deemed as 2 X 75 hour fortnights).
- The roster identifies the normal working time component of each week (Mon-Sun).
- Work time will be calculated by reference to an individual's start and finish times.
- Self Rostering principles will be adopted where possible, in keeping with Improving Working Lives.
- Rosters will show all required duties, planned venue, rostered start and planned finish times at base.
- Once the roster is published any required change of duty must be within the original rostered start and planned finish times, unless otherwise agreed with the employee.
- Duties on mobile sessions will be **planned** on the basis of required session open hours, realistic travel times to/from base and agreed SUPD times.
- Due to the variability of session circumstances these factors will be determined locally through a process of local engagement.
- Session organisation will be actively managed endeavoring to make actual duty finish times as reliable as possible versus plan.
- Within Sessions there will be active queue management to agreed national protocols.
- Operation of the average number of rostered duties shall not result in an individual being rostered to work more than 10 duties in any 2 consecutive weeks (Mon-Sun).
- Contracted hours may be rostered over an average of up to 5 duties per week averaged over the 2 week roster period and on any day of the week.
- Duties (inclusive of unpaid meal breaks - *i.e. elapsed time*) may be planned of any duration subject to a minimum 6 hours and a maximum 12hrs.
- As part of Business As Usual planning we will work towards reducing this to a maximum 11 hour elapsed day in particular through reviewing the length of unpaid breaks.
- Part Time working is defined as any contracted working hours of less than 75 hours per fortnight.
- Part time working may be contracted over an average of **up to** 5 duties per week (averaged over the 2 week roster period) and on any day of the week.
- Any significant changes to work patterns (e.g. the introduction of weekend working) will be managed through usual collective and individual consultation processes.
- Nothing in this handbook will be a barrier to the introduction of changes required by the business (as with previous agreements).

Operations on Session

How sessions operate

- Any changes will be determined by engagement of staff locally.
- Local factors will be taken into account to produce the optimum balanced donor and staff-focused outcome.
- Howsoever sessions are operated meal breaks must be arranged to ensure staff achieve them in accordance with H&S requirements.

Whilst each mobile team will have a normal area of operation there shall be no geographic boundaries or territories.

- In order to maximise the opportunity to donate and to cater for varying sized groups of available donors, it is essential that team resources can be deployed flexibly in order to optimise donation on a cost effective basis.
 - Staff will have an attachment to a 'home' team but may be required to cover other teams within the geographic area. Where this is necessary in the first instance volunteers will be sought. The operation of "out of area" working is intended solely to provide flexibility at the margins of normal areas of operation.
 - It will not be used to extend travel times from base beyond what can legitimately be planned within the normal area of operation.
 - If necessary, individual staff will work as part of another team on a temporary ad-hoc basis.
 - Teams may also be rostered to work together.
 - A team may also be divided to provide smaller sessions.
 - Staff employed on mobile teams may be required to undertake duties on static site sessions, and vice versa.
 - This applies equally to Blood Mobile activities. In the first instance volunteers will be sought.
-
- If selection of staff is necessary, domestic responsibilities and personal circumstances will be taken into account.
 - Travelling time from base will always be kept to the minimum and consistent with efficient deployment of staff. There shall be no limit to the travelling time component of the paid working day.
 - Operation of the above facilities will not be used to materially increase normally required total working time.

Mobile Subsistence Allowance

- All staff will move across to the new Mobile Subsistence Allowance with effect from October 2016.
- There will be two rates of allowance which will in future be paid on a per session worked basis when nurses or Donor Care staff are working on mobile sessions.
- The two payments will be based on the **planned** length of day (i.e. whether staff would generally be expected to be away from home across one or two reasonably spaced meal times) This will be judged based on whether the planned return to base time is before 7pm, at 7pm or after.
- The two rates of allowance will be **£6.25** or **£12.50**.
- Allowance levels will not be index linked but will be reviewed in line with revisions made to the AfC subsistence payments.

Payment of MSA

Working in a Donor Centre	✗	Unless a mobile team member agrees to change rostered shift at short notice to cover Donor Centre
Working on a Mobile Session	✓	
Member of a Combined Team	✓	When working on a mobile session but not when working in the Donor Centre
Employed on an Area Contract (Central South Teams only)	✓	When working away from their base on both mobile sessions and in the Donor Centre

- Staff will suffer no detriment when attending training in support of blood donation tasks/ skills requirements.
- When away from base and where meals are not provided and the team has a planned session , M.S.A will be claimed on the basis of the team planned M.S.A.
- When away from base and meals are not provided, and there is no team session planned, AfC subsistence of receipted meals will be paid on the basis of the individuals paid day (start and finish times).
- Where any training requires an overnight stay AfC subsistence arrangements will apply as appropriate.

Nurse Working Arrangements 2016

- All nurses shall be employed on fortnightly contracts.
- Nurses may choose to travel from base with the team on the team minibus.
- Nurses may continue to choose to travel from home direct to session. Travel time may be claimed based on actual travel time up to a maximum of the planned team travel time from base.
- As is the case with donor carers, nurses may be picked up from defined pick-up points en route to session. Nurses who are picked up from the defined points will claim paid time based on agreed pick-up point time to actual drop off time.
- Nurses will be required to arrive at and depart from mobile sessions at the same time as the team when rostered as the nurse in charge.
- When rostered as the nurse in charge of the session, the nurse will focus primarily on supporting the DCS and team to set up the session day for success.
- Nurses will agree with their Senior Sister/Charge nurse appropriate arrangements for completion of their non-session activities – in terms of planned time and locations.
- Some tasks can be undertaken from the mobile session venue and NHSBT IT equipment is provided for this purpose (Windows phone / iPad / laptop)
- The impact of these changes will be discussed with each nurse. A national good practice guidance document will be produced as a safeguard, following one to one discussions with nurses.
- Mobility Subsistence Allowance will be claimed based on the planned day as per separate proposals relating to Mobile Subsistence Allowance
- Nurses will agree with their Senior Sister / Charge Nurse any hours adjustments which will be made to limit the need for over-time or TOIL in each roster fortnight. This may on occasion include leaving a session after the last donor has left but prior to pack down
- Nurses will agree with their Senior Sister / Charge Nurse the non-session based activities and tasks they are required to undertake.

Donor Carer Travel

- These provisions exclude those teams who do not have an NHSBT minibus (i.e. City) where specific local arrangements are in place.
- Pick ups must always be en route to session at defined pick up points and arrival times will be agreed as part of Business As Usual activities.
- Donor Care and nursing staff who are picked up en route will claim paid time based on agreed pick up point time to actual drop off time.
- Donor Care staff who wish to travel direct to session should agree this with their manager on a session by session basis and **must** be registered as a Grey fleet User. No mileage will be paid to a Donor Care staff who chooses to travel direct to session.
- Donor Care staff not registered on Grey fleet must not drive direct to session and must attend base to travel in an NHSBT appointed vehicle
- Travel time may be claimed based on actual travel time up to a maximum of the planned team travel time from base.
- Team Assistants (Bank) are employed under normal AfC travel provisions when they travel direct to session. (i.e. home to base time and mileage not claimed).

Nurse Travel

- With effect from 1st April 2017 the mileage arrangements relating to the 2003 Nurse Harmonisation Agreement ceased.
- This completes the removal of the Nurse Harmonisation Agreement, and from 1st April 2017 Blood Donation nurses terms, conditions and working arrangements will be governed by national NHS Terms & Conditions (Agenda for Change) and the Blood Donation Working Arrangements Handbook, Edition 2, 2017.
- From 1st April 2017 all journeys between a Blood Donation nurse's home and base will be deemed 'personal miles, as per Agenda for Change.
- Additionally, for all business journeys which commence or end at home the equivalent miles to the individual's home to base mileage will not be claimable and will be deemed as personal mileage.
- Mileage rates will continue to be paid at current NHS rates.
- Nurses may travel from their existing team base to session using the NHSBT vehicles transporting Donor Carer staff to that session.

Donor Carer Skills

- To support the need for flexibility and to respond to donor expectations and business requirements Management's intention is that all Donor Care staff will undertake both screening and venepuncture by 2020. Management will continue to discuss with staff side colleagues how this can be achieved.
- All staff employed post November 2004 are expected to undertake all core skills including VP and other key skills.
- The current intention that Donor Carers (Band 3), who were employed prior to Nov 2004, will undertake all of the following core skills...

Core Skills:

- Set up and pack down
- Monitoring and managing donations (Whole Blood or Whole blood and apheresis)
- Welcome / Blood Process Administration (BPA)
- Screening / HB (for new and returning and regular donors)
- Front pod care / set - up donors
- Back pod - care of donor / take down donations
- Post Donation Care / Appointments
- Demonstrating skills to new recruits
- Venepuncture (Whole blood or Whole blood and apheresis)

- In addition all staff employed pre 2003 will also undertake at least two key skills...

Key Skills:

- | | |
|---------------------------------|---------------------|
| – One to one Trainer | – First Aid |
| – Manual Handling Trainer | – Auditor |
| – Customer Service Champion | – Assessor |
| – Health and Wellbeing Champion | – Venue Assessor |
| – Risk Assessor | – Key Pulse Trainer |

*** These lists are not exhaustive and will change in line with operational needs.**

Donor Care Supervisors

All Donor Care Supervisors are expected to support effective team working by undertaking a range of other delegated key tasks as agreed as part of the Team Ways of Working Initiative: (Note: this does not preclude Donor Carers participating in these tasks with agreement. It will also be appropriate for Session Sisters & Charge Nurses to undertake a selection of these tasks, as agreed locally.)

- Stores ordering and management
- Printing appointment grids and managing session paperwork / USBs
- Uniform ordering and management
- Ordering and management of marketing materials
- Preparation and authorisation of PCS
- Q Pulse and Asset Management
- Self inspection audits
- Completion and maintenance of health and safety scorecards
- Completion of datix system and management of reports
- Maintenance of team communication file and materials
- Management of imprest account
- Maintenance of driver records and vehicle maintenance and cleaning
- Management of equipment calibration and maintenance
- Preparation of staff rosters
- Maintenance of SOPs and KIT
- Maintenance of TBTRS and other training records
- Maintenance of annual leave and absence records
- Investigation and management of donor complaints
- Investigation and management of QIRs
- Supporting the Senior Sister/Charge Nurse with the PDPR process and provision of mandatory training including record keeping
- Preparation of daily brief materials and content
- Planning and implementing task rotation of skills for team members on session to assist with health and wellbeing
- Management of local venue assessment processes
- Booking accommodation and transport for team members
- Supporting the Senior Sister/Charge Nurse with team base / estate management and maintenance

Donor Centre Specific

- Deal with voicemails
- Manage DC Inbox
- Deal with autologous serum donors
- Stores cleaning
- Staff observation / revalidations
- Updating spreadsheet trackers & taking relevant action
- CD donor record filing & updating

Session Sister/Charge Nurse Tasks

All session nurses are expected to support effective team working by undertaking a range of non - session delegated key tasks which support the team and reflect the need for them to deputise for their Senior Sister / Charge Nurse. In addition to these tasks can be added some of those recorded on page 11 of this handbook, as agreed locally.

- QIRs / Investigations/ CAPA / RCAs / INC Management
- Clientelle-complaint management
- QM/CD recruitment/Panel Management
- KIT Maintenance /Training records
- Roster authorisation
- Completion of Datix system and management of reports
- Perform PDPRs
- Management of team Mandatory Training
- H&S Plan and Scorecard
- Absence management
- Performance reporting
- APR calls (cover)
- Other meetings (cover)
- Self inspection audits
- Clinical audits
- Management of team communication material
- Maintenance of annual leave and absence records
- Preparation of daily brief materials and content
- Assisting SS/CN with team base/ estate management and maintenance

Donor Centre Specific

- Completing CD donor prescriptions
- Managing DC Inbox
- Update spreadsheet trackers & take relevant action
- Check & amend DIR's
- Return donors to panels
- Chase HLA results
- Monitor CD deferrals & contact donors within 2 weeks
- Staff observations / revalidations
- Session preparation
- Contact suitable CD donors
- Deal with autologous serum donors

Donor Centre Administrator Tasks

- Ordering equipment/stores
- Responding to complaints
- Filing & updating donor records
- Check & amend DIR's and DC Inbox
- Return donors to panels
- Chase up consent appointments/HLA results
- Record all CD DNA/CNA & contact donors
- Updating spreadsheet trackers & taking relevant action
- Calling all active CD donors without appointments & booking
- Stores cleaning
- Session prep/team brief etc and Prepare next session paperwork
- Weekly fire alarm test
- Complete lab request/HLA forms
- Return to WHB process
- Contact suitable CD donors & update PULSE
- Monitor deferrals & contact donors within 2 weeks of suspension ending
- Replenish stocks of controlled documents
- Check active without appointment reports against system and update
- 48hr reminder calls/texts

Donor Carer Drivers

- The current annual percentage based driving allowances will be replaced by a new set of fixed rate allowances to simplify administration and ensure equity.
- These rates will be based on the current percentages of 3%,(minibus only) 5% (lorry or bloodmobile only) or 8% (both /all vehicles) depending on which combination of vehicles are driven.
- The rates will be based on the top increment of the band 4 pay scale and will rise in line with pay awards.
- The annual sum will be paid in equal monthly instalments commencing 1st November 2016.
- All other pay will be based on the individual's substantive basic pay grade (eg. overtime and enhancements).
- The proposed rates for 2016/17 are below. Rates will be pro-rata for part time staff.

– 3% £667

– 5% £1112

– 8% £1779

- All drivers will be required to commit to drive up to 50% of their contracted shifts (averaged) in order to receive payment.
- Local managers will need agreement from individuals if they require individuals to drive at a higher frequency on occasion.
- Unreasonable refusal to drive to this level will result in removal of the allowance with no pay protection. Staff who have previously, or who wish to drive more frequently may be able to do so in the future depending on the circumstances on their team (available drivers vs required)

- Where there is a need to ask drivers to continue to drive at a higher frequency every effort will be made to source new drivers to reduce the burden on existing drivers.
- Driving shifts will always commence and finish 20 mins earlier or later than the start and end time of the planned / paid day for the team, reflecting the additional duties associated solely with driving duties.
- To limit and manage the extended length of the drivers day, local managers should consider allocating other non driving pre and post session duties to staff other than drivers wherever possible.
- Managers will establish the number of contracted driver shifts required per fortnight for their team.
- Managers will calculate the required number of drivers per team based on the programme requirement (for each shift required two others should be contractually available within the team to allow for leave, absence and turnover).
- Managers will establish how many contracted driver shifts they have available if all existing drivers were to drive a minimum of 50% of their contracted shifts. This will identify which teams have too few drivers and which teams more than the minimum requirement.
- In circumstances where teams have insufficient drivers and existing staff do not wish to take on the driving skill, solutions will be discussed as part of BAU activity.
- Newer recruits who were employed on the basis of undertaking driving will be required to undertake driver training/ assessment where needed. Vacancies will be filled by Donor Carer Drivers and achieving the driving skill prioritised on those teams who have a driver shortfall.

Public Holiday Weekend and Bank Holiday Working

- Bank Holiday/Public Holiday contractual commitments will be the subject of separate discussions and consultation with a view to implementing changes from 2017.
- For the remainder of 2016 , Bank Holiday/Public Holiday contractual commitments for staff employed prior to implementation of the 2003 packages will not increase, however we will need to fully and flexibly utilise these provisions in 2016 in order to meet current and future patient requirements.
- Implementation and management of these provisions will be discussed in partnership in the Blood Donation Committee.
- Improved and fairer planning of Bank Holiday/ Public Holiday weekend programmes are being dealt with as part of BAU activity.
- Staff employed post Nov 2004 may be rostered to work as many public holiday weekends as required in a year.
- Staff employed pre Nov 2004 will retain their current contractual commitment to 3 or 4 days per year.