

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

Headquarters
 Elfen's Glen Road,
 Edinburgh
 EH17 7QT
 Tel. No. 031-664 2317
 Fax No. 031-658 1639

MANAGEMENT OF THE SNBTS IN THE '90s

Part 1 - The Skeletal Structure

1. INTRODUCTION

- 1.1 The progressive introduction of general management to the CSA and in particular the recent decision to accelerate the process in this Division by appointing a Divisional General Manager opens up very positive opportunities for faster, more flexible and more efficient management, decision making and performance in the SNBTS.
- 1.2 The effects of some of these changes are already beginning to be felt on a day to day basis, but, so that we can really harness and direct our management efforts effectively, we need now as a priority to attend to a number of basic structural matters.
- 1.3 The Divisional General Manager has now been in post for three months. He has had an opportunity to experience the workings of the existing system, including all key national groups and committees (with the exception of the CSA Blood Transfusion Service Sub-Committee) and to interact with all senior members of the SNBTS team, relevant senior officers at SHHD and with the Chairman of the SNBTA.
- 1.4 Based both on his own analysis and on discussions with colleagues and, in particular, the National Medical and Scientific Director, the DGM now proposes the following immediate structural changes.

2. GENERAL MANAGEMENT: "THE BOARD"

- 2.1 There will be one central body at Divisional level through which all key policy and strategic decisions are channelled. This body - the SNBTS Management Board - will be formally constituted at its first meeting on Tuesday 5th June as follows:-

SNBTS Management Board Members:

Divisional General Manager (Chairman)
 National Medical and Scientific Director (Deputy Chairman)

All Regional Transfusion Service Directors
 The Director of the PFC
 The Director of the National Science Laboratory
 The National Financial Manager
 The National Donor Services Manager
 The National Administrator (Secretary to the Board)

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DSA Group

2.2 Other SNBTS committees and working groups will all report either directly or ultimately to the Management Board which in turn reports, through the Divisional General Manager, to the General Manager of the CSA and through him to the Management Committee.

2.3 The Board will normally meet quarterly on a routine basis, with ad hoc meetings more frequently only if required. For the meantime, however, it is anticipated that meetings will be every 2 months during the current period of rapid organisational change.

3. MEDICAL AND SCIENTIFIC CO-ORDINATION - "THE M.S.C."

3.1 The National Medical and Scientific Director will convene and chair the Medical and Scientific Committee of the SNBTS (the MSC) which will concentrate on professional and scientific matters, as a sub-committee of the Management Board (see appendix I)

3.2 The MSC will discuss, investigate and prepare recommendations on professional and scientific matters via its own deliberations and via the work of special sub-groups and working parties. These will include Product Development and Quality Assurance Groups as first priorities (see 6.2 and 7.3 below and appendix I).

4. FINANCIAL MANAGEMENT: BUDGETS/ALLOCATIONS

4.1 The Divisional General Manager is accountable to the Accounting Officer for the Common Services Agency (The CSA General Manager) for the efficient and proper conduct of the financial affairs of the SNBTS. He cannot delegate that accountability, but does delegate financial as well as other responsibilities to individual Board members (see 4.3 and 5 below).

4.2 The Divisional General Manager is advised by the Board on financial matters and in particular by the National Financial Manager. The National Financial Manager is the Board member responsible for monitoring and co-ordinating the financial affairs of the SNBTS.

4.3 The conduct of day to day financial management is the direct responsibility of individual Directors and senior managers in their own areas, delegated in the same way as other operational matters (see 5 below). It is intended that specific formal budget delegation will become effective as soon as it can be appropriately arranged.

5. OPERATIONAL MANAGEMENT: DELEGATION

5.1 The Board delegates day to day operational matters to individual Board members to direct and to manage within the policy guidelines, financial allocations and operational strategies laid down; subject of course to performance review including quality, unit cost and volume considerations.

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5.2 In order to facilitate this process of delegation and to support effective multi-disciplinary teamwork at centre level, local Management Teams will be established, comprised of the Director responsible (in the chair) and his/her senior managers and heads of functions. These Management Teams will form the starting point and stimulus for a subsequent cascade of operational objectives, communicated effectively to all staff.

6. QUALITY ASSURANCE: TOTAL QUALITY

6.1 Quality is clearly everyone's business, and everyone has a role to play in ensuring that we achieve and maintain the highest possible standards everywhere. In particular, Directors and line managers in all centres have a specific direct responsibility for the quality of their operations. They are responsible to the Board which has ultimate responsibility for Quality policy within the SNBTS and for seeing to it that standards are maintained and developed.

6.2 The National Medical and Scientific Director is the Board member with particular responsibility for quality. He is the Board's principal adviser on quality matters and will monitor and co-ordinate the overall implementation of Board policy in this area.

7 RESEARCH AND DEVELOPMENT

7.1 There is a wide variety of important research and development work being undertaken throughout the SNBTS and it is not intended that hard and fast new rules should be allowed to stifle or hamper that creative variety. There is however a need for greater co-ordination of our overall national research and development effort. The Board will wish to be satisfied about value for money and the strategic focus of our research and development efforts.

7.2 The National Medical and Scientific Director is the board member with special responsibility for research and development. He has direct managerial responsibility for the National Science Laboratory (through the NSL Director who reports to him); an important co-ordinating

role in relation to research and development activity throughout the SNBTS and a specific brief to advise the Management Board on research and development strategy.

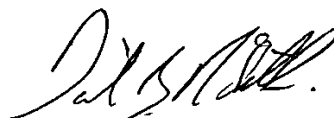
7.3 In addition to the responsibilities listed above, in cases where a research or new product development project involves more than one part of the SNBTS (eg. PFC and NSL), the National Medical and Scientific Director will be responsible to the Management Board for the overall management of such programmes, through the aegis of appropriate SNBTS Product Development Groups. (See Appendix I).

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8. NEXT STEPS: TEAMWORK

- 8.1 All of the above will, of course, be on the agenda for the Board meeting on Tuesday 5 June. Details of our strategic plans - following on from the basic guidance agreed in our Mission Statement and from the PES discussions that have already taken place - will need to be thrashed out during the next few weeks. The CSA and the Chief Executive of the NHS in Scotland will expect the SNBTS to submit a full operational plan - together with specific performance indicators and quantified targets for the coming year - by 15 June 1990.
- 8.2 The structural changes being put into effect are of course only a very small part of the story. The really important changes will come in the way SNBTS staff actually work together to achieve the delivery of products and services to customers. We will be striving for constant improvements in quality and in efficiency and there is no reason to suppose that we shall not deliver both in full measure - if we work as a team and help every part of the SNBTS to bring its standards of performance up to the level of the best.
- 8.3 There is a good deal of re-focussing to be undertaken in the coming months, first at Board level and then increasingly locally, to bring these few simple structural changes to life. Appropriate arrangements will be made to facilitate these processes.

7 May 1990



D B McIntosh

General Manager SNBTS

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APPENDIX I

MSC

1. Proposed Membership

Professor Cash (Chairman)

Dr Brookes

Dr McClelland

Dr Mitchell

Dr Perry

Dr Urbaniak

Dr Whitrow

Dr Prowse

Dr Stewart

Mr Bruce

Mr Muir

(Secretary: Dr W. Murphy)

Plus, in due course, The Director of the National
Microbiological Reference Laboratory*Chairman of HCSO Group*

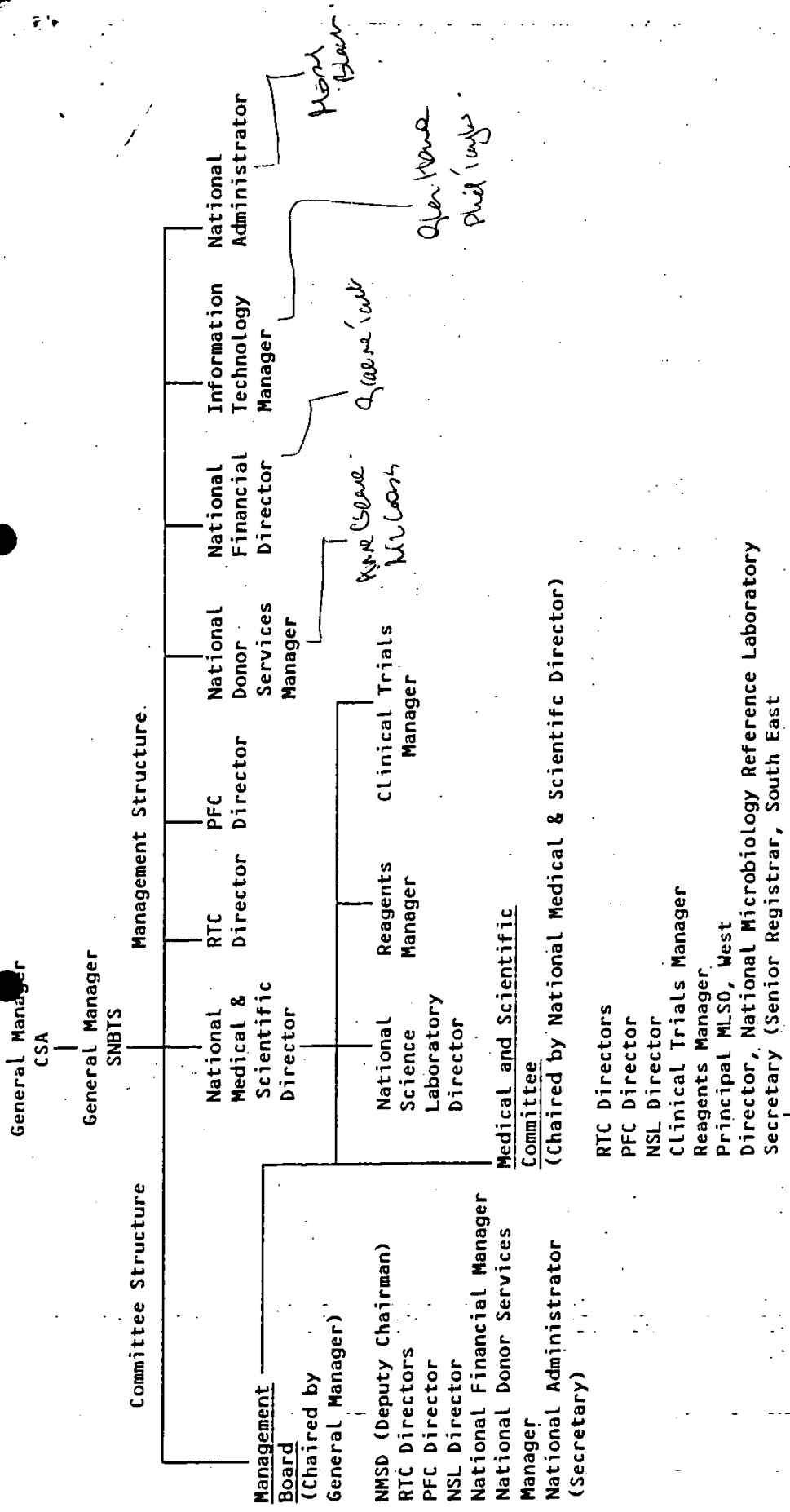
2. Sub-Committees/Groups

It is suggested that the Committee establishes several Report
Groups, including in the first instance:

- (a) PFC Product Development Group
- (b) RTC Quality Assurance Group
- (c) Reagent Group
- (d) Microbiology Group
- (e) Medical Audit Group
- (f) RTC Product Development Group

APPENDIX II

S-N-B-T-S MANAGEMENT AND COMMITTEE STRUCTURE



MSC Sub-Groups

1. PFC Product Development Group
2. RTC Quality Assurance Group
3. Reagents Group
4. Microbiology Group
5. Medical Audit Group
6. RTC Product Development Group

RTC Directors
 PFC Director
 NSL Director
 Clinical Trials Manager
 Reagents Manager
 Principal MLSO, West
 Director, National Microbiology Reference Laboratory
 Secretary (Senior Registrar, South East)