PROGRESS REPORT – SENIOR OPERATIONAL MANAGEMENT ARRANGEMENTS AND PROFESSIONAL LEADERSHIP ARRANGEMENTS FOR NURSING, MIDWIFERY AND AHPS

Report by Anne Gent, Director of Human Resources and Heidi May, Nurse Director

The Board is asked to:

- **Note** the Progress Report on the development and implementation of plans for the revised Senior Operational Arrangements from 1 April.
- **Note** the Progress Report on the development and implementation plans for the revised Professional Leadership Arrangements for Nursing, Midwifery and AHPs.
- **Note** that work is also in progress to confirm the proposals for revised Clinical Director arrangements.
- **Note** that work is also in progress in relation to developing arrangements for revised Corporate and Support Services Arrangements.

1 Background and Summary

At the meeting on 6th December two papers were presented to the Board:

**Community Health Partnership and Raigmore Hospital Governance Review**

The Board endorsed the recommendation that a single governance committee co-terminous with the business area of Highland Council be established. This would incorporate the whole of the north of Highland, encompassing the existing three CHPs and Raigmore Hospital and would be known as the Highland Health and Social Care Partnership.

**Proposed Senior Operational Management Arrangements from April 2012**

The Board approved the proposed Senior Operational Management Arrangements that will come into effect from April 2012, to lead the new Highland Health and Social Care Partnership. The Board noted that work will continue to finalise the arrangements and further work will be progressed in relation to the professional leadership structures and the corporate and support services, to support the Highland Health and Social Care Partnership.

This Progress Report provides an update on the work that has taken place to finalise the Senior Operational Management Arrangements, develop the Professional Leadership Arrangements for Nursing, Midwifery and AHPs and progress discussions in relation to Clinical Leadership and Medical Management and Corporate and Support Services.

2 Progress Report

**Senior Operational Management Arrangements**

Further to the Board supporting the proposed Senior Operational Management Structure, work has been taken forward to finalise the structure and progress the Organisational Change process to ensure that the majority of appointments to the new structure can be made before or shortly after 1 April.
Update on Senior Operational Management Structure – (see Updated Proposed Organisational Structure Diagram at Appendix I)

A number of discussions have taken place within NHS Highland and with the Highland Council and with managers and staff representatives, to confirm proposals on the following issues.

1. **Job title and role and responsibilities of the Chief Operating Officer**

The job title for the Chief Operating Officer Post will be the Chief Operating Officer and not the Chief Operating Officer/Director of the Highland Health and Social Care Partnership as originally proposed. However the updated job description clearly identifies that the post holder will act as the Director for the Highland Health and Social Care Partnership as well as having oversight of all operational services across NHS Highland. It has also been agreed that the post of Chief Operating Officer will be recruited to through external advertisement and this is now being advertised, with a closing date of mid February with interviews being planned for mid March.

2. **Job title and role and responsibilities for the Directors of Operations for the North and West Highland Operational Unit and for the South and Mid Highland Operational Unit**

Discussions have taken place regarding the most appropriate job titles and the title of Director of Operations, rather than General Manager, as originally proposed, has been agreed for the two Director of Operations posts. Consideration may now also be given to changing the job titles of the General Managers for Raigmore Hospital and for Argyll and Bute CHP to that of Director of Operations. The job descriptions for the two Director of Operations posts have been developed and circulated for feedback. Final versions have now been submitted to the National Evaluation Committee, although minor changes can still be made and comments are still being received.

3. **Job title and role and responsibilities for the Head of Adult Social Care**

This job title has been amended slightly from Head of Social Care to Head of Adult Social Care, to reflect the specific responsibilities in relation to Adult Social Care Services. The job description has been further developed and this post will act as the Lead Professional for Adult Social Care for NHS Highland, reporting to the Chief Operating Officer and being professionally accountable to the Director of Health and Social Care in Highland Council. In addition the post holder will have leadership responsibilities for Care at Home and Residential Care Services and will line manage the Social Care Business Support Unit and the Transformational Change Team. The final version of the job description has now been submitted to the National Evaluation Committee, although again minor changes can still be made as necessary.

4. **Roles and responsibilities for the 4 Area Managers – North and West, South and Mid**

The 4 Area Managers, will report to the Directors of Operations as follows;

Director of Operations North and West
- North Area Manager
- West Area Manager

Director of Operations South and Mid
- Area Manager Mid
- Area Manager South
The job descriptions for the 4 Area Manager Posts have been developed and final versions have now been submitted to the National Evaluation Committee.

The 4 Area Manager Posts for Children Services covering the same geographical Areas are replicated in the Council Structure.

5. Review of the number of District Managers posts

It has been agreed that there will be 9 Districts, each with a Local Partnership Forum. The original proposal in NHS Highland was to have a District Manager for each of the 9 Districts. However through further discussion within NHS Highland and with the Highland Council, it is now proposed therefore that 7 District Manager posts would be more appropriate. One District Manager would manage both Inverness West and Inverness East and one will manage East and Mid Ross, as follows;

North and West – Proposed District Manager Responsibilities
• Caithness
• Sutherland
• Skye, Lochalsh and West Ross
• Lochaber

South and Mid – Proposed District Manager Responsibilities
• Mid and East Ross
• Inverness
• Nairn and Ardersier and Badenoch and Strathspey

In addition it has been proposed that a Clinical Service Manager post be created for Caithness General Hospital, in line with the arrangements for the other two Rural General Hospitals in Fort William and Oban.

Development and Evaluation of Job Descriptions

Job Descriptions

Executive and Senior Manager Cohort

New job descriptions have been developed and completed for the posts of:

• Director of Operations – North and West
• Director of Operations – South and Mid
• Head of Adult Social Care
• 4 Area Managers – North, West, South and Mid

These job descriptions have been submitted to the National Evaluation Committee for evaluation on 27 January, along with an updated version of the job description for the post of Chief Operating Officer.

Agenda for Change
Job descriptions for the District Managers are in the process of being developed and will be matched locally in line with Agenda for Change matching processes.

Organisational Change and Appointment Process
NHS Highland and the Highland Council each have existing Organisational Change Policies, which vary slightly. However it has been agreed that the appointment process to the Senior Operational Management Structure will be run as a joint exercise.
Considerable discussion has taken place between NHS Highland and Highland Council officers and staff side representatives, to agree the exact process for filling the posts in both organisations and it is expected this will be finalised by the end of January.

The approach taken has led to posts being organised into Tiers as follows:

<table>
<thead>
<tr>
<th>Tier 1</th>
<th>NHS Highland</th>
<th>Highland Council</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chief Operating Officer</td>
<td>Director of Health and Social Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Director of Education, Culture and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sport</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Director of Operations – North</td>
<td>Head of Health</td>
</tr>
<tr>
<td></td>
<td>and West</td>
<td>Head of Social Care</td>
</tr>
<tr>
<td></td>
<td>Director of Operations – South</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and Mid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Head of Adult Social Care</td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>4 Area Managers – North, West,</td>
<td>4 Area Managers – North, West,</td>
</tr>
<tr>
<td></td>
<td>South and Mid</td>
<td>South and Mid</td>
</tr>
<tr>
<td></td>
<td>and Mid</td>
<td>Head of Social Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 4</td>
<td>7 District Managers (number still</td>
<td>5 District Managers (number still</td>
</tr>
<tr>
<td></td>
<td>to be finally confirmed)</td>
<td>to be finally confirmed)</td>
</tr>
</tbody>
</table>

Staff to be included in each ring fence have now been identified and there is a very similar number of posts to be appointed to as there are people from NHS Highland and Highland Council in the ringfence. Overall about 25 managers are impacted by the revised arrangements.

In addition the NHS responsibilities of the posts of Director of Community Care and the Head of Community Care Integration will be redesigned and renamed if necessary to reflect the changes in responsibility and portfolios, and to meet the needs of the newly integrated service, as well as continue to provide support across the whole NHS Highland Board area.

**Timescales for Appointments**

Tier 1 Posts – currently being recruited to – Chief Operating Officer, NHS Highland or appointed to – Director Posts in Highland Council.

Tier 2 Posts – Appointments Panel is being planned for weeks beginning 13th or 20th February.

Tier 3 and 4 Posts – It is proposed that appointments to both these Tiers will be made through the same process – Appointment Panels to be planned for weeks beginning 5th and/or 12th March.

**Professional Leadership Arrangements for Nursing, Midwifery and AHPs**

**Current arrangements**

Each of the current CHPs (including Argyll and Bute), and Raigmore has a Lead Nurse, Lead AHP and Lead Midwife in place to provide professional leadership to nurses, midwives and AHPs. Please see the table below for details:
<table>
<thead>
<tr>
<th>Area</th>
<th>Lead Nurse Post</th>
<th>Lead AHP Post</th>
<th>Lead Midwife Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>North CHP</td>
<td>1WTE Band 8b</td>
<td>0.8WTE AfC Band 8b</td>
<td>1WTE AfC Band 8a</td>
</tr>
<tr>
<td>Mid Highland</td>
<td>1WTE Senior Grade A Manager</td>
<td>0.8WTE AfC Band 8b</td>
<td>0.4WTE AfC Band 7</td>
</tr>
<tr>
<td>South East CHP</td>
<td>1WTE Senior Grade A Manager</td>
<td>1WTE AfC Band 8b</td>
<td>Professional Leadership provided by the Raigmore Lead Midwife</td>
</tr>
<tr>
<td>Argyll and Bute CHP</td>
<td>1WTE Senior Grade A Manager</td>
<td>0.8WTE AfC Band 8b</td>
<td>0.3WTE AfC Band 7</td>
</tr>
<tr>
<td>Raigmore Hospital</td>
<td>1WTE Senior Grade B Manager</td>
<td>1WTE AfC Band 8b</td>
<td>1WTE AfC Band 8b</td>
</tr>
</tbody>
</table>

In addition to the above there is also 0.4WTE Agenda for Change Band 8a Lead AHP for Mental Health and Learning Disabilities and arrangements are being finalised for 1WTE Band 8b Lead Nurse for Mental Health.

There are currently 6 AHP Professional Heads of Service roles with pan Highland accountability for specific professions. The Lead AHP for the North, Mid and Argyll and Bute CHPs undertake this role on top of their Lead role for 0.2WTE.

In the current structures the Lead Nurse and the Lead AHP are both members of the CHP/Raigmore Senior Management Team and are line managed by the General Manager. There is a mixed economy in terms of line management of midwives at the moment: In the North CHP the Lead Midwife is managed by the CHP Assistant General Manager and is a member of its Senior Management Team; in Raigmore the Lead Midwife is line managed by the Divisional General Manager for Surgery. In the Mid Highland CHP and Argyll and Bute CHP the Lead Nurses line manage the Lead Midwives.

The Lead Nurses, Midwives and AHPs are professionally accountable to the Director of Nursing, the AHPs via the Associate AHP Director and the Midwives via the Head of Midwifery.

Whilst originally envisaged as senior professional leadership posts the Lead AHPs and Lead Midwives are increasingly undertaking management roles of their professional groups in order to secure improved patient outcomes and to secure more effective use and deployment of the relatively small number of staff.

**Scope**

This section will focus on the Professional Leadership arrangements for the agreed Highland Health and Social Care Partnership, specifically the North and West and South and Mid Operational Units; where Raigmore Hospital or Argyll and Bute CHP are potentially impacted on this will be highlighted, otherwise their arrangements will remain unchanged. The Professional Leadership arrangements for Community Children’s Services in the Council will also be addressed.
Professional Leadership Structure for the Highland Health and Social Care Partnership

In determining the Professional Leadership Structure for the new Highland Health and Social Care Partnership the aim is to ensure a robust Professional Leadership structure is put into place; that the successes of the current structure are replicated and the shortfalls/risks of the current arrangements addressed and to minimise the disruption to existing staff and structures. In developing the proposed structure wide ranging conversations have taken place with NMAHPs, other clinical staff, staffside colleagues and managerial staff both within and out with the Board. The proposed structure is as follows:

<table>
<thead>
<tr>
<th>Area</th>
<th>Lead Nurse Post</th>
<th>Lead AHP Post</th>
<th>Lead Midwife Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>North &amp; West</td>
<td>1WTE</td>
<td>1WTE</td>
<td>1WTE</td>
</tr>
<tr>
<td>Operational Unit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>South &amp; Mid</td>
<td>1WTE</td>
<td>1WTE</td>
<td>0.6WTE</td>
</tr>
<tr>
<td>Operational Unit</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

NB Agenda for Change Bandings to be confirmed.

It is proposed that in the North and West Operational Unit that the Lead Nurse and AHP Structure continue and that a WTE Lead Midwife is appointed, this is to ensure adequate professional leadership capacity for this sizeable Operational Unit.

In the South and Mid Operational Unit it is proposed again that the Lead Nurse and AHP structure continue and that 0.6WTE Lead Midwife is appointed in view of the additional midwives incorporated into the Operational Unit following the change in boundaries. The 0.2WTE shortfall in funding will be found from a number of potential funding streams for the next 3-5 years during which an exit strategy (recurring funding) will be found.

Implications for service

The Lead Nurse and AHP will continue to be line managed by the Director of Operations in each Operational Unit, the Lead Midwives will be line managed by the Lead Nurses. This represents some change to the current arrangements where the Lead Midwife of the North CHP is line managed by the CHP Assistant General Manager.

The current Lead Nurses are paid on Senior Management Grade and it is proposed that these posts are incorporated now into Agenda for Change, aligning them with the Lead AHP posts.

Job descriptions for all Lead Nurse and Lead Midwives posts will be revised to bring them up to date.

It is also proposed that the Lead Midwives line manage the midwifery teams in the new Operational Units; these arrangements have been reviewed given the transfer of the management of Public Health Nurses to the Council, the small number of midwives in the local teams and the need to manage this resource more strategically and the need to minimise clinical risk in this area. However the integrated team working and co-location will continue.

Increasingly AHP professional Leads have been taking on management responsibilities across NHS Highland. Currently for example the North CHP Lead AHP has budgetary and line management accountability for all AHP staff. This has enhanced the strategic capacity to plan and manage AHP services across the whole patch, reducing the risk of strategic planning being compromised by fragmented local decision making, whilst reducing clinical risk through robust uni-professional leadership – as per midwifery.
There remain however some areas where senior/Lead AHPs have some or none of the AHP budgetary accountability for the AHP staff, especially in the current Mid Highland CHP, and in parts of the current South East CHP, and it is recommended that this be reviewed once the new Highland Health and Social Care Partnership structures have been put in place and a decision made within the next year re most effective management model.

In addition to this, following recent discussions with AHP Leads and Senior staff it is recommended that the Professional Head of Service (PHoS) role be replaced with a robust uni-professional Leadership Structure at operational level. This uni-professional Leadership Structure was originally agreed 3 years ago following a review of the AHP Professional Leadership Structure, and has in part been implemented. This now needs to be completed, overseen by the Lead AHPs and supported by the new Directors of Operations. An exit plan to phase out the PHOS roles over the next 6 months is recommended, with the available leadership time (WTE) resulting from this change “aligned” to the corporate leadership responsibilities of these roles. This is dependent however on a robust uni-professional structure being in place.

In addition to the above it is also recommended that the small services of Dietetics and Adult Speech and Language Therapy are hosted in the new South and Mid Operational Unit, with local staff bases remaining in the North and West Operational Unit. This reflects the fact that the majority of staff are based within the South and Mid Operational Unit.

Finally the Chaplaincy Services have been “adopted” into the AHP Professional Leadership Group. This is a small group of widely dispersed (out with the Raigmore core group) predominantly part time staff who play a vital role in securing a good patient experience. CHP posts are generally managed within existing multidisciplinary teams but the “speciality” of the role can become lost in the CHP, affecting efficient use of this very small resource and feelings of isolation. For this reason it is recommended that the Lead Chaplain is line managed by the Raigmore Lead AHP, and this post in turn line manages all Chaplaincy staff in the Highland Health and Social Care Partnership.

**Professional Leadership Structure in the Highland Council**

As a result of AHPs and Public Health Nurses transferring to the Council as part of the Single Agency model for Community Children’s and Adult Care Services a NMAHP Professional Leadership Framework has been developed to support the leadership and management of these staff transferring to the Council. A Professional Leadership Structure has been agreed by the P4I Programme Board of Lead Nurse and Lead AHP. It is likely that these posts will be line managed by the Council’s Head of Health post and will have professional accountability to the Director of Nursing (via the Associate AHP Director for the Lead AHP). The titles of these posts will be Principal Officer (Nursing) and Principal Officer (AHPs). These posts will be resourced from within the Boards Senior NAHP establishment in the first instance, and to ensure professional isolation is avoided will be linked into the NHS Highland Professional Leadership Structure.

**Clinical Director Arrangements**

Arrangements for reviewing the Clinical Director arrangements for the two new Operational Units – North and West and South and Mid are being progressed by the Medical Director and the intention is to appoint a Clinical Director to each of the 2 new Operational Units, utilising the Boards Organisational Change Process. It is anticipated that revised arrangements should be in place by 1st April.

**Corporate and Support Services**

Work is ongoing to review the future of corporate services. There are a number of interrelated workstreams that impact on the review. Some corporate services staff from
Highland Council may transfer to NHS Highland under TUPE arrangements on 1st April or at a later date. In addition corporate services staff who are currently devolved or aligned to the existing CHPs, will be subject to reorganisation to meet the needs of the 2 new Operational Units. Work is also ongoing looking at the possibility of ‘shared services’ models, across NHS Highland, with other Boards and with the Highland Council. A bid has also been submitted to the Health Foundation to develop a new corporate services model clearly focussed on improving the quality of patient services looking at 3 key functions – Evidence Base, Improvement and Assurance.

3 Contribution to Board Objectives

Robust management and professional leadership arrangements are essential to the achievement of the Board’s Corporate Objectives. The proposals as set out here will enhance exiting arrangements to deliver the objectives of the Board.

4 Governance Implications

The proposals are in direct response to the proposed new Governance arrangements. These need to be underpinned by appropriate management and professional leadership structures.

The proposals will impact on staff and full engagement is taking place with those operational managers and professional leads directly affected and staffside representatives. To date detailed financial implications of implementing the proposed operational management structure still need to be identified, although the working assumption is that the proposed changes will be cost neutral.

5 Risk Assessment

No explicit risk assessments have been undertaken in relation to this Report. The issues covered are not included on the NHS Highland Risk Register. However they do impact on many of the risks on the Risk Register. It is anticipated that the revised operational and professional leadership management structure will further assist in mitigating risks.

6 Impact Assessment

This paper describes a series of proposals to revise the operational management and professional leadership arrangements and reporting systems which in itself do not require an Equality and Diversity Impact Assessment (EQIA).

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Director of Human Resources

Heidi May
Nurse Director

27 January 2012
UPDATED JANUARY 2012 – NHS HIGHLAND PROPOSED SENIOR OPERATIONAL MANAGEMENT STRUCTURE

NHS BOARD

CHIEF EXECUTIVE

CHIEF OPERATING OFFICER

HIGHLAND HEALTH AND SOCIAL CARE PARTNERSHIP –

ARGYLL & BUTE CHP –

RAIGMORE HOSPITAL – GOVERNANCE ARRANGEMENTS ONLY APPLY –

General Manager
Raigmore Hospital
Operational Unit

Director of Operations
North & West Highland
(Remote & Rural)

Head of Adult Social Care

Director of Operations
South & Mid Highland
(Inner Moray Firth)
Operational Unit

General Manager
Argyll & Bute CHP

North Area Manager
Caithness
Sutherland

District Manager
Caithness
(including Rural General Hospital)

District Manager
Sutherland

West Area Manager
Lochaber
Skye, Lochalsh & Wester Ross

District Manager
Lochaber
(including Belford Hospital)

District Manager
Skye, Lochalsh & Wester Ross

Mid Area Manager
Easter Ross
Mid Ross

District Manager
East and Mid Ross

South Area Manager
Inverness
Nairn & Ardersier
Badenoch & Strathspey

District Manager
Inverness

District Manager
Nairn & Ardersier
Badenoch & Strathspey

Service Manager
MH&LD