Reconfiguration of Operational First Line Management Posts

Agenda Item 11

Reference: 10B.063

Board Meeting: 24 May 2010

Summary	This paper seeks approval to initiate a consultation on the reconfiguration of first line management posts in the divisional operational management structure. The proposed changes are in line with the Trust's target and the broader NHS agenda to reduce management costs, whilst continuing to invest in front-line patient care delivery and make best use of scarce nursing skills and experience.. The proposals recommend the creation of separate roles to provide clinical support, team management, and shift management. This is intended to provide better support both for the delivery of services to patients, and staff,, through greater specialisation and strength of focus on each of these core functions through separate and dedicated roles The proposal establishes multi-disciplinary teams under a Team Manager, who will provide line management for all team members, irrespective of their professional background or level of expertise. This will entail clinical staff being line managed by non-clinical staff. The proposed structure will build on the work undertaken through the Rostering Revolution/Contracts Framework initiative in laying the foundations for a renewed concept of the team. It will facilitate allowing people from the same team, including the team manager to work more regularly together, All staff will be supported clinically by the proposed new Clinical Support nurse role. These staff will be available for minute by minute support on clinical questions that arise, as well as off line for developmental support. In addition to these roles, staff will continue to be supported by the existing unchanged structure of senior nurses in roles spanning management, clinical governance, children and vulnerable adult and mental health specialists, and practice development staff. The new role of shift manager will be created to control the minute by minute delivery of the service, ensuring that the work of the trust separately located contact centres, and an increasing number of home workers, are co-ordinated. Redundancies in divisional operations management are not expected as suitable alternatives are available. The proposals reduce the number of first line management posts rom the current 247 whole time equivalent Team leaders and Clinical Team Leaders, to 225 Team managers, Clinical support nurses and shift managers. The full year savings from the proposals are £3.9m per annum.

Issues to be considered by the Board	To consider how the Board will engage with the process of consultation.
Action required by the Board	This paper recommends approval to proceed to consultation on Divisional Operations reconfiguration, with a final recommendation reflecting the impact of consultation returning to the Board on 27 September 2010, for implementation from October 2010.
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Date prepared	18:05:10

Reconfiguration of Operational First Line Management Posts

Proposal for Consultation

1 Introduction

This paper seeks approval to initiate a consultation on the reconfiguration of first line management posts in the divisional operational management structure.

2 Summary

The key principle of the proposal is to separate the core roles of clinical support, shift management and team management. The proposal would establish new cohorts of multi-disciplinary Team Managers, Clinical Support Nurses, Shift Managers and Capacity & Performance Advisors, and disestablish the posts of Team Leader, Clinical Team Leader (CTL), Dental Team Leader and Health Information Supervisors.

The proposal is associated with £ 649k net savings in 2010/11 and £3,896k each year thereafter. Redundancies are not expected given the availability of suitable alternatives for the staff affected..

3 Rationale

The purposes of this reconfiguration are primarily to:

- Focus nursing expertise to best effect on patient care and clinical support
- Dedicate scarce clinical resource to the support and development of clinical colleagues
- Release additional clinical capacity to front line care, thereby increasing time with patients
- Distinguish, within separately dedicated roles, the core accountabilities of:
    - Clinical Support
    - Shift Management
    - Team Management
- Optimise clinical and operational effectiveness
- Focus on performance management and clinical quality
- Align the first line management structure with the new divisions
- Develop the link with the new rostering system to help foster a sense of “team”
- Reduce management costs

4 The proposal

4.1 The basis of this proposal has been constructed with participation from Regional Heads of Operations and Regional Directors of Nursing during 2 workshops covering a total of five days in October and November 2009. It has also been informed by the output of work undertaken by Band 8 and Band 7

clinical and operational managers during a consultation between January and March 2010.

The principles of the proposal are to distinguish the core roles of clinical support, shift management and team management. The proposal also recognises the imperative of cost reduction. The proposal would establish Clinical Support Nurses, Team Managers, Shift Managers and Capacity & Performance Advisors, and disestablish the posts of Team Leader, Clinical Team Leader (CTL), Dental Team Leader and Health Information Team Leader. Clinical Support Nurses would spend a higher proportion of their time on line than the current clinical Team Leader post, in order to maintain their credibility as accomplished practitioners, increase their ability to support and supervise clinical colleagues, and ensure the continued development and improvement of the service.

4.2 It is proposed that the operational structures should be aligned with the three operational divisions. The management structure would be mirrored, therefore, across each division. The key principles of the proposal are to:

- Ensure proper access to clinical support, establishing a distinction between performance management under the supervision of the Team Manager and professional supervision and governance, which will be the role of the 54 Clinical Support Nurses, supported by:
    - 3 Divisional Directors of Nursing
    - 9 Senior Clinical Nurses
    - Practice Development Coaches
    - A range of senior posts within the Clinical Directorate
    - A total of 27 clinical specialists for mental health, children's services and clinical governance
- Establish multi-disciplinary teams under generic team management, in order to develop consistency of focus, a team culture, good leadership, effective performance management, and personal development
- Distinguish between shift management and team management (the former being responsible for the overall performance of a cohort of frontline staff across a given span of duty and the latter being responsible for the ongoing line management and performance management of teams of frontline staff)
- Ensure that Shift Managers are consistently informed by up-to-date information on performance and staffing metrics – the role of the Capacity & Performance Advisor
- Ensure consistency of approach between national and divisional tiers of operations management, through better connectivity, streamlined provision of information and consistency of direction.

4.3 It is proposed that 96 Team Managers will be created. Each Team Manager will manage a multidisciplinary team of c.20 front line staff comprising all core frontline skill-sets (Health Advisors; Nurse Advisors; Health Information Advisors; Dental Nurses and Pharmacy Advisors). Subject to job evaluation, this is expected to be a Band 5 role. The post will provide a full range of line management and performance management functions but will ***not*** provide professional nursing supervision or advice. Team Managers' performance management of clinically qualified and other staff will include pursuit of *all* performance variables for which those staff are responsible, and will including holding all front line staff to account for the quality of the patient experience

they deliver. Where this gives rise to professional or clinical concerns, the Team Manager will refer to the Clinical Support Nurse, who will be supported by Senior Clinical Nurses and clinical specialists.

Clinical Support Nurses will actively support Team Managers and Performance Managers in ensuring that professional and clinical development concerns are swiftly and properly addressed and that good clinical practice and performance are maintained.

4.4 The Band 6 Nurse Advisor role has been and will continue to be enriched by the increase in mentoring and training & development, especially since the introduction of Band 5 Nurse Advisors. Band 6 Nurse Advisors will also provide mentoring and support to the Band 4 Assistant Practitioner role as it is introduced. In addition, the advent of new roster options will confer a stronger role for the Band 6 nurse in the Common Preparation Programme, to train newly appointed Band 5 and Band 6 nurses, as well as other staff groups in the service, as befits their senior nurse status. As a consequence, the CTL and Band 6 nurse roles have become increasingly aligned. CTLs report that they are currently distracted from their core task of clinical support by other concerns (team leadership and shift leadership, for example). The intention is to re-focus scarce nursing expertise to improve on-line service provision and improve access to and the quality of clinical support.

4.5 Clinical Team Leaders will have opportunities either to assume the now more evolved frontline advisory role or to express an interest in one of 54 Clinical Support Nurse roles, each of which will entail a higher proportion of time spent on direct clinical practice than is the case in the current CTL role. Team Leader, Dental Team Leaders and Health Information Supervisors, and any Clinical Team Leaders who would prefer direct people management rather than clinical support and development will either apply for multi-disciplinary Team Leader roles or assume online roles. It is not intended that any people who are currently team leaders will face redundancy as suitable alternatives are available.

4.6 54 Clinical Support Nurses will be established nationally, (giving a professional supervisory ratio of c.1:39). This ratio excludes the additional support available through 9 Senior Clinical Nurses, 3 Divisional Directors of Nursing, a total of 27 clinical specialists for mental health, children's services and clinical governance, Practice Development Coaches and a range of senior posts within the Clinical Directorate. Clinical Support Nurses will support Team Managers by focusing on professional supervisory and clinical performance concerns primarily amongst Nurse Advisors, but also across all skill groups. They will support Senior Clinical Nurses in ensuring proper clinical support and the maintenance of professional standards and governance. They will act as a point of first resort for most professional nursing matters arising either from frontline staff (who can self-refer) or from Team Managers. Therefore they will also support colleagues from our in-sourcing provider partners. Clinical Support Nurses will accept referrals from Team Managers concerning the performance management of clinically qualified staff where this gives rise to professional concerns. The posts will work in collaboration also with clinical specialists such as those for mental health, children's services and vulnerable adults, and clinical governance.

4.7 63 Shift Managers are proposed nationally, giving an average ratio to frontline staff of c.1:30. These posts will manage shifts but will not have direct line

management responsibility for front line teams. They will be supported by and line manage 12 Capacity & Performance Advisors nationally. Shift Managers will have the authority and responsibility to manage all dynamics and variables that influence shift performance, including the management of attendance, punctuality, and schedule adherence (including break-management) in addition to intra-day performance-management activity. Shift Managers will refer to Team Managers in respect of performance issues requiring intervention beyond the scope of the Shift Manager's span of duty. Capacity & Performance Advisors will ensure that Shift Managers have constant access to the real time and projected information necessary for their role – concerning for example, attendance, punctuality, schedule adherence, break management, performance metrics and exceptions, and gaps or surpluses in staffing. Capacity & Performance Advisors will work closely with National Workflow Coordinators to ensure consistency of effective direction between national and Divisional tiers of operations management.

5 Scale of potential change / displacement

The posts removed by this proposal are:

- Clinical Team Leaders (CTLs); there are currently... 124.93 wte in post
- Team Leaders[1] (TLs); there are currently... 99.55 wte in post
- Health Information Team Leaders (HITLs); there are currently 18.55 wte in post
- Dental Team Leaders; there are currently... 03.55 wte in post

The posts created by this proposal are:

- Team Manager[1] 96 nationally
- Clinical Support Nurse 54 nationally
- Shift Manager 63 nationally
- Capacity & Performance Advisor 12 nationally

In addition, capacity amounting to 20 WTE will be released from first line management to the front line through the extra online duties undertaken by Clinical Support Nurses.

6 "Red circled" Clinical Team Leaders

Following the 2005/06 'transformation' there are now 38 "red-circled" Clinical Team Leaders who are paid at Band 7, but are discharging a role evaluated at Band 6. This is a legacy of 'transformation' that established pay disparities for individuals undertaking the same role. The expectation is that reconfiguration at this level will remove residual Banding anomalies so that everyone doing the same job will be on the same Band – in other words, that 'red-circling' will be nullified by this round of organisational change, though fixed-term pay-protection will apply where appropriate.

7 **It is not intended that any employees will face redundancy** – suitable alternatives are available and it is expected that CTLs will either adopt either on of the 54 (wte) Clinical Support Nurse roles or assume the now more evolved (and evolving) online roles. However *potential* redundancy costs are £4,440k for 71wte posts. This would have to be calculated by the NHS Pensions Agency. Consultation will address the overall structure, the detail of role design and the process of implementation.

8 Financial implications are summarised as follows:

[1] There will be design differences between the Job Descriptions for the future Team Manager and the current Team Leader.

Post	Budgeted WTE[2]	Cost
• Clinical Team Leaders	138	6.959m
• Team Leaders	111	3.195m
• Health Information Team Leaders	19	0.634m
• Dental Team Leaders	3	0.118m
Total		**10.906m**
• Team Manager	96	3.239m
• Clinical Support Nurse	54	1,.623m[3]
• Shift Manager	63	1,803m
• Capacity & Performance Advisor	12	0.343m
Total		**7.009m**
Annualised saving		**3.898m**
Cost Savings in 2010/11 (with November implementation)		**1.299m**

9 Process of consultation

Staff consultation will be based on a formal consultation document. It will last for 90 days from 07 June and will include provision for:

- Collective national and Divisional meetings with affected managers
- Individual 1:1 meetings with affected managers
- Regional/Divisional and national Joint Partnership Forum meetings
- A dedicated email facility for respondents
- Responses on the Intranet to Frequently Asked Questions

It is hoped that the recommendations be presented to the Board on 27 September for approval to proceed to implementation, which could potentially take place during October and November 2010.

9.1 Support to affected staff/managers

The support planned for affected managers comprises:

- Collective and individual meetings to address the proposals
- Information on the HR Microsite of the Intranet
- Right Core Care (employee assistance programme)
- Guidance on CV and application skills
- Priority status on NHS Jobs
- A risk register to assist HR in identifying suitable alternatives
- Support through staff representative bodies
- Ongoing Joint Partnership Forum meetings

[2] Actual numbers of staff in post differs from budgeted due to vacancy freezes and people doing the post on a temporary promotion basis.
[3] Cost is Net of the time released to carry out on-line patient care

10 Risks & benefits

10.1 Risks

Principal risks associated with the recommendation to proceed to implementation are:

- Challenge to the suitability of alternatives, particularly for CTLs
- Redundancy risks and their human and cost impact
- Management unrest, with distraction from performance imperatives over the transitional period leading up to winter
- Reduced cost savings arising from adaptation of plans to reflect consultation

10.2 Benefits

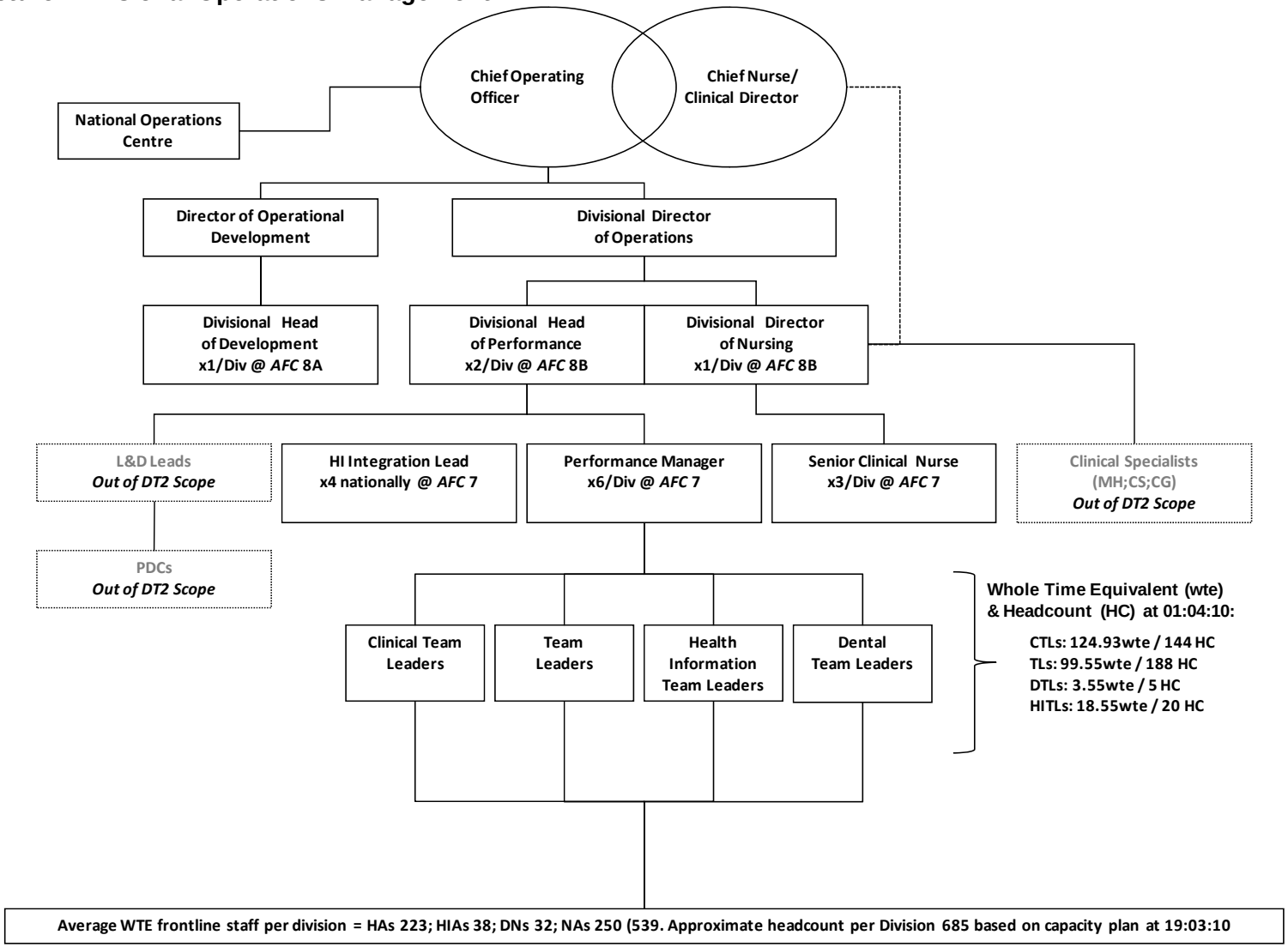
Principal benefits associated with the recommendation to proceed to implementation include:

- Strength of focus on core accountabilities, particularly clinical support, team leadership and shift leadership
- Improved clinical and operational effectiveness arising from this
- Alignment with the three new Divisions
- Reduced management costs

11 Recommendation

The Board is asked to <u>approve</u> the initiation of consultation on the proposal for reconfiguration of operations first line management

Current Structure: Divisional Operations Management



Proposed Structure: Divisional Operations Management

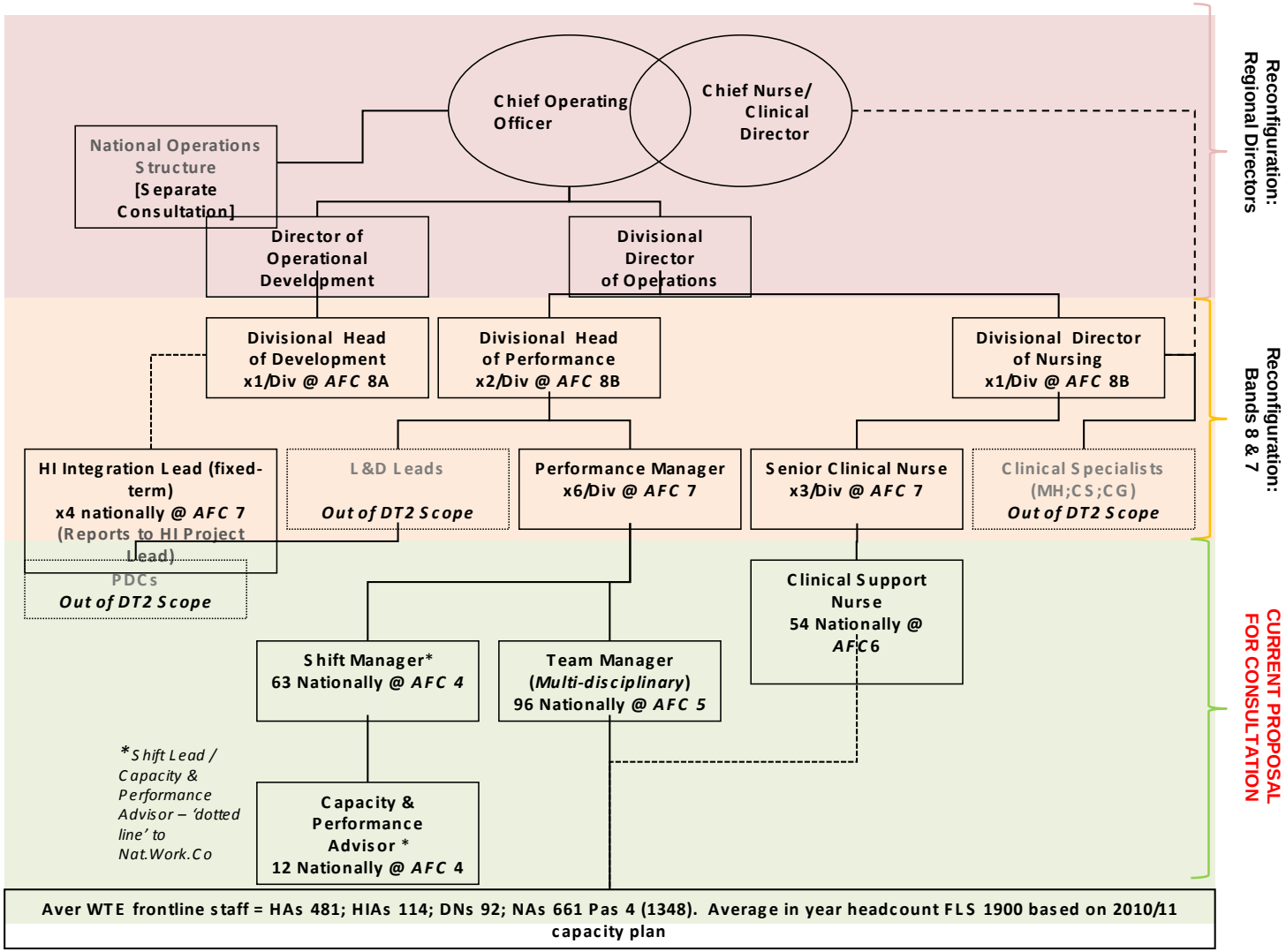


Figure 1: Proposed Structure for consultation between Jun-Sept