

Supporting the manager

The work of the chief nursing officer is vast and complex. In this final article **ANTHONY CARR** discusses the job of the district support nurse who will help the senior nurse manager.

THE Nurses and Midwives Whitley Council has acknowledged the need in some districts for chief nursing officers to have support posts at district level. The approach in Newcastle has been to identify the responsibilities of ward sisters first and relate this wherever possible to a 24-hour service. The responsibilities of the directors of nursing service were then clarified.

The work was assisted by two working groups of nurses which included ward sisters and nursing officers. It should be noted that midwifery, community, and the small developing service of mental handicap, will not have special senior nurses to advise on either personnel or service development and planning, apart from the expertise to be developed by the director of nursing services. The size of the unit and shape of the organisation is such that some of this work could be undertaken by the director herself. The other necessary support will come from the support nurses at district level.

Essentially, nurses appointed to district support posts will have a role, which they do in conjunction with others, and a function which is the actual work undertaken. They have a monitoring and co-ordinating aspect to their work and a specific job content. Part of their function is to support directly the chief nursing officer (CNO) in his work and to bring co-ordination to the nursing aspects at unit level.

With proper consultation and monitoring by the CNO, the major functions of planning, personnel, child and school health, local authority liaison and joint funding at district level can be carried out by support nurses. They will act as staff officers and can speak, debate and make decisions with appropriate briefing and consultation, on behalf of the CNO. It is important to show that there is a real job for support nurses and that it is at district level where the function is best carried out.

The Newcastle district is complex with three major general hospitals, a large psychiatric hospital, midwifery,

Anthony Carr, SRN, NDNCert, Queen's Nurse, is chief nursing officer, Newcastle Health Authority.



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dental, mental handicap and community services separately organised; its training and education functions cover all units. Bearing in mind this complexity and the continued development of the service, the following positions are proposed. Three posts will be created at this level.

Capital, service and manpower planning

Because changes and developments in planning for health care are occurring continually, the health authority and its senior officers need expert advice. Nurses are perhaps the only staff to use most of the buildings and available resources on a regular and continuous 24-hour basis. They have a fund of knowledge of the immediate situation.

This knowledge needs to be gathered together on a unit basis by the director of nursing service, normally through a designated senior assistant director of nursing. The information is reviewed at district level by a nurse with the

knowledge and experience to review it in policy and planning terms and who is able to match such information against operational and strategic plans. In turn, the senior nurse in planning must be able to interpret the nursing needs and those of the whole planning system and be prepared to modify unit advice using expert knowledge.

This approach does not remove the need for all levels of nursing staff to work in a multidisciplinary manner. Most planning proposals should be clearly identified and clarified in nursing terms. The nursing service itself and other parts of the local health service are constantly replanning their services and taking in new ideas and approaches.

Service planning is vital to any health authority, but particularly in a district such as Newcastle. Manpower planning in nursing is a vital yet difficult subject. Proposed changes in the separation of the management of nursing education from the district make it essential that a

Post	Number of people employed in these positions										
	1970	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982
1. Chief or area nursing officer	2	1	1	1	1	1	1	1	1	1	1
2. Area nurse specialist advisers	—	—	—	3	3	3	3	3	3	3	3
3. Divisional nursing officers	6	6	5	5	5	6	6	6	6	6	6
4. Senior nursing officers	31	29	29	29	26	25	25	25	25	25	25
Sub total	39	36	35	38	35	35	35	35	35	35	35
5. Nursing officers	86	65	75	75	80	87	88	88	89	88	91
Sub total	125	101	110	113	115	122	123	123	124	123	126
Other nursing staff	2,500	2,785	3,254	3,408	3,456	3,563	3,796	4,052	4,039	4,201	4,662
Total	2,625	2,886	3,364	3,521	3,571	3,685	3,919	4,175	4,163	4,324	4,788
Senior nurse managers expressed as a percentage of total staff											
Posts 1-4	1.49	1.25	1.04	1.08	0.98	0.95	0.89	0.84	0.84	0.81	0.73
Posts 1-5	4.76	3.5	3.27	3.2	3.22	3.31	3.14	2.95	2.98	2.84	2.63

Overall nursing establishments (1970-82).

senior person has overall control of manpower development both in education and service.

Until now, little detailed work has been undertaken at local level and, even nationally, skill in this subject is limited. For the health authority to achieve its objectives, successful manpower planning is essential. Great stress will be placed on this area of work in the next three years. The occupant of this post will also assist in the development of the community, midwifery and handicapped services and work closely with other directors of nursing and senior assistant directors of nursing who have specific planning responsibilities.

Personnel services

With a work force of over 5,000 nurses it is important to develop personnel policies which are common to all nursing staff. This person will propose and develop nursing personnel policy and monitor developing local policy through directors of nursing service and designated senior assistant directors of nursing. He or she will be an important link with nursing education because 20 per cent of all nursing staff are in training at any one time, and will offer personnel support to both staff and learners.

There are major executive functions attached to this position. The senior assistant CNO will manage the nurse

bank for the district through a subordinate officer, develop the careers advice service and create with the nursing education division a new department of professional and clinical nursing development. This service will prepare new staff nurses and new ward sisters for their new responsibilities in terms of training, education and suitable supervision. In addition, the senior assistant CNO will offer a nursing personnel service to the community, midwifery and services to the handicapped.

Child health and local authority liaison

There has been local discussion as to whether the responsibilities of child health and local authority liaison could be undertaken by the director of nursing service (community services). The director of nursing service as the senior manager who is providing services to social services must have access. There is a large area of work in child health that demands considerable time and monitoring effort if the services are to work well.

The child as a potential client for health services, is in a vulnerable position. Unlike other people a child cannot represent himself or ask for support. This has to be anticipated by parents and often also by professional social workers, doctors, nurses, mid-

wives and health visitors.

Newcastle is a centre of paediatric care both in general hospitals, maternity hospitals and in other special units including St Nicholas' Hospital. The senior assistant CNO will monitor all nursing services offered to children, both in hospital and the community, and have the right of access to those units as required.

The local authority needs to know the nurse who handles problems of child abuse and for the purposes of the Education Act 1981. This officer will also be the part-time director of nursing service (mental handicap).

More attention is needed to the support offered by the nursing service to the social services residential establishments, particularly in those homes that have a heavy nursing commitment. Grading for these positions will be grade one.

With a budget approaching £30,000,000, a link person is needed to liaise with the treasurer's department on a regular basis regarding establishment and financial control. An assistant CNO will take this major duty together with responsibility for servicing all the major nursing committees. The grading of this post will be grade five.

The structure proposed in this paper for Newcastle relates to a large district service but the principles outlined may match other proposals □