

The chain of command

ANTHONY CARR discusses the new posts needed at middle management level so that control is maintained, from the patient to the director, but with fewer levels of accountability.

THE CHANGES outlined for the director of nursing service show that a radical rethink is needed for middle management positions. This article concentrates on a possible management structure for the Newcastle Health Authority.

It will consist of three large units each containing a major medical teaching hospital, regional specialties and small peripheral hospitals, a large mental illness unit on five sites, a community unit, a midwifery unit, and dental hospital and mental handicap unit. The principles could apply to any district.

One important principle of the 1982 reorganisation is that much of the decision-making should be taken nearer the scene of activity. Converting this

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principle specifically to nursing suggests removing a layer of nursing management. This would allow the director of nursing service to be more closely associated with the ward than her divisional nursing officer predecessor.

A possible adverse reaction from management nursing staff could be that they have had enough of changing their jobs: "Salmon" and "Mayston" schemes in the early 1970s, reorganisation in 1974, and now reorganisation in 1982. I must admit it shows that nurse managers have a tremendous capacity to change their work without becoming totally disillusioned.

There are several considerations before an intermediate grade is proposed. The over-riding question to be asked is the one posed in health circular HC (80)8, paragraph 26(i): "In considering whether to establish a particu-

lar post the first consideration should be the work to be done. Authorities should, for example, avoid full-time posts at district level or below in any discipline or function unless they are sure that there is the work to warrant them. This should be the sole criteria for establishing posts."

Changes in the way services are organised locally also affect the way a management structure is devised. The greater financial control over unit budgets brings greater accountability to bear on the director of nursing service and consequently through his or her chain of command. The regional health authority will operate grading surveillance over nursing posts between ward sister and director of nursing service (see HN(81)34).

There is one other factor which should be included for consideration for

intermediate posts. The ratio of nurse managers to other nursing staff has reduced nationally since the late 1960s. In Newcastle a comparison of posts contained within management costs with other nursing staff since 1970 shows almost without exception a reduction. In 1970, 1.49 per cent of staff were in positions of senior nursing officer and above, as against a total of 2,625 employed nurses.

Despite the reorganisation of the NHS and the addition of the local authority nursing services, including midwifery in 1974, the ratio of senior managers had reduced to 1.04 per cent and the actual number of senior nursing staff had reduced by four.

In 1976 a new 800-bedded hospital began to open but the ratio of senior staff was again showing a reduction to 0.98 per cent. This reduction has continued up to the present time with 35 senior nurses managing 4,788 staff. If the grade of nursing officer is included, the ratios are 4.76 per cent in 1970, reducing to 2.63 per cent in 1982. (This will be discussed further next week.)

At present two grades of nurses are found at middle management level – senior nursing officers and nursing officers and, in addition, one grade of area support post entitled area nurse.

The Nurses and Midwives Whitley Council has provisionally negotiated a structure which will allow health authorities to be more flexible in their management arrangements. Essentially, the staff at middle management and at support level at district can be fitted into a grading structure as shown below.

New Grade	Corresponds to
8	existing nursing officer grade 2
7	existing nursing officer grade 1 and existing senior nursing officer grade 2
6	existing senior nursing officer grade 1
5	divisional nursing officer grade 4
4	divisional nursing officer grade 4
3	divisional nursing officer grade 3
2	divisional nursing officer grade 1
1	divisional nursing officer grade D4

New grading structure.

Two types of post have been identified by the Nurses and Midwives Whitley Council, either a staff support post or management/clinical post.

Over the last few months considerable time has been spent in Newcastle identifying the responsibilities of ward sisters (*Nursing Mirror*, March 31). Once implemented it will restore con-

siderable authority to the ward sister or charge nurse, particularly in the area of 24-hour responsibility.

This means total control of the ward environment and its policy. However, there is the continued problem of the hours worked by staff to provide cover. A sister working throughout the year with minimum sickness and study leave will be on duty for 204 days or 56 per cent of the days available. Even when on duty the sister will only cover seven-and-a-half hours of the 14 hours available on day duty.

It is estimated that to keep one grade of staff continually represented as being in charge of a ward on day duty would require a back-up of another 2.24 staff. On night duty the back-up required is another 1.5 staff. These figures illustrate the large numbers of staff needed in 24 hours to manage the patient care facilities on a ward. To give a safe service to patients' support from above in terms of co-ordination, and below from staff nurses, is essential.

Nursing superintendent

In Newcastle it is proposed that wards of a similar specialty will be grouped together and known as a nursing department. The nursing staff will be co-ordinated by a nursing superintendent.

The criteria for such a post will be: "A post of nursing superintendent will be established where the size or complexity of a nursing specialty is such that it requires either co-ordinating over a 24-hour period or, exceptionally, requires co-ordination of other departments during day duty only".

Night duty will be reorganised so that a designated night sister will report to the nursing superintendent on all matters relating to patient care and nursing policy. The nursing superintendent will monitor all the nursing services and appoint most of the staff who will work in the department, and will normally be responsible direct to the director of nursing service. The responsibilities of nursing superintendent are to be divided into five sections.

Personal to nursing superintendent. Responsible for keeping up-to-date and professionally aware of changes in clinical development and practice of nursing in the local managed area, within the district and within the profession.

She must be aware of changes nationally and locally in nursing education and to supervise students at basic and post-basic level.

The nursing superintendent is also responsible for ensuring that effective

methods of management practice are known, taught, accepted and used by sisters and charge nurses.

She identifies the training needs of sisters/charge nurses and helps them to identify their own staff's needs.

To the local department of nursing. As head of the department, the nursing superintendent ensures the provision of an efficient, effective, cost conscious nursing service to all patients and clients within the department.

Deficiencies of staff, materials and other resources are reported to the director of nursing or other designated senior nurse as outlined in the management structure of each "unit of management".

She manages the nursing staff in the department through the designated sisters and charge nurses or their deputies. Within the manpower available, each ward and nursing department must be staffed at an optimum level.

Sisters and charge nurses who have expertise in various aspects of nursing practice should be identified and their expertise made available throughout the department of nursing to the unit of management and district as needed.

The nursing superintendent formulates appropriate nursing policy within the broad policy laid down at district and unit of management level and where a policy does not exist she proposes one to the director of nursing.

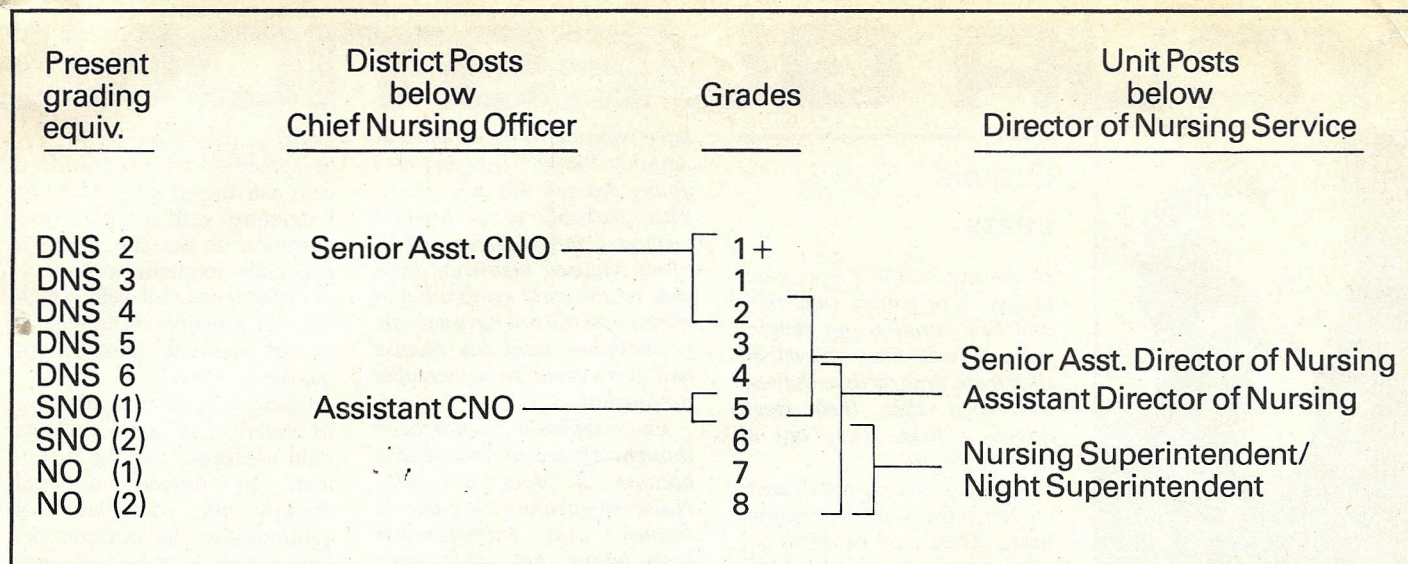
The director of nursing will delegate authority to allow the nursing superintendent to employ and allocate staff in the grades of nursing auxiliary/assistant, state enrolled nurse, senior state enrolled nurse and staff nurse. She will be present at the selection of sister or charge nurse appointments and have the right of veto over the employment of immediate subordinates.

The disciplinary procedure will be used up to and including final warning for those grades of staff responsible for appointing and up to and including first warning to sisters or charge nurses.

She monitors standards of patient care through working and visiting patient and client areas; talking to staff at formal meetings and informal discussions; meeting regularly with medical consultant staff, paramedical staff and other disciplines and organisations as required; reviewing or investigating complaints and incidents; and reviewing absence and sickness records.

She also identifies staff training needs and arranges for secondment, refreshment and retraining as appropriate.

Night duty co-ordination. Department



Grading structure for the proposed posts.

policies must be understood and continued on night duty.

The nursing superintendent receives regular reports from a designated night sister regarding the nursing service on night duty and liaises with the night nursing superintendent on the department's affairs. She is present at appointment and disciplinary committees involving night staff at sister or charge nurse level.

Nursing support and clinical interest. Most of the nursing departments will be organised so that a major specialty will be clearly defined. The nursing superintendent will develop a clinical interest and be able to demonstrate and advise sisters and other staff in the clinical situation. It will be important for her to indicate to the director of nursing service that at least the equivalent of one session a week is given to this activity.

General unit administration. Depending on the management arrangements of the unit, the holder of this post may have to take charge of the whole unit at various times of the day or at weekends. It is expected grading for these posts will be grades eight to six.

The night nurse in charge of the ward reports to the ward sister or her deputy in the evening and the following morning. The nursing superintendent will have a designated night sister or deputy reporting on matters relating to the department. It is important even with these changes that a designated senior person is present on duty during the night. The post will be titled "night nursing superintendent".

The criteria for the establishment of the post will be: "A night nursing superintendent will be established in a nursing unit of management where night duty co-ordination of staff is required above that required by the nursing superintendent of a nursing department."

Main duties

The night nursing superintendent's main duty is co-ordination. She will allocate and reallocate available staff; see that staff conform to agreed nursing and department policy; act as nursing consultant; liaise and be a point of reference to medical staff; take charge of the whole of a hospital or part of a large hospital during the night; liaise with all other non-nursing departments as required, such as pharmacy and fire officer; share in selection and discipline of staff.

The night nursing superintendent will be responsible to a senior assistant director of nursing service and will work closely with the nursing superintendents of nursing departments. Grading of these posts will be grades eight to six.

Senior assistant directors

Responsibilities placed on the director of nursing service are such that on one hand he or she will be expected to work fully with the unit administrator and senior medical consultant but at the same time be near the patient care areas.

In some of the larger units there will be more than 12 subordinates reporting direct to the director. It is reasonable to plan for some senior staff officer support to the director of nursing service. This support could be a staff officer support post, part support and part-management, or totally management. Areas of work which need to be covered include:

- night duty co-ordination;
- manpower forecasting;
- service planning and development;
- co-ordination with department of education on basic and post-basic training;
- general personnel function;
- staff appraisal co-ordination;
- recruitment and advertising;

- career development;
- in-service training;
- allocation and induction of staff;
- occupational health services;
- control of infection;
- professional development of trained staff;
- management of a majority specialty service such as geriatrics;
- acting-up for director of nursing service.

Criteria for appointment of senior assistant director of nursing: "A post of senior assistant director of nursing will be established where a director of nursing service requires co-ordination or management of a service or services which could not be carried out fully by nursing superintendents in charge of nursing departments. The function will be co-ordinated throughout the 24 hour service". Grading will be between five and two.

There will be a need in some nursing divisions to have another grade position, either to support senior assistant directors of nursing or the director of nursing service herself.

The criteria for the establishment of this type of post is: "A position of assistant director of nursing will be established where it is shown that the director of nursing service requires support that cannot be provided by senior assistant directors of nursing. Alternatively, a post can be established to support senior assistant directors of nursing in their own function.

"The job description for this position will of necessity be highly varied according to the local needs of each nursing division."

Grading for this post will be eight to four ☐

Next week: More about middle management.