

Towards Better Health Care: Health Board Organization

Volume IV



THE DEPARTMENT OF HEALTH

August 1971

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August 20, 1971

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Department of Health
Custom House
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Dear Tánaiste:

The accompanying report Towards Better Health Care: Health Board Organization describes the organization that we recommend for the Health Boards.

Three basic principles underlie our recommendations for the organization of the Health Boards at management team level and below:

1. Professional and administrative responsibility should be integrated at the various management levels to ensure that professional and administrative requirements and priorities are reconciled at an early stage in planning and implementation.
2. Management at each level should have reporting to it the necessary professional and administrative staff to deliver the appropriate mix of treatment, care and services for the target groups.
3. At each level, the management task of planning and controlling the delivery of health care should not be too large for one individual, with the appropriate staff, to handle.

This report builds on, and should be read in conjunction with, the management recommendations made in our earlier report Towards Better Health Care: Management in the Health Boards. This letter summarizes, for your convenience, the new recommendations in this report and suggested next steps.

Recommendations

There are basically five new recommendations in this report:

1. Appoint directors of community care service responsible to the programme manager, community care. These directors are the key to the community care organization structure. Each one should be responsible for the provision of the appropriate services within defined geographic boundaries. Thus, each director needs to have direct management control over the professional services providing community care - i. e., medical officers, dentists, public health nurses, health inspectors, assistance officers and social workers. Moreover, the director should also be concerned with relationships with, and any necessary development of, voluntary bodies, with the organization of general practice and with coordinating the work with the services under his direct control.

2. Appoint directors of district mental health service responsible to the programme manager, special hospital care. Effective care of the mentally ill requires particularly close integration of treatment in the mental hospital and the community because of the frequency with which individual patients tend to be discharged to the community from hospital only to be re-admitted later. Therefore, directors of district mental health service should be responsible for ensuring that all mental treatment in their district is properly developed and coordinated. In the longer term, they should assist the directors of community care service in developing the capability of those in the community care programme, particularly GPs, to diagnose and take part in the care of the community's mentally ill.

Here a Clinical Psychologist is what is needed.

3. Appoint directors of district geriatric service responsible to the programme manager, special hospital care. The primary objective of these directors is to ensure that the institutionalized geriatric patient receives the intensity of care appropriate to his needs and, specifically, to ensure that he is not arbitrarily maintained with minimal treatment in, for example, mental hospitals or expensive acute beds when his needs are otherwise.

4. For those Health Boards that require him, appoint a director, mental handicap services, responsible to the programme manager, special hospital care. The director should be primarily responsible for the care of the institutionalized mentally handicapped adult, and should work closely with the voluntary organizations that mainly provide care and services for mentally handicapped children.

As from the Admin. Assistant's Recommendation for appointment last month.

5. Provide support staff for executive management. There is a clear need in every programme for support staff to spend a high proportion of their time in work related to planning. They should work with management on all aspects of planning, including, for example, determining needs, recommending priorities, developing and communicating plans and monitoring progress. In addition, the support staff should provide executive management and administrative services as required.

Next Steps

We feel that two main steps are needed before Health Boards can implement their new organization:

1. Gain general agreement to the principles of organization for Health Boards. Despite the discussions we have already had, there is still a clear need for further discussions. Therefore, your Department should initiate discussions with the management of Health Boards and representatives of professional and administrative staff in order to reach broad understanding so that the necessary decisions can be taken.

2. Work out the organization for each Health Board. Each CEO, with his management team when appointed, should work out the detailed implications of the agreed form of organization for the Health Board. A great deal of detailed work may remain to be done in some Health Boards to draw the boundaries for communities and districts and to work out the specific posts required at each level for management and support staff.

Respectfully submitted,

McKinsey & Company, Inc.

TOWARDS BETTER HEALTH CARE:

HEALTH BOARD ORGANIZATION

THE DEPARTMENT OF HEALTH

VOLUME IV

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TOWARDS BETTER HEALTH CARE:

HEALTH BOARD ORGANIZATION

THE DEPARTMENT OF HEALTH

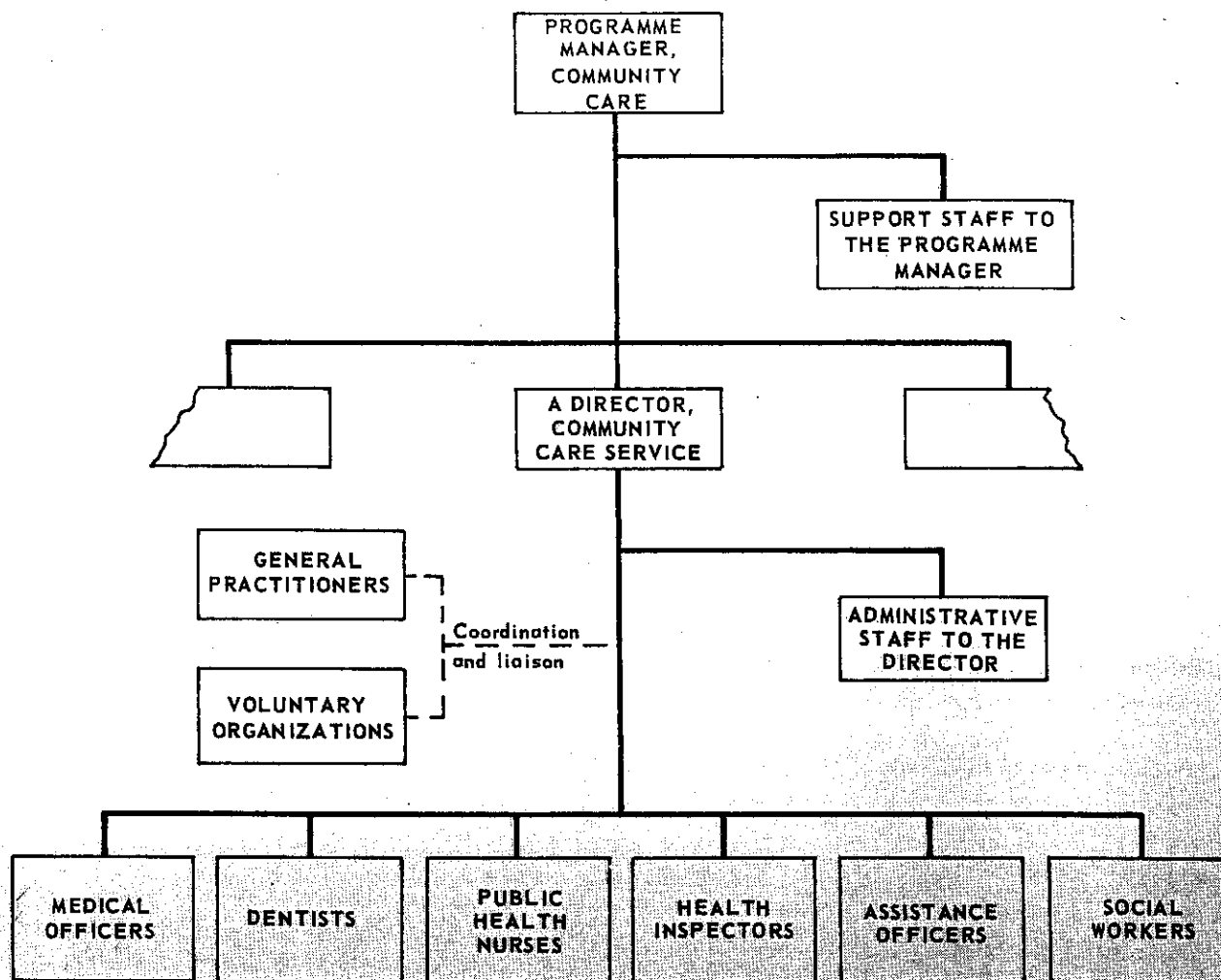
This is a management report. We recognize the importance of the many people in the Irish Health Service who actually deliver health care. If we seem to give inadequate coverage in this report to these dedicated people it is because we are writing specifically about organization and management.

In developing organizational recommendations, we have taken the objective of the Health Boards to be: to identify the health needs of the population and to deliver the appropriate mix of effective treatment, care and services efficiently and economically. In our opinion, this objective will be more readily achieved if the work that the Health Boards do is divided into selfcontained sections, each fully under the direction of one person at each management level. The organization of the Health Boards should therefore be governed by three principles. First, professional and administrative responsibility should be integrated at each management level to ensure that professional and administrative requirements and priorities are reconciled at an early stage in planning and implementation. Second, management at each level should have reporting to it the necessary professional and administrative staff to deliver the appropriate mix of treatment, care and services to the target groups. Clearly, however, the clinical freedom and responsibility of professional staff must not be jeopardized. Third, the management task - planning, initiating action in, and controlling the delivery of health care services - at each level should not be too large for one person, with the appropriate staff, to handle (see our separate report on the recommended planning process).

The structure and broad responsibilities of the management team (chief executive officer, programme managers and functional officers) as recommended in our first report have already been agreed by each Health Board. This report expands on the agreed structure by describing further the organization below each member of the management team. The report is in six sections:

- ¶ Community care staff
- ¶ Special hospital care staff
- ¶ General hospital care staff
- ¶ Functional officers

PROPOSED ORGANIZATION FOR COMMUNITY CARE IN HEALTH BOARDS



Note: Positions on this chart do not necessarily indicate relative status

¶ Technical services officer

¶ Next steps.

The wide variation between Health Boards in size and complexity makes it inevitable that a single document like this, covering all Health Boards, will be somewhat general. Nevertheless, we believe that the basic structure as outlined here is applicable to each of the Health Boards, and can be tailored to meet particular needs. The appendix contains some more detailed draft job descriptions for posts not already covered by job descriptions in our earlier report.

COMMUNITY CARE STAFF

There should be three levels of management with executive responsibility in community care: the programme manager, directors of community care service and senior or superintendent professional staff. In addition, the programme manager and directors of community care service should be supported by their own administrative staff (Exhibit I).

The directors of community care service are the key to the community care organization structure. The Health Board's area should be divided into a number of communities, each to be managed by a director of community care service, who should be responsible for the provision of all community care services within his community. Thus, each director should have direct management responsibility for the professional and other staff who provide community care - i.e., medical officers, dentists, public health nurses, health inspectors, assistance officers, social workers and others. All professional staff involved in providing or managing health care services should work specifically in a community under a director of community care service.

The director should also be concerned with relationships with, and any necessary development of, voluntary bodies, with the organization of general practice, and with coordinating the work with the services under his direct control.

There are no hard and fast rules for determining the number of communities and their boundaries, but some general principles can be applied. The community should be large enough to support the minimum economic level of each service required for comprehensive care, but should not be too large for the director to plan and control the many different services effectively. Moreover, in the larger Health Boards, there should not be more communities than can be overseen effectively by the programme manager. In practice, we suggest that community boundaries should be drawn to include population levels of 40,000-100,000. The lower limit would justify employment of, for example, a number of full-time social workers, and the upper limit would still be

manageable (for example, such a community would contain 40-50 general practitioners and about 25 public health nurses) and would serve to limit the number of communities in larger Health Boards. Counties will often be of a suitable size for a community, with possible adjustments to take account of travelling time, natural geographic boundaries, etc.

Where there is a centralized, functional organization, as in Dublin, it is likely to be more difficult to implement a community-based organization than elsewhere. Nevertheless, in our view, the community concept is particularly desirable in the cities because there is likely to be a wider range of services covering a small geographic area. Effective care of the individual means that all these services need to be planned in concert, and several will often have to be brought together to treat one person. However, we recognize that implementation may take longer under urban conditions than elsewhere. In Dublin, and perhaps in other cities, obvious boundaries that divide the city into communities of the right size may not exist. In the end an arbitrary decision may be necessary, but some factors that might be taken into consideration include hospital catchment areas, local authority boundaries and districts in the special hospital care programme.

The remainder of this section outlines the responsibility of the posts mainly involved in planning and managing community care:

- ¶ Programme manager, community care
- ¶ Support staff to the programme manager
- ¶ Director, community care service
- ¶ Administrative staff to the director
- ¶ Senior or superintendent professional staff.

Programme Manager, Community Care

Our first report recommended that the programme manager, as leader of the community care effort, should ensure that consistently high levels of community care are provided in each of the Board's communities and that, as a member of the management team, he should also ensure that community care services reflect what is happening in the hospital programmes and vice versa. Specifically, the programme manager, community care, will have six principal management duties and responsibilities:

1. To identify the major priorities in the programme

1. Determine needs and priorities and resources. ✓
2. Setting objectives .
3. Consideration of alternatives.
4. The detailed plan and consultation . ✓
5. Logistics planning .
6. Strategy of implementation .
7. Implementation .
8. Feedback.
9. Evaluation .
10. Reassessment of needs. →

McKissey states that the above should be the duties and objectives of both the Programme manager (at an overall level) and the director of Community Care (at Community level).

also
see
over

2. To develop and cost plans for the services within his programme
3. To ensure that the plans, when agreed, are put into operation appropriately
4. To initiate action for the reallocation of resources in response to changes inside and outside the programme
5. To establish a high level of efficiency in the services provided in the programme, consistent with his objectives for developing professional and administrative staff
6. To enhance the effectiveness of his officers and their staff.

The programme manager should concentrate on planning and motivating the directors of community care service to ensure that priorities for their work are determined and communicated and that their targets are agreed and achieved. To help him, the programme manager should have a support staff.

The professional and other staff delivering health care in the community should not be responsible directly to the programme manager. They should be responsible to the appropriate director of community care service. Thus, as explained in our first report, we do not recommend the appointment of special advisers to the programme manager. Moreover, since the directors of community care service are to be responsible for the comprehensive care of people outside hospitals, they must have management control over the staff providing services.

Support Staff to the Programme Manager, Community Care

In every community care programme, one or more assistants should be involved for a high proportion of their time in work related to planning. The support staff should work with executive management on all aspects of planning, including determining needs for services, recommending priorities, developing and communicating plans and monitoring progress.

Each Health Board should determine the number and grade of staff required for this planning and administrative support, bearing in mind the complexity of the subprogrammes in each community care programme, and the fact that the work load will be shared between the support staff, the planning and evaluation officer and directors of community care service and their staff.

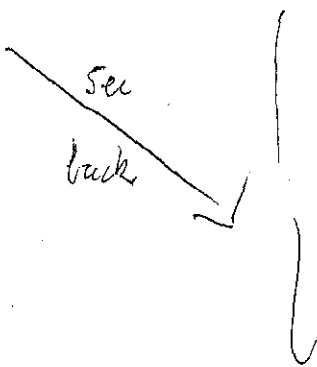
We would expect that suitable candidates for positions in the support staff would be found in the existing staff in each Health Board. The principal duties and responsibilities of the support staff are

1. To assist in the compilation of programme plans
2. To monitor the implementation of agreed action plans
3. To supervise the collection and distribution of management information
4. To assist in the development of project work
5. To help in identifying and tackling opportunities for improving the impact and efficiency of community care services.

Thus, the primary role of the support staff is to assist the programme manager, community care. This staff should have no authority over directors of community care service, nor over professional or administrative staff in the community teams. In other words, the support staff should only be able to generate direct action by persuasion; otherwise, it should work through the programme manager.

Director,
Community Care Service

The director of community care service is essentially responsible for developing and implementing the community care programme of the Health Board in so far as it applies to his community. Thus, he works closely with the programme manager, the programme manager's support staff and his own medical officers, senior or superintendent staff and administrative staff. In addition, the director should be responsible for ensuring that the efforts of voluntary agencies and general practitioners are coordinated with the activities of the Health Board. Thus, the principal duties and responsibilities of the director of community care service are

- 
1. To assess and agree priorities for health care needs and services in the community with the programme manager, community care
 2. To develop targets and plans for services in the community
 3. To ensure that plans for the community, when agreed, are put into action appropriately

4. To follow up and report on performance of services
5. To establish a high level of efficiency in the services in his community
6. To enhance the effectiveness of the senior members of his community care team and their staff.

The first task of the director will be to ensure that the needs of his community are identified and that the various services work together to supply each individual with the mix of care appropriate to his needs.

Administrative Staff
To the Director,
Community Care Service

Each director of community care service will need a small administrative staff. The number and grading of a director's administrative support staff will depend on the size of the community and on the administrative ability and inclinations of the director and his professional staff. Sometimes it will be one person. The principal duties and responsibilities of the director's administrative staff are

1. To assist in the compilation of plans for the community
2. To administer the information systems required to coordinate the different services for patients in the community
3. To provide management information for the community team
4. To provide general administrative services to the director and the community care team.

Senior or Superintendent
Professional Staff

Where there are senior or superintendent professional staff, such as senior dentists or superintendent health nurses, they should be responsible for the management aspects of their specialty in the community. This would include working with the director of community care service to identify needs, determine priorities, and implement any agreed changes, as well as undertaking the day-to-day direction of their staff's efforts. Under the director of community care service medical officers (ACMOs) should continue to run school health inspections, child health clinics, etc.

Within each Health Board one member of each profession at the senior or superintendent level working to a director of community care service should be nominated to advise the programme manager, community care, on professional matters based on the collective experience or considered view of the profession. The method by which nominations for this task should be made remains to be decided.

SPECIAL HOSPITAL CARE STAFF

The larger Health Boards will have a separate programme manager for special hospital care, but in smaller Boards a single programme manager will be responsible for both special hospital care and general hospital care. Nevertheless, we recommend that in all Boards the organization for special hospital care below the programme manager should consist of planning and administrative support staff to the programme manager, directors of district mental health service and directors of district geriatric service (Exhibit II). In addition, where the need for and availability of mental handicap services justifies it, the Health Board should have one director of mental handicap service reporting to the programme manager.*

Programme Manager, Special Hospital Care

The programme manager should work with his directors to ensure that patients who do not need long-term hospitalization get the necessary rehabilitation and outpatient or community care, and that those who do remain in hospital receive the level of care appropriate to their particular needs. He should also work with other programme managers to ensure the necessary development and coordination of plans and activities to meet the needs of the old, the mentally ill and the mentally handicapped. Specifically, the principal duties and responsibilities of the programme manager, special hospital care, are

1. To determine needs and propose targets for special hospital care
2. To prepare plans and estimates of resources required for special hospital care in the light of these targets
3. To ensure that plans for special hospital care are put into effect and that expenditure is kept within budget

* - We have not recommended specific organizational responsibility for the physically handicapped. In Health Boards where the community care organization cannot cope with all the physically handicapped, special arrangements will be necessary.

4. To initiate changes, as required, in plans for providing special hospital care
5. To develop a high level of efficiency in the special hospital care programme.

Support Staff to the
Programme Manager,
Special Hospital Care

The number and grades of the support staff will depend on the size and complexity of the special hospital care programme. Sometimes one person may be sufficient. In larger Health Boards, justifying more than one senior member of the support staff, we recommend that there should be separate support sections for the mental health and geriatric subprogrammes.

The programme manager's support staff should have no direct authority or responsibility over directors or professional and administrative staff underneath directors. Nevertheless, the role of the support staff is critical, particularly in planning and in providing the vital administrative services necessary for monitoring performance. The principal responsibilities of the special hospital care programme manager's support staff are

1. To assist in the compilation of programme plans
2. To monitor the implementation of specific action plans
3. To supervise and coordinate the collection and distribution of management information
4. To assist in the development of project work
5. To help in identifying and tackling opportunities arising in the special hospital care programme.

Director, District
Mental Health Service

Each Board should be divided into a number of districts based on mental institutions - ideally, the same districts as for community care. In general, we would expect a district to include up to 100,000 people, so that even the smallest Health Board would be expected to have at least two directors of mental health service.

Effective care of the mentally ill requires particularly close integration of treatment in the mental hospital and the community because of the frequency with which individual patients tend to be discharged to the community, day centre or hostel only to be readmitted later. Therefore, the director, district mental health service, should be responsible for ensuring that all mental treatment is properly developed and coordinated. In the longer term, he should assist the directors of community care service in developing the ability of those in the community care programme, particularly GPs, to diagnose and take part in the care of the community's mentally ill.

The principal management* duties and responsibilities of the director, district mental health service, are

1. To determine the needs of the mentally ill in the district, and to propose priorities and targets for the development of treatment and care
2. To develop plans, and estimate resources required for the care of the mentally ill in the light of these targets
3. To ensure that plans are put into effect, and to initiate changes as necessary to achieve targets within budgeted expenditure
4. To develop and maintain a high level of efficiency in the service providing care for the mentally ill
5. To increase the effectiveness of staff providing care for the mentally ill.

Although mental hospitals are used extensively for geriatric and mental handicap patients, we recommend that the director of district mental health service should be the person primarily responsible for mental hospitals in the district, since he is the major user. Clearly, however, decisions significantly affecting geriatric or mental handicap patients in the hospital should involve the appropriate director of district geriatric service and director of mental handicap service, if any. In time, we would anticipate that, with proper assessment of patients and their segregation by treatment needs, there would be few conflicts in any institution between directors of subprogrammes. In the meantime, we recommend that all the directors involved should meet periodically with the hospital administrator and chief nurse(s) to sort out common problems.

* - The management responsibilities of the director are obviously in addition to clinical responsibilities.

Director, District
Geriatric Service

Each Board area should also be divided into districts for the care of geriatric patients* in institutions. Each district should be the responsibility of a director of district geriatric service and should contain about 100,000 people, who would need about 500 geriatric beds (including welfare beds). Ideally, district boundaries would again coincide with community care boundaries. The primary objective of this recommendation is to ensure that geriatric patients receive the level of care appropriate to their needs and are not arbitrarily maintained with minimal treatment in, for example, mental hospitals or expensive acute beds, when their needs are otherwise.

In contrast to the director of district mental health service, the director of district geriatric service should not be directly responsible for the care of the aged in the community. The necessary professional skills are available to the directors of community care, and the needs of individual geriatric patients are not likely to be divided between institutional and community care to the same degree as in the mental health subprogramme. Nevertheless, there is a clear need to coordinate plans for caring for the aged in the community and in institutions, and to ensure that the needs of people in county homes and district hospitals are not overlooked. The principal duties and responsibilities of the director, district geriatric service, are

1. To determine the needs of geriatric patients in the district's hospitals, homes and other institutions, and to propose priorities and targets for the development of treatment and care
2. To develop plans and estimates of resources required for the care of geriatric patients in the light of these targets

* - There is no accepted, precise definition of the geriatric patient. The 65 years of age criterion is being questioned on the grounds that the trends for 75-year olds and over are more relevant to the future needs for care of the aged. The 'old people without acute symptoms' definition is not completely satisfactory because many old people are likely to enter the hospital system as acute cases although, after initial treatment, they may stay in hospital but be classified as geriatric cases. Thus, in planning and managing the geriatric subprogramme there is a need for flexibility between the special and general hospital care programmes.

3. To ensure that plans are put into effect, and to initiate changes as necessary to achieve targets within budgeted expenditure
4. To develop and maintain a high level of efficiency in the institutional services providing care for geriatric patients
5. To increase the effectiveness of all staff providing care for the geriatric patients in the district's hospitals, homes and other institutions.

Director, Mental
Handicap Service

In the Eastern and Southern Health Boards, and maybe in some of the other larger Boards, there should be one director of mental handicap service responsible to the programme manager, special hospital care. Where a director cannot be justified, responsibility for the mentally handicapped in the Board's institutions will have to be assigned to other directors.

The principal management duties and responsibilities of the director, mental handicap service, are

1. To determine the needs of, and propose priorities and targets for, the development of care for the mentally handicapped
2. To develop plans and estimates of resources required for the care of the mentally handicapped in the light of these targets
3. To ensure that plans are put into effect, and to initiate changes as necessary to achieve targets within budgeted expenditure
4. To develop and maintain a high level of efficiency in the services providing care for the mentally handicapped
5. To increase the effectiveness of all staff providing care for the mentally handicapped.

Mental Hospital Administrator

One result of the organizational recommendations for special hospital care will be the assessment and regrouping of patients in mental hospitals according to treatment needs. In effect separate units will be created within large mental hospitals, serving different subprogrammes with their own appropriate treatment levels. Nevertheless, the nonclinical aspects of the large institutions - for example, the provision of catering and domestic services for the wards, etc. - will still have to be administered for the hospital as a whole if they are to be economic. Thus, we see a continuing need for an administrator for large mental hospitals, responsible principally to the appropriate director of district mental health service, but in fact providing services for all directors using the hospital. His principal responsibilities and duties are

1. To administer the day-to-day running of the hospital in all nonclinical areas
2. To assist in improving facilities for the treatment of all patients
3. To assist in the development of appropriate management information systems for motivating and measuring the performance of all staff
4. To identify and introduce new ways to reduce costs
5. To ensure that hospital projects included in the Health Board's annual plan are properly implemented
6. To advise on significant problems and opportunities requiring management attention.

GENERAL HOSPITAL CARE STAFF

The main recommendations affecting general hospital care have already been made in our earlier report Towards Better Health Care: Management in the Health Boards (Volumes I and II). These recommendations were the appointment of a programme manager, general hospital care, the creation of executive committees for hospitals with a large number of consultants and the appointment of hospital administrators. In other respects, we would expect the organization of general hospitals to be largely unchanged, although we anticipate that the introduction of programme planning and better control systems would change the ways in which the organization works.

Programme Manager,
General Hospital Care

As indicated in the earlier report, the basic task of the programme manager, general hospital care, is to ensure that needs in the Board for treatment of acute patients are satisfied effectively and economically. In particular, he should be concerned with the total provision of general hospital care rather than with the priorities and demands of particular hospitals.

The principal duties and responsibilities of the programme manager, general hospital care, are

1. To determine needs and propose targets for general hospital services
2. To prepare plans and estimates of resources required for services provided by general hospitals in the light of these targets
3. To ensure that the plans for providing services in general hospitals are put into effect and that expenditure is kept within budget
4. To initiate changes, as required, in plans for providing general hospital services
5. To develop a high level of efficiency in the general hospital care programme.

In addition to working closely with other members of the management team, a programme manager in a Board with a significant number of voluntary hospitals will need to work closely with the Regional Hospital Board, and the voluntary hospitals themselves, in order to identify the total need in the Health Board for general hospital care, and to determine what proportion of that need he should plan to satisfy in the Board's hospitals.

Support Staff to the
 Programme Manager,
General Hospital Care

In addition to administrators in hospitals, the programme manager will need a personal support staff. The size and the grades of the staff will depend on the size and complexity of the general hospital care programme. In some cases it may be only one person. This support staff should mainly assist the

programme manager to develop and monitor plans for the general hospital care programme. It should not have direct responsibility for the administration of the hospitals. The principal duties and responsibilities of the support staff are

1. To assist in the compilation of programme plans
2. To monitor the implementation of specific action plans
3. To supervise and coordinate the collection and distribution of management information
4. To assist in the development of project work
5. To help in identifying and tackling opportunities arising in the general hospital care programme.

Hospital Administrators

Each major hospital should have a competent, and in due course an appropriately trained, resident hospital administrator. Smaller hospitals should be grouped under one administrator, probably based with the programme manager at the Health Board. The principal duties and responsibilities of a hospital administrator are

1. To administer the day-to-day running of the hospital in all nonclinical areas
2. To assist consultants in improving facilities for the treatment of all patients
3. To facilitate the quick and comfortable return to the community of all patients, as soon as they are fit for release
4. To assist in the development of appropriate management information systems for motivating and measuring the performance of all staff
5. To identify and introduce new ways to reduce costs
6. To ensure that hospital projects included in the Health Board's annual plan are properly implemented
7. To advise the programme manager, general hospital care, of all significant problems and opportunities requiring management attention.

Where there is an executive committee, the hospital administrator should be responsible to it; where there is no executive committee, or where statutes require it, he should be directly responsible to the programme manager.

FUNCTIONAL OFFICERS

In our earlier report we recommended the appointment to the management team of a finance officer, personnel officer and planning and evaluation officer. In smaller Boards, we recommended that the posts of finance officer and planning and evaluation officer should be combined. These officers should all be located at Health Board headquarters.

No general recommendations can be made on the staffing below these officers, because of the wide variation between Health Boards. It will depend on the degree to which tasks - particularly finance and personnel - are centralized. Thus, the first task for a functional officer on appointment should be to examine critically the current and anticipated need for staff and to develop staffing proposals. The biggest potential problems are likely to be in the larger Health Boards but, because of the previous existence of joint health authorities in these Health Boards, we would anticipate that the existing organization could continue until specific needs become clear.

Finance Officer

The principal duties and responsibilities of the finance officer are

1. To prepare budget estimates for the Board and for the CEO
2. To secure the income of the Board and to control expenditure within the budget limits approved by the Board and by the Department
3. To prepare the required statutory accounts and ensure that Health Board funds are properly applied to the services for which they were provided
4. To provide financial and accounting services for the CEO and the other managers of the Board
5. To develop and control effective central management services (e.g., O & M, purchasing, and, in some large Boards, computer services)
6. To ensure that the Board's assets are appropriately recorded and safeguarded.

Personnel Officer

The principal duties and responsibilities of the personnel officer are

1. To provide imaginative training programmes for all personnel so that they may discharge their present functions more effectively and may develop their full career potential in the health services
2. To determine and provide for future manpower needs
3. To ensure that cooperative working relationships are developed and maintained with all personnel.

Planning and Evaluation Officer

The principal duties and responsibilities of the planning and evaluation officer, as a separate post or combined with the finance officer, are

1. To assist the CEO and programme managers to determine area health care needs and priorities, and to evaluate the results of the existing health care programmes designed to cater for them
2. To provide information required by programme managers in developing plans, and to support the CEO in developing a consolidated Health Board plan - particularly where the provision of care to meet specific needs involves action in more than one programme area
3. To help the CEO to monitor implementation of all health care programmes and to ensure that service objectives are achieved within budget.

Initially the planning and evaluation officer should have a minimal staff. He should achieve his ends by working with programme managers, directors, and programme support staff.

TECHNICAL SERVICES OFFICER

The principal responsibilities of the technical services officer* should be

1. To prepare, in consultation with appropriate officers and advisers, estimates of the cost of proposed programmes for maintenance of buildings and plant
2. To draw up or, in appropriate circumstances to arrange for the development of, plans and contract arrangements for the implementation of approved maintenance programmes
3. To ensure that all Health Board buildings and equipment are adequately maintained in accordance with the approved maintenance programme
4. To provide advisory services as appropriate in the development and execution of capital projects.

Where joint health authorities existed before the Health Act, we would not anticipate any major change in the maintenance staff. However, where a Health Board has been made up by transfers from a number of local authorities, there is likely to be an immediate need for the appointment of a technical services officer to be responsible for the routine upkeep of the Board's buildings.

Each Health Board spends substantial revenue funds on the maintenance of buildings and equipment. An effective technical services officer would be expected to identify opportunities to

- ¶ Phase out buildings and equipment that incur substantial maintenance costs
- ¶ Purchase equipment that is more reliable, easy to maintain and standardized throughout the health service
- ¶ Develop planned maintenance procedures that ensure greater equipment availability.

We would not expect the technical services officer to manage major capital projects in any Boards; these would be contracted out to professional firms or managed by the Regional Hospital Board, if it has the appropriate staff.

* - Referred to as 'maintenance officer' in our earlier report, Volumes I and II

NEXT STEPS

There are two main phases in setting up the required organization in the Health Boards: first, gain general agreement on the form of the Health Board organization; second, design and implement a detailed organization structure that meets each Health Board's particular requirements.

Gain General Agreement to Health Board Organization

This report has outlined the organization we recommend for Health Boards insofar as it has been possible to generalize about eight very different bodies. At this stage, we believe the concept should be clarified and discussed further.

The first step should be to reach agreement on the general form of the organization below the management team in Health Boards. The Department should initiate discussions on the recommendations in this report with all those primarily concerned, including CEOs and representatives of professional and administrative staff. Clearly, the end result of these discussions should be an agreed organization structure for Health Boards that meets health care's urgent management need, and is acceptable to the people who will have to work it.

Design and Implement Each Health Board's Organization

Even when the form of organization has been agreed, there will be a great deal still to be done to implement the new organization in each Health Board. Three main steps are involved:

1. Work out the organization for each Health Board. Each CEO, with his management team when appointed, should work out the detailed implications of the agreed form of organization for his Health Board. A priority task for the new management teams is to work out the specific posts required at each level for management and support staff and, where necessary, to define boundaries for communities and districts.

2. Appoint staff to the new positions in each Health Board. Having worked out the detailed organization, management will be in a position to determine the extent to which suitable staff is available to fill the new positions. Any difficulties in fitting existing staff into the new organization, or in finding suitable candidates for new positions, will now become clear. As many staff as possible should be transferred to the new organization. At the same time, the management team should plan the rate at which it proposes to move completely to the new organization, and should initiate the necessary steps in time - for example, by referring appropriate jobs available to the Local Appointments Commission for filling.

3. Prepare job description for each position as soon as it is filled. *

We have prepared preliminary job descriptions for a number of positions and included them in the appendix. In particular, the major tasks to be accomplished for the coming year should be clearly specified, to ensure that those occupying the key positions have a clear focus on the important things that need to be done immediately.

* - For the recommended procedure, see Volume II of our earlier report, Appendix D, Pages D - 1, 2.

Telephone 42961

Scol aon fhreagra chun :—
(Address any reply to :—)

AN RÚNAÍ
(The Secretary)

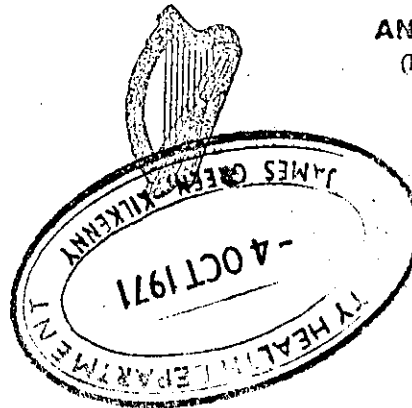
Ié'n uimhir seo :—
(quoting :—)

AN ROINN SLAINTE
(Department of Health)

TEACH AN CHUSTAIM
(Custom House)

BAILE ÁTHA CLIATH 1
(Dublin 1.)

/ October, 1971.



A Chara,

I enclose a copy of the fourth and final volume of the McKinsey Report which deals with the organisation of health boards below the management team level.

The report does not deal with the qualifications required for any of the officers recommended in it. The prescription of qualifications is a matter for the Minister. However, at this stage, the Minister thinks it desirable to let you know that he would consider it essential that where posts of directors of services as described were created (whether for the community care service, the psychiatric service or the geriatric service) the holder should be an appropriately qualified medical practitioner. It seems clear that, in the immediate future, most of the posts in the first two of these categories would be filled by county medical officers and resident medical superintendents of psychiatric hospitals, with changes in duties such as are outlined in the report. Similarly, most of the other suggested posts would be filled by existing administrative or professional staff.

The views of your organisation on the report would be welcomed. If desired, arrangements can be made to discuss it with a deputation from your organisation.

Mise, le meas,

B. Hensley

Secretary,
Society of Medical Officers of Health,
John's Green,
Kilkenny.

16 OCT 1971

APPENDIX A - JOB DESCRIPTIONS
COMMUNITY CARE

JOB DESCRIPTIONS

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Support Staff to Programme Manager, Community Care	A - 1
Director, Community Care Service	A - 5
Administrative Staff to Director, Community Care Service	A - 11
Responsibilities for Major Activities in Community Care	A - 14

**JOB
DESCRIPTION**SUPPORT STAFF TOPROGRAMME MANAGER, COMMUNITY CAREPURPOSE OF JOB

The support staff provides the programme manager, community care, with the necessary planning and administrative support to manage the programme. Its principal duties and responsibilities are

1. To assist in the compilation of programme plans
2. To monitor the implementation of agreed action plans
3. To supervise the collection and distribution of management information
4. To assist in the development of project work
5. To help in identifying and tackling opportunities for improving the impact and efficiency of community care services.

REPORTING RELATIONSHIPS

1. Reports to: Programme manager, community care.

WORKING RELATIONSHIPS

1. Works with planning and evaluation officer or his staff
 - 1.1 To prepare the information base on which programme plans will be built
 - 1.2 To identify changes in all subprogrammes and produce updated programme definition statements
 - 1.3 To help the programme manager to monitor and evaluate specific pilot projects
 - 1.4 To prepare draft programme plans.
2. Works with finance officer or his staff
 - 2.1 To prepare allocation proposals for all subprogrammes
 - 2.2 To draw up budgets.
 - 2.3 To monitor expenditure against budget and advise on the need for corrective action where appropriate.
3. Works with directors of community care service or their staffs
 - 3.1 To discuss and prepare draft programme plans
 - 3.2 To get their views on budgets and action plans
 - 3.3 To monitor performance against agreed targets.

PRINCIPAL DUTIES AND RESPONSIBILITIES

1. To assist in the compilation of programme plans by
 - 1.1 Reviewing past performance against agreed targets and ensuring the continued relevance and usefulness of objectives
 - 1.2 Updating programme definition statements to reflect new national and regional guidelines
 - 1.3 Assisting in the determination of area priorities for the review and approval of the Health Board

- 1.4 Producing the programme draft plan for the programme manager to review with the management team
- 1.5 Helping to draft detailed action plans and budgets for each community for the programme manager to agree with the director concerned.
2. To monitor the implementation of agreed action plans by
 - 2.1 Monitoring progress on each task against agreed targets for timing, cost and impact
 - 2.2 Identifying performance gaps and suggesting the action needed to correct them
 - 2.3 Keeping the programme manager advised of progress and delays in achieving the agreed end results.
3. To supervise the collection and distribution of management information by
 - 3.1 Advising directors of community care service of the performance indicators needed for programme management
 - 3.2 Assisting in setting up the procedures for collecting the information in each community
 - 3.3 Collating and evaluating the information
 - 3.4 Distributing the information to the appropriate people on a regular and informative basis
 - 3.5 Advising professional staff on the planning and administrative aspects of their jobs.
4. To assist in the development of project work by
 - 4.1 Assisting in the selection and briefing of people involved
 - 4.2 Drafting the project outline, timetable and responsibilities
 - 4.3 Participating in the analysis and evaluation of results obtained and in documenting recommendations.
5. To help in identifying and tackling opportunities for improving the impact and efficiency of community care services by
 - 5.1 Reviewing performance differences between communities to identify possible anomalies
 - 5.2 Suggesting specific ways to improve the service or release resources for other improvements
 - 5.3 Carrying out specific analyses to evaluate or confirm possible improvement opportunities.

LIMITS OF AUTHORITY

The support staff has no authority over the directors of community care service nor over professionals providing services in the field.

PERFORMANCE MEASURES

1. Contribution to the development of programme plans
2. Ability to prepare information for the programme manager
3. Satisfactory completion of specified projects
4. Success in building satisfactory working relationships with directors of community care service and other officers.

**JOB
DESCRIPTION**DIRECTOR, COMMUNITY CARE SERVICE*PURPOSE OF JOB

The director, community care service, manages all health care services in the community. His principal duties and responsibilities are

1. To assess and agree priorities for health care needs and services in the community with the programme manager, community care
2. To develop targets and plans for services in the community
3. To ensure that plans for the community, when agreed, are put into action appropriately
4. To follow up and report on performance of services
5. To establish a high level of efficiency in the services in his community
6. To enhance the effectiveness of the senior members of his community care team and their staff.

* - Community care service includes primary medical care (e.g., GP, public health nurse services), environmental protection, preventive care (the collective and individual prevention of disease by immunization, health education and early diagnosis) and social services.

REPORTING RELATIONSHIPS

1. Reports to: Programme manager, community care
2. Supervises: Senior and superintendent professional officers (e.g., medical officers, superintendent public health nurses), or, in their absence, professionals working in the field (e.g., public health nurses)
Administrative officers.

WORKING RELATIONSHIPS

1. Works with the personnel officer to assess his team's needs for training and career development, and promotional prospects.
2. Works with the finance officer to monitor expenditure against budget and to isolate variances requiring remedial action.
3. Works with the planning and evaluation officer to determine key information requirements for the community team, and to formulate ways of gathering the information needed by the community team and by the programme manager, community care.
4. Works with other directors of community care service to identify mutual problems and opportunities and to communicate tested approaches.
5. Works with family doctors
 - 5.1 To coordinate the services provided by family doctors and other community care agencies
 - 5.2 To encourage family doctors to support efforts to keep people out of hospital, for example, by not bypassing assessment procedures
 - 5.3 To gain their commitment to and support for the community's plan.
6. Works with voluntary organizations and local organizers
 - 6.1 To encourage the expansion of needed voluntary services or their creation where none exists
 - 6.2 To encourage them to work together and with Health Board staff (e.g., public health nurses, assistance officers) in providing services.

PRINCIPAL DUTIES
AND RESPONSIBILITIES

1. To assess and agree priorities for health care needs in the community with the programme manager, community care, by
 - 1.1 Determining information required to assess these needs
 - 1.2 Collecting this information, for example, by means of survey or assessment techniques and analysis of existing records
 - 1.3 Relating the community need to the services currently available for providing community care and assessing the need for services that are not currently available
 - 1.4 Identifying gaps in, or over-provision of, each element of the service and deciding on priorities for correcting them.
2. To develop targets and plans for the services in the community by
 - 2.1 Analysing the major targets to be achieved in the community, and estimating the resources required to supply the services involved
 - 2.2 Determining the feasibility of the alternative ways in which the major targets can be achieved
 - 2.3 Drawing up, costing and, where appropriate, selecting action plans with his senior and superintendent officers to achieve the major targets*
 - 2.4 Specifying the people responsible for specific parts of the plan and agreeing the dates by which they should be accomplished and how performance will be measured
 - 2.5 Drawing up an overall plan for the community and presenting this plan, action plans, targets and budget to the programme manager for discussion, modification and approval.

* - In most cases, the director should discuss targets and plans with his superintendent/senior professional officers and then let them decide in detail what targets would be appropriate. However, he may have to intervene where he feels that targets or plans resulting are not consistent with the overall community needs.

3. To ensure that plans for the community, when agreed, are put into operation appropriately by
 - 3.1 Discussing each step of each action plan with the people involved, so that they understand clearly their responsibilities, the targets to which they are directed, the methods and dates by which these should be achieved and the resources available
 - 3.2 Reviewing, on a regular basis and with the people involved, the progress of each step of each plan
 - 3.3 Discussing and agreeing targets and the means of reaching them with voluntary agencies and offering advice, encouragement and professional services where appropriate
 - 3.4 Ensuring that the work of providing for the disadvantaged is carried out as sensitively as possible
 - 3.5 Publicizing community care services to those for whom the services are made available.
4. To follow up and report on performance of services by
 - 4.1 Determining on a regular basis the major targets that are not being met, as well as any related problems and opportunities
 - 4.2 Monitoring actual expenditure against budget
 - 4.3 Agreeing with the officers the major causes for the targets not being met and the significance of related problems and opportunities
 - 4.4 Consulting the programme manager, community care, and other officers as to whether reallocation of resources is necessary to achieve targets, to cope with related problems and to exploit opportunities
 - 4.5 Agreeing with the programme manager and his senior and superintendent officers what changes, if any, should be initiated
 - 4.6 Amending the action plans and discussing each change with the people involved
 - 4.7 Reviewing regularly the performance of the services in which these changes have been made
 - 4.8 Reporting annually to the programme manager on the performance of health care services in the community.

5. To establish a high level of efficiency in the services in his community by
 - 5.1 Preparing and submitting to the programme manager, community care, regular reports on the performance, in output and financial terms, of the services in his community
 - 5.2 Seeking constantly opportunities to improve performance and release resources for further improvements
 - 5.3 Cooperating with pilot projects aimed at improving the efficiency of community care services at Health Board and national levels.

6. To enhance the effectiveness of the senior members of the community team and their staff by
 - 6.1 Ensuring that each section and activity has a clear purpose, that tasks are balanced and performance in the community is reviewed periodically during the year
 - 6.2 Planning the needs of his administration for personnel and encouraging officers and staff to keep their knowledge and training up to date so as to ensure a supply of suitable qualified and trained people and satisfy their career expectations whether within or outside his administration
 - 6.3 Ensuring, where appropriate, that field workers cooperate and plan their casework rationally to provide the most effective and economical service on a community basis
 - 6.4 Identifying, with the planning and evaluation officer, his major information requirements and those of his team, and determining how to collect this information
 - 6.5 Setting up systems for providing this key information.

LIMITS OF AUTHORITY

The director, community care service, is responsible for all matters relating to medical and social services in his community except those involving direct clinical responsibility. Thus, he does not control directly much of the actual delivery of health care services in his community and must rely upon persuasion and close working relationships to obtain participation in and support for plans to improve the services. In exceptional circumstances he would have recourse to the support of his programme manager to achieve plans for the community.

PERFORMANCE MEASURES

1. Achievement of targets and plans agreed with his officers and with the programme manager, community care
2. Ability to keep expenditure within budget
3. Success in developing effective working relationships with his team, family practitioners and voluntary organizations.

**JOB
DESCRIPTION**

ADMINISTRATIVE STAFF TO
DIRECTOR, COMMUNITY CARE SERVICE

PURPOSE OF JOB

The administrative staff provides planning, management information and general administrative services to the director, community care service, and his community care team. Its principal duties and responsibilities are:

1. To assist in the compilation of plans for the community
2. To administer the information systems required to coordinate the different services for patients in the community
3. To provide management information for the community team
4. To provide general administrative services to the director and the community care team.

REPORTING RELATIONSHIPS

1. Reports to: Director, community care service.

WORKING RELATIONSHIPS

1. Works with superintendent and senior professional staff in the community care team
 - 1.1 To administer the systems needed to ensure that patients in need of services are identified and cared for
 - 1.2 To generate the management information required to monitor performance and impact of services in the community
 - 1.3 To identify and plan services for priority needs
 - 1.4 To provide general administrative support.
2. Works with administrative staff in other communities and in hospitals to ensure that information about patients' community care needs gets quickly to the relevant professional staff.
3. Works with support staff to the programme manager, community care, to ensure that administrative systems in the community are consistent with others used throughout the Health Board.

PRINCIPAL DUTIES AND RESPONSIBILITIES

1. To assist in the compilation of plans for the community by
 - 1.1 Pulling together available information on needs and services in the community
 - 1.2 Assisting in the determination of priorities in the community
 - 1.3 Costing alternative proposals for services
 - 1.4 Helping to draw up realistic action plans and budgets.
2. To administer the information systems required to coordinate the different services for patients in the community by
 - 2.1 Developing information systems that quickly get details of patients and their needs to the relevant professional staff
 - 2.2 Preparing and updating any registers of patients at risk that are required.

3. To provide management information for the community care team by
 - 3.1 Assisting professional staff in collecting the information needed to monitor the success of their work
 - 3.2 Presenting the information to the community care team in a form that highlights variances from plan and targets
 - 3.3 Conducting special analyses at the request of management
 - 3.4 Suggesting improvements in the form in which information is presented.
4. To provide general administrative services to the director and the community care team by
 - 4.1 Organizing routine work so that each person involved knows what his contribution is
 - 4.2 Providing training and guidance to professional staff to help them discharge their administrative duties
 - 4.3 Arranging for special administrative tasks, such as analysing survey results, that cannot be done by professional staff
 - 4.4 Carrying out general administrative tasks as required.

LIMITS OF AUTHORITY

The administrative staff has no authority over professionals involved in the actual delivery of health care services in the community.

PERFORMANCE MEASURES

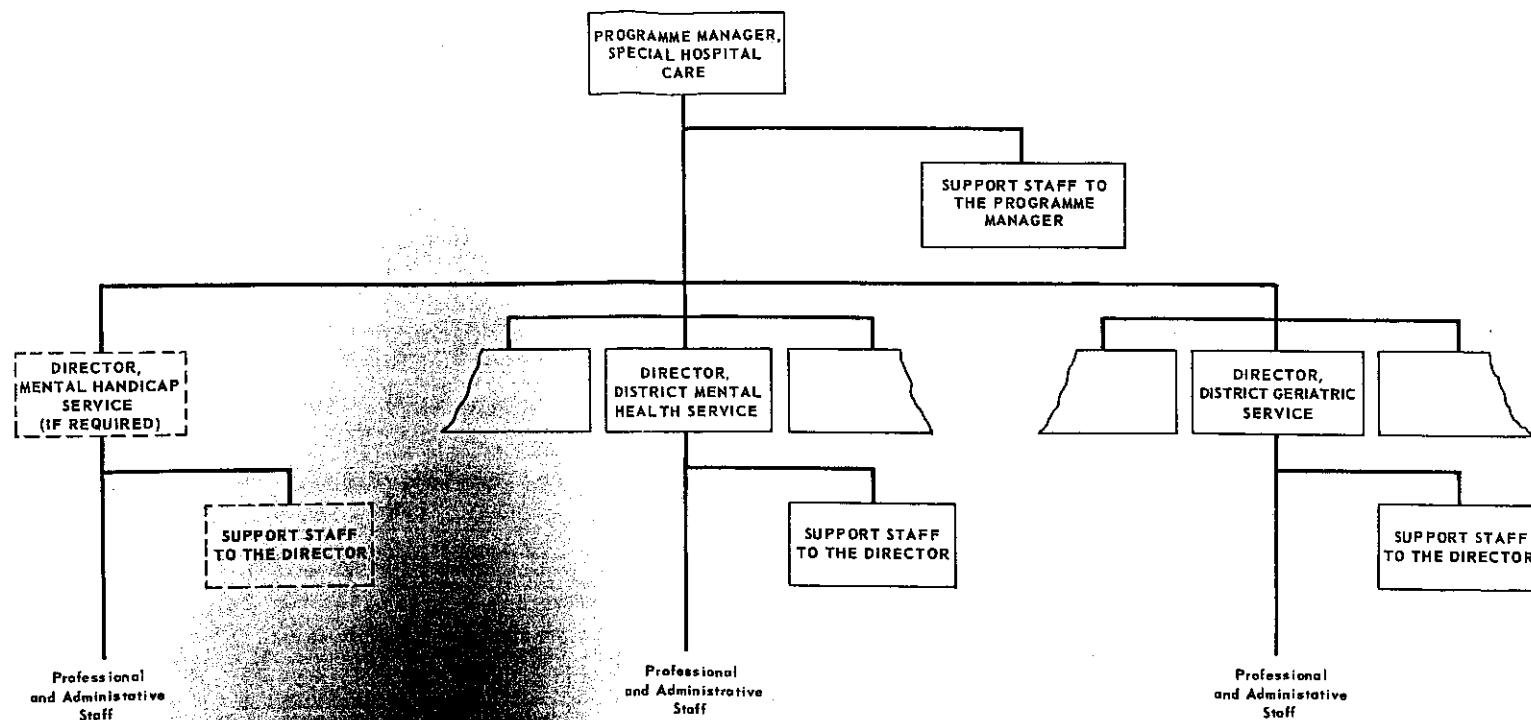
1. Preparation of useful management information
2. Meeting deadlines on the completion of administrative tasks
3. Success in developing effective working relationships with members of the community care team and others involved in providing health care services.

RESPONSIBILITIES FOR MAJOR ACTIVITIES IN COMMUNITY CARE

A - 15

MAJOR ACTIVITIES	PROGRAMME MANAGER, COMMUNITY CARE	SUPPORT STAFF TO PROGRAMME MANAGER		SENIOR AND SUPERINTENDENT PROFESSIONAL STAFF
2. PUTTING PLANS INTO OPERATION (Continued)	<ul style="list-style-type: none"> - Reviews, on a regular basis with the people involved, the progress of each stage of each plan - Agrees with heads of voluntary agencies their targets and means of meeting them and offers advice, encouragement and professional services where appropriate - Ensures that the work of providing for the disadvantaged is carried out as sensitively as possible 			<ul style="list-style-type: none"> - Helps staff (professionally, clinically or otherwise) with difficult and complex cases
3. CONTROL AND FOLLOW-UP	<ul style="list-style-type: none"> - Reports and submits to the CEO regular reports on the performance, in output and in financial terms, of the community care programme - Identifies and highlights opportunities to improve performance and release resources - Determines and highlights for the CEO on a regular basis the major targets, budgets or plans not being met, as well as any related problems and opportunities - Works with directors and others to determine the major causes for shortfalls and recommends to the CEO the changes, if any, that should be initiated 	<ul style="list-style-type: none"> - Monitors progress on each task against agreed targets for timing, cost and impact to identify performance gaps and to keep the programme manager advised of progress and delays in achieving the agreed results - Suggests remedial action required where plans are not being met - Supervises the collection and distribution of management information to executive management - Advises directors of community care service of the performance indicators needed for programme management, and reviews performance differences between communities and Health Boards to identify possible opportunities 	<ul style="list-style-type: none"> - Ensures that each section and person has a clear purpose, that tasks are balanced and performance in the community is reviewed periodically during the year - Plans the need of his administration for personnel to ensure an adequate supply of suitably qualified and trained people and to satisfy their career expectation whether within or outside the programme - Works with the personnel officer and management to appraise performance of all the people in the programme and counsels directors on their development needs - Ensures that lower levels of executive management appraise and counsel their staff appropriately - Works with the personnel officer to anticipate and resolve problems of labour relations in the programme 	<ul style="list-style-type: none"> - Reports regularly to the director, community care services, on performance and impact of services in the community - Identifies and highlights to the director on a regular basis the major targets that are not being met, as well as related problems and opportunities - Works out and recommends to the director appropriate remedial action - Discusses and agrees changes, if any, with staff involved in delivering community health care
4. STAFF RELATIONS AND DEVELOPMENT	<ul style="list-style-type: none"> - Ensures that each section and activity has a clear purpose, that tasks are balanced and that performance in the community care programme is reviewed periodically during the year - Plans the need of his administration for personnel to ensure an adequate supply of suitably qualified and trained people and to satisfy their career expectation whether within or outside the programme - Works with the personnel officer and management to appraise performance of all the people in the programme and counsels directors on their development needs - Ensures that lower levels of executive management appraise and counsel their staff appropriately - Works with the personnel officer to anticipate and resolve problems of labour relations in the programme 	<ul style="list-style-type: none"> - Provides advice and help in administration to members of executive management needing it 	<ul style="list-style-type: none"> - Ensures that each section and person has a clear purpose, that tasks are balanced and performance in the community is reviewed periodically during the year - Works with the personnel officer to assess the community team's needs for training and career development and to determine their promotional prospects - Discusses and agrees with senior and superintendent professional staff their development needs and those of each member of the professional staff - Works with the different professions to encourage the development of a comprehensive view of community care 	<ul style="list-style-type: none"> - Helps each member of staff to set themselves clearly defined targets and tasks; assesses each member of staff's clinical ability where appropriate and works with the personnel officer to develop regular overall assessments and to identify development or training needs - Provides specific professional on-the-job training as required and encourages staff to keep their knowledge and training up to date

PROPOSED ORGANIZATION FOR SPECIAL HOSPITAL CARE IN HEALTH BOARDS



Note: A Health Board should have a number of directors of district mental health service; but, at most, one director of mental health service. A Health Board should have a number of directors of district geriatric service; but, at most, one director of mental health service. Positions on this chart do not necessarily indicate relative status.

JOB DESCRIPTIONS

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Support Staff to Programme Manager, Special Hospital Care	B - 1
Director, District Mental Health Service	B - 6
Director, District Geriatric Service	B - 11
Director, Mental Handicap Service	B - 16
Mental Hospital Administrator	B - 21

**JOB
DESCRIPTION**

SUPPORT STAFF TO
PROGRAMME MANAGER, SPECIAL HOSPITAL CARE

PURPOSE OF JOB

The support staff provides planning and other services to the programme manager, special hospital care. Its principal duties and responsibilities are

1. To assist in the compilation of programme plans
2. To monitor the implementation of specific action plans
3. To supervise and coordinate the collection and distribution of management information
4. To assist in the development of project work
5. To help in identifying and tackling opportunities arising in the special hospital care programme.

REPORTING RELATIONSHIPS

1. Reports to: Programme manager, special hospital care.

WORKING RELATIONSHIPS

1. Works with planning and evaluation officer or his staff
 - 1.1 To prepare the information base on which programme plans will be built
 - 1.2 To identify changes in all subprogrammes and produce updated programme definition statements
 - 1.3 To monitor and evaluate specific pilot projects
 - 1.4 To prepare draft programme plans.
2. Works with finance officer or his staff
 - 2.1 To prepare allocation proposals for all subprogrammes
 - 2.2 To draw up budgets
 - 2.3 To monitor expenditure against budget and advise on the need for corrective action where appropriate.
3. Works with each director, district geriatric service
 - 3.1 To ensure that the needs of geriatric patients are identified
 - 3.2 To develop plans for the care of geriatric patients in hospitals and homes
 - 3.3 To collect information upon the performance of the geriatric services provided in hospitals and homes
 - 3.4 To ensure that administrative services are made available.
4. Works with each director, district mental health service or his staff
 - 4.1 To ensure that the needs of the mentally ill are identified in each district
 - 4.2 To develop plans for the care of the mentally ill in hospitals and in the community in each district
 - 4.3 To collect information on the performance of the district mental health service
 - 4.4 To ensure that administrative services are made available to support the district mental health service.

5. Works with director, mental handicap service, if any, or his staff
 - 5.1 To ensure that the needs of the mentally handicapped are identified
 - 5.2 To develop plans for the development of care of the mentally handicapped
 - 5.3 To collect information upon the performance of each hospital and unit providing care for the mentally handicapped
 - 5.4 To ensure that administrative services are made available to support the services providing care for the mentally handicapped.
6. Works with professional staff and mental hospital administrators
 - 6.1 To discuss and prepare draft programme plans
 - 6.2 To get their views on budgets and action plans
 - 6.3 To monitor performance against agreed targets.
7. Works with the technical services officer
 - 7.1 To ensure that plans are developed for the maintenance and conversion of premises and are coordinated with the needs of ongoing services
 - 7.2 To compile budgets for all building overheads and for maintenance of buildings.

PRINCIPAL DUTIES
AND RESPONSIBILITIES

1. To assist in the compilation of programme plans by
 - 1.1 Reviewing past performance against agreed targets and ensuring the continued relevance and usefulness of objectives
 - 1.2 Updating programme definition statements to reflect new national and regional guidelines
 - 1.3 Assisting in the determination of area priorities for the review and approval of the Health Board
 - 1.4 Producing the programme draft plan for the programme manager to review with the management team
 - 1.5 Helping to draft detailed action plans and budgets for each organizational unit for the programme manager to agree with the people concerned.

2. To monitor the implementation of agreed action plans by
 - 2.1 Monitoring progress on each task against agreed targets for timing, cost and impact
 - 2.2 Identifying performance gaps and suggesting the action needed to correct them
 - 2.3 Keeping the programme manager advised of progress and delays in achieving the agreed end results.
3. To supervise the collection and distribution of management information by
 - 3.1 Advising mental hospital administrators of the performance indicators needed for programme management
 - 3.2 Assisting in setting up the procedures for collecting the information in each unit
 - 3.3 Collating and evaluating the information
 - 3.4 Distributing the information to the appropriate people on a regular and informative basis
 - 3.5 Advising professional staff on the planning and administrative aspects of their jobs.
4. To assist in the development of project work, for example special surveys or assessments, by
 - 4.1 Assisting in the selection and briefing of people involved
 - 4.2 Drafting the project outline, timetable and responsibilities
 - 4.3 Participating in the analysis and evaluation of results obtained and in documenting recommendations.
5. To help in identifying and tackling opportunities arising in the special hospital care programme by
 - 5.1 Reviewing performance trends and identifying anomalies and variances
 - 5.2 Suggesting specific ways to improve the service or release resources for other improvements
 - 5.3 Carrying out specific analyses to evaluate or confirm possible improvement opportunities.

LIMITS OF AUTHORITY

The primary function of the support staff is to assist the programme manager in planning and to provide central administrative services. It does not include the role of assistant programme manager.

PERFORMANCE MEASURES

1. Contribution to the development of programme plans
2. Ability to prepare information for the programme manager
3. Satisfactory completion of specified projects
4. Success in building satisfactory working relationships with programme staff and other staff.

**JOB
DESCRIPTION**DIRECTOR, DISTRICT MENTAL HEALTH SERVICEPURPOSE OF JOB

The director is responsible for the care of the mentally ill in his district. His principal duties and responsibilities are

1. To determine the needs of the mentally ill in the district and to propose priorities and targets for the development of treatment and care
2. To develop plans and estimate resources required for the care of the mentally ill in light of these targets
3. To ensure that plans are put into effect and to initiate changes as necessary to achieve targets within budgeted expenditure
4. To develop and maintain a high level of efficiency in the services providing care for the mentally ill
5. To increase the effectiveness of staff providing care for the mentally ill.

REPORTING RELATIONSHIPS

1. Reports to: Programme manager, special hospital care, for all matters except those involving personal clinical responsibility
2. Supervises: Medical, paramedical and nursing staff caring for the mentally ill in the community and in the district's hospitals
Administrator of mental hospitals in the district.*

WORKING RELATIONSHIPS

1. Works with the support staff to the programme manager, special hospital care
 - 1.1 To ensure that the needs of the mentally ill are identified by means of, for example, surveys conducted in the community and assessments of patients in hospitals and homes
 - 1.2 To develop plans for the improvement of care for the mentally ill in the district
 - 1.3 To provide information on the performance of each hospital and service unit providing care for the mentally ill
 - 1.4 To ensure that administrative services are made available to support the services providing care for the mentally ill.
2. Works with the administrator of mental hospitals or matrons of smaller hospitals or homes in the district
 - 2.1 To identify the needs of mentally ill patients
 - 2.2 To develop plans to improve the care of the mentally ill in the hospital or home
 - 2.3 To prepare capital and revenue budget estimates for services provided to the mentally ill

* - Depending on local circumstances, special reporting relationships may be needed, for example, in running farms.

- 2.4 To obtain data upon the performance of services providing care for the mentally ill
- 2.5 To identify training needs for medical and nursing staff in hospitals and homes.
- 3. Works with district voluntary organizations
 - 3.1 To develop plans for the provision of services by the voluntary organizations in the district
 - 3.2 To agree revenue and capital grants required to provide given levels of services.
- 4. Works with directors of community care service
 - 4.1 To ensure early identification of the possibly mentally ill in the community and to arrange for their proper assessment, treatment and rehabilitation
 - 4.2 To coordinate the provision of psychiatric services to the mentally ill living in the community with medical and social services, if required.

PRINCIPAL DUTIES AND RESPONSIBILITIES

- 1. To determine the needs of the mentally ill in the district and to propose priorities and targets for the development of their care by
 - 1.1 Determining present and projected needs for services for the care of the mentally ill in the district based upon regular surveys in the communities and continuing assessment of patients in hospitals, homes and treatment centres and standards of provision determined by the Department and the Board
 - 1.2 Comparing needs with the present provision of services to identify gaps
 - 1.3 Determining priorities for the development of services for the care of the mentally ill
 - 1.4 Setting targets for change in the level of existing services.
- 2. To develop plans and estimate resources required for the care of the mentally ill in light of targets by
 - 2.1 Developing plans for approved priority projects
 - 2.2 Producing capital and revenue budget estimates for these new projects and for ongoing services for the ensuing fiscal year

- 2.3 Preparing action plans to achieve project objectives, assigning responsibility for each action step, agreeing dates for completion of each step and allocating financial and manpower resources
- 2.4 Ensuring that staff in the district mental health service develop action plans for the many small changes required continually to improve ongoing services.
- 3. To ensure that plans are put into effect and to initiate changes as necessary to achieve targets within budgeted expenditure by
 - 3.1 Gaining the agreement and commitment of senior staff to action plans
 - 3.2 Reviewing progress on a regular basis to ensure that targets and budgets are being achieved and initiating remedial action as necessary
 - 3.3 Meeting with voluntary organizations to review their progress and offer advice and assistance
 - 3.4 Coordinating services provided for the mentally ill by the district mental health service with community care and voluntary organizations' services in the district.
- 4. To develop and maintain a high level of efficiency in the district services providing care for the mentally ill by
 - 4.1 Submitting regular reports on performance of the district mental health service to the programme manager
 - 4.2 Comparing performance of similar units providing care for the mentally ill to identify opportunities for improvement and possible cost reduction
 - 4.3 Reviewing objectives and targets set for each unit against changing needs for the service.
- 5. To increase the effectiveness of staff providing care for the mentally ill by
 - 5.1 Identifying and providing for the development requirements of medical and nursing staff
 - 5.2 Determining job specifications and personal requirements for recruiting staff for vacant posts
 - 5.3 Providing training facilities for student nurses, housemen and registrars.

LIMITS OF AUTHORITY

The director, district mental health service, is responsible to the programme manager for all management matters in providing care for the district's mentally ill.

PERFORMANCE MEASURES

1. Achievement of targets agreed with the programme manager within approved budget levels
2. Completion of action plans within agreed dates
3. Development and motivation of professional staff under him.

JOB DESCRIPTION

DIRECTOR, DISTRICT GERIATRIC SERVICEPURPOSE OF JOB

The director is responsible for the care of all geriatric patients in the district's hospitals and homes. His principal duties and responsibilities are

1. To determine the needs of geriatric patients in the district's hospitals, homes and other institutions and to propose priorities and targets for the development of treatment and care
2. To develop plans and estimates of resources required for the care of geriatric patients in light of these targets
3. To ensure that plans are put into effect and to initiate changes as necessary to achieve targets within budgeted expenditure
4. To develop and maintain a high level of efficiency in the institutional services providing care for the geriatric patients
5. To increase the effectiveness of all staff providing care for the geriatric patients in the district's hospitals, homes and other institutions.

REPORTING RELATIONSHIPS

1. Reports to: Programme manager, special hospital care, for all matters except those involving personal clinical responsibilities
2. Supervises: Medical, paramedical and nursing staffs caring for geriatric patients in the district's hospitals, homes and other institutions
Administrative staff assigned to his district.

WORKING RELATIONSHIPS

1. Works with the support staff to the programme manager, special hospital care
 - 1.1 To ensure that the needs of the geriatric patients are identified by means of, for example, surveys in the community and assessments of patients in hospitals, homes and institutions
 - 1.2 To develop plans for the improvement of care for the geriatric patients in the district
 - 1.3 To provide information on the performance of each hospital, home and unit caring for geriatric patients
 - 1.4 To ensure that administrative services are made available to staff providing care for geriatric patients.
2. Works with hospital administrators and senior consultants and medical staff in general hospitals
 - 2.1 To identify the assessment, treatment and care needs of geriatric patients in the district's general hospitals
 - 2.2 To develop plans to provide appropriate care for geriatric patients in the district's general hospitals, particularly with a view to rehabilitating patients
 - 2.3 To prepare capital and revenue budgets for services provided to geriatric patients
 - 2.4 To obtain data on the performance of services providing care for geriatric patients
 - 2.5 To identify training needs for medical, paramedical and nursing staffs.

3. Works with the director, district mental health service
 - 3.1 To identify the treatment needs of geriatric patients in the mental hospitals
 - 3.2 To develop plans to improve the care of geriatric patients remaining in the mental hospitals
 - 3.3 To obtain data on the performance of services providing care for geriatric patients in the mental hospitals
 - 3.4 To identify training needs for medical, paramedical and nursing staffs providing care for geriatric patients in the mental hospitals.
4. Works with voluntary organizations
 - 4.1 To develop plans for the provision of welfare accommodation by the voluntary organizations in the district
 - 4.2 To develop plans for the provision of services to patients in homes and hospitals in the district
 - 4.3 To agree revenue and capital grants required to provide given levels of service to geriatric patients.
5. Works with directors of community care service
 - 5.1 To coordinate community services with inpatient services and to ensure that appropriate care is immediately available to geriatric patients discharged into the community
 - 5.2 To ensure that plans for the development of geriatric care in the hospitals and homes meet the predicted needs for the aged population.

PRINCIPAL DUTIES
AND RESPONSIBILITIES

1. To determine the needs of geriatric patients in the district's hospitals, homes and other institutions and to propose priorities and targets for the development of care and treatment by
 - 1.1 Determining present and projected needs for services for geriatric patients based upon regular surveys conducted in the community, continuing assessment of patients in hospitals and homes and standards of provision recommended by the Department of Health

- 1.2 Comparing needs with the present provision of services to identify gaps in existing services
- 1.3 Determining priorities for the development of services for the care of geriatric patients
- 1.4 Setting targets for change in the levels of existing services.
2. To develop plans and estimates of resources required for the care of geriatric patients in light of targets by
 - 2.1 Developing plans for approved priority projects
 - 2.2 Producing capital and revenue budget estimates for these new projects and for ongoing services for the ensuing fiscal year
 - 2.3 Preparing action plans to achieve the project objectives, assigning responsibility for each action step, agreeing dates for completion of each step and allocating financial and manpower resources
 - 2.4 Ensuring that staff in the district geriatric service develop action plans for the many small changes required continually to improve ongoing services.
3. To ensure that plans are put into effect and to initiate change as necessary to achieve targets within budgeted expenditure by
 - 3.1 Gaining the agreement and commitment of senior officers to the action plans
 - 3.2 Reviewing progress on a regular basis to ensure that targets and budgets are being achieved and initiating remedial action as necessary
 - 3.3 Meeting with voluntary organizations to review their progress and to offer advice and assistance to them
 - 3.4 Coordinating the services provided for geriatric patients by the district geriatric service with community care and voluntary organizations' services in the district.
4. To develop and maintain a high level of efficiency in the services providing care for geriatric patients by
 - 4.1 Submitting regular reports on performance of the district geriatric service to the programme manager

- 4.2 Comparing the performance of similar units providing care for geriatric patients to identify opportunities for improvement and possible cost reduction
- 4.3 Reviewing objectives and targets set for each unit against changing needs for the service.
5. To increase the effectiveness of all staff providing care for geriatric patients by
 - 5.1 Identifying and providing for the development requirements of medical, paramedical and nursing staffs for units in hospitals and homes
 - 5.2 Determining job specifications and personal requirements for recruiting staff for vacant posts
 - 5.3 Providing training facilities for student nurses, housemen, registrars.

LIMITS OF AUTHORITY

The director, district geriatric service, is responsible to the programme manager for all management matters in providing care of the geriatric patients in the district's hospitals and homes.

PERFORMANCE MEASURES

1. Achievement of targets agreed with the programme manager within approved budget levels
2. Completion of action plans within agreed dates
3. Development and motivation of professional staff under him.

**JOB
DESCRIPTION**DIRECTOR, MENTAL HANDICAP SERVICEPURPOSE OF JOB

The director is responsible for the care of the institutionalized mentally handicapped throughout the Board's area. His principal duties and responsibilities are

1. To determine the needs of, and propose priorities and targets for, the development of care for the mentally handicapped
2. To develop plans and estimates of resources required for the care of the mentally handicapped in light of these targets
3. To ensure that plans are put into effect and to initiate changes as necessary to achieve targets within budgeted expenditure
4. To develop and maintain a high level of efficiency in the services providing care for the mentally handicapped
5. To increase the effectiveness of all staff providing care for the mentally handicapped.

REPORTING RELATIONSHIPS

1. Reports to: Programme manager, special hospital care, for all matters excepting those involving personal clinical responsibility
2. Supervises: Medical, paramedical and nursing staffs caring for the mentally handicapped in the Board's hospitals and homes
Administrative staff assigned to support the services caring for the mentally handicapped.

WORKING RELATIONSHIPS

1. Works with the support staff to the programme manager, special hospital care
 - 1.1 To ensure that needs of the mentally handicapped are identified, for example, by means of surveys in the area and assessments of patients in hospitals and homes
 - 1.2 To develop plans for improvement in the care of the mentally handicapped
 - 1.3 To provide information upon the performance of each hospital and unit providing care for the mentally handicapped
 - 1.4 To ensure that administrative services are made available to support the services providing care for the mentally handicapped.
2. Works with the administrators of mental hospitals or matrons of smaller hospitals or homes
 - 2.1 To identify the needs of mentally handicapped patients
 - 2.2 To develop plans to improve the care of the mentally handicapped in the hospitals
 - 2.3 To prepare capital and revenue budgets for services provided to the mentally handicapped
 - 2.4 To obtain data upon the performance of services providing care for the mentally handicapped
 - 2.5 To identify training needs for medical and nursing staffs.

3. Works with voluntary organizations
 - 3.1 To develop plans for the provision of services by the voluntary organizations in the Board's area
 - 3.2 To forecast the number of mentally handicapped children likely to be transferred to the Board's institutions
 - 3.3 To agree revenue and capital grants required to provide a given level of service.
4. Works with directors of community care service
 - 4.1 To ensure early identification of mentally handicapped children
 - 4.2 To coordinate the provision of services for the mentally handicapped living in the community.

PRINCIPAL DUTIES AND RESPONSIBILITIES

1. To determine the needs of, and propose priorities and targets for, the development of care for the mentally handicapped by
 - 1.1 Determining present and projected needs for services for the care of the mentally handicapped based, for example, on assessment of patients in hospitals and homes
 - 1.2 Comparing needs with present provision of services to identify gaps
 - 1.3 Determining priorities for the development of services for the care of the mentally handicapped
 - 1.4 Setting targets for change in the level of existing services.
2. To develop plans and estimates of resources required for the care of the mentally handicapped in light of targets by
 - 2.1 Developing plans for approved priority projects
 - 2.2 Producing capital and revenue budget estimates for these new projects and for ongoing services for the ensuing fiscal year
 - 2.3 Preparing action plans to achieve the project objectives, assigning responsibility for each action step, agreeing dates for completion of each step and allocating financial and manpower resources
 - 2.4 Ensuring that staff develop action plans for the many small changes required continually to improve ongoing services.

3. To ensure that plans are put into effect and to initiate change as necessary to achieve targets within budgeted expenditure by
 - 3.1 Gaining the agreement and commitment of senior officers to the action plans
 - 3.2 Reviewing progress on a regular basis to ensure that targets and budgets are being achieved and initiating remedial action as necessary
 - 3.3 Meeting with voluntary organizations to review their progress and to offer advice and assistance to them
 - 3.4 Coordinating the services provided for the mentally handicapped by the mental handicap service with community care and voluntary organizations' services.
4. To develop and maintain a high level of efficiency in the services providing care for the mentally handicapped by
 - 4.1 Submitting regular reports on performance of the mental handicap service to the programme manager
 - 4.2 Comparing the performance of similar units providing care for the mentally handicapped to identify opportunities for improvement and possible cost reduction
 - 4.3 Reviewing objectives and targets set for each unit against changing needs for the service.
5. To increase the effectiveness of all staff providing care for the mentally handicapped by
 - 5.1 Identifying and providing for the development requirements of all staff caring for the mentally handicapped
 - 5.2 Determining job specifications and personal requirements for recruiting staff for vacant posts
 - 5.3 Providing training facilities for staff.

LIMITS OF AUTHORITY

The director, mental handicap service, is responsible to the programme manager for all management matters in providing care for the Board's mentally handicapped.

PERFORMANCE MEASURES

1. Achievement of targets agreed with the programme manager within approved budget levels
2. Completion of action plans within agreed dates
3. Development and motivation of professional staff under him.

**JOB
DESCRIPTION**MENTAL HOSPITAL ADMINISTRATORPURPOSE OF JOB

The mental hospital administrator is responsible to the director of district mental service based on the hospital for the provision of all non-clinical services in the hospital. His principal duties and responsibilities are

1. To administer the day-to-day running of the hospital in all nonclinical areas
2. To assist in improving facilities for the treatment of all patients
3. To assist in the development of appropriate management information systems for motivating and measuring the performance of all staff
4. To identify and introduce new ways to reduce costs
5. To ensure that hospital projects included in the Health Board's annual plan are properly implemented
6. To advise on significant problems and opportunities requiring management attention.

REPORTING RELATIONSHIPS

1. Reports to: Director, district mental health service,
based on the hospital
2. Supervises: Administrative and clerical staff
assigned to the hospital and to the
district mental health service based
on the hospital
Catering and domestic staff (not re-
porting directly to the chief nursing
officer), maintenance staff, gardeners,
industrial workers and others em-
ployed to provide services in the
hospital.

WORKING RELATIONSHIPS

1. Works with professional staff
 - 1.1 To develop plans for the improvement of facilities, equip-
ment and services throughout the hospital
 - 1.2 To develop budget estimates for all services provided in
the hospital
 - 1.3 To coordinate the requirements of the mental health,
mental handicap and geriatric sections of the hospital
 - 1.4 To collect and present data describing the performance
and cost of services provided compared with plans
 - 1.5 To provide establishment and other services for all
personnel based on the hospital
 - 1.6 To provide administrative and secretarial support needed
in the hospital.
2. Works with the director, district mental health service, based on the
hospital
 - 2.1 To develop plans for the improvement of services for
the mentally ill throughout the district served
 - 2.2 To produce revenue and capital budget estimates for all
mental health services provided throughout the district
 - 2.3 To assist with collection of data on the performance of
the mental health services

- 2.4 To compare results achieved in the hospital with actual plans
- 2.5 To provide administrative, clerical and secretarial services to the district mental health service.
- 3. Works with the director, district geriatric service
 - 3.1 To develop plans for the improvement of services provided to geriatric patients in the hospital
 - 3.2 To provide capital and revenue budget estimates for all services to geriatric patients in the hospital
 - 3.3 To assist with the collection of data on the performance of the services for the geriatric patients in the hospital
 - 3.4 To provide administrative, clerical and secretarial services to the district geriatric service in the hospital.
- 4. Works with the director, mental handicap service, if any
 - 4.1 To develop plans for the improvement of services provided to the mentally handicapped in the hospital
 - 4.2 To provide capital and revenue budget estimates for all services to mentally handicapped patients in the hospital
 - 4.3 To assist with the collection of data on the performance of services for the mentally handicapped in the hospital
 - 4.4 To provide administrative, clerical and secretarial services to the mental handicap service in the hospital.
- 5. Works with the chief nursing officer*
 - 5.1 To produce plans for the development of facilities and services provided throughout the hospital
 - 5.2 To prepare revenue and capital budgets for facilities, nursing and domestic personnel
 - 5.3 To prepare plans for the recruitment, training and development of nursing and domestic personnel
 - 5.4 To provide catering, social and other services for patients.

* - Or matron and chief male nurse where the chief nursing officer is not in post

6. Works with the support staff to the programme manager
 - 6.1 To provide revenue and capital budget estimates for the hospital and the subprogrammes involved
 - 6.2 To provide performance data for the services provided by the hospital.
7. Works with the hospital visiting committee
 - 7.1 To make arrangements for their visits
 - 7.2 To collect and present data for their use.

PRINCIPAL DUTIES
AND RESPONSIBILITIES

1. To administer the day-to-day running of the hospital in all nonclinical areas by
 - 1.1 Supervising the provision of nonmedical services
 - 1.2 Setting cost-control limits and monitoring them
 - 1.3 Controlling income, expenditure and salaries
 - 1.4 Checking and approving all voucher payments
 - 1.5 Tackling day-to-day problems as they arise
 - 1.6 Ensuring that all nonclinical personnel are effectively employed and motivated.
2. To assist in improving facilities for the treatment of all patients by
 - 2.1 Helping to identify delays and bottlenecks in the hospital system, whether before, during or after treatment
 - 2.2 Managing the necessary hospital facilities and support services for all inpatients, such as porters, supplies, etc.
 - 2.3 Suggesting new systems for improving the organization of patient care and reducing patient costs.
3. To assist in the development of appropriate management information systems for motivating and measuring the performance of all staff by
 - 3.1 Agreeing performance indicators
 - 3.2 Setting up the necessary collection and reporting procedures
 - 3.3 Ensuring that staff are duly notified of performance variances
 - 3.4 Advising or taking corrective action, as appropriate.

4. To identify and introduce new ways to reduce costs by
 - 4.1 Reviewing in detail current administrative practice and challenging the way things are done
 - 4.2 Eliciting and encouraging ideas from all hospital staff
 - 4.3 Conducting pilot tests to test feasibility of cost reduction ideas.
5. To ensure that hospital projects included in the Health Board's annual plan are properly implemented by
 - 5.1 Advising all parties concerned of timings and responsibilities involved
 - 5.2 Monitoring progress of all projects against agreed schedules
 - 5.3 Identifying and correcting problems as they arise.
6. To advise on significant problems and opportunities requiring management attention by
 - 6.1 Collecting information as evidence of the problem or opportunity
 - 6.2 Discussing the case with the programme manager and suggesting feasible solutions.

LIMITS OF AUTHORITY

The mental hospital administrator is responsible for all matters in the hospital except those involving clinical responsibility. Thus, he does not control many of the activities within the hospital and must rely upon persuasion to obtain participation and support in introducing new systems and techniques in patient treatment.

PERFORMANCE MEASURES

1. Achievement of performance targets agreed with directors
2. Ability to keep hospital expenditure within budget
3. Completion of action plans by agreed dates
4. Success in introducing improvements in the hospital, and particularly in reducing costs in specific units
5. Success in coordinating the requirements of the different directors using the hospital.

JOB DESCRIPTIONS

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**JOB
DESCRIPTION**

SUPPORT STAFF TO
PROGRAMME MANAGER, GENERAL HOSPITAL CARE

PURPOSE OF JOB

The support staff provides planning and other services to the programme manager, general hospital care. Its principal duties and responsibilities are

1. To assist in the compilation of programme plans
2. To monitor the implementation of specific action plans
3. To supervise and coordinate the collection and distribution of management information
4. To assist in the development of project work
5. To help in identifying and tackling opportunities arising in the general hospital care programme.

REPORTING RELATIONSHIPS

1. Reports to: Programme manager, general hospital care.

WORKING RELATIONSHIPS

1. Works with planning and evaluation officer or his staff
 - 1.1 To prepare the information base on which programme plans will be built
 - 1.2 To identify changes in all subprogrammes and produce updated programme definition statements
 - 1.3 To monitor and evaluate specific pilot projects
 - 1.4 To prepare draft programme plans.
2. Works with finance officer or his staff
 - 2.1 To prepare allocation proposals for all subprogrammes
 - 2.2 To draw up budgets
 - 2.3 To monitor expenditure against budget and advise on the need for corrective action where appropriate.
3. Works with professional staff and hospital administrators
 - 3.1 To discuss and prepare draft programme plans
 - 3.2 To get their views on budgets and action plans
 - 3.3 To monitor performance against agreed targets.
4. Works with the technical services officer
 - 4.1 To ensure that plans are developed for the maintenance and conversion of premises and are coordinated with the needs of ongoing services
 - 4.2 To compile budgets for all building overheads and for maintenance of buildings.

PRINCIPAL DUTIES AND RESPONSIBILITIES

1. To assist in the compilation of programme plans by
 - 1.1 Reviewing past performance against agreed targets and ensuring the continued relevance and usefulness of objectives

- 1.2 Updating programme definition statements to reflect new national and regional guidelines
 - 1.3 Assisting in the determination of area priorities for the review and approval of the Health Board
 - 1.4 Producing the programme draft plan for the programme manager to review with the management team
 - 1.5 Helping to draft detailed action plans and budgets for each organizational unit for the programme manager to agree with the people concerned.
2. To monitor the implementation of agreed action plans by
 - 2.1 Monitoring progress on each task against agreed targets for timing, cost and impact
 - 2.2 Identifying performance gaps and suggesting the action needed to correct them
 - 2.3 Keeping the programme manager advised of progress and delays in achieving the agreed end results.
3. To supervise the collection and distribution of management information by
 - 3.1 Advising hospital administrators of the performance indicators needed for programme management
 - 3.2 Assisting in setting up the procedures for collecting the information in each unit
 - 3.3 Collating and evaluating the information
 - 3.4 Distributing the information to the appropriate people on a regular and informative basis
 - 3.5 Advising professional staff on the planning and administrative aspects of their jobs.
4. To assist in the development of project work by
 - 4.1 Assisting in the selection and briefing of people involved
 - 4.2 Drafting the project outline, timetable and responsibilities
 - 4.3 Participating in the analysis and evaluation of results obtained and in documenting recommendations.

5. To help in identifying and tackling opportunities arising in the general hospital care programme by
 - 5.1 Reviewing performance trends and identifying anomalies and variances
 - 5.2 Suggesting specific ways to improve the service or release resources for other improvements
 - 5.3 Carrying out specific analyses to evaluate or confirm possible improvement opportunities.

LIMITS OF AUTHORITY

The primary function of the support staff is to assist the programme manager in planning and to provide central administrative services. It does not include the role of assistant programme manager.

PERFORMANCE MEASURES

1. Contribution to the development of programme plans
2. Ability to prepare information for the programme manager
3. Satisfactory completion of specified projects
4. Success in building satisfactory working relationships with programme staff and other staff.

**JOB
DESCRIPTION**HOSPITAL ADMINISTRATORGENERAL HOSPITALPURPOSE OF JOB

The hospital administrator is responsible to the programme manager for the provision of all nonclinical services in the hospital. His principal duties and responsibilities are

1. To administer the day-to-day running of the hospital* in all nonclinical areas
2. To assist consultants in improving facilities for the treatment of all patients
3. To facilitate the quick and comfortable return to the community of all patients, as soon as they are fit for release
4. To assist in the development of appropriate management information systems for motivating and measuring the performance of all staff
5. To identify and introduce new ways to reduce costs
6. To ensure that hospital projects included in the Health Board's annual plan are properly implemented
7. To advise the programme manager, general hospital care, of all significant problems and opportunities requiring management attention.

* - Hospital administrators should be responsible either for one large hospital or for a number of smaller hospitals.

REPORTING RELATIONSHIPS

1. Reports to: Programme manager, general hospital care
2. Supervises: Administrative and clerical staff assigned to the hospital
Catering, domestic and maintenance staff, etc. (unless reporting elsewhere - e.g., to matron).

WORKING RELATIONSHIPS

1. Works with the hospital executive committee and/or the consultants
 - 1.1 To develop plans for the improvement of facilities, equipment and services throughout the hospital
 - 1.2 To develop budget estimates for all services provided in the hospital
 - 1.3 To collect and present data describing the performance and cost of services provided compared with plans
 - 1.4 To provide establishment and other services for all personnel based on the hospital
 - 1.5 To provide administrative and secretarial support needed in the hospital.
2. Works with directors of community care service to ensure that
 - 2.1 Community medical and welfare services are alerted and prepared for discharged patients
 - 2.2 Outpatient and admission procedures meet GP requirements.
3. Works with directors of the special hospital care programme to help ensure that
 - 3.1 Inter-programme transfer of psychiatric and geriatric patients is planned and coordinated
 - 3.2 Assessment unit facilities inside the general hospital are properly administered.

PRINCIPAL DUTIES
AND RESPONSIBILITIES

1. To administer the day-to-day running of the hospital in all nonclinical areas by
 - 1.1 Supervising the provision of nonmedical services
 - 1.2 Setting cost-control limits and monitoring them
 - 1.3 Controlling income, expenditure and salaries
 - 1.4 Checking and approving all voucher payments
 - 1.5 Tackling day-to-day problems as they arise
 - 1.6 Ensuring that all nonclinical personnel are effectively employed and motivated.
2. To assist consultants in improving facilities for the treatment of all patients by
 - 2.1 Helping to identify delays and bottlenecks in the hospital system, whether before, during or after treatment
 - 2.2 Managing the necessary hospital facilities and support services for all inpatients, such as porters, ambulances, supplies, etc.
 - 2.3 Ensuring that the admissions procedures take advantage of unused beds
 - 2.4 Suggesting new systems for improving the organization of patient care and reducing patient costs.
3. To facilitate the quick and comfortable return to the community of all patients, as soon as they are fit for release, by
 - 3.1 Ensuring that the patient's family is alerted and prepared to receive the returning patient
 - 3.2 Advising community care officers of anticipated services needed by the returning patient
 - 3.3 Arranging transportation where needed
 - 3.4 Working with the medical social workers and identifying future problems facing patients leaving.

4. To assist in the development of appropriate management information systems for motivating and measuring the performance of all staff by
 - 4.1 Agreeing performance indicators
 - 4.2 Setting up the necessary collection and reporting procedures
 - 4.3 Ensuring that staff are duly notified of performance variances
 - 4.4 Advising or taking corrective action, as appropriate.
5. To identify and introduce new ways to reduce costs by
 - 5.1 Reviewing in detail current administrative practice and challenging the way things are done
 - 5.2 Eliciting and encouraging ideas from all hospital staff
 - 5.3 Conducting pilot tests to test feasibility of cost reduction ideas.
6. To ensure that hospital projects included in the Health Board's annual plan are properly implemented by
 - 6.1 Advising all parties concerned of timings and responsibilities involved
 - 6.2 Monitoring progress of all projects against agreed schedules
 - 6.3 Identifying and correcting problems as they arise.
7. To advise the programme manager, general hospital care, of all significant problems and opportunities requiring management attention by
 - 7.1 Collecting information as evidence of the problem or opportunity
 - 7.2 Discussing the case with the programme manager and suggesting feasible solutions.

LIMITS OF AUTHORITY

The hospital administrator is responsible for all matters in the hospital except those involving clinical responsibility. Thus, he does not control many of the activities within the hospital and must rely upon persuasion to obtain participation and support of consultants in introducing new systems and techniques in patient treatment.

In large hospitals that have a hospital executive committee, the committee would collectively decide on matters involving substantial changes. In other hospitals, the hospital administrator would expect to generate the support of the medical staff and also of the programme manager.

PERFORMANCE MEASURES

1. Achievement of performance targets agreed with programme manager
2. Ability to keep hospital expenditure within budget
3. Completion of action plans by agreed dates
4. Success in introducing improvements in the hospital, and particularly in reducing costs in specific units
5. Development of good working relationships with medical staff.

JOB
DESCRIPTION

TECHNICAL SERVICES OFFICER

PURPOSE OF JOB

The technical services officer's principal duties and responsibilities are

1. To prepare, in consultation with appropriate officers and advisers, estimates of the cost of proposed programmes for the maintenance of buildings and plant
2. To draw up or, in appropriate circumstances, to arrange for the development of plans and contract arrangements for the implementation of approved maintenance programmes
3. To ensure that all Health Board buildings and equipment are adequately maintained in accordance with the approved maintenance programme
4. To provide advisory services as appropriate in the development and execution of capital projects.

REPORTING RELATIONSHIPS

1. Reports to: Chief executive officer
2. Supervises:
 - Personal staff
 - Contractors engaged by the Health Board
 - In a functional capacity, the maintenance staff permanently assigned to hospitals and reporting to the hospital administrator.

WORKING RELATIONSHIPS

1. Works with chief executive officer
 - 1.1 To ensure that adequate maintenance programmes are formulated and approved programmes executed
 - 1.2 To provide appropriate advice in relation to capital projects.
2. Works with each programme manager
 - 2.1 To estimate the cost of proposed programmes for the maintenance of buildings and plant
 - 2.2 To ensure that the approved maintenance programmes are implemented
 - 2.3 To advise on capital projects as required.
3. Works with planning and evaluation officer
 - 3.1 To ensure that the cost of plans for the maintenance, modernization and conversion work in each programme does not exceed approved financial allocations
 - 3.2 To ensure that maintenance plans are properly coordinated between programmes.
4. Works with the finance officer
 - 4.1 To ensure that all revenue and budget estimates include an appropriate provision for maintenance, conversion and modernization of equipment and buildings
 - 4.2 To ensure that the costs of all maintenance work remain within the estimated figures
 - 4.3 To ensure that contracts negotiated are in accordance with the requirements of the Department of Health and Health Board.

5. Works with the personnel officer to recruit suitable maintenance staff.
6. Works with hospital executive committees, consultants, hospital administrators, etc., in each institution
 - 6.1 To allow for maintenance requirements in planning the hospital's work
 - 6.2 To propose major equipment replacement as maintenance costs become excessive
 - 6.3 To ensure effective execution of maintenance plans
 - 6.4 To arrange variations in maintenance plans to minimize the effect upon the work of the hospital.
7. Works with the Department of Health to ensure the adoption of effective maintenance practices.

PRINCIPAL DUTIES AND RESPONSIBILITIES

1. To prepare, in consultation with appropriate officers and advisers, estimates of the cost of proposed programmes for the maintenance of buildings and plant by
 - 1.1 Preparing revenue budgets for the maintenance of all equipment, allocating estimates according to programme and subprogramme as appropriate
 - 1.2 Preparing budget estimates for personal staff and central maintenance staffs not assigned to specific subprogrammes or programmes.
2. To draw up, or in appropriate circumstances, to arrange for the development of plans and contract arrangements for the implementation of approved maintenance programmes by
 - 2.1 Assisting in defining requirements for all equipment and building, especially in seeking ease of maintenance and operation
 - 2.2 Recommending awards of maintenance contracts to outside contractors where they are cheaper and better than internal resources
 - 2.3 Developing proposals with selected contractors
 - 2.4 Obtaining departmental approval to proposals as necessary
 - 2.5 Developing action plans for the timely and efficient completion of all modernization and conversion contracts.

3. To ensure that all Health Board buildings and equipment are adequately maintained in accordance with the approved maintenance programme by
 - 3.1 Developing planned maintenance routines for all major equipment based on manufacturer's instructions, equipment importance and usage rates
 - 3.2 Incorporating maintenance requirements in supply contracts for all new equipment
 - 3.3 Developing regular inspection and maintenance routines for all buildings.
4. To provide advisory services as appropriate in the development and execution of capital projects, for example by
 - 4.1 Helping to identify alternatives to any particular project
 - 4.2 Developing estimates of capital and running costs in relation to potential benefits or savings.

LIMITS OF AUTHORITY

The technical services officer is responsible for the satisfactory completion of all maintenance work. Maintenance staff located in hospitals and other institutions may be responsible to local management for completion of their maintenance work in accordance with approved plans; the technical services officer would not have authority over these managers and must rely upon persuasion to ensure that his policies are properly executed in the institution. In exceptional circumstances he would have recourse to support of the CEO to achieve approved maintenance plans.

PERFORMANCE MEASURES

1. Availability of key equipment
2. Maintenance cost as proportion of each programme cost
3. Proportion of maintenance work on key equipment completed according to programme.