



CONSULTATION FEEDBACK AND RESPONSES

**FOLLOWING CONSULTATION ON THE DISESTABLISHMENT OF THE
CLINICAL LEAD POST WITHIN THE HEALTH VISITING SERVICE AND
RING-FENCED APPOINTMENT TO**

**Operations Manager
Area Family Support Service**

Health Visitor MARAS

7th January 2009



Trafford Healthcare **NHS**
NHS Trust

Trafford **NHS**
Primary Care Trust

Issues	Response
<p><u>Clinical Lead Role</u> This role has been an integral part of the modernisation process and the work the Clinical Leads undertake is vital to the Health Visitor service. Who will take on this role if disestablished?</p>	<p>The Operations manager will take on this role and will link in with healthcare professionals within the TCYPS. Clinical leadership and professional governance within the services has been the subject of recent consultation. Assurances have been given that the TCYPS arrangements will be no less than those currently in place. The Team Leaders currently take on projects and this will continue to be the case.</p>
<p>Important work such as newborn screening, bookstart and other public health initiatives are co-ordinated and evaluated by the Clinical Lead's and problems dealt with. Support at this level is crucial for the Health Visitors to deliver a high quality service. The Clinical Lead's are valuable as an interface between delivery, and organisational stakeholders. Who will take on this vital role?</p>	<p>This element of work will be part of the portfolio given to the Operations manager.</p>
<p>What about the public health aspect of the role?</p>	<p>This will be part of the portfolio covered by the Operations manager. There will in addition be the existing public health aspect to all of the Health Visitor roles.</p>
<p>If the Clinical Leads post is disestablished, what will be put in place to support the Head of Service and Operations Manager (Health) around service development and improvement?</p>	<p>The Operations Managers will be leading on this work supported by the existing service development and improvement role already undertaken by the Team Leaders and band 6's</p>
<p><u>Support</u> The Clinical Lead role offers support to the Team Leaders, generic Health Visitors and other professionals, regarding health visiting issues. Working within a multi disciplinary model allows good practice to be shared and developed, and they are involved in a way that no other staff are. If these posts go, who will ensure that professional issues and concerns, and those of clients are heard at this level?</p>	<p>There will be strong links between the Head of Service (Healthcare) and the Operations Managers (Healthcare). Within the area services each of the area health Operations Managers will have this as part of their portfolio.</p>

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<p><u>Governance</u> This links with the previous point as the support and work the Clinical Lead's are involved with help to monitor standards, develop practice and identify gaps and difficulties in service delivery. As they have a more global approach, dealing with the service as a whole, they are the key individuals who can prevent serious incidents by dealing with problems at an early stage, and taking appropriate action as needed. This is essential governance for a care delivery service. Who will undertake this role?</p>	<p>The arrangements set out above will also address this particular concern.</p>
<p>The support given one to one is also invaluable. This level of governance is often overlooked in its importance, but is a major contributor to safe and high quality practice.</p>	<p>The Team Leaders would still be able access the Operations manager within the multi-agency teams and as required the Area Head of Service, Professional lead for healthcare.</p>
<p><u>Reduced management and support</u> Whilst proceeding towards CYPS, the Health Visiting service appears to be losing its day to day support. Loosing the Clinical Lead role will reduce our day to day support significantly. How will this be replaced?</p>	<p>The Professional nurse manager is supporting the transitional arrangements. These will be reviewed in light of this consultation. Within the TCYPS, there will ultimately be a greater number of people available to contact since there will be 3 Operations managers and the Head of Service.</p>
<p>The Team Leaders have no capacity to take on extra work. Because of the loss of higher management we are concerned regarding professional supervision, advice, support and this will have a direct impact on the service and quality in the future. From a professional perspective this could potentially be an unsafe arena in the longer term.</p>	
<p>Is the timing right in the present climate to expect the Operations Managers to take on the extra responsibilities of the Clinical Lead role and how will this function be coordinated across the 3 areas to ensure a good borough wide service?</p>	<p>The consultation paper identified an overlap in the role of Clinical Lead and that of the new Operations managers. As such, the work is already part of their portfolio. There will be regular meetings at Operations manager level to facilitate a coordinate approach. The impact of these changes will also be evaluated as part of the early implementation of the West area service.</p>

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<p><u>Career Development</u> Ring fencing new posts for staff already in post, and then taking their current roles away, means less chance for all levels to have the opportunity for new challenges within this new organisation. This is disappointing, and feels unfair to both Band 6 and band 7 staff.</p>	<p>The multi-agency appointment principles agreed during the phase 4 consultation as set out in the multi-agency change management guidance, have been applied to all of the appointment exercises. For new posts this entails ring-fenced consideration of any employees directly affected by the new post.</p>
<p><u>Health Visitor MARAS</u> Given that the MARAS service was established in September, why is this post only being dealt with now?</p>	<p>New post</p>
<p>There appears to be a significant degree of overlap between the Named Nurse role and the MARAS Health Visitor role?</p>	<p>The Health Visitor MARAS was included in the consultation undertaken on the new multi-agency structures. This consultation exercise has identified the methodology being using to fill that new post.</p>
<p>The MARAS Health Visitor post is a `health` position and yet the lines of professional responsibility are not through the health or safeguarding (health) structure. Should there not be access to the Designated Nurse Safeguarding?</p>	<p>This will be addressed as part of the clinical governance consultation.</p>
<p>For the MARAS Health Visitor post there is no one from Safeguarding (Health) on the interview panel.</p>	<p>The Head of Service for MARAS will be a member of the interview panel</p>
<p><u>Other comments</u> As the West Area is being implemented first to allow for any learning and the other management posts have been in post for some time, what will be put in place to ensure an appropriate `catch-up` for any successful candidate to the post?</p>	<p>The induction arrangements for the successful candidate will address this.</p>
<p>Why is the Clinical Leads post being disestablished now rather than after the learning from the West Area? Is the role not even more important during this period of change</p>	<p>Appointment to the vacant Operations Managers (Healthcare) is a primary consideration and will address the capacity issues directly related to those vacancies.</p>
<p>Why was the Clinical Leads post not identified as being at risk in the January 2008 consultation document? What has</p>	<p>Work associated with the deployment of staff resulted in a further examination of the role of the Clinical Leads posts and highlighted</p>

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changed since then?	the overlap between the Operations manager and these existing posts.
It appears that the service and management structure is being financially driven rather than service needs led.	As identified above, the MARAS post was identified as part of the consultation on the multi-agency structure. The overlap between the new multi-agency Operations Manager post and Clinical Lead post is covered above.
The consultation around the disestablishment of the Clinical Leads post does not appear to have been far reaching. In particular key stakeholders do not appear to have been consulted. How will this be addressed? Public Health Lead, Consultant Community Paediatrician, Health Visitors and their Team Leaders.	A special communication brief was circulated to all staff and the documentation was placed on all of the partner agency intranet sites. It has been shared and discussed at professional meetings. The consultation proposals have also been shared directly with the Public Health Consultant.
What will be reviewed, how and by whom?	An evaluation group has been established which includes the West Area Head of Service. This group is currently scoping the information that will be used to evaluate the West Area. Outside of this group, normal team and professional meeting will be used to gather operational feedback.
Is it realistic to have people in post by 1 st December 2008?	There has already been slippage against this date. Appointments will be as soon as possible to support the implementation of the new multi-agency services
How will a potential job share post work in practice in such a new structure and new organisation?	The normal review, learning and development principles associated with any job share arrangement will apply.