



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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HSE HR Circular 004/2007

**To: Each Hospital Network Manager
Each CEO Voluntary Hospital
Each Assistant Director of HR**

Cc National Management Team

Re: Head of Bed Management Function – Category A, B and C Hospitals.

Agreement has been reached in relation to the post of Head of Bed Management – Category A, B and C Hospitals, following discussions with the INO and SIPTU. The attached table outlines the classification of Hospital categories as determined by Capita for the purposes of bed management only.

Implementation Guidelines

The following sets out the implementation arrangements for the application of the revised grading for Head of Bed Management Functions:-

1. Existing managers in a Head of Bed Management post and who are confirmed in a substantive post will have their post upgraded to reflect the pay and conditions of employment associated with a clerical/administrative Grade VI (category C Hospitals), Grade VII (category B Hospitals) or Grade VIII (Category A Hospitals) as appropriate.
 - Where an individual has been appointed in the substantive post for a period of one year and has continued in such a position uninterrupted since appointment and where there is no other substantive post-holder, such individual's will be confirmed in the grade from a current date.
 - In all other circumstances the posts will be filled by open competition.
 - Unsuccessful candidates will revert to their substantive post.
 - Successful candidates may be re-assigned, in due course, to other duties at the same grade in the normal way.

2. The appropriate salary/grading for the post of Head of Bed Management, under 1. above, will be determined by utilising the hospital classification as recommended by CAPITA for the purpose of bed management only.
3. All future appointments to the post of Head of Bed Management will be filled by open competition as per the agreed criteria.
4. The INO and SIPTU have confirmed acceptance of Labour Court Recommendation 18123 which prohibits the serving of consequential claims.

I enclose a copy of the agreed job description for Category A Hospitals; job descriptions for the Category B and C Hospitals are currently being finalised and will be issued by the HSE - Employers Agency shortly. The job description will form part of the terms and conditions of employment for the re-graded post/s and a reference to this should be included in letter of offer to the eligible post holders in Category B and C Hospitals.

Funding

Any enquires regarding funding adjustments in respect of the costs of implementation should be addressed to the Assistant Director of Finance in each of the four HSE Administrative Areas.

Hospitals which were not categorised during the course of Capita's deliberations should utilise the Capita criteria (attached) to assess the site and notify Ms. Ann Marie Ward in advance of implementation.

If you have any queries in relation to the content of this circular, you can contact Ms. Ann Marie Ward at the HSE – Employers Agency, 63 – 64 Adelaide Road, Dublin 2, Tel. 01 6626966.

Yours sincerely,



Martin McDonald,
National Director Human Resources.

Job Description

TITLE: Head of Bed Management Function – Category A Hospitals

REPORTING RELATIONSHIP

Senior Manager designated by the Network Manager HSE Area/Chief Executive Officer
(Voluntary Hospital)

Professional Qualifications, Experience

1. Organisational, managerial and motivational ability
2. Degree in Nursing or eligible for registration under relevant EU directives
3. A minimum of 5 years experience in a senior management position within an acute hospital setting.

It is desirable that the candidate having engaged in formal continuing post-graduate education is in a position to demonstrate competency in

- ❖ Planning and managing resources
- ❖ Evaluating skills
- ❖ Influencing skills
- ❖ Communication skills
- ❖ Integration skills
- ❖ People management skills

STRATEGIC ROLE

- Liaise with senior management to develop service plans and report frequently on progress against them
- Define and communicate local objectives that will ensure the achievement of the organisational strategy within resource limitations.
- Implement effective controls to monitor, evaluate and report the standards of delivery within the area of bed management
- Take ultimate responsibility for the effectiveness of service delivery
- Create a culture of accountability, openness to change, respect for the individual and teamwork that supports the achievement of the National Health Strategy.

MAIN RESPONSIBILITIES

The Head of Bed Management plays an important role in the coordination of bed and discharge management.

- The post holder will be required to co-ordinate and guide the implementation of the hospital's admission and discharge policies in consultation with and in collaboration with senior hospital management, senior Primary Continuing Community Care (PCCC) management and consultants.
- He/she will have the authority to work directly with consultants, senior nurse management and hospital management and will be accountable for ensuring that the decision making process is effective and that remedial action where necessary is proposed to the senior hospital management.
- The post holder will advise on the optimal use and cost effective management of in-patient and day care resources for both public and private patients in accordance with the hospital / provider business plan or service plan.

KEY WORKING RELATIONSHIPS

- Work effectively with consultants, hospital managers and senior nursing and other senior clinical staff in emergency admitting areas to monitor and assess the need for the availability of emergency beds to accommodate emergency patients requiring admission.
- Work with all of the clinical specialities and referral services to accommodate patients who also require elective admission.
- Works closely with all members of the multi-disciplinary team, the patient and family as appropriate, to promote the effective and safe discharge of patients from the hospital either to the home environment or to community services.
- Liaise effectively with consultant medical staff and their support staff, GP's, accident and emergency staff, nursing management and other staff as appropriate to ensure effective guidance and protocol application to all admissions, discharges and transfers across the hospital.
- Develop effective working relationships with primary care and community services to ensure the implementation of protocols and guidance to improve patient discharge and referral to non-acute services where appropriate.

1. OBJECTIVES OF THE POST

The appointee will have a significant and important role in ensuring that the strategic direction of the hospital is guided by the best principles of resources management. There are four areas that will be a priority for the bed management function.

They are: -

- a) Ensuring that effective admissions and discharge policies are in place.
- b) Ensuring where possible that appropriate admissions are made to the acute sector.
- c) Maximising appropriate resource utilisation, including bed management and facilitating the implementation of waiting list initiatives.
- d) Expediting the discharge process.

The role will involve: -

- 1.1 Analysing, monitoring and forecasting trends in respect of admissions and discharges in the acute sector and the implications for non-acute services.
- 1.2 Direct and active participation in service planning, implementation and evaluation and in overall resource management of the hospital, including continuous quality audit and performance measures specific to the bed management function.
- 1.3 Active participation with multi-disciplinary teams and/or agencies in the development of innovative proposals and guidance to deal with the special needs of older people, the young chronic sick and disabled.
- 1.4 Ensuring the application of best practice including the generation of action plans to continuously improve the effectiveness of the bed management function in both the acute and non-acute sector.

2. OPERATIONAL ROLE

- 2.1 Implementing pre-admission, admission/discharge and transfer protocols, guidance and policies on the management of emergency workload and the timely placement of patients in the most appropriate environment in the acute or non-acute sector.
- 2.2 Regular timely reporting of bed and resource utilisation to senior management and circulating on a regular basis reports for key clinical decision makers on resource utilisation within the acute sector.
- 2.3 Where they exist the following functions should report to the Head of Bed Management – Admissions, Discharge, Waiting List Co-ordinators and NTPF (National Treatment Purchasing Fund) Co-ordinators.
- 2.4 Active direct participation in relevant committees such as:
 - Bed Management Committee.
 - Elective Waiting List Committee
 - Multi Disciplinary Discharge Planning Committee.
 - Admission and Discharge Policy Monitoring Committee.
 - Major Incident Planning Committee

Or other such committees that may be put in place to deal with issues surrounding the effective management of beds and other resources.

- 2.5 The post holder will be required to develop effective management arrangements with colleagues in other acute hospitals and in the non-acute sector.
- 2.6 A significant and important role will be in the planning and co-ordination of winter and other bed management initiatives.

3. EDUCATION TRAINING, RESEARCH AND DEVELOPMENT ROLE

- 3.1 The active direct involvement in community, hospital, nursing, medical 'in-service' induction training and research development.
- 3.2 Active involvement in establishing partnerships with community services and voluntary service groups and providers.
- 3.3 Actively sharing information, attending conferences and meetings including a strong commitment to the development of the function.

May 2006

**HEAD OF BED MANAGEMENT FUNCTION
PERSON SPECIFICATION**

CRITERIA	ESSENTIAL	DESIRABLE
QUALIFICATION <ul style="list-style-type: none"> • Organisational, managerial and motivational ability • Degree in Nursing or eligible for registration under relevant EU directives 	 √ √	
KNOWLEDGE <ul style="list-style-type: none"> • Acute hospital service • Admissions, transfers and discharge procedures. • Primary care service liaison. 	 √ √	 √
SKILLS <ul style="list-style-type: none"> • Clinical competence. • Analytical skills. • Communication • Interpersonal skills. • Strategic awareness. • Service planning. • Negotiation skills. • PC Skills • Planning and managing resources • Influencing skills • People management skills 	 √ √ √ √ √ √ √ √ √ √ √ √	 √
EXPERIENCE <ul style="list-style-type: none"> • 5 years experience in a senior management position within an acute hospital setting. 	 √	

CAPITA HOSPITAL GROUPINGS

Category A

University College Hospital, Galway
St. James' Hospital
Cork University Hospital
Beaumont Hospital
Mater Misericordiae Hospital
St. Vincent's University Hospital
Adelaide and Meath Hospital (incorporating the Children's National Hospital)

Category B

Waterford Regional Hospital
Letterkenny General Hospital
Mid Western Regional Hospital, Limerick
Our Lady of Lourdes Hospital, Drogheda
Tralee General Hospital
St. Lukes General Hospital, Kilkenny
James Connolly Memorial Hospital, Blanchardstown
Midland Regional Hospital, Tullamore
Wexford Regional Hospital

Category C

Our Lady's Hospital, Navan
Cavan General Hospital
Portiuncula Hospital
St. Michaels Hospital
Naas General Hospital
Ennis General Hospital
Mallow General Hospital

Capita Criteria identified for the purposes of bed management only

Group A Hospitals

A limited number of the most complex tertiary hospitals that provide supra-regional services, have more complex mix of services, provide major A&E Services (usually trauma) and have a total activity level that dictates the process of bed management is demonstrably more difficult/complex.

Decision Criteria:

1. Bed Occupancy > 85%
2. Supra-regional remit and service mix
3. 500 or more acute care beds

Group B Hospitals

Hospitals that provide a less complex mix of services, provide significant A&E services and have a total activity level that dictates the process of bed management is demonstrably less difficult/complex than at the level of Group A. While service complexity varies widely from the largest to the smallest hospital in this group the normative practice of bed management is more alike among these facilities than with the required practices of Group A or Group C hospitals

Decision Criteria:

1. Bed Occupancy > 85%
2. Regional remit or moderate to large degree of tertiary services
3. 200 or more acute beds

Group C Hospitals

Hospitals that provide a less complex mix of services and have a total activity level that dictates the process of bed management is demonstrably less difficult/complex than at the level of Group B Hospitals

Decision Criteria:

1. Remaining Hospitals