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The Central Middlesex Hospital in London is highlighted as an example of where barriers between staff have successfully been removed to relieve pressure on the main A&E department.

In critical care, nurse practitioners are supporting patients with coronary care, intensive care, and high-dependency needs. And in a new ambulatory and diagnostic centre, right, nurses work across the whole patient care pathway, from admission to discharge.

David Evans, assistant director of nursing at the trust that runs the hospital, said: 'Creating more flexible roles for nurses has led to a more stimulating work environment and a greater ability to cope with peaks and troughs in workload.'

Central role for senior staff in improving hygiene and nutrition in hospitals

Modern matrons will lead drive for higher standards

By Graham Scott

SENIOR NURSES have been handed a central role in raising standards of hygiene and nutrition in hospitals and ending delayed discharge.

Over the next two years a cadre of ‘modern matrons’ will be appointed in response to demands from patients for ‘a strong clinical leader with authority at ward level’.

The new postholders will be senior sisters or charge nurses with the specific remit of resolving clinical issues, such as discharge delays, and environmental problems such as poor cleanliness.

‘They will be easily identifiable to patients and accountable for a group of wards,’ says the plan. ‘They will be in control of the necessary resources to sort out the fundamentals of care, backed up by appropriate administrative support.’ The nurses will receive training at a newly created Leadership Centre for Health.

‘Trusts will have to adjust contracts with external cleaning companies to ensure nurses can take the lead in ensuring wards are properly cleaned where necessary,’ adds the plan.

A new role of ‘ward housekeeper’ is to be created by 2004 to improve the quality, presentation, and quantity of hospital meals and to help patients eat. RCN general secretary Christine Hancock said: ‘The RCN ward leadership programme has shown that ensuring ward sisters have the right skills and autonomy can have enormous benefits for care – especially the essentials such as privacy, cleanliness, nutrition and dignity.’

Under the plan, all hospital nurses will also undertake a wider range of clinical tasks based on a list of ten new roles drawn up by England’s chief nursing officer Sarah Mulally. These include the ability to order diagnostic investigations, make and receive referrals, and admit and discharge patients.

Nurses will also perform minor surgery, triage patients and take a lead in the way local services are organised.

Other measures include the creation of more consultant nurse posts so there will be 1,000 by 2004, and a pledge that professional staff will receive support from employers with their continuing development.

But the plan contains few details about the future roles of health care assistants, saying only that they ‘will play a key part in raising standards in the fundamentals of patient care’.

HCAs will also receive £150 a year towards training or help in achieving NVQ level 2 and 3.

Modern matrons will be in control of the necessary resources to sort out the fundamentals of care

Readers’ views

On the creation of ‘modern matrons’;
Leicester respiratory nurse consultant Jane Scullion said: ‘Standards of hygiene and nutrition, and dealing with discharge delays, should already be an intrinsic part of the ward sister’s role. I think the “modern matron” title will reassure patients, but for it to work, they will need power alongside the responsibility.’

On regular inspections of NHS bodies, Kent clinical nurse specialist in critical care
Caroline Frizelle said: ‘Anything that will improve the quality of the service is a good thing. But there may be funding implications if it is failing in areas with recruitment problems or a lack of resources. Will extra resources be made available if needed to improve the service?’

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