In defence of a linchpin role

Elaine Cole reports from a summit on ward leadership held at RCN congress

Leadership training, control of budgets and better staffing levels are needed so ward sisters can improve patient care, according to nurses meeting at RCN congress last month. Ward sisters, charge nurses, community team leaders, matrons, directors of nursing and aspiring nurse leaders all agreed the role was the linchpin of health care, but raised concerns about its challenges, particularly in the tough economic climate.

Front line staff attending the Nursing Standard event, discussing the role of ward managers in ensuring quality patient care, said poor training and staffing levels are affecting care. Some reported that financial pressures are already having an impact.

Many of the problems have been highlighted by Nursing Standard’s Power to Care campaign, which has been pressing for greater authority for ward sisters and charge nurses.

Empowerment

The prime minister’s commission on the future of nursing and midwifery made ward leader empowerment one of its 20 recommendations. Fringe event panel member Jane Salvage, King’s College London visiting professor of nursing and the commission’s secretary, said: ‘The ward sister role has been eroded. Patients and the public told us loud and clear that they want visible, strong clinical leadership on the ward.

The decisive difference between one ward and another is the quality of the ward leadership.’

The panel was chaired by Pippa Gough, assistant director for leadership at the Health Foundation, which sponsored the event. She stressed the role was central to improving care in a period of sustained financial pressures.

Panelist and senior nurse Jane Naish, author of an RCN report on ward sister authority, said her trust in Milton Keynes had increased ward sisters’ supervisory time and created a budget and development programme led by the director of nursing and matrons.

The audience echoed panel concerns that nurses are not developed before they assume ward leader roles, and that the right people are not always selected. Imperial College London neonatal ward sister Laura Ade said: ‘Nurses are often put into
‘What can be done to defend staffing levels?’

Jenny Kirkland, sister in the medical admissions unit at Milton Keynes Hospital NHS Foundation Trust, asked the panel for tips on how ward sisters could address any concerns about staffing levels that may arise in the tough economic climate.

Ward manager Jon Willis replied: ‘All you can do is to prioritise your workload to ensure that patient care comes first.’ He said that sometimes staffing levels made assisting feeding near impossible. ‘We miss a trick by not using other people who can help – carers, relatives and families.’

Royal College of Surgeons president John Black said: ‘Remember Mid Staffs. Every hospital has echoes of that. Make a fuss – it is your duty.’

Karen Charman of NHS Employers said: ‘Ward sisters have to lead with their team.’

Matron Jane Naish said: ‘If you have an effective nursing director you can get staffing on to the board agenda.’

Matron Sian Edwards, who works in Warrington Hospital in Cheshire, called for national guidance on staffing levels and protected training. ‘If staff do not have the skills, support and development opportunities, we will have these problems into the future. However, protected training will require massive amounts of money.’

She added that this was unlikely given the economic conditions, but argued that a new culture would be created if leaders are developed while they are staff nurses.

In a straw poll, a slim majority supported national guidance on skill mix. Independent healthcare consultant Sally Gooch said skill mix should be decided locally and be evidence based. ‘Guidelines get used and abused. You should make sure the ward sister has autonomy.’

Panelist John Black, president of the Royal College of Surgeons, said national guidelines for medical staff had been superseded by the European working time directive, while Ms Naish cautioned: ‘Ward sisters and charge nurses should be empowered, given the budget and left to work it out.’

Only five members of the audience held their own budgets. North west London community mental health team leader Orville Braithwaite said he was aware of his team’s budget, but he has no control over it, even though he makes many financial decisions.

In a further straw poll, most favoured partial supervisory status for ward leaders. Some were concerned this meant less clinical involvement. Ms Naish disagreed: ‘Being supervisory is being on the ward and being the clinical expert. You impart that. Passing on skills is the crux of the ward sister role.’

Julie Nicholson, a haematology matron, said ward managers have to take on extra tasks such as payroll due to redundancies and recruitment freezes. ‘This is taking them away from their clinical role,’ she said. ‘They are tied to a computer in the office.’

There was overwhelming support for protected training, but hardly anyone present had received it. The consequence of this was highlighted by Christianah Ominiji, chair of the RCN’s inner southeast London branch. ‘The situation in the community is diabolical. Most team leaders do not know what they are supposed to be doing. They are not supported at all.’

Ms Salvage agreed: ‘There is a leadership crisis in the community. We have epidemic proportions of long-term conditions. Our thinking is still in hospitals. We need flexible and confident leaders. But how do we get them?’

Rachael Armstrong from Merseyside seemed to have part of the answer – a forward-thinking board, a focus on quality and recognition of ward sisters. ‘At my trust leaders are identified early through appraisal. But when will they get time for training?’

Julie Nicholson, Pippa Gough, Rachael Armstrong and Christianah Ominiji

Clockwise from left: Julie Nicholson, Pippa Gough, Rachael Armstrong and Christianah Ominiji

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