Using clerical staff to free up ward sister time

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The head and neck unit at Nottingham University Hospitals Trust trialled the introduction of a ward administrator. This role takes on some of the ward sister’s administrative and clerical tasks, enabling the sister to spend more time on the ward, be a visible leader to staff and patients, and monitor standards. This article outlines how the role was introduced and the key outcome measures used to evaluate its impact on patient and staff satisfaction, complaint reduction and nursing metrics.

**Ward sisters should be visible as the nurse leader on their wards but this has declined as their administrative duties have increased. Over the past year, while doing the Royal College of Nursing Clinical Leadership Programme, I led a project introducing a new ward administrator role. This allowed me to network with colleagues across the trust; feedback from other ward sisters was positive and they also want to introduce the role.**

The benefits of administrative support for busy clinical nursing leaders are recognised. *Breaking Down Barriers, Driving Up Standards* (RCN, 2009) argued the ward sister’s role is crucial for high-quality patient care and work must be done to strengthen and support it. This is reinforced in the recommendations of the Mid Staffordshire Trust public inquiry, which identified the importance of ward sisters as role models and mentors in clinical practice. The report recommends they operate in a supervisory capacity and not be office bound (Francis, 2013), emphasising the importance of their knowing the needs of individual patients, and being a visible and accessible leader for patients and staff.

**Identifying need**

The head and neck unit at Nottingham University Hospitals Trust (NUH) comprises 34 inpatient beds for patients undergoing surgery, trauma and emergency admissions. It also functions as an out-of-hours eye-casualty unit and 43 recliner chairs accommodate up to 200 day-case operations a week. Since being appointed ward sister of two wards in 2011, with 65 staff to manage, my clinical time was increasingly limited as my administrative duties increased. Passionate about patient care and clinical working, I became frustrated with the ward’s unimpressive quality-indicator scores and felt detached from both my team and my patients.

Action learning discussions held as part of the leadership programme highlighted this and identified I was becoming disheartened with my role and felt ineffective as a leader. Action learning has been identified as beneficial in leadership.

**Keywords:** Ward administrator/Ward sister/Leadership

- This article has been double-blind peer reviewed

A pilot scheme was conducted to ascertain whether introducing a ward administrator role would enable ward sisters to spend more time with patients and improve staff satisfaction.
The change management model
Better for You is a hospital change programme used at NUH to set the direction for practical evidence-based project improvements (NUH, 2012). It includes a five-step change model, which we used to plan and implement this project: » Set up and plan; » Discovery; » Design and trial; » Implementation and rollout; » Embed.

Introducing the role
After careful analysis of workload pressures and potential solutions, I identified the volume of administrative duties was preventing me from being a visible, effective leader. I met with my clinical lead and we agreed to pilot the role of a ward administrator for six months using funding from a currently vacant band 2 post. The impact of the pilot would then be reviewed before any further decisions were taken.

We selected the most suitable candidate based on her values and behaviours, and interpersonal, administrative and IT skills. Following a trust induction, she was introduced to staff individually and their roles were explained. Full training was given on the key administrative duties the administrator was expected to take on.

The administrator is based on the ward but does not undertake a front-of-house role. Her primary aim is to support me with the smooth running of the administrative and clerical tasks. I set clear objectives with her and established an effective working relationship with daily debriefs and agreed points for review.

Evaluation
Six months after the administrator began, I noticed improvements in several areas. I can now undertake daily leadership rounds talking to patients and carers. This is done as a formal component of Caring Around the Clock, the trust’s approach to intention. The administrator rounting that requires all ward sisters to record written patient feedback in a log. Comments I have recorded include numerous examples of positive feedback about seeing the ward sister on the ward, such as, “Reassured when we see the sister on the ward” and “Nice to see a navy blue dress”. This has reinforced to me the positive impact for patients of having a visible ward sister on the ward.

We have evidence of increased patient satisfaction, demonstrated by a rise in the Net Promoter score (Fig 1), a reduction in complaints and an increase in compliments. There are also measurable improvements in the nursing dashboard, NHS Safety Thermometer survey and Essence of Care benchmark scores (Fig 2), and incidents and risks are also being managed more effectively, reviewed monthly, investigated and closed in a timely manner.

Clinical staff have commented that having a ward sister present makes for a more efficient, organised and well-run ward, and the ward administrator herself says she enjoys the job and believes her working relationship with the ward sister is critical to the success of this varied role.

Conclusion
My job satisfaction and desire to lead has returned. I now work clinically on a regular basis and have time to focus on improving patient experience, being a role model, ensuring standards and care processes are met and working closely with my team.

Due to the pilot’s success, the ward administrator post has been made permanent and increased from band 2 to band 3. The administrator will be actively involved in developing the role, as administrative demands on the ward continue to increase. The benefits of employing a ward administrator are being shared across the trust and already several wards and departments are implementing the role. NT

References

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