

Francis
Report

NT RESPONSE

The Francis report highlights the ward sister's role in setting standards of care, and calls for sisters to be more visible to patients and staff

Redefining the ward sister role to boost frontline care

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The Francis report is clear that a significant proportion of poor care at Stafford Hospital was due to low standards of nursing. It explores possible causes and highlights poor leadership and declining professionalism as contributory factors.

During visits to the hospital, Robert Francis QC found that the terrible experiences reported by patients and relatives "came largely from wards lacking in strong, principled and caring leadership". Conversely, wards that were well led generally had acceptable standards and were prioritising the delivery of safe, excellent care.

Leaders of the successful wards shared a number of characteristics. Ward sisters were found to:

- › Care for the staff they lead;
- › Be given responsibility for budgets and recruitment;
- › Seek out ways of applying best practice from their team and externally;
- › Be listened to by senior management;
- › Welcome measurement of their performance;
- › Develop a team ethic embracing all staff;
- › Receive training and seek out personal mentorship and coaching.

Recommendations

The report describes the ward sister role as "critical" to patient care and aims to promote and strengthen it.

Mr Francis says ward sisters should not be "office bound" as this prevents them from fulfilling the supervisory part of the job. The report states: "As a supervisory

leader, the ward sister should, and would, know about the care plans relating to every patient on her or his ward."

Ward sisters need to work alongside staff as a role model and mentor, developing clinical competencies and leadership skills within the team. An important part of their job is to monitor performance and ensure training needs are met and that staff receive a "robust" annual appraisal.



Not being office bound means ward sisters should be visible to patients, relatives and staff and available to discuss concerns. Evidence about ward 10 at Stafford Hospital included the following comment from a relative: "Nursing staff were very few and far between when we were there. Ward sisters, there was only about one which we could ever relate to. We could never find them."

The report calls for newly admitted patients to be reassured by meeting the ward sister. It acknowledges that this is not always possible and that another senior staff member could substitute to welcome patients and answer questions, at the same time assessing and observing their condition and needs.

Ward sisters should also be visible within the wider multidisciplinary team so they can coordinate patients' care. With this in mind, the report calls for them to be present on ward rounds and at handovers.

While medical or surgical teams often regard themselves as separate, the report calls for greater effort to bring teams closer together, fostering "a sense of there being one team for the patient".

Leadership

Mr Francis acknowledges that it can be hard to find suitable candidates for the challenging post of ward sister. He says more must be done to develop professional leadership and management skills to support these pivotal roles.

He adds that, although not all nurses are capable of or interested in becoming ward sisters, all need leadership skills in their daily practice. Staff nurses frequently supervise others, such as junior nurses and HCAs, and need to be capable of taking the initiative within the limits of their role and competence; they also need leadership skills to act as advocates for patients, articulating their needs.

Conclusion

The Francis report recognises the importance of frontline nursing leadership, particularly by ward sisters. This contrasts with attitudes to ward sisters' views at Stafford Hospital. When Sue Adams raised concerns about ward reconfigurations and staff shortages, she was told she was "only a ward sister" and that decisions had been made at a higher level.

Frontline leadership is needed to deliver excellent nursing care and the acknowledgement that this cannot be done from within an office will have implications for the way in which wards are run.

Re-establishing the role of the ward sister and increasing its visibility could be a significant legacy of the Francis report. **NT**

Kathryn Godfrey is practice and learning editor at Nursing Times