



Llywodraeth Cynulliad Cymru  
Welsh Assembly Government

# **FREE TO LEAD, FREE TO CARE**

**EMPOWERING WARD SISTERS/CHARGE NURSES MINISTERIAL  
TASK AND FINISH GROUP**

**FINAL REPORT**

**JUNE 2008**

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

**FREE TO LEAD, FREE TO CARE**

**FOREWORD**

Improving the patient and public experience of the National Health Service is of paramount importance to me.

As Minister for Health and Social Services one of my first actions was to discuss with the Royal College of Nursing, staff and professional leaders in Wales how to improve the environment of care within hospitals and the patient experience.

I considered the question of whether or not the ward sister/charge nurse has recognisable authority and is sufficiently equipped with the leadership and management skills to ensure wards and departments are managed effectively.

I believe that much good will result from empowering the essential role of the ward sister/charge nurse. They should have the responsibility and authority to deal with vital issues such as the cleanliness of the ward, the nutrition of patients and the standards of dignity and privacy they experience.

In November 2007 I established a Task and Finish Group to make recommendations to ensure that ward sisters/charge nurses are empowered with the authority, knowledge, skills to improve the environment of care and patient experience.

This report sets out those recommendations. I intend to expand the role of hospital ward sisters/charge nurses by giving them more power to improve ward cleanliness, raise standards of care and protect patients' meal times, thereby improving the patient and public experience in our hospitals.



Edwina Hart, MBE  
Minister for Health and Social Services

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

<b>CONTENTS PAGE</b>	<b>PAGE</b>
Foreword	1
Executive Summary – Recommendations	4
Introduction	13
Background	15
Chapter 1 – Fundamentals of Care	16
Chapter 2 – The Ward Environment	23
Chapter 3 – Cleaning	33
Chapter 4 – An All Wales Nursing Uniform	41
Chapter 5 - Education, Development and Support For the Ward Sisters/Charge Nurses	46
Financial Implications	51
Conclusion	53
Annex 1 - Glossary of Terms	54
Annex 2 - Membership of the Empowering Ward Sisters/Charge Nurses Task & Finish Group	55
Annex 3 - Membership of Working Group 1 – Fundamentals of Care	56
Annex 4 - Membership of Working Group 2 – Environment of the Ward	57
Annex 5 - Membership of Working Group 3 – Cleaning	58
Annex 6 - Membership of Working Group 4 – An All Wales Nursing Uniform	59
Annex 7 - Membership of Working Group 5 – Education, Development and Support for the Ward Sister/Charge Nurse	60

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

Annex 8 - Membership of the Sister/Charge Nurse Reference Group	61
Annex 9 - Ward Housekeepers: A pilot project on Gilliatt Ward	63
Annex 10 - Conwy & Denbighshire NHS Trust Ward Housekeeper Person Specification	71
Annex 11 - Conwy & Denbighshire NHS Trusts Ward Housekeeper Job Description	73

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

## EXECUTIVE SUMMARY – RECOMMENDATIONS

### Implementing the Empowering Ward Sisters/Charge Nurse Report

	Recommendation	Responsible Body	Timescale
1.	<p><b>Implementing the Empowering Ward Sisters/Charge Nurses Report</b> Within each NHS Trust, the Executive Nurse Director should be responsible for the implementation of the Empowering Ward Sisters/Charge Nurses Report and the Trust should appoint a non-executive Director to oversee and champion this process. An annual written update should take place to the Board until 2010 (the end of the timescale for implementation as set out in these recommendations).</p>	<b>NHS Trusts</b>	From 2008 until 2010

### The Fundamentals of Care

*Fundamentals of Care (2003) is a Welsh Assembly Government initiative to improve the quality aspects of health and social care for adults. For more information, see Chapter 1.*

	Recommendation	Responsible Body	Timescales
2.	<p><b>Fundamentals of Care</b> Ward Sisters/Charge Nurses should play a significant part in the updating of Fundamentals of Care (2003) in line with subsequent policy developments in particular the Health Care Standards.</p>	<b>Welsh Assembly Government</b>	By end 2008
3.	<p><b>Fundamentals of Care</b> All Ward Sisters/Charge Nurses should have access to an All Wales Audit Tool which should be developed to measure standards against the Fundamentals of Care. Reports arising from use of this Audit Tool should be distributed to the NHS Trust Board and the Chief Nursing Officer, Wales.</p>	<b>Welsh Assembly Government/ NHS Trusts</b>	By end 2008

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

<b>4.</b>	<p><b>Nutrition</b></p> <p>All Ward Sisters/Charge Nurses should have access to an All Wales Nutritional Care Pathway to promote best professional practice in nutritional care throughout the NHS.</p>	<b>Welsh Assembly Government</b>	By end 2008
<b>5.</b>	<p><b>Nutrition/Hydration</b></p> <p>Ward Sisters/Charge Nurses should play a substantive part in designing an All Wales standard fluid chart to be used across all NHS Trusts in Wales. All Ward Sisters/Charge Nurses should ensure that their ward staff are familiar with the national Intake/Output chart and incorporate it into their Induction Programmes.</p>	<b>Welsh Assembly Government/ NHS Trusts</b>	By end 2008
<b>6.</b>	<p><b>Nutrition</b></p> <p>All NHS Trusts should ensure that nutritional supplements, where prescribed, and their administration, are recorded on drug charts.</p>	<b>NHS Trusts</b>	By end 2008

**The Environment of the Ward**

	<b>Recommendation</b>	<b>Responsible Body</b>	<b>Timescale</b>
<b>7.</b>	<p><b>Mixed gender wards and bays</b></p> <p>The Ward Sister/Charge Nurse should have the authority to decide on the placing of patients on the ward. Any ward that is mixed gender should be divided geographically and separate bathing/toilet facilities provided. The mixing of men and women in bays should not happen, with the exception of Accident &amp; Emergency Units, emergency admission units and critical care units. Exceptions to this policy should be reported and that data maintained for analysis.</p>	<b>NHS Trusts</b>	From 2008

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

<b>8.</b>	<p><b>Tasks of Health Care Support Workers</b></p> <p>The Ward Sister/Charge Nurse should delegate clearly (for example, utilising a rota system) any general cleanliness/tidying tasks that are the responsibility of Health Care Support Workers on the ward.</p>	<b>NHS Trusts</b>	From 2008
<b>9.</b>	<p><b>Flowers</b></p> <p>Ward Sisters/Charge Nurses should have the authority to decide at an individual ward level whether flowers are allowed or not. This decision should be made based upon considerations around cleanliness or health and safety and not on misperceptions of hospital acquired infection. The use of disposable vases and sealed containers ('oasis' arrangements) should be considered.</p>	<b>NHS Trusts</b>	From 2008
<b>10.</b>	<p><b>Visiting times</b></p> <p>Ward Sisters/Charge Nurses should decide on appropriate visiting times for their ward and patients.</p>	<b>NHS Trusts</b>	From 2008
<b>11.</b>	<p><b>Storage</b></p> <p>To ensure access to bathrooms and other ward areas, the storage of equipment, mattresses and so on should be pooled centrally to reduce the amount stored at ward level.</p>	<b>NHS Trusts</b>	From 2008
<b>12.</b>	<p><b>Communication with patients</b></p> <p>Posters and leaflets should be designed to communicate effectively ward or hospital policies on issues such as the restriction of personal belongings, visiting times and flowers, and ward sisters/charge nurses should take responsibility for ensuring their display and effective communication to individual patients, relatives and patient groups.</p>	<b>NHS Trusts</b>	From 2008

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

**Cleaning**

	<b>Recommendation</b>	<b>Responsible Body</b>	<b>Timescales</b>
13.	<p><b>Cleaning Operatives Proficiency Certificate</b></p> <p>To ensure the ward sister/charge nurse is able to maintain the highest standards of cleanliness on the wards the NHS in Wales should adopt the Cleaning Operatives Proficiency Certificate award from the British Institute of Cleaning Science as the national minimum standard of training for ward cleaners.</p>	<b>Welsh Assembly Government</b>	By end 2008
14.	<p><b>Standardising products for cleaning and infection control</b></p> <p>To support the ward sister/charge nurse role a national advisory forum, hosted by Welsh Health Supplies in association with Welsh Health Estates, should be established to review standardising products for cleaning and infection control across the NHS in Wales. This forum should also review new and innovative technologies for cleaning and infection control and advise the NHS accordingly. This forum should have ward sister/charge nurse representation.</p>	<b>Welsh Assembly Government</b>	By end 2008
15.	<p><b>The National Standards of Cleanliness for NHS Trusts in Wales</b></p> <p><u>The National Standards of Cleanliness for NHS Trusts in Wales</u> (2003) should be updated in line with subsequent policy and evidence-based developments and the responsibilities of the ward sister/charge nurse should be made explicit and enhanced where necessary. Ward sisters/charge nurses should be made aware of their responsibilities under these standards.</p>	<b>Welsh Assembly Government/ NHS Trusts</b>	By end 2009

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

<b>16.</b>	<p><b>An all-Wales monitoring tool for cleanliness</b></p> <p>To assist and support the ward sister/charge nurse in maintaining the highest standards of cleanliness in their wards, an all-Wales monitoring tool for cleanliness should be adopted across the NHS in Wales. Monitoring undertaken by the domestic supervisor should be 'signed off' by the ward sister/charge nurse.</p>	<b>Welsh Assembly Government/ NHS Trusts</b>	By end 2008
<b>17.</b>	<p><b>Technical hygienists</b></p> <p>Consideration should be given to the development of new roles such as Technical Hygienists who are directly accountable to the ward sister/charge nurse in areas where there is a higher degree of clinical equipment, for example, critical care environments and orthopaedics.</p>	<b>NHS Trusts</b>	By end 2008
<b>18.</b>	<p><b>Specific items schedule</b></p> <p>Ward sisters/charge nurses should be involved in the development of Trust-wide schedules which clearly identify who is responsible for cleaning specific items of patient equipment.</p>	<b>NHS Trusts</b>	From 2008
<b>19.</b>	<p><b>Assignment of domestic staff</b></p> <p>Regular domestic staff should be allocated to particular wards or work areas to enable them to work as part of the team and take pride in their ward. Day-to-day functional responsibility and accountability should be to the ward sister/charge nurse. The domestic services manager should retain managerial responsibility.</p>	<b>NHS Trusts</b>	From 2008
<b>20.</b>	<p><b>Recruitment for Ward Housekeeper/domestic staff</b></p> <p>The ward sister/charge nurse should be routinely involved with the recruitment process for the Ward</p>	<b>NHS Trusts</b>	From 2008

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

	Housekeeper/domestic staff that will be allocated to their team.		
<b>21.</b>	<p><b>A Rapid Response cleaning service</b></p> <p>Every Trust should develop a stand-alone 'rapid response' cleaning service (in addition to the ward based cleaning team). Though the management of this service should remain a central function, ward sisters and the infection control team should be able to request this service and expect a response within a reasonable period of time, depending on the nature of the request. This should include the ability to request 'deep cleaning' following outbreaks, refurbishments and where standards have fallen consistently below the national standards.</p>	<b>NHS Trusts</b>	From 2008

**All Wales National Uniform Policy**

	<b>Recommendation</b>	<b>Responsible Body</b>	<b>Timescales</b>
<b>22.</b>	<p><b>An All-Wales Nursing Dress Code</b></p> <p>To support the ward sister/charge nurse in maintaining high standards of personal/professional appearance in all ward staff. an All-Wales Nursing Dress Code should be developed and introduced across all NHS Trusts.</p>	<b>Welsh Assembly Government</b>	By end 2008
<b>23.</b>	<p><b>NHS laundry of uniforms</b></p> <p>The Welsh Assembly Government should undertake a detailed cost- benefit analysis to determine whether an in-house NHS laundry process/system can be developed to support the introduction of the All-Wales Uniform.</p>	<b>Welsh Assembly Government</b>	By end 2008

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

<b>24.</b>	<p><b>Availability of uniforms</b></p> <p>All NHS Trusts should have stockpiles of uniforms to ensure their availability to nursing staff on a 24-hour basis.</p>	<p><b>Welsh Assembly Government/ NHS Trusts</b></p>	By end 2009
------------	---	---	-------------

**Education, Development and Support for the Ward Sister/Charge Nurse**

	<b>Recommendation</b>	<b>Responsible Body</b>	<b>Timescales</b>
<b>25.</b>	<p><b>Empowering ward sisters/charge nurses development programme</b></p> <p>In order to support and maintain a properly empowered ward sister/charge nurse workforce, an All-Wales approved empowering ward sisters/charge nurses development programme should be established and places funded by the Welsh Assembly Government. This programme should address human resource and managerial skills and the maintaining of standards around issues such as cleanliness and nutrition/hydration on the ward.</p>	<p><b>Welsh Assembly Government/ Higher Education Institutes</b></p>	By end 2008
<b>26.</b>	<p><b>Empowering ward sisters/charge nurses development programme</b></p> <p>All existing ward sisters/charge nurses should complete the approved empowering ward sister/charge nurse's development programme and/or have their prior educational learning and/or experience accredited. (APEL).</p>	<b>NHS Trusts</b>	By end 2010
<b>27.</b>	<p><b>Empowering ward sisters/charge nurses development programme</b></p> <p>Newly-appointed ward sisters/charge nurses should commence an approved empowering ward sisters/charge nurses development programme as a compulsory component of their induction and/or have their prior educational learning and/or experience accredited.</p>	<b>NHS Trusts</b>	From 2009

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

<b>28.</b>	<p><b>Empowering ward sisters/charge nurses development programme</b></p> <p>Nurses who aspire to be ward sisters/charge nurses should undertake the empowering ward sisters/charge nurses' development programme as part of their continuing professional development. This would be identified through their individual development plan under the Knowledge and Skills Framework.</p>	<b>NHS Trusts</b>	From 2009
<b>29.</b>	<p><b>Preceptorship</b></p> <p>All newly-appointed ward sisters/charge nurses should have a period of preceptorship of not less than six months from appointment.</p>	<b>NHS Trusts</b>	By end 2009
<b>30.</b>	<p><b>Supervision</b></p> <p>All ward sisters/charge nurses should receive both managerial supervision as well as clinical supervision with clear lines of accountability to the Director of Nursing in place.</p>	<b>NHS Trusts</b>	By end 2009
<b>31.</b>	<p><b>Ward Sister/Charge Nurse Forum</b></p> <p>There should be a ward sisters/charge nurses 'forum' within each NHS Trust to develop peer support, learning, and information exchange. Chief Executives should develop a mechanism (for example, e-mail, report or face-to-face meeting) with a record of this discussion maintained to communicate directly with this 'forum'.</p>	<b>NHS Trusts</b>	By end 2008

**Recommendations arising from the Empowering Ward Sisters Report with wider implications**

There are four recommendations, which arose from the reports of the working groups, which have wider implications than simply empowering the role of the ward sister/charge nurse. These recommendations involve issues that the Task and Finish Group believe are essential to protect the dignity and quality of the patient experience and are issues that profoundly affect the freedom of the ward

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

sister/charge nurse to carry out their responsibilities effectively. The Minister is asked to consider them.

	<b>Recommendation</b>	<b>Responsible Body</b>	<b>Timescales</b>
<b>32.</b>	<p><b>Future provision of single sex accommodation</b> All future new hospital developments should be built to ensure single sex accommodation to safeguard the privacy and dignity of the patient.</p>	<b>Welsh Assembly Government</b>	From 2008
<b>33.</b>	<p><b>Ward Housekeeper</b> Each hospital ward should have a Ward Housekeeper assigned to it who will be accountable on a daily basis to the ward sister/charge nurse. A written role description should be developed.</p>	<b>NHS Trusts</b>	By the 2008
<b>34.</b>	<p><b>An All-Wales nursing uniform</b> An All-Wales nursing uniform should be introduced on a phased basis. The Welsh Assembly Government should undertake further work to determine the design of the uniform and the process of introduction. The adoption of 'smart scrubs' for all ward nursing staff should be considered. There should be a clear distinction in design between the different levels of nursing staff usually working at ward level:</p> <ul style="list-style-type: none"> <li>▪ The Ward Sister/Charge Nurse</li> <li>▪ A Registered Nurse</li> <li>▪ A Health Care Support Worker</li> <li>▪ A Student Nurse</li> </ul>	<b>Welsh Assembly Government</b>	By end 2008
<b>35.</b>	<p><b>Changing facilities</b> Changing facilities should be developed for staff to change in on arrival and departure and more frequently in between if required. All new build hospitals should contain changing facilities.</p>	<b>NHS Trusts</b>	By end 2010

# Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

## INTRODUCTION

*Empowerment is determined by culture, enablement and the freedom to act in any organisational setting* and is reflected in the following definition

“Empowerment is the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. Central to this process are actions which both build the individual and collective assets and improve the efficiency and fairness of the organisational and institutional context which govern the use of these assets.” (World Bank).

It could be argued that modern effective and successful organisations have embarked upon embracing a culture of employee empowerment in order to achieve their “Vision” or “Strategy” and in doing so seek to realise many aspects of total quality management and continual organisational improvements. In terms of management practice *direct empowerment* is to be welcomed as this enables the delegation of additional responsibilities to an individual or team with the freedom to act in the execution of tasks. Consequently, organisations will benefit from enhanced performance and improved outcomes. Furthermore indirect forms of empowerment also require individuals or teams to participate in decisions made by decision-making bodies. It is essential that the participation of front line staff who are responsible for managing the patient experience on a day-to-day basis is enabled by senior managers in the organisation.

In many instances in health care provision where ward sisters/charge nurses are empowered to take additional responsibility for administration, infection control and equipment management, *indirect* results do include cost reduction together with immensely successful outcomes. Equally as important is the need to sustain an effective workforce, and the retention of expert practitioners working at this managerial level within each ward/clinical area is vital in leading a ward team.

Thus recommendations in this report also include the need to develop individuals in terms of their increased knowledge, competence and ability to use initiative, making them more effective in their work. Skills and competency development are immensely valuable when there is variability in work demands that include the requirement to tailor work demands to individual customers. In the context of health care this variability of work requirements, coupled with the individual requirements of each patient, is an everyday encounter for most if not all ward sisters/charge nurses.

Empowerment leads to better responses by individuals to the unexpected and this in itself is essential in the current climate of health care delivery in Wales. However this will also involve investment to support the training of individuals, and the support of the senior management at board level if ward sisters/charge nurses are to have the information, self confidence and freedom to show initiative in making decisions about how best to complete their work in the interest of enhancing the positive patient experience.

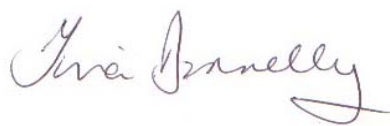
## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

It is essential that ward sisters/ charge nurses are involved in the design of new work practices and roles from the start of any service provision. These individuals are the professional nurses and midwives who are constantly at the front line of service delivery, working with and for patients. It is essential that their views are considered and respected at all levels within the health care organisation.

All newly-empowered individuals will also require support from senior managers as it is inevitable that errors or mistakes in meeting their newly-acquired responsibilities may occur. This report includes a recommendation that a period of preceptorship for newly-appointed ward sisters/charge nurses is essential so that errors *if* they occur are dealt with in terms of learning opportunities, recognising of course the need of each professional nurse to work within the regulatory framework laid down by their regulatory body,

As chair of the Ministerial Task and Finish group, I would personally like to thank members of the steering group, the sub groups and the two quality reference groups for their immense commitment and contribution in developing these recommendations. I would also like to thank Denise Richards, Nursing Officer, Welsh Assembly Government, and Lisa Turnbull, RCN Policy Advisor for their immeasurable contribution. Furthermore, I would like to thank each NHS Trust for their part in ensuring the road shows and the communication processes were a success through ensuring a wide spectrum of views were obtained.

The contribution of the Patient and Voluntary sector representatives together with the Sister/Charge Nurse Reference Group ensured that this work was grounded within front-line service provision.



Tina Donnelly  
Director RCN Wales  
Chair of Empowering Ward Sisters/Charge Nurses  
Ministerial Task and Finish Group

# Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

## BACKGROUND

The Empowering Ward Sisters/Charge Nurses Ministerial Task and Finish Group arose out of meetings between the Minister for Health and Social Services, the Royal College of Nursing and other staff and professional leaders in Wales. They expressed concern about the patient experience of ward cleanliness, nutrition, infection control and general standards of care, and felt the route to improvement in these areas lay in expanding the role of the hospital ward sister/charge nurse

There is ample evidence, from research and lay opinion, such as visitors and family members, that issues of cleanliness and meeting the nutritional needs of patients have direct implications to the patient's recovery, length of stay and delayed transfer of care<sup>1</sup>.

In order to address patient, public and professional concern a Ministerial Task and Finish Group was established, drawn from staff groups and patient representatives directly engaged in these issues at ward level. A full membership list is provided at Annex 2

The group was asked to make recommendations and to develop an action plan to ensure that ward sisters have the authority, knowledge and skills to improve ward cleanliness, standards of care and patient nutrition.

Five work streams were identified to address specialist issues surrounding the following areas:

- Fundamentals of Care – Chapter 1
- Ward Environment – Chapter 2
- Environmental Cleaning – Chapter 3
- All Wales Uniform – Chapter 4
- Education – Chapter 5

Five working groups were set up to take forward work in these areas. Membership of these groups included ward sisters/charge nurses from all NHS Trusts in Wales along with patient representatives, senior NHS Managers and Chief Executives. The working groups provided crucial expert advice on operational and organisational issues to the overarching Task and Finish Group and submitted the recommendations outlined in this report. A full list of working group members is provided at Annexes 3 to 8.

---

<sup>1</sup> See for example [www.ageconcern.org.uk/hungrytobeheard](http://www.ageconcern.org.uk/hungrytobeheard)

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

**Chapter One – Fundamentals of Care - Recommendations**

	<b>Recommendation</b>	<b>Responsible Body</b>	<b>Timescales</b>
<b>2.</b>	<p><b>Fundamentals of Care</b></p> <p>Ward sisters/charge nurses should play a significant part in the updating of Fundamentals of Care (2003) in line with subsequent policy developments in particular the Health Care Standards.</p>	<b>Welsh Assembly Government</b>	By end 2008
<b>3.</b>	<p><b>Fundamentals of Care</b></p> <p>All ward sisters/charge nurses should have access to an All- Wales Audit Tool should be developed to measure standards against the Fundamentals of Care. Reports arising from this Audit Tool should be distributed to the NHS Trust Board and the Chief Nursing Officer, Wales.</p>	<b>Welsh Assembly Government/ NHS Trusts</b>	By end 2008
<b>4.</b>	<p><b>Nutrition</b></p> <p>All ward sister/charge nurses should have access to an All- Wales Nutritional Care Pathway to promote best professional practice in nutritional care throughout the NHS.</p>	<b>Welsh Assembly Government</b>	By end 2008
<b>5.</b>	<p><b>Nutrition/hydration</b></p> <p>Ward sisters/charge nurses should play a substantive part in designing an All-Wales standard fluid chart to be used across all NHS Trusts in Wales. All ward sisters/charge nurses should ensure that their ward staff are familiar with the national Intake/Output chart and incorporate it into their Induction Programmes.</p>	<b>Welsh Assembly Government/ NHS Trusts</b>	By end 2008

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

<b>6</b>	<b>Nutrition</b>  All NHS Trusts should ensure that nutritional supplements, where prescribed, and their administration, are recorded on drug charts.	<b>NHS Trusts</b>	By end 2008
----------	---	-------------------	-------------

## Chapter One – Fundamentals of Care

The *Fundamentals of Care* is a Welsh Assembly Government initiative to improve the quality aspects of health and social care for adults<sup>2</sup>.

*Fundamentals of Care* views the service-user as a significant stakeholder in the development and promotion of best practice and quality service. The ward sister/charge nurse is recognised as being responsible for ensuring that the 'Fundamentals of Care' are within their areas of responsibility are maintained at the highest level possible.

For ward sisters/charge nurses to exercise authority for changing practice within their area they must have the ability to highlight areas for improvement and have the evidence to challenge the process.

For the purposes of this chapter the emphasis is on how ward sisters/charge nurses can use the *Fundamentals of Care* process to ensure that care within their areas of responsibility can be improved, and that, having accepted the responsibility for these areas, they are able to demonstrate and evidence any concerns. Having done this they should be given the authority to make the appropriate change required to improve the patient experience.

*Fundamentals of Care* lists 12 aspects of care that have been identified by patients and carers as being most important when they or a loved one is in receipt of health or social care.

These are:

- Communication and information
- Respecting people
- Ensuring safety
- Promoting Independence
- Relationships
- Rest, sleep and activity
- Ensuring comfort, alleviating pain
- Personal hygiene and appearance and foot care

---

<sup>2</sup> Fundamentals of Care (2003) Welsh Assembly Government

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

- Eating and drinking
- Oral health and hygiene
- Toilet needs
- Preventing pressure sores

It was intended that within the health services, *Fundamentals of Care* guidance would be used to drive up and improve the consistency, quality and delivery of care.

The initiative was driven by the following concerns:

- An inconsistency of standards across service settings and areas;
- Previous emphasis on service efficiency and cost rather than on the quality of care;
- Common themes in complaints and compliments made by service users;
- The increasing expectations of service users;
- Lack of clarity for service users; and
- Increasing focus on regulation and performance targets

*Fundamentals of Care* draws together a composite set of indicators, which are research and best-practice based. These indicators are drawn from a range of statutory, mandatory and professional requirements and national policies. These include (among others):

- National Minimum Standards;
- National Service Frameworks;
- National Institute of Clinical Excellence documents; and
- Occupational Standards and Professional Codes of Conduct.

The Welsh Assembly Government published the *Healthcare Standards for Wales* in 2005. These standards are fundamental to the quality agenda. They promote a framework for care based on shared values that can be adopted universally; they also establish a basis for continuous quality improvement. All healthcare organisations are expected to assure themselves and the communities they serve that they are achieving or working towards these standards of care.

Work done during the preparation of this report has demonstrated that the *Healthcare Standards for Wales* document does include many of the practice indicators and all of the elements identified within 'Putting the Indicators into Practice' section of *Fundamentals of Care*.

However there is now a need for *Fundamentals of Care* to be updated so that it acknowledges the standards as they now appear in the *Healthcare Standards for Wales* document.

It was clear to the working group that a number of NHS Trusts within Wales have undertaken a considerable amount of work regarding the Fundamentals of Care. In

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

addition, a number of Welsh Assembly Government projects have been developed to address some of the key areas that are highlighted in the *Fundamentals of Care* report. Currently there are national groups addressing the issues of Nutrition, Privacy and Dignity and Patient Experience.

### **Nutrition and hydration**

In December 2006 the Food and Drink in Hospital Task and Finish Group was established. Its aim was to produce a report on the provision of food and drink in hospitals for patients, staff and visitors.

In August 2007 the Food and Drink in Hospital final report was presented to the Minister for Health and Social Services. Three priority actions were identified:

- The development of Nutritional Care Pathway;
- The development of a Welsh Nutrition Campaign; and
- Leadership – to strengthen the role of the ward sister/charge nurse

As a result, two nutritional sub-groups were established to take forward the development of the Nutritional Care Pathway and the Welsh Nutrition Campaign.

After the development of the Nutritional Care Pathway has been completed, work will begin on the educational component that will support the care pathway implementation. The Welsh Nutrition Campaign is working with the Royal College of Nursing to develop links with the RCN's Food and Nutrition Campaign 'Nutrition NOW'.

### **Transforming Care by the Bedside**

The Transforming Care at the Bedside (TCAB) initiative was launched in the USA, sponsored by the Robert Wood Johnson Foundation in collaboration with the Institute for Healthcare Improvement (IHI) in late 2003 with three hospitals recruited to test its viability through a rapid prototyping process. TCAB is being spread to over 300 organisations via the American Association of Nurse Executives and the IHI's impact hospitals network.

TCAB Wales aims to build upon the learning from the USA model and adapt it to patient care within the Welsh setting.

The TCAB Wales project is patient- and family-centred care with actions aimed at supporting and involving patients and families; ensuring patients' physical comfort; optimising the transition to home or other care environments; providing emotional and spiritual support; and ensuring that care is tailored to individual patients' values, preferences and expressed needs.

There are two pilot sites in Wales, Carmarthenshire NHS Trust and Conway and Denbighshire NHS Trust. They are involved in the TCAB Wales project as part of

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

their work to improve the safety and quality of care as set out in the Welsh Assembly Government's *Healthcare Quality Improvement Plan*.

This project involves developing models of care at the bedside that will result in:

- Improved quality of patient care
- Improved quality of patient experience
- More effective care teams
- Improved staff satisfaction and retention
- Increased efficiency

### **Privacy and dignity for older people**

Respecting individual dignity is a fundamental principle of human rights and as such is an essential factor in ensuring good health, well-being and independence, and a key component of high-quality care. The principle appears throughout the health and social care standards and policies for Wales, as well as being integral to the professional codes of practice for individual health and social care practitioners.

Explicit reference to dignity appears in a number of policies; for example, it has been identified as a key principle underpinning both the Strategy for Older People and the National Service Framework for Older People in Wales.

Arising from the NSF for Older People, a National Debate on Dignity in Care was launched in January 2007, which called for positive and practical ideas on how we could improve dignity for older people in care in Wales. This work culminated in the launch of a three-year programme on dignity in care, on October 1<sup>st</sup> 2007 - International Day of Older People. The main features of the programme are:

- Partnership Working
- Awareness Raising
- Inspection and Review
- Service Development
- Integration at the Strategic Level

Activity to date has focused on awareness-raising with staff in the acute health care sector. Every Trust was required to develop an action plan to be submitted as part of their return for the Healthcare Standards review in May 2008. It is planned that Healthcare Inspectorate Wales will be conducting in-depth review in this area in 2008/09.

It is clear from the existing framework of statutory standards, good practice documents, existing responsibilities and so on that much is already in place to support effective delivery of care upholding the principles of dignity. Despite that, the experience of service users does not always match the stated aspirations, and further emphasis and priority is needed. An on-going integrated programme of action on dignity is being developed and the intention is to work with the Royal College of Nursing on their forthcoming Dignity Campaign.

## Communication and information

*Fundamentals of Care* recognises that the more patients understand their condition and its treatment, and become involved in decisions about the care they receive, the more they are able to make the appropriate choices and manage their own care. The importance of open and honest communication must be emphasised. Information must be given in a format and language that is suitable for the intended use.

Patients must receive full information about their care in a language and manner sensitive to their needs. If necessary, patients are provided with access to a translator or a member of staff with the appropriate language skills.

The Welsh Assembly Government recognises the importance of providing services to patients in Wales through the medium of Welsh and has identified four priority groups who are especially vulnerable if they are not treated in their first language: children and young people; older people; people with mental health problems; and people with learning disabilities. The Welsh Language Board in its 2006 report *Review of the Welsh Language in NHS Trusts* said:

“There is a need to focus on the use made of information once patient language choice is established. It is not enough to record the choice. There is a need to ensure that members of the Trust’s staff and volunteers who come into contact with the patient are aware of their language choice and that the service is organised to provide this choice. Patient language choice should be established and recorded even if there is doubt that the service can be provided in the patient’s language of choice at all times or at all”.

## Auditing the Fundamentals of Care

The audit of *Fundamentals of Care* commissioned by the Chief Nursing Officer in 2006 showed that there are a number of organisations that have identified with the document and have gone on to successfully implement and develop audit tools to measure the effect.

The evidence demonstrates that organisations are using *Fundamentals of Care* as the basis of their staff development and it is having positive effects on practice and improving patient care.

However, though monitoring of these standards has occurred within many Trusts there is no way of benchmarking these standards between Trusts, as the audit tools in existence have not been standardised. The English equivalent, ‘*Essence of Care*’<sup>3</sup> has within it a consistent audit tool that allows the benefit of national benchmarking (although at present there is little evidence that this is occurring consistently).

In order to measure individual ward, department and Trust compliance with the practice indicators linked to each aspect of care, there is a need to develop a

---

<sup>3</sup>Essence of Care (2001) Department of Health

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

national audit tool that measures performance, recognises good practice, and identifies where there is a need for service improvement.

The audit tool will need to be easy to use, clear and uncluttered and should ideally be used by those who deliver front-line care, who know what really happens, and who have a vested interest in improving the patient experience.

It is important that healthcare staff have a means of raising their concerns when they recognise that the consistency, quality and delivery of fundamental care is not meeting individual patient needs, enabling them to take ownership of both good and bad practice.

Audit outcomes should be linked to Health Care Standards, providing evidence of frontline involvement and continuous improvement in areas pertaining to the patients' experience.

It is recommended that a national working group with representation from all Trusts are tasked with developing a national audit tool – within 3 months.

The ability to collect, collate, analyse and present audit findings in an efficient and effective manner is paramount for ward managers. It is recommended that the Informing Healthcare Team be consulted at the outset to determine the ICT options available and should be included in the Terms of Reference of the national working group identified above.

*Fundamentals of Care* directs that all standards are to be met and compliance systematically monitored, and advises that it is the responsibility of the organisation providing that care and the staff they employ to implement, evaluate and audit these standards.

In this instance, it is the ward sister/charge nurse who is responsible for ensuring that this is achieved. We must ensure that ward sisters and charge nurses have the authority, knowledge and skills to improve the environment and standards of care.

Clinical governance is the means by which the Trust Board can be assured that the quality of the patient's experience is continuously improved and systems are in place to monitor the quality of clinical care delivered throughout the resulting change processes.

There must be clear reporting within each organisation's clinical governance structures to ensure that the audit loop is closed. The reporting mechanism from the ward to the Trust Boards will be via the Executive Directors of Nursing. Emphasis is on self-assessment/reflective practice. Ward sisters/charge nurses will hold accountability for all spot checks but will also have the authority to look at themselves by using the national audit tool at a local level as well as nationally. In this way ward sisters/charge nurses will be empowered to use information to influence practice and inform Trust Boards.

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

If ward sisters and charge nurses are to lead the way in implementing the *Fundamentals of Care*, they must firstly understand their responsibility in doing this, be given the authority to make changes with a knowledge base that evidences where changes need to occur, and take *accountability* if that is not actioned.

**Chapter Two – The Ward Environment - Recommendations**

	<b>Recommendation</b>	<b>Responsible Body</b>	<b>Timescale</b>
<b>7.</b>	<p><b>Mixed gender wards and bays</b></p> <p>The Ward Sister/Charge Nurse should have the authority to decide on the placing of patients on the ward. Any ward that is mixed gender should be divided geographically and separate bathing/toilet facilities provided. The mixing of men and women in bays should not happen with the exception of Accident &amp; Emergency Units, emergency admission units and critical care units. Exceptions to this policy should be reported and that data maintained for analysis.</p>	<b>NHS Trusts</b>	From 2008
<b>8.</b>	<p><b>Tasks of Health Care Support Workers</b></p> <p>The Ward Sister/Charge Nurse should delegate clearly (for example, utilising a rota system) any general cleanliness/tidying tasks that are the responsibility of Health Care Support Workers on the ward.</p>	<b>NHS Trusts</b>	From 2008
<b>9.</b>	<p><b>Flowers</b></p> <p>Ward Sisters/Charge Nurses should have the authority to decide at an individual ward level whether flowers are allowed or not. This decision should be made based upon considerations around cleanliness or health and safety and not on misperceptions of hospital acquired infection. The use of disposable vases and sealed containers ('oasis' arrangements) should be considered.</p>	<b>NHS Trusts</b>	From 2008
<b>10.</b>	<p><b>Visiting times</b></p> <p>Ward Sisters / Charge Nurses should decide on appropriate visiting times for their ward and patients.</p>	<b>NHS Trusts</b>	From 2008

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

<b>11.</b>	<p><b>Storage</b></p> <p>To ensure access to bathrooms and other ward areas the storage of equipment, mattresses and so on should be pooled centrally to reduce the amount stored at ward level.</p>	<b>NHS Trusts</b>	From 2008
<b>12.</b>	<p><b>Communication with patients</b></p> <p>Posters and leaflets should be designed to communicate effectively ward or hospital policies on issues such as the restriction of personal belongings, visiting times and flowers, and ward sisters/charge nurses should take responsibility for ensuring their display and effective communication to individual patients, relatives and patient groups.</p>	<b>NHS Trusts</b>	From 2008

## Chapter Two - The Ward Environment

The key issues identified were:

- Mixed gender wards
- General cleanliness and tidiness of patient areas
- Storage
- Visiting times

Membership of this working group came from within health and across Wales, co-chaired by a representative from a Community Health Council in Wales and a representative from the statutory Welsh Nursing and Midwifery Committee.

A wealth of information has been drawn from individual group members in terms of their expert opinion and experience, project work carried out in areas of practice, NHS Trust policies, procedures, and guidelines, and from Patient and Public Involvement forums.

### Mixed gender wards

Many Trusts have mixed gender wards, a result of increased hospital admissions (and particularly increased emergency admissions) and changes to patient flow within NHS Trusts over the past 10 years in Wales<sup>4</sup>. In some Trusts, privacy between sexes is managed through the geographical split of the ward layout with separate facilities for the patients.

---

<sup>4</sup> Health Solution Wales: <http://www.wales.nhs.uk/sites3/page.cfm?orgid=527&pid=10358>

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

This is not the case in all Trusts however and wards have been identified with both shared facilities and bays of four or six patients of mixed gender. This presents problems around the issues of privacy, dignity, culture and vulnerability from verbal, physical or sexual abuse. Particular issues have been reported in mental health acute care<sup>5</sup>. Most Trusts in Wales are unable to provide separate facilities in admission units and critical care areas, and this is the case in most NHS establishments throughout the UK.

In terms of paediatric care children are generally split by age groups with mixed gender bays up to the age of 12 years and then older children segregated by gender.

The majority of concerns and complaints emerge where patients are nursed in mixed gender bays; it is preferable from all perspectives that this practice ceases.

Current guidance from Welsh Assembly Government states that all Trusts should have local policies and protocols in place to ensure the most appropriate management of mixed gender wards and that these policies/protocols must clearly take in to consideration the acute admissions and patient flow.

Most Trusts in Wales are unable to provide separate facilities in admission units and critical care areas and indeed mixed gender facilities appear more easily acceptable to patients in these areas. In admissions units this is probably due to an acceptance by patients that this will be for a short period of time and an awareness of the difficulty in gauging the number and gender of patient admissions. In critical care areas, it is clear that the physical bed space in a critical care area is limited and patients and relatives do not have the security of a 1:1 nurse:patient ratio, and privacy/dignity therefore is preserved.

The ward sister/charge nurse should endeavour to ensure that male and female patients are placed in separate wards. The ward sister/charge nurse should be able to explain the decision-making process behind any deviation from this policy (particularly if patients are placed in mixed gender bays) to the patients, relatives, nursing team and management team, and be accountable for ensuring dignity/privacy of patients is maintained. Exceptions to this policy should always be recorded and the pattern analysed to inform future developments of capacity and space.

All new hospital developments in Wales should incorporate single sex accommodation. Any mixed gender ward should be divided geographically and separate bathing/toilet facilities provided.

---

<sup>5</sup> Hairon, N. (2007) Improving patients' privacy and dignity on mixed sex wards. *Nursing Times* 103 (21) 23-24; Lyall, J. (2007) patients still lack privacy. *Nursing Older People* 18 (12) 9

## **General cleanliness and tidiness of patient areas**

The general cleanliness and tidiness of the patient bed area was identified as an issue for NHS Trusts across Wales in the Community Health Councils' Hospital Patient Environment report<sup>6</sup>.

The ability to clean effectively can be obstructed by the number of patients and other people in the ward areas. Furthermore, clutter in the patient area also makes it difficult to clean. Some of these issues are directly related to lack of storage space (this is discussed separately). However, the amount of personal items patients and their relatives bring with them into hospital can make it difficult to clean and manoeuvre safely in the patient areas.

Storage of equipment and belongings around a patient's bed area can be a particular problem when staff are trying to assist a patient with mobilising, providing care, hygiene and especially in an emergency.

Patients and their relatives should be encouraged to limit the amount of personal belongings brought into hospital to reduce the clutter that may hinder care delivery and prevent thorough cleaning.

The tidiness of a patient bed area is quite clearly a responsibility of the ward sister/charge nurse. This is achieved very effectively in some wards by delegating this work to the health care support worker as part of their daily role. Nevertheless, every member of the team has a duty to ensure ward areas are kept clean, tidy, and free from clutter. The ward sister/charge nurse must take clear accountability to ensure breaches of policy are dealt with appropriately.

Further recommendations on cleanliness can be found in Chapter 3 of this Report.

## **Flowers**

Research and public opinion point to the fact that flowers have a therapeutic effect upon patients generally and should therefore be allowed in many ward areas<sup>7</sup>.

In order to deal with concerns around issues such as the spillage of water it may be appropriate to determine that floral arrangements are provided in a sealed 'oasis' container. Where this is not acceptable, disposable vases could be used – the use of disposable vases would prevent the problems identified with cleaning and storage of vases.

---

<sup>6</sup> HPE External Assessment Visit Annual Report (2007) Board CHC Wales

<sup>7</sup> Kerr, K.G. (2006) Flowers and healthcare associated infection *Journal of Infection Control* 34 258-63; Gould, D.; Chudleigh, J. & Gammon, j. (2005) The evidence base and infection risks from flowers in the clinical setting. *British Journal of Infection control* 6(3) 18-20; Gould, D.; Gammon, J. & Ben Salem, R. (2004) Flowers in the clinical setting: infection risk or workload issue. *NT Research* 9(5) 366-78

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

Generally, flowers have been banned where access to patients is already limited due to space constraints and the presence of essential equipment. These areas tend to be Accident & Emergency Departments, other emergency admission units, and Critical Care areas.

Some Trusts have banned flowers completely. However, it is important to note that from an infection control perspective (as opposed to a policy formed to promote general cleanliness) there is no significant evidence in the current literature to support the banning of flowers within the clinical environment.

It is essential that it is the ward sister/charge nurse sets policy in this area and has the ability and freedom to act in determining flexibility.

### **Visiting times**

Visiting times in hospital have been relaxed over the past 10 years in the NHS to allow easier access for friends and relatives and to improve the patient's experience of being in hospital.

However, more recently many wards have moved away from this practice because lengthy visiting times can negatively affect the patient's ability to rest, impinge on their privacy and the confidentiality of care, and adversely affect the delivery and management of patient care.

In some wards it is also difficult to find 'protected cleaning time.' In areas where visiting times had been reduced, time to clean areas was more easily available and the standard of cleaning improved. Some wards have closed specific parts of the ward at a specified time in order to clean and reported that being able to clean perhaps one bay/clinical area at a time without interruption led to a better standard.

From an infection control perspective, restriction of visiting times allows for improved access for domestic staff to clean and ensures fewer interruptions for nursing staff in decontaminating equipment.

There is also evidence to suggest that reduced visiting times can actually encourage patients to eat more substantially and to rest, assisting healing<sup>8</sup>.

From an Allied Health Professions perspective, specific visiting times enable the therapists to treat patients on the wards and where necessary take them away from the ward area without the distraction of patients waiting for visitors or patients being concerned about keeping visitors waiting.

Decisions about visiting times clearly need to consider the therapeutic effect of patients spending time with friends and relatives who may be unable to visit at the set time. This must be balanced with the patient's need for rest and the need for clinical staff to manage the ward and provide care safely and efficiently.

---

<sup>8</sup> [www.ageconcern.org.uk/hungrytoheard](http://www.ageconcern.org.uk/hungrytoheard)

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

Other concerns raised around visiting times related to the re-introduction of restricted numbers of visitors at any one time as well as the need for guidance on those visitors who should self-exclude from visiting. These include people with recent coughs and colds, recent diarrhoea and vomiting, people with a compromised immune system, and very young children. Clear communication messages need to be used to ensure public compliance and confidence.

Decisions about visiting times must be considered alongside the protected mealtime initiative, which is being taken forward across NHS Trusts in Wales. The potential impact the introduction of structured visiting time has in relation to patient care must be considered; for example, there would be fewer interruptions for staff during administration of medicines and essential care carried out appropriately during mealtimes.

If these changes are to be effective there should be clear guidelines and information for visitors and patients should be readily available. In the NHS Trust wards where visiting times have been recently been restricted in full consultation with Patient Public Involvement Forums, substantial support was found for this policy from the public (who generally felt that patients were able to get more rest) with very few concerns raised by relatives.

### **Storage**

Material and equipment stored at ward level is a growing problem and presents all manner of hazards, ranging from cleanliness to health and safety issues around manual handling and accessing areas and exits. One area of particular concern is patient access to bathrooms; far too often ward bathrooms are being used as storage areas.

This is a complex issue affecting all ward areas. Many NHS Trusts in Wales have changed or are reviewing procurement processes and the introduction of lean methodologies throughout organisations, including ward areas. This is a cultural change for many ward teams to move away from 'hoarding' supplies to having confidence in smaller regulated deliveries from a central point. Some Trusts have initiated regular 'de-clutter days' where disposal facilities are made readily available to ward staff, instilling a 'de-cluttering' culture across the organisation.

Many areas while implementing the new Hazardous Waste Regulations have taken the opportunity to review storage issues. The use of storage assessment companies has supported much more effective use of storage rooms and areas.

### **Housekeeping**

The Ward Housekeeper role, where in operation, has provided an effective link to estates departments, waste management, checking cleanliness of patient equipment and stock checking.

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

Wards need to have a formal place to store equipment and this does not appear to happen in the majority of places, primarily due to lack of space. This leads to equipment blocking corridors, entrances and exits and equipment (such as mattresses and hoists) being stored in patient bathrooms, thereby restricting the patients' access to these facilities.

Some of these issues should be resolved by central/pooling equipment storage. The equipment could be stored in a central/pooled area and staff could access the equipment when needed and return the equipment once it was no longer required. This system has already been introduced in some NHS Trusts in relation to the management of medical electronic equipment and mattresses. However, adequate attention must be paid to the cleaning and decontamination of items stored centrally if they are not to become the vehicles of transmission of hospital pathogens from one ward to another.

### **Protected mealtimes**

In areas where protected mealtimes have been introduced patients are happier, more relaxed and eat more. They are not interrupted and receive appropriate support for their needs during mealtimes. Improved nutrition leads to improved recovery – it is part of the very fundamentals of care.

Changes in visiting times, in doctors' ward rounds and other clinical interventions are often necessary to secure protected mealtimes. It is also important to note that some patients who require assistance with feeding prefer to be assisted by their relatives (this type of intervention has been reported to improve some patients' nutritional intake). This assistance would require flexibility around restricted visiting times and should be appropriately recorded in the patient's record.

### **Conclusion**

There are many examples of good practice from NHS Trusts in Wales, which have delivered a safe, attractive and workable ward environment.

The recommended changes must be taken forward, if the ward sisters/charge nurses are indeed to be empowered to manage their own ward areas.

Some of the recommended changes will require investment and continuing resources to enable the care environment improvements to be maintained and developed into the future. Every NHS Trust in Wales should support the changes required.

**Chapter Three – Cleaning - Recommendations**

	<b>Recommendation</b>	<b>Responsible Body</b>	<b>Timescales</b>
13.	<p><b>Cleaning Operatives Proficiency Certificate</b> To ensure the ward sister/charge nurse is able to maintain the highest standards of cleanliness on the wards, the NHS in Wales should adopt the Cleaning Operatives Proficiency Certificate award from the British Institute of Cleaning Science as the national minimum standard of training for ward cleaners.</p>	<b>Welsh Assembly Government</b>	By end 2008
14.	<p><b>Standardising products for cleaning and infection control</b>  To support the ward sister/charge nurse role, a national advisory forum, hosted by Welsh Health Supplies in association with Welsh Health Estates, should be established to review standardising products for cleaning and infection control across the NHS in Wales. This forum should also review new and innovative technologies for cleaning and infection control and advise the NHS accordingly. This Forum should have ward sister/charge nurse representation.</p>	<b>Welsh Assembly Government</b>	By end 2008
15.	<p><b>The National Standards of Cleanliness for NHS Trusts in Wales</b>  <u>The National Standards of Cleanliness for NHS Trusts in Wales</u> (2003) should be updated in line with subsequent policy and evidence based developments and the responsibilities of the ward sister/charge nurse should be made explicit and enhanced where necessary. Ward sisters/charge nurses should be made aware of their responsibilities under these standards.</p>	<b>Welsh Assembly Government/ NHS Trusts</b>	By end 2009
16.	<p><b>An all-Wales monitoring tool for cleanliness</b> To assist and support the ward sister/charge nurse in maintaining the</p>	<b>Welsh Assembly Government/ NHS Trusts</b>	By end 2008

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

	<p>highest standards of cleanliness in their wards, an all-Wales monitoring tool for cleanliness should be adopted across the NHS in Wales. Monitoring undertaken by the domestic supervisor should be 'signed off' by the ward sister/ charge nurse.</p>		
<b>17.</b>	<p><b>Technical hygienists</b></p> <p>Consideration should be given to the development of new roles such as Technical Hygienists who are directly accountable to the ward sister/charge nurse in areas where there is a higher degree of clinical equipment, for example, critical care environments and orthopaedics.</p>	<b>NHS Trusts</b>	By end 2008
<b>18.</b>	<p><b>Specific items schedule</b></p> <p>Ward sisters/charge nurses should be involved in the development of Trust-wide schedules which clearly identify who is responsible for cleaning specific items of patient equipment.</p>	<b>NHS Trusts</b>	By end 2008
<b>19.</b>	<p><b>Assignment of domestic staff</b></p> <p>Regular domestic staff should be allocated to particular wards or work areas to enable them to work as part of the team and take pride in their ward. Day-to-day functional responsibility and accountability should be to the ward sister/charge nurse. The domestic services manager should retain managerial responsibility.</p>	<b>NHS Trusts</b>	By end 2008
<b>20.</b>	<p><b>Recruitment for Ward Housekeeper/domestic staff</b></p> <p>The ward sister/charge nurse should be routinely involved with the recruitment process for the Ward Housekeeper/Domestic staff that will be allocated to their team.</p>	<b>NHS Trusts</b>	By end 2008

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

<b>21.</b>	<p><b>A Rapid Response cleaning service</b></p> <p>Every Trust should develop a stand-alone 'rapid response' cleaning service (in addition to the ward-based cleaning team). Though the management of this service should remain a central function, ward sisters and the infection control team should be able to request this service and expect a response within a reasonable period of time depending on the nature of the request. This should include the ability to request 'deep cleaning' following outbreaks, refurbishments and where standards have fallen consistently below the national standards.</p>	<b>NHS Trusts</b>	By end 2008
------------	--	-------------------	-------------

### Chapter Three – Cleaning

A clean hospital environment is essential for the health and well-being of patients, staff and visitors.

Currently, hospital cleanliness is receiving an unprecedented level of interest from the public, the media and politicians alike. Improving and sustaining levels of hospital cleanliness is important if the NHS is to retain public confidence, make a significant impact on reducing healthcare associated infections (HCAIs), and improve the overall quality of care and patient experience.

Though the research or evidence to support a direct correlation between standards of environmental cleanliness and healthcare associated infections (HCAIs) may be variable, the public believe that it exists. Their confidence in the health service can be undermined by their own observations and the media reporting of dirty, untidy wards and departments. Public confidence has also been shaken by the outbreaks of *Clostridium difficile* in Stoke Mandeville Hospital (2006) and Maidstone and Tunbridge Wells NHS Trust (2007) and the associated morbidity and mortality.

The incidence of HCAIs cannot be reduced by targeting hospital cleanliness alone. However, as part of a broader strategy including most notably hand hygiene, antimicrobial prescribing and isolation facilities, improving hospital cleanliness is fundamental.

The ward sister/charge nurse has a key role to play in ensuring that national standards of cleanliness are consistently achieved and that the patients' experience is not overshadowed or recovery delayed because of a failure to provide a clean safe environment.

In 2003 the Welsh Assembly Government issued the *National Standards of Cleanliness for NHS Trusts in Wales* with guidance on how they should be implemented and monitored.

In 2006, the Welsh Assembly Government issued *Healthcare Standards for Wales*, using pre-existing Welsh Risk Management Standards as technical guidance to underpin the standards. With regards to environmental cleanliness, Standard 5 states that healthcare services should be provided in environments, which:

- are well maintained and kept at acceptable national levels of cleanliness;
- minimise the risk of healthcare associated infections (HCAIs) to patients, staff and visitors
- emphasise high standards of hygiene and reflect best practice initiatives

#### Accountabilities and responsibilities

The return of cleaning to 'in house' NHS management across Wales has enabled the re-establishment of the ward cleaner as part of the ward team in a number of Trusts. The responsibility for managing and co-ordinating cleaning staff has been retained

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

by supervisory domestic managers but there are clear lines of accountability re-established where they had ceased to exist.

The current *National Standards of Cleanliness for NHS Trusts in Wales* (2003) do refer to the need for the “involvement of the Ward/departmental manager or a nominated deputy” and the infection control team in the process of local standard and specification setting and monitoring.

At board level, the Chief Executive is responsible for hospital cleanliness or delegates this responsibility to a named executive director.

Additionally, in 2006, the National Assembly for Wales introduced subordinate legislation requiring NHS Trusts and Powys Local Health Board to appoint at non-executive level, ‘patients’ champions’ for cleaning, hygiene and infection management issues to ensure that the public point of view is represented at the highest possible level.

This legislation places a duty on each NHS Trust to nominate a Non Executive Director (NED) to take this statutory responsibility. The NED should ensure adequate and regular focus at Trust Board/LHB level on issues relating specifically to cleaning, hygiene and infection management. The benefits are potentially increased public involvement, two-way communication and access to information for patients, the public, visitors and Community Health Councils (CHCs).

However frontline NHS staff frequently report that there is a lack of clarity at a local level as to who’s job is it to clean a specific piece of equipment, deal with a spillage or attend to a particular hospital area. Is it the nurse, the cleaner or the facilities/maintenance staff? The result can be that the cleaning is delayed or at worse, not done.

The recommendations here include the need for very specific and clear directions on responsibilities of ward staff.

### **National Standards of Cleanliness for NHS Trusts in Wales**

The *National Standards of Cleanliness for NHS Trusts in Wales* were produced in 2003. The core information on standards and the specifications contained within this document remain sound. However there have been a number of related strategic and policy developments since their publication including the Welsh Assembly Government *Strategy for Reducing Healthcare Associated Infections In Hospitals* (2004) and more recently in community settings (2007) and Welsh Health Circular (2006)064 Standing Order 29 Directions to NHS Trusts and Powys LHB – Guidance for nominated Non-Executive Directors and Non Officer Member.

It is recommended therefore that the National Standards of Cleanliness for NHS Trusts in Wales (2003) are refreshed and updated in line with subsequent policy and evidence-based developments and the responsibilities of the ward sister/charge nurse should be made explicit and enhanced where necessary. Pocket cards should

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

be sent out to every ward sister/charge nurse to draw their attention to the updated standards and specifically to their updated responsibilities. Consideration should be given to a series of 'road shows' to further promulgate this message.

### **Deep cleaning**

The Department of Health in England during the latter part of 2007 announced funding for a programme of 'deep cleaning' initiatives. Trusts were invited to bid for funding from Strategic Health Authorities, to be spent by the end of March 2008. 'Deep cleaning' (understood as cleaning over and above the recommended specifications and frequencies outlined in the national standards of cleanliness) can be a useful activity for example during or following an outbreak of infection or when the standard of cleaning has fallen well below the expected standards.

However, if not followed up immediately with regular cleaning to the required national standards deep cleaning becomes a waste of time, effort and money. Arguably, resources are best used in achieving the national standards of cleanliness every day and where necessary increasing the routine cleaning frequencies and specifications. The current view of the Cleaning & Support Services Association (CSSA) is that the key issue in hospital cleanliness is the frequency of cleaning, especially the frequency of cleaning of touch points close to patients from which HCAs can be transmitted to patients.

The CSSA is currently scoping out research on cleaning specifications and frequencies. It is intending to conclude and publish its findings in the summer of 2008 attempting to provide a credible answer to the question 'how much would it cost to clean the NHS properly?' These findings should be reviewed by those with responsibility for updating the existing national standards.

### **A Rapid Response service**

A recent initiative, which has been well evaluated by NHS Trusts, is the establishment of a flexible resource in the form of a 'rapid response' team or service at either a Trust or Directorate level – dependent on the size of the organisation. Such a service can be mobilised at short notice to respond to unpredicted situations such as enhanced cleaning during and after an outbreak and where the Trust is able to anticipate the need for intensive cleaning, for example, on the re-opening of wards and departments following refurbishment.

There is also the potential for such a team to be trained in specialist cleaning techniques. The ward sister/charge nurse and the lead infection control nurse should have the ability and authority to initiate the services of the team.

It is recommended that every Trust should consider developing a 'rapid response' cleaning team or service, made up of staff separate from the normal ward /departmental establishment. Though the management of the team should remain a central function, ward sisters/charge nurses and the infection control team should be

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

able to request the services of the team and expect a response within a 'reasonable' period of time, depending on the nature of the request.

### **The Ward Housekeeper**

The UK Government introduced the Ward Housekeeper initiative in England as part of the *NHS Plan* (2000)<sup>9</sup>. The intention was to address the falling standards of cleanliness on wards and improve the hospital environment. More than £13 million was invested in introducing Ward Housekeepers to 285 Trusts in England who worked closely with the ward sisters/charge nurses as part of the team though they were line-managed by facilities or hotel services department.

In Trusts in Wales where the Ward Housekeeper role has been introduced the majority are working as part of the ward team although line management is often held outside this (usually within corporate services, estates or facilities). The recommendation of this report is that line management should rest with the ward sister/charge nurse although it will be necessary to have a wider-than-ward system to ensure adequate cover for absences.<sup>10</sup>

The introduction of Ward Housekeepers has proved an effective way of ensuring general tidiness of wards as this role includes cleaning of bedside lockers, tables, stock control and ordering. The Ward Housekeeper is a regularly allocated member of the cleaning staff who forms part of the ward team. Clarity around cleaning responsibilities must be agreed for cleaning staff and nursing staff alike and revisiting cleaning schedules would support this.

### **Respect and value for the role of the ward cleaner**

Cleaning is a labour intensive activity, with 93 per cent of the costs of hospital cleaning spent on staff costs<sup>11</sup>. However, it is low paid work and many NHS Trusts have cited problems with recruitment and retention of staff (WAO, 2003). Low pay, sickness absence, vacancies, an over-reliance on agency staff and a workforce that by and large does not feel valued as part of the healthcare team are all cited as reasons for difficulties in recruiting and retaining staff.

Cleaning staff attribute their removal from the ward team and lack of direct accountability to the ward sister/charge nurse (usually as part of the 'contracting out'

---

<sup>9</sup> The NHS Plan: a plan for investment, a plan for reform DoH (2000)

<sup>10</sup> Please see Annexes 9 to 11 for further information on the introduction of Ward Housekeepers in Wales

<sup>11</sup> Hospital Contract Cleaning and Infection Control Davies, S. Unison (2005)

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

process) as a major factor in the decline in cleaning standards and difficulty in retaining staff.<sup>12</sup>

It is extremely important that cleaning staff are able to identify with the main focus of ward activity – the needs of patients. They need to feel part of the ward team; feel that their voice is heard as part of that team; and know that their contribution makes a difference to patients, visitors and staff. Clearly this is much harder to accomplish when cleaning staff move around frequently since it takes time to build and sustain the good working relations which are crucial to success in this area.

Greater flexibility in roles, embedding the ward cleaner as part of the ward team and the availability of training are all cited as potential incentives for staff to remain in post.

### **Training and education**

Investment in the training and education of cleaning staff should be given a high priority. Access to a nationally recognised training scheme, a qualification that can be carried from one organisation to another within the NHS in Wales, potentially offers a means of not only ensuring higher standards of hospital cleaning. Arguably, it could also help to create a better-motivated workforce, recognised for their skills and contribution to the healthcare environment with an incentive for staff to remain in post.

In addition to the various NHS Trust 'in house' schemes a number of UK- recognised training schemes already exist offered by commercial companies, professional associations, training organisations and the British Institute of Cleaning Science.

It is recommended that a nationally recognised training scheme for ward cleaners should be integrated into the Knowledge and Skills Framework and national occupational standards for healthcare cleaning professionals (being developed by the relevant UK skills sector council 'Asset Skills').

The NHS should consider adopting a minimum standard such as the Cleaning Operatives Proficiency Certificate Award from the British Institute of Cleaning Science. This will provide ward sisters/charge nurses with the skilled workforce they require.

It is also recommended that a mandatory training course focusing specifically in the issues surrounding hospital cleanliness should be developed for ward sisters/charge nurses to empower them to participate in the process of standard setting, implementation and monitoring of ward cleanliness in a meaningful and constructive way.

---

<sup>12</sup> Hospital Contract Cleaning and Infection Control Davies, S. Unison (2005)

### **The 'technical hygienist'**

Recently, some Trusts have piloted or plan to pilot enhanced roles such as that of the 'technical hygienist'. These are cleaning personnel trained to a higher level, rewarded with a higher pay band, who take on additional responsibilities previously undertaken by nursing staff. In addition to providing motivation for staff to remain in post, early indications are that they can have a significant impact, not just on visual standards of cleanliness but on HCAI (the results of the pilot will be published later in the year). They appear to work well in environments where there is a high degree of patient-related equipment, traditionally cleaned by the nursing staff, such as in critical care areas.

Consideration should be given to the development of new roles for cleaners, particularly in critical care environments and orthopaedics where there is a higher degree of clinical equipment. For example technical hygienists would be trained to clean items of equipment previously seen as the domain of nursing staff and who would be responsible to the senior nurse within that team.

### **Monitoring**

Currently, monitoring of standards is undertaken at a number of different levels:

- locally – by ward sisters/charge nurses, domestic supervisory staff and infection control teams;
- as part of the Hospital Patient Environment (HPE) visits by Community Health Councils; and
- by Health Inspectorate Wales (HIW)

Across Wales, local internal monitoring staff use a variety of different monitoring tools, some paper-based, some electronic systems. Most are based on the National Standards of Hospital Cleanliness and the Infection Control Nurses Association Audit Tool.

Since the Infection Control Spot Checks in October 2007, Health Inspectorate Wales has been reviewing its approach in this area and the following actions are being taken forward:

- Spot Checks have been renamed Hospital Cleanliness Spot Checks. The audit tool and associated supporting systems are being reviewed to ensure a streamlined approach. Feedback has been received in relation to the approach and HIW will highlight areas of good practice in the reports and associated photographs in the future.
- information to inform the organisations and areas to be visited has been collated and a priority list is being produced to inform the Hospital Cleanliness Spot Checks.

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

- links have been established with other bodies, stakeholders and regulators to share information, reduce the overlap of reviews and explore the options of joint working where appropriate.

Healthcare cleaning professionals across Wales have expressed the need for a national electronic monitoring system such as that now adopted by the NHS in England and Scotland which would allow for meaningful comparisons to be made not just between wards and departments but between hospitals and Trusts. It would allow for greater consistency of monitoring and efficiency.

The software application known as 'Credits 4 Cleaning' operated with partner Pierce Management Services was recently developed for the Department of Health in England specifically as a best-practice solution to help domestic services, managers and nurses plan, monitor and control cleaning operations, standards, productivity and expenditure in hospitals.

The system is designed to enable managers to:

- define and easily review functional area cleaning specifications;
- identify what specifications can be afforded with given budgetary limits;
- reflect the national minimum cleaning standards;
- ensure that all cleaning services are properly deployed;
- easily manage work schedules with fine-tuning by the ward sister/charge nurse;
- manage service level agreements; and
- produce detailed management reports.

Further information on how such a system can benefit a Trust and empower the ward sister/charge nurse to have greater control over ward cleanliness is available at [www.hfc.org.uk](http://www.hfc.org.uk)

It is recommended that an all Wales monitoring tool should be procured and adopted across the NHS in Wales. Training on the use of the tool should be included in the education provided to ward sisters/charge nurses and supervisory cleaning staff. Monitoring undertaken by the domestic supervisor must be 'signed off' by the ward sister/charge nurse (or nurse 'in charge' of the shift) on every occasion so that they are kept fully aware of the situation on their ward at all times. Such a system should be able to clearly differentiate failures to comply with cleanliness standards as a result of inadequate cleaning or those attributable to maintenance issues.

### **New technologies and innovations in cleaning**

With a growing range of new and innovative cleaning technologies and products, the NHS is faced with making choices at local level which have major cost implications. Though NHS Trusts must be encouraged to use such technologies and products where there is a clear demonstration of cost benefit and effectiveness, the choice is not always self-evident. Currently, trials of new equipment are carried out at a local level and evaluation is not always shared between NHS Trusts.

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

The Rapid Review Panel (established by the Department of Health in England and hosted by the Health Protection Agency) was set up to provide a prompt assessment of new and novel equipment, materials, and other products or protocols that may be of value to the NHS in improving hospital infection control and reducing hospital acquired infections. More information can be found at [www.hpa.org.uk](http://www.hpa.org.uk)

It is recommended that an All-Wales Cleaning Technologies Network or Group should be established. Each Trust-based multidisciplinary cleanliness group would be asked to nominate a representative, together with representation from Welsh Health Estates (WHE), Welsh Health Supplies (WHS), the Association of Healthcare Cleaning Professionals (AHCP) and the Infection Prevention Society (incorporating the Infection Control Nurses Association).

The focus of this group would be to consider new cleaning technologies and how they match existing cleaning protocols and whether those protocols need to be redesigned to get maximum benefit from the technologies available.

The group could also link in to current and future work being undertaken by the AHCP in relation to the NHS cleaning manual and work being undertaken by WHS to standardise the existing cleaning product ranges being used by all parts of the NHS in Wales. It should also relate closely to the HPA Rapid Review Panel.

The group could also be the route to a procurement process once existing product ranges have been standardised and new products have been evaluated and sourced.

**Chapter Four – An All Wales Nursing Uniform - Recommendations**

	<b>Recommendation</b>	<b>Responsible Body</b>	<b>Timescales</b>
<b>22.</b>	<p><b>An All-Wales Nursing Dress Code</b></p> <p>To support the ward sister/charge nurse in maintaining high standards of personal/professional appearance in all ward staff, an All-Wales Nursing Dress Code should be developed and introduced across all NHS Trusts.</p>	<b>Welsh Assembly Government</b>	By end 2008
<b>23.</b>	<p><b>NHS laundry of uniforms</b></p> <p>The Welsh Assembly Government should undertake a detailed cost benefit analysis to determine whether an in-house NHS laundry process/system can be developed to support the introduction of the All- Wales Uniform.</p>	<b>Welsh Assembly Government</b>	By end 2008
<b>24.</b>	<p><b>Availability of uniforms</b></p> <p>All NHS Trusts should have stockpiles of uniforms to ensure their availability to nursing staff on a 24-hour basis.</p>	<b>Welsh Assembly Government/ NHS Trusts</b>	By end 2009

## Chapter Four – An All-Wales Nursing Uniform

The primary function of a nursing uniform is as Personal Protective Equipment (PPE). However, it also functions as a form of employer identity intending to convey identity and reassurance to patients and public and a sense of solidarity and pride among staff themselves.

There is increasing public concern over nursing staff uniforms being worn outside of work which are seen as posing an infection risk (and there is certainly evidence to suggest a link between some infections and uniform pockets). There is also increasing confusion among the public and indeed healthcare professionals over *what is a nursing uniform?* – including confusion with similar uniforms used by non-health related professions (for example those working in retail or hospitality). This can make it hard for a patient or relative to know who to direct a query to and what level of confidence they can have in the reply. Both of these factors could undermine public confidence in the professionalism of the nurse and the NHS.

Across NHS Wales and the Higher Education Institutes (for pre-registration nursing students), there is NO consistent approach to the design, colour, styles, numbers issued or replacement cycles for uniforms. Furthermore, a number of NHS Trusts are operating their own purchasing arrangements outside of All-Wales Welsh Health Supplies (WHS) contracts. It is not clear at what cost and this reinforces the central point that there is no corporate NHS Wales identity within staff uniforms including nursing uniforms.

This report recommends the introduction of an All-Wales Nursing Uniform for NHS nursing staff.

Any vision for an All-Wales Nursing Uniform Policy would have to include the following elements:

- Universal application and adoption across NHS Wales;
- Nursing uniforms no longer being issued on a personal basis;
- Uniform/s available to all on a daily change basis with access to extra changes (24/7) if required;
- Separate colour distinctions for **key** grades;
- Short-sleeved to maximise forearm washing culture;
- Side button or zip opening to avoid pulling stained/contaminated/soiled uniform over the head and face when changing;
- Able to withstand 60 degrees centigrade industrial wash techniques; and
- Impractical to wear outside of the workplace (reinforcing policy restrictions)

One type of nursing uniform that would successfully meet the criteria set out above would be for all ward-based staff to wear a uniform currently described as 'Smart Scrubs' and it is recommended that this option is specifically examined in further work. These 'scrubs' are of a higher specification from those currently used across theatres and some Critical Care/A&E environments. Initial draft costs show little cost variation between smart scrubs and current uniform purchase prices. Indeed, there

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

may be cost benefits from the additional purchasing power attached to such a potentially large contract.

These new uniforms should have separate and clear colour distinctions between at least four levels of ward nursing staff; Ward Sister/Charge Nurse, RGNs, nursing student and HCSW.

Since the early 1980s there has been an increasing tendency for NHS nursing staff to wear their uniforms on the way to and from work. Factors influencing this practice include:

- changing shift patterns and start/finish times;
- poor confidence in and the subsequent withdrawal of NHS laundry provision for uniforms;
- reduced number of uniforms provided; and
- loss of changing facilities both at ward and hospital level.

In addition since the mid 1990s there has been a small tax allowance worth some £170 a year to reflect the personal costs of nurses laundering their own uniforms. However, “home-washed” uniforms are probably washed with the rest of the domestic wash at 30 or 40 degrees centigrade and thus do NOT meet infection control standards. Welsh Assembly Guidance on home laundering is currently being produced.<sup>13</sup>

The introduction of a new uniform and system will require facilities for staff to change on arrival and at the end of their shift and more frequently in between if required. In addition there will be a requirement for stockpiles of these scrubs to be available around the clock.

There may also be benefits from a ‘Linen Managed System’ of both supply provision and laundry services. Currently NHS Laundry Services across Wales are working well below capacity and the extra volume into the service could be managed, although price per piece would need to be factored into the proposal.

Such a transition from the current practice could only be achieved through a phased programme within each Trust. This will require co-ordination and co-operation with Trusts locally and involve Welsh Health Supplies, Welsh Health Estates and existing NHS Laundry Management.

Consideration of current practice across NHS Trusts in Wales also revealed that there was NO consistent approach to the nursing dress code. The dress code covers appropriate non-uniform wear (for those whose job does not require a uniform) and subjects such as appropriate hairstyles and jewellery. This dress code is of vital importance in maintaining the professional appearance of the nurse and thus the confidence of the public. This report recommends that An All-Wales Nursing Dress

---

<sup>13</sup> [Uniforms and Work Wear: an evidence base for developing local policy \(2007\) DoH](http://www.dh.gov.uk/publications)  
<http://www.dh.gov.uk/publications>

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

Code should be developed and introduced across all NHS Trusts. The development of this code should of course be undertaken with regard to the necessity of including culturally appropriate forms of dress and other diversity considerations.

**Chapter Five - Education, development and support - Recommendations**

	<b>Recommendation</b>	<b>Responsible Body</b>	<b>Timescales</b>
<b>25.</b>	<p><b>Empowering ward sisters/charge nurses development programme</b></p> <p>In order to support and maintain a properly empowered ward sister/charge nurse workforce an All-Wales approved empowering ward sisters/charge nurses development programme should be established and places funded by the Welsh Assembly Government. This programme should address human resource and managerial skills and the maintaining of standards around issues such as cleanliness and nutrition/hydration on the ward.</p>	<b>Welsh Assembly Government/ Higher Education Institutes</b>	By end 2008
<b>26.</b>	<p><b>Empowering ward sisters/charge nurses development programme</b></p> <p>All existing ward sisters/charge nurses should complete the approved empowering ward sister/charge nurses development programme and/or have their prior educational learning and/or experience accredited. (APEL).</p>	<b>NHS Trusts</b>	By end 2010
<b>27.</b>	<p><b>Empowering ward sisters/charge nurses development programme</b></p> <p>Newly-appointed ward sister/charge nurses should commence an approved empowering ward sister/charge nurse development programme as a compulsory component of their induction and/or have their prior educational learning and/or experience accredited.</p>	<b>NHS Trusts</b>	From 2009
<b>28.</b>	<p><b>Empowering ward sisters/charge nurses development programme</b></p> <p>Nurses who aspire to be ward sisters/charge nurses should undertake the empowering ward sisters/charge nurses development programme as part of their continuing professional development. This would be identified through their individual development plan under the Knowledge and Skills Framework.</p>	<b>NHS Trusts</b>	From 2009

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

<b>29.</b>	<b>Preceptorship</b>  All newly-appointed ward sisters/charge nurses should have a period of preceptorship of not less than six months from appointment.	<b>NHS Trusts</b>	By end 2009
<b>30.</b>	<b>Supervision</b>  All ward sisters/charge nurses should receive both managerial supervision as well as clinical supervision with clear lines of accountability to the Director of Nursing in place.	<b>NHS Trusts</b>	By end 2009
<b>31.</b>	<b>Ward Sister/Charge Nurse Forum</b>  There should be a ward sister/charge nurses 'forum' within each NHS Trust to develop peer support, learning, and information exchange. Chief Executives should develop a mechanism (for example, bye-mail, report or face-to-face meeting) with a record of this discussion maintained to communicate directly with this forum.	<b>NHS Trusts</b>	By end 2008

### Chapter Five - Education, development and support

It is important to state that there is current educational provision in management studies for ward sisters/charge nurses across Wales. However, there is also variation in the content and uptake of these courses. During the preparation of this report, a request was sent to all NHS Trusts in Wales for information on whether they were currently providing a development programme for ward sisters/charge nurses and/or aspiring ward sisters/charge nurses and if they would be prepared to share the details of the programme. This resulted in a response from eight NHS Trusts. Additional programmes were identified from the Royal College of Nursing and the Department of Health, Social Services and Public Safety in Northern Ireland. The programmes identified were:

*Nurse Management Programme*  
Bro Morgannwg NHS Trust

*Development Programmes for Ward Sister*  
Carmarthenshire NHS Trust

*Skills 2 Manage*  
Cardiff & Vale NHS Trust

*Nursing & Midwifery Leadership and Management: Strategic Plan 2008-11*  
Gwent Healthcare NHS Trust

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

*Ward Sister/Charge Nurses/Charge Nurse Development*  
North East Wales NHS Trust

*Care Competencies for Newly Qualified Registered Nurse*  
North East Wales NHS Trust

*Overview of Management Development Provision*  
North West Wales NHS Trust

*Leadership and Management Development Opportunities*  
Pembrokeshire & Derwen NHS Trust

*Mapping Exercise*  
Pontypridd & Rhondda NHS Trust

*Clinical Leadership Programme*  
Royal College of Nursing, Wales

*Evaluation of 'Toolkit' Programme for Ward Managers*  
Northern Ireland Department of Health & Services & Public Safety

Nurse researchers in early 1980s demonstrated a clear relationship between the role played by the Clinical Nurse Manager (predominantly the ward sister/charge nurse) in promoting Clinical Excellence and the generation of a productive ward-learning environment<sup>14</sup>. Other studies in the 1980s provided valuable information concerning the preparation of competent Clinical Nurse Managers, with accounts of preparatory courses, which were considered to have been effective at the time<sup>15</sup>. In 2001 Gould<sup>16</sup> stated that changes in nurse education and NHS Management Structure had led to a diminished in the ward manager's role.

Ward managers are particularly influential in developing the business of caring. International consultants The Hay Group<sup>17</sup> stated that the ward manager role is critically important, acting as the frontline management role for the largest group of staff in the NHS. Previous Hay Group research has shown clear and measurable links between how a leader leads, the impact on the team and, as a result, the impact on 'bottom line' performance. The bottom line in the private sector is typically associated with financial performance, but for the ward, the bottom line has far more

---

<sup>14</sup> Pembrey S (1980) The ward sister – key to nursing. Royal College of Nursing, London; Ogier M.E. (1982) An Ideal Sister? Royal College of Nursing, London

<sup>15</sup> Dodwell M & Lathlean J (1987) An innovative training programme for Ward Sisters/Charge Nurses. Journal of advanced Nursing **12**, 311-319.

<sup>16</sup> Gould (2001) The changing training needs of clinical nurse managers: exploring issues for continuing professional development. Journal of Advanced Nursing **34** (1) page 7-17

<sup>17</sup> Hay Group (2006) Nursing Leadership: Being nice is not enough. Hay Group London

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

stark consequences, translating into the well-being and ultimately the lives of those in its care.

The Hay Group also investigated the role of the ward manager, and the impact they had on the performance of their ward. Their study correlated five performance indicators with the leadership styles employed by 22 managers in seven English NHS Trusts. The researchers selected performance indicators over which the ward manager has an influence in order to identify high and low performers. The specific performance indicators were:

- patient satisfaction
- absenteeism rates
- amount and nature of complaints
- number of drug errors
- levels of staff turnover rates

The underlying difference between high and low performing ward managers came down to the way they lead their staff. High performing ward managers consistently used a wider variety of leadership styles with their teams, altering their approach in line with the needs of the situation, person or people they are managing. Many more staff in the top performing wards experienced their ward manager using a range of different leadership styles. The gap between low and high performing ward managers can be clearly seen in the performance indicators. High performing ward managers achieve 36 per cent lower staff turnover and a 57 per cent reduction in absenteeism, compared to their low performing peers. Critically, drug errors were 40 per cent lower under the guidance of high performing ward managers. Potentially life threatening drug errors were more than 50 per cent higher for low performing ward managers.

At the conclusion of their report, the Hay Group recommended eight actions to enable NHS Trusts to develop ward managers to make them more effective:

- develop a well-defined ward manager role;
- clarify how the ward manager role relates to other nursing and management roles involved in delivering care on the ward;
- establish accountabilities for the ward manager that drives performance on the ward;
- ensure ward managers have an appropriate level of managerial and professional authority to make the changes and take the decisions needed to deliver their accountabilities;
- help ward managers to understand the wider picture and the impact of their leadership on patient care and the organisations' performance as a whole;
- provide support and development for ward managers to enable them to broaden their repertoire of leadership styles;
- provide effective performance management and constructive feedback on their leadership styles; and

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

- create wider development opportunities through initiatives to enable nurses to experience other environments, learn new styles and test out new skills in safe environments.

The Hay Group's research indicates that ward managers need a wider range of management tools at their disposal in order to respond effectively to different contexts and individuals. There is therefore a clear need to put in place training programmes, which enable the ward manager to 'manage effectively' by helping them to develop this wide range of management tools.

The studies by Gould and Williams<sup>18</sup> state that ward managers generally feel clinically competent but have less confidence when dealing with other issues, particularly human resources, managing budgets, dealing with complaints, deputising for senior colleagues and using information technology. Williams' study identified the need for role clarification and said that the stress experienced by ward managers was largely caused by having to balance managerial and clinical practice. There was also a lack of understanding from other professionals in the health care team and senior managers within the organisation and how the ward manager role was integrated into the organisation.

This review of the literature indicates that not only is there a need to develop the management skills and competencies in ward sisters/Charge Nurses and those of individuals preparing for the role but there is also a need to review structures within the organisation that link into the ward sister/charge nurse role.

All the programmes reviewed for this report identified a need to develop management skills and competencies for the ward sister/charge nurse, and carried an explicit expectation that the ward sisters/charge nurses themselves would identify their training and educational needs and use the programme to deliver them.

There was a mixture of learning and educational styles within the programmes, some of it self-determined and practice-based, some giving the participants specific learning opportunities and knowledge. Some of the programmes used management programmes educationally accredited via the universities, or colleges of higher education.

Only one of the programmes actively engaged with, and altered other structures within the NHS Trust to empower the ward sister/charge nurse role. This included active participation by the Chief Executive to 'lunch and listen' on a monthly basis with ward managers and a systematic approach by the nursing executive and the executive team to be more visible in the clinical areas.

---

<sup>18</sup> Gould (2001) The changing training needs of clinical nurse managers: exploring issues for continuing professional development. *Journal of Advanced Nursing* **34** (1) page 7-17; Williams (2001) An examination of senior nursing roles: challenges for the NHS. *Journal of Clinical Nursing* **10** (2), March 2001, pp 195-203

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

The programmes themselves were in principle accessible by all ward sisters/charge nurses; however the uptake is dependent on the number of places available and how often the courses are run.

One of the programmes does identify specifically the need to prepare nurses from the very beginning of their nursing career in developing an appreciation of management and management skills.

Only two of the programmes identify specific Knowledge & Skills Framework (KSF) outcomes and competencies although it is alluded to, or implicit in some of the others.

Of the programmes reviewed, three have been evaluated. Bro Morgannwg NHS Trust and Cardiff and Vale NHS Trust Management Skill Programmes both indicated a positive outcome, measured by the actual changes in practice reported by participants and others. The tool kit programme for Ward Managers, the programme initiated in Northern Ireland has also been positively evaluated.

There is no doubt that many of these programmes share common principles and could be developed into an all-Wales approach. This approach could be an expectation for every NHS Trust to have a nationally recognised programme or the specific development of one programme for all Wales.

For all ward sisters/charge nurses and indeed aspiring ward sisters/charge nurses in Wales to complete this programme, investment over a period of time would be required from both the Welsh Assembly Government and the NHS Trusts.

There is no doubt that the research indicates that the ward sister/charge nurse role is critical in delivering effective health care and treatment both in terms of the economics of health but also in the quality of care. Investment in ensuring the effective deployment of this role would be of tremendous benefit to patient care and the effective running of the NHS.

## FINANCIAL IMPLICATIONS OF THIS REPORT

### Recommendations arising from the Empowering Ward Sisters/Charge Nurses Report with wider implications

There are four recommendations which arose from the reports of the working groups which have wider implications than simply empowering the role of the ward sister/charge nurse. These recommendations involve issues that the Task and Finish Group believe are essential to protect the dignity and quality of the patient experience and are issues that profoundly affect the freedom of the ward sister/charge nurse to carry out their responsibilities effectively. The Minister is asked to consider them.

	<b>Recommendation</b>	<b>Responsible Body</b>	<b>Timescales</b>
32.	<b>Future provision of single sex accommodation</b> All future new hospital developments should be built to ensure single sex accommodation to safeguard the privacy and dignity of the patient.	<b>Welsh Assembly Government</b>	From 2008
33.	<b>Ward Housekeeper</b> Each hospital ward should have a Ward Housekeeper assigned to it who will be accountable on a daily basis to the ward sister/charge nurse. A written role description should be developed.	<b>NHS Trusts</b>	By end 2008
34.	<b>An All-Wales nursing uniform</b> An All-Wales nursing uniform should be introduced on a phased basis. The Welsh Assembly Government should undertake further work to determine the design of the uniform and the process of introduction. The adoption of 'smart scrubs' for all ward nursing staff should be considered. There should be a clear distinction in design between the different levels of nursing staff usually working at ward level: <ul style="list-style-type: none"> <li>▪ The Ward Sister/Charge Nurse</li> <li>▪ A Registered Nurse</li> <li>▪ A Health Care Support Worker</li> <li>▪ A Student Nurse</li> </ul>	<b>Welsh Assembly Government</b>	By end 2008
35.	<b>Changing facilities</b> Changing facilities should be developed for staff to change in on arrival and departure and more frequently in between if required. All new-build hospitals should contain changing facilities.	<b>NHS Trusts</b>	By end of 2010

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

There are financial costs associated with these recommendations. The recommendations, listed at the start of this chapter and report, are clearly assigned to a responsible body (such as the Welsh Assembly Government or NHS Trusts). The costs are particularly associated with the following:

- Introduction of the Ward House keeper role;
- The potential reconfiguration of some wards to allow provision of separate facilities for patients;
- Reconfiguration to create changing facilities for staff;
- Investment for all ward sisters/charge nurses and aspiring ward sisters/charge nurses in Wales to complete the nationally recognised development programme (although clearly there are already identified monies at Trust level for continuous professional development and equivalent programmes); and
- The development of an All-Wales Audit Tool accessible through ICT to measure standards against the Fundamentals of Care.

Preliminary baseline cost comparisons for the introduction of a national nursing uniform have been drafted using broad outline criteria and are attached at Annex 12 to 13.

From that financial analysis there are broadly like-for-like costs between current purchasing cost arrangements (where these are known) and the comparison with providing the same number of uniforms as 'Smart Scrubs'.

However there would be not insignificant costs in providing additional stocks both centrally and at every participating location to start up and maintain a uniform exchange type of service. Moreover there are unknown factors about likely life cycles of the 'Smart Scrubs' and further work needs to be undertaken in these areas.

Similarly there are also increased costs that will accrue from an NHS Laundry Provision (or Linen Managed arrangement). Currently NHS Wales has minimal staff uniform laundry costs as the majority of nurses wash their own uniforms. Significant additional capacity potential within current five NHS laundry provision sites across Wales has been identified but further work needs to be done on this issue. By moving to an exclusive NHS provision the capacity for an additional 200,000+ pieces per week into the laundry system would be needed.

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

### CONCLUSION

“Good hospital care is a partnership between patients, their carers and clinical and non-clinical staff. Only when all parties get involved will care be at its best.” (Welsh Health Estates – *Housekeeping, A First Guide to New, Modern and Dependable Ward Housekeeping Services in the NHS 2001*).

Patients are better placed to benefit from their clinical care if all other aspects of the service are right and focused on their needs. Patients need to feel safe, secure and cared for. They need equipment and facilities that are clean and in good working order, food that is enjoyable and served at times when it can be eaten and an environment of care that is clean and where privacy and dignity can be respected.

The Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group was established to explore and make recommendations to ensure that ward sisters/charge nurses have the authority, knowledge, and skills and are empowered to improve the environment of care and patient experience.

Guidance on strengthening the role and empowering ward sisters/charge nurses must emphasise the authority they need to ensure the basics of care are right, that they can make their own decisions for their own areas, they accept the responsibility for these decisions and that they can clearly communicate and justify the decisions they have made.

Research suggests that good nurse leaders are clear about what is expected of staff, set simple and attainable goals, give feedback to improve performance, minimise bureaucracy and only enforce rules, policies and procedures that are necessary (*Nursing Times 2007*). Positive leadership can lead to motivated and effective staff and better patient care.

Through investment in the ward sisters/charge nurses of today and those who aspire to be ward sisters/charge nurses, we can ensure they have the knowledge, skills and ability to perform their roles well. Wales will produce ward sister/charge nurses who are empowered, fit for purpose and able to improve the patients' experience.

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

**ANNEX 1**  
**Glossary**

<b>Term</b>	<b>Definition</b>
Empower	To give official authority or power to.
Health Care Support Worker	A person who supports the qualified nurse and /or other health professionals in the delivery of care who may or may not hold a National Vocational Qualification in Health Care up to and including level 5.
Knowledge and Skills Framework	The NHS Knowledge and Skills Framework (NHS KSF) defines and describes the knowledge and skills which NHS staff need to apply to their work in order to deliver a quality services. It provides a single, consistent, comprehensive, explicit framework on which to base review and development of all NHS staff (DoH 2004).
Leadership	Being a leader, a person with overall authority.
Management/ to manage	The act or manner of managing/ to be in charge of.
NHS Trusts	NHS Trusts provide a variety services across acute, community and tertiary sectors. They are in effect public services corporations.
Prereceptorship	To teach, council, inspire and serve as a role model and support the growth and development of an individual (novice) for a fixed and limited amount of time with the specific purpose of socialising the novice into their new role (Marrow 1984).
Quality of service	Will be determined by whether services are first safe and then: people-centred, participate, simple for patients to understand, clearly and transparently accountable for actions and delivery, co-ordinated, multi-disciplinary and integrated. Clinical governance needs to be integrated into this approach to ensure delivery to the highest levels of quality and continuous improvement.
Sister/Charge Nurse	Refers to all nurses, midwives and specialist community public health nurses.
Supervision	A collaborative process between two or more practitioners of the same or different profession. The process should encourage the development of professional skills and enhanced quality of patient care through the implementation of an evidence-based approach to maintaining standards in practice.

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

**ANNEX 2**

**Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Membership**

<b>Tina Donnelly - Chair</b>	Director Royal College of Nursing, Wales
Rosemary Kennedy - Chair	Chief Nursing Officer for Wales
Denise Richards	DPHHP - Nursing Division - Welsh Assembly Government
Tracey Gauci*	DPHHP - Nursing Division – Welsh Assembly Government
Phil Hutchinson	DPHHP - Communications Manager– Welsh Assembly Government
Jeff Lewis	DHSS - Capital Planning and Estates – Welsh Assembly Government
Lisa Turnbull	Policy Advisor Royal College of Nursing, Wales
Marion Andrews-Evans	Regional Nursing Officer
Mrs Carol Layman-Jones*	Community Health Council
Claire Cutlan	Royal College of Midwives
David Galligan*	UNISON
Louise Hughes*	Welsh Nursing and Midwifery Committee
Denise Llewellyn*	Nurse Executive Wales
Jim Thompson	Local Health Board Nurse Directors
Ruhi Behi	CYNGOR
Helen Fletcher	Hospital Services Managers
Stephen Moore*	Royal College of Nursing
<b>* Chairs of Working Groups</b>	

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

**ANNEX 3**

**Working Group One – Fundamentals of Care  
Membership**

Denise Llewellyn - <b>Chair</b>	Nurse Executive Wales
Barbara Wilson	Velindre Cancer Services, Inpatient Manager
Dawn Hill	Welsh Healthcare Associated Infection Programme
Dr Ed Wilkins	Welsh Medical Committee
Sid Johnson	Welsh Health Estates
Karen Logan	Consultant Nurse & Midwives Cymru
Marion Andrews- Evans	Regional Nurse
Vicki Franklin	Executive Nurse
Caroline Johns	Senior Nurse
Diane Mort	Welsh Nursing & Midwifery Committee
Mrs Louvain Roberts	Patient Representative
Mrs Jan Williams	(Deputy)- Patient Representative
Margaret Foster	Chief Executive
Suzanne Hardcare	RCM Representative
Janet Wilkinson	All Wales Human Resource Directors
Karen Foot	Welsh Therapies Advisory Committee
Alyson Biggs	Welsh Therapies Advisory Committee
Julie Nedin	Welsh Therapies Advisory Committee

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

**ANNEX 4**

**Working Group Two – Ward Environment  
Membership**

Mrs Carol Jones - <b>Chair</b>	Community Health Council
Louise Hughes - <b>Chair</b>	Welsh Nursing and Midwifery Committee
Dawn Hill	NPHS (Nurse Consultant)
Liz Waters	Lead Nurse Infection Control, Gwent NHS Trust
Dr Andrew Dearden	GPC Wales
Helen Tyler	Velindre Cancer Services/Therapy Advisor
Phil Atkinson	Welsh Health Supplies
Yvonne Hyde	Infection Prevention Society
Carina Bale	Association of Healthcare Cleaning Professionals
Sid Johnson	Welsh Health Estates
Simon Jones	Head of Hotel Services, Carmarthen NHS Trust
Paul Baker	Divisional General Manager, Carmarthen NHS Trust
Andrea Hughes	Regional Nurse
Vicki Franklin	Nurse Executive
Debbie Mathews	Senior Nurse Pontypridd & Rhondda Trust
Pat Dwan	UNISON Rep
Sheila Harrison	Cardiff and Vale NHS Trust
Paul Hollard	Chief Executive
Sarah Brown	Facilities Manager
Tom Wall	RCN Representative
Mark Sykes	All Wales Human Resources Director Rep
Carol Jones	Welsh Therapies Advisory Group
Mandy Tyler	Welsh Therapies Advisory Group

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

**ANNEX 5**

**Working Group Three – Environmental Cleaning  
Membership**

Tracey Gauci - <b>Chair</b>	DPHHP - Nursing Division – Welsh Assembly Government
Dr Eleri Davies	National Public Health Service
Sid Johnson	Welsh Health Estates
Carina Bale	Association of Healthcare Cleaning Professionals
Andy Spriggs	Welsh Health Supplies
Barbara Wilson	Velindre Cancer Services - Inpatient Manager
Colin Pike	Senior Infection Control Nurse
Sheila Harrison	Cardiff and Vale NHS Trust
Stuart Harms	Welsh Therapies Advisor Representative
Gaynor Parry	Facilities Manager
Caroline Oakley	Chief Executive
Clare Cutlan	RCM Representative
Carol Jones	Welsh Therapies Advisor Representative
Helen Fletcher	Hospital Managers Representative

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

**ANNEX 6**  
**Working Group Four – All Wales Uniform**  
**Membership**

David Galligan - <b>Chair</b>	UNISON
Sid Johnson	Welsh Health Estates
June Scott	Welsh Health Supplies
Dr Eleri Davies	Welsh Healthcare Associated Infection Programme
Pauline Dorrington	Senior Nurse
Mrs Marion Binney	Patient Representative
Mrs Jan Williams	(Deputy) Patient Representative
Lorna Budge	Welsh Nursing & Midwifery Committee
Allison Williams	Chief Executive
Stuart Harnes	Welsh Therapies Representative
Jan Sutherland	RCM Representative
Bethan Evans	Heads of Midwifery Representative
Tracey Gauci	DPHHP - Nursing Division – Welsh Assembly Government
Helen Fletcher	Hospital Services Manager
Liz Brown	Swansea NHS Trust
Judith Hardisty	All Wales Human Resource Directors
Gillian Jones	North West Wales NHS Trust

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

**ANNEX 7**

**Working Group Five – Education, Development and Support**

**Membership**

Stephen Moore - <b>Chair</b>	Royal College of Nursing
Gemma Ellis	Consultant Nurse/Midwife Cymru
Dawn Hill	Welsh Healthcare Associated Infection Programme
Christine England	Senior Nurse
Lesley Jones	Cardiff and Vale NHS Trust
Professor Melanie Jasper	CYNGOR
Marion McIvor	RCM Representative
Kathryn Head	Welsh Therapies Advisory Committee
Susan Griffiths	Welsh Therapies Advisory Committee
Jenny Jones	Head of Midwifery Representative
Professor Sheila Hunt	Dean Cardiff University
Geraint Evans	All Wales Human Resource Directors Representative
Ruth Walker	NEW Representative

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

**ANNEX 8**

**Ward Sister/Charge Nurse Reference Group**

Andy Jones	Cardiff and Vale NHS Trust
Andrea Sullivan	Cardiff and Vale NHS Trust
Julie Hocking	Cardiff and Vale NHS Trust
Louise Flynn	Cardiff and Vale NHS Trust
Sue Miles	Cardiff and Vale NHS Trust
Del Payne	Cardiff and Vale NHS Trust
Dawn Ferris	Pembroke & Derwen NHS Trust
Diane Read	Conway & Denbigh NHS Trust
Catherine Taylor	Conway & Denbigh NHS Trust
Angela Roberts	Conway & Denbigh NHS Trust
Tracy Lewis	Conway & Denbigh NHS Trust
Jan Walker	Ceredigion NHS Trust
Julie Smith	North East Wales NHS Trust
Gaynor Drury	North East Wales NHS Trust
Anne James	Gwent NHS Trust
Jo Spokes	Gwent NHS Trust
Ann Owen	Gwent NHS Trust
Julie Probert	Gwent NHS Trust
Elaine Lynch	Gwent NHS Trust
Kath Maquire	Gwent NHS Trust
Helen Morgan	North Glamorgan NHS Trust
Christine Thomas	Bro Morgannwg NHS Trust
Meryl Jones	Carmarthen NHS Trust
Pat Rees	Carmarthen NHS Trust
Karen Dacey	Swansea NHS Trust
Denise Mitchell	Swansea NHS Trust
Annette Thomas	Swansea NHS Trust
Linda Young	Swansea NHS Trust
Caroline Thomas	Swansea NHS Trust
Paul Rees	Swansea NHS Trust
Julie Morgan	Swansea NHS Trust
Nigel Broad	Swansea NHS Trust
Jackie Crook	Swansea NHS Trust
Bethan Lewis	Swansea NHS Trust
Stephen Honeyman	Swansea NHS Trust

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

**ANNEX 8 (cont.)**

**Ward Sister/Charge Nurse Reference Group (cont.)**

Sarah Davies	Swansea NHS Trust
Louise Scannell	Swansea NHS Trust
Angela Gronow	Swansea NHS Trust
Victoria Davies	Swansea NHS Trust
Meryl Moremon	Velindre NHS Trust
Jill Coozeburgess	Velindre NHS Trust
Pat Stables	North West Wales NHS Trust
Jane Eryl Jones	North West Wales NHS Trust
Sharon M Jones	North West Wales NHS Trust
Lena Henry	North West Wales NHS Trust
Jay Hamilton	North West Wales NHS Trust
Elizabeth Jones	Powys LHB
Yvonne Whitfield	Powys LHB
Sharon Sharman	Powys LHB
Susan Baldry	Pontypridd & Rhondda
Elaine Worrall	Pontypridd & Rhondda

## ANNEX 9

### CONWAY & DENBIGHSHIRE NHS TRUST

#### ACUTE MEDICAL WARDS      WARD HOUSEKEEPERS

#### A pilot project on Gilliatt Ward

##### Introduction

“Good hospital care is a partnership between patients, their carers, and clinical and non-clinical staff. Only when all parties get involved will care be at its best.” (Welsh Health Estates – *Housekeeping, A First Guide To New, Modern and Dependable Ward Housekeeping Services in the NHS*, 2001).

Patients are better placed to benefit from their clinical care if all the other aspects of the service are right and there is a system of support that focuses on their needs rather than those of the organisation. Patients need to feel safe, secure and cared for. They need equipment that is clean and in working order, food that is enjoyable, at times that they can eat it. They need the environment of care to be clean and their privacy and dignity to be respected.

Guidance issued in 2001 on strengthening the role of Ward Sisters emphasised the authority they need to ensure the basics of care are right, and the support they need to do this. Ward Housekeepers, amongst others, are considered part of this support and the NHS plan set a target that half of all Trusts should have a ward housekeeping service by 2004.

##### Background

Ward Sisters clearly carry responsibility for the patient experience in relation to cleanliness, nutrition, hygiene and care of the environment.

In response to these competing demands on nursing staff and following the action plan from the Organisation of Care Task and Finish Group, it is considered necessary to re-organise the way care is delivered to ensure the fundamentals of care are met.

As a result, a designated Healthcare Assistant will assume the role of ‘ward housekeeper’ during a three-month pilot project to be implemented on Gilliatt ward.

As yet, there is no single model for ward housekeeping services. However, it is recommended that some criteria must be adhered to:

- **Ward Sisters will manage the ward environment**, supported by the ward housekeeper.
- Ward housekeepers must be **ward based**, and must be seen as part of the ward team.

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

- Ward housekeepers must be **multi skilled and flexible** in their work practices.
- Appropriate **training and development** must be provided.

During the pilot period, the housekeeper will work 10am – 6pm Monday to Friday and in the interests of continuity and consistency, one Health Care Assistant has volunteered to take on this role. In her absence, the other Health Care Assistants will take on elements of the role, particularly in relation to food provision services.

It is anticipated that this will become an evolving role and continuous quality improvement will demand changes or additions to those tasks identified.

### **Aims and Objectives of Housekeeping pilot**

- Increased partnerships with patients
- Increased patient satisfaction
- Improve information and communication
- Improve cleanliness of ward environment
- Improve compliance with dietary management plans, ensuring that patients receive adequate and timely nutrition
- Achieve greater efficiency and cost effectiveness of service delivery
- Increased job satisfaction

### **Role of the housekeeper on Gilliatt ward**

The ward housekeepers' main tasks will focus on **cleaning services, catering and nutrition and maintaining the environment**. This does not mean they will do all these tasks alone. They will still need the support of colleagues both from within and outside the ward team and the Ward Sister must retain accountability for these areas with the responsibility passing to the designated Registered Nurse in her absence.

It is also expected that the ward housekeeper will meet and greet new patients and visitors to the ward. They will take the time to identify patient's individual likes/dislikes e.g. tea from a china cup and ensure this information is made available to the Registered Nurse for documentation in the nursing care plan.

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

**Tasks involved in providing Cleaning services:**

Essential tasks	Key relationships
Assist in monitoring and maintaining cleaning standards on the ward using cleanliness checklists	ward sister ward domestic
Carry out spot cleaning to ensure spillages are dealt with swiftly and efficiently	ward domestic
Ensure general and clinical equipment e.g. drip stands, feeding/infusion pumps, commodes are cleaned daily, according to hospital policies	Registered nurse Infection Control Nurse
Maintain upkeep of patients' bed areas e.g. remove clutter, tidy notice boards, provide fruit bowl etc	Patient
Ensure bed area is cleaned on discharge and prepared for the next patient	nurse in charge ward domestic
Ensure cleaning of surfaces and furnishings e.g. lockers, bed tables, chairs	ward domestic
Ensure isolation rooms and equipment are cleaned appropriately, according to hospital policy. Ensure provision of clean equipment for next patient.	ward domestic Infection Control Nurse Portering
Identify any problems with cleanliness and take remedial action where possible or report to ward sister/nurse in charge	ward sister nurse in charge ward domestic
Clean vases, discard dead flowers and replenish water	
Ensure sharps boxes are emptied and replaced as required	Clinical staff

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

Ensure there is an adequate supply of alcohol gel on every bed and on entry to the ward	Pharmacy dept
Check daily that suction equipment is clean and in working order. <b>Where this cannot be achieved or replacements are not available this must be reported to the nurse in charge immediately</b>	Nurse in charge

**Tasks involved in providing food services**

Essential tasks	Key relationships
<p>Assist patients to order food, taking into account special needs, patient preferences and medical requirements. Ensure that newly admitted/transferred patients' meal requirements are actioned.</p> <p>Ensure there is sufficient supply of modified textured diet menus</p>	<p>Registered Nurse Dietician Catering dept.</p>
<p>Prepare the patients for mealtime by ensuring they are positioned correctly for eating and drinking, taking into account any need for profiling bed or suitable chair</p>	<p>Other health care assistants on ward Physiotherapist Occupational therapist</p>
<p>Prepare the ward environment for mealtimes, taking account of protected mealtimes. Monitor ward activity during mealtime, challenging unnecessary disturbances or reporting to nurse in charge</p>	<p>Clinical staff Visitors</p>
<p>Serve meals from ward trolley, ensuring patients receive the correct meal.</p>	<p>Catering dept</p>
<p>Ensure patients receive the assistance they require to eat and drink, providing the appropriate modified cutlery/crockery as required, cutting up food, placing food within reach, encouraging</p>	<p>Other health care assistants on ward Occupational therapist</p>

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

patients to eat if required	
Serve hot drinks from trolley. Assist patients to drink as required. Chart drinks taken on fluid balance chart if appropriate. Inform registered team nurse if patient does not drink adequately.	Registered nurse
In conjunction with registered nurse and ward dietician, focus on those patients with a compromised nutritional status, ensuring dietary management plans are followed and food record charts are completed accurately.	Registered nurse Dietician
Ensure provision of snacks and prepare where necessary. Where this forms part of the individual dietary management plan, ensure these are recorded on food intake chart.	Catering dept Dietician
Refill water jugs and glasses as necessary	
Take responsibility for ward kitchen. Ensure it is kept clean and free from clutter	Ward domestic
Check refrigerator daily, ensuring food is labelled and stored correctly (according to Trust policy). Ensure temperature is correct and report any problem to nurse in charge.	
Order, receive, handle and store catering/nutritional consumables	Catering dept Dietetic dept

**Tasks involved in maintaining the environment**

Essential tasks	Key relationships
In conjunction with others, carry out monitoring of service delivery especially related to cleaning, food, linen and the ward environment	Infection control nurse Clean hospitals group Nutritional support nurse

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

To inform the ward sister of outcomes of monitoring and agree action plans ensuring appropriate action is taken	Ward sister Lead nurse
To monitor and report maintenance requirements	Estates dept
Following agreed procedures, report and arrange removal of faulty equipment to appropriate dept, ensuring decontamination is completed before equipment leaves ward.	Medical engineering Estates Portering
To clean and prepare beds and handle linen. Ensure there is an adequate supply of bed linen and nightwear.	Linen room
To respect the privacy and dignity of patients whilst carrying out housekeeping duties	Patients
Maintain the safety of people's property and belongings	
Receive, unpack and put away stores deliveries	

**General tasks**

	<b>Key relationships</b>
To receive and greet new patients and visitors to the ward	Patients and visitors
To receive enquiries from visitors and direct to appropriate personnel	Visitors Clinical staff
Act as ward messenger/escort as required	Nurse in charge

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

### **Training and Development**

As a Health Care Assistant, the ward housekeeper will have received all the mandatory training required by any Trust employee. In addition, the following training will be provided.

- Training sessions with ward dietician focusing on menu planning, use of supplements and modified textured diets.
- Training session with Infection Control Nurse focusing on decontamination of equipment and cross infection issues.
- Training sessions with Occupational Therapist in relation to the assessment for and provision of modified cutlery and crockery.
- Training sessions with physiotherapist and speech and language therapist in relation to the correct positioning of patients at mealtimes
- Access to training video relating to protected mealtimes.
- Attendance at Trust training session on customer care and assertiveness.

### **Perceived benefits of a ward housekeeping service**

Trusts that already have a successful housekeeping service in place are clear about the benefits of the service. These include:

- Improved patient satisfaction
- Improved operational outcomes
- Increased efficiency of service
- Less wastage of food
- Improved public opinion of the hospital
- Fewer complaints from patients and visitors
- Increased job satisfaction and reduction in staff turnover

### **Evaluation and Review**

The Housekeeper concept will be continuously monitored during the pilot by the Ward Sister and Lead Nurse. Any problems or uncertainties identified during the pilot will be dealt with as close to the ward as possible, documented and the concept amended as appropriate.

Evaluation of the pilot will be made by considering the goals and objectives set at the start of the process and those achieved/not achieved. The following methods will be used to monitor the effectiveness of the pilot:

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

- Clean Hospitals Internal audit
- Numbers and themes of complaints
- Infection control audit
- Organisation of care audits

### **Conclusion**

The ward housekeeper will be a visible sign of the commitment to change services to meet the needs of the patient. Working with ward sisters, the housekeeper will help nurses and support staff, deliver better food, cleaner wards and a more responsive service which meets the fundamental needs of the patient, helping them to get the best out of their hospital stay.

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

**ANNEX 10**

**CONWY & DENBIGHSHIRE NHS TRUST**

**PERSON SPECIFICATION – WARD HOUSEKEEPER**

<b>ATTRIBUTES/CRITERIA</b>	<b>ESSENTIAL</b>	<b>DESIRABLE</b>
<u>Education</u>	Recognised qualification, NVQ level 3 in Domestic services, catering or customer care, City Guilds Intermediate food hygiene qualification	Food Hygiene qualification or cleaning buildings interiors qualification
<u>Work Experience</u>	Extensive experience of working within the health service Experience, Domestic supervisor / catering personnel/ HCSW Or have similar experience working in public services.	.
<u>Knowledge</u>	Excellent understanding of all departments within hospital environment and /or within caring environment. Good knowledge Health and safety/ risk assessments and incident reporting. Knowledge of EBME function. Catering and Nutrition	
<u>Abilities</u>	Works well as part of a team. Flexible approach to work. Excellent communication skills. Organisational skills.	

Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group  
Final Report

Personality	Reliable, enthusiastic and motivated – demonstrates loyalty.	Innovation, sense of humour.
Other Requirements	Professional attitude. Able to work in varying situations and adapt to these variances	Welsh speaker.

## **ANNEX 11**

### **CONWY & DENBIGHSHIRE NHS TRUST**

#### **Job Description - House Keeper**

Job Title:	Housekeeper
Salary Scale:	Band 3 £13,873 - £17,257
Hours of work:	37.5
Department/ward:	
Division:	
Base:	Glan Clwyd Hospital
Responsible to:	Clinical Lead Nurse / Ward Manager

---

#### **Job Purpose:**

The post holder will work as an integral part of the ward team. He/She will be responsible for the co-ordination of all patient facilities/services in the ward area and for ensuring a clean, safe and comfortable environment.

Liase with the Volunteer Co-ordinator in relation to supervising Volunteers (Red Robins), that may be working within the Clinical area.

The main elements of the role are ensuring the delivery of cleaning, catering and minor maintenance, together with other specified tasks to meet individual patient needs, as determined by the ward sister/charge nurse or clinical leader.

The post holder will be required to work closely with contractors and support services departments. He/she will monitor quality standards and rectify deficiencies in liaison with the Ward Manager/Clinical Lead Nurse and be guided by the Trust's Senior Housekeeper.

---

#### **GENERAL**

- To receive, welcome and guide visitors on arrival to the ward, liaising with other staff as appropriate
- To respond to requests for general information
- To receive and pass on information to others, maintaining confidentiality
- To handle minor complaints and take appropriate action

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

- To be aware of any new food hygiene standards, changes to waste categorisation etc
- To assist the Ward Manager (if necessary) to ensure Mandatory training policy is adhered to by ensuring good record keeping

### **WORKING PRACTICES AND RELATIONSHIPS**

- To ensure own actions reduce risk to health and safety and to promote a health and safety culture within the workplace
- Supervise and support, in conjunction with the Volunteer Co-ordinator and Ward Manager the work of the Volunteers within the Clinical area
- To respond to emergencies as appropriate
- To maintain effective working relationships
- To foster people's equality, diversity and rights
- To provide effective customer service
- To maintain environmental, food and personal hygiene
- To maintain complete confidentiality with regard to all patient issues

### **SUPPORT OF PEOPLE**

- To ensure patients have adequate supplies to meet their basic needs, e.g. toiletries as required
- To ensure the ward has sufficient stocks to meet patient and staff needs
- To assist people with accessing and interpreting written information, e.g. cards and letters
- To communicate effectively with people
- To respond to health emergencies as appropriate
- To induct new staff on issues regarding Housekeeping issues e.g. Protected Mealtimes, Clean Hospital Agenda, Bed Cleaning procedure.
- To supervise ward cleanliness, ensuring co-ordinated approach to ward cleanliness with domestic supervisors.

### **LINEN**

- To ensure there is enough clean linen to meet the needs of the patients
  - To ensure that the quality of linen available meets the Trust's standards and is suitable for use
  - Undertake Linen count as per Trust directive
  - Co ordinate routine and emergency curtain cleaning
  - Work closely with the Senior Housekeeper and Linen Manager with issues regarding linen management
-

# Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

## **ESSENTIAL TASKS**

### **Cleaning**

- To assist in monitoring and maintaining standards on the ward areas
- To ensure general and specialist equipment, e.g. drip stands, commodes etc are cleaned as per cleaning policy is carried out by team members
- To ensure the ward is safe and tidy at all times, e.g. remove clutter, tidy notice boards, signage etc
- To ensure maintain upkeep of patients' bed areas by Team
- To identify any problems with cleanliness and report to the ward sister
- To ensure specialist cleaning of surfaces of furnishings
- To ensure isolation nursing areas are cleaned appropriately.
- To undertake, in collaboration with Domestic supervisor, internal Ward cleanliness audits and ensure action plan is acted upon
- To supervise ward cleanliness, ensuring co-ordinated approach to ward cleanliness with domestic supervisors.

### **Catering**

- To promote the principle of protected meal times for patients
- To encourage and assist patients to order food, where necessary taking into account special needs and medical requirements
- To ensure people have any assistance they require to eat and drink and to monitor food intake in conjunction with the ward nurse
- To ensure patients are given assistance, e.g. cutting up food, placing food within reach, encouraging patients to eat
- To prepare hot/cold beverages including appropriate trolley/equipment
- To ensure all food and beverages are served at the correct temperature to food hygiene regulations
- To prepare areas where food and beverages are served/consumed to ensure a pleasant environment for patients
- To ensure refrigerated food is labelled and stored correctly as per policy
- To ensure in conjunction with the ward nurse that discharged and newly admitted patients' meal requirements are actioned
- To co-ordinate extra meal requirements that may arise
- To ensure that patient whose fluid intake is not medically restricted have access to fresh water<sup>i</sup>
- Liaise with Catering Manager regarding catering issues

### **Maintaining the Environment**

- To carry out monitoring of service delivery, especially related to cleaning, food, linen and the environment, at the agreed frequency
- To inform the ward sister of outcomes of monitoring and agree action plans, ensuring action is taken
- To manage the ward's defect call log book (Estates 4444), ensuring all defects are logged, reported, recorded and closed down as services have been rectified

## Empowering Ward Sister/Charge Nurse Ministerial Task and Finish Group Final Report

- To carry out regular equipment monitoring in accordance with procedures and in liaison with E.B.M.E
  - To ensure the safe storage of equipment.
  - To keep a record of all equipment on the ward or work area, ensure fit for purpose and track equipment if loaned to other areas
  - To respect the privacy and dignity of patients whilst carrying out housekeeping duties
  - To maintain the safety of people's property and belongings
  - To minimise the potential for adverse behaviour and security breaches
  - To use communication skills to manage any aggressive and abusive behaviour
- 

This is a generic job description and therefore should be considered as an outline of the role and functions you are expected to carry out. It is not intended to describe all specific tasks.

---