

# Breaking Down Barriers, Driving Up Standards

*The role of the Ward Sister, Charge Nurse and  
Team Leader*

# Setting the context

## The RCN position

Nurses contribute to quality through providing

- ◆ Person-centred care
- ◆ Safe and Effective care
- ◆ A context of care and systems that sustain the above

# RCN 2009 – ‘Breaking Down Barriers, Driving Up Standards’

Launched in 2009

- ◆ Literature review and history of ward sister role
- ◆ Re-analysis of RCN employment surveys
- ◆ Focus groups of 90 Ward Sisters from Trusts across England

# The key headlines

- ◆ The huge breadth of the ward sister role, which encompasses leadership and management
- ◆ The absence of agreed role definitions and clarity about role aims, purpose and functions
- ◆ Role conflict – ward sisters constantly balance the different aspects of their role
- ◆ Lack of formal preparation and skills development for the role and lack of support and skills development for ward sisters in post
- ◆ Theoretical responsibility of the role for key issues that underpin nursing standards, but in reality a lack of authority to assure them

# Supporting statement from key stakeholders

*‘Nursing leadership at ward level provided by a sister or charge nurse is vital to the delivery of safe high-quality care to patients. Every ward sister should have the **capacity, time, resources and the authority** to co-ordinate and deliver patient care in partnership with the rest of the healthcare team as well as patients and their families. This must be a top priority and the role of the ward sister needs to be reviewed urgently’*

# Key RCN recommendation

Recommends that all ward sisters become *supervisory* to nursing shifts so that they can:

Fulfil their ward leadership responsibilities

Supervise clinical care

Oversee and maintain nursing care standards

Teach clinical practice and procedures

Role model good professional practice and behaviours

Oversee ward environment

Assume high visibility as the nurse leader of the ward

# Defining 'supervisory'

The RCN has defined supervisory in the context of the ward sister role as the presence of the following attributes:

- ◆ **Being visible and accessible in the clinical area to clinical team, patients and users**
- ◆ **Working alongside the team in different ways**
- ◆ **Monitoring and evaluating standards of care provided by the clinical team**
- ◆ **Providing regular feedback to the clinical team on standards of nursing care provided to, and experienced by, patients and service users**
- ◆ **Creating a culture for learning and development**

# Questions for discussion

- ◆ What are the benefits to your organisation/services of the ward sister being supervisory in relation to:
  - Productivity
  - Quality
  - Safety
- ◆ How do you communicate the impact of the ward sister role to your board?