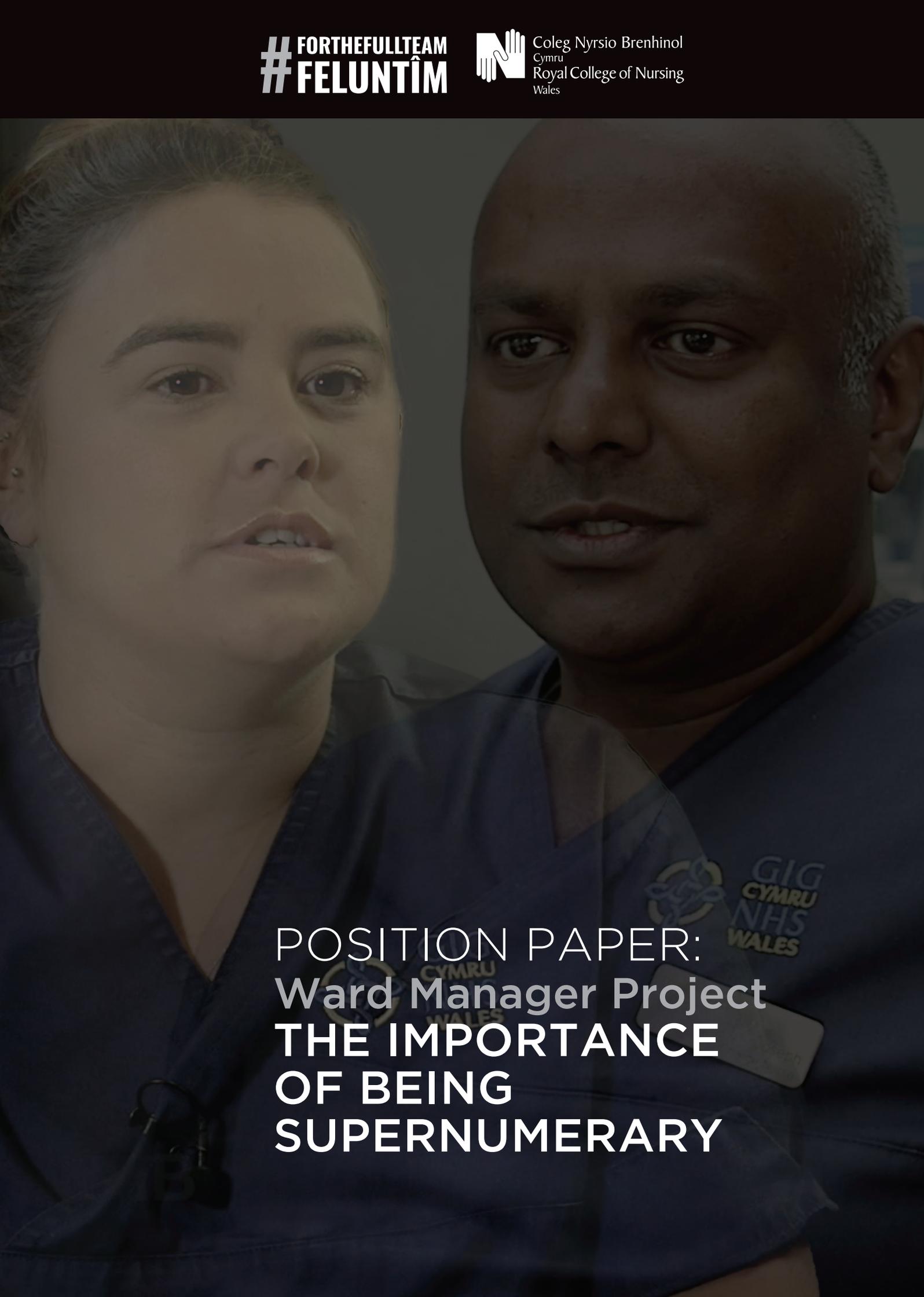


# FORTHEFULLTEAM  
# FELUNTÎM



Coleg Nyrsio Brenhinol  
Cymru  
Royal College of Nursing  
Wales



POSITION PAPER:  
Ward Manager Project  
**THE IMPORTANCE  
OF BEING  
SUPERNUMERARY**

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## About the Royal College of Nursing

The RCN is the world's largest professional union of nurses, representing over 430,000 nurses, midwives, health visitors and nursing students, including over 27,000 members in Wales.

RCN members work in all settings; prisons, primary care, hospitals, schools, care homes and communities, in both the NHS and the independent sector. A UK-wide organisation, it works in Wales and has been a major contributor to nursing practice, standards of care, and public policy as it affects health and nursing.

For more information, please contact

**[Policy&publicaffairs.wales@rcn.org.uk](mailto:Policy&publicaffairs.wales@rcn.org.uk)**

*Front cover image:* Rhian Grapes, Ward Manager, Cardiff and Vale University Health Board  
Sujith Mamachen, Ward Manager, Cardiff and Vale University Health Board

*Back cover image:* Bethan Gibbons, Ward Manager, Betsi Cadwaladr University Health Board  
Victoria Ebdon, Ward Manager, Aneurin Bevan University Health Board

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# ROYAL COLLEGE OF NURSING WALES RECOMMENDATIONS

The Welsh Government and NHS Wales need to take action to enable ward managers to be fully supervisory. To achieve this the Royal College of Nursing (RCN) Wales recommends:

- 1** The Welsh Government must map out how many ward managers are supernumerary; our data suggests the number working as part of ward numbers is unacceptably high.
- 2** Health Boards and Trusts must ensure every ward manager has adequate support, particularly in relation to:
  - administrative support
  - strong management support
  - access to continued professional development and education
  - IT and HR support
  - housekeeping.
- 3** The Welsh Government and NHS Wales need to place a higher value on the role of the ward manager, demonstrating its importance to members of the public and within the NHS.
- 4** The Welsh Government should evaluate the success of Free to Lead, Free to Care and put forward updated recommendations on how to empower the ward manager.

## INTRODUCTION

### Ward Manager Project: Context

The RCN Wales has been campaigning for Safe and Effective Care since 2007. Safe and Effective Care became an RCN UK priority in 2017.

#### Terminology

##### Supernumerary

Describes the administrative elements of the role, which involve ward managers' time to complete rotas, risk assessments etc.

##### Supervisory

Describes the elements of the role that provide clinical supervision to nurses, healthcare support workers and students. Ward managers are able to use their clinical expertise and support nursing staff in providing safe and effective care.

##### Ward Manager

This role is also known as ward sister or charge nurse

In 2007 the Welsh Government established a Task and Finish Group to empower the essential role of the ward manager. In 2008 the group published a report, *Free to Lead, Free to Care*. The report issued a series of recommendations to provide the ward manager with more power to improve ward cleanliness, raise standards of care, protect patients and overall improve patient and public experience. The recommendations were welcomed by the RCN; unfortunately few of the recommendations fully came into fruition.

The RCN Wales now wants the Welsh Government to 'take action' in order to achieve safe and effective care and a sustainable nursing workforce through valuing the vital supervisory/supernumerary role of the ward manager. The Welsh Government needs to re-establish the sentiment behind *Free to Lead, Free to Care*.

The RCN Wales believes that a crucial dimension of securing safe and effective care for all patients is to ensure ward managers have full-time supervisory or supernumerary status. However, the role is often counted in numbers delivering direct patient care.

According to current RCN Wales records, there are approximately 861 RCN Wales members who identify as a 'ward sister', 'charge nurse' or 'ward manager' (see the Appendix to see their role and other roles on a ward).

This paper summarises the benefits of ensuring the ward manager role is a supernumerary and supervisory position. Drawing on evidence from previous studies, face-to-face interviews and focus groups, it aims to increase decision-makers' understanding of the significance of the role in NHS Wales and to raise public awareness of its importance.

### Methodology

In preparation for this policy paper, we conducted a literature review of recent reports, studies, and legislative developments of relevance to the ward manager role. Through our data collection, we engaged with 18 ward managers in total: reaching 15 participants through focus groups and conducting nine interviews as part of our filming process. This was supplemented by interviews with three RCN Wales staff and RCN Wales Board members.

Finally, a survey of RCN Wales ward manager members was conducted online between August and September 2021, with 106 respondents, of whom 43% had been in post for more than five years. All data was analysed, and the resulting recommendations are outlined in this policy paper.

## LEGISLATIVE FRAMEWORK: THE NURSE STAFFING LEVELS (WALES) ACT 2016

The RCN Wales successfully campaigned for the first safe staffing legislation in Europe: The Nurse Staffing Levels (Wales) Act 2016. This legislation was fully implemented by April 2018, placing a general duty on health boards to ensure they have enough nurses to deliver sensitive patient care in every setting, applied specifically to acute adult medical and surgical wards, and from October 2021 to paediatric wards.

### Importance of the Nurse Staffing Levels (Wales) Act 2016 for ward managers

The Act is clear that acute, medical and surgical wards and paediatric wards must have the right skills mix and numbers of nursing staff if they are to provide safe and effective patient care. Statutory guidance makes clear the need for:

- Both registered nurses and health care support workers (HCSW) to establish an effective working team.
- Ward managers to be supernumerary to attend to managerial responsibilities such as organising the rota, appraisals, ward budget and ongoing education for ward staff.

Other aspects of the **Act** with particular relevance for the role of ward manager include:

1. Section 25A, which sets out the duty of NHS organisations in Wales, wherever they provide nursing services, to provide “sufficient nurses to allow time to care for patients sensitively”.
2. Section 25B, which requires that the level of “sufficient nursing” in adult acute, medical and surgical wards be calculated according to a specific methodology and arrangements must be made to inform patients of the nurse staffing level. This was extended to paediatric wards in October 2021.
3. Section 25E, which states that health boards must publish a report every three years that clearly lays out steps taken to adhere to the Act, any breaches and mitigating actions (RCN Wales, 2018).

A supernumerary/supervisory ward manager plays a crucial role in implementing the Act, as they are:

1. line-managing nurses, supporting their recruitment and retention, and providing training to drive up standards and secure sensitive patient care within their team
2. using their knowledge and understanding of their team and acuity of their patients, they can use a specific methodology to arrange ‘sufficient nursing’ numbers on their ward
3. collating data to allow health boards to meet their statutory duty to report on the Act every three years.

In June 2018, the then Cabinet Secretary for Health and Social Services, Vaughan Gething MS, issued a written statement confirming that the “Government remains committed to extending the Act into additional settings by the end of this Assembly term” (Gething, 2018).

However, it is clear from the RCN Wales recent ward manager survey in 2021 that it is rare for a ward manager to work in a fully supernumerary or supervisory capacity. Just under 10% of respondents stated that their role was always supernumerary, while almost 27% said that it rarely or never was.

If the Nurse Staffing Levels (Wales) Act 2016 is to be successfully implemented, adequate resources must be assigned to ensure that the role of the ward manager can focus on these elements.

## LITERATURE REVIEW

Over the past 15 years, substantial research has been carried out across the UK into the benefits of ward managers having full supervisory status.

### Reports

Studies have consistently identified the positive benefits for staff and patients, while also identifying the negative impacts and consequences of not prioritising the role's supervisory function.

The *Nurse Leadership: Being Nice is Not Enough* (Hay Group, 2006) study noted how effective ward management has a significant impact on resource use, as well as care-related performance. It found that, where there is 'effective ward sister leadership', this results in:

- higher levels of patient satisfaction
- lower ward staff absence and staff turnover
- lower rates of medication errors.

Additionally, the report highlighted how effective support for ward managers' performance could result in significant financial savings for trusts.

The *Breaking Down Barriers* report (RCN, 2009) noted the fundamental importance of the 'ward sister' (ward manager) role to the organisation and delivery of hospital nursing, as well as to ensuring standards of nursing care on each hospital ward. However, it also found that:

- When 'ward sisters' were pressurised to look after and nurse a group of patients during every shift, it was impossible to appropriately lead, manage and supervise the ward. Despite having responsibility for the management of the ward and ward staff – on average 30 staff – many did not have adequate authority or support (whether clerical, HR, housekeeping or from their manager) to carry out their role.
- This meant that clinical nurse specialist posts were seen as a better career choice. Despite being on the same grade and having less responsibility, the post was perceived as higher status.

The report recommended that 'ward sisters' should be supervisory on every shift, so they can oversee all patient care, in addition to assuming high visibility as nurse leader for the ward. They must have the appropriate authority and support systems in place, so their time makes best use of their expertise and skills, which means it is valued and rewarded appropriately.

The *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (Francis, 2013) identified a series of lessons learned from significant failures of care, examining ways in which stronger systems could be put in place to improve standards in similar settings. In the report's recommendations on caring, compassionate and considerate nursing, it was stated that "nurse leadership should be enhanced by ensuring that ward nurse managers work in a supervisory capacity and are not office bound".

This was again stressed in the recommendations around caring for patients, which also found that "the ward manager should know about the care plans relating to every patient on their ward and should be visible and accessible to patients and staff alike." And in relation to nurse leadership, the report recommended that ward nurse managers "should make themselves visible to patients and staff alike, and be available to discuss concerns with all, including relatives."

A number of recent reports have highlighted the overall shortage of nursing staff across Wales. This has created an environment of overwork and under-resourcing that results in ward managers frequently not having sufficient time to devote to the supervisory aspects of their role.

According to *The Nursing Workforce in Wales 2020* report, there was an estimated minimum of 1,612 nurse vacancies in the country, based on data collated throughout 2018 (RCN, 2020, p. 18). This stark figure points to chronic under-staffing. The importance of having appropriately qualified staff within care settings was demonstrated by a research study conducted across nine European countries in 2014. This found that every 10% increase in the number of Bachelor's degree-educated nurses within a hospital is associated with a 7% decline in patient mortality (King's College London, 2014).

## Government Reviews and Legislation

In recognition of the importance of the ward manager role in improving patient care, both the Welsh and Scottish Governments commissioned reviews that focused on exploring ways in which the position can be supported. This was followed by the introduction of legislation on safe staffing in Scotland in 2019, part of which relates to ward managers.

In 2007, the Welsh Government established the Empowering ward sisters/charge nurses Ministerial Task and Finish Group to explore and make recommendations around supporting the role to improve the environment of care within hospitals. Its 2008 report concluded that the ward manager/ward sister should be empowered to ensure they have the authority, knowledge and skills to make decisions and improve the patient experience. It stated that "Wales will produce ward sister/charge nurses who are empowered, fit for purpose and able to improve the patients' experience" (Welsh Government, 2008).

Recent Welsh Government documentation also recognises the importance of supernumerary status for the ward manager role. While working towards the extension of the Nurse Staffing Levels (Wales) Act 2016 into other settings, there are a number of interim guiding principles with which health boards should comply. According to Principle 5, "The ward sister/charge nurse/ward manager will be supernumerary", and Principle 8 sets out that "ward sisters/charge nurses/managers should have access to administration support" (Welsh Government, 2019).

The publication of these interim guiding principles demonstrates how there is already an appetite at Welsh Government level to make each ward manager supernumerary.

There have been some positive developments in Scotland since a review of the senior charge nurse (SCNs) (ward manager) role was commissioned by the Scottish Government (Scottish Government, 2008). This identified its pivotal importance in ensuring effective ward management and high-quality patient care. The findings highlighted the need for greater standardisation of the role across NHS Scotland, stating that SCNs need to be:

- easily visible on the ward
- spend less time on administrative duties.

The Leading Better Care Framework emerged from this review and was also published in 2008.

Building on its previous work, RCN Scotland successfully lobbied to secure an amendment to the Health and Care (Staffing) (Scotland) Act (2019) safe staffing legislation, which includes as one of ten duties outlined: “Duty to ensure adequate time given to clinical leaders” (Scottish Government, 2019). Despite the review and the framework, RCN Scotland still continues to campaign for SCNs to have full supervisory status. As part of their ongoing advocacy, they are in the process of influencing the secondary guidance that supports the legislation so that the default will be full supervisory status when the Act is implemented.

## Workplace Standards

The RCN in partnership with its members has produced a set of standards to guide practice in every setting where nursing care is delivered. The first set of collective standards across the UK aim to address nursing staff shortage levels in all countries and to address the consequences of the Covid pandemic (RCN, 2021). Standard 6 states that “A registered nurse lead must receive sufficient dedicated time and resources to undertake activities to ensure the delivery of safe and effective care.” In most large organisations, this registered nurse lead will be supervisory and not rostered as part of the nursing workforce allocation.

## Surveys

A survey conducted in 2018 (Stephenson, 2018) highlighted the impact of under-resourcing on nurse line managers, with a majority of respondents stating that they struggled to find the time to provide meaningful support and advice to staff. Commissioned jointly by *Nursing Times*, UNISON and Managers in Partnership, the survey of 300 nurses and other healthcare staff – most with some form of line management responsibility – found that nurse line managers were struggling to find the time to provide meaningful support and advice to staff.

- Nearly 80% said they did not have the time to carry out their management role to their satisfaction, with staff development most likely left undone;
- 54% stated that they were always short-staffed in their team, ward or setting;
- Almost 70% said they did not have supervisory or supernumerary status, with many reporting management tasks being abandoned when short-staffed or busy.

In some cases, this translates into decisions to move out of, or become disillusioned with, roles that are seen as stressful and underappreciated. Respondents to the *Voices from the Frontline* survey (RCN, 2019) outlined a number of factors that caused significant stress within their roles. Some of the contributions are included below.

*Last year I left my job as a Band 7 ward sister due to the stress of the role and lack of respect. Decisions regarding my ward were taken out of my hands and made by managers with no medical experience but when things went wrong, I was left to carry the can. This made the job very unrewarding and stressful* – Band 6 NHS research nurse, East of England (RCN, 2019, p.4).

*I have a severe retention problem, with 70% of staff leaving in the last 30 months... I love the essence of nursing and the valuable role we have. I have not lost sight of why I came into nursing but unfortunately, I would no longer recommend it to others as it is undervalued* – Band 7 sister/charge nurse, NHS acute or urgent care setting, Northern Ireland (RCN, 2019, p.11).

Conversely, when an enabling environment is created in which good practice can thrive, practitioners noted the positive effects this has on team morale and on preserving quality care for patients. One survey respondent commented:

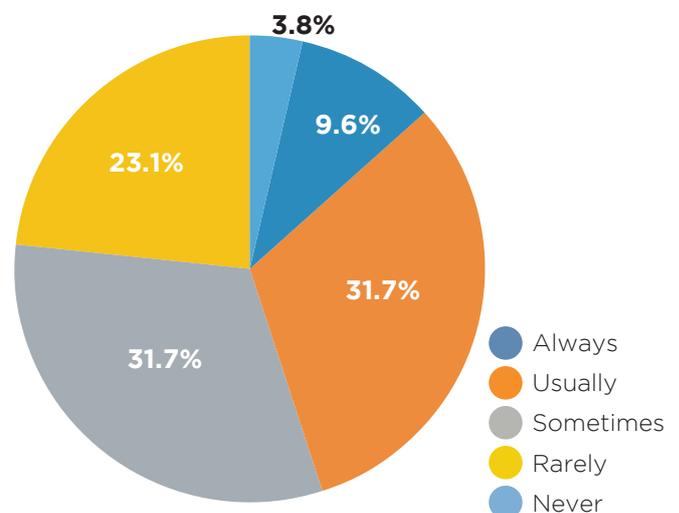
*I generally really enjoy my work. I and my senior lead nurse have created an environment where nurses have the resources to nurse as they should. The difficulties arise from demands on time, pressure for patient flow activity and discharging patients at the same time as preserving patient quality care. It's a challenge every day to sustain the levels of care we give. Somehow, we manage to do that!* – Band 7 sister/charge nurse, NHS acute and urgent care setting (RCN, 2019, p.9).

An online survey of ward managers (RCN Wales, 2021) conducted as part of the research for this policy paper identified that just under 10% of the 106 respondents stated that their role was always supernumerary. Just over 23% said their role was rarely so, while just under 4% said it never was. When asked about job satisfaction, approximately 15% said that they “rarely” or “never” enjoyed their job. The reasons for this echoed the responses of participants in the RCN 2019 survey, including:

*“I have recently retired from my ward manager’s post and it was due to stress that I made my decision. I constantly felt overwhelmed with work, lack of beds and shortages of staff. I worked in a NICU [Neuro intensive care unit] and staff sickness could be high on many occasions.”* (RCN Wales survey respondent, 2021).

*“Being short-staffed all the time means you cannot effectively ward manage, give patients the best care and time they deserve or the staff support...I became a ward manager to make a difference to patient care and staff but I feel I can't do those things on the current climate.”* (RCN Wales survey respondent, 2021).

Is your role supervisory/supernumerary?



**Key statistics**

- Safe and effective nurse staffing levels have been shown to reduce readmissions, health care associated infection rates, medication errors, falls and pressure ulcers.
- Research has shown low nurse staffing levels increased patient mortality by up to 26% compared to better staffed wards.
- Safe and effective nurse staffing levels mean better hydration and nutrition for patients and better communication with patients.

On the other hand, when the role was adequately supported and resourced, it was seen as a very fulfilling position:

*“When we did have the appropriate staff and skill mix I loved my job and felt less stressed and anxious as I was able to carry out all my duties such as audits, staff development, off duty rota, attending relevant meetings, supporting staff etc.”* (RCN Wales survey respondent, 2021).

On top of challenges that were identified pre-2020, the Covid pandemic added additional pressures to an already stretched role. Many participants in focus groups conducted as part of this project described a radical change in working practices, where they lost all supernumerary and supervisory status, becoming ‘another member of the team on the ward’. This continued throughout each peak, inevitably with negative consequences for patient care. According to one focus group participant, “as a ward manager it’s an extra burden to ‘hold it together’ for everyone else”.

## FINDINGS ON THE ROLE AND VALUE OF WARD MANAGERS

This section outlines key findings from data developed specifically for this paper and complementary film. The author – between July and September 2021 – conducted:

- Nine face-to-face interviews and two focus groups with 15 ward managers employed in a range of health care settings across Wales.
- Three face-to-face interviews with RCN Wales staff and board members.

Most of those interviewed had over 20 years of nursing experience, within a variety of health care settings.

In addition to the qualitative contributions of 21 ward managers and RCN Wales staff and RCN Wales board members, 106 ward managers took part in a survey, of which 43% have over five years’ experience in their role.

Focus group discussions were scheduled based on the findings of the literature review, before moving on to a one-to-one interview with participants who agreed to take part in the film. Participants were asked to reflect on: their overall role and its importance to patient care; the challenges they face, before and during the Covid pandemic; and how the supernumerary and supervisory dimensions of the ward manager role could be better supported.



## The duties of a ward manager

Several interviewees described the role as “very complex”, and were keen to note that they would be “ultimately responsible” for “pulling the ward together” in order to “provide the highest quality of effective patient care”. One respondent compared the role to that of a ship’s captain, who may only be visible to everyone at particular times but who is always working away in the background to manage the crew and bring the team together effectively.

*“We hold the team together – including the medical team.”*

Ward teams often comprise a range of roles, including part-time and full-time nurses, care workers, and other staff.

Ward managers are “usually responsible for approximately 30 patients and 40 staff”. It is a role viewed by most participants as a ‘24/7’ managerial role that is responsible for coordinating the daily running of the ward, with competing demands in:

- Data collection and collation, including patient feedback, to evaluate performance, share learning and improve standards
- Allocation and auditing of staff and equipment to ensure the “right staff can deliver the right care at the right time”, which would also involve HR recruitment, attendance, sickness, line management, and staff support
- Overall patient flow of the hospital, including discharges
- Clinical judgement and observations, and
- Clinical teaching, upskilling and assessment of staff and student nurses.

Respondents repeatedly referenced the leadership dimension of the role and how this is of importance: for staff and for patients and their families. One respondent discussed how, during the Covid pandemic, staff and patients faced new emotional challenges. The ward manager role was vital to provide leadership, enabling these challenges to be successfully met.

## The impact of COVID-19 on ward managers

*"I was drained beyond, working excessive hours while dealing with the worst patient outcomes."*

*"Self-care is difficult and I see the role all-consuming etc. and during Covid it changed dramatically: you fall into a cycle of work, eat, sleep and repeat."*

In all face-to-face interviews and focus groups we asked respondents how the COVID-19 pandemic impacted on their role as a ward manager. All said that it was a "challenging time" with their role being "very crucial in all of it".

However, several spoke of the fact that they were forced to be "in the numbers", particularly during the peaks, which meant it was incredibly stressful and that they were unable to provide quality care: as they were unable to provide sufficient emotional support to anxious staff nor communicate sufficiently with patients' families at a time when they needed it the most.

Many spoke of numerous, short-notice ward moves, with insufficient support from IT Estates and Telecoms, which resulted in them feeling inefficient 'chasing their tails' and not being able to print out simple papers for staff members.

Of those who remained supernumerary, they needed to provide increasing emotional support to their ward teams. The downside of this was that several felt they were unable to show their team how anxious they felt themselves, as they took their 'role model' position seriously.

Some positives did arise from Covid. During the focus group, some participants spoke about new developments:

- holding a 30-minute ward meeting each week on Zoom to touch base and plan
- sharing practice widely; during Covid one ward manager, with vast experience in nursing dementia patients, was called upon to train up Covid wards to drive up standards of care for desperately ill patients
- developing an admission checklist has halved the amount of time it takes to register a new patient, and it works well because "you have more time to work with the patient rather than fill in documentation".

## Why being supernumerary matters

All ward managers interviewed believed that their role should be supernumerary or supervisory. This was echoed by respondents to the online survey: when asked what one thing their employer or Welsh Government could do to make their role more effective, suggestions included:

- "Being fully supernumerary would allow me to provide more support to our staff and closely monitor and improve our services"
- "Supernumerary on set number of days per week"
- "More supervisory time" and
- "Stop redeploying staff to allow supernumerary status to work with and support new staff/graduates and develop existing staff".

Several reasons emerged as to why the ward manager role should be supernumerary/supervisory.

## Consistency

According to several respondents, the ward manager role plays an important function in providing consistency on the ward, as staff may include non-permanent members and be subject to frequent changes of personnel.

They often are able to offer consistency between 9am and 5pm, Monday to Friday, and if they were in the team numbers and looking after patients directly, this consistency would be adversely affected. The importance of consistency in helping to address the fears and concerns of patients, as well as their family members, was identified by respondents.

## Contributing to the patient journey

When given the time to be supernumerary, the ward manager is able to ensure “the whole system is working properly”. One ward manager said: “I have a good overview, so I know all the patients clinically and socially, and so I can do complex discharge planning and liaise with families who need more support.”

Respondents repeatedly mentioned how central the role is to high-quality patient care. One noted how they can ensure shorter hospital times, resulting in better outcomes for patients; another stated that “You are in a pivotal role and you can make all the difference to a patient’s time in hospital.” This was echoed by feedback from the online survey, which included the following suggestions for improving effectiveness: “Every medical ward should have a supernumerary patient flow/discharge planning nurse to coordinate and improve patient flow.”

Specific examples of positive outcomes that were mentioned include:

- Shorter waiting lists and better discharge processes for patients
- Life skills for patients in certain settings, to enable them to leave hospital
- Allaying any fears patients and their families may have, which were vitally important during the pandemic.

## Driving up standards

One of the key roles of a ward manager is to monitor ward and staff performance, and to ensure patient care is of a high standard. This involves reviewing patient feedback, sharing it with staff to celebrate achievements but also looking at where the ward could do better. “There are always areas for improvement” said one ward manager and that sharing this data with patients meant they too could be involved in the process of improvement.

“I always have an eye on what’s going on” said another ward manager; this does not mean they never deliver care, but can embed value and address concerns early on.

It also means that, when acuity levels are high (meaning patients need significant amounts of care), they can step in to provide extra support or when acuity levels are low release nurses and reallocate them to other wards in the hospital.

*“I can shape a service, be a clinical lead and empower staff, which means great patient care.”*

*“It’s about driving up those standards and supporting nurses. It’s about leading from the front and being visible, having time to speak to staff and patients – pre-empt those fears.”*

### Fewer incidents

When ward managers directly care for patients, it's almost impossible for them to play their full role as a leader and this leads to more incidents. Several interviewee respondents spoke of the now well-known research that adequate staffing results in a 26% drop in the mortality rate.

When ward managers play a supervisory/supernumerary role they can supervise staff properly and work with students and other nurses, which can lead to a reduction in incidents, such as pressure sores. Having a clinical lead is vital – especially if you have a junior workforce – as it means you can supervise, support and teach junior staff, and offer general on-the-job teaching that will result in fewer incidents, such as injuries, including falls, medication errors, delayed discharge, and use of restraints.

### Happier staff means happier patients

As noted by a number of respondents, there is a positive correlation between staff's job satisfaction and patient care: the happier the staff, the higher the standards within the health care environment. When the team feels nurtured and supported, then that makes a big difference, as one respondent said: "in order to support junior staff you really need to be supervisory".

*"Only an experienced ward manager could do that – a computer couldn't do that."*

### Implementing existing legislation

A pivotal role in the successful implementation of the existing Nurse Staffing Levels (Wales) Act 2016 is the ward manager role, as they use their professional judgement to determine the numbers needed to deliver the care needed in their ward.

This is the only way to get high-quality care for patients. The Nurse Staffing Levels (Wales) Act 2016 relies on evidence collated by the ward manager, and it also relies on their experience and knowledge of the skill mix within their team. For example, a newly qualified nurse together with an experienced nurse could make for a good team, but "only an experienced ward manager could do that – a computer couldn't do that."

*"If I hadn't been in a supervisory role, I couldn't have created a learning environment. I would have been too busy to share my experience and do the teaching needed."*

### Supporting career development

Staff are encouraged to take ownership of their career development, but some interview respondents felt that their experience could help identify deficits in their team's learning and the training they need: "If I had my own patients, I wouldn't be able to mentor other nurses."

*"Having the time on a daily basis for them to lean on me and be able to upskill overseas staff transitioning to the UK makes a big difference."*

### Upskilling the team

Most of those we spoke to had years of experience – 20 years and more – and were therefore able to support team members at a clinical level.

A handful spoke of the importance of their supervisory status in being able to support agency staff or student nurses recruited from overseas, who would not know some procedures: "They might not know all of the nursing tasks, like intravenous medication administration or vena puncture etc." One ward manager was of the opinion that overseas nurses would require six months of support to understand the ways of working found in NHS Wales.

Another ward manager spoke about her vast experience in pressure sore prevention, and her ability to resolve issues of this kind when they would arise in her ward, because she did not have her own patients to care for. Being supernumerary meant she had sufficient time to review documentation, take control and make sure each intervention was in place and that pressure sores would not become worse.

### Visibility

“Having a navy blue uniform on the ward makes patients feel safe” and so it is important to have a ward manager visible on the ward, so patients can identify the role of each nurse and, more importantly, who is leading the ward.

## Benefits of Becoming a Ward Manager

### Patient care

Many called the role a “privilege”. “For me it’s the small things” said one ward manager, “when the patient recognises you in the morning, when you come on duty, and they recognise the difference you’ve made to their care and the difference you make to the ward.” Another talked about the way that they can see that their “experience will directly affect the way patient care is developed on the ward”.

*“It’s a fantastic role! Helping the team to provide the best care for patients – that’s ultimately why we came into nursing.”*

### Rewarding role

Some ward managers spoke about the role being challenging and stressful: “the most challenging Band 7 job I’ve done but the most rewarding” said one. They continued: “Being a ward manager was never on my agenda; I became an advanced nurse practitioner. But it’s the role for me – I was meant to do it, because I get enough patient contact, but I can also make positive changes for my patients and monitor standards”.

*“I can see a real difference to a patient when they arrive in my ward, and by the time they leave it.”*

One nurse gave the example of how they can make a difference in everyday lives: a dying patient wanting to go home for end of life care, and this was something they could provide as they had the time to speak with the family to help support them in delivering some of the at-home care and get the patient home at the right time.

### Supporting staff and their development

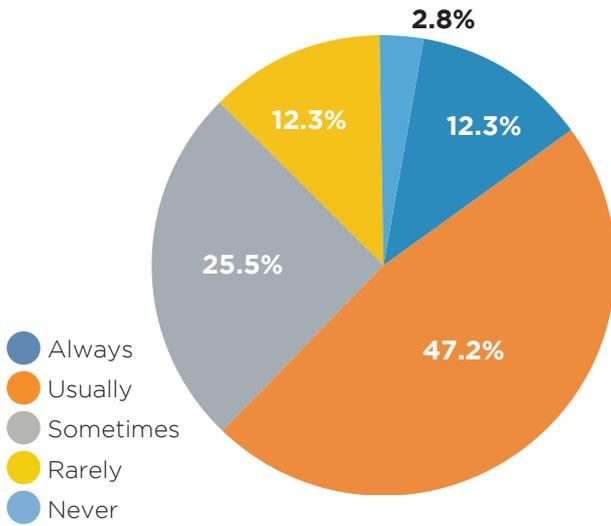
Several ward managers enjoyed receiving feedback from staff who felt they had been supported by them. They liked being able to use their own clinical skills and experience to help their staff move forward in their careers.

*“I like supporting and listening to nurses – and making sure they’re alright.”*

### Transferrable skills

Several spoke about the supernumerary role as an important vehicle for career progression. As there is no need to develop a speciality as you would need to in order to become a clinical nurse specialist, taking on a ward manager role means you have transferrable skills to work in any health care setting.

**Do you enjoy being a ward manager?**



**Supporting the Ward Manager Role**

Our findings demonstrate that many ward managers struggle with the level of work they deal with, despite almost 60% of survey respondents always or usually enjoying their role. That said, 38% of survey respondents also told us they rarely or never enjoyed their role. Ward managers believe changes in several areas would improve or support their ability to deliver their role and make the position attractive to nurses as a career move.

**Adequate staffing**

Several ward managers spoke about the need for more registered nurses – specifically – consistent and adequate staffing, so as to “allow us to provide consistent levels of care”.

When there is inadequate staffing onwards, it has a direct impact on patient experience. This, in turn, can adversely affect staff morale on the ward. As noted by one respondent: “a readily available pool of bank nurses for safe staffing would make all the difference”.

Just over 82% of respondents to the online survey stated that more registered nurses would make their role better.

This requires a recruitment drive and incentives for nurses to come back into the profession.

**Administrative support**

Several ward managers spoke about the difficulties of completing the role without administrative support: “a lot of my working week is me scanning papers. I spend a lot of time doing electronic files, like sickness reviews on staff personnel files. Administrative support would be very beneficial to me.”

Nearly 72% of respondents to the online survey said that additional admin support would make their role better. This was repeated by almost all participants – during interview and during the focus groups – with one ward manager describing some of the digital papers as “War and Peace”, with it taking “about two hours to admit a patient; they’re setting us up to fail and takes us away from clinical care”.

**Senior management support**

Overall, almost 59% of survey respondents wanted more support from senior management, and when asked specifically as to whether this was their top concern, this came out as the second highest answer. Some nurses, particularly in the focus groups, spoke about their lack of agency on the ward, complaining of a lack of authority with other staff as they couldn’t get them to attend meetings.

*“I know the lack of staff is often complained about, but the truth of the matter is when there are enough staff on duty, it doesn’t matter what comes through our doors, we deal with it professionally, swiftly and with high morale. It really does make a difference to the care we provide and at the same time allows us to provide all staff with the necessary training and updating required for our personal development without compromising patient care and will only benefit the patient in the longer term.”*

*“We don’t have a ward clerk at the moment, and those admin tasks do take me away from my ward manager role and patient care. It’s difficult to supervise nurses while also doing admin.”*

Overall, senior management were not sufficiently supportive for what they felt to be a pivotal role and that they were not being “listened to”. One ward manager said: “in order to run the ward smoothly, we need senior management to listen to us, and to what that ward needs”.

Number one support needed by ward managers RCN Wales survey 2021 1		
1	More registered nurses	41.3%
2	More support from senior nurses and management	18.3%
3	Additional administrative support	17.3%

### Training

In the online survey, almost 37% of respondents said that access to training before becoming a ward manager would make their role better. Specific suggestions on things that would improve effectiveness included: “Ensure there is dedicated training for new ward managers”; “More training”; and “Training for FOC, DATIX, ESR and health roster”.

### Good housekeeping team

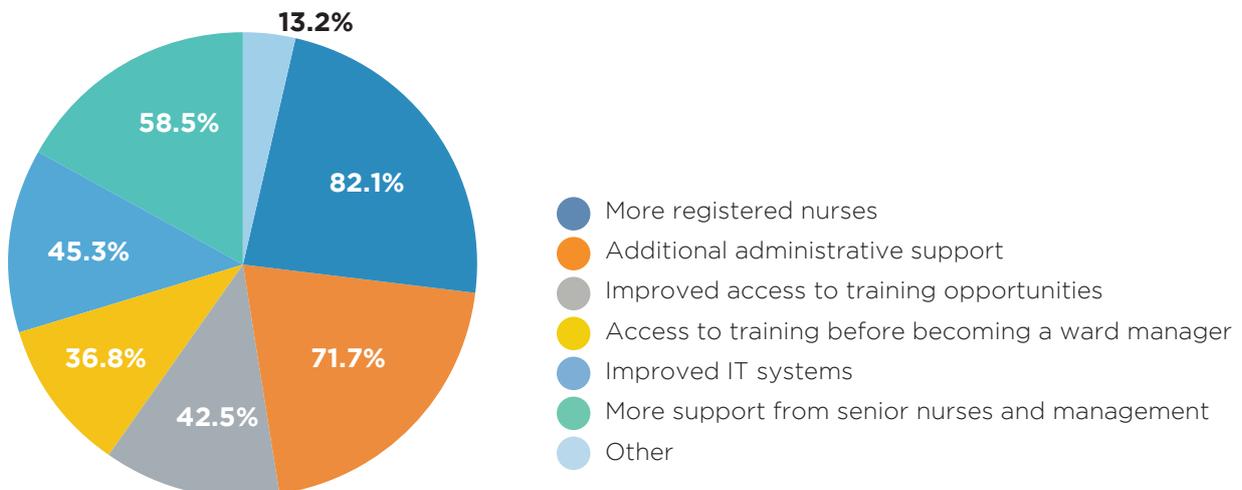
The ward managers we spoke to describe the relationship between themselves and the housekeeping team as vital in aiding recovery and improving patient flow. A strong housekeeping team that can deliver high standards of cleanliness, ensure patients are hydrated and fed correctly; can also report back if the patient isn't drinking or eating properly.

*“If you are in charge of a group of patients - the housekeeping team can report bck to the ward sister as she oversees all of the ward.”*

### Other support

Other support outlined in our data included valuing the overtime undertaken by ward managers, the need for more deputies, pay etc.

### What would make your role as a ward manager better?



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## APPENDIX

The image below depicts the ward manager and their team of staff in their different coloured uniforms; this does not include other staff such as a ward clerk, care worker, or other roles, including medical staff.





**# FORTHEFULLTEAM**  
**# FELUNTÎM**



Coleg Nyrso Brenhinol  
Cymru  
Royal College of Nursing  
Wales