

**Northern Ireland Practice and Education Council  
for  
Nursing and Midwifery**

**Review:  
Introduction of the Ward Sister/Charge Nurse  
Support Officer Role**

**Final Report**

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## **1.0 Introduction**

- 1.1 The purpose of this document is to set out the findings from the review of the introduction of the Ward Sister/Charge Nurse Support Officer Role in Health and Social Care (HSC) Trusts across Northern Ireland. These roles were created as a result of a significant financial investment by the Department of Health and Social Services and Public Safety (DHSSPS) in 2010.
- 1.2 Ward Sisters/Charge Nurses are pivotal to leading the provision of safe, effective person-centred care for patients and clients (NIPEC, 2010). In the lead up to, and during, the Leading Care Project, it was increasingly recognised that a proportion of the Ward Sister's/Charge Nurse's time was spent undertaking routine administrative tasks, that would more appropriately be completed by someone employed in a support role.
- 1.3 Previous research by the Royal College of Nursing (RCN) (2009) highlighted that a significant challenge for Ward Sisters/Charge Nurses was the limited clerical and housekeeping support, which had a detrimental effect on their ability to effectively lead and manage patient/client care and their team. Furthermore, a recent study conducted by the Health Services Management Centre, University of Birmingham, reinforced the need for administrative support for Ward Sisters/ Charge Nurses to facilitate them in their crucial task of leading and managing nursing/midwifery care at ward level (Sawbridge and Hewison 2011).
- 1.4 In response to local need and research findings, the DHSSPS made the funding allocation of £2 million to facilitate HSC Trusts to establish a Support Officer role for Ward Sisters/Charge Nurses. Each of the HSC Trusts submitted implementation plans to the Public Health Agency (PHA) providing detail on how they proposed to release at least 20% of Ward Sisters'/Charge Nurses' time, thus giving them greater opportunity to focus on improvements in quality, safety and the patient/client experience.

- 1.5 The PHA commissioned NIPEC to lead a review on the implementation of the Support Officer role in HSC Trusts, to ascertain its impact on the Ward Sister/Charge Nurse role. The Review team comprised of the Assistant Directors of Nursing (Workforce) from the five HSC Trusts (Appendix 1).

## **2.0 Review Plan**

### **2.1 Aim**

The aim of this review was to assess the impact of the Support Officer role, in releasing the Ward Sister/Charge Nurse to focus on delivering improvements in quality, safety and the patient/client experience; as a result of additional funding from the DHSSPS.

### **2.2 Objectives**

The objectives were to:

- Gather and analyse information from each of the five HSC Trusts in relation to establishment of the Support Officer role against the Trust implementation plans, using: Trust implementation plan; job description; date the post was introduced; allocation to wards and hours worked; induction process and plan for learning and development
- Undertake focus groups in each of the five Trusts to capture qualitative feedback from Ward Sisters/Charge Nurses, Line Managers and relevant others, and Support Officers, regarding the impact of the introduction of the Support Officer post on the Ward Sister/Charge Nurse role. Service user experience will be captured through feedback from focus groups
- Agree data set to facilitate the evaluation of the Ward Sister's/Charge Nurse's contribution to delivering improvements in quality, safety and the patient experience; collate and analyse data from each HSC Trust
- Share findings of review and agree recommendations with HSC Trust Executive Directors and Assistant Directors of Nursing before finalising report.

### **3.0 Project Outcomes**

3.1 This section of the report provides information on progress against the project objectives which were achieved within the agreed time frame. Focus groups were used to collect the data and all HSC Trusts submitted relevant information in regard to implementation plans, job descriptions and support processes used to implement the Support Officer role.

#### **3.2 Objective 1**

**Gather and analyse information from each of the five HSC Trusts in relation to establishment of the Support Officer role against the Trust implementation plans, using: Trust implementation plan; job description; date the post was introduced; allocation to wards and hours worked; induction process and plan for learning and development.**

#### **3.3 Funding Allocation and Introduction of the Support Officer Role in HSC Trusts**

The five HSC Trusts submitted implementation plans which provided information on how the funding allocation would be distributed along with the processes that would be used to evaluate the impact of the Support Officer role.

3.4 All implementation plans detailed a phased approach to introduce the Support Officer's role. The intended use of the phased approach was important at that time because the funding was allocated over a two-year period. The aggregated costs of the Trusts' proposed plans, however, exceeded the overall total funding allocation earmarked for this development.

In an attempt to maximise the potential impact of the funding, HSC Trusts spread the Support Officer allocation across a number of wards. This resulted in a maximum 7.5 hours per week of Support Officer input, whilst, some wards only received 3 hours per week. In order to make the most of this resource, Support Officers were allocated to wards which were located in close proximity.

3.5 It is important to note that all Trusts endeavoured to meet needs for Ward Sister/Charge Nurse support by deploying the Support Officer posts across all directorates which included hospital-based wards.

3.6 Each Trust submitted an evaluation framework detailing how they planned to evaluate the impact of the role of the Support Officer against the following indicators:

- Ward Sisters' Charter (DHSSPS, 2006)
- Get your 10 a Day - Nutritional Standards (DHSSPS, 2007)
- Seven Steps to Environmental Cleanliness (DHSSPS, 2005)
- Standards for Improving the Patient Client Experience (DHSSPS, 2008)
- Supervision (DHSSPS, 2008)
- NHS/KSF Staff Development Review/Appraisal (DH, 2004)

### 3.7 **Job descriptions**

In the development of the job description, the Ward Sisters and Charge Nurses were given the opportunity to discuss and identify the core duties they wished to be included, and these were incorporated. On the whole, the job descriptions outlined core duties and allowed room for flexibility for the role to develop and expand.

3.8 The job descriptions within each of the HSC Trusts were broadly similar and included:

- Providing a full range of administrative support, including word processing, taking minutes of meetings, photocopying, filing, sorting and processing information
- Maintaining effective systems of communication within the team, and with service users, etc
- Assisting with staff rostering and maintaining records of staff training
- Reporting faulty/broken equipment
- Health and safety compliance
- Assisting in the completion of audits
- Undertaking any other duties as directed by Ward Sister/Charge Nurse.

The job descriptions are subject to review in the light of changing circumstances.

### **3.9 Introduction of Support Officer posts**

HSC Trusts utilised different recruitment approaches and time lines to introduce the Support Officer posts. The primary reason for this as cited by HSC Trusts, was as a result of the reconfiguration of services to meet the modernisation and reform agenda. The redeployment of staff affected the recruitment approaches; however at the time of writing this report these processes have been completed.

In three HSC Trusts, resources associated with the Support Officer's role were held centrally within the budget of the Executive Director of Nursing. In the other two Trusts, the resources were devolved to the relevant service divisions; however, the Executive Director of Nursing was expected to retain professional oversight of these posts.

### **3.10 Allocation to wards and hours worked**

Allocation of Support Officers to wards varied across all of the Trusts and in the main was driven by priority of need. The hours the Support Officers worked varied, from a maximum of 7.5 hours to a minimum of 3 hours in a single ward. In one department within one Trust, the Support Officer role was divided into fifty percent clinical and fifty percent administrative duties. This resulted in 18.75 hours (2.5 days) being awarded to each of these elements.

### **3.11 Induction and personal development planning**

All of the Trusts had induction programmes for the Support Officers. These programmes varied in duration, from an introductory morning programme with follow-up sessions, to 4 days in length. Three of the Trusts had specific induction programmes for the Support Officers, whilst the remaining two Trusts facilitated the attendance of Support Officers at ongoing corporate induction programmes, alongside department induction which was facilitated at local level by a Ward Sister/Charge Nurse.

As this is a relatively new role, personal development plans are developed for each Support Officer, in line with the Knowledge and Skills Framework (DH, 2004) development review process.

### 3.12 Objective 2

**Undertake focus groups in each of the five Trusts to capture qualitative feedback from: Ward Sisters/Charge Nurses; Line Managers and relevant others, and Support Officers, regarding the impact of the introduction of the Support Officer post on the Ward Sister/Charge Nurse role. Service user experience will be captured through feedback from focus groups.**

3.13 Focus groups were held in each of the HSC Trusts to collect the relevant information (Appendix 2).

Section four sets out the emerging themes from the data collected within the focus groups.

## 4.0 Emerging themes from focus groups

### 4.1 Theme 1: Ward Sisters'/Charge Nurses' workload organisation before introduction of Support Officer's role

The majority of Ward Sisters/Charge Nurses stated that the amount of administrative tasks they are expected to undertake has increased dramatically over the past few years and stated that this has definitely impacted on their role.

Prior to the introduction of the Support Officer role, the Ward Sisters/Charge Nurses reported that they found it increasingly difficult to manage their workload and often delayed dealing with administrative tasks, e.g. off-duty and correspondence. The majority of Ward Sisters/Charge Nurses reported that, in order to have time to perform their clinical duties with patients, they worked additional hours or took paperwork home to complete their administrative tasks.

The following quotes from the Ward Sisters/Charge Nurses demonstrate this:

*'I did not get proper breaks and would have worked additional hours to catch up with my admin work'.*

*'I would have put admin work to the bottom of my list. Often I would have stayed on after my shift to catch up on tasks such as making out the off-duty and reading e-mails'.*

#### **4.2 Theme 2: Ward Sisters'/Charge Nurses' workload organisation after introduction of Support Officer's role**

Initially, when the Support Officer role was introduced, some Ward Sisters/Charge Nurses found it difficult to 'let go' of some of their administrative duties. These Ward Sisters/Charge Nurses commented that it took time to get to know, and build up a trusting relationship with the Support Officers, whilst gradually delegating appropriate tasks to them. These challenges have been resolved as the role has developed.

Line Managers commented that it was important to reinforce to the Ward Sisters/Charge Nurses the purpose of the role of the Support Officer and what this person was employed to do.

4.3 The Support Officers reported that, initially, they found their role quite 'daunting' and commented that some Ward Sisters/Charge Nurses took time to adjust to the introduction of this role within their working environment. The majority of Support Officers reported that the role was developing and expanding as the Ward Sister/Charge Nurse gained confidence in their abilities to carry out the delegated tasks.

4.4 Ward Sisters/Charge Nurses clearly stated that this role exceeded their expectations, commenting that it has made a significant difference to the management of their workload. Ward Sisters/Charge Nurses reported that they had 'caught up' in administrative work and as a result, they have more time for patient contact and are more visible on the ward. Comments from Ward Sisters/Charge Nurses included:

*'The introduction of the Support Officer's role has provided me with up to six hours each week to be out on the ward and spend time with patients and relatives.'*

*'The Support Officer on my ward had released more time for me to carry out tasks that I was behind in. I am much further ahead with facilitating supervision sessions with my staff than I was this time last year.'*

They also indicated that they are able to spend time providing support to junior staff, which previously might not always have been the case. Most of the Support Officers had some knowledge of Information Technology (IT) and were able to assist with the collation of reports, and input data into performance management systems. They were also able to suggest new ways of filing and storing information electronically. In Trusts where the new electronic rostering system was introduced, Support Officers were able to assist in making agreed changes to the off-duty, under the direction of the Ward Sister/Charge Nurse.

- 4.5 General comments from the Ward Sisters/Charge Nurses regarding the role of the Support Officer included 'peace of mind and reassurance that they knew the work was being done'; 'they eased the burden – that drowning feeling'. Most of the Ward Sisters/Charge Nurses stated that they now feel less stressed and do not take administrative work home with them. There are, however, a few who continue to do so. The Ward Sisters/Charge Nurses were clear that there would be a detrimental impact if the Support Officer role was removed, and added that a minimum of one day per week was essential to assist them with their administrative workload, although this did not adequately cover all their requirements (Recommendation 1).

They also stated that timely investment in guiding the Support Officer was essential, as it provided clarity to them in relation to their roles and responsibilities, thus enabling them to be more effective in their supportive role. Support Officers commented that those Ward Sisters/Charge Nurses who spent time teaching and

supporting them in the beginning gained more from them, in that the Support Officers knew what was expected of them and what they were meant to do. They valued the Ward Sister's/Charge Nurse's guidance in helping them become confident in the ward systems and processes and stated that their support made them feel that their role was beneficial and worthwhile.

4.6 Line Managers stated that they were receiving positive feedback from the Ward Sisters and Charge Nurses. They have observed that compliance rates have improved and that they are getting back information and reports, such as the performance management accountability reports, in a timely fashion.

#### 4.7 **Theme 3: Induction and preparation for the role**

Induction programmes for the Support Officer role was evident in all of the Trusts. The phased introduction of the Support Officer role, and the challenges previously identified with recruitment processes, were reported as resulting in delays in a number of Support Officers receiving their induction in some of the Trusts.

Ward Sisters/Charge Nurses were involved in the delivery of the induction programme in some of the Trusts.

4.8 Those Support Officers who attended induction stated that it was 'useful', in that it covered topics such as data protection, records management and confidentiality. Support Officers also commented that, even though they attended an induction programme, this was a totally new role which had not been in place before and was, therefore, evolving over time (Recommendation 2).

#### 4.9 **Theme 4: Reporting arrangements for Support Officer's role**

Reporting arrangements for the Support Officer's role were clearly identified on each job description. Feedback from the focus groups in four of the Trusts suggested the need for further clarity in relation to the reporting arrangements, particularly around planned and unplanned leave. At the time of writing this report the HSC Trusts had reported that this issue was being resolved.

#### 4.10 Theme 5: Role

Both the Ward Sisters/Charge Nurses and Support Officers described the tasks that the Support Officers carried out and reflected on the duties that the Support Officer performed. For the most part, this list matched the Trusts' job descriptions. Common duties undertaken by Support Officers are set out in Table 1.

**Table 1: Common duties undertaken by Support Officers**

Duties undertaken by Support Officers
Inputs data and maintains records for performance management accountability frameworks, staff training, off-duty, annual leave, time owing, absence
Assists in booking bank staff /agency cover
Types minutes of meetings, letters, etc.
Maintains notice boards, laminates ward posters/graphs and makes up leaflets/booklets/information packs
Reports faults to internal departments, e.g. Estates Services, and follows up
Maintains policies and procedures files
Other general administration duties, such as filing, photocopying, creating and maintaining filing systems and fielding phone calls for Ward Sister/Charge Nurse.

4.11 In the Trust employing the Support Officer in a joint clinical and administrative role, frustration was expressed at situations when, having been allocated to the administrative role, they were then asked to assist in clinical duties. The Support Officers reported, however, that they enjoyed the benefits of the dual role.

Whilst the majority of the Support Officers moved from one clinical area to another on a frequent basis, they enjoyed the variety and flexibility that it gave them. As their role developed, they enjoyed taking on more responsibilities and tasks. They were able to offer suggestions of new ways to organise and store information/records, etc., and shared these new ideas across the different clinical areas (Recommendation 3). Support Officers felt that that their role eased the burden on the Ward Sister/Charge Nurse and provided them with more time to be visible on the ward.

Other staff within the ward environment, are generally aware of the role of the Support Officer and have reported positive feedback.

- 4.12 Both Ward Sisters/Charge Nurses and Support Officers stated that patients and service users would be unaware of the Support Officer's Role, as they had indirect contact with patients. One Support Officer commented that 'the notice boards are kept up to date and refreshed and, in an indirect way, they are keeping patients, service users and the public informed'.
- 4.13 In the main, the roles of the Support Officer and Ward Clerk were clearly defined, in that each knew their roles and responsibilities, though there was the potential for overlap with the duties of the Ward Clerk, housekeeper, Human Resource Management System (HRMS) inputter and the porter. Generally, conflicts between roles appeared to be easily and quickly resolved when role clarity was provided.
- 4.14 The majority of Support Officers commented that they had no dedicated work space or computer. Whilst some of the Support Officers were based in the Sister's office, they frequently had to move out, as the Ward Sister/Charge Nurse may have needed her/his office at short notice. They found this frustrating, as often the computer in the Sister's office was the only one to which they had access. This sometimes resulted in their taking all their paperwork to the busy nurses' station, working late or returning on another day to complete the task. Support Officers in all of the Trusts had created systems and processes that enabled the Ward Sister/Charge Nurse to plan ahead and become more organised. In some of the wards, there was a shared understanding among the Ward Sisters/Charge Nurses in that, if they needed the Support Officer for an extra period of time, this was reciprocated (Recommendations 4 & 5).

**4.15 Theme 6: Support in recording achievement of performance management targets**

The Support Officers assisted Ward Sisters/Charge Nurses in the completion of administrative tasks to demonstrate achievement against Trust performance management targets. Examples of this included completion of audits under supervision, such as Malnutrition Universal Screening Tool (MUST) and Hand Hygiene audits, along with inputting information into performance management systems in a timely manner. They also enabled the Ward Sisters/Charge Nurses to plan and structure supervision and appraisals sessions for staff (Recommendation 6).

**4.16 Theme 7: Valued as a member of the team**

Ward Sisters/Charge Nurses felt strongly that it was important that the Support Officers should have a forum or network as a means of support for them. Most of the Support Officers work in a different ward each day, which inhibits them from becoming a member of one team and resulted in comments for example, about “their role as being lonely”, and feeling isolated. The majority agreed there was a need to have a support network in place, so that they could communicate with each other, sharing ideas and experiences (Recommendation 7).

4.17 Some of the Support Officers were provided with uniforms, whilst others wore their own clothes. A few Support Officers reported that other health professionals and service users would have mistaken them for nursing staff. The majority of Support Officers stated that it would be beneficial to them to have a uniform, preferably one that distinguishes them from other members of staff (Recommendation 8).

4.18 Some of the Support Officers reported that they had no identified place to store their personal belongings and would like access to locked storage facilities (Recommendation 9).

#### 4.19 **Objective 3**

Agree data set to facilitate the evaluation of the Ward Sister's/Charge Nurse's contribution to delivering improvements in quality, safety and the patient experience; collate and analyse data from each HSC Trust.

4.20 In the implementation phase, all Trusts had agreed to use the following indicators to evidence and evaluate the impact of the Support Officer role in providing an efficient and effective support service to the Ward Sister/Charge Nurse:

- Ward Sisters' Charter (DHSSPS, 2006)
- Get your 10 a day - Nutritional Standards (DHSSPS, 2007)
- Seven Steps to Environmental Cleanliness (DHSSPS, 2005)
- Standards for Improving the Patient Client Experience (DHSSPS, 2008)
- Supervision (DHSSPS, 2008)
- NHS/KSF Staff Development Review/Appraisal (DH, 2004)

4.21 Table 2 details qualitative feedback as reported by the Ward Sisters/Charge Nurses on the impact of the Support Officer in assisting them to achieve the quality enhancements associated with the identified initiatives (Recommendation 10).

**Table 2: Feedback reported from Ward Sister/ Charge Nurse on impact of Support Officer Role in regard to Key Initiatives**

<b>Key Initiatives</b>	<b>Feedback from Ward Sisters/Charge Nurse</b>
Ward Sisters' Charter (DHSSPS, 2006)	The Support Officer ensures that policies and infection control manuals are maintained and available in the ward, reports and logs faults to Estate Services and follows up.
Get your 10 a Day - Nutritional Standards (DHSSPS, 2007)	The Support Officer supports the Ward Sister/Charge Nurse to record results from clinical audits such as Malnutrition Universal Screening Tool (MUST) as well as inputs data into performance management systems in a timely manner.
Seven steps to Environmental Cleanliness (DHSSPS, 2005)	Results of Hand Hygiene and Environmental Cleanliness audits are recorded in performance management systems in a timely manner Notice boards are kept up to date and audit results are displayed.
Standards for Improving the Patient Client Experience (DHSSPS, 2008)	The Ward Sister/Charge Nurse reports that they are more visible on the ward because of the contribution the Support Officer has provided to them. This support has indirectly contributed to the achievement of the Standards for Improving the Patient Client Experience.
Supervision (DHSSPS, 2008)	The introduction of the Support Officer role has provided the Ward Sister/Charge Nurse more time to facilitate supervision sessions for staff thus assisting her to achieve her targets.
NHS/KSF Staff Development Review/Appraisal (DH, 2004)	The introduction of the Support Officer role has released time for the Ward Sister/Charge Nurse to carry out appraisals with staff in a more efficient manner thus assisting her to achieve her targets.

4.22 It is evident from this review that the Support Officer role has made a positive impact to the Ward Sister/Charge Nurse. In particular, Ward Sisters/Charge Nurses report that they are able to manage their workload more effectively and have more time to be visible in the ward. It is a challenge to provide quantitative data, which clearly demonstrates the impact this role has made. The reasons appear to include the following:

The challenge of putting in place arrangements and a focused dedicated resource to collect data across a HSC Trust

The challenge of extrapolating the effect of one factor (in this case the Support Officer role) from all other factors within ward performance, as there are competing variables that would influence the outcomes.

#### 4.23 **Objective 4**

**Share findings of review and agree recommendations with HSC Trust Executive Directors and Assistant Directors of Nursing before finalising report.**

The findings from the review were shared with the Executive Directors and Assistant Directors of Nursing. Recommendations were discussed and agreed before a draft report was submitted to the PHA.

#### 4.24 **Objective 5**

**Present a final report of the review to the Director of Nursing and Allied Health Professionals (AHPs), (PHA), for discussion with the CNO.**

A final report was presented to the PHA Acting Director of Nursing and AHPs for discussion with the Acting Chief Nursing Officer in accordance with the Project Plan schedule.

## **5.0 Conclusion and recommendations**

### **5.1 Conclusion**

The Support Officer role for Ward Sisters/Charge Nurses was introduced in an effort to reduce their administrative burden and enable them to lead the provision of safe, effective person-centred care for patients and clients. This review has presented findings which support the positive impact the Support Officer post, where it was implemented, has had on the Ward Sister/Charge Nurse role.

### **5.2 Recommendations**

Based on the findings of this review, the following recommendations are made:

1. Ward Sisters/Charge Nurses in all wards and departments should have adequate resources to support them in achieving the administrative tasks and requirements associated with their role. It is suggested that this would be in the region of one day per week (minimum) of Support Officer input per ward/department.
2. Structured induction programmes and personal development plans should be developed for each Support Officer, in line with the KSF development review process.
3. The essential criteria of the Support Officer post should include basic computer skills and knowledge.
4. The Support Officer should be located within each ward and in close proximity to the Ward Sister/Charge Nurse.
5. IT solutions to enhance and maximise the contribution of the Support Officer role should be explored through local discussions with expert IT colleagues
6. Care should be taken to maintain and retain the administrative functions undertaken within the current Support Officer's role through service changes associated with modernisation, reform or redesign.
7. Consideration should be given to the establishment of a forum/network for the Support Officers as a means of offering and providing support and guidance. This could be facilitated by a Lead Nurse and should be held on a planned basis, for example, half-yearly.

8. Support Officers should be provided with a 'regionally agreed' uniform which reflects the role of administrative support to the Ward Sister/Charge Nurse.
9. Support Officers should have access to facilities, such as an individual locker, in which to store safely personal belongings.
10. Appropriate methods of measuring the impact of the Support Officer against quality enhancements associated with the identified Key Initiatives' should be considered. The Key Initiatives are included at Table 4.

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**Membership of Review Team**

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## Appendix 2

### Summary of attendance at focus groups held in each of the HSC Trusts

The focus groups were held locally in each of the HSC Trusts and lasted approximately 2 hours. Semi-structured questions were put to the groups, encouraging wide participation and discussion. All groups were interactive and willing to feedback their views. It is noteworthy that, across the five HSC Trusts, a total of 100 staff participated in the focus groups. Further detail in this regard is set out below:-

#### Dates and numbers of participants attending focus groups re: Review of Support Officer Role in HSC Trusts

TRUST	Date	Ward Sister /Charge Nurse	Line Manager and relevant others	Support Officers	TOTAL
WHSCT	8 March 2012	4	3	5	12
SEHSCT	19 April 2012	4	2	8	14
NHSCT	9 March 2012	15	1	5	21
BHSCT	13 March 2012	9	7	18	34
SHSCT	23 March 2012	11	3	6	19
<b>TOTALS</b>		<b>43</b>	<b>16</b>	<b>42</b>	<b>100</b>



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