Relieving nurses of non-nursing duties in general and maternity hospitals : a report by the Sub-Committee of the Standing Nursing Advisory Committee.

DEPARTMENT OF HEALTH AND SOCIAL SECURITY

CENTRAL HEALTH SERVICES COUNCIL

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A report by the Sub-Committee of the Standing Nursing Advisory Committee

LONDON

HER MAJESTY'S STATIONERY OFFICE

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* Miss Eastaugh resigned from the Sub-Committee in September 1965.

CONTENTS

Sub-Committee to consider ways of relieving nurses of non-nursing duties

Principal Recommendations

The Sub-Committee unanimously agreed the following recommendations:

(1) A new non-nursing staffing pattern based on housekeeping teams should be introduced into appropriate wards to replace all grades of non-nursing staff at present employed on them.

(2) A housekeeping team should consist of a housekeeper, deputy housekeeper and housekeeping assistants. Senior housekeepers should be employed to supervise the teams in work areas equivalent to those supervised by Unit Nurse Administrators.

(3) There should be a grade of trainee housekeeper from which staff after a course of training could be promoted to Deputy Housekeeper.

(4) Schemes of in-service training should be a permanent feature of the conditions of employment of housekeeping staff and a standard syllabus of training could be drawn up by the Ministry of Health's advisers on nursing, catering and domestic management.

(5) The co-operation of schools should be sought to enable training to be provided in the final year of schooling to help prepare candidates for housekeeping posts in hospitals.

(6) Nursing auxiliaries will continue to be needed for the immediate future but their duties should be clarified so that there is no overlap with the work of housekeeping teams. Their role should be kept under review.

(7) Before hospitals are advised to adopt a particular scheme for relieving nurses of non-nursing duties the Ministry should carry out an investigation to assess the organisational, financial and staffing implications of such schemes.

CHAPTER I. INTRODUCTION

1. We were appointed by the Standing Nursing Advisory Committee in June 1965 to consider how best nursing staff could be relieved of non-nursing work in wards and departments of general and maternity hospitals. Our terms of reference and membership precluded us from considering whether the system we have recommended could be applied to psychiatric hospitals and psychiatric units of general hospitals.

2. We held our first meeting on 19th July 1965 and we have met 12 times in all.

3. Our meetings have been attended by Miss Raven, Miss White, Miss Washington, Mrs. Brash-Smith, Mr. Mason and Mr. McCarthy of the Ministry of Health: we are most grateful to the Ministry of Health's Nursing Division and to the Department's National Health Service Central O. and M. Unit for material and expertise they have provided. We are also indebted to the hospital authorities mentioned in Appendix II, who supplied us with written evidence and in particular to the two hospitals we visited in order to supplement our survey and to the representatives of the Hospital Domestic Administrators Association for their comments on the draft report.

4. It was necessary for us to define certain terms used in this Report and these definitions are set out below:

(i) non-nursing: this includes all those functions which do not require nursing skill. (It does not include managerial and personnel functions which nurses undertake in their managerial rather than professional role.)

(ii) nursing staff: qualified nurses, nurses in training for professional qualifications and nursing auxiliaries.

(iii) non-nursing staff: these staff fall into two categories:

(*a*) Whitley grades (domestic forewomen, ward orderlies, domestic assistants, ward maids);

(*b*) Other non-nursing personnel (ward aides, assistants, catering assistants, clerks, hostesses, housekeepers, receptionists, waitresses, etc.)

Category (*a*) are described in the Report as "non-nursing Whitley grades" and category (*b*) as "other" or "new non-nursing personnel". Where both categories (*a*) and (*b*) are referred to the term "non-nursing staff" is used.

5. The Report of the Salmon Committee* on Senior Nursing Staff Structure has been published and its recommendations have been accepted in principle by the Ministry of Health; we have, therefore, taken into account the Salmon Committee's proposals in formulating our own.

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* *Report of the Committee on Senior Nursing Staff Structure*, 1966, H.M.S.O.

THE SPHERE OF WORK OF THE NURSE

6. Florence Nightingale's view of nursing was that it "ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet and the proper selection and administration of diet—all at the least expense of vital power to the patient."* This concept of the trained nurse's sphere of work covering all the tasks concerned with the care of the patient changed little during the rest of the 19th century and first few decades of this century. The Matron continued to be responsible for the administration of not only the nursing services but also those of catering, domestic management, laundry and linen, usually administered through Assistant Matrons. Since the war years this pattern has shown considerable change with the inception of the National Health Service and the development of specialised management of the catering, domestic and laundry services. During the early development of these separate hotel services people came to be appointed to supervise them who were not themselves nurses though responsible to the Matron. Later the organisation of most of these services were removed altogether from the sphere of authority of the Matron, although in some hospitals the Domestic Superintendent remains responsible to the Matron rather than to the hospital administrator. In most of the larger hospitals the catering services are now a separate department but in some small hospitals, with less than 100 beds or so, this is still the responsibility of the Matron or Assistant Matron in charge. Although Matrons are generally no longer responsible for the laundry services, they often continue to remain responsible for the organisation and management of the linen service.

7. The current trend is to extend relief from these hotel services to those Matrons who are still managing some or all of these services; and at the same time to question the Matron's traditional responsibility for nursing staff residences. This trend will no doubt be accelerated by the Salmon Report which recommended that heads of nursing service should be relieved of responsibility for both hotel services and staff residences.

8. While there has been this trend towards relieving the senior nurse administrator of responsibility for services which do not require nursing skills, it has not usually eased the work of nurses at the ward level. Ward administration has become more difficult as the elements which the Ward Sister has to co-ordinate have become more complex. The ward team which once consisted of Staff Nurses, Student Nurses and Ward Maids has become more heterogeneous with the addition of further grades, both nursing—enrolled and pupil nurses, nursing auxiliaries, and non-nursing—ward orderlies, domestic assistants. Many of these only work part-time and this further complicates administration. As the administration of services in hospitals has become increasingly departmentalised, it has become more difficult for the Ward Sister to co-ordinate at ward level all the services that contribute to a patient's treatment and welfare. The Ward Sister now has to co-ordinate, for the patient's benefit, a greater number of people and services, some of which are outside her control. This concept of the Ward Sister's role as a co-ordinator of staff and services at ward level has been endorsed by the Salmon Report.

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* *Notes on Nursing: what it is and what it is not.* Florence Nightingale.

9. The development of medical science has also, inevitably, affected the work of nurses. Diagnostic procedures and treatment techniques have changed rapidly in recent years and will no doubt continue to do so in the future. These changes have increased the need for more technical nursing and enhanced the therapeutic role of the nurse.

10. At a time when the technical content of nursing has increased and when there is a particular need to use nursing skills efficiently, nurses have continued to do the non-nursing work which they have traditionally undertaken. The extent of this is illustrated by the lists in Appendix IV which show the non-nursing tasks which nurses have been observed to undertake. To an extent nurses have continued to do this work because the profession has perhaps too easily accepted it but we must quickly add that the main reason why this state of affairs has continued is that inadequate relief from this work has been provided.

DEVELOPMENT OF WAYS OF RELIEVING NURSES

11. Not enough has been done to relieve nurses at ward level of non-nursing work, but the need to provide such relief has been recognised for some time and as far back as 1948 the Ministry of Health issued guidance* to hospital authorities on the ways in which the shortage of trained nurses might be alleviated.

12. During the 1950s the need to appoint ward clerks/receptionists/aides/assistants to relieve nurses of non-nursing duties was emphasised by the Nuffield Report† and by numerous articles appearing in the nursing press. These reports have disclosed the fields in which nursing time might be saved.

13. In 1964 the report of the Platt Committee‡ proposed a new grade of Ward (or Departmental) Assistant combining the existing grades of nursing auxiliary and ward orderly; and a scheme of ancillary help to support nurses. While we agree with the aims proposed we consider that a more fundamental reform of non-nursing help is required.

14. These developments all had something in common—they increased the size of the ward team through the addition of non-nursing staff. At the same time improvements in the services provided to wards and in the administrative and clerical procedures, had given some relief to ward nursing staff. Developments such as "topping-up" systems for ward supplies, the development of Central Sterile Supply Departments, improved messenger and portering services, standardisation of records and forms, have all contributed towards the effective use of nursing skill, although the amount of time saved may not always be significant.

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* Ministry of Health, 1948, *Nursing and Domestic Staff in Hospitals*, Notes for the guidance of hospital management committees, pages 14 and 15.

† The 1953 Nuffield Provincial Hospitals Trust Report (*The Work of Nurses in Hospital Wards*) found that "the group of tasks described as technical nursing makes up approximately 17% of the total time observed". This contrasts with 22%–26% (3 surgical wards) and 19%–21% (2 medical wards) of the time of ward staff found to be spent on technical nursing by the N.H.S. Central O. & M. Unit in 1962. Although the two studies are not completely comparable, these figures suggest some increase in the technical content of nursing.

‡ The Royal College of Nursing and National Council of Nurses of the United Kingdom, 1964, *A Reform of Nursing Education*, para. 137.

THE PRESENT ARRANGEMENTS FOR RELIEVING NURSES

STAFF

15. The present position is that in addition to the usual Whitley grades (domestic forewomen, ward orderlies, domestic assistants and ward maids) hospital authorities are known to be employing in wards and departments many other non-nursing staff, with a wide variety of names and functions: aides, assistants, catering assistants, clerks, hostesses, housekeepers, receptionists, waitresses.* The precise number of these different staff is unknown but they are proliferating rapidly, thereby suggesting considerable gaps in the provision of non-nursing support.

16. The present arrangements have three main defects:

(i) it is difficult for hospitals to choose effectively between the new non-nursing staff in these categories because their titles, duties and gradings lack coherence and their performance has rarely been objectively evaluated;

(ii) non-nursing staff are scarce in some areas and when they are available they are not always used in the most economic and effective manner; no career structure has been developed for them;

(iii) they do not relieve nurses of all the non-nursing work of which they could be relieved, nor do they extend relief to a sufficient number of nurses.

17. The difficulties of hospitals in making an effective choice from among the new non-nursing staff stem from the piecemeal and unco-ordinated development of these new grades. Many are expedients arising from particular problems or crises (e.g. a new hospital to staff or a sudden shortage of nurses), rather than from an objective attempt to establish what are the proper functions of a nurse and to decide which functions a nurse can delegate to non-nursing personnel. Several ways of relieving nurses of non-nursing work that have developed have not been evaluated so that it is difficult for hospital authorities to make a proper choice in selecting, for their own circumstances, the most suitable methods. This is not to say that a single pattern of staffing for non-nursing personnel should be introduced in all hospitals; in the interests of good management it will be necessary to retain sufficient flexibility for hospitals to choose the pattern of staffing (i.e. combination of personnel) most suitable to their own needs. Nor should any new arrangements prevent controlled experiments being made in the use of new patterns of non-nurse staffing as circumstances change.

18. As regards the effective use of non-nursing staff, we consider that deficiencies in the use of existing personnel arise either because their area of work is ill-defined or because their conditions of service limit the range of work they can carry out. The effect of this is that they may be under-employed or employed on inappropriate duties; the ward clerk/aide is sometimes an example of this.†

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* A summary of the work undertaken by some of these supporting staff is at Appendix III.

† N.H.S. Central O. and M. Unit studies show that the clerical-type work (in wards of 28–30 beds) of which nurses could be relieved is, on average, about 14 hours a week. Yet ward clerks are sometimes employed full-time on these duties on a single ward. They may be given other work to do but this may not always be the most appropriate way of doing the work: e.g. these studies show that a ward clerk/aide can spend much of her time running errands, which although relieving nurses, could have been more effectively carried out by a messenger service.

19. Where hospitals have employed aides, assistants, clerks, receptionists, etc., the relief given has not always been as great as was expected because the range of their duties has been too restricted. The full-time clerical/receptionist appointments are particularly prone to this limitation. The main reason for this seems to be that hospitals do not know which are the most time-consuming non-nursing tasks* which nurses undertake and cannot therefore appoint non-nursing staff to give relief where it is most needed. Also it is often not realised that non-nursing work could be removed from nursing staff and be given to existing supporting staff, provided they were reorganised in an efficient way. Additional grades of non-nursing staff in wards only tend to add to the Ward Sister's work because she has a further unit of staff to co-ordinate. Only where ward housekeeping teams have been introduced has one of the non-nursing staff in a ward been made a supervisor, thereby reducing the number of people the Ward Sister has to manage directly.

SERVICES

20. In recent years there has been a considerable increase in the provision of centralised services to wards (ranging from C.S.S.Ds. to porter/messenger services) and a comparable improvement in the standard of service provided. These developments have undoubtedly saved nursing time which could be used for nursing and teaching; but the beneficial effects have to be kept in perspective. There are many hospitals which, perhaps because of limitations imposed by building or manpower, have few centralised services or services only of an indifferent standard. Also even where hospitals have centralised services there is evidence to suggest that the amount of nursing time saved is not as great as might have been expected.† Furthermore because the nursing time saved is fragmented over the day and between a number of people it is not collectable in the sense that reductions in nursing staff are possible.

21. In conclusion although the present general arrangements for relieving nurses of non-nursing duties have some worthwhile features, nonetheless we consider that the associated difficulties and deficiencies are such that a new scheme for relieving nurses of non-nursing work is needed. Such a scheme, however, will need to take account of a number of general considerations and of new developments in hospitals and nursing. Among these is the fact that ancillary staff are often as difficult to recruit as nurses and they will only be attracted to hospital work if there is a clear career structure. We have borne this in mind in forming our recommendations.

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* See Appendix IV.

† Material from N.H.S. Central O. and M. Unit studies indicates that in a 30-bedded ward in a general hospital, something like 26 hours a week of nursing time could be saved if all the following centralised services were introduced: central sterile supply department; prepacked dressings; instruments and syringes; porter/messenger services; centralised imprest linen service; "topping-up" services for stationery, hardware and crockery, cleaning and pharmaceutical supplies.

CHAPTER III. GENERAL CONSIDERATIONS AFFECTING PROPOSALS FOR THE FUTURE

HOSPITAL ORGANISATION

22. The 1962 Hospital Plan for England and Wales indicated considerable changes in the character of the typical hospital, with its proposal that the hospital pattern of the future should be based on the concept of the district general hospital—normally of 600–800 beds and located near the centre of population it is to serve. This pattern of development has now been endorsed in the 1966 Revision of the Plan:*

> "It is still planned to base the hospital service of the future on a network of district general hospitals providing a wide range of treatment and diagnostic facilities for in-patients and out-patients, and including units for active psychiatric and geriatric treatment."

The policy of district general hospitals points to the closure of hospitals not conforming to this pattern. But, as the Revision of the Hospital Plan† recognises "because of the greater increase of population now expected, it is probable that the closure of many such hospitals will be delayed longer than had been foreshadowed since they will need to be retained in use, though perhaps for different purposes". Thus, for the immediate future a large number of smaller hospitals will continue in use, providing a more restricted range of services and having less scope to effect improvements. Since at present 75% of the non-teaching hospitals in England and Wales have 200 or less beds, it will be seen that for some time there will be a great variety in our hospital pattern.

23. Ward nursing staff in the newer hospitals should benefit from the wider range of centralised services which will usually be available. Also in planning new hospitals the opportunity will often have been taken to reappraise ward work and to introduce more efficient methods for carrying out the non-nursing work. Furthermore, in new hospitals the grouping of wards in floors or units may facilitate the organisation of non-nursing support on a basis wider than a ward, with the economies of scale this implies. An example of this might be in respect of clerical work which might be organised for a group of wards close together in such a way as to overcome the difficulties of wards sharing clerks and so justify the employment of a ward clerk, where on the basis of individual wards such an appointment would not be justified. In the older hospitals, however, it will often be difficult to maximise the use of supporting staff in the same way as in the new large hospitals. Moreover, in these hospitals nurses are less likely to benefit to the same extent as in newer hospitals from centralised services and improved methods. Nurses in these smaller, older hospitals should not be denied relief from non-nursing work, but it will probably be necessary to accept a less economic use of supporting staff.

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* *The Hospital Building Programme—A Revision of the Hospital Plan for England and Wales*, 1966 (Cmnd. 3000), paragraph 13.

† Ministry of Health statistics collected at the end of 1963 show that 1920 (nearly 80%) of the 2,399 non-teaching hospitals in England and Wales had 200 beds or less, and of these, 960 (about 40% of all hospitals) had only 50 beds. The position has not changed radically in the intervening three years.

ORGANISATION OF NURSING CARE

24. The main factors affecting the pattern of nurse staffing in wards in acute hospitals are: the number of beds; dependency of patients; turn-over interval and bed occupancy; size of the ward; availability of staff; and the number of nurses in training compared to qualified staff. Thus any scheme for relieving nurses of non-nursing work will have to be flexible enough to take account of the different ward staffing patterns resulting from any combination of these factors.

25. One development which is likely to change the traditional organisation of nursing care is progressive patient care,* whereby patients are grouped according to the degree of illness and dependency on the nurse rather than by type of illness. This pattern of care has been used for many years in the limited sense that the degree of nursing care, including the positioning of the bed for ease of surveillance, has been adjusted to the needs of a patient's condition. The principle has also been successfully applied in the ward housekeeping system used at Greenwich District Hospital (Miller Wing) where patients' illnesses are classified, within their wards, to facilitate the allocation of care between nursing and housekeeping staff. A further development is the transfer of patients largely able to care for themselves from general wards to self-care units within the hospital or to small satellite hospitals providing pre-convalescent care. With the development of these new patterns of care, non-nursing staff can play a greater part, under nursing supervision, in the care of patients.

NURSING DEVELOPMENTS

26. The Salmon Report makes far-reaching proposals for relieving senior nursing staff of non-nursing work and has considerable implications for our own enquiry. These proposals, however, relate mainly to administrative nursing staff above the grade of Ward Sister and we see our own proposals as largely complementing theirs. But particularly relevant to our own enquiry is their suggestion that a Ward Sister can be assisted in concentrating on her proper functions in nursing (i) by being given relief from some tasks, especially non-nursing work; (ii) by having lines of control and communication clarified; and (iii) by receiving the support of an effective middle management. As regards (i) we agree entirely with the analysis in paragraph 4.22 of the Salmon Report that the ways in which Ward Sisters can be relieved of these tasks are:

"(*a*) by supplying her with services;

(*b*) by saving her time through improved methods;

(*c*) by providing lay assistance under her direction."

We have therefore taken this as a starting point in formulating proposals for the future. On (ii) and (iii) we are sure that the Salmon Committee's proposals for line management and their new grading structure will do much to ease the work of Ward Sisters. It will be necessary to integrate our proposals with those made by the Salmon Committee for relieving nurses of non-nursing work; and, more generally to assimilate them into the completely new concept of nursing administration recommended by the Salmon Committee.

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* "Progressive patient care" *Ministry of Health and P.H.L.S. Monthly Bulletin*, 1962, 21, 218.

27. At present there is little precise information on the derivation of the variety of staffing patterns in wards, i.e. how the numbers of nursing staff in a ward are related to the characteristics of the ward and its patients. This situation may be changed by nursing studies such as those on the development of nursing in acute hospitals and on nurse staffing in new wards in acute hospitals;* these could result in a greater understanding of the patterns of nurse staffing and perhaps a rationalisation of these patterns. The better use of nursing staff might also develop from the recently announced research project on the development of techniques to assess nursing care.† We consider therefore that any scheme for relieving nurses of non-nursing work devised in the current situation may well have to be modified to take account of the results of such nursing studies.

CHAPTER IV. PROPOSALS FOR RELIEVING NURSES OF NON-NURSING WORK

NON-NURSING WORK

28. We have collected timed information on the tasks ward nursing staff have been observed to carry out. Using this information we have attempted to define those tasks which should not be undertaken by nursing staff because nursing skill is not essential to their performance. Our conclusions are set out in Appendix IV which lists the tasks of which nursing staff could generally be relieved by non-nursing staff or centralised and other services. The main purpose of this list is to focus attention on precise areas of work not requiring nursing skill but which at present are normally carried out by ward nursing staff in general and maternity hospitals. The list is not intended to be comprehensive for it would be impossible to prepare lists which would take account of the different circumstances of all the general and maternity hospitals in England and Wales.

29. We realise that there is unlikely to be a unanimous view within the profession on those tasks which require nursing skill, and those which can be delegated to non-nursing staff. This is not a reason however for not attempting to distinguish non-nursing from nursing tasks. We hope that the material in Appendix IV will be used by hospital and nurse administrators in establishing more clearly the areas of nursing and non-nursing work within the wards and departments of their own hospitals. We accept that there is nothing final about the list in Appendix IV which will need to be modified in the light of changes in hospital and nursing organisation and in patterns of patient care.

30. Timings made by the National Health Service Central Organisation and Methods Unit show that in a thirty-bedded ward in a general hospital, if nursing staff were undertaking all the tasks listed in Appendix IV, these tasks would occupy on average nearly 100 hours of their time each week: or expressed another way, the equivalent of more than two whole-time members of the ward nursing staff. There is thus considerable scope here for better use of nursing resources.

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* References B/22/4 and B/22/5 in the "List of Hospital Studies" compiled by the Ministry of Health (H.M.(66)65).

† A series of research studies to be undertaken by the Royal College of Nursing at the invitation of the Ministry of Health and expected to extend over about six years.

CENTRALISED SERVICES

31. While there are limitations to the amount of nursing time that can be saved by introducing centralised services (see paragraph 20), they can help to save nursing time at ward level. To put in perspective the amount of time that can be saved, we include at Appendix I a summary of information provided by the National Health Service Central Organisation and Methods Unit showing the effect of the introduction of certain centralised services on the time of ward staff.

32. Nevertheless we consider that centralised services can provide worthwhile savings of nursing time and should be introduced wherever possible. These services are:

(i) central sterile supply departments;

(ii) an efficient porter/messenger service to wards and departments;

(iii) central linen service;

(iv) imprest (or "topping-up") arrangements for the supply to wards and departments of hardware, crockery, stationery, cleaning materials, dressings and some pharmaceutical items;

(v) disposables;

(vi) planned preventive maintenance of buildings and equipment.

33. Appendix I gives the results that can be expected from items (i)–(v); planned preventive maintenance is described in H.M.(65)28 and Technical Memorandum No. 12.

34. We accept that factors, such as cost, space, availability of staff and finance must be borne in mind when considering the introduction of centralised services and we recognise that in some hospitals it will not be possible to provide all these services in the short-term; but any hospitals without a central linen service, or a porter/messenger service or "topping-up" arrangements for ward and departmental supplies, should provide these services without delay.

IMPROVED ORGANISATION AND METHODS

35. We agree with the comments of the Salmon Committee at 4.25 of the Report on the importance of efficient clerical procedures. The use of improved methods and procedures by nurses and others could save nursing time. Standardisation of records, the avoidance of copying the details of patients on a variety of records, card index systems, efficient admission and discharge procedures could all make worthwhile contributions to the saving of nursing time.

36. Hospital staff of all kinds should be more critical of their procedures and methods and the assistance of work study staff should be sought where necessary. Senior nursing staff should be prepared to criticise procedures and methods which waste nursing time and to encourage their staff to make suggestions for improvement. The establishment of suggestions schemes for staff (not just nurses) in individual or groups of hospitals might pay dividends.

37. To remedy the many defects we have discussed earlier we recommend that a new non-nurse staffing pattern be introduced in wards, based on the concept of a ward housekeeping team working closely with the nursing and catering services.

38. We have considered whether as an alternative to the housekeeping team there might be special ancillary services from which staff could be seconded to wards to relieve nurses of specific non-nursing jobs: e.g. food service by catering staff, clerical assistance for Ward Sisters, cleaning services, but we have rejected this proposal in favour of appointing housekeeping teams, for the following reasons:

(i) there could be tasks which did not fall to any of the special ancillary services and which would continue to be carried out by nurses;

(ii) the staff providing food and clerical services would have to work on two or three or even more wards for the service to be viable; but many wards would require particular non-nursing work to be done at the same time each day (this is particularly true of some clerical work) and the non-nursing staff would be responsible to more than one person. It would be difficult for wards to share staff, except in the case of new hospitals (see paragraph 23) and uneconomic for each ward to have their own specialist staff;

(iii) the Ward Sister's job would be made more difficult by having more staff to supervise.

39. In our view the appointment of housekeeping teams covering a broad range of duties is the only way of effectively relieving ward nursing staff of non-nursing duties without making greater demands on the Ward Sister.

40. A possible staffing structure for the housekeeping grade might be:

senior housekeeper:	a senior grade responsible for a work area equivalent to that of a Unit Nurse Administrator and organising housekeeping services as an entity for that unit;
housekeeper:	the grade in charge of the housekeeping services in a ward (i.e. one with a workload normally associated with a 30-bedded ward in a general hospital);
deputy housekeeper:	the grade deputising for the housekeeper over the whole range of her duties and taking charge of the housekeeping services in the absence of the housekeeper;
housekeeping assistant:	the basic grade in the housekeeping team.

41. We consider there should be a grade of trainee housekeeper into which staff, particularly younger persons, could be recruited and, after a course of training, be promoted to deputy housekeeper. Training courses should be arranged by those hospital authorities or groups of hospital authorities who recruit trainee housekeepers direct from school.

42. Schemes of in-service training must be a permanent feature of the conditions of employment of housekeeping staff to enable the maximum benefit to be obtained from the new staffing structure and techniques to be employed. We consider that there should be a standard syllabus for the training of housekeeping staff which could be drawn up by the Ministry of Health's advisers on nursing, catering and domestic management. It will be particularly important to train housekeeping staff in the service of food to patients and we consider that Catering Officers should provide this instruction. Facilities should be provided within the hospital to enable some training to take place away from the job.

43. The co-operation of education authorities should be sought to enable training in schools to be provided during the final year of schooling which would help to prepare candidates for housekeeping posts in hospitals. Where trainee housekeepers are recruited direct from school the course of training should provide for day release on one or two days a week to the local College of Further Education. For more senior grades we hope that Technical Colleges will institute suitable courses. A staffing structure such as we envisage, which provides for advancement, should be an aid to recruitment.

44. The housekeeping grades should replace all the grades of non-nursing staff now employed in wards. After receiving the appropriate training, domestic forewomen and ward orderlies of the right calibre could become housekeepers and domestic assistants could become housekeeping assistants. This, together with other aspects of the remuneration and conditions of service for the new grades is a matter for the Ancillary Staffs Whitley Council. Members of the housekeeping team must be provided with an attractive, serviceable uniform of good design which should be clearly distinguishable from nurses uniform. Adequate office accommodation should be provided for the senior housekeeper.

45. When the decision to introduce housekeeping teams into a hospital has been taken by the hospital authority it will be necessary for the hospital administrator together with the senior nursing staff to discuss with the domestic administrator and catering officer such matters as recruitment, descipline, welfare, work specification and training to ensure that the assistance that nursing staff require from housekeeping teams is fully understood and that the respective spheres of responsibility of all concerned are clearly established. Housekeeping teams would generally be seconded* and not transferred to the sphere of authority of the Ward Sister and it will therefore be necessary to have discussions with Ward Sisters to ensure that the concept of secondment is fully understood. Ward Sisters for their part will wish to have workers who will take their places as members of the ward team and on whom they can rely for loyal service. It would probably be helpful in establishing the right relationship between the Ward Sister and the housekeeper at the outset if the Ward Sister could play a part in the selection of the housekeeper who was to lead the team on her ward.

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* The principle of secondment is explained fully in Appendix 8 of the *Report of the Committee on Senior Nursing Staff Structure* (Salmon Report). We consider that this principle can be applied to the position of the housekeeping teams.

46. While nursing staff must always remain responsible for the total care of their patients, the patients may be classified according to their day to day need for nursing care and such classification helps in the efficient use of nursing and non-nursing time. Accordingly we would suggest that with the introduction of ward housekeeping teams Ward Sisters should attempt to classify their patients in terms of their dependence on nursing care.* Three categories should suffice:

(i) patients who should be attended only by nursing staff;

(ii) patients who need a high degree of nursing care but can also be attended by housekeeping staff;

(iii) patients who still need some nursing care and observation but whose general needs can be met by housekeeping staff.

The numerical strength of a housekeeping team would depend on the relative amounts of nursing and hotel services required by patients who are being nursed on this system.

47. There are some hospitals where the cleaning both of patient and other areas of the hospitals is undertaken by an outside contractor. Where these arrangements are used we consider that the complement of housekeeping staff could easily be adjusted to take account of the cleaning work of which they will be relieved by the contractor's staff.

NON-NURSING STAFF OUTSIDE GENERAL WARDS

48. Because the necessary information is not available we have been unable to define precisely the non-nursing tasks which nurses and midwives should not undertake in maternity hospitals, but we consider that most of the tasks identified in Appendix IV are carried out in maternity wards. If, as seems possible, nursing and midwifery staff are now undertaking this non-nursing work, it will be necessary to provide them with adequate relief from this work. We propose therefore that the system of housekeeping teams we have recommended should be applied in maternity wards.

49. The duties of nurses in out-patient departments have already been considered by a Sub-Committee of the Standing Nursing Advisory Committee and their report was commended to hospital authorities in 1965.† This report concluded that "too much nursing time is being wasted on duties such as chaperoning or escorting patients, which could be carried out by unqualified staff who have some in-service training"; and saw advantage "in the more effective use of unqualified staff in consulting rooms". It recommended the use of receptionists, clinic assistants,‡ clerks and voluntary workers to relieve nurses of non-nursing work. As there is little housekeeping work in out-patients' departments we consider that it would be more appropriate to continue with the existing non-nursing personnel in these departments rather than change over to the housekeeping teams we have suggested for wards.

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* In making these classifications account will of course have to be taken of the availability of intensive therapy and self-care units.

† H.M.(65)70.

‡ H.M.(65)70 suggested that this name be changed to "out-patient assistant" to avoid confusion with the title "clinical assistant".

50. The employment of nurses in operating departments is being considered by a Committee of the Central Health Services Council. Although nurses in operating theatres are doing non-nursing work, it is doubtful whether housekeeping teams are the most suitable way of relieving nurses of this work. In any case changes in the present arrangements would need to await the Committee's report.

51. The only other departments employing a large number of nurses are accident and emergency departments. Since little information is available on the work of nurses in these departments, we confine ourselves to suggesting that, wherever practicable, ad hoc arrangements should be made to relieve nurses in these departments of as much non-nursing work as possible.

SOME IMPLICATIONS OF HOUSEKEEPING TEAMS

52. We have suggested in paragraph 44 that the new housekeeping teams should replace all existing non-nursing staff in wards. We hope that the position of ancillary grades in non-patient areas will also be taken into account if and when the grading of housekeeping staff is considered. This should make it possible to devise an attractive career structure for all ancillary staff.

53. We do not contemplate that the advent of housekeeping teams will mean that nursing auxiliaries will no longer be needed but we hope that their duties will be clarified so that there is no overlap with the housekeeping teams. In the long term we recognise that as the number of enrolled and pupil nurses increases and if housekeeping teams become established, the composition of ward teams will change and less reliance will need to be placed on the services of nursing auxiliaries. Their role should therefore be kept under review. For the immediate future they will still be required to assist nurses in tasks directly concerned with the physical care of patients, for which they should receive appropriate in-service training.

54. The introduction of housekeeping teams will not lessen the need for volunteer help in wards and departments. The community seems willing and anxious to give service in hospitals and there are many tasks in wards and departments which voluntary helpers could undertake such as distributing meals, making empty beds, arranging flowers, talking to and writing letters for patients. In some of the larger hospitals the employment of a paid organiser may be necessary to secure the regular and reliable use and deployment of volunteers.

IMPLEMENTATION OF OUR PROPOSALS

55. Costs must be taken into account but we consider that to a large extent our proposals involve making better use of existing resources rather than calling for new resources. The introduction of housekeeping teams may involve some additional expenditure, but when examining the financial implications of our proposals, a number of considerations need to be borne in mind:

(i) Even without the introduction of housekeeping teams, uncontrolled growth in the number of ward clerks, aides, etc. would result in increased expenditure on non-nursing staff in the future.

(ii) It will probably be necessary to accept in the future a greater expenditure than at present on the training and supervision of ancillary staff in order to improve efficiency.

(iii) Properly trained housekeeping teams should lead to greater efficiency and should result in savings, particularly in respect of food service, while some of the centralised services we have recommended can save money as well as nursing time.

56. We realise that at present it is difficult to estimate the financial implications of introducing housekeeping teams because of the lack of information on non-nursing staff now employed in wards. The only precise material on the staffing consequences of using housekeeping staff that we have been able to obtain is a study on their use in a ward at the Miller Hospital, Greenwich.* This study found that in a 30-bedded ward (Nightingale type) when housekeeping teams were introduced the number of ancillary staff increased by two whole-time and one part-time, while the number of nursing staff required dropped by two whole-time—usually student nurses or nursing auxiliaries. However, when the housekeeping staff were introduced into eight wards instead of the initial two, economies of scale resulted and, on average, two members of each ward's nursing staff were replaced by two ancillary staff (one of whom was the ward housekeeper). These findings suggest that housekeeping teams may not in the long term require any substantial increase in the total numbers of staff, but a substitution of ancillary staff for nurses. The Greenwich experience suggests that when housekeeping staff are employed throughout a hospital economies in the use of ancillary staff can result which can offset any extra wage costs.

57. We have studied the effects of introducing housekeeping teams into two hospitals and we know of a number of hospitals where similar schemes are in operation. We appreciate that the results of these need to be studied before hospitals are advised to adopt a particular scheme for relieving nurses of non-nursing duties and we suggest that the Ministry should carry out an investigation to assess the organisational, financial and staffing implications of introducing such schemes.

58. We are confident that our proposals will provide a more flexible and more effective solution to the problem of relieving nurses of non-nursing work than the present arrangements. This will result in improved overall patient care and will conserve nursing skills for those patients who really need them. Their implementation will call for careful and detailed planning from all concerned and for help and encouragement from Hospital Management Committees, Regional Hospital Boards and the Ministry in order that the maximum benefit may be derived from them.

* A report of a study of the housekeeping system at the Miller Wing of the Greenwich District Hospital, carried out by the work study team of the Oxford Regional Hospital Board in 1966.

CHAPTER V. SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

Paragraph(s)

59. (i) To remedy the many defects in the present arrangements the Committee recommends that a new non-nursing staffing pattern based on housekeeping teams be introduced into wards to replace all grades of non-nursing staff now employed on wards. 37–39

(ii) Nurses still continue to carry out a wide range of duties that do not require nursing skill. 10

(iii) A number of methods such as the extension of centralised services and the appointment of a variety of non-Whitley grades of ward staff have been adopted to relieve nurses of non-nursing duties but a more fundamental approach is required. 11–14

(iv) The present arrangements have three main defects, the titles, duties and gradings of non-nursing staff lack coherence, non-nursing staff are scarce and are not used economically, they do not relieve nurses of all the duties that they could. 16–21

(v) In new large hospitals it will be economic to provide a wide range of centralised services and more specialised non-nursing staff, but it will probably be necessary to accept a less economic use of supporting staff in older smaller hospitals. 23

(vi) The number of beds, dependency of patients, turnover interval and bed occupancy and the organisation of nursing work on the wards are the main factors affecting nurse staffing. The introduction of Progressive Patient Care and similar developments will affect the composition of ward teams. 24–35

(vii) The Committee's proposals need to be integrated with those of the Salmon Committee on relieving senior nursing staff of non-nursing work. Nursing studies now in progress may produce more precise information on patterns of ward staffing which is at present lacking. 26–27

(viii) Lists of duties of which nurses can be relieved are produced at Appendix IV. 29–30

(ix) The Committee recommends the introduction of centralised services. 31–34

(x) Improved methods and procedures for ward work should be sought using work study staff where appropriate. Suggestions schemes for staff should be considered. 35–36

Paragraph(s)

(xi) A staffing structure defining the line of responsibility and training arrangements for the housekeeping grade are suggested and details of the manner in which it is envisaged the new grade would be organised are given. 40–45

(xii) It is suggested that with the introduction of housekeeping teams, Ward Sisters should attempt to classify their patients into three categories according to the degree of their nursing dependency. 46

(xiii) The Committee recommend that the proposed system of housekeeping teams be introduced into maternity wards. 48

(xiv) It is not considered that housekeeping teams are the most appropriate way of relieving nurses of non-nursing duties in out-patients, accident and operating departments. 49–51

(xv) The Committee expect that nursing auxiliaries will continue to be required in the immediate future but suggest that their duties should be clarified. 53

(xvi) The Committee cannot estimate the financial implications of their proposals and they recommend that the Ministry should carry out an investigation into the organisational, financial and staffing implications of relieving nurses of non-nursing duties before the introduction of housekeeping teams. 55–57

APPENDIX I

Effect of introducing centralised services on the time of ward staff derived from studies carried out by the N.H.S. Central O. and M. Unit

A. Central Sterile Supplies

1. An O. and M. study made in a small general hospital, with mainly general medical and surgical beds, of the effect on nursing staff time of replacing ward sterilising arrangements for certain items with central sterilising arrangements, produced the following results. These may be taken as a general guide to the impact of such changes as the size of hospital does not materially affect timings related to size of ward.

2. *Before the changes.* Ward boilers were being used to sterilise instruments, syringes used for injections and receivers, and the hospital's own autoclave was being used to sterilise dressings and syringes used for taking specimens. The arrangements as regards dressings required nurses to cut strips from rolls of gauze, etc. and to make small wool swabs from rolls of cotton wool, to pack these into drums and send them for autoclaving.

3. *After the changes.* All dressings requirements were ready made, including swabs but, as a complete C.S.S.D. service was not available, nurses made up individual dressings packs (instruments being included or made up separately as appropriate) and sent them to another hospital in the group for autoclaving. Surgical instruments, needles and syringes were sent for sterilising in the same way, syringes being first washed at the ward sink, dried, lubricated, reassembled and packed in containers. Also the procedures for preparing treatment trolleys were simplified considerably and the cleaning of ward boilers was obviated.

4. *Overall* the *net saving* in nursing staff time attributable to the removal of ward sterilising and the introduction of prepacking procedures was estimated to be equivalent to approximately *7 hours per week for 30 occupied beds*, representing a reduction of one-third in the time previously spent on the procedures. No decrease in staff numbers would be likely although the time saved would be available for other work.

5. It was estimated that a further saving in nursing staff time equivalent to about *6 hours per week per 30 occupied beds* would have been achieved by supplying prepacked dressings, instruments and syringes to the wards.

B. Disposable Hospital Products

1. Timings made by the N.H.S. Central O. and M. Unit of the effect of the large scale introduction of disposable products, on an experimental basis, at a London hospital showed that the saving in nursing time amounted to about *10 hours per week per ward on average*: mainly due to the elimination, in some cases, of cleaning and sterilising processes. Examples of items resulting in savings in time are surgeons' gloves; syringes; dressing packs; appliances (e.g. catheters, etc.); bedpans and urinals.

2. The conclusion was reached that because the savings in time for individual items were small and also piecemeal, it would not be possible to reduce numbers of nursing staff but the time would be freed for other work. On the other hand (apart from other considerations affecting their use) disposable goods as a whole were found to be much more expensive than their re-usable counterparts.

C. Porter/Messenger Services

1. An efficient porter/messenger service should reduce the need for nurses to undertake errands to no more than *1 per occupied bed per week* (e.g. not more than 30 errands per week shared among all nursing staff in a 30-bedded ward). An average of over three times this number for hospitals without organised messenger services has been found for all hospitals studied. Because local situations vary it is not possible to quote a hard and fast estimate of the average time that is likely to be savable. If a figure "x" is assumed as the average lost time of a nurse absent from a ward on a journey which could have been undertaken by a messenger then as a rough estimate 60 such journeys (60x) will represent the nursing time saved by an efficient porter/messenger service or at 10 minutes per journey, 10 hours per week.

2. A few errands or messages may be so urgent that they cannot await the next porter/messenger round but these are the minority. There are occasions when it is desirable for nursing staff to undertake such a commission, e.g. accompanying a patient to another location for medical reasons. Provision for these latter journeys cannot be made centrally.

D. Central Linen Service

1. A centrally organised "topping-up" of imprest linen service to wards can obviate the need for indenting for supplies and, on receipt, for checking and putting away the linen. This work is more usually performed by domestics, orderlies or other ward assistants but nursing staff time is sometimes involved. In five wards studied this avoidable work amounted on average to about *2–3 hours per week.*

E. "Topping-up" Services

1. "Topping-up" services for items such as cleaning materials, stationery, and hardware and crockery would obviate the need for ward staff to write order forms, but the time saved, since such items are normally indented for not more frequently than weekly or monthly, would amount in total to *less than ½ hour per week.*

2. A similar service for pharmaceutical supplies would *probably have a negligible effect* on nursing staff time. Not all items could be dealt with in this way and there would still be ad hoc items to requisition. Such a service would therefore result in the daily ward requisition being shortened to the extent of items replenished.

F. Washing Up

1. O. and M. studies have shown that about 25% of the time spent on domestic work in wards is attributable to washing up crockery, cutlery, etc. and also that all such items used in a day by 10 patients can be washed up in about 41 minutes. Thus in a ward of 30 occupied beds the time required would be about two hours per day or about *14 hours per week.* If this work were done centrally the saving at ward level would usually be in the time of domestics and orderlies because nurses should not be carrying out such duties.

APPENDIX II

Evidence

Written evidence was received from the following hospitals:

Bolton District General Hospital
Bristol Royal Hospital
Burton-on-Trent Hospital
*Greenwich District Hospital
*Princess Alexandra Hospital, Harlow
Radcliffe Infirmary
Victoria Hospital, Blackpool
West Cumberland Hospital
Whittington Hospital, North London

APPENDIX III

Work of certain non-nursing staff

We have prepared summaries of the work which non-Whitley Council grades of non-nursing staff are undertaking in particular hospitals. These summaries are not comprehensive and only relate to individual hospitals. However, they do give an indication of the range of work undertaken by these types of staff.

Ward Hostesses

1. Service of all meals (with nurses feeding ill patients).
2. Answering the telephone in the first instance.
3. Accompanying patients, with a porter, to departments such as X-ray, physiotherapy and occupational therapy.
4. Looking after relatives of dangerously ill patients and arranging their meals and over-night accommodation.
5. Looking after self-care category of patient—making their beds, giving out their washing-bowls, etc.
6. Flower arrangements.
7. Reporting maintenance and domestic repairs.
8. Handing out National Insurance certificates.
9. Recording daily bed numbers and sending to Records Department.
10. Handing out daily post.
11. Liaising with hospital chaplains—keeping them informed of new admissions, submitting Communion lists; and taking ambulant patients to services.
12. Introducing new patients to the geography of the ward and other patients, after their admission by the Ward Sister or her deputy.

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* Visits were also made to these hospitals.

Ward Housekeepers

Hospital A

1. Supervising and training domestic staff.
2. Requisitioning supplies for the ward.
3. Requesting repairs and maintenance.
4. Supervising the cleaning arrangements for floors, furniture and equipment.
5. Cleaning beds and lockers on discharge of patients, making up clean beds and making all empty beds.
6. Serving all meals (with nursing staff collecting those for patients unable to help themselves).
7. Acting as receptionist for visitors to wards.

Hospital B

1. Allocating duties to and supervising domestic staff.
2. Arranging transport and future appointments for patients to be discharged in the light of information provided by the Ward Sister.
3. Re-grouping patients within the ward according to the categories determined by the Ward Sister.
4. Making daily round of kitchen and ancillary rooms.
5. Checking for fused bulbs and any repairs.
6. Ensuring that the linen cupboard is replenished and changing curtains as necessary.
7. Ensuring that there is an adequate supply of ward stationery and forms.
8. Arranging for patients to be taken to other departments such as X-ray, physiotherapy, etc.
9. Answering the telephone and taking messages.
10. Arranging for messages to be taken to other departments (e.g. dispensary, pathology laboratory).
11. Requisitioning ward supplies—provisions, cleaning, hardware and crockery, maintenance, etc.
12. Arranging for the provision of special diets in the light of information provided by the Ward Sister.

Ward Clerk

Hospital A

1. Stamping all forms with the name of the ward.
2. Looking after case notes—ensuring that they are complete and in an orderly form.
3. Ensuring that case notes, X-rays and doctors' letters are put out for ward rounds.

4. Answering the telephone.
5. Receiving new patients and completing part of the admission notes.
6. Requisitioning ward supplies—including checking the delivery of goods and putting them away.
7. Ordering transport for patients being discharged.
8. Arranging appointments for out-patients' department, etc.
9. Preparing medical certificates for signature.
10. Replenishing supplies for pathological specimen cupboard.
11. Checking dispensary supplies—excluding Dangerous Schedules drugs.
12. Helping to serve meals to patients having a normal diet.
13. Checking ophthalmoscopes batteries and bulbs, etc.
14. Re-addressing letters of discharged patients.
15. Collecting X-rays, etc. from departments when messenger or orderly is unavailable.
16. Looking after patients' visitors.
17. Notifying Matron of nursing duty rota.
18. General care of the notice board and circulars, etc. coming to the ward.

Hospital B

1. Receiving patients and visitors.
2. Preparing the basic case-papers for the patients.
3. Handling the discharge arrangements for patients, including transport.
4. Undertaking ward errands.
5. Answering telephones.
6. Undertaking certain minor ward type duties, e.g. laying the dinner table.
7. Requisitioning some ward supplies.
8. Preparing medical certificates.
9. Looking after flowers and posts, including the reading of letters to and writing of letters for geriatric patients.
10. Assisting with patients' property.

APPENDIX IV

Tasks undertaken by nurses which could be delegated to non-nursing staff

1. The N.H.S. Central O. and M. Unit have provided us with timed information on the tasks ward nursing staff have been observed to carry out. This material was collected in 1962, by continuous observation between 6 a.m. and 10 p.m. daily on five wards in two hospitals for a 14-day period. Both hospitals were large acute general hospitals providing only limited centralised services to wards. The size and type of the wards was as follows:

Men's surgical—32 beds
Women's surgical, with some medical—32 beds
Women's surgical—27 beds
Women's medical—32 beds
Men's medical—30 beds

All wards were of the open (Nightingale) type.

2. Using this information as a basis we have prepared a list of tasks of which nursing staff could be relieved. Although the tasks which nursing staff can delegate will depend on the circumstances of particular wards and the condition of individual patients, this list is intended to indicate generally the kinds of tasks which could be undertaken by other people.

3. The tasks listed have been found to occupy, on average, about 20% of the time of nursing staffs.

Tasks on which nurses have been observed to spend excessive time in hospital wards but which could be undertaken by other people (or hospital services where these are available)

(List compiled from studies undertaken by the Central O. and M. Unit of the Department)

The average time spent by nursing staff on these tasks totalled about 100 hours per ward per week. The most time-consuming tasks (i.e. those taking more than four hours of nursing time per ward per week) are marked with an asterisk(*). The three items marked † occupied nearly 50% of the total average time spent by nursing staff on these tasks.

Tasks

1. Assisting in the admission and discharge of patients to and from the ward, including related clerical work(1), escorting patients and putting them to bed.*
2. Distributing and collecting washbowls and mouth-washes.*
3. Providing facilities for washing patients' hands after using bed-pans.
4. Collecting, cleaning, replenishing and distributing thermometer holders.

5. Collecting and distributing charts.
6. Preparing of patients' food and drinks (except special diets).*†
7. Distributing food and drinks including special diets at meal times.*†
8. Collecting and clearing meals.*†
9. Distributing and collecting jugs of water, etc.
10. Preparing beverages and light refreshments for staff and visitors.
11. Laundering of personal clothing of patients.
12. Receiving and making telephone calls, including taking messages and initiating calls for nursing staff.*(3)
13. Dealing with deceased patients' belongings.
14. Stripping and making unoccupied beds.*
15. Cleaning beds.
16. Disinfecting and routine washing of equipment and preparation for future use; cleansing and tidying medical and surgical stores cupboards.*
17. Sterilising technical equipment used in ward (where there is no Central Sterile Supply Department).(2)
18. Returning empty bottles and containers to the dispensary.
19. Inspecting ward fabric and equipment; and taking steps to ensure maintenance of services (gas, water, electricity) and equipment.
20. Preparing trays and setting up bed-tables.
21. Washing crockery and tidying kitchen.
22. Sterilising crockery.
23. Light cleaning (dusting, cleaning lockers, etc.).*
24. Disposing of rubbish, including waste paper baskets and dirty dressing bins.
25. Moving light equipment, beds, lockers and chairs.
26. Tidying ward.
27. Arrangement and care of flowers and vases.
28. Maintenance of linen stock, including disposing of soiled linen, checking central linen stores' issue to ward and putting away clean linen.
29. Ordering, receiving and checking ward domestic and surgical stores and equipment.
30. Issuing stores and equipment, replenishing trolley.
31. Completing daily bed return and informing admissions office of daily bed state.
32. Other clerical tasks.(4)
33. Tasks related to the general administration of the ward.*(5)
34. Undertaking any necessary errands to other wards and departments outside the scope of the hospital porter/messenger service.

Notes

(i) The clerical work could include:
—documentation of patients admitted to ward;
—arranging appointments for attendance at out-patient clinics;
—arranging transport for discharged.

(ii) Where there is a Central Sterile Supply Department non-nursing staff could undertake checking and storage of packs and C.S.S.D. items and collection of returnable equipment for reprocessing.

(iii) It is recognised that nurses will sometimes have to answer the telephone or be called to it, but that they could be relieved of more of this work than they are at present.

(iv) The range of clerical work will vary from hospital to hospital but those covered by this item include:

—sorting mail and re-addressing discharged patients' mail;

—preparation with patients' names and numbers of charts and diagnostic request forms;

—listing patients' clothes and valuables and arranging for collection of valuables to and from Administrative Office;

—preparation of forms for doctors to write to general practitioners;

—preparing certificates for signature by doctors.

(v) These tasks would vary from ward to ward but could include:

—arranging for patients to be taken to diagnostic and other special departments (e.g. Occupational Therapy); and arranging transport for patients being transferred to other hospitals;

—arranging for transmission of forms and specimens to laboratories; collection of blood from blood bank and drugs (and records) from pharmacy; collection of X-rays for ward rounds and any necessary equipment;

—administering in the ward the mobile telephone service;

—assisting with checks of ward stocks of cutlery, crockery, linen, etc.

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