Salmon—A Leap into the Future

Anthony Carr
SRN, NDN Cert., AMBIM, FRSH, MIHE, QN
Chief Nursing Officer
Central Wirral Hospitals
Cheshire

Dr. Paulley's article, Is it Too Late to Scrap Salmon?, Nursing Times, February 18, has certainly produced some fevered reactions from nurses, some of whom agree with Dr. Paulley and others who show that Salmon can work. Mr. Carr belongs to the latter group. He is the chief nursing officer in a group of hospitals which began to implement Salmon about 15 months ago. Here he puts the case for the defence

What, I thought, was the reader to do having read the article 'Is it too late to scrap Salmon?' (*Nursing Times*, February 18). Should he, for instance, laugh and see the paper as a joke? Cry because the writer and his Sisters had failed to understand the basic principles of the new scheme? Or perhaps commit suicide because the future looked so bleak?

My second thought was to try and visualize who would reply to the editorial challenge. Would there be a positive or negative reaction to the article and would a chief nursing officer dare to contribute? Well, I am daring to reply to his highly emotive, non-factual account of the implementation of Salmon.

To make my position clear: I became a chief nursing officer a little over a year ago. By choice, a large percentage of my career has been outside the hospital service, but day-by-day my work has been involved with nurses from hospital, including sisters.

Dr. Paulley will be surprised to learn that the Rcn membership as a whole placed considerable pressure upon its council to press for an early implementation of the Salmon scheme. A large number of that membership comprises, in fact, ward sisters. I think that most thoughtful nurses would rather have followed through the pilot schemes first, but the Prices and Incomes Board rather forced the pace on this as a possible means of increasing the earning power of nurses.

Too Early For Criticisms

I think the author of the original article is writing too early at this point in time. He points out that he was critical as early as 1966 but I would like to know if he has ever worked in a reorganized nursing structure. From what I can remember, Ipswich cannot have appointed their chief nursing officer until about October or so last year. Therefore, the new scheme there is at an early stage of development.

I do not wish to criticize the traditional scheme of matron and deputies because the inefficiencies of that scheme are so well known that they do not bear repetition. Sufficient to say that in many hospitals it was a comfortable way to retire via the assistant matron grade.

I will now concentrate upon the advantages of the reorganization of the nursing services at the Central Wirral group of hospitals.

Aims of the Organization

From January 1970 when the new scheme began at Central Wirral, the basic aims of the new organization were:

1. To improve patient care.
2. To place nurses in a proper management structure.
3. To establish career development programmes for nurses who show ability and potential.

To achieve the first objective, it is necessary to change the emphasis from doctors' beds to medical and nursing requirements for the patients. This takes years to attain but must be a first priority in any new scheme. A close second is the quality and quantity of nursing care. Involvement in the overall planning of nurse training programmes at both pre- and post-registration level is vital. In many hospitals some ward sisters have remained in the same ward for 20 years with no thought given as to instructing or re-educating them in many principles of nursing care and practice.

Quality of care depends not only on numbers of nurses but also on calibre of person joining the nursing team. Standards of care should be laid down on a group basis. Under the traditional scheme, one could have two or three matrons and the same number of separate training schemes all in one group of hospitals. Often the patient and ward sister suffered from such administration.

Research, which is so important yet lacking in nursing, is much easier to

organize on a group basis. Each month, lectures, films and demonstrations are shown on a group basis to all staff, trained and in training. Such meetings are held five times throughout a week, including a late evening session for night staff.

An even more ambitious plan is being organized for later this year. The aim is continually to improve patient care by retraining staff, discussing techniques with them, conducting research and listening to suggestions at ward level.

Teaching at the Bedside

At Central Wirral, nursing is seen at all levels as patient-centred. From April this year, all principal and senior nursing officers are offering at least one session a week at the bedside in some practical aspect of nursing. Nursing officers will be offering at least two sessions a week teaching at the bedside with student and pupil nurses. How can senior nurses make management decisions without being involved in bedside nursing? While any senior nurse is involved in this way, she is working under the policy and control of the sister of the ward.

With regard to the second objective, readers may like to know that the criteria for appointing all people in our scheme are:

1. Present ability.
2. Future potential.

Age is unlimited at either end of the scale. For instance, the first nine nursing officer posts were filled by staff within the group. Several loyal sisters who were content to remain on the ward for nearly 20 years actively sought promotion to nursing officer, not just for the salary, but because they considered that the new work offered an extension to their own expertise. In the short time they have been in post they have proved to themselves and others that they were right. They are a support to ward sisters, clinically involved and are well able to take over and run a ward at any time.

So far as I know, none of the senior nursing staff at this group of hospitals has any aspirations to involve himself in general hospital administration. We all admire our colleagues in this field of activity, but there is a large area of nursing in our administration—more than enough to go looking for other work to do.

It is, however, important to work closely with the hospital administrator and our scheme involves linking an area hospital administrator with a senior nursing officer sited, where possible, in the same office accommodation. Their content of work, however, is entirely different.

With patient-centred care continually in mind, all senior nursing officers are part of the senior management team. Ward sisters are involved in policy decisions which affect aspects of patient care. One means we have of defining policy is to set in motion small working groups. Sisters are represented on these, sometimes being much in the majority. Subjects have included:

Duties of pre-nursing students.
In-service training syllabus for nursing auxiliaries.
Care of pressure areas and injuries.
Progressive patient care.

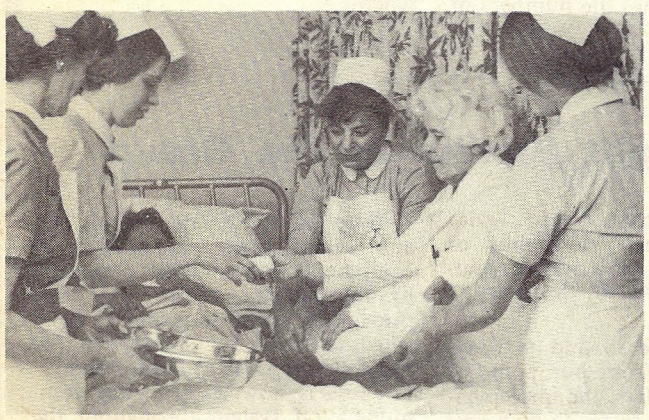
Further studies envisaged include care and custody of DDAs and Schedule 1 Poisons; revision of temperature and blood pressure charts; working hours of nursing staff; taking of blood by venous route.

Staff Do Not 'Melt Away'

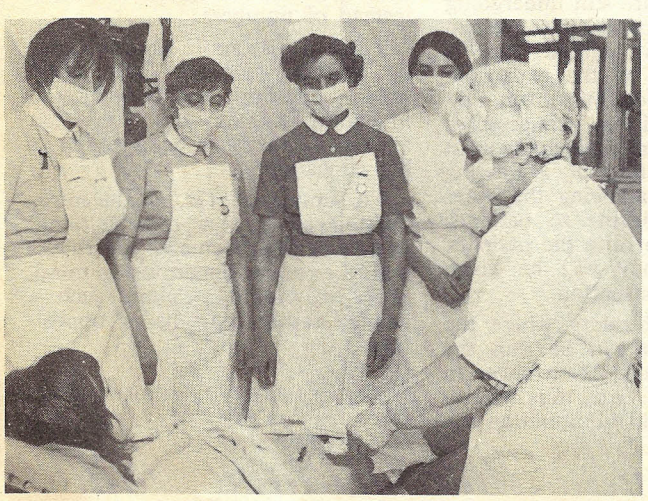
In an emergency, our staff do not 'melt away'. Every senior nurse is on call in turn at the weekend. It is possible to meet a principal nursing officer on night duty just offering support in some weak area or to find a senior nursing officer in on a Saturday or Sunday, meeting staff or quietly solving a difficult problem. Each nursing officer is based closely to her ward specialty and is instantly available.

Under the Salmon scheme each nurse has her job clearly defined. At this stage of development, the pyramid in nurse management is the most effective system.

I would have thought that the hints of victimization on promotion under the Salmon scheme were grossly over-

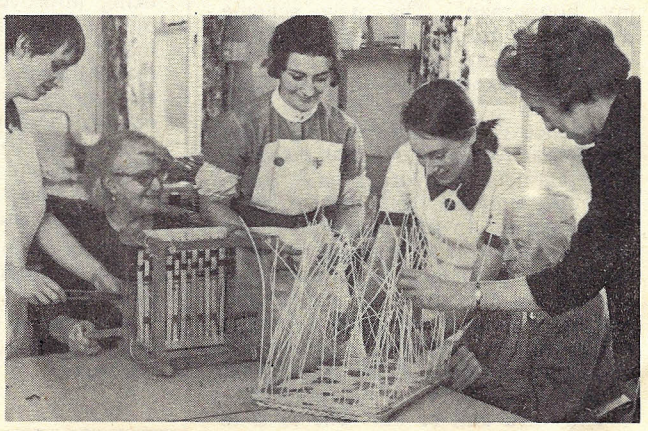


Above and below: Miss J. Smith, nursing officer (No. 7), teaching student and pupil nurses in the women's surgical ward



Above: Miss M. Wilcock, SNO (second left) and Mrs. B. White, nursing officer (extreme right) taking part in a sisters' meeting in the orthopaedic unit

Below: In the occupational therapy department of the geriatric unit; on the right of the picture is Miss M. D. Jones, SNO



stated. Under the traditional scheme the matron held complete power over her staff. If she had a mind to she could effectively destroy any chances of a girl getting another post. Under Salmon this is much more difficult. Two people normally write a reference for the member of staff. Under a new scheme about to be introduced, her performance is appraised yearly. She will know what her superiors think of her each time an assessment is made.

At Central Wirral there is the right of appeal against the acts of a superior by any member of staff who complains about the treatment she is receiving. This includes informing me immediately if any attempt at victimization takes place.

I am sure that the real asset of Salmon is that senior nurses can now sit down and think into the future and plan ahead. It has been said that senior British management decisions today can be broken down into three spans of time:

50% concern themselves with the problems of yesterday;
49% are concerned with the problems of today;
and less than 1% are involved with planning ahead to find the right question to ask.

Salmon involves senior nurses in looking into the future. Does our critic in his traditional setting know what his ward ratio of nursing staff is likely to be in, say, March 1975? How many nurses are to be allocated day and night? We can tell you at Central Wirral. We know what we are aiming for on every ward through the group and also what it will cost.

What is the Ward Sister's Responsibility?

Lastly, in relation to our second objective, we are attempting to define what the real authority and responsibility of the ward sister is under Salmon. We believe that a sister should be able to select at interview the staff she requires for a ward. She should have the right to discipline her own staff and assess their performance. She will be encouraged to develop her relationships with consultants, but on a firm basis as colleagues and not, with respect, as 'my ward sister', like 'my house, my dog, my house-man'. The new scheme demands a team approach to problems of patient care.

We all acknowledge that the consultant by reason of training and experience is the leader of the team, but he has to remember that prescribing treatment and drugs calls for a different expertise from that of nursing a patient. In this respect it is the nursing officer who manages a ward sister, not a medical consultant. No one wishes the sister to change her allegiance from a doctor to a nursing officer only to develop the capacity to distinguish between those two aspects of care which both are offering her.

The third aim of our scheme is to attempt to develop the talent we undoubtedly have in the hospitals. This starts with the student in the school and involves every nurse up to the age of 55. There are many reasons why people did not seek promotion under the traditional scheme or develop their full potential in the post which they occupied. Career interviews with students months before their final examinations help them, and us, to plan for the future.

New junior sister appointments are all career development posts. Each sister is offered a two-year contract. They normally work in the same specialty both day and night and agree to take first line management and possibly clinical courses at our expense. The sister is reviewed at six and 18 months. At the final review, a decision is made with her whether she should be offered a ward as senior sister, requested to stay a further short time as a junior sister, or leave to take up a further appointment in another hospital or in the community.

Even staff who are encouraged to leave for further experience are encouraged to keep in touch. We realize that we are training and developing staff for the Health Service, not just for our needs alone.

Why the sudden concern of some nurses and doctors about the pay of sisters as opposed to chief nursing officers and other senior staff? In many Salmon schemes the numbers of nurse administrative staff have not increased but could, in fact, have been reduced. In many of our own hospitals the person replacing the matron grade has been paid less than the former matron.

Conclusion

Salmon has not doomed our ward sisters. The new scheme will provide even greater opportunities for training and developing clinical expertise at ward level. All our senior nursing staff, including me, are delighted to work with our 116 sisters and charge nurses. We are there to offer a service through them to the patient and we do not consider any of them to have failed if they do not wish to be nursing officers.

Status is played down. Any chart showing positions in the organization reads from right to left, not top to bottom. All nurses, senior or junior, are patient-care centred. Policy decisions are tested against this standard only. There are now perhaps more nurses involved in improving the nursing care of patients than ever before.

Perhaps criticism of the Salmon scheme should be delayed for five years. See what is achieved in this time before attacking all of those senior nurses who sincerely believe that the new reorganization can solve some of the insoluble problems of patient care under the traditional scheme. N

From Night Sisters in the Group

Madam—We have read with interest the varied viewpoints of the introduction of a new organizational structure to the nursing profession.

We would like to add to those comments that from our point of view as night sisters, the implementation of Salmon seems to be a vast improvement on the old authoritarian system of management.

Although we are still undergoing the transitional period here we can already see that patient care is being improved by the expansion of the time factor. We mean that many of the sisters' unnecessary responsibilities are now carried out by the introduction of a nursing officer, thereby allowing the sister more time to devote to patients. This is bound to raise the patients' morale since they will be given more time and attention.

Often on night duty where the staffing situation can be thin the sister has a wide area to cover in a short space of time, thus depriving the patient of the attention she requires.

Many of the small, yet important, things (e.g. maintenance of equipment) can now be organized by the nursing officer. The time previously spent in running from ward to ward for items required has thus been cut to a minimum.

There is now a far better communication system throughout the whole clinical area and patients and staff are beginning to take their place once again as people instead of numbers.

There is also more time to spare in teaching student and pupil nurses; questions can be answered in detail, and the nurse feels that an active interest is being taken in her education.

To summarize: If, by the introduction of a new organizational structure, improvements are made, with the patient uppermost in mind, then we should welcome such a change rather than be in opposition.

R. Ryder and 16 other night sisters
Clatterbridge Hospital
Central Wirral HMC