

# Review and Future Direction of Ward Clerk Role

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## 1. Executive Summary

This report provides an overview and options appraisal regarding the ward clerk role across the Trust, in light of changing operational demands and the implementation of the EPIC electronic system. The review, led by the Deputy Chief Nurse and a cross-functional (or dysfunctional) team, assessed whether the role remains essential and, if so, how it could evolve to better support ward operations and nursing leadership.

Key findings indicate significant variation in how the role is applied across the organisation and present a strong case for redefining and modernising the ward clerk function. Recommendations are made to introduce a tiered model aligned to actual responsibilities and future service needs.

## 2. Background

The ward clerk role has traditionally provided frontline administrative support across inpatient areas. However, post-EPIC implementation, concerns were raised regarding the continued need for this role, and the variation in expectations, provision, and banding across directorates.

In January 2025, a revised job description was circulated. Subsequently, two key strategic questions were asked:

1. Is the ward clerk role still required in the current operational context?
2. If so, how can it be enhanced to deliver greater value to ward teams and patients?

## 3. Approach and Engagement

A structured review was undertaken with oversight from the Deputy Chief Nurse. The process included:

- Organisation-wide survey to assess current deployment, awareness of the job description, and scope creep
- Focus groups to gather qualitative insights and innovative ideas for the role's future
- Monthly cross-functional meetings with HR, operational leaders, and nominated Heads of Nursing
- Comparative analysis of actual vs funded WTEs and banding across directorates

#### 4. Key Findings

##### Strategic Observations:

- Ongoing Need: Consistent support exists for retaining ward-based administrative support, particularly in high-pressure areas
- Sense of belonging and loyalty to ward area fundamentally important
- Role Drift: Many clerks undertake tasks beyond their current Band 2 job description—often bordering on clinical Band 3 level responsibilities.
- Variation in Deployment: Disparity in weekend coverage, presence across directorates, and alignment to service intensity.
- Digital Transition: EPIC has reduced some clerical burden, but ward clerks remain vital for communication, coordination and customer service.
- Impact on Nursing Time: Absence of ward clerks results in clinical staff being pulled into administrative tasks, detracting from care delivery.

#### 5. Options Appraisal

Option	Summary	Benefits	Risks/Drawbacks
1. Discontinue Role	Remove ward clerks post-EPIC	Cost saving	Operational risk; increased burden on clinical staff
2. Maintain Status Quo	No change to current structure	Low disruption	Continues inefficiencies, inequity, and unaligned responsibilities
3. Directorate/Divisional model (Recommended)	Introduce B3 (core admin) roles	Align pay to responsibility; flexible; supports nursing team	Requires JD evaluation and change management
4. Centralised Admin Pool	Centralised team deployed to high-need areas under 1 management team	Responsive deployment; cost-efficient	Reduced continuity; loss of ward-specific knowledge

## **6. Recommendation**

It is recommended that the Trust proceed with Option 3: Introduce a Divisional/Directorate Ward Clerk Model.

This approach:

- Modernises the role in line with operational realities
- Increases administrative support to nursing teams where required
- Aligns with principles of productivity, equity, and career development
- Offers flexibility to adapt resourcing by ward acuity, absences and service model

### **Next Steps:**

- Develop a standardised job descriptions (B3) for evaluation by HR and Agenda for Change panels
- Pilot this model in high-demand directorates (e.g., Acute Medicine, Theatres)
- Align weekend and out-of-hours cover to match clinical demand
- Ascertain budget available
- Introduce metrics to evaluate impact (e.g., time released to care, staff satisfaction, flow efficiency)
- Consideration EPIC training/support provision, regular update bulletins and refresher training
- Need for ward clerk forum, identified senior lead and regular meetings/listening events
- Report progress (to who) in 6 months, including financial and operational outcomes