Visible Nursing Leadership

Making a difference – making it real

A personal journey

Professor Eileen Sills, CBE
Chief Nurse
Welcome to Guy’s & St Thomas’ NHS Foundation Trust

- World famous teaching hospital
- Two hospitals merged in 1993
- Provide comprehensive range of local and specialist services
- 1,200 beds
- Financial turnover of £1billion
- 4,000 nurses and midwives
National Context

- Major NHS reforms
- Financial challenges - £15-£20billion to come out of national NHS budget.
- Increasing public dissatisfaction
Patients... not numbers, People... not statistics

August 2009

Care and compassion?
Report of the Health Service Ombudsman on ten investigations into NHS care of older people

February 2009

Still Hungry to Be Heard – in London

Daily Mail CAMPAIGN
DIGNITY FOR THE ELDERLY

St Mary’s and St Thomas’ NHS Foundation Trust
The story begins in 2005

- Good reputation for nursing care – no hard evidence to back up this statement
- Able and talented workforce needing direction
- Poor visible nursing leadership
- A feeling that there was no “real voice” for the nurses and midwives
- The Trust Board of Directors very supportive of nurses and midwives and the role they play
Vibrant visible leadership

We can describe and explain the standard of nursing and midwifery care

Nurses and midwives have a vision and a voice

Improving clinical indicators

We lead from the front …..
MRSA bacteraemia 2004 - 2012

![Graph showing MRSA bacteraemia from 2004 to 2012. The graph displays a decrease in MRSA cases over the years.]
April 2010 – major campaign to reduce the most serious ‘falls related harm’ – fractures.

April 2010- April 2011 – **37 falls related fractures** reported, with an estimated cost of 92K to Trust in additional surgical procedures and extended LoS.

April 2011 – April 2012 – **19 falls related fractures** reported **over 45% reduction** in year, cost saving estimated at 45K.

April – June 2012 – on course to sustain reduction.
2010 - 2011 – averaging 13 attributable pressure ulcers per month
2011 – 2012 – averaging 6.5 attributable pressure ulcers per month, **just under 50% reduction.** Zero grade 4 pressure ulcers since December 2010
Leadership

- Clinical Fridays
- World leadership
- Setting a vision
- Nurses and midwives owning Trust initiatives and targets
Measuring Care

• Developed a range of tools to measure care and listen to patients
• We started to talk about dignity and compassion
• We meet every Friday to talk about how we are doing
What did we do?

Measuring Care

- Multi-professional Trust-wide approach – New high profile ‘Falls Group’
- Better reporting and informatics – ‘hot-spots’
- Rapid on-site MDT reviews of falls ‘hot-spots’, clusters or repeat fallers
- New falls risk assessment and care plan
- Invested in new equipment: falls mats, hip protectors, wander guard, low beds, and Trust-wide ‘falls-red-socks’
What did we do?

- Multi-professional Trust and Community approach – Pressure Ulcer Forum.
- Daily review of all ward areas by Tissue Viability Nurses (increased WTE by 2.0)
- Invested in new IT system ‘e-trace’, rapid reporting, ordering and supply of pressure relieving devices.
- Specific high-risk areas have own pressure relieving mattresses on-site (elderly care, acute medicine wards)
- New tissue-viability formulary, guidelines & RCA
- Root cause analysis of all G3 & G4 for learning.
Workforce

• Getting the workforce right – monitoring acuity and adjusting staffing levels
• Investing in our students
Lessons learnt

- It takes along time to build trust and confidence in the workforce
- Needing to constantly challenge, evolve and develop
- Listening and being supportive to staff is essential
- Taking risks and truly putting yourself in the shoes of a patient or a nurse
- Never letting go
- Be tenacious and brave and proud to celebrate

Guy’s and St Thomas’ NHS Foundation Trust
Thank you for listening to my story