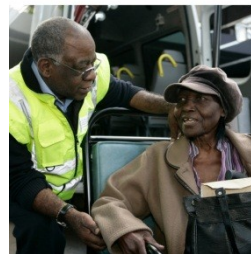


# Visible Nursing Leadership

## Making a difference – making it real

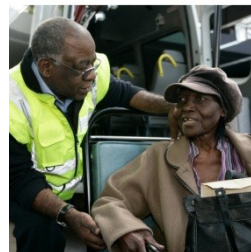
### A personal journey

**Professor Eileen Sills, CBE**  
**Chief Nurse**



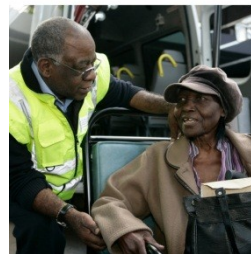
# Welcome to Guy's & St Thomas' NHS Foundation Trust

- 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





**The Patients Association**  
Listening to patients, speaking up for change

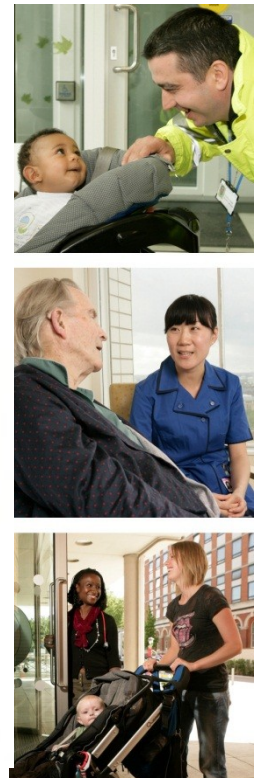
**Patients...  
not numbers,  
People...  
not statistics**

August 2009

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

February 2010

**Still Hungry to Be Heard – in London**



Health | NHS 'fast losing its compassion' - Windows Internet Explorer provided by Guy's & St. Thomas'

news.bbc.co.uk/1/hi/health/7797868.stm

**BBC** Low graphics Help Search Explore the BBC

**NEWS** LIVE BBC NEWS CHANNEL

Page last updated at 05:02 GMT, Tuesday, 30 December 2008

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**NHS 'fast losing its compassion'**

By Jane Dreaper  
BBC News health correspondent

There has been a deterioration in the level of compassion in the NHS in recent years, the head of a leading health think-tank has told the BBC.

The King's Fund is running a special project to try to get nurses and other staff to focus on being compassionate.

Compassion is essential part of

SEE ALSO

- Compassion 'key to good health care' 30 Dec 08 | Health
- Hospitals 'are medical factories' 03 Dec 08 | Health

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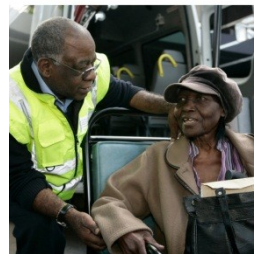
- King's Fund
- Patients Association
- Department of Health

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## 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



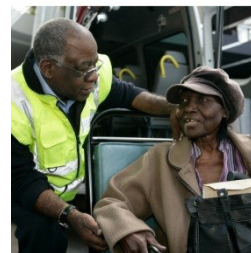
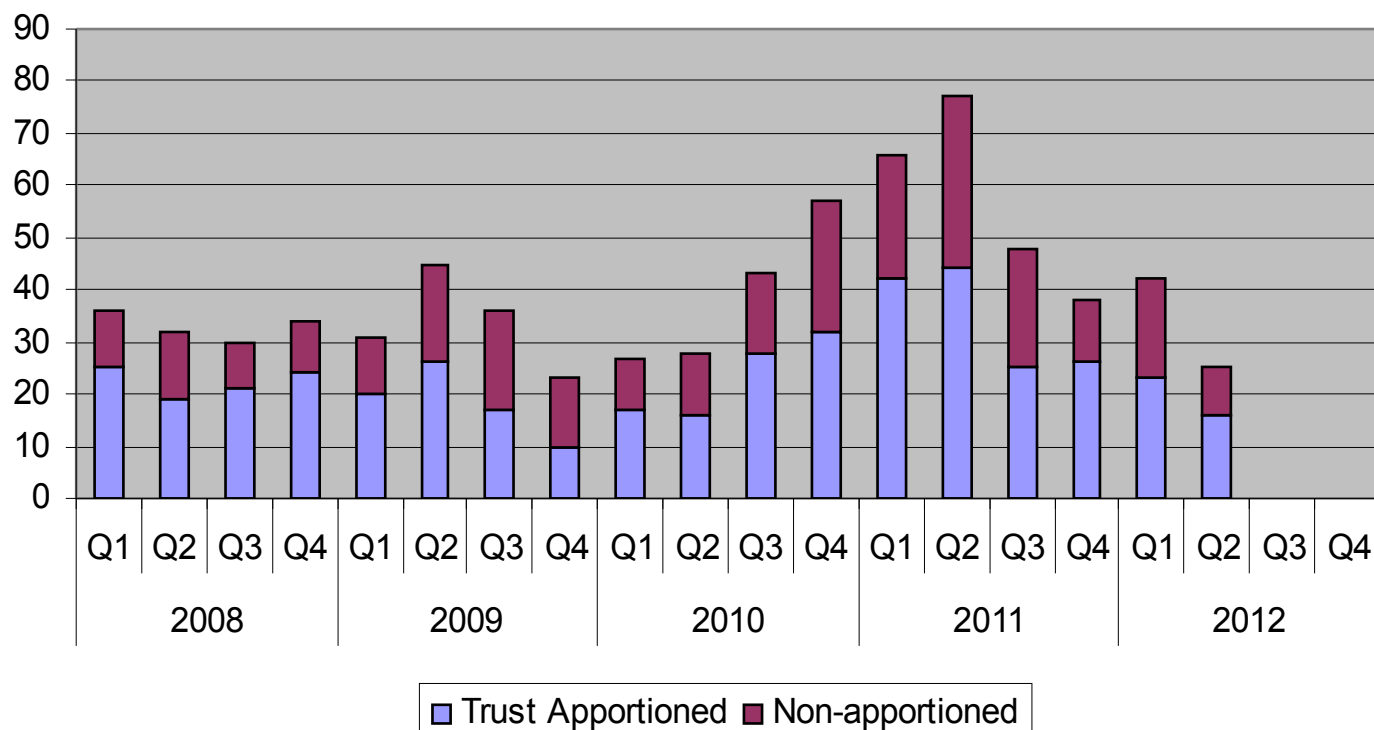
September 2012

- 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 .....

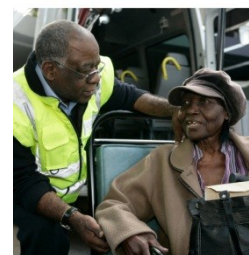
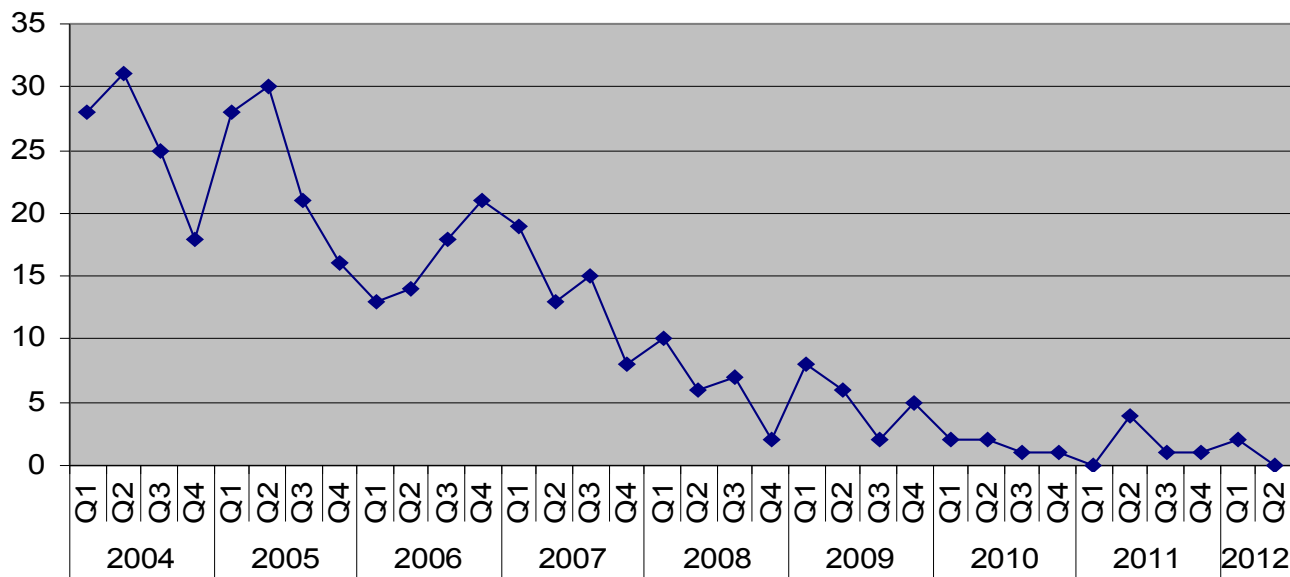




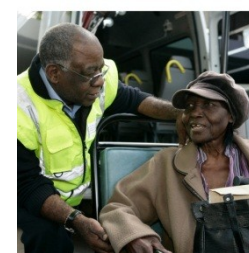
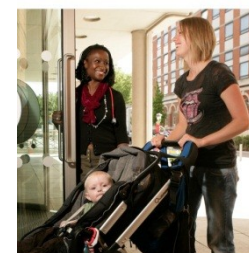
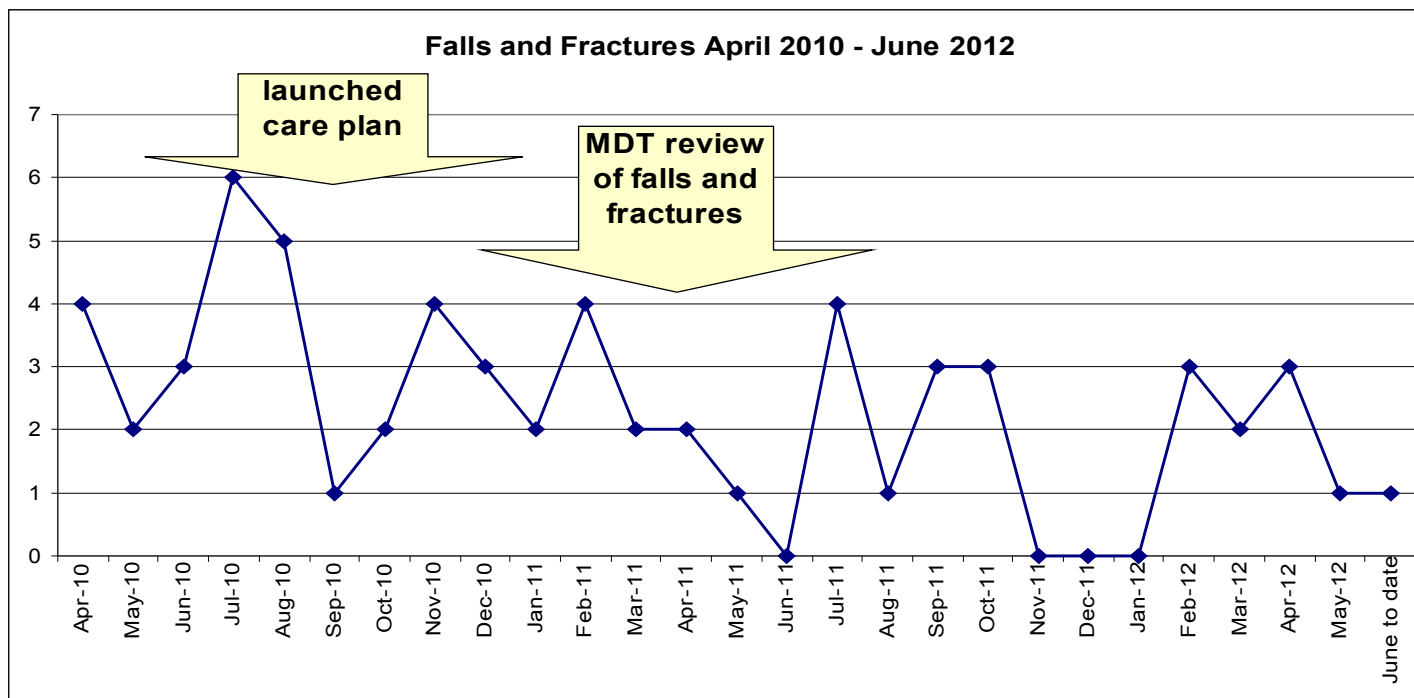
## Clostridium difficile 2008-2012



**MRSA bacteraemia 2004 - 2012**







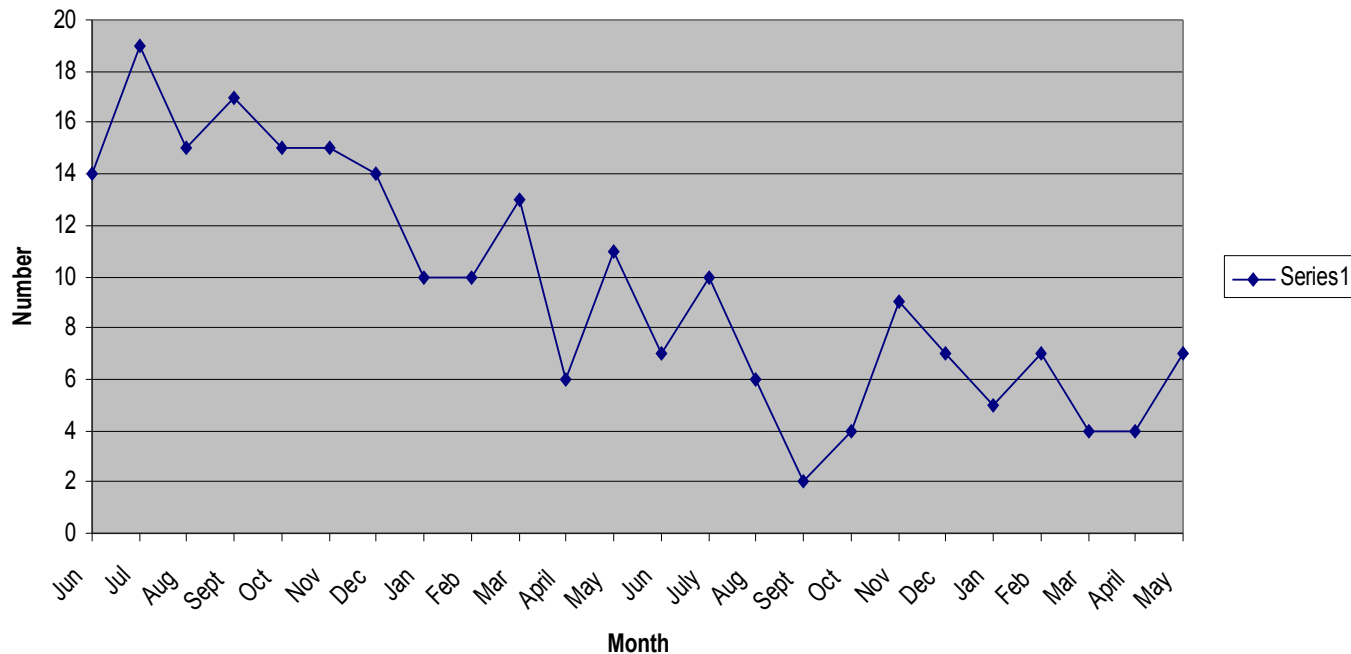
April 2010 – major campaign to reduce the most serious ‘falls related harm’ – fractures.

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.

# Attributable Pressure Ulcers June 2010 - May 2012



2010 - 2011 – averaging 13 attributable pressure ulcers per month

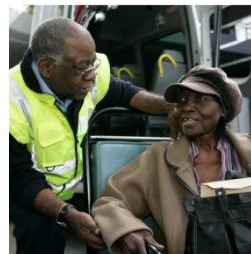
2011 – 2012 – averaging 6.5 attributable pressure ulcers per month, **just under 50% reduction**. Zero grade 4 pressure ulcers since December 2010



# How?

## Leadership

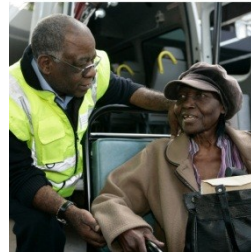
- Clinical Fridays
- World leadership
- Setting a vision
- Nurses and midwives owning Trust initiatives and targets



# How?

## 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?

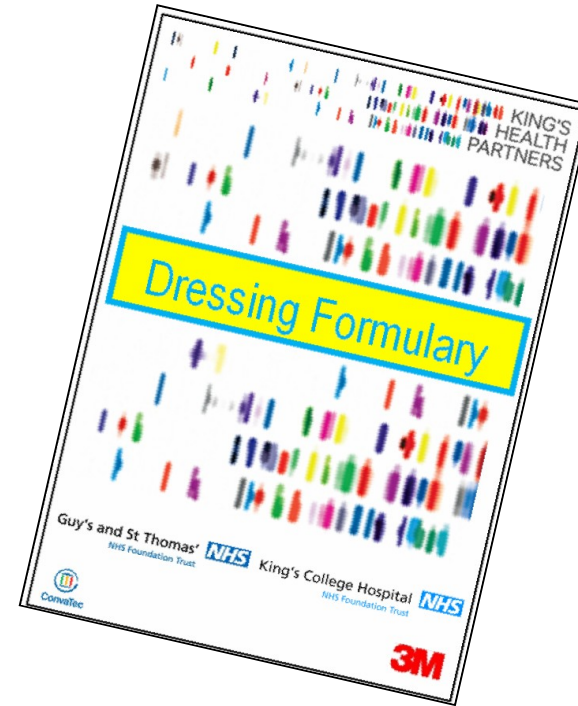
## Measuring Care

- 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?

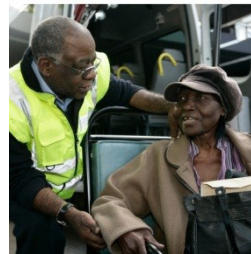
- Multi-professional Trust and Community approach – Pressure Ulcer Forum.
- Daily review of all ward areas by Tissue Viability Nurses (increased WTE by 2.0)
- Invested in new IT system 'e-trace', rapid reporting, ordering and supply of pressure relieving devices.
- Specific high-risk areas have own pressure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



# How?

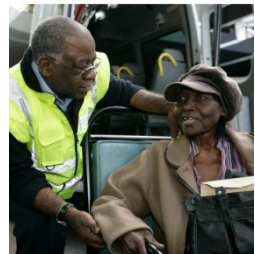
## Workforce

- 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





Thank you for listening to my story

