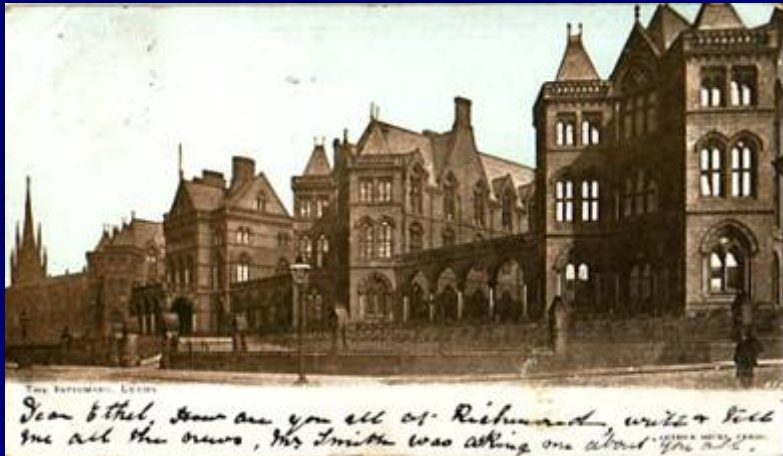


Cardiac Nurses in Leadership

The Leeds Teaching Hospitals 
NHS Trust



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February 23rd 2008

Personal Context/Perspective

- Qualified in 1991.
- Staff nurse posts in CCU, CITU, Cardiology and Respiratory Wards.
- Junior and Senior Sister roles in Cardiology, LTHT.
- Senior Nurse/Matron- LTHT.
- Service Improvement Manager - W.Y. Cardiac Network.
- Clinical service manager - Cardiology- LTHT.
- Assistant Director of Operations - Cardiology, CT surgery, Respiratory and General Medicine- LTHT.

Overview of presentation

- Why is this important?
- Patient/Public involvement.
- Different leaders/leadership.
- Career opportunities.
- Maximising potential.

How do others see us?



Power of image



Drivers for Cardiac Care in UK

- DOH - CNO from 4 countries (civil servants).
- National Heart Tsar (England - Doctor).
- National Heart team/s.
- Policy documents - NSFs, NICE guidance.
- British Cardiac Society (and affiliated groups - medically dominated and secondary/tertiary care focused).
- RCN Cardiovascular - still evolving.
- BACCN-Well established.
- **BUT A NEED FOR MORE PROACTIVE INFLUENCE FROM CARDIAC NURSE LEADERS AT A POLICY LEVEL.**

Spectrum of work for cardiac nursing

- Diverse.
- In all sectors of health and increasingly social care.
- From maternal , in-vitro, neonate, child , adolescent, adult and older people.
- Genetic nurse specialists , school nurses, GUCH , practice nurses, prehab and rehab nurses, cardiac ward nurses, cardiac cath lab and theatre nurses, CCU and ITU.....opportunities vast

Lord Darzi



Nurse -patient/public relationships

- Good experience /grounding for developing leadership skills.
- Negotiation and managing situations, emotions and feelings core component of nursing.
- Persuading, directing, information giving core skills.
- Problem solving ,thinking on your feet.

Nurse Leaders needs to know the national context

- Patient and Public Involvement at a strategic level is an increasingly influential driver for health care.
- Cross political party , so here to stay .
- Legal Framework - Health and Social Care Act 2001. Overview and Scrutiny Committees
- Raft of national policies - PALS, Picker Patient Survey, Stronger Local Voices and currently roll out of LINKs across the England SHAs.

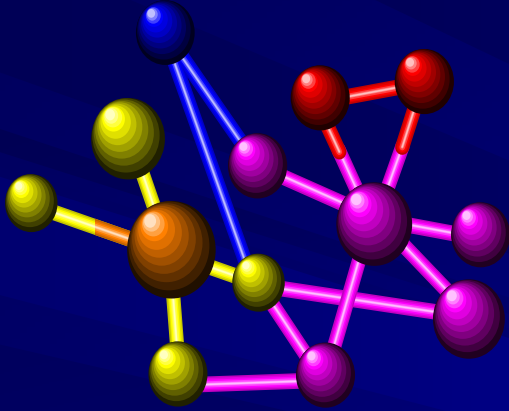
Nurses well placed to understand what patients really want?



Why is it important nurses are in leadership roles?

- NHS faces a major challenge in improving clinical and service quality while controlling costs.
- Nurses are a significant element of the workforce = over 60% of employees in the NHS.
- Nursing needs to build capacity and capability to help deliver a world class NHS organisation and a preparedness to use skills in a range of new employment settings
- Nursing well placed to transform many NHS services and develop new models of care delivery.
- Good for nurses individually and collectively
- Right for nurses , Right for patients.

Leadership credibility



In a hierarchy power is based upon position, in a geographically dispersed organisation it is based upon competency, knowledge and who you connect and collaborate with ...

(Spoull and Kiesler
2001)

Leadership as a role

You can not decide
Who leads
its up to
the followers !
but you can suggest
who might

Leadership as a function and set of activities

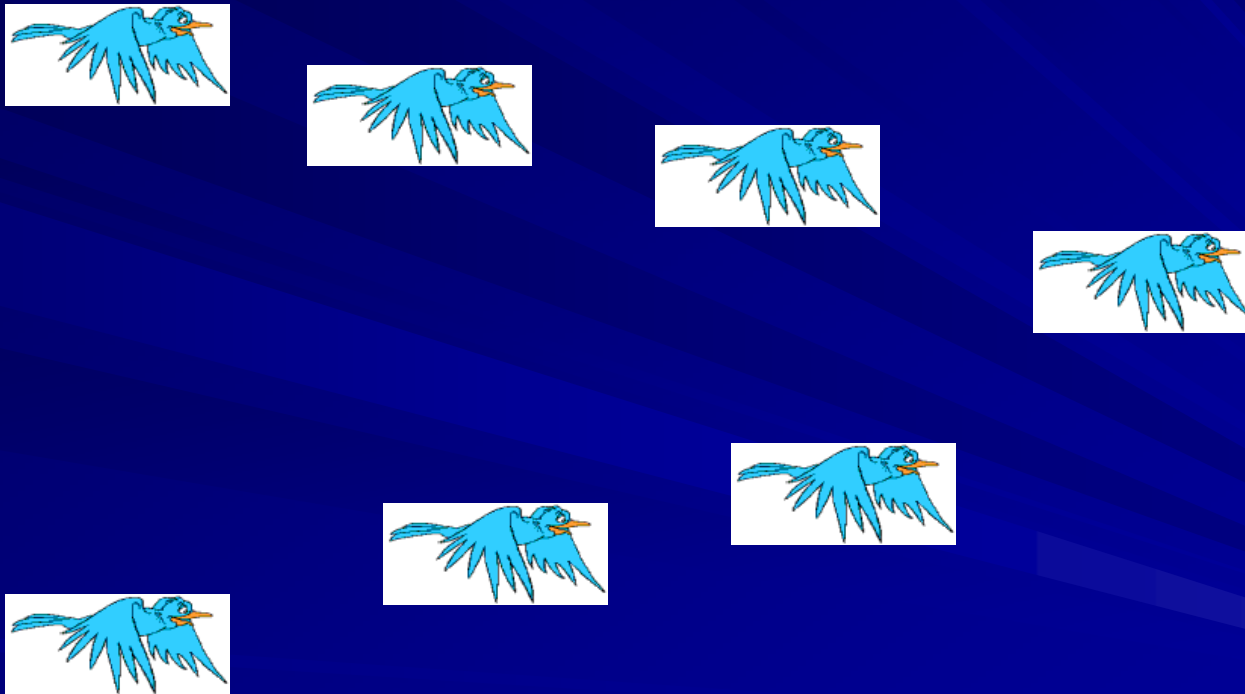
Coordinating
activities and
connections
Administration
Facilitating
Moderating

Leaders in public sector

- Build the common purpose
- Build ownership at different levels
- Develop meaningful relationships

(Leadership Alliance 2006)

Key issue of controllability



leader-full not leaderless

Leadership behaviours

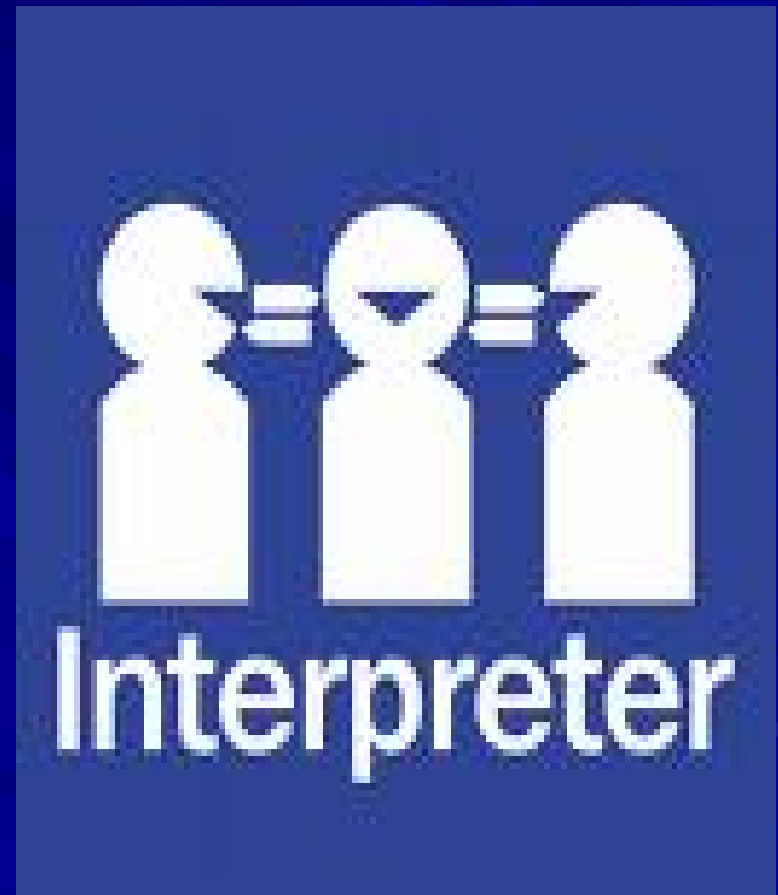
- Interconnectedness
- Innovation
- Building trust (congruence between say and do)
- Providing performance enhancing feedback

Nurse Engagement in leading services

- What prevents staff doing this?
 - Don't see the it ,as relevant to themselves/their jobs.
 - There are costs to leadership- financial, time and emotional costs.
 - Culture of the team/organisation needs to be one of openness and willingness to change. Nurses - run with the pack.
 - Tendency to confuse criticism with complaint, which has entirely negative connotations.
 - People put of by management formality and jargon - don't feel like they belong at the table
 - Public servants - confuse with subservience

Nurses can lead via:

- Effective relationships with management team and colleagues at an internal level, with peers and with senior colleagues. Externally with colleagues in PCTs, PBCs, IS providers and SHA
- Through regular structured dialogue /information to and with colleagues - support them to actively engage and challenge effectively.



Maximising Staff Influence in the workplace

- Leadership - at a personal level , reflecting the values of patient focussed services in behaviours and decision making .
- Everyone has an opinion - ask them. Encourage and provide opportunities for the team to have structured forums for staff and public to get involved and influence.
- Best motivation for people to participate is feeling that they can improve things for others.
- Be absolutely clear about what is expected of people and what they can expect of you.
- Give people feedback - they need to see the results of their efforts.
- Start small - success will breed enthusiasm and confidence
- Be honest about, and explain any genuine restrictions.

Ward Leader / Modern Matron

- Good opportunity to shape services and care delivery to patients in all sectors of health care.



Senior Nurses— From Captain to Navigator.



Specialist Nursing roles

- Huge difference to timeliness and quality of patient services both in hospital and at home
- Prescribing helps support the scope of practice in roles like HF CNS
- Proving to be as effective and often more efficient than medical model of delivery
- Increase in nurse led follow up in secondary care of over 35% in 2007 (DOH, Innovation and Improvement Guide, 2007)
- Help keeping people in their own homes which helps maximise capacity in hospital for those who really need it



First point of Contact in Cardiac Care

- Nurses leading in pre hospital care on emergency and acute pathways
- Chest Pain Assessment Nurses - in community and A/E settings
- Arrhythmia nurses who often in this role for specific patient groups - e.g. patients with ICDs

Not always as new as we think.....



Education and Research

- Cardiac Nursing – good track record of delivering post registration education- needs good nurse educators
- Opportunities in nurse prescribing that compliment and enhance cardiac nurses leading and delivery services across whole patient pathways
- Evidence driven speciality, often cutting edge of technology – important to capture nursing and patient elements in research too
- Most Cardiac Disease – long term condition that requires research focussed at strategies /tools for patients to understand and respond their individual risk profile

Public Health in Cardiac Disease

- Monday 18th Feb 2007 -stock take of the CVD NSF
- NHS made huge progress - target of reducing deaths in under 75 by 40% met 5 years early
- **But it is still one of the major causes of death and debilitation in Western World**

- Primary prevention budgets often raided - not invested in to the level patients need.
- Cardiac nurses need to influence and lead this agenda to gain further improvements.
- PEC boards, PBCs, Public Health Observatories

Cardiac Rehabilitation



- Patient value and evidence base demonstrates benefit as well as value for money
- Yet still very patchy provision across localities , and often inadequate or no service to many groups of cardiac patients

Commissioning Roles

- SHA/health board level - specialist care which incorporates cardiac pathways
- PCTs - commissioning across long terms condition pathways
- Tangible way to utilise experience and knowledge to determine how money gets spent on cardiac services

Social Enterprise

- Individually or with colleagues - set up as providers of.....to deliver services to patients and the public.
- Rehab (in it's widest sense) could make a very good business model
- Huge market for well man/well woman clinics....

Charity/Lobbying Groups

- BHF -leaders in improving cardiac services
- Local groups that your skills and experience could support





- Any questions

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