Ref No: FNM51
Name: Eileen Sills
Date at St Thomas' & Guy's: 2005 – to-date
Nurse or Patient: Nurse

32 pages **EDITED VERSION**

Track 1 – Early Life (2mins 22secs)

This is Diana Hampton interviewing Eileen Sills on the 21st of December, 2006, at St Thomas' Hospital in London.

So, Eileen, can you tell me a few questions about yourself, your family background, parents, siblings?

Yes, erm, I was born in 1962, erm, in a place called Hill Green in Stockport, erm, just down the road from Cheadle Royal Mental Health Hospital. And both my parents worked there – my mum was a nursing auxiliary and my father was a … an electrician at the hospital.

I have two sisters, both younger than me. One is now a physiotherapy in a private practice, Xxx Sports Centre; and my youngest sister is in Australia and has been there now for the last 10 years.

So what was the biggest influence on you to take up nursing?

Oh, I was born and … I was bred into a sort of hospital life, really. Erm, we had a hospital as part of … we had a house which was part of the hospital grounds, of Cheadle Hospital. I spent my, erm, weekends and my evenings, as kids in the grounds of the hospital. And from very early on would spend a lot of time visiting patients and being there with my dad when he was working and when he was on call. So I knew nothing different.

But also I went to a girls' grammar school, Cheadle Grammar School for Girls, and, erm, you were pushed in two directions, really, there, either to go into teaching, therefore, go to university, or to go and be a nurse. And my teacher told me in year 3 now, of the secondary school, that, "Eileen Sills, the thing that you need to do is go off and be a nurse".

Oh right.

That was that really (**chuckles**).

And you were quite happy in that decision, obviously?

I didn't actually think that I could probably want or had a desire to do anything else. And when I was 16 my, erm, gran died in hospital, and I remember visiting, and I remember sitting on the ward watching the nurses at work. And I thought, actually, this is what I want to do. And I never really thought of doing anything else whatsoever.

Track 2 – Nurse Training & A&E Training Course (1min 54secs)

And where did you train?

I trained at Stepping Hill Hospital in Stockport.

Right.

I applied for a number of London teaching hospitals, and was turned down for all of the London teaching hospitals. So I made a decision to stay at home and train in Stockport.

Did they tell you why you were turned down?

No.

How interesting.

Ironic really (**laughs**), from where I am today.

Very interesting, yes. And, erm, so how did you eventually, how did your career progress from student nurse …

Yeah, I … I qualified in 1983, and during my student years, actually, what I wanted to be, I wanted to be an A&E sister. That was my career goal, really, that's what I wanted to do. And at the time when we qualified jobs were very hard to get. Erm, and I think there were probably only half a dozen jobs for the 20 of us that qualified.

Erm, and so I ended up on an orthopaedic ward, erm, and because I thought, well, actually, at least I was learning something that would get me nearer to being in A&E. At the time you couldn't get a job in A&E without having the A&E course. You couldn't go onto the A&E course, though, without having A&E experience. So what I chose to do was go and actually be a staff nurse on a medical ward, which I did for a couple of years.

And then a job in a hospital in Manchester came up on nights as an A&E staff nurse. So I went, did that, erm, and then I applied for the course and got a place on the course.

So I did the A&E course in 1984.

Where did you do that?

I did that at Stockport Infirmary. So I was still working within Stockport and Manchester. So I did the A&E course. And at the end of the A&E course, erm, I was looking for a job and there was a sister's post advertised at North Middlesex Hospital in London. And I think I was probably a typical northerner at the time, that London was the place to be and I was free and single. So I thought, well, actually, I'll apply.

Track 3 –A&E Sister at North Middlesex, Clinical Tutor at Whipps Cross, Senior Role at UCLH & General Manager at Honiton Hospital (2mins 13secs)

And I was appointed. So I was probably one of their youngest sisters at the age of 23. Erm, and I came down in October, 1985, to North Middlesex. And that was quite a shock, actually. It was a big culture shock, both in terms of personally, socially arriving in London, from what was I would class as a bit of the backwaters of Stockport, erm, to also, actually, the types of patients you cared for. I have never cared for anybody with sickle cell, neither had I heard of sickle cell disease before I came down to London. So there was a marked difference in terms of my skills and abilities, really, from what I was, from where I'd worked to where I'd arrived.

Erm, and I have to say I probably hated every minute of it for the first 3 months, and had made a decision to leave and go back to Manchester. But on the 1st of February the changeover of the junior doctors, I met my husband, so that was it and I never left.

So I stayed there a couple of years. I then moved on to run the A&E course as a clinical tutor.

At?

At Whipps Cross Hospital in Northeast London. And … but after a year I didn't want to be a qualified tutor. I didn't see myself marking papers and being in a classroom for the rest of my career.

So I came back to North Middlesex as a ward sister and set up, on a medical ward, which, over 3 years we converted into a nursing development unit. And was one of the first pump primed funded unit that the King's Fund supported. So we got £100,000 to support the unit, which then funded my post as a clinical leader, as a senior nurse. But I desperately miss not managing my own ward. So after 18 months I went back to A&E, to UCLH, and took a senior nurse post for the A&E department at UCLH.

UCLH?

University College London Hospital. And then … then thought, actually, I needed some general management experience. So I then went to the Honiton Hospital as a general manager for A&E and medicine, which I did for 2 years.

I mean, when you say general manager, but with a kind of nursing …

No, it was just purely business management.

Oh right.

Track 4 – Deputy General Manager at The Royal Free, Director of Nursing at Royal National Orthopaedic Hospital, Director of Nursing and Deputy Chief Exec at Whipps Cross, & Chief Nurse at Guy's and St Thomas' (1min 59secs)

So after 2 years I was, I was missing nursing terribly, and a job came up at the Royal Free, which was deputy general manager and head of nursing for the medical division, big job. And I was successful and went there, and I was there for 4 years.

During that time I had two children, so I had two bouts of maternity leave during that time, and also I did a masters degree as well in health service management.

And after the Royal Free I was offered my first director of nursing job at the Royal National Orthopaedic Hospital, which I did for 2 years.

Then I went to Whipps Cross Hospital as their director of nursing.

Right.

Became their deputy chief exec, and then in my last 3 months was the acting chief exec. Was awarded a CBE whilst at Whipps Cross, due to my, due to the work we've done, we did on nursing at Whipps.

And then I came to Guy's and St Thomas' as their chief nurse, in January, 2005. And in August, 2005, was, also took on the role as being director of clinical services as well. So that's where I am today (**chuckles**).

*Gosh (**chuckles**), that sounds quite a meteoric rise to, erm, …*

So …… *quite a senior post. I mean one thing that, erm, strikes me is how you sort of started off as A&E, then you moved into medicine, and management, and … I mean, was that difficult, crossing all those different specialties?*

No, erm, it wasn't actually. I … I sort of, I never have, I've never had a career map. I've never planned where I wanted to go. I've sort of took opportunities. And I've taken opportunities when … I identified that, actually, either I had some development needs or I needed to do something to be able to broaden my experiences. So I can manage a waiting list, and I can, I can do a whole range of general management activities, that actually if I hadn't have done those posts, those roles over the last few years, I wouldn't be able to do.

Track 5 – The Nursing Development Unit at North Middlesex (3mins 17secs)

Can you explain a bit more about that development ward that you had?

The nursing development unit.

Yes.

At North Middlesex.

What exactly was that all about?

Well, we had, erm … I ran a 25-bedded male medical ward. And at the time there were a number of wards who were seen as leading lights across the country, whereby they were developing different ways of nursing. So they would be taking forward self-medication for patients, taking forward primary nursing, erm, a whole range of sort of nursing initiatives.

And this was set up by whom? By government or department of health or …

No, well, there was, there was …

Xxx.

… the initial, it was within nursing, but the initial, the first one was actually a nurse-led unit in Oxford, at the John Radcliffe. And then it was seen as really, really powerful, and I can't remember the name of the health minister at the time who'd gone to visit it, and he'd made an announcement that actually these, these made such a powerful difference to patients and to the development of nursing that he wanted to financially support it. Erm, and so he iden …, he basically put three million pounds into a pot for units to be able to bid for.

So over a 3 year period 30 wards, 30 units were identified, following quite a vigorous assessment process, to be able to get some pump prime funding. Because we were doing our, all of our developments in addition to just, to working on the ward. So what it did was allow me to be able to actually lead the unit and to do the development work outside of being xxx.

Can you give examples of specific development areas?

Well, we led self-medication on the wards, which was, erm, quite unique at the time, erm, because it was 1990 so it wasn't something that was seen as kind of … we put in place primary nursing on a busy 25-bedded medical ward, which was also not an easy thing to do. I can't, I can't remember … the ethos of the ward, which was very patient-centred, with the whole members of the ward team having discreet areas of responsibility and things. So there was quite a different, different model on the way the ward worked as such.

Were you using computer technology?

No, no, no, no.

And was it a nursing process type of model or …?

Well, we … we'd introduced Orem's model of care, erm … moved away from Roper, which was quite a challenge because the students were taught in Roper. But we implemented Orem because, actually, if you were going to take forward self-medication the idea of, of self … directed care, responsibility fitted in with the model of care. Erm … and we worked with the clinicians very closely to improve patient outcomes.

Was that your idea to introduce Orem? Or was this …

No … yes, it was mine, but in discussion with the team.

Yep. Because, as you say, it's quite avant garde to change your nursing models, as such?

Well, we, I also, I got a Florence Nightingale scholarship at the same time, and I went off and studied during my 6 week study period the application of nursing models in practice, and did it really make a difference. So at the same time that was going on as well.

Yes.

<u>Track 6 – Chief Nurse and Director of Clinical Services at St Thomas' Roles 2mins 41secs)</u>

Right, so, let's come back to St Thomas', or let's get to St Thomas', erm, remind me, you were offered a director or nursing post?

Yes, I came here as the chief nurse in January, 2005.

Right.

And then was asked to take on, as well, director of clinical services in the August of that year.

Right. Can you describe basically the jobs that that's entailed?

Well, as the chief nurse I am professionally responsible for standards of nurse and midwifery care, and, therefore …

Throughout the hospital?

Throughout the whole hospital, yes, as well as also professionally responsible for the nurses and midwives within the trust. And that … it's very difficult to sort of describe, because I get involved in all sorts of things. But I … it's important for me that actually myself and my senior nurses actually are out in clinical practice, supporting, observing, and participating in the care for patients, which is what I do, and it's what my whole senior nurse workforce does every Friday. We're all back in clinical practice on a Friday.

The clerical services element, I actually manage every clinical operational service within the hospital. So I have responsibility for anything that happens to a patient and any service that involves a patient.

*You must have quite a team of people xxx (**laughs**).*

I have a large (**chuckles**), I have a large, a big, we have divisional structure, management structure, so the services sit within certain number of … there are 4 divisions so the services …

Clinical divisions.

Yeah. The services sit within the divisions. And there's a divisional management team as well as each clinical service has a management team, as well.

Presumably within each management team there is a nurse?

There are a number of nurses. I have a deputy chief nurse for each of the divisions. I have, erm, heads of nursing and matrons as well as also, then, the ward sisters and the staff nurses. And there are also nurse consultants and nurse specialists within the trust.

And your responsibility's just for here not, doesn't cover Guy's?

No, Guy's.

So it's Guy's as well?

So it's Guy's and St Thomas'.

That just seems a massive job to me. So, erm, you must have some very good sort of reporting network?

Erm … it is a bit busy and the hours worked are probably not, you know, sustainable in the long run. Erm … but the only way you can do it is to work through other people, and to make sure that your reporting arrangements and your one-to-one's are really tight. But also that you actually go out there and see what it's like for yourself. Because it would be very easy just to sit in an office 5 days a week.

Going from meeting to meeting.

Track 7 – First Impressions of St Thomas' & The Uniform (2mins 47secs)

So what were your first impressions when you actually came to St Thomas'? I mean obviously you're at a very senior level, but, even so.

Well, I, you see, when I was at Whipps Cross, Whipps Cross was a big, busy, district general hospital, 800 beds. I thought that was big enough. And when I came here, you know, the size of the organisation is phenomenal. It's big, busy, complex, erm, and you can be overwhelmed by the sheer size and complexity of the hospital. But it struck me about how supportive and friendly it was, even though it is very, very big. Erm … but, actually, I think, also, sometimes I struggle because I spent my 4 years at Whipps Cross, were very important to me, that I knew most of the staff, I knew how to get things done, I knew who to talk to, I could, I knew the most junior to the most senior. And the one thing I struggled with when I first came here is I didn't know that. And there are still lots of people today that I will just never meet. And we've got 9 and a half thousand employees.

Yes. … But …

So … so it's quite hard.

Yes.

However, you know, having just done a 2 day walkabout to every ward and department pre-Christmas, you know, lots of people do … know you even if I don't know them directly, because we've just put a whole range of different mechanisms for communication.

I mean, I expect people will know you, but you can't possibly hope to know all of them.

No, no.

Because there's only one of you, isn't there?

Yes.

Now, when you go out and about and about into the clinical areas do you wear a uniform or …

Oh, yeah, no, I'm in uniform …

And can you describe that?

… every Friday. The uniform?

Mmm.

It's grey trousers and tunic or a dress, depending on what I'm doing. Erm, and all my senior nurses are out in uniform every Friday, if not also more often during the week.

And is that similar – grey trousers and tunic?

Yeah, any nurse … we've standardised the uniform so that it's easier for patients. So any nurse who's a senior nurse who works off the wards, who's not directly part of the ward teams, in grey. So that there's no confusion between who the ward sister is on the ward.

Mmm. And what do ward sisters wear here?

Navy.

Is it that navy spotted dress?

No, we've changed. (**Chuckles**) it took 10 years, erm, but eventually a uniform was chosen that suited both Guy's and St Thomas', because it was a bit of a mess before. Erm … and Paul Costello designed the uniform.

Oh right.

And that's been rolled out this year.

So presumably when you took up post the amalgamation had happened, had it?

Yeah, the amalgamation was 12 years ago.

Right, and you came to the post …

2.

… 2 years ago. Thank you.

Track 8 – Major Events (1min 20secs)

Well, during your long, distinguished career, erm, have you been involved in any major events, erm, you know, … obviously 7/7 last year, but, erm, particularly with you're A&E experience? Can you remember anything …

When I was a, when I was an A&E staff nurse there was the plane crash at Manchester Airport …

Oh yes.

… when I was on duty. Erm, when I was a senior nurse in A&E at UCLH there was a big fire in the city. And that's probably about it.

And did you find both hospitals were well able to cope?

Yes, yeah, yeah.

Presumably with major incidents procedures.

Yes, I mean everybody has a major incidents procedure, but, you know, when it comes down to it people use their commonsense, erm, and … there's an amazing ability of teamwork and support and camaraderie at a time of difficulty. Erm, and if you analyse it you could say often your plans weren't followed. Erm, but at, you know, you can have a plan that sets out principals and as long as people know what the principals are and the roles they need to undertake, actually people are responding to the here and now.

Mmm, but the principals give you the confidence to do …

Yeah.

… what they need to do.

Yep.

Right.

Track 9 – Developments in Medical Practice (4mins 2secs)

Now can you tell me about developments in medical practice, treatments, clinical practice since you started?

Oh it's changed, yes, (**chuckles**), it's changed (**laughs**). It's changed phenomenally really. Erm … I think that … certainly, I mean I've been in the NHS 20 … nearly 27 years, erm, and when I came in if you had a, if you had a hernia op or your varicose veins done, you know, your guaranteed length of stay was 7 days. Now you're fairly lucky if you've had half a day in a day surgery unit. Erm, you know, and xxx that most patients were expected to remain on bedrest for a significant proportion of their … their hospital stay. The drive to reduce length of stay is very different.

The other thing that is also different is around infection control, hospital acquired infections. I think in my whole time as a ward sister, right up until the mid 90's, you know, had, saw one case of MRSA, that was it, erm, and nothing else at all. So there's been a, quite a, very big significant shift.

Erm, but I think the biggest change has to be the way nurses have developed their skills in response to changes in medical practice, changes in medical training, reduction in their working hours, has given nurses opportunities to develop … additional skills, which, to some extent, I think, erm … has enabled many nurses to be able to operate more effectively as part of a multi-disciplinary team.

Can you give some examples of that?

We have, erm, here … we've got a whole range of practices where nurse endoscopies, nurse colposcopies. But one of our endoscopies, erm, is the world's first nurse who does ultrasound staging of oesophageal cancers via endoscopy.

Can you describe that?

Erm, she does an endoscopy, uses an ultrasound process for staging oesophageal cancers. At the moment, you know, there are a very few consultants who can do that. She's been taught by one of her consultants to do that.

So we've got some most amazing advanced practices. Erm, you could argue about, you know, I suppose, you know, where does the role of the nurse come into that and could you, you know, not teach a sort of technician. But when you watch Laura operate she utilises <u>all</u> of her nursing skills as well as also the technical skills that she's got.

Which must be hugely beneficial to the patient.

Yep.

Yep. Were there any problems with getting the doctors to give up some of these functions, or handing over?

I think …

Xxx?

… in some, in my career I've, there have been experiences where consultants have been incredibly supportive and have seen, in the future, about the opportunities that nurses can provide in terms of their service. But there have also been consultants that I've come across that don't want to give up their practices and don't see the value of, of nurses developing those skills, erm, don't see the value of nurse consultants. So it's varied, but, actually, on the whole, and certainly here, the added, the additional elements to the nurses' roles are fairly welcomed.

Mmm. Do you feel you're able to spread this out nationally at all? Is that …

Yes, a lot of our senior nurses are on national forums and national networks, and, therefore sharing practice as well as also us learning from what other organisations are doing.

And what about on an international level?

Mmm.

Is there much cross-fertilisation xxx?

We do, actually, have a lot of, of our nurse specialists, and our nurse consultants do also participate on the international stage as well.

That's good.

<u>Track 10 – Multi-culturalism (1min 31secs)</u>

Now, you mentioned when you first moved to London, erm, the different types of patients. Presumably that would also be multi-faith, multi-cultural groups?

Yes.

Erm, can you describe the impact that had on you and, er …

Well, most of the patients, well, actually, probably all of the patients I'd ever cared for as part, in my training and also in my first couple of years being a qualified nurse, erm, were not from different ethnic groups. And, therefore, coming down to London there was huge cultural change, both in terms of … patients' diseases etcetera. So there was also … you know, the trauma and the violence that was around, erm, and that was quite different. And I don't think I was shocked by it at all, it's just that it was different and I needed to get used to living in what was actually a different society.

Erm … and it's still different. If I go home now to Stockport it's still very different to coming down to London.

And presumably the patients you had in Stockport were mainly from the local area.

They were, yes, and a fairly stable population, and the staff stayed a long time. We never had agency or bank, so it was quite unusual to come down, when I came down to London I thought, "Gosh, you know, what's an agency nurse?". Actually, I didn't know what an agency nurse was, because we just didn't have them in Stockport.

Mmm. Do they now, do you know?

Yes.

*Yes (**laughs**).*

… they do now.

Yes.

Track 11 – Memorable Patients & Drug Error (3mins 6secs)

Are there any patients that you particularly remember?

Oh, there's certainly, I mean I'd have to say my greatest job satisfaction was as a ward sister on the medical ward at North Middlesex. And I remember the patients from, from there, and there are a couple of patients, erm, that are, most noticeably stick in my mind. And one of those was a gentleman who needed to have his leg amputated, was quite toxic, was quite confused. Erm, his English, he didn't speak very much English. And we worked with him over several weeks to get him round to going and having surgery. Built up an amazing relationship, really, and rapport with the ward team and myself.

And then when he was transferred after he'd had the surgery to an orthopaedic ward, after he'd had his leg amputated, we went over to see him. He seemed in some form of distress so we put him in a chair (**laughs**) and brought him back. Erm … and he stayed with us for several months, so there …

And there are also some noticeable, notable patients whereby you built a relationship up with them and then you supported them to a peaceful end to their life. Erm, and there have also been the awful traumas that, that is part of my A&E career that you've been party to, and when a member of staff lost her baby, erm, as a cot death. You know, there are certain things in your career that stick out and they are … to me they are some of the extreme in terms of the traumas and some horrific things, as well as also … some things where you had lots of time to build a rapport with patient, and then you see them to a peaceful end. You've built a relationship with the family, you go to the funeral. There are some things that just stick in your mind.

And there are also things whereby you know you've made a mistake. I remember making a drug error … and, you know, it wasn't a significant drug error, erm, but you make an error. And those things you never forget, and they make you more cautious in the future.

And make you appreciate the system within your working, because it, er, can encompass nurses who make drug errors without, er, losing your job or whatever.

Yeah, and we're all, we're all human …

Absolutely.

… and, erm, you know, … I was lucky that actually, yes, it was a drug error and it was, and, actually, in the size of things, fairly insignificant in terms of risks but it makes you realise that everybody is, is viable and, you know, something can, you know, a mistake can happen anywhere.

I mean, on that topic are you … I mean, when I trained we had, you know, a senior, a qualified nurse doing the drugs and a junior or somebody with her. Do they still have that?

No, there are a lot of, a lot of single-handed drug rounds. And there's a lot of research around that say, actually, having a second person doing the checking actually makes it … less safe because each other assume each other is checking.

Yeah, quite. Have you been, you must have been involved in the formulation of lots of policies around particular, specific practices like that …

Yeah.

… have you?

Yeah.

Track 12 – Notable Achievements (1min 5secs)

Mmm. I mean, what other things have you … would you say have been a notable achievement in terms of nursing practice, that you've been involved in developing?

… Erm …

Apart from the self-administering analgesia.

… I don't know, that's quite difficult, because you're often either … as the chief nurse, you know, you're responsible for, for it all, but other people do it and develop it and you, you endorse it or you don't, as sometimes the case maybe …

So that happens if they …

If somebody wants to take a practice forward we have a clinical governance framework within the trust whereby that practice will be proposed in terms of a protocol policy. Erm specific training identified, specific competences identified. And then it goes through a process of, of being ratified both through the nursing structure as well as also through the clinical governance structure. Erm, and it's either supported or not.
Yes, but you feel, do you have the last, final say or …

Yes …

Yes.

… I do.

Good.

Track 13 – Florence Nightingale's Influence (4mins)

Now, obviously because this is … this project's being done for the Florence Nightingale Museum … I mean, what aspects of Florence Nightingale's work, if any, were involved in your training? Was she somebody who figured in your training much in Stockport?

I don't think so, actually. I mean, I don't. I mean I've tried to, I've tried to, erm … I've talked to new starters and students here, I see every new starter and new student and my presentation includes reference to Florence Nightingale and the importance 1) of going to the museum; but also the history. And we use the slide, I use a slide that says, you know, this, these are the elements that she looked for, for her first nursing students, which gets a bit of a laugh really, but there's a serious message in people being sober and trustworthy and clean and things. And I'm able to reiterate to students about not turning up under the influence of drugs or alcohol on duty.

So we try, I try to utilise some of, some of the history in, in my presentation. Because, actually, I think people need to appreciate the history if they're working at Guy's and St Thomas'.

But in my training, I don't think so … at all. And the first time I came to the museum … was, was, erm, during my interview day.

Yeah.

Because the, the trip to the museum was part of the interview process.

Mmm.

My children have been there. It's very, you know, there's a lot of focus on, on primary school children and things. So they talk about Florence Nightingale. I mean, we never did at school.

Yes. Do you think her work has a role in nurse training now, ward design? I mean all the things she held most dear. Erm … xxx.

Erm, yes, I think so. The problem is on how you do that, because what you don't want to do is … is to come across as, as, you know, harking back to the good old days (**chuckles**), or very old days. But actually to use, you know, the things that she identified are very relevant today. You know, hospitals should do the sick no harm and the cleanliness around the environment are <u>more</u> important today, to some extent, than they were then. And, actually, it's how you use the principals that she set down to make sure people understand that actually what we're suggesting you do today is not rocket science, it's always been there. It's sort of just got eroded away.

Mmm, because actually … hospitals actually do do patients a lot of harm now. I'm not saying here, but, erm … nationally these awful statistics like MRSA, etcetera.

Yeah, yeah.

How do you as head of the nurses here handle that, because it's a constant threat, isn't it, MRSA and this new thing that's come out in particular?

Yeah, we have a major campaign around hand hygiene at the moment. Erm, we monitor hand hygiene compliance, we monitor compliance around vascular devices.

When you say you monitor it, I mean, who, have you got somebody physically checking up.

We have link nurses. We have an infection control team and 150 link nurses within the trust. So they do their own audits on a weekly basis. So we monitor compliance around the audits around hand hygiene. Erm, we've got a whole range of different activities around … hand hygiene and infection control which get refreshed every quarter, erm, so that people don't get bored of the same message. Erm, and we've now got consultants involved, so they are, they have, every specialty has their own consultant who leads an infection control.

Xxx needs to go across the multi-disciplinary teams xxx.

Oh, it's trust-wide, yeah, no …

*Yes (**chuckles**).*

… it's not a nurse-led initiative. This is a trust-wide, you know, both clinical and non-clinical staff.

Absolutely.

Track 14 – Influential People (2mins 21secs)

Who would you say was an inspirational influence in your … I mean you mentioned this teacher at school who said you were going to be xxx …

Oh no, I'm not sure she influenced me actually.

*(**Laughs**)*

Erm … who was influential? Erm, my husband, actually.

He's a doctor?

He's a doctor, he's a GP. He … he in his very quiet way has probably, you know, just supported me and allowed my, my career to flourish … allowed my career to flourish without, erm … you know, he was very supportive when I was never

going to have a career break, to have the kids and things. And, you know, he's never ever, erm, struggled with my working hours or anything I've wanted to do. So I actually think he's been quite influential really.

Erm, I'm … quite a driven person, independent person, erm … and I think I've come across individual senior people in my career that I've thought, mmm, you know, that's, erm … I'll take the traits of that person or the traits of that other person. So I think there were lots of people along my career.

And I had a colleague when I was at the Royal Free who, when I was on maternity leave, went and got a director of nursing post at Chase Farm. And I'd never even thought about being a director of nursing, and I thought, gosh, if she can do it so can I really, so why am I not thinking along those lines.

So my sort of, my every … lots of people have influenced me in lots of different ways.

Mmm. Because it must be quite difficult being … a chief nurse, a wife and a mother.

Oh yeah.

*Giving the hours that there are in a day (**laughs**).*

(**Laughs**) Well then there's no time for me in any of that really. Erm, my children keep me sane.

What ages are they now?

14 and 9. So they keep me sane and life's okay as long as it's, there's no problem, you know, and as long as I can come to work and I haven't got a problem like a broken boiler, which I currently have at the moment. It doesn't take a lot to … to knock my fine balanced life of course, really.

*(**Laughs**) Or the children get ill or something.*

Well, I've got a good nanny, you see, so there's, the sort of support network is, is pretty good.

Track 15 – Nightingale Nurses (1min 26secs)

Now, erm, remind me, the nurses that train here, are they still called Nightingale's, because they are more attached to a university or some such now, aren't they?

Yes, it's … predominantly those who get classed as Nightingale's are those that trained when the school was part of St Thomas' and it was just St Thomas'.

Yes, so …

And they come together on an annual basis.

Yes.

And they have an annual general meeting, erm … and Guy's have a … nurses' league, and they come together formally on an annual basis.

So students here now, are they, they're not Nightingale's anymore …

No.

So, in a way, that whole … being a Nightingale has faded out?

Mmm.

Do you think that's a good thing?

I think it's sad, actually.

Yes.

Because I, and I, I actually, as a student, I still associate myself with my teaching hospital.

*Yes, they all do (**chuckles**).*

And … and I think it's … you know, we, the training's changing a bit to have more of a focus so students can be associated with a, a hospital. So there are Guy's and St Thomas' student. Erm … so they have a strong affiliation. And I think, really, with, with the Florence Nightingale school we've managed to achieve that.

It's a tremendous history, isn't it, for them …

Yes.

… to take with them, wherever they go in the world.

Yes, huge.

Track 16 – Accommodation & London (4mins 48secs)

Now, we talked a bit about your family. We haven't talked about, erm, where you lived, for instance, when you moved down from, erm, the north. Were you living in, were you living out, have you lived in some interesting accommodation?

(**Chuckles**) I lived in a sister's flat at North Middlesex, which was lovely actually.

What, when you first moved down?

We, I did, yes. We had sister's flats, erm … which … there were two of you, had a flat, so you had your own bedroom, your own sitting room, you shared a kitchen and bathroom. It was very nice, actually.

Very nice.

Erm, and then I moved, then, out after I met my husband. So … we lived in an interesting place in Hackney, which … because he had a flat.

*Interesting in what way is that (**laughs**)?*

He had a flat on what was probably one of the most notorious estates in Hackney, the Kingsmead Estate, which he'd had since a medical student. So we moved in there, and then we ended up buying our own flat in Edmonton, and then Stoke Newington, and we've lived in Stoke Newington ever since.

So, erm, I mean, do you look back on that Hackney place as interesting and happy?

Oh, it was brilliant.

*Educational (**laughs**)?*

It was really cheap. We were never there really. Erm … it was a base and, you know, we just lived a happy sort of free and single life really. So, no, it was great.

Safe?

Erm … when I look back at it, when I was there it was fine. Erm, we were broken into, erm … in fact, actually, the police broke into our flat because they raided the wrong flat. They should've gone next door. Erm, and that's when I thought, actually, the place is a bit vulnerable. Erm … and it didn't, and actually if my husband was on call I would stay at the hospital. I would never come back on my own. … But it was fine, but, you know, it was in the … 1980s and so it was okay.

Now, you've obviously moved around a few different hospitals. Erm … have you come across any strange customs or … frightening incidents, superstitions? Grey ladies is a thing that always comes to mind, but …

No.

None at all?

No *(**chuckles**).*

Oh dear (**laughs**).

And presumably once you'd met your husband you enjoyed living in London, because you had mentioned you didn't like it terribly?

Oh, I would move tomorrow. I would leave London tomorrow, but my children and my husband will not, so that's that really. I'm not going anywhere.

Yes.

Erm, when, when, before we had children and he was looking for his first GP practice we, he initially looked outside of London, erm, Nottingham, Mansfield, Wakefield. Erm, not quite sure why but they were the jobs that were going at the time. And he got a job in Islington, so that was that (**chuckles**), that was that really.

That was it.

Erm, and every time the director of nursing job comes up at Stepping Hill Hospital, Stockport NHS Trust, The Foundation Trust, as it is now, I would hanker to go back. Erm, but we're happy, well-settled, and the children have a brilliant life really in London. You know, we don't, we have a car but we hardly ever drive it. Erm, you know, we're easily commutable to wherever or can walk wherever we want to go. So … they've got, they've got facilities and activities on the doorstep.

So that's obviously one of the best things. The downside, I suppose, is obvious, really, isn't it?

Well, you, you know, the traffic is awful, you don't know your neighbours, there's no community spirit. Erm, if I didn't work I think I'd probably be really lonely, actually. Erm … and … yeah, I think my parents hate it when they come down because they live in a little village called Kettleshulme in Macclesfield, and can't cope with the amount of people, the dirt. But there are not many, many people who can sit in, at work in their office and look over at the river Thames.

Exactly, it's absolutely wonderful, and Big Ben. Given what you've just said about it and about the way you're parents feel it was really quite a huge step for you to move, erm, when xxx …

No, we were …

… was it because you were young and …

No, we were brought up, as children, to be fairly independent. My mum had sort of spent a lot of, many of her years in and out of hospital. So as the eldest child I was fiercely independent, cooked, cleaned, got on with life really. So … and we're not a close family. We weren't brought up to … to be close at all. So actually, by the time 18 came and I moved into the nurses' home at Stepping Hill that was it really. I was on my own and that was it, I got on with it.

Mmm.

Track 17 – Opportunities and Challenges for Modern Nurses (9mins 6secs)

What do you think are the challenges and opportunities for nurses now, in the 21st century?

Oh (**sighs**) …

I mean, we're still in the a… period of huge transition really, aren't we?

Yeah, unprecedented changed, I would describe it as. Erm, I think the, the opportunity is that at this moment in time, with the NHS reforms, nurses are perfectly placed to lead in many areas. The challenge is … enabling nurses to do that, and harnessing that … enthusiasm and ability. And moving out of the mindset that life's all bad and morale's terrible.

Now that, how did you cope with that? How do you begin to even try to overcome some of the obstacles that there must be in terms of xxx?

By encouraging individuals to lead by example. And I'm a born optimist, so when I get faced with the fact that I have to make significant amounts of money to save … I'll do it my way. The outcome will be exactly what the board of directors expect, but how I do it, I will do it my way in, in … and I will control it. And the one thing I try to do is to instil that ability in all of my senior nurses so they feel they have control.

I mean there must be some difficult decisions to be made.

Yes, we made a lot of, we made a lot of difficult decisions. You know, we will, this year, have reduced nursing expenditure by 4 and a half million. Half a million of that has been saved by taking all the senior nurses back to clinical practice. Now, at the beginning of the year somebody would say, "Eileen, you need to take 4 million pounds out of nursing costs? And I would've said, "Oh, God, you know, how many nurses does …" you know. A number of people would've said, oh don't, I just need to reduce the head count. And actually, we've just done it in lots of different ways. And by gathering all the senior nurses together and saying to them, "Look", you know, "I'm going to have to, we're going to have to take this money out. I don't want to reduce the skill mix or the richness of the resource in this organisation, but we all need to work differently. So why don't we all go back to clinical practice and the money will get saved by reducing agency and bank".

So have you, when you've taken clinical nurses, senior nurses back into clinical area, have you maintained their salary or have they had to take a salary cut?

No, no, no, that's part of their responsibilities, that they work on a Friday, as a minimum, erm, in their clinical areas.

And they will then step back and report to the ward sister, if necessary? How do you work out the hierarchy?

They do a lot of things. Well, no, they are part of the team. They are not in charge of those wards, they are part of the nursing team. And they'll either work alongside junior staff, they'll work alongside the ward sister, or they'll take a group of patients. It depends on the skills of the nurses and the needs of the ward.

It must, actually, give them huge job satisfaction, actually, doesn't it?

Yeah, it does. It's taken 6 months, erm, and it's beginning to work.

And do they come out of their grey uniform and go into a different type of uniform?

No, they work in their grey uniform.

So they are seen as slightly different on the ward?

Yep.

How interesting. I mean, from where I sit as a sort of retired nurse there seems to be quite a lot of problems in recruiting girls even to come into nursing nowadays. Erm … how do you raise the profile of nursing in the 21st century?

Mmm, we … are beginning to do some work as a hospital in the local community, because nursing is not seen as an attractive career for many, erm, people really. And the opportunities are out there. I'm not sure I would encourage my children to be a nurse, because I think their skills sit elsewhere. And … I think they should do something different. I don't think they should do it just because they need to follow their mother. You know, my eldest daughter wants to be a doctor but I don't think she should make that decision because she spent a lot of her life in a hospital. I think she needs to make a decision based on what drives her. And, erm …

I don't know whether that's what you did, wasn't it?

It was, it was, but those opportunities now are not there. So we need to make nursing attractive in terms of the fact that, actually, you can have a career … and, importantly, you can also get enormous job satisfaction, erm, and reward for actually, erm, working with patients. And we need to sell that message. At the moment the only thing you see in the press is that, you know, … hospital acquired infections, morale of nurses, poor care, neglect, you know. In the media, if you look across the press, the press around the NHS is negative. It wouldn't encourage anybody to want to come into the NHS.

How do you think that can be changed or turned around?

… We have to work with the chief nursing officer, Chris Beasley, erm, who's got a programme …

She's xxx department?

Yes … who's got a programme beginning called 'Modernising Nursing Careers', to work with her on a national campaign. But you could, erm, people laugh at me but I watch The Royale on a Sunday night (**chuckles**), but, in fact, those programmes that get peak viewing are quite influential. And you sort of think well, actually, how can you utilise some of those things to influence, erm … people to think about a career in nursing and midwifery. Erm … and getting primary school children into the Florence Nightingale Museum, I think is excellent. Part of the problem is, is there's nothing at secondary school.

I mean, when they come to the museum, which, in a way, I imagine, for a child, is like going to any museum, you're looking at things from the past, do they then have a session that will then talk about modern nursing and, maybe the way even that nursing is going, such as you've described …

No …

… nurses taking on more responsibility.

… not at the moment, but we want to work with, as part of the development of the museum is to be able to, also be able to share … practice, how practice has developed over the years. I think would be fantastic to be able to have a display that says 'this is where nursing and midwifery is at Guy's and St Thomas' in 2006/2007'. So, but we haven't got there yet.

Do you think that nursing is still tarred with this image of, you know, poor pay and long hours?

Yes.

I mean, that's been the case forever really …

Yes.

… it's difficult to turn that around, because the financial aspect, apart from anything else.

Yeah.

Nursing, I think, has always been undervalued, hasn't it …

Yeah, yeah, and I don't think you probably…

… by the powers that be.

… are going to, to get rid of that myth very easily at all. And I think most people think that you don't come into nursing to make lots of money.

*No (**chuckles**).*

And, you know, so when you're choosing a career … you know, in secondary school at the moment, my daughter's in year 10 … they've had nothing around career opportunities, really, at all. Erm, and … and I think that's quite significantly wrong. They've got careers advisers, but they've got nothing at all that sets out for them, you know, these are the opportunities within, within the NHS. It isn't just about nursing and midwifery, these are the careers that you could follow within the NHS, these are the opportunities. You know, you can go from someone who qualifies and 20 years later be in a very, very senior position, earning, actually … a very, very large salary. Erm … but people just see nursing as being, you know, that newly qualified nurse on a, on a salary less than 30 grand, and they don't see that, actually, there is a career pathway …

Xxx.

… and you can earn a lot of money, as in any job.

One other thing, while we're talking about what the press had to say, this thing about girls qualifying in their, sorry, students are qualifying and there are no jobs for them. That also creates a negative image.

Mmm, mmm. And we didn't recruit …

What's your feeling about that?

… we couldn't appoint all of our newly qualified staff this year either.

This is because of job cuts, presumably?

No, because we were overwhelmed. We've reduced our wards, we've taken, we've reduced our beds, we've taken out 100 beds this year. And, therefore, by … but having said that, although we've reduced the beds, in some wards we've increased the staffing levels because dependency of patients has gone up. Erm, so there hasn't been a significant nett loss of numbers of nurses and midwives. Erm, but we are overwhelmed … (**beeping noise**) …

Track 18 – Opportunities and Challenges for Modern Nurses continued (36secs)

Right, we're back on again now.

Sorry about that.

That's alright.

We have, we had a large number of applicants for newly qualified staff and we just didn't have enough posts. We've got enough posts in the system, but they are at your experienced level, so your Band 6. So we've got vacancies at that level. Not a significant number, but we've never had, in the last couple of years, a large amount of newly qualified vacancies.

Track 19 – Changes in Nurse Training (2mins 28secs)

What are your views about nurse training, because it's obviously changed during your career?

Well, it wasn't all right when we trained … and …

Presumably you did the apprentice-style training?

I did the apprentice (**chuckles**) style training, and I, you know, in charge of a 30-bedded surgical ward as a second year student wasn't the most sensible thing

that any of us had done, but it was the norm then. And I, I wouldn't, I would be horrified if I was to ever find a student in charge of a ward now, which would never, ever, ever happen. Erm, so it wasn't all right then, but we did learn and you learnt via role models, and you were exposed to situations that you learnt by, by being an apprentice, by practising.

And how much clinical input do they have in their training?

Oh, God, I can't remember how many hours it is, I can't remember exactly how many hours it is. But it's moved to being more clinically focused than academically focused.

And do you find you still get plenty of candidates coming forward for training?

We don't have a problem; I think they don't have a problem at recruitment at King's. Erm, what we, the work we have to do is to focus on, erm … the, erm, retention of students. The dropout rate is quite high.

Oh, is it? Do you know why that is?

No.

How interesting. Although, correct me if I'm wrong, there seems to be a general theme across universities that doesn't quite xxx, even for general kind of studies. The idea is that everybody leaves school and goes to university and it's not suitable for them.

It's not right for them, mmm.

Track 20 – Future of Nursing (2mins 5secs)

So do you feel optimistic about the future of nursing, or how do you feel about it?

Oh no, I think …

*You said you were an optimist (**laughs**). How do you …*

I think nursing and midwifery has a very, very, very strong future. And just take is this opportunity. I think nursing and midwifery is in a fairly strong position. The important thing, though, is that it will be delivered, nursing and midwifery, nurses and midwives will deliver care in a different way in the future. And, you know, from when I trained, xxx a patient with a chronic obstructive airways disease in hospital for several weeks, these patients, in the not too distant future, will be cared for at home. So you've got nurses on medical wards, on elderly wards,

who will actually need to be able to have transferable skills to care for these people in the community. And that's our challenge.

And do you think that's how it will go, that they'll, the nurses almost will follow the patients out, or do you think …

No, not …

… xxx handing over as they do now?

No, I think there'll be handover. The thing for us is that we will need to ensure nurses, our nurses, have skills that are transferable, so they can work in an acute setting and they can work in a community setting competently. And that's our greatest challenge. If we don't do that then what will happen is, is any reforms and any move to take patients nearer their home or to home will fail because the resources won't be out there in the community.

Do you feel you're in a position to influence the way nursing …

Yes.

… is moving?

Yes.

You must sit on various national bodies, do you?

Yes. And we work with Chris Beasley …

Yeah.

… and … you know, I was, I sat on the review group at the nurse and midwifery council, around fitness to practice at the point of registration. I would hope that some of the changes, I'd influenced, positively, some of the changes that have taken place around the curriculums. Because we took enough evidence around the things that were not happening well.

Track 21 – Florence Nigthingale's View on Modern Nursing, and Handing Over Nurse Duties (3mins 14mins)

And given that it's about 100 years since Florence Nightingale died, erm, do you think her legacy … if she were to come back now how do you think she would be nursing? Would she weep or be pleased or …

Oh, I think she … I think she, she would have mixed emotions, actually. I think she would be impressed in the way nursing has developed and the fact that it sits in many areas on an equal footing to medicine. I think she would despair over some of the things that were … frustrating for her, like cleanliness, erm, as much as they are now frustrating for me.

I mean, in the same way that doctors are handing over procedures to nurses, such as the oesophageal cancer staging, nurses are obviously handing over things to … unqualified people …

Healthcare support.

… healthcare support workers, is that what they're currently called?

Mmm.

What's your feeling about that, because it does have the affect of taking the nurse away from the bedside?

Yes, I don't believe that that should happen. I believe that, that, where necessary, care should be delegated to the right person. And sometimes it's right for a qualified nurse to do some of the real basics, erm, as importantly as doing a drug round. And they should use their healthcare support workers as we use nursing auxiliaries, to provide the … to provide care for patients within their sort of delegated way.

*Yeah. Do you think that's realistic, I have to keep going back to salaries and costs etcetera, do you think it's realistic that, erm, you can always have sufficient trained nurses on a ward? Perhaps you can here (**chuckles**).*

Yeah, I mean we are … I'm lucky, I have a good resource here. I have a talented workforce as well. But … over the years it's been repeatedly done and repeatedly the money's had to go back in to increase the skill mix. And the more you reduce beds the <u>greater</u> the number of trained nurses will be required, because those patients that remain in those beds will be the sickest.

Yeah.

When I was a ward sister half the ward was well. They used to do the teas and things. And, you know, it was a great pleasure. And at Christmas the ward was always two thirds empty. Now, you know, the wards are full and, on the whole, full of very dependent patients.

Even over Christmas?

Yeah. For those wards that remain open they will be busy.

Yeah.

So things have changed quite a bit over your 20 something years?

Oh, golly, yeah (**chuckles**), quite a lot. I always do harp back to the fact that actually I wish I was back where it was in the 80s, erm, but that's not going to happen.

But we know what Florence said, don't we – "If you stand still you're going backwards".

Yep.

Track 22 – Nursing Moving Forward (2mins 6secs)

So, I know I've talked to you a bit about, erm, how you view the coming years. Could you sum it up and … the position that you're in, which is, obviously, a pretty prestigious position, how you feel nursing can move on? I mean we've talked about they've got to get their heads out of the sand, how do you think they can do that when they're so busy and …?

I think each organisation has a responsibility to nurture its workforce. And as an individual nurse, the only thing an individual nurse can really expect is, one, to be supported and developed, and, one, to be supported … when, when she has a thought, an idea or an opportunity.

And do you think this is where it goes wrong? I mean, you've already said you don't go into nursing for the money, you go into it because you want to help people and that, somewhere along the line … seems to get a bit skewed somewhere. Do you think that that's because they're not supported sufficiently?

I think, erm … you know, as soon as you become a senior nurse the automatic thing is to take you off the wards and out of the way, and sit you in an office and answer emails all day. And then the staff at clinical level then feel disengaged, not supported, and communication isn't great. And the important thing is that actually we're bringing that back, so that the senior nurses, who know how to tap into resource, who know how to get things done, who know how to be able to take an idea forward, are out there working with their staff.

Do any of the senior nurses object to having to go back to clinical work?

Some did because they didn't think it was doable, because they didn't know …

Xxx?

… how they were going to be able to squash 5 days into 4.

Right.

They're not really, they're just working in a different way. And if I can do it so can everybody else. … It's been good, it's made the biggest difference.

*It sounds brilliant. Well, thank you very much. Is there anything else you'd like to say (**laughs**)?*

No, I don't think so.

That's great. Thank you very much…

Track 23 – CBE (1min 38secs)

Could you tell me for what reason you were awarded the CBE, and when?

When I was at Whipps Cross, Whipps Cross had a reputation for having a fairly poor standard of care. They were very critical of its A&E services, were seen to have the worst A&E department in the country, erm, and went through a number of investigations, internal/external investigations. Erm, we turned the position around to have the best performing A&E department in the country, erm, and that was predominantly led by nursing and led by myself.

And in 2003 I was awarded CBE as part of the New Year's Honours List.

Fantastic. Who put your name forward? Was it the xxx?

The chief nursing officer.

The chief nursing officer. And did you go to the palace and …

I went to the palace, yes, in June, 2004, with my family. Erm, and Prince Charles was doing the investiture.

Right, good.

And I have it on video (**chuckles**).

Excellent. There aren't that many nurses who've received medals that are still in practice, are there? Or …

No, no. It's unusual for somebody of my age to get a CBE.

So a tremendous honour.

Mmm.

Congratulations.

Thank you.