Nursing leadership and its role in ensuring high-quality care continues to take centre stage in ongoing debates, successes and challenges facing the NHS.

As an established nurse leader with 15 years’ experience as a chief nurse, I have never been more convinced of the importance of supporting frontline leadership in both setting the direction and delivering excellence in patient care.

I was recently appointed chief nurse at Nottingham University Hospitals Trust (NUH), where one model of leadership – shared governance – stands out to me as pivotal in sustaining excellence in the fundamental aspects of nursing and midwifery care.

This model of frontline leadership is defined at NUH as a structure where staff have collective ownership to develop and improve practice, ensuring patients receive caring, safe and confident care. Importantly, its success lies in placing frontline staff at the centre of the decision-making process and views managers as having a facilitative leadership role. Although it was introduced relatively recently at NUH, shared governance is not new – it is used at Magnet Hospitals in the US.

Where shared governance is implemented well, the outcomes are clear; staff report improved job satisfaction, greater commitment to the organisation and better relationships with colleagues. Organisations implementing this model of leadership also show improved outcomes for patients, including lower mortality rates. Already at NUH, there have been numerous reports of positive changes to patient care.

We are building our shared governance structure on a practice council model. To date, we have 20 councils involving staff from 30 wards. All have been developed with the key support of our shared governance facilitators.

Examples of projects to date include addressing noise at night, improving access to drinking facilities for staff and mothers in maternity units, improving medicines safety and establishing consistent practice for patients at risk of neutropenia. As another example, during my own recruitment, a practice council chairperson who is a band 5 staff nurse was a member of the final interview panel.

I am so convinced of the value of shared governance that, together with colleagues at the Trust Development Authority and Health Education England, we are spearheading a national discussion and conference, which will be held this month in Nottingham. The response to expressions of interest has been phenomenal and demonstrates an interest in this innovative model of leadership. As nurse and midwifery leaders at all levels at NUH take this forward I am proud that our organisation is helping to lead the debate around excellence in nursing care and the potential role shared governance could play.

I look forward to sharing more about the NUH journey as we continue and, of course, we welcome others who would like to join us on the way. NT

Kathryn Godfrey is practice and learning editor of Nursing Times.

Spotlight

Many could learn from safe baby project

Changes made in one place to benefit the lives and experiences of patients can often work elsewhere.

This week, we feature an innovative project that has reduced the incidence of babies being dropped by their mothers on maternity units, most commonly as a result of restricted mobility following a Caesarean section (page 21).

After two incidents at Nottingham University Hospitals Trust, an audit tool was developed to identify mothers and babies most at risk. In addition, cots that are attached to the bed and reduce the risk of a baby being dropped replaced traditional, free-standing cots. These measures have made babies safer and how to prevent baby falls is now part of mandatory training.

Other maternity units would do well to learn from this project.

Mandie Sunderland is chief nurse at Nottingham University Hospital Trust