

# Leadership in Inpatient Diabetes



Dr Stella George

Consultant Diabetes and Endocrinology

Clinical Director ENHIDE

# Overview

When opportunity knocks...how to be agile and respond

You are a leader already...A little about leadership styles

# Why me? What have I got to say about leadership?

## Inspirations at every stage

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- 1996 Graduated from U. B'ham
- 1998 East of England SHO rotation
- 2000 PhD and Reg Rotation and MSc in Med Ed
- 2009 CCT- East and North Herts IP Diabetes
- ABCD committee
- JBDS committee
- RSM President of D+E section



- The birth of DOT



- Small inpatient diabetes team conducts reactive assessments based on referrals from the ward, which vary in quality and relevance.

- Focusing on high-risk areas has resulted in some enhancements; however, the necessary improvements are still significant.

- NaDIA data revealed elevated rates of insulin errors and a lack of confidence among patients.



- Negotiated a 2 year CQUIN payment allowing for team expansion

- Aim for 7-10 Proactive consultant sessions weekdays , 2 sessions per weekend

- 10 sessions per week and 2 weekend DISN sessions

# Targets

Outcome ( % Baseline)	Quarter 4 (%)	Quarter 8 (%)
Proportion of inpatients seen ( <30%)	60	75
Proportion of insulin treated patients seen	n/a	80
Decrease insulin administration errors (22%)	15	12
Decrease number of patients with inappropriately long VRIII (27%)	14	5
Implement touch the toes test	Renal ward 90	Renal ward 90%. Acute and COE wards 50
Increase proportion of patients who take an active part in their care (40%)	70	70

Other Targets
Monitor length of stay
Carry out a Root Cause Analysis with CCG Diabetes lead for patients with LOS >1SD away from mean
Monitor all ward discharge summaries and if needed send out diabetes specific discharge summaries within a timely manner



DOT

# Project planning Quarter 1

Q1 :Team recruitment = who did we need?

Q2 :Other resources= what did we need to make our work more efficient and maximise resources

A1: Consultant expansion to total of 3

DISN expansion to total of 4

Administrator

Clinical Audit Facilitator

Diabetes Clinical Assistant

A2: Ways to identify and risk stratify patients

Ways to communicate within diabetes team in hospital, other hospital teams, community teams, primary care.



# Project Planning- Quarter 2

- Quarter 2 – Most of recruitment done
- Targets starting to kick in- audit facilitator key in data entry and rolling analysis
- Constant refining of processes



DOT

ENHT Diabetes Outreach Team



Outcome ( % Baseline)	Target Quarter 4 (%)	Achieved Q4 (%)	Target Quarter 8 (%)	Achieved Q8 (%)
Proportion of Inpatients seen (<30%)	60	75	75	80
Proportion of patients admitted with insulin	n/a	86	80	89
Proportion of patients admitted with DKA/HHS	n/a	100	95	100
Proportion of patients admitted with DFD	n/a	97	95	100
Decrease insulin administration Errors (22%)	15	9	12	7
Decrease number of patients with innappropriately long VRIII (27%)	14	5	5	0
Implement touch the toes test	Renal ward 90	96	Maintain Renal ward at 90%. Acute and COE wards 50%	Renal ward 100% . 95% in all wards where launched TTT
Increase proportion of patients who take an active part in their care (40%)	70	70	70	77

# What difficulties did we face?

- Seven day working
- Skill set of outpatient DSNs
- Large changes in trust through consolidation of sites
- Work duplication because of lack of system integration
- ?Deskilling of ward staff
- Quantity not quality to meet CQUIN targets



DOT

ENHT Diabetes Outreach Team

East and North Hertfordshire 

NHS Trust

# Teenage DOT- what Covid-19 did next

- New IT system , hybrid EPR— Initially more difficult to pull reports and prioritise. Coloured proformas and paper VRIII charts- still used now!
- Consultants pulled to front line- DSNs stepped up
- 10 consultant delivered sessions to 5 afternoons with additional ad hoc support if needed
- Ward follow up clinic- -phone or F2F
- Hot clinics- for new diagnosis, DKA and Hypo
- Newest challenge is text alerts



You too are a role model  
You too are a leader



- You are being watched...
- Everything- when you walk in, respond to greetings, how you are in meetings
- Your emails, your gossip- you are always on duty and there is no off switch.
- This makes you humble, become more aware of your best moments and when you're not had your best day. You become aware of your humanity
- Which makes you more understanding, take ownership, apologise.
- Who is your role model?

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**Think of an inspirational leader you have come across in your career so far. Which two words would you use to describe their leadership?**

① Start presenting to display the poll results on this slide.

Leadership Style Quiz-  
What is your leadership style?  
Kurt Lewin



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# What is your leadership style?

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# Lewin's Leadership Styles

Lewin's Leadership Styles



**Authoritarian (Autocratic)**



Do 'X'



Coach makes all of the decisions



**Participative (Democratic)**



Which is best, 'X' or 'Y' ?



Shared decision making with the coach



**Delegative (Laissez-Faire)**



Do 'X' or 'Y' as you see fit



Limited input from the coach



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**Which situations might the authoritative style be best used?**

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## Autocratic Leadership



- strongly focused on command by the leader
- clear separation between leader and team members
- work tends to be highly structured and very rigid

## Benefits

- Allows for quick decision-making especially in stress-filled situations
- Offers a clear chain of command or oversight
- Works well where strong, directive leadership is needed

## Drawbacks

- Discourages group input
- Hurts morale and leads to resentment
- Ignores or impairs creative solutions and expertise from subordinates

## Democratic Leadership

- Creativity is encouraged and rewarded
- Leader has final say, but group members are encouraged to give ideas
- High productivity, strong contributions from the group, and better morale



### Pros

- More ideas and creative solutions
- Group member commitment
- High productivity
- Improved group morale

### Cons

- Communication failures
- Poor decision-making by unskilled groups
- Minority or individual opinions overridden
- Potential security issues

## Laissez Faire Leadership

- freedom for followers to make decisions
- group members expected to solve problems on their own



### Pros

- Allows highly skilled workers to flourish and self manage
- Encourages innovation
- Faster decisions when not micromanaged
- Works when team knows more than the leader

### Cons

- Lack of role clarity
- Poor involvement with the group
- Low accountability and avoids responsibility

FINAL  
THOUGHTS

# Impostor Syndrome

What's your impostor type?

## The Perfectionist

I should deliver a perfect performance 100% of the time. My work must always be A+.

TYPE  
01



TYPE  
02

## The Expert

If I were really smart I would already know everything I need to know to do this.

## The Soloist

I believe that true competence is equal to my own, unassisted achievements. I must do everything myself.

TYPE  
03



TYPE  
04

## The Superwoman

If I were really competent, I would be able to do it all, and do it easily and well.

## The Great Mind

I judge myself on ease and speed: If I were really competent, it would come quickly and easily.

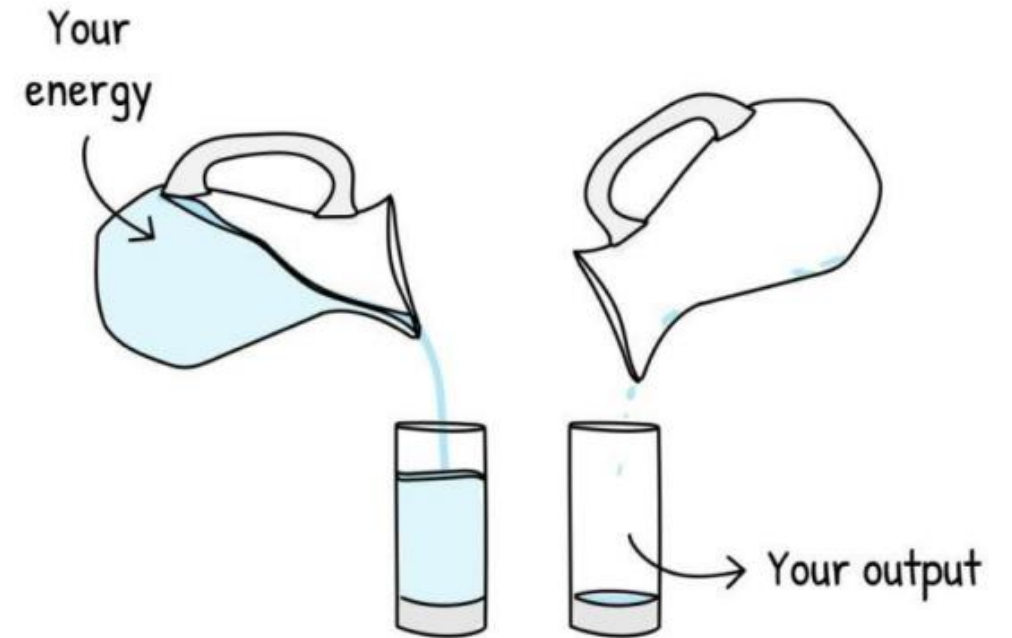
TYPE  
05

To find out how to pick new mindsets for your type, go to <http://sarajanelowry.com/impostor-syndrome-types-which-one-describes-you/>



	Work Life Balance	Work-Life Integration
Work Hours	Have to work contracted hours	Support flexible time as long as target achieved
Workplace	Must be available at the office	Work could be done anywhere so long as target achieved
Life Perspective	Have your life only AFTER you have finished your work	Synergise work and life even during office hours

You can't pour from an empty jug







# YDEF

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[www.leadershipacademy.nhs.uk](http://www.leadershipacademy.nhs.uk)

With thanks to all in ENHIDE  
past and present