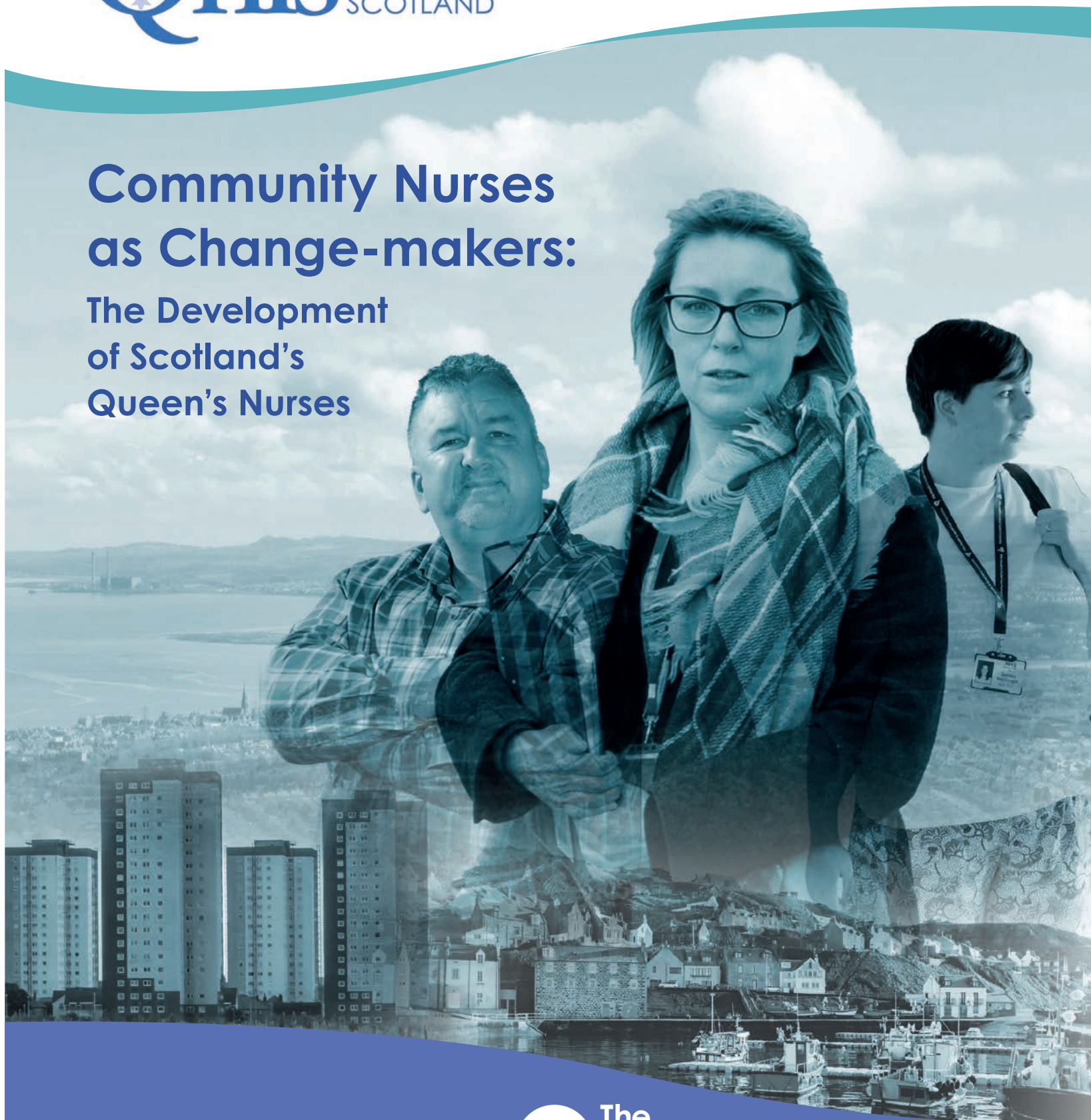


# Community Nurses as Change-makers:

The Development  
of Scotland's  
Queen's Nurses



An Impact Report





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## Foreword

# From Scotland's Chief Nursing Officer and Chair of Scotland's Executive Nurse Director's (SEND) Group

Health and social care in Scotland has been integrated since April 2016. The aspiration is to ensure the population of Scotland has access to high-quality health and social care services that are focused on prevention, early intervention and supported self-management and, whenever possible, are delivered close to or in people's own homes or in homely settings.

Building on this integration journey, the Scottish Government is now working towards introducing a National Care Service. The new service, which will further develop multi-disciplinary, multi-agency team-working, will herald a step-change in outcomes for people receiving care and support and for the workforce that delivers services.

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**"The aspirations of the programme epitomise the national drive to support the health and care workforce across primary and community care."**

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This report is a celebration of community nursing in Scotland. It vividly demonstrates the diversity, ingenuity and innovative spirit of community nurses working collaboratively in multi-disciplinary, multi-professional teams across many fields of practice, sectors, care settings and agencies to ensure that care, treatment and support is delivered day after day with and for people in communities.

Many nursing roles in Scotland have been transformed in recent years through the Scottish Government Chief Nursing Officer Directorate Transforming Roles Programme. The dynamic nature of health and social care services means that all professions need to examine how they practise and make necessary changes to ensure optimal delivery of high-quality, safe and effective care to meet

the clinical, care and support needs of Scotland's population. By scrutinising roles and reforming them, we can support how the populations' current and future needs are met in the new health and social care environment. Nurses in these transformed roles are supporting people across the whole system, but particular change is being seen in community nursing. Community nurses have taken huge steps in maximising their own effectiveness and that of the teams in which they work.

The Queen's Nursing Institute Scotland (QNIS) has long played a central role in influencing how community nursing works for the people of Scotland, not only in helping to meet health needs, but also in addressing wider issues of inequality and social injustice that drive many of the health and social problems faced by the population.

Nowhere is this more evident than in the Queen's Nursing Development Programme. This wonderfully innovative education and development experience transforms participants' working practices and changes their lives for the better. The aspirations of the programme epitomise the national drive to support the health and care workforce across primary and community care. Health and care workers support individuals, their families, friends and communities by providing compassionate, person-centred care that reduces inequalities and improves outcomes.

The evidence and stories presented in this report bring vividly to life the personal journeys taken by Queen's Nurses as they move through the programme. We see how confidence and self-belief build, capacity to innovate magnifies and determination to make a difference grows. The innate abilities and leadership potential of the Queen's Nurses reach new heights as they go on to lead service change and inspire their colleagues. Often, the focus of service innovation is on helping marginalised communities such as people who use drugs, inmates of Scotland's prisons, and people who are homeless, refugees or asylum-seekers.





Underpinning all activities and initiatives linked to the programme are two fundamental principles – an understanding that innovation and change are only worthwhile when they bring positive benefits to individuals and communities, and a recognition of the importance of working collaboratively with communities in a whole-system approach through multi-disciplinary, multi-professional, multi-agency teams.

Scotland will always be grateful for the significant contribution made by nurses to the national response to the Covid pandemic. Community nurses, working alongside their colleagues in primary, secondary, third-sector and social care, have gone the extra mile to keep their communities safe and protected. They have worked tirelessly to deliver community-based treatment and support, including Covid testing and vaccination and, as this report shows, many other new and innovative supports and therapies.

We look forward to continuing to work with QNIS to further progress the inspirational journey of community nursing in Scotland. Our congratulations go to all cohorts of the Queen's Nursing Development Programme, and we offer grateful thanks to them for the wonderful ongoing contribution they make to improving health and reducing inequalities



**Professor Alex McMahon, Chief Nursing Officer, Scottish Government**



**Ann Gow, Deputy Chief Executive, Director of Nursing, Midwifery and Allied Health Professionals, Healthcare Improvement Scotland, Chair of SEND**



**Scottish Government**  
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## Foreword

### From the Health Foundation

It was both refreshing and inspiring to hear of the incredible work of the Queen's Nurses Development Programme (QNDP) led by Clare Cable and her team at The Queen's Nursing Institute Scotland when attending a healthcare conference in Scotland. Whilst acute healthcare settings have traditionally received a greater focus, improving health and care in community settings and work led specifically by nurses, has rarely received as much spotlight. The stories of impact and the innovative approaches used within the programme to develop a new cadre of change makers, combined with a strong focus on equity and community settings led us to explore commissioning work to capture the ingredients of this programme for many others to learn from.

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**"The contribution community nurses and midwives will make across the whole system to delivering on this policy agenda is immense."**

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The Health Foundation aims to shine a light on how to make successful change happen to make people's lives healthier and improve quality and equity of access of the health care system. The Health Foundation has had a long history of collaborating with others, and building people's skills and knowledge, through healthcare leadership and improvement programmes in the UK. Through supporting this work, we were particularly keen that it could be used to share learning with others leading and developing improvement and leadership programmes, and in particular helping to expand the focus from healthcare improvement to population health improvement, and from quality to also encompass equity.

Covid has shone a stark light on health inequalities and health equity, pre-dating the pandemic but brought to the fore during this challenging time. The current context makes it ever more important to help support,

train and develop our health care professionals to tackle these issues. It was clear to us that the story of this programme of work could inspire others looking to make a difference in this space. We therefore felt it was important that QNIS were given the opportunity to explore their impact and develop their story. Showing that leadership for equity can be most impactful when it comes from those who are embedded within their communities, and this report shows us how to both improve local health outcomes and achieve change at a system level. We hope that this report allows QNIS to spread their vision for many others to learn about.



**Dr Dominique Allwood**  
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The Health Foundation  
Consultant in Public Health







## Preface

### Clare Cable, Chief Executive and Nurse Director, QNIS

Over the course of a career, just occasionally, we are given the opportunity to do something that really makes a difference; an initiative that leaves us proud and humbled in equal measure. For me, co-creating the Queen's Nurse Development Programme (QNDP) has been one of those opportunities.

I have been deeply moved hearing the life-changing accounts of those who complete the programme; seeing the impact of internal narratives shifting from self-criticism to self-compassion. It is an honour to have created a space where community nurses and midwives can become their true selves, find their voices and discover their sense of agency.

This is a transformational development programme, and the purpose is to enable nurses and midwives to become change-makers in their communities and to advocate for social justice.

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**“As nurses we are hard-wired to fix, and this programme helps people unlearn that. It is only when we listen, really listen, that we can begin to understand the issues that truly affect health and wellbeing.”**

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I have spent most of my career in healthcare quality improvement and looking back, sometimes I think we invested a great deal of energy in improving things which were not at the heart of the problem. It is when we raise our awareness, when we listen deeply and observe attentively that we can begin to discern with others how we might change our systems.

As you will read, the programme is based on theories which put people and relationships first. Each person sets off on a journey of discovery and the thing they discover is themselves; the person they are choosing to become to make a difference to the health of others.



Our vision is to create a social movement of change-makers in our communities, for Scotland's Queen's Nurses to be catalysts for positive change in the health of our most marginalised communities. Our aspiration is that they will work collectively with citizens and other agencies. This report sets out the impact to date and the early progress towards that vision.

As with any successful initiative, the QNDP has been a huge team effort. I wish to acknowledge the immense contribution of Professor Brendan McCormack, whose creativity and person-centred approach is woven through the programme. Jane Cantrell joined Brendan and me to create the original core team of facilitators and her wisdom and experience has shaped the programme as it has evolved. The coaching team, the Queen's Nursing Institute Scotland staff team, the Advisory Board and the trustees of the charity have all worked hard behind the scenes to make it a success, along with the many extraordinary guest speakers who have inspired us all.





This review came about after senior staff from the Health Foundation heard four Queen's Nurses speak at the NHS Scotland Event in 2019 about addressing health inequalities. They were keen to know more about the QNDP and asked us to tell its story. This report is the result, and it would have been ready a lot sooner had it not been for the intervening Covid pandemic. However, the consequence of the pandemic and other world events has left us in a state of crisis in which the need to address inequity is pressing.

It is therefore even more important that we continue to give community nurses and midwives the opportunity to develop their skills as advocates, improvers and change-makers. I hope that when you have read this report you will work with us to find the funding to enable this transformational programme to continue, evolve and grow.



**Professor Clare Cable**  
**Chief Executive and Nurse Director**  
**Queen's Nursing Institute Scotland**



# Context, assumptions and risks

Contemporary challenges around sustainable healthcare, the erosion of human rights, poverty, health inequalities and the incidence and prevalence of non-communicable disease continue to shape society (Marmot et al., 2020). The Covid pandemic has significantly amplified the speed and scale of the impact of these challenges (Naik et al., 2020). Rarely in recent times has the interdependence between health and social care been so obvious and the connections between individual and population health so vividly demonstrated.

Recent events have also amplified the potential for human compassion, creative professional practice and collective action. With a refreshed focus on improving community engagement and health literacy while simultaneously supporting and developing the health and social care workforce, we can help mitigate and reduce many of the barriers to living a healthy and fulfilled life in a flourishing society.

Community nursing and midwifery have long been at the forefront of addressing toxic health inequalities and promoting access to individual, family and population healthcare.

Community nurses and midwives combine generalist and specialist professional expertise with local knowledge. They operate in a unique position within the health and social care system, being employed by the independent and third sectors, local authorities and the NHS, and provide care in people's homes, schools, workplaces, general practice surgeries, prisons and more.

Community (and other) nurses and midwives nevertheless often struggle to access effective leadership development programmes (All Party Parliamentary Group on Global Health, 2016), despite consensus about the importance of effective clinical

leadership for care outcomes (Francis, 2013; West et al., 2015). Adding to the challenges, a report for the King's Fund highlights that the nursing and midwifery workforce as a whole is facing concerning levels of staff stress, absenteeism, turnover and intention to quit (West et al., 2020).

This impact report shows how the Queen's Nurse Development Programme (QNDP), developed and run by the Queen's Nursing Institute Scotland (QNIS), is inspiring and enabling community nurses in Scotland to become change-makers in their local communities, leading successful community health initiatives in partnership with local people and agencies.

We are building on many years of research that shows how people working in close proximity to pain, distress, disease and death are vulnerable to fear, anxiety and burnout (Menzies, 1959; Hinshelwood and Skogstad, 2000). These very human vulnerabilities can be understood in ways that support the capacity to think, provide care for others and work successfully in groups and teams (see, for example: Main, 1989; Armstrong, 2004).

We also have decades of scholarship proposing and explaining workforce measures that can help mitigate these experiences for professionals and improve care.

These include providing space for detailed reflective work discussion with senior colleagues (Balint, 1957; Rustin and Bradley, 2008), supporting staff teams to focus on the emotional, social and ethical challenges of healthcare (Maben et al., 2018), and recognising the growing need for compassionate leadership (West, 2021), compassion for leaders and the chance to learn about and develop into clinical and other leadership roles (Anandaciva et al., 2018). The QNDP builds on these needs and offers an opportunity for transformational development.

## 2 Structure



### Structure of this report

This report provides an overview of the QNDP and presents a provisional logic model showing the key mechanisms of change. Section 3 includes a brief history of QNIS, setting out our relevance in the professional nursing and public health landscape of today, and summarises the recent reintroduction of the Queen's Nurse (QN) title to Scotland.

Section 4 explains the delivery of the QNDP and section 5 focuses on evaluation of the programme

outcomes, including the four key outcome pathways and the relevant data sources. Section 6 reports on a virtual event hosted by QNIS and the Health Foundation in April 2021 that fed into the final draft of this report.

The final sections explore more fully two of the intentions for the QNDP – addressing inequity and social justice in our health and care systems and building a community of practitioners as change-makers.

## 3 Change Makers: Then & Now

### 3.1 History

Sixty years before the NHS was born, the Queen's Nursing Institutes across the UK were meeting the needs of people in Britain, particularly those living in deprivation and poverty.

Founded in 1889, QNIS was the focal point for educating, deploying and supporting QNs across Scotland, from the city centres to the Highlands and islands.

QNIS has operated continuously for more than 130 years. Its original Royal Charter required the training of nurses to meet the needs of Scotland's 'sick poor' in their own homes and communities.



At the turn of the 20th century, nursing played a significant part in a wider movement for social reform. QNs were pioneers of their time, supporting people in mining and fishing communities and in the factories of newly industrialised regions, and working in highly autonomous roles as lone practitioners in remote and rural crofting communities.

The promotion of social justice remains at the heart of the QNIS mission. QNIS trained QNs until 1969, when a national certificate of district nursing was introduced. In 2015, inspired by our sister organisation QNI in London, QNIS started a consultation process to consider what a new QN role could look like for Scotland.

### 3.2 Reintroducing the QN title

A summit in January 2016 brought together experts from the prison service, voluntary organisations, medicine, allied health professions, social work, primary education and nursing to discuss what a new QN role might look like.

Each delegate shared the approach they had taken to develop frontline leadership within their own area and, importantly, the lessons they had learned. Consensus about essential personal qualities for QNs included skills in negotiation, enabling safety and challenging others (being courageous), personal resilience and a commitment to addressing inequalities. Also considered vital was the ability to build trusting relationships, have enabling conversations, take teams and organisations with them, be an agent of transformational change within their team, draw on a range of resources and approaches, be a catalyst for societal change within

their communities and take time for deep reflection.

Lessons learned from other programmes suggested that:

- outcomes should be societal and transformational changes that demonstrate benefits for employers;
- a culture of person-centredness is the driver and the context for personal development;
- organisational sponsorship is key to sustainability, although it is important to select people who will challenge the organisations that sponsor them;
- high-quality coaching could provide an important enabler of personal development; and
- the QN award should be a recognition of, and means of strengthening, people's existing qualities.

We also established that the QNDP should: ensure long-term support that truly facilitates growth and



development; provide a safe, engaging and facilitated space; enable people to grow in confidence, building on their existing skills; and build a critical mass of excellent practitioners.

An Excellence Profile, describing the core qualities

of a QN, was developed by a task and finish group comprising executive nurse directors and leaders from the third sector, research and higher education. The Excellence Profile provides the foundation of the programme, is used to guide nomination and selection, and informs the content of workshops.

## The Queen's Nurse Excellence Profile

Inspiring others by making a difference	Inspiring others by bringing people with them
QNs find opportunities (or circumstances find them) to change how things currently are done, recognising how things should and could be, making things better for individuals, families and communities, and/or helping others to make a significant impact.	Through their enthusiasm and persuasive nature and clear evidence of their practice 'coming from the heart', QNs create a groundswell of support and recognition that 'carries the day', persuading others to commit and get things done.
Inspiring others with tenacity and resilience	Inspiring others with humility and reflection
QNs find their way across boundaries, around obstacles, through bureaucracy and successfully challenge attitudes like 'but we don't have control over that' or 'that will never work here' – they just keep bouncing back, finding new doors to open each time one closes.	QNs listen deeply, seeking to understand what really matters, approach life reflectively, are always learning and are kind to themselves. They will sometimes be surprised by personal recognition for their achievements and are quick to attribute success to the contribution of others.

3

## Change Makers: Then & Now

### 3.3 Scotland's QNs today

QNs are registered nurses or midwives working in any community setting. Scotland had 110 new QNs in July 2022, with a further 20 participants currently undertaking the QNDP. They can be found in every territorial health board in Scotland.

QNs are expert community practitioners, supporting some of Scotland's most marginalised communities in remote and rural areas and in cities. The table opposite shows the various regions and organisations in which they are based.

You will find case studies of QNs throughout this report. They give a snapshot of the professional lives of those who have undertaken the QNDP and provide insight into the diversity of developments implemented as part of the programme. Take, for example, **Hilary Alba**.

At the time of undertaking the QNDP, Hilary was a senior charge midwife in the Special Needs in Pregnancy (SNIPS) team in NHS Greater Glasgow and Clyde. She cares primarily for refugee and immigrant women, many of whom have experienced severe trauma.

The QNDP supported Hilary to explore different ways of working. Instead of setting up parentcraft and antenatal classes for asylum seekers using a tried and

tested model, she spent time listening deeply to the women to understand what they needed. She heard that travel costs mean women cannot get to classes, they cannot access childcare so they can attend alone, and language is a huge problem – the women speak a range of languages, including Albanian, Arabic, Chinese, Farsi and Vietnamese.

Hilary worked with the Red Cross and together they found funding to support travel costs, created a regular monthly session with food and fun to which children are welcome, and engaged whispering interpreters who sit alongside the women and translate quietly, one to one. The women could then access information on the things that mattered most to them – where to find support, who to call when they went into labour and how to navigate the NHS in Scotland.

This example highlights the complexity of the projects undertaken and the leadership required. These are often innovative public health projects delivered through co-production and community partnerships. The initiatives support vulnerable populations, focus on reducing health inequalities and provide opportunities for what is increasingly recognised as both leader and leadership development (see, for example: West et al., 2015; Anandaciva et al. 2018).

## Number and location of Queen's Nurses, 2017–2022

Region	NHS boards	Other organisations
East (36)	NHS Borders (7) NHS Fife (9) NHS Lothian (9) NHS Forth Valley (6)	Scottish Care (1) Edinburgh Community Yoga Ltd (1) Holmes Care Group (1) Queen Margaret University (1) Scottish Government (1)
North (46)	NHS Grampian (10) NHS Highland (9) NHS Orkney (5) NHS Shetland (2) NHS Tayside (10) NHS Western Isles (3)	Promoting a More Inclusive Society (PAMIS) (1) Parish Nursing – the Steeple Church Dundee (1) TAQA Bratani Limited (1) Maggie's Highlands (1) The Highland Council (1) Royal Air Force (1) Defence Primary Health Care (1)
West (48)	NHS Ayrshire & Arran (9) NHS Dumfries & Galloway (9) NHS Greater Glasgow & Clyde (17) NHS Lanarkshire (4) Public Health Scotland (1)	Ardgowan Hospice (Compassionate Inverclyde) (1) Greenock Medical Aid Society (1) Children's Hospice Association Scotland (1) Advinia Healthcare (1) Erskine (2) Dementia Carers Count (1) Scottish Government (1) Pacific Care (1) University of the West of Scotland (1)

## 4

## Queen's Nurse Development Programme

### 4.1 Design

The theoretical cornerstone of the programme is the person-centred framework (McCormack and McCance, 2017). This defines person-centredness as:

**“An approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons (personhood), individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development.”**

(McCormack and McCance, 2017, p. 2)

The other core theoretical underpinning of the QNDP is Theory U (Scharmer, 2018). This focuses on awareness-based system change, approaching an issue with curiosity (open mind), compassion (open heart) and courage (open will). The values and principles of Theory U are synergistic with the principles of person-centredness, with both approaches requiring individuals to develop a deep awareness of self.

The QNDP comprises a careful balance of expert masterclasses, individual reflective space, small active learning sets, mindfulness, intense conversation and creativity. It begins with a five-day residential workshop with two further two-day residential workshops. The first residential week provides opportunities for participants to hear from some of Scotland's outstanding leaders, including Members of the Scottish Parliament and leaders from health and social care and the third sector. These guests

are invited to share their career stories, the personal challenges experienced and the things they have learned about themselves during evening 'fireside' conversations, which are unfailingly inspirational.

Participants are invited to ask questions and the guests stay for dinner, where they rotate round the table between courses to meet as many as possible. Each candidate is also supported by monthly coaching based on a co-active model (Kimsey-House et al., 2011) and ongoing dialogue with peers and facilitators.

Participants are introduced to a range of practices to enable them to develop their self-awareness and self-compassion. The programme uses mindfulness and embodied wellness practices, drawing heavily on the work of Capacitar International. These simple evidence-based wellness practices serve as valuable tools to help people heal and transform stress.

The second residential workshop enables participants to weave their personal professional leadership journey together with their issues for development through a range of reflective practices, including the creation of storyboards. The third and final workshop has an emphasis on 'Finding your voice', with masterclasses on storytelling, media skills and using the breath. The final day includes a carefully planned closing in which participants can share what the programme has meant to them and express appreciation for their fellow travellers.

During the Covid pandemic, we coordinated evening online meetings via Zoom every month for each QN cohort. Soon after, we arranged additional online meetings for QNs in specialty areas, such as children and young people, mental health and older adult care. This provided a much needed and hugely appreciated virtual venue for QNs to share experiences arising from the pandemic and to receive support and care for themselves. These monthly evening sessions have continued.

Cohorts and local groups have also been connecting



to support one another. The 2017 cohort came together virtually with a choral director to record their own version of the song 'Lean on Me' to raise money to support QNIS efforts to offer wellbeing support to community nurses during the pandemic.

QNIS has been finding other ways to help QNs make sense of their individual and collective experiences during Covid. Each QN was sent a personally inscribed journal to record their thoughts/actions during the pandemic. Working with the Scottish Poetry Library, we recorded daily poems to inspire and comfort.

A series of blogs, some written by QNs, was developed to help frontline staff make sense of the uncertainty. In April 2020, the QNs requested that videos be made of the wellbeing practices offered

during the programme to support their own wellness and to share with colleagues. In response, QNIS produced lockdown videos and a new webpage with an array of wellbeing and self-care practices for QNs. These have been widely shared. In September 2021, QNIS was successful in receiving funding to enable 24 QNs to train further in Capacitar wellness practices to use for themselves and to support colleagues.

Restrictions prevented the pandemic cohorts gathering for some of the residential workshops, so we developed virtual workshops using as many creative and contemplative practices as we could reasonably translate online to provide support and opportunities for reflection.

## 4.2 Application and selection

Following nomination by the executive lead in their organisation, which ensures employer support from the outset, each nominee submits a written application setting out their personal and professional experience, readiness for the programme and their proposed development project. Support is provided by QNIS and existing QNs, who explain the process and promote the value of co-creation and the QN network. A selection panel shortlists the candidates to be invited for the second stage, and those not shortlisted are provided with supportive and constructive feedback.

Shortlisted candidates attend a regional selection day that includes focus groups, multiple mini-interviews and the opportunity to record a video. The focus is on in-depth exploration of the quality of the match between each candidate and the Excellence Profile. Many recall a sense of being challenged to be their authentic selves rather than having the 'right' answers. They report that the process felt both intense and relaxed, highly professional and unusually personal.

Through six cycles of the programme, no one who was selected has dropped out or failed to complete.



## 4

## Queen's Nurse Development Programme

### 4.3 Faculty

The QNDP was initiated by QNIS' Chief Executive and Nurse Director, Clare Cable. She has put her head, heart and soul into creating, refining and sustaining the programme.

Clare's thinking evolved as part of her own leadership development as a recipient of a Florence Nightingale Foundation Scholarship. This enabled her to undertake the King's Fund Top Manager Programme and the Presencing Institute Foundation Programme, which gave her the opportunity to experience what it feels like to be stretched and challenged to strengthen her own leadership in an intentional, systematic manner.

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**"A deep commitment to co-design, co-create and co-produce the programme has enabled it to evolve."**

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**Professor Brendan McCormack** has 30 years' experience of scholarship in person-centredness, leading international practice development schools, and facilitating creative, person-centred culture change. **Jane Cantrell** was a Trustee of QNIS who until her retirement in June 2020 was a Programme Director in NHS Education for Scotland. Jane has extensive experience in community nursing education.

Together, Clare, Brendan and Jane facilitated the QNDP from its conception until 2021.

Additional facilitators have been introduced to promote sustainability, but only one new facilitator can join

in any year to ensure strong continuity of experience between cohorts and programme fidelity.

The other faculty members are the coaches who work with individual QN candidates during and between the residential sessions, using a co-active model. The coaches are integral to enabling each transformation journey. **Edith Graham, Kate Greenstock** and **Nathalie Britten** have been part of the core team since the beginning of the programme in 2017. Facilitators and coaches communicate regularly through the programme to ensure any emerging issues are addressed collectively.

The coaches worked with QNIS during the pandemic to provide additional coaching sessions for many of the established QNs to help them cope with the extraordinary demands and dilemmas facing them during the initial months of Covid.



## 4.4 Sponsorship and support

The Trustees of QNIS are committed to the sustainability of the QNDP. The charity's resources require that to be viable long-term, programme costs need to be met from grant-making trusts each year. A significant amount of time therefore has gone into grant applications, and this work is ongoing to ensure that nurses and midwives can continue to access this level of leadership development investment in the future.

The first two QNDP cohorts were supported by leadership development grants from the Burdett Trust for Nursing. General practice nursing candidates were supported in 2018 and 2019 by NHS Education for Scotland. The Dunhill Medical Trust has been sponsoring community nurses caring for older people to participate in the programme since 2020, and one candidate each year from NHS Lothian has been supported by the Edinburgh & Lothians Health Foundation since 2019.

The cost of the programme is approximately £200 000 per year. This enables 20 QN candidates to take part, which works out at £10 000 per person. The programme design provides the high-quality learning and support needed to leave QN candidates feeling valued, connected and empowered as leaders and change-makers.

The Queen's Nurse Advisory Group, comprising a dozen leaders from different sectors, plays a vital and active role by providing oversight and governance support. It is chaired by **Professor Fiona Coultts** (Convener of the Council of Deans of Health Scotland). The wisdom and experience of this group make substantive contributions to the shape and direction of the programme.

Organisational support is provided by programme participants' employers, which include the 14 regional NHS health boards across Scotland and independent and third sector organisations. Employers are required to enable staff to attend the 10 residential days and to support improvement activities around their issue for development, which is agreed with their line manager at application. Employer engagement to date has been excellent.





4

## Queen's Nurse Development Programme

### 4.5 Recognition and profiling

The nine-month programme ends with an awards ceremony where QNs receive their certificate, personally signed by Her Majesty the Queen, QNIS' Patron. The scale and grandeur of the event is intentional, because it is rare that nurses take centre stage to have their work profiled in this way. Senior leaders from across health and social care are invited and this brings the work of community nurses into the spotlight.


The opportunity to dress up, to bring partners, parents and children to witness the awards is very important to all concerned. For many, the transformation experienced during the programme has been personal as well as professional, significantly affecting their family relationships. The awards night is an opportunity for all concerned to acknowledge the impact of the programme.

QNIS invests in professional photography of participants in their community, their workplace and where possible with patients. The photographs are used to create stories of the extraordinary everyday working lives of Scotland's nurses and are presented as online profiles. These are then developed as articles for local media, working with employer communications teams.

Local newspapers have huge reach within Scotland, so this has become a powerful way of communicating the difference community nurses are making in the 21st century. The general public has little understanding of nursing in the community. They rarely see images of community mental health nurses, school nurses or those who work in homeless outreach or prison services. Telling the stories of the knowledge and expertise of contemporary nursing, particularly their role in addressing inequity, is important in developing public understanding and inspiring a new generation of nurses.







**“It is rare that  
nurses take  
centre stage  
to have their  
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## 5

## Queen's Nurse Development Programme outcomes

## 5.1 Evaluation approach

Our ongoing evaluation of the QNDP uses multiple methods, including annual surveys of all QNs, reflective conversations between stakeholders, review of final reports submitted by QNs, production and review of profiles for each QN and surveys of coaching provision.

In addition, more systematic evaluations have been conducted:

- a team from Robert Gordon University (RGU) undertook an independent evaluation of the experience of the 2017 and 2018 cohorts (Kennedy et al., 2021); and
- the 2019 cohort engaged in a collaborative creative inquiry (McCormack et al., 2021).

The evidence contained in the evaluations forms a part of the synthesis in this report.

We also created for this report to the Health Foundation a range of additional questions to include in the 2020 survey, conducted 14 purposive semi-structured interviews, sought feedback from a selection of employers, and worked with an external provider to map outcomes and formulate pathways showing theories of change. The draft report based on the 2020 survey data were enhanced using subsequent data gathered from the 2021 survey.

We used the Matter of Focus approach to logic modelling and the associated OutNav software, which

were developed by Dr Ailsa Cook and Dr Sarah Morton. The Matter of Focus approach is a theory-based systematic way of articulating, testing and evidencing the contributions made by a particular intervention.

We prioritised and mapped four outcome pathways that help to explain the impact generated by the QNDP. Each pathway is shown in the tables that follow as a series of steps leading from the overall aim through what we do, ending with the broader difference this makes in the identified area. Tracking progress on these outcome pathways is a continuing process aimed at helping us understand the intricacies of multiple chains of events to enable us to arrive at a reasonable and trustworthy consensus about context, contribution and success.

Each pathway has been formulated and refined based on our understanding and analysis of the relevant data sources. The data sources for each step of the outcome pathways are colour-coded to reflect their range and quality. We use **GREEN** to indicate we are confident that our data sources provide sufficient range, reliability and validity to evidence the achievement of those outcome steps, and **PURPLE** to indicate we have some evidence the step has been achieved but are relying on a smaller number of sources or on sources that only partially evidence the outcome steps. A description of each data source is presented in Appendix 1.

## 5.2 Limitations

We recognise that intervening in a complex system of learning and development for health and social care provision, with its myriad and moving variables, creates difficulties for us in identifying how and where we are making a meaningful contribution.

While we are making progress in generating data that help us understand the impacts on local communities, broader public services and the wider nursing profession, there are still some limitations as we seek to expand and

strengthen our evaluative focus beyond the participants, their employing organisations and faculty. Despite these limitations, consistent insights emerge from our evaluation and from external longitudinal evaluation. Based on the four outcome pathways below, it is becoming clear that the QNDP has much to commend it thus far, with much more still to contribute.

The description of each outcome pathway below is illustrated with a narrative account of a QN's experience.

## 5.3 Outcome pathways

Outcome 1						
Outcome pathway	What we do	Who with	How they feel	What they learn and gain	What they do differently	What difference this makes
<b>1</b> Personal development supports compassionate nursing leadership	The QNDP provides individual reflective space, small active learning sets, mindfulness, individual monthly coaching and workshops focused on finding your voice	Senior clinical community nurses, who are nominated and selected to ensure they are personally and professionally ready for the QNDP  Programme faculty	Inspired Rejuvenated Supported Safe Energised Confident Authentic Passionate Transformed	Willingness and capacity to reflect on and analyse their own unique strengths and flaws  Capacity to learn appropriately on personal and professional networks to support resilience and to provide and encourage this kind of support for others	Take the personal and professional risks inherent in engaging with the QNDP  Practise with more confidence, resilience, tenacity and creativity and improved awareness of their strengths and options as change-makers  Take better care of themselves and others through enhanced compassion, kindness, insight and commitment	Senior clinical community nurses find renewed enthusiasm and capacity to actively tackle the complexity in their roles  Senior clinical community nurses are willing and able to practise as compassionate leaders, and the pool of available talent grows
<b>Data sources</b>	Programme materials	Application process, selection days, programme completion rates (100%)	Final reports (n=61), annual surveys (n=41), creative responses, RGU evaluation	Final reports (n=61), annual surveys (n=41), QN collaborative inquiry report, RGU evaluation	QN profiles (n=61), annual coaching evaluation reports (n=3), annual surveys (n=41)	RGU evaluation, QN final reports (n=61), reflective discussions between faculty and coaches



## 5

## Queen's Nurse Development Programme outcomes

## 5.3 Outcome pathways (continued)

Outcome 2						
Outcome pathway	What we do	Who with	How they feel	What they learn and gain	What they do differently	What difference this makes
<b>2</b> Senior clinical community nurses lead the successful implementation of complex health initiatives	The QNDP emphasises co-production and deep listening, focusing on using these approaches alongside masterclasses on enabling change and conversations with some of Scotland's outstanding leaders  Participants are required to bring a local health issue to develop as an exercise in learning the skills of co-production	Senior clinical community nurses, nominated and selected to ensure they are personally and professionally ready for the programme  Faculty  A range of Scotland's outstanding leaders  Employing executive leads and managers of nominees and candidates	Inspired  Capable  Curious  Open  Resilient  Emboldened	Confidence and competence to become change-makers for health equality and person-centred care  Expanded and more diverse networks and communities of colleagues and other professionals	Focus more fully and effectively on preventing, mitigating and overcoming health inequalities in their communities and spheres of influence  Share learning, lead change and bring others with them	In each year of the programme, the foundations for 20 actionable complex community health initiatives are co-produced and ready for implementation  For each issue, the production of these foundations strengthens local relationships between teams, organisations and sectors
<b>Data sources</b>	Applications, programme materials, workshop feedback transcripts (n=6)	Completion rates (100%), programme materials, RGU evaluation	QN collaborative inquiry report, annual surveys in 2020 (n=41) and 2021 (n=53), annual coaching evaluation reports (n=3), reflective discussions between faculty and coaches	QN collaborative inquiry report, annual surveys in 2020 (n=41) and 2021 (n=53), reflective discussions between programme faculty and coaches	QN profiles (n=61), annual coaching evaluation reports (n=3), annual surveys in 2020 (n=41) and 2021 (n=53), RGU evaluation	QN profiles (n=61), RGU evaluation, annual surveys in 2020 (n=41) and 2021 (n=53)

## Outcome 3

Outcome pathway	What we do	Who with	How they feel	What they learn and gain	What they do differently	What difference this makes
<b>3</b> QNs continue to thrive, flourish and generate impact in their communities and beyond after the award of title	QNIS provides a focal point, and ongoing support (such as additional coaching during first months of the Covid pandemic) for a continuing network of QNs  QNIS requires each QN to complete and return an annual survey to provide updates about their continuing contributions to health improvement	QNs who completed the programme and have been awarded title  QNIS staff team  Current and potential funders, political and professional leaders, relevant academics, opinion leaders, communities and third sector allies	Connected Supported Resilient Impactful Respected	Skills and knowledge enabling use of a broader range of tools and resources to spark improvement  Expanded and more diverse networks and communities of colleagues and other professionals	See and consider themselves, their work, their communities and their potential in a new light  Encourage and inspire others through role-modelling exemplary practice as defined by the Excellence Profile	Community nursing makes a visible contribution to the work of promoting equality and preventing/overcoming inequality  Improved practices, policies, systems and ways of thinking/being beyond QN communities  People receiving care experience better outcomes in terms of health, wellbeing, dignity, relationships, equity and fairer life chances
<b>Data sources</b>	Annual surveys in 2020 (n=41) and 2021 (n=53), reflective discussions between faculty and coaches, feedback from monthly QN cohort meetings	Annual surveys in 2020 (n=41) and 2021 (n=53), QN Advisory Group meeting minutes	Annual surveys in 2020 (n=41) and 2021 (n=53), feedback from monthly QN cohort meetings and annual gatherings	RGU evaluation, reflective discussions between faculty and coaches  Collaborative inquiry paper published in International Practice Development Journal	RGU evaluation, annual surveys in 2020 (n=41) and 2021 (n=53), reflective discussions between faculty and coaches	Annual surveys in 2020 (n=41) and 2021 (n=53), individual project impact and evaluation data (held locally)


## 5

## Queen's Nurse Development Programme outcomes

## 5.3 Outcome pathways (continued)

Outcome 4						
Outcome pathway	What we do	Who with	How they feel	What they learn and gain	What they do differently	What difference this makes
<b>4</b> The QN award amplifies the voice of community nursing in public services, showcases the extraordinary scope of community nursing practice and helps nurture future nurse leaders who are part of a movement for social change	<p>QNIIS ensures employer support for all applicants and works with national executive leads so the QNDP is responsive to the needs of contemporary public services</p> <p>During and after the award event, each QN's work is publicised and promoted</p> <p>Through the QNDP and at the award event, QNs have the opportunity to network with many of Scotland's outstanding national leaders</p>	<p>QNs who have completed the programme successfully</p> <p>Current and potential funders, political and professional leaders, relevant academics, opinion leaders, communities and third sector allies</p> <p>A network of social media, print media, professional and other networks</p>	Valued Visible Connected Proud Brave	<p>The continuing personal and professional strength to be visible, vocal and active for the benefit of people in their care, their colleagues and their communities</p> <p>The continuing personal and professional strength to prioritise self-care when necessary</p> <p>A framework for exemplary practice that inspires and guides beyond the award of the QN title</p>	<p>Provide specific and powerful examples of community nursing practice that improves outcomes for people and communities</p> <p>Provide specific and inspiring examples of using collaborative and co-productive approaches to implementing health initiatives</p> <p>Continue to employ and spread compassionate leadership approaches for person-centred care</p>	<p>Public and professional understanding of community nursing improves, and this helps enable the kind of co-production vital to the future of care</p> <p>Future generations of community nurses are inspired by the profession</p> <p>The raised profile of QNIIS helps generate the resources required to develop and continue the programme</p>
<b>Data sources</b>	QN profiles (n=61), QNIIS social media activities, QN Advisory Group meeting minutes, RGU evaluation  collaborative inquiry paper published in International Practice Development Journal	QN profiles (n=61), QNIIS print and social media activities, RGU evaluation	QN profiles (n=61), annual surveys in 2020 (n=41) and 2021 (n=53)	Excellence Profile, annual surveys (n=41), collaborative inquiry paper published in International Practice Development Journal	QN profiles (n=61), QN stories included in book published in 2021 (Watson, 2021)	Interest from small range of funders (n=5), QN Advisory Group meeting minutes, social media coverage





**“In each year of the programme, the foundations for 20 actionable complex community health initiatives are co-produced and ready for implementation.”**

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## Queen's Nurse Development Programme outcomes

### 5.3.1 Personal development supports compassionate nursing leadership

**Gemma MacDonald** (pictured right) was driven to a career in maternal and infant healthcare following her own experience of having her first baby aged 19 and feeling that the support she needed wasn't always available.

When she became a mother for the second time a year later, the experience was very different. 'I felt listened to and supported, and I realised the important benefits of a good health visitor,' she says. 'I had a fantastic one, and I wanted to give something back.'

Supported by her husband – she married at 18 – Gemma went to Dundee University to study midwifery while her first three children were still small. Soon after, she gained her health visiting qualification, by which time she was a mother of four.


'I felt so disconnected after my first baby was born, it took until my third child for me to accept the situation, move on and put it behind me,' says Gemma. 'I think it helps that I've been there. I'm very aware that people want you to be honest and they want to be heard.'

Gemma was in her early thirties when she achieved the title of Queen's Nurse, and she believes the QNDP has allowed her to feel braver about practising in a more person-centred way.

'Before, there was a professional barrier that went up. I didn't think I was allowed to develop relationships with the people I work with. But now I feel as though I have been given permission to practise with loving kindness, and that will allow me to deepen the connection I can build with families,' she says. ►





A woman with short dark hair, wearing a white short-sleeved top and wide-leg patterned trousers, stands in a brightly lit room. She is wearing a purple lanyard with an ID badge. The room has yellow walls decorated with colorful paper cutouts of flowers, butterflies, and a duck. There are wooden doors, a corkboard, and a blue armchair in the background. A red fire alarm pull station is visible on the wall.

**“I think it helps that I’ve been there. I’m very aware that people want you to be honest and they want to be heard.”**

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## Queen's Nurse Development Programme outcomes

### 5.3.1 Personal development supports compassionate nursing leadership

► For three years to June 2021, Gemma was a team leader, but she decided during the Covid pandemic to return to being a health visitor again, now working in the Dunfermline area of Fife. 'I realised that I could still be a leader while working with children and families without being a manager.'

She says the QNDP had a positive influence on every aspect of her life.

**"It created the space for me to learn who I truly was and what values were important to me. It gave me permission to be the leader that I felt I wanted to be."**

Before joining the programme, Gemma says she would often think of ways to improve the experience of the people who used her service but was not always certain how to progress the changes required.

Having completed the programme, she feels she became bolder and more courageous, and that in turn led to her becoming a health visitor team leader.

'During my time as team leader, I wanted colleagues to feel seen and heard. I introduced staff to different ways of experiencing supervision, changing the environment around them and enabling them to be authentic.'

'My aim was to invest in the people I was working with, so that they could be the best version of themselves when visiting the homes of the families on their caseloads.'

The difference this made, she says, was that confidence among team members increased.

'More people felt connected, and we worked together to bring to fruition the ideas of team members.'

Their success was recognised. 'In 2018, the team was shortlisted for a quality improvement award for increasing access to our service for people for whom English is their second language.'

Gemma explains that the antenatal contact of the Universal Health Visiting Pathway, which sets out the minimum core home visiting programme to be offered to all families by health visitors, is an important opportunity for parents to learn how the health visiting service can support them and their unborn baby.

'By producing information in a variety of languages, we increased the uptake of expectant parents wishing to participate in the antenatal discussion, contributing towards better health outcomes.'

On a personal level, Gemma says the QNDP taught her how to cope better with adversity in life. 'And that was utilised to the max during the Covid pandemic,' she adds.

'The conversations I had during my coaching sessions are imprinted in my mind and when life felt difficult during the pandemic, I would frequently reflect on those powerful conversations.'

'They also gave me the permission to accept that at times it's okay to not feel okay but that those moments will pass and that I should take care of myself. This, as well as the strength of the relationships I formed with other Queen's Nurses, provided me with the resilience to keep on going.'







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## Queen's Nurse Development Programme outcomes

### 5.3.2. Senior clinical community nurses lead the successful implementation of complex health initiatives

**Lindsey Griffin** (pictured right) says being a QN has been pivotal in helping her create a climate in which integrated person-centred care can flourish

'After a recent promotion, I now work as service manager for mental health for Perth and Kinross Health and Social Care Partnership. I'm based at Murray Royal Hospital in Perth but travel between sites managing a range of staff in an integrated care team. Perth and Kinross covers a large area combining rural, town and city working. My role has a wide remit within community and inpatient services, and I work alongside a number of teams including adult mental health, older people's mental health, integrated learning disability services and integrated substance misuse services.

**"I have a genuine interest in people and how they experience their world, and I think that's what I love about my role."**

'You are in the privileged position of being invited into a person's life, to see life as they see it. Community mental health nursing really is the storytelling profession. It's a profession of the heart. For me, it's about working alongside people who often struggle to have a voice, to create an intimacy of understanding and to work with them to realise their value and potential.

'My area of expertise is in working with complexity and I often support a range of multi-agency situations that can be challenging. But I'm known as tenacious and I'm creative in how I navigate ways of working across professions and integrated care teams.

'Parity of esteem is really close to my heart. Collectively

we need to challenge the silence, the injustice and the stigma around mental ill health and place the same value on mental health as we do on physical health. This is a lifelong commitment for me and I work hard to challenge inequalities within mental health, setting the tone for inclusivity, candour and collaboration.

'I worked with two colleagues to develop a proposal to ensure that mental health and learning disability service users and providers have equitable access to the high-level expertise delivered by advanced nurse practitioners (ANPs). The key driver for the proposal lay in the growth of an innovative and sustainable specialist mental health and learning disability workforce across Perth and Kinross that can deliver on the ambitions of NHS Tayside's mental health and wellbeing strategy, Living Life Well.

'The proposal was developed with engagement from a range of individuals such as service users, carers and representatives from third sector and statutory agencies. The development of the ANP team offered a range of benefits, among them:

- reductions in unplanned hospital and long-term care admissions
- improvements in inpatient and community discharge pathways
- use of anticipatory care planning and of self-management approaches
- improvements in quality of life and health and wellbeing indicators
- safe transitions between services – for example, from children's to adult
- collaborative working around holistic, person-centered models of assessment and treatment
- complex medication reviews and alignment to more inclusive treatment options, which can often be more clinically and cost effective than medicines.



'The proposal was accepted and we now have three ANPs in post covering both the adult and older people's mental health teams. Other developments have followed from this, such as a memory pathway for people of any age presenting with memory problems, early intervention in psychosis, and assessment and diagnosis of a range of personality disorders, allowing individuals to access a treatment pathway.'

'The ANP role also has a positive impact on the recruitment and retention of the workforce. It provides a career pathway for staff not wishing to progress into management but preferring a move into senior clinical nursing roles.'

'A core part of my work is being in the privileged position to provide and support the conditions necessary for person-centred care to flourish. As a

manager, I'm responsible for ensuring the clinical contribution to service delivery is of the highest quality and as a nurse, a focus on the minutiae of a situation is instilled in me. This contributes to me understanding the uniqueness of teams and, in supporting, supervising and inspiring them, ensuring they have the skills, knowledge and resources to address the mental health and wellbeing needs of the people who use our services and their families/carers.'

'As a QN, I am also privileged to be part of a dynamic national network of people committed to working with communities to improve health and wellbeing. QNs are ambassadors for their specialty and their organisation, and for me the role has been pivotal in conceptualising and crystallising new learning and a new way of being.'





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## Queen's Nurse Development Programme outcomes

### 5.3.3. QNs continue to thrive and flourish and generate impact in their communities and beyond, after the award of title

The QNDP equipped offshore medic **Bob Gardiner** (pictured) with skills that gave him the confidence to take on new roles

As a burly man in a still overwhelmingly female nursing workforce, Bob Gardiner does not immediately fit the image of a community nurse. Similarly, an oil and gas industry platform – Eider Alpha, nearly 200 kilometres from Shetland in the middle of the North Sea – is not a typical place to find one. Even his official title – senior medic and occupational health and safety adviser – does not indicate his nursing background. But Bob is a community nurse all the way down to his heavy-duty, waterproof work boots.

After training in learning disability nursing, Bob worked in NHS Fife's health services for a few years before making the shift to occupational health and employment as an offshore medic, a role he has stayed in for more than 20 years.

As the sole health practitioner in an offshore residential community of up to 90 workers, Bob's remit encompasses a variety of clinical and public health responsibilities. He serves TAQA, the international company that employs him, as primary care nurse and mental health service provider and educator, as well as occupational health and safety adviser.

The QNDP had a profound effect on Bob's transformation from locally respected nurse to one with the confidence and connections to become influential UK-wide and internationally.

Bob applied to the programme with the aim of publishing a report for the oil and gas industry on the

need for accepted standards and registration for all offshore medics. Since becoming a QN, his reach has grown markedly, both within TAQA and the wider industry. He was one of the authors and leaders of his corporation's Covid management plan and of its international strategy for promoting mental health in the workplace.

But Covid also brought significant changes to Bob's day-to-day role. Early on, he was seconded onshore to provide support to the company's pandemic response. Eider Alpha and platforms like it were exactly the kind of congregate living and working environment in which the virus was most likely to wreak havoc.



'As a health team we had to start from scratch and develop procedures and processes to protect the onshore and offshore business from the effects of the virus,' he says.

'I and another medic colleague were responsible for the day-to-day direct support to staff on advice and management of Covid. This was a 24-hour, seven-days-a-week, year-round service, which was very demanding but very satisfying.'

All Covid controls have now been removed, although the medic team is prepared for any further outbreaks, and Bob has returned to the Eider platform.

As a nurse, he is there for all his colleagues in compassionate, person-centred ways. That means helping workers deal with longstanding issues of loneliness, depression and isolation, as well as offering support at other times of serious stress – from worries about the health of loved ones on the mainland to





fears over possible job losses and money problems.

Bob's work is now being noted in trade journals and corporate publications and he is helping nursing to take its rightful place in the industry's decision-making about occupational health and safety. He has trained more than 200 managers in mental health awareness and has contributed to online educational resources related to his multiple roles.

He credits the QNDP for inspiring and supporting him in these endeavours.

'As I have mentioned many times, the coaches and their magic helped unscrew the nuts and bolts that had been holding me back professionally.'

The programme was 'truly life-changing', he says, and equipped him with the skills to challenge and to be bold. 'I now use these skills on a daily basis,' Bob says.

There was another important outcome from the programme: the lifelong friendships and bonds he developed with others in his cohort. 'It was, and is, truly humbling to be in their presence,' he says.

Bob has a new role now, in addition to the vital support he continues to provide to those working on a remote platform in the North Sea. As an associate lecturer in the School of Nursing, Midwifery and Paramedic Practice at Robert Gordon University, he shares his knowledge and experience with undergraduate nurses and other students.

'Without doubt, the tools that were provided to me during my development programme gave me confidence in my ability to deliver in these roles,' he says.

'Without my QNIS journey and experience, the old Bob would not have accomplished these things.'

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## Queen's Nurse Development Programme outcomes

### 5.3.4. The QN award amplifies the voice of community nursing in public services, showcases the extraordinary scope of community nursing practice, and helps nurture future nurse leaders who are part of a movement for social change

A Scottish police custody suite can be a chaotic, stark and intimidating environment for people who are troubled and in trouble. In theory, it is not a desirable (let alone optimal) healthcare setting. In practice, however, it can provide a place of safety and access to care and support that people had been unable to access elsewhere.

Recommendations following a fatal accident inquiry in 2009 led to the redesign of Scotland's custody healthcare service in 2011. Since that time, an innovative nurse-led model of custody healthcare has gone from strength to strength.

**Jess Davidson**, (pictured right) senior clinical forensic charge nurse for NHS Lothian, has led this service since the start and is now a part of a wider management team of dedicated nurses.

Jess is dual trained – a registered nurse (adults) and a mental health nurse – and is a nurse prescriber. She draws on all these skills every day. Her approach embodies person-centred and trauma-informed practice. ►





A photograph of a woman with dark hair, wearing a patterned blue and white short-sleeved shirt and dark trousers, walking towards the camera down a long, brightly lit hospital corridor. The corridor has white walls, blue doors on both sides, and a series of circular ceiling lights. On the right side of the image, there is a semi-transparent dark purple box containing a quote in white text. In the foreground on the right, there is a blue metal frame, possibly part of a bed or a storage unit, with a light blue blanket or cloth draped over it.

**“Other professions  
really admire what  
community nurses  
do and find us  
inspirational – so  
we need to keep our  
‘foot on the gas’.”**

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## Queen's Nurse Development Programme outcomes

### 5.3.4. The QN award amplifies the voice of community nursing in public services, showcases the extraordinary scope of community nursing practice, and helps nurture future nurse leaders who are part of a movement for social change

► 'It means listening carefully and non-judgementally,' she explains. 'You need to show respect and kindness to reinforce the dignity and value of each individual. This enables you to explore what lies underneath the behaviours that brought the person into custody in the first place.'

Jess is well connected across health, social care, justice and the third sector. She says:

**"The custody healthcare and forensic team and I work hard to connect every individual who is open to help to the right support to enable them to take steps to get their life back on track. These actions can be life-changing."**

Jess's issue for development as part of the QNDP was how to create and sustain person-centred culture in police custody and forensic examination suites. She undertook an analysis around what she saw as the four pillars for addressing health inequalities in this context: reducing violence; reducing trauma; drug and alcohol intervention; and improving mental health and wellbeing.

As a result of Jess's work, deaths in custody have

declined, the environment is safer (meaning fewer adverse experiences occur) and successful referrals to services are ongoing. One third of those referred are now participating in recovery and treatment programmes.

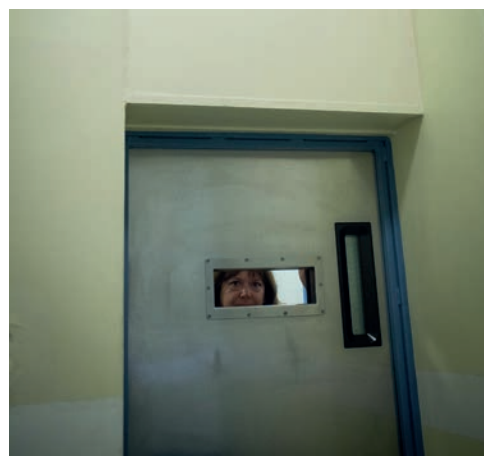
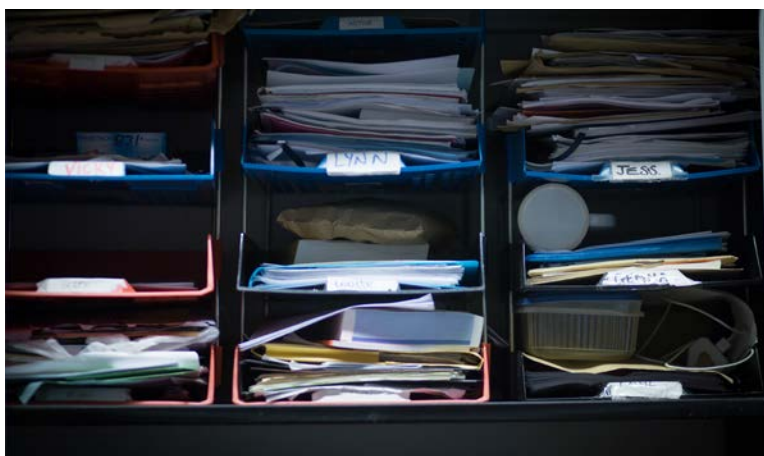
As a QN, Jess has gone from strength to strength. She now has a leadership role for all custody suites in Forth Valley, Fife, the Lothians and the Scottish Borders.



Collaboration is a hallmark of Jess' work at both practice and advocacy levels. 'I've significant interactions not only with a wide range of NHS colleagues, but also Police Scotland, the Scottish Government (Jess has been appointed to its Forensic Nurse Expert Group), the Crown Office, the Scottish Policing Authority and Her Majesty's Inspectorate of Constabulary Scotland,' she explains. 'More recently, I've become a part-time faculty member at Queen Margaret University as programme lead for the advanced forensic practice postgraduate course – our first 12 participants graduated in July 2022.'

In addition to Jess's impact on health and care in custody, she has been at the forefront of efforts in Scotland to respond more effectively and compassionately to the needs of people who have experienced rape and sexual assault. She engages with Rape Crisis Scotland and Scottish Women's Aid, in addition to serving on Scotland's Rape Policy Unit. She was also influential in shaping new legislation





on forensic medical services for victims of sexual offences that was enacted in the Scottish Parliament in January 2022.

Jess's impact as a QN was recognised by the Royal College of Nursing when she was made a Fellow – the organisation's highest honour. Community Justice Scotland also recognised her role in supporting recovery and rehabilitation in their Second Chancers campaign.

Jess attributes much of these outstanding achievements to the QNDP and the QN community.

'Being a QN has helped build confidence in my own abilities to influence,' she says. 'Other professions really admire what community nurses do and find us inspirational – so we need to keep our "foot

on the gas" by communicating with societal and community leaders.'

As a QN, Jess feels she has now become a strategist. 'Having the platform and publicity to influence softly with diplomacy and persistence is the game-changer,' she says. 'I had a tribe of QN colleagues who supported my journey and made it possible for us to perform together from a strong professional base, instead of it being just me alone. This is key for our credibility, our impact and community nursing's place in social movements.

'The most satisfying aspect of all this', Jess continues, 'is to see the professional success of our nursing team and how they have risen to the challenge magnificently. They have become game-changers themselves.'

## 5

## Queen's Nurse Development Programme outcomes

## 5.4 What QNs say about the programme

An evaluation of the experience of the first two QN cohorts by RGU (Kennedy et al., 2021) describes in detail the responses of participants to the learning experiences offered within the programme. They are summarised in this statement.

**“All participants’ expectations of the programme were surpassed; including their overall experience; their personal and professional development and their potential to influence many within their personal and professional networks ... There was a sense of great satisfaction in undertaking and completing the QNIS programme. It was described by participants as ‘life-changing’, which was a sentiment shared by their managers.**

The 2019 cohort's collaborative critical creative inquiry (McCormack et al., 2021) elicited a range of positive views about the programme. Many described ways in which the programme had enabled their self-awareness and self-management, as illustrated by these quotes.

*‘[I am] able to notice and challenge my negative chorus.’*

*‘This is me accepting my superpower of courage, bravery, strength and growth, leading the way sensitively, whilst being curious.’*

*‘I am me; I am change, I am making a difference, accepting challenge and being a force to be reckoned with, [I have] self-balance and inner calm.’*

*‘I do feel more balanced, confident and “quieter of mind” nowadays ... To be a better nurse, I needed to be a better [parent], friend, partner, person etc. ... basically a holistic change, not a change in one compartment of my life.’*

Scotland's QNs refer frequently to the ‘magic’ of the QN experience. This is a beautiful way of expressing their joy and gratitude for a collective experience of transformation.

Like anything magical, the programme is the culmination of years of wisdom, experience and hard work, and this creative alchemy has been brought by the facilitators, coaches and participants. It is perhaps summarised in this quote from the 2020 programme feedback.

*‘It has been an amazing experience, at times emotional, painful, challenging, rewarding and life-changing. I have explored, unpacked and unravelled me. It has helped me to identify my strengths and my weaknesses both professionally and personally. It has taught me to be courageous, to take risks, step out of my comfort zone. It has helped me to be more self-aware, to embrace who I am as a person and as a leader, to know how I show up. I have learned the value of creativity and how this can help to unlock solutions and reframe problems. This experience has been instrumental in my understanding of the need to be an authentic person and leader to further embrace vulnerability. My thirst for knowledge drives me to explore how I can intentionally grow and evolve. It has given me the courage to endure the pain of self-discovery and to continue the process of healing and renewal. It has strengthened my resilience. The experience has allowed me to pause, to evaluate, to live in the present and focus on the future. It has changed the lens through which I view myself and made me realise the necessity for self-care. It has instilled the necessity of finding deep connections with others both in my personal and professional life. It has provided me with a strong unique support network of amazing people.’*

The quotes below are from QNs completing the end-of-programme questionnaire in 2019, and they chime with the previous comment in the analysis from RGU.

I'm not sure how [my coach] did this – I have rediscovered myself.

I have a greater acknowledgement of self-care and sharing that with my teams helps build resilience.

I look at situations differently now and I have found I have more resilience at work – I feel I am better at handling difficult or challenging situations.

Over the last nine months I have been noticing the minutiae in my interactions. I found myself refocusing my capacity – choosing to get involved with projects that will have the biggest impact.

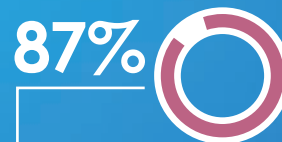
I have developed an inner confidence which shines through me, I am able to vocalise my thoughts and ideas in a confident way and face criticism.

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## Queen's Nurse Development Programme outcomes

### 5.5 Insights from the QN annual survey

53 of the 61 QNs responded =



At the beginning of 2020 (pre-pandemic), a detailed survey was conducted for this evaluation among the 41 QNs in the first two (2017 and 2018) cohorts. It seemed premature to include those who had only received their title a few months previously (in November 2019) and the 2020 cohort. All 41 eligible QNs completed the survey.

The survey was repeated in October 2021 with 20 additional QNs. Fifty-three of the potential 61 responded. The data were collected in the second wave of the Covid pandemic, so we were very pleased to have an 87% response rate.

The 2020 questions were built around the Queen's Nurse Excellence Profile and the responses to one key question are summarised below.

- The first question focused on making a difference. Each QN was asked to provide a candid rating of the change in how they

viewed their own agency in making a difference at two points in time: a) before starting the QN journey; and b) now, having been a QN for one or two years. The scale was 0–10.

- The overall average increased from 5.5 (pre-programme) to 8.1 (as of 2020). This represents a more-than 50% rise in their assessment of 'making a difference'.
- The range shifted from 2–8 previously to 6–10 now.
- Five QNs recorded huge increases (five or more places), but another five stayed the same (although all were in the upper bracket of 7–9). One explanation given for scoring 8 both times was that 'I was already making a difference, but as a QN it is now a bigger difference with a wider community'. Only one QN perceived a decrease, from 8 to 6, which they reported was caused by a negative relationship with a new senior colleague.



## 5.6 Impact on the wider system

QNs were asked in the 2020 survey to 'list the major things you have accomplished as a Queen's Nurse that you probably would not have done otherwise'. This proviso is important, as it separates changes, accomplishments and other positive actions achieved as QNs from those they may have

expected themselves to achieve without being QNs.

The 41 QNs identified more than 200 accomplishments, large and small, local to international, that they believe are attributable to being QNs. Examples are grouped into categories in the following table. ►

Queen's Nurses' accomplishments	
Contributions beyond their previous boundaries	
<ul style="list-style-type: none"> <li>• Growing local innovation so it is replicated in other services</li> <li>• Making lead contributions to national and international webinars</li> <li>• Creating and sustaining partnerships with local community groups to improve health and wellbeing</li> </ul>	
Taking on challenging new roles and remits	
<ul style="list-style-type: none"> <li>• Becoming institutional or service leads for national and international nursing initiatives</li> <li>• Being promoted to nurse consultant, team leader or other senior positions</li> <li>• Creating and delivering training across Scotland</li> </ul>	
System change and quality improvement	
<ul style="list-style-type: none"> <li>• Developing new models of care for vulnerable populations</li> <li>• Redesigning specialist regional and national nursing services</li> <li>• Leading national education and continuing professional development initiatives</li> </ul>	
Key roles in specialist or multidisciplinary bodies	
<ul style="list-style-type: none"> <li>• Chairing and participating in national advisory and other groups</li> <li>• Leading areas of work for health and social care partnerships</li> <li>• Speaking at meetings/events at the Scottish Parliament</li> </ul>	
Influencing through writing, research or policy work	
<ul style="list-style-type: none"> <li>• Publishing articles in academic and professional journals</li> <li>• Presenting at national and international conferences</li> <li>• Being approached to write a chapter for a textbook on advanced practice</li> </ul>	

5

## Queen's Nurse Development Programme outcomes

### 5.6 Impact on the wider system

► Examples under each heading are offered from the 2021 survey, respondents to which were asked what contribution to making a difference through Covid had made them feel most proud.

#### Contributions beyond their previous boundaries

'My learning through the Queen's Nurse programme has greatly benefited me over the last 18 months. ... I have been managing care homes in crisis that had Covid outbreaks. I travelled to each home within my region to help support during their outbreaks and continued to support until the outbreak was confirmed as being over. Colleagues were particularly distressed and having a calming influence has greatly helped. I practised mindfulness daily and encouraged and supported others around me to do the same. This had a positive impact on the teams in the homes, which in turn benefited the residents as they were being cared for by a calm, grounded group of staff. ... There was huge media interest in the homes that had outbreaks. I supported the first home in Scotland that had an outbreak and was faced with the media being at the entrance to the home daily. The media session we had done as part of the programme greatly helped the way in which I managed this. Every Covid care home death has been investigated by Police Scotland. I was heavily involved in gathering the evidence for these investigations across the homes I cover, and I drew on the skills I learned on the programme to do this and to communicate with senior professionals from other agencies.'

**Kate McConville (pictured), Advinia Health Care**

'There was a recognition that although the pandemic threw up challenges for all, young children have been particularly affected. I've successfully received funding (£25 000) to develop a project looking at this some more in remote/rural locations. Through community collaboration and working with

researchers, the nine-month project aims to identify areas that can enable young children and families to make the most of their environment to get the most benefit in terms of wellbeing, with a soft-touch approach to wellbeing practices, using stories, nature activities and permanent installations, designed in collaboration with the community. I am the project lead for this and am responsible for delivering outcomes to the sponsor, the Wellcome Foundation, which supports grassroots projects.'

**Maggie Wilkieson, NHS Highland**

#### Taking on challenging new roles and remits

'I feel I am making a difference for nurses and nursing in social care. There is evidence to suggest that the image and perception of nursing in social care is negative, and we are seeing nurses leave the sector. This year I have taken on two new national posts that focus on transforming nursing roles. I am progressing research into social care nursing that should help us to identify how we can change the narrative and perhaps scope out and develop the role of nursing in social care. I am leading (with others) the development of a network for nurses in social care to help create a peer group of support. While I have shifted from an operational role to a more policy and strategic role, I feel I can make that difference – to be that voice and to help shape the role of nursing in our care homes and help create and develop person-centredness in our sector.'

**Jane Douglas, Scottish Care**

**“I supported the first home in Scotland that had an outbreak [Covid] and was faced with the media being at the entrance to the home daily. The media session we had done as part of the programme greatly helped the way in which I managed this.”**





5

## Queen's Nurse Development Programme outcomes

### 5.6 Impact on the wider system

► 'Evening Zoom sessions were good for maintaining my resilience and connecting with colleagues. They made me feel supported and part of the bigger tribe who were all tackling this pandemic together. This increased my confidence and gave me the belief that I could apply for promotion, which I was successful in achieving.'

**Clare Stiles, NHS Shetland**

#### System change and quality improvement

'In 2019, the NHS Highland respiratory service was elected to be a Scottish Government pathfinder site, along with the technology-enabled care team. This has been done using the Scottish Approach to Service Design with the aim of improvements being shared nationally using a "once-for-Scotland" approach. The work needed to be co-produced and involve multiple agencies. It's been important to me to keep the focus on all agencies and help ensure everyone's voices were heard and seen as valid and vital. This has been challenging in times when it has felt as though the focus is directed towards acute health services. I've tried to do this by sharing people's stories and relating them to experience and encouraging others to share the same.'

**Michelle Duffy, NHS Highland**

'I'm providing online education for nurses across Scotland and England by hosting facilitated, inclusive and interactive sessions. Working closely with Education for Health, an international charity providing education to healthcare providers, I developed interactive live webinars, including asthma and chronic obstructive pulmonary disease updates. I have also been involved in delivering education across Scotland. My passion for spirometry, which was my project on the programme, continues. I have provided updates for nurses in the

Highlands, focusing on the safe re-introduction of spirometry, and have written a standard operating procedure and pre-screening questionnaire for all GP practices that I hope will be shared Scotland-wide. This has involved me working with respiratory, nursing, medical and physiology colleagues in a fantastic multidisciplinary collaboration. I have also joined the Covid follow-up team, which follows a model that is similar (but not identical) to a virtual ward. The team of specialist nurses provide support for patients who have had a significant Covid infection, including those who had been admitted to intensive care units. We follow-up remotely and provide clinical support.'

**Julie Lennon, NHS Highland**

#### Key roles in specialist or multidisciplinary bodies

'Throughout the pandemic, I have been able to maintain community-based dermatology clinics within GP practices and health centres. Demand increased due to Covid restrictions to secondary care services. My community-based workload increased by 75% in 2020–2021. During this time, I provided one-to-one teaching in clinics for community-based health professionals and learners from the universities of Dundee and Stirling. This mainly focused on clinical assessment of skin and safe and effective prescribing, with practitioners and learners seeing first-hand common skin conditions and understanding the three principles of care/management. Those involved were community nurses, advanced nurse practitioners and their trainees, and pharmacists from NHS Fife, NHS Forth Valley and NHS Tayside.'

**Pauline (Polly) Buchanan, NHS Fife**

'Benefits of the programme for me include being unafraid to have my microphone switched on [during





video meetings], taking part in many national groups advocating for care home nursing and stating clearly what impacts decisions could have in practice.'

#### **Pauline McIntyre, Erskine Care**

'Attending the Queen's Nurse Advisory Group has given me the confidence to stretch myself to successfully apply to sit on the Institute of Health Visiting Advisory Committee, where I have been able to influence policies and practice processes.'

#### **Keri Hollis (pictured above), NHS Tayside**

## **Influencing through writing, research or policy work**

'During the pandemic, I focused on writing a chapter for a book which is now published. The chapter I wrote, "Anticipatory care: person-centred management of

long-term conditions in primary care" for the Practical General Practice Nursing book [edited by Marion Welsh and Susan Brooks and published by Elsevier in 2021], is a platform to help nurses at different stages in their career. I am hoping the chapter acts as a guide for nurses to help them deliver person-centred care to help enhance the lives of others, as general practice is at the heart of where people with long-term conditions are cared for. I have shared core resources to help them in their quest. Editor Marion Welsh approached me directly to contribute to the book – the "QN" title which is acknowledged within the book is a lasting testament to the Queen's Nurse programme, and the belief QNIS has had in me was the catalyst.'

#### **Kirsteen Coady, NHS Grampian**

5

## Queen's Nurse Development Programme outcomes

### 5.7 Feedback from senior colleagues

Managers were interviewed for the RGU evaluation (Kennedy et al., 2021). Many identified the positive impact of the QNDP on the leadership skills of participants. Additional managers' feedback gathered for this report include the following commentaries from two people, both of whom are in senior national policy roles.

'[QN] Liz has made a significant contribution to the work of the breastfeeding leadership team around the core theme of culture as a key to women's choices about infant feeding. She has a keen ability to reflect on her own experiences and to share insights from her peers, including other QNs. Liz has used her expanding networks across Scotland to shape and drive forward key aspects of Government policy. This has brought an exciting step-change around how experiences of new parents and practitioners can be used more effectively to inform Scotland's approaches to breastfeeding. Helping local and national policies shift from a traditional top-down to a bottom-up approach is already resulting in key improvements. Liz's experiences during and after the QNDP have

been brought to bear significantly in terms of how, and how well, the national team functions.'

'As a QN, Tracey's local practise was instrumental in determining a new national programme of work on medication-assisted treatment standards. Now the Taskforce Clinical Lead, Tracey (pictured) has been instrumental in improving the delivery of safe, inclusive drug treatment and the experience of care for some of the most marginalised and disadvantaged members of our community. Tracey is highly knowledgeable, extremely supportive and able to work with a range of partners, including experts by experience, family members, service commissioners and clinical directors from psychiatry and general practice. Tracey can hear others' perspectives and anticipate and respond to challenges. She has become an innovative and insightful leader.'

Scotland's community nurses are making their mark on people's health and wellbeing, both as community clinicians and as change-makers, in local, regional and national arenas.



## 6

## Generative conversation

## 6.1 QNIS and Health Foundation virtual event

At the end of April 2021, QNIS and the Health Foundation hosted a virtual event, inviting a group of people involved in the QNDP to engage with those from the Q Community, directors of other leadership programmes from Scotland, colleagues from NHS England and NHS Improvement and third sector leaders. The event was facilitated by Dr Margaret Hannah, Director of Health Programmes, International

Futures Forum, with her colleague Cath Cooney.

The purpose of the event was to build on an initial draft of this report by engaging with a range of influencers to feed insights into the final draft of the report and disseminate its findings. This is the brief invitees were sent.



### Influence and insight

#### Destination

With the community nursing workforce engaging with marginalised groups effectively, we will see people working towards their own recovery from illness and distress, discovering for themselves what makes their lives worth living. Working differently, in real partnership with families and communities, nurses will be finding ways to ensure people have access to enough good food, meaningful work, safe shelter and the learning opportunities they need to feel they have dignity and purpose, and to be well cared for at end of life when that time comes. This will have the effect of restoring morale in the workforce, improving recruitment and retention.

#### Success paths

Sixty years before the NHS was born, the Queen's Nursing Institutes across the UK were meeting the needs of people in Britain, particularly those living in deprivation and poverty. Over 100 years later, the promotion of social justice remains at the heart of the QNIS mission.

To achieve our ambition for clinical nurse leaders to work in innovative ways across the UK, we need to:

- invest in nurses' capability in making transformative change by ensuring sustainable funding for, and widening access to, the Queen's Nurse Development Programme;
- enable more community nurses to lead innovative and successful health initiatives;
- help grow these initiatives to coalesce and contribute to a reduction in health inequalities for a range of marginalised communities; and
- identify at an early stage expert clinical nurses and midwives who are able and willing to take up, and succeed in, roles as change-makers.



6

## Generative conversation

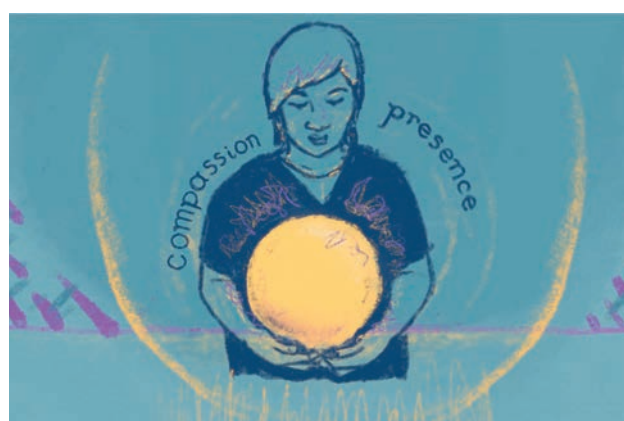
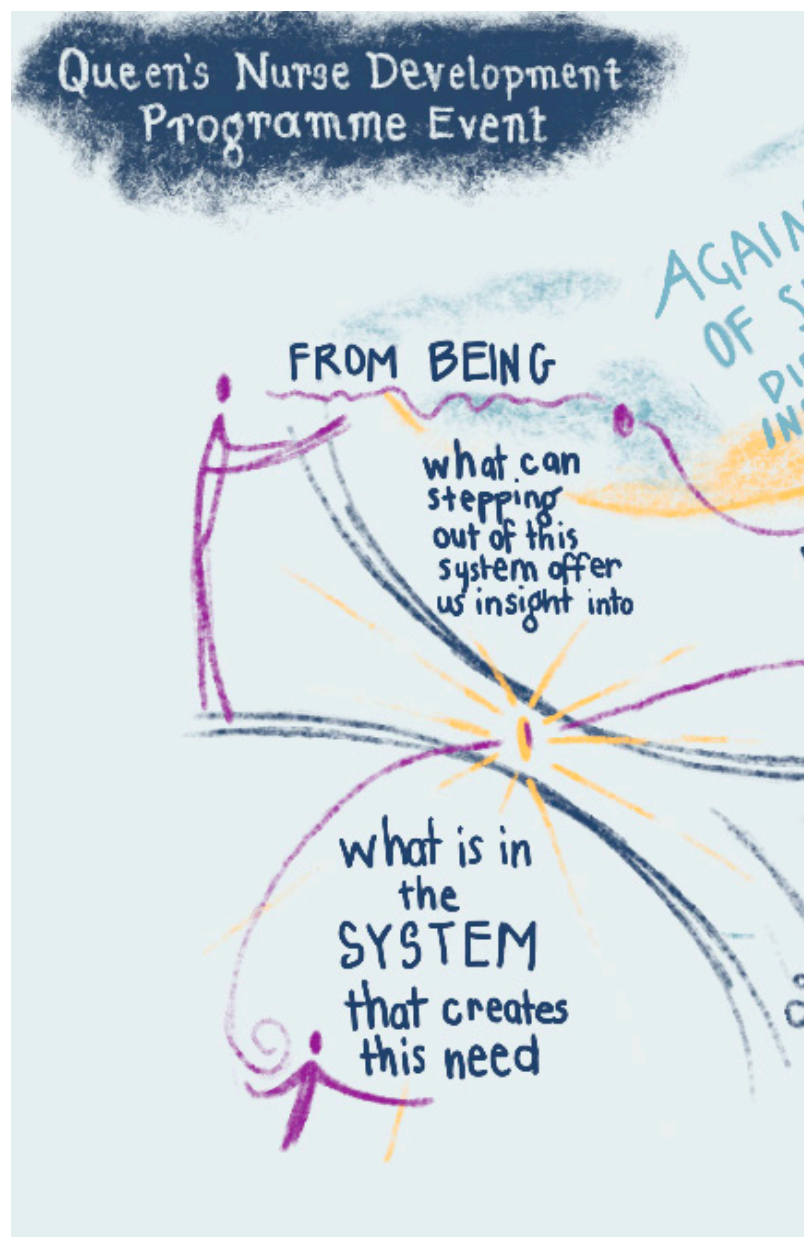
### 6.1 QNIS and Health Foundation virtual event

We invited Linda Hunter, a generative scribe trained with the Presencing Institute (Theory U), to capture the conversation. These initial images were created in response to listening to the stories of participants from the QNDP that began the event. Each speaker was invited to describe the impact of the programme on them personally and professionally.

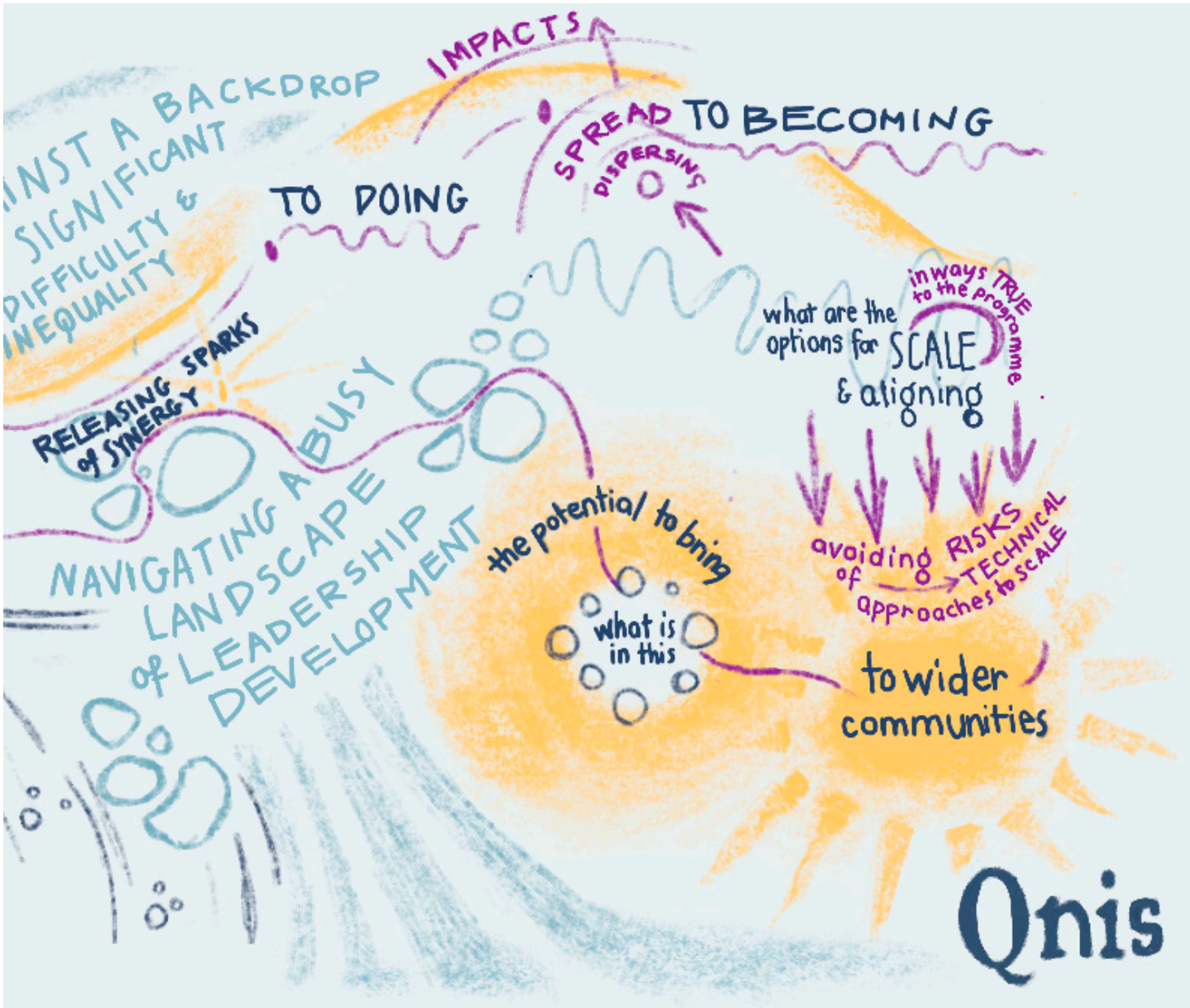
There was much discussion in response to the stories shared by the QNs and a desire to consider how the programme might be scaled-up to offer the opportunity to a much wider group. This was balanced with a question about what can be lost when things are scaled-up and curiosity about what a 'critical mass' would look like. A wine analogy was offered, sharing how boutique wine producers manage to be global and have global impact without becoming mass producers. How might the influence of the QN programme grow without a significant expansion of the programme itself?

**“There was a conversation around the principle of transformational development: that being comes before doing and this leads to a state of becoming in which people continue to evolve and flourish. This was captured beautifully by Linda Hunter (PictishScribe).”**

Opinions were expressed on whether other programmes in Scotland and the wider UK offer the same or similar transformational approach. Clearly, some elements have strong resonance with other leadership opportunities. ►

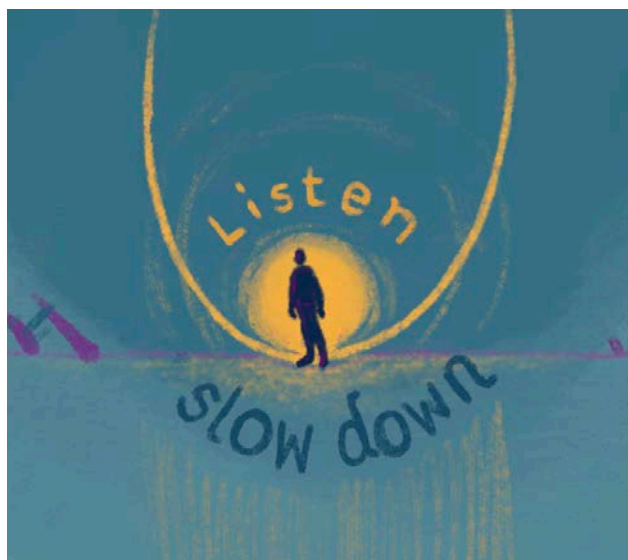






6

## Generative conversation



### 6.1 QNIS and Health Foundation virtual event

► While the data on impact on individuals are compelling, there was a desire for a fuller narrative around impacts on the system. Survey data from 2021 for this final report supply this kind of information.

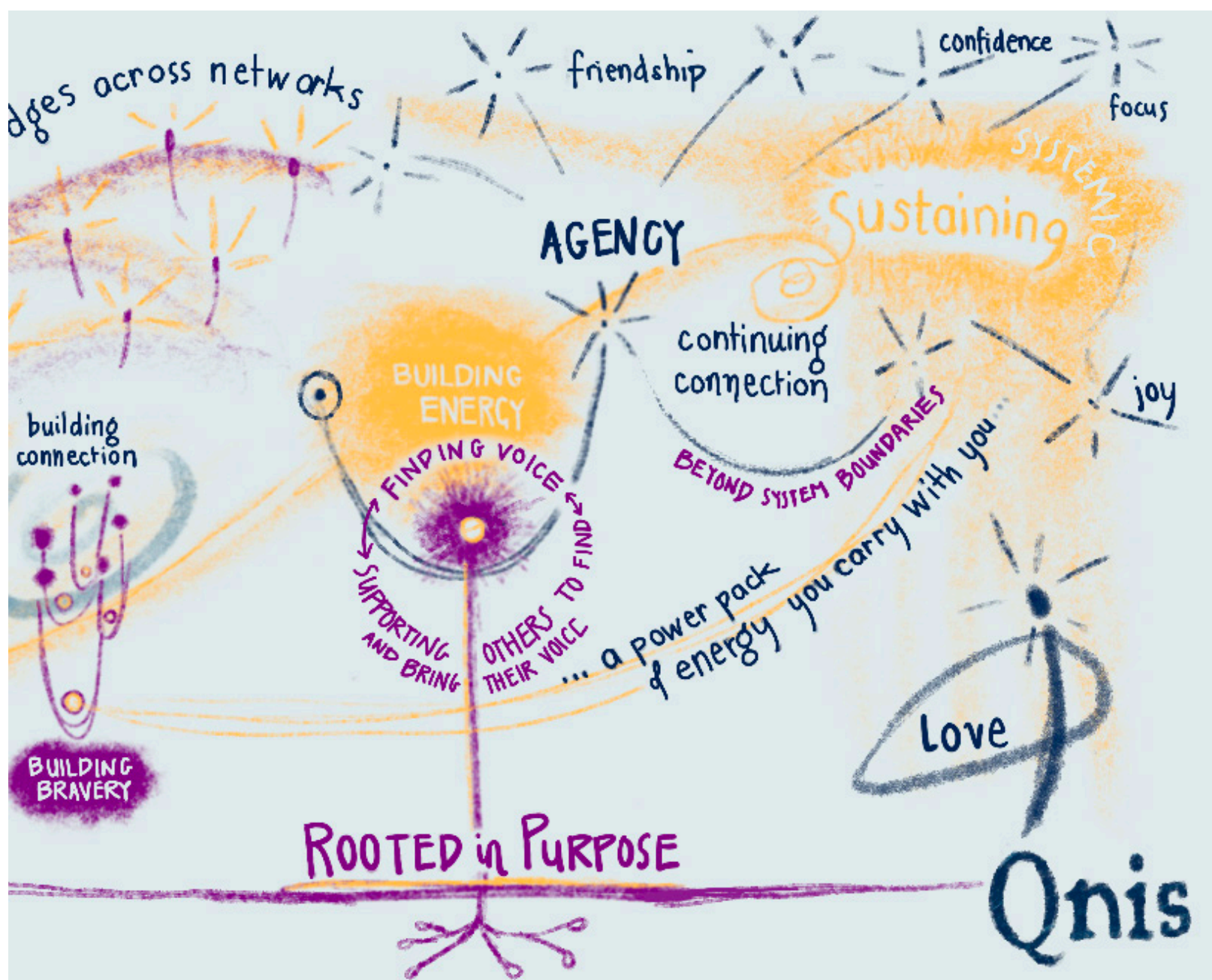
An emphasis on addressing inequity and listening to the voices of marginalised communities is a distinct feature of the QNDP. Several people expressed a desire to expand the development opportunity with this focus on social justice to other staff in health and



social care partnerships, including GPs.

Many leadership programmes have well developed alumni networks. The aspiration of the QN community to become a social movement was explored, with interest raised on understanding progress to date and concerns expressed about exclusivity. These two themes of promoting social justice/addressing inequality and building community are the focus of the next sections.





“An emphasis on addressing inequity and listening to the voices of marginalised communities is a distinct feature of the QNDP.”



## 7 Promoting social justice

### 7.1 Addressing inequity

In 2021, QNs were asked about their impact during the Covid pandemic and how they were making a difference in the wider system. Many of the shared stories validated the themes set out in section 5.6. These examples have been drawn out to specifically illustrate the variety of ways in which QNs have been addressing inequity:

- addressing the drugs-deaths crisis in an island community by leading a new prevention pathway, and creating alliances between professions and agencies in developing an early intervention route for harm-reduction interventions and treatment for individuals identified as being at risk of harm;
- starting a short-life working group to look at health inequalities experienced by pregnant women from black and ethnic minority communities;
- keeping children and young people safe during the pandemic at the same time as service reorganisation with shifting governance arrangements was occurring and working collaboratively with social work leaders to create a system to ensure the families with the highest need are prioritised; and
- initiating a test of change to provide support for children and young people who became very isolated during lockdown and using 'plan-do-study-act' evidence to inform future improvement.

#### Listening to the experience of women with multiple sclerosis on accessing cervical smear testing

'I was asked to do a Q&A session with a group of women from Enable Scotland who were using multiple sclerosis teams earlier this year, discussing smear tests and accessibility. The women's past experiences/

difficulties trying to access their GP practices to make an appointment to discuss or have a cervical smear test was a tough listen, making me feel almost ashamed to hear their truths. Taking all views on board, we went on to make a short video/animation. After this experience, I was able to contribute the women's views to the authors of the new NHS Education for Scotland standards for cervical smear-taking. I was also invited to be part of a Government-led wide-reaching working group discussing current early cancer interventions and improvement suggestions.'

**Lorna Dhami, NHS Greater Glasgow and Clyde**

#### Working in homeless outreach during the pandemic

'We have worked tirelessly through the pandemic. We have worked with people who are terrified and we have steadied their hands as our own nerves threaten to break. We all cared for others as we risked illness and coped with fear; we shared a part of our soul with one another and in the nights when we were so frightened that I cried, it was the QNs I turned to. There are many projects over a career, but to care for those who are homeless through COVID and to succeed has been the biggest project I will ever take on, and to come this far knowing that we have helped and our service is better for it is a reward in itself.'

**Gayle Ridge, NHS Ayrshire and Arran**



**“We have worked tirelessly through the pandemic. We have worked with people who are terrified and we have steadied their hands as our own nerves threatened to break.”**





7

## Promoting social justice

### 7.1 Addressing inequity

Two case studies follow which present a fuller narrative of how two QNs have used the opportunity of the programme to move into strategic roles within the Scottish Government to address health inequalities, an issue on which they had been passionate throughout their careers.

Substance misuse specialist **Tracey Clusker** (pictured right) is leading on new ways to support people with addictions to step into recovery.

'I recall being taught to ask about the "why?" and "why not?" of every aspect of treatment delivery and to be brave about trying new ways of working,' says Tracey of the QNDP.

The programme helped crystallise her ideas, turn them into meaningful actions and start taking them to scale – a vital role in a country that continues to record the highest per capita level of drug-related deaths in Europe.


Her compassionate, highly effective approach to supporting drug-dependent people, developed during her time as a team manager for NHS Lothian based in Dalkeith, has brought recognition. She is now nurse consultant for the Medication-Assisted Treatment (MAT) Implementation Support Team at the Scottish Government and Public Health Scotland.

Tracey's journey to becoming a specialist in substance misuse began as a teenager when she volunteered in a soup kitchen. Her interest in working with homeless people led her into nursing and, later, a role as a community mental health nurse in a homelessness team.

'Once in that post, I realised a high proportion of people had drug issues and I was drawn to working with them as I felt they experienced stigma and were marginalised despite their trauma,' Tracey says. ►







**“A high proportion  
of people had  
drug issues and  
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– they experienced  
stigma and were  
marginalised  
despite their  
trauma.”**

7

## Promoting social justice

### 7.1 Addressing inequity

► The cornerstone of her approach is understanding that this trauma, and other adversities that drug-dependent people have experienced, lie at the heart of the way forward. Tracey employs what she refers to as 'engagement with kindness' – seeing, listening to and helping each person identify and address their deeper needs as a whole person, not simply as a drug user. Those who misuse drugs are unaccustomed to being treated holistically, with compassion and in a truly person-centred way, she explains.

'I learned a great deal from families as to how services should work by learning the difference between not just hearing but actually listening,' she says.

Key to Tracey's approach is eliminating as many barriers as possible. She regards the idea of sitting back and waiting for people who are often leading chaotic lives to schedule and keep appointments with her, and then endure long waits for referrals to other services, to be nonsensical.

With the increased confidence that she gained through the QDP, she has helped change the system to better meet the needs of those who require support.

'One of my main strengths is in promoting partnership working and seeing the links that we can achieve when we work closely together for patient outcomes,' Tracey says.

Among her successes is the Harmony Café, an informal, drop-in clinic and meeting/eating place where drug users, their family members and those in recovery who act as peer support workers can relax in a friendly environment. The café offers people the freedom, safety and encouragement to chat about the issues they face, large and small, while receiving advice and assistance regarding financial, employment, housing and health matters.

Tracey also developed standards for and pioneered

the practice of MAT and other forms of rapid opioid-substitution therapy in Scotland. The evidence-based standards aim to ensure consistent delivery of safe, accessible, high-quality drug treatment. This means providing a same-day, no-one-turned-away service that eliminates the normal waiting period between first referral and first receipt of counselling, medication and other help.

Crucially, she has also collaborated with agencies across Scotland to encourage a major rethink of the country's approach to people living with drug addiction and to develop a more effective strategy to prevent drug-related deaths. Working with national media, she has helped raise awareness and reshape the often negative and unsympathetic attitudes shown towards those with addiction issues.

Tracey's commitment to helping people burdened by substance misuse began long before she undertook the QNDP. But she believes that the skills and strategies she learned while participating in it – plus the support she receives as a QN – have greatly enhanced the quality of her work and emboldened her to share her hard-won lessons. She also attributes her QN journey with giving her the confidence and the impetus to begin a PhD.

'I do think the development programme changed my viewpoint and really helped me listen more to the unheard voices of the people using the services,' she says.

'While undertaking the programme I was offered coaching support, peer support from fellow nurses, and guidance and nourishment from the facilitators to challenge my own perception of person-centred, rights-based care.

'I was able to see clearer through the lens of someone walking through treatment.'



She adds: 'My new role as clinical lead for MAT standards for the Scottish Government is such a privilege. I feel honoured that as a nurse I'm doing this work.'

And **Liz Smith** (pictured below) is addressing Scotland's poor breastfeeding rates in areas of deprivation.

Liz's expertise as a nurse, midwife, health visitor and public health practitioner enabled her to step into a role as community infant feeding nurse in NHS Ayrshire & Arran.

While in that post, Liz completed her PhD and her QNDP almost simultaneously, and soon after took up a position as breastfeeding advocacy and culture change lead for Scotland.

Liz is a community nurse by head and heart, and breastfeeding was and is her passion; in particular, changing cultural attitudes and sharing responsibility for promoting, protecting and supporting breastfeeding with local authority partners and communities.

She immediately set up an advocacy and culture advisory group, with representatives from all 14 NHS boards and third sector partners. The group has grown to include more than 50 members and there are now five subgroups – education, inequalities, marketing and communication, perinatal mental health, and policy – working to increase both reach and speed of change.

The advocacy group is proactive, enthusiastic, inclusive and making change a reality. Its members are not funded to be there; they undertake the role in addition to their busy jobs – a testament to Liz's leadership and to their enthusiasm for coming together to improve the breastfeeding experiences of mothers.

As part of this work, Liz and her

team have developed the Breastfeeding Friendly Scotland (BFS) brand. BFS schemes normalise breastfeeding in wider society and educate children and young people about breastfeeding.

Liz has tried to take breastfeeding into the public domain through collaboration with other organisations and an important part of the work is insight-gathering with families and communities. Liz and the advocacy group have twice taken part in the Fire Starter Festival, which aims to share sparks of innovation and creativity. The first year they arranged to be in 24 locations across Scotland, including shopping centres, a university and Glasgow's Kelvingrove Museum. They set up a stall and asked people two questions: "What does a breastfeeding friendly Scotland mean to you?" "How do we make it happen?".

**"What does a breastfeeding friendly Scotland mean to you?" and 'How do we make it happen?'".**

More than 1000 replies were received during the week of the festival, and these were themed and checked against the draft work plan. The fit was close, demonstrating that the group had the same ideas for improvement as communities did. However, the ideas from the public changed priorities for action. The second year, Covid meant the festival was online but the hope is that in 2023 it will again take place in person and in communities.

Liz continues to take every opportunity to promote breastfeeding and, following an introduction from QNIS, recently wrote a three-part resource about climate-smart infant feeding. The first part is around the interconnection of environment, climate change and infant nutrition, with the intention ►





7

## Promoting social justice

### 7.1 Addressing inequity

► to inform. The second considers what individual nurses can do to support climate-smart infant feeding and is designed to give nurses practical steps they can take to help. The final part is based on advocacy for climate-smart infant feeding and is a case study of Liz's work in Scotland.

The resource was developed through the Nurses Climate Challenge and is hosted on the Health Care Without Harm Europe website as well as being available via Liz's blog on the QNIS website.

How does Liz feel the QNDP changed her practice?

'Looking back, I'd become rather jaded and a bit lost, personally and professionally,' she says. 'I don't even recognise that person now because I'm invigorated and forever changed.'

'People ask me if I'm in this role because of my PhD or because I'm a QN. I can't answer that, but what I can say is that it's because I'm a QN that I do this job in the way that I do. My practice is changed completely after a lifetime of fitting in and trying to be what other people wanted. I was not my authentic self then.'

'I now show my vulnerabilities and communicate on a different level with colleagues, families and communities. In this way, I've been much more successful, and much happier, in both my personal and professional life.'

Of her ability to make a difference at a strategic level, Liz says: 'I've used all the knowledge and skills I learned to become a leader in a way I could never have envisaged, having the confidence to step up and do things my own way.'

She adds: 'As more QNs are developed and supported in Scotland, I know that we'll be more visible at national and strategic levels. In the meantime, I take every opportunity to talk about QNIS and being a QN. I welcome any opportunity to support QNIS and the QN role.'







**“Looking back, I’d become rather jaded and a bit lost – I don’t even recognise that person now because I’m invigorated and forever changed.”**

## 8

## Building a community - a social movement

As described in section 6, there was much discussion about connection and building a network or community of support at the stakeholder event in April 2021. This was explored further in the 2021 QN survey.

'I love the sense of belonging. Belonging to a group of

like-minded individuals who understand that my quirks are actually what makes me who I am and that they help in their own small way in shaping communities.'

The following table shows the emphasis placed on support received from other QNs.

5. In the last year, what have been the benefits to you of being a QN? (please tick all that apply and explain in the box provided at the end)				
Answer choices			Response percent	Response total
1	No benefit		1.89%	1
2	Support from fellow Queen's Nurses		94.34%	50
3	Support from QNIS team		83.02%	44
4	Support through pandemic personally and professionally		62.26%	33
5	Opportunity to contribute to policy work /consultations		52.83%	28
6	Professional development opportunities		39.62%	21
7	Increased my confidence		69.81%	37
8	Raising my professional profile		47.17%	25
9	Recognition and profile of my role/specialty		49.06%	26
10	Platform for other professional development(s)		37.74%	20
11	Other		5.66%	3
			answered	53
			skipped	0



## 8.1 The value of community during the Covid pandemic

Comments featuring in this section are about the importance of support from the QN community during the pandemic. It is summarised in this quote:

**"I honestly do not believe I would have coped over the last year without focusing on my commitment as a QN to promote change. It has been the most difficult and emotional year of my life, but through it all I was reminded that I was not alone and if I wanted to talk, I had amazing QN colleagues who understood. My confidence as a nurse to confront unmet patient needs and continue under, at times, extreme pressures has only increased my skills and resilience to carry on."**

Those words were said by **Coleen McLeod** (pictured overleaf) of NHS Western Isles. Coleen's first post when she qualified was as a community mental health nurse in addictions in Fraserburgh. It was a dream job. But she had always hankered after island life and in 2015 she made the move to Stornoway in the Western Isles where she now works as a substance misuse and mental health liaison nurse, providing care across Lewis and Harris.

'There are people who come here from all over the world,' she says. 'So although I'm an "incomer", I'm one of so many who have settled here.'

She loves the work – supporting people through their recovery and encouraging them to believe they can make it. 'Seeing individuals who had shut themselves away engaging in community support, re-establishing relationships with family, is so rewarding.

But life's challenges can be overwhelming for some. The number of local drug deaths and near-fatal overdoses has been rising, and the Covid pandemic brought extra problems for all.

'I honestly do not believe I would have coped over the last year without focusing on my commitment as a Queen's Nurse to promote change,' Coleen says.

'It's been the most difficult and emotional year of my life, but through it all I was reminded that I was not alone and if I wanted to talk, I had amazing QN colleagues who understood.'

Her commitment to promoting change has seen Coleen working on a new prevention pathway, bringing on board GPs and colleagues in A&E, as well as the ambulance service, to develop an early intervention route for harm-reduction interventions and treatment for those identified as at risk of harm. The work has been supported by the Scottish Government's Drug Death Taskforce.

Running alongside the pathway has been the development of GP and A&E dispensing of naloxone, the drug that can reverse the effect of opioids.

Coleen says: 'The culture locally had caused barriers to distribution as fear of stigma has, in some cases, stopped individuals or family members accessing naloxone training and kits from services.

'As the family doctor can be the first person individuals disclose concerns to, I developed an alternative pathway for distribution, where GPs, practice nurses and primary care pharmacists could distribute naloxone, with access to a liaison nurse follow-up call to provide additional overdose information and harm-reduction advice.'

Coleen has also developed a patient lifestyle leaflet with details of local drug and alcohol services and referral routes. Western Isles NHS staff can access the leaflet from the intranet and it is given out as ►

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## Building a community - a social movement

### 8.1 The value of community during the Covid pandemic

► standard to patients presenting with identified risks of substance harm through the early intervention pathway.

These successes – and there have been more, including working with other services to strengthen the care given to pregnant women who misuse prescribed or illicit substances – have not always come easily. There were several meetings where Coleen was faced with resistance from managers but the pride she felt in being able to call herself a QN gave her the strength to continue.

**“I feel very proud of how these initiatives have been embraced by my colleagues,” she says. ‘My confidence as a nurse to confront unmet patient needs and continue under, at times, extreme pressure from management has only increased my skills and resilience to carry on.’**

Coleen took many things from the QNDP but one of the most important was learning to take care of herself. She admits that before the programme she was sceptical about the benefits of techniques such as mindfulness and the contribution they can make to wellbeing.

‘But after chatting to another island QN and realising we were both struggling and focusing 90 per cent on work and 10 per cent on ourselves and home life, we jointly agreed to give this mindfulness and self-care a go.

‘We adapted it to our own environments, wellies on, with no music or chimes involved, and we began allocating time.’

She adds: ‘For me, this has opened up another world I can disappear into, clear my mind and escape that drowning feeling that comes from the somewhat constant pressure and at times oppressive culture within the NHS.’

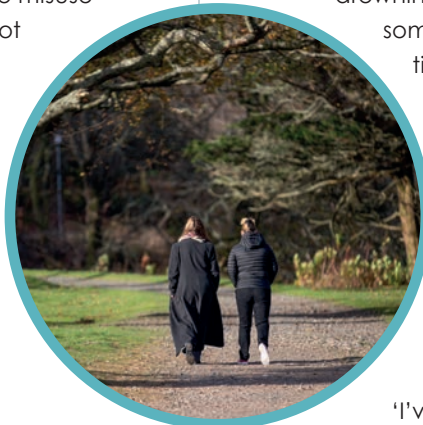
Another outcome of the QNDP, aside from the peer support and the focus on self-care, is that Coleen has since committed herself wholeheartedly to her own professional development.

‘I’ve attended numerous courses to develop my skills,’ she says. ‘The QN programme changed my perception of career development and I now independently seek out courses on topics that may not be offered as standard by my local board but which offer me the knowledge I require to provide better practice.’

As Coleen’s story shows, the QNDP offers an opportunity to participants to explore their professional networks and think about how best they can be developed. It draws heavily on Julian Stodd’s work on social leadership, which describes ‘tribes’ of like-minded people who share values and vision, what Stodd calls a ‘trust-bonded network’. To realise their vision, people need to make connections with others to form communities of multiple, aggregated tribes (Stodd, 2016).

The term ‘tribe’ resonates with many QNs, as feedback from the survey demonstrates:

‘Support from my fellow QNs has been one of the key benefits [of being a QN]. We are a very supportive tribe, which gives me strength to try new things and increases my confidence.’







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## Building a community - a social movement

### 8.2 A growing network

As the number of QNs grows each year, the scope for professional connection within and across clinical specialties and regions increases. For example:

*'Support from fellow Queen's Nurses has been a huge benefit to me as it enabled me to connect with others in the same specialty across Scotland to navigate the ever-changing national guidance and challenges throughout the pandemic. Being able to share ideas helped reduce harm to staff, increase safety and gave me the confidence to challenge anything that didn't feel right.'*

*'It feels like a network of support. A good example was a Scottish Respiratory Nurse Forum conference that we organised in April. The agenda included topics that were of interest nationally. Looking at the whole event, there was involvement from myself as Chairperson, a fellow QN on the committee, another QN sharing experience with digital care and another doing a wellbeing session.'*

*'I feel being a Queen's Nurse has a responsibility attached that boosts my confidence in leading my team forward and gives me a real sense of pride. Knowing I have the QN community's support when needed gives me a sense of security. The opportunity to have some time out and reflect and connect in the QN sessions we had through the pandemic felt a real privilege. The Fife QN community is growing and connecting with them and building our support network is invaluable.'*

**Inger McGowan** (pictured right) describes how her fellow QNs helped her through the challenges that came with the COVID-19 pandemic.

'I was born and raised in the Netherlands but I've been in Scotland for nearly 20 years now. Even at the age of 11 I knew I wanted to do something with marginalised groups. In my teens I did a year of social care and

might have stayed there if a gap year hadn't ignited my passion for history and travel.

'When I returned, I trained as a teacher of Dutch history but couldn't shake that yearning to work in social justice. When I moved to Scotland, Dutch history became much less relevant. For a brief time, I found myself working as a postie but I was always thinking about next steps.

'The Willow Service in Edinburgh is for women who have been in the criminal justice system, working with those who have suffered significant trauma or adverse childhood experiences. When I worked at the Willow, my eyes were opened to the never-ending tragedy of the women on trial – in and out, week after week, drugs and alcohol, abusive partners, stealing food to feed their families. I helped them work through their turmoil, building up relationships with them.

**"My first aim was always to establish that trusting relationship. These women faced social stigma, their children might be in care and, in their minds, they had been labelled unfit."**

'Many women had little trust in any professionals. I specialised in sexual health and when I asked women about sex education it had often been completely missed out. Even though the majority were sexually active, they often used no contraception. I had to give them the okay to open up about these topics and hope they would trust me.

'But Covid was not kind to me as a professional. I wasn't





able to work with my own clients for months. It left me questioning my place as I was not using my clinical skills in the same way. I was trying to work remotely but I couldn't see how the client was presenting and I had no idea who else was in the room.

'I was deployed part-time as a practice nurse with the Edinburgh Access Place, a health, housing and social work service for people who find themselves in homelessness. This was a real challenge but I liked being hands-on and "clinical" again, so much so that when my colleague retired I applied for the job.

'I have a particular interest in women's sexual and reproductive health. Along with one of our GPs, I lead a women's clinic every Thursday offering a safe, non-judgemental space. Many of our female patients have been pregnant and many have lost custody of

▶ their children. A high percentage suffer from poor mental health, post-traumatic stress disorder, drug and alcohol addictions and/or involvement in the criminal justice system. All are experiencing poverty and the underlying cause is, in almost every case, deep-rooted trauma.

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## Building a community - a social movement

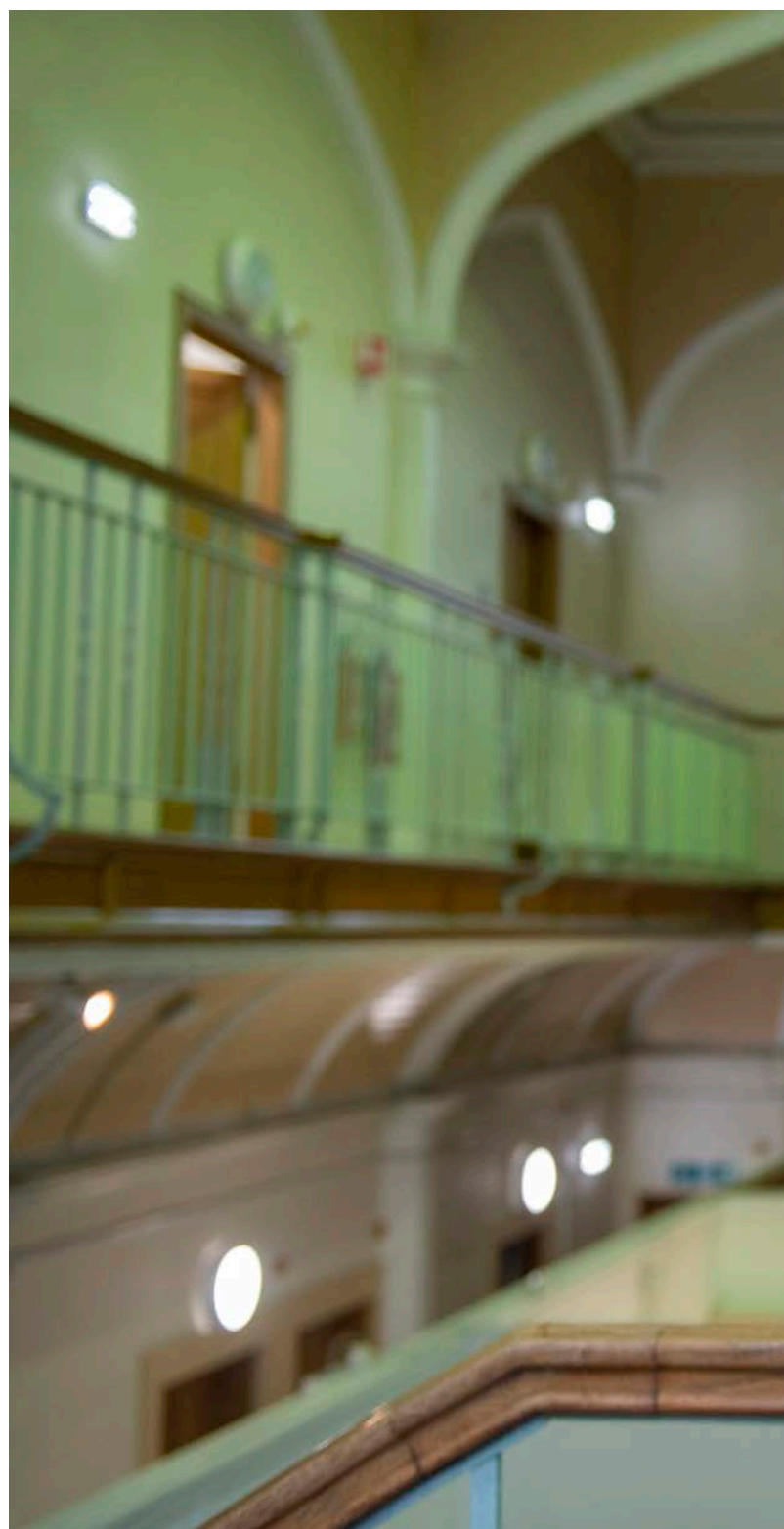
### 8.2 A growing network

'My aim as a nurse is always to improve health. I take a very holistic view and "health" includes someone's social health and whether they have friends and healthy relationships. The basis of what I do is creating health networks in the community. I help those who are neglected and who are often fighting unhelpful stereotypes. Usually, people are asked what they are presenting with. I ask what their journey has been and how they got here.


'The QNDP enabled me to grow and to challenge authority in a productive way. I make sure my voice is heard, using that confidence to influence changes and implement them. I now understand how to empower myself as much as I empower others.

'The other QNs were an incredible support for me during the pandemic and helped me to get back on track. Quickly I discovered that I was never alone, because the QNIS, my wonderful 2020 cohort of "Queenies" and my amazing coach Kate were all by my side, encouraging me, listening to me, inspiring me. I had found the tribe I had been looking for. Nursing during a pandemic, on top of trying to keep our loved ones and ourselves safe at home, is exhausting, frightening and anxiety-provoking but my fellow "Queenies" always managed to lift my spirits.

'Change doesn't happen overnight. And it can be quite scary. It's a movement, like waves in the ocean. Sometimes you feel yourself being taken by currents in the direction you would like to go; and sometimes it requires swimming into the currents, trying to keep your head above water, or simply diving into a wave and hoping to get out the other side. Change can mean growth, but it also means loss and letting go. But change is inevitable and part of life. It can be exciting and take you places you never imagined you would go.'







**“I take a  
very holistic  
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relationships.”**

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## Building a community - a social movement

### 8.3 A social movement that enables others

A conversation arose during the stakeholder event about the 'ripple effect' of the QNDP – in other words, how to develop its influence without diluting its impact by scaling-up to the point where something important is lost.

The following case studies demonstrate the community-building impact of nurses whose potential is unleashed and supported. Both Alison Bunce and Rachel McReady have convened others and empowered them to work collectively to address unmet need and inequity, giving us excellent examples of the 'ripple effect' in action.

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'I was given the responsibility of creating a social movement to help transform attitudes and everyday practice around loneliness, social isolation, death and bereavement,' says senior palliative care nurse **Alison Bunce** (pictured right).

Today, as a QN, Alison is the founder, leader and guiding force of Compassionate Inverclyde, a social movement and public health initiative that's changing the ways in which people think and act.

Supported by the local health and social care partnership and Ardgowan Hospice, an independent charity established in 1981 and where Alison served as director of care for 10 years, Compassionate Inverclyde has kindness to others at its core. It is an evolving experiment that seeks to address the opportunities and challenges of contemporary society.

'My work has been a catalyst which has helped ordinary people to help other ordinary people in times of crisis, illness and at the end of life,' Alison says. 'I believe the programme has been successful because I've ignited a spark by tapping into our desire to be helpful and compassionate.'

Situated south-west of Glasgow, Inverclyde was once a thriving industrial hub known for its shipbuilding. Today there is significant unemployment but Compassionate Inverclyde has capitalised on the local population's

readiness to help those in need. More than 130 people now support the programme through volunteering.

No One Dies Alone was Compassionate Inverclyde's first project, through which many residents have been prepared and supported to become companions to those approaching the end of life.

Alison says: 'We also established "Back Home Boxes", where volunteers arrange the many donations from the community into boxes to go home with people who live alone after a hospital stay.' As well as necessary groceries, the boxes contain a get-well card made by schoolchildren and a homemade knitted blanket.

Friendship hubs have been established in two local churches, and the High Five programme teaches kindness across schools, organisations and staff groups.

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**"I can't think of any other role like mine but at the heart of its success is bringing together local people of all ages and from all walks of life in unprecedented ways," says Alison. 'If I had not been able to get people on board then the project would have been unsuccessful.'**

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During the Covid pandemic, Alison and her expanding army of volunteers refocused their energies on what was most needed and feasible. Compassionate Inverclyde delivered hundreds of prescriptions to residents in lockdown and created a partnership with a community garden to add fresh food to the boxes given to those who were shielding.

A WhatsApp group allowed the community to share news and respond to individual needs, while dozens of people were mobilised to stay in regular telephone contact with others living on their own or not using ►







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## Building a community - a social movement

### 8.3 A social movement that enables others

► social media. Later in the pandemic, volunteers prepared and delivered hundreds of 'thank you' goody bags to home support workers and community nurses in Inverclyde.

Alison is still the only salaried member of the Compassionate Inverclyde team and sees herself as a new kind of community nursing leader, one for whom leadership is about co-design, co-production and cooperative, collective action.

She says the scheme 'keeps growing arms and legs' – to the extent that she no longer can, or needs to, lead everything that happens under the banner of Compassionate Inverclyde.

Alison credits the QNDP with helping her to sharpen the skills she has acquired over many years of nursing – among them communication and networking – and which have proved vital to the success of Compassionate Inverclyde.

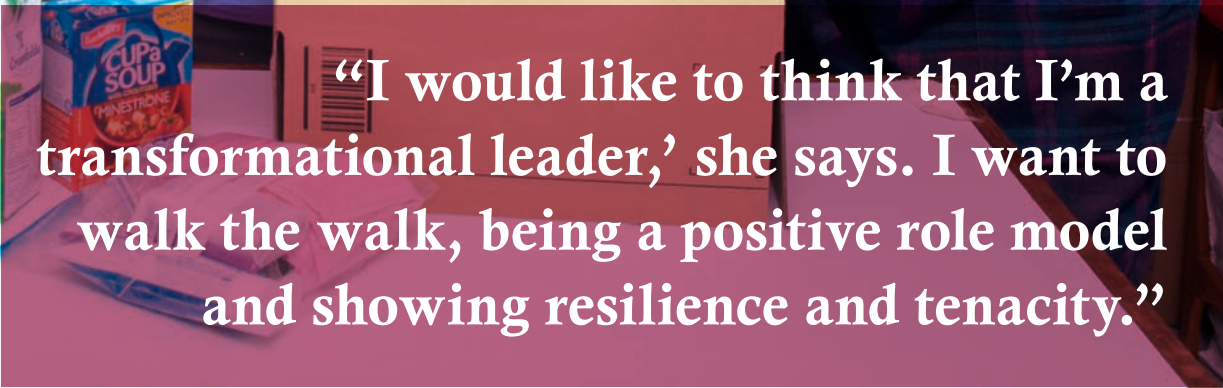
'I would like to think that I'm a transformational leader,' she says. 'I want to walk the walk, being a positive role model and showing resilience and tenacity. I want to promote a "can-do" attitude and I strive for the very best for volunteers, patients, families and communities.'

Crucially, the development programme encouraged in her a sense of freedom – 'freedom to be my authentic self, freedom from systems, freedom to grow and develop, freedom to feed my soul'.

As a social entrepreneur, that newfound freedom to act courageously, unshackled from the bureaucracy that can come with working in the statutory sector, has been really important.

Like other QNs, Alison, who won the 2022 Royal College of Nursing Nurse of the Year award, has had a profound impact and enduring influence on her local community. Crucially, she has also inspired others to do more than they ever imagined possible to promote health and make compassionate care real.







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## Building a community - a social movement

### 8.3 A social movement that enables others

**Rachel McReady** (pictured right) is all too aware that homelessness continues to be pervasive in Scotland. Unsurprisingly, people experiencing homelessness – or insecure, substandard accommodation – also tend to experience very poor physical and mental health. These are the people in Dundee to whom Rachel has devoted much of her professional life. This city of approximately 150 000 has among the highest rates of poverty, drug deaths and multiple deprivation in Scotland.

Before opting for a different career path, Rachel was a health and homeless outreach nurse with NHS Tayside, while also employed as a parish nurse at the Steeple Church in Dundee. There are only about 100 parish nurses in the UK and this extraordinary service was started by Barbara MacFarlane, a QNIS Fellow and retired nursing lecturer at the University of Dundee.

Rachel practised with a dedication to relationship-building and deep listening to the people who came into the church building for support. Most were homeless, many sleeping rough and often in the throes of addiction of many kinds. Many had been abused and many had been in prison.

A twice-weekly nurse-led drop-in session at Steeple Church was freely accessible to anyone. The approach was holistic. People came to share lunch and they could speak to Rachel about health matters. She listened to what people said they needed, whether that was clothes or toiletries or a chance to belong and have fun – there was an informal choir.

Nonetheless, when she began her QN journey, Rachel says 'it was with a very heavy heart'.

'There was an increase in deaths in our city among a lot of the people we support. It felt devastating – too many drug deaths and too many others with complex

difficulties and fragile mental health. Heartbreaking. So much more was needed. There were so many services but they were not really connecting with the people who needed them or with each other.'

During the QNDP, Rachel found the courage to set up Dundee's Building Bridges of Hope events, where services that support individuals and families with complex needs were invited to six weekly meetings. The idea was to bring everyone together round a table to listen to each other and work collectively to break down the multiple barriers facing vulnerable people. Those who took part said the meetings were so beneficial, with lots of different areas of partnership working developing from them.

One of the counselling services that attended offered a self-care session for the whole group. Rachel says:



**"I can recall how powerful the session was. People were really emotional, being able to be vulnerable yet so supportive of each other. Staff working in these services experience vicarious trauma, seeing death daily, and their wellbeing is so important to prevent burnout."**

Another of Rachel's missions during the development programme was to create a pocket-sized 'recovery road map' to enable people in early recovery to find help and support every day. She took the lead in creating, raising funds for and widely distributing the map and 2500 copies were distributed to all those receiving mental health services locally. ►





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## Building a community - a social movement

### 8.3 A social movement that enables others

► Along with Scottish Families Affected by Drugs and Alcohol and other organisations, Rachel was also one of the leaders of the 2019 Dundee Hope Festival, which attracted more than 600 participants.

Becoming a QN has been central to Rachel's influence and impact. 'Being a QN gave me the self-assurance and self-belief to be bold and brave in my role as a nurse supporting some of the most vulnerable and marginalised individuals and families in our city,' she says.

But in 2021, having worked in homelessness for 11 years, she felt it was time for a change – and her career took an unexpected turn.

'For seven months I went to work in police custody, in the medical room, while still doing bank shifts. But I'm now working as a haemophilia specialist nurse. I would never have had the courage to go for this post if it hadn't been for my whole QN journey, which helped me grow in so many ways, professionally and personally.'


Rachel drew particular benefit from training that was funded by the Covid Healthcare Support Appeal, arranged by QNIS and run by Capacitar International to support recovery and resilience in the workplace. 'I was so thankful to be part of that,' she says. 'It helped me focus on my own self-care, which I've never been good at.'

She thinks that at some point she will probably go back to the front line to support those who she says remain marginalised and misunderstood. Or she may look for a role at a strategic level. 'I'd like to continue to push for more radical change.'

She adds: 'Being a QN has given me both the tools to do this and the longstanding support I need and which is always there. I'm so grateful.'





A woman with dark hair, wearing a blue uniform with a white name tag, is smiling and looking down at a table. She appears to be in a professional setting, possibly a hospital or care home. The background is blurred, showing other people and a wooden floor.

**“I would never have had the courage to go for this post if it hadn’t been for my whole QN journey, which helped me grow in so many ways.”**



## Conclusion

The QNDP is designed to create a safe and brave space (physically, psychologically, emotionally and spiritually) to take participants beyond their comfort zone to act with courage by introducing them to awareness-based practices that enable their skills as change-makers.

For most, this requires a significant journey of self-discovery and a realisation of the importance of self-compassion and self-care to be truly present and attuned to others. To simultaneously push boundaries and inspire trust requires wisdom from facilitators and coaches, coupled with courage from the candidates. This process is described by participants as transformational, and it is intentionally so.

The data reveal the strong shared belief among Scotland's QNs that they are making a greater impact and having a greater influence than ever before. These beliefs are confirmed and validated by their managers and colleagues. It is further reinforced through evidence of their impact as improvement leaders after completing the programme.

Individually and collectively, Scotland's QNs are making positive, practical differences in their respective fields of practice, with an emphasis on addressing inequity.

Without exception, these QNs are united in stating that their new progress is largely a consequence of their learning during and after the QNDP.

If clinical nurse leaders can access this programme, which focuses generally on transformational development and explicitly on co-production and community partnerships with the aim of reducing health inequalities, they will be equipped to lead innovative and successful health initiatives.

Even in the space of a few years, the QNs' initiatives are beginning to contribute to a reduction in health inequalities for a range of marginalised communities, and community nursing is increasing its potential to empower individuals, families and groups.

We contend that the creation of this groundswell is contributing to the early emergence of future nurse leaders who are able and willing to take up roles, and succeed, as change-makers across health and care systems.

Their shared commitment to health improvement and social justice shines through as hallmarks of the QNDP and Scotland's QNs. Their stories bring to life the issues explored in this report.



## Acknowledgements

Bringing together a large report is a team effort. I would like to recognise and thank all those who have contributed. Firstly, the staff from the Health Foundation, including Dominique Allwood, Fiona Conaty, Aye Ikomi, Laura Wallace and Suzanne Wood, who believed in this programme and supported us to tell the story. Health Foundation funding made this report possible, and the support and encouragement along the way has helped us to see the importance of this work in the context of other improvement, leadership and public health initiatives.

The collation of data and writing of the report has also been a collective endeavour. I would like to thank QNIS colleagues, Dr Jonathan Sher, Senior Fellow, for writing the first draft, Dr Sarah Doyle, Deputy Nurse Director, for creating the outcome pathways which brought together a range of existing data in a new way, and Tasha Prigmore, Digital Engagement Manager, who brought together the first case studies and coordinated the race to completion to the production deadline.

I would like to thank Dr Margaret Hannah, Director of Health Programmes, Cath Cooney, Development Director, and Bella Eames-Matthews, Creative Convener from the International Futures Forum who co-produced and facilitated the virtual engagement event

which enabled generative conversation on how this programme might share learning with other professions and programmes.

We greatly appreciate the time and insights of all those who participated in the event: colleagues from across the public sector, members of the Health Foundation Q Community, and Scottish Government. Thanks are also due to Linda Hunter (Pictish Scribe) who captured our discussions so beautifully. The event was coordinated by the QNIS Team led by Amanda Regan, Executive Assistant.

I am grateful to the Queen's Nurses who are featured in this report, for their willingness to be involved, several of whom also shared their stories with delegates at the virtual engagement event.

And finally, this report would not be as readable and engaging were it not for the editorial skill of Alex Mathieson and Daniel Allen, and designer Dave Hamburg.

**Clare Cable, October 2022**

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## Data sources to support outcome pathway progress reporting

**Annual coaching evaluation reports:** produced by the coaching team, reporting feedback received via post-coaching questionnaires developed in partnership with QNIS and returned by all participants at the end of the series of monthly coaching sessions.

**Annual surveys:** surveys returned annually by all QNs as a condition of retaining the award of the QN title. Questions focus on specific examples of continued activities, such as stepping into more influential roles, mainstream uptake of QN projects, contribution to wider practice/policy development and improvement, and writing and speaking more widely about their work.

**Applications:** written applications to the programme, outlining readiness and proposing their professional practice issue for development.

**Completion rates:** all selected applicants have completed the QNDP successfully through four cycles of the programme.

**Creative responses:** all participants are involved in expressing their development through individual and collective artwork, poetry and sculpture. This is shared through the programme.

**Excellence Profile:** sets out the qualities of a QN as defined by QNIS (see page XX).

**Individual project impact and evaluation data:** held locally by QNs and their employing organisation, these include data on service-user feedback and service audits.

**Interest from a small range of funders:** financial support from Burdett Trust for Nursing, Dunhill Medical Trust, Edinburgh & Lothian Health Foundation and NHS Education for Scotland.

**Monthly QN cohort meetings feedback:** the 'chat box' discussions from these online gatherings are saved and any themes or pertinent feedback noted.

**QN Advisory Group minutes:** the group, which meets biannually with email contact in between as required, supports governance, evaluation and development of the programme.

**QN collaborative inquiry report:** written collectively by the facilitators and the 2019 QN cohort, the report focused on the personal and professional impact of the programme and was published in the International Practice Development Journal.

**QN final reports:** a reflective report submitted by each QN at the end of their nine-month programme prior to award of title.

**QN profiles:** a professionally produced profile of each QN and their specialist area of work, including print and online assets for a wide range of promotional and educational activities.

**QN stories in published book:** two QNs feature in *The Courage to Care* by bestselling author Christine Watson, published by Vintage in 2021.

**Programme materials:** residential and workshop programmes, facilitator's handbook and teaching resources.

**Workshop feedback transcripts:** at the end of the residential days, participants share an evaluative statement that is recorded and transcribed as part of the evaluation data.













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