

## Examples of Completed Applications

For many years now nursing education has been based on reflective practice and this is the basis of questions 2 & 3 of the Queen's Nurse application form. If you have undertaken the new NMC revalidation process you may well have reflective accounts which you can use.

It was suggested that potential applicants might find it helpful to read some examples of completed questions. We have asked four of those who applied for 2017 if they would be willing to have their applications shared so others could see what a good answer might look like. Whilst names have been removed we have not been able to fully disguise the identities of those who wrote them. Please treat the information with sensitivity.

## Example 1 – Criminal justice nursing

**2. IN SUPPORT OF YOUR APPLICATION** – please read the excellence profile in the guidance document and give us examples from your nursing practice of how your expertise matches the areas below.

### **How have you made a difference?**

- changing how things are currently done,
- making things better for individuals, families and communities
- and/or helping others to make a significant impact.

I was 'made' the first senior charge nurse in police custody healthcare in Scotland. This was a significant challenge! The changes I made initially were to change the focus of care from power/coercive to a person centred model which allowed the nursing staff to deliver care at the right time for the patient. I introduced PGDs and was able to get all staff enrolled on to a non medical prescribing course. Working with other agencies I made it clear that Police Custody would not be used as a place of safety and trained the nursing staff to undertake mental health assessments which allowed patients a timely and proactive assessment and so could leave custody.

I introduced drug testing and breath alcohol testing in order to inform treatment choices and changed the practice ethos from treating withdrawal symptomatically to a withdrawal prevention treatment regime. This had the effect of reducing patient referral to ED, and all the associated harms of drug and alcohol withdrawal. This also helped the general emotional well being of patients in custody and the general work environment. I worked with Support in Mind to highlight the needs of people in custody with mental health problems and a publication of case studies was produced with funding from NHS Lothian. Part of the task was to get other agencies involved in what we do and I gave countless talks to universities, NHS staff, Custody visitors, Council workers, medical staff, prison staff, police etc. I was part of the Faculty of New to Forensic Medicine that designed and implemented a teaching programme funded by Government through NES to all doctors and nurses working in this field across Scotland. This was as a part of the transfer of healthcare responsibility from Police to NHS Boards in 2014.

The service is now a nurse led service. Working with senior management, we implemented a virtual call centre, a software system, with all the required governances to receive referrals from the SE of Scotland. We recruited a further 25 nurses and I developed a training and implementation plan for them as they bedded in to their new teams in the region with 2 new senior charge nurses who had never worked at this level before. I was chosen to be profiled in the campaign 'Nursing on the Edge' by RCN Scotland which showcased the service and nursing in this field as a real career choice where patients really need their help and expertise. As a result, I was asked to speak at two events at the Scottish Parliament regarding this project and also at a cross party steering group for mental health. The contacts made during these events has been invaluable, our profile has been raised and our service attracts a great deal of interest. During this time, I worked with Edinburgh Napier University to create a student placement which has been very well received by all. I have been published a few times and delivered a paper about NPS internationally and have recently been voted to become the Chair of the RCN Criminal Justice and Forensic Nursing Steering Committee.

All of the above came from a heartfelt and unshakeable belief that my patients deserved the best equivalence of care as they so often did not have a voice to ask for it. Health inequality ruins lives and families and creates a long shadow over the future and I saw it as my task to reduce these for my staff, service and patients.

**(2795) (no more than 3500 characters which is around 500 words)**

## Example 1 – Criminal justice nursing

### How have you demonstrated your tenacity and resilience?

- finding your way across boundaries, around obstacles, through bureaucracy
- successfully challenging attitudes
- finding new doors to open each time one closes.

I have been lucky as I have worked in many areas of nursing before I came to police custody and forensic examination. I have got to know people on the way and there is an interdependence in those relationships that can really help to push the agenda forward. I have never been afraid of asking for help, or listening to it. When I was approached for this role, I knew that I was very well prepared to tackle it professionally, emotionally and personally. I was prepared to be unpopular, which is difficult as old relationships could be changed out of all recognition, but I knew that change comes with conflict – thankfully- there have been no serious casualties during the process. My ethos was to treat staff as registered, autonomous and professional nurses. I expected them to want to be highly qualified and work to a very high standard. I also undertook the same training and improved my own practice. I was able to work with staff side unions to protect contracts during change management and give staff the security that they needed in return.

Working with the Police has been largely supportive, understanding how each juggernaut of the public sector- NHS and police- deal with risk and making safe the interface has been my task and that has been done. There are often differences of approach, but working together has reduced deaths in custody, near misses in custody and the general safety of all concerned.

Working across boundaries has been of great interest, I enjoy meeting and working with other people and agencies and work in a very open way. I think that this is attractive to others and people are happy to build supportive networks wherever they come from. I have shared information with services just starting up and I have been honest about the challenges that we face. I always link this to the 'bigger picture' and in my case- I always referred back to a Ms Angela Smith who died in police custody in Edinburgh in 2008. The recommendations from her fatal accident inquiry have been implemented and this is a mark of respect for her and her family. I believe that nobody should breathe their last breath locked up in a cell whilst waiting to go to Court. Especially if it is preventable. I have been fearless in saying this and putting my professional reputation at the feet of this statement. If we know how to deliver evidence based healthcare- then we must.

I was determined and happy to remove those obstacles. I was called 'charming' by my head teacher in my undergraduate nursing application, which I am not sure was a compliment, but I decided that it was at least evidenced so decided to use my friendliness and natural curiosity as an asset. People find me open, friendly and helpful. And resilient. I am glad that I am a trusted practitioner and I think this is at the heart of breaking through and changing things for the better.

Compassion is hard to talk about, but you do need to care in order to change services for the better- not just for you or your staff, but for our patients. This involves being criticised, righting wrongs and a big dose of humility. Sometimes you have to be prepared to let go and allow others to take up the mantle in order to replicate good practice. There are few things that you own in life, and success is definitely not yours to keep!

**(2719) (no more than 3500 characters which is around 500 words)**

## Example 1 – Criminal justice nursing

### How have you brought people with you?

- using your enthusiasm and persuasive nature
- creating a ground swell of support and recognition that has “carried the day”
- getting others to commit and get things done.

I have been fortunate in the team and directorate within which I work. There is a structure around us and expectations to fulfil. We try and work with a consensus direction of travel. This can be dictated to by prevailing conditions, not least of which are financial constraints.

Bringing other people with you is more of an art form than a science! It is a mixture of persuasion, commitment and fitness for purpose. One of my strengths is seeing the links between the needs of different people, different services and what we have in common. Often we have very similar objectives and we can share ideas, solutions and introductions.

As a result of taking up this position, being selected for the RCN ‘Nursing on the Edge’ campaign, working with the Faculty of New to Forensic Medicine, and the RCN Nursing in Criminal Justice Forum and the Network Board in Scotland for Police custody healthcare as well as having been in position from 2012 as SCN, I became the ‘go to ‘ nurse for this practice area – of course this is diluted and shared over time as new colleagues come along and they find their own voice in practice.

Speaking at RCN Congress in 2015 about the needs of people in police custody resulted in an interview with The Scotsman newspaper which attracted positive praise from the editorial and Police Scotland. In particular, I focussed on the changes in practice as the result of a death in custody- this was conveyed with honesty and clarity which I think relaxes people and allows people to see the real human reasons we are doing what we are doing. I was trending on Twitter for about ten minutes!!!

Doing interviews, speaking at Parliament, getting up in front of 2000 people at Congress has been very much out of my comfort zone as a registered nurse. However, to bring people with you, you have to be brave and offer the potential of working in an amazing cutting edge team that is making a huge difference to the most sidelined people in our society who are ill and in crisis. I needed strong, resilient and compassionate nurses in my team, and you have to demonstrate that as a leader you are clearly stating your principles so that you are understood. This is the cornerstone of my practice, I will lead and share the successes, I will support and protect my staff and colleagues and this is all to deliver the best healthcare to our patients. This protects the reputation of nursing and NHS Lothian. I do expect performance in return. People want to be associated with success and have to be empowered to be the best that they can be.

At times, it can be tough to keep that enthusiasm going, there are always going to be setbacks- unexpected blockades from partner agencies, staff sickness , serious illness in your own family – ordinary life in other words. That is where the benefits of having a wide and supportive network are most valued- you will get help, you will get favours and you will get a boost in energy from those around you. Never underestimate the power of humour in this world!

I remember a Police Inspector saying to me after a particularly bruising period of change within our service- ‘The captain of the ship- the loneliest seat on the boat’. However true this is, you also get the best view!

**(2663) (no more than 3500 characters which is around 500 words)**

## Example 1 – Criminal justice nursing

### How have you demonstrated your ability to reflect?

- listening deeply, seeking to understand what really matters.
- approaching life reflectively, always learning and kind to self.
- quick to attribute success to others and not seek credit for things.

Some of the management structures allow a person to reflect. Within NHS Lothian, I have been on a Delivering Better Care course and a Leading Better Care course including on for BME staff managers. I also undertake clinical supervision myself and as a supervisor.

One of the hardest things that I find is instilling within nurses that they can enjoy success and achievement. During an initial period of change, one nurse was particularly resistant to change and many hours were spent in conversation with him to get to the root of his resistance. He did, in fact, become an early adopter and through a period of study became a nurse prescriber and completed a nursing degree after 25 years' service, the first person in his family to get a university degree. He was incredibly proud of this. Having the first student nurse coming on placement to Police custody nursing was good for all the staff, they could showcase their expertise, and this had some function of consolidating their experience. The student nurse, the mentor and myself wrote a piece about her experience that was published in the nursing press- this too was a happy day!

Using the lessons learned that we had as nurses in last year's Novel Psychoactive Substances crisis, which united our staff through lived experience and action, I was able to speak about it at a conference in Canada. I received funding from the RCN Foundation- I had mixed feelings about this trip. I did feel like an impostor, and this was too much and luxurious for a nurse. I decided that as I was there, I needed to embrace this experience. I listened to nurse academics and practitioners from all over the world. Many with a whole career in 'correctional' nursing behind them. What I learned from them was invaluable. I felt enriched once I had given myself permission to be there!

On return, I wanted to offer staff an away day to build the team further and talk about vicarious trauma. I also wanted them not to be afraid of feedback- giving or receiving. This investment proved worthwhile as it bonded the team who had never had the opportunity to be all together in one place for the day. I had booked a consultant mentalisation and trauma doctor to speak, the deputy chief nurse and a Scotland Rugby International and sporting leader who had prepared the Scotland squad for the recent Commonwealth Games. All gave their services and time for free. As did the venue. We now talk about our feelings regarding the work that we do. I wrote an article for the British Journal of Nursing about creating a professional identity for police custody nursing. I wanted to help to allow us to establish an esprit de corps in our speciality to create a pride and belonging in what we do.

I know that I won't win everybody round, and there is cynicism that can slow progress down and burn people out when they are already stressed, but I have found from the advice of the senior nurses that as soon as they see you disappearing around the corner- most will increase their pace to catch up. We like our teams and even the lone wolves are part of that camaraderie and expertise.

Professionalism and self respect are vital in building resilience in your role. I have learned from others to introduce myself to patients saying my name and title and that I am a registered nurse and start the consultation process from there. It really helps the patient know where we are, and what relationship that we have and what they can expect.

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## Example 1 – Criminal justice nursing

Our team won an award for Improving Patient Access at this year's NHS Lothian 'Celebrating Success Awards'. This was a great moment of recognition for the team and all of the hard work that they had undertaken. This recognition was a flashpoint of **justified pride for the nursing staff**.

We all want to be heard, we all want to be part of something. I have had all of these opportunities because of preparation from other roles and particular management support in this one. I was ready. It is important to get others ready too and increase the network and enjoyment of working at an energetic and creative level.

**(3473) (no more than 3500 characters which is around 500 words)**

### 3. WHAT IS YOUR VISION for the role of Queen's Nurses in Scotland's communities and why would you like to be selected for the pioneering first cohort?

I am fortunate enough to have worked with The Queen's Nursing Institute in Scotland over the last 2 years as they were kind enough to fund 'Sunday Choices' which was part of their Catalysts for Change Project in 2015.

There is something that is needed in the world of community nursing right now .Our landscape is changing and the needs of society require us to work in ever more imaginative ways that are meaningful to our patients and their families.

Having worked for 22 years as a nurse, I started out with fascination about technology, innovative medicines and treatments. Now I can see that as well as this, people need safety and security in their lives and the right to a good family life. I believe that nursing can facilitate this in communities by putting the right people together at the right time and at the right place. We need to break down boundaries between health and social care. We need to establish what is right for our patients and instil community empowerment.

This involves bringing healthcare to diverse places- not always a health centre or hospital, not even in someone's home. We need to mobilise and go where the people need us. The systems exist already for the treatment of disease and we know how to improve people's wellbeing- but we need to get those people who are struggling to turn up and to trust us.

I know that conscious kindness and standing up for people who have the right to healthcare is within the remit of this position.

To be a pioneer as a Queen's Nurse will embolden others to follow this example- and reassure health boards that working like this is not a risk, it is not more expensive and can reduce morbidity.

In short, it feels exciting to be considered for this role as it reflects what I truly believe in and will help me and others in the first cohort to be a team learning from each other and helping each other to be the best that we can be.

**(1565)(no more than 3500 characters which is around 500 words)**

## Example 2 – Mental health nursing

**2. IN SUPPORT OF YOUR APPLICATION** – please read the excellence profile in the guidance document and give us examples from your nursing practice of how your expertise matches the areas below.

### **How have you made a difference?**

- changing how things are currently done,
- making things better for individuals, families and communities
- and/or helping others to make a significant impact.

My role for the past 14 years has been that of Team Manager with the Crisis Assessment & Treatment Service (CATS Team), which is a crisis resolution and home treatment team covering all of XXX.

This service was developed due to several pressures within our mental health service in XXX. Our old Victorian era acute wards were running over capacity all of the time; users and carers were unhappy that in crisis situations there were no alternatives to admission to hospital; morale in the acute wards was at an all-time low. I was attracted to the idea of developing a crisis service as I was working at the time as a Community Mental Health Nurse and felt frustrated that I had little to offer people beyond the limitations of my role and saw first-hand my own patients needing hospital admission simply because we couldn't support them and their families through their crises.

I strongly advocated to my line managers that we needed to consider doing something different and was offered the opportunity to develop a crisis service. Unfortunately, there were very few extra resources available which meant that developing a new service from scratch was virtually impossible.

Having described the “gold standard crisis service” and had initial cost for this rejected I worked on a plan to build up the service incrementally over a period of years. We started with myself and two part time (hand-picked) RMNs providing crisis assessment and limited home treatment over Friday evenings and Saturdays and Sundays using temporary funding which was “begged and borrowed (though not stolen) from various sources.

I found that this model worked relatively well and over the past 14 years I have been working to continue to develop the service to its current format. We now have a service which operates 365 days per year, covers the whole of our region and for the past 18 months has been operating 24 hours per day. We now operate as the main gatekeepers for all admissions to our acute ward which no longer runs routinely over capacity. The bed numbers and admission rates have reduced and in no small part thanks to the work of the CATS Team, NHS XXX were able to build a new psychiatric hospital leading to the closure of the old Victorian institution.

From humble beginnings there are now 22 nurses and Health Care Support Workers in the team. We have a designated and dedicated Consultant Psychiatrist and staff grade doctor as well as offering training to junior medical staff.

## Example 2 – Mental health nursing

We are currently working on developing our General Hospital Liaison Service from within CATS and are working with Police Scotland to create a Police Liaison/Triage component in the team. The CATS Team is now a regular placement for Student Nurses in training and is now very much an established and important part of the range of mental health services in XXX.

The availability of the CATS Team means that the vast majority of people who would otherwise have been admitted to a psychiatric unit during periods of relapse are now offered the opportunity to manage their crises out-with a hospital setting, at home with their families and communities.

**(no more than 3500 characters which is around 500 words)**

### **How have you demonstrated your tenacity and resilience?**

- finding your way across boundaries, around obstacles, through bureaucracy
- successfully challenging attitudes
- finding new doors to open each time one closes.

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As described above, when I first developed the idea of a crisis service in XXX there were many obstacles to be overcome. Resources were (and remain) limited; the research base for such specialist teams was ambiguous and almost non-existent for rural areas; the Health Board were generally unconvinced that such a service was necessary; the Consultant Psychiatrist group were largely (with one or two exceptions) opposed to the idea; CMHT colleagues were suspicious. Luckily there were some allies in the shape of my Director of Nursing, my line manager and users and carers groups.

I spent almost a year, meeting with people in the above groups developing and refining the plan and proposal, explaining the concept of crisis assessment & management and reassuring those individuals who had anxieties about potential for increased risk. I tried to convey the message that it is impossible and damaging to eliminate all risk from society. In mental health care we often try to avoid allowing our patients to experience risk, we worry that risk is bad, and yet enabling people to take measured, calculated risk can be empowering and fulfilling. The greatest hazard in life is to risk nothing and if we risk nothing, we do nothing, have nothing and ultimately, are nothing.

I have tried to approach the development and continuing development of the CATS team with an attitude of persuasion and collaboration. The many obstacles that we have overcome and the people who were less sure that this is the right way forward don't come round by people like me forcing the issue or arguing that they are wrong. I have found it much more productive over the years to acknowledge concerns and try to develop solutions or to gain enough trust to try things out to build up the evidence. I have learned that sometimes giving some ground to make progress in a different way is sometimes necessary. I have staunchly defended my position that to be an effective manager in a crisis service, I also have to display a high level of clinical expertise and have resisted the pressure to become full time operational manager. As well as being the manager of the service, I still am expected to roll my sleeves up and get on with the clinical part of the job. I relish this and I think it also gives me credibility within my own team of highly experienced and demanding staff.

Over the past 14 years the challenges and pressures on the team have continued and I believe

## Example 2 – Mental health nursing

that I have continued to lead and develop the team to meet the ever changing health care agenda. The team are faced with many stressful and difficult situations on a daily basis and I think it's important to be as supportive as I can, using my experience to lead and guide team members and allow them to know that they are supported in the work they do.

**(no more than 3500 characters which is around 500 words)**

### **How have you brought people with you?**

- using your enthusiasm and persuasive nature
- creating a ground swell of support and recognition that has "carried the day"
- getting others to commit and get things done.

As described previously, I like to use my powers of persuasion to help people understand the goal which I am trying to achieve.

I am a very experienced clinician and I hope and believe that this gives me some credibility when it comes to persuading people of a course of action. I like to think that I am a compassionate person and enjoy speaking with and listening to others. I thoroughly enjoy problem solving and am keen to help out others if I can.

I try to listen very carefully to what people are telling me and to try and understand the hidden messages that people will often try to convey. I have a keen (some would say, wicked) sense of humour and, while I always take my job extremely seriously, I try not to take myself too seriously. I think this comes across well to people and I try to treat and speak with everyone, regardless of their status in life, with respect.

I believe that for people to work well in a challenging, environment such as a crisis service that they must know that they are empowered to make decisions which are supported by me and that if things go wrong then we face these issues together. I try to operate a blame free environment and am extremely flexible with working times to ensure that I get the best out of people all of the time. I have high standards, but expect this of myself as well as the team. Our team ethos is built around four principles: Be there for people; Make a difference; Choose your attitude; Have fun.

I never forget that we are there first and foremost to serve the public, even if this means some conflict between the organisation and ourselves, we will always advocate for our patients. We do not believe in maintaining the status quo. People come to our service in distress and we must work collaboratively with them to help them make changes in their lives. I accept that all of us, no matter how professional, have issues in our lives that affect us at work. I ask people to Choose their Attitudes to remind them that this should never affect good patient care. I strongly believe that if you enjoy coming to work, you will do a good job. I have these principles in mind when recruiting my team and I have been extremely fortunate over the years to have recruited many first class practitioners to my team.

**(no more than 3500 characters which is around 500 words)**

### **How have you demonstrated your ability to reflect?**

## Example 2 – Mental health nursing

- listening deeply, seeking to understand what really matters.
- approaching life reflectively, always learning and kind to self.
- quick to attribute success to others and not seek credit for things.

I have a wee phrase that I like to use: “Every day is a school day”

I am extremely fortunate to work with people with mental health problems and believe that I learn something new every day, whether this be from patients, their carers, other staff members, health care support workers, student nurses or the lady in the canteen. Everyone has some information or knowledge or behaviours that make them unique.

I am suspicious of individuals who deem themselves to be experts or who feel they have nothing more to learn.

I am a very reflective practitioner and use this in my own 1:1 sessions with my line manager or in clinical discussions.

I encourage reflection and formulation in all aspects of the CATS Team clinical practice and encourage everyone to voice their opinions. I encourage staff members to approach me to discuss anything they have concerns about and adopt a “my door is never closed” policy.

I have been advised that I need to be more kind to myself, which is perhaps fair, but I am unwilling to do this at the expense of others. I believe that the success of the CATS Team so far can be attributed to the hard work, dedication and determination of so many other people. When things go well in the team, that is a shared triumph and I see myself as only one part of that team. I find it extremely difficult to complete this application form as it asks me to “blow my own trumpet” too much – not something I enjoy doing.

My response to my manager when she said she wanted to put me forward for this opportunity was one of astonishment, as I feel the things I have managed to achieve as a mental health nurse are all part of my job. It comes as a surprise when others tell you what they think of your work and your contribution and I am immensely grateful both for the faith shown in me and for the opportunity offered, even if it does make me feel slightly embarrassed by it.

**(no more than 3500 characters which is around 500 words)**

## Example 2 – Mental health nursing

3. WHAT IS YOUR VISION for the role of Queen’s Nurses in Scotland’s communities and why would you like to be selected for the pioneering first cohort?

I feel that nurses are largely taken for granted. I believe that often we in the profession dismiss our efforts as less important than those contributions of others. I would relish the opportunity that being a Queen’s Nurse would give me in helping to promote our profession.

I am particularly passionate about the role of the mental health nurse in the community. I would want to use the opportunity to connect with other QN’s who are experts in their fields and would want to continue to use the experience of QNIS to connect with other nurses including nurses in training and those considering a career in nursing to offer encouragement and inspiration about the profession and everything that it means. I want to help raise the profile of nursing both within the profession and beyond. I would like to have the opportunity to connect to community groups to talk about (mental health) nursing. I live and work in a very rural part of Scotland and would like to take the QNIS ethos to some of the more remote/rural parts of our region to talk about what mental health and wellbeing is and to talk more about how mental health nursing has developed over the years.

**(no more than 3500 characters which is around 500 words)**

## Example 3 – Respiratory care nursing

**2. IN SUPPORT OF YOUR APPLICATION** – please read the excellence profile in the guidance document and give us examples from your nursing practice of how your expertise matches the areas below.

### **How have you made a difference?**

- changing how things are currently done,
- making things better for individuals, families and communities
- and/or helping others to make a significant impact.

Until recently, there was an acceptance that for many patients with Chronic Obstructive Pulmonary Disease (COPD), it was inevitable that their condition would acutely exacerbate and that these exacerbations would be managed in acute care hospitals. An example of this acceptance was when I initially discussed a self management approach with some of the Respiratory team; it was generally felt it wouldn't make any difference. One of the consultants was very negative. He felt that there was no alternative to the then current situation of patient spending an average of 8- 10 days in hospital during exacerbations.

When I started in my post as a community rehabilitation respiratory nurse, I was fortunate that it coincided with national recognition of the importance of self management in long term conditions. This required a significant culture change and is still a challenge today.

As part of my role, I co-ordinated a group which developed and created a COPD Self Management Plan. This was adopted by the NHS Board and has become a powerful tool used by patients with COPD and their families. It's supported by healthcare staff to help patients manage their condition and in particular exacerbations.

Patient and carer consultation was one of the most enlightening experiences I had, as it really helped me to see that I and others in the healthcare team had made assumptions about their experiences which weren't always correct or helpful. The experience helped me challenge my own assumptions and help others to do the same.

My role included the promotion of the plan as a tool. I found that one of the best ways to do this was to share the experiences of patients and carers who had found it useful. It can be difficult to change practice and it is easier if people can see the real benefits to patient's lives.

Through education, the culture is now shifting and it has become more accepted for healthcare staff to work in partnership with patients and carers to support them in self management. It remains a challenge though. For some staff, it can be difficult when patients take a greater role in managing their condition.

One of the patients I've been lucky to have the help of, is a woman who has severe COPD. She helps by sharing her experience with patient and staff groups. She describes how, at first, it sometimes presented a challenge to her healthcare team, and she felt some didn't like being, "directed" by the patient. However, as she grew in confidence and it became obvious that she is more expert in her condition, she feels they found it easier. She describes her self management plan as her "Bible".

Although self management is about much more than a simple document, it's a useful tool to begin to discuss and explore people's perceptions. The promotion of self management is at the

## Example 3 – Respiratory care nursing

heart of how I practice, and I believe that it is the best way to deliver effective healthcare in the future. I feel that by actively listening to patients and their families we can aim to understand the support they need to do this.

Effective self management has an impact on the whole community as people start to understand that by taking proactive, anticipatory steps they can make a significant difference to their health outcomes.

### **How have you demonstrated your tenacity and resilience?**

- finding your way across boundaries, around obstacles, through bureaucracy
- successfully challenging attitudes
- finding new doors to open each time one closes.

The area I cover is large, with most of it being very remote and rural. It is the same size as Belgium, with much less accessibility. I feel strongly that patients should, as far as possible, be able to have an equitable healthcare resource. I'm keen to help make healthcare more accessible and responsive for patients. This involves being open to new ways of working and I feel that telehealth has an important part to play in this.

Once a month, one of the respiratory consultants and I carry out a joint VC clinic. I am with the patient and she is in her base 100 miles away. Initially, some of the local staff were negative about the clinic. They commented that the patients were getting a lesser service as the consultant wasn't seeing them face to face. I was able to show them that patient feedback was completely positive, and they appreciated the service and in particular not having to take a 200 mile round trip for a consultation. I carried out an informal chat using VC with some of the staff; we did some simple troubleshooting and practiced using it. They are now so enthusiastic that they challenge others specialties to make more use of it. I think this has been one of the most effective ways to change attitudes. It's been achieved by helping people see the benefits of new technology first hand, and them starting to see how it could work for them and their families in their local area.

Part of my role is to take a clinical lead for home health monitoring (HHM), in COPD. There have been many obstacles that I've had to work at overcoming, including:

- IT systems
- connectivity
- staff reluctance
- previous negative experiences
- fear of change
- fear of increased workload

On reflection, I understand that it's seeing how it can improve things for a patient that motivates me to persevere despite setbacks. As an example, one man with a diagnosis of COPD had always been very reluctant to make any changes in his lifestyle to accommodate his symptoms. He had been seen by various members of the healthcare team who had each gone over his condition and given relevant information and guidance to him. After 6 weeks of using HHM for COPD I saw him and he told me that he had finally realised that his condition was "real". He was able to make a connection with his symptoms and the information he saw on

## Example 3 – Respiratory care nursing

the screen and crucially, start to listen to his body to acknowledge how he was feeling. By way of this, he was able to make significant behaviour changes, including stopping smoking and seeking help earlier in exacerbations. This is an example of how, it worked as a self management tool for him.

Having reflected on my experience with telehealth, I've come to understand that I can be persistent, and that comes from me seeing it as something which, although is far from perfect now, has the potential to improve health and social care for people in the future. It's this understanding that allows me to persevere and to share this vision with others.

### How have you brought people with you?

- using your enthusiasm and persuasive nature
- creating a ground swell of support and recognition that has "carried the day"
- getting others to commit and get things done.

When the Health Board wanted to try a new form of Home Health Monitoring (HHM), for COPD, a test site was needed. I suggested the locality, as I knew the team and felt it would work well there. There is excellent leadership from the Senior Community Nurse and I'd seen how they were open to new approaches to self management and anticipatory care and was hopeful that they would get involved.

I'm committed to making health and social care accessible for patients. I try to make a point of sharing new developments in my general communication, and found that the locality team were ready to share in my enthusiasm.

On reflection, I find that if I believe in something, then I'm able to share this vision with others. By listening and trying to find out what's important to them, I'm able to help them to see the benefits to their patients and therefore themselves. In my experience, most healthcare staff are motivated to want to make things better for their patients. By acknowledging this we can harness their ability and motivation to become involved. In my experience though, it's much easier to persuade people to do something that they're already open to do. Along with the locality team we were able to start to build a shared plan to test the HHM.

Our work was collaborative and resulted in clear aims agreed as a team. The enthusiasm which was generated was infectious and carried us through many challenges along the way. We had to have regular teleconferences with a team in Cambridge, where ironically, technology was problematic. We discovered at the last minute that our NHS firewall system wouldn't allow the technology to work. By having open and honest communication we were able to find creative solutions to these obstacles. We always kept sight of why we were doing it. By keeping it real and putting the patient at the centre of it, we kept our commitment. Humour was very important, and we had a few laughs when we shared our experience of driving around the area and getting out of the car at regular intervals holding aloft a large machine designed to check the strength of the mobile phone signal –not a "traditional" community nurse role, and one which they enjoyed explaining to locals.

## Example 3 – Respiratory care nursing

A momentum was created which carried the project forward. We completed the test over 6 months. This made the rollout possible across the entire Board area. The team were pleased to be invited to present the results at a Board Research and Development event for which the feedback was positive.

Although it had been hard work, they saw benefits in terms of patient health improvement and their team development. They valued the experience as it helped them to develop their skills and experience. They valued being involved in new technology. It was great to see them thinking of ways in which the technology could be used in future, e.g. palliative care in very remote and rural areas and carer support.

### **How have you demonstrated your ability to reflect?**

- listening deeply, seeking to understand what really matters.
- approaching life reflectively, always learning and kind to self.
- quick to attribute success to others and not seek credit for things.

When I started in my post as a senior practitioner in the community, I was keen to develop my practice. I took advice from a respected colleague who suggested that I do some modules in Motivational Interviewing techniques.

If I'm honest, at first, I thought that I was already a "good listener" and that I may be able to skip the most basic modules. In practice I went ahead and completed Module1. I was very sceptical initially, assuming that I would learn nothing much. I was very wrong. I learned so much valuable material in how to actively listen and how to allow space in a conversation for the other person to use to think. In my practice I now try to use this approach.

I have found it works well with patients who have chronic long term conditions. They may have been receiving health care for a very long time. It can often come as a relief that they've been able to talk and they often say that they feel "listened to for the first time". I've learned that by doing this, people are often able to come up with their own solutions as it has given them space to be able to work it out.

I went on to complete further modules and am now a trainer for my own Board. Through this I've learned the importance of using reflection to check my practice and I've found that, although I aim to practice communicating in this way, sometimes situations challenge me, and I find myself reverting to telling people what to do. I've learned that I do this when I'm in hurry, or when time is short. It's a valuable lesson to me to try to be better prepared or to be honest and realistic about the agenda setting for the allocated time. As I grow more confident in my practice and as time allows, I give patients the option of coming back to continue.

By listening and using reflections to show this, my aim is to try to understand what it is that matters to the person. It's easy to wrongly assume that it's something to do with their condition and they want you to "fix" it. By understanding people's motivation and what is important to them, this helps me to focus on what truly matters to them and helps me to work with them in moving forward.

## Example 3 – Respiratory care nursing

It's very important to me to try to see things from others perspective. I understand that my perspective is particular to me, and it may be very different to that of others.

All of the most successful pieces of work that I've been fortunate enough to be a part of, have been done as part of a collaborative process which have been a joy to be a part of. I have an appreciation that it is this creative co-production which has given me the most fulfilment professionally. When work feels like this it flows naturally and feels very easy. It would be worthwhile trying to learn how to create this environment more easily as it feels very productive.

### 3. WHAT IS YOUR VISION for the role of Queen's Nurses in Scotland's communities and why would you like to be selected for the pioneering first cohort?

To safely and effectively meet the future healthcare needs as our population changes, the way we deliver nursing care in the community needs to change.

Recognising that increasingly, most care takes place in a community setting, I feel strongly that the value brought by community nurses should be better understood and recognised. Community nurse roles are evolving rapidly, and there is a need to be able to communicate this to the wider health care team and the public. I'd hope that with the support of the QNIS, the first cohort of Queen's Nurses will be enthusiastic, knowledgeable and effective communicators of these developments.

A lot is talked about person centred care, and I feel strongly that it should be this that provides the basis for our future care. If we are aiming to truly practice putting the person at the centre of their care, it requires a shift in our perspective, and I would argue that this will be the most powerful shift we can make. I would see a Queen's Nurse as being a leader in this aim and taking a role in sharing the vision with others.

Community nurses are ideally placed to be at the forefront of the continued shifting the balance of care. This involves the development of skills in areas such as clinical assessment, supporting behaviour change, communication skills, anticipatory care planning, chronic long term conditions management and truly promoting health and well being. Technology is developing rapidly also, and can be used to support both patients and nurses in providing patient centred care. Telehealth consultations are an example of this. Community nurses should be encouraged and supported to make use of it in their practice. I would expect a Queen's Nurse to be supportive and encouraging in the use of new technology, recognising the challenge that it can be to do things in a new way.

In conclusion, I would see the Queen's Nurse role as being a role model in excellent practice. By encouraging and supporting colleagues in the development of their practice they will help facilitate innovation and confidence in trying new ways.

## Example 4 – School Nursing

**2. IN SUPPORT OF YOUR APPLICATION** – please read the excellence profile in the guidance document and give us examples from your nursing practice of how your expertise matches the areas below.

### **How have you made a difference?**

- changing how things are currently done,
- making things better for individuals, families and communities
- and/or helping others to make a significant impact.

When I took my role, the service was following a traditional care model and it was clear, given the level of vulnerability in the area, that the service had to adapt to better meet need. Following a process of engagement with key stakeholders, young people and parents, and consideration of local demography and epidemiology, I drew up a plan which would address the wellbeing needs of children, young people and their families.

I was conscious that the Staff required a new training programme to equip them to work in more meaningful ways with children and families. Together, we identified training needs and I put a training programme in place. To consolidate practice, I introduced monthly supervision for each team member with me. This level of supervisory support and focus was new to staff, but they quickly realised that supervision is an opportunity to reflect deeply on individual cases and on each child's, daily lived experience. Through care plans and patient satisfaction questionnaires we have shown that supervision has an important part to play in the positive outcomes that are being achieved for children and families.

The Service was selected as a demonstration site for the Health and Wellbeing in Schools Project, funded by the Scottish Government. Its purpose was to use a partnership approach with services and families, to build capacity and increase effective healthcare to reduce inequalities. This provided the opportunity to build a skill mix team. At this time, I developed school-based, multi agency, confidential health drop-ins, which remain in place and are well attended. Education Scotland highlighted these as examples of good practice. The Family Support and the Counselling Services that were introduced as part of the work evaluated strongly, and these remain part of our School Nurse Service. The team now consists of six Staff Nurses, two Health Care Assistants, a Family Support Worker, two Counsellors and me as Team Leader.

When I took on the role of Team Leader for another area, it was evident that a contemporary service was required, and I followed a similar process in the new area.

I realised that, as the implementation of The Children and Young People (Scotland) Act 2014 was pending and School Nurses involvement in child protection assessment was increasing, I needed to undertake further study to support the team. I attended University and completed the Child Welfare and Protection Post Graduate Certificate, followed by the Supervision in Child Protection Certificate. This learning gave me a greater understanding of the wider issues in child wellbeing and protection and directs the ongoing support training and supervision that I carry out with the team.

Feedback from stakeholder services, children and families tells us that that we are making a difference to the lives of those that we work with.

### **How have you demonstrated your tenacity and resilience?**

- finding your way across boundaries, around obstacles, through bureaucracy
- successfully challenging attitudes
- finding new doors to open each time one closes.

It is my firm belief that nurses must provide the optimum care possible to patients at all times. I have a positive attitude to the changes in care that occur frequently within the NHS. To achieve this

## Example 4 – School Nursing

with my team, I lead by example, being enthusiastic, realistic about goal setting and, importantly, listening carefully to staff. I encourage staff to share their views at team meetings, this creates an environment where they can express concerns, but are able to listen to each other in a respectful manner. I find that this approach supports team members to adapt to change without it being imposed on them.

I share my time between the two office bases; doing so ensures that I am able to spend time within the staff groups and to learn more about the individual practitioners' work and dynamics within the teams. For example, I remain aware of the nature of discussions between staff about patient care. Usually these are positive, mindful conversations, but they can occasionally be judgemental. My practice is to address issues quickly and I will broach these discussions, either by speaking to the nurse alone, or, if appropriate I will raise it at the time by asking staff to consider alternatives to the view they have expressed. This approach has borne fruit over time and I now hear staff doing this with each other in the offices.

In this period of budget constraints, I try to be creative in the ways my service is delivered to ensure maximum benefit to patients with minimum cost, and in doing so I strive to work with partner agencies to build capacity. This approach has allowed three health drop-ins to be run on a weekly basis the area at a minimum cost.

I work well with my senior colleagues in the Health Board. When I present ideas, I ensure that they have a practice rationale and a research base, and are integral to current policy. I am willing to argue rigorously for what I feel to be right for the service. This approach has recently meant that I have been able to advertise for a nurse for the new bespoke service for Children Looked After at Home that forms the specific project outline later.

I am also happy to work within the reality of budget restraint and see this as supporting the broader needs of the Health Board. For example, I was recently asked to make savings in my team, so as not to lose vital services for children and families; I did this through restructuring the banding of skill mix as vacancies arose, thus meeting the budgetary needs and not losing service focus.

### **How have you brought people with you?**

- using your enthusiasm and persuasive nature
- creating a ground swell of support and recognition that has "carried the day"
- getting others to commit and get things done.

Creating a team who feel valued and respected has been integral to the continual evolution of care we provide. I am aware that the more that change is pushed for, the greater the risk of resistance, so encouraging a strong sense that all team members are equal and are respected is vital. I have created a sense of trust in the team by remaining positive, available and ensuring that I do what I say I will do. I also try to notice how staff are managing and remember about the smaller issues as well as the greater ones in their personal, as well as work lives. Two years ago, we each completed a one page profile, based on the work by Helen

Sanderson. Each profile holds key information about what is important to and important for each team member to function at their best on a daily basis. This gives us insight into each other's needs.

We strive to learn from experience and we have regular action learning sets to discuss cases and offer solutions. All team members attend these sessions and everyone's contributions are equally valued. The benefits of these discussions allow practitioners to consider approaches to their work with children and families that they perhaps would not have thought of working in isolation.

The nature of organisational and policy change can be threatening for all workers. Where changes are

## Example 4 – School Nursing

pending through local or national policy, I take a lead by being positive and optimistic about their impact on the service we provide. However, I do this cautiously as I realise it can take time for others to change or to adapt their practice. Where resistance or negativity arises, I listen and acknowledge what is being said and then ask reflective questions so that staff consider other viewpoints or options. As this has been my consistent approach over time, team members have become increasingly able to work these developmental issues out together.

Across the range of working relationships with health colleagues and in partner services, I remain positive and consistent in following through on the agreements I make. I try to represent what I understand my patients need at a personal and community level. For example, recently I was made aware of the increasing number of children not in school due to social anxiety. I arranged to meet with key staff in education and youth services and we have designed a pathway that will mean that as soon as the school or another service is aware that a child has an anxiety issue the child will be assessed by a school nurse at the earliest opportunity and a care plan to manage anxiety will be offered to the child. In tandem with the school nurse service the child/young person will be linked in youth services and offered the opportunity to take part in group work with other children/young people.

### **How have you demonstrated your ability to reflect?**

- listening deeply, seeking to understand what really matters.
- approaching life reflectively, always learning and kind to self.
- quick to attribute success to others and not seek credit for things.

Ensuring that I have regular meaningful contact and conversations with staff helps to build relationships. When they need to speak with me I am conscious that I need to show them that I am ready to listen to them. All staff know that out with formal supervision they can talk privately with me at any time: in doing so I know that this approach is mirroring the care that patients need.

It is important to me that staff feel able to offer suggestions about patient care and about the developmental or learning needs of the team. This happens partly by me asking staff what their views are and partly by people approaching me. This results often in ideas for professional development being taken forward. A recent example was a nurse in my team suggesting that we receive specific input about how children who have suffered emotional trauma process their thoughts. This knowledge would increase our own skills and, in turn, allow the team to pass information on to parents and fellow professionals. In response, I have arranged for a Speech and Language Therapist to offer training in March.

I encourage staff to challenge me in a constructive manner: this allows staff to feel respected and to know we are equal team members. At times this approach will highlight where a staff member is having difficulty with transition in their practice and I can use this opportunity to support the staff member through discussion referring them to relevant literature and research to study. Most often when I then follow this up the staff member has been able to reconsider their view. Supervision is a two-way process and I am mindful that I learn at each session too.

I regularly ask staff to bring to a team meeting an example of good practice that they have shared with me during supervision. This is a powerful to both acknowledge the work staff do and share practice that makes a difference to the lives of the children and families that we work with.

In order to keep my practice current, I read local and national policy and make use of the many websites in the NHS to access literature and research articles. I encourage staff to do the same and in supervision where a gap in knowledge or understanding has been raised I use this as an opportunity to point my colleague to a particular piece of literature or research to further their knowledge. We will then consider this at their next supervision session.

## Example 4 – School Nursing

On a daily basis, I consciously attempt to learn from my experiences at both micro and macro level, whether with staff or patients. I use reflective questioning and models of reflection to guide me through this, using a variety of reflective models such as Kolb or Reder and Duncan when an in depth critical analysis is required, for example in child protection cases.

### 3. WHAT IS YOUR VISION for the role of Queen's Nurses in Scotland's communities and why would you like to be selected for the pioneering first cohort?

To be a community nurse is an honour and privilege and I am passionate about my role as a team leader. I am committed to supporting the nurses in my team to work with vulnerable children and families so that they achieve their optimum emotional and physical health.

I believe that each day is an opportunity to consider with nurses how they can continue to improve or maintain their patients' health. As a manager, I dedicate a lot of my time in this type of discussion.

I strive to work with integrity, openness and honesty at all times, and at the end of each day I ask myself, what did I not achieve today, that I will achieve tomorrow for my patients. In doing so, I recognise the practice of person-centred, holistic processes and ensure that patients are recognised as individuals who have their own beliefs and values which must be upheld with the greatest of respect.

To build and maintain relationships with patients requires a high level of empathy, particularly when we care for people often at their most vulnerable and within the privacy of their own homes. The key here is true partnership working, built on trust, and enabling patients to articulate what they need and helping them at more difficult times to access the best support.

My vision for the role of the Queen's Nurse in Scotland would be to take these approaches and apply them to the micro and macro levels of organisations, so that employees and employers are always focused on optimising outcomes for patients.

I believe that being part of this new strategy would provide me with the opportunity to work with like-minded nurses, who are passionate about providing excellence in care. I would relish the opportunity to learn from them and share with them, all of which would enhance my practice in a new, invigorating manner.

A national pathway has been developed that focuses on the needs of the most vulnerable school age children in Scotland and a final agreement by the Scottish Government is expected imminently. Integral to the new pathway, a bespoke school nurse course at master's level has been designed. I mentored a nurse in my team over the last year, helping her study and prepare to take on this course which she will begin in January 2017. To be an ambassador for community nursing as the new pathway emerges would be an excellent opportunity to showcase this vital work.