

Contents

2 Acknowledgements

3 Introduction

4 Hilary Alba

6 Anne Burns

8 Julie Churchill

10 Jessica Davidson

12 Lorna Dhami

14 Michelle Duffy

16 Kelvin Frew

18 Joan Gracie

20 Ian Hall

22 Hazel Hamilton

24 Delia Howlett

26 Ally Lister

28 Gemma MacDonald

30 Kate McConville

32 Barbara McFadzean

34 Rachel McReady

36 Kitty Millar

38 Lesley Paterson

40 Clare Stiles

42 Debra Vickers

Acknowledgements

The Queen's Nurse development programme has been co-produced by a number of remarkable people.

Inspired by the team at our sister organisation the Queen's Nursing Institute, taken forward by a truly effective task and finish advisory group of internal and external nursing experts, and realised by my extraordinary co-facilitators Jane Cantrell and Professor Brendan McCormack.

The Queen's Nurse excellence profile, which underpins the programme, was shaped by the participants of a QNIS summit of public sector leadership experts in 2015 and honed by the task and finish group with the help of consultant Chris Blake.

The Trustees of QNIS, under the chairmanship of Sir Lewis Ritchie, have provided support and challenge, ensuring that we were rigorous in our planning.

Journalist Pennie Taylor and photographer Elaine Livingstone travelled across Scotland in order to profile each Queen's Nurse in their community for this book.

We are grateful to our funders - Scotland's Gardens Scheme, the Burdett Trust for Nursing and the RCN Foundation.

Clare Cable, Chief Executive and Nurse Director
November 2017



Introduction

The Queen's Nurse Excellence Profile

Inspiring others by making a difference:

They find opportunities (or circumstances find them) for changing how things are currently 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.

Inspiring others with tenacity and resilience:

They find their way across boundaries, around obstacles, through bureaucracy and successfully challenge "but we don't have control over that" or "that will never work here" attitudes. They just keep bouncing back, finding new doors to open each time one closes.

Inspiring others by bringing people with them:

Through "coming from the heart", their enthusiasm and persuasive nature, they create a ground swell of support and recognition that has "carried the day", getting others to commit and get things done.

Inspiring others with humility and reflection:

They listen deeply, seeking to understand what really matters. They approach life reflectively, 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.

The nurses who are profiled in this book were nominated by their Nurse Executive Directors (NHS staff), or another organisational lead, to take part in the programme because they embodied the qualities described in the excellence profile.

The programme has been designed to ensure that the core values which have defined Queen's Nursing since 1887 run like a golden thread into the future. It consists of nine months of learning, starting with a week's residential workshop followed by two further workshops and coaching in between.

The extraordinary alchemy created by the combination of the person-centred framework, structure of the programme, environments, facilitators, coaches, and participants has been truly transformational for everyone involved.

In the words of some of the Queen's Nurses:

"It's increased my confidence in making change and encouraging me very much to be bold."

"Some of the best learning I've ever had; it has helped me to grow professionally and personally."

The first 20 new Queen's Nurses are pioneers as catalysts for change in their communities. Yet they stand on the shoulders of giants; the Queen's Nurses of a former age, carrying on a long tradition of compassionate care to the people of Scotland.

Hilary

On a wall in an office within Glasgow's Princess Royal Maternity, hangs a massive world map. From her desk, Hilary Alba pinpoints where the women she works with come from. "Syria, Somalia, Iraq, Iran, Albania, Vietnam, and more," she says. "They are pregnant, traumatised, and many have been abused. It's my job to make sure they get all the maternity care and support they need."

When Hilary took up the caseload in March 2016, it was an eye-opener "I had worked in maternity services for years, and never came across cases like these," she says. "The women I work with don't seek out services. We find them, and offer a helping hand."

Hilary decided to train as a midwife when she was in her mid-20s.

After graduating in 2001, she worked as a midwife across Glasgow before her dream job came up. "We are doing the best we can to improve women's lives through SNIPS," says Hilary. "It's the most rewarding thing you can do."

Hilary is proud to have been nominated for the QNIS programme and hopes to use it to raise awareness of SNIPS and its vital work. "We are practicing in pockets of real poverty, in the places

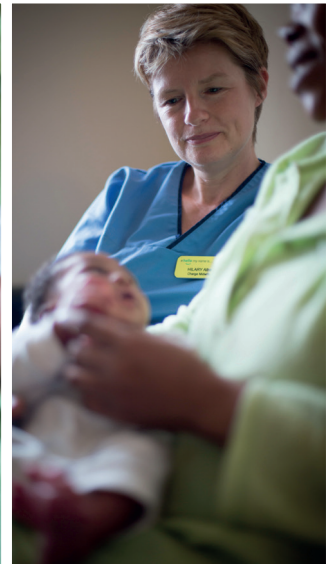


Hilary is senior charge midwife of the Special Needs in Pregnancy Service (SNIPS) team, part of NHS Greater Glasgow and Clyde. The SNIPS team of eight midwives works with homeless women, complex teenagers, people with severe mental health problems, women in the criminal justice system and drug users. Her own specialist field is the care of pregnant asylum seekers, refugees, trafficked women and women who have undergone female genital mutilation (FGM).

where the most socially disenfranchised people live," she says.

Trauma and post-traumatic stress disorder is not unusual among the women that Hilary works with, who range in age from 14 to 47. "It's impossible to imagine what many of my families have been through. All I can do is give them my care."

Hilary aims to assess all women who are pregnant



“They are pregnant, traumatised, and many have been abused. It’s my job to make sure they get all the maternity care and support they need.”

and have had FGM, the surgical removal of clitoris and labia that is traditional practice in some parts of the world. Illegal in the UK, where there has never been a successful prosecution, FGM is not uncommon. Hilary believes passionately that more must be done to improve recognition and raise awareness.

Hilary is heartened by women’s willingness to work with her. “Women on my caseload engage with services better than some other disadvantaged groups and they always turn up and they are always on time,” she says. “They are happy

to see me and be examined. It is a relationship that I work hard to build.”

Hilary is working with the Red Cross to set up an antenatal class for asylum seekers, who tend to be isolated and do not access support.

Hilary would like to do a Masters degree in person-centred care at Queen Margaret University, and do more teaching at the University of the West of Scotland, where she hopes to inspire young nurses to work in fields like hers.

Anne

Anne Burns works for NHS Greater Glasgow and Clyde based in Renfrewshire and has been one of the people at the forefront of developing the Family Nurse Partnership model (FNP).

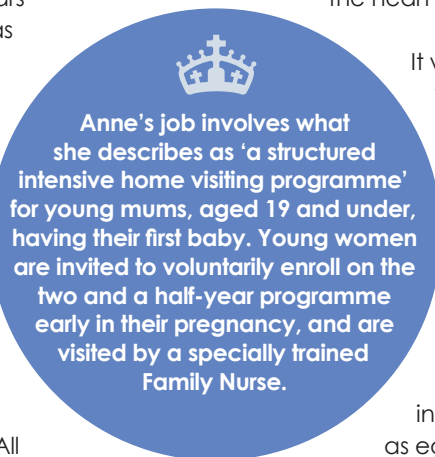
The concept was started in the USA 40 years ago and it is being rolled out in Scotland as a key part of the Government's national Getting it Right for Every Child (GIRFEC) approach.

Having done nursing, midwifery and health visiting early in her career, Anne grew interested in population health and became a Public Health Practitioner and then Health Improvement Lead for Maternal and Child Health with NHSGGC. Reading about Family Nurse Partnerships inspired her to want to return to frontline nursing. "All the jobs I've ever had have led me to this," she says.

As well as carrying her own small caseload, Anne supervises the six family nurses.

"It's a demanding job and takes special skills," she says.

"Some of the clients have experienced many adverse childhood events, and relationships will inevitably rupture and repair at times. But we commit to the task wholeheartedly, and do everything we can to see it through. Building a trusting relationship with the young women is at the heart of the FNP approach."



It was Anne's commitment to innovation that won her a place on the Queen's Nursing programme. "It is an endorsement of everything I believe in as a nurse," she says. "What I'm learning is being taken back to benefit my colleagues and the young families we work with."

The FNP approach has been thought through in detail: the nurses are notified of potential clients via maternity services, and introductions are made – by text message – as early in pregnancy as possible.

Weekly meetings take place during pregnancy and early infancy, then fortnightly until the baby reaches their second birthday, by which time the family's care passes to Health Visitors.

The FNP team that Anne supervises has 150 clients coming

"This is a challenging role and takes a lot of energy, however it is immensely rewarding when we see the young women and their babies flourish on the programme."



from diverse social backgrounds. "We do what we can to help them find a secure base, and work on their life challenges together," says Anne. "We advocate for them with other agencies, but we also provide the scaffolding for the young people to take control themselves."

Before a new nurse joins the team, they undergo an intensive recruitment process. "It's not for everyone. You have got to give a lot of yourself, heart and soul, but you also have to be able to be boundaried to protect yourself and the young women," says Anne.

Guided meditation helps, as does weekly supervision and team meetings, and the services of a clinical psychologist

who is assigned to the team to support the nurses reflect on their practice.

Anne, whose mantra is 'be bold, creative and strong', says: "This is a strengths-based approach, but we are not blind to deficits. The baby's wellbeing is at the centre of the work we do, and sometimes we need to request assistance from partner agencies.

"This is a challenging role and takes a lot of energy, however it is immensely rewarding when we see the young women and their babies flourish on the programme - it's a privilege that we get to go on an important life changing journey with them."

Julie

Julie Churchill is at North Berwick Group Practice, visiting one of the community nursing teams that she works with. It's the first time they have been together since it was announced that she is now their permanent Team Manager.

It was Julie's leadership approach, and her passion for community nursing, that won her a place on the Queen's Nurse programme. She is using her learning to explore innovative ways of supporting her staff to change the way they work.

From her office at Roodlands Hospital in Haddington, she deals with the usual admin issues – rotas, cover, recruitment, training – but she also has her sights set on transforming the way the community nursing service here operates.




For the previous year, Julie had been acting Team Manager [at North Berwick Group Practice], and is therefore familiar with a role that involves overseeing 76 community nurses. They work in six day-time teams and one evening team across East Lothian; there are the local Macmillan nurses, and nurses based in four treatment rooms across two GP practices.

"There are more people living with debilitating long-term conditions, and we know there is a great deal more that they can do to keep themselves well and reduce the exacerbations that might take them into hospital," says Julie. "But that means creating a very different culture."

Julie's vision shifts the focus from constant fire-fighting – doing more of the same, only faster – to promoting patient self-management and ceding some control. "We need to be enabling patients to do what they can to manage their health conditions and improve their quality of life, instead of seeing us as the problem-solvers," she says. "It's about helping people to identify what might be holding them back and using that as a lever to drive change. It will be a challenge building these new relationships, but it will be worth it."



The North Berwick team, which also covers the Aberlady and Gullane areas, comprises one District Nurse, five Staff Nurses and two nursing assistants who together provide care for around 130 people in their own homes. That might mean changing dressings, seeing to the health needs of younger people with multiple sclerosis, providing end-of-life support or, more commonly, dealing with the complications of long-term conditions among older people: heart disease, diabetes and chronic obstructive pulmonary disease (COPD), which affects the respiratory system, are increasingly prevalent.



“It’s about giving the nurses permission to spend an hour with a patient if they need it, rather than 10 minutes – I am working on how we can go about supporting that.”

Having worked as an Advanced Nurse Practitioner caring for people with long-term conditions and as a District Nurse in NHS Lothian, Julie is well aware of the realities for both patients and staff. “It’s about giving the nurses permission to spend an hour with a patient if they need it, rather than 10 minutes,” she says. “I am working on how we can go about supporting that.”

Julie’s commitment to community nursing pervades everything she does: she had a hand in adapting the NHS Lothian clinical decision-making model to fit the community setting, and has an honorary lecturer contract with QMU,

where she is involved in developing and delivering the district nursing course.

By being honest, open and inclusive, Julie is determined to see it through. She asks her North Berwick team: “How can we work together to practice in the way you want to practice? What would liberate you to do that?” Enthusiastic discussion follows. “I’ve been in this job for 10 years and there’s been lots and lots of evolution,” says Staff Nurse Ali MacDougall. “The role of the nurse is constantly extending, and Julie manages to excite you and make you want to keep up.”

Jessica

On a busy day at the custody suite below St. Leonard's Police Station in Edinburgh there can be 55 prisoners in the cells, and many will require healthcare attention.

A catalogue of near-misses and a significant death in custody in Edinburgh in the past led to the redesign of Scotland's first nurse-led Custody Healthcare service in 2011. Since then, there have been no such avoidable incidents, and this innovative model is going from strength to strength.

"We check patients for health problems – alcohol and drug issues, mental health problems, chronic illness, wounds and advise accordingly," says Senior Clinical Forensic Charge Nurse, Jessica Davidson. "We assess whether people are fit for interview, court or release, and undertake other forensic examinations such as for traffic offences. It's a busy old brief."

"Most of the people who end up in places like this are disenfranchised, marginalised, and may not go near a GP," says Jessica. "We bring the help they need to them."

Noticing a spike in detentions over weekends, Jessica and her team have developed 'Sunday Choices', a one-to-one session focusing on issues such as domestic violence, alcohol and drug misuse and mental health problems. "If people have come in on Friday, by the Sunday they have detoxed, eaten, and are on meds. They are also pretty bored and ready to talk to someone," she says. "It's a window of opportunity, and we use it to chat with them about their problems, and the things that



Presently covering the South East of Scotland, and employing 25 highly-qualified nurses, the custody healthcare service has become indispensable. Jessica has been in charge since the start, and she is now one of three senior charge nurses on the team.

can be done to help".

In the custody suite clinic alongside the cells, the nurses conduct examinations, apply dressings and, as non-medical prescribers, decide on treatments. "We have shown that we reduce inappropriate referrals to A&E and there are significantly fewer calls to the ambulance service from police stations, so we're deeply embedded in the organisational DNA now," says Jessica.



“Being a Queen’s Nurse has replenished my resources. It has given me permission to flourish, and to encourage others to flourish, and I’m not about to stop now.”

So unique is the service she manages that Jessica says she felt she did not belong to any nursing ‘tribe’, until she was nominated to become a Queen’s Nurse.

“It has reignited my passion for what I do, and reminded me that it’s good to try something different,” she says.

With transformation on their agenda, the members of the custody healthcare team certainly have their work cut out. The nurses are working on further developing their portfolio, targeting reduction of trauma and violence, blood borne virus testing, alcohol counselling and provision of take-home naloxone for people at risk of drug related death. In

addition, Jessica has her sights set on introducing person-centred, trauma-informed care delivered by registered nurses for patients following rape.

“There is only one dedicated sexual assault examination centre in Scotland, in Glasgow,” she says. “In England, and elsewhere, nurses are allowed to present forensic evidence in court, yet we cannot here. I am on a mission to challenge that.

“Being a Queen’s Nurse has replenished my resources. It has given me permission to flourish, and to encourage others to flourish, and I’m not about to stop now.”

Lorna

It's something of a family business, as the single-handed GP who is Lorna Dhami's boss is also her husband, Dr Dav Dhami. "We know lots of our patients really well, we know their family dynamics, and how they'll respond to what's happening in their lives, and that's a great help," says Lorna. "Our whole team, including the receptionists, go the extra mile to see people alright. It's a very tight team."

Having started out as a midwife, and following three children of her own, Lorna did a Practice Nursing degree at Glasgow Caledonian University and joined Dav in the surgery 22 years ago. The workload has intensified considerably and she now spends her day providing practice nursing cover for 1,700 people on the practice list, the oldest of whom is 95. "It's notorious as a tough part of the city, but the people are lovely. They really do have a heart of gold and would do anything for you," says Lorna. "I wouldn't swap it for the world."

In the early days, Easterhouse was predominantly white working class, but new housing developments, and Glasgow's policy of taking in asylum seekers, has diversified the population considerably. "It's a much more multicultural place now, the dynamic is changing, and it has been welcomed," says Lorna.

Promoting and protecting the health of her patients is Lorna's *raison d'être*. Clinical interventions – stitching, bandaging, ear syringing and the like – is delegated to the treatment room nurses, based elsewhere in the health

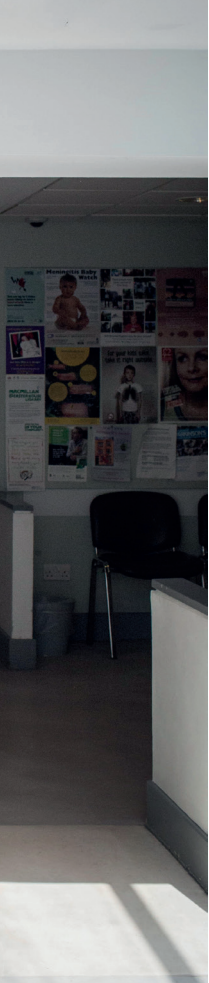


The practice that Lorna manages in the Easterhouse area of Glasgow is one of the 100 so-called Deep End practices that specialises in addressing poverty-related health needs.

centre. Lorna's main task is to keep a watchful eye on patients living with chronic diseases such as diabetes, depression and heart disease, to dispense advice and assessment to the others that pass through her door, and to screen for potentially fatal health problems.

Death rates from cancer are far higher in places like Easterhouse than in more prosperous communities, and Lorna is determined that as many people as possible take advantage of potentially life-saving screening tests for bowel cancer, breast cancer and cervical cancer.

When the national bowel screening programme started,



“I’ve been empowered to speak up.
Now I know it’s OK to be me.”

uptake among Lorna's eligible patients was low at about 30%; thanks to her efforts it's now nearing 50%, and growing steadily.

But of particular concern to her is the number of no-shows for cervical screening: 100 young women aged 25 to 35 who are at risk of developing cancer, and who aren't having the smear tests they are entitled to that might detect it early. “I am trying to find out what puts them off coming,” says Lorna. “If I can answer that, I'll crack it.”

Lorna is questioning why smear tests should take place in a GP surgery at all. “Perhaps the young women don't like

coming to the surgery, and a beauty salon or a sunbed parlour would be a more conducive environment?” she says. “I'm willing to give anything a try.”

Inspired by her Queen's Nurse learning, Lorna has offered to help NHS Education for Scotland develop their continuing professional development training for practice nurses, and at the last primary care cluster meeting, she suggested investing pooled funds in mindfulness training.

“A little while ago, I wouldn't have said that out loud, but I've been empowered to speak up. Now I know it's OK to be me.”

Michelle

Michelle Duffy has one objective - to ensure that people living with disabling breathing problems in some of the most far-flung parts of North West Scotland can receive the same high quality evidence-based care as their counterparts in towns and cities.

Most of the people on Michelle's caseload are elderly and have conditions such as chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, emphysema and bronchiectasis, which make it difficult to breathe.

Michelle, who lives on the Black Isle with her husband Martin and their two children, spends a great deal of her time travelling to different centres across the North West Highlands, running clinics and making home visits.

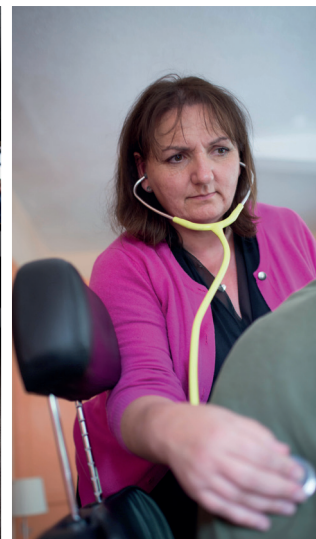
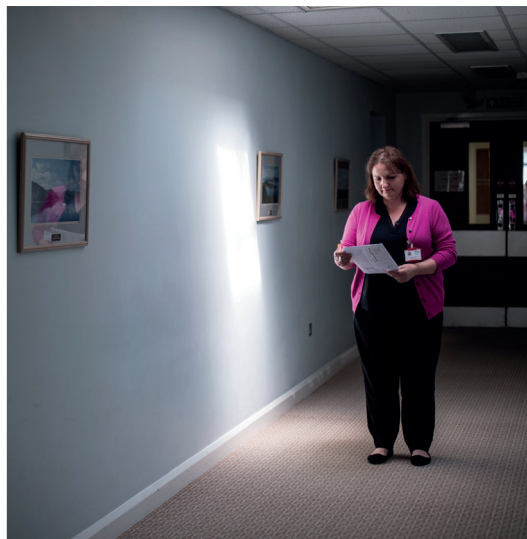
As an advanced practitioner and specialist respiratory nurse, Michelle can assess, prescribe and treat. She has a direct line to doctors in Raigmore Hospital in Inverness if she needs advice, and operates autonomously the rest of the time. "It is a really rewarding role," she says. "I am pushing out the boundaries of nursing practice in this field, and the patients really like being cared for closer to home."

Michelle makes a point of regularly checking the experience of the people she works with, including carers. She sends out questionnaires, and takes part in national surveys; she's involved in setting up a patient engagement forum, which offers education and peer support. "We need to know where the people who use it want to take the service, not assume that we know best," says Michelle. "That's how I see change happening – from the front."



Michelle, an Advanced Practice Respiratory Nurse with NHS Highland, operates across an area almost the size of Belgium. From her base in Inverness, she covers Caithness, Sutherland, Skye, Lochalsh and Lochaber, offering specialist nursing care and advice. Her patients, currently 150 people with severe respiratory problems, live scattered over many thousands of square miles.

Most of Michelle's patients are referred by the hospital or GPs. And when it comes to diagnosis, there is an enormous difference between rich and poor. "We know that the greatest burden of respiratory disease is in the most deprived communities, yet these patients don't often go to pulmonary rehab, and we need to understand why," says Michelle. "They don't go to see their GP so much, and if they have been a smoker, they tend to think they've



“The greatest burden of respiratory disease is in the most deprived communities, yet these patients don’t often go to pulmonary rehab, and we need to understand why.”

brought it upon themselves and deserve it. I want them to know that’s not the case.”

Working closely with national charities, as well as community-based support groups, Michelle and her colleagues raise awareness of respiratory disease, and the importance of early diagnosis. They take their spirometer, for measuring lung capacity, into supermarkets and shopping centres to offer on-the-spot tests, and use every opportunity to spread the word. “This area has a lot of people who used to work in heavy industry, and were exposed to environmental causes of lung disease,” she says. “If they spot the signs and start

treatment quickly, their prospects of living well for longer are significantly improved.”

Across Scotland, the number of people living with respiratory disease is increasing, and Michelle is committed to doing whatever she can to make sure that they all receive the standard of care that she gives her patients. She sits on the Scottish Parliament’s cross-party lung health group, and she will be using her Queen’s Nurse title to get her message across. “We are helping to shape how the service should look right across the country,” says Michelle. “It’s very exciting that NHS Highland is showing the way.”

Kelvin

It was experiencing the old hospital-centric way of doing things that persuaded Kelvin Frew that there had to be a better way to support people in mental distress. So, 14 years ago he was asked by his management to try a different approach, and he devised a plan to offer nurse-led crisis assessment and home treatment. The rationale was, instead of routinely admitting people as emergencies when they reached crisis point, why not give access to specialist mental health nurses working autonomously in the community?

"It's about trying to offer people alternatives to the wards," he says. "Being in a psychiatric hospital can be bad for you: it carries stigma, there's a higher risk of suicide, and it affects people's view of themselves. We're about trying to help people own their problems, to appreciate that they are in control of their own destiny."

The service's crisis team of 18 nurses and healthcare assistants, plus four hospital-based liaison workers, offer round-the-clock cover for the whole area.

Referrals are usually made by GPs, but can come from other parts of the mental health service. Unless the request is for immediate intervention, the requirement is for patient contact to be made within 24 hours of referral, but in practice, contact happens within three hours.

"The staff are all skilled at psychiatric intervention," says Kelvin. "The cathartic effect of having someone to talk to is often enough to defuse a situation. With encouragement



Community Psychiatric Nurse
Kelvin is team leader of the NHS Dumfries & Galloway Crisis, Assessment and Treatment Service. As well as managing the service, and working part time on the crisis response team, he carries a small caseload of regular clients.



and support, people can come up with their own solutions."

The service sees around 2,000 patients a year and numbers are growing.

One way of easing workload pressure on staff has been to train support workers to do the tasks qualified nurses don't have to do.

"They'll do home visits and report back to the trained staff; they'll deal with basic but crucial things such as checking



“We’re about trying to help people own their problems, to appreciate that they are in control of their own destiny.”

there’s food in the fridge, the electricity is working, and that the person is able to look after their personal hygiene,” says Kelvin. “The support workers are a vital helping hand.”

Kelvin’s current task is working with the local Police Scotland division to embed the Crisis, Assessment and Treatment Service (CATS) in their operation. “We need to improve the pathway for people with mental health problems who come into contact with the Police,” he says. “At the moment, officers will get a call to come out to someone in distress, and because they’re not trained in mental health, they’ll take

them straight to A&E. If they came to our team first, we could prevent a lot of that.”

Kelvin says he wants to use his Queen’s Nurse training to reach out to nursing students “to tell them how rewarding this job is”.

“I want to talk to the public about what a modern mental health service should look like, and engage them in taking better care of themselves and others. And I want to be able to influence local developments and policies as a clinical expert in my field,” he says. “Being a Queen’s Nurse is an accolade to the whole team.”

Joan

The welfare of children has always been close to Joan Gracie's heart, and as Team Leader for School Nursing in Forth Valley, she feels she is making a real difference. "There are so many young people in need of help," she says. "Here we are determined to see they get it, hopefully at an early stage."

Between them, Joan and her team offer support to around 500 families a year. "We mainly work with children and young people for whom there are emotional and behavioural issues," says Joan. "We spend time with them and their families to unpick what that's about."

When she came into school nursing from health visiting in 2007, Joan was struck by the need for modernisation. "It was the traditional medical model, nurses doing clinics and seeing to the routine physical health needs of children and young people," says Joan. "I could see that change was required."

The following year, Clackmannanshire School Nursing Service was selected as a pilot site for the Scottish Government's Health and Wellbeing in Schools project, which came with the resources to create a gold-star service. "It offered an opportunity to do something different, to build capacity and partnership working, and think strategically," says Joan.

Bringing together all sectors - the education department, youth services, social services and charities – Joan and her team established a way of working that evaluated strongly. But when recession hit in 2010, funding fell away and many



Joan manages the school nursing service in Stirling and Clackmannanshire, and oversees a team made up of a Health Care Assistant, a family support worker, two counsellors and 10 Staff Nurses.

staff went back to their substantive posts. Undeterred, Joan resolved to rebuild the service with reduced resources. "The team got together and we thought about what we could do," she says. "The way we work now is the result."

The nurses on the team have received additional training to support children and families with the most complex needs, and they work closely with partners in the local authority and third sector to enable working together in more meaningful ways.



“I feel very inspired and enthused by the values that underpin Queen’s Nursing. It’s an affirmation of what I do.”

“It’s a long way from school nursing of the past,” says Joan. “The challenges children and young people are facing now are significant.”

The school nursing team is dealing with unprecedented demand for psychological support. Young people are under stress, and rates of low mood and anxiety are high.

When a child comes to the team’s attention, maybe referred by a teacher, a parent, or sometimes by the child themselves, the nurses make contact and arrange to meet.

“We ask the young people what they feel they need and then we work with them to make it happen,” says Joan. “It’s important they own the service we offer, and that they can let us know if it is meeting their needs.”

Giving support to parents who are going through difficulties with their children is another key role. Parenting is complex and challenging and working with families to overcome obstacles is one of our core functions.

Joan regards the Queen’s Nurse title as a great honour. “I feel very inspired and enthused by the values that underpin Queen’s Nursing,” she says. “It’s an affirmation of what I do, and encouragement to be braver and bolder with it. I am much more confident about using words like ‘love’ and ‘kindness’ now.”

Ian

Ian Hall says he is drawn to extreme remote and rural nursing practice. His last big job saw him help establish the first-ever healthcare and community development project for nomadic Tuareg people, deep in the North Niger desert. These days, he looks after people living on the Orkney island of Shapinsay, and he reckons that there are similarities.



An Advanced Nurse Practitioner, able to turn his hand to emergencies, diagnosis, prescribing and treating, Ian is Shapinsay's resident health professional. Responsible for overseeing the health of the island's 300 residents, he knows all his neighbours well. Ian and his wife Jenny bought a working croft when he got the post on Shapinsay in December 2012, and they live there with their four children.

"They're both resourceful, existing very independently away from the throng," he says. "They know there are plusses and minuses to that, but it's their way of life."

It was Ian's commitment to developing community nursing in the most isolated places that won him a Queen's Nurse nomination.

"I'm going to use it to promote the kind of nursing I do," he says. "Being a Queen's Nurse should give me more clout when it comes to making change happen."

Being just a half-hour ferry ride from Kirkwall, Orkney's capital, Shapinsay is a commuter island and there are many young families who go to work and secondary school there. There are also frail older people, some of whom are housebound. Ian is happy to do home visits, to change dressings, provide catheter care and chat, but there is often a need for home



help. "There just aren't enough carers on the island, and if an older person doesn't have family here, or they cannot cope, there is very little choice," he says.

Ian has helped to train people on the island to act as First Aiders and second responders, able to give him support if required. "If there's a cardiac arrest it takes three of you to deal with it," he says. "Now there are people I can call on at a moment's notice."

De-skilling, not seeing enough cases to maintain proficiency across the clinical spectrum, is a risk for remote and rural practitioners. To address that, Ian has started working with the



“We are developing something new here that could be very useful in other remote and rural settings.”

other islands' nurses to establish a clinical supervision network that they can all use to maintain their knowledge and skills as expert generalists. There are 10 inhabited Orkney islands which have either Nurse Practitioner or Community Nurse cover.

“They are very isolated. When I first came here the nurses rarely got a chance to meet,” says Ian. “I introduced the idea of having dedicated time once a month when one clinician could contact another clinician to reflect on their practice. It allows two colleagues to work something through together.”

The nurses use videoconferencing or telephones to link up. “We are developing something new here that could be very useful in other remote and rural settings,” says Ian. “The nurses

say it gives them support, and they welcome the chance to talk about case studies and clinical issues they are dealing with.”

Looking to the future, Ian would like to see the community nurses' network continue to develop, and their scope of practice widened to include referral rights: on Orkney, only a GP can order a scan, or request an appointment with a hospital consultant, which means an extra stage in the patient journey. “Confidence is at a good level now,” says Ian. “The patients like the service we give them, and I reckon that having dealt with so much here already, I can deal with most things the island might throw at me.”

Hazel

When she took up her post as Senior Charge Nurse for community nursing in Annandale and Eskdale, top of Hazel Hamilton's to-do list was reorganising the service from a single-practice focus to larger area-based teams.

Hazel admits there have been challenges and adjustments have needed to be made but two years later and all team members are "totally committed".

The community nursing teams - who between them make around 200 home visits a day - are organised across three geographical hubs. Still GP-attached, the nurses can rotate between teams and keep in close touch to familiarise themselves with each other's caseloads. At weekends, they provide area-wide cover.

There are 30 nurses in total, supported by seven health care assistants who have been trained up to do basic duties such as personal care, venepuncture and simple dressings, and two nurse technicians who keep track of referrals and know where everyone is.

Patients have direct numbers to make contact with nurses between appointments if necessary, and home visits are arranged according to their wishes, needs and case complexity. "It's about being truly person-centred," says Hazel. "For instance, diabetic patients who need insulin are normally the first people we visit in the morning. We prioritise according to need."



Hazel's nursing team covers a large rural patch in South West Scotland with scattered farms, quiet villages and small market towns which are home to more than 38,000 people - most of them elderly. The community nurses provide care for those who cannot make it into a surgery. "If we didn't go to them, they would be in hospital or long-term care pretty quickly," says Hazel.



Colleagues describe Hazel as a "role-model, and a great believer in open communication". The same qualities earned Hazel a place on the QNIS development programme. "It has been such a refreshing and exhilarating experience for me and the Queen's Nursing teaching has had a big impact on me," she says.

One of the innovations she has introduced is daily handovers between teams. Linking by videoconferencing, the nurses now discuss cases and share their knowledge.



After qualifying as a nurse in 1981, Hazel worked in acute medical and coronary care in a Dumfries hospital before leaving to have her first child. Married to a dairy farmer, she went back to nursing a couple of years later to work in care homes.

These days, the bulk of Hazel's work is focused on balancing the leadership needs of the team and administrative commitments. But she relishes opportunities to get out of the office, and back on to the caring frontline.

In an effort to inspire the community nurses of the future, Hazel has organised for third year nursing students from the University of the West of Scotland to work one day a week in a local care home while on their placement.

The first cohort of students developed a project on catheter care, sharing best clinical practice with care home staff, that has resulted in fewer call-outs. The second cohort has just completed a basic guide to skin care for care home workers.

Hazel sees change as an ongoing process, and actively involves her teams. "It is essential to listen to the staff on the ground, and work collaboratively to influence service development," she says. "If someone comes up with an idea for improving things, we try it. I tell the team 'go with your gut feelings, have courage'. This is a new era for community nursing. The future's looking good."

Delia

Based at Coldstream Health Centre, District Nurse Delia Howlett is team leader for the seven groups of district nurses that cover Berwickshire and Cheviot.

This area has one of the largest over-75 populations in the UK, placing massive stress on the existing health and social care systems.

Delia's vision is for a nurse-led health and care service that harnesses all the local resources to enable more people to live safely in their own homes for as long as possible. She is introducing a model of community nursing that has been pioneered in the Netherlands. The Buurtzorg system empowers nurses to support patients and their relatives, friends and local volunteers, and liaise with other agencies, to devise creative solutions to meet individuals' challenges, as well as creating self managed teams.

By reducing dependency on statutory health and care services, Delia, in partnership with social care colleagues, hopes to liberate specialist resources to meet growing demand. "We are building new connections with social care and the voluntary sector and reaching into communities. We are supporting people to realise the massive difference they can make by volunteering their time to assist others."

Buurtzorg likens its model to an onion. "The patient is in the middle, with friends, family and neighbours wrapped closely around them," says Delia. "The voluntary sector, followed

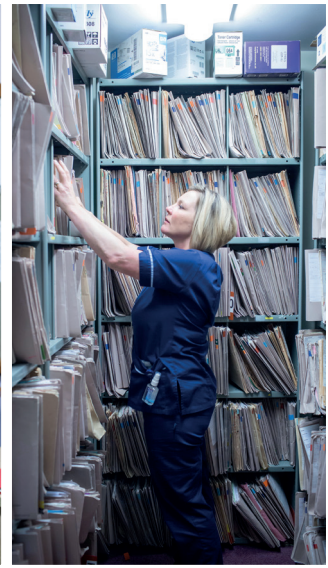



Employed by NHS Borders, Delia has clinical nursing responsibility in Coldstream and Greenlaw, where she manages a group of nursing staff attached to local GP practices with around 5,500 patients on their lists.

by formal care and nursing homes, are the outer layers - available if required. As community confidence grows, that ought to become less and less."

Speaking about becoming a Queen's Nurse, Delia, who lives with her policeman husband Darren and their four young children high in the Cheviot hills, says: "I am really enjoying the experience. It's giving me inspiration and support to push ahead with our plans."

The whole team at Coldstream Health Centre is right



“We are supporting people to realise the massive difference they can make by volunteering their time to assist others.”

behind Delia as she develops her vision for changing the way patients' needs are met in the community. “We have the support of the Chief Executives of both NHS Borders and Scottish Borders Council, but it's really important to me that this has all my colleagues' backing too,” she says. “There is a real feeling of involvement from everyone, the GPs are terrific, as is the practice manager and the practice nurses, and the reception staff hold such a great deal of local knowledge. Then there's the patient participation group, which is alongside us all the way. Everyone is pulling together to safeguard patient

care and do what we know the neighbourhood needs.”

Delia has been challenged about how a model developed in the Netherlands can possibly be bolted onto the Borders. “By focussing on the principles of the model, I'm putting my energy towards testing change within the areas I have most influence.

“District Nurses are well placed to challenge the way in which care is delivered in order to provide a sustainable District Nursing service into the future.”

Ally

Ally Lister knew first-hand that there were lots of people living with conditions such as leg ulcers, varicose veins and lymphoedema, in her part of Morayshire and wanted to do something to support them better. “These can be very painful conditions, and incredibly isolating,” she says. “Wounds can be smelly and leak, and people are often too embarrassed to venture out. It really limits their quality of life.”


At leg club, a nurse and a Health Care Assistant (HCA) see patients one-by-one. They have a Doppler scanner to help assess the condition of blood vessels; they treat where possible, and advise on the best way to manage a wide range of leg conditions.

Tissue viability is Ally's specialist interest and she is the area's lead in that, offering specialist advice and support to local clinicians. As Team Leader for community nursing for Keith and Fochabers, she is also responsible for developing the service to meet patients' needs.

The Community Nursing team - seven community Staff Nurses and two HCAs - covers a large patch stretching from Spey Bay to the borders of Aberdeenshire, an area inhabited by 10,500 people.

The community nurses here can admit directly to the Turner Memorial Hospital in Keith, and have excellent working relationships with local GPs. They do home visits, seeing




District Nurse Ally was the driving force behind the Speyside Leg Club – the first of its kind in Scotland. Set in the old matron's house at Fleming Cottage Hospital in Aberlour, the community-run initiative brings specialist nursing care to people living with debilitating leg problems.

younger people with terminal illnesses and following accidents, post-operative patients, and older people who can't make it to the surgery. “We have to work in different ways to meet all their needs,” says Ally, who is the only nurse prescriber on the team. “We need to be imaginative and creative to rise to the challenges we face.”

Supporting innovation in community nursing is at the heart of the ethos of Queen's Nursing and Ally says being selected to take part in the programme has made her more determined than ever to transform her service. She has embarked on a project to up-skill seven HCAs on the Pitgaveney community team. They credit Ally with devising an on-the-job training programme that they can complete in breaks and downtime while on the road.

Ally is certain that getting in early, preventing complications and empowering patients to learn more about their condition and to self-manage is the way to go. The Speyside Leg Club is proof of that. Evidence shows that over 57% of leg ulcers managed there are completely healed after 12 months, and recurrence rates are among the lowest in the UK. The Leg



Club has reduced hospital admission rates, and it is reckoned to have saved NHS Grampian more than £100,000 over the last five years alone.

The Leg Club is a partnership between a volunteer community-led committee and the NHS, which provides the venue and the nursing staff, but none of the equipment. The Doppler scanner, for instance, was bought with money raised by the Leg Club's 400 members from tombolas, bake sales and toffee-making, and local businesses provide sponsorship.

"It's a powerful collaboration between communities, patients and clinicians that makes a real difference and shows the

"Everyone should have access to a service like this."

way ahead," says Ally. "Everyone should have access to a service like this. It's not rocket science, just what people deserve."



Gemma

Gemma MacDonald was driven to work 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."

Backed by husband Darren, whom she had married at 18, Gemma went to Dundee University to study midwifery while her first three children were still small. As soon as she qualified, 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."

From a base at the Rosewell clinic in Lochore, a team of six Health Visitors covers the area, which has a population of 18,000. Each carries a caseload of around 200 families, but as more members of staff are recruited to address the area's acute needs, the number of cases each Health Visitor holds should fall back to a more manageable 150.



Gemma works in West Fife, covering some of the most highly-deprived communities in the Kingdom. Ballingry, Cardenden, Lochgelly, are former mining towns that lost their purpose with the closure of the pits and the demise of heavy engineering.



"Ideally, we make contact with women and their families as early in pregnancy as possible, work with them to sort things out before the baby is home, then pick up where the midwives leave off," says Gemma. "It's my job to assess situations, and engage families in what needs to be done to give their child a secure and happy first five years."

At just 31, Gemma is one of the youngest of the newly



“Now I feel as though I have been given permission to practice with loving kindness”

appointed Queen's Nurses and she believes the programme has allowed her to feel braver to practice in a more person-centred way.

“Before, there was a professional barrier 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 practice with loving kindness, and that will allow me to deepen the connection I can build with families,” she says.

Gemma works with families as a Named Person, alongside

statutory authorities and local voluntary organisations, to promote a child's health and wellbeing. She helps families seek out the support they may need for mental health issues, substance misuse, domestic abuse, or housing issues and signposts people to the other services such as Women's Aid, Family Support, Food Bank and support groups for survivors of domestic abuse. And all the time, she is getting down on the floor, checking in with the children, monitoring their development, and passing on hints and tips.

As well as visiting families, Gemma operates a clinic in Cardenden health centre, and is exploring ways of improving the handover of vulnerable families between midwives and health visitors.

“By improving communication between us and getting together early in pregnancy to plan ahead, we can do even more to help,” says Gemma.

Kate

Kate McConville has overall responsibility for maintaining and improving services in all of Bupa's Scottish care homes as clinical service manager.

She takes a very hands-on approach. "I spend a lot of time watching how care is delivered and listening to how it is received," she says. "It has to be the very best it can be, and I take a lot of pride in that."

Kate is the only nurse working in the private sector, and working in care homes, to be enrolled on the Queen's Nursing programme. She intends to use the title to encourage more people to consider aged care as a career choice. "For many, working in A&E seems to be more exciting," she says.

"But in care homes you get the opportunity to take a holistic approach when caring for people and deal with a range of different clinical needs. You also need to take a person-centred approach, and see the benefits this has on the person's wellbeing and quality of life. It's very rewarding."

The units for which Kate has responsibility provide care for older people over the age of 65. The units provide palliative care and end-of-life care when needed, and the nurses liaise closely with NHS community nursing teams and local hospices to meet residents' health needs.

Based in Barrhead, Kate travels the country visiting homes. She oversees all the local clinical managers, undertaking the induction and training of new team members. She's responsible for keeping abreast of relevant Government policy, and ensuring implementation of gold-standard care, she also works with staff to identify where improvements can be made. "It helps that I have done the job they are doing,"



she says. "I'm not afraid to put an apron and a pair of gloves on, and I can cover a shift if I need to."

Kate visits care homes to talk to the chef about ideas for transforming residents' mealtime experiences. "Food is about so much more than just nutrition, we want to make meal-times an enjoyable and pleasant experience for our residents*, she says.

Around 80% of the 68 residents are living with dementia, others are frail elderly, and many need assistance to eat.



While she was doing her nursing degree at Glasgow Caledonian University, Kate worked as a care assistant in a care home. She tried hospitals for a couple of years before following her heart and joining Bupa as a Staff Nurse in 2010. She was soon promoted to unit manager, and then to a new role as peripatetic clinical service manager.



“You also need to take a person-centred approach, and see the benefits this has on the person’s wellbeing.”

“If mealtimes are noisy and chaotic, residents eat less, their anxiety levels can rise and it isn’t a pleasant experience for the residents or the staff” says Kate. “Here, if it takes all day, it takes all day. There should never be a hurry when it comes to enjoying your food.”

Thanks to the Queen’s Nursing Programme, Kate’s new approach to change management will empower the staff in local care homes to identify how to improve their own meal times for the benefit of the residents. “Our model has to be adaptable to meet the needs of our residents and

the individual care homes.”

For Kate, the experience of being a Queen’s Nurse has brought both professional and personal development. “It has given me greater resilience, and permission to be bolder,” she says. “I am also being encouraged to see myself as more of an enabler than a fixer. I have to say, I’m still working on that.”

*At the time of going to print, Bupa Care Services had agreed to sell some of its care homes to two providers.

Barbara

“It is our job to make sure that people receive exceptional care at home,” says Barbara McFadzean.

“No one wants to be in hospital if they can help it, and we do everything we can to prevent admission.”

As District Nursing Sister with the East Ayrshire Health and Social Care Partnership, Barbara is striving to create an extended role for community nurses.

Her job involves providing complex patient care at home, including caring for patients at end-of-life. “Whilst this is the bread and butter of our work, we can be asked to deal with any care situation such as managing long-term conditions and dealing with chronic wounds.

“We also invest time with patients; planning and anticipating their ongoing care needs.”

Barbara does around a dozen such home visits over a typical clinical day, as well as signposting patients and relatives to other services, if required.

At both GP practices, the team operates treatment room clinics for patients on the caseload who are not housebound but still require wound care, suture and clip removal, bloods to be checked, and injections.

She also provides clinical supervision for the team, doing case reviews and dealing with recruitment and staffing



Barbara works in Kilmarnock and her team is aligned to two large general practices covering a mix of rural and urban areas, with pockets of high deprivation. Barbara and her six Community Nurse colleagues, supported by two nursing assistants, assume nursing responsibility for lists totaling 20,000 patients.

issues while keeping up-to-date with practice and policy changes.

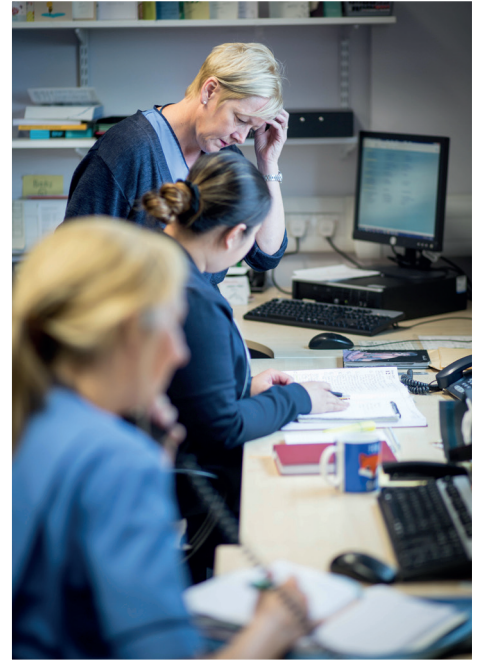
Referrals come from the GPs, hospitals, the Allied health team, patients themselves and their carers.

Indeed anyone can call the

Community Nursing team directly. Between them, the nurses here carry an active caseload of around 250 patients at any one time, and provide services seven days a week.



“We are managing patients better in the community, and that has measurable knock-on effects – But we are never short of a cuddle, and our patients really appreciate that.”



In East Ayrshire, district nurses are forging close links with social care colleagues. “Because we are going in to people’s homes, we can alert them to potential problems early,” says Barbara. “It’s about keeping the holistic needs of the people we care for at the forefront of our thoughts.”

“We are managing patients better in the community, and that has measurable knock-on effects,” says Barbara. “But we are never short of a cuddle, and our patients really appreciate that.”

Pressure on District Nursing however is growing - so creative person-centered solutions are being found.

“It takes tenacity to innovate,” says Barbara. “Once people see the value of extra training, they get it. By working differently, and gaining new skills, this team is delivering a broader range of services. We are showing that it works.”

Because of her creative leadership approach, Barbara was selected to be one of the Queen’s Nurse candidates.

“Day-to-day you’ve got your head down, so it’s been fabulous to suddenly find myself thinking differently,” she says. “Thanks to Queen’s I feel even more passionate about my job. I want to be the very best District Nurse that I can be, and to inspire others to strive for the same.”

Rachel

The Steeple Church Parish Nursing service in Dundee was set up nine years ago, and is the only one in Scotland working specifically with people affected by homelessness.

Some are struggling with addictions to alcohol, drugs, gambling; some because of adverse childhood experiences, post-traumatic stress disorder, leaving the armed forces or coming out of prison.

Rachel McReady, and her parish nurse colleague Barbara Macfarlane, help to make vital appointments for people and will attend with them if they require the additional support. They also refer individuals to many other services within the city. "Parish nurses describe their role as 'walking with people on their health journey'."

Around 30 people attend each drop-in, and while the Parish Nurses are assessing health needs and listening, a team of volunteers is serving warm, welcoming, healthy food.

"Some of the volunteers originally came for help themselves and are now recovering, really trying to turn their lives around and move forward," says Rachel. "They learn skills and are part of a very caring team, which in itself is a positively life-building opportunity."

Health promotion is a key part of the Parish Nurse service, preventing conditions from worsening by involving all the help that a person needs. "It doesn't matter whether it's a problem with a wound, depression, toothache, benefits sanctions or a housing problem," says Rachel. "They are all equally important in person-centred care. Folk need a more holistic approach to assist them with their health and social care."



As a Parish Nurse, Rachel provides a service for people who are experiencing homelessness, poverty, and a wide range of problems. At the drop-in clinics that they run twice each week they try to help with health issues and give support where it is required.

The Parish Nurses have close links with Dundee City Council's welfare advice team, Connect, whose staff help with benefits queries, referrals to the Food Bank, and to harm reduction and other relevant services. And the NHS community dental team brings its mobile surgery to the city-centre church each week.

As Christians, the Parish Nurses care for people of all faiths and none. "Folk often speak of how lonely they are, how they feel they don't matter to anyone or belong anywhere, there's no sense of hope or purpose," says Rachel. "Problems cannot always be fixed, but sometimes a prayer can give a wee injection of courage and hope, and all the more so if it's accompanied by a hug."

Rachel won her Queen's Nurse nomination for her heartfelt





“By working together we can break down some of the traditional barriers and continue to build bridges of hope for people in our community.”

commitment to improving care for people who are very marginalised by society.

Having trained as a nurse in Dundee, Rachel worked in Ninewells Hospital for 15 years in orthopaedics, surgical and haematology wards, and then in the community

anticoagulant team. “It was then I realised that community work was where my heart lay,” she says.

As part of her Queen’s Nurse development programme, Rachel is undertaking a professional challenge: to help bring together relevant statutory, voluntary and other small charitable organisations.

“Hopefully this will encourage us all to work closer together so that a more supportive, effective and co-ordinated way can be used in order to develop a more community based person-centred recovery journey.

“By working together we can break down some of the traditional barriers and continue to build bridges of hope for people in our community.”

Kitty

Campbeltown, situated at the southern tip of the Kintyre peninsula, may be only 60 miles from Glasgow as the crow flies, but it's a world away in many other respects. It takes more than three hours to drive into the city, flying is expensive, and ferries are few and far between.

With a population of around 6,000 permanent residents, Kitty Millar and her four practice nurse colleagues are kept busy. Working closely with the eight GPs who also run services in the hospital, they offer a range of services and care for patients of all ages.

The Practice Nursing team runs a range of clinics for people living with chronic diseases such as asthma and diabetes; they treat skin disorders and give family planning and travel advice, carry out childhood immunisations, take specimens, do swabs, syringe ears, change dressings, treat wounds and assist with minor surgery. All while protecting and promoting the health of their patients. "I am a nurse prescriber, too, and I use that all the time," says Kitty. "Working autonomously means I can diagnose and treat patients in the centre, making life easier for patients."

Enthusiastic about her job and keen to develop the potential of practice nursing, Kitty has been selected to take part in the Queen's Nurse programme. It has given me such a lot of confidence," says Kitty. "I'm learning all the time, and that's something I can bring back to the benefit of my colleagues and patients."

Campbeltown has a higher than average ageing population, and a large part of Kitty's job is maintaining the health of people living with a wide range of chronic diseases.



Kitty is a Practice Nurse at the health centre in the heart of the town, which is attached to Campbeltown hospital where there is a palliative care suite that allows a relative to stay comfortably with their loved one overnight. "It was built in partnership with Macmillan Cancer Support and donations from local people," says Kitty. "They really value their local care."



Kitty, who previously worked as a Macmillan nurse caring for people with cancer, is resolute in her determination to ensure that her patients get the best service possible. Instead of expecting people undergoing cancer treatment who lose their hair to travel to Glasgow for wig-fitting, she joined forces with a local hairdresser and now the service is available locally. A drop in service providing cancer information and support in the libraries throughout Argyll and Bute was also established.

Kitty, who is married to a Kintyre farmer and has a 13-year-old daughter, says there is potential to feel quite professionally isolated when working in remote areas. To tackle this, she set up a practice-based learning group to bring together practice nurses from surrounding health centres to share in learning. Meetings are joined via videoconferencing by a Practice Nurse Co-ordinator from



“We are working nationally to make learning and professional development more accessible for nursing staff in rural areas”

NHS Education for Scotland, who brings a national overview.

“Having that support network locally has bonded us more closely, and we are working nationally to make learning and professional development more accessible for nursing staff in rural areas.”

Kitty has recently been appointed as an advanced motor neurone disease nurse specialist covering Argyll and Bute.

Lesley

Children have been a career theme for Lesley Paterson, who worked as a nanny in her native Northumberland before going into nursing. After a stint as a Staff Nurse in acute medicine, she transferred to Edinburgh's Sick Children's Hospital, then the children's ward in Perth Royal Infirmary. Working in the paediatric outpatient department there introduced her to community nursing, and when it was suggested in 1999 that she might like to try school nursing, she jumped at the chance.

"I loved my years working in the local schools," says Lesley, herself a mum of two. "It showed me the challenges that so many families are facing, and just how much needs to be done to give all young people the best start in life."

That is the ambition of the Scottish Government, which is taking a national approach to supporting the wellbeing of children and young people, and improving their educational and health outcomes. The Getting it Right For Every Child (GIRFEC) framework demands that all the professionals who work with children align the way they practice, operating in closer partnership to respond to need more effectively.

Starting with midwives, then health visitors, followed by school nurses, the idea is that children will be monitored for signs of health and emotional problems so that early interventions can be made.




Lesley has been team leader of the community nurses in Perth & Kinross, part of NHS Tayside, where she now works as professional and practice development nurse. Hers is one of only two areas that tested the new refocused national vision for school nursing.

"Our sole aim is to improve the outcomes for children and young people," says Lesley. "The school nurse is there to identify potential support needs, and ensure they are put in place for everyone who might benefit."



"It means smoothing the handovers as a child progresses," says Lesley. "When they start school, health and education have to work hand-in-hand to identify and address individual needs. Their pathway should be seamless."

Perth and Kinross was one of two early adopter sites for Scotland's new school nursing role, with staff concentrating on specific priorities: mental health and wellbeing, substance misuse, child protection, domestic abuse and homelessness



“The Queen’s Nurse experience has made me more balanced and measured, more in control of the tough conversations that sometimes have to be had.”

among them. Special attention will be given to looked-after children, young carers, and children caught up in the youth justice system, and there will be support and education for their parents and carers as well.

“It’s about identifying and supporting those most at risk,” says Lesley. “That requires very different approaches from the way we worked in the past.”

It was her associate nurse director who nominated Lesley for the Queen’s Nursing programme, recognising her commitment to professional reform. “Change can come slowly in some areas of nursing, but this time it is moving fast,” says Lesley. “The Queen’s Nurse experience has made me more balanced and measured, more in control of the tough conversations that sometimes have to be had. And rather than always trying to fix things, I am asking others what they think should be done.”

Clare

Previously a triple duty nurse, Clare Stiles has worked as a Midwife, District Nurse and Health Visitor, meaning that she has tended to the needs of the youngest and the oldest, and everyone in between.

When she came up from the south to work on the Shetland island of Yell 23 years ago, she became the school nurse too.

"For me, it was a bit like coming home as I grew up in a little village in the middle of Derbyshire," she says.

Some of the islanders on Yell knew who Clare was before she even stepped onshore. "I had delivered the niece of one of the local lads when I was working down in Chichester," says Clare. "There was a drink waiting for me at the bar when I arrived."

There's a Children's Nurse based in Lerwick's Gilbert Bain Hospital, and a Community Children's Nurse who works across the whole of Shetland. The Health Visitors are GP-attached and focused on under-5s, and with a healthy birth rate of around 350 deliveries a year, they are kept busy.

As well as managing the service, which she does from an office in Lerwick, Clare maintains her clinical skills by



As NHS Shetland's team Leader for Child Health, responsible for managing the team and redesigning how things are done, Clare now oversees all the school nurses in Shetland, children's nurses, health care support workers, and Health Visitors. Together, they look after the health and wellbeing of 1,395 children living on 15 different islands, most of which have primary schools and are served by seven secondaries.

working as a Health Visitor and Practice Teacher on the islands of Yell, Whalsay and Unst. There are 147 under-5s living across these islands, and she is responsible for them all.

Clare promotes strengths-based nursing, which supports families to find solutions to problems such as a child's behaviour, wakefulness at night or bed-wetting. "We



“I want our nursing to be excellent. To be the very best it can possibly be, and to make a difference to people’s lives.”

help parents to identify their own strengths to help them parenting their child,” she says. “That way, they will feel better about dealing with issues themselves.”

At Unst Health Centre, Clare holds a fortnightly child health clinic and catches up with colleagues before going out on home visits. “It’s important that I keep in touch with staff,” she says. “They can tell me whether there have been any

concerns or health issues for any of the children.”

Recruitment can be a problem in Shetland, so Clare mentors students from universities across the UK to try to widen the appeal of island life. “As a practice teacher, I take them out on clinical placement and tie in theory with practice,” she says. “I love seeing them develop as they go through the stages. They blossom, and it’s wonderful to see.”

She hopes to attract young nurses back once they have completed their training, and encourages Shetland-based nurses to pursue Health Visiting as a career. “If we train our own, they tend to stay,” says Clare. “So we act as ambassadors to inspire them.”

When it comes to her ambitions, it’s simple. “I want our nursing to be excellent. To be the very best it can possibly be, and to make a difference to people’s lives,” says Clare. “Being a Queen’s Nurse is challenging me to think about how I achieve that, and pushing my boundaries creatively.”

Debra

The NHS Western Isles Nurse Consultant for Cardiology, Debra Vickers and her small team are working to transform the way heart disease is managed in this remote and rural island setting.

There are five specialist nurses in the team, who all have advanced clinical assessment skills and are all active non-medical prescribers.

The cardiac nurse team she established now manages the care of patients who are living with heart failure right across the islands. Some of the work of heart failure service is about ensuring that patients receive palliative care. "That means giving people time to think about what they want, being person-centred, honest and open," says Debra. "It demands good communication, integrity, and clarity, as people progress through the disease trajectory."

When the heart failure service was up and running from the Butt of Lewis to Barra, the NHS Western Isles took over the funding from the British Heart Foundation and developments have continued: the team has introduced an innovative cardiac rehabilitation service; there is a rapid-access chest pain clinic and now a service which aims to identify people with Familial Hypercholesterolaemia, a genetic cause of high cholesterol levels.

The team has also opened the cardiac rehabilitation service to people who are found to be at high risk of cardiovascular disease - the first service in Scotland to do so.

There is no doubt about impact. In the first three years following the introduction of the heart failure service, hospital bed days related to heart failure in the Western



Previously, Debra was a Sister in coronary care, and a specialist nurse in cardiology in the North West of England, where she was lead nurse for a heart attack service. Moving north with husband Jimmy, Debra took up a British Heart Foundation-funded post to set up the Western Isles Heart Failure Service.

Isles came down by more than 60%. "We a very pro-active nursing service", says Debra.

As part of the Queen's Nurse programme, Debra and her colleagues are exploring how to ensure that people who suffer heart attacks on the Western Isles can benefit from the latest evidence-based approaches to patient care.

One type of heart attack happens when a coronary artery is blocked by a blood clot. Swift identification and treatment can dissolve the clot, preventing damage to the



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heart. If thrombolysis – a clot-busting drug – is given quickly, the chances of recovery are good.

“On the mainland, the ambulance service usually takes patients to the nearest heart attack centre for an urgent procedure called coronary angioplasty. In remote and rural areas like ours, where there is no heart attack centre, we have to rely on giving thrombolysis urgently and it can be a very difficult decision to make. There is a chance of complications related to the drug, and sometimes working out the individual risks and benefits can be challenging,

and this can lead to delays in treatment.”

So Debra has been working with others to improve this clinical pathway.

“It’s really very exciting. But we need to know that the new system won’t lead to unnecessary Air Ambulance transfers, and it improves patient outcomes,” says Debra, whose team is undertaking detailed case-by-case analysis, and sharing this learning with Scottish Ambulance Service, Emergency Departments, GPs and practice teams.

