

# District Nursing Example

**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 was appointed as a Clinical Team Lead for District Nursing a year ago, I quickly realised I was on a very steep learning curve. I was a very experienced district nursing practitioner but was ready for a new challenge. I believed I could make a positive impact within community nursing.

The role of the district nurse has changed dramatically since I started as a district nursing student in 1991. The role is as important today as it was then, but recognition has to be given to the diversity and complexity in the care provided and the new technologies that are available. Sometimes we don't see the positives when looking at new ways of working and how it can enhance our role as well as that of the patient and their carers.

Agile working has been introduced within xxxx Board, aided by the use of electronic devices to schedule staff their work. The concept of not going into the office first thing in the morning was difficult for some staff to accept: the tradition of starting their visits from their work base was the "norm." There was still a belief amongst some staff that all visits had to be completed by lunchtime and patients "fitted into the Nurses' work schedule." The National Clinical Strategy for Scotland states that care planning and delivery should be around individuals: patients and carers. While the care provided to patients is at the forefront of care planning, recognising the role of the carer may be overlooked.

I discussed with staff agile working and the benefits to both patient and carers. I explored this further by sharing feedback from a "Carer's Experience," questionnaire which had been completed in late Autumn of 2016 within xxxx. I was able to communicate with staff what some carers had stated after the District Nurse's visit and the impact the visit had on them. Although the feedback was mainly positive, some carers stated they weren't advised when the next visit to the patient was or given an approximate time of the visit. Other carers had stated that they felt that time wasn't spent with them to ask if they were managing, with conversations "on the doorstep," as the District Nurse was leaving.

There were some negative responses from the District Nurses as they stated they did recognise the role of the carers. I spoke with the staff and acknowledged the excellent work that was being provided, but that there was no evidence in the patients' electronic records that a preferred visit time was offered to allow carers to plan their day, there was no evidence of carers being offered an assessment of their needs or directing them to the appropriate services.

A "Carers' Experience Implementation Plan," was discussed with the staff and how the District Nurses could evidence the support being offered to carers within xxxx. I worked with two teams within the locality: one team identifying on the patients' electronic records the preferred time of the visit; morning or afternoon. The second team documented in the electronic record that the carer had been offered an assessment and if accepted they were signposted to the Carers' Centre. The staff realised this was not adding to their workload as the tools were already there within the electronic record. It was simply a matter of recording these conversations and evidencing the carers' involvement timeously.

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I audited the patient records on a monthly basis and by the third month was able to roll out the “Carers’ Experience Implementation Plan,” to the other teams that I manage within the locality.

The staff have taken on board what they initially thought was criticism and made small changes when completing the patient’s assessment to reflect the inclusion of the carer.

I understood the staff’s initial feelings that they were being criticised as I would have no doubt felt the same if I had been in their shoes. However, allowing staff to make the decisions on how to improve the “Carers’ Experience,” and guiding them to find the best way to evidence this is a credit to them.

### **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 many changes that are impacting on the District Nursing service include the loss of experienced staff that were the linchpins of the Community Team. This has led to Band 6 and Band 5 vacancies across the District Nursing service. While there has been the recruitment of staff into these vacant posts, many of the staff do not have community experience and require an in-depth induction and mentoring to attain a level to practice safely and effectively without supervision.

I work closely alongside the other Clinical Team Lead within xxxx and realised that the locality which she managed was having a staffing crisis. Over a period of 6 months, a number of very experienced staff nurses and charge nurses had retired or moved to other posts. New staff had been employed but there was a concern that an influx of staff with no community experience into one area would affect the service delivery. There wasn’t a “quick fix,” to the staffing problem other than looking at the staff within my locality and offering a practical solution that would help my colleague’s area.

I spoke with my colleague about the relocation of three experienced Staff Nurses from the locality I managed into her locality and my teams would be support and mentor the new members of staff. This would ensure her area had stability through the experienced staff who could “hit the ground running.” She agreed with this suggestion as a solution to the impending crisis.

I discussed the proposal with the staff and their Line Managers in my locality. I asked them to be honest and open with me: I listened to their concerns, thoughts and points of view. There was a fear amongst the staff that they thought they were moving to chaotic teams as they had heard negative stories about how the other locality was functioning. By listening to them I was able to alleviate many of the staff’s concerns and worries, I understood their anxieties and did not wish to cause them stress or feel they were being “punished,” by being moved. I reassured them that this was a great opportunity for them to show their leadership and further develop their own management skills. The staff understood the need to support their colleagues in the neighbouring locality and that safe staffing levels and experience was needed “on the ground.”

I told the staff they could contact me at any point should they have any concerns once they had been moved.

Although initially upset, the staff settled quickly into the new teams and established themselves as experienced support to their peers and the charge nurses. They have all stated that having been

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moved has rejuvenated them and although fearful of change, they have found working in the new locality a positive experience. One of the most successful aspects of the staff having moved is that they have been able to dispel the myth of “chaotic teams,” and recognise the difficult circumstances their new colleagues had been facing. The staff are now valuable members of their new teams and have brought a freshness and new ideas to the area where they are working.

Having reflected on this period I believe that I helped the staff from both localities through a difficult time. There is stability within the service and patient care has not been compromised. I chose the right staff to deliver the required care at this time as they have shown have shown resilience and character during a difficult period.

### **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.

A “Leader,” should be enthusiastic, a good listener and see things from other people’s perspective. These are qualities that I have tried to adopt and use throughout my career as a district nurse and in my current role as a Clinical Team Lead.

I understand many of the challenges faced by the staff on a daily basis and they acknowledge I was “one of them,” for a number of years. However, in my role the staff appreciate that I have to think laterally in order to provide service provision and a safe environment for staff to work in.

I work alongside the staff by going out into Clinical Practice and working with them in the delivering of care to patients and their families. I am visible to the teams and I believe it gives me credibility that I am seen to “do the job.” The staff have commented positively on my visibility and “open door policy.”

Staff have discussed with me that they felt they only ever saw “management,” when something had gone wrong. Changing their perspective that management is there to support them has been one of the most important parts of my role. I want the Community Nursing Team to know that they are valued and that we are all in this together.

I meet with the Band 6 staff on a 1:1 basis for caseload management. This had previously been done on an ad hoc basis so it was very new for the majority of the Band 6 staff. During this time I am committed to listening to them and am able to discuss with them their patients and give them the opportunity to reflect on their practice. By allowing them this time gives them the opportunity to feel empowered to speak openly and in confidence about their day to day challenges. We develop action plans during the process and revisit this at the following 1:1 session. I believe encouraging staff to come up with ideas and solutions which constructively challenges them to make decisions where they feel they are supported. The staff have given very positive feedback from these 1:1 sessions and have told me they feel they are listened to and given the opportunity to implement test of change within their own teams.

Having built on the 1:1 relationships with the Band 6 staff, I asked them to be involved in the completion of a complexity tool that had been piloted in other NHS Authorities throughout Scotland. Although the staff were initially hesitant and stated, “not another audit,” they quickly became motivated and keen to be involved. I spoke with them and gave them feedback on my involvement in completion of the tool when I was a caseload holder. They understood the rationale of its use and the

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immense benefit it has provided when completing the workload tool. The staff are keen to take the complexity tool forward and recognise it as a resource for evidencing the complex patients on their caseloads.

### 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.

The gradient of the steep learning curve has lessened over the past 12 months but there is so much more that I have to learn. Over the past year I have reflected on my role and the influence this has on others. This is a privileged position: I appreciate how my actions and behaviours impact on others and this should always be to the benefit of others.

I completed my revalidation in the spring of 2017 and found myself reflecting on one of the written pieces almost two years after the incident. It involved an issue with a junior member of staff which was very challenging for her as well as for me. I realised on reading the “reflection,” I still had negative feelings about the incident and that I had to explore this further during Clinical Supervision with my peer support. While discussing the incident my peer support listened to me and at the end stated I was being too hard on myself as I had no control on the final outcome of the situation. I no longer have the feelings of negativity about the incident and have learned, in the words of a song to “let it go.”

I have found having the 1:1 monthly meetings with my Line Manager extremely helpful and beneficial. I use this time to reflect on my actions and decisions over the previous weeks: what went well and what can be done better. For me, the positives of my role are seeing the community nursing teams working collaboratively and embracing the changes that have been introduced. It hasn't all been a bed of roses, there have been periods when I have seriously doubted my ability to carry out my role effectively but through feedback from my manager, my confidence has been recharged. I don't view the questioning of my own ability as a weakness, but as a learning process that keeps me grounded and focused.

I'm not comfortable in self-praise: the success belongs to the community nursing team. I'm a small cog in a large machine and if one cog isn't moving it impacts on the whole system.

I appreciate my manager nominating me for the Queen's Nurse Programme, especially as I am so new to my current post. Whether I successfully progress to the selection process, I am grateful to the support shown to me by my Line Manager.

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### 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 this year's cohort?

Working with patients and carers within their own homes or a homely environment brings the greatest of rewards, a sense of pride and achievement. Caring for patients at periods in their lives when they are dependent on others is a privilege. I received my long service award from the QNIS in 2015 and was proud to receive this in recognition to my commitment to district nursing.

Having been a practice teacher for 21 years, I have mentored and supported district nursing students and trainee practice teachers during this time. This has been an important part of my career: nurturing and supporting the district nurses and practice teachers of the future.

Since the reintroduction of the District Nursing Course within xxxx over the past four years I have mentored seven SpQ DN students and two practice teachers. I hope that these district nurses will be the visionaries of the future, setting the standards and having the confidence to help people achieve better health outcomes.

I am passionate that the role of the district nurse is given the recognition it so richly deserves. The QNIS has been pivotal in building the key components and voluntary standards for SpQ DN students during their training through education and sharing their passion for high quality nursing care and standards within the community.

I would like to carry on the role as an advocate for the QNIS as a Queen's Nurse by having the opportunity to link in with likeminded individuals and promote the incredible role of the district nurse. I would be honoured to be given the opportunity to promote nursing excellence and achievement in community nursing and sharing this with others.