

# Bringing QNIS into the 21<sup>st</sup> Century

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# The Queen's Nursing Institute Scotland

The Queen's Nursing Institute Scotland (QNIS) is a Scottish Charitable Organisation that aims to promote excellence in primary care and community nursing in Scotland. The major focus is:

- The welfare of the retired Queen's Nurses
- The professional development of nurses working in primary care and community nursing
- The promotion of innovation and research within primary care and community nursing

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Julia Quickfall February 2014

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# **Bringing QNIS into the 21<sup>st</sup> Century**

## Foreword

Over the last 125 years QNIS has raised the profile and promoted leadership within community nursing. This leadership has ranged from the early years of providing district nurse training and supervision of employed community nurses to the modern day of enabling professional and practice development as well as supporting the welfare of retired Queen's Nurses.

The QNIS training function ceased in 1970 and QNIS became more focused on its charitable role. However, as QNIS moved into the 21<sup>st</sup> century the role of charities was under much greater scrutiny. QNIS faced three major challenges to modernise the Institute. There was a need to change the constitution to ensure the organisation was fit for purpose and met the requirements of the Office of the Scottish Charity Regulator (OSCR). Secondly, the Institute required improved governance structures to provide greater transparency and ensure a strategic approach to the acquisition and use of its assets. The third major challenge was to review QNIS activity to ensure that it addressed new national policy, the professional and practice development issues for community nurses in Scotland and would meet 21<sup>st</sup> century health issues.

This report documents the changes within QNIS over the last 10 years, as a brief historical record. It notes the structural changes required to fulfil its charitable objectives. Moreover it provides a stock take of QNIS activity between 2003 and 2013, which may be useful for new individuals joining the organisation, as part of their induction, as well as inform future strategic development.

### Introduction

The Queen's Nursing Institute Scotland (QNIS) is currently a Scottish Charitable Incorporated Organisation, (SCIO number SC005751) that aims to promote excellence in community nursing in Scotland. QNIS is an independent organisation that has been honoured with Royal Patronage since it was established almost 125 years ago in 1889, when Princess Louise, Marchioness of Lorne, daughter of Queen Victoria became the Scottish President. Queen Elizabeth, The Queen Mother was the patron of QNIS; her death in 2002 was a major loss and QNIS contributed to a memorial garden in the Royal Botanical Gardens Edinburgh in 2006. Her Majesty Queen Elizabeth II agreed to become QNIS Patron in February 2003 and currently remains our patron.

QNIS was registered as a charity in 1915, but operated mainly as a training Institute for Queen's Nurses and Health Visitors until 1970. It owned a large amount of property on Castle Terrace, which was used as administrative offices, classrooms and a large Nurses Home. Towards the end of the twentieth century, QNIS moved away from a training role to focus on its charitable work. The larger part of the Castle Terrace property was sold and the proceeds were invested to provide an income for the charity; only a small office was retained for administrative purposes.

Various fund managers have managed the QNIS investment portfolio over the years. The QNIS office property is held separately from the other assets within a registered company, known as The Scottish Queen's Institute Nominees Ltd. Generally the charity worked within a limited budget, whilst seeking partnership working with other organisations. QNIS is extremely grateful for the annual contribution from Scotland's Gardens, which is used to fund the welfare of the retired Queen's Nurses, the education and professional development of community nurses and innovative community based projects.

## **Meeting OSCR Requirements**

QNIS faced several challenges in meeting the new OSCR requirements for charities in the 21<sup>st</sup> century. The QNIS constitution had been amended several times since its Royal Charter of 1899. By the end of the 20<sup>th</sup> century, QNIS held a wide charitable remit for supporting community nursing and in particular:-

- a. For the training, support, welfare and maintenance of persons acting as nurses for the sick and as midwives and health visitors, and the undertaking of preventative and supervisory work for securing health.
- b. To co-operate with other agencies, bodies and persons in carrying out any of the above objects with power to make grants of money or to otherwise assist such agencies, bodies and persons in furtherance of such objects.

Following the implementation of the Charities and Trustee Investment (Scotland) Act 2005, OSCR was established in 2005.QNIS required registration on the new OSCR register to continue its charitable work. Sir David Carter, the then Chair of QNIS, revisited the constitution to ensure QNIS was compliant with the OSCR charity criteria. A revised QNIS constitution was adopted in 2008 to reflect OSCR expectations of charitable activity and to make the organisation fit for purpose. The new constitution focused on three major areas of activity, namely:

- The relief of former Queens Nurses who are in need by reason of age, ill health, disability, financial hardship or other disadvantage
- The advancement of education, training and professional development of persons acting as community nurses for the sick and as community midwives and health visitors, and
- The improvement of health through research, preventative and supervisory work undertaken in the community.

QNIS was granted OSCR registration in 2008. A Trustees Report is submitted to OSCR annually following the AGM.

## QNIS Becomes a SCIO in 2012

Subsequent to QNIS registration with OSCR in 2008, the decision to become a Scottish Charitable Incorporated Organisation (SCIO) was taken in 2011. This change of charitable status was seen to be desirable as a SCIO provides greater financial protection for Trustees should the charity become insolvent. The change to become a SCIO produced a large volume of work for the office staff. A new constitution was required, which enabled the old organisation to be closed and a new organisation with the same name immediately opened as a SCIO. Assets from the old organisation were required to be transferred from old QNIS to SCIO QNIS. OSCR granted QNIS SCIO status in 2012. The major difficulty with this SCIO transfer has been the acquiring of a new business bank account providing workable, favourable terms and conditions. The banking issues have yet to be fully resolved.

### **New QNIS Governance structures**

The 2008 constitution enabled improved governance structures to be introduced.

### **Revised QNIS Council**

In applying the new QNIS constitution, the General Purposes and Finance Committee was replaced by a slimmed down QNIS Council, comprising of up to 12 members to act as QNIS Trustees. QNIS Council now meets quarterly to provide financial governance and strategic direction. A list of past and current members is to be found in Table 1 in the appendix. Currently the QNIS Chair is Miss Anne Jarvie, CBE, and the Vice Chair is Dr Mike Winter. The Honorary Secretary is Mrs Jane Walker, who has a specific responsibility for the Welfare Committee. The Honorary Treasurer is Mr John Lawrie, who oversees the financial governance of the organisation.

QNIS Council Trustees have a generic role to ensure that the Charity meets the aims and objectives defined in the QNIS Constitution. New Trustees are appointed with a view to their expertise in aiding the work of QNIS; some members may provide more specific expertise, depending on their experience, in relation to strategic development, nursing research, nursing education, nursing policy and practice. The tasks associated with this role include:

- Being an ambassador for QNIS
- Ensuring QNIS compliance with Scottish charity law
- Ensuring effective governance of the Charity
- Taking collective responsibility for Council decisions
- Sharing a sense of purpose in the delivery of the aims and objectives of the QNIS Constitution
- Providing a specific expertise in relation to Community Nursing in Scotland.

Following the review of the constitution, changes were also made to titles of the QNIS committees. Although the Welfare Committee remained the same (it was difficult to come up with a better title), Joint Nursing Committee became the Advisory Committee, the Education Committee became Education and Practice Development Committee and the Projects Committee evolved into the Practice Innovation and Research Committee (PIRC). QNIS awards Honorary Fellowships each year to recognise those committee colleagues who have made a special contribution to the Institute. A list of Honorary Fellows can be found in Table 2 the Appendix.

## The QNIS Advisory Committee (AC)

The Advisory Committee (Formerly the Joint Nursing Committee) comprises the current chairs of EDPC, PIRC and Welfare Committees and a QNIS Fellow representative. Professor Julie Taylor chairs the committee (see Table 3), which aims to provide strategic direction to enable QNIS to fulfil its charitable work in accordance with the QNIS Constitution and resources available.

### AC Objectives:

- To review the reach and impact activity of QNIS during the previous year
- To develop QNIS strategy in relation to available funding for the next 2-3 years
- To identify current priorities for community nursing in Scotland in relation to the policy and practice context
- To authorise activity for coming year

## **QNIS Education and Professional Development Committee (EDPC)**

The Education and Professional Development Committee aims to provide support for the education and continuous professional development of community nurses in Scotland. Jane Cantrell (NHS Education) chairs the committee and Jane Harris is the Vice Chair. The EPDC Membership is drawn from community nursing colleagues in Higher Education, RCN and practice (see Table 4).

### **EPDC Objectives:**

- To manage the QNIS Education and Professional Development Award budget.
- To oversee the management and development of the QNIS Fellowship Award programme.
- To provide community nurses in Scotland with opportunities for professional debate and discussion through an annual conference and other workshop or seminar events.

## QNIS Practice, Innovation and Research Committee (PIRC)

The Practice, Innovation and Research Committee (PIRC) aims to promote the development of community nursing services through the funding of innovative community based projects. QNIS is extremely grateful for the financial support provided by Scotland's Garden Scheme to take forward this work. Professor Debbie Tolson (University West of Scotland and Alzheimer UK) chairs PIRC and the Vice Chair is Linda Smith (NHS Grampian). The PIRC Membership is drawn from colleagues with a policy, practice or academic remit. The full membership can be found in Table 5 in the appendix.

### PIRC Objectives:

- To manage the Practice, Innovation and Research budget
- To review the guidelines, consider current applications and award the funding of community based projects and research, Partnership in Practice Scotland (PiPS) and Partnership in Research Scotland (PiRS) Awards.
- To oversee the progress of QNIS funded projects and research.
- To facilitate the dissemination of knowledge gained from QNIS funded projects.
- To provide a report for the Scotland's Gardens Scheme
- To consider and provide opportunities for building community nursing research capacity in Scotland.
- To provide opportunities for project leads to disseminate their findings through presenting at QNIS annual conference and other events.

### The QNIS Welfare Committee

The Welfare Committee, consisting of QNIS Chairman of Council, Hon. Secretary Jane Walker, Nurse Director, Welfare Officer and Voluntary Visitors. The full membership can be found in Table 6 the appendix. The Welfare Committee meets twice each year, usually before the Annual Gathering in June and in October. Lady Morton established a voluntary system of Visitors during the late 20<sup>th</sup> century. The aim of the Visiting Service is to provide contact, a source of support and advice to the retired Queen's Nurses, who now number about 450 nurses. Twenty Voluntary Visitors throughout Scotland provide an annual visit, usually completed between April and October, to retired Queen's Nurses aged over 80 years old in their area.

All QNIS visitors are members of the Welfare Committee. At Welfare Committee meetings mutual problems are discussed together with the Visitors' requests for telephone grants, gardening grants, and special needs grants. Christmas gifts for QNs over 80s with 21 years of service in the community are currently £60. The visitors' expenses are refunded and all Visitors are eligible for a free holiday at Crieff Hydro each year.

### The QNIS Nominations Committee

The Nominations Committee meets once a year or when Committee vacancies occur. It is chaired by Prof Julie Taylor and comprises the QNIS Chair, two other members of QNIS Council and the Nurse Director.

The Nominations Committee was established in 2007 to make recommendations to QNIS Council on membership of Council and the Chairs of its various committees. The Chairs of each QNIS committee are appointed for 3 years; their position is renewable up to a maximum of 9 years; they may or may not choose not to be Council Trustees. The Chair of each committee in collaboration with the Nurse Director agrees membership of the other QNIS committees.

In making recommendations to Council to fill committee vacancies, the Nominations Committee takes account of the conditions set out in the QNIS Charter and the QNIS mission; the need to achieve a balance of members from constituencies relevant to QNIS Charter and mission; the geographical spread in order to be as inclusive as possible and the workload on individual members.

## Strategic Review 2011

Miss Anne Jarvie replaced Sir David Carter as chair of QNIS Council at the AGM in November 2010. The change of QNIS chair provided an opportunity to review QNIS strategy and activity



#### Left: Miss Anne Jarvie and Sir David Carter

A strategy day to review QNIS activity took place in January 2011. It enabled an articulation of QNIS core values and to consider how well QNIS was achieving its charitable objectives. The following QNIS core values were agreed at the strategy day.

Core Value	Relevance to QNIS Activity	
Professionalism	Committed and responsive to community nursing professional issues at	
	national level	
Independent	Influencing national policy and practice to improve health in Scotland	
Status		
Integrity	Communicating and working with individuals and partner organizations with	
	trust, openness, honesty and fairness	
Promoting	Promotion of innovation and empowerment of community nurses to develop	
Service	quality nursing services in Scotland.	
Development		
Caring	Valuing QNIS staff and supporting others to achieve their potential.	
Organization	Providing welfare support for retired Queens Nurses and financial support for	
	professional development through education, projects and research awards.	
Sharing of	Proactively sharing new knowledge and expertise.	
Knowledge and		
Expertise		

# **QNIS Core Values 2011**

The outcome of the strategy meeting was to commission a review of QNIS activity (Bradbury Jones, 2011). Dr Bradbury Jones recommended in her report the continuation of the welfare work with retired Queen's Nurses, the scaling down of Education grants and bursaries, but an increased emphasis on the Fellowship Award programme. The report also noted the difficulties of providing equitable funding for projects across Scotland. She recommended improving communication systems to ensure all NHS Trusts were aware of QNIS activity, and the collection of demography data on a routine basis.

The Advisory Committee accepted these recommendations and also implemented recommended a major structural change, whereby the Honorary Secretary reported on Welfare activity to the Advisory Committee and not directly to Council as previously.

### **QNIS Office Staffing**

Following the constitution change, an internal QNIS office review was carried out in 2010 to consider office procedures, staff roles and terms and conditions of employment. Sir David Carter (Chairman), John Lawrie (Hon Treasurer), Merrill Whalen (then Hon Secretary) and John Griffiths acted as a subgroup to undertake the review. The subgroup made recommendations for the implementation of a QNIS pension scheme and improved internal processes of dealing with invoices.

QNIS currently has five office staff. Julia Quickfall was the QNIS Nurse Director and Chief Executive from September 2003 to February 2014. The Nurse Director role involves the development of a portfolio of charitable activity supporting community nursing in Scotland, in line with the QNIS constitution. In her Chief Executive role, the Nurse Director provided strategic leadership in the development of the organisation. Mrs Fiona Watson, QNIS Treasurer provides financial and management accounting support to the organization and reports directly to the Nurse Director. She has been in post since 2001 in a part-time capacity. Mrs Angie Henney was appointed in 2008 to a new role of part-time Projects Co-ordinator. She facilitates the development project proposals and supports Project Leads from project inception to the delivery of the final report. Mrs Lee Anne Mitchell is the part-time Executive Secretary; she joined the organisation in 2010. She supports the Nurse Director and carries out administrative duties arising from the work of EPDC, PIRC and Advisory Committee. Ms Dawn Cruse joined QNIS in 2012 as the part-time Administration and Welfare Officer. Her role is to manage the QNIS office and the procurement of supplies; ensure the functioning of QNIS Council and support the Welfare Committee of Voluntary Visitors.

### **QNIS Activity**

Over the last 10 years, QNIS activity has centred on the promotion of excellence in community nursing at national, health board and local level. This activity has involved two major strands of work; professional development and practice innovation and research.

### **QNIS Information System**

QNIS communicates and works with a network of colleagues throughout Scotland. A new information system has gone live in January 2014 to provide a working database of contacts for the communication of QNIS activity through different mediums. The database also enables a historical record of activity to be compiled.

The QNIS website, <u>www.qnis.org.uk</u>, provides information about the organisation, funding opportunities, project reports and advance notice of events. An email newsletter is distributed every two months, or as appropriate to marketing events and conferences. A printed Christmas newsletter

is sent out to the retired Queen's Nurses and QNIS Committee colleagues to keep them up to date with current activity. More recently QNIS has established a twitter page; new events are tweeted to our followers whenever possible.

### Influencing national policy for community nursing in Scotland

Community nursing almost became a Cinderella service during the late 20<sup>th</sup> century, perhaps due to its invisibility (The Queen's Nursing Institute and English National Board, 2002). Although there had been the promise of increased NHS Scotland investment in community health and nursing services, there was little change. The CPHVA cited a lack of effective leadership, exclusion as equal partners in healthcare planning, low professional self-esteem and the need for a career pathway in its briefing paper to drive forward quality improvement of district nursing services (CPHVA, 2003).

The importance of community health and nursing services to supporting and maintaining people in their own homes was not fully recognised until the end of the 20<sup>th</sup> century. Since the millennium the call to shift the balance of care to the community has grown stronger (NHS Scotland, 2005). The Kerr Report in 2005 identified the need for modernisation to ensure sustainable, integrated, safe local services that are proactive rather than reactive, embrace new technology, encourage the development of new skills and keep people at the centre of care delivery. This ideology has underpinned Scottish policy for community nursing over the last decade.

In 2006, the Scottish Executive carried out a Review of Nursing in the Community (RONiC) (The Scottish Government, 2006). The generalist role of Community Health Nurse (CHN) was heralded as the way forward, to provide patients and families with a single point of contact and to avoid duplication of work. The new CHN role, a combination of district nursing, health visiting, school nursing and family health nursing, was initially piloted in four Health Boards across Scotland.

Julia Quickfall attended RONIC Programme Board meetings between 2007 and 2009. There was a lack of evidence supporting the introduction of a new generalist CHN role; QNIS commissioned a series of Focus Groups during 2007 and 2008 to document the views of educationalists, senior managers and community nursing practitioners to the RONiC proposals (Queen's Nursing Institute Scotland, 2007). The key themes emerging throughout the focussed group discussions were the participants' lack of engagement with the CHN ideology; they were not convinced of the need for the CHN generalist role and expressed concerns regarding the difficulties of maintaining competence across a wide range of skills.

The RONIC programme concluded in late 2009. A Scottish Government MNiC Programme Board was established to support the NHS Boards to take forward locally the Modernisation of Nursing in the Community (MNiC) and facilitate the shifting of resources from acute care to community settings. Three works streams of children and young people; people at work; and older people living at home were established to bring together national policy and evidenced based practice. The MNiC website brings this information together and is now hosted by NHS Education for Scotland.

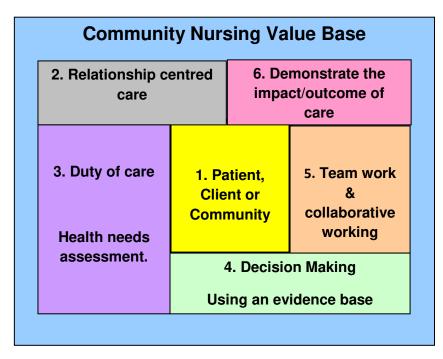
Community nursing remains as important as ever to delivering quality patient care, but requires modernisation to develop and maintain a full range of skills to enable people to live in their own home. Integrated community nursing and social care services are also essential to quality patient care. QNIS has been involved in supporting the implementation of the MNiC agenda in several ways. QNIS was sponsored by the Scottish Government to provide two series of workshops to aid the modernisation of community nursing. In 2011 a workshop entitled 'Making the most of your community nursing teams' was provided in Aberdeen, Glasgow, Stirling and Edinburgh. These

workshops built upon the Releasing Time to Care initiative and aimed to prompt nurses to consider how they could make their community nursing teams more efficient and effective.

QNIS provided a second series of workshops in 2012, 'Using Technology to promote person centred care'. These workshops provided powerful examples of how technology could improve the quality of life for people with long term conditions or children in hospital away from family. Most notably, Margaret Brown, Community Nurse Consultant in NHS Ayrshire and Arran and her team provided a presentation on the use community wards to enable people with long term conditions remain at home. These workshops were best received in Aberdeen, where tele-health and tele-care have become more commonplace in the delivery of care over the last few years.

### **Community Nursing Professional Discussions**

QNIS hosted two professional discussion events during 2008 and 2009, to explore the values underlying community nursing practice. The events also considered how these values would fit or conflict with the new CHN role.



#### Figure 1. Model of community nursing values that impact on quality of care of the patient, client or community.

The first workshop identified the participants' philosophical positions underlying community nursing, whilst the second considered how these values were used in practice and impacted on the outcomes of care. The workshop discussions were recorded on flipchart paper as statements. Six themes emerged from the analysis of the statements and are presented as Core Values (see Figure 1 above). The six core values identified by community nurses are as follows:

### **1.** Placing the patient, client and community at the centre of care delivery

This value now underpins person centred care: it recognises the nurse's role to work in partnership, advocate on behalf of patients and provide anticipatory care planning,

### 2. The use of interpersonal relationships in the delivery of care

Interpersonal relationships are key to the effective delivery of community nursing care, using a non-judgemental and individual approach to care.

### 3. Duty of Care

A robust holistic assessment of nursing and social health needs underpins a duty of care, which should align with the appropriate use of NHS resources.

### 4. Making care decisions using an evidence base

Risk assessment and patient safety are now a major part of community nursing practice. Community nurses should demonstrate the use of evidence to inform care decisions.

### 5. Teamwork and collaborative working

Community nursing teams need to work efficiently within a single or multi-disciplinary context in partnership with carers but often assume care responsibility until other professional organisations can take over these roles.

### 6. Demonstrating an impact and outcome of care

Audit and research can quantify the impact of community nursing, to identify short and long term health gain for patients, families and communities. However, more sophisticated outcome tools are still required.

The above values identified at the QNIS professional discussions embrace the patient at the centre of care. The importance of interpersonal relationships in the delivery of care is recognised. However, the increasing professionalism of community nursing is seen in the need for its own evidence base to underpin decision-making, the development of team working and the need to demonstrate an impact and outcome of care.

### **Community Nursing Education and Professional Development Activity**

QNIS promotes the education and professional development of community nurses in Scotland through:

- The QNIS Fellowship Award Programme.
- Celebration of community nursing milestones
- The pilot of the Community Nurse Consultant role
- Annual conferences and workshop programmes
- QNIS Education Grants and Scholarships,
- Long service awards

### **QNIS Fellowship Award Programme**

The QNIS Fellowship Award is a work based learning leadership programme, currently accredited by Queen Margaret University at level 10. There are currently 36 QNIS Fellows, who support the work of QNIS in various ways (see Table7).

Lis Cook originally conceived the idea of the Fellowship By Assessment (FBA) programme and Wyeth Pharmaceuticals provided sponsorship in 2001. Seven community nurses took part in the pilot programme, which was evaluated positively in autumn 2003. Version II was launched in 2005 by Mrs Jane Walker, then Nursing Officer at the Scottish Executive. Eileen Cameron facilitated the programme between 2006 and 2013. The Burdett Trust for Nursing awarded QNIS £30,000 in 2006 for the development of the Fellowship. This Burdett funding provided the candidates with an attractive programme. Queen Margaret University accredited the Fellowship By Assessment programme at level 9 in 2008.

By 2012 the candidate numbers had started to diminish, the programme required revision and reaccreditation with Queen Margaret was due. A Fellows Forum agreed that re-accreditation should be sought at level 10. In reapplying for accreditation, the Fellowship Award programme was rewritten to be not only more demanding of the candidates, but also to be more closely linked to the Knowledge and Skills Framework (KSF).



Above: QNIS Fellows 2013

The new Fellowship programme accredited at level 10 was launched at the Fellows Forum event, prior to the Annual Gathering at Crieff in June 2013. Eileen Cameron also retired as the Fellowship Facilitator. QNIS has now agreed to work with 2 regional Fellowship facilitators, Pauline Waugh and Fiona Cook. The next steps are to market the new programme and re-evaluate the programme in autumn 2014.



Above Julia and Angie attend the Queen's Diamond Jubilee event in London, June 2012

# Celebration of community nursing milestones

QNIS has celebrated various community nursing milestones over the last few years. The 150 years anniversary of district nursing was recognised in 2010 through a wonderful display of memorabilia at the Annual Gathering event at Crieff Hydro.

A second event in 2010 to mark this anniversary was held in partnership with Queen Margaret University. A similar but smaller scale event was held in 2012 to celebrate 150 years of public health nursing

and the Diamond Jubilee of our Patron, Queen Elizabeth II. Again this anniversary was marked by a joint event with Queen Margaret later in the year.

### Pilot of the Community Nurse Consultant role

As part of the celebration of 150 years of district nursing in 2010, QNIS funded a pilot of a generalist Community Nurse Consultant (CNC) role in partnership with NHS Ayrshire and Arran. Nurse Consultant roles had been established within the UK 10 years previously to provide leadership in expert nursing practice; research; education and training; and service development. The Nurse Consultant role is complex and highly demanding. The post holder requires academic, professional, managerial, interpersonal and time management skills to cope effectively with a large workload and competing agendas arising from four major areas of activity. Moreover, the role requires a supportive working environment and management structure.

The aim of this pilot project was to investigate the benefits of a generalist role providing strong, strategic, clinical and professional leadership for community nurses within Ayrshire and Arran.

Margaret Brown (see photo below) was appointed to develop new approaches to the delivery of community nursing. In particular she implemented three community wards, using tele-health services to enable more people to live at home and reduce the frequency of hospital admission. A second area of work was to promote the choice and opportunity to die at home, especially for people living in nursing homes. Margaret found the CNC role was very demanding and eventually moved to a part time basis.



At the end of the pilot project, QNIS commissioned a CNC role evaluation, which reported in July 2013. The evaluation report was positive about the CNC role; although it found that more robust governance structures would have aided the implementation of the post, the post holder was able to work in an inter-disciplinary setting to bring senior colleagues together to develop integrated services to improve person centred care.

Margaret Brown, Community Nurse Consultant

### QNIS Annual Conference and workshop programmes 2004-2013

Over the last 10 years QNIS has raised the profile of community nursing through the provision of annual conference an for community nurses in Scotland (see Table 8 in the appendix). These conferences are held in different venues throughout Scotland; Glasgow especially attracts a good attendance from community nursing delegates. The conferences aim to aid the

professional and practice development of all nurses and



Ros Moore, Chief Nursing Officer for Scotland welcomes delegates to the ICCHNR/QNIS conference

support workers working in the community. They are subsidised by QNIS as the fee charged only covers the basic delegate cost. The themes running through all the conferences include leadership and change management. The ICCHNR/QNIS International Conference in March 2013 was particularly successful with 250 delegates attending from 19 countries worldwide.

### **QNIS Education Grants and Scholarships**

Each year, QNIS funding provides community nurses with a wide variety of personal and professional development opportunities. These grants provide an opportunity for community nurses to acquire new skills and update their knowledge on clinical aspects of care.

Originally, the Kuenssberg Scholarship was created to recognise the contribution of Dr Ekke Kuenssberg, a pioneer of Primary Care medical services in Edinburgh. He was a long term supporter of the work of QNIS and recognised the value of district nursing. In 2003 a similar award was created in the name of Brigid Stewart to provide a funding opportunity for public health nursing. The Kuenssberg and Brigid Stewart awards were discontinued in 2010. Table 8 in the appendix gives a breakdown of education grants and scholarships provided in the last 10 years. The accompanying

chart in the appendix shows the commitment by QNIS to professional development through the funding of Masters Modules each year.

Long Service Awards



QNIS has provided long service awards over the years for both Queen's Nurses and Community Nurses. The recognition of dedication and loyalty to nursing over 21 years or more is most appreciated.

Left: NHS Lothian Long Service Awards Edinburgh 2012

## **Practice, Innovation and Research Activity**

The second major area of QNIS activity to support excellence in community nursing is the promotion of innovation in practice through research and project funding.

### Millennium Award Scheme Funding

Before the restructuring of the organisation, innovation in practice activity straddled the GP& F committee, Education and Projects Committees. For example, The QNIS *Millennium Awards Scheme 'Welcome to Wellbeing'* 2000–2003 in partnership with the Millennium Commission provided 156 Awards to individuals throughout Scotland and was directly accountable to QNIS GP&F Committee (which later became QNIS Council). The funding programme promoted community development and concluded with a showcase event of the Award winners in March 2003 at the SECC, Glasgow. MAS evolved into the Nae Risk community development project, funded jointly by the Scottish Executive and QNIS until 2005.

### **QNIS Project Funding**

During 2004-5 the Projects Committee agreed to fund resuscitation equipment in partnership with the Sandpiper Trust. These bags supplemented emergency health care in very rural locations where there was no doctor. Ten years later the Sandpiper bags are still in use in Orkney and are maintained in other locations by the NHS Highland Health Board. The Sandpiper bags are a good example of innovating and testing new ideas of health care in rural areas.

In the intervening years, PIRC has grown in membership and developed skills of assessment of funding applications. PIRC meets twice or three times per year to review submitted project proposals for consideration of QNIS project funding. Projects must be seen to be feasible and directly benefit the health and wellbeing of people living in the community. It is important not to set up novice project leads to fail in carrying out an overly ambitious project. However, PIRC is also aware that Health Boards who have a funding shortfall may also try to use QNIS project funding for work that they have a duty to carry out themselves.

The definition of a project is quite broad; it may involve primary research to increase the evidence base for community nursing; the development of an innovation in practice; the implementation of research knowledge into practice; or even an evaluation of a practice development. The Bumps, Baby and Beyond Project Vignette provides an example of how QNIS project funding has enabled practice development in Dundee.

### **QNIS Research funding**

As part of the drive to expand the community nursing evidence base, QNIS has tried several different approaches to promoting community nursing research over the years. Research is a time consuming and expensive activity, large scale studies are beyond the reach of QNIS, as well as requiring huge investment in professional development. However, small scale innovative studies to pilot an idea can be beneficial in providing a baseline for further investigation and provide an opportunity for personal development.

### Small scale studies

Early into the 21<sup>st</sup> century, QNIS funded small research studies led by community nurses. Professor Jean McIntosh provided workshops to enable community nurses hone their research proposals with a view to being funded by QNIS. For example in 2004, three research bursaries were awarded:

- An evaluation of a telephone helpline for breastfeeding mothers in Dundee (NHS Tayside)
- An exploration of issues around district nursing workload (NHS Lothian)
- A repeat of baseline measures to ascertain evidence of health improvement from attendance at a health and wellbeing clinic (NHD Greater Glasgow and Clyde)

The research funding available of up to £10,000 was possibly considered insufficient and later attracted few small research projects. In 2006, the Education Committee decided to offer a Research Fellowship in alternate years, using the whole budget for the two-year period.

### Lisbeth Hockey Community Nursing Research Fellowships 2004-2010

Dr Lisbeth Hockey (1918-2004), an eminent nurse researcher and philosopher, was a great supporter of QNIS. She served as a member of the Education Committee and as a member of Council over a period of 37 years. Her legacy was to instil the need to develop an evidence base for community nursing. The Lisbeth Hockey Community Nursing Research Fellowships were created in 2004 to recognise both her contribution to research and QNIS. The outputs from three Fellowships are described in the vignette below.

The aim of the Lisbeth Hockey Community Nursing Research Fellowships was to promote capacity for community nursing research in Scotland. Three Lisbeth Hockey Community Nursing Research Fellowships were awarded and were led by an academic institution. The Fellowships enabled nurses with a specialist community qualification to improve research knowledge and skills and also provided part-time experience of carrying out a small project as part of a larger nursing research team.

- 2004: Exploring older persons' involvement in decision making about their care, within the context of single shared assessment undertaken by members of the District Nursing Team Glasgow Caledonian University
- 2006: An analysis of community nurses' support for self-care with patients who have long term conditions; Robert Gordon University.
- 2008: Participating in the research process: The development of an intervention for the secondary prevention of stroke Glasgow Caledonian University.

An in house evaluation showed mixed results from the Fellowship programme. A major strength for the Lisbeth Hockey Fellows was the opportunity to be involved in a research study and to gain a greater understanding of carrying out research. One Fellow later moved on to a new role of modernisation of nursing in the community and found her new knowledge was of major benefit in the development of questionnaires to community nursing staff.

There were many challenges to the programme; combining community nursing practice and research commitments in the tight time scales was difficult. Secondly, although there were opportunities to prepare a PhD proposal, the Fellows considered that this was too academic a route. An unexpected consequence was that junior academic staff were denied this research experience. Thus there was no guarantee that the skills learnt were sustainable.

Although the Lisbeth Hockey Community Nursing Research Fellowship provided a unique opportunity for practitioners to become skilled in research, it was expensive and there was insufficient QNIS funding for it to continue. The involvement of practicing community nurses in projects was later taken on board in QNIS Funded projects. Community nurses now play a greater role in projects and especially in The Delivering Dignity Grants programme.

The experience gained from the Lisbeth Hockey Research Fellowships has informed the development of QNIS funded projects. When agreeing funding, PIRC often now requests that a practitioner from practice is included as part of the project team. As practitioners gain a taste for research or project management, the skill set of community nursing is enhanced, in turn benefitting other areas of practice development.

### Mary Jane Carr Awards

Following a bequest from Mrs Mary Jane Carr, QNIS commissioned the funding for two research studies in 2009. Queen Margaret University carried out a study *'Leadership in Community Nursing'* and University of Edinburgh carried out a study entitled *'Leadership: Understanding community nursing in Scotland.'* The reports of these studies can be found on QNIS website in the resources section.

### **Delivering Dignity Grants Programme**

In 2012, QNIS became a Funding Partner of the Burdett Trust for Nursing to deliver a Delivering Dignity Grants programme. Ensuring respect and maintaining the dignity of older people is pertinent to the role of all nurses working in community based settings. The failure to deliver dignity in the care of older people in care homes and long stay institutions has been well documented in the media and highlights the need to change the ageist attitudes frequently displayed in the care of older people. The challenges of delivering dignity in the care of older people require nurses to provide strong leadership to improve nursing care standards and to redress age discrimination, as well as ensuring equitable access to treatment and care.

This Dignity Grants programme is thus very important to promote a common understanding of dignity across disciplines, services and care settings. A list of the exciting QNIS funded projects is in the appendix.

### QNIS Partnership in Practice Scotland (PiPS)

The Partnership in Practice Scotland Awards (PiPS) were originally conceived by the QNIS Education Committee to facilitate the development of partnership working to improve the quality of life for people and communities. Small grants of £1000 were made originally but later these were increased to £2,000. The award was later overseen by the Projects Committee, which became the Practice Innovation and Research Committee. These small grants provided an opportunity for community nurses to try out new ideas and some were very successful. For example, the delivery of a 10 week programme for people recently diagnosed with diabetes enabled greater individual understanding and responsibility for health.

### QNIS Partnership in Research Scotland (PiRS)

It was recognised that the development of a project proposal is time consuming and requires support and guidance. The Partnership in Research Scotland (PiRS) award was introduced to enable community nurses with ideas for practice development, but with limited experience of developing a proposal, to access expert help and direction.

### The impact of QNIS funding and activity

QNIS has a positive impact on community nursing professional and practice development, but it is difficult to measure or capture. Community nurses have told us how QNIS conferences and workshops have motivated them to improve patient care. Likewise, research funding has helped to inform the evidence base. For example, a study entitled '*Leadership: Understanding Community Nursing in Scotland*' carried out by Dr Elaine Haycock-Stuart, from the University of Edinburgh identified how leadership was driven by top down policy and that front line community nurses had little influence into its delivery. The impact of QNIS funding the study has been that the research team has gained recognition for quality research and have presented their findings at 15 conferences (both national and international) and published in seven journal articles.

### Conclusion

QNIS continues to fill a niche in supporting the practice and professional development of community nursing in Scotland. The welfare of the retired Queen's Nurses also remains important to the organisation; the Annual Gathering at Crieff is one of the annual highlights for QNIS staff and colleagues.

This historical record of QNIS organisational changes and activity over the last decade details how it has modernised its constitution and structures significantly. These changes have enabled QNIS to match its activity both to its constitution and to the promotion of excellence in community nursing. This broad range of activity has the piloting of new roles, the development and dissemination of the evidence base underpinning primary care and community nursing at its centre. Moreover, QNIS has a role not only to enable primary care and community nurses to understand national policy and its implications for practice, but to make sure that their voice is heard. Latterly, the role has encompassed an international perspective too.

There have been many highlights over the last 10 years; to name only three would perhaps include the Burdett Trust for Nursing Funding award of the Delivering Dignity projects; the invitation to the Queen's Jubilee London Celebrations and the Edinburgh ICCHNR/QNIS Conference. QNIS has indeed gone from strength to strength. It has been a great 10 years.

However, QNIS cannot do this activity alone; it is grateful for the support from Scotland's Gardens and partner organisations. QNIS committees are well supported by colleagues who give their time and commitment freely. The Volunteer Visitors monitor the needs of retired Queen's Nurses and volunteers also help out with conferences and workshops.

Once again many thanks to you all for making QNIS such a success.

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QNIS Patron HM Queen Elizabeth Current QNIS Council Trustee		
2010-present	Miss Anne Jarvie	Chair
2008	Dr Mike Winter	Council member
2011		Vice Chair
2011- present	Jane Walker	Honorary Secretary
2008 - present	John Lawrie	Honorary Treasurer
2007- present	Prof Julie Taylor	Council Trustee
	QNIS Honorary Fellow	
2003- present 2011- present	Jane Cantrell	Council member
	QNIS Honorary Fellow	Chair EPDC
2012- present	David Boswell	Council Trustee/Fund manager remit
2012-present	Robin Morton	Council Trustee
2012-present	Irene Bonnar	Council Trustee
2014	Linda Pollock	Council Trustee

### Appendix

### Table 1 QNIS Council Trustees 2014 and previous members

Previous Council Members in last 10 years		
1993-2002	Lady Vanessa Prosser	Chair
	QNIS Honorary Fellow	
2002-2010	Sir David Carter	Chair
	QNIS Honorary Fellow	
1997-2011	Prof Jean McIntosh	Vice Chair
	QNIS Honorary Fellow	Chair Education Committee (later EPDC)
2003-2005	Lorraine Simpson	Honorary Secretary
2005-2011	Merrill Whalen	Honorary Secretary
	QNIS Honorary Fellow	
1999-2008	Ronnie Sinclair	Honorary Treasurer
1978-2007	Shirley Ballantyne	Council member
1970-2007	Lady Lilias Cromartie	Council member
2001-2007	George Russell	Council member
2007-2012	John Griffiths	Council Trustee
2000-2004	Dr Fiona MacLaren	Council member
1990-2012	lan Watt	Council member/ Fund Manager remit
2002-2006	Jane Harris	Council & EPDC member
	QNIS Honorary Fellow	
2005-2007	Alison Jarvis	Council and
2002	QNIS Honorary Fellow	EPDC member
2004-2007	Dr Allison Worth	Council member & Chair of Joint Nursing
		Committee
2006-present	Prof Debbie Tolson	Chair of Practice Innovation and Research
	QNIS Honorary Fellow	Committee
2007-2012	Rona Agnew	Council Trustee

### **Table 2 QNIS Honorary Fellows**

2003	Professor Jean McIntosh
2003	Miss Sheila Gentle
2010	Ruby Matheson
2010	Professor Debbie Tolson
2010	Jane Harris
2010	Jane Cantrell
2010	Dolly McCann
2011	Maxine Moy
2011	Alison Jarvis
2011	Christina Thomson
2011	Merrill Whalen
2011	Sir David Carter
2012	Andrina Gordon
2012	Isabelle McDonald
2012	Lady Vanessa Prosser
2012	Kathleen Rourke
2013	Ros Moore
2013	Anne Kennedy
2013	Julie Harvey
2013	Professor Julie Taylor

# Table 3 QNIS Advisory Committee 2013

## (previously Joint Nursing Committee)

	<u> </u>
Name	QNIS Role
Prof Julie Taylor	Chair of Advisory Committee
Jane Cantrell	EPDC Chair (Formerly Education
	Committee)
Prof Debbie Tolson	PIRC Chair (Formerly Projects
	Committee)
Mrs Jane Walker	Honorary Secretary
Julia Quickfall	QNIS Nurse Director
Angie Henney	QNIS Projects Co-ordinator
Fiona Watson	QNIS Treasurer

## Table 4 QNIS Education and Research Committee 2013 (formerly Education Committee)

Name	QNIS Role/Institution represented
Jane Cantrell	EPDC Chair
Jane Harris	EPDC Vice Chair
Dr Julia Quickfall	QNIS Nurse Director
Angie Henney	QNIS Projects Co-ordinator

Dr Elaine Haycock-Stuart	University of Edinburgh
Caroline Dickson	Queen Margaret University
Alison Jarvis	NHS Lothian
Dolly McCann	Queen Margaret University
Debbie McGraw	RCN
Jackie McFayden	University West of Scotland
Lee Anne Mitchell	QNIS Executive Secretary
Fiona Watson	QNIS Treasurer

## Table 5 Practice Innovation and Research Committee (previously Projects Committee)

Name	QNIS Role/Institution represented
Professor Debbie Tolson	PIRC Chair
Linda Smith	PIRC Vice Chair
Dr Julia Quickfall	QNIS Nurse Director
Angie Henney	QNIS Projects Co-ordinator
Fiona Watson	QNIS Treasurer
Lee Anne Mitchell	QNIS Executive Secretary
Mrs Jane Walker	Honorary Secretary
Dr Rhona Hogg	Napier University/NHS Lothian
Fiona Cook	Improvement Advisor, Releasing Time to Care, Health Improvement Scotland
Penny Bond	Health Improvement Scotland
Margaret Tannahill	Care Inspectorate
Ron Johansen	Senior Lecturer Glasgow Caledonian University / Nurse Consultant (NHS 24)
Dr Caroline Bradbury-Jones	University Dundee/Manchester

## Table 6 Welfare Committee members and Voluntary Visitors 2013

Welfare Committee member	QNIS Role
Miss Anne Jarvie	Chair
Jane Walker	Honorary Secretary
Julia Quickfall	QNIS Nurse Director
Dawn Cruse	QNIS Administration and Welfare Officer
QNIS Volunteer Visitors	Area covered
Miss Margaret Burnett	Angus
Mrs Christine Feltham	Perthsire
Mrs Janette Kennedy	West Lothian
Mrs Muriel Lind	Dunshalt, Cupar, Fife
Mrs Angela MacDonald	Ross-shire
Mrs Isobel MacDonald	Isle of Skye
Mrs Elsie Mackenzie	Caithness
Mrs Catherine MacLeod	Ross-shire
Mrs Ruby Matheson	Glasgow
Mrs Morag Miller	Ayrshire
Mrs Catherine Morrison	Lewis
Mrs Kathleen Rourke	LARGS, Ayrshire
Mrs Annie Stephen	Aberdeenshire
Mrs Ann Thomson	Huntly
Mrs Hazel Turner	Kirkcudbrightshire
Mrs Isabelle Wilson	East Lothian
Mrs Cathy Wilson	Edinburgh
Ms Phyllis Runciman	Edinburgh
Mrs Maxine Moy	Fife
Mrs Kay Boyde	Glasgow

## Table 7 QNIS Fellows 2013

Year	Name	NHS Board Area	
2003	Elaine Allen	NHS Grampian	
2003	Elizabeth Brown	NHS Grampian	
2003	Lis Cook	NHS Grampian	
2003	Sandra Muirson	NHS Grampian	
2003	Shona Davidson	NHS Highland	
2003	Kate Richardson	NHS Highland	
2003	Christine Nicholson	NHS Highland	
2004	Anne McMorrow	NHS Greater Glasgow and Clyde	
2004	Julie Harvey	NHS Greater Glasgow and Clyde	
2006	Linda Wilson	NHS Fife	
2006	Pauline Waugh	NHS Lothian	
2007	Anne McDaid	NHS Greater Glasgow and Clyde	
2007	Cheryl Adair	NHS Greater Glasgow and Clyde	
2007	Helen Pickering	NHS Greater Glasgow and Clyde	
2008	Marion Millward	NHS Borders	
2008	Irene Bannerman	NHS Greater Glasgow and Clyde	
2008	Wilma Cowie	NHS Greater Glasgow and Clyde	
2008	Clare Stiles	NHS Shetland	
2008	Maggie Drosso	NHS Shetland	
2009	Margaret Taylor	NHS Borders	
2009	Karen Hemple	NHS Greater Glasgow and Clyde	
2009	Margaret Umeed	NHS Greater Glasgow and Clyde	
2009	Marion Taylor	NHS Greater Glasgow and Clyde	
2010	Rhona Cameron	NHS Forth Valley	
2010	Brenda Kirk	NHS Greater Glasgow and Clyde	
2010	Liz Millar	NHS Greater Glasgow and Clyde	
2010	Vivienne Davidson	NHS Greater Glasgow and Clyde	
2010	Audrey Demetriou	NHS Lanarkshire	
2010	Elizabeth Roberts	NHS Shetland	
2011	Diane Sharp	NHS Forth Valley	
2011	Kim Conroy	NHS Forth Valley	
2011	Leanne Connell	NHS Greater Glasgow and Clyde	
2011	Liz Murray	NHS Tayside	
2012	Helen Ramsay	NHS Lothian	
2013	Eileen McLeod	NHS Shetland	
2013	Susan Cooper	NHS Shetland	

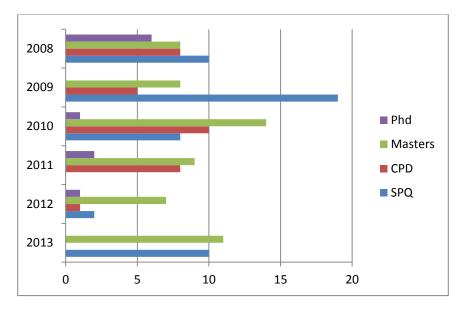
Date	Title	Venue
2004	LHCC Lead Nurse Network	Edinburgh
	Mental health is everybody's business	
2004	QNIS Annual Conference	Education Centre
	Leadership –Making it happen	Stirling Royal Infirmary
2005	QNIS Annual Conference	Wolfson Building, University of Glasgow
	Changing face of Primary Care	
2005/6	Nae Risk Training DVD workshops	Six workshops in Scotland including
		Strathcarro, Aberdeen, Glasgow,
		Edinburgh and Skye
2005	National RONIC workshop – views on CHN of district nurses	Pfizer offices
		Edinburgh
2006	QNIS Annual Conference	Dynamic Earth
	Nurses delivering health in the community	Edinburgh
2007	QNIS Annual Conference	Beardmore Conference Centre, Glasgow
	Visible accessible and integrated care: making community	
	nursing in Scotland fit for purpose	
2008	QNIS Annual Conference	Stirling Management Centre
	Promoting Innovation in Community Nursing in Scotland	
2008	Comparing and contrasting the current principles and	Stirling Management Centre
2008	professional values underpinning health visiting, district nursing,	
	school nursing and family health nursing.	
	Professional discussion	
2009	QNIS Annual Conference	Beardmore Conference Centre, Glasgow
2009		Beardinore conference centre, Glasgow
2000	Community nursing: The Scottish picture	
2009	Putting community nursing values into practice- professional	Stirling Management Centre
2000	discussion	Crieff Hadre
2009	150 years of District Nursing Exhibition	Crieff Hydro
2010		Perthshire
2010	The future of community nurse Education (in collaboration with	RCN HQ
	RCN and NHS Education for Scotland	Edinburgh
2010	QNIS Annual Conference	Crieff Hydro
	Leadership in community nursing	Perthshire
2010	Demonstrating the quality of community nursing care -	Stirling Conference Centre
	professional discussion	
2011	Making the most of your community nursing teams workshops	Stirling
		Aberdeen
		Glasgow
		Dunfermline
2011	QNIS Annual Conference	Radisson Blu
	Promoting Excellence in Community Nursing	Edinburgh
2012	150 years Public Health Nursing	Crieff Hydro
		Perthshire
2012	QNIS Annual Conference	Beardmore Conference Centre, Glasgow
	Cutting the coat to fit the cloth	
2012	Using Technology to promote person centred care workshops	Stirling
		Aberdeen
		Glasgow
		Dunfermline
2013	Transforming Community Health	John McIntyre Conference Centre
	ICCHNR/QNIS International Conference	Pollock Halls Edinburgh
2013	Influencing Integration Seminars	Edinburgh

# Table 8 QNIS Annual conferences and workshops 2003-2013

Year	Award	Details
2003	8 PiPS	Partnership in Practice
2003	24 Education Grants	CPD
2003	Kuensberg Scholarship	Kathleen Mckendry
2003	Research Grant	History of community Nurses in the Western Isles
2004	8 PiPS	Partnership in Practice
2004	24 Education Grants	CPD
2004	Kuensberg Scholarship	Alison Bryce
2004	Brigid Stewart Scholarship	Louise McKenzie
2004	Research Grant	Bosom Buddies
2004	Research Grant	District Nursing workload
2004	Research Grant	Health and Wellbeing Clinic
	3 PiPS	Partnership in Practice
2005	28 Education Grants	CPD
2005	Kuensberg Scholarship	Susie Gamble
2005	Brigid Stewart Scholarship	Angela Gray
2005	LH Research Fellowship	Glasgow Caledonian University
2006	LH Research Fellowship	Robert Gordon University
	14 Education Grants	
	4 PiPS	
2007	12 Kuensberg and Brigid Stewart Bursaries	SPQ Fees only basis
2007	35 Education Grants	CPD
2007	7 PiPs	Partnership in Practice
2008	LH Research Fellowship	Glasgow Caledonian University
2008	Mary Jane Carr	Queen Margaret University
		University of Edinburgh
2008	CHN Project	Focus Groups
2008	28 Education Grants	CPD
2008	10 Kuensberg and Brigid Stewart Bursaries	SPQ Fees only basis
2008	4PiPS	Partnership in Practice
2009	13 Education Grants	5 CPD, 8MSc. courses and modules
2009	19 Kuensberg and Brigid Stewart Bursaries	SPQ Fees only basis
2010	25 Education Grants	10 CPD, 14 MSc.
		1 PhD courses and modules
2010	8 Kuensberg and Brigid Stewart Bursaries	8 SPQ Fees only basis
2011	19 Education Awards	Kuensberg and Brigid Stewart Bursaries no longer
		available
		8 CPD, 9 MSc, 2 PhD courses and modules
2012	11 Education Awards	1 CPD, 2 SPQ, 7 MSc, 1PhD courses and modules
2013	21 Education Awards	10 SPQ and 11 MSc courses and modules

# Table 9 QNIS Education and Research/EPDC Grants 2003-2013





## Table 10 QNIS PIRC Projects Funded 2002-2013

Final reports can be accessed on the QNIS website, <u>www.qnis.org.uk</u> under various headings in the Resources section.

Year	Project Title	Lead Organisation
2000 -2005	Millennium Award Scheme/Nae Risk	QNIS
2001	Domestic Abuse project	Napier University
2002	Gerontology Demonstration Project	Glasgow Caledonian University
2002	Getting overseas Professionals into Practice (GOPIP)	Glasgow Caledonian University
2002	Public Health Practitioner Project	NHS Greater Glasgow
2003	SAM Men's Health Initiative	NHS Shetland
2003	Sandpiper Trust Bags	In conjunction with Scotland's Gardens to Foula, Aharachle, Papa Westry and Bressay
2003	Motor Skills Group Project	NHS Tayside
2004	Gerontology Project Maximising communication with the elderly	Glasgow Caledonian University
2004	Multi-agency Leadership	NHS Argyll and Bute
2004	GOPiP	Further funding
2004	Dementia Learning Resource	Iris Murdock Dementia Centre
2005	Smoking Cessation in later life	Glasgow Caledonian University
2005	Butterfly Befriending Programme evaluation	Queen Margaret University
2005	Development of local health Visitors work with the community in Piershill area of Edinburgh	NHS Lothian
2005	Motivational interview training	NHS Lothian
2006	Nocturia	Glasgow Caledonian University
2006	The management of minor illness Community of Practce	Glasgow Caledonian University
2006	Structured Diabetes Education	NHS Lanarkshire
2007	Healthy Hebrideans	NHS Western Isles
2007	Interstitial Cystitis Handbook	COB Foundation
2007	TIME to start dressings	NHS Greater Glasgow
2007	Shetland Carers Group	NHS Shetland
2007	Bumps Baby and Beyond	NHS Tayside

2007	Barriers to care services among women with	NHS Fife
	domestic abuse experiences in Fife	
2007	Refining Care Management (Learning Disabilities)	NHS Ayrshire and Arran
2008	Positive Parenting Interventions	NHS Lothian
2008	Tobacco and alcohol use in people who have a learning disability	Glasgow Caledonian University
2008	A virtual learning resource to support advanced nurse practitioners	NHS Orkney
2008	Sexual Health in Angus DVD NHS Tayside	
2009	5 Partnership in Practice Scotland Awards	
2009	2 Partnership in Research Awards	
2009	Evaluation of Case Supervision for Child protection	Robert Gordon University
2009	Partnerships in Practice	Glasgow Caledonian University
2009	Dementia Care Models	University of Dundee
2009	Sensory Garden project	NHS Greater Glasgow & Clyde Health Board
2009	Pilot of a health promoting residential unit	NHS Greater Glasgow & Clyde Health Board
2009	Enhancing Community Nursing Research Capacity	Glasgow Caledonian University
2010	Developing and testing a dignity conserving	University of Dundee
	intervention	
2010	The contribution of perceived stress in stroke	Glasgow Caledonian University
2011	3 Travel Fellowships	
2011	2 Partnership in Practice Scotland Awards	
2011	Asthma care plans	University of Stirling
2011	Heart failure self care	Glasgow Caledonian University
2011	Adult protection knowledge exchange	NHS Borders
2012	1 Travel Fellowship	
2012	Health visitors' role in assessing oral health in children	University of Dundee and NHS Fife
2012	Mindfulness based stress reduction life world	Edinburgh Napier University
	study	
2012	Midwifery an evaluation of child protection case supervision	NHS Grampian/RGU
2013	Carers respite information	University of Dundee
2013	History Project	Glasgow Caledonian University
2013	Exploring the experiences of patients attending day hospitals in the Borders: A pilot study	NHS Borders

# Table 11 Delivering Dignity Projects 2013

Project Title	Project Leads
Relational caring Conversations	Prof Belinda Dewar, University West of Scotland
	Michael Donovan, Care Home Manager
Awareness of Sensory Impairment	Dr Annetta Smith, University of Stirling
	Karen Macleod Community Staff Nurse
Being Mindful of the Carers	Gillian Davies, Practice Education Facilitator /CMH Nurse
	Wendy O'Ryan, Care Home Education Facilitator
Drink-Up to Reduce Infection	Joanne Booth, Glasgow Caledonian University
	Rona Agnew, NHS GGC
Food for Thought	Val Logan, Haig House Manager
	Pauline Banks, University of West of Scotland
Living Well with Dementia	Dr Bridget Johnston, University of Dundee
	Dr Sally Lawton, NHS Grampian