

## Health Visiting Example Application

2. **IN SUPPORT OF YOUR APPLICATION** – please read the excellence profile in the guidance document and give us examples from your practice of **how** your expertise matches the areas below. Please remember this is not a job application, we are not looking for a list of achievements, rather your ability to reflect and describe the impact of your skills and behaviours on others. Each statement begins with the question HOW?

### How have you made a difference?

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

Alongside my QN application form I have compiled a poster collage to help you visualise my journey working within community nursing. The images I have chosen and snap shot quotations taken from my reflective diary over the years aim to offer a symmetrical interaction with the hope you may feel an emotional connection from my reflections offering an insight to me as a person.

Being part of the Children and Young People Early Years Improvement Collaborative (EYC) within Scotland was a proud moment for me as a practitioner and I truly appreciated the value of patient care. The ambition of the EYC is to make Scotland the best place in the world to grow up by improving outcomes, and reducing inequalities, to families across Scotland ensuring that all children have the best start in life. On reflection, I had an amazing opportunity to have a voice for individuals, families and communities across the Health Board. I felt inspired to make a difference and created an improvement project using the Plan, Do, Study, Act model which I found daunting to begin with as had never utilised a model previously when making improvements.

My project aim was to empower parents to increase the awareness of developmental milestones for their children and actively utilise their child health record 'Red Book' reviewing the developmental sections within. You will see within my poster I have included my picture presentation that was displayed at the EYC conference highlighting my work. This was such an amazing experience for me as a practitioner having a voice and working with others with shared values.

Positively, my improvement project provided increased rates on the uptake of the 27 to 30 month Child Health Review within the Health Board resulting in a Child's developmental needs being identified and responded to earlier. By parents actively utilising their Red Book empowered them to review their children's development, keeping them involved promoting early intervention. Helping parents make a significant impact in their Child's life was truly inspiring. I learned a great deal from this experience and the improvement work allowed me to move forward with purpose. It made me question future visions in practice and question how things are done.

**Self Belief/Resilient workforce:** Within the teams I manage I am actively trying to challenge mindset, promote resilience and self belief in relation to all Health Visitors (HV's) being newly appointed as Band 7 practitioners in Scotland. Through reflective discussion with my teams some practitioners have had a crisis of confidence during this process.

This has been a difficult and exhausting experience for me as a team leader to manage. I strive to manage my teams by guiding initiatives, empowering and steering my individual team members to reach their full potential and goals. However, I have had a lot of resistance and uncertainty with the HV's questioning their new job description, role and responsibilities. Positively, through regular discussions, opportunities to deeply reflect and one to one supervision with team members their

leadership skills and self belief is improving which I feel proud to be a part of thus, shaping the care they provide to our future community service.

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

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

- finding your way across boundaries, around obstacles, through bureaucracy
- successfully challenging attitudes
- finding new doors to open each time one closes
- being prepared for continuous change, development and transformation

With the implementation of the Children's and Young People (Scotland) Act 2014, and recent proposed mandatory Named Person scheme for every child underpinned by law removed has created huge challenges within our Health Visiting workforce. The bureaucracy around these changes has been confusing for Health Visitors and partner agencies to fully understand what their role is in delivery of a Child's Planning Meeting. This has been a huge obstacle to overcome as some members of my team felt that because they had no legal responsibility to conduct a personalised multi-disciplinary Child's Plan they would not conduct one. I experienced a significant amount of resistance from my teams, primarily due to the lack of understanding for the need to change. This worried me as I was concerned that families would suffer. I questioned whether there would be a consistent approach to planning, delivery and co-ordinated support for children in the Health Board? As a team leader I have found it extremely challenging to question my teams practice as received negativity, disruptive behaviours leading to poor morale.

I evaluated and made sense out of this situation by understanding the potential negative impact this would have on families. Through persistence and determination I established a training package as part of a short life working group for all Health Visitors across the Health Board to attend face to face training. The delivery of this training was a daunting process as I was concerned about the negativity from practitioners I would receive but through perseverance, reflective discussions within peer groups we established a pendulum change over a period of one year. Whilst maintaining an open dialogue with team members I was able to challenge these attitudes. I also reflected on my part in the change, including my frustrations with behaviours and attitudes of my teams. I learned more about the individuals in my teams and team dynamics and the insecurities they had.

**Trust:** As a Team Leader I endeavour to make the work environment a place where staff feel able to have open and honest communications and feel safe to share their views, visions and values. This achieved during team meetings, supervision and regular visits to the team bases. I aim to provide visibility to staff and carry through on actions which I feel is greatly important thus building trust. I utilise my skills and strengths to role model an enthusiastic positive attitude, encouraging and inspiring individuals I work.

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

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

- using your enthusiasm and persuasive nature
- creating a ground swell of support and getting others to commit and get things done
- staying connected with important others
- Working with crisis as a development opportunity.

I am an experienced practitioner with a range of knowledge and skills who prides myself in positive and role modeling behaviors' which I believe gives me credibility. As a team leader and practitioner I gain a great deal of satisfaction seeing people progress whether it is families that I have worked with or career progression of my peers. My leadership style when working with my teams can be varied

dependent on the situation. I like to offer a democratic approach to promote team decisions allowing inclusiveness of all team members' voices to be heard and feel part of decision making. My coaching style leadership approach has also been effective creating strong teams that communicate well and embrace each other's skill set. This has been positive for my team as it has encouraged other team members to expand on their strengths by learning new skills from other teammates.

I actively encourage staff to become involved in innovation and change as I believe this increases ownership and motivation. Supporting staff to become change initiators and drivers is often the best way of securing "buy-in", enabling them to implement change. The important point being that staff see the benefits for their role post change by making them see themselves in the future vision, increasing the likelihood of them taking a key part in the change.

I find that if I truly believe in something, then I'm able to share this vision with others. Often enabling the change to be supported. I get a great deal of satisfaction when I see a team I manage functioning well together, enabling them to share their visions of the service and supporting them to achieve this.

I aim to learn from any complaints we receive within our service and try to offer a balanced view searching out any positives. I recently received a complaint about one of my Health Visitors where a parent complained that she did not feel supported by our service after her husband sadly died in a road traffic collision. She was grieving and felt the HV did not support her or her child through the bereavement process. I instantly reflected when I received this complaint as HV's we do not have any training on bereavement. HV's are good at providing listening contacts however, we do not have the knowledge base to actively support children after grief. I acted on this formal complaint as a development opportunity for our service and contacted Cruise Bereavement support who have agreed to provide training for the HV Service. This piece of work was key to keep connected with partner agencies enhancing knowledge base for myself and team members.

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

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

- listening deeply, seeking to understand what really matters
- approaching life reflectively, always learning
- quick to attribute success to others and not seek credit
- showing kindness for yourself and others

Completion of a reflective diary throughout my nursing career has allowed me to grow in confidence, question practice and develop as an individual. I do approach life reflectively trying to look at things from a positive perspective. Throughout my Practice Teachers training I completed a 'Johari Window' self awareness tool as part of my ongoing learning and development to reflect on self awareness as a practitioner, acknowledge personal development and improve communications within our team. I found this experience challenging and difficult as I like to praise others and offer positive feedback and felt uncomfortable when asking colleagues/peers to feedback about me. I asked five work colleagues to complete the Blind Self section highlighting how others saw me.

Initially, this was a daunting experience. I was anxious that I may not be perceived as I hoped by my colleagues. I knew that I was sensitive to other people's opinions of me. The feedback I received gave me a feeling of satisfaction that I was perceived a good teacher and leader. I felt slight discomfort when informed that I had an obsession with my tidiness. I automatically looked for comments that I perceived as negative. Although I knew this was accurate reflection of me. After discussion with my colleagues I was too quick to think that this was a negative factor when in turn they stated it was a good quality to have as kept the office organised and structured. In hindsight, I thought I would have been more prepared for their responses due to my emotional intelligence and levels of insight but clearly this wasn't the case!

This exercise was extremely useful as it allowed me to understand and deeply think about my personal strengths and weaknesses, and what belongs in my open space. It objectively helped me to start to process of what attributes reside in my blind spot.

To listen effectively and deeply was something as a nurse I always presumed I was good at and did not question or evaluate my competence. I have received feedback from patients and team members thanking me for listening however I did not know whether this was effective or not. Whilst attending 7 Habits of Highly Effective People Training reflecting on improving my personal effectiveness and productivity it made me appreciate that I was not as good as I thought with my listening skills.

I felt humiliated, that I would generally listen and try to fix or help an issue someone may have but I wasn't actually deeply listening to what really mattered to the individual. I questioned my nursing practice over all the years I have worked and felt quite ashamed by this. I would sometimes speak for people and would give them an example of an experience I have had rather than listening to them. This was vital learning for me as an individual and practitioner. I have made sense of this situation by not being too hard on myself and treating this as a flaw as I have learned new skills to actively listen.

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

3. **WHAT IS YOUR VISION** for the role of Queen's Nurses in Scotland's communities and why would you like to be selected for this year's cohort? Do you have a vision of what the *best you can be* looks like and feels like and the changes you would like to see in the community you work

From a recent session with one of the facilitators of the QN Programme, she offered an inspiring reflection on the QNIS and what the programme involves. Her passion and creativity around the magicians of the programme has made me hungry to evolve, explore myself and be part of transformation out with my comfort zone.

This programme would allow me the space to move forward, have the opportunity to bond with people who have a shared passion and vision to be able to create and develop improvement within community care for patients across Scotland.

I want to embrace challenge and shape the development of future service provision to lead with excellence. I have worked within the organisation for 20 years and within a community setting for 11 years working with many inspirational people in the delivery of high quality patient led care. I have always found my time rewarding and pride myself in the care and compassion of others. I believe in being open and honest in the care that I provide and also with my colleagues. I want to build on a 'we' not 'I' culture within our community nursing service. I would like to explore my creative side and learn how to effectively journal further.

The Self Care image within my poster is important to me as a leader, practitioner but also as an individual. This is what I feel the 'best me' looks like. Acceptance of myself as a community nurse and an individual is important to me. I have a good sense of humour and can laugh at myself through my own trials and tribulations which in turn allows me to be humble.

It would be an honour to be considered for the Queen's Nurse Programme and for them to invest in me to acquire the knowledge and skills to further develop the service to enable more families to experience excellent care within our community.

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4. **YOUR ISSUE FOR DEVELOPMENT** – please read the guidance document and tell us about the issue you have agreed with your sponsor which you will develop over the course of this programme. Please set out the nature of the issue or community need you wish to address, who will be involved, how you plan to engage those affected and what you hope might be achieved, whilst recognising that the emphasis is on co-production so that plans will emerge as you listen to the views of others.

**Nature of issue:** Within the Universal Health Visiting Pathway in Scotland: pre-birth to pre-school presents a core home visiting programme to be offered to all families by health visitors as a minimum standard. Offering support to families during the early weeks and planning future contacts. Focussing on family strengths, while assessing and respectfully responding to their needs.

Currently within our service and delivery of our HV Pathway we are not actively responsive to the 'Health Literacy' needs of families we work with. The World Health Organisation (WHO) contains the following definition: Health literacy refers to the personal characteristics and social resources needed for individuals and communities to access. Those with a lower level of health literacy are therefore more likely to suffer from health inequalities that lead to the poorest health outcomes in society.

Health Visitors play a pivotal role educating parents and are vital in supporting families to access health care and services. Surprisingly, we do not routinely ask parents if they can read or write and it is not included within our Universal HV Pathway Guidance. One in Four adults in Scotland experience challenges due to their lack of literacy skills which is a profound statistic. Health Literacy is being increasingly recognised as a significant public health concern around the world.

**This was a major light bulb moment for me!**

I could not believe that we do not actively address this issue across our service. We give an abundance of leaflets out to families and do not ask if they can read or write. I also took into consideration our growing Ethnic Minority Community across the area and how they could be supported better from a language perspective with more than just the interpretation service. On reflection, I have never once been asked if I could read or write when accessing any health care services within the organisation. It got my mind thinking, I am intrigued and want to explore further. My curiosity and exploration of digital devices within our service has begun and whether we have any readily accessible?

The Patient Rights (Scotland) Act 2011 states that people should be communicated with in a way that they can understand and that healthcare staff should make sure the patient has understood the information given. Improving people's understanding is crucial for improving patient safety, communication, effectiveness, self management and health literacy.

In the first instance a small group of Health Visitors will be involved to actively ask the question at certain Pathway contacts. The initial antenatal contact may be a positive place to start when first meeting a family and beginning to build a relationship. This would then guide the future Pathway visits and how the HV would implement her health promotion advice to a family inclusive of their individual needs. The HV would also be equipped with available resources for the family for future contacts.

To complete an improvement project with Plan Do Study Act tool to review outcomes and impact. I would complete a small test of change by asking Health Visitors within a small community to ask service users in the first instance. Learn from my findings and move on to a bigger community based setting.

Although this sounds like a minor question to ask it will have a huge impact on service users within our local communities being able to access appropriate resources and engage with health care providers. My big ambition is to implement this question to be part of the Universal Health Visiting Pathway in Scotland and be asked to all service users. I appreciate that this is a direct question that may be off putting for lots of individuals to answer so I need to work on this approach and possibly incorporate teach back tool? I would like to further unpick this and the views of others would be extremely beneficial. To be a part of the QNIS would allow me to explore my future vision with the support of people who share passion and vision to create and develop improvements within community care for patients across Scotland.

**(no more than 4000 characters which is around 550 words)**

Please check your completed application before it is emailed to QNIS. **All sections** must be completed or the application cannot be put forward to the assessment panel.