Queen's Nurse Programme Application Form 2021

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

I am a relatively new Senior Charge Midwife and I took over after being a Midwife on the team for over 10 years. During my time on the team I always felt that we didn't do things as well or as "sensibly" as we could have done. We are a rural area, we did lots of small clinics in GP practices, we swapped about with who did what at times, we didn't do any improvement work – no-one ever said how we can make it better, and if I tried it I felt it was not taken seriously. It was always going to be a challenge going from colleague to manager, so I felt that the best approach was slow and steady, including everyone who worked on the team in the discussions. In many ways I was lucky that my promotion went hand in hand with the "Best Start 5 year plan for Maternity Services". Things were changing, and I said to all of the team that we get involved or it will happen anyway without us. Initially I wanted to recruit as many of the staff into the workshops that had already been running. Many of us had not been included up to that point, so I made a conscious effort to invite everyone, but specifically encouraged the staff who I knew would be enthusiastic. Although I had been on the team for a long time, it had always been 2 sub-teams, and I didn't know everyone that well. I felt it was really important to make myself known and available to everyone. To begin with the Midwifery Team had no projects or obvious involvement with the Best Start so my first priority was to change that. Our last manager was retiring and I think that she just didn't have the enthusiasm to get involved with such a huge project, in contrast I wanted to put us into the centre of it. We started with some small changes, asking women to come to us in a central point and not run lots of tiny clinics, working on the continuity for our patients and more importantly getting some data collected to show what we are doing. There was one part of the region in particular where there were 3 Midwives, all doing a day or 2 each and spending the rest of the time somewhere else – when looked at the data for the patients they were seeing up to 5 Midwives for antenatal care - really not a good set up for building a trusting relationship. It is almost a different Midwife at each appointment which completely goes against what the Best Start objectives would be. A known provider improves birth outcomes, gestation of birth, breastfeeding rates, all hugely important things for public health. am so proud that now 11 months on in that particular area almost every patient sees one Midwife for the whole pregnancy, and we have been able to document this through a great run-chart. I followed this up with feedback from women in this area, and so much else has improved: the attendance at antenatal classes, the breastfeeding rates and the women report they are really happy with their care. From a service point of view it is an improvement because we are not wasting time travelling to

and from different areas, and I see the job satisfaction the midwife is getting. We have been able to provide a poster with the data to show the huge improvements that the particular Midwives hard work has brought about and this has been shared round the trust. The knock on effect across the res of the team is that they are all aware of this work, beginning to try and capture their own data, and looking at different things they could do to improve their own continuity. It is amazing to see a group of Midwives who felt that they were not "worth as much" as one in the rest of the region now leading the way in setting examples of care. Each of the Midwives in my team now gets direct feedback from their patients at each 1-2-1. For the most part during these sessions I get to see the huge boost that they get when they hear the things their patients thing they do well, and anything which is not so good I try to tackle very constructively. It really helps them to see the impact that they can have in their patient's experience.

I felt that I was really lucky in that I was taking over and being given a lead role in the implementation of the Best Start 5 year government plan. It meant that I was offering the staff the opportunity to be involved in the restructuring of the service and have input into the changes that we were making. I am really proud that just over a year down the line I have a team who are coming up with some of their own ideas, and good ideas for improving the continuity for their patients. They are coming to me asking how can we support this, how I can deliver my own parent craft, how can I try to be with my patients in labour etc –which in turn is meeting the objectives of Best Start.

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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

I am passionate and brimming with enthusiasm for Midwifery, but especially for the educational side of things. During my whole career I have felt sad when it is not something women have available to them during this time. We know that pregnancy is a time when women are open to change, and thin about health in a new way. It is such a marvellous opportunity to have an impact on so many aspects of health. I have always noted that Antenatal education was avoided by so many Midwives, and the knock on effect being that women were attending classes run by people with no enthusiasm for the subject, or feeling that they didn't have the skills to do this. It made me sad, and I could see how new staff could fall into the old routine of sticking with standing up in front of a group parents to be, and go with the same agenda, not really caring about what the women might like to know. I was aware that there was a huge discrepancy in the standards of education being delivered across our region, and I am really determined to try to level this playing field. The postcode lottery has no place here.

During our Best Start planning sessions the subject of education had come up several times. One of my ideas was to try and video some sessions on labour, delivery, breastfeeding and parenting. It was an idea which I was quite keen on, but was struggling to get enthusiasm from staff to help me participate in this. Once the Covid-19 pandemic began I felt this was the catalyst we needed to start this process. Again I struggled to get much interest from the Midwifery team so I decided to go ahead and do a session myself. All our classes across the region were cancelled and we were cutting back on antenatal appointments, so I was really concerned that our women were missing out on birth preparation. I filmed 35 minutes worth of information, preparing for labour, early labour and

spending time at home, when to come to hospital and the process of labour. I took a quality improvement approach and shared it with one woman and collected feedback, then I moved to a couple of women and a couple of members of staff, collected feedback made some changes. The video is now being shared widely amongst all the women within my area of the region, and we are looking at sharing it on our electronic patient app. The plan is now to do some other videos i.e. induction of labour, pain relief in labour, and since the last one has been shared I have some othe staff interested in being involved.

My team are now encouraged to run their antenatal education specifically for the small number of women on their caseload. In this way I can see the staff are more comfortable, the women are more likely to attend as they too are comfortable with who is providing it and they know that it is a small number of women. The midwife understands the people in front of her and so is more likely We as a team are looking at running different types of sessions at different times of day and evening. Staff who I hadn't expected to are now coming and asking about how to provide quality education, they ar thinking outside the box about how to meet the expectations of the patients the care for. This is wonderful to see.

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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.

The home birth service is an issue which comes up frequently, and unfortunately is an area where women can feel unsupported. I feel passionately about a woman's right to a homebirth. It concerns me that I staff feelings on this area can impact on the decision a woman makes, or the support to have open conversations which help her to come to an informed decision. When I took over as the leader for my team, it was really 2 small separate teams, with numbers of staff managing to cover bits of the homebirth on-call requirements. I believe that staff just started to think that a homebirth rota with full cover was something not achievable anymore. We changed to become one team, with the aim of supporting each other during these times. It has been a challenge and I have worked really hard in discussions with all members of the team listening to fears, helping work towards solutions and ensure that our homebirth service became something we could cover completely for the women of our area. There were many concerns from staff re the distances we may be asked to cover, the time it might take the other member of staff to arrive. I sought advice from what other teams were doing, and I explored lots of different options for ensuring staff safety whilst also prioritising that a woman's right to choose her place of birth can be supported. I was delighted to find that during discussions some of the staff managed to begin to come up with some solutions for themselves, whic once I had investigated found that we could support. The rurality of our area means that we can't exactly stick with what happens in other Health boards, people live where they live, and work in a vas area. However the staff know now we can support the use of bed and breakfast, using a taxi service to travel, not feeling a pressure to wait to call a 2nd Midwife, and prioritising always having someone close as the first on-call. All together this seems to have dispelled many of the concerns.

Happily two months ago we had our first homebirth in the area in several years, and the first time in even more that the whole of the on-call had been successfully covered. I have recently done a blog covering this story for our NHS trust. It was a great opportunity to raise the profile of this subject, at the same time as ensuring that the Midwife who supported the woman through this experience got

some credit for the lovely care she provided. We were lucky that it met the Best Start outcome of continuity of carer during pregnancy and birth, but off the back of this other Midwives are realising that this really does make a difference to the experience of the woman and family. It was a lovely story, which I am proud that I have been able to share round the world. We are now planning for our next homebirths early in 2021, and I am excited for where this might take us.

Covid -19 has been a huge challenge to the whole NHS, and our service, but it has proved to be a catalyst as well. It was the big bang that we needed to really shake up things, look at what we are doing and look at how we can make it better. Best Start has given us lots of objectives to work towards, and I am now able to look back and be pleasantly surprised to realise that Covid helped us to really focus on the most important ones.

Getting feedback from patients about antenatal care is something which has been done really poorly in the past, however as soon as I was in post it felt like a priority for me was to begin this, and it has proved to be of untold value. I am finding that the women are readily available to talk about care, happy to share what is a good experience, but also what has been missing from their care. I have used this information to display and celebrate what we are doing well, as well as acknowledge what we could do better. I can see a pride in the members of my team now that I am confident was not there before.

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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

Being nominated for this program brought about a significant amount of reflection, what is it that I do well, and what is it that I need to develop. I am aware that managerial experience is lacking – however during my short spell in management I have had several extremely challenging situations to work through for myself and the staff, for example a global pandemic does not come around every day. This situation has led to us being forced to make frequent fast and dramatic changes to the way we all work. During one of these changes we were setting up a pathway with instructions for how staff should don and doff PPE whilst carrying out home visits. The guidance went out but was not discussed with staff on the ground. Some weeks later I was carrying out a visit and realised that a couple of stages in the guidance didn't actually work in practice. It really made me think about a couple of things 1) why did no one tell us that it didn't actually make sense, and 2) how important it is for me to remain up-to-date with the clinical experience so that I am a credible leader to those working in my team . The team of staff working on the ground should always be involved in the discussions around changes, as I believe that the answers to problems will lie with them. As a midwif I was very rarely asked or included in these conversations by my manager and it true that when you inflict changes on people with no discussion they are much less likely to understand the benefit of them and incorporate them easily into practice.

Learning from mistakes and incidents is vital. I have always tried not to be afraid of the mistakes I have made, but share these with others to enable learning for the whole team. Earlier in my career I had the opportunity to train and work as a Supervisor of Midwives. This helped me to see the huge benefit and learning that true reflection can bring. I feel that it is an invaluable life skill that I will use

throughout my career and life. Now as a leader of a team it has heightened to me the importance of being a reflective practitioner to help me to better understand myself, my strengths but more importantly my weaknesses.

Now that I am in the position of leading a team reflection is a huge part of managerial responsibility. am proud that we have lots of quality improvement work going on, that we take time to reflect on what goes well and what needs to be relooked at, and that we can celebrate the things that are going well. The management team as whole in the Health Board agreed recently that we would hav a star of the month award that people across the service could be nominated for by their peers. During its first month I was incredibly proud to nominate 2 members of my team for this, for outstanding work during an incredibly difficult and stressful event. In turn I could see the pride from them in their contribution being recognised, something which is not always easy to find in the organisation. It excites me that we can begin to gain momentum in this, and encourage the whole service to acknowledge our colleagues.

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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? 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 with?

I am truly honoured to have this opportunity, but at times I have wondered why would it be me? All I have done in my career is my job, which I have always tackled with huge enthusiasm and pride. I feel that my job is a privilege, and I can say for sure that I love and feel very passionate about this privilege. As a community midwife, I would say that we are in the unique position of having the opportunity to build close relationships with women, some of whom may never have accessed adult health care before. During that relationship there can be lots of opportunities in which to look at many aspects of their lives, health and well being. With this time comes possibility, the possibility to help women see the huge potential in themselves and their baby, to recognise the difference they can make, and try to recognise their full potential. Overall this access allows us to shape the future health and well being of families and communities. We must acknowledge that adverse childhood experiences have a negative effect on long term health and we must do all we can to challenge and change this, as these people are often the most vulnerable in society with the worst health outcomes and highest morbidity rates.

My vision is that all women would have the opportunity to have a community Midwife who creates this relationship with them. That they would all receive antenatal education, care and support in wa which they can understand and utilise to its full potential. As community Midwives we are in an amazing position to be able to help, support and influence the parents of the future. How many women who really understand the benefits of early skin-to-skin would decline this option, how many people with the right support to breastfeed would carry on? Knowledge is power, and we as health professional keep too much of that knowledge to ourselves, or give it to women in ways which they can't understand or utilise.

This is a huge opportunity for me to realise my potential for influence, and to build the confidence in my ability to make that influence of the highest value. Being recognised by managers as someone worthy of this nomination has given me a huge confidence boost, and that in itself will affect my career forever. That senior people have this much belief in me has made me question why I haven't

always had this much belief in myself. I would relish the opportunity that would come from a program like this, learning from others, meeting inspirational people from different disciplines and taking the time to develop myself. The best version of me I think is a person who never lacks for enthusiasm, listens to the concerns of others, and will seek to find the best outcome for all concerned. It is so important that the women we care for receive the highest standard of care possible, but to achieve that we have to have Midwives who are happy at work, feel listened to and valued. As a manager nothing gives me more pleasure than praising staff on the good job they are doing, and I will always seek to find encouraging and constructive ways to look at problems.

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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.

After discussion with my sponsor I have opted to look at choice of place of birth for my issue for development. In the Health Board we do not have a birthing centre, or Midwifery led unit, so women can only opt for a hospital or home birth. Research shows that for low risk women homebirth is as safe as hospital birth, despite this currently around 1% of babies are born at home in the UK. I believe the reasons behind this are wide ranging from the confidence and experience of Midwives, to the misconception of women about what a homebirth actually means, and what risk around birth actually means. One of my first issues to tackle will be speaking to women, to find out what discussions they are having during pregnancy about options for place of birth. I believe that this is something I can add into my monthly audit and quite quickly get a picture of what these conversations are like across my area just now. Another approach in dealing with this issue is to find out from the Midwives what some of their concerns about homebirth are and attempt to set up more regular community emergency drills, risk training and risk assessment training. For us to improve our homebirth rates we will need the co-operation from the staff, so I think discussions with this team, looking at different ways to support this service whilst also maintaining staff satisfaction and co-operation. The process of changing this practice will also involve some collaboration with medical staff, who themselves are sometimes the reason for women feeling that homebirth is not a safe choice for them. I am fully aware that to set out on a project like this alone would be foolish, if my team do not support this then it will fail from the outset. Getting buy in and support will be my first priority.

This piece of work would never be about trying to convince everyone to have a homebirth. All birth has risk associated with it, but I feel that hospital is thought of as the place with no risk, and home the place with risk. This is not accurate, and neither is it encouraging a realistic informed choice. Informed choice is the most important thing we should be thinking about when having conversations with women about place of birth.

A huge part of my ongoing work with my team of Midwives ifs the promotion of good continuity of care during pregnancy. It is my strong belief that solid relationships between Midwives and women, lead to open conversations, better standards of education, more confidence in each other and I believe an increase in homebirth is a natural follow on from that. The foundations of “Best Start” are based on the Lancet Series (2014), Relational Continuity being one of the concepts. Research

has attributed continuity of care to have positive outcomes for both women and Midwives through these trusting and personal relationships. Unfortunately in medical models these relationships can become clouded, and undervalued. Part of the role of the managers of Community Midwives needs to be the encouragement and nurturing of these foundational relationships to allow the art of Midwifery to again flourish. Empowering women to be the fundamental partners in decisions about care is the overall vision.

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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.