



## A Qualitative Evaluation of the Queen's Nurse Development Programme (QNDP)



Kath MacDonald

August 2022

## Table of Contents

<u>Foreword</u> .....	3
<u>Introducing the programme team and participants</u> .....	4
<u>Acknowledgements</u> .....	5
<u>Executive Summary</u> .....	6
<u>Background</u> .....	7
<u>The programme</u> .....	8
<u>Programme design and Theoretical Framework</u> .....	8
<u>Recruitment</u> .....	9
<u>Evaluation Aim</u> .....	10
<u>Methods: Data collection</u> .....	10
<u>Ethics Review</u> .....	11
<u>Data analysis</u> .....	11
<u>Findings</u> .....	13
<u>Theme 1: Discovering self</u> .....	16
<u>Theme 2: Nurturing self and others</u> .....	19
<u>Theme 3: Developing as a leader</u> .....	20
<u>Discussion</u> .....	25
<u>Limitations of the evaluation</u> .....	30
<u>Conclusion</u> .....	30
<u>List of references</u> .....	31
<u>Appendix 1 Reflective Questionnaire</u> .....	33
<u>Appendix II (Results from Evaluation Workshop 2)</u> .....	34
<u>Appendix III</u> .....	36
<u>Appendix IV Evaluation workshop tools</u> .....	39
<u>Appendix V: SBAR report</u> .....	40
<u>Appendix VI-Poster</u> .....	44

## Foreword

Clare Cable, Chief Executive and Nurse Director, QNIS

In 2019 we celebrated 100 years of Learning Disability Nursing. To mark that anniversary the Burdett Trust for Nursing wished to recognise the contribution of Learning Disability Nurses by supporting projects to enhance the leadership potential, knowledge, skills and capabilities of Learning Disability Nurses (LDNs) and develop their impact through measurable outcomes and evidence-based interventions.

The Burdett Trust also wished to explore the needs of people with learning disabilities within the justice system. People with a learning disability are significantly over-represented in the prison population. We know that LDNs are well placed to support their well-being, champion their rights, and ensure that their standards of healthcare are the same as for those in the wider community.

In June 2019 QNIS applied, and the Trust generously funded a bespoke Queen's Nurse Development Programme for eight LDNs who would work together to co-produce an initiative with and for people with a learning disability who encounter the justice system.

Just as we were setting off on this journey we were hit by a global pandemic. Our timelines were severely affected, both by challenges around how we would be able to deliver the programme online without adversely affecting the power of the learning, and the reality of workload and deployment of the practitioners during this time. However, in late 2020 the group began their programme. Their eighteen-month journey turned into two years. In November 2022, their collective project is reaching completion and it will be launched at the QNIS awards event on 2<sup>nd</sup> December 2022.

These extraordinary circumstances have made it even more important to undertake an excellent evaluation. I am grateful to Dr Kath MacDonald, honorary lecturer at Queen Margaret University Edinburgh and Director of Listen Up Storytelling who has worked with the group to capture their experience of embarking on a development programme at a time of such uncertainty.

The report that follows tells the story of this journey. It has been expertly crafted by Kath MacDonald and the transformational power of the programme comes through loud and clear.

November 2022

## Introducing the programme team and participants



***Kath MacDonald***



***Jane Cantrell***



***Clare Cable***



***Brendan McCormack***



***Kerry Anderson***



***Craig Bell***



***Heather Duff***



***Rachel Gardiner***



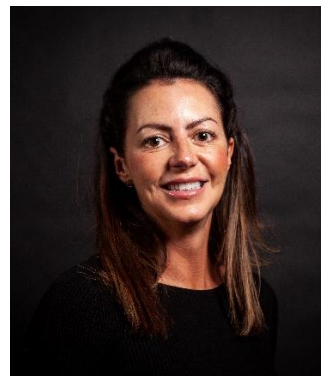
***Catriona Jamieson***



***Karen Laing***



***Zoe Lightbody***



***Carole Morrow***

## Acknowledgements

All great endeavours are created using the skills and talents of many people, this programme is no exception. Firstly, we would like to thank Jane Cantrell who has expertly facilitated the group over this two year programme. Secondly the QNIS staff who have played vital supporting roles: Catriona McClelland (Project Coordinator) has been the enabler behind the scenes ensuring that everything ran smoothly, ably supported by Amanda Regan (Executive Assistant). Tasha Prigmore (Digital Engagement Manager) has brought her creative skill to working with the group to realise the animation which is the output from their shared project. Also, Brendan McCormack who has been a consultant to the programme and whose work around person centred practice underpins our approach.

We would also like to thank Derek Barron and the members of the Advisory Group who have been so supportive over the course of the programme; being willing to be contacted and offering sound advice and connections.

Most of all we need to acknowledge the contribution of the eight extraordinary learning disability nurse leaders who participated. The learning captured within this report is a result of their willingness to trust the process. They have embraced the opportunities within the programme and created a brave space to develop together as leaders. The project they have co-produced with others has involved a huge amount of work and time, way beyond what was originally expected and their resilience and tenacity has been exemplary.

## Executive Summary

### Background:

For over 130 years the Queen's Nursing Institute Scotland (QNIS) has been enabling nurses to make a positive difference in communities. The Queen's Nursing Development Programme (QNDP) was established in 2017. Since then, five cohorts have progressed through a transformational development programme. Each year community nurses, midwives and health visitors from all over Scotland are nominated by their employers to apply and from these nominations about 20 participants are chosen. This evaluation explores the experiences and outcomes from a group of LDNs who commenced the programme in September 2020. This group was funded by The Burdett Trust for Nursing as part of their celebration of 100 years of Learning Disability Nursing and commitment to developing leadership within this field. This bespoke programme was in addition to the annual intake for 2020, which enabled them to undertake an extended programme including a group initiative linked to the Justice System (JS). The programme was interrupted by Covid 19.

### Methods:

Two programme questionnaires were sent out to the eight participants which comprised:

- (i) A reflective account of their journeys
- (ii) A programme evaluation

Two evaluation half-day workshops were held which involved a range of creative methods (artwork, Lego, stretch statements, body mapping), the findings from which were captured as data.

A focus group was held between the Programme Director and Programme Facilitator to explore their reflections of the programme design and operation.

Ethical review was sought and secured through the Queen Margaret University Ethics Panel.

### Results:

Three major themes emerged from the data: Discovering self, nurturing self and others, and developing as a leader. Threaded through these three themes is the concept of community. A found poem was created from the results which includes excerpts from the raw data and synthesis of the thematic analysis. The impact of Covid 19 necessitated a redesign from a face-to-face programme to a blended one. The group developed an animation which will be aimed at educating personnel working with people with learning disability within the JS.

### Conclusion:

Despite the effects of Covid 19, the findings suggest that the programme continues to deliver a transformational journey for its participants. This transformational experience has created meaningful connections, forging bonds for life, and has facilitated change in participants' ways of seeing and being. This new way of seeing and being extends to their personal and professional selves and those around them.

## Background

For over 130 years the Queen’s Nursing Institute Scotland (QNIS) has been enabling nurses to make a positive difference in communities. The organisation was established with the support of Florence Nightingale to train Queen’s District Nurses to care for the ‘sick poor’ of Scotland and today it exists as a charity with that same focus on supporting, developing and inspiring Scotland’s community nurses to be agents for health improvement and catalysts of social change. In the late nineteenth and much of the twentieth centuries Queen’s Nurses served as district nurses, community midwives and health visitors. In Scotland’s communities today, we have a plethora of highly skilled nurses and midwives, working across a vast range of specialities, with expertise which would be unrecognisable to a previous generation and yet the golden threads of compassion, equity and commitment to high quality care are deeply woven through time.

In 2007, the Queen’s Nursing Institute (QNI) for England, Wales, and Northern Ireland, re-introduced the ‘Queen’s Nurse’ title for the first time since the late 1960’s when it was replaced by a national certificate of district nursing. In 2015 a commitment to reintroduce the Queen’s Nurse title in Scotland was made, with a desire to underpin the award of the title with a systematic leadership development programme. The vision created for Scottish Queen’s Nurses was set out in the form of an ‘*excellence profile*’ (Table 1). which would shape the structure and format of the newly developed programme. This journey started with a summit in 2016, to which leaders and educators from across the public sector were invited to come to share their experience of leadership development initiatives, with an emphasis on sharing lessons learned.

**Table 1 QNIS Excellence profile (QNIS 2016)**

<b>Inspiring others by making a difference</b> They find opportunities (or circumstances find them) for changing how things are currently done, recognising how things should and could be, making things better for individuals, families and communities, and/or helping others to make a significant impact.
<b>Inspiring others with tenacity and resilience</b> They find their way across boundaries, around obstacles, through bureaucracy and successfully challenge ‘but we don’t have control over that’ or ‘that will never work here’ attitudes. They just keep bouncing back, finding new doors to open each time one closes.
<b>Inspiring others by bringing people with them</b> Through ‘coming from the heart’, their enthusiasm and persuasive nature, they create a groundswell of support and recognition that ‘carries the day’, getting others to commit and get things done.
<b>Inspiring others with humility and reflection</b> They listen deeply, seeking to understand what really matters. They approach life reflectively, always learning, and are kind to themselves. They will sometimes be surprised by personal recognition for their achievements, and are quick to attribute success to the contributions of others.

## The programme

A programme was subsequently developed around the excellence framework.

The aims of the *Queen's Nursing Development Programme (QNDP)* are as follows:

- To connect individuals who share a passion for delivering high-quality nursing throughout Scotland's communities, with an emphasis on social justice.
- To equip nurses with confidence, understanding, empathy, and to foster the skills and support nurses require to be the best they can be; and
- To inspire and help those most in need, be that individuals, families, or communities.
- To champion community nursing, and actively enhance and promote contributions to quality improvement.

## Programme design and Theoretical Framework

The programme has four phases: Initiating, presencing and sensing, creating and evolving and performing and celebrating. This is achieved through an application process, residential and online workshops, master classes, individual coaching, active learning sets, self-discovery and team building. These leaders emerge with enhanced leadership skills, growth in self-confidence and become role models for their profession. On successful completion of the QNDP they are awarded the Queen's Nurse title. Unlike other initiatives, the QNDP is both individual and collective. These nurse leaders are already building relationships that endure and are becoming influential in broader movements for quality improvement, social justice and healthier lives/communities. The programme is based on two underlying theoretical Frameworks: Theory U (Scharmer 2018) and the Person-centred Practice Framework (McCormack and McCance 2021).

**Theory U** is an awareness-based methodology for changing systems, which makes clear that as leaders we must be attentive to our internal world in order to engage wholeheartedly with the external world. Theory U contends that in order to act effectively, we need to know, not just the what and how of operating but also the source of our actions, communications and interpretations, our inner self (Scharmer 2018). This is achieved through observation, suspending old habits and judgements, reflection, prototyping and embodying new ways.

**The Person-centred Practice Framework (PCPF)** McCormack and McCance (2021) focuses on connecting with our personhood. They define person-centredness as *"an approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives. It is underpinned by values of respect for persons (personhood), individual right to self-determination, mutual respect and understanding. It is enabled by cultures of empowerment that foster continuous approaches to practice development"*. Like Theory U, person-centred practice requires us to connect with our inner-selves as human beings with feelings, emotions, thoughts and desires that guide us as persons. The PCPF takes these principles as core values and articulates them through five constructs that help connect persons with our being and doing. These are: macro context; prerequisites; practice environment; person-centred processes and outcome (McCormack and McCance 2021).



## Recruitment

Each year, around twenty clinical nurses from across the spectrum of community nursing specialties are selected from health and care organisations across Scotland. Having been nominated by their employers, candidates are invited to complete a written application which asks them to describe their journey to date under the headings of the excellence profile. Shortlisted applicants are invited to attend one of three regional selection events which include small group discussions and multiple mini-interviews. A panel of community nursing leaders make the final selection based on performance at the regional events, considering the need for geographical spread and diversity of roles.

The first cohort was selected in 2017 and there have been four subsequent completed cohorts. The cohorts in 2020 and 2021 including this learning disability cohort had to be modified in light of the Covid 19 pandemic, with online workshops and online coaching replacing the planned face-to-face programme. As the pandemic evolved, so did the programme and what finally emerged was a blended approach to learning that achieved a mixture of face-to-face and online learning. This blended programme has been extended for several months for the LDNs due to the challenges of the pandemic; as workforce demands have necessitated greater flexibility in the timing and operationalising of the programme workshops and meetings.

Previous cohorts on the programme were practicing across a range of disciplines (midwifery, care of older people, people with mental health issues and other vulnerable groups). This cohort is unique, in that it consists only of LDNs. In 2019 the Burdett Trust for Nursing set up a programme to make grants to enhance the leadership potential, knowledge, skills and capabilities of LDNs and develop their impact through measurable outcomes and evidence-based interventions. The Trust prioritised projects addressing the needs of the most vulnerable and marginalised groups; in particular, people with learning disabilities within the Justice System (including forensic services) and their lives beyond this.

This group of LDNs experienced a similar clinical leadership programme to their predecessors, however an additional nine month funding was allocated by the Burdett Trust For Nursing to bring together Scottish leaders to significantly improve how people with learning disabilities are viewed, treated and impacted by Scotland's Justice System.

The group were charged with working together on a collective, impactful national activity that would support people with LD within the Justice System. How they would achieve this was left to them to discern, having listened carefully to many voices of experience of those working with people with a learning disability who encounter the Justice System. After much discussion within the group, and engagement with the literature and key stakeholders in the Justice System, the group discerned the need for an awareness-raising resource in the form of an animation. This aimed to support professionals working with people with LD within the Justice System. The project ends in November 2022. This report focuses on the evaluation of the LD Nursing 2020 cohort during their journey. Specifically, the evaluation will consider their development and leadership journey and their experiences of working together as a group to develop the resource.



Fig 1. The group at their second residential workshop

### **Evaluation Aim**

To illuminate the participants' experiences of engaging in transformative learning and development, and identify the technical and transformative outcomes arising.

### **Objectives of the Evaluation:**

1. Gain insight into the individual and shared experiences of participation in the programme.
2. Hear the authentic voices of participants.
3. Understand the influence of the programme in shaping and informing individual and collective development.
4. Determine the technical and transformative outcomes arising from participation in the programme.
5. Explore the resonance of the programme theory and continuously refine the methodological and evaluative framework for the programme.
6. Generate evidence that celebrates the excellence of newly graduated Queen's Nurses.
7. Build an ongoing body of knowledge about transformative learning and development, its impact on individual and collective action and the contexts that sustain it.
8. Profile the work of The Queen's Nursing Institute Scotland in developing nursing leadership for social justice in communities across Scotland.

### **Methods: Data collection**

We undertook a qualitative evaluation with all eight participants using a broad range of methods. These were designed to address participants' reflections on; their self and professional growth and their perceptions of the process and outcomes of the leadership programme. This would include development of the group initiative. Methods encompassed: (See Figs 2,3,4,5).

1. A half day evaluation session at the end of the development programme (9 months) to consider co-evaluation of the programme. We used various creative activities followed by discussion.
2. Two questionnaires: 1) a reflective account of their journey and 2) a programme evaluation. These were sent out by email before the second evaluation day and were unstructured with open questions (appx 1, 3).

3. A further half day evaluation session towards the end of the whole programme (15 months) containing a range of stations:
  - 3.1. Paired reflective walk and talk- Station 1
  - 3.2. Body mapping- Station 2
  - 3.3. Stretch statements- station 3
  - 3.4. A Focus group
  - 3.5. A forward planning discussion as to how to present the outcomes of the findings
4. A focus group with the Programme Director and the Programme facilitator to explore their reflections on the design, implementation and outcomes of the programme.

Findings were not audio recorded. Instead notes of discussions and field notes were kept and all of the creative materials were kept for reference and included as “data”.

### Ethics Review

Ethical review was sought and secured through the Queen Margaret University Ethics Panel.



Fig 2: Evaluation day 1  
What does co-evaluation mean to you?



Fig 3: Evaluation day 2  
Create a collective model of your journey

### Data analysis

A thematic analysis of all qualitative data was undertaken using Braun & Clark’s (2006) framework (Table 2.)

**Table 2: Framework for thematic analysis (Braun and Clarke 2006)**

Step 1: Become familiar with the data	Step 2: Generate initial codes	Step 3: Search for themes	Step 4: Review themes	Step 5: Define themes	Step 6: Write-up
--	-----------------------------------	------------------------------	--------------------------	--------------------------	---------------------

Starting with the questionnaires, keywords and phrases were highlighted and raw data that supported the key words and phrases were transferred to a spreadsheet and coded. These key phrases and words were then clustered into themes. Themes were reviewed and discussed and clustered until overarching themes were generated that were supported with subthemes. For example, data that focused on a lack of self-confidence at work, was coded as impostership. This eventually became part of the theme; *discovering self*, which also included codes of reflection, deep listening, finding my voice. (see Table 3 as an example of the process)

**Table 3 excerpt from coding frame**

Raw data	Codes	Subthemes	Theme
Some things not in your control. Imposter Syndrome. Sometimes letting things come develops from letting things go. ..still a work in progress for me, when I should just let it go and not take it personally.	Letting go impostership/unknowing Trusting self Self-doubt Lack of control	Letting come and letting go- Imposter Syndrome	Discovering self

Blob tree discussions and stories of the creative outputs from the first evaluation day were thematically analysed using the same process as the questionnaires and added to the spreadsheet. The same process was used to analyse the body map results and focus group discussions and these themes were subsequently added to the spreadsheet until all the data were recorded. A first draft of the thematic analysis was shared with the project facilitator and refinements were made. This was then shared with the group, so that further refinements and amendments could be made until a consensus was reached.

The stretch statements are presented separately, as data were numeric and are presented as a percentage score, based on the range 0-100% (Appx 2).

Finally, a found poem (story) that was created by the researcher from the raw data was shared among the group for feedback. This was also refined until the group were happy that it was a true representation of their journey. The group decided that this should be filmed and shared as a digital story.

## Findings

The findings are presented firstly through the found poem - as a collective story of the group's experience of their development journey. This story sets the scene which is then unpicked using the key themes and subthemes of the findings from the research.

### The road to clinical leadership

Stepping onto the unfamiliar path  
Shiny, unknowing, alone,  
journeying with others  
scattered seeds, not yet sown

Eight Learning Disability Nurses  
Starting on their odyssey  
Proud to have arrived there  
Opening minds and hearts with honesty

Acknowledging the inner critic  
Impostership abundant  
Coaching, searching, listening deeply  
Old ways become redundant

Seeing through new lenses  
Starting to find their voice  
Focus on wellbeing  
Realising they have a choice

Reflecting on their practice  
who am I inside?  
And all the while discovering  
The beginnings of a tribe

The magic that was Carberry  
Flourishing together  
Finding peace in nature  
Embedding this forever

Listening to experts,  
Finding inspiration  
Trying out new methods  
Creative education

Person centred practice  
Embracing theory U  
Courageous conversations  
Reinforcing our values

Nurturing self and others  
Focusing on teams  
Stepping back, empowering  
Facilitating dreams

What good things have you done today?  
Flipping and reframing  
Appreciative Inquiry  
An alternative to blaming

Empathy for clients  
walking in their shoes  
Included in the process  
Enthusiasm renewed

Developing as a leader  
Taking responsibility  
Delegation is not failure  
Working within capability

Letting go, lets new things come  
Thro' crisis and complexity  
Counting ourselves in, not out  
Considering our legacy

Discovering new knowledge  
Of the criminal justice trail  
Supporting those who are vulnerable  
For whom the system fails

Creating an animation  
 To educate the staff  
 Who may encounter adults  
 That are vulnerable and walk that path

Enacting our professionalism  
 Transforming us forever  
 To be the best leaders we can be  
 And continue our endeavours

For now we are Queen's Nurses  
 We can never be returned  
 To that unknowing individual  
 A result of all we've learned

Three major themes emerged from the data: Discovering self, nurturing self and others, and developing as a leader. Threaded through these three themes is the concept of community (Fig 11). The key themes are supported by subthemes. Whilst there is not scope to account for them all in this report, they are highlighted in table 4. Presentation of themes and some subthemes will be supported by quotes from the participants and follow- in the main- a timeline through their journey.

**Table 4: Key themes and subthemes**

Key themes	Subthemes
<b>Discovering self</b>	Imposter Syndrome/unknowing
	Deep listening
	Safe space for reflection
	Letting go & letting come
	Finding my voice
	Growing in confidence
	coaching
<b>Nurturing self and others</b>	Knowing my limits
	Empowering others
	Gaining and applying new knowledge and tools
	Creating space
	Offering support and mentoring
	Practicing self-care
	Seeking opportunities

<b>Developing as a leader</b>	Drawing on theory
	Networking
	Leaving a legacy
	Being authentic
	Having courage
	Celebrating successes/good practice
	Being strategic
	Empowering others
	Having Boundaries
	I am enough

## Theme 1: Discovering self

### 1.1. Application process

As stated in the background and the poem, potential candidates undertake an application process and are invited to present themselves to a panel of experts before selection. Whilst they were not questioned specifically on this process, it was clear from their reflections on the blob tree exercise (fig 4) that the application process was challenging.

*“Anxious, worried, Imposter Syndrome”.*

There was also pride at having been selected and acknowledge of support from others to get there.

*“family encouraging me. Beginning; leg up/helping hand, single step one at a time”.*

*“Isolated near bottom, but happy and proud to be chosen”*

However, reflecting back, it would appear that ignorance at that point was bliss: they didn't know what they didn't know and were happy to be in that position.

*“Happy where I was at the bottom, swinging on rope. Found it hard to sell myself on the application”.*

*“Standing at the bottom of the tree “shiny” (unknowing).*





Fig 4: Evaluation day 1

Blob tree reflections

Where are you now and where have you come from?

For those in this position it soon became clear how uncomfortable things would become.

*"Then uncomfortable, unsure, disclosure, worrying about trusting others"*

*"Imposter Syndrome, Isolated, lonely, overwhelmed, clinging on at the edge"*

## 1.2 Impostership

Imposter Syndrome was a recurring theme in many of the outputs and discussions from the group. This is described as the feeling of putting on a show for others on the outside, whilst feeling lost and incompetent on the inside (Brookfield 2006). For some, the process of self-discovery, coaching and peer support and challenge has allowed them to leave this behind, as illustrated in the body mapping exercise.

### **Body mapping: what will you leave behind?**

*Worry and self-doubt, Imposter Syndrome, Not believing in myself, losing momentum, (post it notes)*

For others it was still an ongoing process:

*"...still a work in progress for me, when I should just let it go and not take it personally,.....accepting praise and recognition".*



Fig 5: Body mapping

### 1.3 Finding my voice

Through the process of reflection, coaching, masterclasses, active learning and peer support participants begin to discover who they are and start finding their voices

*"...Have the confidence to seek opportunities, challenging attitudes, challenging my own doubts, trying on different hats".*

*"The Queens Nurse Programme allowed our voices to be heard louder, with confidence"*

This thread continues through the programme with participants expressing a growth in self-confidence over time. There is less need for validation. Participants start to make decisions without seeking validations and begin to see their self-worth

*"Trust myself more,...Got promoted,...I'm actually quite good!"*

### 1.4 Coaching

Each participant was paired with an individual coach who worked with them online over a series of months. Coaching was for some a transformational experience and for others difficult and stressful. One participant changed coaches during the process. The variety of experiences were reflected in the stretch statement scores at workshop two which varied greatly in their range.

***My coach got the best out of me –(Range 5% - 85%) .***

*" First one awful, second one warm, inviting positive".*

*"I was sceptical in the beginning. However, my coach showed patience and supported me to trust the process and her. She helped me with self-doubt and filled me with enthusiasm and energy to aim high in my career".*

### 1.5 Reflection and deep listening

Reflection forms a major part of the programme and this is achieved through a variety of creative methods, including engaging with nature (paired walks outside) and using collage, play and other

forms of art. Additionally, each participant develops and works through their own meta question, which is designed to shape their learning through the programme. Examples include:

*“How do I become the person I need to be?”*

*“How can I continue to flourish?”*

The residential workshop at Carberry was frequently referred to as “working its magic” to support a safe and peaceful space to reflect and learn without distractions. The creation of a safe space was enhanced by the person-to-person connections where relationships were formed and participants got to know each other:

*“A quiet space, lovely environment, no conflicting obligations, watching and learning”*

*“The bond, the enthusiasm, the calmness and the time allocated to reflect on ourselves and our career. The opportunity to step away from work and home life and practicing being grounded, in one place for a period of time.”*

This would appear to be a pivotal stage towards the development of a community of practice.

## Theme 2: Nurturing self and others

### 2.1 Self care

The programme has a strong focus on self-care, and human flourishing. Each participant receives a QN care package and this was very well received. The participants recognised the stress they were working under, which was exacerbated by the pandemic. Reflecting on their practice made them realise how little time they devoted to themselves or their team’s well-being. Throughout the course of the programme it becomes evident that this is something they should pay attention to and this change in self-practice is well evidenced. “Stepping back” included creating a work life balance and taking breaks at work. They also reported using mindfulness with their teams and their clients.

*“Through the coaching sessions and QNs care packages;... felt valued and looked after”*

*“...Modelling healthy working behaviours, taking lunch breaks, not overworking”*

*“I’ve started reading again....”*

### 2.2 Empowering others

Prior to the programme, participants reported that problem solving was seen as rushing into fix things. The coaching and reflection helped participants see that there were other alternatives to this approach, including delegating, asking for help and supporting others to problem solve.

*“Before tried to solve everything myself, not always the best person. ..and when to take a step back and ask for help”*

*“I found the programme’s focus on nurture and development very useful. The feedback received from staff is that this whole process has been empowering and they utilise these skills on a regular basis. ....but we must recognise the needs of our colleagues.”*

This support and mentoring included using and applying the knowledge and methods they learned through the programme.

### 2.3. Gaining and applying new knowledge.

This included having new frames of reference, a new vocabulary and a range of creative methods such as poetry and music. This is reflected in the stretch statement scores:

Fig 6: working Creatively



#### **I make more use of theory and tools in my practice (Range 70-90%)**

Participants reported being more aware of Theory U and the Person Centred Practice Framework, of using evidence to inform their practice, and of improved communication and listening skills as a result of the programme.

*“TxU &PC have helped me reflect on my approach to clients and carers “*

*“I have learned to listen more deeply”*

*“I flip things, rather than seeing the negatives, my husband notices”*

### 2.4 Knowing my limits

Knowing one’s limits, appears to allow participants to acknowledge that they are not responsible for everything that happens, nor do they have control of it. Many of these nurse leaders are working in crisis situations and the need to be accountable for everything that happens is a real anxiety. Being able to let some of that go was important and contributed to a healthier work/life balance.

*“Failure doesn’t have to be personal*

*“Sometimes letting things come develops from letting things go”.*

### **Theme 3: Developing as a leader**

The final theme: Developing as a leader has some overlap with the previous themes. Participants continue to find their voice and grow in confidence. They try out the techniques they have learned and begin to challenge practices and people more. They use their voices to advocate for their profession and their clients and begin to take a more strategic view. The stretch statement score reflects this:

## **I have developed as a leader since doing this program (Range 75-90%)**

Participants evidence how this works in practice through real life examples of change-making. These examples include: supporting team members to run their own projects, involving clients in projects, initiating team well-being sessions and working strategically to integrate crisis teams.

### **3.1 Challenging others**

Finding their voices has enabled participants to challenge practice. This is never easy but participants appear to now have the tools and skills to undertake this. This comes with the realisation that being authentic to one's self is important

*"Better to be authentic than nice all the time".*

*"I don't need to be scared of who I am*

There were many discussions around courageous conversations

*"challenging attitudes, having courageous conversations without worrying about the judgement that comes along".*

*"Focusing on dissenters in group to get them on side"*

Participants recognise that this is an ongoing journey with not everyone yet feeling comfortable in this context.

### **3.2 Being strategic**

Participants used the coaching to consider where they wanted to be in the future, which involved taking a much more strategic approach to their role and career. As a result many are more focused on considering opportunities for the future. They recognised that in order to achieve this there has to be some letting go. Being strategic also involved seeing things differently: *"taking a helicopter view"* and reframing crisis as a learning experience.

*"More focused on things rather than taking a scattergun approach*

*"Being selective about what I take on"*

Taking this view has resulted in promotion, involvement in larger projects and more networking and use of social media to promote the role of the LDN.

### **3.3 Celebrating successes and sharing good practice**

The group came together with the larger cohort of community nurses for a celebration event at the end of the leadership project. Here they were awarded their Queens Nurse Titles. This celebration event was inspiring and was much talked about. Perhaps inspired by the celebration event, participants shared their experiences of how the programme had helped them to take an appreciative approach to issues as well as taking time in their teams to celebrate their individual and teams' successes. This was evidenced by flipping and reframing problems and asking questions to the team such as

*"What good things have you done today?"*

This positive framing appears to have created new enthusiasm for the job and the role and the discovery that

*“Enthusiasm can be infectious!”*

This enthusiasm appears to run parallel to a growth in self-confidence and their development as leaders.

### 3.4 I am enough

It is evident that through the programme that participants continue to grow in confidence and begin to value their worth. This is in contrast to the Imposter Syndrome they experienced at the outset. Over time there was less need for validation from others and participants felt more secure in their decision-making.

*“I have less need for validation, trust myself more”.*

*“This has been a long interesting process of discovery. Counting myself in not out. I think about it almost daily and almost do a “check in” that I am fulfilling my meta question”.*

The common thread: Developing as a community of practice.

The design of the programme has facilitated a small community of practice between the eight candidates who have supported and learned from each other, and made connection to a wider community through the QNIS network. Reflections from all participants and from the programme’s director continually reference the particularly strong bond that has been created between participants on this programme. As stated in the introduction, this group are particular in that they are all of the same discipline, although their range of roles within that discipline is widespread. It is clear from the data that this small community of practice has been instrumental in supporting their individual and group developmental journey. Participants talk of lifelong relationships being formed, nurturing each other, peer support, a sense of connection. Furthermore, by integrating with the larger cohort at online evening meetings and through the residential celebration they also form part of a wider community of practice that has been very supportive.

*“The contacts that I have made through the programme across Scotland have made a huge difference to my practice. to integrate and learn from other nurse leads”*

Because of the demand of Covid not everyone attended all the evening meetings. However, this quote describes the effect of the group on individuals,

*“...when I did it was a drink of cool water on a hot day, a pause, reflection, a community”.*

Forming these bonds during the first half of the programme, would be crucial for the project work that was to follow.

## The Project

As stated earlier, the LD group were given a remit from the funders, of working on a shared issue for development with a justice (CJ) focus, based on a need which has been jointly identified as a group. Following engagement with key stakeholders and the CJ literature an action plan was formed (appendix 5). The group decided to create an animation with an accompanying poster in the first instance (appendix 6). The intention is that this will be followed up with some subsequent resources.

The resource will be shared with staff working within the CJ system. At the time of writing this project is in its final phase, with a plan to launch this towards the end of the year. Thus, this report is unable to evaluate the impact of this resource. Instead, the report will share the group's experience of the process involved in creating this resource.

The process involved a series of hourly evening online meetings and three face-to-face days. Each meeting was facilitated by the programme facilitator. During these meetings the purpose was to progress the project by considering the scope and aim of the resource, the target audience and the message they were trying to convey. Narrowing this down took some time. A first idea for the animation was rejected as being too narrow with a message that was unclear.

Once a final idea for the animation was agreed, a script was created and an external person approached to help with the animation. Other issues discussed by the group included script length, language, accessibility, and animation length for social media and graphics. Before the final facilitated day the goal was to have a completed draft script that could be finalised face-to-face by the whole group, and this was achieved. It has now been sent to the animator and agreement of context, colours and voice over is underway.

To evaluate the process of creating the animation, we used stretch statements at the second evaluation day. Participants were asked to score two questions about the group process and the project. Scores are followed by comments from individual's appended post-it notes.

#### **Our project outcomes match our intentions (Range 35-75%)**

Post-it replies are as follows:

- We are getting there
- Outcomes have been identified
- 2 steps forward 1 step back, as a group, I feel we can get there, maybe just a little more winding road
- Some doubts that we haven't reached where we wanted to be, but proud of where we are and what we have achieved.
- I have every faith that our project will be amazing
- I think our project has evolved and will continue to evolve until completion
- A complex issue to address that requires good collaboration and lots of hard work. We are getting there

#### **I am happy with our group processes for the project (range 55%-90%)**

- Collaboration, team building, sharing ideas, respectful, knowledgeable
- I think we continue to evolve. Being creative is not my strength. Team working! (smiley)
- As the process has gone on the group have become more familiar with each other. We know each other's strengths and also know when each of us may be struggling or require extra support, input guidance
- It is clearer to me now the content we want in the animation
- We have come a really long way. We should be proud of where we are and remain focused to get to where we want to be
- We have done a lot of work to get to this stage
- We work hard and recognise each other's strengths

- We have all worked really hard, learned from each other, learned about each other and have worked well as a group

In a focus group the facilitator reflected on the different facilitation approaches they adopted during this stage of the project. In contrast to the developmental stage of the project, where facilitation gave power to participants, approaching deadlines necessitated the need for a more task focussed facilitation approach during the second stage. This was at odds with the facilitator’s desired style. This frustration is supported by some of the lower scores in the stretch statements. Participants felt that sometimes it was one step forward and two back. This is one of the challenges of collaborative working. However, the word cloud (Fig 7), that gathered three-word evaluations after each of the meetings appears more hopeful than pessimistic.

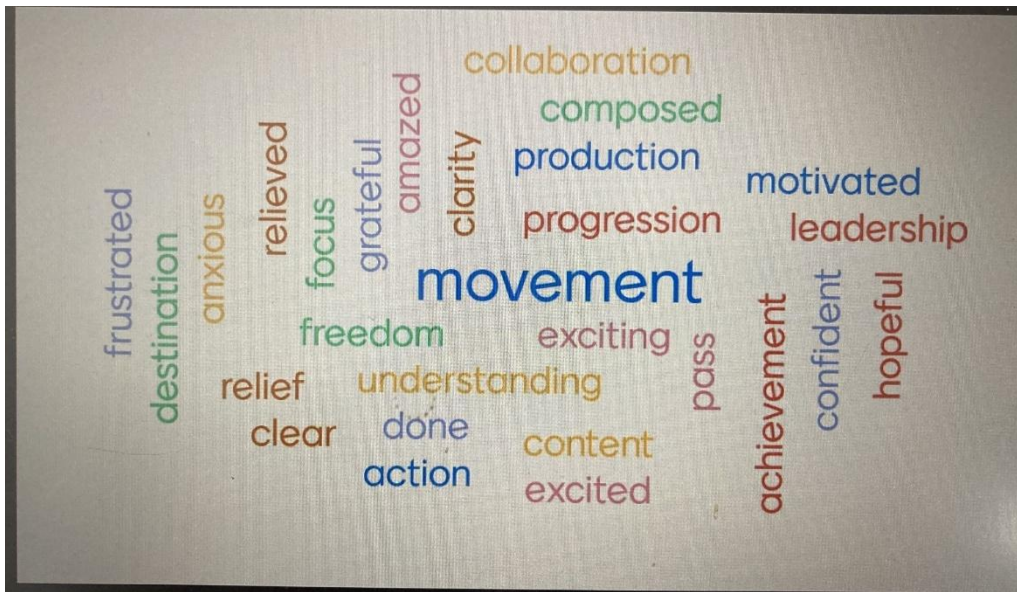


Fig 7. word cloud of project meetings

### Summary of the findings

The findings suggest that the programme is transformational, inspiring, has created bonds for life and has facilitated change in participants’ ways of seeing and being (Fig 8). This new way of seeing and being extends to their personal and professional selves and those around them. Nurturing self and others, finding their voices, and challenging and inspiring others are among new ways of being. These new approaches have affected change in their personal and professional lives, such as creating boundaries, supporting resilience, working more strategically and nurturing others using the skills and tools they have learned through the programme. Coaching for some was transformational and for others less so. The project work whilst not yet completed has been at times challenging for both the participants and the facilitator, however there is great pride in their achievements to date. Relationships and connectedness are fundamental to the development programme. The connections made are perceived to be lifelong and the value of having a community of practice cannot be underestimated. The following word cloud is a response to participants’ three-word perceptions of their individual journeys over the course of the programme. From this it is clear that the journey was inspirational and transformational.





Fig 8 Word cloud: 3-word reflections on the overall programme.

## Discussion

The findings from this group have many similarities with previous evaluations of this programme: Kennedy *et al.* (2021) who evaluated the 2017 and 2018 cohorts and McCormack *et al.* (2021) who supported a collaborative inquiry with the 2019 cohort. Using a Collaborative Critical Creative Inquiry (CCCI) methodology, that values research *with* persons rather than *on* persons, McCormack *et al.* presented findings under the key themes of self-growth, community and practical impacts. “Data” from this methodology included all of the materials that participants worked with individually and collectively during the programme: drawings, poetry, tapestry, sketches and sculptures, reflective diaries and journals that the participants maintained as a part of daily work in their nursing roles, haiku, fictions (fictitious stories based on real events), drawings/doodles and project notes and action plans from meetings. Findings were presented through three themes: self-growth, community and practical impacts of the programme.

This complements Kennedy *et al.* (2021) who conducted a longitudinal study using audio-recorded and verbatim transcriptions of focus groups, and telephone interviews with participants, their managers and programme facilitators. Their findings comprised three main themes: 1) Pre-QNDP - professional and personal challenges and early expectations of the programme, 2) During and Post-QNDP – personal and professional growth, flourishing and 3) The continuation of the journey of development and transformation - impacts and positive changes.

Despite using quite different approaches, both studies present experiences of transformation and growth through reflection, self-care, the development of new knowledge and skills and the importance of community. Residential workshops provided stillness and safe and brave spaces for self-discovery. Imposter Syndrome was prevalent. Coaching was perceived as having varying impact on self-development. Both studies gave examples of impact that included career advancement, working strategically and advocating for others.

This study has adopted a methodological approach that is some way between the previous two evaluations. This started with a conversation of what co-evaluation would look like and comprised a range of creative activities which were included as “data” and a series of informal discussions, not unlike focus groups. Additionally, two questionnaires were completed by each participant. Thus, three different approaches to gathering evaluation data have resulted in similar findings. It appears then that the programme is consistent in transforming lives by adopting person-centred approaches that focus on self-discovery and meaning-making from a bottom-up approach. This is in contrast to the free meals, sports facilities and wobble rooms advocated during Covid in the NHS. West (2021), advocates that to support their well-being, nurses need to feel autonomous and valued within organisations. The NHS People Plan (2020-21) asserts that being able to speak openly and candidly, creating safe spaces, and looking out for teams supports well-being, whilst the Health and Social Care Experience Report (Scot Gov 2021) espouses the need to value and empower anyone who works in Health and Social Care in Scotland. Additionally, the Scottish Government’s National Workforce Strategy advocates approaches to support recruitment and retention that include: workforce planning, offering robust career progression routes, modelling and *understanding the workforce* (Scot Gov 2022). This programme gives the space and tools for individuals to achieve their own understanding of what’s important to them and could be mirrored in larger organisations and subsequently inform policy. The evidence from this and previous cohorts on the QNDP suggests that participants’ new ways of being and seeing can create a ripple effect that is extended beyond the programme.

#### Reference to theory: Theory U and the Person Centred Practice Framework

Theory U aims to transform people and subsequently organisations through a process of co-imagining, co-sensing, co-presencing, co-creating and co-shaping (Scharmer 2018).

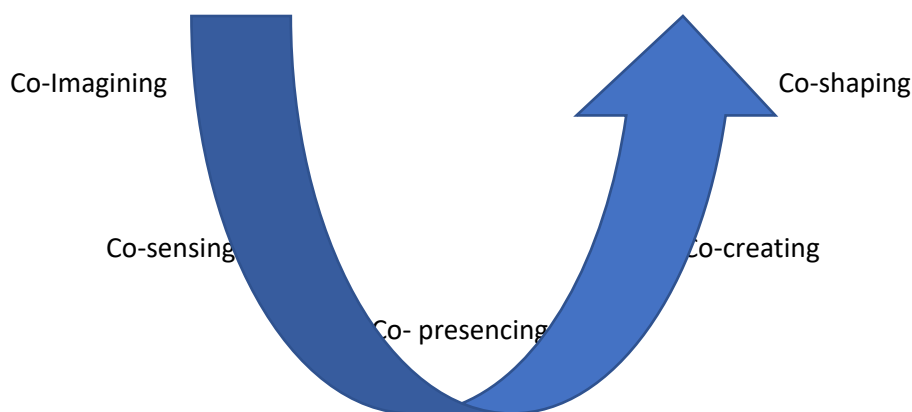


Fig 9: Theory U (Scharmer 2018)

It is clear from the findings that participants have progressed from the left side of the U, through the bottom of the U and are progressing up the right side. This shift is not the same for all, with some reporting greater movement than others. They report *imagining*: applying for the programme in the search for something new, considering new ways of working, new roles and opportunities, *sensing*: suspending old habits such as Imposter Syndrome through reflection, coaching and deep listening to themselves and others. They have experienced *presencing* through letting go and letting new things come, such as knowing what can and cannot be controlled and accepting that they cannot be

responsible for everything. This letting go has opened up opportunities for new initiatives such as working strategically and seeking promoted roles. They have embraced *creating*, through prototyping, trying and experimenting with new tools and knowledge; working with teams to create well-being, advocating for and including clients more at meetings and having courageous conversations, and are *shaping* practice: performing through role modelling, mentoring and leading others, flipping and reframing. For many this has become embedded practice and has been translated into action, for both themselves and their teams, (the Co's in the theory).

In terms of the Person Centred Practice Framework it would seem that the participants have created more healthful cultures in their teams by embedding team well-being as part of the culture. This has been achieved through creating time for check in, reflection and action, deep listening and creating healthy workplace habits such as taking time for breaks and creating boundaries between work and home. This has also had an impact on participants' home life with a better balance being achieved between the two. New self-care practices outside of work, such as walking and reading and taking an appreciative approach are becoming embedded.

Examples of the application of person centred processes and Theory U can be seen in Table 5 which reflects application of the findings from this study to both underpinning frameworks.

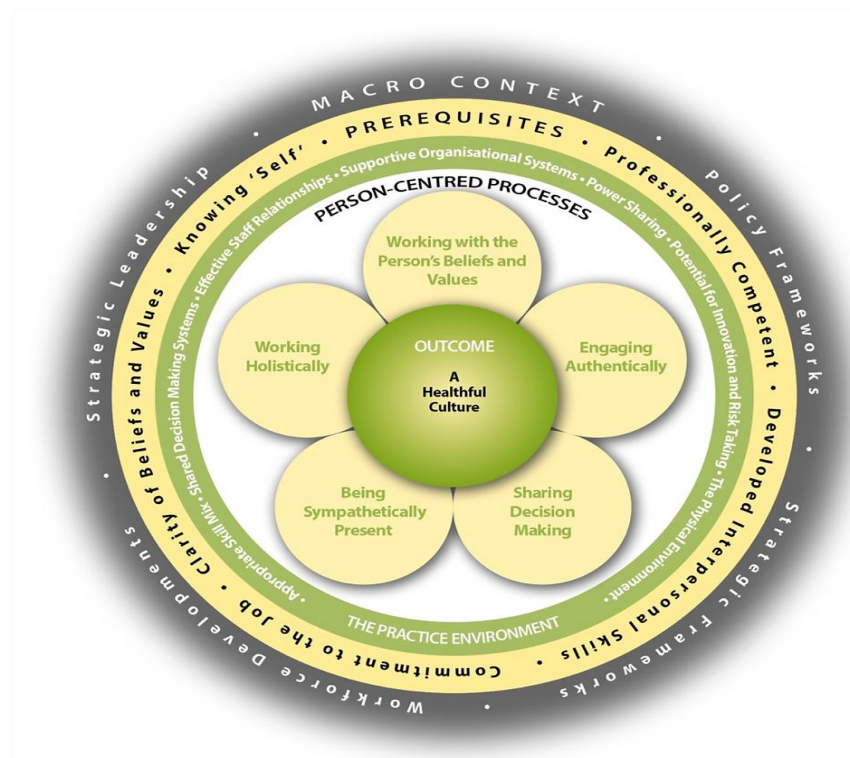


Fig 10: Person-centred Practice framework: McCormack and McCance 2021

**Table 5: Application of frameworks into practice**

<b>Theory U</b>	<b>Examples in practice</b>	<b>PCPF (person centred processes)</b>	<b>Examples in practice</b>
Co-imagining	Pride at starting the project, excited at new possibilities, observing others	Working holistically	Considering clients as partners at meetings, advocating for families
Co-sensing	Reflection, deep listening, suspending old values	Being authentic	Having courageous conversations, without worrying about the consequences
Co-presencing	Letting go of Imposter Syndrome	Sharing decision making	Delegating, trying not to do it all. Setting aside team time
Co-creating	Trying new things out, using tools flipping and reframing problems	Working with the person's beliefs and values	Focusing on dissenters, what's happening here?
Co-shaping	Embedding new practices: self-care, team wellbeing, having	Being sympathetically present	Deep listening, checking in with others, stepping back

Interestingly, similar to the findings of Kennedy *et al.*(2021) there was little reference to theory in the discussions we had at the first evaluation session or in the reflective questionnaires. When specifically asked those questions, at the second evaluation (appx 2 stretch statements), some application to theory was reported. This was more likely referenced to the PCPF than Theory U. Reasons for this are unclear. Perhaps it was not continually referenced through the programme or alternatively, participants may have struggled with the complexity of the theory. Unfortunately, we did not ask that question but it would be worth exploring further in subsequent evaluations.

Two things are worth noting about the context of this programme that differs from the previous programmes. Firstly, that this group were all of the same discipline: Learning disability, in contrast to the mixed disciplines in the previous cohorts and secondly, that this programme was interrupted by Covid.

Regardless of discipline it would appear that the creation of a community of practice is a strong outcome of the programme. However, the LD cohort appears to have an additional benefit in that it has developed a tight discipline-specific community, which has benefitted them all, through the establishment of relationships, mutual engagement and inclusiveness (Wenger 1998). Developing the educational initiative together has given them the added benefit of increasing their knowledge and application of the challenges of LD in the justice setting. However, competing demands, and changing timelines can also cause frustration during engagement with a project (Edgar *et al.* 2016) as was sometimes the case in this group. Additionally, they have joined a wider community of practice; the QNIS community nursing community, which has opened up other worlds for them through

networking, peer support and knowledge exchange. The benefits of this cannot be understated (Wenger 1998).

Secondly Covid 19 necessitated a delay to the start of the programme and a shift from a face-to-face programme to a blended one. There were also delays during the programme and it was extended to allow greater flexibility given the competing workforce pressures that were being experienced during the programme. Whilst the facilitator and programme director referred to this in discussions of structure and planning of the programme, interestingly, the impact of Covid on the programme was not raised at all by the participants in the evaluation. Perhaps we should have asked the question and may have found that it had significant impact. Alternatively, perhaps the space that was provided by the programme allowed them to put Covid aside and focus on the large S (Self) and large W (Work) advocated in Theory U, (Scharmer 2018). This shift from small to large S was evident through the new ways participants saw themselves. The shift from work to Work, similar to McCormack et al. (2021) evidences a move away from “getting the job done” to refocussing on relationships and person-centred processes.

#### A representative model of the findings

The findings from this research are represented in the following model (fig 11)

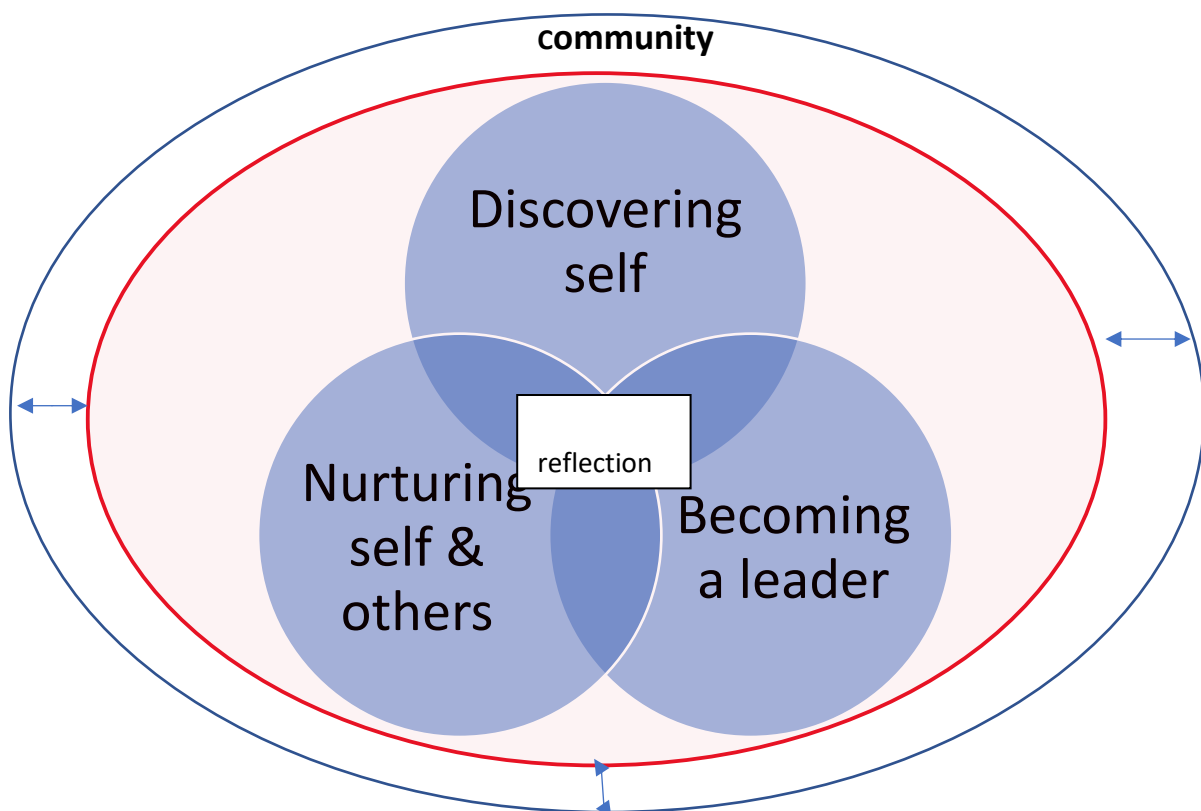


Fig 11: A model representation of findings

The three circles reflect the three key themes of the project: discovering self, nurturing self and others, and becoming a leader. The overlap between the three circles represents the reflective space that participants use at all stages of their journey and in any one of the themes. Reflection is core to all areas and is not linear but moves back and forward according to the events that participants

experience. The red inner line of the oval represents the tight-knit community of LD practice that holds the group together. The larger blue oval represents the wider QN community. The two lines, whilst not joined have arrows to show they are linked and connected. This has been shared with participants and there may be scope for further refinements. For now they agree that it is representative of their journey.

### Limitations of the evaluation

It is worth noting that due to the constraints of Covid 19 many adjustments had to be made to the structure and design of the programme and this extended to the evaluation. This process started later than was initially envisaged with participants being asked to recall experiences and events that happened in the early part of the programme. Similarly, the use of questionnaires might have been distributed earlier. Perhaps evaluation could have been introduced earlier in the process. However, the data was rich in nature and was agreed as having veracity at the member checking session.

Data was not collected from service users, managers or colleagues of the participants. A 360-degree evaluation may reveal further insights into how the programme has impacted on; service users, nursing and multidisciplinary teams and on practice more widely, perhaps at strategic level.

Additionally, the analysis of findings was only applied to the person-centred processes of the PCPF (McCormack and McCance 2021), not the whole model. This was beyond the scope of the evaluation and would require further exploration into, for example, the macro context in which participants operated.

Extending the programme's length to allow the group of LD nurses to introduce a group initiative was new to the original programme. This was challenging for the group and the facilitator who found their style becoming more task focused as the deadline approached. However, discussion between the programme makers concluded that this model fits well with the underlying question that drives the programme: who do I need to become in order to be a change maker and what can I change? What remains to be seen is the impact of the animation on those whom it was designed to help. This should be considered in future research.

### Conclusion

Using a variety of qualitative workshops and data collection methods, this evaluation reports the transformational journey experienced by a group of LDNs through the QNDP. Over a period of eighteen months, they have encountered a journey of self-discovery which has reinvigorated them and resulted in new ways of being and doing. They have developed as leaders and value the nurturing of self and others. Along the way they have established a community of practice and made lifelong connections. This evaluation supports two previous evaluations in finding that the programme "does what it says on the tin". It can be asserted that the programme aims have been achieved (p8), and in particular the group project's emphasis on social justice appears to have added extra value in supporting group learning in this area through working together to create an initiative. However, it is too soon to evaluate the impact of the animation on those for whom it serves. In terms of the evaluation aims (p10) there may still be scope to continue to explore the resonance of the programme theory and the methodological framework, (outcome 5) as this was not expressed fully unless probed further. However, it is clear that the programme has been a major influence in

hearing participants' voices, shaping their individual and collective development and the outcomes that arise from this. Additionally, this evaluation builds on previous ones to profile the excellent work of QNIS and its graduating Queen's Nurses, who are forever changed as a result of this programme.

## List of references

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*. 3, 77-101.

Brookfield, S. (2006). *The Skillful Teacher: on Technique, Trust, and Responsiveness in the Classroom*. San Francisco, CA: Jossey-Bass.

Clarke, V. Braun, V. Hayfield, N. (2015) Thematic analysis in Smith J (Ed) *Qualitative Psychology: A practical guide for researchers*. LA: Sage.

Edgar, D. Watson, R. Towle, S. McLoughlin, J. Paloff, A Markocic, S. McCoach, J.J. Bliokas, V. Bothe J. (2016) Learning to walk the community of practice tightrope. *International Practice Development Journal* 6 (2) [9] Available @ [IPDJ\\_0602\\_09.pdf \(fons.org\)](#)

Kennedy, C . Maclver, E. Teodorowski, P. Adams, N. Grant, A. (2021) *A real time, longitudinal, qualitative evaluation of the first two cohorts to participate in the Queen's Nurse Development Programme*. Aberdeen: RGU.

McCormack, B. McCance, T. (2021) *Fundamentals of Person- Centred healthcare Practice*. West Sussex: Wiley-Blackwell.

McCormack, B. Cable, C. Cantrell, J. Bunce, A. Douglas, J. Fitzpatrick, J. Forsyth, N. Gallacher J. Grant, J. Griffin, L. Guinnane, C. Hollis, K. Kernaghan, K. Kinninmonth, M. Mason, F. Maxwell, G. McIntyre, P. Mullan, S. Ridge, G. Taylor, J. Wilkieson, M. Wilson E. Wishart D. (2021) The Queen's Nurses collaborative inquiry - understanding individual and collective experiences of transformative learning. *International Practice Development Journal* 11 (1) (2).

NHS England. (2020). *We are the NHS: people plan for 2020/2021-action for us all*. Available <https://tinyurl.com/3hb5fm2w> (Viewed 1 April 2021).

Scharmer, O. (2018) *The Essentials of Theory U: Core Principles and Application*. Oakland, US. Berrett-Koehler

Scottish Government (2022). *Health and Social care: National workforce strategy*. Available @ <https://www.gov.scot/publications/national-workforce-strategy-health-social-care/> Accessed 12 August 2022)

Scottish Government (2021). *Health and Social care: Staff experience report 2021*. Available @ <https://www.gov.scot/publications/health-social-care-staff-experience-report-2021/pages/2/> Accessed 10 August 2022.

*The Burdett Trust for Nursing* (undated) Available @ <https://www.btfn.org.uk/> (Viewed (16 August 2022)

Wenger, E. (1998). *Communities of Practice; Learning, meaning and identity*. Cambridge, UK: Cambridge University Press.

Wenger, E. & Wenger-Trayner, B. (2015). *Introduction to Communities of Practice*. Retrieved from: [tinyurl.com/wenger-trayner](https://tinyurl.com/wenger-trayner) (Last accessed 12<sup>th</sup> Aug 2022).

West, M, Bailey S, Williams, E. (2020). *The courage of compassion: supporting nurses and midwives to deliver high quality care..* <https://tinyurl.com/ntxbkyc5> (Accessed 12<sup>th</sup> Aug 2022) World Health Organization. Health work.



## Appendix 1 Reflective Questionnaire

Please share your reflections on your journey of discovery through the 2021 QN Development Programme using specific examples where possible.

**What difference has the programme made to you?**

- listening deeply, seeking to understand what really matters
- approaching life reflectively, using your meta question
- showing kindness for yourself and others

**(350- 500 words)**

**What impact has the programme had on the way you interact with others and support your team/colleagues?**

- courageous conversations and challenging attitudes
- enabling support and/or self-care for others
- empowering others to make a difference

**(350-500 words)**

**What impact has the programme had on the way you make a difference to individuals, families or communities?**

- working with crisis as an opportunity
- putting people at the centre of their care in ways you may not have done before
- having the courage to advocate with clarity

**(350-500 words)**

## Appendix II (Results from Evaluation Workshop 2)

Stretch statements:

### **My coach got the best out of me -5% - 85% (30-35), (80-100), nothing in between**

- Coach no 1 was awful
- Could “read” the process, very repetitive. So felt as though I hadn’t been listened to
- Felt that I was going through a process - not person centred
- Helped me with strategies to deal with situations
- My coach understood me but did not challenge me
- Understood what kind of learner I was, fine tuned coaching skills to get the best out of me
- Took time to understand and appreciate my background
- Deep listening as a skill was evident
- Helped me think outside the box. Connect mind and body
- Compassionate, empowering, supportive
- I was sceptical in the beginning. However, my coach showed patience and supported me to trust the process and her. She helped me with self doubt and filled me with enthusiasm and energy to aim high in my career. I just wish I had allowed myself to fully engage in the beginning and expressed what would be best for me.

### **I make more use of theory and tools in my practice 70-90%**

- Definitely more aware of PCF and working in PC way
- PC active communication and listening skills
- Much more aware of using diff levels to plan/have meetings/involve patients/families/carers
- The tools we were provided with now allow me to enhance meaningful interactions within the workplace
- It’s always good to know the theory and evidence base that underpins clinical practice
- because of the other LD QNs I am aware of tools to enhance my practice
- compassionate leadership skills utilised, self, wellbeing and empowering others

### **I am happy with our group processes for the project 55%-90%**

- Collaboration, team building, sharing ideas, respectful, knowledgeable
- I think we continue to evolve. Being creative is not my strength. Team working! (smiley)
- As the process has gone on the group have become more familiar with each other. We know each others strengths and also know when each of us may be struggling or require extra support, input guidance
- It is clearer to me now the content we want in the animation
- We have come a really long way. We should be proud of where we are and remain focused to get to where we want to be
- We have done a lot of work to get to this stage
- We work hard and recognise each others strengths
- We have all worked really hard, learned from each other, learned about each other and have worked well as a group

### **Our project outcomes match our intentions 35-75%**

- We are getting there
- Outcomes have been identified
- 2 steps forward 1 step back, as a group, I feel we can get there, maybe just a little more winding road
- Some doubts that we haven't reached where we wanted to be, but proud of where we are and what we have achieved.
- I have every faith that our project will be amazing
- I think our project has evolved and will continue to evolve until completion
- A complex issue to address that requires good collaboration and lots of hard work. We are getting there

### **I have developed as a leader since doing this program 75-90%**

- I have observed excellent leadership from carrying out the QN process and I try to replicate this
- I feel content, confident and able to slow down. Manage time more effectively
- As a leader I do now ensure sufficient time for deep listening, to make sure I am providing the best support
- Definitely developed in confidence and learned shared leadership skills throughout the process
- I have changed post during the programme allowing me to put into practice new learning and consideration
- My ability to lead has enhanced - now involved more in partnership working- good feedback in this area from colleagues

### **I am more able to have courageous conversations 60-90%**

- I have always been courageous, I feel I do this more compassionately.
- I believe in myself and challenge my self doubt
- I recognise that my confidence has grown which allows me to be less doubtful of myself and communicate my views or beliefs
- I am more confident in general to have these conversations
- Skills and confidence to have difficult conversations. Skills now to go forward from difficult conversations
- I am not so scared to share my view point. Be brave!

## Appendix III

### Queen's Nurse Development Programme 2022 – Programme Evaluation Questionnaire

---

*Dear Queen's Nurses*

*Congratulations on achieving your Award and joining a passionate and talented community which grows each year in its courage, resilience and commitment to lead by example and influence person-centred care across Scotland and beyond; the ripple effect of your collective journeys is both tangible and inspiring!*

*We invite you to respond to the short survey below and share your sense of who you are in this moment so we can capture some of your experience of your development journey, to help shape the process for those coming behind.*

*We have asked for your name so that Kath can see who has responded. Your views will be collated and anonymised before being shared with the faculty so please be honest in your feedback.*

---

## **Name**

### **Your Journey & Impact**

1. Choose 3 words to describe your journey through this year.
2. What do you now value in yourself?
3. What do you (and perhaps others) now notice that is different about you/your practice?
4. Where are you consciously putting your energies & resources?
5. What do you now understand about the difference you are making?
6. What aspects of the Excellence Profile have felt particularly resonant for you during this year of development and why?

Inspiring others by making a difference

Inspiring others with tenacity and resilience

Inspiring others by bringing people with them

Inspiring others with humility and reflection

### **Your Coaching Relationship**

7. How would you describe the relationship with your coach?
8. What has been most valuable in this relationship?
9. What, if anything, would you have wanted to be different?
10. What else do you want us to know about your experience?

### **Online workshops**

As a result of COVID restrictions you started the programme online with workshops. Please tell us ...

11. Three things that you liked about online workshops
12. Three things you would improve

### **Small active learning circles**

This is the first time we have introduced small group peer learning to support the building of connections since we started online.

13. What has been most valuable about your small group?

14. What, if anything, would you have wanted to be different?

15. Would you recommend that we include this again for future groups and why?

### **Evening gatherings on Zoom**

We started these evening sessions during pandemic, and we'd like to get a sense of their value.

16. If you joined, please let us know how these sessions supported your learning, if you did not join it would be helpful to understand why.

### **Residential workshops**

17. What was most valuable about our time together at Balbirnie House/Carberry?

18. What, if anything, would you have wanted to be different?

19. Any other final comments?

## Appendix IV Evaluation workshop tools

### Body mapping

#### Heart

- Love networking, meeting others, team work. And new learning and Carberry
- Meeting other LD nurses who are on the same wavelength
- Connection, wholeness, networking, happiness, feeling valued
- Connecting with likeminded individuals
- Meeting likeminded professionals
- Feeling part of a nurse family, lifelong peer support
- Community

#### Head

- I don't need to be scared to be who I am
- Think - new learning theory and how it relates to leadership and our journey
- Where I want to go professionally
- Imposter Syndrome, meta question, sustaining the renewal in me, how do I do this?
- My Imposter Syndrome
- What is the meaning and purpose of influence and when should we step forward and step back?

#### Hand foot - Take aways

- I can do this, I am strong . I will influence and empower others
- I am good enough. Why shouldn't it be me? I can do this.
- Friendship. LD nurses rock, completion of a project
- More confidence to challenge situations I don't agree with
- Confidence, relations and enhanced skills
- Skills to be a better communicator
- stories...experiences

#### Foot - leave behind

- Worry and self doubt
- Imposter Syndrome
- My singing voice. Jealousy from colleagues not on the programme
- Lack of confidence, lack of boundaries
- Meta question-self doubt
- Not believing in myself, losing momentum
- legacy

## Appendix V: SBAR report

<b>S</b>	<p>As part of the QNIS Learning Disability 2020 Cohort, the group will work on a shared issue for development with a justice focus, based on a need which has been jointly identified as a group.</p>
<b>B</b>	<p>A learning disability is a long-life condition that means people need help to understand new information, learn new skills and cope independently. During the Justice System (JS) process people with learning disabilities have difficulties understanding information, acquiescence, suggestibility and in some cases leading to false confessions. Furthermore, people with a learning disability are more likely to experience multiple mental and physical health comorbidities across the life span which can deteriorate or be more likely to present in justice environments (Marshall-Tate et al. 2020). Additionally, diagnostic overshadowing, whereby a physical or mental health problem is undetected or unrecognised due to the individual's learning disability, can often impact and influence the care and support provided to individuals.</p> <p>A study conducted by Howard et al. (2015) found that the experience for people with a learning disability within the JS, had several support needs left unmet. Individuals had to rely on family members to fulfil the role that trained professionals have been identified to provide, and it has been shown that people with LD in forensic services do not always have the relationships with their family members that would facilitate this. Individuals suffered fear, loneliness and other negative feelings within the system, and lacked emotional support to deal with these. They were unable to understand the system, and had no one to explain it to them, or give them accessible information. They found it difficult to communicate with professionals, and believed staff would be more skilled if they understood LD and associated needs. Most professionals lacked skills in LD practice and were perceived as being uncaring and disrespectful.</p> <p>Furthermore, the Independent Review into the Delivery of Forensic Mental Health Services (Scottish Government 2021), referenced reports by the Equality and Human Rights Commission (2020) and the Law Society for Scotland (2019) which offer guidance on supporting vulnerable people within the Justice System. These reports make it clear that people with a learning disability require support to effectively communicate and participate in justice processes. Appropriate Adults</p>



	<p>services are there to ensure vulnerable people are helped to understand what is going on and supported during police procedures. It is likely that Appropriate Adult or equivalent support will be required throughout the justice process in order to allow people with a learning disability to fully participate.</p>
<p><b>A</b></p>	<p>The group engaged with a number of stakeholders, including individuals with lived experience to gain insight into what support and educational resources are available. It is acknowledged that a number of resources exist, however, there are clear gaps throughout the justice pathway in relation to how these are utilised, not only by professionals involved in individuals care but within the wider Justice System.</p> <p><b>A scoping exercise identified the following:</b></p> <p>Discussion with Tony Bowman (SOLD Network) at QNIS residential and further meeting 17<sup>th</sup> September 2021. Identified:</p> <ul style="list-style-type: none"> <li>● Older people in prisons with personal care needs</li> <li>● Physical needs are easy to recognise, but hidden disabilities, including learning disabilities is harder to recognise</li> <li>● Gaps in information around Internet Safety</li> <li>● Many individuals are vulnerable in relation to gang and drug cultures.</li> </ul> <p>Not all professionals (Police Scotland and Justice Social Work) are able to identify if an individual has a learning disability, and therefore necessary support may not be available, including the requirement for reasonable adjustments. Information on what is a learning disability, and the health needs of people with a learning disability were identified as being key areas for consideration.</p> <p>Lack of accessible information relating to justice themes, that follows the individual through the Justice System/pathway.</p> <p>Absence of reasonable adjustments for an individual when taken into custody, and the environment to support this. Greater links required with Learning Disability Services and Custody Suites.</p> <p>Gap in knowledge in training and resources within Prison Services in relation to supporting individuals with a learning disability, including their physical health needs. Links have been made with wider RCN Prison Nurses group to establish ongoing best practice, including NHS24 (Tony McLaren)</p>

	<p>No training around communication for Lawyers/Solicitors and Court Officers, with no requirement for any special knowledge in supporting people with a learning disability.</p> <p>Professionals within the Justice System do not access the already existing resources, and is further highlighted within the Scottish Government response to the Independent Review into the Delivery of Forensic Mental Health Services (People with Learning Disabilities – <b>Recommendations 43 and 44</b>).</p> <p><i>‘Whilst decisions on procedure and disposal are for independent courts, the Scottish Government agrees that people with learning disability who are accused of an offence should be supported. We have provided funding for Supporting Offenders with Learning Disabilities (SOLD), a third sector organisation which aims to ensure that nobody in the justice system is at a disadvantage because they have a communication support need. Work includes a “Practice Guide for Defence Solicitors in Scotland: representing clients with communication support needs” and a short life working group to improve the identification of those with communication support needs in police custody’.</i></p> <p><b>Lived Experience Case Study:</b> 66-Year-Old Man, possible learning disability diagnosis, within prison service. Justice Social Worker attempted to complete court report but unable to gather enough information from individual due to communication difficulties and lack of understanding. No appropriate adult. His experience following on from arrest, has included; court (several times) and into prison with not one person recognising he may have a learning disability or additional communication needs.</p>
<p><b>R</b></p>	<p><b>The shared issue for development: A resource to support professionals that includes:</b></p> <ul style="list-style-type: none"> <li>• Education bite sized information on - What is learning disability – focusing on professionals who will be supporting individuals with a learning disability through the CJS.</li> <li>• How to support individuals with a learning disability within the CJS, to include mental and physical health and wellbeing (<i>linked to Independent Review into the Delivery of Forensic Mental Health Services and Scottish Government response to <b>Recommendation 26</b></i>)</li> </ul>

- Communication support needs of people with a learning disability, and the legal requirements of reasonable adjustments under the Equality Act (2010).
- Research and background understanding of why some individuals with a learning disability become involved in the CJS.
- Internet Safety and the impact on people with a learning disability

Additionally, a toolkit resource will be developed which brings all the resources available for professionals to support individuals with a learning disability.

Identify relevant stakeholders and take forward project proposal document in relation to the issue for development (separate document).

## Appendix VI-Poster

### COULD this person have a learning disability?

<b>C</b>	<b>O</b>	<b>U</b>	<b>LD</b>
<b>Communicate</b>	<b>Observe</b>	<b>Understand</b>	<b>Learning disability</b>
<p>How does the person communicate?</p> <p>Can they communicate?</p> <p>Is an interpreter needed?</p> <p>Is an appropriate adult needed?</p> <p>Reasonable adjustments</p> <p>Easy read info</p> <p>Acquiescence</p>	<p>Presentation</p> <p>Behaviour</p> <p>Body language</p> <p>5 sensory needs – hearing, taste, smell, touch and vision</p>	<p>Is there concerns about physical and/or mental health?</p> <p>Is there prescribed medication</p> <p>Are there support needs: do they need additional support for interview or help with activities of daily living</p> <p>Legal obligations: AWI/Capacity - guardianship/appointeeship/ appropriate adult</p>	<p>Person may mask or not be honest about their LD</p> <p>What reasonable adjustments do they need to have a positive experience</p> <p>Signpost to specialist community learning disability team (CLDT) and/or social work team.</p>