

HomeVisit

News for supporters of the QNI

The charity dedicated to improving patient care by supporting nurses working in the community



News update from Dr Crystal Oldman, Chief Executive, QNI

The QNI annual conference had quite a different feel this year, with the theme of 'Silence to Voice' and a focus on nurses finding their voice and articulating their value.

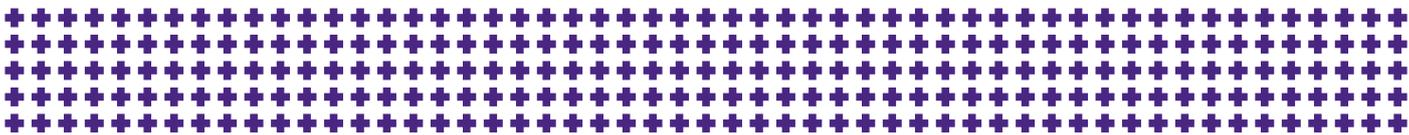
We were joined from the USA by Suzanne Gordon, journalist, award-winning author and international speaker. Suzanne helped the delegates to understand the critical nature of articulating the nurses' role and our value in patient safety, health outcomes, alleviating pain and distress, saving lives and saving money. The delegates were shown images of the UK nursing profession which Suzanne had researched prior to her trip to the UK; she commented on infantilising nursing with the use of cartoon images and the use of simplistic symbols to portray the nursing profession such as heart shapes. We were asked 'Would the medical or legal professions allow themselves to be portrayed in this way?'

The feedback after the conference has been phenomenal, with nurses contacting me to say how they have changed how they think about nursing, how they are articulating the nursing value in their workplace very differently after experiencing such a powerful message from Suzanne. I have heard from

executive nurses who have made appointments with their Chief Executives to discuss the images of nursing in their organisations and nurses who are working with their Heads of Communication about how nurses and nursing is portrayed on the organisation's website.

The importance of nurses telling the public what we do was emphasised. The delegates were asked whether they thought the public trusted nurses and every hand went up. But when they were then asked whether the public understand what we do, all hands went down. It was a clear message about the need to share with the public what we know and what we do as nurses.

One her last day in the UK, Suzanne shadowed a Queen's Nurse who leads a District Nursing service in London. Suzanne was really impressed by the joined-up nature of the District Nurses' role, the expertise required for the care of patients with complex needs, the high levels of decision-making and the management of risk in the home. Suzanne will be writing about her experience and will be continuing her work with the QNI. I encourage you to look at her website and reflect on her messages: <https://suzannecgordon.com/>.



Staff news

QNI Chief Executive Awarded Honorary Doctorate



Dr Crystal Oldman CBE, Chief Executive of the Queen's Nursing Institute (QNI), has been awarded an Honorary Doctorate by Buckinghamshire New University for her leadership of the organisation and services to community nursing. Crystal was presented with her honorary recognition at a ceremony at the Wycombe Swan Theatre in High Wycombe on Tuesday 4 September, part of a week of graduation celebrations for the University.

Dr Oldman worked at Bucks New University for 18 years, where her final role was Dean of

Business and Enterprise. She said of the award, 'I was privileged to spend 18 years of my career at Buckinghamshire New University and I have many happy memories of supporting hundreds if not thousands of students in their learning and development.

I started at the University in the position of senior lecturer and completed my academic career as a Dean, developing enduring friendships with colleagues and working in joyful teams across the University. The philosophy of the university is one of supporting students as individuals to develop the skills, knowledge and attributes which will maximise their future careers. It is a critical value which resonates strongly with all professions, including nursing - my lifelong passion.'

New Welfare Officer



We are delighted to welcome Mayuri Karavadra to the QNI.

Mayuri is the new Grants Officer joining Jo Moorby and Suzanne Rich in the Financial Assistance branch of the charity.

Mayuri has been working in the public sector for the past five years and has also worked for the National Trust and at Macmillan Cancer Support as a volunteer.

In her spare time, Mayuri enjoys playing badminton and practising yoga.

Welcome Mayuri!

New Homeless Health Administrator

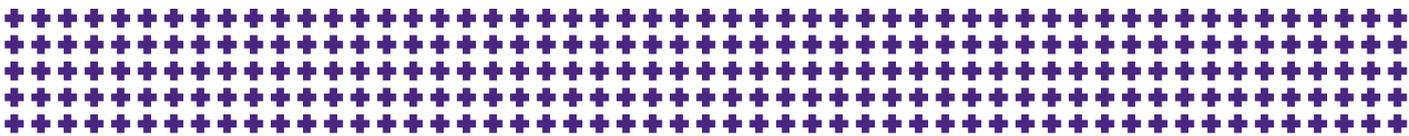


We are delighted to welcome Princess Boadi to the QNI.

Princess is the new Homeless Health Administrator. Princess received a Bachelor of Arts (hons) in International Hospitality Management & Tourism and is very interested in the development and

advancement of medical tourism. Princess worked for an established Fertility Consultancy which looked after the interests and welfare of patients who were trying to conceive and start a family. She currently is involved in food and clothes bank initiatives, as well as charity work. In her spare time, Princess enjoys playing a good game of pool.

Welcome Princess!



Annual Awards Ceremony



Outstanding Award Winners with actor Stephen McGann



Award winner Gloria Chisanga



Nigel Goodeve-Docker

by Nigel Goodeve-Docker was awarded to Pauline Spreadborough.

- The Fund for Innovation and Leadership Award project leaders were presented by Stephen McGann. The Fund for Innovation and Leadership project leaders have all completed projects that improved care for male patients in the community during 2017. The programme was funded by the Burdett Trust for Nursing.

- Queen's Nurses Aspiring Leaders Programme were presented by Stephen McGann.

- Stephen McGann, who conferred the badges and certificates on the 121 new Queen's Nurses at the event, praised the nurses for their commitment to patient care in the community. The new Queen's Nurses (QNs) come from England, Wales and Northern Ireland and take the total

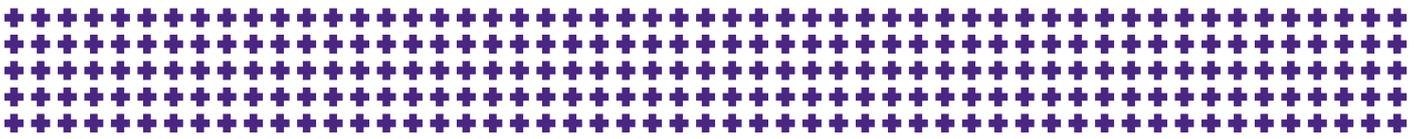
The QNI's Awards Ceremony was held in London on 25 June, attended by over 300 community nurses and their guests. Seven categories of presentations were made:

- The Queen Elizabeth the Queen Mother Award for Outstanding Service presented by Dr John Unsworth was given to Kim Badcock, Karen Brombley, Karen Clayton, Linda Johnstone and Mary Saunders.
- Fellowship of the Institute, presented by Dr John Unsworth was conferred on Dr Michael Dixon OBE, Ellie Lindsay OBE and Deborah Sturdy OBE.
- The Dora Roylance Memorial Prize for best Health Visiting student, presented by Dr John Unsworth was awarded to Gloria Chisanga.
- The Philip Goodeve-Docker Memorial Prize for best District Nursing student, presented

number of community nursing professionals with the QN title in those three countries to over 1200.

Dr Crystal Oldman CBE, QNI's Chief Executive said, 'It was an honour to celebrate the achievements of so many nurses gathered together for the QNI Awards ceremony. The collective knowledge, experience and passion for nursing represented in the room was a testament to the quality of nursing taking place in the community today. I would like to congratulate all the award winners and new Queen's Nurses, and thank everyone who spoke and made presentations during this unique evening.'

George Plumtre, Chief Executive of the National Garden Scheme also spoke about how the charity supports nursing in the community and has provided funding for a new leadership development programme for Executive Nurses.



Nursing Interventions to Improve Men's Health

The QNI has launched a new report on how community nurses can improve the health of male patients. The report was launched at the QNI's annual conference on 24 September.

The report is informed by the work of nine nursing teams who were awarded funding by The QNI for year-long projects in 2017. The projects were led by nurses in various specialisms in the community and primary care including sexual health, general practice, homeless health, Health Visiting and integrated services including mental health.

These projects covered a very wide range of physical and mental health issues. The objectives, rationale, methodology and outcomes of each of the nine projects is described within the report. The report also lists a range of resources about men's health and headline guidance about working with male patients.

Dr Crystal Oldman, the QNI's Chief Executive commented: 'Nurses working in the community are highly motivated to improve the health

of patients, their families and carers – and the community they live in. The outstanding success of the nine men's health projects described in this report clearly demonstrate the impact and long-term benefit of nurse-led interventions.'

Peter Baker, the report's author, commented: 'Community nurses have played a leading role in tackling men's health problems over the past 25 years. This new report aims to share good practice from the QNI men's health projects and to encourage and enable more nurses to do what they can to address the high rates of premature and avoidable death in men, as well as specific issues like mental health, cancer and heart disease. Action to improve men's health would be good news for men themselves, their partners and children, the health service and the wider economy – in short, it is the right thing to do.'

Printed copies of the report are available from the QNI and the report is available on the QNI's website at www.qni.org.uk

Denise Patricia Smith

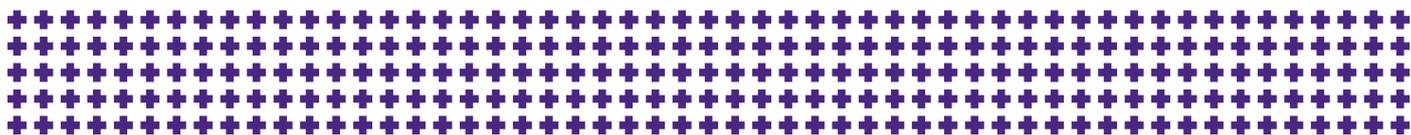
Denise Patricia Smith (known to her friends as 'Pat') was born in Huddersfield and died there on 12th October 2018 aged 85.

Pat trained at Queen Mary's in the East End of London, then returned to the North and did her midwifery, working as a DN/Midwife in the West Riding of Yorkshire. Pat became a member of the QNI in 1957 then worked as a Health Visitor/DN in the Fens, before going to Malawi, as a missionary nurse with Zambezi Mission. On returning to the UK Pat worked as a Health Visitor in Huddersfield and Ilkley, then as a Nursing Officer for Health Visitors in Skipton, finally working in York for 20 years managing DN's and Health Visitors. Pat's favourite role was in the Fens, as she loved community nursing – but she enjoyed her

management role as it gave her insight into the mechanics of managing people.

When Pat retired from nursing she volunteered with the charity Open Doors, delivering bibles, and went to Czechoslovakia, Romania and Mongolia as well as China where she worked with abandoned children. Though often heartbreaking, Pat found this to be very rewarding work.

For the past two years Pat was a member of the Keep In Touch Project, and greatly enjoyed regular phone conversations with her KIT volunteer, Jane. Pat's friends say of her 'Pat touched so many people in her life. She was a very warm and compassionate lady and will be greatly missed by all who knew her.'



New Standards for Community Children’s Nurses Launched



Royal College of Paediatrics and Child Health, clinical commissioners and the Royal College of Nursing.

Mary Saunders, the QNI’s Project Manager commented: ‘CCN services are a small but a vitally important resource for the growing number of children and young people needing expert nursing care in the community. The QNI and QNIS hope to raise the profile of CCN services and the preparation of nurses to work in CCN teams to ensure the highest quality of care for children, young people and their families. There is a clear policy shift in all UK countries to community based, integrated health and social care and an enhanced focus on admission avoidance, early discharge and greater support for children and young people with complex needs.’

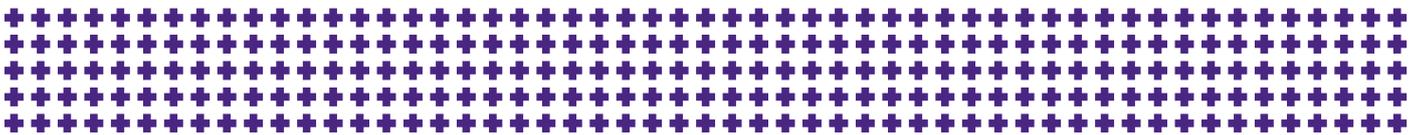
The QNI and Queen’s Nursing Institute Scotland (QNIS) have published new Standards for Community Children’s Nurse Education and Practice. The new voluntary Standards were launched at the QNI Conference in London on 25th September.

The QNI and QNIS worked together with leading experts to develop the new voluntary standards, to support Community Children’s Nurse (CCN) education and practice in all four countries of the UK. The standards make explicit the practice expectations of Community Children’s Nurses on completing a Specialist Practice Qualification (SPQ).

The CCN role is highly complex and requires skills in negotiating, coaching, teaching and supporting the families and carers of babies, children and young people whilst collaborating with a range of other agencies and services. Working in partnership, they enable children and young people with health needs to remain safely in the community and transition to adult services in due course. The CCN standards project is the third in series and follows on from voluntary standards for District Nurses (2015) and voluntary standards for Senior General Practice Nurses (2017). The project advisory group included representation from the four UK countries reflecting perspectives from education commissioners, service and education providers, third sector providers, the

QNI Scotland Chief Executive Prof Clare Cable, commented: ‘Community children’s nurses are so important to families who have a baby, child or teenager who has particular health challenges. We need to ensure that families who need support can be cared for by those with the right nursing expertise and that’s why we have worked together to publish these standards for community children’s nurses now.’

The QNI/QNIS Standards for Community Children’s Nurse Education and Practice do not prescribe the academic level, structure of the SPQ course or its length. However, the standards are intended to build on and enhance the NMC Standards of Specialist Practice and clearly articulate the requirements of Community Children’s Nurses leading teams in community settings. During 2018, the NMC announced new standards for pre-registration nurse training and the outcome of the review of Specialist Practice standards is expected in early 2019. It is hoped that these new standards, drawing on the views of CCN clinicians and educators, will provide the basis for future educational development to support Community Children’s Nursing teams.



Seventy Queen’s Nurses Gather at Frogmore Garden



work of community nurses and the huge respect and understanding that garden owners have for them.

Last year the National Garden Scheme raised over £3.1m for nursing and caring charities, including the QNI and is the QNI’s longest and most significant funder. The Queen’s garden at Frogmore has been a significant participant in the scheme for many years.



Keep in Touch members and volunteers



NGS staff

Dr Crystal Oldman, the QNI’s chief executive commented: ‘Queen’s Nurses have made the gathering at Frogmore an

annual occasion over the past several years. This year we wanted to bring together 70 working and retired nurses to help commemorate the 70th anniversary of the NHS. The event was particularly special because we were able to bring together the volunteers who are part of our ‘Keep in Touch’ (KIT) programme, which puts working and retired Queen’s Nurses together for regular phone contact. Some of the volunteers had never met previously, so there was a very convivial atmosphere as people were able to put names to faces.’

Seventy Queen’s Nurses, retired Queen’s Nurses, QNI staff, volunteers and supporters gathered with staff and volunteers from the National Garden Scheme on Tuesday 5th June at The Queen’s private garden at Frogmore, Windsor, on its annual NGS opening to the public to raise funds for nursing and caring charities. The event, jointly organised by the two charities, marks 70 years of the NHS in England.

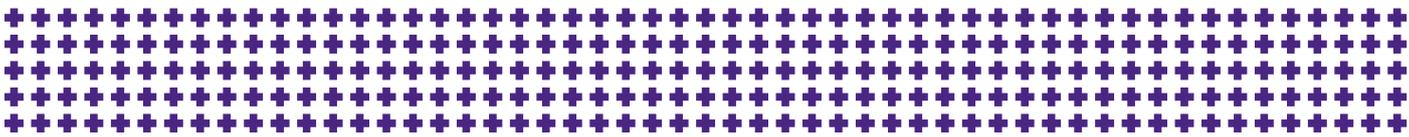
The Queen’s Nurses were welcomed by Heather Skinner, the Berkshire County Organiser of the National Garden Scheme and Vice-Chairman of the charity. Heather spoke about the importance of the

The nurses were also told about the history of Frogmore Gardens by a member of the gardening team. The first Queen’s Nurses were invited to Windsor Castle by Queen Victoria in 1896, so the gathering in 2018 is part of a tradition going back over 120 years.

TV Licences refunds - information

Those aged 75 and over are entitled to a free TV licence and can claim a refund if they have paid since their 75th birthday. People aged 74 can apply for a shorter licence, which expires on their 75th birthday. As £38m has been refunded in three years, there are an awful lot of people who

are unaware they are entitled to a free TV licence or maybe they forgot to cancel their direct debits. For more information, go to: <https://www.moneysavingexpert.com/news/2018/10/over-75s-claimed-back-p14m-in-tv-licence-refunds-last-year—see/>



Project in ACTION: improving patient care

Nurse-led projects are one of the most direct ways in which we help nurses improve patient care. Since 1990 the QNI has funded over 200 projects across the whole range of community nursing specialties. Dissemination of project results also helps us drive improvements in knowledge and practice. These projects could not be delivered without the funding that we receive from the Burdett Trust for Nursing. Below is one of the case studies.

Project: Best Foot Forward; **Team lead:** Claire Coleman, Homeless Health Outreach Nurse
Location: Bath

John* was a 42 year old man who lived at the homeless hostel where the Foot Health Clinic takes place. He had been living a transient lifestyle for most of his adult life having spent all his childhood in children’s homes and foster care where he had experienced frequent abuse. He alternated between rough sleeping and prison after leaving the care system. He spent some years in a relationship but when his wife ended the relationship, she took the children with her, returned to her home town and denied John access to the children because of his return to drug and alcohol use.

John was unable to care for himself properly due to his physical disabilities. It was unclear of the exact cause of John’s physical disabilities because as well as having used alcohol excessively for most of his adult life and intravenous drugs, he had also had several serious falls and had been physically assaulted on more than one occasion resulting in head injuries. When I first met him he was struggling to dress and undress himself, hold objects in his hands, had no grip and was using an old bicycle as a frame to walk with. He was unkempt and often urinated in his clothes as he was unable to open his trousers in time. He had developed leg ulcers, had frequent bouts of cellulitis, his hands were in a poor condition and as he was unable to take his boots off, he had frequent bouts of trench foot. His feet were in an extremely poor condition.

It took a lot of persuasion to get John to come to the foot clinic. He was very embarrassed not only about his feet but about his appearance and his inability to care for himself. I encouraged him to think of the foot clinic as somewhere in

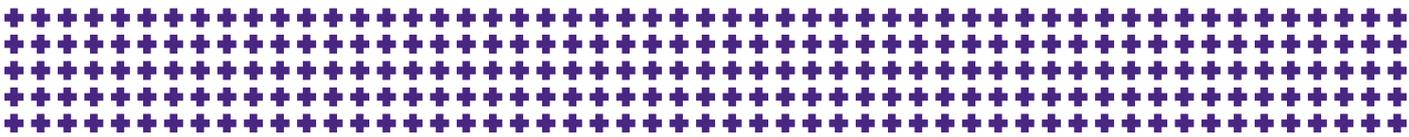
private he could have his legs dressed and his feet attended to. We took the opportunity at the session to change his clothes and spruce him up which increased his confidence and improved his mood. John was often very low at the start of a session and but usually left laughing and joking. He used to say that he couldn’t believe we would want to help someone like him, especially considering the state of his feet.

Throughout the duration of the project, John was a sporadic attender due to his lifestyle and need to consume alcohol. However his leg ulcers cleared up and he took the opportunity to come in, wash his feet and change his socks outside of clinic times. The health of his feet improved and his bouts of cellulitis became less frequent. He recommended the clinic to other service users, speaking about it very positively and encouraging others to attend. We were also able to use the sessions to discuss his overall health in a more relaxed kind of way and were able to observe any other changes, in particular any deterioration of his health.

During a session, it became obvious that John was very unwell. We called the ambulance once more and John was admitted. Unfortunately he passed away a few days later just before his 43rd birthday. John did not have a particularly happy childhood or adult life. He had had few positive experiences of dealing with care providers and healthcare professionals. However during the last few months of his life we were able to demonstrate to him that he was cared for and valued. He was also able to enjoy socialising with his friends just because he was able to mobilise.

*Not his real name

‘John was often very low at the start of a session and but usually left laughing and joking. He used to say that he couldn’t believe we would want to help someone like him, especially considering the state of his feet.’ Project lead



Queen’s Nurse and Keep in Touch (KIT) volunteer receives Freedom of the City of London award



Angela Williams, Queen’s Nurse and Senior Lecturer at Wrexham Glyndwr University received the Freedom of the City of London in May this year.

Angela, who is from Wrexham, received the honour at a ceremony in the capital’s Guildhall.

heard that her application to the City of London’s Court of Aldermen was successful. The application is the final step before the Freedom of the City of London is awarded.

The Freedom of the City of London is an honour which has been bestowed on a diverse range of people - including Bill Gates, Bob Geldof, JK Rowling and Florence Nightingale – one of the first women to receive the Honorary Freedom of the City.

Angela said: ‘This is a great honour – I am delighted. These honours are ultimately about working with communities and in communities, and that’s something I have devoted my career to. There really is a diverse range of people from right across the community who have received the Freedom of the City, and it is quite something to think I will be following in their footsteps.’

The Freedom of the City of London is an award which has a pedigree of almost 800 years. It has a strong connection with Livery companies – bodies which represented a particular trade or profession in the City of London.

Angela had previously received the Freedom of the Worshipful Company of Spectacle Makers, one of the Livery companies and subsequently

Angela is also a much valued volunteer with the Keep in Touch Team.

Bringing health to the community

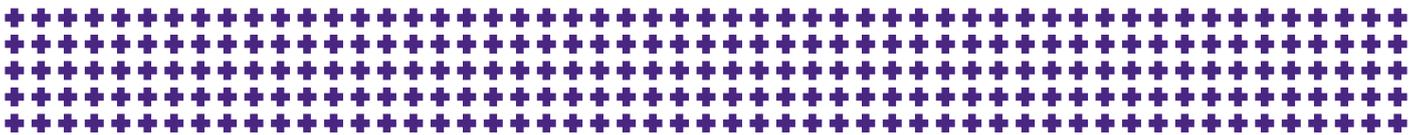
Beryl Delve, QN, passed away in May 2018. A close friend of Beryl’s, Christine Crowther, has very kindly sent in to us a newspaper article written by Emma Pinch who interviewed Beryl in 2009 for the Daily Post newspaper. Christine told us that Beryl would have been delighted to have her story printed in our QNI HomeVisit and there might be nurses out there who remember her. Beryl trained at King’s College Hospital and then returned to Liverpool to commence her District Nurse Training. And so we are very pleased to reprint an extract of this article, written nine years ago, which marked the 150th Anniversary of the QNI.

‘Even with rain pelting her face and sturdy iron bike weighing a ton as she heaved it up Parliament Street, as a district nurse Beryl Delve maintained her strict sartorial standards. Black lace-up shoes, black stockings and stiff starched collars, which had a tendency to dig into her neck at times like this. It reflected pride in their profession, of course, but in Liverpool they were the smartest in the country. “We had to be very immaculate in our uniform, especially in Liverpool, because we were all very aware it was the cradle of district nursing,” says Beryl,

who qualified in 1951. “We had it shovelled into us.”

But the era left its mark when it came to career choices when she left school. “You had to do something the country needed,” she says, slightly wistfully, reflecting she’d have quite liked to have been a journalist. “The war was on and if I didn’t choose nursing the Government would have put me in the Army or WAAF”

The training was long and arduous. She qualified



in London after five years then came home to Stoneycroft, Liverpool, to look after her father who had come out of the Navy with emphysema after his boat was torpedoed at sea. "Daughters cared for their elderly parents," she says. "There weren't so many nursing homes for the elderly or hospices then. There were a lot of single women around then, because a lot of the men didn't come back. A lot remained single."

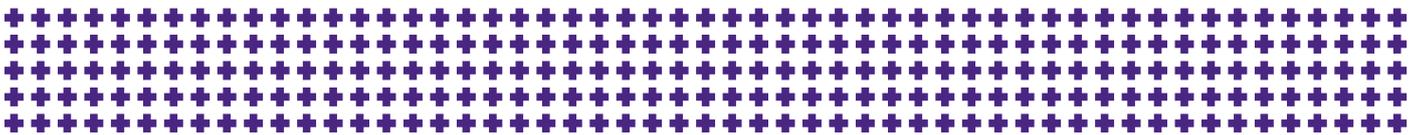
But it meant she could throw herself into her work which, despite the restrictions of the uniform, offered freedom. Her team of 10 would meet their superintendent at 8.30am at the district office who would then hand out jobs. At 9am, they would sally forth on their bikes, vast leather bags strapped on rattling with equipment. "It could be very tiring getting to patients, because Liverpool is quite hilly. You couldn't go from house to house according to who was the nearest - you first went to people who were most seriously

ill and you were criss-crossing the area all day. I must have covered the length and breadth of Liverpool. It wasn't like Holby City. Christian names weren't tolerated, and, as for all the romance, nothing could be further from the truth." First task was always the diabetics, who needed their injections of insulin so they could begin their day. "We didn't have those throw-away syringes. They were glass and metal and we had to boil them up on people's cookers to sterilise them. Everything was done in the kitchen."

"I would have loved to have been married and have children but the men were all lost in Dunkirk," says Beryl. "But because I didn't have a husband to go home and make an evening meal for, I just pressed on. I got home at all hours. It meant you could work without clock-watching." Pedalling home, she'd often be waylaid by new emergencies. "I can remember, in a very poverty-stricken house, a man haemorrhaged all over me, he coughed and bled all over me. Very few people had telephones then, there was just a lane then a row of shops. I flew down the lane to a shop and said I needed them to contact the doctor as soon as possible. When I got back to the house, the man had died. There was lots of drama every day. But you sort of got on with it because it was commonplace."

Mostly people were very grateful to see her. "A few would say, 'wouldn't you like to be in a hospital and be a real nurse?' but they just thought they were being kind."

After 10 years in the city Beryl moved to Cornwall. "The difference between Liverpool and Cornwall was noticeable. In Cornwall, they didn't even wear hats, and it didn't matter what colour stockings they wore. It was shocking in comparison with what I knew. It's tempting to say it was better in the good old days, but in district nursing it was. We didn't try to be mini-doctors. I was very proud to be part of the district nursing service."



The QNI's Conference, Healthcare in the Community 2018



Poster presentation finalists, Simba Chandivana and Clara

Tom and Nicola Ray, authors of the book, 'Starfish' and Directors of Resilienceand.co gave a moving and inspirational account of their journey after Tom fell gravely ill with Sepsis and his long and arduous recovery.



Nicola and Tom Ray



Suzanne Gordon

Professor Alison Leary from London South Bank University / University of South

East Norway gave a rousing speech about patient safety, explaining how patient safety is so much more than the absence of harm. Dr Barbara Stilwell, the Executive Director of Nursing Now spoke about community nursing today and George Plumptre, the Chief Executive from National Garden Scheme, updated everyone on the NGS' plans for gardens and health.

Healthcare in the Community, the QNI's annual conference, took place on 24-25th September at the Royal College of General Practitioners in London. 300 delegates attended both days.

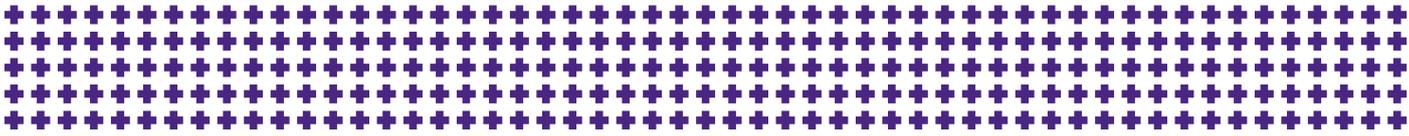
The theme this year was From Silence to Voice, with Day 1 focusing on 'Improving Care - Finding your Voice' and Day 2 looking at 'Community & Primary Care - Articulating Your Value'.

We were delighted that international speaker and journalist Suzanne Gordon joined us for both days of the conference. Suzanne is the author of both 'From Silence to Voice: What Nurses Know and Must Communicate to the Public' and 'When Chicken Soup Isn't Enough: Stories of Nurses Standing Up For Themselves, Their Patients, and Their Profession'.

On Day 1 we also heard from Caroline Dinage MP, Minister of State for Care, Department of Health and Social Care who spoke about recognising the crucial role of community health services.

On Day 2, we heard an update on the state of nursing from 3 of the UK countries: Professor Jean White from Wales; Professor Charlotte McArdle representing Northern Ireland and Dr Ruth May from England. Professor Brian Webster-Henderson, Chair, Council of Deans of Health gave a consistently thought-provoking talk on leadership and political astuteness. Dr Crystal Oldman, the QNI's Chief Executive finished the day off updating the audience with the QNI's plans to help all community nurses articulate their value.

On both days, for the fourth year running and in response to the overwhelming positive feedback, poster presentations were displayed by nurses, reflecting the conference themes and the diversity and innovation that is found in community nursing practice.



‘Queer Individuals Doing Nothing Special’, an extract from Margaret Hockney’s book



‘We joined a group of six other candidates in Exeter. On arrival we were offered a choice between riding a bicycle or a motorbike. With great excitement we chose to get L-plates and use a motorbike. The fire station was close by. They had their own petrol pumps and service area. They offered to give us

free lessons on how to ride the 125cc BSA Bantam motorbikes and service them. The next day I got a provisional driving license and planned to also take car-driving lessons from a lady teacher who gave discounts for District Nurses. By July 1960 I had passed both driving test and motorbike test and bought myself a 175cc BSA Bantam. Six of us had our own scooters or motorbikes. We had a wonderful time touring the West Country and beyond.

In 1959 there were not many home visitors. The Health Visitor was almost fully-employed with school clinics and head inspections. Social workers as we know them today did not exist. The ‘lady almoner’ from hospital could visit the home to assess social conditions and needs. She eventually became known as the medical social worker. Home help was increasing to help mothers for up to two weeks after a home confinement, and to help needy old people. Welfare workers according to the National Assistance Act were making more home visits and were responsible for residential care of the aged.

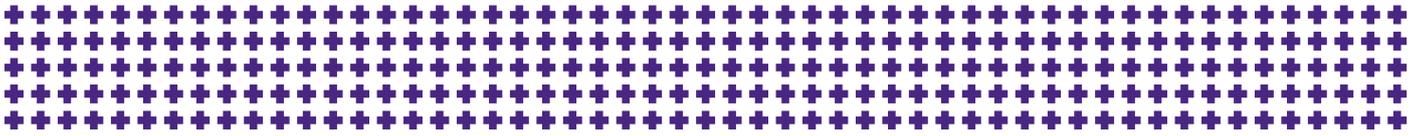
A lot of our work as District Nurses was with the elderly. Because of the lack of social services,

the job could include lighting fires and making tea, even cleaning at times. The training was four months with an exam, to become qualified members of QIDNS. Some called it Queer Individuals Doing Nothing Special; but in fact the job and the training were very special. Those who passed the exam had to work a year’s contract.

There was a schedule of lectures and observation visits covering a diverse range of potential conditions and services including child care, tuberculosis, mental health, social services, occupational therapy, factory welfare, nutrition, diabetes, environmental hygiene, geriatric care, cancer care — the list went on. Every lecture and visit had to be documented and signed by the superintendent. Added to this were the practical lessons on home techniques of antibiotic injections, insulin injections, pessary changing, barrier nursing in the home, wound dressing, lifting apparatus, sterilising and care of the ‘nursing bags’ — all in sixteen weeks.

We had to be aware of helping people stay healthy as well as nursing all kinds of disease problems. We had to gather information about the whole household and their way of life and home environment, to assess where we could help or refer to one of the services or charities.

Our own accommodation while we were training was in three large Victorian-style houses; each of us had our own comfortable room. We were well-fed in the dining room. Ration books were finally finished with, so after a hearty breakfast we would collect our work lists for the day. We each had our own area with our own round of patients to care for and would make a list of intended work for the next day. The superintendent would scrutinise our lists and might add extra patients from a sick or holidaying colleague, or reduce our list if it seemed too much. Breakfast was at 7.30 am, and half-an-hour later we were all kickstarting our motorbikes and riding full-throttle on our visits. Lunch was at 1.30 pm. The afternoon would usually be free although sometimes we



were invited to a Review of District Nurses by Her Majesty Queen Elizabeth the Queen Mother in the gardens of Buckingham Palace. Twenty of us were chosen to go, wearing our smartest uniforms. We travelled by train to London. There were crowds of district nurses from nationwide but we were lucky to be on the front row near enough for the Queen Mother to ask if our feet were aching from standing

had lectures or learning sessions. We worked again from 4.30 pm until about 7 pm. There would be twelve to fourteen visits in the morning, and six to eight in the evening. A car-driving trained nurse would be on late call to give injections and other late needs.

We started in sunny September, followed by weeks of rainy foggy weather. Motorbike uniform for winter was an oilskin trench coat with a flap for the legs. We were taught the importance of first impressions when we visited our patients. This could be difficult, standing at the door in a soaking wet coat, gloved hand carrying the wet black nursing bag, the crash helmet dripping rain onto the face. Many of the patients or relatives would be ready for us and hang our coats to dry near the coal fire: but there was never time for them to dry properly; we would leave the house wearing a steaming but wet coat, rain still dripping from the crash helmet. We also got sore legs when a wet slippery shoe missed the kick-start pedal. It was not the easiest weather to be mastering the motorbike, but we did have plenty of laughs along the way comparing our bruised legs and dilemmas. Back at headquarters there was a special room for drying sodden trench coats.

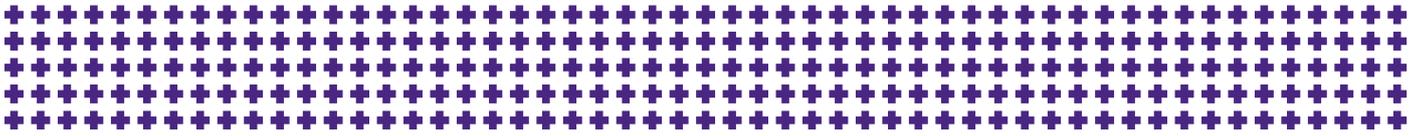
Pauline and I finished Queen's nurse training in 1959, the centenary year of District Nursing. We

so long. After the review we had tea at Caxton Hall, followed by a service of thanksgiving and Rededication at Westminster Abbey.

When we finished working the contract year in Exeter, we decided to move to a district where we could practice midwifery as well as general nursing. The thought of another winter on the motorbike was not pleasant. We applied for a job in Plymstock and were excited to be given a car each for the job.

We had a nicely furnished two-bedroom bungalow, with sitting room, dining-room, utility-room for bags and equipment, small garden with a vegetable plot and a double garage. There was a cooker, boiler, and wringer or mangle. Gas fires in three rooms, coal fires in two rooms, also an electric stove and a Hoover. The rent fully-furnished was £60 per year (£966 in 2016). The house was a dream, we were so excited. It was a 'double district' so Pauline and I would work together, fill in for each other and do General and Midwifery. We could even use the cars privately within Devon, Cornwall, Somerset and Dorset for four old pence a mile — just under 5p.

As both our mothers were in need of a holiday, we invited them and other family members too. My mother was delighted. She wrote and told David and he sent her a cheque for £6 to pay



for her fare, telling her that he had just sold a painting for £48. That was a lot of money in 1959 — about £780 in 2016 — when even professional footballers were only on £20 a week during the season. Pauline’s mother and mine spent two weeks with us in March and had a glorious time.

Pauline and I began to realise that our pay did not go very far. After deducting rent, take-home pay was less than £8 a month. I was still paying the hire-purchase for my motorbike. We had no hope of holidays except the day-trips and visitors. The grass of Australia was growing greener we thought, so we applied for jobs with the Victorian Bush Nursing Association. There were lots of forms to fill and references to get, certificates to be photocopied, vaccinations to check; we knew it would take a few months before much happened. Actually processing our applications happened rather quickly. By September we had secured a job and were told we would fly to Australia early in January, 1961. We gave notice

to finish on December 3 and then, to help us afford the uniforms and the money we would need in Melbourne, we returned to my home in Eccleshill to work as midwives in Leeds Maternity Hospital. We got references from all the places where we had trained and worked and, by January 21, 1961, we had left the snow in England and were on the BOAC 707 to Melbourne. I was so excited at flying that I even made a note of every meal we were offered. Every time the plane stopped for fuel, we would climb out for refreshments and a walk round the airport. We stopped at Frankfurt, Tehran, Delhi, Rangoon, Singapore, Djakarta, Darwin, Sydney and finally landed at Melbourne in the middle of their scorching-hot summer. At every stop we adjusted our watches; I got so confused trying to compare the time at home that I lost track of how long the trip actually took.’

‘My Mother is not Your Mother’ by Margaret Hockney, ISBN number: 9780951695081. Available from Amazon, £14.99.

GP Surgery Raise Funds for Keep in Touch (KIT) Project



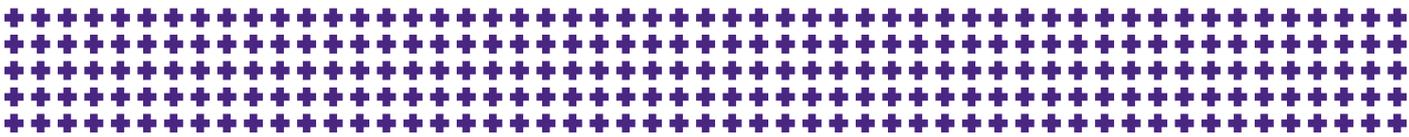
We are very grateful to the XX Place Health Centre, in Bromley-by-Bow in London for raising funds for the QNI.

The GP Surgery, one of three in the Bromley By Bow group, organised a party for the NHS 70th celebrations and chose to give the funds towards the Keep in Touch (KIT) project.

Nasim Hafezi, a Patient Assistant at the surgery (pictured left) said, ‘I was so touched by how the patients wanted to contribute.’

Suzanne Rich, KIT’s Project Officer, said, ‘We are delighted and very grateful to the patients of XX Place Health Centre for their generous donation. It will go towards continuing to support our vital project encouraging social interactions between current and former Queen’s Nurses.’

If you are interested in joining KIT, please contact Suzanne at suzanne.rich@qni.org.uk or on 020 7549 1400.



'Tread the Caring Path', an extract from Ken Sinclair's autobiography

Ken Sinclair was born in 1929 at Perth in Scotland. He started as a nurse just after the advent of the NHS first as a State Registered (General) Nurse, then as a Registered Mental Nurse, a qualified Occupational Health Nurse at a mass production car foundry at Ford's of Dagenham. Then in various communities as a District Nurse. 'Matron' in a residential home and for three years set up and ran a psycho-geriatric unit in the West Suffolk Health Authority until a new consultant was in post.



'To supplement our income I started working in Chelmsford as a nurse in the community.

Moving into another area gave me a fresh and new insight into care. New

methods had to be learned, disposable enemas had replaced the old tube, funnel and jug other than for stomach lavages, syringes were sterile, disposable and plastic with a new needle for each injection, red rubber sheets were relegated to museums and dressing sterile packs of dressings for various procedures saved hours of sterilising and pounds in patients gas or electric bills. Teams were set up so that the district nurse no longer spent hours in isolation and support. A senior hospital liaison nurse post was instituted. Excellent communications and discussions instigated.

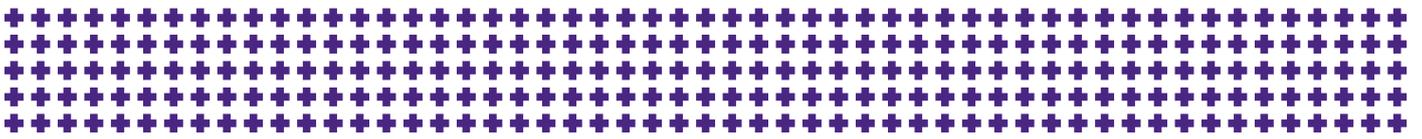
The 'Cottage' was not the modest edifice the name suggested but an extremely large Tudor mansion. A gardener told me to go to the back entrance. Being Scottish I made up my mind without a moment's hesitation to go to the main door which was opened by what I assumed was the butler. He suggested the rear entrance when I let him know I was a nurse but as quick as he started to close the door I rang the bell again and enquired ever so snooty 'Does the doctor go to the servants entrance?' He got the message, and allowed my grand entrance leading me down corridor after corridor. Large blue and white Chinese vases stood on plinths reflected in the light from the tall diamond paned windows, oak panels mellowed with age stretched from floor to ceiling, broad polished oak floor boards

and rich blue carpeting vied with tapestries of prancing horses and hunting scenes.

The butler said, "If you had listened to me Sir," emphasising the last word, "It's much quicker by the back entrance, George's suite is in the north wing and our private nurse is on holiday."

George sat looking out the window, in his pyjamas, dirty, stained and unkempt. A pool of urine beneath his feet soiling the polished oak floor. Even with the aid of a stick his gait was unstable, walking as if on cotton wool and stamping hard to determine the floor, wincing in pain at every step. With difficulty I got him into the oversize pink marbled bath, the rush of water from the gold coloured taps splashing him and I with enthusiasm. After cleaning and ablutions I wrapped him in the largest fluffiest, monogrammed bath robe I had ever seen. The swollen and deformed knees and general attitude screamed out the diagnosis 'Tabes dorsalis'. Symptomatic of an earlier unfortunate encounter of life – syphilis. The small irregular pupils of the eyes not reacting to light, occasionally a small flutter of recognition before he relapsed into an unreal brain damaged world. Surrounded with such splendour with money no object, he turned his head to the window, perhaps not recognizing the landscaped grounds or the man made lake.

A maid in traditional black dress and white cap and apron escorted me each day to the Regency room, pouring my China tea from a silver teapot into the finest Derby fluted porcelain. Twice a day for eleven days I used the back entrance without demure and on the final visit I met the Lady of the Manor who constantly referred to 'George's dysentery he picked up in India.'



Shadowing a District Nurse in East London

Extract from a blog by Olivia Hicks, QNI Intern

'It would feel strange to complete an internship at the QNI without gaining an appreciation of the work that Queen's Nurses do and an understanding of the sort of exemplary service in community nursing that merits the title. To this end, I spent a day shadowing Liz Alderton, a Queen's Nurse, Team Leader, and district nurse of 28 years.

Liz works in Harold Hill in North East London. Harold Hill is an area dominated by a sprawling housing development, created to re-house Londoners after the Blitz. Still today, it consists predominantly of social housing and a community of comparatively low socioeconomic status, a demographic which poses specific and endemic health problems.

The first two patients we saw were people with diabetes unable to administer insulin themselves. These patients take their insulin with breakfast, so Liz sees them early in the morning, before going into the office at the health centre, and another district nurse sees them for their second shot. The first patient, Arthur*, was an elderly man with learning difficulties. The visit was quick and routine; a finger prick and an insulin injection, and then we were on to the next house.

A connection with family members as well as patients is inevitable in long term care, and Liz told me a story of how Howard* had once baked her a pie to take to a family gathering, after she had mentioned it briefly in passing. Meeting Howard and Donna, this didn't surprise me; they were softly-spoken and always smiling. It was clear that their faith and a relentlessly positive outlook had been enormously beneficial to Donna and her family in coping with her illness.

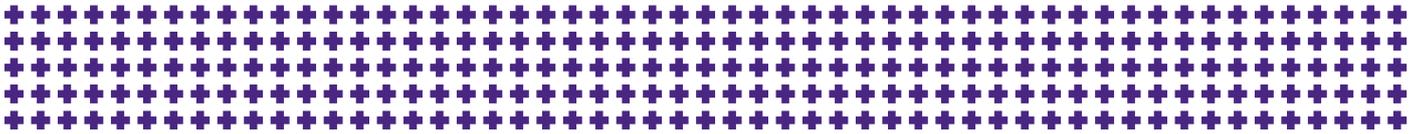
Liz showed me Donna's syringe driver, a great tool in district nursing and community care. A syringe driver allows medication to be infused subcutaneously over a long period of time, providing pain relief even when medical

professionals are not present. It is a sophisticated piece of technology; it recognised the type of syringe Liz placed in it, and adjusted accordingly, so that Donna would receive pain relief evenly and consistently until Liz could come and replace it. Before syringe drivers, Liz tells me, district nurses would have to run around the community, administering injections of pain relief at intervals as regular as they could manage, which of course required many night visits and many patients in discomfort.

The greatest difficulty that I saw on my day with Liz, however, had to be the emotional weight placed upon district nurses; district nurses and other healthcare professionals in the community see patients and their families at some of the darkest moments of their life, including their deaths, in their own homes. Nevertheless, the knowledge that such important care is being provided is comforting, and has clearly had an impact on Liz, who loves her job with infectious passion and enthusiasm.

I am at the very beginning of a career in medicine and healthcare, and I am so thankful to Liz and the QNI for instilling in me a great appreciation and admiration for the work of community nurses, and a recognition of the vital role played by community healthcare. It is not just nurses who serve the community in this way. The integrated health care team allows patients with serious and chronic conditions to live as normal a life as possible, to stay at home in familiar surroundings with comfort and their loved ones, even when their health is failing. They relieve strain on hospitals by avoiding admission, managing conditions and injuries before they require hospitalisation. Rather than being divorced from acute or secondary care, primary care is a part without which the whole could not function, and is a sector of healthcare for which I have the greatest respect. I have no doubt that this appreciation will stay with me for the rest of my career.'

*Names have been changed.



Nursing Heritage Wall Calendar 2019



Our Community Nursing Heritage Wall Calendar 2019 is now available to buy. This year it focuses on nurses in their homes and gardens, along with their various pets, cars and visitors.

Illustrated with archive nursing photographs and images from the QNI's collection, including pictures not published before from the early years of the 20th Century to the beginning of the NHS. It includes snippets of historical nursing news, Queen's Nurse exam questions, public health messages and recipes.

Printed on high quality card in full colour in A4 horizontal format. **All proceeds help us to support working and retired nurses today. Priced at £5.00 (+ post and packaging).** To buy your copy/copies, please fill in the enclosed form and send it back to the QNI in the enclosed pre-paid envelope. *Available for delivery from November.*

Historical notecards available



We have created a new pack of heritage notecards to sell. The pack - which includes six notecards - costs £3.99 + post and packaging.

The black and white photos feature various District and Queen's Nurses in the 1940s and 1950s in different community settings.

If you would like to buy a pack, please fill in the enclosed form and send it back to the QNI in the enclosed pre-paid envelope.

Feedback

We would love to know what you like (or would like less of!) about the newsletter, and if you would like to send in any reminiscences, we would be delighted to feature them. Please contact us at joanne.moorby@qni.org.uk, phone 020 7549 1400 or write to Joanne Moorby, 1A Henrietta Place, London W1G 0LZ.

Address changed?

If you have recently changed address, please let us know either by phone on 020 7 549 1400 by emailing us at mail@qni.org.uk or write to Joanne Moorby, 1A Henrietta Place, London W1G 0LZ.

QNI News as it happens - online



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