

# HomeVisit

News for supporters of the QNI

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



## 3/ The QNI's Awards Ceremony 2019

4/ QNI launches new national survey of District Nurse team

5/ Urgent need for more investment in the District Nursing service

6/ QN completes Isle of Wight challenge

8/ Specialist Health Visitor with Homeless Families blog

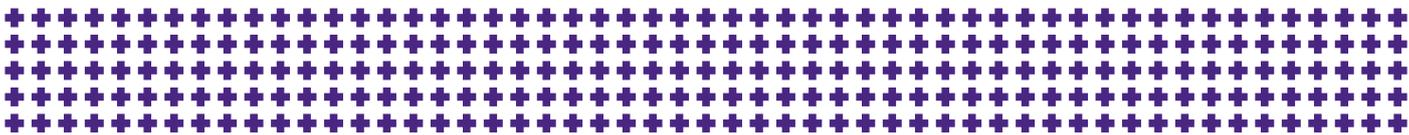
9/ Spotlight on the KIT project from volunteers and members

12/ Frogmore Garden opening

12/ Ellen Mary Memorial Prize

13/ A History of Care at Home: A joint QNI and RCN event

14/ The History of the Long Service Award



## Staff news



### **MBE for QNI Fellow**

Professor Alison Leary, a Fellow of the QNI and Chair of Healthcare & Workforce Modelling at London South Bank University has been awarded an MBE in the Queen's Birthday Honours List.

commented, 'I am absolutely thrilled to see Professor Alison Leary honoured in this way. She has led pioneering work on Spectator Safety and Medical Care at Millwall Football Club for many years and is a truly extraordinary example of an expert and highly regarded nurse researcher and skilled clinician. The QNI is delighted to be working with Alison as both a QNI Fellow and the Director of the newly established QNI International Community Nursing Observatory.'

Professor Leary has received the honour for Spectator Safety and Medical Care. She undertakes work for both Millwall Football Club and for Women in Football.

Professor Leary undertakes projects around the modelling of complex systems in healthcare. Her interests are in the complexity of healthcare, mathematical models and data science. She has been a registered nurse for twenty years and is particularly interested in specialist and advanced practice. This year, she becomes the Director of the QNI's newly formed International Community Nursing Observatory, which will provide intelligence about the community nursing workforce and related healthcare data.

Professor Leary said, 'I'm delighted that our work in spectator safety has been recognised. It's very much a team effort between our staff, volunteers, supporters and the statutory services. I am lucky to work with people who continuously want to improve care and make services safer.' Dr Crystal Oldman CBE, the QNI's chief executive



### **New Project Lead for QNI Homeless Health**

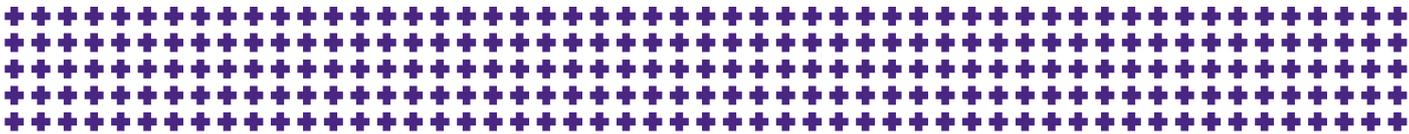
Samantha Dorney-Smith has joined the QNI for one day a week as Nurse Project Lead for the QNI Homeless Health Programme.

Lewisham), and more recently set up Pathway inpatient services for homeless people within Guys and St Thomas', King's and the South London and Maudsley. She also works 2 days a week as Nursing Fellow for the Pathway charity, focused on service improvement / development in inclusion health. She is the current Secretary of the London Network of Nurses and Midwives Homelessness Group.

Sam is a Registered Nurse, Specialist Practitioner (Practice Nursing), and Nurse Prescriber. Having started her career in general medicine and A&E, she has been working with people experiencing homelessness since 2004. She previously led the Health Inclusion Team (a nurse outreach team working in hostels and day centres in Lambeth, Southwark and

She has had several journal articles published on the topic of homeless health, has sat on numerous homeless health related steering groups, and was previously seconded to the Department of Health as a homeless health lead.

Welcome Sam!



## The QNI's Awards Ceremony



- The Queen's Nurses Aspiring Leadership Programme certificates were presented by Dr Ruth May.
- The Dora Roylance Memorial Prize for best Health Visiting student was presented to Abibat Jimoh by Dr John Unsworth.
- The Ellen Mary Memorial Prize for best General Practice Nursing student was presented to Catherine Dineen-Thomas by Ms Gill Boast QN.
- The Philip Goodeve-Docker Memorial Prize for best District Nursing student was presented to Liane Worth by Mr Nigel Goodeve-Docker.

The QNI's Awards Ceremonies 2019 were held at the Royal Garden Hotel in London on 21 June, attended by almost 500 community nurses and guests.

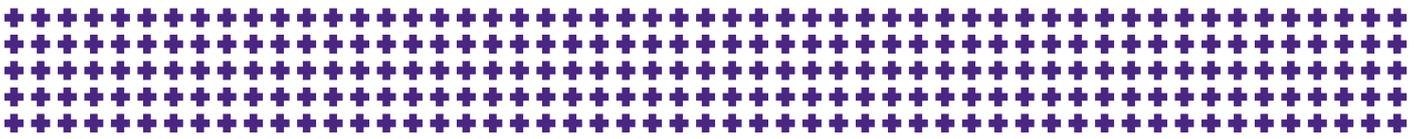
The following presentations were made:

- Fellowship of the Institute was conferred on Suzanne Gordon, Alison Hopkins MBE, Stephanie Lawrence RN and Michelle Mello RN.
- The Fund for Innovation and Leadership Award certificates were presented by Dr John Unsworth QN.
- New Queen's Nurses were presented with their badges and certificates by Suzanne Gordon (afternoon ceremony) and Dr Ruth May, CNO, England (evening ceremony).
- The Queen's Nurse Executive Leadership Programme certificates were presented by Sir Richard Thompson, Trustee, the National Garden Scheme.

Fellowship of the QNI was awarded to:

- Suzanne Gordon, Journalist, Author and Patient Safety Advocate.
- Alison Hopkins MBE, RGN, MSc, DN Cert, Chief Executive of Accelerate CIC.
- Stephanie Lawrence, RGN, RNChild, DN, QN, ANP, Executive Director of Nursing and Allied Health Professionals, Leeds Community Healthcare and Leeds GP Confederation.
- Michelle Mello RN, BSc (Hons), MSc, PGCE, National Clinical Lead, Personalised Care Group, NHS England.

To view the names of all the awardees, please go to [www.qni.org.uk/wp-content/uploads/2019/06/Awards-Ceremony-Press-Release-2019.pdf](http://www.qni.org.uk/wp-content/uploads/2019/06/Awards-Ceremony-Press-Release-2019.pdf)



## QNI launches new national survey of District Nurse team leaders

The QNI has launched a new UK wide survey of the District Nursing workforce. The survey is the first of its kind since the publication of the QNI's 2020 Vision Five Years On in 2014.

All countries of the UK have policy imperatives which focus on more care being delivered in people's homes and communities and District Nursing services are playing a crucial role in this strategic effort.

The survey results will be analysed within the International Community Nursing Observatory (ICNO) of the QNI and will be published at the formal launch of the ICNO on 18th November 2019. It is anticipated that the survey will create the most accurate picture ever of the District Nursing service, including how it is adapting to changing technology, utilising innovative approaches to care, and managing rising demand and increased complexity in care delivery.

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## Induction Template for General Practice Nurses launched

NHS England, in collaboration with The QNI, has launched a new Induction Template for General Practice Nursing as part of the delivery on Action Four of the General Practice Nursing Ten Point Plan.

The Induction Template is specifically designed to enable employers to ensure that nurses in a first career destination role in General Practice are well supported when taking their first career step in primary care. This new resource may also be beneficial to nurses who require induction, having recently moved from a hospital or other community nursing environment into primary care for the first time. It aims to assist with good practice around induction and orientation, by developing a bespoke checklist with common 'national' elements that can be adapted to suit local areas.

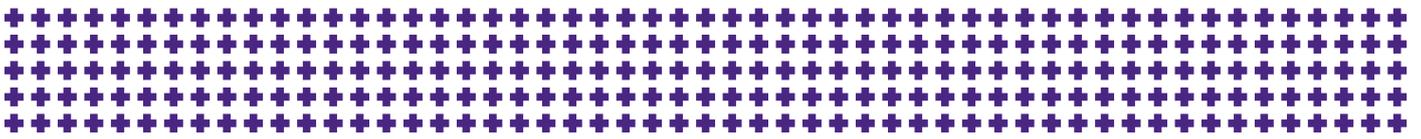
It is anticipated that the template will also be useful to those nurses who may have been working in primary care for some time, but who would like updating on their knowledge. The resource may also be useful to nursing associates, health care assistants and student nurses preparing for a primary care placement. The template will also provide guidance for practices employing General Practice Nurses.

The author of the document, Queen's Nurse and experienced nursing mentor and educator, Sharon Aldridge-Bent commented 'Developing this template highlighted the urgent need for a comprehensive induction and orientation programme for all nurses new to general practice. This most certainly will assist with recruitment and retention of nurses in the primary care setting'.

Paul Vaughan, Head of Nursing Now England, responsible for the delivery of the GPN Ten Point Plan commented, 'This new resource will enable employers to ensure they provide nurses new to general practice with a really good experience of working in the sector and ensure they have a great start to their long and exciting career working general practice.'

The resource underpinned by General Practice – developing confidence, capability and capacity – A ten-point action plan for General Practice Nursing (2017) contributes towards the overall strategic goals outlined in the General Practice Five Year Forward View.

You can read the document on the QNI website here: [www.qni.org.uk/resources/gpn-induction-template/](http://www.qni.org.uk/resources/gpn-induction-template/)



## Urgent need for more investment in the District Nursing service

A new report from the Royal College of Nursing (RCN) and The QNI calls for urgent investment in District Nursing, as new figures show the number of District Nurses working in the NHS has dropped by almost 43 percent in England alone in the last ten years. As a result, there are only some 4,000 District Nurses providing care for a population of around 55.8 million in England, a ratio of only one District Nurse for every 14,000 people. This compares with one GP for every 1,600 people.

The report, *Outstanding Models of District Nursing*, was published at the RCN's annual Congress in Liverpool in May, where the 5,000 nursing staff attending include large numbers of District Nurses from around the UK. It calls for a commitment to investment and training to meet the challenges caused by simultaneous rising patient demand and falling numbers of these highly-qualified staff.

Recent government strategy has called for more nursing care to be delivered in the community and in people's homes in order to reduce patients' lengths of stay in hospital and avoid unplanned admissions. The NHS Long Term Plan has identified the District Nursing service, which provides vital care for people in their own homes and in the community, as a key part of this strategy. However, government policies have not been followed by the investment needed to make the vision a reality, says the joint report.

The report warns that:

- The District Nursing service is significantly under-resourced, with the number of NHS District Nurses having dropped from 7,055 to 4,031 in the last 10 years.
- District Nurses are working to capacity, at sometimes unsafe staffing levels. They are unable to provide consistent high-quality care due to pressures on their service.
- There are serious retention and recruitment challenges, with an older workforce and

insufficient qualified nurses to replace those who retire.

- There is uncertainty around future educational funding for the District Nurse role.
- Location of District Nurse teams away from General Practice has resulted in disjointed care delivery across primary and community services.

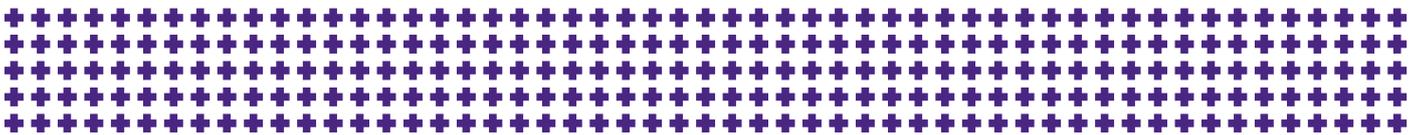
The report explores all the elements which need to be in place to support an Outstanding District Nursing service. It includes the views and experiences of a wide range of stakeholders including patients, carers, commissioners and GPs.

Dr Crystal Oldman CBE, Chief Executive of The QNI commented, 'This new joint report illustrates the central position of the District Nurse as the key professional in delivering outstanding healthcare to people in the home and the community.'

Lack of investment in the District Nursing service leads to greater strain on other parts of the health service, including GP practices and hospitals. With a rising and ageing population, many of whom are living with multiple long term conditions, we need a deliberate and intentional investment to support District Nurses to continue to deliver complex care to the patients, families and communities that they serve.

The success of the NHS Long Term Plan depends on the capacity and capability of District Nursing teams and renewed investment in their education, recruitment and retention is urgently needed.'

To read the report and its recommendations to the Government and the NHS, go to [www.qni.org.uk/resources/outstanding-models-of-district-nursing-report/](http://www.qni.org.uk/resources/outstanding-models-of-district-nursing-report/)



## Queen's Nurse completes Isle of Wight Challenge for the QNI

Queen's Nurse, Katharine Pepper, took on the Isle of Wight Challenge and fundraised for the QNI in May this year. Here she talks about how her epic walk went.



walk for over 17hrs and finish the walk after midnight.

In fact, the walk was lovely and less horrendous than I thought. It was a lot better than the Jurassic Coast Challenge I did the year before. The atmosphere on the walk was amazing and everyone we met was friendly and doing the walk for a charity, a challenge for themselves or, like me, doing it for both.

Scenery around the coastal path was amazing and as I have never been to this part of the island before it was good to explore. The only big hill we had to climb was near The Needles and just before the 21km stop (boy, I was ready for a little sit down). When we got to the 21km stop, my husband worked out that we would finish the walk in day light. At the speed we were going, it would take us under 14hrs in total to reach the finish line.



Firstly, I would like to say a huge thank you for all your support and encouragement prior to my 'little walk'.

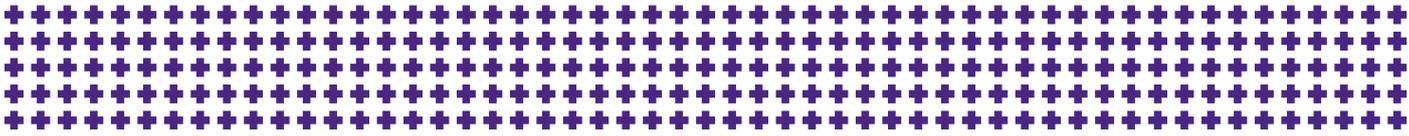
It has been over a month since I undertook the 52km walk, walking half way around the Isle of Wight.

Two friends, my poor husband and I started early and at 7am on 4th May the walk began! I was a little bit nervous as I was expecting to

I think I may have run most of the way as my two friends and husband are a lot taller than me. I tried to keep up until the 36km mark, but after that I needed to go at my own pace as my hips had started to give in! In the end, the whole walk took us 12hrs and we were still in daylight when we finished!

By the end I had a huge blister on my right heel and since then I have lost two toenails, but we are already thinking about signing up for another one next year!!!

To date I have raised £635 for The Queen's Nursing Institute, as well as promoting the work of the QNI and of community nurses in Britain!



## 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 Oak Foundation. Below is one of the case studies.

**Project:** Latent tuberculosis (TB) infection screening in prison; **Team lead:** Julie McLoughlin TB Clinical Nurse Specialist **Location:** Birmingham

Paul is a 63 year old white UK born gentleman who has been in and out of prison for most of his adult life. He is a persistent and prolific offender and this is Paul’s twentieth custodial sentence for drug related offences. Men over 50 years old are the fastest growing age demographic in prison in England and Wales and older prisoner numbers have doubled over the last ten years (PHE 2018).

We met Paul at the beginning of our Latent TB screening project at the prison and when we visited his wing he told us “I’m fit and well and no one is sticking a needle in me” Paul was very vocal in refusing testing and he was adamant he would not be persuaded. We met Paul several times over the following months and he always stopped for a chat and greeted us with “the vampires are back.” We gave him advice about latent TB infection and raised awareness of potential symptoms of active TB disease with him.

Paul told us he had a difficult home life when he was a child and suffered physical and sexual abuse causing him to leave home at 15 years old. He has no contact with his birth family and hasn’t seen his 2 adult children for 20 years. Paul was very open about his long history of intravenous drug use and alcohol dependency. He had experienced long periods of rough sleeping and had a 45 year history of smoking tobacco and cannabis. This has had a detrimental impact

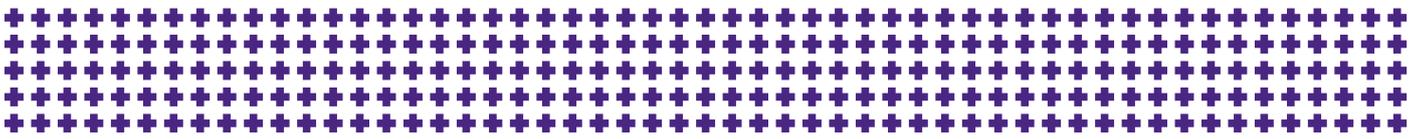
on Paul’s physical and mental health. He has depression, type 2 diabetes, chronic obstructive pulmonary disease and coronary artery disease. It was one of Paul’s fellow inmates on the wing who finally persuaded him to take up the screening. His friend had a positive TB screening result and Paul was very worried that they may have been exposed to TB by the same person as they spent a lot of time together.

Paul did have a positive TB blood test but said he fully understood the diagnosis because of the information we had given him and he subsequently told everyone on his wing that he had TB infection and used it to drum up business for the project.

Paul accepted a 3 month course of antibiotics taken once daily to eradicate the bacteria reduce the risk of developing TB disease in the future. Paul has successfully completed the treatment and is very well.

Paul has become a latent TB screening advocate and he has spread the word throughout his wing which has had the biggest uptake of TB screening tests. We are often greeted by Paul shouting to us “Miss I’ve got another one for you to test.” The wing Paul is on has a stable population and it is a supportive and therapeutic environment where prisoner turnover is small. The officers have been very supportive of the project which has also had a positive impact on TB screening uptake.

‘The prisoner was only discovered to have TB because of the QNI project. Had he not been tested, it would have led to a major public health incident and extensive screening at both the hospital and at the prison.’ Julia McLoughlin, Project lead



## A Specialist Health Visitor with Homeless Families

**Queen’s Nurse, Debbie Fawcett, talks about her career as a Specialist Health Visitor in one of our latest blogs.**

Six years ago I successfully interviewed for a specialist health visitor role, working with ‘homeless families’. It was the start of a learning journey that continues to this day.

In our area, families presenting as homeless will be placed wherever there is suitable accommodation and may often be away from social networks and familiar places. The families live in a range of accommodation including a B&B, women’s refuge, a young mother’s accommodation and three privately run units.

Most families live in a self-contained studio flat, with limited storage, play and kitchen facilities. Placements, described as emergency and temporary, can last from weeks to several years before they are offered more permanent accommodation. Adults describe a lack of control and stability that impacts on their emotional wellbeing, decision making and day to day parenting.

### **Initial Contact**

The initial contact is the start of the professional relationship as well as an opportunity to assess the family’s current needs, before signposting to local services and support. All families are unique and often complex. Children may have missed developmental checks and have various unmet needs. Parents can disclose a range of issues such as debt, domestic violence, mental health, and drug or alcohol abuse. Some families may not have seen a health visitor for a while due to ‘being lost in the system’, frequent moves, previous poor service or just different priorities.

Having a specialist role has enabled strong multi-agency working with statutory and voluntary agencies, including social care, children centres and local charities. These positive links have improved professional communication and support for families, as well as lots of opportunities for advocacy around homelessness. However, there is no formal notification process, so

identifying new arrivals relies on the building manager, who updates me when I visit. I visit these flats in between booked appointments and despite the ‘cold call,’ families are receptive.

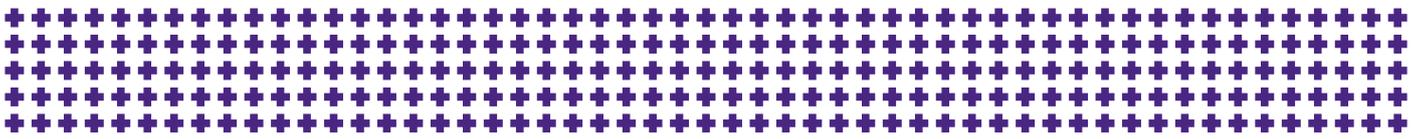
I leave a letter if there is no reply and repeat this until someone answers the door. Families make assumptions on how community services work, which can impact on their initial engagement but can easily be addressed when face to face contact is achieved. Many families will retain a GP using an alternative address to avoid embarrassment or to keep links with a familiar area or trusted professional. These families are easily lost to our services.

Often overwhelmed by the homeless situation, I am able to listen and signpost to services. The five mandated health visitor contacts are offered as home visits, by myself or my colleague. These visits enable us to establish a relationship and provide continuity, which is valued by ourselves and the families. There is no typical day, just as there no typical family – below are just a few of the children I have met.

### **Conclusion**

Homelessness impacts on a family in a multitude of ways, from accessing health, education and other services in a timely way to the less obvious effects. When circumstances change, such as a households address, benefits need to be updated, triggering a delay in payments, increases financial demands (removal costs) and ultimately debt. Children may experience antisocial behaviour in the temporary unit, have limited space for play or study and rarely have play dates, but often face lengthy journeys or several school transfers.

The lessons I have learnt are too many to list! Networking offers opportunities to learn, advocate and share. Make sure your management and commissioners understand your role and find a way to ensure your client’s voice gets heard.



## Spotlight on the Keep in Touch project: Working and Retired Nurses Keeping in Touch

**Queen's Nurse, Jane Wright recalls her friend and fellow QN Betty**



I volunteer for the QNI's Keep In Touch project (KIT), which involves regular contact with a former Queen's Nurse. As nurses, especially community nurses, we are very aware of the impact of social isolation and loneliness, which is often as a result of being housebound (Cattan, 2010). Let me explain by telling you a little bit about my friend. I will call her Betty.

Imagine you have been a nurse, health visitor, a Queen's Nurse. You have managed health visitor teams, which included director-level roles within the NHS. You have had a diverse career, which has taken you to Africa, China and Bulgaria as a volunteer for Save the Children and Christian Aid. In Africa you became very ill after contracting encephalitis – this nearly saw you off. However, you returned home to the UK and after a lengthy battle you recovered, and once again went back to your first love – nursing. Now in your 90s and widowed, the impact of this once busy life is telling. You struggle to mobilise and feel unsafe to go out on your own in case you fall, or cannot make it back to the safety of your flat. So you rely on friends and family to take you out for the day – thankfully you have good friends and family.

One day Betty was contacted by the QNI and offered the opportunity to chat to a fellow Queen's Nurse, one who does not see the disabling impact of age and disease but is merely a friendly voice on the other end of the phone. But could you talk to a complete stranger? Yes, of course, you could – we are nurses, it's what

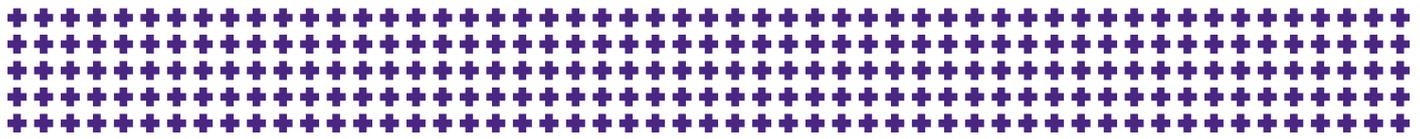
we excel at! So the QNI put the two of us in touch for a regular phone conversation.

Betty readily talked about her career and experiences as a nurse, which was great as she often felt she bored her friends and family with these stories. As a fellow nurse, I was interested, I hadn't heard the stories before and wanted to know how Betty had managed these challenging situations. We also shared a moan or two about the lack of funding in the NHS and the invisibility of community nursing. Better yet, we had a laugh about general day-to-day things that happen to you in a way that only nurses can understand. We have a strange sense of humour, us nurses!

So what about me, the volunteer, what do I get out of this? I find this a very valuable and rewarding experience, my phone call, and yes sometimes my meetings run late and I am late contacting Betty, or they run so late I know that Betty will be with her carers, so I give her a call when I have a minute the next day and we re-schedule; that's life! Betty and I have agreed that these things happen and we will eventually catch up and move on from there; she knows what it's like after all.

Nonetheless, I can hear that the call, usually 20 – 30 minutes, sometimes longer if we are on a roll, makes a difference to Betty. Sometimes at the start of our conversations, she seems weary, and I think I will not keep her long today. Then I ask a question and she perks up and we're off! 40 minutes later my calendar is telling me I'm late for a tutorial or a meeting... story of my life!

In late October 2018 Betty was unwell. I had concerns during our last conversation – things were not quite right, you know as nurses... we just know. Unfortunately, Betty was admitted to hospital and died a few days later. I write this blog in memory of a wonderful person, a nurse, who had led a wonderful and fulfilling life.



## Keep in Touch project volunteer QN Candice Pellett OBE



Candice (right) with her KIT partner

The QNI, facilitates a great telephone project called “Keep in Touch” (KIT) that strengthens the Queen’s Nurse community, past and present. The project offers current Queen’s Nurses opportunities to speak to retired Queen’s or community nurses regularly on the

phone, to talk about life experiences, aspects of nursing past and present, memories and future plans. It encourages social interaction, creates new bonds and as one of the volunteers said, is truly ‘a two-way benefit’!

The project started in 2016 after the QNI recognised that many retired nurses felt socially isolated from their nursing community, that many had spent their whole careers working in, and expressed sadness and regret at not being able to talk to other nurses following retirement. Many retirees had lost touch with nursing friends and colleagues and were no longer able to share experiences and reminiscences of their past nursing career.

Early in 2018 I decided to find out more about volunteering on the KIT project. I had recently left the QNI where I had been working as a Project Manager, so I had heard a fair amount about the KIT project from colleagues I had worked with and from hearing feedback from some of the volunteers.

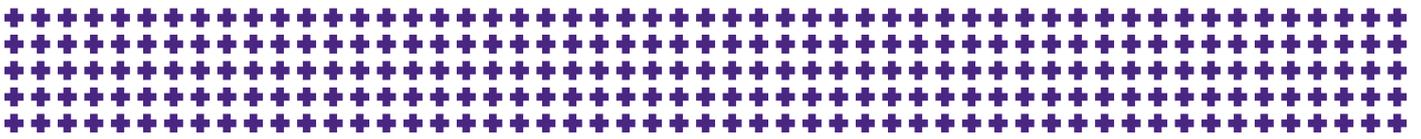
I had spent many years working as a District Nurse, covering a wide geographic area, with many patients on the caseload living in rural areas of the county. The majority of people we visited were older people, many were lonely as they had lost a partner or were isolated due to the environment where they lived. Transport services into the town were sporadic, with very few buses servicing the rural villages or hamlets.

Poor mobility and ill health increased the feeling of social isolation and loneliness and many looked forward to the visit from the community nurse, as this was often the only face to face contact they had in days. Having spent most of my nursing career caring for older people, I could really understand why retired nurses may also feel “cut off” and isolated without the nursing team, comradery and colleagues around them. Prior to starting as a volunteer, the QNI organised an insightful induction day where I was provided with a dedicated mobile phone, paid for by the KIT project. This ensures that there are no financial costs incurred to either the volunteer or the retired nurse. I was then “matched” to a retired community nurse and given a pre-agreed time for my first phone call arranged by the QNI. That first call was made to a retired nurse almost a year ago and it has been the most fascinating 12 months of learning and sharing together. The lady I phone has had a very varied nursing career and to hear the stories about her work as a nurse is truly inspiring. She is also interested in my career and current role and she has given me much “food for thought” with ideas that I am working on.

We speak weekly with an agreed time to call. She is definitely not socially isolated and has a great network of family and friends, but our weekly catch-ups give us both the space and time to talk about her experiences as a nurse and to hear about her life now. It really is a “two-way” experience and we have shared many laughs and emotions together that come with life changes. Being a volunteer definitely has reciprocal benefits; sharing knowledge from our nursing profession, supporting each other and generally talking, listening and hearing her stories that bring her nursing career “alive” for us both.

It was lovely having the opportunity to meet her at Frogmore last year at the National Gardens Scheme event in Windsor. Not all volunteers get the chance to meet their retired nurse and I am truly humbled to call this lady my friend.

*Candice Pellett OBE*



# Being part of the QNI KIT Project

## Angela Williams, QN, KIT volunteer and Ann Lee KIT contact

'I was introduced to the Keep In Touch (KIT) project through a fellow Queen's Nurse, Jane Wright, who has been involved with the project from its early development. She spoke highly about the project with enthusiasm and passion, encouraging me to volunteer and to attend the training sessions with Suzanne Rich (QNI Project Officer) and Jo Moorby (QNI Grants Manager). The idea of supporting someone and being there to talk to them over the phone appealed to my nature and before I knew it I was training to become a KIT volunteer.

This all happened over 18 months ago and since my induction training I have been contacting Ann, my KIT contact on a weekly basis. Being matched with Ann has been incredible, and we both believe Suzanne Rich has a 'sixth sense' to be able to make such a perfect match. The reasons I wanted to become involved with the KIT project included reasons such as 'to hear stories and perhaps prevent loneliness and isolation; to make a difference to those who preceded us in the profession; to learn new skills and support a valuable project'. These reasons have been more than fulfilled, and the benefits of being involved in the project illustrate how a telephone conversation has the potential to impact on improving a person's emotional wellbeing.

The common factors in both my and Ann's lives keep our hour long weekly conversations going strong and the reciprocal benefits are valued by both of us. The focus is always on what matters to Ann. We decided to write this story together because we both acknowledged the benefits of the telephone support mechanism and the sharing process which has most certainly created a 'sense of belonging' and has given Ann the link to nursing (and nursing companionship) which she was so involved with before her retirement.

A real but 'virtual' friendship has blossomed, despite not having met in person, and living miles apart. Ann says, 'We have developed a special

friendship and I look forward to our weekly chats. The contact we have makes me feel special and that Angela remembers what I have been up to makes a difference.'

We have lots to share with each other and this includes topics such as our families, gardening, chatting about the current NHS system including the many changes, plus sharing our holiday plans and incredibly discussing current football issues – both premiership and championship league facts! Having all these ordinary everyday topics in common and talking freely about them appears to have positively improved Ann's sense of well-being, by providing a friendly environment which enables her to talk about her everyday life in a safe way. Ann highlights some of the benefits which are:

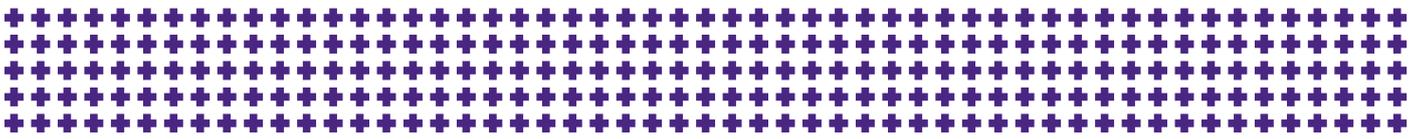
'I have regular updates about the NHS which is so different than when I trained in the 70's'.

'I find it so easy to talk with Angela and always come off the phone feeling uplifted even after having an awful week'.

'Even when I talk about my dogs I feel Angela has time to listen'.

There is a virtual connection between the two of us which has enabled Ann to feel at ease to chat. Both Ann and myself have acknowledged that the simplicity of an everyday 'phone chat' has helped create a positive sense of wellbeing and reinforces the concept that a small gesture can go a long way to making an impact on someone's life. Both of us feel we have found a special friend and we are grateful to Suzanne for matching us up.'

*Rich, S., Moorby, J. and Wood, C. (2017) 'Retired and current nurses shared experiences: The QNI 'Keep In Touch' project' British Journal of Community Nursing. 22 (1), 658 – 661.*



## Frogmore Garden opening 2019



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 8th May 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 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 work of community nurses and the huge respect and understanding that garden owners have for them. Neil Dodds, Frogmore's Head Gardener, gave an hour-long guided tour through the garden which delighted everyone.

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.

## The Ellen Mary Memorial Prize



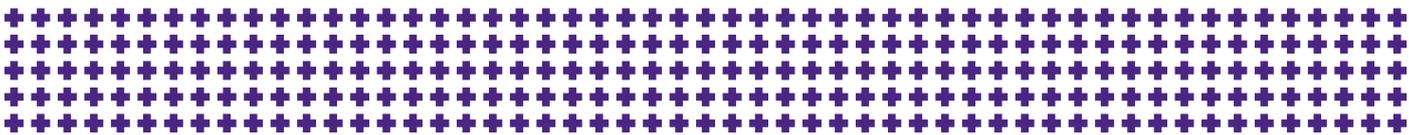
The QNI has launched a new academic prize for students of specialist nursing programmes in England, Wales and Northern Ireland. The Ellen Mary Memorial Prize is available for students of the Specialist Practice Qualification in General Practice Nursing (GPN SPQ). The prize is available at every university that offers the NMC-approved course.

The Prize has been made possible thanks to the generous donation by the family of a General Practice Nurse and Queen's Nurse, Gill Boast, and is named in memory of her late mother.

Ellen Mary was born on 14th June 1927 and died aged 90 on 11th November 2017. Ellen dedicated her life to helping others. This included working for the St John Ambulance Service to provide first aid and home nursing. When the second world war ended, Ellen had to relinquish her job for the returning soldiers. She went on to

use her knowledge and skills in a dispensing pharmacy and planned to study pharmacy at Leeds University – but men were given priority for the places and eventually Ellen met and married her husband Tip and gave up a potential professional career as women so often did at that time. Ellen went on to have three children, one of whom was physically disabled. Ellen worked hard to ensure that her disabled son would not be disadvantaged and he has gone on to exceed all expectations. During the time that the three children were growing up, Ellen was a School Cook – in the days when schools cooked everything from scratch. She became a 'Special Constable' and served her community as a Special Constable for 21 years.

Gill Boast, one of Ellen's children, trained as a nurse and is now working as a university lecturer and an Advanced Nurse Practitioner in General Practice. Gill was awarded the title of Queen's Nurse in 2015. The QNI is delighted to honour Ellen Mary's family's wishes and use the legacy to recognise, inspire and reward the most outstanding General Practice Nurse students every year.



# 'The Rules of Health and Comfort: A History of Care at Home.'

A joint event by the QNI and the Royal College of Nursing



then spoke about their experiences of working in the city in the 1960s to 1980s. Janet McGurk QN gave a fascinating talk about her work as a District Nurse in the city. She described the lengthy processes that nurses had to go through in the days before sterile packs, when equipment had to be sterilized in the patients' homes by whatever means were available. Needles had to be wrapped in newspaper and trodden on to break them after they had been used. This brought gasps from the assembled audience, where this would be unimaginable in today's nursing practice.



On 17th July QNI and RCN staff travelled north to Sheffield to hold a special event to celebrate the heritage of District Nursing. The joint event, in the grand surroundings



Janet McGurk with members of the Sheffield group, celebrating her 90th birthday.

of Sheffield Central Library, was part of the RCN's exhibition 'Aspects of Age' that runs throughout the summer. There were three main speakers at the event, chaired by Judith Devine from the RCN History of Nursing Group.

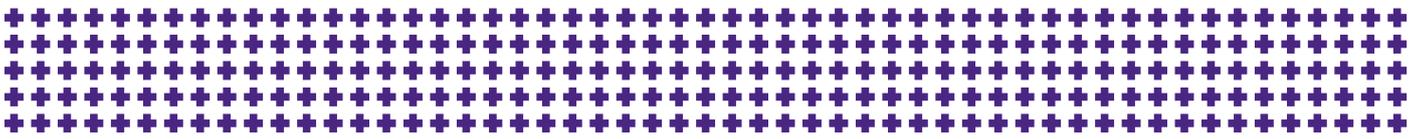
Dr Susan Cohen, a well-known historian of nursing, who has written a number of books about District Nursing and Midwifery, gave an overview of the origins and early development of District Nursing in Liverpool, led by William Rathbone and Florence Nightingale. She also talked about the development of District Nursing in cities in Yorkshire and beyond.

Two retired Queen's Nurses from Sheffield

We also heard from Julie Taylor, who worked in the night cover team in the city for 30 years. Despite the challenges of working at night, including a reputedly haunted nursing station, Julie said the team always worked well together and she never wished to leave. Summer nights were not too hard, but the long, cold nights in winter were a real challenge and nurses could cover up to 60 miles driving over the course of the night. Julie also spoke about being stopped by the police when she was out visiting patients at night, who were concerned for her safety. In due course, nursing auxiliaries accompanied the district nurse on her home visits which made things a little safer for the night shift.

There followed a lively question and discussion session from the nurses attending, who included a number of current District Nurses from Sheffield. Thank you to everyone who attended the event and in particular our wonderful speakers who helped bring the past so vividly to life.

Six retired QNs/DNs met up with QNI staff prior to the event and shared many fascinating anecdotes from their careers highlighting how nursing has changed to its present form.



## Obituaries

- We were sorry to learn that **Doreen Gaging, QN** passed away at the age of 99 earlier this year. Doris had been a Queen’s Nurse and in retirement was interested in watercolour painting, arts and crafts, knitting and socialising with her friends and family.
- We were informed too of the passing of **Sheila Jackson QN** who died in April this year. Sheila lived in Sheffield and had enjoyed walking all her life.
- We were sad to learn that **Bettina Cohn QN** passed away in March this year. She had been a refugee from Germany and came to the UK in 1938. She trained to be a QN in Exeter and was part of the Somerset Group. Bettina retired at 60 and lived in the former Nurses’ House which she bought in 1974. Bettina kept in contact with the QNI and was always interested in our work. Bettina was also part of the Keep in Touch group and is much missed.
- We were sad to learn that **Teresa Maureen Miller QN** had passed away in July this year. Her husband Mr N Miller, wrote to us saying that Maureen had gained her Queen’s Nursing qualification early in her career and worked as a District Nurse in Widnes almost

all her working life. Something she was very proud of.



- **Ann Birkett QN** was also a very talented artist who sadly passed away in April this year. Ann regularly sent to us lovely cards which she had drawn or painted herself. Ann trained as a midwife and worked in the Norwich area – she remembered having delivering 3 babies in one shift which was quite a challenge. Here is a small example of her artwork (see left). Ann was a member of our Keep in Touch group and her volunteer was very sad at her passing.
- We were sorry to hear that **Joan Brindle QN** (nee Smart) had passed away. Joan qualified in 1932/33 and became a QN around 1947. Joan’s son Stephen told us that she thoroughly loved her work and was sad when the time came for her to retire. He recounted a story that Joan used to tell of a patient who lived in Streatham Hill who had 22 cats. It seemed that his mother’s main duty seemed to be feeding the entire brood. Joan had been based at Tulse Hill and nursing was her passion.

## The History of the Long Service Award

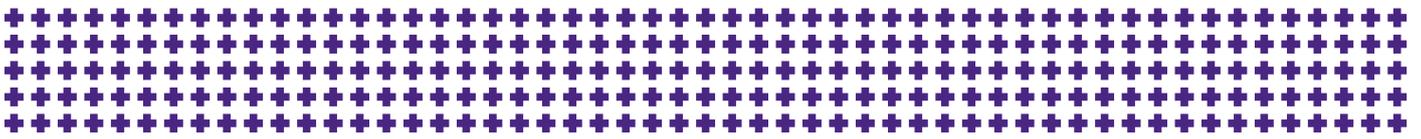
We were contacted by the QNI Scotland (QNIS) to share some research into the history of the QNI Long Service Badge for 21 years’ service, and we thought we would share with our readers. Here is the article by Phyllis Runciman:

### The Long Service Award

Why was eligibility for the Long Service Award set at 21 years? Its origins are related to superannuation and pension provision. The period of 21 years goes back to 1925, associated with the development of a superannuation scheme for Queen’s Nurses. The 33rd Annual Report of the Council of the QVJI for Nurses in 1942 notes that: ‘The provision to be made

for Queen’s Nurses in their old age has been engaging the attention<sup>1</sup> of Council and of the affiliated organisations.’

In 1924 a scheme by which the affiliated associations would make an annual payment of £3 for each nurse in employment was agreed. In 1925 a superannuation scheme was organised, and the associations were asked to contribute the £3 a year per nurse to a Long Service Fund. After 21 years’ service with the Institute, nurses subject to a means test were able to receive a small pension. Queen’s Nurses resigning on or after 1 January 1930 having served for 21 years and reached the age of 55 received an annuity



from the Long Service Fund. The scheme existed until 1944.

Monica Baly in her history of the Queen's Nursing Institute notes a difference however, in the early years between financial support for nurses in hospital and public health posts.

'In 1928, after negotiations by the College of Nursing, the Federated Superannuation Scheme for Nurses was established, by which the employee paid in a percentage of his or her earnings and the employer paid a percentage contribution with benefits paid on an actuarial basis. Many voluntary hospitals participated and local authority hospitals often had their own schemes. Unfortunately, district nursing associations did not feel able to participate and this produced a further gap between the incentive to hospital work and district nursing. Throughout the early 1930s a recurring theme of the Public Health Section of the College of Nursing was a resolution requesting that the Ministry of Health ensure that the Federated Superannuation Scheme be adopted for all public health nurses.'<sup>2</sup>

Baly suggests however, that until district nursing joined the Federated Scheme, 'all was not hardship'. Money was available to support holidays home and abroad, and attendance at conferences such as the ICN Congress. Interestingly, Wales had a provision similar to Scotland's Colinton Cottage. In 1911, a Miss Harriet Hughes bequeathed to the Institute, Bryn-y-Menai, a beautiful house above the Menai Strait, as a home of rest for Queen's Nurses. Four years before in 1907, Christian Guthrie Wright had on her death, bequeathed her Colinton home to the Queen's Nursing Institute Scotland. The home of rest in Wales closed in 1947.

### Scotland and Pension Provision

The opening text of the original annual reports of the Queen Victoria's Jubilee Institute is in three sections, one for each Council: first England and Wales, then Scotland and finally Northern Ireland. In the 32nd Annual Report, Scottish Council was

noted in 1921 as having a programme for the provision of a pension for their nurses of £20 per annum at the age of 55 on completion of 20 years service. This predates by four years the 1925 agreed superannuation provision with its eligibility set at 21 years service.<sup>3</sup>

### Badges

The first mention of leaving badges was found in the 27th Annual Report where it is noted that in 1921, leaving badges were awarded to Queen's Nurses who completed 6 years service.<sup>4</sup> Leaving badges in relation to length of service therefore existed before considerations of superannuation and pension. The concept of long service defined as 21 years was to come later in the context of concern for finance and welfare for older Queen's Nurses.

Also, there is mention in the 1960s of an additional award of a 21 year Administrative Service Badge alongside the 21 year Long Service Badge of the Institute.

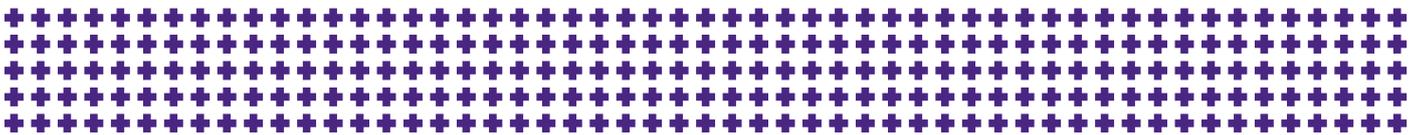
### Note

There may have been debate in Scottish Council over the years about changing or continuing the longstanding criterion of 21 years for long service award, particularly at times of change in superannuation and pension arrangements, or when discussing criteria for welfare support. Discussion and decisions are likely to be in minutes of the General Purposes and Finance Committee; these records are available in the RCN archives held off-site in Edinburgh.

### References held in RCN Edinburgh archives

1. 33rd Annual Report of the Council of the Queen Victoria's Jubilee Institute for Nurses 1942
2. Baly M. A history of The Queen's Nursing Institute. 100 years 1887-1987. Croom Helm, London, 1987
3. 32nd Annual Report of the Council of the Queen Victoria's Jubilee Institute for Nurses, 1941
4. 27th Annual Report of the Council of the Queen Victoria's Jubilee Institute for Nurses, 1936

**Phyllis Runciman, 20 January 2019**



## More Pictures of Health - a history of nursing



A book of hospitals and nursing shown in vintage picture postcards, by Queen's Nurse Cynthia O'Neill.

their patients, and the hospitals and other settings where they cared for them. A fascinating book for anyone interested in medical, nursing or social history in the UK.

This book brings together a unique collection of historic postcard images of healthcare subjects, including doctors, nurses,

Priced at £5.50 including post and packaging. If you would like to buy a copy please send a cheque (made payable to The Queen's Nursing Institute) to The Queen's Nursing Institute, 1A Henrietta Place, London W1G 0LZ.

## Historical notecards available



We have created a new pack of heritage notecards to sell. The pack - which includes six notecards - costs £4.99 including 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 send a cheque (made payable to The Queen's Nursing Institute) to The Queen's Nursing Institute, 1A Henrietta Place, London W1G 0LZ.

## 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](mailto: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](mailto:mail@qni.org.uk) or write to Joanne Moorby, 1A Henrietta Place, London W1G 0LZ.

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