

# Queen's Nurse Annual Meeting

Monday 27 March 2023 - on Zoom

## 'The People We Serve'

# SUMMARY

#QNDay2023

## Welcome

Dr Crystal Oldman CBE, RN, R HV, QN, Chief Executive, The QNI; Professor John Unsworth OBE RN, DN, QN, QNI Chair of Council, Professor of Nursing, Northumbria University

- Welcome everybody, it is wonderful to see you all here.
- #ExtraordinaryQNs: You've raised the profile of community nurses, so thank you! You have been amazing and we certainly can't do our policy influencing work without your voice at the table with us.
- We remember those who died during the pandemic. On 23rd March we participated in the UK's third National Day of Reflection. We pay tribute to them and the families and friends that mourn them.
- We also remember our colleagues in Ukraine, after over a year of war. The QNI is a member of the International Council of Nurses (ICN) and we support their humanitarian fund - nurses supporting nurses, if you would like to donate the link is here: <https://icn.ch/what-we-do/projects/icn-humanitarian-fund>
- Influencing policy: you'll know we welcomed 317 new QNs in November to our community and one of the messages to all new and current QNs is you can do your bit in influencing policy by offering politicians the opportunity to spend a day with you to see work as done rather than work as imagined. Wes Streeting shadowed one of your fellow QNs Liz Alderton and within 2 weeks he was at the labour conference, saying he would increase the number of district nurses and health visitors if Labour came to power. There are tangible outcomes with the shadowing opportunities.

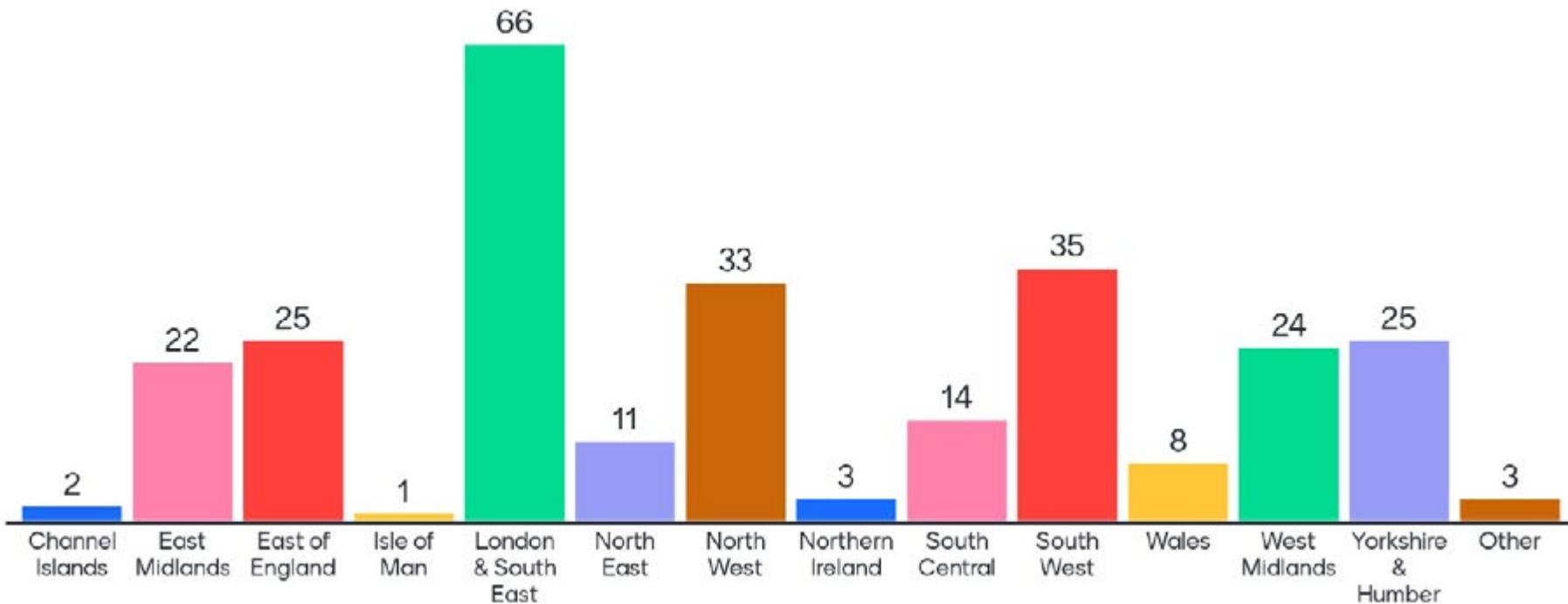


# Welcome

Dr Crystal Oldman CBE, RN, RHV, QN, Chief Executive, The QNI; Professor John Unsworth OBE RN, DN, QN, QNI  
Chair of Council, Professor of Nursing, Northumbria University

- There are now 2000 of you - you're amazing in your support. Next week the applications open for the QN title and I want to talk to you about racism.
- You may have heard of Michelle Cox vs NHS England, an employment tribunal where the results were known 4 weeks ago. Michelle Cox suffered hideous racism at the hands of NHS England. It won't just have happened to Michelle, it will be many of our global majority colleagues, it's shameful and we must be doing more about it.
- It's not just reading about it, it's about taking action, reflecting and then thinking what is it that I can do? Some of the things we are doing as an organisation: nearly 3 years ago we undertook a race equality and inclusivity review (<https://qni.org.uk/explore-qni/about/race-equality-and-inclusivity-review/>). It was undertaken by one of our trustees who looked at our Council and the work of the QNI and we set up an action plan which is explicit. One of the actions I want to highlight – there are many – is increasing the number of BAME global majority nurses in our QN network. We know that we don't reflect the percentage of BAME global majority. BAME colleagues number 26% in the NMC register, at a minimum that's what we should be. This is a call to action, the QN application process opens in next few days, what I'm asking is for you to identify a BAME colleague who you know would make a fantastic QN and encourage them to apply. The link for applications is: <https://qni.org.uk/nursing-in-the-community/queens-nurses/apply-become-queens-nurse/>

Mentimeter word cloud before the conference:  
'Where are you from?'



Mentimeter word cloud before the conference:  
‘Please describe how you are feeling in one word’





## 1. Tai Chi

Naomi Purdie Naomi Purdie RGN, Consultant Nurse for Frailty, Southern Health, @Naomipurdie04

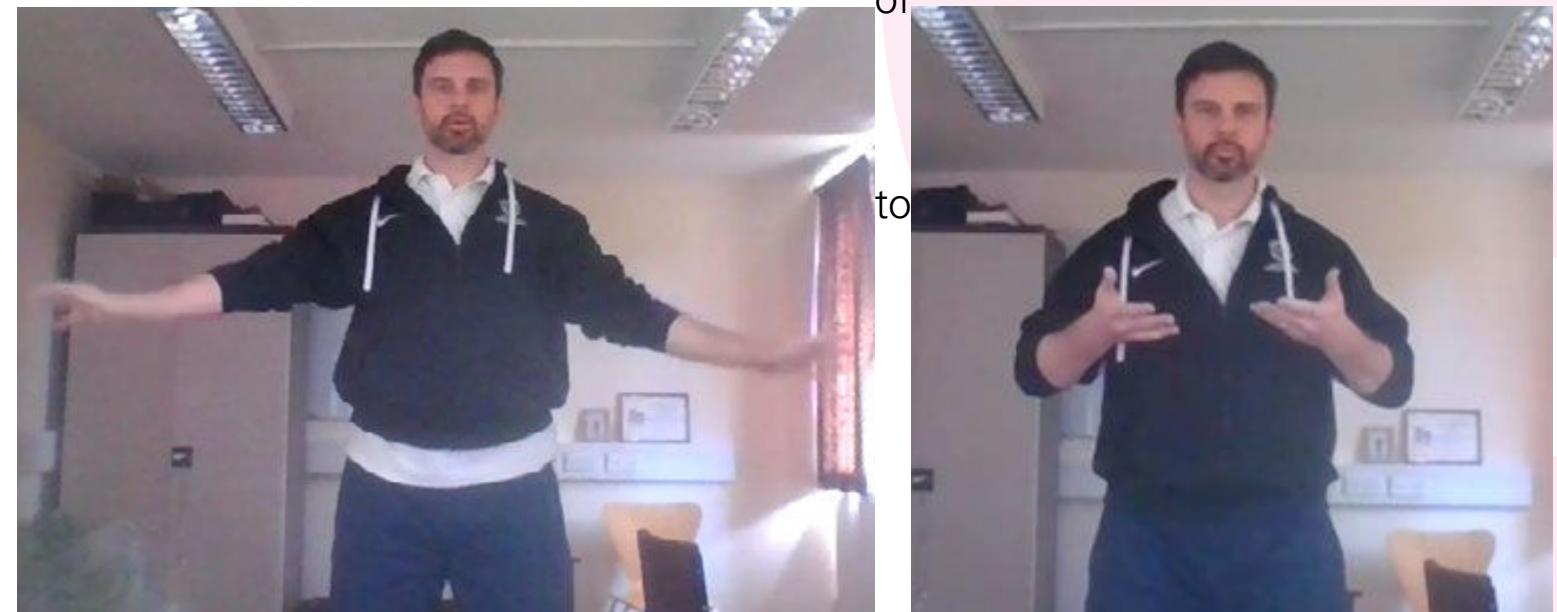
- The project was about improving the wellbeing, mental health, strength of people living with frailty in a care home. It was promoting social inclusion - inclusion for all - with seated or standing Tai Chi. The classes were offered weekly over 10 months.
- Both care homes involved in the project are continuing to fund Tai Chi classes, although not weekly due to financial constraints. Other care homes in the local area are also having Tai Chi classes for their residents.
- Quote from one of the residents on the Tai Chi classes, 'Life is good; it has given me a better outlook; it has made me more active; it has helped me relax; it makes me feel better'.



## 1. Tai Chi cont.

Stuart Purdie, HCSW Urgent Community Response and Student Physiotherapist

- I've been practicing Tai Chi for 20 years, and teaching it for 6 years. Tai Chi is a martial art, it's 800 years old. Nowadays it's used more as health exercises and it's good for relaxing, it keeps you in the moment, with breathing and concentrating on the now. It's part of NICE guidelines for balance and for chronic pain. The gentle movements keep people moving from a physio point of view which is a good thing.
- Start off fingers tips facing down, lift hands up, turns palm over and push down as if standing up. Lift hands, and now we're going to go as if we're about to sit down and then push up standing. Bend the legs as you lift the arms and then standing up as we push back down. Add in the breathing, the breathing is diaphragmatic breathing, it uses bottom of the lungs, your stomach should expand as you breathe. Breathe in and breath out.
- If you would like watch the recording of this, please visit: [www.xxx](http://www.xxx)



## 2. Compassionate and Authentic Leadership

Fatima Khan-Shah, Associate Director - Long Term Conditions and Personalisation, NHS West Yorkshire Integrated Care Board, [@shutcake](#)

- Personalised care is what matters to people and who matters to people. Many determinants affect people's health journey. We can't operate in silos, people are messy, life is messy. We need to be more radical in how we deliver services. It is about speaking truth to power.
- There are not many people like me: British Asian Muslim woman in a senior role. A nurse contacted me saw my potential and enabled me to get into this shared leadership space.
- When we come into work, we bring in everything. My mum taught me the importance of service to people. My mother in law started my journey into healthcare, I had an arranged marriage at 24. I clocked immediately that my future mother in law had dementia. And then because I don't do things by halves, I got married, changed jobs, changed towns, and had a baby. My mother in law deteriorated quickly. Caring can take over everything. I lost myself, I felt my career was over, I felt I was not being a good wife or mother. My GP said to me you've got 2 options there's nothing physiologically wrong with you, what's wrong are your circumstances, you need to change them. That was epiphany moment, it made me take control of my family's circumstances. It's about influencing at right levels, strategic levels.
- When I saw Rob Webster at an event and he told his story it was really authentic and captivating. I cornered him afterwards - he got a parking ticket as a consequence of that chat! He said to me, 'I completely agree with you what you're saying, come and work with us and make it happen.'

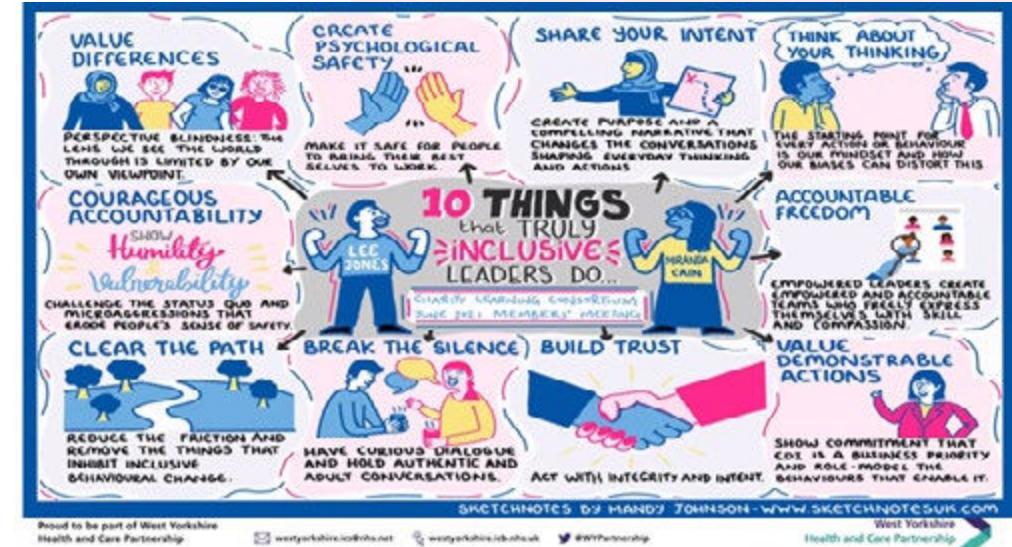


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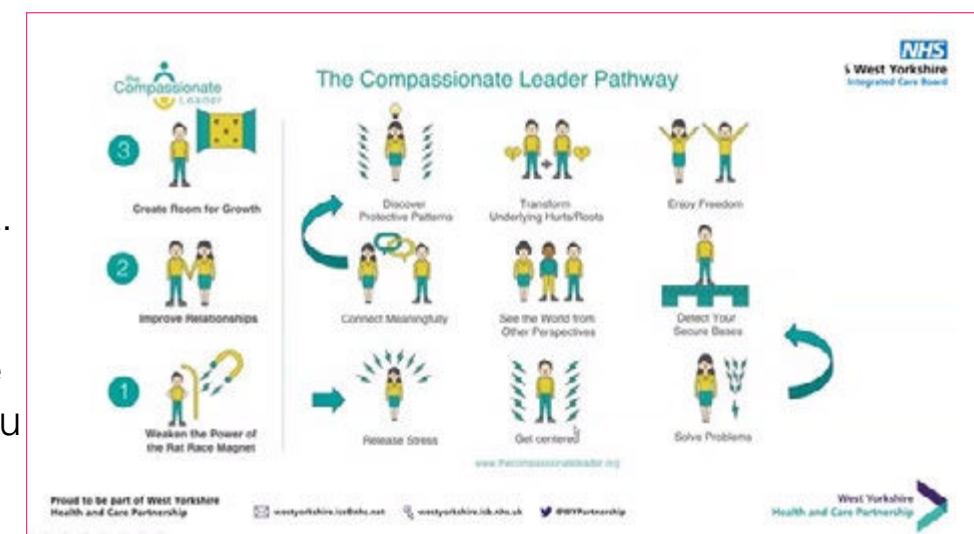
- One thing I learned on my journey when I started, I was very angry and shouty. I realised that when I was shouting they just heard the shouting they didn't see the struggling woman. When I brought solutions people took me more seriously. As nurses you may come into touch with the shouty patient/carer - that person is often drowning, try and really listen to them and figure out why they are the way they are. They are trying to help, harness that potential.
- To be authentic you have to share yourself and your vulnerability. It's humbling.
- I call myself a sales person a lot of the time, I need to get people united behind a vision, and then make clear what I want from that person. I never do the same elevator pitch twice. I'm tailoring my story to the audience I'm talking to.
- We need to be clear about values. It's about engaging with stakeholders when you say something you mean it. If you don't support it with demonstrable action it damages your relationship with any stakeholder. It's really important when we talk about our values that we emulate them.
- Think about the workforce - they're just coming out of a pandemic, you have to listen with fascination, not just asking if someone is OK, there needs to be an element of coaching.



## 2. Compassionate and Authentic Leadership

Fatima Khan-Shah, Associate Director - Long Term Conditions and Personalisation, NHS West Yorkshire Integrated Care Board, @shutcake

- As leaders you need to be authentic to yourself too. What do you do for your own self care? If you don't do self care you're not going to be the leader you want to be. You need to invest in it. It centers you and makes you a better leader. Self care is not selfish. You can't pour from an empty cup.
- During the pandemic, every connection with the outside world was overfilling me, triggering my anxiety, so I silenced all social media first. I did things that gave me joy, I took meetings on walks with a bluetooth headset: total game changer. When you finish work, what is your psychological break? How does your mind realise you've left work? I'd block time in my diary and go and load the laundry, etc the brain is still doing the work underneath even when doing those mundane tasks.
- Nurses are the embodiment of compassionate and authentic leadership, crucial to a movement of change. They are the people who speak truth to power. We need to enable them to do more of that. @shutcake at #QNDay2023
- It's OK to not be OK, it takes courage to say that. Seek support. There is no silver bullet, or quick fix. This is a marathon, take yourself out of the noise and focus on what matters. Let go of the things you can't control, focus on what you can control: the connection with the people you work with. Follow the hope. You are all beacons of hope. Find things that bring you joy.



### 3. The Margaret Olivia Heys Annual Queen's Nurse Lecture: Putting Sustainability at the Heart of Person, Family and Community Centred Health and Wellbeing

Rodney Morton, Deputy Director of Nursing For Innovation and Sustainability, Quality, Safety, Improvement, Transformation and Sustainability Directorate, Office of the Chief Nurse, NHS England

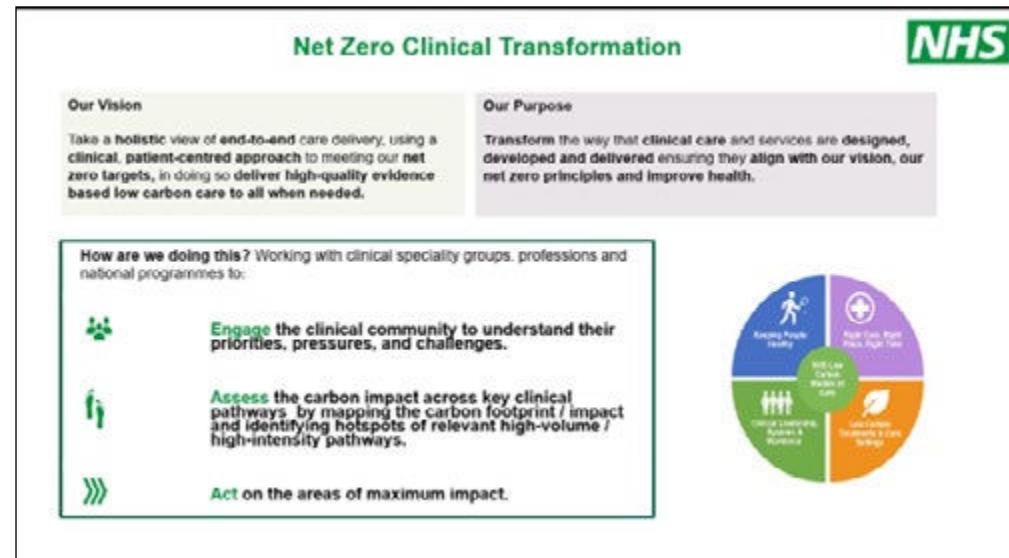
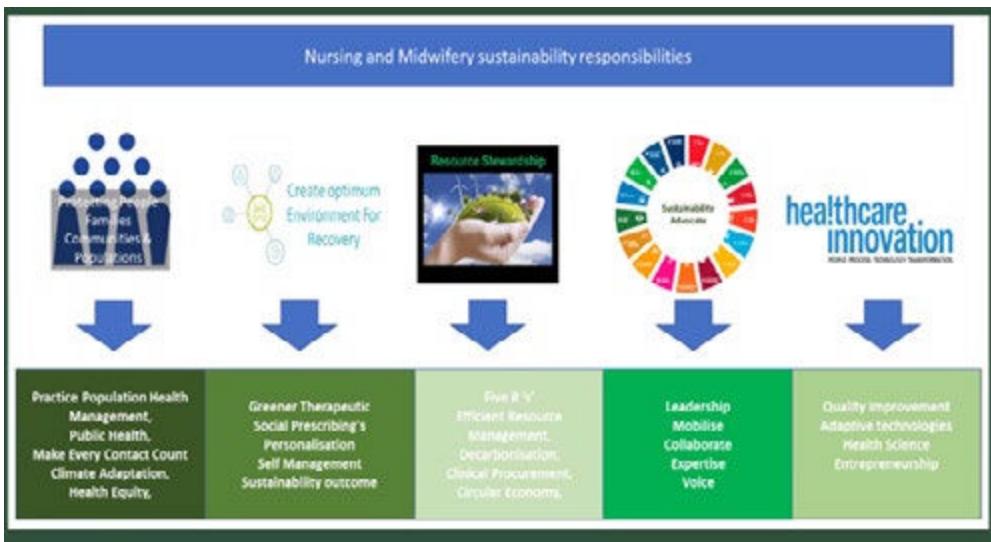
@RodneyMorton16

- The title of today's conference is very apt: the people we serve: sustainability is about the people we serve. I want to pay thanks for the work you do, day in and day out, the tremendous contribution you make every day.
- Climate change is real, it's happening right now, here, in this country and having a direct impact on people's health and wellbeing.
- Agricultural output is estimated to drop by 30% by 2050. Roughly half of the world's population currently experience severe water scarcity at least part of the year. 350 million people will experience water scarcity by 2030. If you thought Covid was bad, that the recession is bad, climate change will dwarf both of those.
- Fundamentally climate change threatens the structure of communities, threatens the population of the world. We have to look at what causes ill health. One of major threats is climate change: we need to address it, otherwise we'll see the cause and effect of that.
- The context of using health equity to understand that we as nurses can make to climate change, recognising that we have a fundamental role to play. The role of social prescribing, creating innovative solutions, building economic solutions at local community level.
- Those who will suffer the most are those from BAME community, those with mental health problems, those older citizens, those with long term conditions.



### 3. The Margaret Olivia Heyes Annual Queen's Nurse Lecture continued

- All care generates carbon, we have a duty as healthcare professionals to look at our carbon footprint and to address it in ways which reduce the CO<sub>2</sub> picture.
- Florence Nightingale was an environmentalist, if she were alive now, she'd be championing it all. She recognised the importance of the relationship with bio diversity. We need to rediscover that environmental theory.
- As Einstein said so well, 'The most important human endeavour is the striving for morality in our actions. Our inner balance and even our very existence depend on it.'
- For example, what the problem with disposable incontinence pads? They could take up to 500 years to break down - with an ageing population, this single-use problem is only going to grow, so let's nip in the bud.
- Prevention is better than cure - and there is hope. To twist the song, we have sustainable hope in a hopeful place.



### 3. The Margaret Olivia Heyes Annual Queen's Nurse Lecture continued

- We need diversity of thought, we as a nursing community, how do we stimulate that diversity? Let's go forward and build on that, let's amplify our voices.



## 4. Innovation Project Showcase

### 1. 'Digitalising Clinical Care' - Anita Astle MBE, Managing Director/Registered Manager, Nottinghamshire

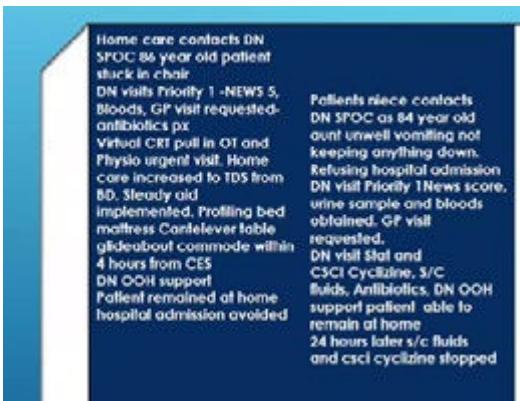
- Our care home has 54 individuals with complex needs, and dementia. Rather than calling them residents, we call them family members, we want it to have a friendly feeling.
- Our overall aim was to identify if it was possible to use digital technology to predict when deterioration would occur in frail older people with complex needs, living in a care home.
- We broke down our overall aim into several questions: Is it possible to predict deterioration in frail older people with complex needs? Can digital technology be used to identify deterioration in frail older people with complex needs? What digital technology is required to support the recognition of deterioration? Can early detection of deterioration in frail older people with complex needs prevent hospitalisation?
- Lockdown and lack of seeing relatives compounded the extra number of incidents.
- We used the following technology to predict when people were going to deteriorate: Person Centred Software; Ascom; PainCheck and Atlas.
- Our outcomes: we identified individual signs leading up to deterioration, for eg falls, loss of appetite; the nursing care team identified deterioration earlier and treatment was begun earlier. The incidence of distressed reactions reduced; a suitable algorithm to alert deterioration was identified (which the National Institute of Health Research is interested in creating).



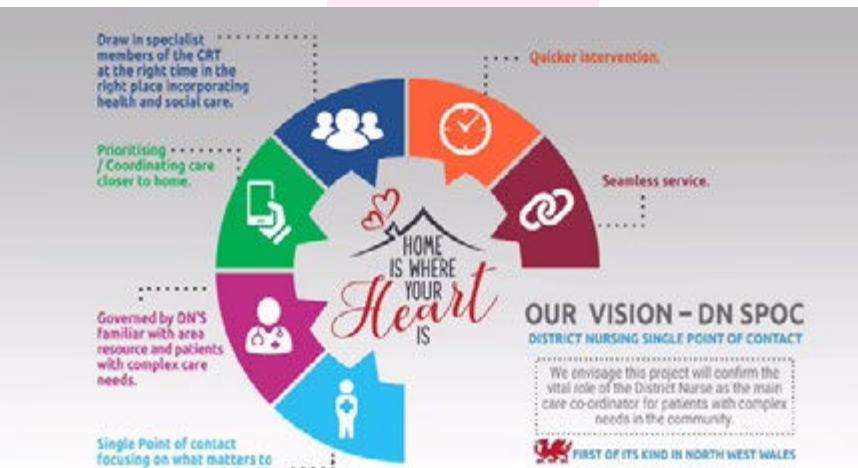
## 4. Innovation Project Showcase

2. 'Single Point of Contact' - Llio Griffiths RN DN, Trusted Assessor / Discharge Facilitator, BCUHB Angharad Jones RN DN, Discharge Facilitator / Trusted Assessor, Betsi Cadwalader University

- The aim of the project was to create a coordinated, person centred, seamless service, closer to home through a District Nursing Single Point of Contact (SPOC).



## CASE STUDIES



## 4. Innovation Project Showcase

3. 'Digital Diabetes Lifestyle Modification Programme' - Yemisi Osho MBE, QN,RN,RM,DN, BSc,MSc, PGDip,  
Founder/CEO Diabetes Action, London

- Project aims were to explore the impact of digital technology as part of integrated virtual platform lifestyle modification programme and to improve the uptake of a Diabetes Prevention Programme and mitigate the risks and complications of Diabetes among participants from a Black, Asian and Minority Ethnic background who have complex needs.
- Currently 4.7 million people have diabetes in the UK. South Asian and Black people are two to four times more likely to develop Type 2 Diabetes than white people - around 90% of people with Diabetes have Type 2 Diabetes. More than half of all cases of Type 2 Diabetes could be prevented and early diagnosis is vital.
- The lifestyle modification programme consisted of 5 components - virtual peer support, health education for Diabetes prevention and risk factors, online cookery, fitness, and mindfulness coaching.
- The programme showed great results with a number of participants (90%) indicating they improved their diet and made changes to their lifestyle. A majority indicated that they reduced their intake of high glycaemic, carbohydrate and high fat foods and increased their vegetable and fruit intake.
- A mean weight reduction of 5 kg for each participant was achieved within 6 months, across both genders and different age groups. 50% of participants achieved a demonstrable weight loss and improved BMI, total cholesterol and HbA1c through maintaining a good diet and physical activity.



## 4. Innovation Project Showcase

### 4. 'Stop TB' - Julie McLoughlin RN RSCN RHV, Tuberculosis Clinical Nurse Specialist, Birmingham and Solihull TB Service

- The aim of the project was to offer screening and treatment for latent tuberculosis to prisoners at HMP Birmingham
- We ran 17 screening sessions, lasting 2 hours each and we're able to screen 95 prisoners in total. 10 positive results, they started on treatment for 3 months.
- Out of 10 positives prisoners: 100% had a homeless history, 4 had had IV drug use, 4 had alcohol dependency; average time in prison 9 sentences each, more than 2 months. 60 prisoners refused to be tested, but were engaged in TB awareness so were educated about it.
- By the time the project came to an end, there was a 50% increase in referrals to the TB services, I could screen quickly. It certainly raised my profile in the prison, people knew how to contact me which was very beneficial. I had a lot of support from the QNI during the project with study days, professional support. As an innovation project group we were able to support each other, and learn from each other. The networking opportunities were excellent. It improved all our practice.
- During Covid the project paused, but we have plans to increase it in 2023.



## 4. Innovation Project Showcase

### 5. 'Sensory Garden' - Helen Hurst RGN QN, General Practice Nurse, The Orchard Surgery

- Our aim was to develop a garden for our Military Veterans and patients with learning disabilities - we used the garden - this blank canvas - to make a space for them.
- Hopefully the planting is going toward reducing carbon emissions.
- Epton pre school helped build the planters, we've had a lot of community help. We've built a gazebo, walkway for rain.
- We've planted 300 bulbs, crocuses, tulips and daffodils.
- Over winter we had to wait because of weather – lots of snow here!
- We're also working with the Defence Gardens Scheme and also the Poppy Appeal. We've got lots going on and it's trying to bring it all together.
- Gardening is prescription-free medicine with no dosage limit!
- This is where we're up to right now:



## 5. Queen's Nurses and the National Garden Scheme - A Powerful Partnership

George Plumptre, Chief Executive, The National Garden Scheme

- I just want to say today has got the most wonderful title, 'The People We Serve', healthcare is all about people.
- Our very long joint history and heritage with the QNI which is coming up to nearly 100 years, that is the foundation of everything we do today. The National Garden Scheme was founded by the QNI as a fundraising operation in 1927. In that first year 608 people opened their gardens. They all charged 1 shilling and raised £8000. In 2022, 3500 gardens opened and raised £3.8 million.
- One of things founded within that first year of opening was priority of accessibility. That is something inherited instinctively from the QNI - the absolutely watch word has been accessibility. Whoever you are, wherever you live, you will be able to access a district nurse, it's such a wonderful thing.
- In 2022 our annual donation was the largest we've ever given the QNI: £400,000. It's exactly double what we were giving QNI when I took over. Since our foundation, we've given over 6 million pounds to the QNI.
- As a Queen's Nurse the simplest way to help is by visiting an NGS garden. I can't tell you and what a difference it makes when a Queen's Nurse turns up at a garden and tells the garden owner they're a Queen's Nurse. That without a doubt would be a high point of all our gardeners' afternoons. The more people who visit the most funds we raise so the more funds we raise to have for you. It's a very virtuous circle.
- Opening your garden is another way to help if you are a keen gardener please do think of it: <https://ngs.org.uk/get-involved/open-your-garden/>
- The QNI's Head of Communications, Matthew Bradby, is opening his garden on 13 May in London: <https://tinyurl.com/428yn8kd>



## 5. Queen's Nurses and the National Garden Scheme - A Powerful Partnership

Jasmin Lanzaderas, Deputy Manager, Hollins Park Care Home and Elsie Wagg project lead in conversation with Amanda Young, Programme Director, The QNI

- Connecting with the senses is the project name - it's been our first year, everybody's enjoying it.
- The impact has been big. We don't have big lounges in the care home and since last year we've had birthdays celebrated in the garden; we've even had a 48th wedding anniversary celebrated there. It's somewhere our residents can go, be with nature and be out 'out'.
- The lady below (in pink box), she got to see her grandchildren for the first time after lockdown in the garden.
- The impact on staff has also been amazing. Before they used to take breaks in the car park, even in their car. But now we all go to the garden, we even have our MDT meetings in the garden. It's hassle free, it's outside, it's a win-win situation for us.



## 6. The Legacy of Bowelbabe

Heather James, Dame Deborah James' Mother in conversation with Professor John Unsworth OBE RN, DN, QN,  
QNI Chair of Council, Professor of Nursing, Northumbria University

- Heather James (HJ): Deborah was a teacher - she wanted to make a difference to children who didn't have the confidence - she believed every child should achieve to the best of their ability. I think she was a very successful teacher, she was heading to become a head teacher.
- John Unsworth (JU): she struck me a very driven individual. She was a gymnast and you were a gymnast coach weren't you?
- HJ: From 4 years old she trained 6 hours a week as a gymnast and it still wasn't enough for her, she always wanted more. By 6 years old, she was doing 18 hours of ballet a week. She's always said, 'Mummy why is there not more hours in the day? I don't have enough hours in the day!' From reception class, she would skip into school, she loved school.
- JU: She's done so much to raise awareness of bowel cancer, 'check your poo' and that's a really important message for all the 400 nurses here today. She was the person who convinced me to test privately when I was having symptoms. She's left a huge legacy. Her own diagnosis wasn't without symptoms, can you talk us through that?
- HJ: I'd never even heard of bowel cancer. She had stomach aches, diarrhoea, constipation. She was diagnosed with IBS. She went back 5 times. It was different doctors each time, no continuity of care. The warning flags just weren't seen. She was going to the toilet about 8 times a day and saying I've got blood in my poo, but doctors said it's haemorrhoids.



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- HJ: She paid for privately for a colonoscopy and that's when they found a massive tumour, but that was 7 months from when she first went to the doctor's. She was extremely tired, she was losing weight, but put that down to being a busy working mum.
- JU: I can see you're wearing one of Deborah's t-shirts: Rebellious Hope. It's like Michelle Obama said, 'You may not always have a comfortable life and you will not always be able to solve all of the world's problems at once but don't ever underestimate the importance you can have because history has shown us that courage can be contagious and hope can take on a life of its own.'
- HJ: I think when she was diagnosed my first thought was that you'll have chemo and an op - 6 months later that would coincide with my 60th birthday and we'd have a big party. But things don't go to plan. Within a few weeks we'd found it had spread to her lungs. Deborah always had rebellious hope. She did get an ED (no evidence of disease) after 18 months and I know that's different to remission, but unfortunately it did come back 3 months later. Deborah kicked the can down the road every time for longer and longer. One of the drugs that kept her alive for a couple of years wasn't available when she was first diagnosed, and her passion, when she was dying was to set up this fund so that drugs that weren't available 3 years ago might become available so she could keep kicking the can down the road. She had 105 chemotherapy sessions and over 100 radiotherapy sessions. There's only so much your body can take.
- What I would like to see, is if you've got symptoms like Deborah had, I would appreciate medical people telling patients, that they're not too young to have bowel cancer. She was told she was too young.

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- JU: Let's talk about the awareness raising, the podcasts she created, the social media toolkit
- HJ: She was brave - she dressed up as a poo and travelled up and down the train, everyone on the train realised what it was about. She wasn't embarrassed. The podcast won a major award (<https://tinyurl.com/bde7tecn>) - it was for everyone, old, young, men, women, they had a platform. The No Butts campaign was great. I will be launching that on 17th April on the telly. It'll talk about symptoms, any worries.
- JU: Her treatment during the pandemic, you were her family contact, how difficult was that?
- HJ: When Covid started Deborah was obviously very vulnerable and she had to go to chemo on her own, nobody was allowed to go with her. She said she was fortunate that she was two years into the treatment, so it wasn't new to her. She felt so sorry for those for who it was their first time. The first time, I went with her and she had a bad panic attack, but I was there and I could hold her hand. When she was in hospital for the last 6 months, there were no visitors other than me, she was desperate to see her children and her husband. And it broke her heart and mind when they walked past the window so she could see them. She came home to die and see her family. The isolation was so bad. Covid has a lot to answer for. How things were done perhaps could also have been kinder in the community.
- JU: Once we got the vaccination, things started to change. Deborah came to your home for end of life care?
- HJ: I was very grateful and honoured that Deborah wanted to come here. Being in a bungalow it was a lot easier, no separate levels that helped tremendously.

## 6. The Legacy of Bowelbabe

Heather James, Dame Deborah James' Mother in conversation with Professor John Unsworth OBE RN, DN, QN, QNI  
Chair of Council, Professor of Nursing, Northumbria University

- Her liver drains needed flushing every week and I assumed that that would be done. But there was nobody qualified to do that. There was a lovely hospice nurse who came and very kindly did it. But no community nurse could do it. We ended up learning how to do it. They didn't have paddings available either, I had to buy those.
- JU: It's fairly easy for staff to learn how to drain the liver. This is all about learning from mistakes and Deborah made such a difference. It was great to see her with the Prince William getting her Dameship.
- HJ: yes she was sat outside when the Prince William came. He expected to see her in her death bed I think but she was outside. She was on the sun lounger. The nurses when they came over were surprised to see her on the sun lounger, I got a portable clothing rail and we hooked the antibiotics over that. It's so much better being outside than in a dark room. She could see nature, the butterflies.
- JU: I understand she had trepidation of the syringe driver.
- HJ: My mother and my sister both had syringe drivers - my mother against her will. Deborah was very adamant she didn't want a syringe driver. She could swallow, she could eat, food wasn't that important because of the cancer. We only put it in 7 weeks later, that's a long time. She didn't want a bed pan or to be catheterised. Right up to the hour she died, we would lift her up onto the commode. For a young woman it meant to keep her dignity. Unless you've got a family around you to keep your dignity that would have been quite difficult.
- JU: As a family you did such a great job doing that at home. How tiring, you really did a fantastic job. Deborah's legacy is outstanding and it's great it's continuing with you raising awareness - particularly in younger people.
- HJ: and in vegetarian women! As it's often in overweight meat-eating males.

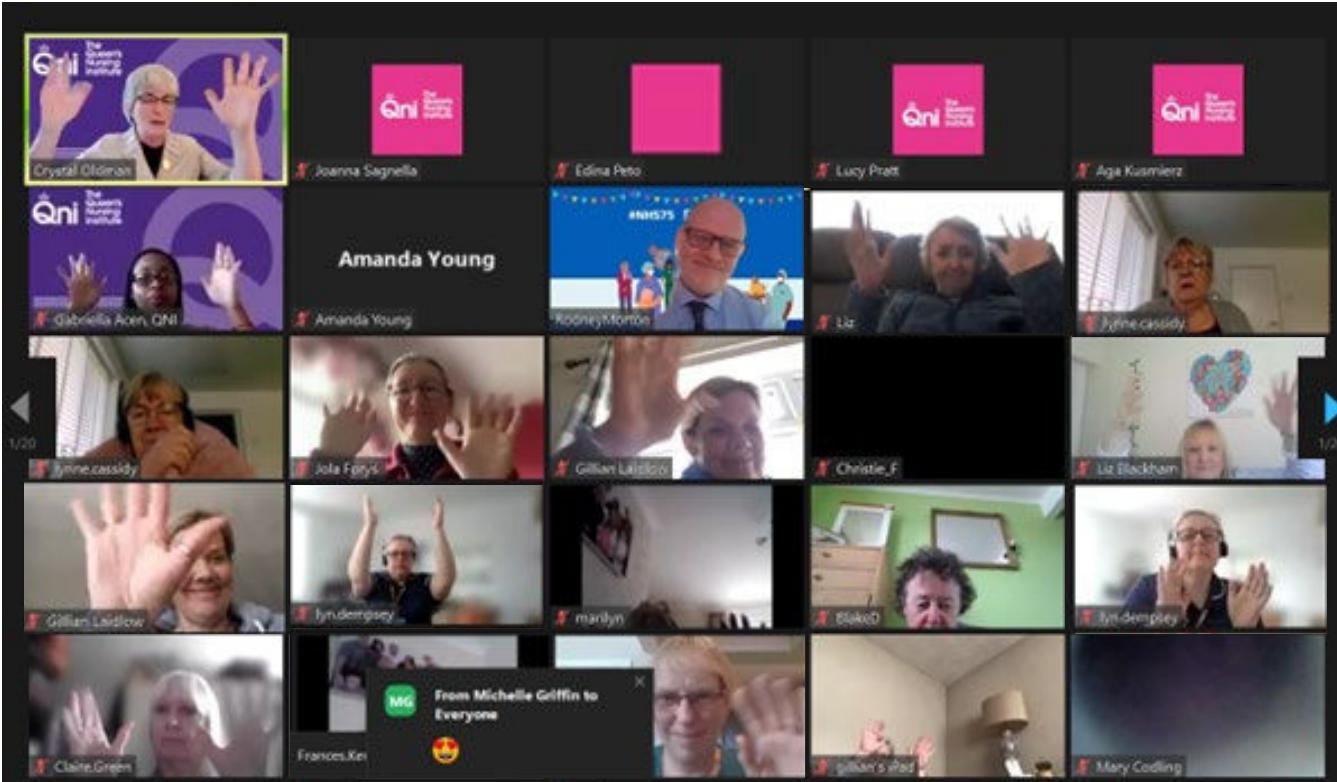
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- John: What an inspiring story and huge learning for community nurses. Deborah's final public message was: find a life worth living, always have revellious hope. Check your poo cos it could save your life.
- **To donate to Deborah's bowelbabe fund, please go to:**  
[www.bowelbabe.org](http://www.bowelbabe.org)



Thank you to all speakers and the 522 Queen's Nurses who attended



## COMMENTS

### A selection from delegates:

Great inspirational day, thank you to everyone who planned, presented and delivered a stunning programme.

My first Qni event - an inspirational day. Thank you for everyone's hard work. I know how much effort goes into these type of days.

An amazing first QN Conference today for me - thank you to all those speakers what an inspirational event - blown away.

Thank you to everyone for an inspirational, thought provoking day. So proud to be a Queen's Nurse

Amazing day, this was my first QN annual conference - thank you so much everyone

A fantastic, thought -provoking day. The annual event is so needed to share, reflect and reframe. Thank you!

An amazing QN Conference today. Thank you so much

It really is an amazing to be part of this community. Very honoured to be a QN.

Thank you for an innovative thought-provoking inspiring day I feel privileged to be a Queen's Nurse and have the opportunity to take part in such a great meeting

Thank you for bringing us all together Crystal and John. The sun is still shining outside, I'm very grateful I have my health to go and enjoy it after a very inspirational day!

Its been a fantastic thought-provoking day, thank you so much

Thank you for the informative and inspirational day. Lots to think about and such a privilege to hear Heather's experience and Deborah's story.