

The QNI's Annual Conference
Healthcare in the Community 2023



In the Spotlight

Nurses Leading Care in People's
Homes and Communities

DAY 4

SUMMARY

5 October 2023



Day 4:

Integration

Welcome from Dr Crystal Oldman CBE, QN, RN, RHV, Chief Executive, The QNI

"We provide a voice for all nurses working in the community - that could never be more vital than in the context we are all working in today. We've had 3 brilliant days – we know that you're benefitting from the learning, which is wonderful. We want you to feel energised, uplifted and connected when you go back to work. Your donations are very important to us, please do consider donating today so that we can continue to offer this conference for free next year."



1. 'Gold Sponsor - the National Garden Scheme

George Plumptre, Chief Executive, The National Garden Scheme

- Integration is crucial to the success of the NGS gardens. Integration with our beneficiary charities like the QNI but also with our volunteers.
- The National Garden Scheme was prompted in 1925 by the death of the QNI's then patron, Queen Alexandra. She was a great figure in British nursing and a great support of nursing. The QNI decided to raise a fund in its work of training and supporting DNs. One of the QNI trustees Elsie Wagg had a great idea: to ask people with lovely gardens to open them to the public. In less than a year, the owners of more than 600 gardens were persuaded to open their gardens. They all charged 1 shilling and made £800. In 2023, 3,500 gardens will open and will raise in excess of £4 million. Out of 600 gardens who first opened, some 75 are still opening, nearly 100 years later!
- As our portfolio of beneficiaries expanded funds have always continued to go to the QNI and we are proud that it enabled the QNI to revive the Queen's Nurse programme. It's been a spectacular success. I recall when I first attended the first celebration there were 400 Queen's Nurses, that number is through roof to nearly 2,500 with the 2023 intake.
- Annually shadowing a Queen's Nurse gives me the most wonderful insight into how Queen's Nurses work.



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- We fund charities who are creating and maintaining gardens with a very clear health purpose, many of them in a health setting or doing things which gardens to help specific people.
- Gardens and Health week is in May, we celebrate our little yellow book of gardens and health, full of case studies and stories, (see more here: <https://indd.adobe.com/view/69b0095d-0ad8-4114-8215-a8f976c6f5aa>)
- The NGS Elsie Wagg Innovation Scholarship was created in 2021 and is awarded to nurses in any community setting keen on promoting the health benefits of gardening and transforming patients and client's lives - it's been a spectacular success! 3rd group of scholars about to start, I've visited a couple of the projects and they are absolutely wonderful! To apply to be in the next cohort, go to <https://tinyurl.com/3thpvm9n> The deadline is 31 October.
- We are delighted to say that we will be funding the 4 networks that the QNI funded after Covid which have recently lost funding and that support 1000s of nurses working in the community. In so doing we are celebrating the really wonderful partnership between our two charities and it's a great example of integration.
- Find out more about the NGS and find an open garden to visit near you: <https://ngs.org.uk/>



2.Challenges and Opportunities of the ICS

Lou Patten, ICB CNN Chair and Strategic Advisor, NHS Confederations, FQNI in conversation with ICB Nurses: Rachael Corser, Chief Nurse at Buckinghamshire, Oxfordshire and Berkshire West ICB and Sarah Bellars, Director Of Nursing - Berkshire East CCG's

Rachael: I remember when I got this job, my CEO said you'll hate being in that strategic role you're so passionate about direct care. I think because it really matters to me to be connected. I spend one day week with direct care staff, but use that experience to drive at that strategic level. I think we're in the once-in-a-lifetime career, we can do integration and where we do it well, it makes a huge difference to the end users. We've got a duty to be held to account for that.

Sarah: I think the reasons that I like being in an ICB is I've enjoyed every part of healthcare I've worked in. I can really see how we need to support providers and local authorities to collaborate and integrate because it's so hard doing the day job of keeping the ship afloat, we need people to look at making things better. It's about helping people do it for themselves.



2. Challenges and Opportunities of the ICS

Louise: What sort of support can we deliver and what innovative things can we help support workforce?

Sarah: Looking at mature students, apprenticeship routes, going into our own communities. Getting them in is one thing, keeping them is another. It's easier to retain someone than getting someone new.

Rachael: Supporting our students so that they have a voice with Chief Nurses. It's providing a suite of options and remember one size doesn't fit all.

Rachael: For years now we've been working in more digital way, and perhaps we need to be more brave using artificial intelligence. Digital has allowed that to scaled up, nurses have been instrumental in driving digital. Nurses are well placed to drive that innovation.

Sarah: My practical advise is don't ask permission, seek forgiveness! If you've got an idea, pick up the phone and give someone a call.

Louise: How are you establishing ambulance services, 111 and services on the ground?

Sarah: We meet with ambulance services, in a range of ways, both in formal and informal structures. It's important to have that infrastructure and formal meeting as well as that informal relational meeting where you can have that conversation that helps to integrate things without it escalating.

Rachael: I actually spent a day with the ambulance crew earlier this year with a morning in 111 centre and, oh my goodness, I learnt so much about autonomic practice and the responsibility that we place on our paramedics and the impact of primary care services being available over that 24 hour time period.

2.Challenges and Opportunities of the ICS

Louise: There's something about understanding the services that you're integrating and their own pressures and what could help those pressures going away.

Sarah: We have so many ICS' bordering around us, we end up sharing for example, safeguarding meetings, we bring people in from Hampshire, from BOB, I think it's a challenge but also an opportunity.

Rachael: There's no one secret, it's about having multiple methods of engaging, the more networking we can create that gives us more opportunity.

Sarah: As nurses we don't think about return on investments and we need to get more savvy about that. If it's a really good idea be persistent, we are the patient's advocates.

Rachael: The opportunity for networking is really important, build your book of contacts. Find out what it is that gives you energy, for me it's personal connection which allows me to have that understanding, it tops up my energy levels.

3. In Conversation

Dame Elizabeth Anionwu, QNI Vice President and Patron of the Mary Seacole Trust and Karen Bonner, Chief Nurse at Buckinghamshire Healthcare NHS Trust

Karen: Thank you for inviting me to be here, it's a real privilege. Dame Elizabeth and I met in 2016 when the statue of Mary Seacole was unveiled. We quickly became friends. I've been trying to follow in her footsteps but it's quite hard to keep up! I started as Chief Nurse in 2020, two weeks into the national lockdown. It was a really difficult time.

Dame Elizabeth: Let's talk about Bucks and health inequalities, how are you addressing these?

Karen: We all recognise health inequalities have existed for a very long time. The last 3 years have shone a huge light on it, since the pandemic. The next few years will highlight it further. Hard-to-reach communities is a bad term and shouldn't be used. We're about to open 'Health on the High Street', so people can have access to health without having to travel, to gain healthcare.

Dame Elizabeth: What do you think has been key to your leadership in that time?

Karen: Definitely key to my leadership is being visible and accessible. Really just being able to listen, respect and hear people and feel they can directly interact with you. I started a safety huddle at 8.30am, allied health professionals, midwives etc at least 40 people join and connect. You have to respect the people that you're working with and take the time to listen.



3. In Conversation

Dame Elizabeth: I'm a very nosy person, I think we all are, how did you get into a leadership position?

Karen: I didn't go into it thinking I wanted to go be a Chief Nurse. I felt a calling, sounds corny but I knew from a young age that I wanted to make an impact. I couldn't see myself as a Director of Nursing, and someone once told me that. There weren't many people who looked like me - I was only one of 10 Black or Brown Chief Nurses -and there is something about representation that really matters.

Dame Elizabeth: how old were you when you decided you wanted to be a nurse?

Karen: there was a moment when I was 11 - my brother was at the front door very ill and I leapt into action and it cemented to me that I really wanted to do nursing.

Dame Elizabeth: I was about 4 or 5. It's interesting how our personal experiences impact our professional lives. I had very bad eczema as a child. I lived in a children's home at that point and this nursing nun was the only one who could take off my bandages. She'd use distraction therapy and use words like bottom and I used to think 'She's a nun! She can't use words like that,' and I'd laugh.

Dame Elizabeth: What's the difference about leading an integrated trust?

Karen: There are about a quarter of the trusts that are integrated in the country. Firstly you have the gift of the whole patient pathway, from the front, could be a flat could be a care home. We work closely with the council in primary care and we get to engage across the whole pathway. I lead the community services as well as the acute services. Therefore the blending of both is very important.

Dame Elizabeth: What are some of the challenges you've faced?

Karen: I've experienced inequalities in my career. As I mentioned, I was told that 'I can't see you as a Director of Nursing.' I never asked why, I probably knew what they meant but I was shocked. I've experienced bullying.

3. In Conversation

Karen: It was demoralising and took me quite a long time to get over that. It's important to see the richness that people bring from all backgrounds. As a Black Chief Nurse, there aren't many of us and there are people looking to you asking if you're the result of positive discrimination, if you've really earned your place. I don't think White counterparts experience it in the same way. I would say keep going and don't let the bad things stay in your brain, why don't we remember the good things!

Dame Elizabeth: What's the best advice you've been given and why?

Karen: The best advice I've been given was when I got this job, one of my colleagues in London told me, 'Be yourself, they've appointed you for you. Don't try and be anyone else and you'll do great.' In any inequity whether it be race or gender or others, sometimes we have inherent biases in our system, we've got to be more honest about that. Try and de-baulk some of those systems that allow bias to creep in.

Question from chat: How do you protect your health and wellbeing?

Karen: I talk about this a lot. I am intentional about protecting time, taking my leave is very important. I've already had 4 breaks this year. As leaders we have to lead by example. I do a lot of walking, we have walking meetings.

Crystal: Somebody has mentioned the chemistry between the two of you, you're clearly great friends! We wish you both well, thank you from the QNI, and from everybody here. It's been a wonderful session!

Dame Elizabeth: A big thank you to Karen, I'm delighted to see how she's progressed personally and professionally. It's also Black History month: celebrate your sisters!

4. Diagnosing the NHS

[Nigel Edwards, Chief Executive, Nuffield Trust](#)

- People are very good at describing the problems but not the solutions when it comes to the NHS. It's complex, I will not come up with a simple diagnosis. Anyone who tells you that there is a simple solution doesn't understand it.
- Since its formation the NHS has been a political entity.
- We don't spend enough money on the NHS. The problem with this is percentage of GDP is not a percentage, we're a relatively poor country now. Actual amount we're spending, the PPP as it's called, actually turns out to be significantly less than our neighbours.
- Why have we got lower levels of spending? The UK's ministry of finance, has a short term view, it doesn't have any remit for population welfare. In particular it means we haven't solved funding social care. We won't invest in staff or infrastructure. In the past 10 to 15 years we haven't been spending money on diagnostic equipment, we haven't really built new hospitals and they are falling down quicker than we have been able to build in.
- Good books to read: 'The Blunders of Our Governments', by Anthony King and 'Why We Get the Wrong Politicians' by Isabel Hardman
- Politicians are afraid to put their heads above the parapet, it's very difficult to have divergent views, you have to toe the line.



4. Diagnosing the NHS

Nigel Edwards, Chief Executive, Nuffield Trust

- The NHS is extraordinarily centralised, you'll sometimes hear right-wing commentators, say there is no NHS anywhere else, that's rubbish! All of them are much more devolved, the Scandinavians have an NHS-like system. So do they in Spain.
- The customer of the NHS is the secretary of state rather than the patient.
- The anxiety problem: the Tavistock Institute says that healthcare is unusual if not unique in most other services in the extent of anxiety it creates in providers and consumers.
- We have very high levels of income inequality here, that has an impact on health literacy, British people are less likely to present with problems. High level of income inequality is one of the drivers.
- I've had a long term concern that Britain is fundamentally child-unfriendly, it's only recently the long term plan has included Children and Young People but it nearly didn't! There's a real problem there.
- Groups of individuals working alone, isn't always a team
- The difficulty we have is there isn't any explicit statement about what NHS does and doesn't do, it has tried to meet every need.
- We're going to have to do more to help people manage their own care. We have no mechanism for turning people away and no appetite for it. Other countries do and it's a bit brutal. The sad truth is most of our attempts to manage demand don't really work.
- The complexity of the system is mind boggling. You can see it's very complex, anyone who says there's a simple solution, simply doesn't understand.

5. Influencing Public Health through Entertainment

Stephen McGann, actor and author; Heidi Thomas OBE, writer in conversation with Professor John Unsworth OBE, Chair of Council, The QNI

John: What are the secrets to the series' continued success?

Heidi: We never assume we've got years to go. I do think it was completely serendipitous. It's the most exciting decade (1960s) to talk about, there is medical advancement, the position of women in the working classes. It's just a very dynamic decade to focus on. That's the engine that keeps us going.

Stephen: There's something about the underlying theme, about going back to serving your neighbourhood. It's about going to the core idea of what we mean about community, laying hands on other people and the rise of the concept of a nursing community. I think that's helped sustain it year on year out.

John: in many parts of country we've lost that sense of community. 1969 as that starting point, but we still have people dying in damp houses, to what extent are we aware these are still live issues in 2023?

Heidi: it's a connection that difficult to miss, even if you digest news quite casually. I read newspapers and medical records from archives and I've been reading about mould. When you see that 60 years later it's still happening, the principles of basic housing which its not fit for purpose, the connection between housing and health is so interwoven.



5. Influencing Public Health through Entertainment

Stephen: The press often say we have an agenda, but it's never worked like that. Before Covid we had an episode on the diphtheria pandemic and when Covid hit, the press said we'd known beforehand! Of course not.

John: One interesting thing about the series, is the social history.

Heidi: Yes we've just had the first man on the moon, I was born in 1962 and I remember that landing!

Stephen: I was the Apollo generation and I loved all of that. I was able to sit with the 'Turner children' and tell them all about it.

Heidi: One of the things I love about CTM is I get to write about generational relationships and bonds. I had an intern this summer and when I told her I wanted to do a story about a young man who's arrested for being gay, she asked why would he be arrested? She just didn't know.

Stephen: I don't rely on societal memory, it's not long! We have less awareness. Many women have forgotten that a wife couldn't get a cheque book or open a bank account in 1960s. It's this idea of the historical nation's memory.

Prams outside shops: I was outside in a pram outside a shop a lot, the young people were horrified to hear this!

John: In Series 7 you looked at the migration of people from the Caribbean and the Windrush generation and lots of people like Lucille and Cyril's experience of racism.

Heidi: for nurses from that generation, racism was constant. The drama can't constantly be about that, so we show the positive as well. As a dramatist I have a responsibility to show racism but it's a delicate balance. I want to treat that generation with respect and show them the gratitude they deserve.

John: Trixy becomes a campaigner for abortion

Heidi: The most vitriolic post bags are always from America, about abortion and contraception. At the end of the

CTM is a drama, Trixy is an excellent public speaker, she has the confidence in which to do that. She was the one who chanced across a woman dying in the back of pub from a botched abortion, it changed her world view. They are all getting emancipated but unbeknownst to them in 1969 there was still quite a way to go. Women are still struggling to gain control over their bodies in terms of fertility or problems in later in life for example the story line of that woman with stress incontinence after having 8 or 9 children, she didn't even know the word for vagina, that was also a form of emancipation.

John: the episode on thalidomide was hard-hitting Stephen

Stephen: That to me, was a remarkable privilege to be representative of the children I remembered as a child who were injured by thalidomide. Not just the child herself but the effects on the family. Those episodes were beautiful. I think it demonstrates what drama can do, it's not a newspaper expose. What drama can do is take millions of British people on a Sunday night into the room where a mother is holding a child immensely damaged by thalidomide and she quietly sees the reality for herself for the first time and she says, 'What a mess. But never mind cos you're mine and I'm not giving up on you.' For me that's one of the best scenes in CTM.

John: Thank you so much for coming Heidi and Stephen.

Stephen: We're big fans of your cos you're the guys who do the real thing!

Heidi: Thank you for having us!

COMMENTS

A selection from today's 268 delegates:

What a fabulous 4 days, many thanks for a wonderful conference!

Thank you this day has been the best of the four.

Amazing thank you, being part of the QNI family means a lot

Well done Team QNI!
Such a fabulous week celebrating community nurses everywhere!
Exciting times ahead for us all :-)

This has been a great day really enjoyed it. Thank you to the QNI as my 1st conference it has been so enjoyable, inspiring and motivational.

Thank you so much for a wonderful and inspiring 4 days . My first conference since becoming a QN, fantastic work team !

Thank you for another excellent and really interesting day. Amazing speakers as always. CTM so knowledgeable and insightful bringing important history alive to so many.

Such an amazing session, very informative - I feel privileged to listen to you all. Thank you QNI

Thank you so much so inspiring, fabulous day, fabulous conference as always.

Thank you QNI- amazing conference- really appreciate all your hard work x

Thank you to all the team at QNI for an insightful and thought-provoking conference once again. You're the best !

Thank you for attending Day 4 of our #QNI2023 conference!

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