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News for supporters of the QNI

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



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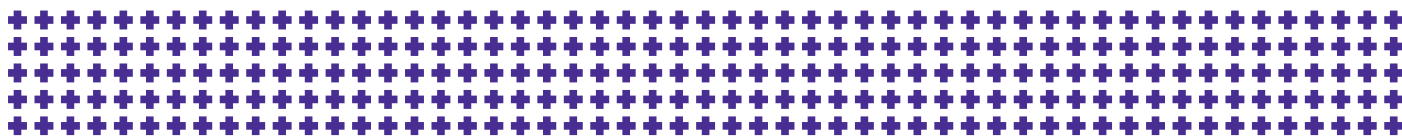
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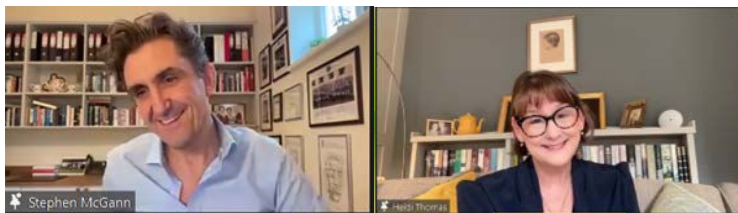
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QNI Conference, 'Healthcare at Home'



Above: Stephen McGann, author and actor and Heidi Thomas OBE, writer (Call The Midwife) at the QNI Conference on Day 4

The QNI's annual conference took place on 2 October over four days of discussion, sharing expertise, and insights into community nursing today and in the future.

The theme this year was In the Spotlight: Nurses Leading Care in People's Homes and Communities.

The programme was as follows: Day 1 – Evidence-based Practice; Day 2 – Workforce Development; Day 3 – Population Health and Sustainability and Day 4 – Integration

It featured a huge range of inspiring speakers. Short summaries of each day are available to read on the QNI website.

Scan the QR code below with your phone to view the summaries



My Internship Experience at the QNI



Bethan Cornick worked as Communications and Policy Intern at the QNI this summer.

'My first week was jam packed and one thing that shocked me was how vast community nursing was. I always imagined community nursing was only for patients unable to get to hospital – how wrong I was!

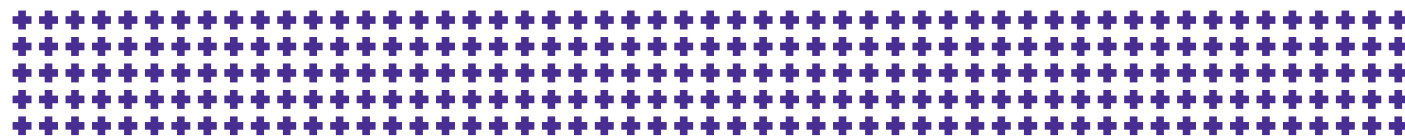
Whilst working at the QNI I have been involved in many exciting projects. I have read and summarised many lengthy policy documents and editing has become a skill for me, as I was tasked with editing many of the blogs and case studies written for the QNI website. I have also discovered a new passion for writing. When I was asked to write my first article for Nursing in Practice on the QNI Elsie Wagg Innovation Projects I felt apprehensive. To my surprise, I

really enjoyed writing it, and one of my goals for the next academic year is to get into student journalism because of this.

A highlight of my time at the QNI was attending the Homeless and Inclusion Health network meetings. I would never have even considered community nursing in the homeless population, and it was fascinating to hear about the work being done in this area. I attended two meetings, one about health visitors working with asylum seekers, and another about a street outreach team in Cambridge. All the meeting attendees were very engaged with the speakers and sparked great discussion with one another.

I have thoroughly enjoyed my internship and would like to thank everyone at the QNI for making me feel so welcome. I really admire the work that the QNI do and will continue to tell people about how amazing community nurses are!

Bethan Cornick



New Field Specific Standards for Community Nursing will benefit many



The QNI published the first six Field Specific Standards for Specialist Practitioner Qualifications (SPQs) in July this year.

Service users/experts by experience, representatives from higher education and other institutions, and expert nurses were involved in the development of the Standards. All four countries of the UK were represented in the process over the past 12 months.

The SPQ standards build on the NMC's (2022) Standards and reflect an advanced level of practice in the fields of Adult Social Care Nursing, Community Children's Nursing, Community Mental Health Nursing, District Nursing, General Practice Nursing, and Inclusion Health Nursing.

The QNI field specific standards have been built around the four pillars of advanced practice and are mapped to the domains, assisting with demonstrating the advanced level of practice at which nurses are being prepared to work in these roles.

The QNI Standards enable the development and assessment of SPQ programmes of study that are tailored to deliver the specific skills and knowledge associated with highly complex and specialist areas of community nursing practice. Higher Education Institutions (HEIs) offering Specialist Practitioner Qualifications mapped against the QNI's Standards will have an attractive offer for post-registration students wishing to practice at an advanced level within a recognised field of practice.

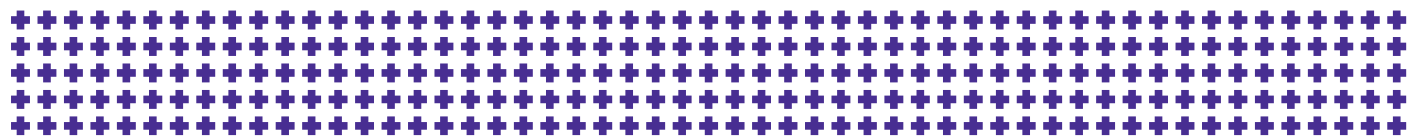
HEIs have been invited to develop and map their SPQ courses to the QNI Standards through the QNI's endorsement process. Endorsed programmes will be listed on the QNI website and successful students will receive QNI certifications.

Dr Crystal Oldman CBE, the QNI's Chief Executive commented, "There are real benefits to nurses, employers and patients flowing from the QNI Field Specific Standards. Individual nurses will have access to clearly articulated educational pathways based on standards which are consistently applied by HEIs for their field of practice. This will have a wider benefit in terms of staff development, recruitment and retention for employers across the system. Nurses graduating from SPQ programmes endorsed by the QNI will have recognised skills and knowledge, mapped against all relevant national standards, to enable them to practice and to lead teams at an advanced level, improving care for patients, families and residents with complex needs in community settings."

A further three Field Specific Standards, in Health and Justice Nursing, Community Learning Disability Nursing, and Community Palliative and End of Life Care Nursing, will be published later this year and the consultation for phase two is currently open.

Scan the QR code below with your phone to find out more.





QNI study shows falling numbers gaining District Nursing Specialist Practitioner Qualifications

The QNI has published its latest review of District Nurse education. The report by the QNI is an accurate and independent analysis of Specialist Practitioner District Nursing education across the United Kingdom.

The report summarises the results of an audit of District Nurse education for the academic year 2021/22. This is the 10th annual District Nurse (DN) Specialist Practitioner Qualification (SPQ) education audit, a process that was established by the QNI in 2013.

Programme Directors for Nursing and Midwifery Council (NMC) approved SPQ programmes in District Nursing at Higher Education Institutions (HEIs) from across the four countries of the UK were invited to complete an online survey. The audit report based on their responses includes quantitative data and quoted comments from educators that complement the numerical findings.

Headline findings

- 668 District Nurses qualified with a SPQ in the 2021/22 academic year; this is a decrease of 6% from the previous year.
- 647 new students enrolled on the DNSPQ for 2022/23, 54 of these are on the apprenticeship route (England only). This represents a decrease of 9% on the number of enrolments in the previous year, representing a further decline in the number of students.
- There are 32 universities currently registered to deliver the DNSPQ programme with the NMC; five universities are delivering programmes and awaiting revalidation using the new NMC post registration standards (2022).
- 33 universities responded to the QNI audit survey.
- Respondents shared widespread, ongoing concerns over central government funding of the DNSPQ.

emphasises the need for a significantly more qualified and well-prepared District Nurses to meet the increasing healthcare needs of our communities. The adoption of the 'virtual wards' model by the NHS is just one of the policies that will place greater demands – and value – on district nursing services, as more complex care is delivered in the home, supported by new technologies.

Community service providers and HEIs show increasingly strong support for the DNSPQ programme, but in England at least, they are navigating an unclear future where the DN Apprenticeship and centrally funded places will need to be carefully balanced.

Various factors affect the gap between commissioned numbers of DNSPQ programme, and the numbers enrolled each year, with a 9% reduction seen from 2021/22 to 2022/23. One of the factors is uncertainty and late notification of confirmed central funding for universities and employers, which results in employers not having sufficient time to plan the release of nurses to undertake the programme.

The QNI believes that the direction of travel for more care to be delivered in the community is being hampered by insufficient numbers of District Nurses, contributing to delayed discharge and more hospital admissions (Age UK 2023). The NHS Long Term Workforce Plan (2023) aims to double the number of District Nurses by 2028, which under the current system will mean increasing the number of university places year on year. Recruitment and retention of district nurse students will be key to this objective. Without taking these steps, the forecasted shortfall in District Nurses will have detrimental impacts on the healthcare of the UK's growing and ageing population.

The NHS Long Term Workforce Plan (2023)

Scan the QR code with your phone to read the report in full.





The Additional Roles Reimbursement Scheme and General Practice Nurses - QNI Statement

The QNI has significant concerns about the principles and implementation of the Additional Roles Reimbursement Scheme (ARRS), in particular the impact on General Practice Nurses (GPNs).

With NHS England's ARRS now funding 17 multi-disciplinary team roles in primary care, the QNI is disappointed to see the continued exclusion of GPNs from the scheme. Many practices are now employing large numbers of staff through the ARRS, and many GPNs are being required to support new starters, despite nurses themselves being excluded from being recruited into the scheme.

It is well documented that many GPNs, alongside GPs, are spending a substantial part of their clinical time developing and delivering induction programmes, supervision, and training schemes for new starters, but are receiving no additional benefit or recognition for this, and there are minimal resources to deliver these induction programmes.

Indeed, the impact is one of longer working hours to enable GPNs to continue providing their clinical care alongside these additional responsibilities. This can be addressed by NHS England, with an allocation of resources to support the comprehensive induction and supervision of new members of the general practice team recruited through the ARRS.

This level of support is required particularly where those who join general practices through the ARRS have no prior experience in primary care. Advanced Nurse Practitioners, who are now included in the scheme, are often routinely named as the lead nurse over GPNs, even when they have not previously worked in general practice.

There is a clear need to develop robust clinical guidance to accommodate the practice and supervision of those joining general practice with

no previous knowledge of the sector. Moreover, the additional work that GPNs are currently undertaking to help ARRS staff with limited experience must be recognised.

There is also an emerging risk of deskilling expert GPNs in favour of the new roles introduced through the ARRS, where clinical practice becomes divided into tasks and the continuity of care with a holistic approach currently provided by GPNs is diminished.

A unique part of a GPN role is the ability to deliver holistic, personalised care for the whole population; many other roles are providing care that is chiefly task orientated, risking duplication, omissions, or unnecessary interventions.

By recruiting such a high proportion of new staff through the ARRS, the role of a GPN is being devalued. ARRS roles are perceived as the 'life savers' of primary care – and there is no doubt that they have value – but GPNs have been central to the delivery of excellent care in general practice for decades.

A clear acknowledgement of the value of GPNs is needed, along with a plan to support GPNs to stay, grow, and develop in general practice alongside their colleagues. We risk losing GPNs to other areas of health and social care if attention is not turned to retaining their considerable skills and expertise. This loss would be hugely detrimental to the communities served by general practice.

The QNI is a solution-focused organisation and we look forward to working with NHS England and other key stakeholders such as the Royal College of General Practitioners on the implementation of the GP Access and Recovery Plan. We are keen to work with NHSE to determine what further support is needed now and into the future to retain, recognise and value the central role of GPNs in primary care.



QN Sarah Gallagher visits 10 Downing Street



*Left; Sarah with the Health Secretary, Steve Barclay;
Top: Sarah in conversation with Steve Barclay and guest*

I was honoured to be invited to a NHS Champions celebration reception at Number 10 Downing Street on July 4th 2023. After going through airport type security, I was escorted up to the famous black door where we were allowed to have photos taken. Going inside was a surreal experience, seeing the photographs of all the previous prime ministers lining the stairway that Hugh Grant danced down as we made our way up to the first floor.

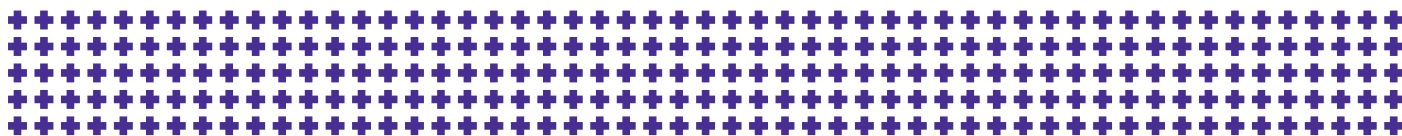
Walking into a large, beautiful reception room upstairs we were greeted with a selection of drinks and canapes and had time to mingle with other NHS staff that had been invited. The atmosphere was buzzing, everyone was so thrilled to be there. Steve Barclay mingled in the crowd, and I was privileged to be able to discuss the success of the Covid 19 vaccination programme with him and how hard everyone had

worked to achieve such fantastic results. I told him about our next exciting project in Gloucestershire called Access to All Gloucestershire which aims to improve uptake of all vaccinations across all age groups.

Steve then gave a very kind speech thanking not just us, but everyone in the NHS for all their hard work and dedication over recent years. We were then able to have individual photographs taken with him and given the freedom to explore some more of Downing Street, including the dining room with a 28-place dining table that hosts formal dinners for people such as the King.

It was an incredible, surreal experience that I will never forget!

*Sarah Gallagher RGN MSc BSc IP QN
Advanced Nurse Practitioner, Gloucester*



The Pros and Cons of living in a retirement village and care home by Margaret Hockney, QN



Above: Margaret Hockney alongside Debbie Daniels.

The NHS was five years old when I started Nursing, Midwifery, and District nurse training. At age 49 I had to leave District Nursing because of my increasing deafness. I decided to study alternatives, acupuncture, herbal medicine and reflexology. When I could not hear lectures, I learnt from books and managed to run my own clinic for 14 years. I sat with the light behind me to enable lip reading.

Finally, I retired in 1999 and bought a computer and quickly taught myself how to make websites and digital pictures which I printed and sold in local galleries. After my partner died in 2003, I was living alone, could not hear a telephone and although I had many local friends the deafness did stress me a lot and my sleep was not good. I had not needed to see a doctor for 20 years, but finally went for help with sleeping. As a routine check my blood pressure was way too high. 200+/100+ so I was prescribed blood pressure medication. I got dreadful side effects, the worst being the cough and breathlessness. I could no longer walk more than a few yards without resting. I finally stopped

all the tablets and gradually managed the coastal walks of East Yorkshire again. Since then, I have had a further four sessions of blood pressure medication - all with the same awful side effects. I was warned of impending stroke or heart attack, so be it, as I could not cope with the aches, tension, breathing problems and more, which was the alternative. I was also diagnosed with bronchiectasis, osteoporosis and osteoarthritis of the ankle, plus heart problems.

At age 79 I decided that perhaps it was time to consider some sort of supportive

accommodation. I did lots of internet searching to find out what was available. I opted for a retirement village, there were several locations on a good-looking website and the one I chose was a lovely tree lined village with 70 properties for Independent Living. I bought a large 'detached' two bedroom house - one side had a walkway, the other a small property that was never occupied; there was a Juliette balcony that overlooked grazing cows or sheep and rabbits, pheasant, squirrels, even young deer. There were two ponds, a swimming pool, dining room and a gym and my own patio. I was delighted. Every morning there was coffee and biscuits to meet and chat with fellow residents in the lounge. Three times a week there was also afternoon tea. There were group activities such as poetry, art, keep fit, carpet bowls and talks. Visitors could come and swim and use any facilities. Three taxis a week drove to town and to an outlying supermarket/shopping area. I had no need of the taxis as I had my own car and a covered car space.

I bought the house on a long lease, and there was a monthly management charge to cover facilities.



Above: Margaret Hockney in front of Harcourt Gardens Care Home

Care was available but that would cost extra. Food, cleaning and laundry were available for extra too. These charges rose every year according to RPI. Other bills included council rates, water, gas and electric, Wi-Fi and of course shopping for food and household goods. A hairdresser and beautician were available, with their price list. There were a variety of properties, bungalows, apartments, flats in the main building - all very nicely equipped. I even had three toilets, en suite downstairs, plus one in the bathroom and one between the sitting room and kitchen upstairs.

After two years I had a bit of a shock when I found out that the property was not actually run by the company advertised on the website and realised that the facilities were not of the same standard, and not being kept in good condition. One of the managers left and was not replaced. That meant there was a care manager, although it was not a 'care home', just that care was available to buy. Having a red cord to pull in case of an emergency is great, but in that retirement village no-one would miss you for some time if you were unable to pull one of them.

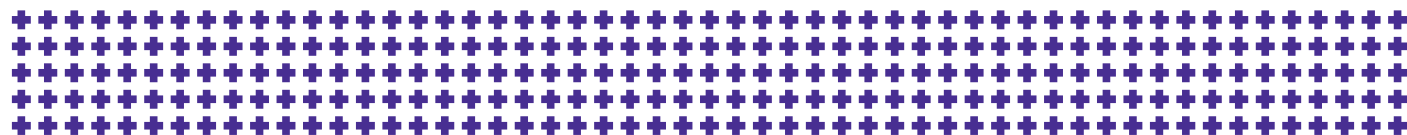
There was also a sales manager who had the unenviable task of trying to sell the empty properties which can take years to find a buyer. While the house remains unsold management fees are still payable, currently over £1000 per month, and so are utility bills. Of course, all this was written in the contract, but when moving as

an active elderly person it is easy to get taken in by the pleasant feel of the village. I regretted not considering so far ahead.

Lots of negative things happened. The chef who had been there since opening left suddenly. A Director and Manager of Care was appointed who lived and worked in London. The certificate of ethics disappeared from the wall, and the only regulator was the CQC for care of course, not for independent living. There was no one really to support independent living, and it was easy to become lonely and depressed, especially those alone with no car. In fact, it made me wonder why I ever left my own home and friends. However, I did live there for eight years, but I realised that I would not wish to be truly ill living there, and it is not a place for terminal care unless you happen to die suddenly. I never thought of that when I bought the house. Despite what I found to be problematic, some residents, especially the married couples, active drivers and 'hermits' are quite happy to live in their lovely properties with award-winning gardens.

I had been having trouble with hearing aids and the analogue style of aids were no longer manufactured, all were digital. I tried lots of digital aids but they all sent strange vibrations to my head. Whilst testing yet another pair I had a bad dizzy attack and my blood pressure, which I normally avoided taking, rose higher than ever. I tried this and that different medications again. The same side effects made me feel really ill and then the Covid lockdown happened, so I was totally cut off. I ended up collapsing and woke up gazing at the ceiling. I was confused but saw my iPhone on the floor and managed to send a message to a neighbour and was admitted to hospital needing a blood transfusion and more medication. I felt better for the blood and scarcely a week later I was choosing a care home for respite care.

My niece found a newly built care home for my respite, and here I still am over a year later. Nothing is cheap any more in this crazy world, but



here EVERYTHING is included. No rates to pay, no electric, gas, Wi-Fi - free hairdressing, chiropody, manicure, newspapers, taxis to doctors or hospital appointments. Kind caring staff from cleaners to carers and up to the hierarchy. Lovely rooms with ensuite facilities. At first, I was not keen on the idea of not doing my own cooking or washing my own clothes, but it was easy to get used to three meals a day with choices for all courses, and excellent laundry service. The whole place is very welcoming with rooms for sitting, dining, activities and gardens with a mini golf course and comfy seating.

As this care home is still developing, striving to reach perfection and there are a fair number of care homes in the area, ideas and complaints are welcomed for consideration. The main problems so far include staff leaving within a few weeks of starting. This particularly affects the wellbeing programme of activities and the standard of the meals, but I feel confident about the future, as it already offers a high standard of care and in my case a high degree of independent living. A bonus is that if I wished to move out, I could leave with just four weeks' notice. I was however assured that there will be facilities here for full nursing and end of life care too.

Five months ago, instead of the predicted stroke or heart attack, I went blind in one eye with a retinal artery occlusion. I was very relieved to be here in the care home rather than struggling independently in the retirement village. I have had to stop driving but can get free taxis to the hospital and if needed a carer would accompany me, although fortunately my niece comes with me and repeats what I do not hear. I can still manage to read if I pirate cover the blind eye, but have backed off reading Kindle books on the computer and am reading real books. So far have read the entire Bible. Thankfully I can still walk and have had this article published in the local press.

Scan the QR codes with your phone below to find resources on housing options in later life.



Age UK information



Free advice from
unbiased.co.uk

Edith Cavell Commemoration, 12 October 2023



Nurses from The Royal London Hospital have been laying wreaths in British Nurse, Edith Cavell's memory at her statue in St Martin's Place since 1920 on 12th October, the anniversary of her execution.

Dr Cate Wood, the QNI's Director of Nursing Programmes (Leadership and Standards) attended the emotional and heartfelt commemoration on behalf of the QNI.

"Standing as I do in view of God and eternity, I realise that patriotism is not enough. I must have no hatred or bitterness towards anyone."

Edith Louisa Cavell, October 11th 1915

Marion Peet, QN (My Nan)



wasn't keen on midwifery and preferred District Nursing or "walking the wards" as they say. She has given me her qualifying badge dated 1945-1947 from London Hospital and her real silver buckle blue belt, which I wear when I go to OldTime Revival events and dress in a nurses Uniform - although not quite like hers she's very proud I honour the uniform.

Nan told me that during her training a young man would walk by and give her a lovely smile as she was going about her day to and from work. One day she came out to find a note with a poem attached to her windscreen, addressed to "Florence Nightingale" and asking her on a date. This chap, Stanley, became my Grandad, as in 1951 their only child, my Dad, Philip was

born. Nan went back to nursing when Philip began school, and in 1960 she completed her training in District Nursing to the syllabus of the Queen's Institute of District Nursing, qualifying her for appointment to the Queen's Roll. Later, I believe due to the health of Grandad's heart and my father becoming asthmatic, they moved further South where they could enjoy the sea air to improve their health, and Nan continued District Nursing locally. When she retired Nan took on more nursing in different capacities, one being at an Old Boarding School in Odiham



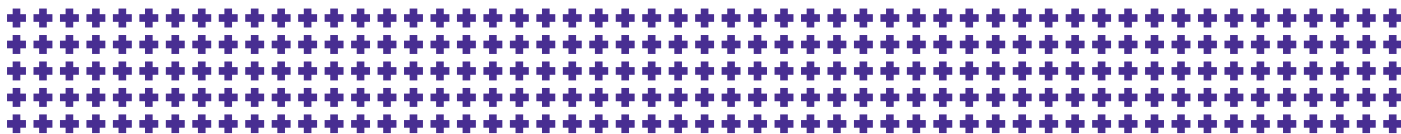
My Nan, Marion Peet, was born in Wigan, Lancashire in 1926, and did her nurse training in London (before the NHS was born) at the London Hospital, now named The Royal London Hospital.

The London Hospital was granted a Royal title by HM Queen Elizabeth II in 1990 to celebrate the 250th anniversary of its opening on the Whitechapel site, allowing it to be known as The Royal London Hospital.

Nan showed me many medals and certificates which were awarded to her during her many years of training and service - she worked a lot with children, then going onto midwifery, but she

(currently a hotel) called Tylney Hall. Named after the Tylney Family. Frederick, the last male Tylney, died in 1725 and the property passed to his niece who was married to Richard Child Viscount Castlemaine, who later became the Earl of Tylney.

Tylney Hall served as a hospital during WW1, and during the Second World War Lord Rotherwick made this estate the headquarters for his famous shipping line, the Clan Line Steamers Ltd. It's a grade II listed building and it's amazing - Grandad used to take my brother and I up there when it was Nan's week to come home and she



Christmas Eve, 1984. Philip, my Dad, married in 1970 and had two children, me, Melanie in 1971, and my brother Elton, in 1974.

In 1985 Tylney Hall opened as a hotel and restaurant, and Dad had taken Nan there for lunch for one of her birthdays, before Dad's sad passing in 2013. Nan has been through a lot with the sadness of losing her husband so early, and also her only son at a young age.

loved showing us around the architecture of the place and its beautiful grounds and gardens. We remember the statue inlets in the grand entrance hall and the black and white chequered floor, still there today I believe.

Although Nan's health is now deteriorating at 97 years of age, she is still a strong and determined lady and has spent most of her life working and caring for others.

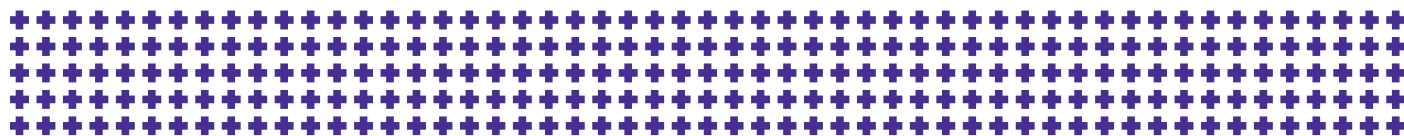
In 1948 the hall became a school, and Nan worked with another nurse one week on and one week off. I remember the other Nurse's name was Miss Foot, and Nan has told us many, many funny stories about the hauntings of the place, seeing ghosts, and a coach with horses outside, along with the boys and their tales, as well as all the fun that the boys had during term time. Nan especially loved telling me the stories about the antics of what the boys got up to - they played on dear Nurse Foot with drawings of feet left on her door when she was on duty - apparently she didn't take to that very well! Nan also told me it was very cold in the school in winter months, and as she very much enjoyed knitting she knitted all the boys woolly pom-pom hats, which they loved - they wore them everywhere and refused to take them off in bed at night!

When I was 16 I remember that Nan invited me to something extremely posh that was happening at Westminster Abbey - she took me out to buy a brand new outfit including a hat and shoes. It was a service of celebration and thanksgiving to mark the centenary of the Queen's Nursing Institute - we went up on the train and had to be so careful not to get dirty before the big event. I sat with Nan's other guests in the congregation, while Nan sat amongst the others invited up at the "posh" section at the top where the thrones were - it was very grand, and I so enjoyed seeing Lady Diana, the Princess of Wales, walk close by me, dressed in blue with her big blue eyes shining brightly, though shyly.

When Grandad's heart started playing up more and he had a heart bypass, Nan left the school to work locally at home to look after him. Nan found a job as a nurse at Aronel Cottage Care Home, in Bognor Regis, which was only around the corner from where they lived - they moved from Westergate to Felpham to a lovely large bungalow in 1971, where they both lived very happily for many years until Grandad sadly died,

In the last couple of years Nan has taken up residency herself at the very place she used to work, Aronel Cottage, and the same Owner/manager that she worked for back then is still there today. Nan is so very happy there, still sporting her name plate badge to all the carers and staff, reminding them that she also used to work there, and everyone is so fond of her and keep her happy and jolly. I hope you enjoy her 97th birthday celebration photos (I am the one pictured in the tan coloured jacket). I am so very proud of my Nan.

Melanie Thorne



Brenda Staveley, Queen's Nurse, 3/4/29 - 13/1/23



They would come off night-duty at 06.30 and a lecture would start at 09.00. There was a 3-year training from the age of 17.

In Sheffield the City Hall was the focus of the city's social life. Brenda met John, her husband, at the City Hall at one of the regular dances.

When Brenda got married, they were very poor and so they lived with John's parents Nellie and Tom Staveley on Broomspring Lane, Sheffield. Brenda took her final nursing exams in June 1950, but was not on the graduation photo as she got married on August 5th.

Brenda Staveley was born Brenda Mason in Cudworth, near Barnsley, on 3rd April 1929.

Brenda was one of five children. Three survived, but only two reached adulthood. Brenda's family had a shop in Cudworth and Brenda grew up weighing flour for customers and helping in the shop, which sold everything from wet fish to skinned rabbits.

Brenda's father had started a haulage business which had originated from providing transport for local workers down the mines.

Brenda had decided to go to Technical College in Barnsley as, by the age of 16, she already knew she wanted to become a nurse. An old "retired" GP gave Brenda lectures on anatomy and physiology. She decided to go to what was then called the City General Hospital in Sheffield for her nursing training. At Brenda's interview she was told she would need good warm underwear!

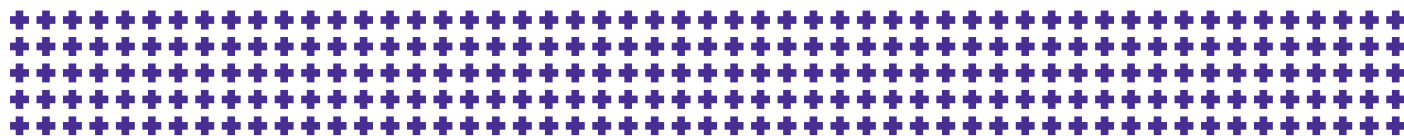
The City General Hospital was all in separate blocks at that time. Some nurses were called runners to help in certain areas/emergencies. When they went to the dining room, they were given food and had to cook it themselves on night duty. The nurses had lectures in off-duty periods.

Janet McGurk (obituary Home Visit April 2023) and Margaret Young graduated at the same time – they were her district nursing colleagues in Sheffield for many years.

Brenda went to the Labour Exchange in Sheffield where there was a staff nurse position advertised to work at the Jessop hospital in Sheffield. Brenda started working at the Jessop hospital, living in Broomspring Lane, which was within walking distance. Brenda and John used to visit Brenda's parents by bus in South Kirby where they could get a hot bath and wash sheets. John's parents only had a hot bath on a Friday in a tin bath at the top of the cellar head with water heated on a stove.

After Brenda had her two children and when her youngest, Nigel, was ready for school, her previous Matron rang her to see if she was interested in district nursing work. Brenda was delighted as she had learned to drive by then!

Brenda received a letter in March 1964 to say she had been appointed a Queen's Nurse, and this had been approved by HM Queen Elizabeth the Queen Mother. Brenda was very proud of being a Queens nurse. She then received a long service award in 1984, which involved going to London



to a ceremony at Merchant Taylors Hall where Brenda and John both met Princess Margaret. Janet McGurk and Margaret Young were with her at the ceremony.

Family holidays in UK became driving holidays abroad to Spain, France and what was then Yugoslavia! Brenda must have got a taste for foreign cars as she later said she was the only Citroen Ami 8 owner in Sheffield! She also drove for work a lovely old Morris Mini traveller in racing green with wooden panels.

Brenda and John loved travelling to Greece where

their daughter Caroline was working, and they also ventured further afield to see Caroline in Japan.

When Brenda retired from district nursing, she would meet up with her colleagues on the first Tuesday of every month for a coffee morning or for special occasions. Brenda really valued these reunions over many years.

Even in her last few months and years Brenda would recount asking the matron If she could have a bath once a week because there was no hot water when she first got married!

Site Chief Nurse Simon Littlefield ON, launches garden project to improve patient care



On Friday 22nd September we held our official opening of the Elsie Wagg Scholarship Garden in Dorking. This is a project that was funded by the National Garden Scheme.

We were joined by Dr. Amanda Young as we celebrated and thanked all those who have worked to make the garden a success.

Alongside tea and cake, guests were treated to bulbs and seeds to take away for the spring, and I sold my range of crocheted vegetables, flowers and animals for donations towards next year. We raised just over £200 !

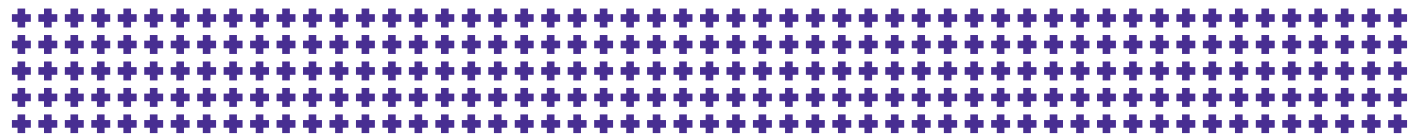
I can also offer to make vegetables for people if they would like for a donation towards the garden !

Email simonlittlefield@nhs.net to find out more.



Scan the QR code with your phone to find out more and watch a short video of Simon's project





Doris Weir (née Pennell) celebrating her 100th birthday



My Aunt Doris celebrated her 100th birthday on 12th August, 2023. Known to her friends and many ex-colleagues as “Penny”, Doris is a very proud

Queen’s Nurse who enjoys reminiscing about her nursing days.

Doris left school at 14 and went off to work – jobs included assistant in a wallpaper shop and a shoe-shop. When war broke out, Doris was afraid of being called up as a land girl – she had hated PE at school! So when she saw a notice ‘civil nursing reserves wanted’ she applied. After two weeks training as an ‘auxiliary’, Matron said Doris was ‘too good for just that’ – so soon she was on course to become an SRN and later an SCM – a State Certified Midwife. On passing all her examinations and completing her general nurse training, Doris was sent off to Coventry Hospital and ‘prepared’ to care for the injured soldiers returning after D-Day. Doris was one of the first to administer penicillin with “big needles”!

Doris’s older brother, Bill Pennell (my Dad), stayed in the family home until he was 34, working and also helping his mother bring up a family of ten children – Doris was the youngest. When she was told she would ‘need a bike to do her rounds’ Bill acquired said bike, delivered it to the nurses’ home, and set about teaching her to ride it! Doris was forever grateful – it set her up for a long and rewarding nursing career. Doris did learn to drive too, never had an accident, and only gave up driving in her early nineties.

At 25 Doris met and married Scotsman Bill Weir, but made it clear ‘she would never have children as her nursing career came first’. Doris trained

in midwifery at Selly Oak Hospital, moved on to become Chief Health Visitor for Birmingham, and was one of the first midwives to work in the ‘Mat Block’ when Good Hope Hospital in Sutton Coldfield opened.

Doris recalls her younger days as a midwife where she worked in a very poor area of Birmingham delivering babies – sometimes it was the 13th child! Doris recounts the tale of a family who already had 12 boys, and she home-delivered the 13th baby, a girl, during the night. Early next morning she whispered to the boys that they ‘could go upstairs and see their baby sister!’ Monitoring the family through the years, Doris found those lads “spoilt the girl rotten” – in the nicest possible way!

QN training at Moseley Road, Balsall Heath was in 1955. A Nursing Inspector went along to see if Doris was ‘suitable to become a QN’. Doris hoped a certain gentleman - ‘Papa T’ – would not be on the list of visits that day – but he was! She always found him a ‘bit too familiar’. When Doris started to give the Papa T a bath, the Inspector sat in a corner frowning and knitting. All went well to start, then the Papa T looked at the Inspector and said: “What are you doing sitting there with a face as long as Livery Street. Nurse is all right apart from she keeps washing my feet!”

Doris was mortified and worried about how the Inspector would react. And sure enough, she told Doris that she ‘should not let her patients be too familiar with her’. But there was nothing to worry about – Doris was promptly notified she had ‘passed’.

And ever since, Doris has always been hugely proud of being a Queen’s Nurse and has kept all her medals in mint condition.

Later, Doris and Bill moved to Norfolk and Doris took up the post of Matron of a 42 bedded unit – a role with a lot of responsibility for staff and patients alike.

Animals are Doris’ other great love outside of



nursing. From her Bungay village home, she volunteered for Cats Protection and the Country Cat Shelter, and worked tirelessly to persuade the farmers to let her get their cats neutered! So Doris was delighted when Peter Shergold, Cats Protection's Head of Field Operations, dropped in to see her – with a card for her 100th birthday and a big box of chocolates!

Bungay is a beautiful historic market town, in the heart of the Waveney Valley, with roots that can be traced back to Roman times. Doris's husband Bill died at 80, when she was 75. Doris continued to live in Bungay village until she was 90 – fully self-sufficient. In 2017 Doris moved to a

bungalow opposite mine in Sutton Coldfield with her cat Oscar. After much loving nursing care, Oscar went over the 'Rainbow Bridge in the sky' when he was 20.

Doris insisted on 'no fuss' on her 100th birthday - but couldn't really stop neighbours and well-wishers popping in! She was a little tired the next day, but nevertheless appreciated the interest of the 'Queen's Nursing Institute' - and the lovely card and flowers sent on the day. Nothing makes Doris 'more proud' of anything in her life than having qualified to the exacting standards expected of a 'Queen's Nurse'.

Sheila Pennell, Doris's niece

Keep in Touch update: afternoon tea for Elizabeth Glynne Jones' 90th birthday



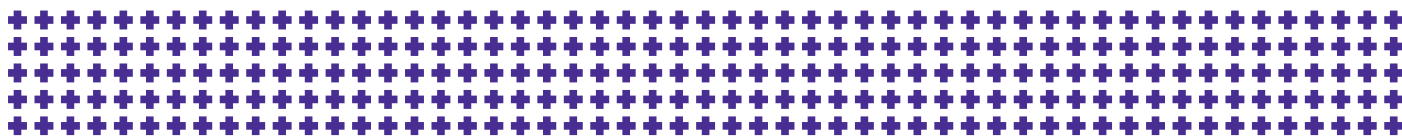
Having been part of the Keep In Touch programme for around a year, Elizabeth and I have enjoyed our regular chats. I have found great pleasure in getting to know such an inspiring and dynamic lady.

When Elizabeth told me she was planning to be in London for her 90th birthday staying with her daughter, it gave us an opportunity to meet. We

enjoyed a lovely afternoon tea overlooking the river in Richmond.

Elizabeth had knitted cardigans for my new granddaughter, which are being well used, and having met once I do hope we can do something similar in the future.

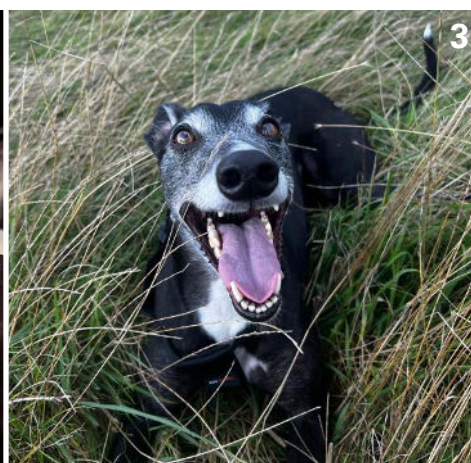
Carol Sears, Keep in Touch volunteer



Pet's Corner

Our Pet's Corner is back! If you would like to feature your pet, we would love to hear from you! Please email a photo (including your pet's name) to suzanne.rich@qni.org.uk.

1. Milo is Suzanne Rich, the QNI's Keep in Touch Programme Manager's cat. Milo loves to join all QNI staff meetings on zoom!
2. Whilst clearly not a pet, this fox cub was found by Edina Peto, the QNI's Events Manager, in the middle of a busy road: "It was not moving so we took it to the vet - he was in shock but is healthy luckily and will be taken to the Fox Project now. If you see an injured fox, Medivet and Fox Project are there to help."
3. Judy is Edina's 3 year old adopted ex-racer greyhound. Judy's favourite place is the sofa under a blanket, she is a slipper thief, who - unlike many dogs - loves the mailman and gets very excited when she sees him!



Surrey Heartlands Community Workforce Community of Practice

All retired and current nurses are invited to the Surrey Heartlands Community Workforce Community of Practice, a quarterly (online) forum for nurses who wish to remain in the loop with their previous (or current) careers who are uniquely positioned to add a valuable perspective to discussions around unmet needs

in the workforce. The next event is taking place on Wednesday 29 November from 1pm-2.30pm.

To attend the meeting, scan the QR code to the right.

Meeting ID: 355 821 040 357,
Passcode: Dh5L9w



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 email us at suzanne.rich@qni.org.uk, or write to Suzanne Rich, QNI, 1A Henrietta Place, London W1G 0LZ.

Please note: if you have recently changed address, please let us know by emailing us at mail@qni.org.uk.

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