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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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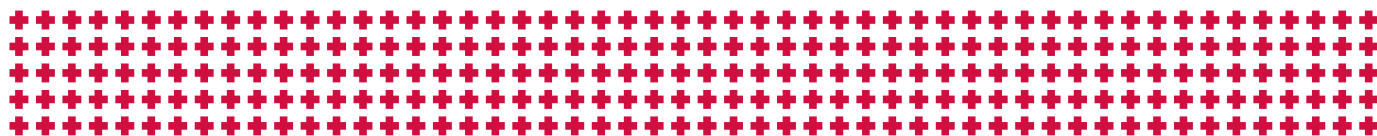
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Season's Greetings from CEO Dr Crystal Oldman CBE



The QNI has undertaken a huge range of work in 2023 and we are home to a growing number of thriving, innovative and supportive networks of practice.

We have continued to champion the role of nurses working in the community, in primary care and social care, and worked to raise their profile with commissioners, policy makers, media and the public.

We have growing evidence that our strategy is contributing to greater recognition of the indispensable role and impact of community nurses in every field of practice: community nurses are vital if health services are to manage the increasingly complex needs of the communities served.

Our work throughout 2023 demonstrates the flexible and responsive nature of the QNI, adapting our resources to deliver our key objectives, supporting nurses working in all community settings in every way we can.

I am sure that 2024 will bring with it its own challenges and joys but I wish you and your families, friends and communities the very best of health, happiness and success in 2024 from myself and all of the QNI team.



The National Garden Scheme's Snowdrop Festival season starts in February 2024, find out more here: www.ngs.org.uk
Photo courtesy of the NGS, Val Corbett.

Season's Greetings

from everyone at

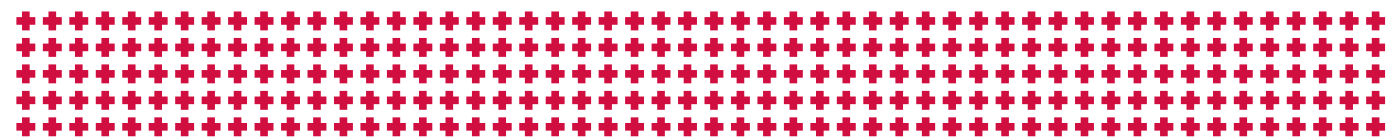
Justin
Age
Kirit
Dave
Patrick
Gabriella
Helen

Crystal
Christine
Amanda
Hanna
Suzanne
Edina
Lucy
Becky
Joanna

Louise
Matthew
Angie
Aislin
Catherine
Cate
Charlotte
Wendy
Ben



The Queen's Nursing Institute



Achievements of Community Nurses Celebrated at QNI Awards Ceremonies 2023



*Top: Queen's Nurses queueing for their certificate and badge;
left: International Community Nurse of the Year Noor Ul Haq;
right: Dr Crystal Oldman CBE, QNI's CEO receiving the Gold Badge Award from QNI Chair of Council, Professor John Unsworth OBE*

The QNI held its annual Awards Ceremonies on 8th December at Friends House in London. Two ceremonies were held, and included the presentation of some of the most prestigious awards in nursing, including:

- The Gold Badge Award
- The Queen Elizabeth the Queen Mother Award for Outstanding Service
- Fellowship of the Institute
- The Queen's Nurse title
- Graduates of the QNI Aspiring Leaders programme
- Leaders of QNI community nursing innovation programmes

- The International Community Nurse of the Year Award
- Memorial prizes for post-registration nursing students

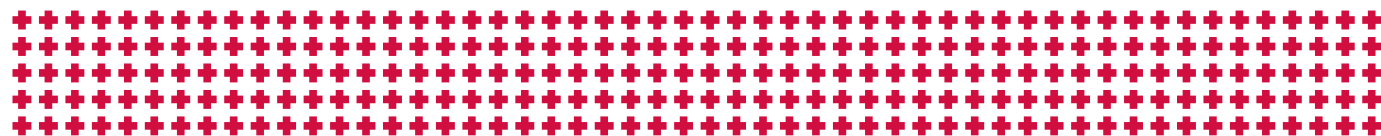
Presentations at the afternoon ceremony were made by Dame Elizabeth Anionwu, QNI Vice President and Patron of the Mary Seacole Trust and Professor John Unsworth OBE, Chair of Council, The QNI. Presentations at the evening ceremony were made by Professor Deborah Sturdy CBE, Chief Nurse for Adult Social Care, Department of Health and Social Care, and Professor John Unsworth OBE.

The Council and Staff of the QNI were also delighted to welcome Rupert Tyler, Chairman of the National Garden Scheme, to speak at the afternoon ceremony, and George Plumptre, its Chief Executive, at the evening ceremony. The

National Garden Scheme recently announced the incredible donation of £425,000 to the QNI. The donation enables the QNI to operate the Queen's Nurse programme – 560 new Queen's Nurses receive the title today, taking the total number to 2500 nurses leading, delivering and managing care in the community, and educating others in universities and in practice.

To view all the award winners and read the citations, please go to:

<http://tinyurl.com/44umyjhk>



A Clinical Volunteer with the Ellen MacArthur Cancer Trust



Small Ships race in Cowes, between Thursday 22 and Sunday 25 September 2022.

I can honestly say it was one of the most amazing things I have ever had the privilege of taking part in. The young people on the trip were so inspirational, despite their cancer journey, and it made me feel humbled. I also had the opportunity to chat to one of the other clinicians. I decided that I would definitely volunteer again for the Trust and so this year I arrived on Bank Holiday Monday to join the boats in preparation for the youngsters arriving on Tuesday.

I only had prior experience of supporting the 18–24-year-olds last year, but this time it was the under-18s so I wasn't sure what to expect. We had a total of 25 youngsters in 5 boats and as you can imagine when they arrived they were all a little nervous. It was both an emotional but inspirational week for everyone concerned, but watching the smiles on the faces of these youngsters over the course of the week, seeing them talking to their peers who can really understand about their cancer journey, to the friendships that were forged between them was just amazing.

At the end of the week the young people are asked what was the best bit, what was the worst bit and what was the funniest bit. So, if I tell you the funniest bit for them was seeing me drop my phone over the side of the boat in the marina you can imagine the hilarity that was had by all.

Finally, I reflected on their journey on the way home and just reinforced that everything we do does truly make a difference to them. Because they talked about their Oncologist, radiologist, district nurse, specialist nurse or GP that helped them along the way.

If you would like to know more about this amazing charity, that really does make a difference, visit: <https://www.ellenmacarthurcancertrust.org/>

Sharon Lee QN, Senior Primary Care Workforce Programme Lead, NHS Kent & Medway

As a keen sailor for over 10 years, I have had many fabulous adventures. I've seen how it transcends all ages so, when I became aware of the Ellen MacArthur Cancer Trust, I thought it was a fantastic opportunity for youngsters to experience the fun sailing can bring. Ellen MacArthur, as many of you will know, sailed solo around the world in 2005, but set up her charity in 2003 to support young people aged 8–24 to rebuild their confidence after cancer.

The charity provides the youngsters with a range of experiences including sailing trips. The charity relies on donations, but also on volunteers. The volunteers include graduate volunteers who are young people who have previously taken part in the sailing trips, but also volunteer clinicians who can be on hand to support the young people, provide occasional clinical assistance and ensure safety.

I signed up as a volunteer clinician at the end of 2019, after speaking to a skipper, following a short sailing trip in the Atlantic. I was due to take part in my first volunteer trip in 2020 but, unfortunately, the pandemic hit so it was put on hold. At last, in 2022, I was able to undertake my first volunteer session for the Trust, which culminated in the ASTO



Sustainability in Care Homes - Ideas into Action

Sustainability. That word is everywhere you turn these days. Even the Care Quality Commission (CQC) are now looking to incorporate it into their inspections. It is estimated that 5% of worldwide greenhouse gases are produced by healthcare and in 2020 the NHS committed to achieve Net Zero for emissions by 2040. Lots of work is underway, but this seems to be focused on the hospital sector. It is important to also look at what actions can be taken in care homes to help the environment.

I think all of us would say addressing carbon emissions is a great idea, but how feasible is it? How can we find the time to swap from disposable products to reusables? Whichever way you look, there are obstacles to overcome and a million issues to address.

We are lucky to be able to have a sustainability manager in our charitable not-for-profit organization who has responsibility for managing the organisation's sustainability strategy and programmes. This year we committed to PlanetMark Business Certification as a first step towards putting in place a Net Zero strategy, measuring scope one and two carbon emissions initially until we can measure scope three emissions. This strategy work will become increasingly important to those of us that undertake NHS-contracted work in the very near future. Since April 2023, the NHS has required suppliers with contracts over £5 million per year to publish a Carbon Reduction Plan for their UK scope one and two emissions and a subset of scope three emissions as a minimum. From April 2024, the NHS will require a Carbon Reduction Plan from all suppliers.

What can we do in a Care Home?

In the care home setting, we have all the same problems we have in our own homes, but on a bigger scale! But some key principles we might be able to implement at home may not be quite so feasible in a care home setting.

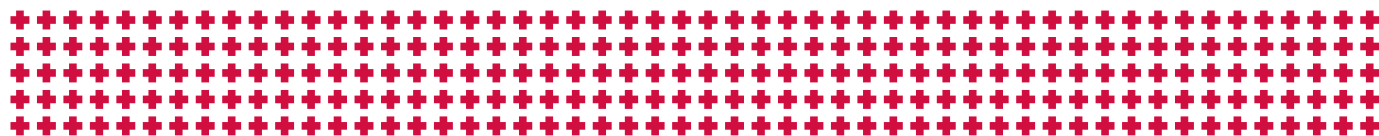
- Consider hot weather – how often do you see

windows wide open during the hottest of days, instead of keeping the heat of the sun out of the building, while electric fans furiously churn the hot air around.

- There may be opportunities to reduce water waste depending on your particular care home and working practices.
- Kitchens can also generate lots of waste. Check taps are not left running and what is happening with food scraps. Unserved vegetables may become tomorrow's soup for example.
- We have recently undertaken a review of our cleaning products to minimise the use of hazardous chemicals, to reduce the number of products needed, and to standardise products across the care homes in the group.
- Try to reduce glove use for inappropriate tasks like changing unsoiled bedding or brushing a resident's hair. Pad companies are also starting to produce launderable absorbent panties for use instead of the "just in case" pads worn by many. Did you know that sanitary products are 90% plastic?
- We are just starting to consider how we might be able to tackle medication waste and are currently exploring the feasibility of having certain items held as stock, instead of residents all having their own.
- Consider the resources that go into planning an activity for residents. If you are a single care home, perhaps you could buddy up with a nearby care home and borrow, share and swap resources.
- Think about how colleagues get to work – the council may offer a cycle-to-work scheme, or can you use your intranet or noticeboards to encourage car sharing. Some changes might not work as you had planned – that is OK, being 'sustainable-ish' is better than wholly unsustainable.

Let's all make a start on those small acts and be proud of them.

*Heather Kirton, Clinical Governance Lead,
St Monica Trust*



Hear Well project wins Nursing Times Social Care Award



Addressing Residents' Needs

In December 2022, there were over 1,700 people living in Care UK care homes identified as wearing hearing aids or deaf. The majority of these had not had access to physical ear or hearing checks since before March 2020, due to the coronavirus pandemic. 63.6% of people living in Care UK care homes live with dementia, and of all residents, 20.4% are deaf or wear hearing aids.

The Hear Well project aimed to identify if training nurses in otoscopy and ear wax removal could alleviate challenges faced by residents with hearing problems and provide an easy to replicate model across a large, multisite organisation. The challenge was to establish simple and effective treatments without the need to visit a clinic.

One trained nurse, working at Milner House, worked with 47 residents over a three-month period to pilot the Hear Well project. Residents were screened by the nurses in a familiar environment, minimising distress, and referral time.

Suzanne Mumford, QN, Care UK's Head of Nursing, Care & Dementia said, 'Our collaboration with the Queen's Nursing Institute on this project helped us to focus and achieve incredible resident outcomes for their health and wellbeing. As a result of this project, we have been able to raise awareness of the importance of ear health, including developing a strategy for improvement for all residents within our care. This will also ensure that nursing colleagues will have access to further development and recognition of the specialist skills required when nursing in care homes.'

Dr Amanda Young, QNI Director of Nursing Programmes (Innovation and Policy) said, 'Congratulations to Natalia, Suzanne and their teams at Care UK for a fabulous project that has clearly made such a difference to the daily lives



*Above:
Natalia with a
resident;
Left: Dr
Amanda
Young, the
QNI's Director
of Nursing
Programmes
(Innovation
& Policy) and
Natalia*

Care UK's Hear Well Project, which evaluates the impact of identifying and treating reversible hearing loss, was the winner of the 'Nursing in Social Care' category at this year's Nursing Times Awards.

This nurse-led project was developed with the support of the QNI's Community Nursing Innovation Programme, which provides nurses with expert support in developing innovative projects that improve care for individuals and communities. The two project leads from Care UK – Natalia Stan, Deputy Manager at Milner House and Suzanne Mumford, Queen's Nurse, Care UK's Head of Nursing, Care & Dementia – undertook the QNI innovation programme in November 2022.



and wellbeing of many people. It's hoped that their innovative project will serve as a model for other care homes and lead to much wider and sustained improvement in hearing for care home residents in the UK.'

Successful Outcomes

The project led to an improvement in communication, socialisation, mobilisation, and general wellbeing for residents who had ear wax removal with micro suction. Of residents receiving wax removal, there has been an improvement in hearing and understanding. There were also six instances where people were referred for hearing aids following otoscopy and hearing tests, which identified no wax but hearing loss. The results from this simple intervention are less data-driven but seen more in quality-of-life outcomes, including improvement in lived experience, and a reduction in symptoms of cognitive decline and social isolation.

The Nursing Times judges were impressed by the project's approach to identifying unmet needs, promoting wellbeing, reducing social isolation, improving relationships, and increasing social engagement. Overall, the quality of life of people living with dementia was improved, reducing the need for health appointments and hospital admissions. The judges believe the use of this technology could lead to far-reaching improvements for those in social care.

For example, one resident had been reluctant to come out of their room since admission and had difficulty understanding colleagues and their families. Following an otoscopy through Hear Well, which revealed a wax blockage in both ears, a course of olive oil eardrops was prescribed and micro suction successfully removed the wax. The resident had an immediate improvement in their hearing. As a result, the resident is now fully integrated in the care home community, joining activities and enjoying spending time with family and friends.

My General Practice Nursing Fellowship experience



As a student nurse, I always had an inkling I wanted to work within primary care. I must admit, initially it was the work-life balance and the thought of no weekend or night shifts that appealed

to me. However, during my final placement as a student nurse I requested (and very luckily was given) a placement in general practice.

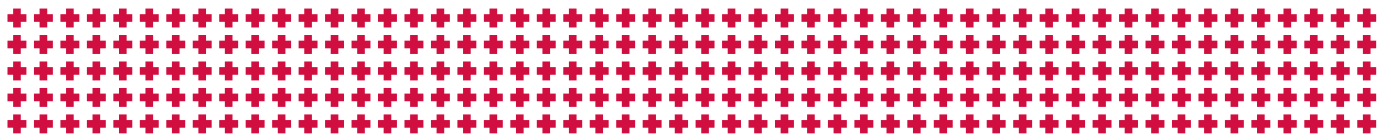
Within the first week, I completely fell in love with the role's variety; 'from the cradle to the grave', patients of all ages and backgrounds, and varying degrees of acuity. In the morning I was shadowing baby immunisation clinics and, in the afternoon, complex wound care and long-term conditions. I was surprised at the scope of knowledge the general practice nurses (GPNs) had, and the

autonomy of the decision making involved in the role. I quickly learnt that GPNs are not necessarily 'jack of all trades' but 'specialised generalists' who are highly skilled clinical leaders that manage a caseload of complex conditions, striving to maintain wellbeing and safety while keeping people out of hospital where possible.

Covid disruptions

Unfortunately, in my third week on placement, Covid struck and lockdown was announced. I was pulled from General Practice and drafted to work within secondary care as a band 4 'aspirant nurse'. I was disappointed but I had already fallen in love with the GPN role in such a short space of time. I was adamant that as soon as I qualified, I would be back working within General Practice.

I remember explaining to staff nurses on the wards that I wanted to work as a GPN when I qualified, but I often was met with unwanted advice. "You need to get 12 months of acute care under your belt." Why? I thought. Wouldn't it be better to get



the experience in the role I want? Wouldn't it be better to spend the first part (and probably hardest part) of my nursing career doing something I love, and I am passionate about? Others would give me a blank look; "Don't go there, you'll end up de-skilling". I really hate this terminology. There is no such thing as 'de-skilling', just learning new and different skills. I think this is a very outdated view and it is a shame there isn't more exposure of the vital role that GPNs play in the health of the local community.

The GPN Fellowship

In a bid to expand the healthcare workforce, The NHS Long Term Plan (2019) introduced the GP/GPN Fellowship, which offers a contract of employment alongside a portfolio role tailored to the needs of the local area. This aims to encourage newly qualified nurses to consider primary care as a first destination. Hopefully this will shine a light on GP and dispel the myth that a GPN is role for when you're ready to settle down and about to retire. After submitting my CV, I was able to secure a GPN job within the local area, alongside study days to complete the Fellowship, and support gaining the knowledge and skills required to work within General Practice. I started the Fellowship back in September 2020. The first stage consisted of the 'foundations of general practice' course; a nine-month course involving an in-depth portfolio that required completion of clinical skills. These skills included cervical screen sampling, compression bandaging, immunisation, consultation communication and health promotion. The portfolio also had opportunities for service improvement, and I was able to give patients information materials, and antibiotic stewardship education for colleagues.

Specialisms and Support

For the second part of the Fellowship, I chose to undertake a six-month diabetes management module. I found the pathophysiology of diabetes to be complex and interesting, but equally I have enjoyed putting people at the forefront of care, as individual needs, preferences and priorities are so different.

The Fellowship also includes overarching one to one and group clinical support. I was fortunate enough

to receive support from Angie Hack (Assistant Director of Nursing Programmes at the QNI) which has been invaluable. Angie allowed me to become more self-aware and analyse my progress, practice, knowledge and skills at different stages of my journey. Being able to highlight my strengths and weaknesses and areas for development ultimately makes me a better nurse. Being a newly qualified nurse is not easy in any area of nursing, so having Angie as an impartial person to moan with, laugh with, and cry with really helped me get through the trickier times.

The Future

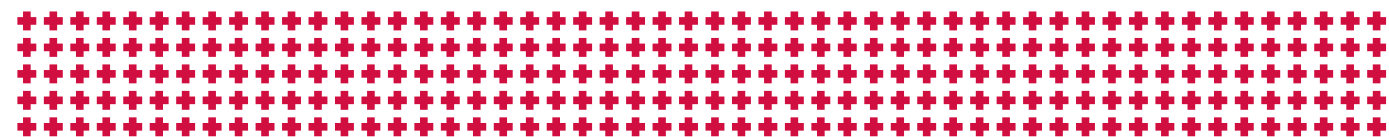
Undertaking and completing the Fellowship at the start of my nursing career has been a very steep learning curve. However, I am so glad I did it, as the support from the Fellowship has set me up with the knowledge, skills, and resilience I require to work as a competent and confident autonomous practitioner.

As of today, I still work in General Practice, but I have moved away from the 'typical' GPN role. I now work as a nurse practitioner in 'the acute care team' dealing mostly with minor illness and urgent care within the GP surgery, although I continue to work as a diabetes nurse within this role. I have recently completed the physical examination assessment module and will be starting my next module, diagnosis assessment and decision-making, next month.

Without the Fellowship (and Angie's support and passion for nursing) I would not be where I am today. I am in a role I absolutely adore and working towards hopefully completing a master's degree in advance clinical practice. These are things I never imagined I would be doing on my first day as a GPN. The Fellowship provided me with the exposure to the wider primary care team and opened my eyes to the vast opportunities available for nurses in primary care and general practice.

It is important to stop and reflect on how far I have come. Three years into qualifying as a registered nurse I feel I have achieved so much, but equally have so much more to give.

Grace Rushmere RGN BN (Hons), Rapid Access Care Team/Diabetes Nurse



Welcome to New Queen's Nurses 2023



5 63 nurses working in community specialisms received the title of Queen's Nurse in 2023. The total number of Queen's Nurses in England, Wales and Northern Ireland now stands at over 2500.

The new Queen's Nurses were appointed by the QNI and received their badges and certificates at the QNI's Awards Ceremony on 8th December at a venue in central London.

The prestigious title of Queen's Nurse was reintroduced in 2007 after a gap of almost 40 years. The title is not an award, but a recognition of a nurse's commitment to ongoing learning, leadership and excellence in healthcare.

Queen's Nurses must complete a rigorous online application process, and each application is assessed anonymously by two assessors, with an additional moderation process. All applicants must have worked in the community for at least five years – the criteria also allow educators and service managers to apply, and those working in primary care and social care settings.

The Queen's Nurse network is funded by the generosity of the National Garden Scheme, the

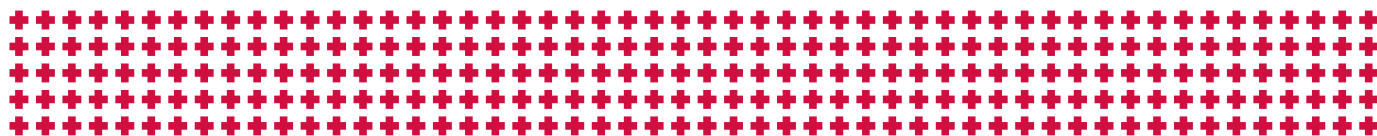
longstanding strategic partner of the QNI.

Dr Crystal Oldman CBE, the Chief Exec of The QNI said: 'Congratulations to all those nurses who have just received the title of Queen's Nurse. You join a wonderful, supportive national network of nurses committed to learning, leadership, and providing excellent care for the people they serve. We look forward to working with you.'

Quotes from new Queen's Nurses

'Being awarded the title of Queen's Nurse is extremely humbling and a great honour. It will assist me in my passion for nursing palliative care patients in the community and to support the wellbeing of people in rural communities. Being a part of a historic institute is a great privilege and I look forward to networking with other Queen's Nurses and sharing our experiences to enhance the lives of our patients.'

'I couldn't be more delighted or proud to join the network of brilliant Queen's Nurses; I am really looking forward to meeting and learning from as many of them as possible as I know my own professional development will benefit from their experience and support.'



Going Further for Wound Healing



Above, left to right: Una Adderley, Alison Schofield, Ameneh Saatchi, Dr Crystal Oldman CBE

The Going Further for Wound Healing report was launched at the PPP Wound Care Conference on 19th October.

The report includes policy recommendations based on the findings from a series of roundtable discussions chaired and attended by wound care experts and academics as well as system decision makers, including QNI Chief Executive Dr Crystal Oldman CBE. The report calls for wound care to be prioritised at the national level by NHS England, supported by ministers in the Department of Health and Social Care, to enable the delivery of evidence-based wound care to all patients, reducing the workforce burden and associated costs.

Lord Hunt of Kings Heath OBE, Former President, Royal Society for Public Health said, 'This excellent report by PPP highlights huge inequalities throughout the country in the quality and range of wound care. It points the way to transforming wound care delivery to save the NHS time, money and improve patient outcomes. Given the huge number of NHS patients who need wound care every year, it is essential that Government and the NHS take note and act on the report's recommendations.'

Access to wound care services in the UK is a postcode lottery, resulting from restrictive and varied commissioning policies, which have produced stark inequalities between patient groups. Levelling up care to the Diabetic Foot Ulcer standard, in which the multidisciplinary team (MDT) approach to care is central, is an option for commissioners to address inequality in wound care.

To get commissioned effectively, wound care must be prioritised at the ICB level. A financial incentive, as well as improvements to care delivery and patient outcomes, must be demonstrated to achieve this. Existing programmes and sites are delivering promising results, and some ICBs are prioritising them, but the next step is to achieve widescale adoption.

To make evidence based wound healing protocols the standard of care across the NHS, a shift in national culture must take place. This requires the establishment of a top-down approach where, with the support of Department of Health and Social Care (DHSC), NHS England should set wound care as a national priority.

Dr Crystal Oldman CBE, Chief Executive, QNI, said, 'We need leadership at the highest level for wound care, we need to improve education for nurses right from the beginning, to fire up student nurses and get all nurses excited about the potential of good wound care to improve people's lives.'

Download the Report: <https://publicpolicyprojects.com/wp-content/uploads/2023/10/PPP-Wound-Healing-Report-1023.pdf>

Visit the PPP website: <https://publicpolicyprojects.com/ppp-wound-care-conference-2023-setting-wound-care-as-a-national-priority/>



A Thank You from Jo Moorby, former QNI Grants Manager

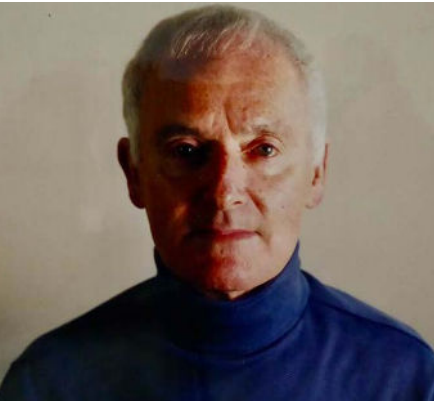


I want to wish you all a very Happy Christmas, and to say a heartfelt thank you to all of you who sent messages to me on my retirement. I was truly touched by your words and messages of appreciation. I too felt that, although I hadn't met many of you face to face, we had shared time together and had a connection.

I am now caring for my husband, who is not in best of health right now, but we are still enjoying our retirement together.

With love and best wishes to you all for 2024.

Reflections on the NHS by Professor Ronald Pennell



In general complaints are frequently made about the NHS, but praise is seldom offered. Being born in 1935 I can remember the very poor private

health care at that time - home visits were very rare and usually paid for by private insurance schemes. Nursing too was very different.

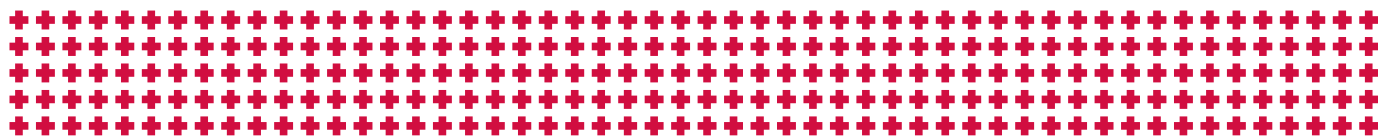
My aunt, Doris M. Weir, who has recently celebrated her 100th birthday, was a young nurse at Gulson Road Hospital in Coventry during the Blitz. Later, having progressed from being a State Registered Nurse to become a State Certified Midwife, she then qualified as a member of the

Queen's Institute of District Nursing. When she worked as a District Nurse in Birmingham, in 1950, I remember her showing me the very poor housing conditions and poverty of some of the people. She bought a bag of coal, and let me accompany her on a visit to an old lady living in a back-to-back house who could not afford to heat her home.

Times have changed, but Nurses are still mostly dedicated, kind and unappreciated.

A recent routine procedure carried out for me by a District Nurse was so perfect that I have sent my thanks and best wishes to her and the District Nursing Team at Wye Valley NHS Trust for their outstanding care and attention.

Ronald Pennell is an Honorary Professor at the University of Arts Architecture and Design Prague, also Honorary Professor at the University of Wolverhampton



Gerda 'Lizzie' Walter Obituary 23/4/27 - 12/07/23



chosen career as a nurse. She began her nursing career at Great Ormond Street Hospital for Sick Children, then went on to train as a midwife in Edinburgh. Lizzie worked at King's College Hospital London, where she qualified as a Senior Registered Nurse. For a short time, Lizzie worked as a Staff Nurse, in the Outpatient Department at the Royal Sussex County Hospital, Brighton. Lizzie then went out to Montreal, Canada where she trained as a Public Health Nurse.

Lizzie returned to the UK in 1966, as her sister Margot died of cancer and Lizzie helped to look after her two young children. When their father remarried in 1974, Lizzie returned to Canada to resume work there. However, she then returned to the UK in 1977 to be a Health Visitor and also became a Queen's Nurse.

Lizzie had many and varied interests; she was a member of the Ramblers Association and enjoyed walking all over the UK. She belonged to a Book Club and a Scrabble group. Lizzie enjoyed travelling and took many skiing trips with her friends. Lizzie had been trained in exercises for the elderly called EXTEND. When she retired, Lizzie delivered exercises within care homes around Brighton & Hove. Lizzie was also trained in a dance style known as LABAN.

Later in her life, my daughter and I supported Lizzie when she was diagnosed with early onset dementia. We looked after her at home, the best that we could, until eventually she had to go into a care home in 2011. Lizzie was estranged from her two nephews and, as we were her only visible family, I took on the role of Next of Kin and managed her affairs through to her death on 12th July 2023.

Lizzie's request was for her body to be donated to science – this wish became a reality and Lizzie was taken to Brighton & Sussex Medical School. Lizzie was cremated at Croydon Crematorium on 26th September 2023. A fitting end to a wonderful life and career where Lizzie always helped others.

Michele Archer

Lizzie was born in Magdeburg – Altstadt, Germany on 23rd April 1927. Her mother was Elisabeth Adele Walter, her father was Albert Walter. Lizzie had an older sister, Margot Walter.

Not much is known of Margot and Lizzie's early years, other than hopefully they had a happy childhood. Just before the outbreak of war, Margot & Lizzie were evacuated as part of the Kinder transport. This was an organised rescue effort of children from Nazi-controlled territory that took place in 1938–1939 during the nine months prior to the outbreak of the Second World War. Margot was aged 11 and Lizzie was aged 9. The little girls never saw their parents again. In later life, Lizzie learned her mother had been killed in a concentration camp in Czechoslovakia. Lizzie never found out what happened to her father.

Margot and Lizzie were taken into the care of Virgo Fidelis Convent, Upper Norwood, London, as their father was a Catholic. They were first evacuated to Our Lady's School in Oxfordshire and then transferred to Fidelis Convent in Haywards Heath, as they were both capable of sitting their GCE examinations. After the war, Margot & Lizzie returned to Upper Norwood, London to continue their education, which enabled Lizzie to go into her



Margaret Jones Obituary 7/3/36 - 12/10/23



Margaret Mary O'Sullivan was born in March 1936 in Millstreet, County Cork. Her parents Elizabeth and Eugene had five children. Life was hard and busy, milking cows and keeping Gorthvehy running.

Margaret loved learning - her teachers described her as hard working and reliable. She talked happily of walking barefoot in the summer and of the pony and trap which they used on rainy days. When she arrived at school with her maths homework the other children would copy it. She learned to knit at five years old and the first cardigan was completed aged nine. It's a life that seems idyllic but there was also sadness and loss. Those losses were a significant influence on her life ever since.

Her eldest brother, Gene, was tragically lost as a result of appendicitis in his teens. When Margaret had similar pains, a taxi took her to Cork city hospital, a frightening two-hour journey. This was her first experience of a hospital and she recalled it vividly. When she recovered, she wanted to write to thank the nurses, but there was no money for a stamp. She wanted to become a nurse from that time.

At 18, Margaret took the boat to England. Her cousin in Plymouth met her and was a little confused that she had no accommodation, so she arrived a day early at the nurses' home. Margaret took her tiny suitcase and began her caring career. It was November 1954.

The young nurses had many an adventure - learning a great deal on the way, but also climbing in through the

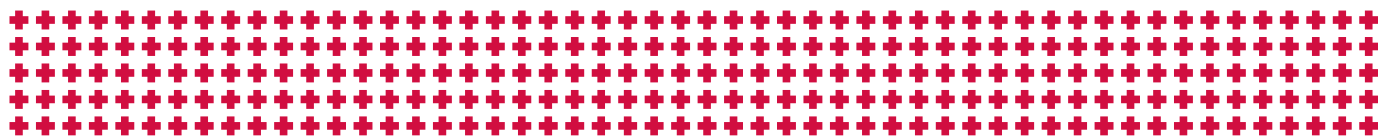
window when they returned after lights out! Margaret was sent to the Didsworthy Fever Hospital and patients had a forbidden stroll around the garden, though they used the doors to return!

Margaret's nursing colleagues over the early years are fondly remembered - there were secret snoozes in the airing cupboard on night duty, and getting so sunburnt at the lido on the Hoe that Margaret struggled to wear her uniform to work.

In 1959 Margaret became a ward sister at the tender age of 23, although she had no belief that she was old or wise enough to take this senior role. Margaret undertook midwifery training to escape the responsibility. She spent time in Kingston upon Thames making detailed notes about every delivery, mother and child.

Returning to Plymouth, Margaret was accepted to emigrate to Australia in 1959 as part of the Assisted Passage Migration Scheme, but she postponed it indefinitely a year later.

Margaret met Ted, a quiet Catholic boy with a passion for motorbike scrambling, at a dance. She challenged him to be on time for their first date or she would not wait. They were engaged in October 1962 and married in Plymouth Cathedral five months later. Margaret made her own dress and those of her bridesmaids and passed her driving test two days before.



When Christopher and I were born Margaret took us for walks in the park and trips to the beach where Ted took us swimming in the sea. She did woodwork classes and made a trolley!

Margaret then worked in the wider Plymouth community as a district nursing sister. Her lifelong commitment to nursing and caring for others continued. Her colleagues called her the Good Samaritan.

We moved to Beacon Park where Margaret worked amongst the community every single day of the year. At Christmas she would invite people to our lunch - a patient's widowed husband, a young doctor on call. We delivered meals on wheels in person. I met many of her patients, and if I had a cold I would sit in the car while she was on her rounds.

Every year we took the boat to Ireland - visiting Granny and Grandad at Gorthevehy, milking cows, and Christopher driving the tractor.

In 1991, Margaret was invited to Plymouth Guildhall for a special dinner where she received The Plymouth Nurse of the Year Award: a special award for long service - 32 years. Margaret was very embarrassed and didn't want a fuss for just doing her job.

Our family swimming commitments grew and Margaret volunteered at the club, even though she only managed ten metres herself and was petrified of water! After Margaret volunteered to help on a school trip to Rome, one of the Christian brothers wrote to her and said she was a Good Samaritan again - the boys in school thought she was 'smashing'! Her kindness was always supported by fun and friendliness. Margaret travelled to London and received a medal from Princess Alice to recognise her service as a Queen's Nurse - it was a day of great pride which she cherished. Margaret kept the letter granting her the status of Queen's Nurse, and was always a dedicated member of the profession.

Margaret's nursing commitment and talent reached far and wide - she cared for everyone.

She was dedicated to others throughout her life. Many a time she would hold a hand or offer support and she would go out at night to patients in their last hours. There are dozens of touching thank you letters and cards from this time, and several said how Margaret's advice helped them as young doctors.

Margaret carried on with the extra commitments: accompanying disabled people to Lourdes on a pilgrimage, getting involved with anyone who was vulnerable or who needed help. There was always a spare bed available to friends of ours too. Margaret made hundreds of quilts and cushion covers - 140 went to Chernobyl to children affected by the nuclear disaster.

When she retired in 1994 Margaret's dedication continued and so did the adventures - she and Ted enjoyed holidays to France, caravan visits and trips on canal boats. Margaret and Ted took up square-dancing to keep fit and continued fundraising and doing good - Margaret loved the music of Val Doonican and Daniel O'Donnell.

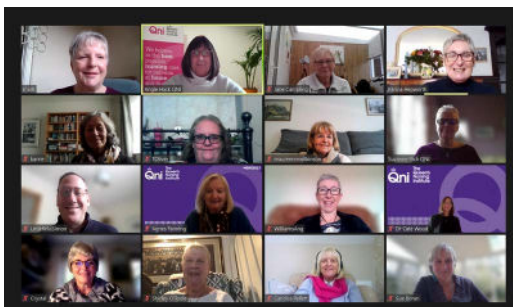
Then a new opportunity arose - Granny Jones. Margaret was ready and waiting - she took her granddaughter to school and helped with her homework. There were nativity costumes to be made and plenty of board games and score keeping! The latter part of Margaret's life was not easy. She continued caring, sewing and knitting and her hands were never still. Her last patient was Teddie. At this point in her story, we know she was 'knacker pooped'. The years of busy attention and caring finally caught up with her. She still recited long Irish poems and was teaching the staff of Parkwood House to speak Irish and to crochet. The reach of her care was reciprocated when she needed it most.

Margaret was a dedicated daughter, wife, mother, grandmother, friend and nurse. She has shown us all compassion and consideration and everyone remembers her smile, and her delightful laugh. I am forever grateful that she taught us how to consider others, to go on adventures and to make people smile. May she rest in peace at last.

Liz Jones



Keep in Touch Volunteers Meeting



The Keep In Touch (KIT) Team meets up bi-annually. This year the Team were

delighted to be able to meet up in London - our first face-to-face KIT event since 2019! Everyone enjoyed seeing old friends and meeting new ones.

In November we held two online KIT meetings on Saturday mornings. Our KIT meetings provide an opportunity for volunteers to share their experiences as part of KIT, and to discuss any concerns, as well as meet up with other

volunteers. We were delighted that the QNI's CEO, Dr Crystal Oldman CBE, was able to attend both meetings and provide an update on current and future QNI activities. We were also delighted that Mr Nick Addyman, QNI Trustee, was able to attend both meetings and speak about his role as a Trustee, and also thank the volunteers for their continued commitment to the KIT programme.

The KIT programme has been running since 2016, and some of our volunteers have been calling their contact since the beginning – wonderful friendships have been made!

Most of the Team were able to attend one of the meetings, and we are looking forward to our next meeting in May 2024, which will again be a face-to-face event in London.

Suzanne Rich, KIT Programme Manager

Queen's Nurses of tomorrow



Left: Day 1 of nurse training in 1958; right: Delia receiving an award at the end of her career from the Queen Mother

As an 84-year-old retired Queen's Nurse, I eagerly await the arrival of the QNI HomeVisit magazine. It is always a delight to read through the pages, and I usually take my time to savour the content. The October 2023 issue, in particular, caught my attention as it featured a happy picture of the Elsie Wagg Innovation Scholarship Project.

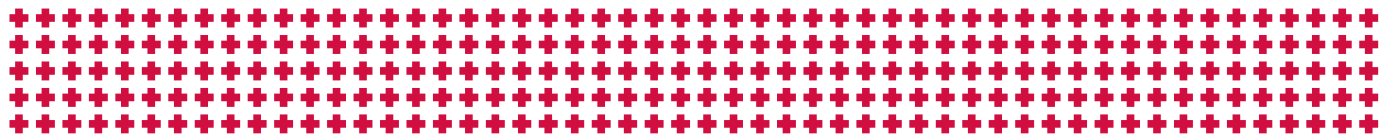
As I settled down with a cup of tea, I started flicking through the pages. However, my attention was quickly drawn to page 2, titled 'New Field-Specific Standards for Community Nursing Will Benefit

Many'. The entire page was captivating, and it reminded me of my own experiences training as a Queen's Nurse with Lancashire County Council in Preston after my State Registered Nurse training in 1962.

Despite believing that I knew everything about being a Queen's Nurse, reading page 3 of the Home Visit magazine in 2023 made me realise how little I knew back then. The article was so engrossing that I read it twice and continued reading from pages 4 to 16. It was fascinating to see how much the nursing profession had evolved, and I couldn't help but wonder what my fellow Queen's Nurses would think about it.

Even though I sometimes wish I had been born 60 years later, I am delighted to see that the Queen's Nurses who will work with the new field-specific standards for community nursing will benefit from all the advances. As retired Queen's Nurses, we wish them the best and believe that this new approach to community nursing "will benefit many". Here's to the Queen's Nurses of Tomorrow!

Delia Hudson



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. Maggie a cocker spaniel who belongs to Sarah Morton, a Keep In Touch Volunteer. Sarah says Maggie is "full of attitude!"
2. KIT Volunteer Sue Wynne sent photos in of Diesel and Maisie, "an inseperable pair who we are house sitting next week. Diesel is a staffie rescue dog, now 10 yrs old, and Maisie, his faithful companion. They love the beach and Maisie will do anything for a throw toy."
- 3 & 4. KIT Volunteer Tracy Means sent in photos of her cats, the black and white one is her daughter, Jessica's cat called Willow who moved in the other year, she is 3. "The grey cat is Skyler she is a big ball of grey fluff and is 13. The two don't particularly get on but they tolerate each other."
5. KIT contact Erica Hannam, with her dog Phoebe, chilling on the patio.
6. Merry Christmas from Hanna Mountford, QNI Digital Project Manager, and her gorgeous ginger cat Felix.



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.

QNI News as it happens - online



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