

HomeVisit

News for supporters of the QNI

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



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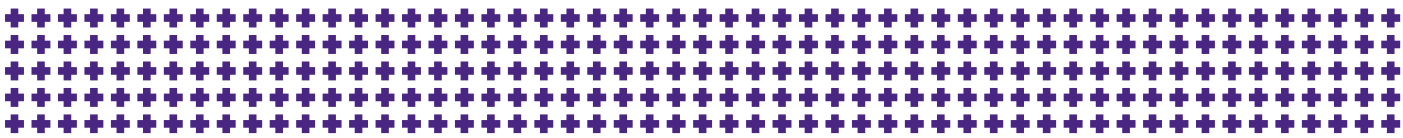
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New innovations in Diabetes Care and Gardens and Health projects launched



health projects received funding from the National Garden Scheme as part of the NGS Elsie Wagg Innovation Scholarship - a unique partnership between the QNI and the National Garden Scheme.

The chosen projects were all selected for their innovative approaches to improving health, and their creativity in reaching diverse groups with complex health issues.

Each project will benefit from up to £5,000 and will receive a year-long programme of tailored support from the QNI's Innovation Team also led by Dr Amanda Young. The project leaders attended the starting workshop in London during March and their projects will run until March 2025.



The learning and development gained in the supportive environment of a QNI innovation programme enables nurses to reach their potential and inspire them to take their career to the next level. They also bring an enhanced profile and wider recognition to the services they work for.

The QNI has announced seven new nurse-led projects in the community that will benefit people living with Diabetes and five new gardens and health projects also led by community nurses. Both groups have started their year-long innovation programmes.

To read more about each the projects benefiting people living with Diabetes, go to <https://qni.org.uk/news-and-events/news/innovations-in-diabetes-care-projects-launched/>

The projects benefitting people living with Diabetes are supported with funding by the Burdett Trust for Nursing whilst the garden and

To read more about each Gardens & Health project, please go to <https://qni.org.uk/news-and-events/news/new-gardens-and-health-projects-launched/>

Front cover photo of HomeVisit

The front cover of this newsletter is a new photo taken from our latest photoshoot to replenish our photo library. It features Queen's Nurse Tammy Franks, a Neonatal Community Outreach Manager, on a visit to check on new

Mum, Samantha and her baby Sienna.

We hope you agree it highlights a lovely interaction between a community nurse and the people they serve.



QNI joins Young Carers Alliance as 200th member



Dr Crystal Oldman CBE, QNI Chief Executive, commented, 'The Young Carers Alliance does incredibly important work and I'm delighted that the QNI is able to join the Alliance and represent the community nursing voice.'

Many community nurses, for example school nurses, have a huge role to play in identifying young carers and in advocating for them, often in complex and difficult situations. Nurses are able to take a holistic and person-centred approach to mental, emotional and physical health, leading to better outcomes for young people and their families. Working together I truly believe we can make a real difference and help build a more equal future for young carers.'

The QNI has become the 200th member of the Young Carers Alliance, a growing network committed to improving the lives of young carers, young adult carers and their families.

New Standards for Three Community Nursing Specialism

The QNI has developed Field Specific Standards for a further three recognised specialisms within community nursing.

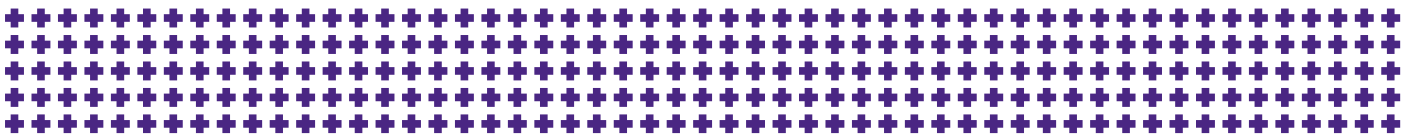
The new Standards have been created to support Specialist Practitioner Qualifications (SPQs) for nurses studying at an advanced level of practice in any country of the UK. The QNI Standards build on the NMC's (2022) generic Standards for community nursing and reflect an advanced level of practice in the fields of: Health and Justice Nursing, Community Learning Disability Nursing and Palliative and End of Life Care Nursing.

The new Standards have been built around the four pillars (domains) of advanced practice and are mapped to these domains, demonstrating the advanced level of practice for which Registered Nurses taking the SPQ are being prepared. Service users/experts by experience, representatives from higher education and other institutions, and expert nurses from all four UK countries were involved in the development of the Standards.

HEIs can develop and map their SPQ courses to the QNI's Standards through an endorsement

process. The Standards enable the development and assessment of SPQ programmes tailored to deliver specific skills and knowledge associated with highly complex and specialist areas of practice. Endorsed programmes will be listed on the QNI website and successful students will receive QNI certifications. The three new Standards follow six Standards that were published in 2023.

Dr Crystal Oldman CBE, the QNI's Chief Executive said, 'There are real benefits to nurses, employers and patients flowing from the QNI Field Specific Standards. Nurses will have access to clearly articulated educational pathways based on standards which are consistently applied by HEIs for their field of practice. 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. There are also wider benefits in terms of staff development, recruitment and retention across the system.'



Record Year for Open Gardens and Fundraising for Healthcare



The National Garden Scheme announced that following a record year of fundraising, over £3.4m was donated to UK charities, largely to nursing and caring charities including the QNI, which received £425,000.

Dr Crystal Oldman CBE, the QNI’s Chief Executive commented, ‘On behalf of the QNI, the 2500 Queen’s Nurses supported by this funding, and the thousands of other community nurses in our networks who will also benefit, I would like to thank The National Garden Scheme for this incredibly generous donation.

The funds raised by the many garden owners and volunteers are of huge and growing importance to the nursing and caring sector in the UK. It is thanks to the NGS grant that the QNI is able to offer such a diverse and sustained range of support to community nurses, and through them to the individuals, families and communities in need of their expert care.

I would like to encourage all community nurses to visit an NGS garden in 2024. There are gardens open in every part of the country, at nearly all times of the year starting in early spring. By visiting an open garden, you are not only raising much needed funds for nursing and caring charities, you are also taking a real step in self-care – growing evidence shows that visiting a garden has measurable benefits for mental and emotional health and wellbeing.’

To view the National Garden Scheme impact report, go to: <https://ngs.org.uk/our-impact-in-2023/>

For more information about how you can support the National Garden Scheme, go to: www.ngs.org.uk

Position Statement: nursing associates in community nursing settings

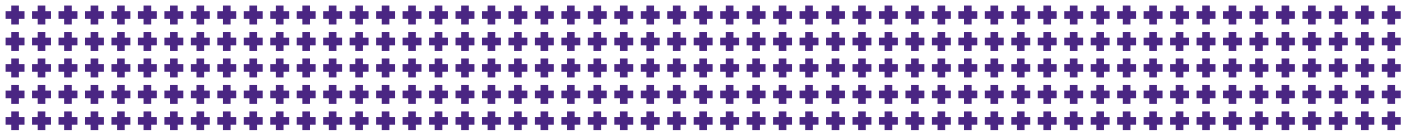
The QNI has been alerted, via its networks, about the deployment and extension of the scope of practice of registered nursing associates across a wide range of community nursing settings.

This statement outlines the QNI’s position in relation to the deployment and extension of the scope of practice of registered nursing associates within community nursing settings.

From the outset, it should be noted that the QNI recognises the invaluable contribution that

registered nursing associates make to community nursing teams in assisting registered nurses to provide high quality, effective and safe care. When appropriately deployed and supervised, the QNI believes that nursing associates can be highly respected and valued members of the nursing team.

There are significant differences between the standards for registered nursing associates and registered nurses, recognising that nursing associates support registered nurses to provide and monitor care and contribute to integrated



care. Whereas registered nurses assess, plan and evaluate care, as well as providing the leadership and management of the team.

Nursing is a profession characterised by, amongst other things, the management of complex care, risk assessment, hypervigilance and decision making. This is certainly true of registered nurses working in community settings, where care coordination and the management of distributed risk also plays a significant role in the day-to-day work of registered nurses.

Registered nursing associates are not registered nurses and should not be used in role substitution. The overwhelming evidence around registered nurses is unequivocal and is directly linked to lower mortality, better quality of care and improved patient safety.

The QNI is concerned that NHS England have commissioned and promoted identical courses for both registered nurses and registered nursing associates to prepare them to work in General Practice. The course 'Fundamentals of General Practice' has exactly the same content for both types of practitioner, potentially leading to misunderstandings about the scope of practice of registered nursing associates. For example, the course includes a focus on vaccinations and all the underpinning knowledge required for practice in this area. Vaccines are predominantly administered under Patient Group Direction (PGD). The Human Medicines Regulations 2012 only permit registered nurses and other types of registered healthcare professionals to work to a PGD. This means it is illegal for registered nursing associates to administer vaccines under a PGD, which may not be understood by their employers.

The QNI is also aware that a number of universities are offering Continuing Professional Development (CPD) courses to registered nursing associates which could lead them to be involved in the undifferentiated diagnosis of patients in community settings. The QNI believes that all practitioners should undertake CPD, but

that such courses must be commensurate with the practitioner's role. QNI network members have provided examples of nursing associates running independent clinics in Prison Healthcare settings and in General Practice, despite the nursing associate role not being associated with patient assessment, care planning and evaluation of care. This is unacceptable and serves both to exploit the registered nursing associate and to place patients at considerable risk. In addition, the QNI has seen numerous job advertisements which ask for applications from nursing associates, but describe a role way beyond that envisaged when nursing associates were introduced into the workforce. The QNI is concerned that the Nursing and Midwifery Council (NMC) is powerless to intervene in these cases, instead referring concerns to other system-based regulators such as the Care Quality Commission (CQC). The NMC have also indicated that it is for employers to determine the scope of practice of the nursing associate role, not the regulator. This can only lead to widespread exploitation of registered nursing associates and significant and high-risk variation across the country, which raises concerns about the safety of patients.

The QNI is seeking clear guidance on the scope and limits of nursing associate practice, ideally from the NMC as regulator. We are concerned that without this there will continue to be inappropriate extensions of the role in many settings, creating significant concerns for standards of care and increasing the risk to patient safety.

The QNI is seeking urgent clarification from NHS England about the Fundamentals of General Practice courses which they have commissioned, to ensure a clear delineation of the role of registered nurses and registered nursing associates. In the meantime, the QNI will continue to monitor the situation and will raise concerns with the CQC where employers in community settings are advertising registered nursing associate roles outside of the scope of practice.



QNI Community Nursing Research Forum receives NIHR Funding



The QNI's Community Nursing Research Forum has been awarded funding by the National Institute of Health and Care Research (NIHR) Nursing and Midwifery Office for a pilot programme of work.

The programme will include individual mentor support (targeting under-represented nursing & midwifery specialists), a 'creating research collaborations' database, a moderated online community space, a bespoke webinar series and masterclasses to develop research skills.

The QNI Forum was established in 2022 and is led by Queen's Nurse Dr Ben Bowers. It has 823 individual members from all countries of the UK and includes nurses at all stages in their research career, from novice to expert.

The NIHR fund, enable and deliver world-leading health and social care research that improves people's health and wellbeing, and promotes economic growth.

The NIHR Nursing and Midwifery vision is to inspire nurses and midwives to improve health

outcomes through research. Their aim is to enable nurses and midwives who support, deliver or lead research to develop and work to their potential, and to develop a pipeline of skilled research nurses and midwives at all stages in their career.

Dr Ben Bowers QN, Community Nursing Research Forum Lead said, 'I am delighted that we have been awarded this funding by NIHR Nursing and Midwifery. The shared aims and synergy of the two organisations NIHR and QNI will be a major boost to community nursing research capacity on an individual and national basis.'

Dr Crystal Oldman CBE, QNI Chief Executive, said, 'The Forum is hugely important in delivering the overall aims of the QNI. By developing a cadre of nurses who are inspired by research and wish to develop their knowledge and skills further, we are supporting nurses to deliver excellent care in all community settings.'

Any nurse working in any community setting, including primary care, public health and social care, is welcome to join the QNI Forum. It offers regular webinars and is an excellent way to connect with others who are also exploring research ideas and opportunities. For more information go to: <https://qni.org.uk/nursing-in-the-community/community-nursing-research-forum/>



A School Nurse in Every School: Sector Leaders Call for Action



A new report published calls for action to address the steep decline in the number of school nurses in England. The report is based on a round table meeting of nursing leaders, charities and government in December 2023. The round table was a joint initiative by The QNI, the College of Medicine, and the School and Public Health Nurses Association (SAPHNA). The report brings together evidence and insights about the decline in school nurse numbers since 2009, summarises the impact on the health and wellbeing of children and young people, and offers a range of solutions.

There has been a 33% fall in the number of school nurses since 2009 across England, though this headline figure hides great variation: in some local authority areas school nursing is no longer commissioned at all. This is a clear instance of a postcode lottery with very serious consequences for families and for child health.

While the Healthy Child Programme 5-19 offers a plan for good child health, local authorities, which have commissioned school nursing since 2012 do not have the resources to deliver on the plan. School nurses are unable to work as true public health professionals, instead being limited to predominantly concentrate all nursing work on safeguarding for the most vulnerable.

The round table called for a range of actions to address the issues, including building national political will and encouraging Integrated Care Boards to prioritise school nursing within

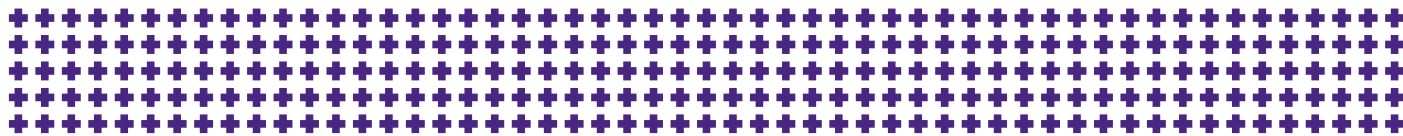
healthcare strategies for children and young people. Organisations such as SAPHNA and the QNI must also continue to support school nurses to raise their voice and demonstrate their value and impact on the health and wellbeing of children and young people within the system.

Dr Crystal Oldman CBE, QNI Chief Executive, said, 'It is remarkable that we are talking about building political will to improve the health of children in this country. School nursing services have been allowed to atrophy since they were transferred to cash-starved local authorities. We urgently need to invest in school nursing services that have a proven positive impact on the physical, mental and emotional health of children and young people at a crucial time in their lives. We have a duty of care that must be enacted today.'

Sharon White OBE, Chief Executive of SAPHNA, said, 'The downward trajectory of our children's health is nothing less than horrifying. Re-emergence of Dickensian diseases such as rickets, scurvy and malnutrition, hospital admissions for teeth extractions, rises in vaping, in sexually transmitted diseases, all of this and more can be positively impacted by urgently resourcing the school nursing workforce, who, trusted and respected by parents, children and schools alike and for relatively low investment, can change this picture and restore hope and respect for our children's futures.'

Dr Michael Dixon OBE, Chair, College of Medicine and Integrated Health, said, 'A school nurse for every school is an ambition in the College's Hope for the Future manifesto (2021) and this is an important step in making it happen. Participants pledged to move into action to help ensure school nursing is prioritised with investment in this highly skilled workforce.'

Read the report here: <https://qni.org.uk/news-and-events/news/a-school-nurse-in-every-school-sector-leaders-call-for-action/>



70 years of End of Life Care in the Community



The QNI and Marie Curie have published a new report on palliative and end of life care in the community.

The two charities published the findings of their national survey of health and care staff in December 2023. The survey was inspired by

a similar joint project undertaken by the two charities in 1952, which was very influential in the development of the hospice movement in the UK.

The survey findings reflect how palliative and end of life care has changed in the last 70 years, and shines a light on the challenges being faced in delivering high quality care. Despite huge advances in medicine and care delivery, services are still being hampered by many of the same social and economic ills as in the 1950s, and by a lack of resources at this crucial time in people's lives.

The report includes a Foreword by the chief executives of the two charities, and four key Recommendations for policy makers.

Dr Crystal Oldman CBE, the QNI's Chief Executive commented, 'Nurses working in the community know that they only have 'only one chance to get it right' when it comes to end of life care. Working with families is at the very heart of community nursing but as this report highlights, many frail older people are living alone.

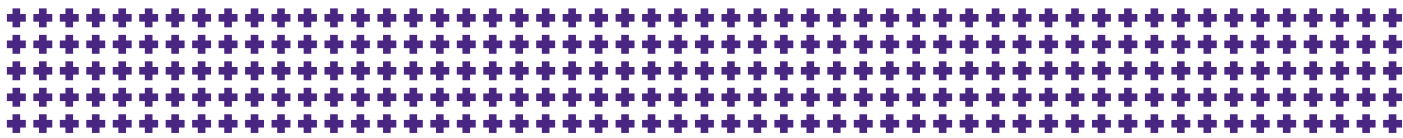
Having the right resources in place, alongside careful advance planning, are absolutely critical. If not properly resourced, there are huge risks inherent in services' capacity and capability to deliver high quality palliative and end of life care. 'Community nurses are the expert coordinators who manage this care, but there are simply not enough of them to meet the needs of everyone in our communities. District Nursing was conceived as a universal service, but it is struggling to meet the growing demand of an ageing population. It is absolutely essential that more resources are allocated, if we are to avoid the tragedy of unmet palliative and end of life care needs.

'The clear evidence presented in this report should be a wake-up call for politicians of all parties. Healthcare provider organisations are well aware of the challenges they face, and community nurses have continued to manage ever larger and more complex caseloads, and they deserve admiration and praise for that.

'But this way of working is not sustainable for nurses, the individuals and families served or for the system as a whole. I think there would be no disagreement in society that palliative and end of life care services should be properly resourced, for everyone, when they are in time of need. In the same way that we need specialist and fundamental care at the beginning of life, palliative and end of life care is a service that nearly every citizen will need one day.

'The extent to which our politicians are prepared to support the recommendations in this report might be seen as a measure of our respect as a society for human life.'

To read the report, go to:
<https://tinyurl.com/3wh4b8wd>



Passionate about a cause: together we are a force!



led a project opening a window into their world by creating a series of short films to raise awareness, launching a Young Carer Support App, Young Carers Support App – Expert Self Care and an eBook, Lets Cook! The young carers were committed and dedicated, displaying skills and maturity above and beyond their age, keen to show others what their lives were like and the impact of caring as a child or young person. Their enthusiasm,

Recently when preparing how the QNI would support Young Carers Action Day 2024 I was asked, 'Where does your passion to support young carers come from?'

commitment and drive has never left me and neither have Tom and Sara.

School Corridors

Thinking back, it began in school corridors as a School Nurse putting up posters. Our holistic health assessment included finding out if a child or young person was supporting anyone. Collaborating with schools, we carried out Universal Yr 6 Health Questionnaires at the crucial time of transition to High School. Both interventions provided the opportunity to identify children and young people who had caring responsibilities and who could be referred to our local Young Carers Service. The young people were selfless – many not identifying themselves as a young carer – because young carers often don't.

International Conference

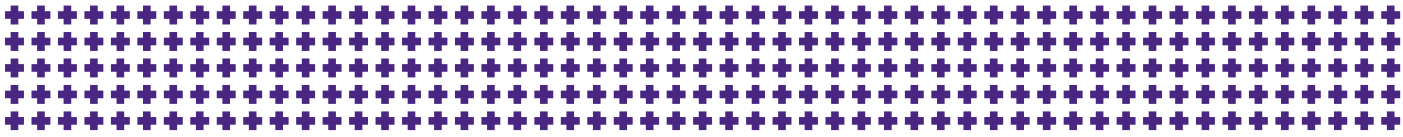
When I was changing roles in 2023, Tom emailed saying he and Sara wanted to keep in touch and continue volunteering with me supporting the Young Carers agenda. What a year we've had... including attending an NHSE / Carers Trust round table, and going to Parliament for the launch of the Young Carers and Young Adult Carers APPG inquiry report, and if you haven't read it you must, you will be shocked: [appg-for-young-carers-and-young-adult-carers-inquiry-report.pdf](https://www.parliament.uk/business/committees/committees-a-z/all-current-committees/appg-for-young-carers-and-young-adult-carers-inquiry-report.pdf) . Now we're going international, busy preparing to present at the International Young Carers Conference in April, alongside Nursing Times Awards shortlisted Hertfordshire NHS Community Trust Nurses presenting their Young Carers QNI Innovation Project. We are all excited to collectively showcase what community nurses can do to improve the health and wellbeing of young carers. Find out about the event here: [2024 International Young Carers Conference – Eurocarers](#)

Strategic Role

I then worked as a Project then Programme Manager at West Yorkshire Integrated Care Board. This provided a fantastic opportunity to work at a strategic level with partner organisations delivering Carer and Young Carer services. Whilst there I met a group of young carers including Tom and Sara and together, we co-produced many system-wide projects. We

Fair Futures

The theme of Young Carers Action Day is Fair Futures for Young Carers. Young carers deserve and have the right to a fair future, but we know:



- The average wait to be identified for support is 3 years but some young carers wait 10 years
- The average number of days missed in a school year is 27
- Young Carers are more likely to self harm and of those who self harm are twice as likely to attempt suicide as their peers without a caring role.
- becoming the 200th organisational member of the Young Carers Alliance
- membership of the Young Carers Strategic Oversight Group
- involved in development and one of first organisations to sign up to Young Carers Covenant.

All community nurses have a role and should commit to identifying, supporting and signposting unpaid carers of all ages and supporting the system wide 'No Wrong Doors for Young Carers' Memorandum of Understanding – no-wrong-doors-for-young-carers—implementation-guidance—final.pdf . This brings local authorities, ICBs and other partners together to ensure they comply with their statutory duties.

The QNI is not new to supporting carers of all ages and as their Carers Champion, I am delighted the QNI continues to demonstrate its ongoing commitment including in the last year:

There is a common theme in this journey from school corridors to international conferences; working in a team, working together, collaborating, coproduction, system wide, partnership working not just as professionals but with the people we serve – the Young Carers, Young Adult Carers and their families; listening to their lived experience, acting on their words, providing opportunities and ensuring we do this through a trauma informed lens.

We all have our own individual reasons to be passionate about a cause and mine is young carers, but together we are a force.

Fiona Rogers, Queen's Nurse, Nursing Programmes Manager, The QNI

International Women's Day 2024 blog

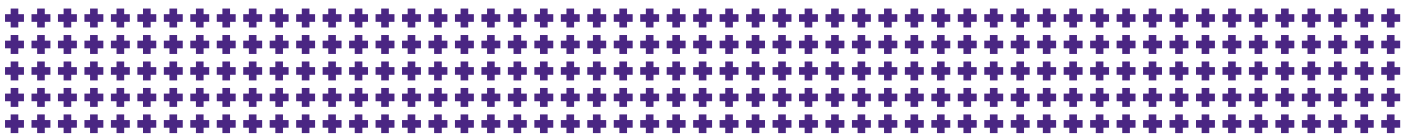


History has sought to challenge the patriarchal, dominated world in which women and girls live and work, causing many women (and girls) to take a stance and fight for a safer and more equitable society in which we can all prosper.

Disappointingly however, despite many global and landmark successes, there is still a long way to go before we have created a more just society in which women and girls can attain their rightful place. A place where gender domination is brought to an end.

One such success is the establishing by the United Nations (UN) of International Women's Day, a day through which we can all come together and promote an awareness of the impact of the discrimination and hatred directed at women and girls. A phenomenon which if continued unchecked leads to intense fear, torment and suffering. Even death.

International Women's Day was first marked by the United Nations on March 8th 1975, during International Women's Year. Two years later, the UN General Assembly officially formalised



the day, which has since become ingrained in international practice.

This year's theme – 'Invest in women: Accelerate progress' shined a light on the importance of achieving gender equality by 2030. Working in collaboration with the UN 17 Sustainable Development Goals – specifically goal number 5 'Achieve gender equality and empower all women and girls' and goal number 4 'Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all', we emphasised the direct links between quality education and gender equality.

Despite the inroads we have made in challenging the patriarchal domination that continues to exist, disappointingly, more needs to be done. A lot more. Because women and girls continue to be trafficked, abused and killed, simply because of their gender. In a civilised society, this is grossly unacceptable and a heinous crime against humanity.

Within the UK much has been achieved through a number of All-Party Parliamentary Groups (APPGs). Such groups aim to raise awareness and inform government of the impact of for example, domestic violence and abuse, through the APPG on Domestic Violence and Abuse; and the APPG on Perpetrators of Domestic Abuse. Furthermore, the APPG on Women's Health aims to raise awareness of health conditions that affect only women or women disproportionately. There should be no need for any of these groups. Sadly, there is.

A variety of organisations exist that have taken up the challenge to make the world a safer place for women and girls. Soroptimist International is one such organisation. First formed in 1921 in California the name Soroptimist was coined from the Latin soror meaning sister, and optima meaning best and so is perhaps best interpreted as 'the best for women'. Members of Soroptimist International: 'work tirelessly at both a local, national and international level to

educate, empower and enable opportunities for women and girls'. Membership of Soroptimist International is open to all women who want to make the world a safer and better place for women and girls to live, and to access opportunities that enable them to thrive and achieve their potential. In the UK for example, we have Soroptimist International of Great Britain and Ireland (SIGBI). At the opening ceremony of the 'Women Deliver' Conference, held in Kigali, Rwanda on 17 July 2023, Sima Bahous, UN Women Executive Director announced: 'Our hopes and aspirations for a brighter, more sustainable, more equal and more peaceful planet hang by a thread.'

Never a truer word has been spoken.

As nurses we can make a difference. We just need to understand how. By developing our knowledge and expertise, the more likely we are to understand how we can make that difference. One way in which we could do this is by joining the QNI's professional networks, examples of which include the Homeless and Inclusion Health Network. It's also well worth taking a look at the eLearning resources available (some are listed below) and building them into your long-term professional development plans and future aspirations.

For the more that we as nurses are able to recognise the subtle and not-so-subtle signs of, for example, sex trafficking, domestic and sexual violence, domestic abuse, gaslighting and coercion, the more we are able to help. It doesn't just happen to our patients, it happens in all walks of life and goes unreported, partly due to the shame, associated stigma and fear of the consequences.

We may not change the world, in fact, it's unlikely we will, but we can change the lives of women who come under our care. And that, it could be argued, is all that matters.

We just need to 'grasp the nettle'.

Catherine Best, Queen's Nurse



Reflections on my visit to Gloucester



consider plant choice very seriously so that they were totally safe for this client group i.e. no plants that could contribute to self harm e.g. roses, foxgloves etc. and have safe areas for the women to feel safe.

The project lead is actively fund raising for more project funds to pay for the larger structures, and safe paving, but the women have been involved in designing a mosaic for the outside wall. The women were working on this when I visited the hospital and I was able to see how they would be contributing to the garden and its design.

Angela asked me if I could present 3 new QN's with their badges whilst I was visiting as the train strikes had meant that they were unable to get to London in December to receive

I am in a very privileged position as the Director of Nursing Programmes for innovation at the QNI as I get to visit some of the amazing innovation projects across the country. In March this year I visited one of National Garden Scheme Elsie Wagg Innovation projects in Gloucester. The project lead QN Angela Whelan, had been successful in her application to start to develop a garden for women who are patients on a secure mental health unit in a community based mental health service. The ward is on the first floor with no access to a peaceful outside space.

The garden plan was to develop a safe haven for women with severe mental health issues to be able to enjoy a safe outside space that could improve their wellbeing through engaging with nature. The project team were very fortunate to have contacted an NGS volunteer publicist for the region, Ruth Chivers who is an established garden designer and author ('A Garden a Day' available in all good bookshops). Ruth was also invited to my visit and was able to give me a very clear plan of the garden design, which had had to

them. I was honoured to present the nurses with their badges and certificates.

I also met one of the patients who had supported Sal, one of the nurses', application. Toby is a young man who has been an inpatient in the hospital for 2 years and he told me that Sal was the reason that he was still here today. It was very emotional and he presented Sal with her QN badge and certificate.

The impact of the work that these nurses carry out was clear improving the health and wellbeing for those patients with mental health issues. The garden will be a safe space for women to reflect and be with nature which can help them to recover.

Nurses who undertake community innovation projects at The QNI are innovators and inspirational improving outcomes for people in the community.

Dr Amanda Young, Queen's Nurse, Director of Nursing Programmes



Eileen Walker 10/8/1940 - 28/1/2024



January 1961, while Eileen and Terry's wedding took place seven weeks later. Eileen and Terry celebrated their 60th wedding anniversary on 4th March 2021, shortly before Terry died.

Eileen and Terry moved from their first marital home in East Dene to Thrybergh in the mid-60's, and swapped their '£10 Poms' Australian opportunity for parenting – adopting Richard in 1967 and Shaun in 1969. Gareth was a very special unexpected addition in 1978, and was delivered in the same hospital as his mum - his arrival necessitated a larger home, so the family moved to Whiston in 1978 and then to Brinsworth five years later. Holidays were spent camping in the early years, with Maureen and Peter and their two sons, then progressed to caravanning, then onto foreign holidays, although Terry was very reluctant to board aircraft!

Eileen was born on 10th August 1940 in Moorgate Hospital to William Thomas (a coalminer) and Nellie Newbon (a seamstress). Eileen was the youngest of four children: Edward (Ted), Doris and Ada (Maureen).

Eileen had a happy childhood – she shared a bed with Doria and Maureen, yet managed to avoid a bout of diphtheria when the other two succumbed! Blackpool and Bridlington were the holiday locations of choice, but Eileen liked to reminisce about the convoluted bus journeys from Rotherham to the Staffordshire Potteries at Longton to visit relatives over there.

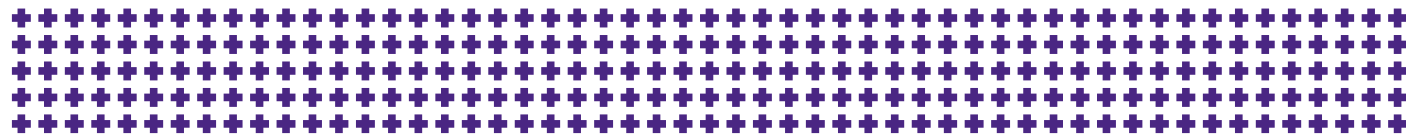
Eileen always wanted a career in nursing, so joined the fledgling NHS as a cadet nurse at the age of 15 in 1955. She completed three years training at Moorgate Hospital Nurses Training School from October 1958 to October 1960, alongside her lifelong best friend Mary, and followed that up by completing her training to become a Queen's Nurse in 1963. Eileen remained in district nursing for all her working life, formally retiring from Rotherham Priority Health NHS Trust in August 2000 (but continuing to work as a bank nurse for a number of years afterwards).

Eileen met her future husband Terry while out dancing with her sister Maureen – they were planning a double wedding but Maureen's future mother-in-law insisted on a catholic wedding for her and Pete. Maureen and Pete married in

District nursing meant some weekend working for Eileen, but on her weekends off she was passionate about hiking in the Peak District and Derbyshire Dales. Eileen's numerous four-legged friends led the way over the years, as well as her sisters' dogs. Eileen's love of dogs (and phobia of cats) never waned, and Gareth's and Richard's dogs provided her with joyful companionship over the past fifteen years. Soon after retirement, in 2001, Eileen and Terry relocated to Mattersey Thorpe to live a few doors away from Maureen and Pete. The four of them holidayed together, danced together, and contributed to lots of community events, such as the Millenium celebrations, for the next twenty years, along with their neighbours June and Ray.

Eileen loved caring for her four grandchildren, Alex, Ellie, William and James, and took them on endless exploratory walks around local lakes and a nature reserve.

Eileen was diagnosed with vascular dementia in autumn 2022 – she had seen both her sisters taken by the disease before her. Eileen's health declined at pace over the next year, and she had no choice but to go into Woodlands Care Home at the end of November 2023, where she died peacefully a couple of months later.



Jean Nellie Day, née Jobson 3/7/1935 - 13/12/2023



Jean was born in Immingham, Lincolnshire, in 1935. She and her identical twin, Joan, enrolled as cadet nurses at Grimsby General Hospital at aged 16 and qualified as SRNs in 1956. A reporter from the Grimsby Evening Telegraph, in an article entitled 'Twin nurses give double trouble,' described the

Jean's younger sister, Wendy, also entered the nursing profession, with the Jobson family providing over 120 years' service to their communities.

Jean married local farmer, Ralph Beacock, and went to work at Immingham Hospital. She then became a district nurse, doing her rounds of the Immingham area in a smart, green Mini. In times of bad winter weather, however, Ralph took Jean on her rounds aboard his tractor.



Jean completed 40 years as a nurse. She was immensely proud of her profession and enjoyed mentoring new nurses. She and Ralph were also instrumental in the creation of the Immingham and District Physically Handicapped Society in the 1970's. On her retirement, and following her husband's death, she volunteered at St. Andrew's Hospice in Grimsby and contributed to the caring services for as long as her own health permitted. Jean remarried and is survived by her husband, Nicholas, and her daughter, Jane.

confusion and hilarity caused by Jean and Joan working on the same wards. 'Many patients who come out of the anaesthetic at Grimsby General Hospital think that they are still under the effects of the ether when they see two of the same nurse standing at their bedside.'

Jean's family nominated the Queen's Nursing Institute as the recipient of donations in lieu of flowers at her funeral and know that Jean would have applauded their choice.

Jo Goldie 2/12/1928 - 2/2/2024



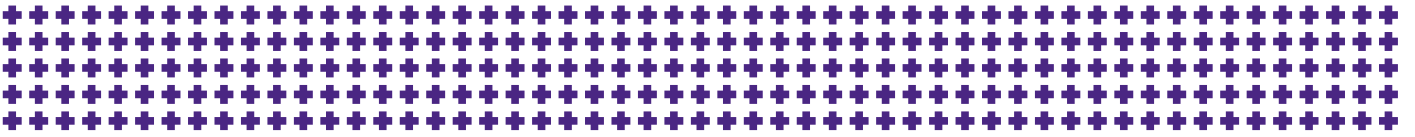
A thanksgiving service was held recently for Jo Goldie at South Petherton parish church, after she passed away peacefully on 2nd February 2024, aged 95 years.

an older brother Derek. She had many happy childhood memories, like picking blackberries and family picnics and she had a fascination with maps, poring over them and volumes of the 'Wonders of the World'. Jo started secondary school as WW2 began and then nursing training when she was 16. She trained in Birmingham, Kensington, and Bristol and qualified as a District Nurse, Health Visitor and Midwife. In 1953 Jo undertook the training to become a Queen's Nurse – in 1976 she received her long service medal from The Queen's Nursing Institute, which was presented by Princess Margaret.

Tributes were given by her nieces using Jo's own words taken from her many writings.

In her mid-twenties she felt called into holy orders and lived in a convent, before deciding

Jo was born in 1928 in Burnham-on-Sea and had



but many others in the village with her 'Aunt Jo's marmalade'.

Jo became the first female Chairman of the Parish Council and then stood for election as a District Councillor. Paddy Ashdown came over to canvas for Jo, but she told him not to bother as everyone knew her and had already decided

this was not the path for her, and in 1957, aged 29, she came to South Petherton together with Cynthia Wade as District Nurses covering a double district. They came for two years initially but never moved on!

Jo and Cynthia became Church members and joined the WI, started Relaxation and Mothercraft classes, gave lectures to the local Red Cross cadets, started a Brownie pack and helped at Guide Camps in their holidays. They were founder members of the 60 Club in 1959, on the steering committee for the Centenary Luncheon Club in the 1980s, and ran Tea Dances for retired folk in the 1990s.

At the start they had only 24 hours off a week and were ready to turn out at a moment's notice. A large part of the work was that of Midwives, as more than half the babies born in South Petherton and Kingsbury in the 1950s and 1960s were delivered in their own homes. One very memorable delivery was in Stocklinch in the winter of 1963 in a snow blizzard. Their Mini car was unequal to the task so they were assisted by friends in their Land Rover. Even that failed to get through, and eventually they walked through waist deep snow to reach the expectant mother.

Jo was a keen gardener and enjoyed opening her garden for charities. She was also a great marmalade maker, supplying not just the family,

whether or not they would vote for her. They did, and she was elected!

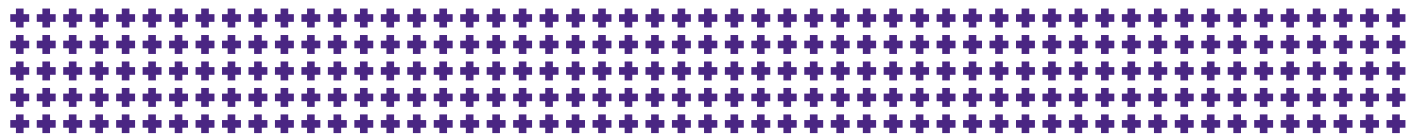
Travelling was an interest and ambition of Jo's from an early age, and after taking early retirement she was fortunate to be able to see more of the World - the geysers of Iceland and New Zealand, the wonders of Australia, the Taj Mahal, the fall colours in the USA, and the Great Wall of China. Jo even flew on Concorde - she went supersonic, had a glass of champagne, and came back home in a Bentley.

Jo was a very generous aunt to the family, both with her time and money, despite being incredibly frugal when it came to herself. She gave up some of her holiday to take her young nieces on youth hostelling and walking holidays.

After she retired Jo researched the Goldie family history, tracked down seven generations, had it drawn up by a draughtswoman, and put together as a photographic record.

In this last year Jo said 'I've had a long and interesting life, I've visited all the places I wanted to see, I've been very lucky and I'm ready to go'.

Jo was devoted to her profession, community, faith and family. She was the definition of a public servant, touching and improving the lives of many, she will be greatly missed.



Dorothy Baker 25/7/1926 - 23/12/2023



Dorothy was born in 1926 and grew up in Wolverhampton as younger sister to Gerard, 12 years her senior, and twins Lily and Marie, 7 years her senior. Dorothy was especially close to her father, who was a quiet and mild-mannered man. Dorothy's mother was a great chef, with treats always kept in the pantry for the children.

Growing up in a Catholic family, faith became central to Dorothy's way of life. Dorothy studied at grammar school, obtaining the Oxford School Certificate in 1942. Dorothy's mother was a teacher and her father an architect, and they were ambitious for Dorothy.

Volunteering as a member of the Junior Red Cross at a local hospital as a teenager, Dorothy found her calling and trained to become a State Registered Nurse at the Corbett Hospital, Stourbridge. Dorothy then moved onto midwifery training at Dudley Road Hospital, Birmingham for Part 1 lasting six months, followed by part II which was spent at the Queen's Nursing training

Centre in Kidderminster for six months. Dorothy recalled how welcoming it was to find a vase of daffodils in her room, provided by the thoughtful staff.

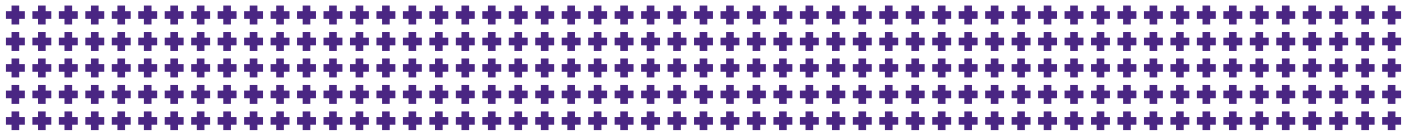
Dorothy became a Certified Midwife in 1950, then undertook the course for the Queen's Nurse Certificate in Watford, for three months. During this period Dorothy was awarded a scholarship to the William Rathbone Staff College in Liverpool for the Public Health Administration Course, which enhanced the role of management at the time of crucial changes in the National Health Service.

Through a combination of training, skill and good luck Dorothy never experienced a stillbirth in her career. She was patient, caring and compassionate, with some mothers remaining in contact for decades.

In the 1958 Dorothy sailed off to Australia to work as a nurse. She thoroughly loved being there, despite some unexpected obstacles such as wards full of frogs! Dorothy had a motor scooter to get around and spent time travelling, including across New Zealand.

Dorothy returned to the UK in 1961, and obtained her Health Visitor Certificate in 1966. In 1975 Dorothy became Divisional Nursing Officer Community for the Bexhill-on-Sea area of East Sussex and surrounding villages. Dorothy looked upon her years spent 'on the district' as the most rewarding of her career, serving the community.

While Dorothy was living in the area in her early 40s, widower Bill Marlborough offered to fix her washing-line. Despite initial scepticism on Dorothy's part, Bill persevered with his efforts to befriend her. After Dorothy went on holiday to Canada, Bill met her on her return with a bunch of roses – they married soon after. Dorothy was very happy with Bill, and together they enjoyed spending time with her sister Marie, and brother-in-law Derek, including many wonderful barge trips.



Dorothy and Bill moved to Bexhill-on-Sea, where they had access to a lovely beach hut. Bill's son, a great artist, became and remained a good friend. Unfortunately, Bill eventually became unwell and Dorothy took early retirement in 1982 to nurse him. Sadly, Bill died and Dorothy was devastated after all the wonderful years of happiness together.

Dorothy found solace in the church and volunteering. During her first year of bereavement she met Bill Baker – they quickly married and settled into a newly-built bungalow in Llandudno, by the Little Orme Nature Reserve. It was a lovely home, with a beautiful view overlooking the sea.

After Bill died Dorothy moved from Wales to the Midlands, to be close enough to help care for her sister Lily. A final move back to The South brought Dorothy closer to her three nieces – Susan, Margaret and Christine – who visited regularly, looked after her affairs, and made her as comfortable as possible in later life.

Dorothy had a great sense of adventure, always seeking fun over the horizon, for her variety was the spice of life. While others in inter-war Wolverhampton shunned foreign influences Dorothy got busy embracing exotic foreign foods and dreaming of faraway lands.

Throwing caution to the wind and boarding a boat to Australia, Dorothy had a glint in her eye when

recalling a story about treating a motorcyclist crash victim in hospital ... who then asked her to be his girlfriend!

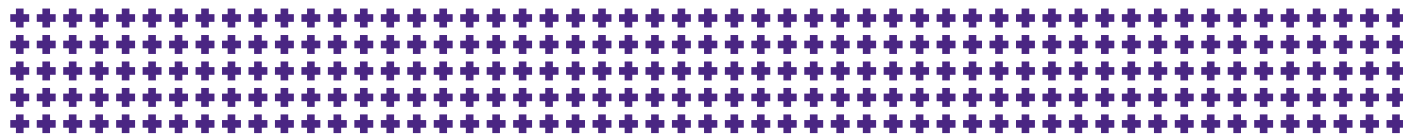
On her 80th birthday Dorothy took a helicopter ride. Dorothy lived life on her terms as a strong, authoritative and independent woman. Dorothy was a warm, wonderful and popular person. As a prolific letter-writer throughout the years, Dorothy maintained close friendships for life. Dorothy's family remember her as a selfless and loving caregiver.

As a midwife and nurse she dedicated her professional career to caregiving. Dorothy cared for her father in his final years, and when her mother was elderly, Dorothy returned from the other side of the world to spend more time with her. When Dorothy's brother Gerard returned from the war traumatised and reclusive, she was closest to him.

Even in later life, as a woman in her 80s who had already cared for two late husbands, Dorothy moved house yet again to be close to her sister Lily when she was in need, and was holding Lily's hand when she died.

Dorothy died peacefully just before Christmas, having spent time with family and having received the last rites.

In her own modest works, when compiling a synopsis of her career in 2020, Dorothy wrote: 'I simply wanted to help others'.



Kenneth Sinclair 30/6/1929 - 22/2/2024

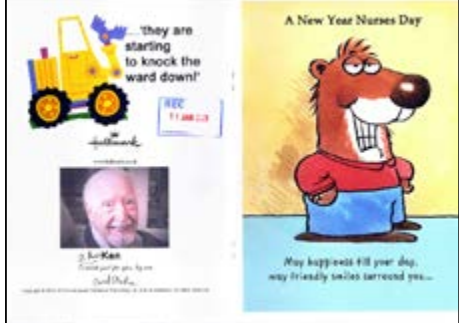


airlift, as part of a team flying in vital supplies to Berlin. Deciding to pursue a career in nursing, in 1952 undertook his General Nurse training at the Bridge of Earn Hospital.

Ken then undertook his Registered Mental Nurse training at Murray Royal Hospital, Perth, qualifying in 1959.

In 1959 Ken decided to undertake Occupational Health training, then gaining employment at Fords of Dagenham - he was there from 1959 to 1965, then left to train as a District Nurse, achieving a distinction with honours – he worked for Havering Borough.

In his thirties Ken worked as an instrument repairer and had to go up in the airplane he had repaired – the best reason to make sure the repairs were 100% reliable! Ken then opened an antiques business in Chelmsford and once sold an antique coal scuttle to Princess Anne!



Above left: Ken and Marina; **above right:** Ken fixing clocks; **middle left:** Ken in his younger days; **middle right:** Ken on a model motorbike; **bottom left:** one of Ken’s many wonderful cards to the QNI

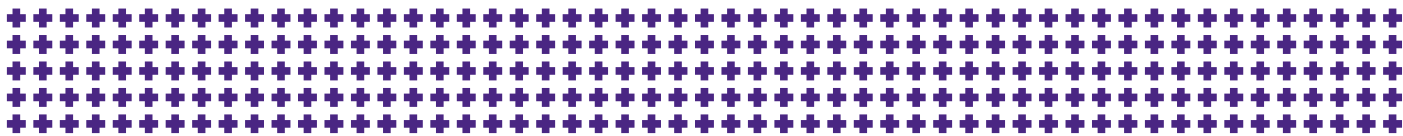
Ken was born in Perth, Scotland and, like so many families at that time, his family struggled financially. Ken left school early due to financial circumstances, and eventually served a ‘kind of’ apprenticeship in a photographic studio – much to the annoyance of his father and elder brother, due to the minimal apprentice wage!

Ken spent many hours walking in the Scottish hills, even being mentioned in the local paper as ‘The Ghost of Rannoch Moor’!

Ken was conscripted into the RAF, and stayed past his discharge date because of the Berlin

In 1969 Ken returned to work at Ford Dagenham for a further five years. From 1974 Ken worked as a District Nurse in the Chelmsford area, before leaving to become a Psychiatric Charge Nurse for the West Suffolk Health Authority.

Ken started his nursing career after the advent of the National Health Service, at a time when he felt that former nursing traditions favoured female employees unless in the mental hospital field. Ken found, however, that the opposite applied when he worked as a Psychiatric Charge



Nurse as the staff were predominantly male. Ken's supervisor did not like the fact that Ken had more training than him, and gave Ken jobs which were not using his nursing skills - Ken cleaned snow from the main entrance and driveway for weeks before being allocated a ward.

Ken recalled that when he was a mental health nurse and was working on the refractory ward, he used to give injections through the patient's clothes, as they were too anxious/dangerous to get them to take their clothes off - how times have changed!

In 1982 Ken set up and ran a service at an East Anglia Farmers factory for three years. Ken then became Matron of a residential care home until 1987, when he returned to Arbroath as a District Nurse.

Ken did not want to retire, but had to leave in 1995 when he was 65. Ken would happily have worked longer and missed nursing.

Ken kept busy during his retirement – he enjoyed making cards, mending clocks and wrote several books about his nursing experiences. When Ken had to deliver a clock to the Lake District, he did not really want to travel that far, but decided to book into a guest house overnight – it was here that he met his partner, Marina. Marina recalls:

'We met in the Lake District. Ken was repairing an antique clock and I had a couple of days holiday.

Staying in the same guest house Ken was at one table and I was at another for breakfast – Ken remarked how awful it was just having to help yourself to breakfast. I went for a boat trip and Ken was there as well – we chatted and when the boat stopped for us to look around, we went for a cup of tea together. We got on very well – Ken was a true gentleman with a lovely sense of humour. The next day as I was leaving and getting into the taxi, Ken slipped a piece of paper into my hand saying 'That's my email address if you feel like getting in touch'. Six months later I found the paper in my handbag and sent him an email. That was the start of over twenty wonderful years together. Ken used to say I had the loveliest smile that always warmed his heart – right until he died, he kept saying about my lovely warm smile.'

Ken and Marina moved to County Durham. In his later years, as Ken's health deteriorated, with his usual sense of humour he said he thought that 'someone from above or below' had decided that, as during his nearly fifty years of ministering to the sick he likely caused discomfort to some of them, so it was his turn now to suffer!

After several stays in hospital Ken died on 22nd February – at home, as he wanted, with Marina by his side.

Ken was a charming and kind man, who gave so much to communities as a nurse – he and his wonderful sense of humour will be greatly missed.

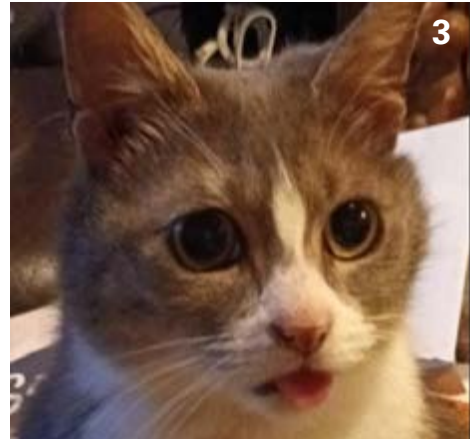


Pet's Corner

Welcome to our Pet's Corner! 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. Jane Campling's dog Dougie is quite frail now and cannot walk too far, so he has this buggy to go out in. Jane said they call him the 'Tank Commander' as he looks like one!

2. & 3. Tracy Oliver's cats, 'Kona is the grey tabby she is 12 years old and very sassy and Honey is the black and brown cat, she is also 12 years old and is modelling a bonnet crocheted by my daughter Jess.'



'Easyfundraising' for the QNI



Launched in 2005, Easyfundraising is the UK's biggest online charity shopping site. Easyfundraising partners with over 7,000 brands who will donate part of what you spend to a cause of your choice. It won't cost you any extra. The cost is covered by the brand you're shopping from.

If you would like to find out more and consider choosing the QNI as your chosen charity, please go to: www.easyfundraising.org.uk

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.

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