

HomeVisit

News for supporters of the QNI

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



Delegates at the QNI Annual Conference saying thank you to speakers with British Sign Language

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QNI Conference Draws Global Audience of over 3000 Nurses



Some of the speakers at the Conference top left to right: Professor Sir Michael Marmot; David Harewood MBE; Maria Caulfield, Parliamentary Under Secretary of State at the Department of Health and Social Care; Rt. Hon. Jonathan Ashworth, MP for Leicester South and Shadow Secretary of State for Health and Social Care, Labour Party; Michael Rosen and Elizabeth Iro.

The QNI held its second online conference over five days from 11 - 15 October 2021.

The event was attended by over 3000 community nurses and other health professionals from countries including Italy, Denmark, Nigeria, Canada, the United States, Kenya, Ireland, Japan, Nepal, Saudi Arabia and other nations as well as those of the United Kingdom.

Forty speakers presented at the event.

Dr Crystal Oldman CBE, The QNI's Chief Executive said, 'Delegate feedback from the event was outstanding and proved that an online conference can offer a rich learning experience for health professionals, as well as offering authentic social interaction among delegates. We were particularly struck by the way in which delegates were able to connect in such an

immediate way via the chat box, which is not possible during a physical conference session.

I would like to thank all the speakers and delegates for their contributions throughout the five days and the QNI staff team for creating the event experience for all. I would also like to thank QNI Chair of Trustees Dr John Unsworth who chaired several sessions of the event, the many QNI Trustees who supported us throughout the week and our sponsors Hallam Medical and Teva UK, without whose support we would not have been able to host such an ambitious event.'

To read through the Delegate Guide and see the full list of speakers as well as read the summary for each day, please go to <https://www.qni.org.uk/news-and-events/events/qni-annual-conference-2021-building-back-fairer/>



A message of thanks from his Royal Highness, The Prince of Wales



express my heartfelt thanks to all of you working in the community, in primary care and in care homes, in hospices, in schools and clinics and in every setting where healthcare has been and continues to be so urgently needed.'

The Prince acknowledges how nurses have 'helped those whose physical and mental health have been affected by extended periods of social isolation and thanks them for their role in delivering the UK's vaccination campaign, that 'has enabled us to emerge, cautiously, from the national and regional lockdowns and begin to resume

normal life.'

His Royal Highness The Prince of Wales has recorded a special message of thanks for those attending the annual conference of The Queen's Nursing Institute, and all nurses working in the community.

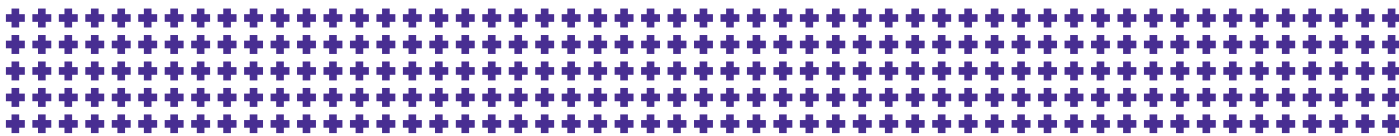
The message was played on the concluding day of the QNI's Annual Conference on 15th October.

In the message, His Royal Highness thanks nurses for their service delivering care to people in homes and communities in the face of the continuing challenges of the pandemic. He comments:

'I am fully aware of the relentless challenges you face on a daily basis, and so, if I may, I would like to

The message concludes with an acknowledgement of how 'the pandemic has shone a light on those parts of society which experience poorer health outcomes. Nurses, of course, have a leading role to play in addressing those inequalities. Through learning and experience, you have the skills, the passion and the trust of the people you work with every day to improve the health of those of all ages and backgrounds.'

View the message in full: <https://www.qni.org.uk/news-and-events/news/a-message-of-thanks-from-his-royal-highness-the-prince-of-wales/>



Student Nurse project launched

The QNI has launched a new project to support the work of NHS England & NHS Improvement, to facilitate the recruitment of Registered Nurses from overseas to NHS community organisations in England.

The QNI project seeks to understand what would attract a nurse to work within an NHS community service, and the enablers and barriers to international recruitment to community provider organisations. The project will also give support to the six pilot sites currently participating in the NHS International Recruitment (IR) scheme.

Objectives of the project include establishing a Community of Practice for workforce leads in community healthcare providers planning to recruit internationally; development of case studies focussed on nurses trained abroad or

internationally recruited who are working in the community, a series of events, and an award for an exemplar IR community nurse.

The QNI will work with NHS Employers to produce an addendum to the International Recruitment toolkit, with examples specific to community service providers.

The project also aims to provide useful information for international nurses already working in England as well as those who might be considering a move to England.

To find out more about the project, go to: www.qni.org.uk/nursing-in-the-community/international-recruitment-to-the-community/

QNI Appoints Five New Members of Staff



Left to right: Kendra Schneller, Amanda Young, Louise Bellamy, Zainab Idris and Eve Thrupp.

The QNI has announced the appointment of five new members of staff: Louise Bellamy, Programme Administrator; Zainab Idris, Programme Administrator; Kendra Schneller, Homeless and Inclusion Health Project Lead; Eve Thrupp, Nursing Programmes Manager (Leadership) and Dr Amanda Young, Nursing Programmes Manager (Innovation).

Dr Crystal Oldman CBE, QNI Chief Executive said, 'I am delighted to welcome our five new members of staff to the QNI. They each bring significant skills and will contribute greatly to the QNI's vision of excellent community nursing for people in their homes and communities.'

To find out more or read the new members of staff's biographies, go to: www.qni.org.uk/explore-qni/about/our-people/qni-staff/



Year of the Nurse and Midwife Celebrated in New Animation

The QNI recently launched a new animated film to celebrate the Year of the Nurse and the Midwife. The year 2020 was originally designated as the Year of the Nurse and the Midwife by the World Health Organization (WHO) but due to the pandemic, the WHO decided to extend the year through 2021 and to broaden its theme to include other health and care workers.

The QNI's animation – the first ever created by the charity – has spent many months in planning and development. It celebrates the expertise of nurses, their critical role in supporting the health and wellbeing of their local communities and the breadth of work that they undertake in healthcare and wider society in the UK.

The film is narrated by the actor Stephen McGann, who plays Dr Turner in the globally recognised BBC television series, *Call the Midwife*. Stephen McGann has been a passionate supporter of The

QNI and of community nursing for a number of years and has worked with the QNI on a number of creative projects.

The animation was entirely funded by leading UK nurse and healthcare recruitment company, Hallam Medical, which also provided creative and technical expertise.

Dr Crystal Oldman CEO, said, 'We have tried to capture the essence of nursing in the community, from its roots with Florence Nightingale and her role in the foundation of the QNI, to the indispensable contribution of today's nurses working in the community to the protection and promotion of the physical and mental health of people at every stage of life.'

To view the animation, go to: www.qni.org.uk/news-and-events/news/year-of-the-nurse-and-the-midwife-celebrated-in-new-animation/

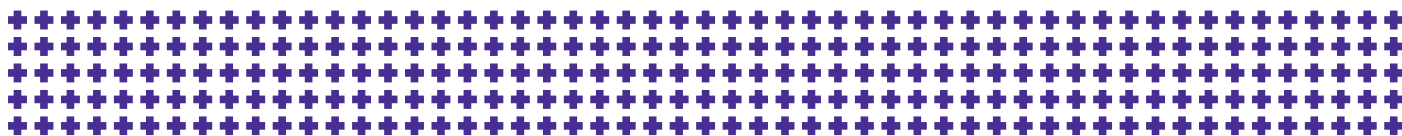
QNI's Academic Prizes Increase in Value

The QNI has announced that it has doubled the amount offered to winners of its three academic prizes, for post-registration students of specialist community nursing qualifications.

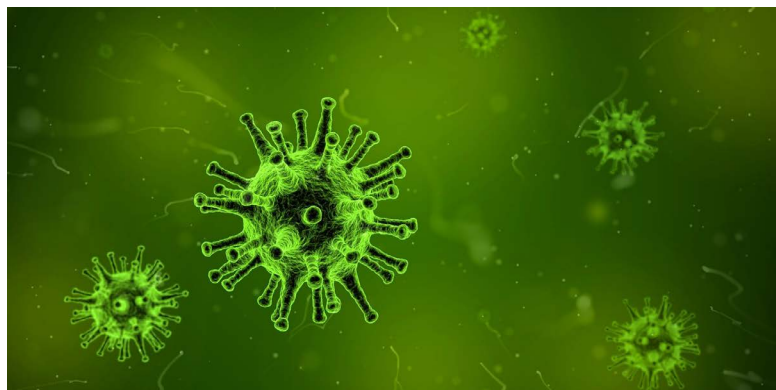
The prize winners will now receive £100 as well as a certificate. The QNI offers the Philip Goodeve-Docker Memorial Prize to the most outstanding student of District Nursing Specialist Practitioner Qualifications at all universities in England, Wales and Northern Ireland that offer this course. The prize is named in memory of a young man who tragically lost his life raising funds for the QNI while crossing the Greenland Ice Sheet in 2013. The Ellen Mary Memorial Prize is offered to the most outstanding student of the General Practice Nursing SPQ. The prize is supported by the generosity of a current Queen's Nurse and GPN in memory of her mother, Ellen Mary, who dedicated her life to the health and welfare of others. The Dora Roylance Memorial Prize is offered to the most outstanding Health Visitor (Specialist Community Public Health Nurse) student and is named in memory of Dora Roylance, a QN and Health Visitor who endowed the prize in her will.

University programme leads are invited to nominate their chosen student for the relevant memorial prize. Programme leads are able to select their prize winners and to present them with their certificate at the university's graduation ceremony.

Dr Crystal Oldman CBE, the QNI's Chief Executive said, 'I am delighted that we are able, through the generosity of the exceptional individuals in whose memory these prizes are named and their families, to acknowledge the talent and hard work of community nursing students. All three prizes have done much to raise the profile of outstanding nurses who have made a significant contribution to the wider understanding and recognition of the educational attainments of modern-day community nurses. Community Specialist Practitioners are delivering highly complex care to individuals, families and carers in their own homes and communities and this advanced level of practice is underpinned by the excellent courses being offered in universities, many of which are mapped to the QNI/QNIS voluntary standards as well as those of the NMC.'



A Year with the Pandemic - Infection and Prevention Control in the Community, by Sue Wynne QN



A global pandemic has always been a possibility, we have witnessed it before in 1918 when the 'Spanish flu' killed more people than the first world war. However, what we have endured for the past 20 months is testament, to the suffering, loss and ongoing challenges we are now living with.

As a nurse who practices in Infection Prevention and Control, I considered what was coming our way when the first cases were reported in China in December 2019. I planned ahead, had a conversation with our risk manager about preparedness and getting some personal protective equipment (PPE) ordered for our staff working on the front line. My team of three also set about organising training for all our staff in the community, to raise awareness of the challenges we would likely be facing in a few months.

Our PPE, ordered in January was not forthcoming; there was so much demand from our Acute trusts, there was not enough in circulation. Estates resorted to ordering PPE from industrial companies, or from other NHS partners, it was a beg, borrow, and almost steal situation. Keeping our front-line workers safe was a priority and at this time I felt there was no one listening.

In the meantime, cases were beginning to increase in the UK and our first outbreak was upon us in early April, a 30 bedded intermediate

care facility. My thoughts were on how patients had become sick with COVID-19 in a facility that was closed to admissions and visitors. I made a decision to swab everyone, both patients and staff, a decision that was questioned at the time, but with reasoning that was proved to be correct further down the line. Asymptomatic staff were transmitting it to patients and as a result we were able to establish effective control measures.

At this point I worked closely with the urgent care manager in our Trust and between us a drive through swabbing service was set up for our staff, we collaborated with our Microbiologists for processing samples and set up a system for managing results by accessing the pathology systems direct. By Easter NHS England set up National test centres for swabbing staff, but by this time most of our own staff had already been tested, so it was opened up to social care as well. Another ask from the system was organising antibody testing for health and social care staff, and another appointment led service with our urgent care partners was facilitated. There were no onerous meetings, or discussions - a simple phone call, dental administration to assist with appointments and a drive through service was up and running in a day.

Standard operating procedures had to be written daily, on the steady flow of directives from the Government, the workload for two infection control nurses and one administrative support worker was extreme. At one point we were receiving 100 calls a day for clinical advice, or PPE shortage.

In order to secure some support, we secured an agency nurse and 9 re-deployed dental staff to assist with the emerging need.



Care homes, Mental Health Trusts, patients in their own home, learning disability and other care systems were left bereft of support for accessing swabbing, PPE, infection control training or someone to talk to on the phone.

The dental team, including two dental officers were trained to swab, fill in the microbiology request forms and our community swabbing hub emerged. What we did not envisage is the impact and demand this service was going to have. What was evident, was how unprepared our Government were in supporting the NHS. We watched the 4pm briefings and heard their pledges around how PPE had been distributed, but in mid-March we were still waiting. I dropped FFP3 masks at care homes as part of mutual aid and at one point we were having to re-use them by placing them in a bag with a staff member name because there were not enough in circulation. Face mask fit testing also became a pressure, there was no one to assist us, so we had to pay

for external providers to do some initial sessions; however the need for this grew to the point that some of our dental team were sent on a training course in order to assist with the demand. This then spilled over into a regional swabbing and fit testing service for other specialist commissioned services in the community. It also raised awareness around the extent of how community care has developed into highly technical and specialised services, where patients on ventilators or assisted breathing are living and being cared for in the community.

The fortitude, dedication and teamwork of everyone who came to infection control to assist with the crisis was a wonderful and fulfilling experience, The dental nurses were taught new skills, they were given autonomy in arranging rotas and schedules, adapted and problem-solved and they thrived on their experience. It was a privilege to work alongside them and I will never forget the time they spent with the Infection Prevention and Control team.

Universal Credit Grant now available

We have a new grant available for those that have been affected by the Universal Credit changes. If this applies to you or you know of anyone that may be affected please do get in touch with us.

Single grants of £250 may be awarded to those who meet the criteria and who find themselves in financial difficulties due to the removal of this uplift in Universal Credit.

In early October, the £20 a week increase to Universal Credit bought in to support those on low incomes during the pandemic was withdrawn. As we have recently been awarded a generous grant

by CHSA (Covid-19 Healthcare Support Appeal) to support nurses during the pandemic, we would like to use part of this grant to help those who will be affected by losing this benefit.

We hope this will help with winter fuel and food bills, which are the two biggest financial burdens for families at this time.

Please email justine.curtis@qni.org.uk for an application form or if you have any queries. Please note that proof of Universal Credit reduction will be required to make an application for funds.



School Nurse Stories extract

In the last issue of HomeVisit we announced the launch of a book of stories on school nurses written by school nurses. Below is an extract of the book. We will include more in the next issue of HomeVisit. All names have anonymised.

Helping a Family through Bereavement

'I first met Ann, a mother, whilst working as a School Nurse in the North of England. A referral had been accepted from Ann's Health Visitor, who was requesting that the School Nurse offer support to her and her two children following the sudden death of her husband a year ago.

I contacted Ann a few days following referral to the School Nursing Team. As she began to tell her story it was quickly acknowledged that a series of contacts would be necessary, due to the complexities surrounding this unique and tragic life event. Ann described her family life as 'unconventional'. Prior to her husband's death her

job took her away from home two to three times a week, with her husband being the primary care provider for the children. Ann's husband was a stay at home parent and was very active in the community, attending toddler groups and school activities. A year ago, while Ann was out of the country, her husband had passed away suddenly in his sleep leaving both children home alone with him overnight and during the course of the next day.

Unfortunately, Ann had not been contacted by anyone to notify her that her children had not attended school, which would have prompted her to phone home to determine if there was something wrong. As time went on Ann attempted to contact her husband to inform him that she was expected to be home later that night. After several failed attempts she became worried and began to ring around the immediate family. The police were eventually alerted around 9pm that night and found the children cuddled up in bed with their deceased father.



A year on, Ann's main concern was that Amy, her 5-year-old daughter, was displaying symptoms which she felt were associated with post-traumatic stress disorder. Amy was experiencing acute and significant separation anxiety from both Ann and her younger sibling. She was displaying signs of heightened anxiety when there was any deviation from everyday routines and would react disproportionately to everyday situations, having uncontrolled 'meltdowns'. Amy felt the need to frequently recall the events of the day that her dad died and to describe in great detail the sequence of these events. Moreover, Amy would become very distressed when she saw police or ambulance staff or vehicles.



Ann was also struggling. She was having to rebuild a life for herself and the children including establishing routines, parenting strategies and promoting attachment with the girls who were missing their father. As well as dealing with her own grief, Ann was also finding it difficult to integrate into the community and establish relationships with the other parents and school staff.

It was clear that this was a very tragic and multifaceted situation that required more than just a referral to the child and adolescent mental health service (CAMHS). Ann had been focusing on the health and wellbeing of her children while also grieving her husband and the loss of her identity. She had been a successful executive whose work took her all over the world and suddenly she was a single parent who was trying desperately to adjust to a new role. On top of all this Ann was leading a campaign to raise awareness and change legislation that would require all schools to move down the list of emergency contacts when a child is absent, in an attempt to prevent this from happening to another family.

It was necessary to allow this story to unfold over a period of time, as each contact would result in Ann reliving the sequence of events which would evoke an upsurge of emotion. After a series of contacts with Ann it was agreed that I would complete a comprehensive referral to CAMHS for both girls, as this could not be classified as a normal adverse life event. Additionally, after exploring Ann's own emotional and social wellbeing, a referral was made to the adult psychological therapies service. Both referrals were quickly accepted, and Ann and her children were offered therapeutic support.

I continued to arrange follow up contacts with Ann over a period of months and by taking one step at a time, she began to fine-tune and embrace her new role and build community relationships. Nevertheless, she made the hard decision to

move her children from the school that they had attended when their dad died. There were many reasons for making this decision and with careful discussion and planning the transition appeared to go smoothly.

The last contact was arranged for just after the Christmas holidays, which Ann was very anxious about. However, when I spoke with Ann afterwards she presented as a completely different person to the one that I had initially spoken to. She and the girls had spent their first Christmas together and it had been 'perfect'. It appeared that the fresh start for the whole family was very successful and the children were settled and doing very well in their new school. Ann had made many new friends within the new school community and was confidently adjusting to her new role.

This was a unique referral and one which firmly underpins the role of the School Nurse. Ann may have chosen to go to her GP for the original referral to the child and adolescent mental health service. The GP may have also referred her to adult psychological services. However, I was able to allow Ann to let her story unfold in her own time and at her own pace which was vital in understanding the complexities associated with her situation.

Many believe that the School Nurse is situated in school and is just there to offer first aid to school age children. This misconception is common and by telling my story I hope to illustrate that our role is multifaceted and aims to ensure that every child is healthy, happy and safe. In this instance, by working alongside Ann and supporting her over several months, both Amy and her sister are now flourishing in their new school and have the chance to thrive and reach their full potential.'

Read the book in full: www.qni.org.uk/news-and-events/news/qni-launches-book-of-stories-on-school-nursing-written-by-school-nurses/



Memories of the William Rathbone Staff College, Liverpool by Right Revd Dr Anthony J Carr, FRCN, QN Principal, 1967-1969



Above: Memorial established by Dame Mary Rosalind Paget, Designers: Willink & Thicknesse, Sculptor: Charles John Allen

My memories of the Staff College are as real today as when I was appointed as Principal in early 1967. I had received a letter in January of that year from Joan Grey, General Superintendent of the Queen's Institute of District Nursing, inviting me to consider the position. I was surprised by this invitation as I had not had experience of nursing education apart from my SRN training at Selly Oak Hospital Birmingham, and undertaking both the new training for district nursing, which was called the National Certificate in District Nursing (number 4 on the certificate) and the same training gave me the Queen's Nurse qualification. Little did I know then that fifteen years later I was to chair a working party that was to radically alter the way district nurses were to train and be educated.

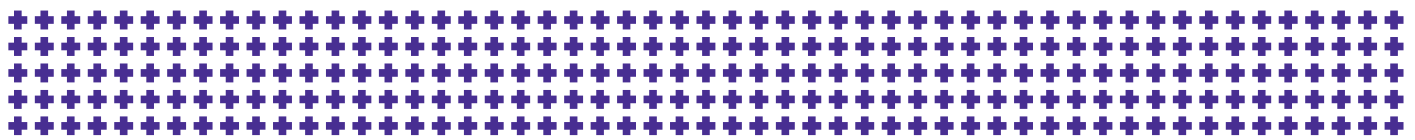
The building had a long history of nursing. William Rathbone, a Liverpool MP, hired a nurse, a Mrs. Robinson to care for his dying wife. He was so impressed with her care that he wished to provide nurses in Liverpool to care for those unable to afford care for themselves or their

loved ones. His plan was to divide Liverpool into districts and put a nurse in charge of each district, hence the title district nurse emerged. He contacted Florence Nightingale, and their joint discussions in 1865 lead to a four-year training course being set up at the Liverpool Infirmary. The course was four years in length and at qualification the qualified nurse would be capable to undertake duties of either, ward sister, district nurse, private nurse or bible nurse. The actual building where the College was housed was built originally to hold the district nurses and contained 30 bedrooms and all the facilities for a residential establishment.

My task essentially was to see if I could take the College out of debt and into profit. Within six months I was to propose changes or recommend the close of the College. I met with the Board of the College and outlined a scheme. At that time the College had a three months residential course for district nurses that covered a very wide curriculum, but did not consider the rapid changes about to take place in the NHS. They also ran short courses parallel to the main residential course.

Within weeks I proposed a higher middle management course for all nurses, doctors and heads of departments in the NHS. I made a start by visiting the Business School at the University of Liverpool. We rapidly agreed a joint course using the symbols of both the University and the College on our literature.

My next task was to persuade the various professions to give official approval and finance for individuals to take the course. This meant travelling to the Department of Health in London and meeting the officials covering all the professions. I was relieved that I was met with universal approval to such an extent that within three months of finalising the curriculum we had



our first course members. We agreed to keep the numbers to twenty-four students so individual attention could be given to each student. The University supplied the lecturers for the morning while we took the afternoon in seminars and management games, and an hour after the evening meal was given to discussion over numerous subjects. In addition, we subscribed to various management journals for the library as well as recommending books for reading before the course commenced. On the last day we spent evaluating the course. Feedback from the first course was very good and encouraged us to continue with this approach.

We introduced other day or evening courses for smaller groups. This included a 12-week evening course on a Wednesday evening for health visitors based on the subject 'The Human Psychology of ageing', based on a book written by Dr. Dennis Bromley, a Liverpool University lecturer. In between courses I held a one-week course for matrons and gave them an introduction to modern management theory and practice. That was a very intensive but very successful course. It was fascinating to see a prime and proper lady wishing to be known as either Matron Smith or Miss Janet Smith on the first day to just Janet in five days! We had fun together. I repeated the course the next year and most participants returned, so new lectures had to be found.

One idea I had was to change the café type basement at the College into a proper dining room. I went the local auction and purchased three long oak tables and introduced a proper dining room layout with carpets. Similar to that could be seen in many high-level companies at that time. Each Wednesday evening, we either had a visiting person from the university or I brought in a national figure such as the director of the King's Fund, or an outstanding health professional to speak. We also invited special important guests to the meal. It eventually became an event in our calendar and several

people asked to be invited.

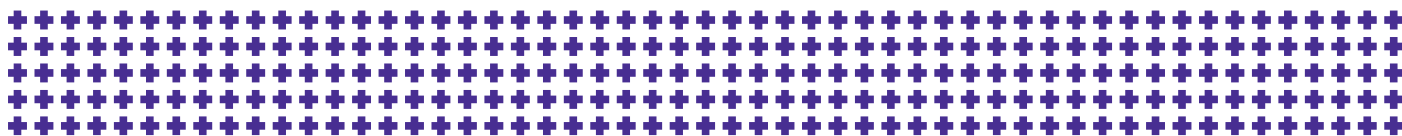
I needed £2000 to undertake this venture and let that be known to the London HQ. A few days later I was informed that I was having lunch at a very fashionable London hotel with Lady Marks. I was to ask her for £2,000 at that meal! That money equals £30,000 in today's money. I had this meeting, which really went well. I received the cheque and an invitation to address the senior management staff at M&S in Baker Street at a future date. That seemed also to go well.

Staff changed, so I introduced Patrick Borland and Brian Lamin as tutors replacing the valuable contribution made by Vivien Jenkinson and Constance Lee.

Soon we made sufficient income to enable us to refurnish the bedrooms and the lecture facilities and still had a long waiting-list for our main course. We left room 12 as it was. It contained furniture used by Florence Nightingale when she stayed in the building.

Finally, what many nurses fail to notice is the memorial in the corner of the external wall arranged by Dame Mary Rosalind Paget, 1855-1948. It is thought to be the first memorial to be unveiled and dedicated to Florence Nightingale. Dame Mary was the great-granddaughter of William Rathbone and she became the first Lady Superintendent of the Queen Jubilee Nurses and number 1 on the Queen's Roll. Incidentally, my number on the Queen's Roll is 27174!

In late 1969 I moved from the College to be chief nursing officer of the Central Wirral Hospitals, but my experience at William Rathbone Staff College enabled me to chair far more confidently a Working Party at the Department of Health some fifteen years after my initial Queen's Nurse training. The report we issued in 1976 radically altered district nurse training and education throughout the United Kingdom. But that is another story...



Obituary for Rhona Redfern 6/2/1927 - 7/9/2021



new community hospital to replace the four old ones. This was the pinnacle of Rhona's professional career, and involved much liaison between the hospital and the local community, as change was not always easily accepted. As a result of her work Rhona was appointed Director of Nursing Services, a role she continued until her retirement in 1988.

Rhona was born in Mansfield – her mother was a nurse, which influenced Rhona's future. After leaving school in 1941, Rhona started training as a nurse at Nottingham General Hospital in 1945. Rhona then transferred to Queen Charlotte's Hospital in London to train as a midwife, returning to Nottingham to practice.

Rhona trained as a Queen's Nurse at The Queen's Institute of District Nursing in Sheffield and moved to Bilsthorpe in 1951 as District Nurse/Midwife. When the Bilsthorpe midwife retired Rhona took on her duties too! Rhona's salary was £140 per year – roughly £3 a week. Rhona persuaded the local authority to buy her a car, which she paid for in instalments – she said the interest was low but so were her wages! If they were lucky they got one day off a week, but often this was not possible because of patient needs – as Rhona said "babies arrive when they want to – day or night!"

After ten years Rhona returned to the hospital service. In 1968 Rhona went to Workshop to become deputy Matron of Victoria and Kilton Hospitals. There Rhona worked with a geriatrician, and they brought in the first geriatric service – up until then patients were kept in hospital when their relatives could not cope.

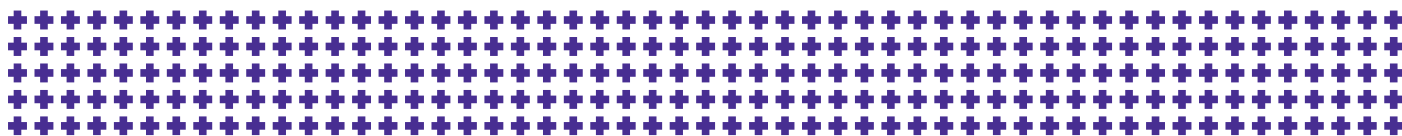
Ten years later Rhona moved to the Borders in Scotland as Matron of Selkirk Hospital. During her time there Rhona oversaw the modernisation of the hospital and Selkirk became a designated hospital should a nuclear attack occur! In 1980 Rhona became a Senior Nursing Office in charge of four hospitals in Goole, with the task of planning a

Rhona was involved in various voluntary groups throughout her career, including the WRVS, and she was President of the Howden Ladies Luncheon Club, a member of Soroptimist International, for which she was President of the Scunthorpe Branch. She also had Fellowship of St John Ambulance and was President of North Nottinghamshire Area of St John Ambulance for many years. Rhona was also committed to the John Eastwood hospice and helped raise substantial funds for the charity. Rhona was awarded the Order of St John, the highest of orders in St John Ambulance – Rhona kept quiet about this in her usual modest way.

After the Bilsthorpe mining disaster and the subsequent closure of the pit, Rhona became involved with social regeneration of the area with several local organisations, including the Centre to help the Unemployed in Bilsthorpe, known as CHUB. It was at CHUB that Rhona developed her keyboard skills and became very proficient on the computer, taking qualifications for this. Rhona provided board and lodgings for fulltime workers appointed for some of the local community projects.

Rhona loved her holidays, enjoying trips to the Holy Land, Iona and numerous cruises with friends. Rhona loved her dogs, which brought her great companionship over the years. Rhona loved visits to the theatre and doing her crosswords and puzzles.

For the last three years Rhona was a member of the Keep In Touch programme, and she and her volunteer Nora enjoyed regular phone calls.



The Florence Nightingale Garden at the Chelsea Flower Show



Above left: Dr Crystal Oldman CBE, right: Clare Cable

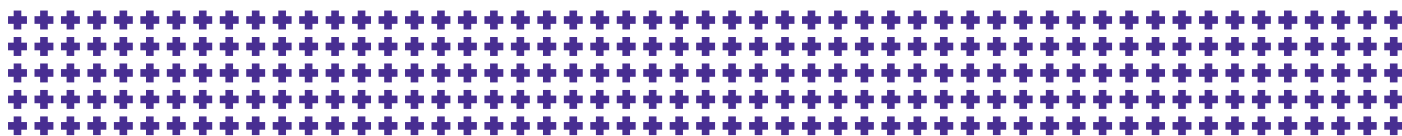
The Royal Horticultural Society's (RHS) Chelsea Flower Show this year paid tribute to Florence Nightingale with a restorative garden imagined to be a courtyard garden for a new hospital.

On their website, the RHS explained, 'Marking 200 years since Florence Nightingale's birth, the garden is designed to shine a spotlight on the critical role nurses play in modern-day healthcare. Many of Nightingale's principles underpin nursing today, and the garden is an opportunity to celebrate both her legacy and today's inspirational nurses. The theme is 'nurture through nature', inspired by the idea that the shortest path to recovery leads through a garden. This restorative garden, surrounded by a sculptural timber pergola on three sides, is for viewing from inside the

building, as well as for sitting in and strolling through, with shaded places to sit, naturalistic planting and water to engage the senses. Drifts of late-flowering perennials, grasses and bulbs create a calm, lush atmosphere, in which texture and foliage are equally as important as colour and flowers.'

Designed by Robert Myers and sponsored by The Burdett Trust for Nursing, the garden was awarded silver.

Dr Crystal Oldman CBE, The QNI's Chief Executive visited the garden with our sister charity, The QNIS' Chief Executive, Clare Cable. 'It was a beautiful garden, very peaceful and therapeutic, and reminds us of the importance of gardens in health. It absolutely deserved to win silver.'



Obituary for Gladys Lynsdale 24/6/1937 - 17/9/2021



Gladys Irene Corrie was born in South India, where she grew up as the seventh child of Andrew and Anna Corrie. Gladys had five sisters and four brothers: Daisy, Winnie, Walter, Ester, Phyllis, Stanley, (then Gladys), Melvin, Sam and Marie. Gladys is survived by Sam and Marie, who both live in India.

Gladys's oldest sister Winnie worked as a nurse in the military hospital in Pune, Maharashtra. Sisters Daisy and Ester both joined Winnie to work there, and Gladys followed them for a short while all four sisters worked together as nurses in the hospital.

Gladys left Pune to travel to Baroda in North India to complete her nursing training, and after qualifying she stayed in Baroda. During her time in Pune and Baroda Gladys met Rodney, who knew this was the woman for him! After pursuing and finally courting Gladys, she and Rodney were married on Rodney's birthday, 24th February, 1962, in Baroda. Shortly after their wedding, Gladys and Rodney left India forever and emigrated to the UK, settling in Fleetwood near Blackpool in Lancashire.

Their first child, a daughter, was born at the end of December that year, followed by a son in 1965 and another son in 1967. Gladys worked in local hospitals, studying and working hard, and her efforts were recognised with promotions to Ward Sister, Staff Nurse and Midwife. In March 1970, the family moved to London to seek more opportunities, and settled in South London.

As the children grew up Gladys worked as a nurse in local hospitals, including Kings College, London, as well as in a GP practice, and also as a nurse for the 1980's band Japan. Gladys took a break from nursing and went to night school to learn typing, shorthand and office skills, and soon found a job

in an Italian bank in London's financial district. After three years, Gladys returned to nursing and continued to study, qualifying as a District Nurse. Gladys loved this role, and fondly remembered the happiness and enjoyment she had while working as a District Nurse – of all the nursing roles Gladys undertook this was her favourite.

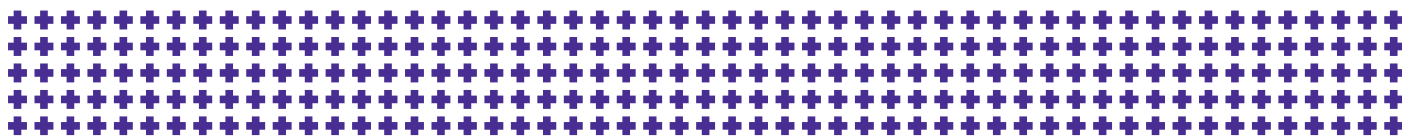
In the winter of 1981 Gladys sadly fell over and suffered broken vertebrae and nerve damage in her back – this left her in hospital for almost a year, with her children and Rodney (who worked at St Thomas' Hospital in London) visiting her every day. When Gladys eventually came home, initially she could not walk but over time, through sheer determination, she learnt to walk again using walking sticks. This was one of many tough health challenges Gladys faced throughout her life, including cancer.

Throughout all their time in the different places they lived, Gladys loved going out for long drives in the countryside, and she fell in love with the Welsh coastline. Eventually, Gladys and Rodney were able to find a cottage in the village to retire to as their final home in their favourite place.

Gladys was very family orientated, a devoted mother, and showed deep and devoted love for years to her husband Rodney and their children and grandchildren. After her children left home, Gladys's biggest love were her Jack Russell terriers, Dinky, Prudy, Toby and Trixie.

In her later years, as her health declined, Gladys had many different carers looking after her – her nursing background and experience gave her tremendous insight into the role of the carer. Gladys's family remember her as a hard-working, passionate figure of strength with a big heart, full of love and caring – she was a strong woman who never held back when it came to speaking her mind! Gladys kept in touch with the QNI team, and they always admired her strong work ethic attitude. The family said Gladys had a positive and grateful outlook on life.

A favourite quote "To Serve and Care"



A Family Fundraising Affair!

Ona Croft, her sister Laura and cousins Kayla and Zara decided to run 3 half marathons and one marathon to raise funds for the QNI in memory of their Aunt and Queen's Nurse, Marie Hudson.



sure we had enough water and snacks, and check we were OK.

And of course, we had each other for support too. We didn't quite manage to catch Laura and Kayla, but they were there towards the finish waiting for us, having finished their half marathon, and we ran the final half mile together. For me, that was the highlight of the whole thing. The memory of running that last half mile still fills me with emotion. We had spent months chatting to each other online about our progress, supporting each other through the ups and downs, and after running for hours we got to run together for the first time as a four.



Well, we did it! After months of training and miles of running between us, we completed our challenge running 3

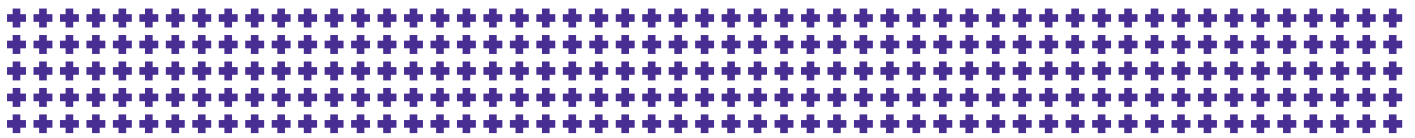
marathons between 4 of us – something we're enormously proud of.

Zara and I set off first, and ran the first 10 miles quite comfortably. Chatting away, the first hour passed quickly, and before we knew it we had reached the halfway point, and start point for Laura and Kayla. With great excitement, we were all heading towards the same finish point.

The second half of the route was hilly. And these were long, steep hills. I think I speak for all of us when I say that the hills in that final section were the most difficult part of the experience. We were lucky to have a lot of family support throughout, which was wonderful. Every couple of miles, there would be someone there to cheer us on, make

Everyone was there at the finish line to join in our celebrations, which was another highlight. 3 generations of family from all over the UK had come along to cheer us on, including all of our kids who had watched us train for months! Showing them what is achievable with investment of enough time and effort was priceless.

Finally, we've raised an incredible amount of money for the QNI in honour and memory of our wonderful Aunty Marie. We initially set our fundraising target as £250, hoping we might manage £500. We were gobsmacked when our Grandad made a donation on the day that took us over the £2,000 mark, which has increased even further since. We are so very grateful to everyone who has donated and supported us throughout. Zara has entered the ballot for the London Marathon next year, but I won't be doing another one. For me it was a wonderful once in a lifetime experience, and one I'll never forget.



Obituary for Betty Dingle 14/3/1928 - 22/6/2021



Betty was born in Oldham – a proud Northerner. In 1946, at the age of 18, Betty decided to follow her dream and travel south to commence her SRN training at Rochford General Hospital. Two years into her training Betty met her future husband and in 1949, they were married – that same year Betty qualified as an SRN. In 1950 Betty became a senior staff nurse, and a couple of months later she was made a Ward Sister. Betty was 23 – the youngest person to have ever been appointed a

a glass on her almost black apron then poured Betty some wine – Betty took it down in one, as she feared otherwise she would not be able to swallow it! Betty also looked after several famous people – she remembered going to the house of a well-known actress to check up on her husband, who was recuperating from an operation. When Betty got to the house she was amazed at how noisy it was – the actress was practising her lines and someone else was playing the piano – Betty was concerned for her patient and asked him how he coped with the noise – he said it was not a problem as he just switched off his hearing-aid!

Betty left the Queen's Nurses when she became pregnant with her daughter Louise, at the end of 1960. Sadly, Betty's husband was tragically killed in a car crash, and at the age of 36 Betty found herself a single parent. Betty decided to move to Rayleigh as a District Nurse – she threw herself into this role and soon acquired the nickname "Sergeant Major" – a name she secretly loved!

Betty was very proud to be a Queen's Nurse, and in her latter years kept in touch with QNI with regular phone calls – she talked about her training, and how she felt the QN's were all a family. Betty said that the Queens' were the best and knew they were!

As Betty's health deteriorated, she had support from her family, and also carers. Betty was pleased to share her nursing experiences with the carers, and one of them told Betty that she was the first "real nurse" she had met, which greatly pleased Betty!

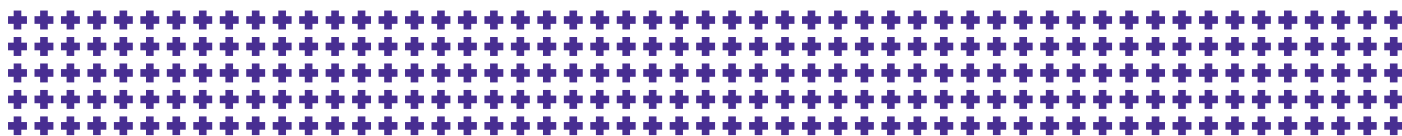
Betty was very proud of all her family and felt lucky to have such a close and caring family. Betty's family knew how much being a Queen's Nurse meant to Betty, and when she died they all agreed for the Queen's Nurse emblem to be inscribed on her headstone – that would have delighted Betty.

She will be greatly missed by her family - she was the matriarch but she has left them all with wonderful memories.

Ward Sister at the time.

In 1953 Betty's husband changed jobs so Betty had to leave Rochford General Hospital, and she began training at Chelsea and Westminster to become a Queen's Nurse – one of her proudest achievements.

Betty was living in London at the start of the "swinging sixties" and she particularly enjoyed working in World's End Place as it meant cycling the length of the King's Road. There were always interesting and famous people to see en route. Mary Quant's shop was also on the King's Road when the first coffee shops popped up in London. Betty would sit there with her friends gossiping whilst drinking frothy coffee – Betty said that these were the happiest years of her life. During her time working in London, Betty and her team covered the rich houses as well as the slums. Once Betty went to see a patient in a very dirty home – she was offered a glass of homemade wine, which she initially refused but the homeowner insisted and Betty watched in horror as the woman wiped



The National Garden Scheme news



Christmas gifts

It's beginning to look a lot like Christmas.. and if you are looking for presents for your friends and family we recommend looking at our funder, The National Garden Scheme's website for gift ideas, including cards, books and other gifts for garden lovers, to see

their range, go to <https://ngs.org.uk/shop/>

The Nation's Favourite National Garden Scheme Gardens announced

Over the summer thousands of National Garden Scheme supporters voted for their favourite gardens that open for the National Garden Scheme. There were six regional winners, one overall champion and a winning Public Garden that usually opens to the public but donates takings from a particular day (or days) to the Scheme.

To see the winners, go to <https://ngs.org.uk/nations-favourite-national-garden-scheme-gardens-announced/>

Recipes



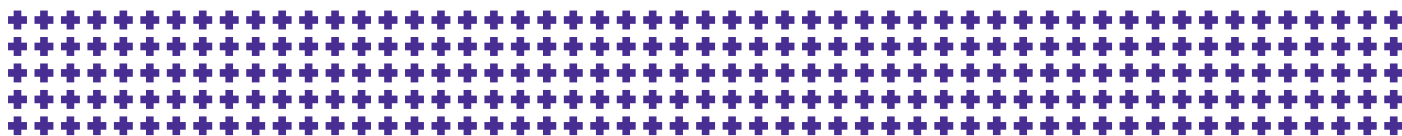
The National Garden Scheme has a wonderful selection of seasonal recipes and if you want some inspiration for these cold winter days, go to <https://ngs.org.uk/discover-more/recipes/>

Garden openings near you

If you would like to visit a garden open near you this autumn, please go to <https://ngs.org.uk/gardens-open-this-autumn/> If the thought of visiting a garden from the warmth of your own home sounds more appealing, there are many virtual gardens to choose from, for more information go to <https://ngs.org.uk/virtual-garden-visits/>



Photo above copyright Marianne Majerus



The important role of pets, by Siân Wade QN



Above: Siân (far right) with her family and her cat Sammy

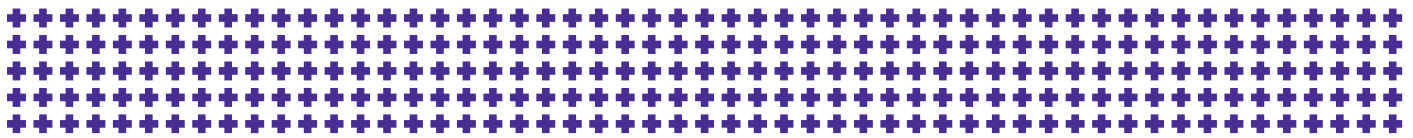
Animals are well recognised as being 'man's best friend' providing companionship, support and help to many. I love all animals but without a doubt I am an ailurophile ('a lover of cats'). The page with C and the picture of a cat in my Ladybird book of A-Z, when I was a child was very well thumbed. I believe that CAT must have been one of my very first words, as apparently when I was very young I begged for a cat. Thus it was, I had my first cat for my third birthday. Sammy, as I and my sisters named him, was purchased at Birmingham Bull Ring (yes kittens could be brought at markets and pet shops, in my childhood!) and was carried home by our babysitter, on the bus under her coat! On arrival, I am told my mother had prepared the Layette, she had for us as babies, and Sammy climbed in curled up and fell asleep, fully at home.

Sammy was to be a constant presence throughout my early life, and the ups and downs, giving companionship and love and a required sense of responsibility. When I was four, he travelled with us when we moved to Belfast, sleeping in his whicker basked in our cabin which was not usually allowed. He 'held on' for 24

hours, as there were no litter trays in those days. He returned with us when I was 18, providing me with solace at a time of great unhappiness. When we made the difficult decision to have him 'put to sleep', I was devastated as I felt I had lost the last link to my childhood and happiness. The decision was made that I would not have another cat as it was anticipated I would be going to college or university, as indeed I did. However I had entered a very difficult time culminating in Anorexia Nervosa and numerous hospital admissions. Still based at home, my Consultant suggested I had another cat and so my sister came with me to a Pet shop to buy Sneoky, the runt of a litter and in need of my love and attention. Eventually I was accepted for nursing and went back to Belfast. I am forever grateful to my parents as I had to 'live in' in those days, and they looked after her until I returned to England to take up my first Staff Nurse post.

Since Sammy and Sneoky, I have had seventeen cats – all rescue cats, of various ages – often older. Each of my cats has had its own individual personality and character with feelings, each giving love and affection in their own unique way. They have been a constant presence, support and help to me during the challenges of my career providing me with companionship and love. Currently I have four cats as the photographs show (see right), having had to have Daisy, my 'free spirit' put to sleep this August. Archie, a gentle soul, and Flora, my youngest and the most greedy, came from the Rescue where I have volunteered for some years. I found Gracie, and as no-one claimed her, despite my best efforts, I adopted her via my Rescue – she is quite neurotic and ego-centric and clings to me a lot.

For some years, until COVID, I have volunteered in Greece, with Skiathos Cat Welfare Association. They care for almost 150 cats 'on site' and organise and support feeding stations across the island along with TNR (Trap, Neuter



Siân's cats, top left: 'Gracie, who was found by a bush in the pouring rain, when she was 4/5 months old. No one claimed her, she is 10 years old.'

Top right: 'Archie, who was found abandoned by rubbish bins as a kitten of about 12 weeks. He had a poorly eye but it soon recovered. He is 10 years old.'

Bottom left: 'Maya, who was adopted from Skiathos in Greece. She is now 11 years old and was cared for at the Charity as a young kitten for nine years. She had been found with two siblings but without her mother, so she stayed at Charity. She had infected eyes when found and both eyes were enucleated, so she is totally blind. She is a very plucky and kind cat.'

Bottom right: 'Flora, she was abandoned in a garden with her mother when she was a little kitten, she is now 5 years old.'



and Release) programmes with of the support of the local population and Vets, along with volunteers, vets, veterinary nurses and various students, from abroad. Three years ago, faced with eviction, I agreed to adopt Maya, who was blind and an indoor cat, as there was no suitable accommodation for the blind and disabled cats. Maya made a 24 hour journey to my home, and after a slow introduction has really settled. She has 'found' her voice at meals times, standing up on my chair reminding me that she is hungry. She has the most amenable character and personality and loves sleeping with Archie, and grooming him and Gracie.

After over 30 years of no sickness, the last two years have presented me with further health challenges, first COVID early in the Pandemic, followed by long Covid and then in November 2020 a diagnosis of Oesophageal cancer leading to some aggressive and debilitating treatment. But my cats have been there as a constant, making sure I get up to feed them and providing me with companionship and love – they seemed to understand that 'there was something not quite right', never making demands on me and being there for me at all times. I believe they are living proof of the important role that pets have in our life.



QNI Pets

Following our feature on pets, here are a few more from our contacts. Please do keep sending your photos in!

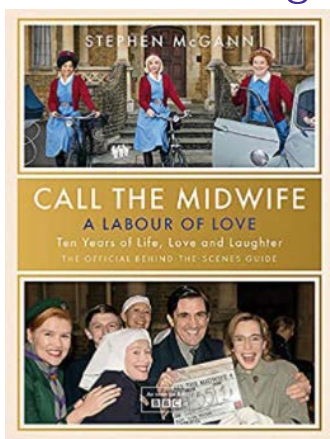
1. Jane Campling's three dogs, Ella (the mother), Teddy ('the terrorist') and Dougie ('the boss').
2. Mary Conbear's Jasper, a rescue cat from the RSPCA.
- 3 to 5. Mary Warrilow's rescue pets: 3. Dylan,

still a real character at the age of 16; 4. The 'Boss Cat' who 'controls all dogs and humans' and 5. Mr Bob the Border Collie.

If you would like to send in a photo of your pet, we would love to see them! Email joanna.sagnella@qni.org.uk and we will include it in the next issue of HomeVisit.



Call the Midwife - A Labour of Love: Celebrating 10 years of life, love and laughter



Stephen McGann - aka Dr Turner from the BBC's Call the Midwife - and a great supporter of the QNI - has just written a book on the iconic series.

It features personal reflections, photos, anecdotes and insights from co-stars, producers, technical crew, and guests. Each chapter, spanning each of the ten years of Call the Midwife - set from 1957-1966 - looks into the themes, and technical challenges from each season. Stephen McGann intersperses personal interviews with key cast and crew about their memories of filming key moments of the drama.

Hard cover copies retail around £16 and are available in all good bookstores.

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.

Address changed?

If you have recently changed address, please let us know either by emailing us at mail@qni.org.uk.

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