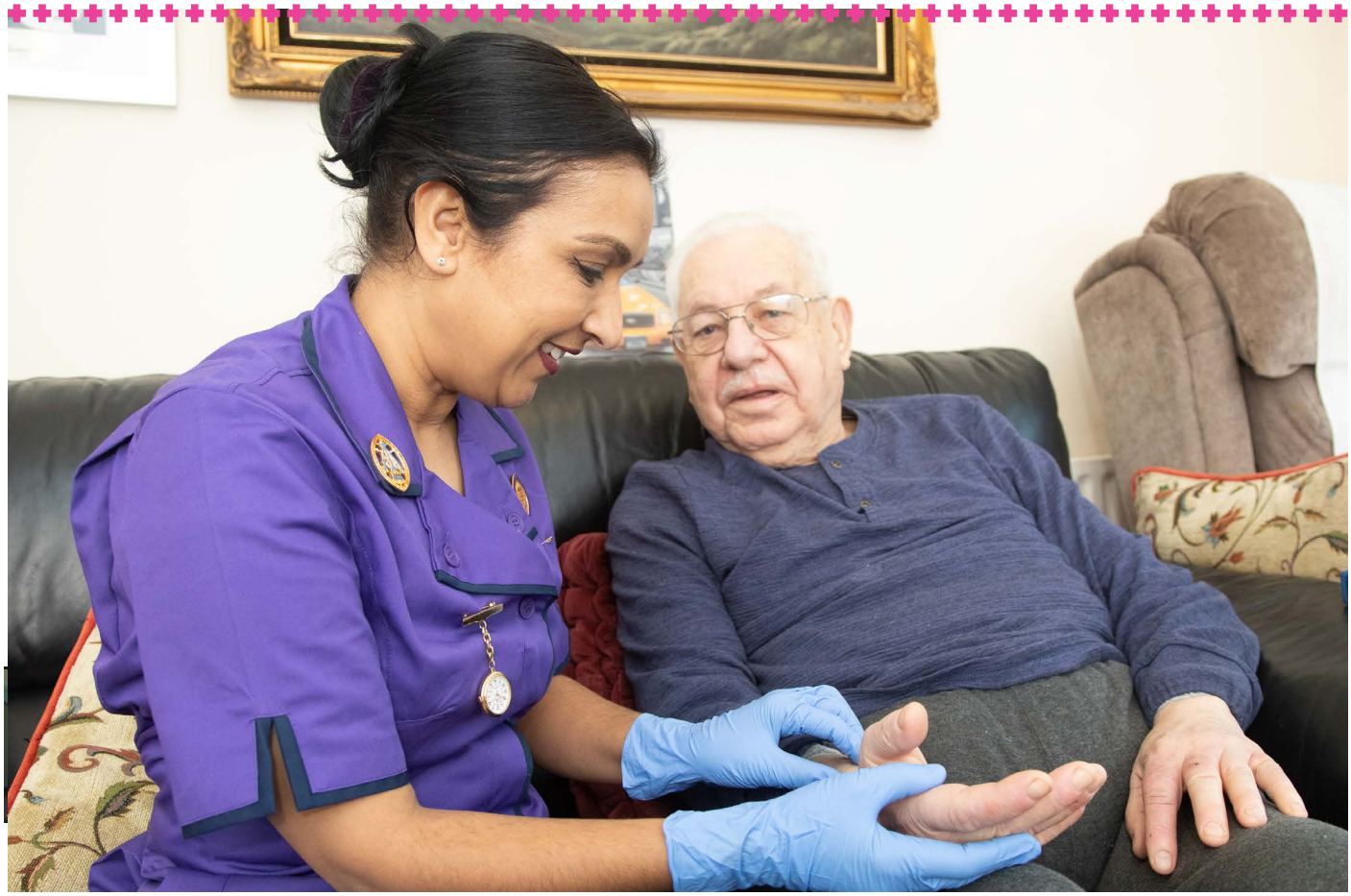
The Queen's Nursing Institute

March 2022

HomeVisit

News for supporters of the QNI

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



QNI Honours Nursing Professionals at 2021 Awards Ceremony

The QNI held its annual Awards Ceremony on 13th December. The event, held online, was the largest awards ceremony ever held by the QNI, attended by over 600 award winners and guests.

The programme included presentation of the Gold Badge of the Institute, its highest honour, Fellowship of the Institute, the Outstanding Service Award, three academic prizes for students of specialist practice, leaders of community innovation programmes, Executive Leaders and Queen's Nurses. The first ever International Community Nurse of the Year Award was also presented.

The ceremony was opened by The QNI's Chair of Council, Professor John Unsworth, who welcomed the award winners and guests to the ceremony. He thanked the QNI's supporters including the National Garden Scheme which recently announced its annual donation totalling £395,000 to the QNI, supporting the Queen's Nurse programme, the Executive Leaders programme, and the NGS Elsie Wagg (Innovation) Scholarship.

Professor Unsworth introduced an animated film made earlier this year by the QNI and Hallam Medical – 'Today's Nurses in the Community' to celebrate the International Year of the Nurse and the Midwife.

Dr Crystal Oldman CBE, the QNI's Chief Executive said, 'This is always a very special event for the QNI, a chance to recognise and celebrate achievements in community nursing. It's good to be reminded of the dedication, the passion and the skills of nurses working in the community. I must pay tribute to all the nurses from across health and social care who continue to provide care during the Covid-19 pandemic. Their fortitude, courage, resilience and ingenuity has shone through the darkest of times.'

Feedback from the event was very positive and included the following comments, 'A heartwarming ceremony, well done to all award winners and thank you to John, Crystal and the team for hosting such a wonderful event.' 'Congratulations everyone, an absolute honour to be joining this institute with so many inspiring nurses!' 'Very proud moment in my nursing career.'

To view the list of all award winners and read a summary of the evening, including photos, go to: https://www.qni.org.uk/wp-content/uploads/2021/12/Summary-and-photos-of-Awards-Ceremony-2021-1.pdf

ICN says protection and safety of nurses and all health workers in Ukraine is paramount

The International Council of Nurses (ICN) and its more than 130 members across the world stand in solidarity with the people, nurses and all healthcare workers caught up in the conflict in Ukraine. ICN says the protection and safety of nurses and all health workers is paramount. Any attack or targeting of health workers or health facilities goes against the protection of health workers enshrined in international regulations and the Geneva Convention and is an affront against humanity. ICN is in contact with our nursing colleagues in the region and making every effort to connect with nurses in Ukraine to offer support and solidarity and share their messages with the world.

ICN CEO Howard Catton added, 'We are deeply concerned about the situation on the ground in Ukraine and have reached out to our nursing colleagues in the country in what are hugely chaotic and frightening circumstances. We will continue to try to connect with them and get their messages out to the world. Nurses and healthcare workers are a force for healing and reconciliation. The principles of the impartiality of healthcare and medical and nursing neutrality are far stronger than any of the differences between people. Any attack on a hospital or healthcare facility not only goes against international law it is an affront against humanity.'

The Chief Executive of the QNI, Dr Crystal Oldman CBE said, 'The QNI is extremely shocked and saddened to see the devastating and unprovoked attacks in Ukraine. There will be many Ukrainian nurses working in the United Kingdom for our health and care services, worried about their family and friends back home. The QNI want to let them know that we are here for any nurse who needs some time and space to reflect on how they feel and to talk to another nurse for support in a safe and confidential environment: www.qni.org.uk/talktous."

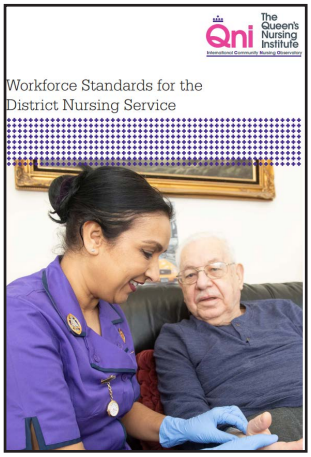
New Chair and Deputy Chair for CNEN


Left: Helen Mehra; Right: Gabbie Parham

The Community Nursing Executive Network (CNEN), convened by the QNI, has announced a new Chair and Deputy Chair for the Network.
Helen Mehra, a Queen's Nurse and a member of the QNI's Council is the new Chair, succeeding Dr Bob Brown, who has retired after six years in the post. Helen Mehra became a Council member of the QNI last year and is currently head of Community Nursing and Integrated Pathways at Enfield Community Services, a division of Barnet, Enfield and Haringey NHS Trust. Helen is also a graduate of the QNI's Executive Nurse Leadership Programme.

The new Deputy Chair is Gabbie Parham QN, Senior Matron for Community Nursing, Oxford Health NHS Foundation Trust. Gabbie is a graduate of the QNI Aspiring Leaders programme. Dr Crystal Oldman CBE, the QNI's Chief Executive said, 'We are very fortunate that the CNEN has two leaders with such a wealth of experience and capability to take it forward. I would also like to thank Dr Bob Brown for his exemplary leadership of the Network over the past six years. The Network brings together the most senior nurse leaders in community and integrated care organisations in England, Wales and Northern Ireland, to share, learn and debate current issues. It has proven value in gathering data and influencing policy development and implementation in community healthcare.'

New Workforce Standards for District Nursing Launched



New Standards identify red lines to support safe staffing amid growing workforce pressures

The QNI has announced the publication of new Workforce Standards for the District Nursing Service

The new Standards were developed by the QNI's International Community Nursing Observatory (ICNO) over the past eighteen months, led by its Director, Professor Alison Leary MBE.

The Standards were based on modelling using data from several sources including activity analysis (2015-21), NHS benchmarking data, qualitative data on perceptions of workloads and a literature review. The findings were contextualised using data from an analysis of Prevention of Future Deaths reports in England and Wales (2016-2019) which focussed on recurrent concerns from Coroners, the most common of which was missed, delayed or uncoordinated care, lack of care planning and elements of the nursing process.

The Standards should be read alongside the Royal College of Nursing Workforce Standards (2021) and the NHS Staff Council document Welfare Facilities for Healthcare Staff.

This new document sets safety standards for the District Nursing workforce in the UK, setting out areas of risk and giving examples of major 'red flags' that require escalation.

Professor Alison Leary MBE said, 'Workloads are far exceeding the capacity of services. From the qualitative data we have collected over the last seven years, there appears to have been a shift towards District Nursing teams acting as a failsafe for other NHS and social care services, rather than as District Nursing service per se. Patients are being referred to District Nursing simply because other services are short staffed or are not offered as a 24/7 service. District Nursing services rarely refuse patients or close a caseload, leading to unremitting demand and this is a high-risk strategy. Nursing is a profession of vigilance not simply one of task delivery. Scheduling of work must be person centred and individualised and the named Registered Nurse must determine the appropriate 'window' of time to deliver holistic care. This should not be delegated to scheduling platforms or applications as these are currently unproven.'

Key themes of the Standards - Caseloads, Capacity and Time

An effective District Nursing service should serve the need for nursing care in a defined community. District Nurses understand the needs of their local community but there must also be clear referral criteria for other services.

A growing and ageing population, deprivation, communication issues, social isolation, acuity, multimorbidity, 'rookie' factor (number of inexperienced staff), travel time, frailty, cognitive issues, lack of other services and lack of home support systems all affect the demand for healthcare delivery in the community.

Maximum caseloads are not defined in the new Standards, as there is no single definition of a 'caseload' used in the community. Currently there is no limit to District Nursing caseloads and this itself is problematic. However, a caseload of over 150 per whole time equivalent (WTE) seems to be a tipping point for more work left undone and deferral. For District Nurses and community staff nurses in the teams, 9-10 visits a day is also associated with the tipping point for people deferring work.

The consensus of professional opinion, borne out by the data, was that a Registered Nurse (RN) visit should be a minimum of 30 minutes to allow for the entire nursing process to be enacted (assess, plan, implement and evaluate). Travel time should

be factored into scheduling visits. Route planners and other resource allocation applications should not override the priority of clinical care and professional judgement.

A 'timed task' approach to plan work or workforce should not be used: a timed task approach was shown to be a trigger for workforce discontent and even resignation. The safety of timed task approaches has also been called into question. Digital scheduling tools or apps may be used to inform or plan work and workload, but they should not be used to decide the nature and time of the work itself.

Dr Crystal Oldman CBE, the QNI's Chief Executive, said, 'The new standards will be very useful to community service provider organisations, commissioners of services and District Nursing teams themselves. The standards explain the key factors to be taken into consideration when planning workforce to meet demand, and the overriding requirement to always apply the professional judgement of the expert nurse. We would be very interested to hear how these standards are used in practice at all levels, and their utility in supporting the evidence for workforce planning at organisational and system levels.'

Nursing Establishment and Skill Mix

Skill mix of teams should reflect the demand placed upon them by populations and their needs. Work should be allocated with a focus on risk, unpredictability, complexity and acuity of the situation and not simply competency to carry out a task. Situational awareness is crucial for safe care.

Views regarding an appropriate and realistic skill mix for a District Nursing team were sought as part of the research for the new Standards. Considering the experience, knowledge and skills of the team members, the consensus of views was for a team comprising 60% experienced Registered Nurses; 20% newly Registered Nurses; and 20% Nursing Support Workers, including healthcare assistants and Nursing Associates.

When calculating the nursing workforce, an uplift must be applied that allows for planned and unplanned leave and absence. Underestimation of either or both planned and unplanned leave will result in an establishment that cannot meet day to day staffing requirements, and an overreliance on supplementary staffing, such as bank and agency staff. This will impact on the overall cost and quality of care.

A Registered Nurse (RN) should make the initial assessment and then attend every fourth visit as a minimum to carry out the Nursing Process in full, evaluating care, assess new needs and initiate changes required. Whilst Nursing Support Workers including Nursing Associates can be involved in the Nursing Process and play a vital role in the delivery/implementation of care, the assessment, nursing diagnosis, planning and evaluation of care is the responsibility of the Registered Nurse.

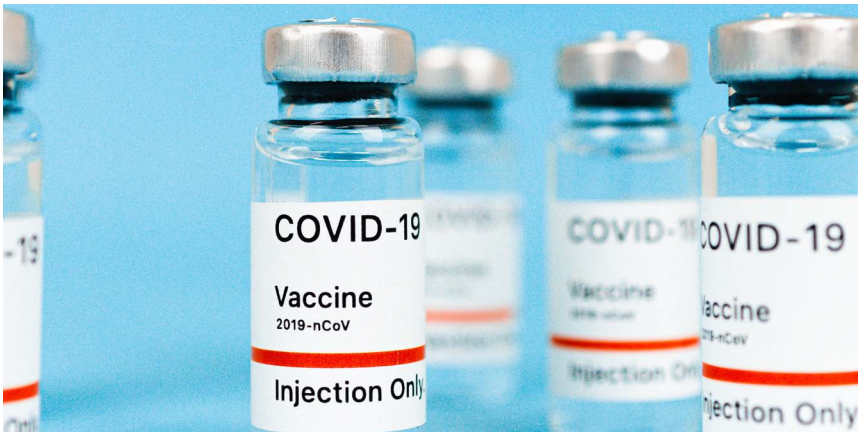
Red Flags

- District Nursing services unable to close caseloads, leading to unremitting and unsustainable demand.
- Deferring work every day or most days should be a red flag and escalated.
- Deferring any high priority work at all (for example end of life care, people with blocked catheters) should be escalated as a safety concern.
- High staff turnover and high sickness absence should also be considered a red flag for both patient safety and system resilience.

Commissioners of community healthcare services should work with District Nursing teams to understand patient need in the community, undertake a realistic estimation of demand, and determine a nursing establishment that is wholly appropriate for the needs of individual and population health, now and in the future.

Read the Standards here: www.qni.org.uk/wp-content/uploads/2022/02/Workforce-Standards-for-the-District-Nursing-Service.pdf

Making a difference during the pandemic, by Mike Passfield QN



I work as the Clinical Operations Director of large-scale Covid-19 vaccination services across Cambridgeshire, Peterborough, Norfolk and Waveney health systems and am employed by Cambridgeshire Community Services NHS Trust, which is one of the 3 lead providers for large scale vaccination centres across the East of England region.

I was asked to lead the Trust's Covid-19 vaccination programme in October 2020 for a 'few months' to initiate the temporary large-scale vaccination hubs, in conjunction with primary care networks (general practice and pharmacy sites) and Hospital Hubs. I was redeployed from my substantive role as Regional Head of Integrated Contraception and Sexual Health Services (www.icash.nhs.uk) to Programme Director for Large Scale Vaccination services.

I never expected to embark on a challenge such as this in my career. Some 16 months later with 11 centres running, I am proud to be part of a programme which has delivered over 1.3 million vaccinations to our population. There is no doubt that at times this has felt like being in unchartered waters, with significant time and resource pressures – pretty much like an extended and ongoing episode of Challenge Aneka!

After setting up the vaccination service and centres with a small team, most of whom initially continued to deliver their day jobs, our first vaccination was administered in the 18th January 2021. Thereafter we opened several other sites and the programme became a 'business as usual' function with a largely dedicated leadership team. I took on the role of Clinical Operations Director in June 2021 and what was initially a temporary service has become a medium-term (and likely long-term) initiative.

Our vaccination centre teams have been nothing short of inspirational incorporating administrators, stewards, vaccinators and healthcare professionals including doctors, nurses, pharmacists, physiotherapists, speech and language therapists, opticians and occupational therapist. The list goes on and each individual has played a key role in our success.

The generosity shown by the public in contributing to the vaccination programme has been exceptional. We have trained non-clinical staff to become competent vaccinators including airline crew, firefighters, researchers, students and many others. It really has been a community effort to deliver the largest vaccination programme ever seen in the NHS. We must also not forget the incredible St John Ambulance who have trained over 26,000 people nationally for patient advocate, post vaccination observers and vaccinator roles, and the Royal Voluntary Service who have recruited hundreds of thousands nationally to support centres with vital roles such as stewarding, car parking and patient information advocates.

Managing patient expectations is one of our biggest challenges we face. For example, many people assume the COVID-19 vaccine is similar to the flu vaccine: they go into their GP and three minutes later it's done. In a large scale vaccination centre, the process takes longer and this can be frustrating for people being vaccinated. Good

communication is key, so people understand the importance of maintaining social distance, checking for Covid-19 symptoms, receiving information about the vaccine, and initially the requirement to wait for 15 minutes afterwards, albeit this has recently been removed.

Given our goal is to vaccinate between 500 and 1600 people per day depending on the size of the centre, our focus on maintaining patient flow, whilst balancing this with excellence in patient care and experience has been critical. You want patients to feel safe whilst delivering an efficient and effective service.

In healthcare we are used to exploring things with patients, giving people space to share concerns and discussing next steps. This principle has been incredibly important with people who have been vaccine-hesitant but so worthwhile and a testament to the skills of our immunisers and healthcare professionals when, having had the chance to discuss their concerns, some have left having had their jab.

As a result of Covid-19 some of us now live without loved ones – some of us will have also lost much-respected colleagues and friends. This pandemic has touched us all, affecting the way we live, the way we work and the value we place on simple things, like hugging a family member or friend. We've seen existing inequalities exposed and exacerbated for people using and working in health and social care services which has led to much soul-searching for so many of us.

I feel incredibly privileged to be part of the Covid-19 vaccination programme, both as a Clinical Operations Director, a registrant and a vaccinator, engaging with diverse teams who have gone over and above to successfully deliver what initially seemed like an impossible task.

Homeless and Inclusion Health Evaluation Report published

The QNI has published a new report evaluating the Homeless and Inclusion Health project which is co-funded by the Oak Foundation.

The report, Homeless and Inclusion Health Evaluation Report 2021, was based on a survey sent to 1315 members of the QNI's Homeless and Inclusion Health network. In addition to the survey, a series of 12 interviews took place supplemented by a focus group with frontline health care practitioner members of the network with various levels of seniority and experience, and a second group discussion with strategic health leads working in this area of practice. Three case studies were also compiled to illustrate the impact, range and geographical spread of the reach of the Homeless and Inclusion Health Network and the support of the QNI more generally.

Some of the findings are included below:
Key concerns in relation to the respondents' service/professional role

- 94.6% reported that they required access to ongoing professional development or specialist training to support them in their role
- 85% of respondents reported that inclusion health was underfunded in their area
- 53% indicated that they were working additional hours over and above those funded within their contract of employment or volunteering role, to enable them to undertake their job well
- 51% of responses indicated uncertainty over future funding and sustainability of their service
- 47% referred to under-staffing or problems recruiting staff
- 36% indicated they were concerned about lack of training, learning resources and access to continuing professional development CPD

To read the report, go to: https://www.qni.org.uk/news-and-events/news/homeless-and-inclusion-health-evaluation-report-published/

The role of Professional Nurse Advocates in Primary Care

Increasing patient need and an ageing population are major factors impacting the role of nurses in primary care. More people are living with long-term health conditions (LTCs), with the NHS White Paper (NHSE 2021) highlighting that one in three patients admitted to hospital as an emergency has five or more. Dementia and mental health issues are also increasing, and services must be responsive to the needs of patients, their carers, and families.

The increased workload and complexity of care highlights the importance of collaborative working within the community, helping patients manage their conditions, promote healthy behaviours, and improve outcomes and quality of life. Integrated and collaborative working ensures that clinicians focus not only on single long-term conditions but also lifestyle, prevention of ill health and education to empower patients to self-manage. Nurses are having to develop their skills to meet these increasingly complex presentations, promote generic healthy lifestyles and ensure patients have the knowledge to understand and manage their conditions, including managing their mental health and overall well-being.

General practice nursing is an exciting and rewarding job, yet we have faced an incredibly challenging year and an increased workload. This has contributed to nurses becoming more at risk of burnout and stress. Pressures in our working environment can have a negative impact on our personal resilience. The King's Fund (2020) suggest interventions such as resilience training and mindfulness should be implemented to enable nurses to better manage the stressors that can influence their own emotional health and wellbeing.

One of the strategies to tackle these issues is the role of the Professional Nurse Advocate (PNA). There are PNA training courses available for nurses across England. The Professional Nurse Advocate programme is a Level 7 accredited course, which assesses participants through a competency portfolio, academic assessment, and a presentation. The course enables nurses to facilitate restorative clinical supervision (RCS) amongst nursing colleagues. PNAs lead and support nurses in practice. They advocate and encourage nursing teams to lead on quality improvement, which in turn improves patient care. The course helps nurses develop an understanding of the PNA role and an understanding of the A-EQUIP model, which has four components:

1. Monitoring, evaluation, and quality control
2. Clinical supervision (restorative)
3. Personal action for quality improvement
4. Education and development (formative).

The A-EQUIP Model has been shown to reduce staff burnout and stress.

Clinical supervision is a safe space where colleagues can explore and make sense of the emotional demands that can come with the nursing role (NHS Education for Scotland, 2018). Restorative Clinical Supervision (RCS) encourages reflective conversations and builds personal resilience; this can be done one-to one or in a group environment. The restorative part of the session focuses on personal emotions. Pilot studies show that RCS improves the emotional well-being of staff, along with improvements in

mental health (Wallbank and Hatton, 2011).

I have recently undertaken training to become a professional nurse advocate myself. As part of the training, I had the opportunity to undertake RCS. During a one-to-one session, the issue I shared was the stress I was experiencing managing the dual role of practice nurse and lecturer. I felt that I was not good enough at either job, so needed to prioritise one over the other.

The facilitator asked if I had heard about 'imposter syndrome'. I had, but I had not linked it to my concerns until that point. Imposter syndrome is common in nurses, particularly newly qualified nurses and nurses that transition into education (John, 2019). Imposter syndrome is destructive and linked to burnout and stress (Whitman and Shanine, 2012). I recognised through this time and space to reflect that my anxiety might be due to the feeling of not being good enough. Imposter syndrome feeds off critical self-talk and self-doubt (Gadsby, 2020).

A session about the importance of self-compassion resonated with me and I began to see the importance of positive self-talk. Whilst self-compassion might be seen as selfish to some, the use of self-compassion is the foundation of compassionate care. Mills (2014) argues that self-care benefits both nurses and patients. I can see the benefits of highlighting this to my nursing colleagues and students during RCS. To care for others, it is important to care for oneself.

In the current working climate, it is important that nurses can process and make sense of the challenges that they face. Having someone recognise the feelings of being overwhelmed during an RCS can often be the first time the nurse can acknowledge and contain their emotions and begin to make sense of them. The PNA course equips nurses with the skills of using open questions and affirmations to help individuals to process feelings. Containment does not mean that the facilitator takes on the emotions of the participant; it is about helping the participant step back to recognise and start to manage these feelings. Acknowledging feelings and taking the needed step back can help restore the participant, allowing them to think more clearly. The process can allow the individual to identify learning and developmental needs (Wallbank, 2007).

I have given an example of the benefits of the PNA role; I plan to use the methods I have learnt to help fellow nurses and colleagues too. The process addresses the emotional needs of staff, which in turn has shown to improve personal resilience. Personal resilience improves when an individual feels supported and listened to. Improving communication between staff through regular RCS will play a key role in improving care outcomes for patients. A sense of belonging amongst teams and a shared understanding of the challenges staff face will improve staff morale and motivation. Staff can build constructive relationships within the working team, which improves the workplace environment.

If staff are more motivated at work, they are more likely to develop and work at their best. The courage of compassion document (King's Fund, 2020) highlights the need for health and social care leaders to lead with compassion; compassionate leadership promotes effective team working. Nurses who have access to a PNA in their organisation will feel connected and valued. If staff are supported effectively, they will thrive and develop in their roles.

My experience is that the role of the PNA is a welcome and essential initiative for primary and community nursing teams. It is imperative following the challenges of the past 18 months that we retain staff and encourage nurses to reflect and practice self-care to build personal resilience. Doing so will bring teams together, promote compassionate leadership and enhance patient care.

Donna Brookes, Queen's Nurse

Obituary for Diane Gould, QN

Those of you who met Diane (or Di as she was known to friends) will probably never forget her. I had the privilege of having her in my team as a teacher on our innovative Practice Nurse "Open Doors" training programme almost from the start. I met her when researching options for setting up the training and she was not afraid to challenge assumptions I had made. She was initially sceptical about the programme but having got involved with it she became a key member of the teaching team in 2009.

As the programme developed so did Di's skills as a teacher. She was incredibly bright and able, so her progress was exciting to watch as she blossomed in the role. Her approach never wavered from a firm focus on clinical excellence for all her students as they progressed through the 2-year training programme that we ran in Tower Hamlets, East London. She also had a real passion for teaching Health Care Assistants in General Practice. She never forgot how she started her career as a nursery nurse before training as a nurse at the London Hospital, always encouraging people to take the next step to further their career whilst acknowledging the need for everyone to be good at what they were doing every day.

Tower Hamlets is a challenging area in which to teach, and Di excelled in embracing the diversity of both patients and students as she continued in her clinical role. One offshoot of her teaching on our team was that she recruited nearly all the nurses for her practice where she was Lead Nurse via the programme, so they had Di as their manager and mentor and another member our Open Doors team as their tutor. Her care and support whilst they developed ensured they had really solid knowledge and skills to care for patients from all walks of life, from little babies receiving vaccines to older people with complex long-term conditions.

She developed a really good team within three years and managed them with great compassion. One highlight of her career was when we changed the role description of our teaching staff from Clinical Mentors to Clinical Tutors and she told me that as a junior nurse she had always wanted to be a Clinical Tutor. I am so glad we changed the name! She had over half the students on our programme in her care over the 11 years she worked with me. Their feedback was always good, as she was meticulous about keeping up to date and constantly learning from them and others. Her organisation of teaching events was always imaginative and thoroughly planned to the smallest detail, both in one to one and group teaching. I know she was also a tremendous support and role model to newer members of the team.

Memories of Di are too numerous to recount here but one incident stands out. Before the NHS really took it on board, Di was very caring of the environment and asked if she could buy all the students reusable cups for their weekly Action Learning Group. I was conscious of the budget and didn't think we should fund it. Not to be deterred, she sourced them herself from a hardware shop and within a fairly short time saved about 200 paper cups from the bin. She was commended by our employers and I felt rather embarrassed!

Di was passionate about many things, but she especially wanted to support women suffering from violence or exploitation both at home and abroad. This led her to visiting other countries as a volunteer nurse and working with SASANE in Nepal. (See Samrakshak Samuha Nepal (SASANE). It was typical of Di that whilst others went away for a holiday, she was busy helping support and teach disadvantaged women how to care for themselves and others).

Her husband Mark has asked that if people would like to honour her memory they can donate to the QNI or to St. Joseph's Hospice, where she passed away peacefully. She will be remembered by patients and ex-students not only in London but all over the UK and beyond. I am grateful that I had the opportunity to work with this extraordinary Queen's Nurse.

Vicky Souster, previously Education and Development Manager, Tower Hamlets GP Care Group and Team Leader for Open Doors, a GPN training programme.

Malinko Christmas Challenge - 30 miles in 30 days

The 'run' up to Christmas took on a different meaning for the people behind the clinical e-scheduling app Malinko at the end of last year.

In order to raise some money for the QNI, Malinko's employees were encouraged to get away from their Teams calls, get outdoors and get active throughout December, as the Malinko management team agreed to pay £1 for every mile they walked, ran, cycled or swam.

We're happy to say that the staff at Malinko more than met the challenge, racking up some impressive statistics, braving the winter weather, and sharing photos online to encourage others to do the same. One Malinko employee – technical author Kiran – even took to rollerblading around her local park to raise some cash.

Rob McGovern Malinko co-founder said, 'The QNI is a charity close to our hearts, as we work with community healthcare teams - district nurses, therapies, virtual ward staff, maternity and mental health teams. Plus, the campaign was an opportunity to work off some weight before the Christmas binge - so it wasn't all self-sacrificing!'

Dr Crystal Oldman CBE, QNI Chief Executive said, 'We are enormously grateful to Malinko for taking on this challenge to raise money for the QNI. Their amazing efforts will help us to provide more support to community nurses who have been working tirelessly during this pandemic and have continued to provide excellent nursing care to the communities they serve.'

In total, Malinko raised £500 for The Queen's Nursing Institute. This money will be used to support community nurses, providing excellent care for patients in the home and within the community – care which is even more critical during this time of a national emergency caused by the Covid pandemic.

QNI appoints Newham Nurse to lead new CCN Project

The QNI has appointed Newham based Community Children's Matron Rebecca Daniels to lead development of new Transition to Community Children's Nursing (CCN) resources, to enhance the quality of life for children and families nationally.

Rebecca's new role will involve developing QNI resources for children and young people (CYP) with complex health needs in the community setting.

She will also be the CCN representative in national planning the QNI is involved with, raising the profile and voice of the Children's Community Nursing workforce.

Rebecca will continue in post at East London NHS Foundation Trust's (ELFT) Specialist Children & Young People's Service (SCYPS) and will manage her responsibilities for the new role alongside her work as Children's Matron there.

Developing a CCN Forum during the pandemic

The new QNI role will build on the work of the Community Children's Nurse forum during the pandemic.

Rebecca was singled out for praise by England's Chief Nurse, Ruth May, for the work she did to coordinate the work of the CCN forum, along with other core CCN members, as it became clear that the pandemic was becoming a once-in-a-generation national health challenge.

Community Children's Nurses came together nationally through the CCN forum to discuss, plan, and decide on the best ways to support children with tracheostomies and long-term ventilation or complex respiratory difficulties requiring Aerosol Generated Procedures (AGP) to help them breathe.

The strict enforcement of COVID19 guidance regarding space, ventilation and enhanced personal protective equipment (PPE) threatened to keep these children isolated for longer compared to other schoolchildren. Rebecca's work across the CCN forum helped to ensure that rapid and co-ordinated steps could be taken nationally to overcome obstacles, allowing children to return to school and integrate with their peers much faster than would have been possible otherwise.

On the appointment of Rebecca to the role, QNI Chief Executive Dr Crystal Oldman CBE said, 'I am delighted that Rebecca is now a member of the QNI team. She is leading the development of the QNI resource 'Transition to the Community Children's Nursing Service' which will support nurses new to the CCN service, whether newly qualified or new to community services. The QNI is also providing a 'home' for the CCN Forum which has more than 300 members and has built up a very high national profile for its work in advocating for the children, young people and families served, including their brilliant work throughout the pandemic. Rebecca's expertise will be critical to our evolving work as a professional organisation supporting all nurses who work in the community.'

ELFT's Director for Specialist Services, Sarah Wilson said, This is a great news, and Rebecca is the perfect choice for such an important role. She is an outstanding leader, dedicated to provide the best care for the children and families that her team work alongside. All of us at ELFT are incredibly proud of the Newham SCYPS Community Children's Nurses team.

Lymphoedema...It's not just about 'leaky legs'

In the first of a two-part blog Lindsey Lister, Lymphoedema Nurse Specialist and Catherine Best, Practice Educator at Saint Catherine's Hospice in Scarborough provide insight into the often-debilitating and hidden impact of lymphoedema – a condition commonly known as 'leaky legs'.

Introduction

Educating the global healthcare workforce is a significant challenge, made easier by the numerous awareness days and weeks throughout the year. 2022 is no exception, with cervical cancer prevention week and Dry January being recognised in January and World Cancer Day and Eating Disorders Awareness Week in February, the earlier we are able to get the message out there, the sooner we can make a difference.

Although it is evident that we still have a long way to go before we can say we have conquered many of the debilitating non-communicable diseases that exist today, nurses and other healthcare professionals are in a unique position to make a difference by making every contact count. Due to its frequently misunderstood and debilitating impact on a person's life, one such condition that requires special attention is lymphoedema.

Lymphoedema Day is recognised across the World on 6th March, and healthcare professionals are being provided with the educational opportunities and resources to make a difference in the lives of those we serve. 2022 is the 7th year of World Lymphedema Day, the aim of which is to educate the world of the various significantly debilitating diseases linked with lymphoedema, including:

- primary and secondary lymphoedema
- lipoedema
- lymphatic filariasis
- lymphatic malformations
- the full continuum of diseases impacted by the lymphatic system.

So, what is lymphoedema?

Lymphoedema occurs as a consequence of the lymphatic system failing to control the fluid equilibrium in the tissue spaces, resulting in oedema or swelling as it is frequently known. Any area of the body can be affected, although most commonly it occurs in the upper and lower limbs. Lymphoedema is categorised into Primary and Secondary types. There is no cure, but the condition can be managed.

The Lymphatic System

Understanding how the lymphatic system works can help you to understand why lymphoedema occurs and why treatment needs to be specific to individual need. The lymphatic system is a network of fine drainage channels located around the body the aim of which is to remove excess fluid and waste products via a sticky colourless fluid called lymph and has 3 main functions:

- maintain balance of fluid by its mobilisation to the circulation from the interstitial spaces
- absorption of specific dietary fats from the intestines into the circulation
- acts as an immune defence by stimulating an immune response through mobilising antigens and removal of defective and non-functioning cell tissue

What is the difference between oedema and lymphoedema?

Lymphoedema occurs as a result of direct damage to the lymphatic system, whereas oedema happens as a result of a problem with another system of the body, which has an effect on the lymphatic system; for example, heart failure can lead to oedema in the legs, feet and ankles.

Often associated with breast cancer, due to the damage which can occur to the lymphatic glands during treatment, lymphoedema can also be associated with a variety of complications associated with other treatment regimens and includes particular risks associated with:

- melanoma skin cancer
- gynaecological cancers – such as cervical cancer and vulval cancer
- genitourinary cancers – such as prostate cancer or penile cancer

But it's not just treatment regimens that can cause problems. Lymphoedema itself can lead to problems such as cellulitis also known as erysipelas – an infection of the skin and subcutaneous tissues, the main culprit being that of Grade A Beta-haemolytic Streptococcus, which occurs as a result of impaired immunity and lymphatic drainage. An incidence may present within minutes and remain low grade for a couple of weeks before visible symptoms occur; symptoms which include:

- redness
- pain
- increased swelling
- heat

In order to harmonise treatment regimens, a consensus on the treatment of cellulitis was agreed by the British Lymphology Society in 2016 and remains in use today. The British Lymphology Society also works to support healthcare professionals through their EveryBodyCan Campaign to give those who are at risk of developing lymphoedema and those who have a diagnosis, with the encouragement they need to become and remain active throughout their life.

Cellulitis Alert Card

Patients who are registered with the Lymphoedema Service at Saint Catherine's Hospice in Scarborough receive the Cellulitis Alert Card highlighting they have damaged immune systems, which increases their risk of developing cellulitis. The card is a joint initiative introduced in 2019 by the Lymphoedema Support Network and British Lymphology Society, providing useful information that may inform the healthcare professional of the management of cellulitis in lymphoedema.

Red legs

Red legs is a condition associated with chronic oedema and lymphoedema, characterised as redness of the skin presenting bilaterally and below the knees. Commonly caused by conditions such as venous eczema and lipodermatosclerosis. It can be confused with cellulitis and treated with antibiotics unnecessarily. The Red leg pathway is a resource that can help guide direct a clinician toward an appropriate cause of treatment.

Lymphangitis is a symptom that may also occur, which is blistering of the site of infection. Mostly unilateral rather than bilateral, an individual often reports experiencing flu like symptoms prior to a visible presentation. In severe cases it can be life threatening requiring intravenous antibiotics.

Skin Breakdown

Cuts and grazes left untreated has the potential to increase fluid build-up and increase risk of lymphoedema. Effective skin care therefore, is an essential element of lymphoedema management and requires a full assessment.

Wet Leg Pathway

'Wet legs' or Lymphorrhoea is a condition associated with lymphoedema, so called as accumulating lymph seeps through the skin and the patient will require a medical review to ascertain the cause of the issue. The Lymphoedema Network in Wales have created a pathway to follow for the management of this condition.

Lipoedema, not to be confused with lymphoedema, is a condition associated with a plethora of symptoms that can have a negative impact on patients' lives. Rarely understood, this condition affects primarily women and because of this lack of understanding, many women never obtain a diagnosis. A sad indictment perhaps, but there are many things that we as registered nurses can do, which we'll explore in the next blog.

Lindsey Lister (Lead Author); Catherine Best QN

Obituary for Lucy Suckling 25/10/30 - 4/11/21

Top left: Junior nurse 1948; top right: Receiving QNI long service award from Princess Alexandra, 1977; bottom photo: Prelim training school Colchester, 1948.

Lucy was born on 25th October 1930 to Howard Henry (always known as Buller) and Beatrice (or Trixie). The family, completed by her brother, David, lived in rural Essex, northwest of Braintree.

Lucy spent a happy childhood, going to schools locally in Braintree before attending the Mid Essex County Technical School in Chelmsford for two years. Lucy's final report from the headmistress stated that:

'She has been a cheerful, happy member of her form, popular with the staff and pupils. There has never been any reason to doubt her honesty and truthfulness. We think that with further training she should become a capable member of the profession she has chosen.'

That profession was nursing and Lucy moved on to a pre-nursing course. Her studies continued successfully, although one term her physics and chemistry teacher remarked that:

'I don't think that I have seen this girl more than three times this term due, I understand, to the fact that her bus doesn't arrive until 10.30 each morning.'

Such were the difficulties of living in the country during and just after the Second World War!

Lucy started training as a nurse on the medical and surgical wards of the Essex County Hospital in Colchester in 1948. Lucy qualified as a State Registered Nurse in 1951, and later trained in midwifery at the North Middlesex Hospital and in Chatham, qualifying as a midwife in 1956. Further training as a district nurse followed. Lucy qualified as a Queen's Nursing Sister in 1957 and worked in Central London, initially based in Montague Street around the corner from the British Museum. This was the era of the bicycling district nurse, and Lucy was still cycling post-retirement.

Lucy was a dedicated nurse, later looked up to with affection by her younger charges in Camden. In 1977 Lucy proudly received her long service badge as a Queen's Nurse in a presentation made by Princess Alexandra.

In her youth Lucy had been a keen ballroom dancer, partnered by her brother. Her other interests included theatre and concert-going. She was a lover of classical music, especially discerning with regard to singers, and her radio was always tuned

to Classic FM. In addition, Lucy was a great fan of Frank Sinatra – an opportunity to hear him perform in the USA during a holiday there in the early 1980's was thwarted by Sinatra cancelling the concert following the attempted assassination of his friend Ronald Reagan.

Lucy was an avid reader with an ever-expanding library – she had more cook books than most bookshops!.

Following early retirement in the mid-1980's Lucy enjoyed a very full social life. She was an active member of the NHS Retirement Fellowship and the Friends of the Museum of London for many years. This kept her busy attending talks, social events and excursions to many places of interest – from the well known to the more obscure.

Lucy also spent much time helping others – she was a committee member of the Retirement Fellowship and the Queen's Nurses Benevolent Fund, and also helped to keep an eye on their finances, as well as arranging the sending of flowers to members on their birthdays. Lucy was a trustee of what is now the St Giles and St George charity near her home in Holborn, and was also involved with St Mungo's, the homeless charity. Lucy was a stalwart of Age Concern Camden, including helping in the charity's shop in Leather Lane for many years.

Lucy enjoyed many holidays with friends in Europe, especially visiting her long-standing Dutch friend Annie. For many years from the early 1980's Lucy was a frequent visitor to Las Vegas, not in connection with an interest in gambling, but to stay with her old friend Marion. In more recent years Lucy enjoyed holidays organised by the Queen's Nurses Benevolent Fund, mainly to Worthing but also to resorts and tourist centres in the northwest. Lucy was a devotee of wildlife and nature in general, supporting the Cat's Protection Society, Monkey World, Essex Wildlife Trust and the RSPB. Reports from the Wildfowl and Wetlands trust that her adopted swan had not been sighted were followed by concerned calls to the charity! The term "cat lover" could have been invented for Lucy, but having a pet in a central London flat was not very practical. In later years Lucy developed a great fondness for monkeys, and enjoyed visiting Monkey World in Dorset where she had adopted Bart, one of the residents.

Lucy has been described as 'diminutive, fun and graceful'. She acquired friends easily throughout her life and in most cases retained those friendships through the years, and is remembered with great affection by many.

Lucy was a willing hostess, always keen to make sure that guests enjoyed themselves. Over-catering for an evening visit or overnight stay invariably led to Lucy's guest returning home with excess biscuits, cake and beer!

Many people wanted to keep in touch with Lucy – she never married but had been devoted to her work and friends. Lucy was a godmother several times over, and an honorary godmother to two of her neighbour's children. Old age and Alzheimers dimmed Lucy's sparkle, but she retained her humour. Even in hospital in September Lucy retained her hospitality gene and wanted to offer visitors coffee!

The pandemic lessened the opportunity for many people to see Lucy, but with the support of carers, friends and neighbours, she was able to stay in her flat until just a few weeks before she died.

Lucy will be remembered with great fondness by all those who were lucky enough to know her.

How Elizabeth became a Queen's Nurse

Community Nurse Elizabeth Wilkin gained the title of Queen's Nurse this month, alongside Norfolk Community Health and Care NHS Trust Director, Carolyn Fowler. Here, Elizabeth shares her nursing career journey and what it means to have the title.

What made you choose to be a nurse?

I believe that numerous experiences in life led me towards nursing; it never felt like a predetermined decision. My dad had worked for NCH&C's Out of Hours team since I was young, so I have been around these wonderful nurses most of my life. During the festive period if my dad was on shift, we would stay up late on Christmas Eve or Christmas Day waiting for him to visit with the Out of Hours Nurse so we could give them a cup of tea and something warm to eat. This was invariably cut short as they would get another call. My mum managed the Norwich Community Alarm Service whose main objective was to keep people independent within their own homes. Being around these professionals who worked hard to look after people at home whilst demonstrating such care and commitment has provided me with a foundation to build my career.

When I was entering further education, my Grandad who lived with us became unwell. He was admitted to hospital and was cared for palliatively and died soon after. I attribute this experience as being the most significant event in steering me towards nursing.

When completing my nurse training, I never really felt at home on the wards. It wasn't until I had my community placement in my second year that I felt like I had found my niche. Upon qualifying I was successful in gaining a newly qualified position in a North Norfolk team. Over the past six years, I have grown professionally with support from all my colleagues and knowledge gained from experiences with patients.

How does working in the community differ from other areas of nursing?

When you look after patients in their own homes, you are engulfed into their world. You learn so much about patients from just stepping through their front door. You meet those important to them bringing them their shopping or making them a cup of tea, you see their relatives and loved ones in photographs and talk about them, and you become completely immersed within their life story without realising it.

Why is community nursing so important for Norfolk?

Community nursing is important everywhere, not just in Norfolk. Unfortunately, unless a person has required the community nursing and therapy teams' input, our role is often overlooked or misunderstood. We are the professionals caring for those who cannot get out of their homes to go to the GP surgery.

I feel the most poignant cases where the importance of community nursing is demonstrated is with those patients whose wish is to die at home. We provide support to these patients to facilitate their wishes at the end of their lives and support families and friends throughout this process. You don't see us until you need us, but when you do, we are there.

What is the thing you love most about community nursing?

Patients – We get to meet so many different people and learn about their lives. I love meeting patients and using my knowledge and wider team to support and empower them to overcome whatever their concerns are. A personal highlight for me is also meeting patient's pets!

Why did you decide to apply for the Queen's Nurse title?

My Clinical Lead Rosy Watson had already been successful previously and encouraged me to investigate it. After reading about the origin of the Queen's Nurse Title and what it stood for, it really resonated with me. I identified with their qualities and felt compelled to apply.

How did you feel when you received the Queen's Nurse title?

I felt incredibly proud. I had not told many people

that I had applied, only those who were involved in my application process. I immediately rang my mum to tell her the news, my colleagues discovered that I had been awarded the title through internal communications and I have had many messages of congratulations.

I expressed in my application that this title is for my family who have instilled values in me imperative to community nursing, my team who have supported me, and my patients who welcome us into their worlds to work with them and their families through the toughest of times. It is because of all these people I am the nurse I am today, a Queen's Nurse.

Originally printed here: https://folkfeatures.co.uk/how-elizabeth-became-a-queens-nurse/

My Life in Nursing

Above: Christine pictured on the roof of Moorfields Eye Hospital in 1965

I qualified as a nurse in 1963 at Liverpool Royal Southern Hospital, and in 1965 arrived at Moorfields Eye Hospital, in London – the heart of ophthalmic research and experience for doctors and nurses from all over the world. I studied for my diploma in ophthalmic nursing for one year.

Leaving London, I returned to my home in Liverpool to train as a midwife, then returned to Moorfields in 1967 as a Night Sister. We were responsible for wards, theatre and A&E so were kept very busy!

Matron regularly did rounds of the hospital at night without notice. Our Head Porter always alerted us and said "The Guvnor is on her way" which was a blessing!
I was once reprimanded by Matron for arriving at the hospital on my bicycle and wearing slacks – she said "My sisters do not wear inappropriate attire". How things have changed!

Heading for pastures new in1969 I commenced my district nursing training in Islington, London, which at that time was a very poor borough and challenging – but very rewarding. I became a practice nurse as well as district nurse attached to a Christian practice of GPs. We had prayers in the morning (not compulsory) and the GPs knelt at their desks. I don't think there are many surgeries who do this now!

I became a practice work teacher responsible for teaching skills to district nurse students plus student nurses seconded from hospital. I was called "Reverend Mother" by some patients – I don't know why!

Many of my patients were very poor and lonely but would always offer a cup of tea – they never grumbled and were happy with what they had.

I then had a stint as an occupational sister working in John Lewis's department store in London – but that's another story!

I headed to Eastbourne as a district nurse – what a culture shock after Islington!

My greatest love was district nursing and midwifery. *Christine Crowther*

The Heart's Garden, by Jane Macmillan, QN, KIT Volunteer

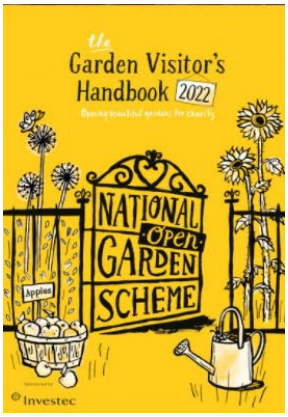
'In my heart there is a secret garden,
This garden has been tended by
Angels,
Who have made it bloom and flourish.
They show strength in gentleness,
Kindness in everything they do.
Determination to do what is right
And always best for those who are cared for.
They display cheerfulness and humour,
Sparkle, generosity, compassion and hope.
They always have integrity and honour,
Whilst being decent, honest beings.
Being magical and so special these
Angels will never know how much
My garden blooms with joy and
Gratitude to have been blessed
With such a firmament of friends.'

The National Garden Scheme news

Spring Gardens

Share a garden visit this Mother's Day weekend with 32 gardens open, or simply visit a garden to enjoy the spring flowers finally showing their faces, after what seems like a long winter. 'Although it's early in the garden visiting season the gardens we have open are wonderful ways to enjoy the fresh air, planting inspiration and the joy of being back in a garden,' says National Garden Scheme Chief Executive, George Plumptre. To find a garden near you, go to https://ngs.org.uk/march-gardens/

Reader Offer: National Garden Scheme Garden Visitor's Handbook 2022



Here's a great discount for all garden lovers. Save £3 on the RRP of the 2022 National Garden Scheme, Garden Visitor's Handbook (normal price £14.99). This iconic yellow book is the essential county by county guide to over 3,500 fabulous gardens, many of which are not normally open to the public. With exciting additions in Northern Ireland and the Channel Islands in 2022 this is your definitive guide to affordable days out and inspirational gardens that help support some of the UK's best-loved nursing and health charities.

Order yours for just £11.99 (excludes postage and packing) via the National Garden Scheme website www.ngs.org.uk/shop using the code QNI22.

QNI Pets

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

1. Paulene Scott's cat, Boo, left, is a rescue cat. 'I was told she was hard to home as she was an aggressive cat and I was told I could bring her back. I stated that would not be happening. She was terrified and aggressive and had obviously been abused. I left her to take things in her time and way and now I am under her control. She is a real boss but still afraid of a lot of people but I love her!
2. Millie Pickering's puppy Sasha was born in October 2021, 'She is lots of fun and growing so fast. She is a typical Labrador and loves her food and walks. Not so great on sleeping for very long at night though. She is a funny and very friendly character ready to play with anyone or other dogs she comes across. So affectionate and gentle with the grandchildren.'

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.

Thought of the day, by Laura Clarke QN/KIT volunteer

Life- is like a Camera:
FOCUS on what's important
CAPTURE the good times
DEVELOP from the negative
And if things don't work out
TAKE another shot!
…Or one of these shots if you like (🍷)

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.

Address changed?

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

QNI News as it happens - online

'Like us' on Facebook:
www.facebook.com/pages/The-Queens-Nursing-Institute/44646601406

Follow us on Twitter:
@TheQNI to stay up-to-date with all the latest QNI news.