

NORFOLK & NORWICH  
UNIVERSITY HOSPITAL

NURSES LEAGUE  
JOURNAL



2017



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# **THE NORFOLK AND NORWICH UNIVERSITY HOSPITAL NURSES LEAGUE.**

## **EXECUTIVE COMMITTEE AND TRUSTEE MEMBERS.**

Charity Registration Number 290546

### **2016 - 2017**

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Miss B Lee, Mrs. S. Rengert, Father I Weston. OBE.

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Mrs E Blaxell, Mrs D Collins, Miss A Copsey, Mrs M.R. Dolding,  
Mrs W Hobbs, Mrs. Pat LeGrice, Mrs R McNamara ,Mr M Surkitt- Parr.

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**THE NORFOLK AND NORWICH  
UNIVERSITY HOSPITAL  
NURSES LEAGUE  
EXECUTIVE COMMITTEE**



**Left to Right**

Margaret Allcock, Ruth McNamara, Mike Surkitt-Parr, Pat LeGrice, Vivien Aldridge, Elizabeth Blaxell, Wendy Hobbs, Doreen Betts, Mary Dolding, Hilary Barker.

Not Present Ann Copsey, Dawn Collins

## 2017 EDITORS' REPORT



**Doreen and Elizabeth at the 2015 AGM.**

Once again we have received praise for last years Journal and we thank those of you who sent these messages to us. This year we have again a variety of articles which we hope you enjoy. Please help us to keep the journal interesting by sending us your contributions.

*Elizabeth Blaxell*  
elizblaxell@hotmail.com

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## *A Message from the President*

Dear Members,

The 2016 reunion seems a long time ago but I do hope those of you who attended enjoyed it as much as I did. Time has marched on since then with some national and international events surprising us all.

By the time you read this the future of Brexit may even be clearer...

The League news is good with the publication of the 87th edition of the journal being the highlight of the year for many of us. Congratulations to Elizabeth and Doreen our editors for again producing such a high quality annual publication and also many thanks to all the contributors.



The work being done on our heritage collection is amazing with Margaret and Vivien working so hard to complete the challenge of collecting, researching, recording, indexing and depositing our treasures for safe keeping.

Our secretary Ruth has lead the committee in continuing to support our most senior members at Christmas time by making contact and delivering gifts and cards. I know this is all much appreciated.

All the committee members have worked hard again this year and I am pleased that we have attracted at least one member to come and see how we work as your committee.

A plan has been produced following a committee away day which, with the help of a facilitator, we were able to focus and agree a short term strategy. The main aims for the next four years include focusing on recruitment and promoting more involvement opportunities for members.

We are pleased to report that we have acquired a display cabinet within the hospital for general publicity, promoting the League. There is enough space to exhibit small displays from our collections too.

Cont.



## *Cont. Message from the President*

We have also started providing regular promotional stands within the Trust to generate staff interest.

A review of the website has been agreed.

We intend to establish common goals between the League, Trust, UEA and practising nurses to enable more collaboration.

We hope to offer members more opportunities to support the committee work by joining sub committees and to increase involvement for members at the annual reunion.

This is the final year of my three year term of office as President of the League and for me my most productive. I have learnt so much, had tremendous support from the committee and encouragement from members.

Thank you. Mary Dolding Dec 2016.

## **A MESSAGE FROM THE MEMBERSHIP SECRETARY**



Another year has passed and it's time for me to thank you once again for your letters and your news. I would like especially to thank those members who responded to my request in the journal to find life members that we had lost touch with, it was a great help. Many of you commented on how much you enjoy the journal. This year several members wished that they could attend the AGM but mobility, surgery and ill health prevented them from doing so. I hope that 2017 will be a better year for you. We do appreciate your letters and your news; the editors are always keen for news from the members.

The trustees join me in thanking those members that send their subscriptions when receiving the journal; this reduces the postal cost of sending reminders. Also we would like to thank those members that kindly send us donations as they are very much appreciated and help us with running costs.

Ann Copsey  
Membership Secretary.

# NORFOLK AND NORWICH NURSES LEAGUE TREASURERS REPORT, AGM MAY 14TH 2016

It doesn't seem a year ago since I gave my report and I hope its been a good year for you all.

I would like to give you my financial report for this year as the accounts have been audited by our Independent Examiner. Firstly, thank you again to all those who have once again sent generous donations for the league and to all who have paid their subscriptions for the coming year. We are trying to keep subscriptions down but with everything, especially the cost of printing the journal and the postage to get them to you is increasing every year it may be necessary to look at the subscriptions fee at some point in the future. This is why we need to continue to recruit new members into the league which is something the committee are continuously working on.

We have been left a legacy of £710 from B.Taylor who was a former member and treasurer for over 40 years. We as a committee decided to commission this wooden plate to be used every year at the Chapel Services for collections and therefore it will be a reminder of all that the league meant to her. Any remaining money may go towards the heritage of the league.



Our investments that we have continue to bring in a fairly good income again this year, especially as globally the economy is so unstable.

We have again this year sent vouchers or flowers to our very senior members and received so many letters of thanks and appreciation. We continue to fund money into our archives and heritage which we feel is so important to keep doing.

Overall we have enough funds at the moment in our current account without having to use any money from our Business and Investment accounts. I cannot foresee at this time any big lay out except for the cost of the journal and postage for the coming year. A copy of the accounts is available.

Many thanks for listening.

Hilary Barker (Treasurer)



# PROGRESS WITH THE HERITAGE SUB COMMITTEE GROUP

The Heritage sub group has continued to meet throughout the year. Our biggest task of the year was cataloguing all the old Journals that we have in our possession, producing an index and listing the few years that we are missing. The two folders have been deposited at the Archive Centre at County Hall, so these can be viewed by the public. The Journals are of great interest but may also be useful for someone who is trying to trace a relative or friend or is researching nursing. The archivist was extremely pleased with our efforts. We have also deposited another folder on the Royal visits to the hospitals. The Orthopaedic folder will have been completed and deposited by the time you read this Journal.

The next project is photographing all the uniforms we hold. Some are very old and need to be professionally cared for. Once photographed and catalogued we intend to offer to donate the items to the Costume Museum. We are missing the grey uniform dress of the 1950/60's. If anybody has managed to save their dress and would be prepared to donate it, please get in touch.

Other exciting news is that the Hospital has given us a wall display case and is situated in the West Atrium, very close to the "Stock Shop". We have our first items on show in January 2017 and we hope to be able to regularly change the display with items and stories from our past.

All this is made possible with donations from our members; and the sub group Mary Dolding, Elizabeth Blaxell, and Betty Lee.

Vivien Aldridge and Margaret Allcock.  
Leading Archivists.



# THE NABARRO MEDAL

---

This medal was named after diagnosed with diabetes as had been discovered. He in 1923 and lived for He dedicated his life to stigma attached to Alan was the first awarded the Joslin medal for 50 years. There was no time.



Alan Nabarro who was an infant, before insulin started insulin therapy 55years on insulin. trying to eradicate the diabetes. British person to be for living with diabetes British equivalent at that

DIABETIC LIFE, IT'S CONTROL BY DIET AND INSULIN BY R.D. LAWRENCE M.A., M.D., F.R.C.P. (London) 1934

QUOTE: *“Marriage is not dangerous to men, but if a family history of diabetes is present, the hereditary nature of the case must be considered and the possibility of the child developing diabetes. Women must be cautioned of the danger to themselves as well as to their offspring. The balance of opinion is that, while marriage cannot justly be forbidden, pregnancy is inadvisable in all but the exceptionable case.”*

*“Marriage is not dangerous to men”*

## PREGNANCY AND DIABETES IN NORWICH

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In 2015: Women with Type 1 and 2 diabetes were safely delivered of babies at the Norfolk and Norwich University Hospital.

Women with Type I diabetes: 40

Women with Type 2 diabetes: 28

The hospital runs a large, busy successful and well respected Diabetic Ante Natal clinic.

Thanks to Miss Katherine Stanley (Consultant) for these figures.

## JILL PEARL ORTON - A DETERMINED NURSE



Jill was born on April 30th 1938 to Leslie William Orton and Olive Pearl nee Beevor.

Jill was diagnosed with diabetes and became an insulin dependent diabetic at the age of thirteen. Sadly, her father, also diabetic, died on October 17th 1940, when Jill was two years old, during an air raid in Gt. Yarmouth. He had administered his insulin when the air raid warnings were sounded. He rushed down into the shelter without taking his food with him and died as a result of this.

Jill had regular follow ups with Dr. Oliver, one of the Consultants at the Norfolk and Norwich Hospital, St Stephens/ Brunswick Road. Her ambition was to become a nurse so Dr. Oliver persuaded Matron Watson to accept Jill for nurse

training. This was on condition that he looked after her, as he considered her fit for training. Jill was the first insulin dependent diabetic nurse at the Norfolk and Norwich Hospital, then known as the United Norwich Hospitals, to be accepted into training in 1956. Jill had no concessions during her training except for her meals.

These were prepared in the diet kitchen, supervised by Miss Capon. Barbara Robinson(nee Martin), who was in Jill's set, recalls she had a bedroom next to Sister Buckton's room and we all knew what to do if Jill became hypo. If her legs became sore, one of us would give Jill insulin in her arms at set times for a few days. She was only off sick once during her training and sat her finals with the rest of us. Barbara remembers Jill was always happy and enjoyed

## Cont. JILL PEARL ORTON - A DETERMINED NURSE

working on night duty which in those days was ten nights on and four off. She always took care of her diet, urine testing and units of insulin that required to be administered.

Jill continued working as a staff nurse until she left to get married. Her first marriage was to William Geoffrey Naylor (known as Geoffrey) on December 31st 1960 at Deneside Central Hall, Gt. Yarmouth. Barbara was asked to be her bridesmaid and later godmother to their son Laurence Michael, who was born by caesarean section on November 3rd 1961. In those days women who had diabetes were advised not to have children.

That marriage ended in divorce, so Jill along with her son Laurence, went back home to live with her mother at 6, Seymour Road, Gt. Yarmouth. Her second marriage was to Robert Humphrey Green in 1977 and she shared her life with him until she passed away on December 9th 2003. Robert died five years later in 2008.



Jill worked for many years at Northgate Hospital, Northgate Street, Gt. Yarmouth and was well known as Sister "Jill".

She was awarded the Nabarro medal given for living with diabetes for 50 years.

Laurence holding his Mother's Medal.

Margaret Allcock nee Zipfel, Vivien Aldridge and Barbara Robinson nee Martin.



## Alice Long Silver and The Bronze / Jock Carruthers Medals Update



We have had a good response from those members who were recipients of the above medals and thank you for getting in touch.

Members of the Nurses League Committee and Heritage Sub - Committee have been in touch with most people by visits, telephone calls and emails. There is still a lot more work to do from the feed- back and checking through information before it is ready to be deposited at the Archive Centre. We have also been told we can deposit the badges and certificates we have in our collection as well.

We have been able to compile a list of the years nurses were awarded these medals by newspaper cuttings saved and stuck into our two scrap books, by former members and more recently by getting in touch through the journal.

### Alice Long Silver Medal Missing Years

Our first recorded medal was 1920 then we have a gap to 1928. The remaining years are 1929, 1934, 1939, 1941, 1947, 1948, 1956, (1958 or 1959) 1963, 1967, 1968, 1969, 1970 and possibly 1971.

### Bronze/Jock Carruthers's Medal Missing Years

We are unable to find any records of when the Bronze medal was first awarded but a newspaper cutting held at the Archive Centre reports Nurse M.E. Jones was a recipient in 1928.

Missing years are 1929, 1930, 1934, 1939, 1941, 1943, 1947, 1956, 1966, 1967, 1968, 1969, 1970, 1971

If you are one of these missing years please get in touch. Sometimes the date engraved on your medal can be the year after your training dates.

Thank you once again for your help.

Margaret Allcock nee Zipfel and Vivien Aldridge. Leading Archivists.

# Nursing MEMORIES BY

**PATRICIA SLATER nee EVANS 1959-62**

After receiving her last journal, Patricia has made contact with us regarding her Jock Carruther's medal. She writes:

Thank you for the excellent journals sent to me each year containing news of past members, and more up to date articles of them, to help me keep in touch with the Norwich Hospitals.

I trained from 1959 to 1962 at the Norfolk and Norwich hospital and the Jenny Lind children's hospital, where I was Nurse Evans, known as 'PJ' because there was another nurse Evans in my set (no relation), although I did have five other relatives working at the hospital while I was there!



When I was on night duty at the Norfolk and Norwich hospital, I was asked to report to Matron's office after

my shift was finished. What had I done wrong I thought ..... to my amazement Matron Watson said that I had been awarded the Jock Carruthers medal for general proficiency. I felt pleased but shocked that I had been chosen instead of one of my other colleagues.



Cont.

**Cont. Memories by  
PATRICIA SLATER nee EVANS 1959-62**

The presentation of this award took place at the 1963 annual prize giving. It was given to me in a presentation box with my name Patricia J Evans engraved on the back.

I left in 1965 to train as a midwife at Worcester Maternity hospital, where I did Part 1 before moving to the Gables, Peterborough hospital to do Part 2. As soon as I had completed my training I went to work as district midwife at Wisbech, where my excellent teaching and experience with community midwives in Peterborough helped me so much with the new challenges of being responsible for mothers and babies myself. Working practices were changing in Wisbech so I moved back to Peterborough as a district midwife and stayed there until 1968. I left there and decided to move to Stratford on Avon maternity unit where I worked as Day Sister. until 1970. In January 1971 I met my husband at a local barn dance. I then moved to work at the Walsgrave Hospital, Coventry on the surgical wards, where I worked 5 days a week (no weekends!)

After a short while we got married and later left to have our first baby. I did not return to nursing until our daughter was eleven and the three boys were in their teens. I went on to a return to nursing course because I had been out of nursing for over 15 years. I soon managed to catch up with the changes and worked as night sister in a local nursing home. After 16 years I decided to retire and look after my own elderly relatives.

August 2016

**Date for your Diary**

**Thursday 11th May 2017**

**Norwich Cathedral**

**Evening Thanksgiving Service**

for nurses to mark Nurses Day on 12th May.

## NORFOLK AND NORWICH HOSPITAL



# THE HIP UNIT 1968 to 1975.

The old Norfolk and Norwich Hospital played a crucial role in the introduction and development of Artificial Hip Surgery thanks to Mr. Ken McKee and Mr John Watson - Farrar who in the 1960's produced the first effective Artificial Hip Replacement.

This eventually led to thousands of patients from around the world being relieved of pain and immobility due to arthritis and related diseases.

Mr. McKee began experimenting with artificial joints in 1938 working with dentists and an engineering company in Norwich. The first operation was carried out in 1951. Later, wear tests were carried out in the Engineering Department at the Norwich City College for Mr. Keith Tucker.

Mr. Watson- Farrar joined with Mr. McKee and they created the 'McKee-Farrar Prosthesis' which was a Titanium metal to metal joint. This prosthesis was very successful putting Norwich 'on the map' and attracting interest from around the World.

Another development was the 'Charnley Total Hip' used by some surgeons but was more likely to dislocate due to having a small head. Patients had to have a Charnley Wedge placed between their legs to prevent abduction, which made it difficult to turn patients as they were unable to lie on their sides.

The HIP UNIT opened in January 1968. The unit consisted of a single storey prefabricated building. Accommodation comprised of four rooms each with four beds and four single bedded rooms making a total of twenty beds. It had a large room which was used for Lectures, Physiotherapy and as a Patient Day-room. The building also had a kitchen, office, store room, bathroom, toilets and a sluice. The building was carpeted throughout, including the loos!



## THE HIP UNIT 1968 to 1975.

The light airy and spacious building was very different to the Nightingale Wards that we were used to at the time!!

### **UNIT ACTIVITY.**

The Unit was a 'cold' surgery ward where patients were admitted from the waiting list, rather than as trauma/emergency admissions. This was important in reducing the risk of infection. If the prosthesis became infected a potentially serious invasion of the bone was a risk to be dealt with. This might require months of treatment to heal and possible removal of the prosthesis, with the resulting stress and pain for the patient.

The nursing experience for staff was very varied and interesting. Examples of other surgery performed included all types of leg, knee, foot shoulder, arm and hand surgery. Mr McKee developed a Knee Joint replacement (a more complicated joint than the hip.) Other work included Spinal Fusions which required patients to be nursed in hand- made Plaster Beds for three months post operatively.

### **STAFFING**

Mr Tucker worked as a Houseman to Mr McKee and eventually returned as Registrar and then Consultant. Mr Phillips was also a Registrar and then Consultant. Mr Tucker and Mr Phillips produced their own Norwich Hip.

### **CONSULTANTS 1968**

Mr Ken McKee, Mr John Watson- Farrar, Mr Richard Howard, Mr Ian Taylor, Mr Roger Dee.

### **NURSING SISTERS**

Lynn Murphy was Sister in Charge when the unit opened and the team consisted of Registered Nurses, Enrolled Nurses and Auxiliaries. Students were not allocated to the work on this unit as it was specialised. Physiotherapists and Occupational therapists were an important part of this unit. Domestic workers were very much part of our team. No 'contracting out' of work in those days! Jenny Spinney followed Lynn Murphy as Ward Sister and Ann Hare nee Mylchreest



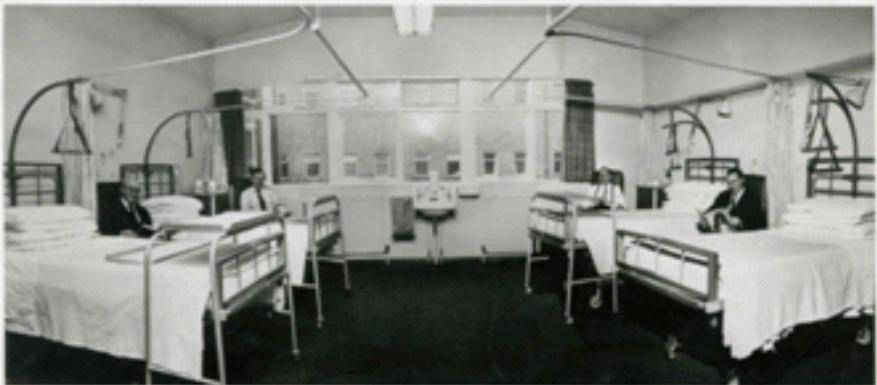
## THE HIP UNIT 1968 to 1975.

followed her. The unit moved to the new 'Tower Block' on September 15th 1975 and became known as Brooke Ward. There was only enough staff to cover that ward and two other orthopaedic wards being Acle and Alpington. Later, when Miss Wood, Nursing Officer managed to sort out extra staff the Hip Unit moved from Brooke to Barford Ward.

The Hip Unit was visited by many Surgeons from around the World. They attended Lectures, Clinics and Theatre and observed patients progress on the Ward. These surgeons were then able to perform the pioneering surgery for their own patients in their own Countries.

### **PATIENTS**

The original unit had a few beds for private patients. One patient was a delightful lady from Brazil. Her husband stayed at the Annersley Hotel and visited every day for some weeks! The wife of a gentleman patient from Greece also stayed at the Annersley. This patient was



a very private man and he refused to bathe without wearing his underwear. Prior to surgery he insisted on keeping his underwear on and his wife prepared his skin with oils! (Embalming oils were mentioned in Staff conversation at the time!!) Both these patients did very well. Another patient who did extremely well and was featured in the local newspaper was Phillipa Day. She was a Bluebell Dancer and



had been involved in a serious accident in Spain. She was unconscious for three months and became paralysed. Mr McKee operated and after six major operations she eventually walked down the Aisle at her Wedding with the aid of two artificial Hip Joints. A wonderful, determined young lady.

One of our first patients who was typical of many over the years was Archie, an agricultural worker who spent years driving tractors and carrying out heavy work. He had two extremely painful hips and nearly immobile. I shall never forget the first day he got out of bed. He cried and cried when he found he could walk again without the awful arthritic pain he endured for years. He was a very happy man when he went home!

Something that would be considered unusual today was the need to perform a tracheostomy to allow the administration of anaesthetic for two patients suffering from arthritis who were unable to extend their necks for them to be intubated. This was carried out 24 hours before their operations and removed post-operatively. This was before the advent of Epidural Anaesthetics! Both patients coped well and were pleased with their new hips!

### **POST OPERATIVE CARE**

McKee-Farrar Hip Replacement Patients remained in bed until their wound was healing, drains removed and they were afebrile for 4 to 5 days. They had a programme of exercises in bed and then were in with the Physiotherapists and walking when all was well. All patients were encouraged to dress and were assessed by the Occupational Therapists for bathing and the use of





stairs. Currently patients are up and mobile almost the day following their operation and returned home after 3 to 5 days. All orthopaedic patients had to wear anti-embolism stockings as they do now. We had a very nice representative who wore white 'TED' stockings and always provided us with delicious cream cakes.

### **MUNDESLEY HOSPITAL/CONVALESCENT HOME**

The unit worked very successfully, regarding rehabilitation with Mundesley Hospital. Patients were booked into Mundesley as they were admitted to the Hip Unit and were transferred, as required at approximately seven to ten days post-operatively for final rehabilitation before discharge. This enabled us to increase turnover of patients within the unit. Patients with good home support and mobility would be discharged home.

### **NOTE**

This article is just a snap-shot of the Hip Unit over eight years before moving to the 'Tower Block' in 1975.

The Hip Unit was a unique area to work in and was certainly very rewarding.

The Hip Unit became a Baby Unit as part of the Jenny Lind Hospital. Mr McKee retired in 1970 and was awarded a C.B.E. in 1975

Mary Harris nee English 1964-67

Staff Nurse on the Hip Unit before becoming Sister on Barford Ward.

Dated October 2016





# TEACHER OR NURSE?



## What should I choose?

These were the careers I considered upon leaving school.

A friend suggested that I wrote to the Matron at the Norfolk and Norwich Hospital to have a look around before making a decision. On arrival I was taken to Miss Watson's office where I was asked various questions including, have you ever seen anyone dead before? She also warned me that I would see some very unpleasant situations. This was a good start to an informal look around!

Miss Cator then gave me a tour of the hospital. Finally, she took me to the Sewing Room where I was measured for a uniform. The length of dress was measured 11 inches from the floor.

I went home that day and told my Mum that I have got to go there now as they have measured me up for my uniform! So that was it, I was to become a Nurse.

I commenced P.T.S in October 1964 and completed my training in 1967.

I became a Staff Nurse working on the Ear, Nose and Throat Ward for three months before specialising in Orthopaedics which I worked for 15 years. Ward 2, Female Orthopaedics was the first of them, where I worked until the new

Hip Unit was opened in 1968. I spent 8 years on this unit and loved it. When the New Block was opened, I changed to Orthopaedic Trauma working on Brooke Ward. I then worked as a Ward Sister on Barford (cold surgery) until 1983 when I left to have my son, Tom.



Since then, I have worked in the Private Sector. The last 10 years I worked at Caroline House which is now a specialised Neurological Rehabilitation Unit for people with acquired brain injuries.

I retired from nursing 6 years ago.

Mary Harris nee English 1964 ~ 1967

October 2016.

# Ward E at the West (1)

## ...Sister Laws - 1966

“Change List’s up”... the word flew round.

The change list went up once a fortnight. We always knew when we would be on it.

I was at the West and like a lot of nurses at that time, we dreaded being despatched to Ward E ... Womens Surgery, ruled over by one Sister Laws! Her reputation for being a nightmare was legendary!

But horror of horrors... there was my name.. Nurse Nieuwenhuis/Ward E. 3 months of Sister Laws. I also knew I was up for some senior night duty too. “I need a drink”!! I said to my friends. “Trowel and Hammer”.. ASAP!!

My friend, Faith, was down for Ward E too, so it wasn’t all bad. In trepidation we went to the ward for our off duty. I scoured the list but I couldn’t see my name. There was a Van Heusen but not a Nieuwenhuis. “That’s the only Dutch name I know”, Sister Laws informed me. I didn’t argue with her logic...

And so, I became Nurse Van Heusen for the period I was there.

Faith & I looked a bit alike and Sister Laws was always getting us muddled up if we weren’t on duty together, which led to some interesting moments.

Faith didn’t get on with her at all. She was a feisty Scott but a very close relative of Henry Blogg of Cromer lifeboat fame, Great Great Grandfather I think. She lost her temper once, when for some reason, Sister a hairbrush at her. Faith caught it and threw No, I don’t remember what happened



really  
Laws threw  
it back.  
next.

My mother had died, a few weeks before I drifted into Sr Laws’ radar. I think she became really fond of me & I adored her, even though at times she would reduce me to a gibbering wreck.

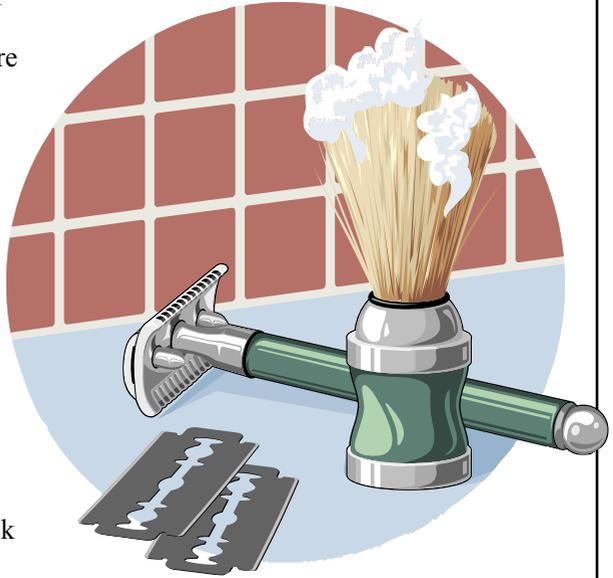
Like the time I was doing a through shave...

Cont.

## Cont. Ward E at the West (1)

... (yes we did through & top shaves for all abdo ops).

Suddenly, the curtains were swept aside. My hand slipped and nicked the skin as I jumped 10 feet in the air. Sister Laws peered in. She clapped her eyes on the speck of blood. "Nurse" she thundered. "How dare you butcher my patient"!!! "Well it was your fault, creeping up like that" said my patient indignantly. "Oh Gawd" I thought... "what now" but the curtain fell back into place and that was that.

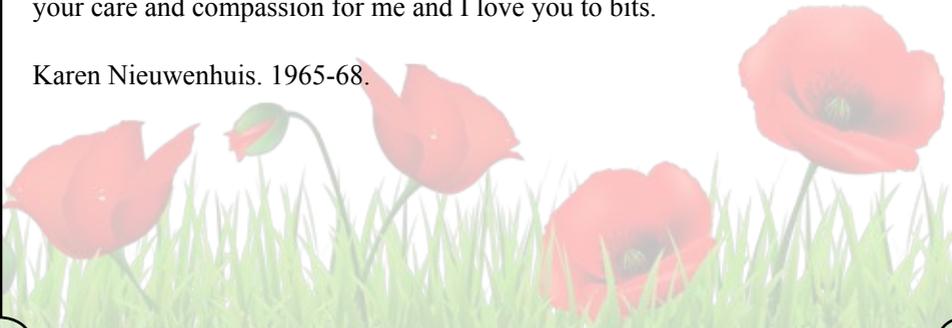


All the time I was at the West.. if I was within striking distance, I'd suddenly hear her shout to me at the top of her voice.... " How are you Van Heusen.."? It made me stop dead in my tracks and I'd wave.

Her bark really was so much worse than her bite and I always knew somewhere, underneath the starched apron et al, there beat a heart of 24 carat gold and when my Mum died at the age of 49, I was proved right.

Sister Laws..if you can see this, up there with the angels.. thank you for your care and compassion for me and I love you to bits.

Karen Nieuwenhuis. 1965-68.



# Its a Mugs Game

**AT THE NNUH NURSES LEAGUE AGM EVENT.**

ENTER The Best MUG COMPETITION for a chance  
to win a Great Prize.



**Bring the Mug with you to the AGM!**

All Mugs donated will be sold on the  
NNUH Nurses League Stall at the NNUH summer Fete  
in June 2017



## Journey of a patient following a stroke Niki Wyatt & Mary Downing

**Niki Wyatt & Mary Downing** introduced themselves as clinical Nurse Specialists for Stroke on ESD Norfolk (early support discharge team) of the Integrated Stroke Services for Central Norfolk. They work out of the Mulberry Stroke Rehabilitation Unit at the Norwich Community Hospital on the site of the 'old' West Norwich Hospital Bowthorpe Road Norwich, opened in January 2010 at a cost of £8million. Beech Ward (24 beds) is available seven days a week 8-5pm offering six month follow-ups.

Niki was appointed as a specialist nurse in November 2003 with a grant from Sanofi-Synthelabo & Bristol Meyers Squibb to help patients who have suffered a mini stroke - TIA (transient ischaemic attack) to avoid further attacks as research shows patients are seven times more likely to suffer a full stroke in the weeks following a TIA.

Mary is a community stroke care co-ordinator for the Norfolk Community Health & Care NHS Trust.

As both are nurses they wanted to illustrate the patient experience of stroke but with a particular reference to the role of the nurse along the journey.

Stroke, also known as cerebrovascular accident (CVA) or brain attack, is when poor blood flow to the brain results in cell death. There are two types, ischaemic due to lack of blood flow and haemorrhagic, due to bleeding resulting in a part of the brain not functioning properly. Sign & symptoms may include inability to move or feel one side of the body, problems understanding or speaking, feeling like the world is spinning, or loss of vision to one side among others. S&S often appear soon after the stroke has occurred but if symptoms last less than 1-2 hours

### Continued

it is known as transient ischaemic attack (TIA). Severe headache may also be associated with haemorrhagic strokes. The symptoms of a stroke can be permanent and long term complications may include pneumonia or loss of bladder control. The main risk factor for a stroke is high blood pressure. Others include smoking, obesity, cholesterol, diabetes, previous TIA and atrial fibrillation.

Early recognition to identify a stroke is very important. **FAST** = Face, Arm, Speech & Time when urgent 999 help is needed.



The pathway begins with the patient from home and presenting at Accident & Emergency where they are seen by a stroke alert nurse & stroke doctor from Heydon or Gunthorpe wards at the NNUH. Later they are referred to the ESD team or Beech Ward at the Community Hospital. When discharged home they are given a six month follow-up appointment and longer term care if required.

Questions were encouraged from the Members present as the lecture progressed. Two cases of people who had experienced a stroke were explained to show how different cases can be and how the nurses work with people who have strokes in Norfolk.

**Mrs A** was a fit and active 74year old very involved in the community living alone in her bungalow with two daughters living locally and grandchildren regularly visiting. She had no risk factors but she was with her daughter when symptoms occurred, loss of speech & unable to move the right side of her body, emergency

## Continued

services were alerted. With her quick presentation at the hospital she was met by the stroke alert nurse & stroke doctor on duty. CT scan was completed where it showed a left anterior circulation stroke (bleed) in the brain – TACS. A bleed means that thrombosis is not indicated so she was admitted to the stroke unit for observation & assessment. Here they found she was unable to move her right side, unable to swallow (dysphasia) and had difficulty making herself understood but could understand what was said to her (expressive dysphasia). Any speech difficulties are known as aphasia.

This type of stroke (clot or bleed) is the most serious type of stroke as it affects the entire aspect of the circulation to one side of the brain and therefore more significant disability can be expected from a stroke of this kind.

Her acute stroke care involved specialist stroke nursing ensuring her immediate needs were met with emotional and psychological support of her and her family. Information was shared with treatment maintaining skin care, feeding, and hydration including positioning and monitoring her vital signs.

Mrs A initially had fluids via a drip but then a nasal gastric tube was inserted due to swallowing difficulties. Some movement was regained in her right side but was still unable to speak but understood.

After a case meeting it was decided she would benefit from rehabilitation on Beech Ward (stroke rehab unit). Here she worked with stroke rehabilitation nurses who gave rehabilitation programmes, provided nursing care while monitoring her mood and liaising with her family. Physiotherapists worked on sitting balance and transfers including mobility while the occupational therapists practised to improve her function and reviewed her home environment and equipment needed on discharge. Speech & language therapists worked on communication methods and assessed swallowing. Before discharge the social worker organised care at home. Discharge from rehabilitation involves family meetings and discussions with the patient/ family and carer.

Patient wishes as to home destination are respected as most people choose to go home.

Mrs A returned home two months after her stroke with a package of care which included two carers twice a day and her family support. The Early Supported Discharge Team (ESD) for Stroke (NHS) provided therapy/nursing at home on discharge.

Mrs A was able to walk with help using collator frame with supervision. Help was

### Continued

still needed with thickened drinks and soft food. A pendant alarm and key safe was provided so she could raise the alarm should this be necessary. On discharge from ESD she had improved to manage with a carer x 3 a day and walking on her own with a frame. She was able to express herself enough to communicate her needs verbally. She continued with community therapies of speech & language, occupational and physiotherapists.

At her six months post stroke follow-up she was able to inform the staff about her stroke journey. She was still improving but would need help with her daily life. Mrs A was keen to get out and about again and planned to attend the Aphasia Cafe weekly with her daughter and Extend exercise classes.

Their other case was **Mr B**.

He was a 53year old taxi driver who lived in a first floor flat with his partner who did not work. Medical history showed him to be hypertensive 195/92 to be monitored for two weeks. He had high risk factors of smoking, drinking more than 4 units a day and a poor diet of fast food. His interests were the pub and darts.

His pathway involved a blue light to A&E where he was met by the stroke alert nurse and a stroke medic. CT scan showed thrombolysed with alteplase and he was transferred to the hyper acute stroke unit where he was found to have residual mild to moderate left sided weakness. He was mobilised using a stick but his dragging left foot required a declining splint. Some support was also required with personal/daily life activities due to left arm weakness but his partner was willing to help with these.

On day 4 he was referred to ESD where he had further assesses and his goals identified (walk, wash, dress unaided, return to his driving work and reduce the risk of further strokes) and was accepted by the support discharge team. An initial home visit was undertaken by the ESD nurse. At this time nursing issues identified were lifestyle factors, raised B/P and a low mood.

Actions to help improvement were:

Seven days of self-monitoring his B/P with medication of Perindopril (ACE inhibitor) commenced 3 weeks post stroke. The unit would liaise with his GP.

Liaise with physiotherapy to increase physical activity with referral to Exercise Referral Scheme.

Health education: self- efficacy support on diet, smoking, alcohol + referral to a smoking cessation service.

## Continued

On discharge from ESD following six weeks intervention: his B/P was 130/80, eating healthier, attending smoking cessation sessions, independently walking, washing and dressing. He had been able to return to driving a domestic vehicle but was liaising with DVLA about his work driving (taxi). Exercise referral continued. At his six month review he was found to suffer from fatigue, poor concentration, low moods and struggling to work. With this he was referred to a psychologist and Colman Outpatient service for vocational rehab.

In Norfolk a six month follow-up is provided to all patients who have had a stroke to identify any unmet needs or difficulties that need to be addressed. Such as: medical review, medication, secondary health prevention and improving quality of life.

In 2013 stroke was the second most frequent cause of death after coronary artery disease accounting for 6.4million deaths (12% of total). Overall,  $\frac{2}{3}$  of strokes occur in the over 65's.

About 3.3million deaths resulted from ischaemic stroke while 3.2million were haemorrhagic strokes.

About half of people who have had a stroke live less than one year.

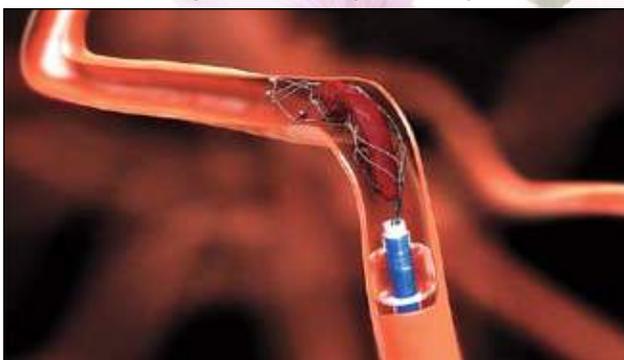
Mary & Niki were delighted to report one of the latest treatments carried out on patients at Addenbrookes Hospital and the first patient at the NNUH early May 2016.

Mechanical clot retrieval for treating acute ischaemic stroke is done for stroke caused by blockage of a main cerebral artery. Immediately after they are admitted

to hospital, patients have a CT scan and a CT or MR angiogram to confirm the presence of a major vessel occlusion.

The procedure is then usually done with the patient under sedation, but sometimes general anaesthesia is used. Conventional cerebral

angiography is done to show the exact location of the arterial occlusion. A delivery catheter is inserted, usually through the femoral artery in the groin, and



## Continued

advanced into the occluded artery using X-ray guidance. A clot-retrieval device attached to a guide wire is introduced through the delivery catheter to the site of the occlusion, to remove the clot and re-establish blood flow to the affected part of the brain. Many patients will also have had initial treatment with IV thrombolysis.

NICE interventional procedure guidance. (IPG548) February 2016.

### **Conclusion:**

Politically the NHS is facing new challenges daily, services are opening up to market forces, diverse and varied providers of care are developing. Stroke services are commissioned to NNUH at the moment.

Stroke patients have a need for coherent, comprehensive care, that is joined up and it is important that all those involved in providing that care today and in the future talk to each other.

As stroke nurses it is their duty to ensure that the NMC code of conduct is reflected in all that they do to ensure stroke patients have care, support and the services they need and want.

It is important to them that their stroke patients in Norfolk have the opportunity to recover and are enabled to lead the life they wish for as long as they are able.

Nursing & Midwifery Council (NMC - professional body for nurses) new code of conduct March 2016.

*Prioritise people*

*Practice effectively*

*Preserve safety*

*Promote professionalism and trust*

*And ultimately public protection*

Ruth McNamara (Secretary)

86th AGM Reunion Saturday May 14th 2016

# MR PASTRY

As part of his fund raising efforts to provide a swimming pool for disabled children, Richard Hearne, also known as Mr Pastry, called in for a swing at the Jenny Lind for Children in Norwich in February 1961.



*Do you remember this?  
Did the pool get built?*

## THREE GENERATIONS OF NURSES IN THE FAMILY

My husband Graham and I visited Anna Blacker née Capps at her home in Uley, Dursley, Gloucestershire, whilst we were on holiday in the area during October. We sat in her lovely sun room, which overlooks a beautiful fishing lake. This is where Anna spends a lot of her time. Graham was fascinated watching the grey squirrels running around. There were also a number of Nuthatches walking vertically up and down branches looking for bugs on a nearby tree around the patio and feeding from the containers whilst we chatted away.

Anna's mother Elizabeth Mary Capps nee Waite trained at the Norfolk and Norwich Hospital in the late twenties completing her training in 1930. Elizabeth went on to become a Sister at the Jenny Lind Hospital, Unthank Road and Kelling Hospital. She became a member of the Nurses League and always looked forward to the A.G.M's along with her friends.



Anna always remembers her mother talking about these meetings with great enthusiasm and this encouraged her to become a member. Anna attends meetings as often as she can due to the distance.

Anna Capps, known as Ann to her nursing colleagues, followed in her mother's footsteps and trained from September 1958 to December 1961. Her ambition was to become a Midwife and work in the district, so she was encouraged by Miss Watson (Matron) and Miss Hale (Sister Tutor) to go off and do her midwifery early. She went on to have 40 years of happiness as a District Nurse Midwife. Anna married Andrew Blackler, a dentist and went on to have a family. She told me that Andrew was an enormous joy and support in her life and they shared many happy years together before he passed away.

Their daughter Jane also went on to become a nurse and gained the same qualifications as her mother.

Anna has donated her mother's official group photograph taken outside the Leicester Home during the late 1929/1930's to the Heritage Committee. She has lent me some photographs to have professionally copied, to be included in our folders for the Archive Centre.

Margaret Allcock née Zipfel December 2016

# My Nursing Career

## from the beginning to retirement

Hazel Cieave née Northfield 1970-73

My nursing career began at the age of 16.

I left school in July 1968 and 1 week later commenced work as a pre student nurse [p s n] at Dereham hospital. I was one of five p s n's living in the nurses home. We wore a purple striped uniform dress with a starched white apron, and I had to learn how to fold my starched cloth hat.

I first worked on Ward A, where I learnt basic nursing care, and skills of interacting with patients and staff; taught by kind and caring Sister Wyatt, [and to this day, I enjoy a visit to see her each Christmas] We were also taught how to test urine using tablets in test tubes and litmus paper. We scrubbed and sterilised the metal bed pans. Occasionally one of us left the tap on which filled the steriliser, whilst doing other jobs, and then remembered when it had over flowed and was flooding the ward!!

The staff at Dereham hospital were like one big family, including nurses, ancillary, seamstress, maintenance and laundry staff.

We worked 45hrs per week, with one day off and another day finishing at 11.00 hrs. For this we received £10 per month, but board and lodgings were included. In the dining room, the Sisters sat at a separate table, and we waited till they had finished their first course before we could ring the bell for the next course to be served.

***“£10 per month, but board and lodgings were included”***



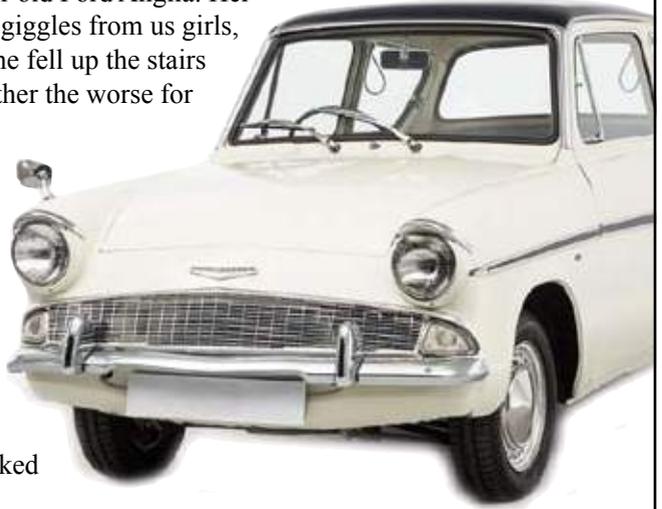
As the age of consent was 21, all pre-students were classed as minors, and night staff checked that we were in our rooms at 10pm, [whether we stayed there was a different matter.]

As my hobby was cycling, I had no problems getting home on my days off. Matron sometimes slept in her flat in the

## Cont. My Nursing Career

nurses home, so we tried to be on our best behaviour then. It was a traditional ritual that the pre-students attended midnight mass with Matron Highett, who drove us to church in her old Ford Anglia. Her driving provoked many giggles from us girls, as did the Canon when he fell up the stairs to the pulpit, looking rather the worse for drink.

Rhoda the cook also lived in the nurses home, and was good company when the other p s n's were on days off. [It paid to keep on the right side of the cook.] We had lots of fun, but also worked very hard.



Sadly one by one the pre-students left to start their training, and I spent my last few months at Dereham as the only p s n; but I was never lonely, as there was always a member of staff with a cheery word, or an invitation to their homes for a meal.

I spent one and half happy years as a p s n, until I commenced my S R N. training in Feb 1970 at the N and N. My wage was £26 per month, and out of this we had to buy meals.

We were a small friendly set, and soon got to know each other well; and after spending 6 weeks in P T S together, looked forward to meeting up again in study blocks. The girls and lads supported each other well, especially when revising, and we usually ended up chilling out at the 'Trowel and Hammer'.

The working week had now been reduced to 40hrs, giving us two whole days off. We were one of the first sets to take our practical assessments on the wards instead of in the classroom, which pleased us all. Ward placements lasted approximately 6 weeks and my first ward was mens surgical, which I thoroughly enjoyed.

## Cont. My Nursing Career

The age of consent had now been lowered to 18, but we still needed late night passes if we intended staying out later than 10pm; although we had our ways of getting in ;including one nurse keeping home sister talking whilst the others crept in.

We worked on all wards at the N & N, West Norwich and Jenny Lind hospitals; and my favourite ones were surgical and burns and plastics.

Each year we had to pass our block tests to receive the next years belt. Lilac was for second year and burgundy for third year, and with each belt came more responsibilities. Although three years seemed a long and daunting time at first, they flew by and all too soon we were waiting for our final exam results.

Fortunately in February 1973 I passed, and was proud to become a State Registered Nurse. I was given a uniform permit entitling me to wear a staff nurse uniform, which the seamstress then made for me. These were light blue dress, with starched apron and starched hat with a lace edge and a black belt.

I next secured a staff nurse post on Ward E at the West Norwich Hospital. Another happy year was spent on Ward E with Sister Jude, who gave me confidence and experience in all aspects of work as a staff nurse, giving me a good foundation on which to build my career, and for which I am truly grateful. My take home pay was now £80 per month. At this time the bulk of the workforce was mainly student nurse with only a few trained staff organising the work.

In 1973 I married Howard and was living in Dereham, so transport to work was my old Lambretta scooter.

After a year as a staff nurse I was successful in obtaining a night sisters post, working three nights per week at Dereham hospital. Nights worked well giving me a chance to start my family. Andrew was born in 1976 and Karen

in 1978, and after returning from maternity leave was allowed to work two nights per week. I added to my experience by working seven and half years as a night sister, and now the working week had decreased to 37½ hours.



## Cont. My Nursing Career

Next I felt I needed another challenge so when my youngest started play school, I was able to accept a part time post as a sister on the District, and was able to increase to full time when she commenced school, where I have worked for the last 35 years.

I have been very lucky to be able to change jobs at the right time to fit in well with all family life. In 1983 I was lucky enough to be accepted on the last district nurse course to be held in Norwich.

Firstly I was relief nurse in the Dereham area, so was able to get acquainted with all the surgeries. Eventually we were attached to surgeries [mine being Orchard surgery], where I gained excellent working relationships with G P's, Practice Nurses, clerical staff and of course my colleagues. This gave good continuity of care for the patients. [which has now been sadly lost with all the current changes].

In 1993 I received my 25 years service award, in the Benjamin Gooch Hall in the old N & N and 2009 my 40 years service award at Dunston Hall.

I have thoroughly enjoyed my nursing career, especially District nursing, where it has been a privilege to care for people in their own environment. I now feel it is time for me to retire, and be free to spend more time with my family especially my three grandsons.

So after working 48 years for the NHS, on the 30th September 2016 I retired, and was overwhelmed by the number of colleagues, past and present, who joined me for a meal, presenting me with flowers, a retro record player, and a brilliant cake.



# Winnie Rogers

## “Call the Midwife”

When we met together we sat in Winifred Rogers beautiful home overlooking Reepham Market Place.

Winnie knows Reepham well and loves this place. Her father was Rector here from 1955. Later Winnie became well known, highly respected and a local favourite when she practised as a Midwife, Health Visitor and District Nurse.

Winnie was born in Liverpool. She was a frail child, suffering from TB and was moved to a Cottage Home for children without parents. (Her mother had died of TB and Winnie was alone.) She has memories of a good secure and loving experience in the Home. There were eight to a dormitory and it was like “growing up in a village” The Senior House mother wore a blue frock and pinafore and the Deputy was similarly dressed in brown. Winnie claims she was “very happy” and had no sense of having been “rejected.”

In 1949 Winnie was first fostered, and three years later adopted by the Reverend George Hurst and his wife Marjory. At the time they lived in Blackpool. They already had two sons Michael and Christopher.

The Family very soon moved to Hockering in Norfolk and shortly after to Reepham when her Father was appointed Rector. Winnie remembers the Rectory in Mill Road as being “Freezing”- it was almost impossible to keep warm!

When she was 16, Winnie started a Pre Nursing Course in Lowestoft. From there she moved to the Norfolk and Norwich Hospital where she trained as an SRN. She lived in the Nurses Home and thoroughly enjoyed the life. As she reflected on the definite fulfilment and purpose she found in this work, she remembered that her natural mother had also been a nurse; probably she had inherited her mothers gift for care and healing. It was Winnie’s natural vocation or calling.

When asked what it was about nursing she so enjoyed Winnie replied “I was lucky. I found my niche from day one!”

She loved working with both professionals and a variety of different people as patients; being a natural communicator she loved being with people, talking and encouraging her patients to converse with her. It was if they had become friends.

Winnie trained for a spell in Queen Charlotte's Hospital. She lived in Ladbrooke Grove, north of Hyde Park in London and later moved to the Chelsea Hospital for Women. Her time there coincided with the era of "Call the Midwife." which many of us will have greatly enjoyed on our televisions recently. Like the Midwives shown in the programme Winnie cycled through the streets of the London to care



***Her time  
there  
coincided  
with the era  
of "Call the  
Midwife."***

for her mothers and new babies. When asked she replied "yes! It was absolutely true to life" Winnie continued to nurse in London for a time.

In the early 60s she moved to Cawston in Norfolk where she acted as combined Health Visitor, Midwife and District Nurse.

In 1970 Winnie married John Rogers and in 1981 gave up Midwifery.

She cared for and delivered many whom she still meets on the street of Reepham. She continued to have a very happy married life until John died a few years ago. Now living alone, Winnie finds life in Reepham a lively experience.

She enjoys seeing her friends, quilting and pottery and pops in to open churches. As she speaks her eyes twinkle and her face lights up. Here is a woman who has lived an active fulfilling life.

Reepham is blessed to have her in our midst.

*Written by Sue Page for Town and Country Reepham Benifice Parish Magazine. Feb. 2015.*

# Where are they?

Can you help Norma Goose find out what has happened to the set of 1949 – 1951?



**Back Row.** Rosemary Martin, Tina Mann, Diana Oates (Todd) Ruth Thurston, Norma Pulford (Goose) Shiela Ramshaw, Betty Watson (Desborough) Olive Bower (Roach)

**Front Row.** Dulcie Hall, Joyce Nicholls, Ruth Bell, Sister Sporne, Eileen Aldridge (deceased) Rosemary Laycock (Clarke) Doreen Beck (Double)

Norma writes that she is in contact with all those with married names in brackets. She would love to know what happened to and where are the others?

Please contact the Editors with any information and they will pass it on to Norma.

## Norfolk Branch RCN CENTENARY CONFERENCE

This was held on 26th May 2016 at the Great Hospital, Norwich. The Royal College of Nursing marks its centenary this year and a special conference was held to pay tribute to the thousands of nurses who have helped patients across the county's hospitals.

The day began with coffee and viewing of the RCN exhibition followed by lunch.

Adrian Ing, Regional Officer for Norfolk for the RCN, introduced the afternoon's events which included a speech by Cecilia Anim RCN President. She said we should be proud of what we have achieved as nurses. She also spoke about her charity which is Nursing Scholarships For Nurses working in disaster zones.

Rod Spokes, a tour guide, gave an interesting talk on the history of the Great Hospital. This was followed by the Deputy Director of Nursing NNUH, Dr. Padraig O' Luanaigh.

Participants then visited the grave of Edith Cavell at Norwich Cathedral, where Cecilia Anim laid a wreath.

Elizabeth Blaxell





# Talk given at the RCN Centenary

By Dr. Pdraig O' Luanaigh  
Deputy Director of Nursing NNUH

Madam President, distinguished guests, colleagues and friends, I am honoured to have the opportunity to be with you today to celebrate and mark 100 years of the Royal College of Nursing and a proud and remarkable history of nurses nursing. As a relative newcomer to Norfolk, today has been welcoming and informative - to learn of the historical nursing significance of this region and I am grateful that I will have the opportunity to pay respects at the grave of Edith Cavell later today. In preparing for today's talk I have reflected on all those good nursing colleagues who supported me and provided me with opportunities to learn and develop; to those colleagues who believed in me and created the environment for me to gain experience, knowledge and confidence – very often when I was not even aware that they were doing so - it is only right that I also acknowledge them now for allowing me to become the nurse I am today.

My comments today are not original; but they are my own and while not clever or revolutionary; I hope they will resonate with you.

Last week I asked my daughter what I should do for today's talk – she said it was simple, just smile, make them laugh but don't use Powerpoint – do something amazing instead. The joy of being 14 years old – the belief that the ability to do something amazing was such an easy thing to achieve.

We have heard a lot about health in the past few weeks with the debate about Europe – in or out, the NHS 'cash crisis', access to mental health services, student bursaries and comparisons about the amount of GDP the UK spends on health care compared to other countries.

NHS Improvement recently talked about consistently safe, high quality, compassionate and financially sustainable health services. It is clearly not a choice between safe quality care at all costs; it is safe quality care and contained costs. The choices are difficult – I want the very best NHS service but I also don't want to pay higher taxes.

We also got sight of a new strategic framework for nursing, midwifery and care staff – Leading Change, adding value or as I read it – we are the solution not the problem.

As I think about the current health and nursing environment I am drawn to the often quoted piece from a tale of two cities ... well I did say there was nothing original...

It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair, we had everything before us, we had nothing before us, we were all going direct to Heaven, we were all going direct the other way.

With the scale and magnitude of the challenges facing our health service it is very tempting to retreat into the safety and nostalgia of our past glories and to a significant degree rose tinted memories of the good old days. But we are in the here and now and more than ever nursing needs to be able to adapt and evolve.

We frequently make the mistake as nurses of forgetting that only nurses are actually interested in talking about nurses.

However, it would seem that everyone has an opinion on nursing, how it should be done, education, regulation and of course when there is no one else around nurses can and will do it.

The best of times or worst of times?

I sincerely believe it is in fact the best of times – and I only believe this because nursing and nurses offer the only credible and sustainable way to move our health services forward.

But we must be clear about what it is that we offer and we have to resist our profession's default position of not believing we are good enough and consequently allow ourselves to become ineffectual bystanders as others influence how health services are developed and provided.

We must as a profession learn a new language and talk of productivity and efficiency, that focuses on patient outcomes – we must be seen and understood as the solution not the problem.

Frequently nursing is the canary in the cage – a proxy for all that is good and bad in our health system – with so called nursing indicators reporting on everything from who says hello to the quality of hospital food.

Yet of course nurses frequently find themselves without a voice or ability to influence and lead change or improvement. I have three times in my career had to argue and make the case for nursing leadership positions and the executive nurse role and I am confident I will do so again in the future.

While frustrating and challenging, the argument for the value of nurses and nursing leadership in enabling quality care with good patient and clinical outcomes is easy to make – with over forty years of research and evidence to draw on to do so.

But is it just me who finds that evidence is often only valued or acknowledged when it supports the prevailing views of the day?

Nursing is a force for change because we are the largest health workforce, educated, professionally regulated and trusted.

But these elements are not enough we need to confidently articulate as a unified profession what we can and do offer and provide.

As we think about nursing today and into the future we see the need to find ways to provide integrated and seamless care across a fragmented and often uncoordinated health system.

Our practice and working environments are constantly changing and evolving with new treatments and technologies driving change.

Across a broad range of settings, today's nurses are using their knowledge and skills to make complex decisions for sicker, frailer patients while delivering flexible healthcare solutions to individuals, families and communities.

As we are all aware our current health services are challenged by for example :

- population growth and ageing
- health workforce constraints
- scientific and technological advances
- increasing health costs driven by these advances
- the increasing burden of chronic disease
- increasing consumer expectations

As nurses we must act as full partners in clinical redesign efforts, be accountable for our own contributions in delivering high-quality care and work collaboratively with leaders from other health professions.

Being a full partner involves taking responsibility for identifying problems and areas of system waste, devising and implementing improvement plans, tracking improvement over time and making necessary adjustments to realise shared goals. For example, the case for hospital avoidance initiatives and efficient patient discharge are seen as solutions to ever increasing demands on hospital services. Nurses have huge potential to support the design, development, implementation and delivery of these services.

However, in our eagerness as a profession to be part of new ways of providing services we must not lose sight of our nursing heritage and professional grounding. We have seen significant increases in specialist and advanced nursing roles but we must always be focused on the maxi-nurse than mini doctor.

We must guard against fragmented and proceduralist roles where the comprehensive and humanistic nature of nursing is not enabled or encouraged.

Our challenge in health care is to truly put the patient at the centre of any service we are designing or providing. We will all have experience of how when you genuinely do this the solutions and approach to providing a service is obvious. We have long spoken about service-led or user-led health care provision – this is nursing gift, to now influence and deliver user-led and patient centred services.

To achieve this we need to ensure that nurses are enabled to work to their full regulated scope of practice.

We must have the courage and ability to question unnecessary constraints and blocks that prevent nurses from nursing. Nurses are well placed to collaborate across the multi- disciplinary team by virtue of their numbers, professional knowledge and adaptive capacity, and healthcare organisations will benefit from taking advantage of the full contribution nurses can make.

We have and know the evidence showing significant cost benefits and improved health outcomes through the expansion of nurse-led clinics, procedural services, streamlined referral pathways and alternative models of care across the health continuum.

It is important for us to remind ourselves of the evidence in terms of the impact of nursing care on clinical outcomes such as:

- Having a clinically appropriate proportion of registered nurses in the mix of providers has been associated with shorter length of stays, lower rates of shock and cardiac arrest, urinary tract infections, pneumonia and respiratory failure
- In-patient mortality is reduced when care is provided by a multidisciplinary team which includes registered nurses
- A clinically appropriate proportion of registered nurses on medical-surgical units has been associated with reduced medication errors and wound infections
- The presence of registered nurses in long-term care facilities has been associated with reduced adverse outcomes, including pressure ulcers,

hospital admissions, urinary tract infections, weight loss and deterioration in ability to perform activities of daily living

And finally

- By increasing the number of entry points to care, coordinating care and assisting patients in navigating the healthcare system, registered nurses as part of the multidisciplinary team are reducing wait times and providing timely access to health services.

True nursing innovation does and will only happen when nursing is absolutely clear about what we offer.

Despite the frequent criticisms of nurse education and their preparation for practice, nurses do graduate as a flexible, comprehensive and population focused beginning practitioner.

Assessment, clinical skills and an understanding of the health and social care systems are valuable foundations of our health and social care workforce.

Nursing innovation in providing safe, quality person centred care is within all our abilities and is enabled through our regulated nursing scope of practice. Frequently we view professional regulation as a barrier to innovation but the reality is that professional regulation sets us free rather than confines our practice.

Innovation arises when we challenge, question and are willing to take measured risks.

Nurses must be courageous, confident and entrepreneurial if we are to truly lead innovation in how health and nursing care is provided and delivered.

As individuals and as a profession we need to be able to define and describe what excellent nursing is – what does it look like?

We all recognise incompetence and bad nursing care – but we frequently struggle to describe good care and often when we do it is not recognised or celebrated.

I see nursing practiced every day and when I see nursing done well it is truly beautiful.

I visited Cromer hospital earlier this week and had an opportunity to see a range of outpatient and minor injury services enabled and provided by confident and efficient nurses. Nurse practitioners and nurses managing and maintaining an excellent minor injury service to the local community.

I also spent time with the team of nurse practitioners providing a complete and

comprehensive service to orthopaedic patients. These nurses were managing a case load of patients and providing valuable and complete care from admission to discharge.

I later stood in quiet respect on a medical ward as I watched a registered nurse spend time with an individual who had dementia - and whose face and expression lit up through the skilful and human interaction that nurse provided to them.

These examples are not about nurses, they are about the quality and care that individuals were receiving – nursing was simply the vehicle, the means by which those services were offered and provided.

Every day we see nurses leading the implementation of new approaches to assessing, managing and evaluating new ways of providing better care.

We continue to see developments in capturing and understanding the patient experience and how this intelligence can inform how we provide services and nursing care.

When we put the person receiving the service at the centre of our planning – we make a difference and get it right.

It was the best of times, it was the worst of times....

the future of nursing will be determined by individual nurses themselves – nurses are nursing and just as we, as people bring to nursing our personal qualities we also become nurses as our experiences and professional lives shape us.

Nursing is complex and the environments we work in are ever changing and present on a daily basis challenges and competing demands which cause us stress, frustration and at times despair.

Equally, I am reminded when I talk to colleagues that when nurses work together, question and think about what they do; the result is something of value that supports safe, positive and quality patient and client experiences - the beauty of nursing.



While I may not have done anything to amaze you in this talk - I hope today provides each of you with an opportunity to reflect and supports you in understanding and enhancing your own beautiful nursing care.

Dr. Pdraig O' Luanaigh



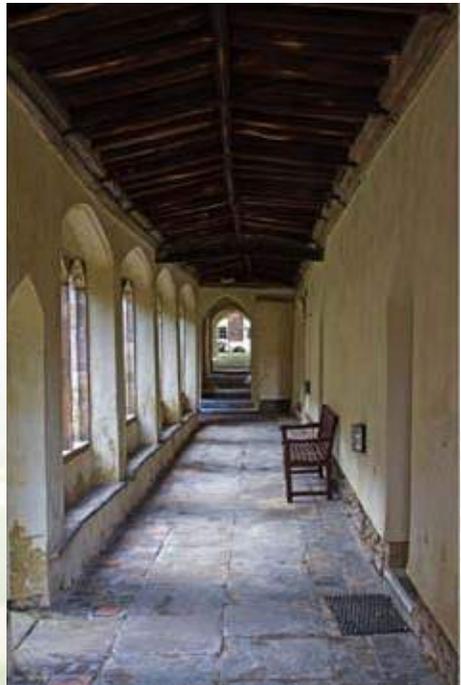
# The Great Hospital

Bishopgate, Norwich

The Great Hospital (St. Giles, as it was known in the Middle Ages) was founded in 1249 by Bishop Walter de Suffield with the original beneficiaries being aged priests, poor scholars, and sick and hungry paupers. Clerics remained unmarried in this period so had no family to support them in old age. The poor scholars, boys selected on merit from local schools, were to receive a daily meal during term times. This was to continue until the boy had achieved a good grasp of Latin. With this help, bright, poor boys were given the chance to train as choristers or even to enter the priesthood.

Thirty beds were earmarked in the west end of the church for the sick and poor and thirteen paupers were to be fed at the hospital gates each day. Four Chaplains, a Deacon and sub-deacon, as well as a Master of St. Giles' were appointed. The hospital was modelled upon the Augustinian rule under which excessive liturgical ritual was discouraged to permit more time for charitable works. Nevertheless the Master and Chaplains were bound to sing three masses a day including one for Bishop Suffield's soul, as well as a weekly mass in honour of St Giles.

The internal appearance was radically changed in the 16th century when the east and west ends were partitioned off and divided horizontally to provide two wards at either end. The central area of the church was retained and used for worship as it still is today,



being both the chapel to the Great Hospital and the parish church of St. Helen.



Prior to this division, the chancel ceiling was lavishly decorated with two hundred and fifty two panels, each depicting a black eagle. The ceiling was thought to have been painted in honour of Anne of Bohemia who visited Norwich in 1383 with her husband King Richard II. This now forms part of the ceiling of Eagle Ward which has been preserved.

Henry VIII began the Dissolution of the monasteries in 1536. However, St.Giles evidently satisfied the commissioners that it was a viable charitable institution, but more importantly commanded the support of the rulers of Norwich. It is because St. Giles did not fall victim to the Dissolution that it's valuable archive evidence was not destroyed or lost and it's buildings were not converted to other uses.



The hospital developed dramatically from 1840 onwards, partly due to the growing problem of poverty in Norwich. In 1849 five cottages were built and another in 1889. Twelve further cottages were built in 1906 and seventeen more thirty one years

later. 1937 seventeen cottages (Suffield Court)

Prior Court which consists of eighteen single and double flats designed to help people who need regular support, was officially opened on 24th June 1980 by Princess Alexandra.

The most recent accommodation, Youngs Green, consists of sixteen flats spacious enough for married couples.

The Great Hospital contains much historic and architectural interest. One of the smallest cloisters in England, a fine medieval refectory; St. Helen's House- with excellent examples of Georgian decorated ceilings; an 18th century swan pit and a large Victorian hall are examples of this.

### **SWAN PIT**

Swan Pit is a water filled enclosure where swans were fattened and eventually killed for human consumption. Selected wild cygnets had their wings clipped and bills cut into a distinctive pattern bearing the owner's mark.



For extensive information on the history of the Great Hospital, visit-  
[www.thegreathospital.co.uk](http://www.thegreathospital.co.uk)

Elizabeth Blaxell

# The Friday Walking Group

Fifteen years ago 3 recently retired Health visitors met for lunch in a pub and agreed that they would meet on the first Friday of every month to walk together and have lunch.

Eventually they invited and had requests from other retired health worker



Bluebells at Blickling

colleagues wanting to join.

15 years later the group is still going strong and meets every month.

We have retired health visitors, school nurses, practice nurses, staff nurses, clerical staff plus some husbands who often bring up the rear looking like something from the cast off Last of the Summer Wine. There are usually between 12 to 20 of us walking.

The actual membership has changed over the years as people leave and others join, get older or circumstances change.

We take turns to arrange the walks, test the walk, book the pub, test the menu and then lead the walk on the day. Quite a responsibility.

On the day we all hope for good weather but set out no matter what. It's never the wrong weather just the wrong clothes.

The places we visit are varied. We have walked by rivers, near the Broads, by the sea, National Trust park land, near the UEA. Through towns, villages and occasionally in Norwich City.

We have encountered and avoided cows, bulls, horses, dogs, brambles, stinging nettles, water and mud.

We have looked at ruins, admired lovely churches inside and out, enjoyed lovely leafy woodland, bluebells, daffodils and snowdrops.

We have lots of wild life including bitterns, swallow tailed butterflies, hares, deer and lots of birds large and small.

We have admired gardens and lovely houses as we walked through lovely Norfolk villages where we have also bought vegetables, fruit, honey and eggs. Sometimes whoever is leading the walk fits in a coffee stop and we are always up for the chance to eat cake!!

About half way round we stop for a break. Out come snacks to share, dried apricots, figs, prunes, fresh apple slices and sweets. All very healthy.



Drinking mulled wine at Rosary Cemetary

When the group was first formed each member supplied Rosemary, our leader, with stamped addressed envelopes and she would send out the instructions by post.

We have now moved into the modern age and do it all by e mail. Each member doing it for their own walk. It was scary at first but there is a sense of achievement when you get it right.

We usually meet at the pub where we will be having lunch. Setting out at about

10am and returning at about 12.30pm ready for a drink and food after having walked about 6 miles. Usually we have pre ordered the food so we don't have to wait too long.

It is all very sociable both during the walk and at lunch time and we chat and laugh all the time. We get to know about each others families, problems, ailments, celebrations, sadness and joy. We talk about our gardens, cooking, our holidays, our homes – we talk a lot!!

I think we all look forward to the monthly walk, being outside, in the fresh air, sunshine, rain (not so much) frosty days, visiting a nice pub and having a tasty lunch and enjoying the company of such a varied group of friendly interesting people.

Doreen Betts

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## TWO MEMORABLE DAYS AS A DISTRICT NURSING SISTER

In the 1980's we bathed our patients weekly. One particular gentleman asked me to bring him fish and chips to eat after his bath. On this day, as I walked up to the house, I noticed the curtains were still drawn and his cat walking up and down on the sill inside. The doors and windows were all locked and there was no access. So I duly went to a near neighbour giving her the fish and chips, to use her phone to call the surgery, who then called the police. In no time they all appeared including the CID and later on an ambulance. On breaking in to his house, we found that it was in chaos, but no sign of my patient. We eventually found him wedged under his bed, soaking wet and unrecognisable but still alive. The police thought that he had been attacked, but it appeared that he could have had a "brainstorm" and had turned the room upside down. Sadly, he died in hospital a few days later.



Another day, I went with a GP in his old CV car to a plane crash in a field! It was an adventure and fortunately, no one had died.

On both occasions I still had to finish all my other visits.

Wendy Hobbs (nee Seely) 1958- 1961

# *Edith Cavell*

## *Remembrance Service 2016*

The annual Remembrance service for Edith Cavell was held on Saturday 8th October, 2016 at Life's Green before the new memorial stone (which was blessed and dedicated on Sunday 15th May 2016).

It was a smaller and much quieter ceremony this year with members from the Nurses' League in attendance together with four senior nurses.



The service was conducted by the Dean of Norwich Cathedral the Very Reverend Jane Hedges.

This inspiring address was given by Nick Miller, Keeper of the Cavell memorabilia for St. Mary's church Swardeston. (standing in for Rev. Paul Burr, Vicar of St. Mary's who was indisposed.)

At this exact time 101 years ago Edith Cavell would have been sitting in the Belgian Senate chamber. She was listening to the trial (conducted in German with French translation) of the thirty five people who had worked in the underground YORC network in Belgium. Her part of the trial had lasted about ten minutes. On Monday afternoon (October 10th) she would have learned her sentence-execution by firing squad on October 12th at 7am. for having helped over two hundred men to escape occupied Belgium to join the Allied forces. What would she make of us gathered her today remembering her? I think we

have a clear indication of her view. The Anglican chaplain in Brussels who visited her in her cell late on the evening of October 11th said “we will always think of you as a heroine or a martyr.” She retorted “Don’t think of me like that. Think of me as a nurse who tried to do her duty.”

As I ponder her life, this proud Norfolk woman continues to humble me, challenge me, and encourage me. I am profoundly grateful that she did what she saw as her duty, following her Master, Jesus, even unto death. So a few thoughts on **Edith Cavell as a model for us today.**

We have just read from ST. Paul’s letter to those in Rome who had committed themselves to follow Christ. Immediately before his extraordinary statement “Nothing (including death) can separate us from the love of God) (Romans chapter 8 verse 38) he had reminded the Romans that:



*“God has called us to be conformed to the likeness of his Son”. (chapter 8 verse 29)*

A little later in the letter he reiterates this: *“Do not be conformed any longer to the pattern of this world but be transformed by the renewing of your mind. Offer your bodies as living sacrifices, holy and pleasing to God”. (chapter 12 verses 1 and 2)*

For me these words tie in with Jesus’s last teaching to his followers before He set out for the Garden of Gethsemane for His execution. *“Remain in my love. Obey my commands as I have obeyed my Father’s commands. Love one another as I have loved you. Greater love has no-one than this that he lays down his life for his friends”. (St. John’s gospel 15:9-13)*

Edith Cavell exemplifies this Christian discipleship- a life centred, not on self, but on love for God and love for her colleagues in her Clinique and the Belgian people and the soldiers she treated and helped. She worked at “shaping” her life to be like the life of her Master she followed, according to His pattern. Imitating Jesus is at the heart of her commitment to what she saw as her duty, her responsibility for others so that the many needy around her might be helped to a better place. He taught and lived radical and transformative love for both neighbours and enemies;

she sought to follow. This, I believe. Underlies what she said just before the chaplain left her: “*Standing as I do in the light of God and eternity, I have realised that patriotism is not enough. I must have no hatred or bitterness towards anyone.*” This has echoes of Jesus’s prayer on the cross: “*Father forgive them for they do not know what they are doing*”. (Luke’s gospel Chapter 23:34).

St Paul says “*be transformed by God’s Holy Spirit, not just pull yourself together and transform yourself.* This transformation is an ongoing process- the Greek actually says “*Go on being transformed, (moulded, shaped).* Edith’s life, her moral backbone”, was transformed over many years by regular worship and private prayer. A key part of her learning how to live was from the 14th century monk Thomas a Kempis, in his book *Of the Imitation of Christ.*

Each of us has to make choices about what we let shape our lives and what we prioritise in terms of values and conduct. Each chooses, consciously or unconsciously, who will be our models – parents, siblings, school friends, teachers, trainers, work colleagues - maybe, for some today, pop stars or sports icons. Some, sadly, are moulded or even coerced into ways of life which are far from what they may have dreamed – neglected, exploited, led off track.



Edith Cavell used the time after the evening meal in her Clinique to share with her nurse trainees and other staff what she had found to be sure foundations – for their ethics, their life styles and their caring.

Maybe today we can reflect on what we might have shared with her, and what, from her experience, she might offer us as advice as to how we are to live.

She would be the first to acknowledge, I believe, that she could not live the way she did without the empowering of God day by day. No doubt she would also admit that she got things wrong. She ends her last letter to her nurses; “*I have been perhaps sometimes been too strict but I have loved you all much more than you know*”. We remember and give thanks for her today, both as a pioneering nurse and a fine “model” of Christian living.

Nick Miller then read a poem written in this last year for St. Mary's church, Swardeston.

**Norfolk's Daughter**

*Dawn in East Anglia  
and the Devil had already  
spat on the blackberries.  
In your father's churchyard,  
hedgerows dripped tears,  
leaves, bright as Easter's candles'  
mulched into loam,  
rosehips remembered roses.*

*Light minutes before,  
far out beyond the lappings  
of the Maplin Sands,  
you'd woken, dressed,  
sealed up your letters,  
knelt before your Lord  
to pray for courage,  
bless your enemies, your friends.  
Then shriven, walked out  
Into that grim yard  
and stood, once more,  
beneath Swardeston's great elms  
and, at a cockerel's crow,  
grasping Christian's pilgrim staff,  
strode through the raging flood  
to the Yare's further bank.*

*Avril Newey 2015*

A wreath was laid by a representative from the Belgian Embassy and the Deputy Lord Lieutenant of Norfolk. Wreathes were also laid on behalf of military and civilian organisations.

Ann Copsey laid a wreath on behalf of Betty Lee for the London Hospital and the Nurses' League and Liz Hogbin laid the wreath from all Norfolk nurses.

*Elizabeth Blaxell*

# 2016 AGM SNIPPETS



# 2016 AGM SNIPPETS



# You're Joking!

A panel of Doctors were asked for their opinions concerning a proposal to build a new wing to their Hospital, this is what they said...

- The Allergist said to scratch it.
- **The Dermatologist preferred no rash moves.**
- The psychiatrists thought it was madness.
- **The Radiologists could see right through it.**
- The Gastroenterologists had a gut feeling about it.
- **The Neurologists thought that the admin had a lot of nerve.**
- The Obstetricians stated they were labouring under a misconception.
- **The Ophthalmologists considered the whole idea short sighted.**
- The Pathologists yelled “over my dead body”.
- **The Plastic surgeons said that puts a whole new face on the matter.**
- The Podiatrists said it was a step forward.
- **The Urologists felt the scheme would not hold water.**
- The Surgeons decided to wash their hands of the whole thing.
- **The Anaesthetists thought the whole idea was a lot of gas.**
- The Cardiologist didn't have the heart to say no.

*Sent in by Norma Goose*





## **Changes to Membership 2016**

### **New Members**

Mrs Joanne Ashford, nee Judd, Service (92). Mrs Bridget Boom, nee Bishop, 1973-75.

Mrs Mary Bray, nee Kemp, 1966-69. Mrs Ann Forder, nee Neave, Service (64).

Miss Josephine Fox, 1959-62. Miss Sheila Ginty, 1974-77.

Miss Jacqui Howe, 1974-77. Miss Veronica Larter, Service (65).

Mrs Daphne Parry, nee Crisp, 1950-53.

Mrs Pamela Parsons, nee Wickham, Service (71).

Mrs Sandra Stevenson, nee Nichols, 1975-77.

Mrs Tarsem Uppal, nee Kaur, Service (91).

### **Re-instated Members**

Mrs Sylvia Aylmer, nee Lambert, 1953-56.

Mrs Patricia White, nee Turner, 1949-52.

### **Deceased Members**

Mrs Audrey Betts. nee Smith. 1943-46. Mrs Christine Bush. nee Westwood. 1942-45.

Miss M Chittock. (Canada) Mrs Noreen Cook. nee Grief. 1942.

Miss Daphne Dixon. 1947-50. Mrs Karolyn Hargreaves. Nee Garnham. 1964-67.

Mrs Barbara Hedley. Nee Waterson. 1944-48. Miss J Milk (Died 2013) 1964-67.

Mrs Margaret Mulley. nee Morely. 1938-41. Mrs Janet Pallett. nee Steel 1938-41.

Mrs Molly Preston. nee Shaw. 1949-52. Mrs Joan Smith. nee Blyth. 1940-43.

Mrs Bettina Worboys. nee Howard. 1942.

### **Resigned**

Mrs Pauline Steward. nee Richards. 1955-58.

# † *Obituaries*

## **Barbara Hedley** **1923 – 2016.**



Barbara was born in Norwich in 1923 and decided to become a nurse at a very early age.

Aged 17 she trained as a Fever nurse working during WW2 nursing patients in Anderson shelters.

In 1944 she joined the N&N Hospital to do her General training eventually working at the Mundesley Sanatorium where she stayed for 2 years.

When she met her future husband she moved to Wayland Hospital to be near him. They married in 1958. In 1970 after Walter's retirement they moved to Hunstanton and Barbara worked at Home Place, A convalescent home.

Barbara ended her days in Sheringham in Crossways Care Home where she was very happy and well cared for.

# † Obituaries

## **Pam Ford**

(Although not a League Member we have included a few words to mark her life and death at 84 years.)



*Spoken by Mike Flynn at her memorial service.*

When I started to think about what to say this afternoon I wasn't sure where to start. I was so sure that it was only just a few weeks previously that a group of us had enjoyed a get together. The few weeks were, in fact 8 months. We had all met up for an evening meal. Pam certainly looked virtually no different to the lady I had worked with for many years and I told her so. Little wonder she gave a wry smile, I'm actually 84 you know. I don't know what gave her the greatest pleasure. Was it that her appearance hadn't changed or that I had been so significantly wrong footed. Either way, the news of Pam's passing was certainly not something I was expecting to hear.

The first time that we had met and become colleagues was in January 1980 when I took up my appointment at the Norfolk and Norwich. She was always so helpful and it was sometimes amazing what she knew. But she wasn't going to tell you – you had to ask! It took me sometime to work out that with Pam it wasn't a case of Fortress A & E rather she was just someone who was just so focussed on making sure that her patients were always well looked after.

She certainly was of the old school and if she was here today she would be saying and what's wrong with that! She set herself the very highest standards, but expected everyone else to do the same. I think that she showed her true mettle to the wider world by coming back in retirement as an unpaid volunteer and pushing the book trolley around the wards. It was a delight to learn that she then went on to be appointed as one of the Trust's Governors. The one thing that I am sure of is that Pam wouldn't hold back in the Meetings was telling it like she thought it should be on behalf of the most important thing to the Trust, the patients.

I always think that times like this are both sad and glad. Sad because someone who we knew and who gave so much is no longer with us but glad because we were lucky enough to be around at the same time and benefit from the difference they made.



Front & Back Cover - Edith Cavell Rose

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