

NORFOLK & NORWICH
UNIVERSITY HOSPITAL

NURSES LEAGUE
JOURNAL



2019

THE NORFOLK AND NORWICH UNIVERSITY HOSPITAL NURSES LEAGUE.

EXECUTIVE COMMITTEE AND TRUSTEE MEMBERS.

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A MESSAGE FROM THE EDITORS

We hope you enjoy the Journal. We have tried to make it as interesting as possible. This year we have had only two contributions from members other than the committee. Please try to contribute something for next year however small, even if it is only a paragraph, to mark the 90th anniversary of the League with a special 2020 Journal.



Elizabeth and Doreen at the 2018 AGM.

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A Message from the President

Welcome to the 2019 NNUH Nurses League Journal; I hope you will enjoy reading it and join me in saying thank you for all the hard work the editors, Liz and Doreen have again put into producing such an impressive edition.



Another year has passed and I expect like me many changes have happened in your lives, some good and some not so good and perhaps you have had some really difficult adjustments to make. Change is a process that we have to regularly manage in our lives and I am grateful for my training and career in nursing which gave me good skills in managing change and taught me considerable resilience for anything I have had to face. My very best wishes to all facing change in their lives.

I am grateful to the League committee members who have again worked hard on all the usual projects and have introduced new ones too over the last year. Many of these new projects you will read about in the Journal.

We feel encouraged that the NNUH Chief Nurse Professor Nancy Fontaine has shown interest in the League. We are grateful for her encouragement and support and we look forward to working on projects together, continuing to promote and celebrating N&N nursing.

I hope to see you at the Reunion this year if you can make it and as always I would be happy to have your ideas and feedback on any of the work undertaken by the League.

Best Wishes
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A few words from the Membership Secretary

It doesn't seem possible that another year has passed and I am once again putting pen to paper. First of all may I thank you for your letters sent in with your subscriptions and donations, we love to receive them. Many of you comment on the Journal and how much you enjoy reading it especially if house bound through ill health and no longer able to attend the AGM/Reunion.

This year because of new rules on data protection it was necessary to write to you all asking permission to keep your details on our data base. Sadly 34 members didn't return their forms so we will be unable to send a Journal. I hope if any of your friends mention that they have not received their Journal and were expecting one that they will get in touch with me.

Finally the trustees join me in thanking those members who send their subscriptions when receiving the Journal, this reduces the postal cost of sending reminders. The facility to pay on line via the website is available for those who may wish to use it. Also we would like to thank those members that kindly send generous donations. They are much appreciated and help us with running costs.

Ann Copsey
Membership Secretary

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Pat LeGrice Retires as A Trustee

Pat LeGrice retired from being a Trustee of the Nurses League last year. We thank her for all the hard work that she has done for the League.

This is Pat's story...

When I started nursing at the Norfolk and Norwich Hospital.

I started Saturday December 1956, I had to be at the house by 4pm. The house was in Brunswick road, the back door opened into the hospital grounds.

Preliminary Training, three months, [PTS.]

I was met by the House Keeper Brownie, a lovely lady. We had to share a room with another colleague. I and two other colleagues had been at the City College on a Nurse pre nursing course. We had taken our 1st. Preliminary Exam and passed.



So we came out of school in 2 months and went out on to the wards. I was designated to Ward 3, [Female surgery] After 3 months I moved to the Female orthopaedic where there were many older patients who had fallen and fractured their femurs, it was a busy ward, but I enjoyed it.

Training continued in three month phases, which included the main operating theatres. We had lectures in the school of nursing, so we were off the wards to attend these lectures.

The "Change List" as it was called went up in the dining room. We all rushed to see which ward we had been placed to. I was placed on Ward 2, Female Orthopaedic, my second ward, which I enjoyed. And so it went on in 3 month phases, in between we went back into the School of Nursing. The senior tutor was a Miss Hale, who I remember very plainly walking very quickly and rubbing her hands. The sister who also taught us was Sister Varney.

The training also included three months of night duty, starting at 8pm finishing at I believe 8 am. We had a one hour break during the night, it was surprising how popular the airing cupboard was for a sleep!

**"In those days
there were 170
beds and 170
staff, now.... all
gone"**

I think we all enjoyed our three years of training and the wonderful friendships that were made. As with any job there will always be up's and downs, but that is to be expected.

After qualifying, I stayed on as a Staff nurse, working on several wards for two years. I then went to do my Part 1, in Midwifery at the British Hospital for mothers and babies in Woolage. Continuing onto Musgrave Park Hospital in Somerset as a staff nurse.

An opportunity came for a Staff Nurses post at the Old Adenbrookes Hospital in the casualty department, which I took.

I was offered the position of Sister at the new Adenbrookes site on the Orthopaedic/accident ward.

On getting married I returned to Norfolk and was offered a post at St. Michael's Hospital



Aylsham, in the Cottage hospital, where I stayed until our first daughter was born.

Sometime after the birth of our second daughter I met the Ward Sister I had worked with at Aylsham who asked if I might come back over the weekends doing nights as they were short staffed.

I was asked if I would work on the Rheumatology and Orthopaedic wards 1, 2, and 3, as a night Staff nurse, eventually being offered the night Sisters post.

Eventually the position of day time Patient Care Manager came up, to which I was appointed. A position I held until I retired.

In those days there were 170 beds and 170 staff, now all gone.

70 YEARS OF THE NHS 1948-2018

Members of the NNUH Nurses League had an amazing day on the 12th May 2018.

They celebrated International Nurses day and 70 years of the NHS during the 88th Annual Nurses League Reunion.

The annual service was followed by a presentation featuring some of the member's recollections of nursing over the last 7 decades.



The Committee members worked very hard to make it go well.

70 YEARS OF THE NHS 1948-2018

This was followed by a treat of afternoon tea. Items from our large heritage collection formed a delightful display. Every member attending received a keepsake to remember the day.

For more information about the League visit the display cabinet West Atrium Level 2.



Items from our heritage collection were on display.



We celebrated with tea and of course some cake!



Members attending were all given a Cotton Shopper gift to remember the day.

Basket Competition

The basket competition was well supported and proved that those who contributed had great imagination in their designs.



The winner was Bobby Weston. Her winning basket was a celebration of Megan and Harry's wedding

The baskets were used in a tombola at the N&NUH fete to raise money for the League funds. We raised £82.



WARTIME HOSPITALS IN NORFOLK in WWI

In Norfolk there were three main military hospitals set up in existing facilities; the Norfolk and Norwich Hospital, Lakenham Council School and Thorpe Lunatic Asylum. Some hospitals were maintained through voluntary contributions and some landed families opened up and converted their large homes into hospitals.

By the Armistice they had received 317 convoys and treated a total of 40,498 casualties of whom 23,484 were “cot” cases and 17,014 “sitting” cases. On average, auxiliary hospitals had about 20 beds. As the number of wounded grew, some hospitals were forced to open tented wards and find other billets for less ill men. In Downham Market some patients even had beds in the Public Baths.

Appeals for funds for maintaining hospital beds were made through the press.

Many firms such as Haldinstein, contributed to the welfare and comforts of hospitalised soldiers. Concerts, garden parties and other forms of recreation were arranged for the soldiers. Carrow workers maintained a constant supply of food and “comforts” for recovering soldiers through weekly collections. The girls of the Starch Packing and Paper Box departments dispatched a gramophone and a supply of records to the Lakenham Military Hospital.

Elizabeth Blaxell

Reproduced by kind permission of Kate Thaxton, Curator, Royal Norfolk Regimental Museum, Norwich Castle.

2018 Raffle Winners



The **NHS** a celebration of 70 years



**A Presentation by Vivien Aldridge
NNUH Nurses League Trustee & Retired Diabetic Nurse Specialist.**

At the AGM, Vivien opened the lecture by thanking League Members for their help in compiling the history of the last 70 years within the NHS of nursing and medical advances. She had sent to seven trained nurses, five of whom were in the audience, a questionnaire and received far more information than she could use. This has all been put into a folder of articles collected which will eventually be passed to Norfolk Record office for safe keeping. Betty Lee had helped with how it was pre-NHS remarking one of the greatest issues was that “they thought one size suits all” It was a very different world where consultants were in charge and each hospital had a Matron.

1948 (prior to 5th July) there were no routine antibiotics, cancer treatment, blood pressure treatments and obesity was rare – rationing. This was a very different world with health care at it's infancy. Care was sporadic, each hospital had its own management structure. The aim was for hospitals, doctors, nurses, pharmacists, opticians and dentists to be brought together under one umbrella organisation to provide services free for all at the point of delivery (Aneurin Bevan). From the beginning, the NHS was a major employer with 9,000 full-time Doctors – GP's had opted out remaining self-employed, 149,000 nurses/ midwives with 23,000 part-time.

Ruby Rayner (Garrett) 1949-52 remembers: Salary £96.00/annum with board and lodging provided. Working week 48 hours - 7.15am-9pm with a three-hour break or finish at 5pm making a varied working day. The day started at 6.45am breakfast with a register called by Night Sister. Matron did daily rounds of the wards checking areas/everyone on their appearance – shoes clean or hair out of place (too long)? Discipline was very strict. Visiting was restricted to three times a week 2.30-4pm. The first three months were in PTS & when transferred to the wards four hourly back rounds plus washing rubber draw/bed sheets was in the daily routine.

1950 prescription charges were introduced of one shilling (5pence) & dental charges £1. This was because costings were not correct and it was realised that they were spending more than planned – what has changed today?

1952 Male nurses were now allowed to join the register. Until this date male nurses had been held on a separate register. Historically men had worked in “mental health” institutions and were thought to be not so well trained or caring. Less than 10% of all nurses were male. WWII changed thinking but it took time for changes to happen. Fever Nurse’s register was started with separate training. **1953** Structure of DNA was revealed by Watson & Crick. In **1954** a link between smoking & cancer was established yet 60 years on people still smoke.

1958 start of preventative medicine with the launch of programme for Polio/ Diphtheria vaccination.

1959 Mental Health Act was passed with some of the stigma removed but it was still not treated as we hope they are treated today.

Jane Gascoyne (Frewer) 1955-8 remembers: salary remained at £96.00/annum with long hours. Having to queue up at Windsor House each month to collect her pay cheque & then take it down to Barclay’s Bank Orford Place Norwich to pay it into her account. In the Nurse’s Home all doors were locked at 10pm with no visitors allowed. If caught sneaking in/or helping a friend caused a lot of trouble for all. Jane was able to ‘live out’ after PTS as she had a widowed Mother, not usual as most people lived in. But in bad weather/snow Matron Watson allowed her to stay in the Nurses Home ?? making sure she got to work on time? Discipline was still strict. She has memories of visiting a slaughter house in her training and still has friends from these days. Once qualified she worked as a Ligature Nurse in theatre remembers making a TV programme with Mr Townsley. **1960** saw first Kidney transplant in the UK and in **1961** the contraceptive Pill was launched but only available to married women, but this law was relaxed in **1967** with the first Abortion Act.

1960 Men were also allowed to join the Royal Collage of Nursing for the first time. This had taken eight years after they were admitted to the Register.

1962 Mr Charnley was the hip replacement pioneer followed closely by Mr McKee at the N&N.

1965 Free prescriptions did not last long – charges re-introduced after a short time in 1965.

1967 Salmon report on Nurse training had wide ranging changes with the management structure of nursing and doing away with Matrons.

1968 UK's first heart transplant was performed at National Heart Hospital Marylebone London.

Monica Swan (Burroughes) 1962-5. Salary remained unchanged while working 9hours/day but now a day & half off each week. Three weeks annual leave a year. Discipline was still 'do as you were told' which lead to a roller coaster of emotions. Despite the endless bedpan and back rounds there was camaraderie where she had made friends for life. Changes were made in orthopaedics with hip replacement instead of arthrodesis. While working on Mr Birt's ward she saw the early days of heart surgery with the realisation that patients needed to get out of bed early in their treatment. So early mobilisation has been known about for years. Her daughter became a nurse which seems a popular theme running through families with a caring nature.

John Hayes (1971-4) Salmon structure had just been introduced when he started as a mature student with a life before nursing. Hours were now 42/week, but salary had certainly increased living out on £602/annum. Nightingale Wards were still in use with the Kardex, everything was in it! It was used throughout the NHS for recording patient's progress and treatment essential for shift 'handover'. Observations were still recorded 4 hourly with pressure area treatment. He remembers the introduction of much needed pressure relieving mattresses – ripple mattress. The Hospital Bar figures strong in his memories with affection.

1972 brought the advent of CT (computerised tomography) scans which were an amazing move forward from x-rays making some tests less invasive plus giving more information.

1978 Dr. Patrick Steptoe was the pioneer of test tube babies with Louise Brown his first baby.

1980 brought the first Gall bladder to be removed laparoscopically (Keyhole surgery) & MRI scanning developed.

Sondra Gorick (Scarfe) 1982-5 As a mature student she lived out – she “fell into nursing” but loved it. Remembering the UKCC being created and the first professional Code of Conduct for Nurses. She was given task/job allocations which meant spending all day with patients. Cleaning trolleys before and after dressings. She had to take 4 practical tests and passed them all. Feeling part of a team she felt proud at the end of each shift. The wards were stricter and organised but always busy.

1983 2nd Mental Health Act. Consent to treatment had not been a feature of the previous Act but it now also covered assessment, treatment and rights of people with a mental health disorder.

1986 was the start of the first very expensive but hard-hitting AIDS campaign.

1987 First heart/lung /liver transplant carried out by Profs Calne & Wallwork in Cambridge.

1988 Breast screening was offered to all women over the age of 50. – saving numerous lives.

1989 Diabetes control and complications trial (DCCT) started in America, where patients had to pay for their treatment – so was often badly controlled. This changed the way Type 1 diabetes was managed all over the world. Insulin pumps gave tighter control of patient’s treatment. Stopped people going blind or having heart attacks – helping people with diabetes.

June Keeler (Rose) 1997-2000. She remembers living in Pym House Unthank Road and flowers allowed on patient’s lockers. A big change was glass bottles for IV infusions to plastic and pumps to run them.

1990 NHS Community Care Act – health authorities to manage their own budgets and first Hospital Trusts established as providers.

1994 NHS Organ Donor register – much needed

1998 NHS Direct launched – one of the largest single e-health services in the world.

Rachel Cocker (Dolding) 1991-4. She found nursing very different from 50 years before when her Mother was training. She had six months in the classroom

before going on the wards. Found it a fun and supportive environment making friends and had a baby whilst still a student but with support she did better than survive. 50 years ago she would probably have been asked to leave.

Nursing development unit/ Kings Fund & Primary Nursing.

She is concerned now by the challenges and expectations nurses must cope with quote “I am fearful for nurses but also remain proud of the profession and aware that experienced nurses will need to lead the way”. Powerful, coming from a nurse currently working.

Project 2000 and Diploma level nurses with the abolition of ‘State Finals’. Things were very different with a purchaser/provider culture. GP’s had to buy care and hospitals paid for seeing patients i.e. paid for referrals, this has now become a business.

2000 Walk in centres

2002 Accident & Emergency 4hour target set

2006 Bowel cancer screening – saved many lives

2007 Building smoking ban

2009 Change 4 Life – encourage activity & sensible eating

Beginning of inter-professional learning where nurses doing degree courses were learning with medical degree students, pharmacists & physiotherapists so the whole training programme was becoming much more integrated. It is also the advent of Nurse prescribing. Vivien was on the second course at UEA finding it a scary moment when realising she could prescribe for patients.

2010 DNA mapping for cancer patients – targeting treatments.

2013 E-cigarettes regulated as medicines

2017 Prof Roy Taylor, Metabolic studies in Newcastle paper – Reversal of Type II Diabetes

Emma Ward (2013-6) A mature student lived in ‘halls’ for the experience sharing six other people, only one nurse. Works three 7½hour shifts/week with one six-hour shift/month. Innovations – not sure about this. Pleased nurses are appreciated by Drs and how much respect they have for nurse’s knowledge. Found Matrons friendly and not to be feared.

She is not sure of the future but remains excited as to where she will eventually end up. Concerned for the future, proud of the innovations, and all the staff but

“currently NHS is on its knees” – short of staff & short of money with patients having high expectations. Conditions & people can be managed but not the expectations.

In summary:

NHS is still a major employer with more than 1,000,000 employees. 287,000 full-time equivalent nurses (number of part-time staff not known). 21,900 Midwives posts with male nurses making up 11.2% of all nurses – still not well represented and needs to be encouraged by those in the profession.

It is still free at the point of service but is target driven.

Nearly all of those who helped put this together mentioned they were proud of their role, made friends and would do it again.

Vivien thanked the seven nurses who were very supportive and gave up their time with memories of their nursing years.

This makes very interesting reading, now I suggest you go to the 2018 Journal to find even more outstanding events over 70 years of the NHS. Most of us have lived through these times and some events have been extremely beneficial to us all.

Ruth McNamara (Secretary)



THE NHS RETIREMENT FELLOWSHIP



The Nurses League had a joint stand with the NHS Retirement Fellowship at the NNUH in September 2018, with the object of obtaining new members.

This was quite successful and more will be held in the future.

A R M I S T I C E

LEGACY OF THE

GREAT

IN NORFOLK



Margaret Allcock and Elizabeth Blaxell were privileged to be invited to the opening of the exhibition “ Armistice, Legacy of the Great War in Norfolk” at the Norwich Castle Museum. This commemorates the end of the First World War and the effect the war had on the people of Norfolk and Norwich.

Great Yarmouth and Sheringham suffered the first bombardment by Zeppelins. There were over sixty auxiliary hospitals and forty seven airfields round the county. 12,000—15,000 Norfolk men perished in the war to end all wars and many more returned with horrific injuries and changed by their experiences.

Posters, photographs, archive material and interactive displays together with uniforms from that period are exhibited.



The centrepiece of the stand of uniforms was that worn by Alice Ottaway, who trained and worked at the Norfolk and Norwich hospital. Alice was part of the funeral procession that took

Edith Cavell's body from Norwich Thorpe railway station to the Cathedral in 1919. This uniform has been donated by the League to the Norwich Costume Museum.

Edith Cavell's afternoon tea dress.

There was a separate, excellent exhibition about Edith Cavell which Nick Miller, who runs the Edith Cavell website, helped put together.



Elizabeth Blaxell 2018

THE TREATY of VERSAILLES

At the beginning of 1919 the victors of the Great War met in Versailles near Paris, to negotiate a peace treaty. After four years of war they hoped to decide the future of Europe and of the defeated Germany.

The winners expect reparations. Never again should a war begin on German soil.



The French Prime Minister, Clemenceau, formulates this warning most strongly. “ The Germans had wanted the war, they were defeated and must pay for it”

For several months the delegates remain in Versailles; the legendary palace of King Louis XIV.



The losers are summoned only to sign the peace treaty in the Hall of Mirrors. The Germans have no choice, they must accept the tough conditions:-

The Rhineland will remain occupied by French troops.

Germany must substantially disarm and

make financial reparations. Weapons, raw material, freight trains and goods are transported out of the country.

One seventh of the German Empire is partitioned- in the west, Alsace -Lorraine, to cede parts of Upper Silesia and Posen to Poland. Sovereignty of part of East Prussia was to be decided by a plebiscite. To renounce sovereignty over former colonies and to recognise the independence of Czechoslovakia.

The greatest blow is the assignment of sole war guilt to Germany.

The agreement ends in angry protests in Germany.

Years later it becomes clear that the economic bloodletting had hit Germany less hard than it had been feared.



Even among the victors there had been criticism of the Versailles Peace Treaty. Even in France. Versailles opened the gates for the next war.

It was clear the Germans could not accept this agreement for all eternity. The Treaty established safety rather than forging a lasting peace.

Elizabeth Blaxell

2019

FLU PANDEMIC of 1918



THE **SPANISH** FLU PANDEMIC OF 1918

It infected 500 million people around the world and resulted in the deaths of 50 to 100 million people.

Some historians believe that the flu strain emanated from wild birds which then infected domestic birds and swine and was then passed to humans. It is thought it originated in Kansas when company cook Albert Gitchell reported sick at Fort Riley, a camp that was training American troops during WWI. Within a few days 522 men were reporting sick and by March 1918 the virus had reached New York. Troop ships carried the deadly virus across the Atlantic to France.

It was called "Spanish Flu" as the first reported cases were in Spain. As this was during WWI, wartime censors would not allow reporting of the illness and mortality rates in Germany, the United Kingdom, France and the United States as this might lower morale. In neutral Spain, however, papers were free to report the epidemic. One of the first casualties was the King of Spain. So although there were flu cases elsewhere, it was the Spanish ones that made the headlines.

It is thought that the virus was spread by soldiers returning home from the trenches. Soldiers had become ill in the trenches with "la grippe" which had symptoms of a sore throat headache and a loss of appetite. It was highly infectious in the cramped

'The death toll in Britain was 228,000'

and very primitive conditions of the trenches, but recovery was quick. Doctors called it “three day fever”.

The first wave of the pandemic affected the old and sick , while younger, healthier people recovered easily. In August 1918, when the second wave began in France, the virus had mutated to a much deadlier form.

Soldiers returning from Northern France at the end of the war travelled home by train thus spreading the virus from railway stations to the centre of the cities and out to the suburbs and into the countryside.

The high mortality rate suggests that the rapid respiratory failure and death was due to a cytokine storm(overreaction of the body’s immune system). Symptoms



consisted of haemorrhaging from mucous membrane and from the nose and stomach. Pneumonia , a secondary infection associated with influenza

was the main killer, but the virus also killed people directly, by causing massive haemorrhages and oedema in the lungs.

Young adults between 20 -30 years old were particularly susceptible to the virus. Onset was very quick. Those fine and healthy at breakfast could be dead by tea-time. Some victims would rapidly develop pneumonia just hours after feeling tired, feverish and with a headache. They would start turning blue, meaning a shortage of oxygen. They would then struggle for breath until they suffocated to death.

Doctors and nurses were overwhelmed in the overcrowded hospitals. There was no treatment for the flu and no antibiotics to treat the pneumonia.

After the second wave struck in late 1918, it is believed that the virus mutated to a less lethal strain and new cases dropped rapidly.

More people died of the flu virus in 1918 than the Black Death Bubonic Plague.

Elizabeth Blaxell 2018

The Betty Lee Inaugural Lecture

Presented by Mike Surkitt-Parr.

The Annual Betty Lee Lecture, introduced this year to celebrate the 70th anniversary of the NHS, is a means for the League membership to acknowledge the enormous contribution to nursing and nurse education and indeed to the League itself that Betty has contributed to.

League Trustee and a former Head of Patient Safety at NHS Improvement, Michael Surkitt-Parr delivered the inaugural lecture in the Benjamin Gooch Hall at the NNUH on the evening of 11th October 2018.



The aim of the presentation was to stimulate some reflection on where nursing has come from and where it is going on its journey in respect of patient safety and to encourage thought about if and how we need to look at patient safety differently.

Nursing has changed immensely, and we've come a long way since 1948 when nurses were

largely seen as bedside helpers (or to use that awful term the doctor's handmaiden) to today where there are nurses who run their own clinics, diagnose patients, prescribe for that diagnosis – roles that couldn't be imagined 70 years ago. Despite the changes we must continue to support and applaud those nurses who wish to remain delivering skilled and compassionate care at the bedside or in other departments or in patients own homes.



Looking back in history it is not surprising that we've come such a long way as nursing has a powerful history of leadership in very challenging times: Florence Nightingale informed and shaped the development of nursing across Europe and another powerful nurse, Clarissa Howe-Barton formed the American Red Cross. The list of these powerful women is a long one.

We have also witnessed a massive change in how patients have changed since 1948 when the patient was very much the passive recipient of our care and treatment to the very knowledgeable body of patients we have today. This is likely to continue with the emphasis on more patient self-management at home. Furthermore, patients are now much less likely to accept all they are told by healthcare professionals without question and challenge. Indeed, they can buy blood pressure monitors, oxygen probes etc. on Amazon and in High Street stores as well as access a wide range of Apps so they are also becoming much more technically proficient in aspects of their care and its management.



Perhaps the biggest change has been in the safety challenges. We are much more aware now of the so-called 'non-technical skills' – communication, teamwork, human factors and hierarchy. We hear of situations where hierarchy has got in the way of safety with staff feeling unsure or even under threat to speak out because of a real or perhaps just a perceived hierarchy.

Talking of 'psychological safety', we hear of situations whereby staff are made to feel uncomfortable because of some subtle reinforcement



of their place in a hierarchy and this can lead to staff being afraid to speak up even when they are aware a patient is at risk. We need, therefore, to treat each other with a compassion that we show to our patients, but alas we don't always do this.

One of the biggest issues that is being tackled now is that of culture as it has been recognised what a major impact this has on patient safety. And there is now a move from tackling 'individual harms' (although of

course this still has to be done) to looking at the culture and teamwork aspects that impact on patient safety; it is now recognised that this is a basic building block of a safe care environment as well as building the capacity and capability within areas and organisations to address patient safety. Another massive challenge for us all!!

For years we have heard the mantra of learning from what has gone wrong in a clinical process or situation and we have a National Reporting and Learning System (NRLS) to help in that; there can be no doubt that this learning will always be a bedrock of patient safety.

To add to this is the approach whereby learning is encouraged from things that have gone well and this is a local focus for action and of course there are far, far more of these than things that go wrong. So we need to address how we can learn from excellence and we need to shout more about what we are doing well and celebrate that and ensure we replicate it across other areas.

Amidst all the change and often turmoil of working in a busy and stretched health service we must never lose sight of our real nursing 'constants', those things that mark us out as the true professionals and advocates for patients that we all are: providing kindness, understanding and anticipation of the patients' needs, a source of information and explanation, the advocate and the protector of the privacy and dignity; the care a patient needs who has the awful pain and diarrhoea associated with gastrointestinal infection is no different now to what it was a hundred years ago.

We may call them different things today and understand the pathology behind conditions, but no amount of new science will diminish the need for those fundamental elements of nursing we all feel so strongly about, and, as Christie Watson states in her book 'The Language of Kindness', the preservation of dignity in the face of illness is one of the best gifts a nurse can give.

So regardless of our length of service let us all be proud of our nursing skills and all that we have given to the profession and the people it serves.



Betty Lee.

Betty Lee is a Norwich girl; she lived with her family on Northcote Road and attended the Blyth School. She always knew that she wanted to be a nurse but her mother was not keen on the idea. When she left school at sixteen she was enrolled on shorthand, typing and book keeping course; on completion she obtained a position as a book keeper for OXO who had an office in the Cathedral Close. Betty was responsible for keeping a ledger for the representative who covered Essex selling OXO and Fray Bentos goods.



Betty at the Inaugural Betty Lee Lecture 2018.

Betty went to train as a nurse when she reached eighteen, at that time the Norfolk and Norwich Hospital did not take girls who lived in the city, so Betty had to apply elsewhere. She obtained a place at Mile End Hospital which was run by London County Council but had an affiliation with The London Hospital. During her training Betty, as did all the students, had to spend twelve months at an emergency hospital (it was wartime). Betty was sent to Winchmore Hill, North London. This was a large mental institution half of which was turned over for emergency work taking in both civilian and service

patients. It was during this placement that Betty witnessed the use of Penicillin, not a freely available drug at this time. Betty recalls the liquid being applied topically to the wounds of a severely injured service man by a staff nurse.

Betty qualified as a State Registered Nurse in 1946, as a staff nurse Betty developed an interest in orthopaedics, a year later she undertook her midwifery training. She returned to Norwich to take up a staff nurse post on the orthopaedic ward, working with Sister Woods. In 1953 she was thinking about moving on when Sr. Woods left to get married and Betty was promoted to ward sister.



In 1967 Matron Cooper asked Betty to take on her first teaching role. Her remit was to set up the Enrolled Nurse training for the hospital. Betty's earlier

training in shorthand and typing came in very useful as she was not allocated any secretarial help! Betty was very successful with the enrolled nurse training and remained in education until her retirement in 1985.

Betty has a long standing relationship with the nurses' League and was membership secretary for over 40 years. She remains an honorary vice president She has also maintained her links with the London Hospital Nurses League, and has for many years organised the flowers for the annual Edith Cavell Memorial service at the Cathedral.

Betty has always been an inspiration for me, I can clearly remember one of her lectures when she was discussing the requisites of nurses and explaining why observation was such a vital tool, never forgotten.

When I asked Betty if she would be a nurse again she replied, without hesitation yes. When asked what she wished for nursing she replied

“for nurses to remain nurses and not become mini doctors. We must remember the welfare of the patient and not be taken over by technology.”

The Heritage Quiz at The Betty Lee Lecture.



LETTER FROM BETTY LEE

Dear League Members
These few words are to thank you all, especially our President and the Trustees, for a most interesting and enjoyable event held on the evening of the 11th October 2018. Needless to say, I feel very honoured and appreciative that the inaugural lecture was in my name.
Thanks also to the speaker and to the Editors for including this in the 2019 Journal.
Best wishes to all
Betty Lee



Edith
Cavell

Remembrance Service

On a warm and very blustery day, the annual Remembrance service for Edith Cavell was held on Saturday 13th October, at Life's Green, Norwich Cathedral.

A sizeable gathering attended including representatives from various organisations together with Norfolk nurses, NNUH Nurses League and the School of Nursing at the UEA.



Mary Dolding Laying a wreath

Royal British Legion Standard bearers and four senior nurses Rachael Cocker, Dawn Collins, Liz Hogbin and Jane Douglas were present.

Wreathes were laid by the Minister-Counsellor from the Embassy of Belgium, M. Jan Bayart, and other dignitaries.

President of the Nurses' League,

Mary Dolding, laid a wreath from all Norfolk nurses and Elizabeth Blaxell laid a wreath on behalf of Betty Lee for the London Hospital and the Nurses' League.

After the service those present assembled in front of the statue of Edith Cavell near the Erpingham Gate in Tombland.

To mark the 100th anniversary of the unveiling by Queen Alexandra, Dawn Collins, Director of Nursing at the Norfolk and Suffolk Foundation Trust, unveiled an Interpretation Board detailing Edith Cavell's life and times, saying;



Dawn Collins unveiling the new information board.



Liz Blaxell laying a wreath

“Edith Cavell represents the very best of nursing and humanity. For this reason we are honoured to pay our respects to her memory and to honour her work and the ultimate sacrifices she made.

Nursing isn't a job- it's a privileged vocation enabling us to support people at both their happiest, but also their most desperate of times.



The Matrons

It is a privilege today to unveil this board on behalf of our profession; to honour one of our own whose beliefs and values led her to discharge those vocational duties to the ultimate cost of her life.

Through this board , we hope her life's work and sacrifice will long be remembered.”



The Matrons with the Belgian Representatives

Nick Miller, who runs the Edith Cavell website and was instrumental in the creation of the board said “Many people in Norfolk and beyond admire Nurse Cavell. May I and all who pass by pause to reflect, and seek to model their living on hers”.

Elizabeth Blaxell 2018



The unveiling of the memorial by Queen Alexandra in October 1918



Heritage Report 2018.

The sub group has continued to meet throughout the year, and work has been ongoing with sorting, investigating and filing. Items have also continued to arrive, some with history others with very little information, all are gratefully received.

Several folders including the Orthopaedics Folder, which contains some fascinating insights from Betty Lee, the Royal Visits folder and the folder which contains all the information given by members regarding the celebration of 70 Years of the NHS, are ready to be deposited at the Archive Centre at County Hall. The deposits will be made in the New Year.

Also going to the Archive Centre will be the two record books which were rescued from a rubbish skip, Margaret Allcock has written a small piece about these report books on the following page. The information contained in them is of a “sensitive nature” but due to the age they will not need to be locked away at the Archive Centre and will be accessible for viewing.

The group has also endeavoured to change the display cabinet at the Norfolk and Norwich Hospital on a regular basis. The cabinet is found in the West Atrium, it contains items and or articles of interest. There are also flyers with details of the League website at the cabinet. The cabinet is also useful for disseminating information about upcoming events such as the Betty Lee Lecture.

The group look forward to continuing the work in 2019 and would like to thank everyone who has contributed to the collection during the past year.



Margaret Allcock. Vivien Aldridge.

Sub group members:

Margaret Allcock. Archivist.

Elizabeth Blaxell, Mary Dolding, Betty Lee, Vivien Aldridge.



**N. & N. H. LADY
SUPERINTENDENT'S
REPORTS BOOK
TO THE NURSING
COMMITTEE.**



This book is dated from August 23rd 1916 to December 28th 1929 and contains reports written by Matron Cann and Matron Jackson.

**N. & N. HOSPITAL
MATRON'S REPORT
BOOK TO THE
NURSING COMMITTEE**



This book is dated from January 18th 1930 to February 17th 1949. These reports were written by Matrons' Jackson, Stolworthy and Watson.

These two books were donated to the Nurses' League Heritage collection by Sharon Hunter who was working in the Cytology Department. Sharon rescued these books from the skip whilst helping to clear out the basement at the time of the move to the new hospital at Colney. Sharon asked her Senior Manager if she could use them as she was studying for a Degree in History and the fact that they were being thrown out. They have provided the Heritage Committee with lots of accurate information which would have been lost.

These books were on display at the last A.G.M for members to look through and they have been deposited with the Norfolk Records Office for safe keeping. Members can view them there.

Margaret Allcock, Vivien Aldridge Mary Dolding, Elizabeth Blaxell and Betty Lee.
Heritage Committee



Newly qualified Nurses.

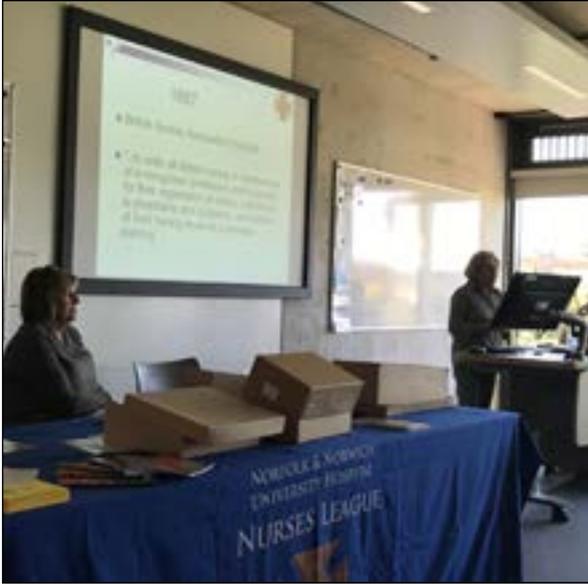
Earlier in the year the League was invited to speak on the induction programme for the newly qualified nurses. We had spoken on previous courses and were delighted to accept.



On the 17th. September Mary, our President, Chris Parfitt and myself presented ourselves at the Education Centre and faced sixty newly qualified nurses. There was a general air of satisfaction from the nurses; they had successfully completed the training and were about to embark on their chosen career.

A short presentation was made, this covered a brief history of the Norfolk and Norwich Hospital and a slightly more in depth history of the League. We covered the aims and objectives of the League and explained how we try and keep in touch with our members.

Following the presentation we displayed some of our "treasures". An old Nelson



Inhaler and some early examples of inhalers, shown against some more modern versions, were



displayed. Also a very old soap enema complete with its carry case, and some items relating to insulin injections. The modern nurses were amazed by the lack of "use once only" items.



The session finished with a summing up from our President who wished them well in their future career but also advised them to be alert for role models, explaining that they would recognise them when they met them.



We felt that the session went well and we are pleased to report that we have been invited to speak at the next induction course.

Vivien Aldridge.

The End of an Era...

...but all is not lost!

As you will see by the photographs, the Administration Block is being demolished and will be flattened by the time you will receive your Journal. The Archway which was the entrance into this building has been carefully removed and is being stored at Dereham Hospital. This will be incorporated in the New Community Hospital when it is built.



The Heritage Committee are planning to produce a display about the West Norwich Hospital to be put up in our display cabinet at the Norfolk and Norwich University Hospital. (opposite the Stock Shop) Our next folder we are working on is



that of the West Norwich Hospital and we would welcome any information you can provide. Memories are very important so anything that we can include in the folder will be very welcome.

The folder will be on view at our next A.G.M. in May. In order that we provide more space for the tea tables we now put the display just inside the Old Education Area off the Benjamin Gooch Hall from 12.30pm onwards. We will also include any new items donated since our last meeting.

Margaret Allcock, Vivien Aldridge,

Elizabeth Blaxell, Mary Dolding and Betty Lee.

Heritage Committee.

Dated 31/12/2018

ODE TO MANCROFT

How we all love our dear little ward, the people, the walls,
and the old floor boards,

Oh how we'll miss the smells and the sounds, of the old boys
coughing and the doctors rounds.

Oh how we'll miss the coffee and Sue's cakes, the hustle and
bustle and noise everyone makes.

Monday morning, floor cleaning day, makes all the patients cough and spray.

Tuesday AM the bronchs arrive God only knows if we'll survive.

No beds as usual, the place is a tip, Nurse in charge is about to flip.

Wednesday PM, PJ's round, lets all hope the patients are homeward bound.

Thursday AM, consultant is here to stay,
All the patients asked to kneel and pray.

Friday morning Lizzy is late, no make up on, Oh what a state.

Saturday is here at last, Weekend work, Oh blast!

Sunday and not much to do, driving us barmy,
Oh no, hide, here comes the Salvation Army.

So our little Ward draws to its end, no more asthmatics can GP's send,

but none of these happy times we will forget
only all leave with great regret.

The doors will close, The diggers move in, Oh what a dreadful sin

Severalls

General Unit

1976 onwards

At the end of 1976 and after 7 years in Jersey, I decided the time had come to move back to the Mother Country... and so I went back to where it all began for me, in Colchester... (yep I'm an Essex gal)

I had applied for and been accepted for a staff nurse post (night duty) at Severalls General Unit.

I should explain that Severalls Hospital was a massive Victorian psychiatric institution, situated in spacious grounds but was beginning to be used as part of the general hospital... a sort of overflow I suppose. At first, two ground floor wards were taken over by the General side .. and then a few years on, two more from upstairs were added.

St Michaels was acute medicine with a CCU in the middle and four or six bedded (I forget) isolation unit down the bottom end. Up the long, cold corridor, was Ashley.. cold surgery. Later Jenner (GU) and Wentworth (respiratory), opened upstairs.

There was some considerable distance between these four wards..

For instance, if there was an arrest on another ward and you held the bleep... by the time you had hurtled down, up, along, round, across.. to the said arrest.... you also felt in need of resuscitation!

The mortuary was a real trek ..outside. In the winter we had snow ..remember the 80s? There was a large colony of wild cats in residence en route but I guess they kept the mice et al at bay. After all it was a very old building.

A good deal of the hospital was sub subterranean and oh boy.. was it cold, especially in the winter! The 'psyche' staff used bikes to get around the corridors and I do remember seeing someone on roller skates once..





The blood bank was miles away.. the night porter, a giant of a man named Ken, would accompany the nurse to pick up a unit when needed, as it was truly spooky in those corridors ..

It was still a fully functional mental hospital then. Patients who were allowed to roam free had to be back in their respective wards by ten... and the wards were then locked. But sometimes... not all the patients moseyed their way back at the appointed time..

One night, on Ashley, one of our auxiliary nurses was in the kitchen, filling water jugs. She heard a noise behind her and turned to find a young chap standing by the door, wearing a track suit.... his underpants were pulled up over the trakky bottoms. He was wearing a pair of sunglasses upside down and sporting a filthy red beany. She managed to sidle out of the door, which, fortunately for her, was still open and we immediately alerted Ken and the Psyche side. She was lucky! He was prone to extreme violence against women. He should have been in lock up but appeared to escape with impunity when the mood took him.

There were still quite a few violent and dangerous patients in Sevs at that time.

We had a very good and friendly relationship with the 'psyche' side.. They would always come and help us with difficult patients and we'd help them with medical stuff.

They admitted there was no way they could do our kind of general nursing, and we wouldn't have wanted to do psychiatric care. So it worked well.

I remember us doing stomach washouts in our treatment room in St Michaels. It saved all the hassle of transferring to A&E, which was at the main hospital.

When I started working there.. Wentworth Ward (above St Micks) still had two occupied padded cells! Really...They were situated directly above our CCU.

Now and again, the patients up there, would kick off.. we would hear the furniture flying around and shouting and screaming.

Our patients used to ask us what was happening upstairs ... and, as we kept an eye on the monitor rhythms, blithely lied that we didn't know..

Our CCU (4 beds and a side room) on St Micks, was a real baptism of fire for the uninitiated SHO (we never had junior docs)

I remember one very new SHO, enquiring with a hint of desperation in his voice, as we handed him a beautifully KY gelled intubation tube, "where's the anaesthetist..?"

"Dear boy", I said, "You ARE the anaesthetist".

I'd like to add that at Sevs we had a much better resus success than the General. I think this was because we had one 'live in' SHO and which ever nurses were on duty.. usually a staff nurse or two, Night Sister and an auxiliary and the crash trolley. We were 'the Crash Team'. Everyone knew what they had to do. Our auxiliaries were better than some nurses..

CCU had cardiac beds but we had to get a board under the mattress for non CCU patients who arrested. There were usually a couple in the linen cupboards.

I very much enjoyed my years at SGU ... so many stories, so many memories .. but that's for another time.

Karen Thompson (Nieuwenhuis) October '65 to '68



My Journey through time & Orthopaedics.

About a month before finals results came out I was summoned to Matrons office. Miss Jean Watson was a no nonsense kind of person who usually got what she wanted and at that moment she wanted me to go to work at the West Norwich Hospital (Ward D))for a while. At first I refused as the West was a fair way out of town while the N&N was only walking distance from the city centre. She seemed to change the subject to “and where would you like to work when you get your finals?”I shared with her my dream of working in Orthopaedic Block Theatres. Pretty much no one wanted to work there but it had been my dream since my 12 week placement there. I had developed a passion for the subject. She said that this could most probably be arranged and I felt really chuffed but then came the deal “That is if you can see your way to help us out at the West.” Deal done!

Cut to a few weeks later and I got my Finals and was duly moved to OBT. I loved it there . I was second staff nurse to another staff nurse and the Sister was Margaret Bowden. It was a small team and there was only one working theatre. We did Christmas in style. We dressed the surgeons as spacemen to mark the Russians getting a man in space and the next year we did a Spanish theme.

I spent about 2 years in OBT and during that time amassed a great deal of knowledge and information about orthopaedic surgery, reading xrays and implants in general, mostly due to the unremitting desire to teach of the senior orthopaedic registrar, John Watson-Farrar. Every time he was teaching the housemen, I was in full attention. If there were no housemen to teach



he would teach me. He was a dedicated teacher and no mistake.

During my stay there I scrubbed for about 40 hip replacements, totally ignorant of the fact that we were the only hospital in Britain doing them at that time.

It was also during that time 1964 that Mr McKee tried his first ever knee replacement. The replacement was a massive great thing and took two hands to lift each part off the trolley! The operation was not a great success. This implant is now in the keeping of Professor Simon McDowell of the Norfolk and Norwich University Hospital. After the N&N, I travelled about the country working in a number of hospitals great and small. 25 in all. The last one was Sunderland Royal Hospital and I retired from there in 2006.



However I was recruited to run an online forum BoneSmart.org as their sole member of staff! Its intent was and is to provide information and support to people who are facing or have had hip or knee replacements. At the time it was a funny little forum with only 200 members mostly from the US. With the help of another recruit we have built up to a membership of over 26,000 and representing 36 countries. We have received awards from various American magazines for being the best hip and knee resource on the internet. We have recently expanded to include shoulder and other small joints and have a library of around 500 articles.

I am now 76, have had 2 knee replacements myself and a pacemaker. I spend an average of 5 to 6 hours a day on the forum every day including Christmas day. The Forum was quite an unexpected turn for my career but all the knowledge I have amassed over the last 55 years or more is paying off big time and other people are reaping the benefit.

Ooh I love being a nurse and hope it will continue until I am unable to use a computer.

Josephine Fox. 1959 – 62.

PRISCILLA JOYCE COOPER

30th JUNE 1921-14th JUNE 2018

Priscilla Cooper, Matron of the Norfolk & Norwich Hospitals from 1964-1969 passed away on 14th June 2018.

Miss Cooper began her general training in 1944 at the Middlesex hospital and then qualified as a midwife at Warnford General Hospital, Leamington Spa.

Miss Cooper became a ward sister at the Middlesex in 1953 and then Administrative sister in Matron's office.

In 1958 she took a Nursing and administration Certificate with distinction in Training School administration and endorsements in Psychology and Ethics.

In September 1958 Miss Cooper became Assistant Matron at the Middlesex. It was then that she went to the United States of America to study hospital and training school management.

Miss Cooper was appointed Matron of the Norfolk & Norwich Hospital in 1964. She did not conform to the typical idea of a Matron of a large hospital. She presented as friendly rather than formidable, she was fashionably dressed and communicative with those around her.

Miss Cooper left the Norfolk & Norwich hospital to become Chief Nursing Officer in Oxford.

A service of thanksgiving was held in Norwich Cathedral on 9th July 2018. Several members of the Nurses League attended.

Mr Greg Chapman paid tribute to Miss Cooper and has kindly given permission for it to be reproduced here.

Ladies and Gentlemen, one is never too old to learn something new, or to make new friends. My dear friend, the late John Hardman, said to me about twenty years ago that he must introduce me to Priscilla Cooper, the former Matron of the Norfolk and Norwich Hospital, as she had met so many of the people I was interested in, and he was certain that we would get on. He added as an afterthought, "and she is quite a character."

Well we did get on, and I found out that Priscilla had gone ice skating with the young John F Kennedy in 1939, the year that she had come out in society. "He was very good looking and very dashing. I think we made a handsome couple." In the summer of 1962, Priscilla by that time Assistant matron at the Middlesex Hospital,



was summoned urgently from the hairdresser's to lead the team charged with nursing Winston Churchill back to health after he had broken his thigh on holiday in the South of France, an assignment which lasted two months.

" And she is quite a character". In the late 1960's Priscilla was chosen to take part in a high powered Nursing Conference in the Netherlands, the culmination of which was to be a visit by Queen Juliana. Priscilla was chosen to escort her(could there really have been any other choice?) , and was asked by one of her British colleagues after the Queen had left, " Was it awfully intimidating?" Without a trace of irony, Priscilla told me that she had replied, " No, the Queen was very sweet, asked the most intelligent questions, and of course I put her at her ease straight away. I don't think she felt intimidated in the slightest".

After her time at the Middlesex, Priscilla served as Matron at the Norfolk & Norwich Hospital for almost six years the 1960's, and then became Chief Nursing Officer for Oxford until her retirement in 1978. She loved being in Norwich, and adored her time at the John Radcliffe. It was to Norwich that she returned on her retirement, for almost the last forty years of her life.

Nature had never intended Priscilla to be a shrinking violet and in her professional life she employed her considerable charm, and huge sense of style, coupled with a formidable personality(and a gloriously rich, unmistakeable voice)to make her mark. All of this was underpinned by a deep religious faith. I understand that Priscilla always began her regular meetings with the Ward Sisters in Norwich by saying "Good morning Sisters. Lift up your hearts."

I am quite sure that when we meet again, I shall be regaled with tales of recalcitrant cherubs and utterly hopeless celestial harpists having to be chivvied along-" Do you see, Greg, they just weren't up to snuff or cutting the mustard". Well, Priscilla was always up to snuff and always did cut the mustard.

Dear Priscilla, I shall be eternally grateful for the precious gift of your friendship over the last twenty years and I shall observe your exhortation to " Lift up my heart". In anticipation of that next meeting in the certain knowledge that our friendship will pick up just where it left off.

Hymns included "Praise , my soul, the King of heaven" and "Lord of all hopefulness". and anthems were sung by the Cathedral Choir. Readings were from The Pilgrim's Progress , "The Summons for Mr Valiant-for Truth", by John Bunyan and from Romans 8.34b-end.

Elizabeth Blaxell

2018

A NURSES PRAYER

*Lord, give me Grace, on this and every day
To do my work the best, the simplest way
And to remember that in all I do- the very simplest
task is seen by you.*

*Lord give me strength to help me play my part
To make my work the essence of my heart and
Show me patience and true kindness Lord, that
I may spread thy radiance through my ward.*

*So when at night I come back to my rest
I pray that I feel I have done my best and
Lord at times I know I forget thee-but
Please forgive me and always be with me.*

BY ALYWIN M LAW



NEW CHIEF NURSE AT NNUH

Professor Nancy Fontaine was appointed as Chief Nurse in August 2018 and is responsible for leadership of nurses, midwives, AHPs, Pharmacists and Bio- Scientists across the Trust. Nancy is responsible for guiding the Board on clinical priorities.

Nancy was Chief Nurse and Deputy Chief Executive at Princess Alexandra Hospital NHS Trust in Harlow. Nancy was appointed as one of the country's first Consultant Nurses in Emergency Medicine in 1999 and was latterly Chief Nurse at Whipps Cross Hospital at the time of the creation of Barts Health NHS Trust, before her move to Harlow.

Professor Nancy Fontaine said on her appointment, "I am thoroughly delighted and proud to be appointed as the Norfolk and Norwich University Chief Nurse. I am looking forward to working with the nursing, midwifery and Allied Health Professional teams, to develop academic and career pathways and optimise potential for research and quality improvement".

NHS FELLOWSHIP PROGRAMME 2019 -2020

2019

June 20th - Bluebell Woods - Andrew Morton

July 18th - Treasures & Curiosities of Norfolk Churches - David Berwick

August 15th - The Way We Were - Brian Hedges

September 19th - History Beneath your Feet - Graeme Simmonds

October 17th - Anticoagulants - How & When they Work - Keith Fulleylove

November 21st - Annual Lunch.

December 19th - Christmas and Secret Santa

2020

January 16th - Bring And Buy

February 20th - Protecting our Royals - David Reed

March 19th - Able Community Care - Angela Gifford

April 16th - Images of Spring - David Boulton

May 21st - AGM



41ST ANNIVERSARY OF THE NHS RETIREMENT FELLOWSHIP



The NHS Retirement Fellowship was founded forty one years ago in 1978 to provide friendship and fellowship to all NHS retirees.

Why join?

- It is an opportunity to meet with past colleagues and old friends.
- Visit places of interest.
- To listen to guest speakers at meetings.
- To discover new interests and make new friends.
- The opportunity to help and support others.

There are branches throughout the UK. Find out more at:
www.nhsrf.org.uk

The Norwich & District branch meets every third Thursday at 10am at the Methodist Church Hall, Chapelfield Road, Norwich, NR2 1SD. You will be given a warm welcome whether you worked in hospital or community and whatever your job, we look forward to seeing you.

OR contact the Editor Elizabeth Blaxell.

**It's a Mystery, Ward 6...
Does anyone know the story behind
these photos?**



Please contact us with any information
elizblaxell@hotmail.com or doreen.betts@ntlworld.com

2018 AGM SNIPPETS



2018 AGM SNIPPETS





Changes to Membership 2018

New Members

Mrs Emma Allsop, nee Treleaven, 1987-90
Mrs Alexandra Andrews, nee Price, 1981-84
Mrs Mary Aston, nee Limmer, 1944-47
Mrs Sarah Cavell, nee Ward, 1982-85
Mrs Teresa Cleary, nee Weller, 1970-73
Mrs Marian Fox, nee Burrows, 1971-74
Ms Maggie Heels, Service 1987
Mrs Karen Hollaway, nee Hipperson, 1981-83
Mrs Tristan Johnson, nee Tubby, 1986-90
Mrs Christine Lach, nee Gregory, 1980-84
Mrs Susan Madden, nee Bramble, Service 1989
Ms Kathy Powell, nee Johnson, 1998-2001
Mrs Helen Ranson, nee Woodruffe, 1962-65
Miss Alexandra Young, 2012-15
Mrs Angela Young, nee Rix, 1984-86

Re-instated Members

Mrs Rosalind Cogman, nee Strowger, 1959-62
Mrs Margaret Spray, nee Miller, 1950-53

† Deceased Members

Miss Priscilla Cooper, Matron. Mrs Mair Campbell
Mrs Shirley Collin, nee Atkins, Service. Mrs Beryl Freeman, nee Spencer, 1952-55
Mrs Wendy Gray, nee Cable, 1954-57 (two years ago)
Mrs Geraldine Larman, nee Mills, 1952-55. Mrs Delores Revell, nee Aldred, 1954-57
Mrs Rose Smith, nee Platford, 1945-47
Mrs Margaret Thompson, nee Endean, 1963-66

Resigned

Mrs Joanne Ashford, nee Judd, Service. Miss Susan Morgan, Service
Mrs Patricia White, nee Turner, 1949-52

† *Obituary*

Margaret Thompson nee Endean 1963-1966

Margaret Thompson passed away in October 2018.

Margaret and her husband spent many years in South Africa where her husband taught in a school and Margaret taught some of the locals to weave. They came back to England after the war in the 50's and Margaret worked as an auxiliary nurse.

After having her children, her husband suggested that she did her general training. She qualified in 1967 and her Midwifery in 1969. She then worked as a District nurse delivering many babies which she enjoyed.

A very talented lady; she spun her own wool, knitted, made wool rugs and played the piano.

