



Royal College of Nursing
North West

Nursing **past**, **present** and **future**



A publication in celebration of the
Royal College of Nursing's centenary year

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Introduction

Foreword from **Estephanie Dunn**, Regional Director

Welcome to the RCN North West commemorative centenary publication. The RCN has been enjoying a year of celebrations, showcasing the wonderful nursing profession and the inspiring people who have made the RCN what it is today.

2016 marks an important milestone in history of the RCN. Here in the North West, we wanted to ensure that we make our own mark in history by creating this publication. When the RCN celebrates its 200th year, we want our future members and staff to look back on this publication with interest and see how nursing has evolved and how we have overcome the considerable challenges our profession faces.

In our publication, we are proud to showcase the work of the nursing workforce, spanning a century, covering specialisms such as dementia, acute, military and education. We delve into how nurses carried out their role in the past, we explore their position in the present and we look at how not only our future nurses hope to

make an impact, but also how research will play a major part in patient care.

I hope you enjoy reading about the fantastic work our nursing workforce has carried out over the past 100 years.

Best wishes

Estephanie Dunn
Regional Director,
RCN North West



Welcome from **Dave Dawes**, Chair of the Regional Board

The RCN has come a very long way in the past 100 years. In 1916, the RCN began with just 34 members and a vision to create a register of qualified nurses. A century later, we have 435,000 members and nursing staff with nearly 50,000 of those coming from the North West region.

Today we work in challenging times and we are facing unprecedented pressures in both the NHS and the independent sector. At the same time you consistently show amazing dedication to the patients and clients you treat and to their families and carers. You provide continual high standards of care and at the same time push the boundaries of traditional practice.

RCN activists and staff in the North West work tirelessly to safeguard the interests of our members and lead in the development of excellent nursing practice. Your board, your branches and your forums are dedicated to supporting you to help you provide the best possible care and to help develop the nursing profession for the next 100 years to come.

This publication offers a fascinating insight into nursing throughout the ages and it is a timely reminder on what has been achieved by generation after generation of RCN activists.

Best wishes

Dave Dawes
Chair
RCN North West Regional Board



Nursing in the Past

A District Nurse's Tale in the 1960s

By **Sylvia Thomas**, Liaison and District Planning Nurse

A history

"District Nursing began in Liverpool and the founder member was William Rathbone. The Queens Institute was responsible for the training of district nurses from 1889 to 1968 and the criteria for acceptance was to have completed three years training as a State Registered Nurse. The qualification was a Queens Certificate in District Nursing.

"The district nurses were employed by the Liverpool Corporation and would attend the same depot as the bus drivers and conductors for their uniforms. This consisted of a gabardine cap and coats, a starched apron and collar. The apron had to be folded in the regimented manner we have been taught underneath the coat which also had to be folded in a set way when in a patient's house. This would then be laid on a clean piece of newspaper in case of tiny 'unwanted visitors' which might invade it! The nurses' salaries were funded on the rates."

My career

"I qualified as a State Registered Nurse in 1966 and commenced training as a Queens Nurse in 1967, based in Walton. This was not just a district nursing case but also a training school serving nurses from Wales and the Isle of Man. We were responsible to a Senior Nurse known as the Superintendent whose word was 'the law'. Most district nurses of the time would walk or ride a bicycle. The walkers, like myself, were issued with bus tickets. My pockets were usually full of them because most bus conductors would not take a fare from a nurse in uniform."

The equipment

"We carried two bags which had to be maintained by a ritual one afternoon a week followed by an inspection from the Superintendent. The General Nursing Bag had a removable boilable lining, the contents being a variety of instruments. Rubber catheters and full enema equipment, rubber gloves and lotions, all carried in individual cotton bags.

"We collected our uniforms for the same depot as the bus drivers."



Late night visit



General nursing care



Surgical dressings

"The instruments would have to be boiled in a pan before and after use on the patient's stove. The contents of the accessory bag consisted of a nailbrush, soap box, hand towel (the nurse always carried her own) thermometer, spatulas and nail scissors.

"Each nurse had to pack a biscuit tin with dressings and bake them in the patient's oven. This often gave rise to problems, considering the fact that the tins varied in thickness and also the variety of gas, electric and sometimes coal fire ovens. It was difficult to gauge for how long to bake them!"

The routine

"The nurse's day would start with visits to the diabetic patients who had to endure the discomfort of re-usable needles and syringes. This equipment had to be boiled regularly and stored in a glass jar of spirit. The needles became blunt and often caused complications for their patients.

"The district nurse was taught to carry out meticulously the doctor's orders. Now, the Superintendent has long gone and the district nurse is aware of her own professional responsibilities. She is responsible for planning and delivering all forms of care to the patient and it is not uncommon for the nurse and doctor to make a joint decision on medical care. In some cases



Sylvia Thomas receiving her SRN qualification in 1966 from the Mayoress of Bootle

the training remains post-registered but now most district nurses are trained to degree level. Pre-sterilised disposable equipment may have changed but the principles of district nursing remain the same today. These are:

- Adapting hospital skills to nursing in the home.
- Being fully aware of the nursing and social needs of the patient and family.
- Establishing and maintaining good human relationships.
- Teaching relatives to care for the patient between nursing visits.
- Communicating and cooperating with workers in other services concerned with the health and welfare of the community.
- Using every opportunity to educate the patient and his/her family in health matters."

Principles quoted from the 'General Principles of District Nursing Standard Practice', Queens Institute of District Nursing – 1996 edition.

Nursing in the Past

Trip down memory lane

By Jackie Burns

At the young age of 17, Jackie Burns, started as a cadet nurse in Huddersfield in 1959. After qualifying, she worked in hospitals for a few years before specialising as a practice nurse for 27 years in Didsbury. During her time as a nurse and after retirement she was on council for the Royal College of Nursing – the first practice nurse to be on council.

The mum of two – and grandmother to nine, has had an amazing career that has seen her help thousands of people. It has also left the 74-year-old with many tales to tell, which includes escaping the watchful eye of the matron by using the fire escape to go out dancing and writing to a family for losing a patient's teeth, to writing publications and lecturing on immunisation and vaccinations.

Starting out...

"I started as a cadet nurse in Huddersfield in 1959, at the age of 17, living in shared accommodation, we had our own room but a shared bathroom.

"Living in was great fun, it was basic but comfortable and great friendships were formed. I remember it was an old building with big deep baths and loads of hot water. The downside was cockroaches, which came out from the steam pipes at night.

"Being a cadet nurse involved study of anatomy and physiology, arranging flowers on the wards, and fluffing cotton wool and folding gauze to be autoclaved for use in dressings. For this we were paid £2.19 shillings per month, plus board and lodging.

"Our curfew was 10pm, and you could occasionally get late passes for 11pm, but we used to sneak out at night to go dancing and one person would take turns to stay in and keep watch. The fire escape came in very useful!

"I first worked on Nightingale wards – and my very first was the male orthopaedic. My first job in the morning at



Jackie Burns

"Guinness and champagne were occasionally prescribed."

7.30am was to help make beds. Bed wheels all had to be aligned and coverlets turned down to the same level. Screens were on wheels and moved from bed to bed.

"Talking to patients, apart from necessary treatments, was discouraged, but you were expected to know name, diagnosis and treatment of everyone on the ward.

"Patients' diets were treated very seriously, everything was weighed carefully to get the proper balance and they were quite small portions too."

Big differences

"Some things have changed dramatically in treatment. We tested urines with Bunsen burners. Syringes and needles were boiled in a hot water steriliser, and they were always very blunt.

"Iodine was a favourite antiseptic, penicillin powder was put on to wounds and burns with a rubber bulb, raising the foot of a bed was achieved with wooden blocks,

and fractured femur patients were in bed with awful metal splints for weeks and had an overhead hoist to lift themselves.

“Guinness and champagne were very occasionally prescribed by consultants for patients who didn’t thrive. Thermometers were kept in antiseptic, with just one or two per ward – it was a big day when a tray of thermometers arrived, one for each bed.

“Also, it would have been the end of the world if one of your patients got a bed sore – you would have been sent to the Matron’s office. It was part of our rounds to rub bottoms!”

Visits to the Matron’s office

“The matrons were formidable ladies, usually with tailored dresses and frilly hats. We had to stand to attention if we passed Matron in the hospital corridor.

“I once dropped a tray of thermometers and I was giving a big telling off by the Matron and sent to the stores to apologise. Another time, a patient vomited into a kidney dish pot – so I emptied it down the sluice – but unfortunately, the patient’s teeth also went with it! I had to write to the family to apologise.

“I qualified in 1963 and was obliged to stay in the hospital where I trained for 12 months before moving on. I later became a pupil midwife at St Mary’s, Manchester.

“After qualifying I then moved on to be a staff nurse at The Christie in surgical theatre, and later became a junior sister at Withington Hospital, and then a senior sister on the gynaecology ward. I was presented with frilly cuffs and a hat and allowed to wear a silver belt buckle when I became a senior sister. After having my two children, I returned as a night sister.

Practice Nursing

“In 1974 I became a practice nurse. Barlow Medical Centre was a very forward thinking practice and already employed a practice nurse, but I was appointed on August 1 the same year, earning £88.42, and I stayed for 27 years.

“The role was originally appointed as nurse/receptionist! I enjoyed the autonomy of the role, with freedom of choice and action. The role included dressings, routine injections, travel injections, baby clinic and I gradually developed to specialist status – one of only 12 nurses in Manchester were granted this by the UKCC.

“During my time as a nurse, I helped develop practice training at Manchester Metropolitan University and lectured on the course as a visiting lecturer. I wrote and lectured widely on immunisation and vaccination and helped write a handbook on pneumococcal vaccination, for which I was put forward for practice nurse of the year and was proud to be a finalist. I was also a first nurse member of an investigative team on a failed GP.

“I was the first practice nurse elected to RCN Council where I served for seven years. I wanted to raise the profile of practice nursing. I loved every moment of it. They were the most stimulating years of my career.

Nursing future

“There have been a lot of changes over the years. I think it is more relaxed these days, there is not the same hierarchy, it gave us a framework and these days you can walk into a hospital and not know who is who.

“But there have been huge developments in training for nurses. With the amount of technology and variety now, training is very different.”

Nursing in the Past

Biographies of nurses from the past...

One of our North West Regional Board members, **Dr Claire Chatterton**, Staff Tutor, School of Wellbeing, Health and Social Care, has been researching nurses from the past and explored the life of Military Nurse **Minnie Wood**, and **Agnes Jones**...

Minnie Wood was born in Birstall, Batley, West Yorkshire on 14 October 1880. Her brothers all died in infancy and she had one younger sister, Elsie. She was privately educated at a school run by the Miss Sandbaches in Hull.

She trained as a nurse at Salford Royal Hospital from 1905-8. She stayed there as a staff nurse before progressing to sister until she joined the Queen Alexandra's Imperial Military Nursing Service in 1912.

She spent the whole of WW1 nursing in Flanders - in casualty clearing stations, in a field ambulance and in stationery hospitals.

A total of 146 nurses received a military medal during WW1 including Minnie in 1917 for her work during the Battle of Passchendaele:

"For most courageous devotion to duty. On the 21st August 1917, this lady was Sister-in-Charge at No.44 Casualty Clearing Station, Brandhoek, when it was shelled at short intervals from 11am. till night, one Sister being killed. This lady never lost her nerve for a moment and during the whole of a most trying day, carried out her duties with the greatest steadiness and coolness. By her work and example she greatly assisted in the speedy evacuation of the patients and the transfer of the Sisters" (London Gazette, 17 October 1917).



Minnie Wood

"The most courageous devotion to duty."

At the end of the war she was sent to work in Germany, but was found to be suffering from 'debility' at a medical board in July 1919 and sent to a hydropathic establishment in Ilkley for a month. She then resumed her duties in the military hospitals in Devonport and then Lichfield. She went sent to Malta in 1922 before being sent to Belfast in 1923.

She resigned from the army citing 'private' reasons concerning 'only family affairs' in January 1924. Her mother died the same year and her father three years later so one theory why Minnie left was to go home to nurse them. However, the trail goes cold at this point and Dr Chatterton is still trying to find out when and how she died.

Minnie's medals are on display at the University of Salford. One of their new simulation laboratories was recently named after her, together with Edith Cavell (who also has links to Salford) at a special event on Nurses' Day:

<http://www.salford.ac.uk/news/events/2016/courage-in-healthcare-edith-cavell-and-sister-minnie-wood>

Should you have any more information about the remainder of Minnie's life, email:

Danielle.scapens@rcn.org.uk

Agnes Elizabeth

Jones was born on 10 November 1832 into a wealthy military family in Cambridge. Because of her father's army career she and her family spent time in Mauritius. They then settled in Fahan in County Donegal in Ireland.

Agnes grew up with a deep religious faith and a strong social conscience. She was encouraged by her family to take part in a variety of philanthropic activities including teaching local children and visiting the sick in the local area. These factors together with seeing the nursing work of the deaconesses from Kaiserworth, where Florence Nightingale had gained valuable experience, all inspired her to train as a nurse.

By 1856 she was nursing at Dublin Hospital and in 1859 she went to London, where she met with Florence Nightingale and Mrs Wardroper, senior nurse at St Thomas Hospital. Three years later she began her training in the Nightingale School at St Thomas Hospital. She was later described by Nightingale as 'one of our best pupils'.

After completing her training she continued to work in London, but in 1865 she moved to the North West. William Rathbone, a Liverpool merchant and philanthropist, effectively 'head hunted' her as result of a new project that he had initiated.

He was appalled by the terrible conditions in the Brownlow Hill Workhouse in Liverpool, which was one of the biggest in England. In common with other



Agnes Elizabeth Jones

“Agnes was one of our best pupils”

Florence Nightingale

workhouse infirmaries of this period, the perfunctory nursing care provided was by other female inmates. Rathbone decided to recruit trained nurses in an attempt to ameliorate the situation. He enlisted Florence Nightingale's help and she recommended Agnes Jones for the post of Lady Superintendent. Her role was to lead a team of 12 trained nurses and 65 assistant nurses to reform the infirmary – a huge task as it could contain up to 2,000 beds. She was the first trained nurse to take on such a role.

Due to the poor conditions and overcrowding, cholera and typhus were both rife and one of the first tasks for Agnes and her team was to scrub and clean all the wards and bed linen. As conditions improved and the death rate declined they continued to work but, sadly, on 19 February 1868 at the age of only 35, she died of typhus fever herself. Florence Nightingale said of her 'she overworked as others underwork. I looked upon hers as one of the most valuable lives in England'. She 'died at her post' she said, 'amongst the poor and sick, while yet in the flower of her age.'

Her contributions to nursing were remembered in a variety of ways. Her body was returned to her family in Ireland and she is buried in the graveyard in Fahan, where there is also a memorial to her in her family's church. In Liverpool she can be found in the 'Notable Women' stained glass windows in the Lady Chapel in the Anglican Cathedral. William Rathbone commissioned a monument which is now housed in the Oratory by the Anglican Cathedral (now part of the Walker Art Gallery). A student hall of residence is also named after her (housed in the former Liverpool's Women's Hospital building).

For further information see <http://nurseagnesjones.com/>

Nursing in the Past

From hospital nursing to military nursing to the world of academia...

at the University of Chester

Alan Finnegan

has enjoyed a long and varied career. After qualifying as a Registered General Nurse in 1984 at North Manchester General Hospital, he then obtained a mental health nursing qualification in Birmingham before joining the Army in 1987.



Alan Finnegan

Alan, who sits on the RCN North West Regional Board, went into nursing as he was interested in working with people and the variety and diversity of the job. Changing from one healthcare setting to another was particularly appealing.

He believes that a nurse needs to be caring, compassionate and trustworthy adding: "Obviously they need to have the correct skills sets to safely practice within their own scope of practice. Nurses should also be an advisor, teacher, researcher, role model, team player and patient's advocate."

Alan said: "While nurses have a key role within the multi-professional team, they nonetheless have a distinct and unique role. Many patients look to nurses to be their advocate, the person who they build a relationship with, and who respects them irrespective of the faith, affiliations, views or culture"

Alan thinks that the fundamental aspects of nursing have remained remarkably consistent over the last 100 years and that nurses are an integral part of the multi-professional team and the focus for patient care.

"Nurses should also be an advisor, teacher, researcher, role model, team player and patient's advocate."

He said: "Some of the nursing leaders of 100 years ago showed remarkable fortitude, resilience, flexibility, leadership skills and courage. Current nurses have similar characteristics, notably demonstrated by our colleagues who cared for the sick during the Ebola Virus Disease outbreak in Sierra Leone."

For the best part of 30 years, Alan followed a fairly typical Nursing Officer career trajectory, mixing clinical practice and wider military employment with academic progression and operational tours. In his final years he had the honour to be the senior military nurse based within the University of Birmingham NHS Foundation Trust which was the receiving hospital for military casualties injured in Iraq and Afghanistan.

He said: "Having a role to play in their care and supporting their families was challenging but exceptionally rewarding. My final appointment as the Ministry of Defence Professor of Nursing provided an opportunity to try and raise the profile of Nursing in the Armed Forces."

Alan added: "My career has now transitioned into full time academia at the University of Chester; which is very rewarding. I'm fortunate to enjoy my job and enjoy going to work and still hope to produce outputs that can make a difference."



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Nursing in the Present

From Nursing to Education...

at Manchester Health Academy

Helen Walker, an Associate Assistant Principal at Manchester Health Academy, an 11 – 18 Academy in Wythenshawe, Manchester, trained at Manchester Royal Infirmary in 1983 as a Registered General Nurse. Following qualification she worked on both Medical and Gynaecology Units before completing her midwifery training in 1988 at Saint Mary's Hospital, Manchester.

While she was working at Saint Mary's as a midwife Helen completed a part time Further and Adult Education Teacher's Certificate. She was then employed as a Lecturer in Health at Salford College of Further Education. During this time Helen completed a BSc in Health Care and Welfare and a Post Graduate Certificate in Education.

She worked in Further and Sixth Form Education for the next 15 years before moving to Manchester Health Academy in 2010 where she was employed to support the setting up of the new 6th Form and to integrate health across the Curriculum working specifically with the sponsor, Central Manchester University Hospitals NHS Foundation Trust. She is currently a member of the Senior Leadership Team and has responsibility for promoting the Health Specialism. Helen has also just graduated having completed an MA in Education at MMU.

Helen decided to go into Nursing following a careers trip to Manchester Royal Infirmary. She added: "I felt that working with patients in a hospital environment would enhance my skills, qualities and personality. My parents were teachers and my brother was a doctor so they inspired me through their own commitment to helping others."

Helen said: "I have looked back on my own experiences both in nursing and teaching and really understand the need for compassion and care. Patients hang on to every word that health professionals say to them so I think tact and sensitivity is really important too. In today's busy world where we don't have a lot of time it's important to make sure those people around us know we are interested and care about them."

"Our Academy is situated in an area of real need. There are lots of challenges for our students to overcome."

"I still enjoy visiting my students during placements. I often go back to the hospitals where I trained and remember my own early career experiences. I enjoy the pastoral work that I am involved in as so many of my nursing skills are transferable. Our Academy is situated in an area of real need. There are lots of challenges for our students to overcome."

Although Helen no longer practices as a nurse, she is aware of recent strategies such as the 6 C's. She said: "My training was very structured and disciplined and this has stood me in good stead in my current career as I try to maintain high standards for my own practice. I was working on the wards when I was 18 which was very challenging at times.

"My second ward was Haematology where I remember my first experience of a patient death; a young man who had leukaemia. I grew up very quickly during this time. I learnt how to work in a different team every six to eight weeks, how to work cooperatively with managers and developed skills and values I have carried with me during my own life and career."



Helen with some of her students

Nurse managed DVT service adopts 'one-stop shop' approach

at Bolton NHS Foundation Trust

A nurse's dedication to improving patient satisfaction within the DVT service has led to Bolton NHS Foundation Trust gaining exemplar status for its work in this field.

The previous Deep Vein Thrombosis (DVT) service did not always receive good patient feedback, due to delays in medical review and in radiology department imaging.

Medical Nurse Consultant Beatrice Fox, who has worked at Royal Bolton Hospital for 12 years, identified that major improvements could be made to this service. She led a major piece of work to move to a nursing managed service.

The team introduced Independent Vascular Service imaging (IVS), which provides them with a much greater degree of flexibility. They are now able to scan every patient within 24 hours. When a patient is referred from A&E or in the community they can also be scanned and diagnosed generally on that day – waits were previously around ten days.

More than 98% of all referrals into the service are now managed as outpatients, and they are more than meeting their increased patient levels.

Beatrice has championed the nurse managed DVT service and facilitated work towards the Trust achieving national venous thromboembolism (VTE) exemplar status. She has played a great role in staff professional development, and has ensured that all her team have been trained in non-medical prescribing.

Bolton is now a beacon site for VTE across the region, and frequently facilitates visits from Trusts across the region looking to implement the system that they have in place.



Beatrice Fox

“Thank you so much for all your help and kindness in dealing with my mum and myself. Mum had a suspected DVT following hip surgery.

“We arrived at the DVT clinic and you dealt with everything and everyone so efficiently, ensuring we were dealt with quickly and also arranging tea and toast while we waited for the ambulance to take us home - that was a lifesaver!”

Nursing in the Present

Nursing behind bars

at Manchester Mental Health and Social Care NHS Trust

Bob Downs joined the Prison Service, as a prison officer, in 1985 and was posted to HMP Manchester in 1987.

The majority of his working days in Manchester were spent working within the Healthcare Unit and he found the variation in work both rewarding and challenging.

As a prison officer he had received no formal healthcare training so, in 1989, he applied to undertake the Healthcare Officer training. This consisted of six months' training, both practical and theoretical, in physical and mental health. He undertook placements at Rampton High Secure Hospital, Whiston General Hospital, Rainhill Psychiatric Hospital and Walton General Hospital.

In 2002 he gained a secondment, at Manchester University, to undertake the Enhanced Diploma in Mental Health. On completion of training he returned to HMP Manchester.

He said: "The skills I learnt during my training allowed me to contribute to the delivery of care with more confidence, and a greater insight, than previously."

Bob believes that whatever branch of nursing you are in, the qualities needed are fairly similar adding: "The ability to be caring and compassionate is central to nursing as are good communication and listening skills. A nurse



Bob (left) receiving the Lifetime Achievement Award at the 2012 High Security Directorate Prison Service Officer of the Year awards from Phil Copples, Director of High Secure Prisons.

"Prison nursing can be an extremely challenging environment."

also needs to constantly reflect on their own practice and take the lead in their own personal development."

He said: "Prison nursing can be an extremely challenging environment to work in. Many in our client group are high profile, and I have often been asked how we can provide healthcare for people who many of the public don't feel deserve it. The ability to be non-judgemental in such an environment is essential in ensuring our clients receive the same level of healthcare they would expect to receive in the community.

"The prison can be an extremely challenging and difficult place to work. A nurse needs to be resilient, flexible, reliable, and also have self-awareness

"Education and health promotion is a fundamental, and extremely important, part of the role undertaken in prisons. Addressing clients health needs, and giving them appropriate health promotion and education, is known to have a positive impact on re-offending rates and can also impact on the health and wellbeing of communities."

Bob spoke about how he thinks the role of the nurse as changed over the last 100 years saying that the role of the universities in training nurses, as opposed to pure ward-based training, is one that continues to cause debate. He found the theoretical knowledge gained during his training invaluable in underpinning his practical skills on placement.

He thinks one of the biggest changes is the emphasis on patients being involved in their own care, as opposed to decisions being made for them. Patient involvement in the care planning and decision-making

process can only be a positive move and leads to better outcomes.

Bob has been working in and around healthcare for the last 31 years, all in prison establishments. When he first started, the budget for healthcare sat within the main prison budget and, where the overriding risk for a prison establishment is security, it was inevitable that healthcare funding would not meet the need of its service users.

When the responsibility for healthcare delivery in prisons switched to the Department of Health, around 2004, they saw a big increase in human and financial resources. This has allowed them to deliver major improvements across all areas of healthcare including services, training, equipment and facilities.

Bob said: "I think it is fair to say that healthcare delivery within prisons is certainly on a par with what a prisoner would expect to receive in the community, and this is a major improvement."

One of the biggest challenges for prison nursing is to ensure that, on reception, they accurately assess each patient's health needs and risks. There cannot be many GP practices which have over 350 new patients registered each month.

Bob explained: "Between 70% and 80% of all those in prison have a mental health or substance misuse problem, and you can see how reception screening paves the way for individual care provision. This is one area where we cannot afford to get it wrong."

"As the Head of Healthcare it is a daily challenge to combine healthcare delivery with working in a high secure environment."

"The favourite part of my job is to know that we provide a great service to our client group. Receiving feedback from our clients, or inspectors, saying that we provide a quality service is the icing on the cake."

The day in the life of a prison nurse...

by **Bob Downs**

A prison nurse will start at 7.00am. Like at an airport, all items are X-rayed and you walk through a metal detector. Unfortunately there is no aeroplane on the other side and that is where the similarity ends. There is also no access to social media as phones, tablets etc. cannot be brought in.

Following handovers, medication administration rounds will start at 8.00am until about 9.00am when the nursing staff will return to their dedicated areas. Nurses will run independent clinics, work in reception, on the 19-bed inpatient unit, or within the mental health and substance misuse teams.

We have 24-hour nursing cover so we have an RGN and RMN working nights. All staff are trained in Immediate Life Support and a dedicated nurse will attend to alarm bells or medical emergencies.

All our healthcare staff, including HCAs, have transferable skills and are able to work in all areas of the prison. This ensures there is variety for them and the ability to progress.

We have staff trained in chronic disease management, palliative care, non-medical prescribing, venepuncture and communicable diseases, amongst other things. The prison regime can change at a moment's notice, for operational reasons, and nursing staff have to be able to adapt quickly and at short notice.

Nursing in the Present

Meeting the **Dementia** challenge

in the **Isle of Man**

As the Royal College of Nursing celebrates its Centenary, the Isle of Man branch organised two workshops to coincide with Alzheimer's awareness week in May.

The theme was 'Caring for people with dementia in an acute setting', with an emphasis on communication.

Expert speakers Claire Chatterton from the Open University, Jane Kemp from the RCN and Susan Walker, an island based dementia support worker all made valuable contributions to sessions, which were held at the Isle of Man Government's Learning, Education and Development (LEaD) Division's HQ.

Chair of the RCN Isle of Man branch, Verna Phillips said: "The speakers were knowledgeable, relaxed and made a difficult subject interesting. They had excellent presentation skills.

"Both workshops were oversubscribed and involved plenty of participation. We were given comprehensive handouts and feedback proved learning had taken place.

"I am sure the day enhanced the knowledge and perceptions of our nurses and carers when communicating and treating one of the most vulnerable and growing sections of our community."

Chief Nurse for the Isle of Man, Linda Radcliffe added: "As the Royal College of Nursing celebrates its 100th anniversary and we look back over the past century – one of the biggest changes is the significant increase in life expectancy. With the eradication of many lethal communicable diseases, people are living longer.

"As we look to the future and the challenges of the next 100 years, it is clear the rise of long term conditions, such as dementia, will test our skills, resilience and ability to adapt as a profession.

"Workshops, such as these, are vital to ensuring nurses can grow their skill set to continue to offer exceptional and compassionate care."



Jane Kemp, Dr Claire Chatterton and Verna Phillips.



Linda Radcliffe

How to nurse patients *living in the past* in the present

at Stockport NHS Foundation Trust

- There are 850,000 people living with dementia in the UK, with numbers set to rise to over 1 million by 2025. This will soar to 2 million by 2051.
- 225,000 will be diagnosed with dementia this year, that's one every three minutes.
- 1 in 6 people over the age of 80 have a diagnosis of dementia.
- 70 per cent of people in care homes have a diagnosis of dementia or severe memory problems.
- There are over 40,000 people under 65 living with dementia in the UK.
- More than 25,000 people from black, Asian and minority ethnic groups in the UK are affected.

Stockport NHS Foundation Trust has a variety of projects aimed at supporting patients living with a diagnosis of dementia along with their carers. There is also an emphasis on person-centred care which aims to see the person with dementia as an individual.

Matron for Dementia Care, Florence Bawak, began working at the organisation in July 2015 and since then, has continued the Trust's good work with patients with a diagnosis of dementia and their carers.

Dr Peter Ngoma runs the **Memory Clinic** every other Wednesday with a registrar and specialist nurse. Part of the first attendance at clinic is for an assessment and establishing if the patients need an MRI or CT scan or further tests to rule out any other physical health problems that present similar to dementia. Florence is notified of all patients who are newly diagnosed and contacts the patients and their families/carers and refers them to Signpost for carers or the Alzheimer's Society where they can receive additional support.



Florence and one of her patients

Nursing in the Present

How to nurse patients **living in the past** in the present

at **Stockport NHS Foundation Trust**

Music in Hospitals have visited the hospital to perform for the patients. Patients form a connection with music and staff see a very different side to them. Music can help with reminiscence and relaxation. It also helps patients make positive connections with others as it triggers memories. All wards now have CD players and CDs to help relieve anxiety in patients living with a diagnosis of dementia.



Music in Hospitals

A **'forget me knot flower'** scheme enabling staff in their A&E and other departments, to easily recognise patients living with dementia has also been established. This sign serves as a visual reminder for staff to remember the person.

Clearer signage for patients with dementia and 'memory boards' reminding patients instantly what date and time it is have also been introduced as well as 70 dementia champions across the organisation

There is a **full time psychiatric liaison service** for older adults and the organisation has also run a training course for drivers of a local taxi firm so they are better trained to support patients living with dementia. Metro Taxis pick up and drop off thousands of passengers at the hospital every year, and a large number of these have dementia or memory loss. Our nurses have taught drivers the best way to make sure these passengers have comfortable and secure journeys. The firm

sponsored the 'This is Me' booklets that are used in the hospital to provide additional support for patients living with dementia who find themselves in a new and unfamiliar environment.

Fundraising is currently taking place to introduce a **'dementia café'** in the hospital. This will be a relaxing environment where carers and patients living with dementia can go for a chat, or just some quiet time. The café will also have tea and coffee making facilities. These rooms reflect bygone times, complete with décor and music from the era. They are proven to create a therapeutic and relaxing environment for patients living with dementia and their carers.

Last year, **student volunteers** all in their second or third year of health and social care studies at Stockport college, worked one day a week on a voluntary basis to support patients living with a diagnosis of dementia. They spent time on the wards and helping with meals. The students also spent time talking with them on a 1:1 basis or engaging with them in activities. A movie afternoon on one of the wards was a great success.

Activity Mitts, also known as 'Twiddle muffs', are knitted or crocheted band with items attached, such as ribbons, buttons, zips and beads which provide sensory stimulation. They are also conversation starters as patients living with a diagnosis of dementia find it difficult to find the words. Activity mitts are also proven to help relax and distract patients.



Florence Bawak and a pile of Activity Mitts

There is also a **reminiscence room** in one of the older people's wards. This room is decorated in period décor and helps keep the patients calmer and happier. It is often used as a quiet room or for patients to enjoy movies and music of their choice. This room is kept open throughout the day.

We have also implemented **memory boxes**. These are activity boxes containing reminiscence cards, sensory balls, aqua paint cards and paint brushes. The purpose of these boxes is to stimulate activities and reduce boredom in patients living with a diagnosis of dementia.

Carers' passports have been introduced in support of John's campaign. These passports allow carers to visit and support their relatives at any time. The passports have led to improved relationships and partnership working between carers and staff.

Within the Accident and Emergency Department, there is a **dementia trolley** containing the 'This is Me' booklets, carers passports, activity mitts, dolls, sensory balls, aqua paint cards and reminiscence cards. When it was implemented, Stockport's communications team tweeted about this with posts going viral. They have since had interest from as far as Australia enquiring about the contents of the trolley and how they are using it. This has sparked an interest in research on the importance of activity in people with dementia. The dementia champion in A&E has been key to the success of this implementation and also has had a music app installed on out of use iPads for patients to enjoy whilst in the emergency department.

Doll Therapy has also been successfully introduced on older people's wards for patients who are agitated and anxious about their children.



Miguel Serrano and the Dementia Trolley



Dementia Orientation Board

Nursing in the Present

A Profile of **Florence Bawak**, Matron for Dementia Care

at Stockport NHS Foundation Trust, Stepping Hill Hospital

Florence Bawak, Matron for Dementia Care at Stepping Hill Hospital in Stockport, was inspired to go into nursing by her mother who was a registered general nurse (RGN) and worked in several specialities in Cameroon. She particularly remembers going to see her at work at the children's unit and in theatre and loved the way she interacted with the patients and communicated with her colleagues.

Florence's mother has always been her inspiration; but she worked long hours and was rarely at home so although she wanted to be a nurse she decided she didn't want to be an RGN. She was interested in sociology and how people interact so, when the time came to decide, she picked mental health nursing instead and has enjoyed it ever since.

Florence said: "I believe a nurse needs to be patient and calm, listen actively and with compassion, be ready to give time to all their patients and above all make the patient feel they are not a burden. A nurse also needs to be ready to offer reassurance to all her patients and treat them with dignity and respect and act as an advocate for them, ensuring that their concerns are fed back to the medical team.

"Often patients are given a diagnosis, with a lot of explanations at the same time. Very often all they hear is the diagnosis, and, as they process this information, they will have lots of questions often when the doctor is not available. It very often falls on the nurse to provide them with reassurance and sometimes answers to their questions."

Florence added: "In my opinion, most of the changes in the role of the nurse have been around additional responsibilities. I do believe this is a positive change as it has led to nurses progressing further in their careers. I believe nurses are being recognised now more and more as the skilled professionals that they are."

She added: "I love when staff engage in training and understand that, behaviours that dementia patients



Matron for Dementia Care, Florence Bawak

exhibit is a form of communication. And that people with a diagnosis of dementia will display complex behaviours because emotions are the only manner of communication sometimes left for them to use."

She particularly loves the effect that music has on a person. Florence states "it's just magical to watch a person's personality come through when they listen to music and how this helps them make positive connections with their families again."

Florence believes mental health nurses must be equipped with communication skills, de-escalation skills and undertake regular updates on prevention of violence and aggression throughout their training. These skills prepare them for when they qualify and start practising.

Florence said: "All of these valuable skills are put to the test when RGNs are faced with a patient with a diagnosis of dementia, who is unable to comprehend what is being asked of them and declines interventions that are necessary to improve their health. The nurse is then faced with the question, how I am supposed to carry out my job? As newly qualified nurses on the ward, it really is the beginning of learning a whole new set of skills. However, what I have noticed is that they remain dedicated to doing their best for the patient and to develop and learn a whole new set of skills to enable them to support the patients better. This is what I admire about all the nurses in Stepping Hill Hospital."

A Day in the Life of a Matron for Dementia Care

by Florence Bawak

“A typical day for me starts at about 9am with the completion of the FAIR (Find, Assess and Investigate, Refer) assessments. This is an assessment completed for all patients who are 75 and above who have had an emergency admission to hospital. The purpose of this assessment is to raise awareness about dementia by giving people an opportunity to talk about any concerns they have had about their memory. This is a valuable assessment as, people in this age group, are considered a high risk group for developing dementia. The assessment also identifies patients with a diagnosis of dementia and those in an acute state of confusion (delirium).

“I enjoy this part of my job very much because I get to meet some very interesting and knowledgeable people. It is also often very reassuring when patients talk about some of their concerns around their memory and get some relief following a memory assessment test that, what they are going through is not the beginning of dementia. Completing these assessments is the most structured part of my day.

“Whilst walking round the wards completing these FAIR assessments, I am often approached by staff with concerns about a patient with a diagnosis of dementia. Most of the time I discuss the patient with them straight away and, where possible, see the patient at the same time and set up a plan for the nurses.

“However, today this is not the case, I received a bleep from a ward prior to commencing my FAIR assessments and organised to get there for 12.30pm to meet with a relative to discuss concerns and offer support. At 1pm it is time to go and deliver dementia awareness training to our preceptorship nurses. These are newly qualified nurses. We start off as always with the icebreaker and they are keen to contribute. Training lasts for one hour allowing time for questions.

“It is now 2.04pm and I am late to deliver an update on dementia care to the patient health and quality committee. I rush there to discover I am 36 minutes

early. This gives me time to look through my talking points to refocus. Time goes by quickly and it is now time to talk to the committee. We go through the dementia strategy and how we are achieving it with examples of practice. The talk is a success and I am promised the committee’s support if required at any time to support our dementia initiatives.

“It is now 3pm and I still have one appointment on the ward to speak with a member of staff who is finding it difficult to support patients with dementia who are acutely unwell alongside other complex patients receiving end of life care on a busy 34 bedded ward.

“Arriving on the ward I am met by the ward manager. They have had a total of four patients with a diagnosis of dementia transferred to the ward today. One of them I know very well and have been supporting on a previous ward. This patient worked as a matron in older people’s medicine and most of her communication now centres on her job. She is frustrated she is no longer able to walk; is in pain and is adjusting to having a catheter. As a result she is convinced she is having a baby.

“The ward staff have offered her a doll which is helping at the moment to keep her settled. I now talk to the nurse I had originally come to see on the ward. I leave the ward at 4.15pm and head back to the office. My head is buzzing so I spend some time debriefing about the events of the past 4 hours with my colleague.

“Debrief over, I realise I have a voicemail and I pick it up, it was a member of a community team returning my call. She needs some information about a patient in their care. I ring her back, find out what she needs, and set about phone calls to acquire this information. It is 4.45pm when I contact the community team, and give them a verbal response to their query and then send them the required information via fax.

“It is now 5pm and it is time for me to go home, I check my diary for tomorrow and sign off my computer, ready to pick up everything again tomorrow. I am happy with the day I have had and it is now time to see my family.”

Nursing in the Present

Pioneering nurse **Fiona** is awarded MBE

at **Bolton NHS Foundation Trust**

A nurse who has led innovative bereavement and donor work in Greater Manchester and shared it across the country has been awarded the MBE in the Queen's Birthday Honours. Fiona Murphy, Assistant Director of Nursing for Bereavement and Donor Support at Bolton, Salford and Wigan, has dedicated much of her 30 year nursing career to caring for dying patients and their families.

Fiona - winner in 2011 of the Nursing Standard Nurse of the Year award and Lancashire Life Woman of the Year - began this work in 2002 at the Royal Bolton Hospital as Donor Liaison Sister.

She is now the driving force behind the Royal Alliance Bereavement and Donor Service, a nurse-led innovation that has transformed practice across three large foundation trusts, Salford Royal, Bolton, and Wroughton, Wigan and Leigh.

The pioneering work has dramatically improved end of life care and successfully promotes patient choice and dignity. Fiona has spoken about bereavement work at many national conferences and is currently shortlisted in the national Patient Safety Awards in the category for Clinical Leadership.

Fiona said: "I'm proud of each and every healthcare professional who has played their part in breaking down some of the barriers in caring well for the dying and the dead. For me, this is testament that we are getting somewhere in getting it right for every patient every time."

The three trusts' bereavement teams provide support to patients and their families during the last hours of life and immediately after death.

They regularly pull out all the stops to make a dying patient's wishes come true including hosting birthday parties at the bedside and they have even arranged for some pets to make a special visit to hospital. They offer relatives the opportunity to have locks of hair or handprints of their loved ones.

"I am overwhelmed and delighted to receive this accolade for our services to nursing and bereavement care. I feel truly humbled."



Fiona Murphy



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Royal College of Nursing

North West

Nursing in the Future

How research has **changed** the face of nursing

at North West Coast NIHR Clinical Research Network (CRN)

Lady Jacqueline A Pirmohamed, the Chief Operating Officer of North West Coast NIHR Clinical Research Network (CRN), went into nursing as she wanted to do a job that she felt added some value and support to people, at a time in their life when they needed it most.

She said that no two days as a research nurse will be the same. The NIHR CRN is the research arm of the NHS and employs thousands of research nurses across the NHS, covering all specialties and disease areas. The role of the research nurse is typically involved from the outset of a patient's research journey.

Lady Jacqueline said: "Research nursing is a key focus in the UK today; the Royal College of Nursing has a Research Society Forum with 5,000 members. Most importantly research nurses in the year 2015/16 alone, working across the NIHR, have helped to recruit over 605,000 people into clinical research studies, with more than 3 million patients recruited since 2008, as reported in the Guardian in 2014.

"In addition 100% of NHS Trusts and 42% of GP practices now regularly participate in clinical research. Without research nurses this simply would not happen. As a profession we should stand proud that we have all helped this to happen to benefit patients. There has never been a more exciting time to embark on a career in research as a nurse."

"Florence Nightingale was considered to be an early pioneer of research nursing which is often overlooked. In a book which contains many of her own records from the Crimean War it can be seen how she relentlessly pursued new knowledge and used evidence based frameworks to try and influence change"

L. McDonald, 2010



Lady Jacqueline A Pirmohamed & Matron Sarah Dyas

How research has **changed** the face of nursing

Research Nurse **Matron Sarah Dyas** went into nursing because she wanted to do something that would make a difference to people's lives. She believes that the qualities a nurse needs are essentially - care and compassion, but also stoicism, patience and ability to remain calm in urgent situations. Prioritisation, efficiency and good organisational skills are needed, but can be learned

Sarah thinks that the role of a nurse is to be patients' advocate at all times - ensuring that they are fully informed of their condition, the treatment options available and procedures involved; providing clinical care to a high standard; anticipating their needs; providing a calm, clean and efficient environment and supporting them emotionally throughout their period of sickness

Over the last 100 years, Sarah thinks that the role of the nurse has extended considerably as nurses have taken on more responsibilities, initially to relieve junior doctors – (venepuncture, cannulation, minor surgical roles – suturing, prescribing). As a result, nurses have become more autonomous, moving into Nurse Specialist, Advance Nurse Practitioner and Nurse Consultant roles.

Sarah said: "In my current role as Research Nurse Matron for the Network, my favourite part is working alongside the research staff in the 'Task Force' team, either in clinical supervision or in discussing research studies to ensure their most effective delivery. The most challenging is trying to keep clinicians happy whilst juggling staff resources within the Network to meet the needs of the research portfolio. It is like being a glorified PA!"

No day is the same for a research nurse. They might be visiting clinics to approach patients for their participation in a study. Otherwise, they might be conducting study visits for patients already recruited to studies; screening patients to determine their eligibility for studies; entering data for visits already completed; addressing queries raised by the sponsor on data already entered; having meetings with Principal Investigators for the studies; liaising with the sponsors for studies; updating study master files; looking at protocols for potential future

"The research that we are doing is in response to changes in demography, social trends and public health concerns. It is a dynamic and varied environment in which to work."

studies to determine their feasibility; attending / presenting at MDT or Grand Rounds on studies being undertaken.

Sarah spoke about how research nursing has changed over the decades, mainly the use of technology. Most sponsors use electronic data bases. These systems can identify simple errors in transcription from source data which can be resolved easily at site. Electronic data bases allow sponsors to monitor studies more effectively in terms of recruitment rates, adverse events and to recognise early trends in a study.

Technology is also being introduced to studies with patients entering their own data through the use of smartphones and iPads. Patients then enter details of changes in their condition in real time, for example, the worsening of a respiratory condition - and according to the data they have already input onto the device, it will advise them how to treat it – without having to consult their GP. This has huge implications for patients, empowering them to be in control of their symptoms.

Treatments/ therapies are becoming more tailored to the individual, through pharmacogenetics, which enables dosages to be predetermined and helps reduce adverse effects and patients are much more informed.

Nursing in the Future

Nursing in the 21st Century from a **student perspective**

Gareth McLean is a third year student at Liverpool John Moores University. The 30-year-old who hails from Leeds, previously studied for a degree in English Literature. He is also the RCN North West Region Student Committee Representative. During this time, he carried out some voluntary work with a church group which took a group of older people and people with disabilities on pilgrimage to Lourdes in France.

Gareth said: "I really enjoyed it and found it extremely rewarding, and one of the nurses who worked in the hospital that the pilgrims were staying in said that I had a good manner with them and should consider a caring profession. When I left university the first time I applied for a job as a support worker and I haven't looked back since. In my opinion, nursing is both the hardest and most rewarding profession you can do."

He thinks that overall, a nurse primarily needs good communication skills and empathy adding: "We often encounter people during a really traumatic and distressing time in their lives. Often, what patients remember most are the kind words of a nurse or someone who seems to understand what they are going through. Good communication between patients and nurses which is built on honesty and openness can be the first step in building a trusting relationship."

Gareth believes that primarily, the role of a nurse is to be an advocate for their patients and service users and that it is important for nurses to have the courage to stand up when they see something that they don't believe is right or when they don't think their patients are receiving the care that they deserve.

He said: "I think that the role of the nurse is to be a constant for the patient; the person that they can go to with concerns or ask advice of; the person that doctors and other professionals can ask questions of."

Gareth told the RCN that he thinks nurses' roles have become more specialised and nurses find themselves carrying out tasks which might have been reserved for doctors. This can make the role even more fulfilling but

"My training has inspired me for the future and shown me what is possible, though it can be very daunting and difficult to integrate yourself into a new team on each placement."

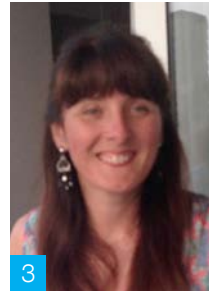


A snapshot of our future...

Louise Bennett¹, 30, University of Chester (Leighton site), Future employment: Mid Cheshire Hospital, Stroke Ward



Marta Quilliam², 34, study at University of Chester (Clatterbridge site), Future employment: Hoping to work at Countess of Hospital, Chester - Fertility Clinic, or Liverpool Women's Hospital – Embryology



Gillian Heath³, 41, University of Manchester, Future employment: Tameside & Glossop Integrated Care NHS Foundation Trust - Women's Health Unit

Katie Sutton⁴, 29, University of Salford, Future employment: Calverton Hill, Nottingham (thanks to an RCN Jobs Fair!)



Louise Ranger⁵, 20, University of Liverpool, Future employment: Hoping to be working in an acute setting such as a surgical assessment unit in the Liverpool area

with an increased role comes increased responsibility and accountability. Although the specifics of a nurse's role have changed, they remain that bridge between the medical professionals and the patient.

However, like most nursing students, he thinks that the most difficult part is juggling academic work, practice work and then usually part-time agency work adding: Often student nurses are working 30 hours a week on placement, completing assignments in the evenings and then working part-time at weekends to make ends meet."

An average day for Gareth involves attending the morning handover meeting, before his mentor gives him a rundown of the people they will be seeing that day. As a third year student, Gareth has his own small caseload of settled patients to work with. He is currently helping one person access employment services and he is encouraging another to engage with community activities to aid their recovery.

Gareth said: "I still get the butterflies of anxiety and excitement as I near the hospital that I will be working in that day! After work I get home and spend a couple of

hours working on assignments and then read for a bit before getting an early night."

He feels strongly about the changes to student bursaries and believes that this will have an impact on the future of the nursing profession. Gareth said: "The problem is that the majority of student nurses are 'mature' students and many of these already have a degree in another subject. This means that they will likely already have student loan debt and might be more likely to have dependents and financial constraints such as mortgages. This means they would likely be put off by having to take on more debt by taking out another student loan. What it also means of course, is that student nurses are much more likely to have invaluable life experiences."

Gareth strongly believes that the services available for those living with dementia and the support given to families and carers could be improved. He feels that families and carers are our greatest asset in providing personalised care and services should be working more collaboratively with these people; service users and families/carers should be at the centre of the team.



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Royal College of Nursing

North West

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