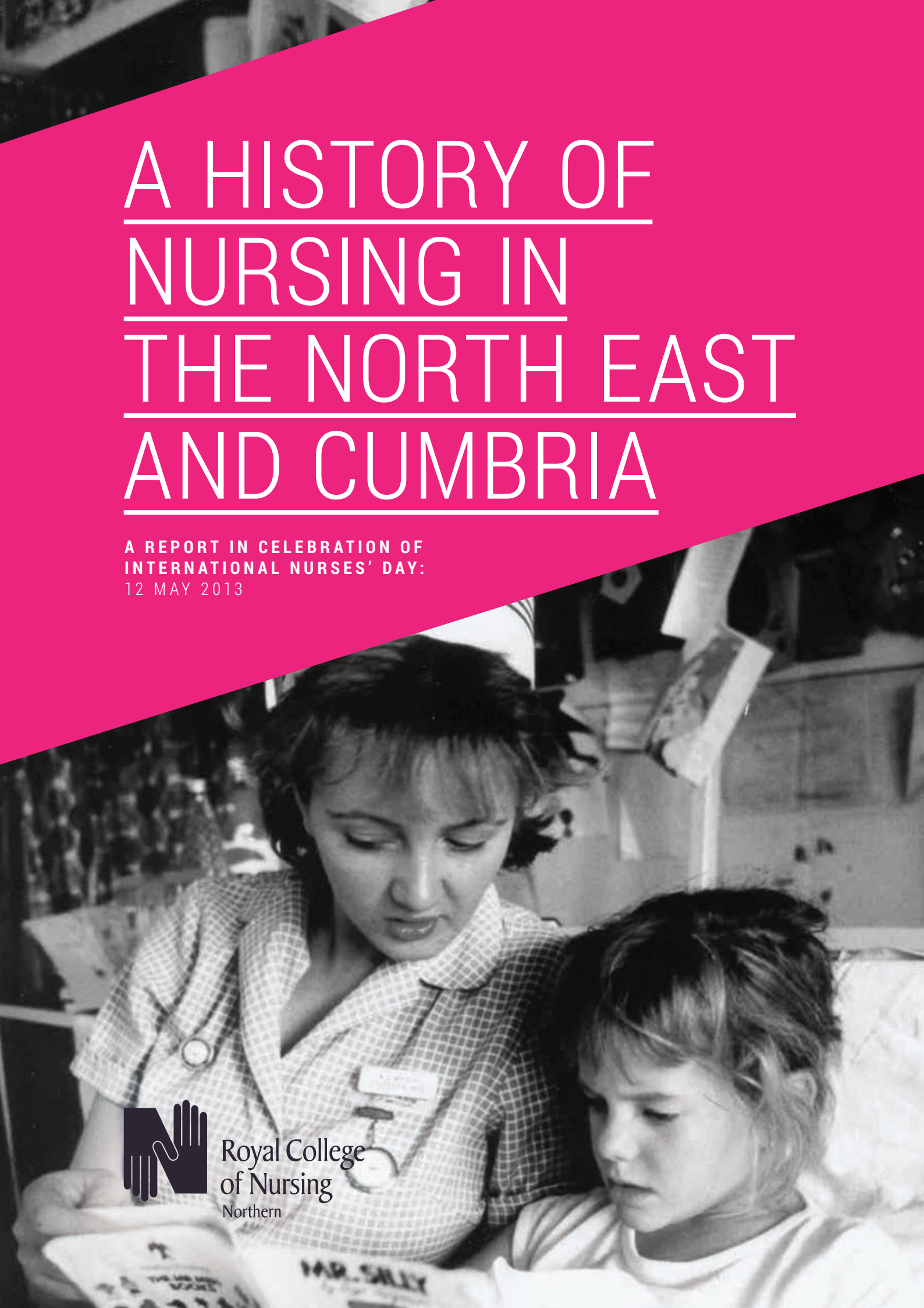


A HISTORY OF NURSING IN THE NORTH EAST AND CUMBRIA

A REPORT IN CELEBRATION OF
INTERNATIONAL NURSES' DAY:
12 MAY 2013



Royal College
of Nursing
Northern



INTRODUCTION



As part of our celebrations for International Nurses' Day 2013, the RCN Northern region has invited retired nurses from across the North East and Cumbria to share their memories and experiences of working on the frontline of care, and compiled this testament to local nursing history.

Since Health Minister Aneurin Bevan launched the NHS on 5 July 1948, it has grown to become the world's largest publicly funded health service. In its 65 year history the NHS has seen many changes, but the principle to provide care for all, free at the point of need, has remained steadfast.

Nurses have played a vital role in the development of the NHS and patient care. Our contributing nurses reflect on the pre-NHS years and the impact of establishing a health care service free for all; the poverty and social changes the region has faced; the rise of new drugs and new technologies; and the challenges facing the nursing profession today. Most importantly, they reflect on patient care, and how people's needs and expectations have changed across the years.

The Royal College of Nursing was established in 1916, and incorporated by Royal Charter in 1928. Those nurses who were RCN representatives talk about how the role has grown and developed, and the effect the organisation has had on their lives.

The RCN Northern region is extremely grateful for the contributions of nurses from across the region, who have kindly shared their memories and experiences with us, to produce such a rich and varied tribute to the history of nursing in the North East and Cumbria.



GLENN TURP -
REGIONAL DIRECTOR RCN NORTHERN REGION

A handwritten signature in black ink, which appears to read "G. R. Turp". The signature is written in a cursive style with a long horizontal line at the end.

NURSES'
DAY 12 MAY

MAVIS MAUREEN RAPER

MAVIS MAUREEN RAPER STARTED NURSING AND JOINED THE RCN IN 1948. SHE QUALIFIED AT NEWCASTLE'S ROYAL VICTORIA INFIRMARY, AND WORKED AS A DISTRICT NURSE AND THEN A HEALTH VISITOR IN TYNESIDE AND BERWICK.

SINCE RETIRING, MAVIS HAS BEEN A MEMBER OF THE COMMUNITY HEALTH COUNCIL, AND A GOVERNOR FOR NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST. SHE WAS RECENTLY RE-ELECTED AS A GOVERNOR, TO SERVE FOR A FURTHER THREE YEARS. MAVIS RECEIVED AN MBE IN 1991.

MAVIS RUNS CREATIVE WRITING AND READING GROUPS IN BERWICK. SHE HAS WRITTEN SEVEN BOOKS, AS WELL AS ARTICLES FOR THE NURSING TIMES AND NURSING STANDARD. SHE'S CURRENTLY PLANNING TO WRITE A HISTORY OF THE OLD BERWICK INFIRMARY.

MAVIS' STORY:

“ The NHS came into being in July 1948 and I started as a pre-nursing student that June, before the NHS was born really.

I often think, if Aneurin Bevan came back and saw how the NHS is run today I'm sure he would be pleased. I know there are criticisms about waiting lists and things, but I think there should be more positives written about, because a lot of commitment and dedication from a lot of nurses has loyally propped up the health service for the last 60 years.

When you think about it, it was such a step forward for Britain, and the whole world really, because no other Western nation had attempted reform on the scale it was. When the NHS was launched, 500,000 people were employed, and it was for the entire population.

When I was a child, what made me think about nursing as a career was that I had diphtheria when I was a young girl. My parents were horrified because I was taken away in the middle of the night in an ambulance, covered in a red blanket, to a remote place in County Durham, and taken into a great old building, to a ward where there were rows and rows of sick children – and I was in hospital for a whole year. I never saw my parents, they were only allowed to come to the gate, and you could see them waving as a speck on the landscape. My mother said that she'd had to fumigate the whole house and keep the rest of the family off school, and there was quite a stigma attached to it.

Some of the nurses were kind, and it made me think about nursing as a career, because I wanted to improve the situation for young children. There was an awful lot of suffering then.

My parents were quite middle class and lived in a nice area, but all the other children's parents were miners, and they were not paid much then. But even so, my mother put money in a jam jar to pay for the doctor, and before he stepped over threshold, my mother had to pay, and I remember her running for the jar!

All three of us children had a tonsillectomy, and we had them removed on the kitchen table. My mother scrubbed the table, and the doctor came along with the anaesthetist and we were promised ice-cream if we behaved. There was a bit of a problem with directing the light, so my father had to shine his car headlights through the kitchen window to illuminate the table. There's an element of safety that would never occur now! It was little things like that, that made me want to be a nurse.

That's what started me off, and I started just before the NHS began. You had to provide all your own books, uniforms, shoes, everything, and my father cashed an insurance policy so I could get them. We had not quite two months in pre-training school across the moor from the RVI (Royal Victoria Infirmary), and there was a crowd of us and great friendships were formed. I still remain friendly with some of them I met to this day, and we often recall the days we were in the PTS.

All nurses had to live in. There was no question of you getting a flat, and if you got married or had a baby you had to leave. The nurses' home was very conservative, and the home sister checked on all the nurses, and if your light was not off at 10pm she would investigate to see if you were ill. You had to always be in by 10pm, and if you were wanting to stay out, you had to ask matron for a late pass, and explain why you needed it, and who you were going with – things that girls today would never put up with!

The hospital was your life, and when you came outdoors you'd think it was another world. We had a dance hall and sometimes the dances went on 'til midnight, but you were only allowed one late pass a month, it was rather strict. I had a boyfriend then, who became my husband.

After only six or seven weeks, you were immediately put on the wards. We learned very quickly, but a lot of the jobs were things like changing the flowers, and washing out the bottles and urine pans, what you learned was different from what nursing is today. I did three months on a surgical ward, then three months on a medical ward, then three months on nights. And we had lectures for part of the day, and you had to come off duty at night and attend lectures; it could be hard going.

When I reflect back, there was a table in the middle of the ward, where the sister or staff nurse sat, and on night duty she could sit and watch everyone – now there's a nurses station and patients have to ring bells if they need attention – and we did ward rounds three or four times a night to check everyone was alright.

Matron did everything; the social side, the medical side. She was an amazing woman, and she frequently said a prayer, we would all have prayers before the patients settled down for the night, regardless of what religion you followed.

Christmas used to be very special, the consultant would carve a bird on the ward, and everyone would sing on the ward. No one was allowed off at Christmas, so there were no arguments, because everyone was on.

After I qualified I got married, and I went on to be a district nurse. I loved the district nursing, and I worked across St. Antony's and Walker and Byker. The children there had no shoes, and would run

around without nappies. Sometimes when I went in a house they had the same clothes on day and night, sometimes for months, and there were people sharing false teeth. I could write a book about the poverty there, but on the plus side there was a strong neighbourhood togetherness. When babies were born, to be honest the neighbours all clubbed together, and they were brought up by the street.

If a patient had abscesses to dress, or wounds, you had to get them to find a biscuit tin and put the swabs and things in, and sterilise them in the oven, and boil dishes to put the lotions in. And we always had a clean apron when we went in the house.

While I was doing district nursing, I did the old tenement flats at St. Antony's, and I remember going up to the top of one to see an old gentleman's wound dressing. He only had one mug where he kept his false teeth and everything, and insisted I had some of his cocoa!

I had my children, all the time helping at the local surgery with the doctor, he'd ask me to go at night to help with the surgery. Then I decided to foster children, as an awful lot were put into care in those days. They asked me if because of my nursing background I would foster any sick children that came into care, and I said I would be happy to do that.

I had lots of children, lots of sick ones, and my children loved them, it was a very happy time. But after a time, it got too painful for them to go away, and I got very weepy when they went back to their parents or to get adopted. We adopted one little girl, and I love her to bits, and now she's nearly forty.

I got my MBE through care of sick children over the years, and I met the Queen, and she was so nice. I often think of these children.

There have been so many changes over the years – when I was younger, there was diphtheria, polio, and whooping cough, all these were rampant, and we're on top of them now, almost. Then heart and lung machines were developed, and now they do heart transplants.

You've got to look at the good things in life. If anything goes amiss in the NHS it reaches the headlines, but the good things don't often get the headlines. At least people now are not having to worry about putting money in a jam jar to pay the doctor! I remember my mother saying, "You have all had your tonsils out in comfort, and it's cost me £5".

Nursing will always be uppermost in my mind. I've been very fortunate with life, our lovely home overlooks the sea and you can see right over to Holy Island and the Farn Islands, and we've a caravan in the country, and the children are all fine. I look back over my life and think how lucky I've been; I'm fit and well and I get around, I do my classes, and busy myself. I'm always a positive person, I always think "If you worry about health, why worry – enjoy life". My greatest pleasure is getting out into the country and exploring places, it gives me an awful lot of pleasure.



YOU'VE GOT TO LOOK AT THE GOOD THINGS IN LIFE.

ELLA CULLEN



ELLA CULLEN HAS WORKED IN NURSING FOR ALMOST 40 YEARS, AND HAS BEEN A COMMITTED RCN REPRESENTATIVE FOR MORE THAN 20 OF THEM. MOST RECENTLY SHE HAS WORKED AS A CHARGE NURSE WITH GUARDIAN CARE HOMES, IN CUMBRIA.

ELLA WAS MADE THE FIRST EVER HONORARY PRESIDENT OF THE RCN'S CUMBRIA BRANCH IN 2009, IN RECOGNITION OF HER LIFETIME'S SERVICE TO THE NURSING PROFESSION AND COMMITMENT TO THE RCN.

ELLA'S STORY:

“ It was 1949 when I started in the NHS, and we still had ration books. I remember as student nurses we had to take our books with us, and take in our butter and sugar for breakfast.

We did get people in who'd been in the war, in Japan and prisoners of war, and they were in a terrible state. It was very sad, and as student nurses we did the best we could for them – and I think those years were an excellent grounding in caring for people.

We had to go to the wards at seven in the morning, and worked on the wards until half past nine. Then we had coffee, and had to walk back up to the nurses' home because that's where the PTS school was. We were there 'til five in the afternoon. Then the nursing students who weren't on the wards in the morning had to go down from five until nine in the evening.

In the nurses home we weren't allowed a key, but the previous school all had copies made – we bought this key, so when they wouldn't give us a late pass to go to a dance, we used to go then sneak back in! It was great fun – and we worked hard, and we got on with the work.

The best thing then was the camaraderie on the ward with the nurses, we were all happy and we were all doing what we'd wanted to do since we were nine or ten years old – we'd all said “I'm going to be a nurse.” I enjoyed it. Four pounds a month I got, and when it went up to six we thought we were rich!

When I started out as a nurse, we'd never heard of policies and procedures. At the onset, the NHS didn't have an intensive care unit, it just had one big male ward, one female ward, and a side ward for the men with dysentery – the prisoners of war. There were four beds at the back for the poor people admitted with pneumonia, and they'd only last 24 or 48 hours. But of course now you can have pneumonia and survive – I've had pneumonia, and I'm still walking about.

Every Wednesday you used to dread being on duty, because all the beds were pulled into the middle of the room, and the porters used to come up to buff and polish all the floors. When they finished we used to help push all the beds back, and then they did the middle of the floor – God help you if someone wanted a bedpan then, the number of times you slipped and fell! There were no wet floor signs, nothing like that – you just accepted it as the norm!

The only dignity and privacy patients used to have was a set of screens that we had to wheel around, to cover the beds. Things have definitely improved. Pain control is so much better now too – there are palliative care units and end of life care units, and pain control and everything else – when I went into nursing and patients were dying, all we could do was sponge them down.

There weren't many of our school finished – after my preliminary exams, I unfortunately didn't get to sit my finals, as I got married. I didn't realise you couldn't do nursing if you were married. You lost your registration number, and there was no maternity leave in 1952. Now it's great, you can get maternity leave, or you can become a mature student and go back. That's an improvement, but I don't think they're as happy now as we were then.

I had five children, and I worked inbetween pregnancies as an auxiliary nurse, then I went back up to the hospital to work. When the youngest boy was five and starting school, I was able to go back to work and do nurse training – that was in 1979.

I worked in the Alms Hospital in Whitehaven and it was very interesting really – all the young girls who'd got themselves pregnant were brought in to have their babies, who were later taken off them. I remember too, that if it was a full moon the charge nurse used to say, "Don't worry if such and such is out of their bed, it's the full moon and they take off" – and they did, but they'd always come back afterwards!

Prior to going to do general nurse training, I did work with sick children, which I've also got a badge and a certificate for. I carried on working in the NHS after that, still being happy because it's the only thing I've really done.

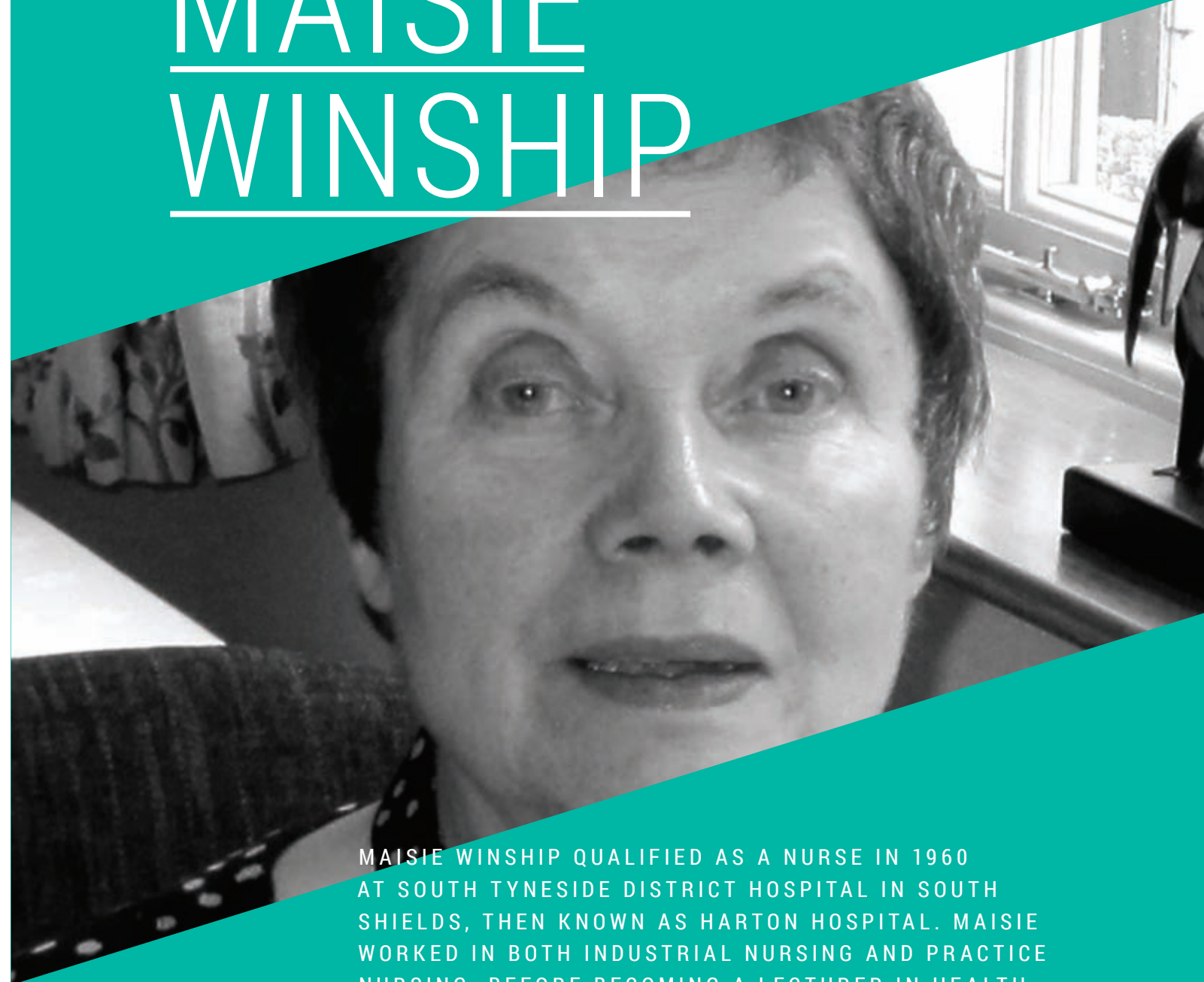
After I retired at 65 I moved into the independent sector working in care homes, and the standard of care was quite varied after the NHS.

I'm still involved with the Royal College of Nursing as honorary Cumbria branch president, and I do my best. I go to quite a few places as an advocate for the College, and hope I make a good job of it – I do enjoy the role, as it entices me to go into different areas. I go to hospital board meetings, we're getting the new West Cumberland Hospital shortly, and I've been up to ask how they're getting on with the end of life care unit.

I have nine grandchildren who are married or with partners, and eleven great grandchildren. I love every one of them, and they're a great expense – if it's not birthdays or Christmas, it's Easter bunnies! But I love them all, and I won't end up in the Alms House!



MAISIE WINSHIP



MAISIE WINSHIP QUALIFIED AS A NURSE IN 1960 AT SOUTH TYNESIDE DISTRICT HOSPITAL IN SOUTH SHIELDS, THEN KNOWN AS HARTON HOSPITAL. MAISIE WORKED IN BOTH INDUSTRIAL NURSING AND PRACTICE NURSING, BEFORE BECOMING A LECTURER IN HEALTH AND SOCIAL CARE AND IN COUNSELLING AT SOUTH TYNESIDE COLLEGE. SHE ALSO WORKED AS A COLLEGE COUNSELLOR, BEFORE RETIRING NINE YEARS AGO.

MAISIE TRAINED AS A VOLUNTARY COUNSELLOR WITH RELATE IN 1989 AND HAS VOLUNTEERED THERE SINCE. SHE IS ALSO A PUBLIC GOVERNOR FOR SOUTH TYNESIDE DISTRICT HOSPITAL.

MAISIE'S STORY:

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When I started nursing training I was looking forward to it, and it was exciting. I had been a patient the year before, and that's when I decided I wanted to be a nurse.

Being a nursing student was like being part of an extended family really, because we had to live in. Seven of us started together, six females and one male nurse. It was good, the companionship, and I still see the people I trained with. We were all in it together, and everyone had hardships – not that you talked about them all the time – but it was just lovely.

The sisters then were married to the job and lived in the nursing home, and they were very, very, very strict, which they couldn't be now. But I can't remember it ever being frightening, it was interesting and something I wanted to do. The training was hard but excellent, and I believe that it has enabled me to do all I've done since.

We began with basic nursing, and you started right at the very bottom. For the first three months and on the first ward, you were in the sluice really – you cleaned the sluice, did the damp dusting, helped with bed baths and patients' pressure areas, and with meals and tea making. There was tea twice a day then; everything had to be very exact, and they had saucers in those days.

You had split shifts, and you worked from half past seven until nine or half past nine in the morning when you got your break, and you changed your apron because you'd done the dirty work in the sluice.

Then you worked 'til two o'clock, and had the afternoon off and came back at five, or worked right through 'til five o'clock. You had three quarters of an hour for lunch – and if ever you were late, that was the only frightening bit!

In our day, patients were in hospital for six weeks if they'd had a heart attack, so you did know everything about them. Now, if I see people going into Accident and Emergency and the Diagnostic Centre, I think it can't be the same.

I think the first person dying hit me a lot, because I'd never thought realistically of people dying. An early one was a child, and I think that was the most upsetting, it was a big shock really.

After I qualified I got married, and I went into industrial nursing very soon after that, in a biscuit factory. I worked as a welfare officer and nurse, and then as an industrial sister in the shipyards. It was very good, and I did lots of different things like accidents and referrals, because it was a dock as well as a shipyard. They were not bad accidents, but there were two of us, and we were kept busy – not run off our feet, but busy. Mostly the injuries were flash burns from welding, and they were the ones who didn't want to wait because they were on piece work and losing money. If there were things we couldn't deal with, they went to Accident and Emergency.

Then I had my first baby and I went back to work when the child was nine months old, to pay the rates really. I worked part-time twice a week, nights mostly, back at the hospital. I did that on and off, and had three children, and inbetween went back part-time days and nights.

Later on I did practice nursing, and then I went and lectured at South Tyneside College, to pre-nurses with insufficient qualifications to go into nursing, and to care workers. I was a college counsellor, and I also trained as a Relate counsellor. I was at the college for ten years, and I retired nine years ago.

I enjoy everything I do. I liked nursing, I liked helping people, and seeing them improving and getting better. I loved it.

Eight years ago I was elected as a public governor for South Tyneside District Hospital. I have one more year to do, as you can only do nine years. You reflect the interests of the members, patients, and the public, and attend the Council of Governors' meetings. I do feel I have been a voice for the people, and it's something that I've been very committed to. I applied for election because I was very interested and very concerned by good quality patient care, and always have been since my training.

Things have changed dramatically and fantastically in the NHS. There's a lot more technology now. South Tyneside District Hospital still has the same lovely atmosphere, but it's much bigger now obviously. I think the atmosphere is due to the North East culture, and it's great. I think nurses do the best they can. I was a patient earlier this year, and I was aware of how hard it is for nurses – it was hard for us, but when they're short staffed and there's so many patients it's difficult.

Now I'm retired every day's a busy day. I'm very involved with my family and friends, and my grandchildren are a great interest. Weekends are very busy, they're lovely, and I see a lot of my family. For the last couple of years I've not been in the best of health, but I've managed to do all the things I enjoy, except for gardening.

I go to the nurses' reunion dinners and coffee evenings, and we get newsletters from all over the world, it's been kept going. I'm pleased to be involved with the RCN Northern Region's Retired Nurses' Group, and I enjoyed the last meeting – it's something I'm very interested in.

NOW I'M RETIRED, EVERY DAY'S A BUSY DAY!

BERNARD BENNETT

BERNARD BENNETT QUALIFIED AS A STATE REGISTERED MENTAL NURSE IN 1961, AT WARLEY HOSPITAL IN ESSEX. HE THEN WORKED AS A GENERAL NURSE, BEFORE MOVING OVERSEAS TO WORK IN SAUDI ARABIA.

ON RETURNING TO THE UK, BERNARD WORKED IN A NURSING HOME, AT A NUMBER OF DIFFERENT HOSPITALS AND THEN IN OCCUPATIONAL HEALTH. HIS MOST RECENT ROLE WAS AS OCCUPATIONAL HEALTH ADVISER FOR CATERPILLAR PETERLEE LTD. HE RETIRED IN JANUARY 2011.

BERNARD'S STORY:

“ I went into engineering when I left school but I didn't really enjoy it, and a friend of my father's, a youth employment officer, suggested to my dad that I go and have a look at the Psychiatric Nursing Scholars at Warley Hospital. He thought I'd like it because I was in the Red Cross at school, and enjoyed a bit of blood and guts!

Warley Hospital's Physician Superintendent, Sir Geoffrey Nightingale, started the Psychiatric Nursing Scholars because he'd seen that people left school at 15 in those days, but that you couldn't become a student nurse until 18. I started in February 1956 with the hospital, essentially as a cadet.

When I started it was wonderful. For engineering you were expected to bring all of your own clothes and equipment, but on my first day at hospital, I was measured up for my uniform, grey flannels and a blazer, and I got free meals when I was on duty, and a free education. I thought it was really quite good.

During that time we worked in departments like the X-ray department, in occupational therapy, and we did one day a week in the hospital school to learn anatomy, physiology, and hygiene, and spent one day a week at a college of further education. In those days things were very hard. You started at quarter past seven, and worked until half past eight at night, five days a week. I didn't live in at the hospital and had to travel, and I had to get up at half past four to catch the bus. Those were very long days.

I went on to do registered mental nurse training at Warley in 1958. We would work on the wards from quarter past seven to nine o'clock in the morning, and when you finished you would go to school, and

at five o'clock you'd go back to the ward, and work until half past eight in the evening. At ten o'clock we used to go for coffee, then the principal tutor said that was ridiculous, and that to go for coffee was too much. For the women it was a bit different because they didn't go to the wards before school, but we'd been working since quarter past seven! After a couple of days we all walked out and went to the cafeteria to get our coffee, and the authorities balked at this and our coffee breaks continued.

Our hours were much longer then than what they are now, and shifts were more predictable. At first when I was in as a student it was very straightforward – all day every day! I think it was 1960 when they went onto a shift system, and then we did two longer days, and three normal days a week, but I think shift working now is more higgledy piggledy than what it was.

From the NHS point of view then, you could come into hospital, and get treated and get discharged, but there was really no help in the community for people leaving hospital. The wonder drug Largactil had only just been discovered, and they were only just starting to use drugs in psychiatry. Eventually the big asylum hospitals closed down and people were cared for in the community.

I think the NHS has changed a lot, people now are given more choice to what they had then, and certainly it's expanded with ancillary staff out of recognition. When I went out to do general training you had the matron who more or less controlled the whole hospital. They have modern matrons now, but it's really not the same thing at all. There was much more discipline then, and people showed more respect.

They were probably the happiest years of my career, because the camaraderie was so great and everybody knew everybody.

If there was a celebration or party, and you were working a late shift, someone would come to see you and say, "We're arranging for someone to fill a bath for you, so you can jump in as soon as you finish work." And they'd say, "We're getting the taxi there, and we'll send it back to pick you up when you're finished." It was really a wonderful place to work and train.

I spent eight years there, and then I wanted to get into more general nursing. The hospital had a secondment scheme to do general training, and they'd sponsor and support you, but you needed to return to the mental hospital for two years after that. So I thought I'd go back to being a student again and be independent, and I moved on to do general nursing at Mount Vernon Hospital.

I'd had a yearning to travel, and I wanted to see different cultures and see different parts of the world. I was working in intensive care, and accident and emergency at the time, and a recruiting agency said to me, "They really need someone like you with your experience in handling emergencies in Saudi Arabia" – and they said they'd pay my expenses, and pay my air fare down to London for interview, so I thought I might as well go for it, and then I was offered a very good salary, and I was quite interested in it.

My company had five sites in Saudi Arabia, and there was only one they couldn't get an aircraft down at, so they needed someone on the spot who could deal with emergencies. And I thought I'll stay for a year, and I stayed for five years. They were a very good company to work for.

While I was there, I had an attempted murder to deal with. There was a dispute between some South Korean workers over money, and this fifth dan in Taekwondo took a man out into the desert, and the man realised what was going to happen

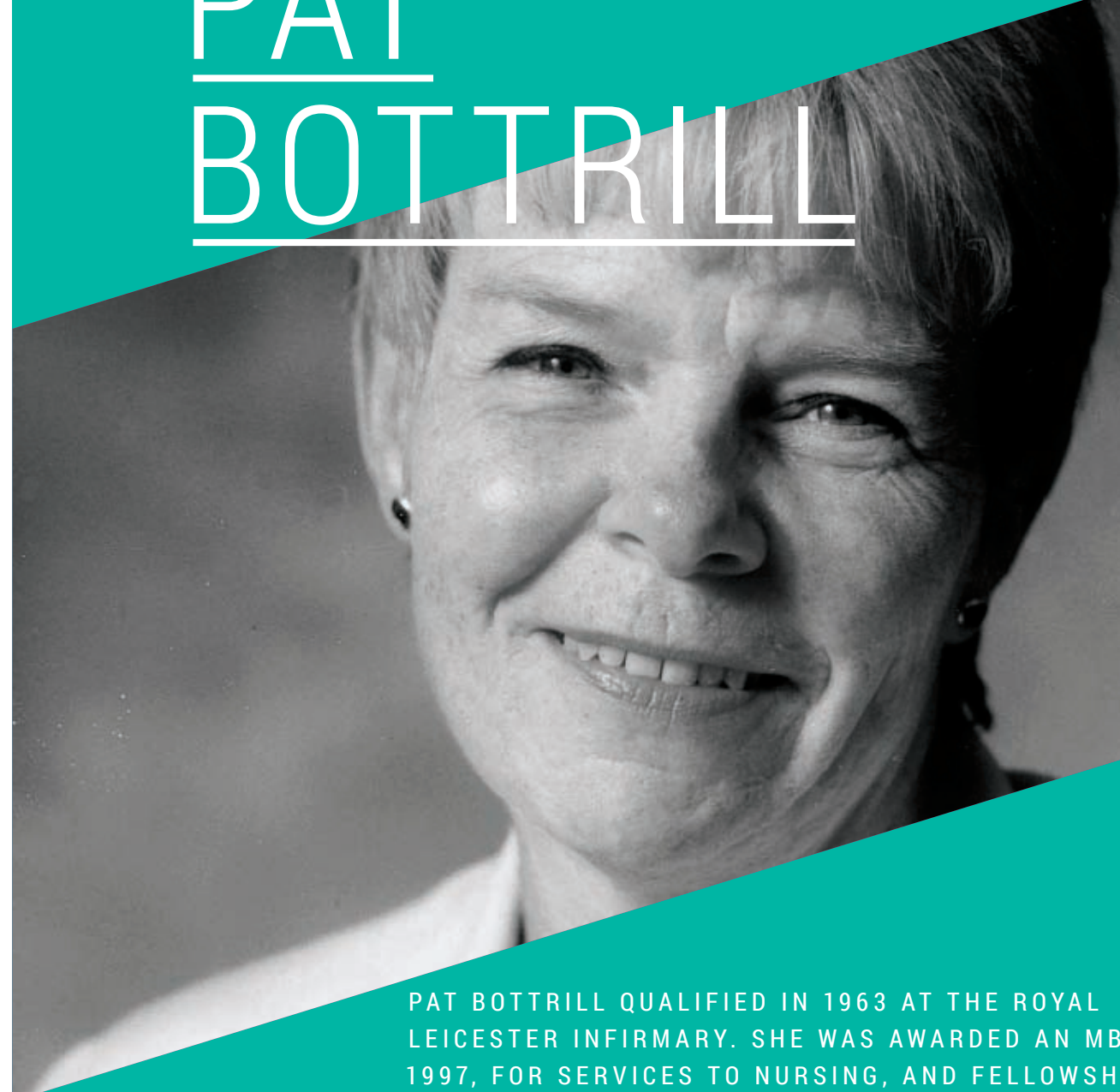
and that he couldn't fight back, so he kicked the Fifth Dan as he was getting off the bus, then started bashing his head in with a stone. This was at the end of a year's contract, when my nurses had just left the site because they were going home, and I didn't get to bed for a week because I needed to stay with this guy looking after him, waiting for the new intake.

Eventually I said "I'm going to bed, don't disturb me," and I'd been asleep for an hour when I was called to the radio room. There was an urgent radio message from the headquarters saying, "We need you in Riyadh tonight, there's been an outbreak of tuberculosis and we need you there." And I wasn't fit to take a journey across the desert for five hours, so I said you'd better send me with a driver, and if we take the ambulance I can sleep in the back – so there were some very interesting times!

I've always enjoyed emergency work. I've always enjoyed a bit of blood and guts – that might sound terrible, but when you've got people who've come in in a critical condition and you can do something for them, it's very satisfying. I've always loved my job, and being able to help patients.

Now I'm retired I enjoy being on the computer, I like to read, and I like to get away for a day or two whenever I can. I've been involved with the Chernobyl Children's Charity since retiring, and we host children for a couple of weeks each summer, as they suffer from health problems. I felt that we could make a contribution and we would be helping somebody. It's very satisfying, and also very tiring!

PAT BOTTRILL



PAT BOTTRILL QUALIFIED IN 1963 AT THE ROYAL LEICESTER INFIRMARY. SHE WAS AWARDED AN MBE IN 1997, FOR SERVICES TO NURSING, AND FELLOWSHIP OF THE ROYAL COLLEGE OF NURSING IN 2004 FOR HER CONTRIBUTION TO THE ESTABLISHMENT AND DEVELOPMENT OF ENDOSCOPY AND GASTROENTEROLOGY NURSING IN BOTH THE UNITED KINGDOM AND INTERNATIONALLY.

PAT HAS WORKED AS AN RCN REPRESENTATIVE AT ALL LEVELS; AS A STEWARD, COUNCIL MEMBER, AND CHAIR OF COUNCIL. SHE CURRENTLY SITS ON THE RCN FELLOWS CO-ORDINATING COMMITTEE. SHE RETIRED IN 2001.

PAT'S STORY:

“ I trained at Leicester Royal Infirmary and I qualified in 1963, and I did three years on a paediatric ward, and then I got married – so I moved from Leicester to Hull and went to work at a much smaller hospital, where I did medicine. Then I had two children, and then we moved up to the North East around 1970, and I stopped working.

And I took one of my children to the doctor's, and he said, "Oh I see you're a nurse," and I said "No, I'm not a nurse any longer," and he said "Once a nurse always a nurse." And he asked me if I would nurse a patient who was terminally ill, and I said "Oh I don't think I could do that," but in fact he persuaded me to join the Marie Curie volunteers, which I did in North Tyneside, in around the early 1970s.

So I did some nights sitting with terminally ill patients, and then in 1977 there was an advert in the Newcastle Chronicle, and it said 'Are you a nurse? Can you work eight hours a week? Call me.' And I said to my husband, "Nursing's changed, they only work eight hours a week!" And it was somebody called Anthony Carr, and he set up the nurse bank, which was the first nurse bank in Newcastle. I joined and we had three days of induction training before I went to work on the bank, which was flexible shifts, and I worked on a medical ward in Newcastle, Monday to Friday, every morning, while my children were in school.

I did that for two or three years, then I was asked to go and work with one particular consultant in an endoscopy room, and there was one me – one nurse – and all these doctors, and I spent the next thirty years happily developing endoscopy and gastroenterology. So I just happened to be in the right place at the right time.

I got an MBE in 1997 for services to nursing, through gastroenterology, and I had a wonderful life from nursing through that specialty.

I remember a lot. I remember the discipline, I remember courtesy and respect for patients and for senior members of staff; for example, you never walked through a door at Leicester Royal Infirmary if someone more senior than you and was coming the other way.

The routine was that you were on the wards for 12 hour shifts, and I think on night duty we used to do the 1st to the 13th of the month, have about three days off then do the rest of the month. We did long shifts but we had real team spirit, and real support.

If you went on a ward on night duty and if you didn't know every single patient's name, and roughly how many stitches they had in their surgical wounds by the time the night sister came at midnight, you were in trouble. And you learned them, and I can picture now the various patients, and it's thirty or forty years ago. I think it was the way we were trained – people say it was rote learning, but it was regimented to a point that you got your principles right, you got your focus right, and you looked after people.

It was very hierarchical, very regimented, and yet some of the things that I learned there, I've managed to translate as nursing practice has developed. Before I retired I managed three endoscopy units across Newcastle, and it was always the principles of how I was trained, how I tried to apply it. I've never been an educationist really, but I sent all my staff off to do their diplomas, to top up their degrees, but underneath it all was the essence of nursing, which I really felt you needed.

I became an RCN rep just before clinical grading occurred. I think being a rep then gave you opportunities. As a learning experience, and as exposure to some networks and influence, it was without parallel in those days. The role wasn't as structured as it is now, although we did courses and were trained in negotiating skills, and influencing skills. But you very much learned from other reps, and I think it gave you the confidence to talk on a different level to management and chief executives. I think that they were always striving to do the best for patients, so you had a common agenda and you respected each other's positions. I think it gave me enormous opportunities.

The current issue now is about staffing levels, and about who does what. When I started we had the Nightingale wards – they were twelve beds on one side, and twelve beds on the other side of the ward – so all the staff on duty could see all the patients all of the time. And we worked in a different system, you might have worked a side, or with a group of patients, but there was no excuse for any member of that ward team not to know somebody's bell or buzzer beside the bed had gone. And now they put people into bays, or into fours, or into single rooms. It's much harder to nurse them – so I think that's changed.

I didn't set out to be a nurse, but once I got into nursing I loved it. I just loved the patients, all of the patients.



"ONCE A NURSE - ALWAYS A NURSE".

CATE WOOLLEY- BROWN

CATE WOOLLEY-BROWN TRAINED AT DARLINGTON MEMORIAL HOSPITAL, QUALIFYING IN 1969. SHE THEN WORKED IN ACCIDENT AND EMERGENCY AND ORTHOPAEDICS AT DRYBURN HOSPITAL IN DURHAM, BEFORE GOING ON TO WORK IN THE COMMUNITY.

CATE MOST RECENTLY WORKED AS DISABILITY EQUIPMENT EDUCATOR IN DARLINGTON, WHERE SHE TRAINED PHYSIOS, OCCUPATIONAL THERAPISTS, NURSES, AND PEOPLE FROM SOCIAL SERVICES, BEFORE RETIRING IN MARCH 2011.

CATE HAS WORKED AS AN RCN REPRESENTATIVE, CHAIR OF THE NORTHERN REGIONAL BOARD, AND AS A COUNCIL MEMBER. SHE IS CURRENTLY THE COUNTY DURHAM AND DARLINGTON BRANCH PRESIDENT FOR THE RCN NORTHERN REGION.

CATE'S STORY:

“ I worked in a store when I left school, and then in a brewery. It was taken over, and we were going to be made redundant, and I'd been thinking about nursing for a long time, but thought “I don't think I've got the qualifications to get in,” but then I thought, “Well I might as well try,” and I got in. And loved it, absolutely loved it.

When I started training I lived in the nurses' homes at Darlington Memorial, and I had to live in because you couldn't live out. I suppose my early memories are about the comradeship there, of the other girls who were in my set, and how we shared everything. All the experiences we'd had during the day, we talked about in the evening, and we learned from one another really. And being trained on the ward, not in the university, you had real patients. The tutors were always close by so you could ask questions, and you never felt left. In my early training, I worked for some really strict sisters, scary sisters, but it didn't do me any harm really, I think I learned.

When I started the uniform was blue, a kind of royal blue – we used to call it sackcloth and ashes – it was a thick calico-like material with cuffs that cut your arms, they were so stiff. And the collars, if you had a week away on holiday and you came back your neck used to be red raw! When you were wearing them every day, you got used to them, but because of the starch they were absolutely red raw. And we wore hats of course.

I once turned my dress up just to make it shorter, and I was walking down the corridor in the middle of the night to go and have my meal, and this booming voice shouted from one end of the Memorial Hospital to the other, “Nurse Johnson!”, and I turned round, and she said, “Come here!”.

And it was the Assistant Matron, and she got her scissors out her top pocket and let my dress down in the middle of the corridor in the middle of the night!

We used to have some fun, we really had some fun in the nurses' homes. We used to get up to all sorts of things, but you knew that your mates were there for you and if you'd had a bad day on the ward you used to come in and you might be in tears or something, and there was somebody there to say, “Oh well, you know, it'll be a better day tomorrow”.

I think we had a lot more responsibility in those days, the keys were just thrown at you, and you were in charge on a night shift as a newly qualified staff nurse, or even during the day, and you learned on your feet. I mean, we didn't have coronary care units, we nursed people who'd had heart attacks at the end of the ward, and things like that, and you just learned as you went along. Sometimes your knees were knocking, but you just had to get on with it and do it! There was always someone there to ask, and I don't know if that's quite true of today, really. I don't know whether they're as supported as we were.

I enjoyed working with the patients the most. When I worked on the community I was a district nurse in Weardale, near Stanwick, which is a beautiful area, and I was so lucky. I mean in the winter it was horrendous, but in the summer what a beautiful place! And lovely, lovely patients – because they were a farming community in a very rural area they were used to looking after their own, so everything that you did for them, they were so grateful. There was no, “Well I expect this,” or “I expect that,” it was “Oh thank you ever so much,” “Oh can we get that?” and just really lovely, and I still get Christmas cards from them.

In a hospital situation you take it for granted that people will eat that or they will get washed at a certain time, but going into the community is entirely different, you're a guest in their home. I've been into some horrendous homes, but it was their home, and in a lot of cases you go into dirty houses, but you think "Well they think that's the norm," and you've got to accept it.

You were really a part of the family – you knew who'd had babies and who was pregnant, and our so-and-so's getting married, and all of that. That's how I get the Christmas cards now from people and families that I nursed; mothers and fathers, and the daughters and sons, I get cards from them – and being part of that was tremendous.

I missed that when I went into teaching, I missed that contact. Occasionally if they wanted expert advice the nurses would ring me and say, "Will you come with me to see this patient because we've got a problem with equipment" or whatever, and I used to love that. I used to love to go out with the girls and meet up with the patients.

There have been a lot of changes, and of course there's nurse prescribing now. When I came off the community they were just starting to do nurse prescribing there, and the girls that were working with me and around me are all nurse prescribers now. I think that's a good thing, it's absolutely wonderful that a nurse can do that, and that she has that autonomy to do it.

It's absolutely fantastic, because at one time we couldn't even give two paracetamol without getting it signed off by a doctor. And at the end of the day, who is it that suffers, that needs the paracetamol – it's the patient.



CHRIS PARRY



CHRIS PARRY STARTED HER NURSE TRAINING IN 1974 AND QUALIFIED AS A STATE REGISTERED NURSE IN 1977. SHE QUALIFIED AS A REGISTERED MENTAL HEALTH NURSE IN 1980.

CHRIS MOST RECENTLY WORKED AS THE HEAD OF PATIENT SAFETY AT THE TEES, ESK AND WEAR VALLEYS NHS FOUNDATION TRUST. SHE RETIRED FROM THE NHS IN MAY 2011, AFTER 37 YEARS OF SERVICE.

CHRIS' STORY:

“ When I first started nursing the NHS was vastly different to what it is now, and Sedgefield General was a post-war hospital. As a student nurse, you were in charge of the ward beside the sister, because there were not many staff nurses then. We learnt the job, on the job.

Our first jobs in the morning were to wash the dishes up after breakfast, damp dust the clinical rooms, wash and clean the bathroom and toilets, damp dust the bed tables, then the sister would wet mop the floor, and we would follow dry mopping, then mop our own portion of corridor.

Then you would see to the patients. Nursing then was focused very much on the physical side of care. It gave me a great pleasure to make patients comfortable, to do bed bathing, do their hair, and make sure they were hydrated – but now it's more technical, there's more responsibility and nurses are being urged to take on extended roles, now there's medical prescribing and in accident and emergency nurses are suturing.

You really did see two diverse sides of care back then. We had some private patients and they had specific diets, and in the afternoon all the patients would have tea and a slice of cake with jam, but the private patients used to have silver tea pots, and could have things like cream cakes.

There was a huge difference in the uniforms then too. When we were students you had to wear brown tights, 'American Tan' I think they called them, and brown shoes – but we would wear black tights underneath to make our legs look tanned, and we'd get sent to take them off!

You weren't allowed to wear makeup, you'd be sent to wash your face, or to wear perfume, in case it disturbed the patients. You just accepted it.

I think the most striking thing when I trained was that the doctor was in charge and held all the responsibility, so nurses looked to the doctor to give advice and carried out their instructions. Now the function of accountability is much more widespread – nurses have that function of accountability as a practitioner now, and there is individual accountability.

Care has changed, and improvements for patients have been massive really, as has their choice to say “I don't want this, I want that” – nobody used to dare challenge the consultant or challenge the system. I was a staff nurse before the sister ever spoke to me.

There are massive changes in survival rates and treatments, certainly in mental health – we had 1,200 beds at the hospital, and a lot of people were really burnt out, and just living out of the wards like big homes. Now patients are more acute. People used to be admitted to hospital as schizophrenic and diagnosed as schizophrenic, but now that doesn't happen – they're treated effectively by their GP as an outpatient, through involvement by their GP and with an outpatient psychiatrist.

In terms of time in hospital, when I was first at North Tees and worked in general nursing, people would come in and have a hysterectomy and be in for ten days, now they have the operation on one day, stay one more day then go home. Consultants used to keep heart attack patients in bed for three weeks, but now they're encouraging them to get up and moving about. Seaham Hall used to be the old heart and lung hospital before the Freeman was built – they would open the ward doors onto the

beach for the fresh air, and the operating theatre was downstairs.

You always had people on the wards who were recovering – there were the acutely ill, then those in recovery who didn't need that level of care. Nowadays everyone is acutely ill, so the pressure is constant now, whereas you used to have 30 people on the ward with varying degrees of illness – and staffing has not changed to accommodate that.

It was a great thing, when I was born in the fifties, to have health care when you needed it, and people were grateful for that. It's easy to say the modern health service is not meeting needs, but the pressure is on, nurses now are having to record things, and there's the CQC, in the past you never had to concern yourself with that – all you had to do was stay within the law, provide care, and look after people. Now it's about having records, making sure you're doing what you said you'd do, and being able to prove that, it's a massive machinery in the health service.

Nursing has changed massively, and if I think about an analogy for back then, Hattie Jacques as the stern matron in the 'Carry On Nurse' film springs to mind! When matron came round the patients had to sit to attention, and the beds were perfect, with the wheels pointing the same way, and the towels stacked the same way – thankfully that's gone now, and patients are comfortable, not sitting to attention!

I have fantastic memories, it was a wonderful time. Some people say they go to work because they have to, but I'd gone because I loved it – I always had the opportunity to have roles that I enjoyed. I worked more hours than I was paid for to care for the patients, and for their wellbeing, but I loved it – I loved the patients, loved the staff, and it was a

very positive experience for me – and I've got lots of memories.

I still keep up with friends from work, and enjoy those friendships – never mind them trying to get me to go back to work! We're just enjoying ourselves now, going on holidays, and we've just got a Saint Bernard puppy, so we're enjoying her too, and the outdoors.

I HAVE FANTASTIC MEMORIES.

PAT FRASER

PAT FRASER WORKED AS AN AUXILIARY NURSE BEFORE QUALIFYING, AS A MATURE STUDENT, FROM THE QUEEN ELIZABETH HOSPITAL IN GATESHEAD IN 1987. SHE HAS WORKED MOSTLY IN COMMUNITY NURSING IN NEWCASTLE, AND HER MOST RECENT ROLE WAS AS A DISTRICT NURSING SISTER FOR NEWCASTLE HOSPITALS NHS FOUNDATION TRUST.

PAT ATTENDED THE QUEEN'S GARDEN PARTY IN 2011, HAVING BEEN NOMINATED FOR HER SERVICES TO NURSING.



PAT'S STORY:

“ I worked part time in a shop while the children were younger, and I'd always fancied nursing. I had the O-Levels, as you needed then, and I thought I would go and be a support nurse to see what it was really like. Then I was encouraged by the staff on the ward where I worked to go and do proper training.

The training was really good, because they were just beginning to develop other means of entry for people who really wanted to train as a nurse. There was a good mix of younger and more mature people, and it was a fab time.

Some of my student colleagues, who were not much older than my daughters, used to test me and say rude things, and then that changed from testing to asking advice! They'd say, "I'm doing such and such this weekend, do you think I should tell me mother?" I think the students at that time had a much better balance. You might be on a ward where there was a first year, a second year and a third year student, and the third year would know what you were going through, so there was a support mechanism in place.

And then once you got a blue frock on it all fell apart – people thought you knew things! When I qualified I went to work on a surgical ward which was mixed and did all kinds of surgery, and there was the buzz of emergency, because you were on call sometimes, and because of the surgical lists. But I knew if I stayed there for very long I would become too complacent, so I went off to do a district nursing course.

It was at the time of fundholding, where GPs were given the option to buy in the services they wanted, and I was employed by South Tyneside in Newcastle. It was a really different time, a good time, and the GPs were happy with their services. It was before the Community Care Act came in, and we were doing a lot of nursing that was social care – a lot of the mornings were taken up with helping to get people out of bed, to get up and washed and dressed.

Community nursing is unrecognisable now to what it was when I first started... not that I was Florence Nightingale, or riding up on a bike or anything though! But it has dramatically changed, and there's a lot more focus on what I would call real nursing. The one big change that's helped nursing was having syringe drivers; to me that's had the biggest impact, as it's enabled more people to die at home. Before, if you were keeping someone at home with a terminal illness, you needed to give them injections every four hours, but with a battery operated pump that only needed charging once a day, you could have better symptom control at home.

The other big change is patient expectation, patients now are much better informed and they have greater expectations. It's still not ideal, but working alongside other colleagues, like social services, gives patients a much better pathway.

Moving and handling has also moved on a great deal. In the beginning it would have been two nurses with very limited equipment, and if patients were bigger it could be very difficult to get them out of bed. Now there are overhead hoists and movable hoists to aid someone's moving and handling. You can get real problems when you're supposed to use the equipment and the patient refuses though – you've got to be very tactful as a district nurse, because it's only you and them.

Working as a district nurse is a very, very privileged place to be, because in my 28 years of nursing I have only come across about three people who didn't want me to visit them. You become not their friend, but they look forward to your visits, and sometimes if they're elderly and there's not much family input it can be hard to withdraw. You become very adept at leaving someone's house without causing them to become upset, and once the treatment's finished, getting them to understand that they don't need any more visits.

I enjoyed most the ability to make things better for people who were in need, or to give them the information or advice so that they could make their own choices.

The biggest challenges were keeping abreast and up-to-date, because you're such a generalist in the community, so you're a 'generalist specialist' in all kinds of things. You'd be going into somebody's home to give them their diabetic injection of insulin, but you'd end up doing goodness knows what else while you're there. One of most difficult things was sometimes getting into patients' houses! If you've got someone whose cognitive ability is not very good at all, actually getting in to do their injection and explaining what you're there for can be the most difficult part – it can be a two minute injection, but half an hour's job.

Community nurses could wear trousers, and in summer they used to let us wear shorts and polo shirts, which caused great consternation – the older people still had their fires blazing and the car was hot, you couldn't leave the windows open for security. Then I think the next people TUPED over quashed the shorts, and the next ones after that stopped the polo shirts. But you don't earn your respect by the clothes you wear.

I didn't become an RCN rep until quite late. A lot of people used to come to me and sound off – there were a lot of TUPES over to new regimes, and people were just fed up of the changes. There was a problem at one practice where three sisters were suspended, and the teams they worked with were devastated and they all came to me one by one, or wanted to talk to me, and I thought "I can talk to someone as a colleague, but I need to have some guidance, if people are going to ask questions or come to me when they're in trouble". That's when I became an RCN rep, and wished I'd done it years before.

When you've retired, people you've helped still ring you up. You miss it, you miss the camaraderie, and the social chat, and knowing people are in bother and not being able to help them because we haven't got enough reps.

I've got a daughter who was a community nurse, and is now a practice nurse, and a granddaughter who's about to qualify. I think being a student nurse now can be very stressful; you've got the academic stuff to do, you're supposed to be supernumerary on the ward, and you're trying to find a mentor, because mentors can make such a difference.

I think although they're academic, students now really miss out on the hands-on stuff with very experienced nurses. When I look back, I learned such a lot by doing things for patients, and also about approaches and communication from the sisters I worked with as a student. I learned from working alongside sisters, whereas now a lot of work is done by support staff.

Of course, I was terrified of the sisters then! Some of them were scary, and the doctors were scared of them too – but they ran really tight ships which were all patient focussed.

YOU MISS IT - YOU MISS THE CAMARADERIE!



FROM THE ARCHIVES



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