

# **Nurses' Tales**

## **A day of reckoning, discussion and debate**

*Personal views of the contribution of nursing to the NHS*

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A day organised by Pam Smith and the Centre for Critical Research in Nursing and Midwifery, Middlesex University, London, on the occasion of the 70th Birthday of the United Kingdom's National Health Service.

College Building  
Middlesex University  
Hendon Campus  
London

Thursday 5th July 2018 10am-4pm

# You Called and We Came: Remembering Nurses of the Windrush Generation

Remember, Britain.....you called

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Image from <https://www.blackhistorymonth.org.uk/article/section/windrush-day-2018/called-came-remembering-nurses-windrush-generation/>

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# Nurses' Tales: A day of reckoning, discussion and debate

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The morning's session was introduced and chaired by Michael Traynor, Co-director of the Centre for Critical Research in Nursing and Midwifery.

Each speaker was invited to tell their nurses' tales and give their personal views of nursing's contribution to the NHS over its seven decades.





# Welcome and Beginnings: Relax discipline, give better food, avoid fatigue

**Pam Smith**

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I am delighted to welcome you all here today for this very special event on the 70th birthday of the NHS, an opportunity for us to share our tales and our personal views of nursing's contribution to the NHS in a day of reckoning, discussion and debate. The day addresses key themes that have been important to me during my clinical, teaching and research career including: Nurse education, the Radical Nurses' Group, Nursing Development Units, nurse migration and health care reform.

The iconic picture we chose to headline our day shows Mr Aneurin Bevan, Minister of Health, at Park (now Trafford General) Hospital being handed the keys from Lancashire County Council to the NHS. This was a truly revolutionary moment in which the health service became available from 'cradle to grave' financed entirely by taxation. Also in the picture are 13 year old patient Sylvia Diggory (nee Beckingham) and Matron described as 'one of the most powerful figures at the hospital'. Sylvia recalled: *'Mr Bevan asked me if I understood the significance of the occasion and told me it was a milestone in history – the most civilised step any country had ever taken, and a day I would remember for the rest of my life – and of course he was right'*.

## July 5<sup>th</sup> 1948 Park Hospital, Manchester



Park Hospital also saw the birth of the first NHS baby, Sandra Pook (now Howorth) weighing in at 6lb 11oz.

I was born a few months ahead of the NHS on February 20th 1948, weighing just 6lbs. This picture shows me happy and well with my mother Agnes around July 1948 when the NHS began, looking forward to a future of free health care for all.

## Pam and Pam's Mum Agnes July 1948



On the day I was born the *News Chronicle* headlined a new report on nurse education to Mr Bevan. The report proposed that 'nurses should be given



in my subsequent journey.

I met Di Wells during my time as a charge nurse at St Thomas's hospital, London. She was my mentor and role model and showed me how to put both students and patients at the centre of learning. I also welcome friends from my time working as a community nurse teacher in Tanzania and Mozambique, reflecting the global reach of nursing and health care.

My doctoral studies at King's College London while working as a nurse researcher at the Middlesex Hospital, Bloomsbury Health Authority, were made possible by Chief Nurse Christine Hancock. It was while Director of Nursing Research and Development, Camden and Islington Health Authority, Olly Bamford, Shelagh Sparrow and I were given opportunities by inspirational nurse leaders to set up and research Nursing Development Units and organise research courses and projects for practising nurses, midwives and health visitors. Thank you too to Helen Mann for helping me to discover the emotional labour of nursing. Following the introduction of the purchaser/provider divide during the Thatcher and Major years, Maureen Mackintosh and Bridget Towers and I studied the changes being introduced in the district nursing service. Later Maureen, Leroi Henry, Beverley Hunt, Helen Allan and I undertook research on the experiences of overseas health workers in the NHS. Laura Serrant reminds us that migrant nurses and health workers in general and the Windrush Generation in particular has been critical to the NHS's success and survival.

Radical Nurses' tales are told by Jane Salvage and Gay Lee, sung by Clair Chapwell and the Bolder Voices choir and put in context by Ann Keen speaking as both a politician and nurse.

Thank you to many PhD students especially Helen, Theresa and Paula, for our shared journeys to explore the emotional and ethical complexities of care.

And finally a huge thank you to Michael Traynor, Helen Allan, Russell Freedman the Centre for Critical Research in Nursing and Midwifery for making today happen.

# **‘My story’ Jan Williams**

## **Pro Vice Chancellor and Dean, School of Health and Education, Middlesex University**



Here Jan Williams (Pro Vice Chancellor & Dean Health & Education, Middlesex University) introduces her story. She starts by telling us about her family background and why she trained as a nurse and stayed in nursing education. Jan trained at University College Hospital (UCH) in London and the hospital motto seems appropriate for her subsequent career ‘Let reason guide your course – ‘ratione dirige cursum’. Her story turned on the opportunities that were available to nurses (who of course were predominatly women in the 1970s) and the financial support that was available to support her to pursue her post registration education and achieve her goals in education. She contrasted those opportunities with the rather fewer opportunities available now both generally in terms of support in higher education and in NHS funded Continuing Professional Development (CPD).



After training at University College Hospital London Jan then became an Intensive Care Sister. Here she explains the UCH motto engraved on the badge and buckle: 'Let Reason Guide Your Course'.

# ***In Place of Fear* The NHS at 70**

## **Ann Keen**

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Aneurin Bevan the Labour Health Minister wrote *In Place of Fear*, his book portraying real fear of becoming ill, real fear of any sort of injury, real fear for your child to become sick, real fear of living with poor health and suffering. Nye as he was more commonly known was a great Humanitarian, a man who believed we had an obligation to each other. 1948: I grew up in a house that taught me to respect the miracle of the National Health Service. I was born in 1948 November a few months after The NHS and the Welfare State I remember so well my parents and Grandparent who lived with us being so proud that the Labour Government that they had always supported had delivered its promise and helped the country and community live without the fear of illness that they could never afford to treat, a civilised society sharing the taxation for us to be cared for from Cradle to Grave.

I was not the best at my school work, but was the very best at Jiving, Beatles, Rolling Stones, Bee Hive Hair, Make Up and generally doing everything my parents disapproved of, a 'difficult' teenager,.

Gradually this all calmed down and work opportunities were as my Dad predicted limited because of my lack of good school results, however following different shop and factory work I was so very lucky and proud to be appointed to work as an Out Patient Clerk at what was known as Chester Royal Infirmary, I was so happy, working with teams of people with different responsibility all helping in our own way to support patients and families, I loved every day, I was later moved to be a Receptionist in what was then known as Casualty, ...my life opportunity changed again, I was having closer contact with patients, and especially relatives who the Sisters often would say, "leave the relatives to Ann she will look after them." I cared so very much when I noticed people were upset, worried, anxious, It was Sister Zoe McIntyre that suggested I should become a Nurse! Me! So thrilled and then my Dad's words rang again in my ears 'concentrate on your homework' so I needed to sit the 'DC' test and Yes I passed, just, so onwards to my training, SRN Ashford Hospital Middlesex.

What a shock! Uniforms, surnames, obedience ,rules, hierarchy, no freedom to think ,ask, question... very different to my upbringing in a strong Labour Trade Union House, needless to say that did not sit well with me and throughout my Nursing Career I challenged and encouraged my colleagues to do

the same, sadly very few did, it was so much easier and seemed to be much more polite to never question or have views of your own, I never accepted or wanted to ever be a “handmaiden”.

I always respected the knowledge of the team I worked with but I wanted my knowledge to also be respected. Hospital Hierarchy was difficult and I chose to work as a District Nurse, freedom to be a Practising Nurse and be able to treat my patient, family in the way I preferred, respect, dignity and very much a partner within the team, the GP and myself alongside my Community colleagues working together.

My politics was reinforced in the community of Mrs Thatcher’s 80’s so much unemployment and pensioner poverty, convinced me to stand for Parliament.

I was selected to be Labour’s Parliamentary Candidate for 1987, 1992 General Election. No registered District Nurse had ever stood before, the nursing hierarchy profession in general seemed either mortified or indifferent, this all changed when I was elected in 1997! Wow amazing what a contrast to the real world, politics and another hierarchy to overcome! But nurses I had been in the real world and I knew I would be able to go forward into my new world, Rt. Hon Gordon Brown personally asked me to work alongside him as his Parliamentary Private Secretary while he was Chancellor of the Exchequer, I held this position for 7 amazing years and in 2007 when Gordon became Prime Minister he asked me to accept Parliamentary Under Secretary of State for National Health Services. Can you imagine how this former outpatient clerk and especially District Nurse felt? Terrified!! Of course privileged



The Prime Minister asked me to Chair his Commission on the future of Nursing and Midwifery Front Line Care, the first report since Lord Briggs in 1972. I was able to work alongside many amazing nurses and midwives Jane Salvage to name but one a sort of 'radical'. Gordon sends his admiration and thanks to all today. He knows and often stated that Nurses and Midwives are the quality control and innovators of the NHS, I wonder who convinced him of this?!! Happy Birthday NHS ... And thank you for giving me my values, also my career.

Professor Ann Lloyd Keen

Former MP former Parliamentary Under Secretary of State NHS



'In Place of Fear'

# Christine Hancock: reflections

## ‘We step into people’s lives and make a difference’

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‘I spoke about the development of nursing from my early training through to the great opportunities presented by the Sustainable Development Goals and the global epidemic of non communicable diseases. The day provided a wonderful occasion when I could reminisce about my own career and the privilege afforded to me by a range of extraordinary jobs and opportunities. I reflected on how the key challenges facing nurses are still those of low staffing (a concern in the poorest countries of Africa and in the richest states of America) low relative pay even in the richer countries of Europe and the inability to influence policies and workload. It was a lovely occasion to meet with old friends and former colleagues and hear inspirational stories.’



Christine introduces her talk

Nursing: ‘We step into people’s lives and make a difference’. Christine’s talk started with her early career as a nurse and the impact she felt nurses could make on people’s lives. This belief in the power of nursing had stayed with her and informed her later career as President of the Royal College of Nurs-

ing 2001-2005 and in her current role as Founder of C3 Collaboration for Health.

Christine reflected on the social changes which she'd witnessed during her career and how these had affected nursing as a profession and the roles that nurses undertook currently in the NHS and worldwide.

Christine's belief in the benefits of nursing had led her to found Collaborating for Health, which is a global, not-for-profit, non-governmental organisation working to promote and sustain the United Nation's 21 Sustainable Development Goals.

Christine talked about nursing's development from a semi-profession which was restricted in its actions and in its fear of emotions. She cited Isobel Menzies Lyth, author of 'Social Systems: as a defence against anxiety' a study of nursing in a London teaching hospital as an example of research which shifted thinking about the potential of nursing to be authentically engaged with patients' concerns and emotions.

She also cited Professor Asa Briggs Chair of the influential Briggs Committee on Nursing (1972) which concluded nursing and midwifery should become a research based profession.

Her message was that nursing and nurses needed to think globally if the world's health problems were to be solved.

Christine's work as Royal College of Nursing (RCN) General Secretary enabled her to use her contacts and influence to support the achievement of the United Nation's Sustainable Development Goals which she believes will work towards better health for all. She believes nurses working as collaborators in health and social care will influence the successful achievement of these goals.

She debunked three myths about health prevention:

1. Prevention is unimportant
2. Prevention is boring
3. Health care professionals know all about prevention

She ended with this quotation from Dr Haefden Mahler, WHO Director General from 1985:

'If the millions of nurses in a thousand different places articulate the same



ideas and convictions ... and come together as one force they could act as a powerhouse for change’.

Dr Halfden Mahler

Christine is founder and director of C3 Collaborating for Health (<https://www.c3health.org/>)

# Reflections on Nursing and 70 years of the NHS: The migrant experience

## Reverend Beverley Hunt

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Beverley's session was based on a video interview with Professors Helen Allan and Michael Traynor recorded in the previous week. Helen and Beverley had worked together on the Researching equal opportunities for internationally recruited nurses and other healthcare professionals in the UK (REOH) project. Other team members were Leroi Henry, Maureen Mackintosh, John

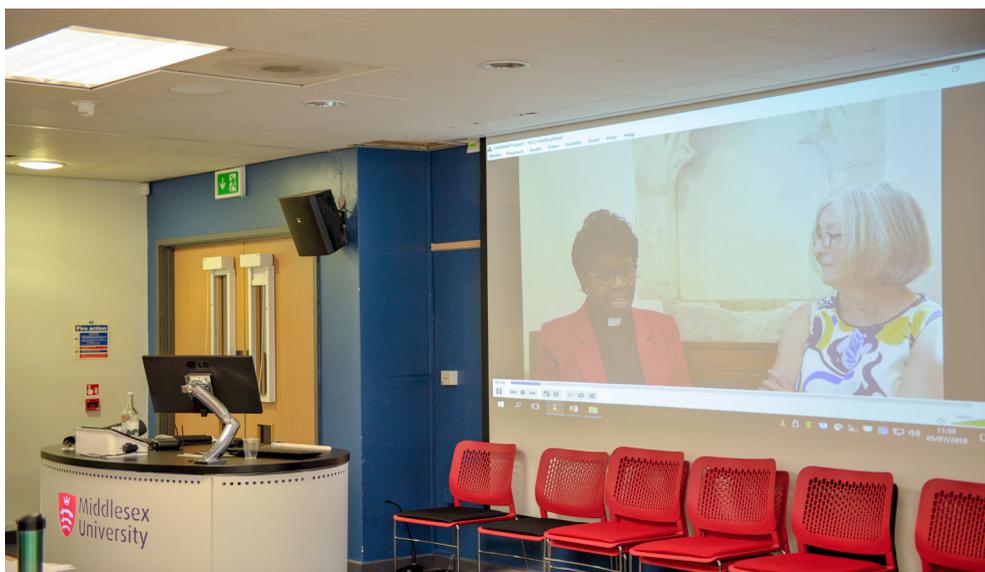


Aggergaard Larsen and Pam Smith. Beverley is now an Anglican Minister and involved in pastoral care and education in the Anglican Church. We started by congratulating her on her Ministry and talked about how her values in nursing had informed her Ministry.

Beverley, who was born in Barbados shared many tales, reflections and insights with Helen about her journey from pupil nurse to nurse educator, Leadership Development Fellow and Senior Adviser on Race and Diversity at the King's Fund, London.

Beverley subsequently realised a second vocation as a Church of England Minister and is currently Associate Minister in Woking, Surrey.

Beverley reflected on her journey as a nurse and the challenges she'd faced



Helen and Beverley in conversation: the video was 10 minutes long

in being promoted in the NHS. One of the challenges they talked about was institutional racism in the NHS and the effects this has on individuals and how Beverley had tackled it when confronted with (often) unwitting or unconscious racism. Beverley's experiences tied in with the findings from the REOH project and they explored how it was often the unconscious racism that was hardest to deal with and challenge.

Helen was reminded of similar stories she'd heard over the course of three projects into overseas nurses' migration to work in the NHS in the UK: overcoming the change in culture, weather, living standards and language as well as the professional challenges of learning the UK way of nursing in what is essentially a racist organisation which prides itself nevertheless as being a open and equal learning and working environment.

Beverley gave us some examples of where she'd stood up to everyday racism to challenge assumptions about both Black and Ethnic Minority people and about migrant nurses.

These were picked up later in the day by Middlesex students who shared their experiences of everyday racism in the NHS.

# Reflections on the role of migrant health professionals in the NHS

## Leroi Henry

Leroi presented a summary of the findings of the study - Researching equal opportunities for overseas-trained nurses and other healthcare professionals (REOH). The study explored the experiences of overseas-trained nurses and some other health professionals, in the United Kingdom (UK) health services, in both the National Health Service (NHS) and the private sector.



Leroi introduces his presentation

Selected highlights from Leroi's presentation on researching the role of migrant health professionals in the NHS



### Background

- UK health system has historical staffing problems with staffing crises predating the NHS
- From inception onwards the NHS relied on migrant labour
- 1940s onwards Irish and Caribbean nurses and ancillary workers
- 1980s onwards African nurses
- Late 1990s onwards Filipino nurses and care workers
- 2000s onwards Indian and EU

## Background

- From its inception NHS has systematically both depended on and devalued migrant labour (Kikarydes and Virdee 2004)
- NHS is totemic of British identity yet based on migrant labour, as such reflects the nation more generally
- NHS is also a Lens to explore:
  - Britain's changing relationships with the world with migration shifting from Empire to Commonwealth to Europe and global migration chains.
  - How the experiences of migrant nurses and other NHS workers reflect dominant British attitudes to other ethnic groups (or the state of racism in the UK)

## Historic discrimination in nursing: Windrush nurses excluded from SRN training

- Caribbean nurses tended to come over with the aim of gaining recognised qualifications and experience and then returning to Caribbean
- Despite holding suitable qualifications most ended up being restricted to the lower tier SEN course often in unpopular areas
- Perception amongst managers that black nurses were unsuited for more senior or responsible positions related to SRN training
- Severely inhibited their career and international mobility
- Some encountered prejudice from peers, patients and managers

## More contemporary discrimination in nursing: REOH 2000s

- A later generation of overseas trained nurses participating in the REOH project also experienced discriminatory practices
- Their skills and experiences were often not given adequate recognition leading to under-grading and deskilling and inhibiting career mobility,
- Many qualified migrant nurses trapped working as care assistants
- Lack of support in adapting to new cultures and practices
- Differential access to training and mentoring
- Complaints tended to be made official rather than informally resolved
  - Perception that mistakes are racialised
- Complaints system used to keep care assistants in line
- Some excluded from sponsorship systems that facilitated career mobility

## Responses to disadvantage: collective

- Collective voice to regulators and mainstream organisations
- Building social and cultural capital – develop social networks and build attributes and characteristics to aid in career progression
- Workshops on developing CVs, utilising training and applying for jobs
- Successful black nurse told me how she mentored people by showing them how to be 'less black at work' – how to present yourself, how to speak, how to do your hair in ways that are more acceptable to the dominant groups (developing cultural capital).
- "a lot of the time we sit around moaning" Safe space to vent frustrations and share experiences

## Theoretical approaches to migrant NHS staff

- Role of political blackness in an era of super-diversity
- Complex and contradictory intersections of vectors of marginality and privilege based on race, ethnicity, nationality, class and gender. With complex and often unanticipated outcomes.
- Power of discursive responses to perceived discrimination
- Guises of institutionalised racism

Leroi's talk highlighted the historic and contemporary role of migration in maintaining and sustaining the NHS workforce and the complex and contradictory intersection of race, ethnicity, nationality, class and gender requiring active strategies on the part of black and ethnic minority health care professionals to challenge and manage discrimination and racism in their daily work.

# You called and We came

## Laura Serrant



Continuing the theme of the role of migrant health professionals in the NHS, Professor Laura Serrant read her inspiring poem 'You called and We Came'. The poem is a reflection on the Windrush Generation who arrived in Britain from the Caribbean in 1948. Laura's poem makes visible the vital contribution the Windrush Generation made to the establishment of the NHS.

<https://www.blackhistorymonth.org.uk/article/section/windrush-day-2018/called-came-remembering-nurses-windrush-generation/>

## YOU CALLED .....AND WE CAME

You called...and we came.

In ships bigger than anything we had seen,  
dwarfing our islands and covering them  
in the shadows of smoke and noise.

Crowded, excited voices filled the air,  
traveling to the 'motherland'

– over weeks, over oceans that threatened to engulf us.

Driven by a wish, a call to save, to rebuild  
and support efforts to establish 'health for all'  
in the aftermath of war.

You called....and we came.

Women and men of position in our homelands;  
nurses with a pride in the excellence of our care.

With experience of management, organisation  
and a sense of duty.

We appeared.

Smiling and eager to work on the wards, communities and clinics  
of this England.

You called....and we came.

Our big hearts, skilful hands and quick minds  
encased in our skins – of a darker hue.

Which had shimmered and glowed  
in our sunnier climes..

But now signified our difference  
– our un-belonging.

Matrons became assistants

Nurses became like chambermaids.

All the while striving to fulfil our promise  
– to succour, to serve, to care.

You called....and we came.

The blue of the sister's uniform

– seemed as far away from us as the moon.

Unreachable by our dark hands in this cold land.

But we were made of sterner stuff.

The hot sun, which once beat down on our ancestors,  
when they too left their lands,

Shone within us.

Forging our hearts and minds  
with the resistance of Ebony.

You called....and we came.  
Rising like the Phoenix ,  
from the heat of rejection.  
We cared, we worked and we organised.  
Until the quickness of our brains  
and the excellence of our care  
made it hard for you to contain us.  
And slowly, so slowly,  
the blue uniforms had dark and lighter bodies beneath them.  
The professional care in our touch  
was valued despite the strangeness of our speech  
and the kinks in our hair.

You called....and we came.  
A new millennium – new hopes spread across this land.  
New populations, engaging and reflecting  
the varied, diverse and vibrant nature of these shores.  
Challenging and reflecting on leadership for health.  
Moves to melt the ‘snow’ at the peaks of our profession.  
Recognising the richness of our kaleidoscope nation.  
Where compassion, courage and diversity are reflected  
In our presence and our contribution:  
Not only the hopes and dreams of our ancestors.  
– Human values needed to truly lead change...and add value.

Remember... you called.  
Remember... you called  
YOU. Called.

Remember, it was us, who came.



Laura Serrant reflects

# Audience participation

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A passionate discussion followed the morning's presentations on the many issues raised by the speakers about the creation of the NHS as a unique and inspired institution 'in place of fear', nurses as the backbone of national and global health and the Windrush generation's forgotten contribution made visible in the poem 'You called and We came'.



Gay Lee



Natoya  
Mamby-Campbell



Participant discussion



Laura Serrant: Ann Keen and Pam Smith listen intently



Ruth Harris



Tom Sandford



Faysa Mahamad

# The nurses' NHS song

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Clair Chapwell with the 'Bolder Voices Choir'

## THE NURSES' NHS SONG

(to the tune of *Brother Can You Spare a Dime*. The "Maggie" part of the song was written in 1980 with Radical Nurses group for a Politics of Health Conference.)

We have staffed your clinics, made them run  
You were glad that we did  
Backbone of the NHS you said  
Maggie can you spare a quid

Pledged our loyalty through thick and thin  
Watched while services slid  
Backbone of the NHS that's us!  
Maggie can you spare a quid

In our uniforms don't we look swell?  
Real professionals to the core

Comes the annual round, some get a rise  
Some of us get shown the door

Say don't you remember you said you'd pay  
Attention this time to our bid  
We have toed the line and done it your way (NEXT LINE SPOKEN)

Maggie – Maggie – Maggie – Maggie

Look at us now – Look at us now- Look at us now – Look at us now  
Our National Health the pride of the nation/  
Going to the dogs with this administration  
Who'd be a nurse who can't afford the rent /  
Unpaid overtime, living in a tent

Some can't afford it            Some are deported  
Some are depressed and everyone's stressed

(BACK INTO TUNE)

Jewel of the nation for 70 years  
Don't put it in any doubt  
Nothing's more important than our NHS  
Theresa – time is running out – (are you listening?)  
Theresa time is running out (can you hear us?)

TIME            IS            RUNNING            OUT

# The afternoon session

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The afternoon session was a 'discussion in the round' chaired and facilitated by Dr Abigail Masterson, Director of Abi Masterson Consulting Ltd. Abi and Pam first worked together on the English National Board funded Health in the Curriculum project in the early 1990s. Abi says this is where she learnt the 'practice of research'.

Each speaker was invited to tell their nurses' tales and give their personal views of nursing's contribution to the NHS over its seven decades, drawing on their specific areas of expertise and understanding of a specific theme. Themes included Radical Nurses Group; Nurse Education and Leadership; Nursing Development Units; Health Care Reform and Care. Pam had chosen each theme triggered by her involvement in nursing research, education and practice while working with each of the speakers who had inspired her at different times and places during her NHS journey.



Abi introduces Gay Lee's Radical Nurses' tales.

# The Radical Nurses Group: on singing and refusing to cope: Jane Salvage reflects

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Clair Chapwell, Gay Lee, Jane Salvage

The Radical Nurses Group (RNG) gathered momentum in 1980 at a conference held by the Politics of Health Group (POHG). The nurses who were part of that influential movement wanted to shake it up, and challenge the domination of male medical perspectives by breaking their own silence.

The group's agitprop included a badge with a simple but revolutionary slogan: 'Nurses: we refuse to cope.' In other words, we are not angels who put up with whatever is thrown at us - we fight back.



Discussion session: Jane Salvage, with Clair Chapwell and Gay Lee

Jane: 'We came back from lunch to be greeted by a wonderful choir, Bolder Voices led by Clair Chapwell, singing *Theresa, can you spare a quid?* (to the tune of *Buddy, can you spare a dime?*).

The first verse goes like this:

'We have staffed your clinics, made them run,  
You were glad that we did.  
Backbone of the NHS, you said -  
Theresa, can you spare a quid?'

For some of us, including our hero Pam Smith, it triggered memories of a landmark conference in 1980 held by the Politics of Health Group (POHG), a great collective of radicals and politicians.

At most of POHG's weekend conferences at Bethnal Green Hospital in the East End of London, the debate about nursing was marginal, and many nurses who attended rarely spoke up while the medics and academics held forth. The nurses who were part of that influential movement wanted to shake it up, and challenge the domination of male medical perspectives by breaking our own silence.

A group of us offered to arrange the next conference on the theme of nursing. Jan Savage (not to be confused with her friend Jane Salvage) shared a house with Clair, then director of Spare Tyre theatre group, and we thought, what better way to start than with a cabaret - to sing as well as say the unsayable? After galvanising the startled comrades with the deeply ironic I enjoy being a nurse, we delivered a knockout seminar, rounded off with Maggie, can you spare a quid?

*I enjoy being a nurse* was sung to the tune of *I enjoy being a girl* and its lines included:

'I fly when the assistant matron lingers  
I run only in emergencies  
I jump when the doctor snaps his fingers  
And I never expect a thankyou or a please!'

We put nursing on the POHG radar, and we also helped the Radical Nurses Group to gather momentum, coming together from a variety of activist groups in London and elsewhere. It wasn't all singing and dancing. Our agitprop included a badge with a simple but revolutionary slogan: Nurses: we refuse to cope. In other words, we are not angels who put up with whatever is thrown at us - we fight back.

As RNG member Gay Lee told us, she had come into nursing aged 30 with a background in lefty politics (with a small p). RNG helped her not to forget those principles: it was hard to communicate to other nurses from such different worlds. 'So, thanks to RNG, occasionally I did manage to refuse to cope!', she says.

Gay Lee: Radical Nurses brought together nurses from around the country - nurses who had had enough. Some were already politically active around the NHS and health issues, but Radical Nurses offered something different: it was a national organisation that had a specific focus on what nursing was, what it meant to be a nurse, and what we wanted it to mean.

For me it also united the personal (in terms of my nursing work) with the political and helped to give me strength to stand up and be counted where sometimes I felt isolated and different.

Similarly Jan Savage was politically active through the 1970s, but often in groups where being a nurse was seen as letting the side down – as accepting a traditional female role. Our first experience of nurses who were proud to be nurses but took a critical stance, was with the Nurses Action Group (or NAG), active in London in the late 70s. NAG was a forum for ideas but with a practical impact – for instance, we researched and wrote a series of arti-

cles for the nursing press about work hazards for nurses and how to act on them. Many NAG members went on to join Radical Nurses. In fact Jan was a member of the cabaret at the 1980 Politics of Health weekend on nursing at which RNG was founded, something that, as someone who shies away from public performance, still surprises her.

Feminist demands from nurses still met with huge resistance, not least from some medical colleagues and political comrades. Significantly, the birth of Radical Nurses followed the emergence of the first cadres of graduate nurses - and mature student nurses who already had a degree. Whether graduates or not, we were fed up with the contradictions. We were seen as angels. We were seen as sluts. We were expected to be handmaids to doctors. We were told that we “were not there to think”, but still had to move seamlessly from carrying out ‘mindless’ tasks to running a ward when needed; there was virtually no recognition then that nurses had specific forms of practice and of knowledge.

Nurses at the POHG weekend were angry about the undervaluing of their work and the associated poor pay and conditions and sexual stereotyping. Radical Nurses were also really energetic: forming a vibrant organisation which discussed and argued about the politics of nursing: for example: about working with trade unions; what did professionalism mean?; and what about men in nursing? We interviewed Harriet Harman MP, and put up candidates for the English National Board for Nursing and Midwifery (which no longer exists of course). We were involved in wider political campaigns like CND, Greenpeace and Medical Aid for Palestinians. (We have a record of working with that group in particular).

We wanted to write a Radical Nurses’ Handbook collectively; this didn’t work out, but thanks to Jane we have ‘The Politics of Nursing’ as a result. She will tell you more.

We did, though, coordinate newsletters and three to four monthly conferences, organised in rotation by groups in different parts of the country - all without social media of course.

It goes without saying that RNG meant different things to different people. It didn’t stop Jan from leaving nursing practice, but it influenced the work she did later as a lecturer and researcher – not least, work concerned with nursing knowledge and ‘the new nursing’. I stayed ‘on the shop floor’ and wrote stories about my work as well as staying involved in trade unionism. We both remained involved politically active, particularly around health.

Some of us still meet. We talk less now about nursing as such, and more about the way the NHS is being privatised and dismantled, and the pressure

on nurses in an underfunded, understaffed service. We are still angry!



Jane Salvage

Like Gay, I forged my socialist feminism before entering nursing. I used my communications skills to raise RNG's profile, and in 1985 published *The Politics of Nursing*, an extended manifesto drawing on the group's views. That manifesto remains the golden thread of my work.

On NHS Day 2018 I read aloud from a letter I'd sent my grandparents in 1979 during a strike at the London Hospital, where I was a staff nurse. 'We have been taking plenty of patients who aren't emergencies so don't believe all this rubbish in the papers about people suffering,' I wrote - no change there! I was planning to go to a Royal College of Nursing mass meeting to vote on whether to take 'limited industrial action' for our pay claim. 'It could be a stormy meeting! Lots of the old diehards wouldn't dream of taking any action at all,' I wrote.

RNG no longer exists in that form (although there is a supper club of over-60s members!) but the need for it has never gone away. The central challenges nurses face remain constant despite changing times and contexts, including the global arena where I often work. As Barbara Stilwell and I recently wrote, 'the challenges confronting nurses are remarkably similar worldwide, and so are their humanitarian values. We see this daily in our work as international nursing leaders and activists. However, weight of numbers, gender, race, class, doing dirty work, low self-esteem, the characteristics of the "ordinary

nurse” – these huge challenges are not amenable to quick fixes. They are compounded by managers and policy-makers who resist hearing or heeding the mounting pile of evidence on the effectiveness of investing in nursing.

If nursing leaders could solve these problems, we said, they would already have done so; but these deep and broad social and cultural realities and attitudes are too difficult to be tackled by nurses alone. The progress that nurses have made over our lifetimes working in nursing is often slow and fragile. It is not enough, and we are impatient. To progress, nurses must shed their cloak of patronage and invisibility.

Yet when we do raise our voices we are often accused of professional self-aggrandizement. ‘You’re part of the multidisciplinary team,’ we’re told – ‘why do you need your own strategy, your own leader at the table, your own regulatory body?’ It is high time nurses controlled their own destiny, instead of being in perpetual thrall to others who never seem quite to get it, or choose not to, or feel at best a sense of discomfort around the issues.

The value of nursing to health and society has barely been explored or quantified outside our professional circles. Despite all the lip service, our potential to improve health and wellbeing has never been fully acknowledged or developed. For too long nurses have been invisible, uncounted, undervalued and silenced. It’s been a very long time coming but surely more nurses will find the courage to become ‘silence breakers’ and join the worldwide wave of protests against violence, sexual harassment and other predatory, abusive behaviour against women. Not just #MeToo but also #NursesToo, and Nursing Now!

‘In these troubled times I find it difficult to maintain my optimism (trying to be with Gramsci - pessimism of the intellect and optimism of the will). I came to the Middlesex event wondering, like most of us, whether the NHS would even reach its 75th birthday. But I found that day empowering and inspiring, talking and listening to colleagues and old friends of like minds, and eating cake. While letters to grandparents these days are more likely to be emails, if written at all, and strikes are coordinated by social media, the underlying values of Radical Nurses haven’t changed - the fight for women’s rights and social justice.’

Bolder Voices: singing the politics of age. <http://boldervoices.org>

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# Reflections on the day

## Gay Lee

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Participating in this event was a very relaxing and nicely indulgent way to spend the NHS's 70th birthday for me. I usually spend my time worrying about its future, or the future of nursing. But 5th July 2018 was a day for listening to the achievements of fellow nurses - despite the odds - and to reminisce about and debate nursing over the years (oh how things have changed!) and talk about ideas for the future.

It was a pity that there were not more younger nurses there or those still working at the coal face. Also I felt personally that it was a pity that we didn't really discuss the current political problems in the NHS which is the preoccupation day to day of so many nurses. But it was also a relief not to! And the lunch, company, networking and reminiscing made up for any shortfalls! Thanks so much for organising the celebration.



# NHS nursing and me - some experiences from across the decades

## Diane Wells

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I have a scar on my neck that indicates my era and a disease that was quite common at that time. A colleague once said to me “Quite a few people around our age and older have similar scars from our surgery for Bovine TB.” I was five or six years old, around the time that the NHS started when I developed a lump on my neck. Milk safety was patchy then.

I remember waking up with a jump as the anaesthetic mask was removed. I cried. I was in the outpatients of Stratford on Avon General Hospital. My mother came in and took me home. The story she told to friends and neighbours afterwards finished with this line.

“Then they gave me a huge bottle of Eusol (1). I brought it home, and put it in the cupboard under the stairs. We didn’t need it - Diane healed up straight away”.

I have looked up about milk and see that only in 1950 did the British Government decide to ensure that the whole of the UK had safe milk and only in

1960 was this complete.

Now fast forward to meeting Pam in 1973.

I was a nurse tutor in The Nightingale School at St Thomas' Hospital. Pam was considering becoming a nurse tutor. My boss suggested that we meet as the course I had done in the Liberal Studies Department in Garnett College may be of interest to her.

Pam and I got to know one another as nurses and nurse educators. I think our meeting points included:

- wanting nursing to include a psychosocial perspective: emotions matter as do family dynamics
- wanting nurse training to liberalise in both methods and content
- seeking ways of improving links between theory and practice.

Around this time I was part of a "Ward Teaching Programme" with Sue Pembrey. I would like to pay tribute to Sue, a key player in the Nursing Development Units, particularly around Oxford. She made me so welcome in her ward. Working there a day a week alongside students was excellent. We began to write down what patients said about their experiences of illness and of care. Sadly several of us were at Sue's funeral 3 or 4 years ago. I pay tribute to her enthusiasm, vision and warmth.

I will now go back a few years to consider how I got there.

This is a version of my tale as a nurse. Biography is a live and living thing. As Johnson said "It needs to be kept in good repair."

In my childhood "being grown up" was valued and helping others was a sign that the child had got the message. We could "go away and play" but when with parents and other adults we were required to be as grown up as possible. Born in 1942, the middle of the second world war and trying to be "grown up" could be a bit dull. There was a lot of brown. This was epitomised by the dark stained wooden floors and dark furniture. Patterned carpet covered much of the floor, leaving a dark "surround". "Dusting the surround" was my regular Sunday morning job. It was thought to be the ideal job for a small child who could easily lie on her stomach on the carpet and dust with outstretched arms. My response to this milieu was to fit in whilst also looking for colour and variety both materially and metaphorically.

My nurse training fulfilled my idea of learning practical ways of being help-

ful to people. The care and help that we were trained to give however was mainly physical.

I remember, whilst still a student nurse, watching a young man leave the ward with his parents and girl friend. He had been there for weeks. Having been admitted unconscious following a motorbike accident. At first he flayed around and ensuring his Intravenous fluids actually got into his system was extremely difficult. It was 1964. Now, after weeks, slowly coming round and having some rehabilitation he was leaving. Everyone said that was “wonderful” and I agreed but I wondered how it was for the family group now. Was he the same young man as the one who went off on his motor bike several weeks earlier. I had no idea, and felt a big space filled with questions such as “What is it like for the patient and those around them?” “How might we know more about this to give broader kinds of nursing care?”

In that hospital and that training school and particularly that ward - how was I ever going to even ask those questions? There was no opportunity for asking questions when I had to spend so much time getting the bed wheels straight and ensuring that the hospital crest on the counterpane was in the middle. Nursing care was usually taught according to procedures that we could also look up in a Procedure Book on the ward. It was as though the recognizable nursing that was written down was held in stainless steel dishes (round ones were called porringers) on glass trolleys, and beds made in different ways to accommodate patients’ disabilities. The teaching was about providing comfort and appropriate interventions but it was all about the physical. I knew there were subjects called psychology and sociology. They appeared in certain Sunday papers but not on the St Thomas’ curriculum.

I therefore got a place at Hull University to follow a course in Social Studies. At that time I thought I would become a social worker but instead I returned to nursing having gained a psychosocial perspective.

After a further 6 years in Hull and London and back at St Thomas’ in the school of nursing, I was sent on a study day to The Cassel Hospital. Here at last was a place that listened to nurses’ accounts of practice and supported nurses to make use of their understanding of patients for therapeutic ends.

I joined the staff at the Cassel Hospital, became the nurse tutor and stayed for 8 years. It changed my life. I became a psychosocial nurse. I will give an example from my work in a Faculty for Health and Social Care. In a course “Biographical Approaches to Working with Older People” registered nurses explored the value of getting to know their patients, and their experiences both recently and in the past. One nurse Jemma told the seminar group about her work with Mrs K over several weeks. Here I will give a resume.

Mrs K an elderly woman came into the ward because she was losing weight and found she could hardly eat. Jemma spent time with Mrs K getting to know her and encouraging her. Mrs K could eat a little with encouragement. Medical staff were trying to discover the cause of her weight loss and general weariness. Jemma asked Mrs K about her life and what had been happening lately. She had one son who lived nearby and had been a regular visitor especially since her husband died, but things had changed. He had become much less mobile, had a diagnosis of MS and used a wheelchair. Mrs K saw very little of him now. Jemma talked with the team, and found a way of bringing the son to hospital. One lunch time as Jemma was helping Mrs K with a few spoonfulls of Yoghurt she sensed a wheelchair coming alongside her and a voice said "I'll help Mum with that Nurse." From this point Mrs K began to change. She took more interest in life and was able to eat. The tests about her weight loss and lack of appetite became redundant. The focus changed from medical tests to supporting Mrs K and her son in their changed but still highly valued relationship. Mrs K went home "cured" by psychosocial nursing.

# **‘So I think that’s an important thing for me to do’**

## **Daniel Kelly**

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Executive directors in the UK NHS are working under increasing pressure. In common with healthcare services throughout the world, the NHS is dealing with a rising and simultaneously ageing population and, in this time of austerity, increasing fiscal restraint. There have been, in addition, a number of scandals, most notably, but by no means exclusively, that relating to poor care in Mid Staffordshire NHS Trust that resulted in independent and public enquiries and the publication of two detailed reports containing many recommendations specifically relating to the work of executive directors. These financial and care quality pressures on the UK NHS have implications for Executive Nurse Directors and will be the topic of this presentation.

Before I start, however, I offer a poem by Carrie Shipers that contains a prayer most of us will probably say at sometime during our lives.

### **Prayer to Our Lady of Waiting Rooms**

Let the seats be plentiful and padded.  
Let the magazines be recent or let the book  
I’ve brought last until we can leave.  
Let the TV on its bolted stand be off,  
muted, or showing something I can ignore—  
weather, gameshows, CNN. Let the room  
be mostly empty—no one shouting, sobbing,  
asking about my husband’s health.  
Let everyone be strangers except  
the staff. Let the walls be freshly painted,  
soothing to behold. Let my husband  
be there for a physical or routine checkup.  
Let no one comment on my clothes  
or unwashed hair, how I can sit  
so calmly while he has staples  
or a catheter removed, his lungs or heart  
or kidneys tested, an infected wound  
debrided. Under no circumstances  
let me be called into the back by a nurse

who touches my arm, says I'm sorry but—  
Let my husband walk out whistling  
before I've finished my book, looked  
at my watch too many times. Let the news  
be good or benign, his next appointment  
not for months. When the waiting is over,  
let us walk outside feeling better,  
or at least no worse, than we did before.



**‘So I think that’s an important thing for me to do.’**

The above is a statement by one of the participants in our recent study of Executive Nurse Directors in today’s NHS <sup>1</sup>. Vacancy rates for such posts are running at around 20%, and 55% have been in post for less than three years. This is a worldwide phenomenon and similar figures can be seen in the US & Australia.

My interest in these roles has some relevance to today’s anniversary. My own experience of working at University College London Hospitals (UCLH) was in a post entitled Senior Nurse for R&D in the late 1990’s. I met Pam Smith during this time (indeed she had been in the same post previously). I had moved from education into this quite daunting role and started with a blank page and had to build something in a NHS Trust that was already large, but was about to become larger.

After some time I joined the Nurse Director’s team and became fascinated

by the culture of corporate management, decision making, the processes designed to measure quality and the personal style of those who had made it to the top of an organisation so large and complex. It is important to say that the political landscape after 1997 was different to what it is now in 2018 and the NHS was the subject of investment with many new initiatives such as cancer networks, nurse consultants and expert patients being promoted. It was a good time to work in Bloomsbury and I loved that job as it saved me from a previous bullying manager, and also made me realise the importance of research as a form of innovation, rather than simply data collection.

Fast forward to 2011 and I found myself working at Cardiff University as the RCN Chair in Nursing Research. One of the events that shaped the programme of research that I have been involved in there- including our research into Executive Nurse Directors- was the Francis inquiry of 2013 into the Mid Staffordshire NHS Trust and the headline that the staff had seemed to have become immune to the sound of pain. This seemed akin to me to what Goffman had termed the total institution where the individual's values are sacrificed to the tyranny of routines and cultural norms<sup>2</sup>. Underpinning this situation also was a corporate culture focused on achieving foundation trust status- as a way of breaking free and achieving a form of independence. To achieve this goal expenditure had to be reduced, staff numbers cut and the books balanced as a priority. It has been suggested that 1200 people died unnecessarily in this hospital – a figure that was removed from the final report as causation could not be proved and that it may be misunderstood by the public - subsequently it was leaked to the press<sup>3</sup>.

Although the then Health Secretary claimed that nurses and doctors had not blown the whistle on poor care the subsequent inquiry found that they actually had, but that no-one had listened<sup>4</sup>. Finally Staff Nurse Helene Donnelly found the voice to raise her concerns publicly but was subjected to personal threats and, allegedly, was advised by her professional body the RCN that the best course of action was to keep her head down. Later she claimed that a culture of meanness and nastiness had existed for some time in this NHS Trust, targeted not just at staff but at patients as well. Her hope that the stigma associated with people raising concerns within institutions that may not welcome dissent remains true today<sup>5</sup>.

Since I moved to Cardiff we have been working on research into whistleblowing, resilience as a feature of contemporary nursing and now an evaluation of the National Speak up guardian role that has been rolled out as a result of the Francis recommendations. After our earlier research into Executive Nurse Directors we are now about to start a new project with colleagues in four Universities across the UK about how to strengthen these roles, by drawing on the views of current post holders, as well as those who work close to them.

It is a work in progress that addresses the lack of evidence about the nature of nursing at the corporate level and the skills and preparation needed to address the issue of turnover and high vacancy rates that currently exist in some parts of the country.

We are working with the RCN on this project that will raise questions of how the moral, professional and emotional dimensions of these roles are played out in the context of an NHS that often seems to be surviving against the odds. With 35 quality monitoring and regulatory agencies and the publication of more than 864 standards now in existence these roles are being shaped increasingly by a culture of external regulation and assessment.

For the NHS in the future the question becomes one of how to prevent egregious failings and to question the role that is, or could be, played by those nurses working in NHS boardrooms with others who may not always be so focused on the promotion of quality and safety. The failure of foresight theory proposed by Dianne Vaughan in her research at NASA has relevance in the boardrooms of the NHS, as much as in the Emergency Departments and wards<sup>6</sup>.

With the multiple challenges now facing the NHS the role of the executive Nurse Director may be more at risk. So it is timely to question the role of nursing at the corporate level in shaping organisational culture, and the influence that these highly positioned nurses play, or could play, in protecting standards that the population has come to value from our NHS.

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5. Donnelly H (2013) 'The stigma associated with raising concerns has to be removed. *The Guardian*. July 13.
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# Reflections on the Burford Nursing Development Unit Shelagh Sparrow

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I worked as a primary nurse at the Burford Nursing Development Unit from 1983-86. Set up by Alan Pearson, the unit was situated in a 12 bedded community hospital in the Cotswolds. The aim of the unit was to develop nursing led care. As a primary nurse I was accountable for the care planned for patients 24 hours a day. When I was not on duty associate nurses were accountable for carrying out the care I had planned. I carried a bleep and was contacted if care needs changed in my absence. Care assistants helped us with our care but direct care was always given by a qualified nurse.

The General Practitioner, the patient and I worked together to plan care with clear goal setting and dates for review. Doctors and nurses wrote in the patient's note and each patient had their own medication drawer. In the 1980s jointly held notes and individual medication units were far from the norm.

As a primary nurse I would organise home visits. District nurses, social workers and occupational therapists were asked to join the patient and myself in the home where we would review the patient's ability to cope at home and the adaptations that they might need. When I returned to work at a large teaching hospital it was an endless source of frustration that home visits were organised by Occupational Therapists who often had limited knowledge of the patient and any communication with community staff was very difficult to arrange.

At a time when assessment of the quality of care was rarely considered I was encouraged to review my care, and crude outcomes, such as length of patient stay and development of pressure sores, were compared between primary nurses.

We stopped wearing uniform, which provoked some interesting responses. It became apparent that nurses often relied upon their uniforms to gain status and recognition, something that the GPs, who did not wear uniform, did not need.

The work at Burford attracted international interest. Study days were held each month for which there was always a waiting list. The model of care initiated a national interest in Nursing Development Units and led to funding

to support them from the Kings Fund.

Reflecting back to the mid 1980s I would now question if it was the professionalisation of nursing rather than the development of the patient voice that was the major focus. I would also now question the hierarchical nature of primary nursing, where associate nurses had to follow the care prescribed by another nurse. I would also question the impact of the political ideology of Thatcherism on the Nursing Development Unit movement and contrast this to the socialist ideology of those who developed the NHS.

Several practical developments have been made in the intervening years. In many hospitals the drug round is a thing of the past with patients having their individual medication in locked drawers in their bedside lockers. Many areas also now have patient notes rather than medical and nursing notes. Less positively core care plans are often used where there is little opportunity for the individual patient voice to be heard. Clear goal setting is all too often neglected.

On a personal level, my experience at Burford helped me to gain an understanding, and enduring interest in, the concept of quality. Whilst the audits that I was involved in at Burford have been developed in many different ways, the limitations of quantifying something that is subjective are too rarely questioned. The focus is upon what is done (or not done), ignoring the 'how' it was done which is so important.



## Reflections

Olly Bamford

Really enjoyed my day - floods of positive memories and a few goose bumps when hearing people's stories

Shelagh Sparrow

I loved Olly's presentation – there are very few people who have the ability to speak in the way that she does. She spoke of the way that people on the Nursing Development Unit worked together building a strong team and pushing boundaries - as in going out of uniform for a while. She also thanked Jane Salvage for her NDU work at the King's Fund.

# Reflections

## Helen Mann

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There were so many tales of achievement and joy and of fun! and so many strong, diverse and influential voices 'standing up' for nursing including the young student who spoke with such enthusiasm for her current experiences and future career. What made a strong impression on me was the continued commitment of those participating who had nursed or taught nursing for many years and were still enjoying practising, teaching and researching. And the fact that all the participants are so positive about nursing and its future. As one who has enjoyed the break, over the last few years, from the trials and stress that the job can impose it was a joy to revisit its strengths and contributions to the NHS

I mentioned when I spoke, my reflections, which have changed with time, on the importance of training other staff, sometimes volunteers, to carry out patient care previously seen as the exclusive domain of nurses - such as feeding and supervising stroke patients at mealtimes.



Helen Mann and Faysa Mahamed exchange experiences during lunch

I think that is one of my key messages - to be creative about who does what and remember that the wealth of volunteers out there includes enthusiastic young people looking for hands-on experience of healthcare before they take up a career that either includes the practicalities of medicine, nursing and allied health professionals, or looks towards business and administration in the health service. And that people nurse because this is what they want to do and value the difference that they make, despite all the current gloomy media stories we are subject to.

# Reflections

## Paula Reed

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It was lovely to be invited to a celebration of the 70th birthday of the National Health Service. It was timely for me as I had decided, in May, not to renew my NMC registration after 'being a nurse' for over 30 years.

Identity seemed to be a theme of the presentations, as we were transported back to a time when nurses were striving to, and succeeding in finding their voice and defining what nursing really was. I was reminded of my own passion and excitement of qualifying at a time when nurses seemed to be trailblazing their role in health care. There was a professional enthusiasm for Nursing Development Units and pride in becoming Radical Nurses and Midwives.

I found myself reminiscing with academics about those days when, as researchers, we were obliged to explain what nursing research was if it was not medicine! What a long way we have come...

Paula Reed  
Senior Lecturer MA Play Therapy  
Department of Psychology  
University of Roehampton

# District nursing as boundary work

## Bridget Towers & Maureen Mackintosh

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### Maureen

Ever since I've worked with Pam, starting in the 1980s, we've been talking about nursing and health sector reform, and in particular district nursing and community services.

I first was drawn into this when Pam was working at the Royal College of Nursing, and the early discussions were around contracting. Then a new concept in the NHS, but not in local government where internal "purchaser/provider splits" were being imposed, and tendering and external contracting were already common. I brought local government financial experience into discussions with Pam's nursing students (Masters students as I recall). "What" I was asked "is a contract?" Good question. This was a period when this "business language" was being pulled into the health service and all public services. It carried all kinds of meanings and implications, many internally contradictory, and many different practices. What it meant wasn't well specified.

Some well known implications include:

- Pulling responsibility for identifying needs and the appropriate responses further away from professional service providers;
- Introducing competition to provide services, and pushing for de-professionalising service providers;
- Creating a language of contracting that appears to imply rationality and fairness while reinforcing management hierarchy and increase in monitoring roles;
- Creating incentives for finance-seeking behaviour, including serious conflicts of interest.

And – very particularly – generating fragmentation in community services, pulling apart the dense local networking among district nursing staff, home carers, social workers and others, we observed in the early 1990s.

In those early 1990s interviews a constant theme was information: the community nursing staff were “walking the streets”, they knew how needs were changing, they had the “indefinable knowledge” of front line workers – and increasingly no way of feeding that knowledge into service design: “I really don’t think that managers... have any idea what the roles of nurses are these days.”

And a second theme was disadvantage: that is was the community nursing staff that worked with those “at home ... lonely, ill”: district nursing as in touch with and representing otherwise excluded voices.

Those two themes from the early 1990s have carried through the subsequent work I’ve done with Pam and Bridget. As the economist in various teams and collaborations, I’ve been the one trying to disentangle the financial incentives (and mess), and to see how those financial “reforms” might interact with and help to explain the findings of my nursing, sociologist, historian ... friends and colleagues. I’ve been constantly fascinated by it.

Several findings stick with me from the experiences over the decades since.

1. Community nursing, and more broadly the community services of which this is a part, are constantly, and in each financial reform framework, a financial residual. The financial and competitive structures recreate open ended activity based funding for secondary acute care, and cap community funding (including mental health) as a residual – with predictable results in terms of underfunding.
2. District nursing and community services sit on a number of boundaries: between health and social care funding; between GPs and community needs; between primary care and public health; and between the better off in society and our most disadvantaged citizens.
3. As community services are restructured, the association between the least (financially, hierarchically) powerful professions/ carers/providers (our very language is unsatisfactory) and the most disadvantaged citizens persists. Social class hierarchies, embedded in the NHS, reinforce those in our society, aided and abetted by financial “reforms”.

## **Bridget**

Questions were predominantly around the different points when finance and management changed health and social care – a thirst for knowledge about the histories of it all – was it always about political ideologies like today? Language and acronyms as tools of power – don’t we also do the same? What is happening to practice nurses? Do they have greater or less autonomy –

big discussion about prescribing powers. Mental health nurses have greater autonomy but huge risk responsibilities that are unrealistic in the present funding climate. Could we look at their boundary work? Is the political shift to the right what is strangling public services everywhere – “it’s really all about “laissez faire” isn’t it?”

Just look at the current obsession about ‘resilience’ in training – it’s everywhere it’s all about keeping staff in post and reducing sickness leave. (Real anger about this – it reminded me about how cancer patients are told not to ‘give in’). That’s mainly what I recall.

# Student nurse responses

## Faysa Mahamed

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Hello everyone, my name is Faysa Mahamed. I am student nurse from Middlesex university, firstly I would like to register my appreciation to Pam Smith who respectfully invited me to participate in this wonderful event that we are celebrating on the NHS 70th. Although I don't have many wonderful stories to share as I am just about to begin my journey, however, I would like to share why I choose to become a nurse. I decided to become a nurse when I was 5 years old, it is something that I always wanted to do and want to become. As a student nurse I strongly feel that nurses are the core of the NHS as they lead demanding lives, working with the multidisciplinary teams, healing patients and educating communities through health promotion. These are just a few of the responsibilities nurses perform on daily basis. In fact, I could say nurses are the backbone of our health care system by providing us with the medical attention we need to live healthier, longer lasting lives.

Being a nurse can be challenging as we face discrimination and racial abuse from our fellow colleagues, despite the equalities and the policies put in place. I believe racism is in every race and in every community, however, as we all



have common destiny which is the power to help our patients we should also have this power to look after one and another. Being racists towards our fellow colleagues is based on materialistic values but not humanistic value. If we could look at each other through humanistic values we will realise that we are all the same and not different from each other. Only some of us have more melanin than others which make us darker skinned and some of us have less melanin which make us lighter skinned. Judging someone by the colour of their skin is ignorant and it only makes us miss entirely who they are.

I would like to add an experience that I had with one of the patients that I looked after in my last placement in year 2. This experience really touched my soul and my heart. Because I was in-between two distinctive forces, where on the one hand my patient came out from surgery and hoping that the surgery went successfully. At the same time we were told in the handover that the patient had terminal cancer. This news was eating me inside and it was so dramatic for me to know whilst my patient did not know the news that was heading his way. I made sure that I maintained professionalism and I wanted to make him feel as comfortable as possible by doing simple daily activities for him such as washing, dressing and feeding. He told me that he appreciates the way I cared for him and that I will make an excellent nurse. The day has come to an end and I said my good bye as I have to leave the placement. He asked me when I am back on duty. I explained to him that I was on placement and I won't be coming to work anymore as I finished my placement. He somehow cried and said to me "I know you're Muslim but is it okay if I give you hug" I gave him a hug and he cried. Knowing the news that is heading his way I also cried.

I really can't explain in words how I felt and the beauty of being a nurse with compassion. This story really touched my heart as a student nurse and it enlightens my future I know I will always remember this experience which is highlighting the medical dilemma that nurses face day in day out. The reason for this story is to share the power of being human and being compassionate in everything that we do for our patients. When I go to work I don't pick and choose the way I care for my patients. My aim is not to choose who I should give the best care to and who I shouldn't. I don't say I will care for this patient because we are from the same race or we are from the same religion but instead I see them as a human beings who deserve my care and compassion which is why I chose to become a nurse. Let's stop discrimination between colleagues and let's care for our patients with compassion regardless their background. As a student nurse and future nurse, I would thank you all for your legacies through adherence to evidence-based practice. I believe in the continuous pursuit of nursing excellence, team work, respect, great working integrity and compassion in everything we do.

# Concluding thoughts

## Helen Allan

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What a rich day of reminiscences, sharing, politics and activism which all seem appropriate to celebrate the foundation of the NHS in Britain and the contribution of nurses to the work of the NHS.

When Michael Traynor, Pam Smith and I planned this day, we didn't realise how much energy we would tap into, from the contributions of those who attended, as well as those who spoke and chaired the sessions (Abi Master-son), but also in the enthusiasm of those who participated in the day some of whom are captured in these brilliant photographs taken by our valued colleague Justin McDermott. The passion was also evident in Russell Freedman's superb organisation. I should also note the excellence of the food which fuelled our discussions!

I am particularly struck by three themes from the day:

- The contribution of Black, Asian and Minority Ethnic (BAME) overseas trained nurses to the NHS from its inception. The NHS would not have been possible without this unsung and hidden contribution. I was awed by Laura's poetic contribution and by the reflections of Faysa Mohamed and Munoda Mariake who are both inspiring BAME nurses today.
- The passion in the contributions which showed me (yet again) how much of ourselves we all put into being a nurse and the emotional labour which produces great nursing and safe, compassionate care in practice, education and research (sometimes at a cost of course).
- The history of nursing politics and activism was vivid in the contributions of Olly Bamford, Shelagh Sparrow, Gay Lee and Jane Salvage. I was moved by the Bolder Voices Choir's 'The Nurses' NHS Song'.

My thanks lastly to Michael Traynor and Pam Smith for their tenacity in producing this book (late at night searching for typos) as a permanent reminder of a fantastic day and the contribution of nursing to the NHS.



# Speaker biographies

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## Clair Chapwell

Clair Chapwell was founder and Artistic Director of Spare Tyre Theatre from 1979- 2007. Since that time she has written songs, films and plays in collaboration with councils, care homes and community groups using song and drama to bring issues of importance to participants onto the stage or screen. She directs Bolder Voices, age 70+ who sing the politics of age. Clair is a Churchill Fellow 2013.



## Christine Hancock

(Founder of C3 Collaborating for Health)

Christine leads C3 Collaborating for Health, a London-based global charity which works with diverse stakeholders to focus on the 3 risk factors which cause the 4 major chronic diseases (NCDs) Tobacco, poor diet, including excessive alcohol, and lack of physical activity, which are responsible for over 50% of the world's premature and preventable deaths. She is a graduate of the London School of Economics and the London Business School, an experienced clinician and manager, with clinical experience at London's National Heart Hospital. Her NHS career led her to be Chief Executive of the NHS for Waltham Forest, a deprived area of north London. She spent 12 years as General Secretary/CEO of the RCN and was then the elected President of the International Council of Nurses (ICN). At ICN, she visited 50 countries and was engaged with WHO and the UN system. At C3, she attended the UN High Level meeting on NCDs. She believes that nurses are key to resolving the epidemic of Non-Communicable Diseases. Successful programmes at C3 have included several programmes with nurses as well as a programme of community engagement.



## **Beverley Hunt**

Reverend Beverley Hunt is a Former Nurse Educator and Fellow in Leadership Development and Senior Adviser – Race and Diversity (King’s Fund). In 2006 she was an advisor to the ‘REOH’ (Researching Equal Opportunities of Health care workers) project’s research team which included Leroi Henry, Helen Allan, Pam Smith and Maureen Mackintosh. Beverley is currently Associate Minister of the Church of England, Woking Surrey.

## **Leroi Henry**

Leroi Henry is Senior Lecturer in Human Resource Management at the University of Greenwich. His research has focused on the relationships between identity and social action particularly in relation to Diasporas and development, the experiences and contributions of migrant health professionals, equality in the workplace, social dialogue, Black and Minority Ethnic workplace self-organisation within and outside unions and worker health in restructuring. He is currently working on research projects exploring interventions to increase BME representation in football management and the experiences of Windrush generation nurses and their families.

His presentation provides an overview of the role of migrant labour in the NHS and reflects on the ways in which health workers have responded to marginalisation and discrimination individually and collectively.



# **Ann Lloyd Keen**

Professor Ann Lloyd Keen RN, DN.  
Chair Prime Minister Commission  
Future Nursing and Midwifery 2009/2010  
Front line Care  
First work since Lord Asa Briggs 1976

Visiting Professor London South Bank University.  
Visiting Professor Innovation Policy Practice in Health  
University of Bedfordshire.  
Senior Scholar Hartford Institute Geriatric Nursing.  
New York University.

Former Parliamentary Under Secretary of State for Health Services.  
Labour Government, 2007 2010. Labour M.P. 1997-2010.

Fellow of the Queens Nursing Institute  
Fellow Royal Society of Medicine.  
Visiting Professor Florence Nightingale School of Nursing and Midwifery  
Kings College London  
Hon Lecturer Imperial College Institute of Global Health Innovation

## **Awards**

Public Figure of the Year. Leading Cancer Charity for Campaigning Role  
for Ovarian Cancer.  
Hon Doctor of Laws University of Bedfordshire.

## **Charity**

Trustee The Katie Piper Foundation  
Trustee Florence Nightingale Foundation.

## **Special Interest**

Innovative Care of Older people. Design  
to bring respect and dignity.  
Working to improve the knowledge of the  
Health Team within this wonderful yet  
challenging group, UK and Globally.  
Community Nursing and Pallative Care.

Liverpool Football Club.  
Passion for Football and Theatre.



## Daniel Kelly

Professor Daniel Kelly  
RCN Chair of Nursing Research  
Cardiff University

Danny worked at University College Hospital London (UCLH) in the late 1990's as Senior Nurse for R&D. Before this he had worked in nurse education. Via jobs at City and Middlesex Universities, he is now the fifth holder of the Royal College of Nursing Chair of Nursing Research at Cardiff University.

His research interests have focused on the impact and experience of illness - primarily reflecting his clinical and managerial experience in cancer and palliative care - as well as the future potential of nursing and associated NHS workforce issues.



## Gay Lee

I came into nursing with a sociology degree and a community development background aged 30. I have done hands-on nursing or midwifery ever since and still work as a bank nurse. My nursing work has been in: A and E, health education, general practice and palliative care as well as 12 years as a midwife. Interspersed with this I've done a small amount of work as a journalist/writer, researcher, teacher and consultant. And since the 1980s I've been a campaigner for the NHS - never more so than now. And I've always been active to some degree or other in a trade union (NUPE - National Union of Public Employees, Royal College of Midwives and Royal College of Nursing).



Gay Lee - The photo was taken in Nicaragua in Feb - hence the flamboyant background.

## Paula Reed

Paula Reed qualified as a nurse in 1987 and worked in acute, specialist oncology and community settings, as well as a Nurse Advisor for a London Health Authority. Paula's interests include emotions in health care and the notion of dignity in health and social care, particularly in relation to children. Paula obtained her PhD Dignity and the Child in Hospital in 2007 from the University of Surrey, where Pam Smith was her supervisor.

After obtaining her doctorate Paula wanted to find more creative ways to understand the subjective experiences of children and to work therapeutically and retrained as a play therapist.

Paula is now a lecturer in Play Therapy at the University of Roehampton for half the week, the rest of the week she works as a play therapist for a Macmillan palliative care team and as an independent play therapist and supervisor.



## Jane Salvage

Jane Salvage is well known in the UK and globally as a nursing and health policy activist, feminist and leader. Her commitment to high quality health care, social justice and women's rights has been the main driver of her unusual career. Her best-known book, *The Politics of Nursing* (Heinemann 1985), was a wake-up call to the profession to get out from under. She remains passionate about helping nurses to become articulate, effective and influential in all aspects of health and social care, education, research and policy.

Jane has held a range of leadership roles in her unusual career. These include spells as chief nurse at the World Health Organization (European Region, and later Headquarters). Back home in the UK Jane has edited mass-circulation nursing magazines and is an award-winning columnist. She has worked on major policy reviews, including the Prime Minister's Commission on the Future of Nursing and Midwifery in England (2010), and the UK All-Party Parliamentary Group on Global Health report on nursing worldwide, *Triple Impact* (2016).

She is an independent consultant, and programme director of the International Council of Nurses' Global Nursing Leadership Institute. She is a visiting professor at the School of Nursing, Coimbra, Portugal, and at Kingston University and St George's, University of London, UK. She has honorary doctorates from the University of Sheffield; Kingston University and St George's, University of London; and Middlesex University. Jane is a fellow of the Royal College of Nursing and the Queen's Nursing Institute.



Jane and her mum at the launch of *The Politics of Nursing*

## Pam Smith

I was born on February 20th 1948, a few months ahead of the NHS. On the day I was born the News Chronicle headlined a new report on nurse education to Mr Bevan, Minister of Health. The report proposed that 'nurses should be given more say in the day to day administration of hospitals' and receive 'more sympathetic supervision of their health'. The report also recommended nurses should be given 'full student status.' 22 years later (1966) I was a beneficiary of that report as one of the first graduates from the University of Manchester's Bachelor of Nursing course and registration as a nurse, district nurse and health visitor (1970). The course was indicative of the opening up of higher education in the post war period to women in general and nursing in particular. The course inspired students to think holistically about health rather than disease and put the NHS at its centre. Staff nurse posts at Fulham and St Thomas's hospitals, London followed and then a certificate in adult education prior to five years working as a community nurse tutor in Tanzania and Mozambique (1973-78). On return I was welcomed by the Royal Free Hospital School of Nursing who later supported my MSc in Medical Sociology. This opened up opportunities at King's College London to undertake a PhD on how student nurses learn to care while at the same time working as a senior nurse researcher at the Middlesex Hospital and School of Nursing, Bloomsbury Health Authority (1983-88). I also developed and taught the ENB 870 Research Appreciation Course working with nurses, midwives, community nurses and health visitors to develop evidence based practice and research.

My career has oscillated between research, education and practice ever since setting the concerns of the NHS in a global context. Former posts in-

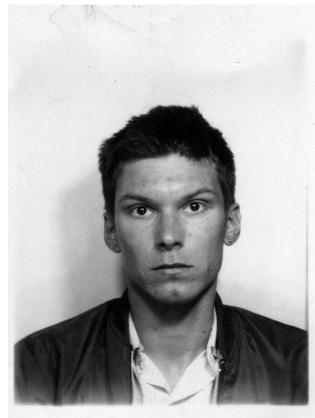


clude Head of Nursing Studies, University of Edinburgh (2010-13), General Nursing Council Trust Chair in Nurse Education and Director of the Centre for Research in Nursing and Midwifery Education at the University of Surrey (2002-2008), Professor of Nursing, London South Bank University (1997-2001) and Director of Nursing Research and Development, Camden and Islington Health Authority (1988-92) which was my favourite and most exciting job (after Tanzania and Mozambique). I am currently Professorial Fellow, Nursing Studies, in the School of Health in Social Science, University of Edinburgh and a Visiting Professor in Nursing, King's College London.

Pam is the author of: *The Emotional Labour of Nursing: How nurses care* (1992: Palgrave Macmillan) and *The Emotional Labour of Nursing Revisited: Can nurses still care?* (2012: Palgrave Macmillan)

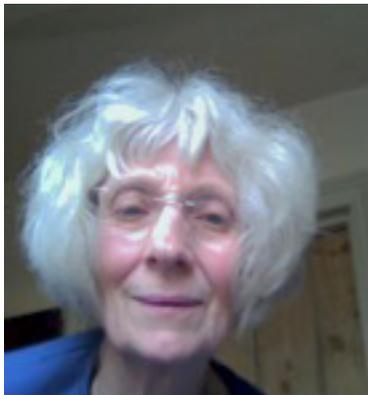
## **Michael Traynor**

Michael Traynor was born in London. He read English Literature at Cambridge University, then completed general nursing and health visiting training. After working as a health visitor in London he moved to Australia where he was a researcher for the South Australian Health Commission. He worked at the Royal College of Nursing in London from 1991-6 and undertook a three year study of nursing morale in the wake of the 1991 National Health Service reforms. Drawing on his background in literature, his PhD examined the language employed by nurses and their managers. He worked at the Centre for Policy in Nursing Research at the London School of Hygiene & Tropical Medicine. He is now Professor of Nursing Policy at the Centre for Critical Research in Nursing and Midwifery at Middlesex University in London. He researches professional identity and the application of discourse analysis and approaches from literary theory and psychoanalysis to nursing policy and health care issues. He is editor of the journal *Health: an interdisciplinary journal for the social study of health, illness and medicine*. He recently wrote *Critical Resilience for Nurses*, published by Routledge in March 2017 and is completing a follow up due for publication in September 2019, *Tales of Resilience: stories from the front line of nursing*, also published by Routledge.



## **Diane Wells**

I trained as a general nurse in 1960's. Interested in what went on between us all, for example what to say to worried patients, I thought social work may have some ideas. After a Social Studies course I returned to nursing thinking maybe I could work out some of my dissatisfactions. I had gained a psycho-social perspective but still was not skilled enough to use the ideas. Working at The Cassel Hospital, a therapeutic community for the treatment of people with severe neuroses, gave me some understanding and skills that I have drawn upon and developed in nurse education.



## **Helen Allan**

Professor Helen Allan is a Professor of Nursing at Middlesex University, London, UK. She qualified as a nurse in 1978 and worked as a general nurse until becoming a ward sister in intensive care at UCH, London. Since 1986 she has worked in nurse education and following her PhD, as a nurse researcher. Her PhD was an ethnographic study of an infertility clinic and her postdoctoral work has combined her interests in reproductive health and nurse education.



## Theresa Shaw

Theresa is passionate about enabling nurses to flourish as caring, knowledgeable and skilled practitioners. As CEO, she is proud of the work Foundation of Nursing Studies (FoNS) has contributed to this along with advancing nursing and improving the care experienced by people using services. Theresa has been a Registered Nurse for 34 years, her work in the NHS spanned clinical nursing, nurse education and practice development and through FoNS she has been privileged to enable a wide range of nurse-led teams across health and social care practice to innovate and create more person-centred cultures. Theresa is part of an editorial team for the International Practice Development Journal and a member of both the RCN Nursing Advisory Group and the RCNi (the Royal College of Nursing's publishing arm) Editorial Advisory Board. She is also an Honorary Senior Research Fellow at the School of Healthcare Sciences, Bangor University, Wales and a Visiting Senior Research Fellow at Christ Church University, England. Theresa is regularly invited to speak locally and nationally on practice development, leadership and culture change, has judged numerous awards and in 2014 was named on the inaugural Nursing Times Leaders List, celebrating the most inspirational role models in nursing.



## Ruth Harris

Professor of Health Care for Older Adults, Florence Nightingale Faculty of Nursing, Midwifery and Palliative Care, King's College London

Ruth has a clinical background in acute medical nursing and care of older people and has worked as a primary nurse in a King's Fund funded Nursing Development Unit and as the senior primary nurse/ward manager in a nursing-led intermediate care unit. She has worked in a range of research posts with responsibility to manage and lead research studies and other research activities in clinical and academic settings including as Deputy/ Acting Director of the National Nursing Research Unit, King's College London. Ruth's research focuses on the impact of the nursing and multiprofessional work on processes of care and patient outcomes particularly for older people and those with chronic conditions. Her current work includes a NIHR HS&DR (National Institute for Health Research Health Services and Delivery Research) funded study to evaluate intentional rounding by nurses and a NIHR HS&DR funded study using EBCD (Experience-based co-design ) to enhance patient activity in acute stroke units (CREATE study). Her recently completed work includes a scoping review of the evidence for 12-hour shifts in nursing and a NIHR HS&DR funded multimethod study to investigate the effectiveness of inter-professional team-working on outcomes and patient and carer experience of care across stroke care pathways. She is an associate editor of the International Journal of Nursing Studies and a Fellow of the European Academy of Nursing Science.



And with some members  
of the Byron NDU/NLIU team in 1994!

## Helen Mann

Helen Mann began her nurse training in 1970 and worked as a ward sister on a general medical ward at the Middlesex hospital in Bloomsbury from 1975 to 1990. During this time, in the face of some opposition, she introduced the 'nursing process' and changed nursing practice on her ward from allocation of tasks, to nurses caring for all their patients' needs over the course of their shift. In 1990 she moved to a 22 bedded medical ward at St George's in South West London, which included six rehabilitation stroke beds and acute stroke admissions from the Accident and Emergency department. Here, she began to develop her own and nursing colleagues' expertise in caring for patients with stroke. When reduction in the hospital's medical beds resulted in her ward being disestablished, she took on the new role of Stroke CNS.

She contributed to the re-organisation of hospital-wide stroke care which resulted in the establishment of one of the first acute stroke units in the UK. Her role evolved over the ensuing years and during subsequent re-organisations she supported the hospital nursing team in maintaining their interest and enthusiasm for this speciality. She was one of the founder members of the London Stroke Nurses' Forum and was involved in the development of the local Stroke Strategy. Her role included advice and education for patients and their relatives, teaching and training healthcare professionals and running one of the stroke follow-up clinics.

She also established a training course to enable volunteers to become proficient in assisting patients with stroke at mealtimes. Her research interests included nutrition in stroke and she acted as the Trust Resource on the management of naso-gastric feeding. She retired from nursing in July 2014.



## Abigail Masterson

People and organisation development, programme evaluation, and facilitation are Abi's key areas of expertise. Abi undertook one of the early undergraduate nursing degree programmes at the University of Edinburgh and held clinical, education and research posts in organisations including St Bartholomew's Hospital, the Royal College of Nursing and the University of Bristol before establishing her own consultancy company in 1998. As a consultant Abi undertakes work for a wide range of organisations including government departments of health, regulatory bodies, healthcare organisations, charities and professional associations. Abi has a Professional Doctorate in Organisational Change from Ashridge Business School. She is frequently asked to work with health organisations on people and workforce development and role redesign at strategic, operational and service levels. Abi has published extensively on topics such as nursing and policy, new roles and leadership development, as well as maintaining an interest in her original area of clinical practice – nursing older people. Abi was privileged to learn the practice of research working with Pam on the English National Board (ENB) funded Health in the Curriculum project in the early 1990s



## Laura Serrant

Professor Laura Serrant is Professor of Nursing in the Faculty of Health and Wellbeing at Sheffield Hallam University, one of the few black Professors of Nursing (out of 262) in the UK. She was also one of the first to qualify as a nurse with a Bachelor of Arts degree. She has frequently found herself as the sole voice representing nurses and minority communities; a position which she has striven to challenge throughout her career by empowering others to come forward to join her, in a unique call to 'lift as you climb'. Professor Serrant's research interests relate to community and public health, specifically health disparities and the needs of marginalised and 'seldom heard' communities. She has developed and published a new theoretical framework for conducting research in this area of work 'The Silences Framework' (Serrant-Green 2010). Professor Serrant has an extensive experience in national and international health policy development with particular specialist input on racial and ethnic inequalities and cultural safety. She is one of the 2017 BBC Expert women, Chair of the Chief Nursing Officer for England's BME Strategic Advisory group and a 2017 Florence Nightingale Scholar. She is an ambassador of the Mary Seacole Memorial Statue and the Equality Challenge Unit Race Equality Charter for Higher Education. Her work has been recognised with a number of awards and prizes, including Queens Nurse status and Fellowship of the Queens Nursing Institute to those who have shown leadership in community nursing. In 2014, she was named as one of the top 50 leaders in the UK by The Health Services Journal in three separate categories: Inspirational Women in Healthcare, BME Pioneers and Clinical Leader awards. In October 2017 she was listed as the 8th most influential Black person in the UK by the Powerlist 2018. She recently received an OBE in the Queen's Birthday Honours list 2018 for services to Health Policy

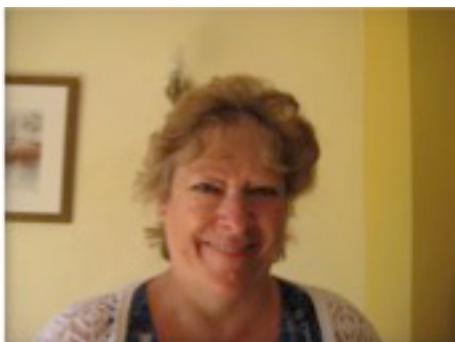


## Shelagh Sparrow

Following my training at Charing Cross Hospital and a brief sojourn into Intensive Care Nursing I worked as a primary nurse at the first Nursing Development Unit in Burford where Alan Pearson was introducing innovative changes in nursing care. Whilst at Burford, I obtained my Masters' degree in Sociological Research in Health Care from the University of Warwick which developed my ongoing interest in research methods and the use of research findings in practice. I returned to acute care as a job sharing ward sister at Charing Cross hospital. On this ward we adapted the concept of primary nursing for the specific needs of acutely ill respiratory patients, many of whom had the, then fatal, diagnosis of AIDS and, unlike the patients at Burford, did not want to be passive recipients of care. I am indebted to Pam Smith who then encouraged me to move into nurse education. I led the ENB research course at the Bloomsbury and Islington College of Nursing and Midwifery for over 4 years. This 40 day research course was a luxury that would not exist today and several students were inspired to proceed to further academic study. Whilst in this role I worked with the Middlesex Nursing Development unit, primarily helping them to evaluate a period of non- uniform wear.

Whilst in this role I started my doctoral studies. The research commenced as a collaborative action research venture by looking at how nurses could review the quality of their care. Changes in health care policy meant that the research was brought to a premature end. Nurses from the three participating hospitals were not only unable to continue with the collaboration but they were also not able to collaborate between directorates within the same hospital. My thesis diverged to examine the use of Government policy where the concept of quality was being used as a means to control and coerce staff rather than improve the experience of service users.

My next role was as a lecturer at the University of Nottingham where I helped to set up and lead a Masters' degree in Advanced Nursing Practice. For the past 18 years I have worked in a variety of roles at the Open University where I currently support students who are studying part time for a degree in nursing whilst also raising teenage daughters and caring for my mother.



## Maureen Mackintosh

Maureen Mackintosh is Professor of Economics at the Open University. She has worked with Pam over several decades on issues around community health services and community nursing.

## Bridget Towers

Bridget Towers is a sociologist specialising in the History of medicine, now retired from Kingston University but still actively researching.

## Olly Bamford

Olwyn (Olly) RN, DipN, BSc (Hons) worked as a senior nurse, Practice Development, University College London Hospital Trust, London in the 1980s and 90s. Olly, Anne Jones and others worked closely for six years to set up a Nursing Development Unit in an acute medical ward in an inner London hospital. They were inspired and encouraged by nurse managers to seize the many opportunities created by the national Nursing Development Movement which aimed to set a new nursing agenda. They also worked with nurse researchers to create new nursing knowledge and evidence based on an evaluation of changing practice. Despite the Unit's many successes Olly recalls the disappointment of not securing funding from the King's Fund in a bid to ensure its future in an increasingly market driven NHS. Despite these challenges in particular the challenge to nursing's shift from subservience to power, Olly and Anne remain steadfast in their belief in nursing's creativity and emphasis on holistic patient care (Jones A and Bamford O 1998: Nursing Development Units: perspectives and prospects for research and practice. In Smith P [Ed] Nursing Research Setting New Agendas London: Arnold).



## **Theresa Wiseman**

Theresa has a Joint Appointment as Clinical Chair of Applied Health Research in Cancer Care and Strategic Lead for Applied Health Research, The Royal Marsden NHS Foundation Trust and University of Southampton. She first met Pam in Bloomsbury Health Authority where she worked as a clinical nurse in intensive care and as a nurse teacher. Theresa later undertook her PhD at the RCN jointly supervised by Pam and Jan Savage on the importance of empathy in oncology care. Theresa's research expertise is in oncology nursing care and interpersonal relationships and improving the working lives of nurses and other carers.



## **Faysa Mahamed**

Faysa Mahamed is a student nurse at Middlesex University. She decided she wanted to become a nurse when she was 5 years old.



# Jan Williams

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Jan is currently Pro Vice Chancellor & Dean, Health & Education at Middlesex University. She trained as a nurse at University College Hospital (UCH) in London and later moved into nurse education.







