Compassion is a fundamental part of nursing care

Within the Emergency Department nurses have led the development of Care Pathways to support the needs of people with a Learning Disability. Staff have enabled reasonable adjustments to meet the needs of individuals in sensitive ways:

- Providing a quiet area where a patient with autism could go before he became distressed,
- A patient with severe learning disability who often exhibits behaviours that challenge, was fast tracked through the department to ensure maximum co-operation and compliance with investigations, which ensured they could receive optimum care.
- Promoting use of a “hospital passport”, a document to support and assist people with a Learning Disability to share important information about their health. Offering this to people on arrival and encouraging carers to complete the emergency document to identify reasonable adjustments which are needed immediately.

Community staff have also been recognised for their delivery of compassionate care. Out of hundreds of applications, the District Nursing team at Prospect Medical Centre Team were shortlisted for finalists in the “General Practice of the Year”, category. The team was nominated by one of the practice’s GPs due to their contribution in developing a multidisciplinary palliative care service.

Compassion and caring is shown in many ways, nursing staff on a ward in Older People’s Medicine organised a tea party for patients and their relatives to mark the Queens Diamond Jubilee and have prepared a display of historical pictures of Newcastle in the day room. These initiatives enable patients with Dementia to reminisce about their earlier lives and proved popular with everyone involved.

Great opportunity to meet the professionals who will be involved with my child

Quote from parent June 2013
Quality

Striving to enhance the quality of nursing and care has led to fresh ways of working with new roles being developed and staff provided with complementary training opportunities. This helps to ensure that provision of high quality care in every day practice is valued and celebrated.

For example:
The Evening and Night Nursing Service (ENNS) has amalgamated with the core District Nursing service. This is now managed by an experienced Cluster Co-ordinator which has provided a link between in and out of hours teams ensuring equity across the service, providing clinical leadership and support, and benefiting patient care.

This year has also seen the development of ‘Hello Goodbye’ sessions to aid transition, for preschool children and their families, from Health Visiting into the School Health Service. The sessions are demonstrating effective collaborative working and communication within the 0-19 service. All families with children commencing school in September are invited to a community based information sharing session; topics include health issues, immunisations information and dental health.

As reported in the Patient, Carer and Public Involvement and Patient Experience Summary the Trust performed well in the National Inpatient Survey in 2012. This included specific feedback about nurses. Following publication of the results, the CQC produce benchmark data to show how we perform against all other Trusts for each section of the survey. In this regard, the section related to nurses scores an overall 8.7 out of a possible 10. This indicates that our Nurses perform ‘better than other trusts’. Newcastle was the only Trust in the local area where the ‘Nurses’ section achieved this high score.

Specific feedback included:
- 83.4% of patients said that they always had confidence and trust in the nurses treating them.
- 85.1% of patients said that all or most of the nurses who treated them knew enough about their condition or treatment.

Nursing care was excellent - communication was good; caring attitude nothing was too much trouble. Well organised Ward - excellent leadership

Quote from 2012 In-patient Survey
Delivering Harm Free Care

The introduction of the National Safety Thermometer in 2012 with its emphasis on the delivery of Harm Free Care has provided the opportunity to focus on the four harms measured by the tool:

- Pressure Ulcers
- Falls with harm
- Venous Thromboembolism
- Catheter Associated Urinary Tract Infection

Measured by Ward Sisters and Charge Nurses on one day each month, this prevalence audit has clearly shown that the Trust consistently delivers Harm Free Care to over 95% of patients, and that we perform very well in relation to national comparators. Results are shared with both staff and patients on every ward using our “How we are doing” boards and are also available nationally for everyone to see.

A number of high profile campaigns have been introduced to reduce harm to patients and these include:

- ‘Time2Turn’, a way of supporting awareness and reduction in pressure damage
- Falls Care Bundle, introduced as a Multi-disciplinary care pathway to support decision making and reduce harm from Falls.
- FOCUS tool, a visible prompt to staff and a method of supporting work around Falls and Pressure Ulcer reduction and also support orientation for people with cognitive impairment

The Senior Nursing Team is involved in the review and root cause analysis when instances of Patient Harm have arisen. This ensures a consistent and rigorous review is undertaken, and that learning is shared to continuously improve practice.

The Trust’s Clinical Assurance Toolkit (CAT) continues to provide on-going assurance around standards of cleanliness, infection prevention and control, documentation and staff knowledge. Results from CAT are also made publicly available on ward and departmental “How we are doing” groups thus increasing transparency to patients, the public and staff alike.

Leadership

Reports, such as the Francis Inquiry into the standards of care in Mid Staffordshire and The Chief Nursing Officers national strategy “Compassion in Practice: (DOH 2012)”, which identifies 6 key values, serve to highlight the needs for Nurses to have courage to maintain the highest professional standards and challenge where necessary.

The value of strong clinical leadership is recognised and the Trust ensures that Ward Sisters and Charge Nurses are fully prepared before taking on these roles. A formal development programme is in place to prepare these staff, and to focus on their contribution to enhancing the patient experience.

Excellence

The Trust’s 15th Annual Nursing and Midwifery Conference was held at Northumbria University’s School of Business Studies and Law. The event has gone from strength to strength and, over 350 nurses and midwives attended. It continues to be a highlight of the nursing and midwifery calendar. Keynote speakers included Natalie Yates – Bolton, a lecturer in Nursing at Salford University talking about her lived experience as a person with cancer and what great nursing care feels like, from a patient’s perspective.

The Annual Achievement Awards for Excellence in Nursing Practice and Research, which are supported by Special Trustees continue to be an opportunity to recognise innovative and excellent care. Nurses or Midwives are developing across the Trust. This year’s winner was Jackie Rees, Nurse Consultant Continence Care, who has led work to improve continence care across Newcastle. Jackie has been supported by colleagues from across the Trust to develop an integrated continence service across primary and secondary care. The Panel commended Jackie on the extensive reach of the work and the positive long term impact for many patients.

An additional award was made to John Davison, Research Nurse, Complex Respiratory Disease for his work developing home intravenous therapy for patients with Bronchiectasis. The panel was impressed by John’s commitment to patient empowerment and the substantial positive impact for patients with severe lung disease. The development was innovative, and reduced the number of hospital inpatient days and admissions.

Trust Nurses have also been recognised nationally for example:-

- Joe Larner a Staff Nurse on the Cardiothoracic Intensive Care Unit, Freeman Hospital was shortlisted as a finalist for a Nursing Times Award in 2013. The award category was ‘Student Nurse of the Year: Post Registration’ and his nomination was for his contribution while studying a BSc in Practice Development at Northumbria University.
- Helen Smith who works as an Infant Feeding Lead in Special Care had an article published in the Journal of Neonatal Nursing this year. The article was entitled Improving expressed breast milk (EBM) provision in the neonatal unit. A rapid and effective quality improvement (QI) intervention. This was co-written with Nick Embleton a Consultant Neonatologist. Helen also submitted the article for consideration at the Nursing Times Awards this year.
- Dr Debbie Carrick-Sen holds a joint appointment as Head of Research for Nursing & Midwifery at Newcastle Hospitals NHS Foundation Trust and Senior Lecturer, Degree Programme Director at Newcastle University. Dr Carrick-Sen has been awarded a prestigious Florence Nightingale Foundation & Burdett Trust Leadership Scholarship. His highly competitive National leadership award, will provide National Strategic Leadership Training and a financial scholarship for a visit to Australia to further develop the National, Regional and Local Nursing and Midwifery Clinical Academic agenda, which will attract and retain the best Nurses and Midwives within the NHS to innovate and improve the quality of care, treatment options and increased access to research. The Trustees reported that Dr Carrick-Sen was inspirational and commended her personal vision of the NHS in 2018, described as: “An NHS with clear and transparent leadership at all levels with an established and sustained NHS based Clinical Academic Pathway for Nurses and Midwives which attracts and retains quality nursing and midwifery leaders. An established career pathway from novice to expert working across the academic and clinical interface using best evidence for patient benefit. Where leaders embrace change, have ability and confidence to challenge and where innovation is common place.”

It has helped me think about who I am and how I can use the skills I have to ensure the best patient experience and job satisfaction

Evaluation from Sisters Development Programme participant 2013
Demonstrates excellent nursing and interpersonal skills in an conscientious and unassuming manner
Always willing to care for the most sick complex patients... very positive and cheerful... this is reflected in the high standard of care she gives

Karen Heslop Nurse Consultant

A number of support systems have been supplemented in the last year and clearly demonstrate the Trust’s commitment to support the staff working in the organisation. A programme of Enhanced Induction has been developed for Nurses new to the organisation. This has been delivered on a number of occasions, particularly following the recruitment of large numbers of new Nursing staff. Enhanced Induction gives us the opportunity to reinforce the Trust vision, goals and values with our staff.

The existing Preceptorship Programme for newly Registered Nurses proved so popular that additional programmes were delivered and were attended by over 120 Staff Nurses providing a forum for them to receive additional support during their transition from student to Staff Nurse. In order to expand this support during 2012 a formal system of Clinical Supervision was implemented for all staff. Clinical Supervision provides a safe, professional support system allowing staff to discuss clinical issues with other practitioners and has also proved very successful.

I have been supported to develop my academic skills in areas that really make a difference to patient care. I looked at the patient’s experience living with COPD and found that anxiety and depression were big problems. I realised I did not have the skills to help and was supported to complete a post graduate diploma in cognitive behavioural therapy (CBT). I have supported my staff to learn about CBT and we are now able to help hundreds of patients with COPD. I have been really fortunate to be supported to undertake my PhD part time to research if CBT helps patients with COPD. The best thing about it is that I still work with patients the rest of the time

Karen Heslop Nurse Consultant

A new role of “Assistant Practitioner” is being introduced and the first cohort was recruited to in September 2012. A cohort of 20 staff were recruited from existing Trust Healthcare Assistant posts and they began a two year training programme in conjunction with Teesside University - FdSc in Health and Social Care Practice. These roles provide care to patients under the indirect supervision of a registered nurse. Their role and competency framework is being developed, led by a Steering Group, evaluation to date is positive. A second cohort of 20 has just been recruited for September 2013.

In summary 2012-2013 has been another exciting and challenging year for Nurses and Midwives and Health Visitors in the Trust, who have continued to demonstrate the highest standards of commitment and professionalism delivering high quality patient care with compassion and a personal touch.
The Trust’s long-term vision and investment in the role of the Advanced Critical Care Practitioner has produced a professional, whose many years of experience, united with two years intensive training has culminated in a nurse who is approachable to all levels of staff; who is able to apply science to well-honed intuitive skills and who is able to deliver a prompt high level of care to the critically ill patient.
The Endoscopy Unit at the Freeman Hospital was awarded JAG accreditation in January 2013. The JAG – Joint Advisory Group - was established in 1994 under the auspices of the Academy of Medical Royal Colleges [AMRC] specifically through the RCsP, RCsS, RCR and the RCGP. The JAG Committee is an executive board, responsible for agreeing and setting policy and strategy and advising its constituent bodies and other significant organisations (such as the GMC, Department of Health, and NHS England) on standards and quality.
The Committee provides a forum for gaining professional consensus and agreement on standards in endoscopy. It also advises on suitable processes and frameworks to quality assure and enhance those standards. The Committee is supported by two Quality Assurance Working Groups, and receives regular reports from these Groups.

The JAG’s core objectives are:

• To agree and set acceptable standards for competence in endoscopic procedures
• To quality assure endoscopy units
• To quality assure endoscopy training and endoscopy services

The national JAG team visited the unit last year. The team comprised of two clinical and a nurse lead. It was an all day visit and the team scrutinised every aspect of the patient journey i.e. from booking of the appointment to discharge and follow up. They congratulated us on:

• A highly dedicated team creating a friendly environment
• Excellent facilities creating a patient-centred service, brought about by good engagement between clinicians and management
• The unit provides a high quality tertiary referral service for hepatopancreatobiliary endoscopy
• Regular provision of national endoscopy training courses, both for endoscopists and for nursing staff

We also acted on the some useful suggestions to improve the unit and were awarded the final certificate in January 2013.

The advantages of securing the JAG accreditation were:

• We can now apply for the Freeman Hospital to be one of the centres in the North east for bowel cancer screening
• Introduced newer techniques i.e. Entonox for colonoscopy to make the procedure more patient friendly.
• Maximise the best practice tariff which came into effect from April 2013 – all units who are JAG accredited will receive 5% additional income for all the procedures performed.

We are now one of the largest units in the country for advanced forms of therapeutic endoscopy i.e. ERCP and endoscopic ultrasound. We will continue to improve the quality of service to the patients and the standard of our training. For more information about the unit please follow the link:


Dr. Manu K Nayar
Consultant Gastroenterologist
Freeman Hospital
Newcastle is the Major Trauma Centre for Northumberland, Tyne & Wear and Cumbria.

Our Heliport managed in collaboration with Newcastle Airport
To achieve this, patients must be taken directly to the best facility with the specialised services needed to provide definitive care. As well as a new facility equipped with leading edge, state-of-the-art equipment, the trauma services, in partnership with North East Ambulance Service, have adopted a new triage system from April 2012, to identify “at the scene” all patients who should be taken directly to the Major Trauma Centre.

We expect more seriously ill patients to come directly to us than ever before and hence we have recruited additional specialist medical and nursing staff to underpin the service. There is consultant cover for the service 24 hours a day, every day and ensuring that expertise in traumatic orthopaedics, plastic surgery, neurosurgery and vascular surgery is always available.

The Royal Victoria Infirmary is a nationally designated Level 1 Major Trauma Centre, serving as the hub of an emergency care network across Northumberland, Tyne & Wear, Cumbria and beyond, with the aim of driving up standards and improving outcomes for injured patients.
A unique facility serving the United Kingdom, which is now fully commissioned with international acknowledgment as to scope and quality of service and the care environment.
The Trust has over the past ten years undertaken extensive redevelopment works at both the Freeman Hospital and Royal Victoria Infirmary. What next?

We are contemplating further infrastructure improvements, to match the increasing demands on both public and staff facilities. For example the Trust is now set to introduce a new 893 space Multi Storey Car Park (MSCP) on the Royal Victoria Infirmary site. The intention is that this would largely centralise staff car parking facilities and allow the existing MSCP along with surface car parking to be utilised by the public. This would also free up the surface car parking areas for longer term expansion of further clinical and / or support facilities, without overly compromising the infrastructure of the site. With this in mind, the new MSCP as a key enabling project to enable the further strategic development of the clinical care and treatment facilities on offer at the Royal Victoria Infirmary.

The development shall increase the public car parking spaces by 473 from the existing 395 to 868 spaces when complete, with these spread across the existing MSCP and surface car parks. This is in line with the Trust’s Travel Strategy which now provides for staff over 3,500 Public Transport Season Tickets and cycle parking facilities. There are currently 2910 active travel passes and on the RVI site we provide secure cycling parking for 200 bikes and cycle racks for over 140 bikes.
Crawford House, The Sick Children’s Trust ‘Home from Home’ provides accommodation for families with children receiving treatment at the Royal Victoria Infirmary and Great North Children’s Hospital. The Sick Children’s Trust aims to help aid the recovery of seriously ill children and support the well-being of the family by helping them to stay close to their loved ones.

We are so grateful for the help The Sick Children’s Trust has given us. Being able to stay at Crawford House so close to our daughter has made this ordeal slightly more manageable.

Crawford House is just a few minutes’ walk from the children’s wards. It has 23 private family bedrooms, 14 bathrooms, a fully equipped kitchen, large communal dining area, playroom and full laundry facilities. Direct telephone lines in every room ensure that parents can be contacted at any time in the event of an emergency.

Last year 720 families stayed at Crawford House. The length of stay varied from 1 to 270 nights with an average stay of 11 nights. Many of the families have commented on the incredible support they received from House Manager, Gail Stonley and her assistants, Jennie and Julie whilst staying at Crawford House.

Rooms at Crawford House are allocated on a first come, first served basis subject to admissions criteria and are offered to families free of charge. The charity relies on voluntary donations to continue its vital service.

In 2013, The Sick Children’s Trust in conjunction with the Children’s Heart Unit Fund (CHUF) has launched an appeal to raise funds for a new ‘Home from Home’ at the Freeman Hospital. The new 19 bedroom ‘Home from Home’ will provide accommodation for families being treated in the heart unit at the hospital.
Maggie’s Newcastle opened its doors on 16th May as Sarah Brown, wife of former Prime Minister Gordon Brown MP, came to unveil this fantastic new facility.

Mrs Brown explains Maggie’s Centres have a wonderful sense of warmth. “Immediately, I think somebody walking in with a lot of anxious questions knows they’re going to start getting answers, start getting information and start being able to embark on their journey”.

Maggie’s provides emotional, practical and social support to people with cancer from across the North East of England, as well as their family and friends. The support programme includes input from top academics and oncologists, drop-in with cancer support specialists, nutrition workshops, Tai Chi, stress management, relaxation and one-to-one sessions with clinical psychologists.

Sited in the grounds of the 35 acre Freeman Hospital site, the Centre was designed by nationally-renowned, sustainable architect, Ted Cullinan, and is fitted with environmentally friendly features such as solar panels for hot water, and there is garden landscaping by Sarah Price, who helped landscape the athletes’ village at London 2012 Olympic Games.

Karen Verrill, Maggie’s Centre Head for Newcastle said: “In my previous role as a secondary cancer nurse specialist, I have long known of the work of Maggie’s and have always believed in their ethos of empowering people to take control of their own cancer journey, so it is incredibly special for me to now be taking on the role as Centre Head. I hope that we can make Maggie’s Newcastle as special a place as I know the people of the North East are capable of making it.”

To see a virtual tour of the Centre, visit www.newcastle-hospitals.nhs.uk/services/cancer
On Thursday 11th July, children at the Great North Children’s Hospital were treated to a very special visit by David Almond - local, award-winning author of Skellig and many other books written with young people in mind.
David came to Newcastle to launch ReadWell at the Newcastle Bridges School and was delighted to meet with children, discuss how he approaches new story ideas, and take the time to sign some of his best known books.

ReadWell, run by UK charity Read for Good, brings free books to children in hospital, making life better for young patients, their families and carers. The books are displayed on a distinctive orange bookcase, specially designed to be easily taken around the wards so that even bedridden children may join in the fun. ReadWell also provides regular visits by a professional storyteller to entertain young patients.

Juliet McGilligan, who teaches children at the Newcastle Bridges School, says “Reading is a chance for relaxation and escapism from any stressful experiences of being in hospital. We are so grateful to ReadWell for helping us make reading for pleasure a priority. ReadWell will allow many, many more children at GNCH to experience the joy that a good book can bring”.

Since the initial implementation in November 2009 the Trust has realised significant benefit from the implementation of the Cerner Millennium Electronic Patient Record (EPR) system. The system now connects over thirty systems, aggregating and presenting clinical data to clinical staff in support of the delivery of patient care.
The Trust’s implementation of its Electronic Patient Record (EPR) platform was unique in that rather than being tied into national contracts the implementation was undertaken directly by the Trust in conjunction with the University of Pittsburgh Medical Center, providing a unique opportunity for the Trust to determine its EPR development strategy to ensure constant alignment to the needs of the Trust. The initial implementation included a Patient Administration System (PAS); Theatre Scheduling; Emergency Department (ED) Management System; and Electronic Ordering and Electronic Medicines Management. Development has been on-going since, most recently:

- The Newcastle Emergency Department has always been an exemplar in the adoption of the EPR. A recent review has delivered additional functionality and several system process improvements, including new patient Tracking Boards, facilitating improvements to the patient flow and the overall patient experience. Additional benefits include improvements to the ED discharge communications to General Practice.
- Dementia screening workflow functionality has been added, the collection of screening information supports the process for targeted patients. It also ensures that relevant information is supplied to the patients GP.
- Implementation of the ‘SurgiNet’ Theatre Management System is near completion at the Freeman Hospital, and is in progress at the RVI. This addition provides real time recording of key surgical activity. The expanded reporting information available supports effective theatre utilisation and the management of high cost items whilst also producing a verified audit trail.
- A trial of functionality to facilitate the electronic signing of test results has proved very successful, delivering significant improvements in the tracking of patient results. The administrative overhead is significantly reduced, with the need to print and store paper removed completely. This functionality is to be rolled out across all wards.
- Enhanced 18 Week Pathway reporting functionality is in place, this allows for effective management of patient pathways ensuring patients are seen within timeframe guidelines. Where patients exercise choice as to when they are treated, the system automatically recalculates removing a previously manual and complicated administrative process.

In partnership with Cerner the Trust is embarking upon the next major phase of EPR development. Building upon successes to date, the programme will deliver an upgrade to the latest code set, evaluate and implement new functionality so clinical information is captured directly into the EPR and made available to staff during care delivery. Medical device integration will be evaluated; expected benefits are that it will reduce transcription by nursing staff enabling nursing time to be returned to patient care delivery. The further implementation of information rich EPR will reduce the need for paper notes, in addition we will look at the most effective solution for digitising remaining paper records. We will implement the Cerner Clinical Trials management module; one of the benefits of populated electronic patient record being the ability to effectively support Clinical trials.

Trust systems for transmitting electronic discharge summaries and for the ordering and results delivery of Pathology tests to GPs have been improved; the distribution of dedicated label printers to GPs ensures samples are processed with minimal opportunity for error. Processes for ordering and delivering Radiology results have been updated to conform to new national standards with a rollout to GP’s about to commence. Working closely with our partners in General Practice we are pleased to report that across Newcastle over 90% of this communication is now delivered electronically. Over the coming year we aim to expand this across Gateshead, Durham and the surrounding areas.

The transition of IT support for Community based services was successfully completed. This involved the migration of over 1400 paper records. We will implement the Cerner Clinical.

Enhanced 18 Week Pathway reporting functionality is in place, this allows for effective management of patient pathways ensuring patients are seen within timeframe guidelines. Where patients exercise choice as to when they are treated, the system automatically recalculates removing a previously manual and complicated administrative process.

Staff across 15 sites, with minimal disruption to clinical services. We are now investigating further integration opportunities such as mobile working, unified telephony and the consolidation of the community records into the main trust electronic patient record. Developments are underway to implement a system for the 0-19 Health Visiting and School Health service.

The Trust’s implementation of electronic Rostering is concluding. The system provides rota planning, attendance recording, management of annual leave and overtime with a full integration into the payroll systems. Benefits include a fully auditable duty record, more efficient management processes through automation and the removal of paper based processes, whilst ensuring compliance to the European Working Time Directive.

A programme of investment is delivering significant improvements to the IT Infrastructure, improving resilience and robustness to protect the Trust’s electronic data, this programme incorporates server virtualisation, storage optimisation, upgrades to the IT Data network and also hosting arrangements.

An investment in video communication technologies has facilitated the ability for more clinical review meetings to occur virtually whilst sharing information from the Radiology and laboratory systems, this reduces travelling time giving medical time back to patient care. Trials are also underway to undertake remote consultations with patients, where it is appropriate, in order to avoid lengthy patient travel times.

Andy Jardine
Director of Information Technology
The Trust’s research activity for 2012/13 continues to show growth on the previous year. There were 467 National Institute of Health Research portfolio studies running in Newcastle over the period – the largest number for any Trust in England – with recruitment into these studies up 6% on the previous year, with 14,080 participants taking part in portfolio studies.
Specifically looking at our commercial activity, we have reduced our commercial project approval times to 31 days and, nationally, the Trust is again the most prolific in terms of numbers of commercial studies on the portfolio, bringing in 75 studies.

Our Trust has become the very first clinical research organisation in the UK to be awarded INSPIRE site status by Pfizer, under its ‘Investigator Networks, Site Partnerships and Infrastructure for Research Excellence’ (INSPIRE) programme. (There are currently only 60 INSPIRE sites around the world.)

Under the INSPIRE programme, Pfizer and the Trust will share expert knowledge and experience of medicines research to help bring innovative new medicines to patients in the UK and around the world. We will be a Pfizer-preferred international site for potential future research studies, meaning that our patients could have access to the latest advances in treatments through clinical trial programmes.

Prime Minister David Cameron commented on us when saying: “I am delighted that Pfizer has chosen Newcastle Hospitals Trust to be one of its international sites for clinical research. This decision shows that our efforts to cut bureaucracy and to encourage more businesses to expand in the UK are succeeding. The UK is now a much more attractive location for clinical trials.”

Newcastle is one of four NHS organisations joining London, Leeds, and Oxford to be a national centre of expertise to test the effectiveness of new diagnostics tests for cancer, cardiovascular, liver, musculoskeletal and respiratory diseases, stroke, genetics, infections, and transplantation.
In terms of specific projects, we have also been very successful – Newcastle secured a substantial NIHR Diagnostic Evidence Co-operative (DEC) award of £950,000 to improve the way diseases are diagnosed, benefiting patient care. Newcastle is one of four NHS organisations joining London, Leeds, and Oxford to be a national centre of expertise to test the effectiveness of new diagnostics tests for cancer, cardiovascular, liver, musculoskeletal and respiratory diseases, stroke, genetics, infections, and transplantation. The DEC will bring together a wide range of experts and specialists from across the Trust, Newcastle University, industry, including patients, NHS commissioners and researchers.

In addition, the successful North East and North Cumbria Academic Health Science Network award will provide a collaborative structure across the Region to bring the benefits of research and innovation more quickly to patients in Newcastle and the Region.

Our Trust has become the very first clinical research organisation in the UK to be awarded INSPIRE site status by Pfizer.

Professor Gary Ford
Clinical Director – Research & Development
Inherited diseases technique closer

Three genetic parents for a baby possible

Helen Rae  Health Reporter
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PIONEERING fertility treatment developed in the North East which could eradicate incurable inherited diseases has moved a step closer to being offered to patients.

Britain could become the first country in the world to allow babies to be born with three genetic parents to prevent the transmission of genetically inherited mitochondrial disorders.

A landmark decision by the Department of Health opens the door to a controversial treatment for inherited diseases that could make use of donated DNA from a second donor “mother”.

Yesterday, Chief Medical Officer, Prof Dame Sally Davies, outlined support for the technique developed by specialists at Newcastle University.

New regulations to fertility law allowing the procedure will be issued for public consultation later this year, then debated in Parliament.

If MPs find the technique ethically acceptable, the first patients could be treated within months. It is envisaged that between five and 10 “three parent” babies would be born each year.

Allowing the currently illegal techniques would mark a turning point because it means, for the first time ever, altering the “germline” made up of inherited DNA.

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Prof Doug Turnbull, director of the Wellcome Trust Centre for Mitochondrial Research at the University of Newcastle, said: “This is excellent news for families with mitochondrial disease.

“This will give women who carry these diseased genes more reproductive choice and the opportunity to have children free of mitochondrial disease.

“This is something that is very positive for the North East. If people have genetic disease they want to have hope, they want to know that people like me are working to try and get something that is going to help them.”

The groundbreaking fertility treatment involves taking the nucleus of an embryo from a mother with defective DNA and putting it into the egg of a woman with healthy DNA. This healthy egg is then implanted into the first woman, allowing them to create a baby free of genetic disease. A child produced this way would have DNA from two women and a man. The nuclear DNA, which influences characteristics such as sex, height and eye colour, would come from the mother and father.

But the child would also have a small amount of mitochondrial DNA from the healthy donor.

However, some critics believe the move would lead to “designer babies” and eugenics.

Around one in 200 babies are born each year in the UK with defects in the mitochondria. One in 6,500 is seriously affected and can suffer potentially life-threatening diseases such as a form of muscular dystrophy and conditions leading to hearing and vision loss, heart, lung and liver problems, and bowel disorders. An estimated 12,000 UK people live with the disease.

A public consultation by the Human Fertilisation and Embryology Authority found that 56% of those questioned were “very” or “fairly” positive to the treatments. Last June a Nuffield Council report found that 56% of those questioned were “very” or “fairly” positive to the treatments. Last June a Nuffield Council report found the technique would be an ethical treatment option.

Draft regulations making the UK the first country in the world to offer the treatments to women with a family history of mitochondrial disease will be published later this year.

North East women are being asked to consider donating eggs for research in order to further the technique. Details at www.ncl.ac.uk/feggdonate
Peace of mind with accurate diagnosis

Utilising the latest technologies to deliver molecular diagnostics and genomic services, NewGene is able to offer significant benefits leading to improved clinical delivery:

TURNAROUND - Clinically relevant turnaround times.
RESPONSE - Emerging clinical need can be met with rapid development of new tests.
SAVINGS - The high throughput capacity of the technology gives rise to savings in both time and cost.
QUALITY - An excellent track record in external quality assessment. Application for UKAS accreditation pending.
FLEXIBILITY - NewGene can develop a bespoke service to meet your specific needs.

Integrated service provision

By combining clinical and laboratory expertise with the use of state of the art technology NewGene is able to deliver a high quality, fast turnaround service at an attractive price. NewGene works in collaboration with clinicians to deliver a broad portfolio of tests for clinically significant inheritable disorders and for personalised medicine diagnostics for somatic mutations in cancers that are delivered using its high throughput DNA sequencing platforms. NewGene provides optimal services to NHS Trusts and overseas healthcare providers.

Personalised medicine

- KRAS / BRAF combined test for colorectal cancer
- EGFR test for non-small cell lung cancer
- IL28B and PNPLA3 genotyping for liver disease
- TPMT screening for adverse reactions in acute lymphocytic leukaemia
- cKIT / PGDFR for gastro-intestinal stromal tumors.

Hereditary diseases

- BRCA1 and BRCA2 full gene sequencing for breast cancer
- RASopathies testing
- aHUS genotyping to detect hereditary haemolytic uraemia

Haematology

- BCR-ABL monitoring for patients with chronic myeloid leukaemia
- CML mutation screening
- JAK-2 and MPL testing in myeloproliferative disease
- Clonality
- Diagnostic testing

NewGene’s expertise and service delivery provide a comprehensive range of haematology services with tests available for both blood based cancers and myeloproliferative diseases.
Chronic Myeloid Leukaemia

The diagnostic hallmark of chronic myeloid leukaemia (CML) is the presence of the Philadelphia chromosome, which results in the fusion of the BCR gene on chromosome 22 with the ABL1 gene on chromosome 9. Long term monitoring of the expression level of the BCR-ABL fusion gene reflects the effectiveness of drug treatment and rapidly identifies any relapse in disease.

A small number of patients develop resistance to the standard Imatinib treatment as the BCR-ABL gene acquires further mutations such that the drug is no longer able to recognise the mutant protein. Such patients require alternative treatments. NewGene offer two complementary tests:

BCR-ABL monitoring
- Long term monitoring of expression levels
- Sample type: 2.5ml whole blood in 10ml PAX gene tubes
- TAT 2 weeks from receipt of sample.

CML mutation testing
- The multiplex assay detects 20 different mutations in the BCR-ABL fusion gene including T315I (c.944CT; p.Thr315Ile)
- The test will detect 90% of patients with a CML mutation
- The remaining 10% of mutations, made up of approximately 50 further mutations are not included in this assay.

Clonality Testing

Standard histopathological diagnosis of malignant lymphoma can be challenging. The use of a PCR based assay for the identification of clonal populations is a valuable tool as B- and T-cell lymphomas are clonal diseases. The PCR based test amplifies targeted regions of DNA in the conserved regions of antigen receptor genes that lie on either side of an area within the V-J region. It is this region where programmed genetic rearrangements occur during maturation of all B and T lymphocytes. The antigen receptor genes that undergo rearrangement are the immunoglobulin heavy chain (IGH) and light chain genes (IGK) in B-cells, and the T-cell receptor genes TCR in T-cells.

The NewGene Clonality test includes:
- Test in either or both of the IGH (B cells) and TCR genes (T cells)
- Highly sensitive differential fluorescence detection
- Relative quantification.

Established through a partnership between the Newcastle Hospitals NHS Foundation Trust and Newcastle University, NewGene is a pioneer in developing, validating and delivering molecular diagnostics using the latest high throughput sequencing and genotyping technologies.

For more information visit:
www.newgene.org.uk

Telephone: +44 (0) 191 242 1923
Email: info@newgene.org.uk
The Vision - to establish the world’s premier centre for healthy ageing and living, making Newcastle the best place in the UK to grow old. Strong roots established with much more to come over the next decade.
Photograph: The former Newcastle General Hospital site
The Trust owns an 80% stake in Freeman Clinics Limited, a company which was originally established in response to the national Equitable Access programme, intended to provide primary care services in areas which did not have a strong presence of GPs/family doctors. The company was successful in two of its bids under that programme in 2008 and currently provides Primary Care and walk-in facilities from sites at Battle Hill in North Tyneside and Ponteland Road in Newcastle upon Tyne as well as Primary Care in Longbenton and Shiremoor, North Tyneside.

To make it easier for patients to receive care closer to home, we now offer a range of clinics at Battle Hill Health Centre in Wallsend and Ponteland Road Health Centre in the west of the city. Below are some of the clinics we offer for each centre.

**Battle Hill Health Centre**
- Audiology (Hearing Aid) and ENT
- Echocardiology (ECG)
- Hepatology (Liver)
- X-ray and Ultrasound
- Dermatology (Skin)
- Eyes including Glaucoma Assessment
- Renal Anaemia (Iron)

**Ponteland Road Health Centre**
- Audiology (Hearing Aid) and ENT
- Dermatology (Skin)
- Echocardiology (ECG)
- X-ray and Ultrasound
- Children
- Dietician
- Renal Anaemia (Iron)

Bringing our services closer to you and with more to come as the patient care offer is diversified.
The portfolio is set to expand.
Our Pharmacy Directorate continues to ensure that their services are patient centred, innovative, make the best use of technology and incorporate best practice.
Newcastle Hospitals works hard to keep the levels of patient re-admission rates as low as possible. We also proactively look to identify areas of care which can be improved and therefore reduce the risk of readmission even further.

**Improving patient care – pharmacy team supporting innovative Newcastle Hospitals community projects**

National guidance from the National Institute for Health and Care Excellence (NICE) states that, wherever possible, patient care should always be provided in the most suitable environment and as close to a patient’s home as possible. Procedures that were once traditionally provided as inpatient cases can now often be provided within a local walk-in centre, GP practice, or even in a patient’s own home.

In the last year our pharmacy teams have been involved in a number of community based projects that have seen more patients treated in their own homes. For example, our clinical pharmacy team are supporting a district nurse-led intravenous therapy at home project which is improving the way we provide care to our patients.

**Reducing medicines-related readmissions to hospital**

Newcastle Hospitals works hard to keep the levels of patient re-admission rates as low as possible. We also proactively look to identify areas of care which can be improved and therefore reduce the risk of readmission even further.

A clinical pharmacist has been appointed and is supporting five commissioned readmission avoidance projects. The pharmacist is engaged in clinical audit, providing medicines information, patient and staff education and development & measurement of key performance indicators for the projects.

Our pharmacy teams have also been conducting a service development project to prevent medicines-related readmissions. We have done this by assessing the risk of medicine-related problems after discharge and linking those patients at risk with existing primary care services that can support them or provide services from the hospital pharmacy after the patient has been discharged.

A pilot has been undertaken in older people’s medicine and the impact on readmission rates to-date is promising. With funding granted in 2012-13 by Newcastle’s Clinical Commissioning Group West, we have appointed a new member of staff to support expansion of the project to a larger number of wards.

**Electronic Prescribing**

NHS England has recently issued guidance instructing NHS trusts to implement electronic prescribing as standard practice in dispensing patient medicines. Our pharmacy directorate spotted the significant benefits in developing and implementing an electronic system four years ago and, as a result of this on-going work, approximately 1.2 million in-patient medication prescriptions and 7.2 million medication doses are now prescribed and processed electronically each year.

Electronic prescribing reduces the likelihood of prescription errors as staff do not have to interpret hand written prescriptions and duplication of medication records is reduced. The e-system also speeds up the time taken to process a prescription so that saved time can be spent doing other dispensing tasks.

Working in collaboration with the software supplier and the Medicines and Healthcare Products Regulatory Agency (MHRA), our pharmacy department have also worked on enabling the reporting of adverse drug reactions from within the ePrescribing system. This sends an automatic alert directly to the MHRA and this has increased reporting on adverse drug reactions within the trust.

The system continues to be implemented with electronic prescribing for our children’s services currently on-going.

**Growing something special**

Our Newcastle Specials Pharmacy Production Unit operates in modern purpose-built facilities on the Royal Victoria Infirmary site. We provide a diverse range of pharmaceutical products, from complex drugs to treat cancer, to working closely with Newcastle University so that we are at the forefront of international pharmaceutical research.

Set up in 2008, we are the only NHS Manufacturing Unit in the North East, leading the way in the supply and development of complex new medicines. We specialise in manufacturing unlicensed medicines – also known as ‘specials’ – for Newcastle Hospitals and other NHS and private sector organisations locally and nationally.

Our business model has two aims: firstly having a strong focus on patient-centred care, expected of any NHS unit; secondly, running a pharmaceutical production unit which is able to take advantage of a growing commercial market.

We have a strong focus on quality, and by manufacturing our medicines within our own hospitals, it ensures that our patients benefit from timely access to safe, cost-effective, ready-to-use pharmaceuticals.

*Neil Watson*

**Clinical Director of Pharmacy and Medicines Management**
The outcome of the national review of children’s heart surgery was announced by the Joint Committee of Primary Care Trusts (JCPCT) on 4th July 2012. The outcome saw the approval of configuration ‘Option B’, thereby reducing the number of surgical centres nationally from eleven to seven, continuing surgery in Newcastle but ceasing surgical services in Leeds, Leicester, Oxford and the Royal Brompton Hospital, London.

A Judicial Review was then launched on behalf of Leeds by a limited company ‘Save Our Surgery Ltd’, suspending the outcome of the reconfiguration. In addition, an Independent Reconfiguration Panel (IRP) review was taking place to make recommendations to the Secretary of State as to whether the JCPCT’s decision had been the right one.

Newcastle Hospitals successfully applied to be an Interested Party in the judicial review. This meant that the Trust was able to have representation to defend any inaccurate statements made about its services. The challenge was primarily about procedural fairness and not a challenge against the Trust. The Trust submitted detailed witness statements, as did Leeds and the JCPCT (the defendant).

The Secretary of State (SoS) asked the IRP to review the decision made by the JCPCT. This review was intended to take place in parallel to the judicial review, and the outcome was intended to be determined by the end of February 2013 to subsequently make recommendations to the SoS in the spring.

The IRP visited the Freeman Hospital on 20th December 2012. The day included a two hour site tour and three hour presentation and evidence gathering session, including about twenty key staff from the Trust. The day was felt to have gone well and the panel gave positive feedback at the end of the day. The standard of presentations was high and the questions the panel asked could be answered without issue.

In its report, which was finally published on 12th June 2013, the Independent & Reconfiguration Panel (IRP) announced that proposals to change the configuration of children’s heart services fell short of their aim to ensure a safe, sustainable and accessible service
It really isn’t Newcastle v Leeds
Despite the delays in the national review process, the Trust continues to put patients and families first and foremost and has forged ahead with service developments to the Children’s Cardiac Service to meet increasing demand locally and nationally was once again in limbo, leaving parents and staff disappointed at the further uncertainty and delay.

In the interim the Secretary of State had commissioned the Independent Review Panel (IRP) to review the Safe and Sustainable process. This process included visits to all centres. Newcastle’s visit took place on 20th December 2012 and the feedback on Children’s Heart Services in Newcastle given on the day was excellent.

The IRP report was released in June 2013 and criticised the original Safe and Sustainable Review process and advised that a further review should take place to include both Children’s and Adult Congenital Heart Surgery Services. This review has now commenced and staff from the Trust and local families are once again involved.

Despite the delays in the national review process, the Trust continues to put patients and families first and foremost and has forged ahead with service developments to the Children’s Cardiac Service to meet increasing demand locally and nationally. Recruitment of additional highly skilled staff from all disciplines and expansion of intensive care facilities have been the key priorities. In addition, the Trust is working in partnership with national and local charities The Sick Children’s Trust and Children’s Heart Unit Fund (CHUF) to build new state of the art family accommodation, which is due to open in spring 2014.

The Trust remains fully committed to the provision of excellent, safe and sustainable services for children with heart disease and their families.

This has been a challenging year for the Children’s Heart Surgery Unit at Freeman Hospital. On 4th July 2012 after a formal detailed review lasting almost four years, the Joint Committee of Primary Care Trusts (JCPCT) announced the outcome of the Safe and Sustainable Childrens Cardiac Surgery Review. Given the quality, comprehensive portfolio and highly specialist nature of many of the services provided (such as transplant, VADs and ECMO), the unit was not surprised to be selected as one of the top seven centres to remain open nationally, along with units at Southampton, Great Ormond Street, Evelina, Bristol, Birmingham and Liverpool.

Children’s Cardiac Surgery Centres in Leeds, Leicester and the Royal Brompton were all earmarked for closure (Oxford having already closed). Following concerns raised by the centres due to close, the local population and their local Overview and Scrutiny Committees (OSCs) a Judicial Review was scheduled and took place on in February 2013. The Trust became directly involved in the Judicial Review process to defend the Trust’s reputation following false and derogatory statements submitted by witnesses from Leeds during the Review. The false statements were challenged and were subsequently withdrawn.

The final outcome of the Judicial Review was announced in March 2013. The judgement deemed the Safe and Sustainable process to be unlawful and technically flawed, mainly due to lack of disclosure of the Kennedy Panel sub-scores within the consultation process.

The decision made by the JCPCT on closure of units was therefore quashed and the future of Children’s Heart Surgery Services nationally

https://journallive.co.uk WEDNESDAY, OCTOBER 24, 2012 THE JOURNAL

MPs turn on Hunt over heart unit review

Health Secretary orders ‘impartial’ rethink of controversial decision

EDITORIAL FROM THE JOURNAL
Anything Else?
What is there not to say about the Freeman Children’s Heart Service. The whole service works like a well oiled machine, absolute everybody from the domestics to Ward Sisters, Consultants and Surgeons were all amazing they truly seem to be ready for the unexpected and it doesn’t faze them at all. My boys stats dropped suddenly and he was whisked off to operating theatre before we could blink. The Nurses from the ward liaised perfectly with the nurses in intensive care and even though my little tyke gave us a sudden scare the whole procedure ran like clockwork. I have a habit of slowly digesting information, the consultants quickly realised this and gave regular check-in’s to see if I needed to know anything about his condition or the surgery. The nurses, doctors, cleaners, play specialists intensive care unit, surgeons are all amazing they really are but a special thanks must go to the community liaison nurses who are quite frankly bloody amazing. They provide home visits when needed, they explained everything to me and my other half in a way we could understand, they checked in daily on the ward and they go the extra mile to ensure my little girl can understand the procedure so she isn’t left out but isn’t scared either. They really are amazing and are my first point of call when I query a symptom or get scared. They invariably always answer the phone, even if in meetings. I simply cannot put in to words the valuable service this is and am shocked to find that other CLN’s don’t provide this service and even more shocked that some hospitals don’t have a CLN full stop. This has to change they are essential to my son’s care.
A Christmas miracle

Step by dramatic step, how doctors performed open-heart surgery on baby Jessica just 20 minutes after she was born

By Isla Whitcroft

JUST 20 WEEKS into her pregnancy, Claire Muse, 31, a computer technician from Newcastle, was told that her unborn daughter had a serious heart defect.

A further scan revealed an even more dangerous complication, which meant that without surgery Claire’s daughter, who she had named Jessica, would die within minutes of being born.

On July 16, little Jessica became one of the youngest babies to undergo the extremely complex operation required to save her life.

Five months on, the incredible work by the fetal cardiac team at The Freeman Hospital in Newcastle means Jessica is at home for her first Christmas, to the joy of her parents – Claire and her husband Dom, 29, a computer programmer.

Here, we tell the gripping story of the extraordinary minutes after Jessica’s birth.

3.13pm: Jessica is born by Caesarean

The moment she leaves her mother’s body, Jessica is dying. She has hypoplastic left heart syndrome: the left side of her heart, comprising the left atrium (the upper chamber that receives oxygenated blood from the lungs) and the left ventricle (the lower chamber, which pumps that blood to the body) are under-developed.

The valve between the two chambers and the aorta, the main artery from the heart, are also too narrow.

This can be corrected by an operation when she’s a week old – effectively replumbing the heart to get the right side to do the work of the left.

But Jessica is in far more danger from the fact she’s also been born without a small opening between the right and left atria in the heart – because of her under-developed heart, the blood being pumped in from her lungs has nowhere to go and is backing up into the vein from the lungs.

This would normally be all right for a short time as newborn babies have an opening between the upper left and right chambers and this could have helped Jessica’s heart cope with the overflow.

But Jessica’s heart is missing this opening and without surgery to provide it, it will collapse under the pressure and she will be dead within minutes.

Jessica is delivered by Caesarean – not only is natural birth dangerous for a baby with an under-developed heart, but in the time it takes for her to travel down the birth canal she would have died, unable to breathe because of the pressure in her heart.

Waiting in the operating theatre as she is delivered is the paediatric team from the specialist fetal cardiac intensive care unit: consultant Dr Jane Cassidy, a registrar, and a nursing sister Caroline Smith, whose role is to keep Jessica alive from the second of her birth until she’s delivered to the adjoining theatre for surgery.

In that second operating theatre were two paediatric cardiac consultants, Asif Hasan and Massimo Griselli, specialist theatre nurses and a consultant anaesthetist, making their final preparations for Jessica’s operation.

As Jessica’s mother Claire now recalls, she was nervous and excited about what was about to happen: ‘I knew that once she was born the following few minutes would determine whether she lived or died.’

But I was also excited, like any mother to be. For nearly nine months I had felt her kicking. Dom had played her music and I had talked to her and told her how much we loved her. I was desperate to meet my baby.’

‘The obstetrician delivers baby Jessica and holds her so Claire can get a brief glimpse. Then Jessica is immediately handed over to the paediatric team.

Jessica is just 60 seconds old.

3.14pm: Jessica is put on a trolley with a warming bed to maintain her body temperature as she’s cleaned and assessed.

‘The pressure backing up from her heart meant she was not even attempting to breathe,’ says Caroline Smith.

Dr Cassidy puts a tube into her lungs to attach a bag to help her breathe. Meanwhile, the registrar is looking for a vein to fit a port – a device in the skin through which drugs can be administered.

Two minutes old

3.16pm: Dr Cassidy begins to pump air into Jessica’s lungs using a bag. Caroline cleans Jessica thoroughly with sterile wipes, then wraps her in sterile clothes.

Claire recalls today: ‘It was torture knowing she was in the room, but I couldn’t see her.’

Ten minutes old

3.23pm: Dr Cassidy is still hand-pumping air into Jessica’s lungs as the trolley is rushed to the theatre next door.

16 minutes old

3.29pm: The anaesthetist goes to work. Jessica is attached to a mechanical ventilator, which will breathe for her and check her levels of oxygen, carbon dioxide and acidity in the blood – vital information on how her body is functioning.

There is constant fear that without regular blood supply, her organs will fail.

The aim of this operation is to open up a passageway between the left and right atriata to provide somewhere to go for the blood being pumped into the blocked left chamber.

This surgery means clamping off the major blood vessels supplying the blood to the heart as soon as possible to relieve the pressure. While the blood supply is stopped, Jessica’s body and brain will be starved of oxygen.

This means the surgeon, Mr Hasan, has just two minutes to get into the heart, open up a hole and restart the blood supply.

‘After this time Jessica would have been at risk of brain damage or death,’ he says.

As well as being anaesthetised, Jessica’s head is enclosed in a special ice cap. This is to buy the team a few more precious seconds, says Mr Hasan.

20 minutes old

3.33pm: ‘The anaesthetist gave the go ahead and we opened up her chest down to her sternum and began to work on her heart,’ recalls Mr Hasan.

The first thing was to identify the veins and arteries that supply and remove blood from
the four chambers and then prepare to clamp them off.'

**27 minutes old**

Once the team is ready, the theatre nurse starts the stop clock and Jessica’s blood supply into and out of the heart is stopped. ‘During those two minutes it felt like a slow motion,’ says Mr Hasan.

‘First, we suctioned the blood from all four chambers, which takes half a minute. Using a tiny pair of scissors, we entered the heart via the upper right chamber and cut away a section of the heart via the upper right chamber. This allows the (narrowed) aorta where it leaves the left side of Jessica’s heart. This allows the oxygenated blood to be pumped out to the body by the right ventricle. As the operation was a success, Jessica is still extremely weak and needs sedation and ventilation to allow her body and heart to recover.’

‘I was aware of every second that passed. This is a particularly hair-raising procedure. The adrenaline is there, but you have to stay calm and focused.’

**Renaline is there, but you have to stay calm and focused.**

**47 minutes old**

4pm: The team monitors Jessica’s heart for blood leaks, which will show up visually or through heart monitor readings. They continue to check her organ functions. Jessica is still on a ventilator.

**One hour. 47 minutes old**

5pm: ‘I was in recovery and desperate to hear news of Jessica,’ says Claire.

‘I became hysterical and Paddy Walsh, my liaison nurse who supported me since Jessica was diagnosed, went to find out what she could.’

‘Mr Griselli came out and told me the main part of the operation had been a success. I could tell from his face they were pleased with the outcome.’

‘I calmed down and allowed them to take me back to the maternity unit at the Royal Victoria Infirmary two miles away.’

‘I had to stay there as the Freemans Hospital has no maternity facilities and I’d just had a Caesarean. I hated leaving her, but Dom promised he would stay with her.’

**Two hours. 47 minutes old**

6pm: The team prepare Jessica for transfer from the operating theatre to the specialist intensive care unit.

‘They have stitched the incision in her chest, because her heart is so swollen from the operation they have to leave open a small section, around 2cm, but covered with a special plastic film.

‘There is no other procedure that is so time dependent as this one,’ says Mr Hasan. ‘It is practically unique.’

**Three hours. 17 minutes old**

6.30pm: Jessica arrives on the intensive care ward and is kept on a mechanical ventilator. She won’t breathe fully by herself for nearly five months.

‘The first 24 hours after an operation are crucial because the body and especially the heart have been put under so much strain,’ says nursing sister Caroline Smith.

‘Though things can go wrong at any time with very small babies, this is probably the time when they are most likely to die.’

Jessica is monitored every half an hour.

**One day old**

July 17: Against doctors’ advice, Claire discharges herself from the maternity unit and arrives at the hospital to see her baby for the first time since she was born.

‘Jessica was covered in drains and wires, but she still looked beautiful to me,’ recalls Claire.

‘I put my hand through the incubator and held her. I stroked her body and told her that we loved her and to keep on fighting.’

‘For the next five months, I clare hardly leaves her daughter’s side.’

**Ten days old**

July 26: After an emotional goodbye from her parents, Jessica undergoes a seven-hour operation – called the Norwood Procedure – to re-plumb her heart.

The pulmonary artery, which provides blood from the right ventricle to the lungs, is split: one bit is then re-routed to the (narrowed) aorta where it leaves the left side of Jessica’s heart. This allows the oxygenated blood to be pumped out to the body by the right ventricle. Though the operation was a success, Jessica is still extremely weak and needs sedation and ventilation to allow her body and heart to recover.

‘I was expressing milk, which was fed to her via a tube,’ says Claire.

‘But I wasn’t able to hold her. All I could do for her was change her nappies and wipe her little eyes.’

‘At times I felt helpless, but I never wavered in knowing that we were doing the right thing.’

**Three weeks old**

August 15: Jessica is taken off life support after X-rays show her lungs have improved and she begins to fight back.

**Six weeks old**

August 30: Claire and Dom are allowed to hold her for the first time.

‘She had her eyes open and she looked up at me,’ says Claire.

‘Holding her next to my skin was indescribable. We had waited for this for so long – there were plenty of tears.’

**11 weeks old**

October 5: Jessica leaves intensive care and moves to high dependency, where her care is no longer one to one.

‘I came in to work after a day off and Jessica’s bed was empty,’ remembers Caroline Smith.

‘I was so thrilled for them all. A real red letter day.’

**21 weeks old**

December 3: Jessica is taken off the portable ventilator.

‘She made a gurgling sound then a funny little squeak,’ recalls Claire.

‘For the first time since she was born, I actually heard her cry. It was the most wonderful sound in the world.’

**December 12:** Just over five months after her dramatic entry into the world, Jessica goes home for Christmas.

‘She faces a further operation in January to re-route the pulmonary artery so that deoxygenated blood from the upper part of her body is sent directly to the lung without going through the right ventricle, which reduces pressure on the heart.

In the long term, Jessica will probably need a heart transplant. But for now, her parents are ready to enjoy a Christmas they thought their daughter would never see.

‘Words cannot express how thankful we are to our medical team,’ says Claire.

‘They are simply awesome. They have made our dreams come true.’

In the long term, Jessica will probably need a heart transplant. But for now, her parents (Claire and Dom) are ready to enjoy a Christmas they thought their daughter would never see.
Review of the Year 2012/13

Children's Heart Unit, Freeman Hospital
Photograph: Dan Prince


£300,000 will fund facilities at hospital

Helen Rae Health Reporter

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A DETERMINED father has raised more than £300,000 to fund a play room and outside play area at the North East hospital that saved his son’s life.

Ivan Hollingsworth has worked tirelessly to raise vital funds for the Freeman Hospital’s children’s heart unit in Newcastle.

In 2009 the hospital saved the life of Ivan’s son Sebastian, now four, and he and his wife Nadine have vowed to raise cash for the unit ever since.

The couple decided to set up a fund - Seb4chuf - and have raised funds to pay for a modern play facility for the young patients, some of whom spend months in the unit.

It is expected that the state-of-the-art facility will be completed by autumn this year.

Ivan, 37, from Monkseaton, Whitley Bay, said: “The money will re-build the unit’s play room and outside area.

“It will be about providing a place for children and their family to enjoy and there will also be outside court spaces for parents to sit.

“Children can spend months on the heart unit recovering from life saving surgery. We believe play represents a critical element of their recovery and therefore providing great facilities will make a huge difference to the lives of so many poorly children.”

Former professional athlete Ivan, a pharmaceutical rep, has undergone many gruelling challenges to help raise vital funds, and last year he was made a Trustee of the Children’s Heart Unit Fund.

PEDAL POWER Ivan Hollingsworth and Jo Shallcross are looking forward to seeing the play room finished

The father-of-one has skied down a mountain in a mankini, run 100 miles in less than 24 hours and charged through countless marathons and half marathons for the unit.

Last month, dozens of triathletes gathered at David Lloyd Leisure, South Gosforth, to raise funds for the children’s heart service when they took part in a 24 hour relay, including a 750m swim, 20km on a Watt Bike and a 5km run on a treadmill.

The event was organised by Jo Shallcross, managing director of Reason To, and more than £3,000 was raised, pushing Ivan’s total to £301,391.

Mother-of-three Jo said: “I am delighted with how the event went. The buzz throughout the 24 hours was immense and it was great to be raising money for such a worthwhile cause.”

Toby Millar, sports manager from David Lloyd Leisure, added: “To raise money for the children’s heart unit at the Freeman Hospital, which is an amazing unit with some incredible staff, was an honour. All of the athletes and the organisers should be extremely proud of themselves.”

This July, Ivan will raise even more money with the C2C4 challenge - a four-day epic which will involve cycling, swimming and running from one side of the country to the other. He will have his close friend, TV presenter Ben Shephard, and a team of other athletes with him.

Paddy Walsh, Cardiac Liaison Nurse at the Freeman, said: “The unit is at the forefront of children’s heart surgery. We are acknowledged as one of the leaders in children’s heart centres and we take children from all over the country.

“It is fantastic that so much money has been raised for a new play room for children at the unit and their siblings.

“Play therapy is essential for youngsters as they can be in the unit for weeks at a time and life can get very monotonous for them.”

For more information about seb4chuf or to give a donation visit www.seb4chuf.org.uk.
Saved... girl who was 2 heartbeats from death

By Anil Dawar

SCHOOLGIRL Jessica Elliott was just seconds from death when she was given a transplant. Moments later her own heart packed up.

Surgeons who operated on 12-year-old Jessica discovered her heart was on the brink of failing.

Most hearts will continue to beat for up to two minutes after being removed from a patient. But Jessica’s stopped after just two beats while still in the surgeon’s hand.

Now the youngster, who was born with a congenital heart defect and also has cerebral palsy, is on the road to recovery and preparing to go back to school.

Her parents, Michelle, 46, and Alan, 43, a telecoms engineer, of Doncaster, South Yorkshire, took her to the Freeman hospital in Newcastle upon Tyne after she suffered a stroke in April 2012. Yesterday Michelle described sitting at her daughter’s bedside for a week and a half waiting for a suitable donor heart to become available.

She said: “When they found a heart for her it was overwhelming for us. She was in theatre for 10 hours. I was terrified. I didn’t know if it was the last time I would see her.”

“We knew she was cutting it fine but we had no idea how close she was to dying. Now she’s back to her old cheeky self.”

Before the operation Jessica’s lips were blue and she had to wear three pairs of socks because of poor circulation. Now she is well enough to play with friends and wants to take up swimming.

Surgeon Asif Hasan, 56, said: “Her heart was on its last legs. She wouldn’t have survived too long. The transplant came just in time for her. She was quite lucky.”

It’s decision day for children’s heart units

Minister set to announce review report

Helen Rae Health Reporter

A long-awaited report into the reorganisation of children’s heart surgery services is expected to be made public by the Health Secretary today.

Jeremy Hunt instructed the Independent Reconfiguration Panel (IRP) to review a decision to stop surgery at three children’s heart units across the UK in order to centralise service into fewer, more specialised centres.

It is understood that the findings of the IRP review will today be outlined by Mr Hunt.

It was announced in July last year that children’s heart surgery would continue at Newcastle’s Freeman Hospital following the NHS Safe and Sustainable review.

But that was soon put in jeopardy when Mr Hunt ordered an independent review of the ruling.

Yesterday, at the launch of a campaign to build at £2m accommodation block for families of children being treated at the Freeman’s heart unit, medics criticised the length of time it had taken the Department of Health to reach a final decision.

Asif Hasan, a heart surgeon at the children’s heart unit, said:

“It has been hugely frustrating for us that the review has carried on so long as it detracts from our day to day work.

“They were very much behind the Safe and Sustainable process to have larger centres to provide a quality of care that would be world-leading, as we know that smaller centres struggle to provide adequate care.

“We hope that a decision will be made soon and that the right decision is made on clinical, and not political, grounds.”

The Freeman Hospital is one of only two child heart transplant centres in the country and within the top five centres in the world in transplantation.

In 2009 officials launched the Safe and Sustainable review, conducted by the Joint Committee of Primary Care Trusts of England, to assess how best to streamline paediatric congenital cardiac surgery services.

The review concluded that expertise was spread too thinly in the 10 sites which house the surgical units and should be concentrated in fewer hospitals.

Officials announced that the Royal Brompton in London, Leeds General Infirmary and Glenfield Hospital in Leicester would close their units.

But the decision sparked legal challenges - one of which was aimed at stopping the closure of the heart unit at Leeds General Infirmary - and further reviews followed.

Meanwhile, North East based charities, The Sick Children’s Trust and Children’s Heart Unit Fund (CHUF), have launched a multi-million pound campaign to build a “home from home” for families whose child is being treated.

The house in the grounds of the Freeman Hospital will include 18 en-suite bedrooms and a transplant flat to help patients prepare to go home, as well as communal living areas and playrooms.

It indicates a confidence in the children’s heart unit’s future as funds and resources continue to be directed into the pioneering service.

Sir Leonard Fenwick, chief executive of Newcastle Hospitals NHS Foundation Trust, said: “The unit is internationally renowned, within the top five, so why should it not continue providing its breadth of services?"

“We are recruiting more staff with a high caliber of skills base and the unit continues to go from strength to strength.

“The unit has never been busier and is known regionally, nationally and internationally.

“The new accommodation building for families will be a fundamental and integral part of services and support for families.”

It is expected that the new house will be opened by the summer or autumn next year and it will be will be run by The Sick Children’s Trust.

CHUF is donating £1m towards the project and North East businessman Graham Wylie is working with the charities to raise an additional £1m.

Mr Wylie said: “The accommodation is very important to make sure parents are comfortable and near their child at a very stressful and worrying time in their life.”
Delivering the best care for patients requires good co-ordination and communication between primary care, hospital clinicians and often, services provided by the local authority. A great deal of all this exchange goes on daily between individual clinicians and other support workers, but to ensure that the patient truly remains at the centre of everything that we do requires timely communication with all organisations involved in the patient’s care.

We have therefore continued to strengthen our links and structures to ensure effective engagement with all of our partners.

Dr Nick Thompson, Associate Medical Director and Consultant Gastroenterologist

“The ethos of working ‘Better Together’ is now a national priority. Newcastle Hospitals had the vision to pioneer this philosophy early on, especially when working across Primary and Secondary Care. We now have a Community Service integrated with Secondary Care, with all the mutual support that entails, and which seeks to get back to the close relationship it enjoyed in times gone by with General Practice. We can give a categorical assurance of striving to forge deeper relationships with all stakeholders across Primary and Secondary care.”

Mike Scott, GP at Newburn Surgery, Newcastle and GP Clinical Advisor for the Newcastle Hospitals

“The relationship between Primary and Secondary Care is complex. Practices have never had a greater need to work collaboratively with Secondary Care to ensure that the Health Service as we know it continues to meet the needs of all our citizens, and the extent of our mutual interdependence needs to be acknowledged.”

Steve Turley, GP at Roseworth Surgery in Gosforth, Newcastle and GP Clinical Advisor for the Newcastle Hospitals
The preceding 12 months have been as busy as ever with a number of developments underway across Newcastle and beyond

Such developments include:

**Care Closer to Home:**
- New GP-Led No-Scalpel Vasectomy Service provided in a Primary Care setting in Hexham, Northumberland as part of a new collaboration between Urologists at Freeman Hospital and the Hadrian Primary Care Alliance (HPCA) in the Tyne Valley.
- Offering more care for patients in their own home or at a healthcare centre/GP Practice near to where they live.
- New Community Dermatology Service in North Tyneside and Northumberland resulting from successful Any Qualified Provider (AQP) application.
- Offering remote care for patients with Atrial Fibrillation (AF) with the use of hand-held ECG recording devices. Recordings are sent by email to the Cardiac Arrhythmia Specialist Nurse for review and action where appropriate.
- Provision of specialist outreach services in all Freeman Clinic facilities.

**Improved Communication:**
- New Advice & Guidance Service on ‘Choose & Book’ which enables GPs to seek advice directly from Newcastle Hospitals’ clinicians.
- Appointment of an ICE Administrator to support Practices and move to a fully electronic system accepting discharge summaries and other communication electronically.
- Using GPteamNet to share clinical information with GPs and other Practice staff.
- Extension of the hugely successful Specialist and Urgent Access Clinics Bulletin for GPs providing a quick reference guide on the range of alternative access points for patients in need of urgent care.

**Education and Training:**
- Monthly Newcastle ‘GP Club’ interactive discussion forums held with local GPs to share clinical knowledge, as well as Directorate led GP Educational Events for example, Obstetrics and Gynaecology, Sexual Health, Ophthalmology, Great North Children’s Hospital (spectrum of services).
- Regular Conbridge ‘GP Club’ sessions with GPs from the Tyne Valley covering areas such as Cardiovascular Disease, ENT, Gastroenterology, Gynaecology, Haematology and Hepatology.
- Clinical contributions to CCG educational “Time Out” events.

**Research & Development:**
- Enhancing research across the primary-secondary interface with a particular focus on improving recruitment to studies in secondary care in the early stages.
- Development of major research collaboration with the HPCA for the mutual benefit of both organisations. Current studies include: Assessing efficacy of Vitamin D supplementation in older people; Developing effective and efficient care pathways in chronic pain; Reducing risk of recurrent major cardiovascular disease; Studying Type 2 Diabetes progression; Assessing urinary symptoms in men.

**Integrated Working:**
- Newcastles Osteoporosis Service worked with both the Newcastle North and East, and Newcastle West CCGs to undertake a major assessment of patients aged 40-90 years to estimate 10 year fragility fracture risk.
- Creation of more specialist GPs roles in a range of clinical areas, eg. Dermatology, ENT, Ophthalmology and Urology to provide specialist clinics in GP surgeries working closely with Newcastle’s Consultant-led teams.
- Cardiology Department working in collaboration with a GP surgery in Gosforth, Newcastle to screen patients for ‘silent’ AF using hand-held ECG devices.

**Partnership Working:**
- The Trust continues to actively participate in the Newcastle Wellbeing for Life Board and also the North Tyneside Health & Wellbeing Board.
- The Trust has signed up to a Concordat for robust wellbeing and health relationships along with Newcastle City Council, both Newcastle CCGs and the Northumberland, Tyne & Wear NHS Foundation Trust. This demonstrates a clear, shared commitment to an integrated approach in terms of both commissioning and service provision, the aim of which is to ensure the best wellbeing and health outcomes for the population of Newcastle with improved quality and equality of life.

“We are very excited about the new Vasectomy service that Dr Ben Frankel will be providing on behalf of Newcastle Hospitals, in conjunction with the HPCA. This cooperative work is an example of how a service can be provided from a modern primary care centre for the convenience of our patients. We look forward to developing other services in the new NHS environment.”

Dr Steve Quilliam, Chairman of Hadrian Primary Care Alliance
Integrated Community Health and Adult Social Care Service

Newcastle Hospitals and Newcastle City Council are working together to arrange for some of our key services to be located in the same building. By doing this, we have created a central contact point, offering a more streamlined pathway of care for people with various health and social care needs.

“The newly integrated service is a huge success. Our health and social care staff place each and every patient at the centre of all that they do by working together to focus solely on the patient’s needs. Because the teams now sit side by side, all organisational boundaries have been broken down which means potential delays in patient care are a thing of the past. This is ultimately what our mantra of working ‘Better together’ is all about and in this situation enables us to ensure that patients can remain and be cared for in their own homes, wherever possible, with direct access to all the multi-disciplinary support they might need.”

Helen Lamont, Nursing & Patient Services Director (Newcastle Hospitals)

Preventing Readmissions:

Newcastle Hospitals has been working closely with Clinical Commissioning Group and primary Care colleagues to bring about several readmission prevention schemes which are currently being piloted. The schemes, working across the primary, secondary and community care interface, aim to reduce emergency admissions and support patients to remain independent in the community. Each scheme is being evaluated to demonstrate value and impact.

Schemes including the following projects:

- Reduction and prevention of avoidable admissions of catheter associated urinary tract infections (CAUTI) and urinary tract infections (UTI)
- Provision of a 24/7 vascular access and intra-venous therapy service in community settings allowing patients to be treated in their own homes
- Delivery of responsive nursing support to patients residing in Nursing Homes via a specialist multi-disciplinary team including specialist Palliative Care and Therapy input.
- Establishment of a Specialist Palliative Care Interface Team to assess patients who may benefit from rapid specialist palliative care rather than admission to hospital.
- Identification of patients attending the Newcastle Hospitals Emergency Department who are felt to be at risk of future attendances and readmissions, in particular older people with complex health and social care needs who would benefit from follow-up by the new Integrated Community Health and Adult Social Service.

The staff who run these services have always worked closely together to help the residents of Newcastle who need their support. But by sitting side by side at the Newcastle Council’s Allendale Road office in Byker, they can help people remain safe and independent in their own homes more quickly and comprehensively than ever before.

The newly joined up service is called the Community Health and Social Care Direct Service and acts as a ‘one stop shop’ for patients, carers and any other members of the public who might need advice or support on a number of issues. This central contact point offers immediate access to various other specialist services such as:

- The Community Response and Rehabilitation Team – helping people with health and care needs to stay at home, and avoid having to go into hospital when not necessary;
- The Care at Home Reablement Service – giving people the support and confidence to do things for themselves independently, in their own home.

People are experiencing rapid response times with packages of care involving different health and social care teams quickly put into place. This all helps to provide a well managed home and care environment for our patients, in particular for those with multiple health problems.

The staff feel re-energised and enjoy their new, harmonious working environment. By working alongside their colleagues, communication has improved and they understand each other’s roles much better, resulting in a greatly enhanced service for the residents of Newcastle.

Our new Community Health and Social Care Direct Service can be contacted on Tel: (0191) 278 8377.