Looking Ahead
The Trust will continue to work closely with CCGs and primary care colleagues and will also be seeking to develop new ways of working with emerging GP provider organisations.

How working Better together in primary care reaps benefits for all
It has been over year since we moved to the new purpose built premises on Benfield Road. Benfield Park Health and Diagnostic Centre is not just home to our GP practice but also to a wide variety of secondary care outpatient clinics as well as x-ray and ultrasound facilities.

We are thrilled with the quality of the building and the extra space we have - not to mention the enormous car park. We have been able to accommodate Sure Start to support and entertain mums and children as they attend our baby clinic, take on 3rd and 1st year medical students as well as GP registrars and also cope with an expanding patient list size.

Since we have moved we have increased our educational sessions which have, on several occasions, involved the secondary care staff who do clinics on site. Their enthusiasm to teach us has been a huge bonus and we look forward to more meetings of such value. Opening these meetings up to neighbouring practices would seem the way forward, such is the quality of the sessions.

Having the radiology facilities in the same building has improved our patient care enormously. The radiology staff are always helpful, extremely accommodating and happy to offer advice as appropriate. There seems to be ample scope to set up pathways of care in the future involving the use of these facilities which would deliver services to patients nearer to their home and keep them away from hospital.

On a more personal note it is great to see our staff and Trust staff mixing so well together. The relationships both working and otherwise are excellent and enhance the atmosphere in the building.

Moving here from Heaton Road was a big move for the practice and did not please everyone but the opportunities it already has and will continue to provide has definitely made it worthwhile. We are sure we are now in a far stronger position to meet the challenges that lie ahead and are extremely grateful for all that we have here.

Paul Netts
GP at Benfield Park Healthcare and Diagnostic Centre, Walkergate, Newcastle
INNOVATIONS

Touching upon some of our many innovative developments in the past year

Casper

The CaS-per software programme developed in the Regional Medical Physics Department to enable electronic patient referrals from any NHS facility in the country into the Northern Centre for Cancer Care at the Trust. The software enables efficient, secure management of patients along the treatment referral pathway in chemotherapy and radiotherapy and has become a highly valued tool, used consistently and successfully within the Trust.

The Innovation project enabled the negotiation of a commercial deal with Cievert, a local company specialising in innovative clinical solutions, to whom the software has now been assigned.

Cievert has already agreed its first sale of the software to an NHS Trust in Scotland (subject to procurement procedure), and has several more interested clients both in the region and beyond. Commercialisation of CaS-per will enable other Trusts, and ultimately more patients, to benefit from this innovative, user led software development that originated in the Trust.

Extracorporeal Photopheresis (ECP)

Staff at the Great North Children’s Hospital were delighted to receive an early Christmas gift last year – new, state-of-the-art equipment which provides life saving treatment for some of our most seriously ill young patients with primary immune deficiency and leukaemia.

Patients being cared for on our Bubble Unit require a bone marrow transplant (BMT) as part of their complex treatment. One of the complications of the transplant is graft versus host disease (GVHD) - an adverse immune response of the transplanted cells, causing inflammation of the skin, gut and liver when severe. Patients who suffer from this complication either require long term immunosuppressive treatment with significant side-effects, or may succumb to their illness.

The new machine carries out a procedure called extracorporeal photopheresis, or ECP for short. This very effectively reduces the aggressive and damaging actions of the blood cells, by removing the white cells from the patient into the machine, exposing them to a light sensitive drug and ultraviolet light which stops them attacking the patient, and returning the treated cells back into the patient’s blood stream. This revolutionary procedure not only prevents the inflammation - it saves people’s lives. The introduction of this highly specialist treatment to Newcastle was made possible due to the amazing contributions of two key charities – The Bubble Foundation and the Children’s Cancer Fund.

Dr Andrew Gennery, Consultant Paediatric Immunologist advises “This is the best Christmas present we could have possibly hoped for. To be able to treat such extremely ill patients here in Newcastle is fantastic. I would wish to thank everyone who has contributed towards funding this new equipment. Believe me, your efforts have been so worthwhile – they save lives.”

The service has undertaken the procedure in the smallest baby in Europe and from December 2012 to March 2013, five patients were treated, which included 45 individual treatment days - four of these patients involved severe immunodeficiency and another was haematology oncology.

The ENT story

Three patients with throat cancer from the North East benefited from cutting edge robotic surgery recently. Leading head and neck surgeons at the Freeman Hospital, in Newcastle, carried out robotic surgery to remove cancers of the tonsil, base of tongue and the larynx (voice box) on the same day. No other multi-disciplinary cancer centre in the UK has carried out procedures of this kind using the robot. Microscopic examination has confirmed complete removal of the cancers and all three patients are recovering well now.

The £2m Da Vinci robot was used by Mr. Vinidh Paleri and Mr. David Meikle, Consultants in Head and Neck Surgery. This new technique reduces complications and speeds up recovery times.

Mr Paleri, explains, “Transoral Robotic Surgery (TORS) will dramatically improve the way we treat head and neck cancer patients in future. It allows us to remove tumours and treat non-cancerous conditions affecting often very tricky to get to areas, without the need for major surgery which can mean ear-to-ear incisions across the throat, or in some cases splitting the jaw, resulting in speech and swallowing problems. The minimally invasive TORS approach means that we can carry out surgery via the mouth, using less operating time, reducing the impact on speech and swallowing, and patients have been able to leave hospital much more quickly. It also reduces the need for and the dose of radiation therapy in these patients.”

The UK has seen a 51% increase in this cancer between 1989 and 2006, and as the incidence of some types of throat cancer continue to increase, this procedure will become more relevant.
Cutting-edge robotic equipment is being used to carry out pioneering head and neck surgery on patients at one of the North East’s leading hospitals.

Surgeons at Newcastle’s Freeman Hospital have been using the groundbreaking machinery which comprises robotic arms able to do intricate procedures.

Three patients with throat cancer from the region recently benefited from the successful equipment and are back home following their treatment.

Leading head and neck surgeons used the £2m Da Vinci robot to remove cancers of the tonsil, base of tongue and voice box on the same day.

No other multi-disciplinary cancer centre in the UK has carried out procedures of this kind using the unique robot.

Microscopic examination has confirmed complete removal of the cancers. All three patients are doing well and expected to make a full recovery.

The robot, which reduces complications and speeds up recovery times, is used by Vin Paleri and David Meikle, consultants in head and neck surgery. Mr Paleri said:

“Transoral Robotic Surgery (TORS) will dramatically improve the way we treat head and neck cancer patients in future. It allows us to remove tumours and treat non-cancerous conditions affecting often very tricky-to-get-to areas, without the need for major surgery which can mean ear-to-ear incisions across the throat, or in some cases splitting the jaw, resulting in speech and swallowing problems.

“The minimally invasive TORS approach means that we can carry out surgery via the mouth, using less operating time, reducing the impact on speech and swallowing, and patients have been able to leave hospital much more quickly.

“It also reduces the need for and the dose of radiation therapy in these patients.”

The UK has seen a 51% increase in throat cancers between 1989 and 2006, and as the incidence of some types of throat cancer continue to increase, this procedure will become more relevant.

The surgeon uses joysticks to work the tiny robotic arms and the machine adjusts itself to compensate for the natural tremor in the human hand.

The Da Vinci system has been used successfully in the USA for a variety of operations, including those to replace or repair heart valves, and delicate procedures such as the reversal of male and female sterilisation.

Mr Naeem Soomro, Consultant Urologist explains: “This new development will ensure improvements in the care of patients with certain cancers. The technology is bang up-to-date and the robotic system can see very clearly in high definition, working very well in narrow spaces, extremely precisely.”

The Trust undertook 205 procedures from July 2012 and March 2013 in the Urology, ENT and Cardiothoracic specialties. The system has been such a success that we have recently procured a second Da Vinci Robot, which is being used for new surgical procedure innovations involving conditions including: lung cancers; lower abdominal disease, bowel and rectal cancers; gynaecological surgery including endometrial cancers and complex heart disease disorders including valve replacements and aortic root surgery.
Transplant TV

In the modern era, an enterprise such as the Institute of Transplantation demands an online presence. As the building has been populated and brought to life we have been working behind the scenes to develop one. The result is Transplant TV- an online video channel with the same aims as the Institute – to share knowledge and information and support education.

Transplant TV has been developed in conjunction with Newton TV, an online science channel which came out of the North East and which has strong links with Guardian Science, part of Guardian Online. Working with established mainstream broadcast programme makers we have developed a portfolio of films featuring the Institute, the staff and some patients, and have been delighted to be able to film some of the outstanding speakers who have graced the Institute’s Lecture Theatre over the last year. Take a look at our film called “The Team” and see for yourself.

We hope that Transplant TV will help to support the work of the Institute in advancing transplantation and the science of transplantation and will be an asset to patients, families and professionals in Newcastle and beyond. We also hope that you will adopt it as your own. Let us know if you would like to make a film, if you have an idea for one team they have worked with the company to develop the system further and the world’s first 3D interactive gym was created. Children interact with the 3D digital Characters Gymbob and Gymima and copy their actions to make physiotherapy and other rehabilitation exercises more fun. The system has also been installed in the paediatric therapy gym at the Great North Children’s Hospital. The system is used to enhance current therapy programmes by motivating (and distracting) the children to optimise therapy outcomes and bring another element of fun to their therapy.

The system has been in place since November 2012 and is constantly being evaluated. The responses from parents and children so far have been very positive. One child who has been undergoing treatment for bone cancer has been receiving physiotherapy for almost 1 year. This young lady started to smile and laugh during physiotherapy for the first time when she started to use the 3D gym for treatment and since then all has gone well.

3D Pain Distraction

The WRVS and The Children’s Foundation generously contributed towards the purchase of more world first 3D interactive systems at the Great North Children’s Hospital at the Royal Victoria Infirmary (RVI).

The 3D technology enables children to reach out and interact with virtual images and characters they see in front of them using special glasses. The first system installed in the Paediatric Burns Unit has been a huge success.

These interactive 3D systems were designed by Teesside-based Amazing Interactives after they were approached by forward thinking staff based at the RVI who set the challenge of developing new therapies using innovative technology, to distract children during their stay in hospital.

Amazing Interactives first installed pain distraction 3D equipment in the Children’s Burns Unit and also the Children’s Out-patient Department at the Great North Children’s Hospital. The therapy or if you are doing something we should know about. It is felt Transplant TV shall be one way in which the Institute of Transplantation will support and drive forward work in this field.

We are grateful to our sponsors Astellas who have supported the development of this project through an educational grant.

www.transplant.tv/

Your Welcome Award

Staff working with teenagers with cancer scooped the coveted Oncology Nursing Award at the recent British Journal of Nursing Awards 2012 held in London on 30th March 2012.

The award recognises the successful “You’re Welcome” project which focused on producing easily accessible information for teenagers newly diagnosed with cancer. The idea for the DVD came about following consultation with young people to provide information about what to expect which isn’t written as they often felt frightened when first diagnosed and unable to read.

The DVD provides a visual journey featuring the facilities available and staff they will meet. It is fun to watch and provides all the important information young people need to know, in an inclusive and incredibly touching way.

Jenny Palmer, Lead Nurse for Children and Young People’s Cancer Services said, “This project is a wonderful demonstration of ‘user involvement’ and is a credit to the young teenagers’ commitment and vision of the staff. It is a fabulous source of information for all teenagers using the service and a must for all children and young people’s nursing and medical staff to see.
BAHA Programme

Newcastle was the first centre in the world to use the BA400 new BAHA implant in 17th Aug 2012 and the Newcastle BAHA is biggest clinic in Europe and boast the largest series in the world. The service provides better patient satisfaction as the pathway is shorter. The advantages for patients is to fit the processor at 6 days.

TKI nurse

The Oncology Homecare Programme has been running at the Northern Centre for Cancer Care for more than a year. So far it’s been a great success with patients and staff alike.

The programme was set up by Professor Stephen O’Brien, Honorary Consultant Haematologist and colleagues during 2011 and Karen Hamlen, a Senior Specialist Nurse in haematology/oncology, took up the post of coordinator in January 2012. Karen now looks after an increasing number of patients with renal cancer and chronic myeloid leukaemia (CML) in a nurse-led clinic with their medication being delivered to home.

Patients are no longer waiting for hours in clinics or pharmacy. Selected CML patients are able to have a telephone assessment, home blood tests and medication delivered to their door, at a time convenient to them, without having to visit the hospital at all but maintaining that vital link should they need it.

By developing a new model of patient care we have managed to provide a responsive service which is more convenient and accessible for patients and saves money. At present about 150 patients are benefitting from this programme but this is likely to expand with the developments of new oral cancer therapies.

Radiotherapy Innovation

The Newcastle upon Tyne Hospitals NHS Foundation Trust, Northern Centre for Cancer Care purchased a dedicated MRI scanner for radiotherapy planning which has been operational since 2009. As MRI had not previously been used for radiotherapy planning, MRI compatible immobilisation devices and registered table tops were not commercially available. NCCC therefore developed and manufactured an in-house flat table top and immobilisation devices to routinely scan patients in the treatment position. We currently scan prostate, cervix, endometrial and head and neck cancer patients and to date are the only cancer centre in the UK to perform prostate gland fully whilst avoiding damage to adjacent nerve bundles which greatly reduces the risk of impotence.

Within NCCC a multidisciplinary approach was adopted, bringing together expertise from Radiologists, Oncologists, Radiographers (diagnostic and therapy), Engineers and Physicists.

MRI offers superior soft tissue differentiation with the potential for improved visualisation of the tumour. Excellent contrast resolution has resulted in improved multi-planar target volume delineation and assessment of planning margins by manipulating a wide range of contrast parameters.

With an increasing requirement for conformal dose delivery, inter-observer variability in tumour identification and delineation can play an ever more critical role in the accuracy of dose delivery. MRI has been demonstrated to improve intra-observer variability.

MRI for radiotherapy treatment planning requires excellent geometric accuracy. At NCCC, the Siemens 3D geometric distortion correction is routinely used to ensure optimal geometric accuracy. The integration of MRI into the planning process can improve target delineation compared to delineation on CT alone, both for initial radiotherapy treatment of tumours and also potentially for re-treatments by being able to differentiate between changes due to recurrent cancer or changes secondary to post-treatment fibrosis. It can also provide better delineation of organs at risk for dose avoidance in radiotherapy treatment planning. Examples of the benefits of this are; treating oral cancers, avoiding the salivary glands and so reducing the risk of permanent damage and discomfort to the mouth; treating the prostate gland fully whilst avoiding damage to adjacent nerve bundles which greatly reduces the risk of impotence.

The long term cost savings will be measurable, however, patient benefits will also be great, and we are constantly finding and investigating additional treatment pathway improvements.

Teratology Clinic

UK’s first dedicated Teratology Clinic in Newcastle

For women so have had maternal exposure to a known teratogen such as alcohol, sodium valproate or rubella, or where a child is born with congenital malformation following failed termination of pregnancy, or exposure to any other medication or possible teratogen there is a new specialist service is now available. This service is offered at the Northern Genetics Service, International Centre for Life offering a combined genetic and teratological assessment of patients where exposure to a drug/chemical/infection in utero may have contributed to their clinical features.

Newcastle hosts the UK Teratology Information Service (UKTIS) - www.UKTIS.org, which is a national service. The service has provided free advice to NHS healthcare professionals for over 20 years on drug and chemical exposure in pregnancy. The telephone service is available between 09:00-17:00 Monday - Friday (excluding bank holidays) for routine enquiries. Urgent enquiries are answered 24 hours a day, seven days a week.

Advantage is quicker service from surgery to end with less hospital visits.
Health cash to boost disease diagnosis

Scheme aims to improve patient care

Nicola Weatherall
0191 204 2308
nicola.weatherall@ncjmedia.co.uk

Health experts in the North East have been awarded a cash pot to research the way diseases are diagnosed.

Specialists at Newcastle upon Tyne Hospitals NHS Trust will team up with scientists at Newcastle University for the £800,000 venture.

Together, they will assess the effectiveness of new diagnostic tests for cancer, respiratory diseases, stroke, infections and transplantation.

It is hoped it will make Newcastle a centre of excellence in the field and lead to improvements in patient care.

Every year more than 16 million diagnostic tests are carried out across the NHS.

This money, announced by the Department of Health, will fund research that looks at the way a number of different diseases are diagnosed, so patients can access the best available treatments more quickly.

Welcoming the announcement, Professor Chris Day, pro vice-chancellor of the Newcastle University’s faculty of medical sciences said: “Faster and better diagnosis can be lifesaving for patients and the use of clinical research to improve the diagnosis and treatment of patients is a priority.”

“Our centre will promote research into medical tests used to diagnose conditions such as cancer, liver and respiratory diseases.

“Working with the Newcastle Hospitals NHS Trust we can ensure that patients benefit from advances in technology.”

The funding is part of a larger pot being split by the National Institute for Health Research (NIHR) across four NHS organisations in Newcastle, London, Leeds, and Oxford.

These places will become national centres of expertise called NIHR Diagnostic Evidence Co-operatives. They will bring together a wide range of experts and specialists from across the NHS and industry, including clinicians and other healthcare professionals, patients, NHS commissioning and commercial partners and companies.

Sir Len Fenwick, chief executive of Newcastle Hospitals NHS Foundation Trust, said: “Accuracy and time are of the essence when it comes to making the right diagnosis for many diseases.

“So making sure that our diagnostic tests are as effective as they possibly can be has a major impact on the outcomes for many of our patients.”

“Healthcare research is a big part of Newcastle Hospitals’ work as it ultimately leads to improved care for our patients, and this funding gives us a welcome boost to our diagnostic testing.

Newcastle’s Stroke Experts win Regional Innovation Award

The NHS Innovations North host an annual Bright Ideas in Health Awards. This year the ‘Innovative Service Delivery Award’ was won for an innovative bedside system which helps patients and doctors in deciding on treatment with clot busting drugs for stroke.

The innovation came about as the result of a collaboration involving the Newcastle Hospitals, Newcastle University and other colleagues. Led by Professor Gary Ford, Consultant Stroke Physician and Associate Medical Director Research and Development for the Newcastle Hospitals, and Professor Richard Thomson, Professor of Epidemiology and Public Health at Newcastle University, a team of like-minded experts developed COMPASS (COMPuterised decision Aid for Stroke thrombolysis) - an innovative ‘app’ which supports clinicians in decision-making around the administration of thrombolysis.

Professor Ford, who is also the Jacobson Chair of Clinical Pharmacology at Newcastle University, and Director of England’s NIHR Stroke Research Network, explains: “We all know that thrombolysis is a critically important treatment for blocked artery strokes when administered rapidly. Our stroke teams aim to assess, obtain a brain CT scan and administer thrombolysis within 30 minutes of the patient’s arrival at hospital, reducing the likelihood of long term disability. Yet thrombolysis is not always the best course of action for some patients. This new system provides rapid predictions of the likely outcomes with or without clot thrombolysis to assist making what can be a difficult decision...”

The COMPASS app allows stroke clinicians to input the details of a stroke patient into a tablet computer, smart phone or desktop PC. The app then generates numerical and graphical information about the predicted outcome of the use of thrombolysis by calculating the likelihood of recovery of complications at three months with and without thrombolysis. It takes less than one minute for the data to be entered and the patient’s predicted outcomes to be generated.

The portability, ease of entry and ability to quickly activate the app helps to ensure that patients benefit from receiving the right treatment at the right time, resulting in the best possible clinical outcomes.
Remote care for patients with Atrial Fibrillation (AF)

Symptoms of AF such as palpitations, shortness of breath, episodes of dizziness and feeling faint, can cause much distress and worry for patients. To help provide reassurance and closely monitor these symptoms, our Rhythm Management Service at the Regional Cardiothoracic Centre, Freeman Hospital, has set up a remotely managed AF service. This uses small, hand-held ECG recording devices which selected patients can keep with them at all times.

The devices are small enough to be carried around and are used to take quick, heart recordings (ECG rhythm strips) which are recorded on a memory card. The readings are then downloaded from the recorder and sent by email, as a file attachment directly to the Cardiac Arrhythmia Specialist Nurse, Phil Rutherford. Phil can then determine whether symptoms correlate with isolated extra heart beats (ectopics) or more sustained arrhythmia recurrence. With the ECG evidence he can then contact the patient by phone to either provide reassurance that ‘all is well’, advise of how their medications need to be adjusted or arrange face-to-face review. By virtue of having the ECG record readily available and responding rapidly to these transmissions, patients can feel more ‘in control’ of their arrhythmias, the need to present to Emergency Departments to obtain ECGs is avoided and unnecessary admissions prevented.

The service has proved invaluable for patients with AF, especially for those who live some distance from Newcastle, and those who have previously had an initial ablation as they are more likely to need a repeat ablation within 12 months. Since we started giving patients the hand-held ECG machines, over 70 patients have used the device, 85% of whom have made a recording. 66% of these were reported as an arrhythmia, many of which were AF, and rapid management meant that ‘emergency admissions’ have been avoided.

The service is a great success. Patients have said they find the devices extremely easy to use and like the fact that they can make multiple recordings, and carry the device around at all times – symptoms can be infrequent which are difficult to monitor using traditional ECG recording methods, so this approach is extremely reassuring. Currently, all readings are emailed to one account and monitored from there. As the service grows we are looking to expand its provision by appointing an additional part-time nurse specialising in arrhythmia, and a centralised email account is to be set up which will be accessible by a group of approved specialists. This will give our patients even better access to high quality and convenient support.

Cross organisational working North East NHS Group Wins National Healthcare Science Award 2013

The North East Point of Care Testing Action Learning Set (NEPOCTS) was announced as the winner of the Healthcare Science Award at the inaugural Cogent UK Life Sciences Skills Awards Evening held on 16th May 2013 in the Grand Connaught Rooms, London.

The set, which is comprised of Point of Care Testing (POCT) co-ordinators from each of the Acute Hospital Trusts in the North East and Cumbria, has been meeting on a regular basis for the last six years, supported by the NE Pathology Network and working with partners including The University of Sunderland.

Work that has been undertaken by NEPOCTS includes the organisation of two POCT conferences for healthcare scientists in the north-east, the development of a better understanding of international accreditation standards and their implication for POCT along with the development of local standards for POCT and an audit template to self-assess how well their POCT service is meeting the standards. The set has been involved in a national project on the development of POCT in healthcare science and has produced an information leaflet about POCT for use across the north-east by provider organisations and clinical commissioning groups to show how POCT can contribute to the redesign of care pathways inside and outside of hospitals.

Recently the set has developed a number of generic pictorial guides for use on wards and in health centres showing how to use specific POCT devices e.g. Glucose meters, INR meters etc.

Most importantly, the set members share and discuss real-life work issues, problems and challenges which has created not only a close supportive network of colleagues, but has also contributed to their on-going personal, professional and service development.

The NEPOCTS comprises representatives from City Hospitals Sunderland NHS Foundation Trust, County Durham & Darlington NHS Foundation Trust, Gateshead Health NHS Foundation Trust, The Newcastle upon Tyne Hospitals NHS Foundation Trust, North Cumbria University Hospitals NHS Trust, North Tees & Hartlepool NHS Foundation Trust, Northumbria Healthcare NHS Foundation Trust, South Tees Hospitals NHS Foundation Trust and South Tynesian NHS Foundation Trust.
DEVELOPING OUR STAFF
OUR WORKFORCE

The Trust now employs around 13,000 staff through whom the Trust delivers on its promise to place patients at the heart of everything we do. We recognise and acknowledge the importance of listening, supporting and developing staff to ensure we nurture their talents, skills and wellbeing to focus on providing exceptional care.

• Further refinement of the Trust’s core professional and leadership behaviours’ framework (PLB). These are aligned to the NHS constitution, the Trust vision and values, and provide a ‘golden thread’ through the Trust recruitment, induction and appraisal processes. The framework provides clarity about our behavioural expectations, ‘board to ward’, and will enable staff to understand the performance rating which is being introduced into the appraisal process in coming months.

• Ensuring staff are clear about their responsibilities in delivering ‘healthcare at its very best – with a personal touch’. This is being achieved through the implementation of ‘You and Enhancing the Patient Experience’ awareness programme. Built around a Trust commissioned bespoke DVD it outlines to staff the Trust expectations and their personal responsibility in guaranteeing a positive patient experience. This programme has been rolled out for all staff, not just those providing direct clinical care. Feedback has been extremely positive.

• Monitoring ongoing progress on staff engagement via the annual NHS Staff Survey and improving the way in which we keep staff informed and provide feedback. Following the 2011 staff survey results a small staff engagement working group was established to work in partnership with representatives to raise awareness of the range of employee benefits provided by the Trust, generate improvements in employee health and wellbeing and reduce sickness absence. This included initiating some focus group activity with specific job groups. As part of the feedback, a ‘You Said, We Did’ update was cascaded as part of the Trust-wide communications process, informing staff that:
  - A ‘Staff Engagement Policy’ would be introduced
  - The Trust has signed up to the Public Health Responsibility Deal
  - Access to information about the range of employee benefits would be improved through revising the www.benefitseveryone.co.uk web pages.

The Trust is also very pleased to provide opportunities for people with learning difficulties, and over the last year has participated in ‘Project Choice’, a work experience/internship programme for young people with learning disabilities, funded by the Newcastle City Council. Our staffs have been very positive about the programme and keen to provide placement opportunities and support for the young people; we anticipate some of the students will secure substantive posts with the Trust.
We are particularly proud about the introduction of the ‘Personal Touch’ staff awards scheme, generously supported by the Newcastle Healthcare Charity and the Newcastle upon Tyne Hospitals NHS Charity.

The purpose of the Awards Scheme is to recognise and celebrate the dedication of those staff who make such a difference to the patient experience – whether in direct clinical care or through the support they provide. Nominations are welcomed from patients, their friends or family and staff and staff have been very positive about the introduction of the scheme. Three awards are announced each quarter, and the quarter one individual winners were Jimmy Cairns, Transport Assistant and John Lant, Operating Department Orderly. The team award was presented to the Upper Gastro Intestinal Surgical Team based at the RVI.

Dee Fawcett
Director of Human Resources

Jimmy always goes above and beyond the call of duty... he will clean a patient's spectacles to brighten their day

They are exceptional individuals and have always managed to deliver a personal touch in a very complex and challenging environment

John takes a genuine interest in each individual patient whilst maintaining professionalism
The Equality Delivery System is a public commitment of how we plan to meet the needs and wishes of local people and our staff, and meet the duties placed upon us by the Equality Act 2010. It also sets out how The Newcastle upon Tyne Hospitals NHS Foundation Trust recognises the differences between people, and how we aim to make sure that any gaps and inequalities are identified and addressed.

Our Shared Vision

Alongside other NHS organisations, The Newcastle upon Tyne Hospitals NHS Foundation Trust aims to be a leading organisation for promoting Equality and Diversity in the North East. We believe that any modern organisation has to reflect all the communities and people it serves, in both service delivery and employment, and tackle all forms of discrimination. We need to remove inequality and ensure there are no barriers to health and wellbeing.

We aim to implement this by:

- becoming a leading organisation for the promotion of Human Rights, Equality and Diversity, for challenging discrimination, and for promoting equalities in service delivery and employment
- creating an organisation which recognises the contribution of all staff, and which is supportive, fair and free from discrimination
- ensuring that Newcastle upon Tyne Hospitals NHS Foundation Trust is regarded as an exemplary employer.

The Trust has made a commitment to valuing diversity and achieving equality as a member of the regional NHS North’s Equality and Diversity Network. The Network’s vision is that NHS care in the North will have a culture of fairness, equality, and respect for diversity that is evident to everyone.
The diversity of our workforce enriches us all, enabling the delivery of the best services possible

Consideration of Human Rights is a priority for the organisation and underpins our vision, goals, and values to address inequality and promote diversity. As a major employer, the Trust recognises the needs and aspirations of our staff will vary according to individual circumstances. This diversity in our workforce enriches us all, and supports and equips us to deliver the best services possible.

Newcastle has a population of 280,200 (Census 2011) who live mainly in the area represented by Newcastle City Council. However as an NHS Foundation Trust, we deliver a wide-range of advanced, patient-focused healthcare to patients from Newcastle, the North-East and beyond. Within the city there are wide variations in the health of local people; this is in part because of inequalities in health such as poverty, ill health and deprivation. One of the Trust’s major challenges is to tackle these inequalities.

Equality Duties

The Equality Act 2010 places an Equality Duty on public bodies such as The Newcastle upon Tyne Hospitals NHS Foundation Trust. This Duty applies to following protected characteristics:

- Disability
- Age
- Race – this includes ethnic or national origins, colour or nationality
- Sex
- Sexual orientation
- Religion or belief – this includes lack of belief
- Gender reassignment
- Pregnancy and Maternity
- Marriage and Civil Partnership

The Equality Duty encourages us to engage with the diverse communities affected by our activities to ensure that policies and services are appropriate and accessible to all and meet the different needs of the communities and people we serve.

The Equality Duty consists of a General Duty with three main aims. It requires the Trust to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people from different groups
- Foster good relations between people of different groups.

This involves:

- Helping people, whoever they are, to receive high quality healthcare – we call this equality
- Recognising and celebrating the fact that every person is an individual – we call this diversity
- Ensuring that everyone is treated with dignity and respect

The Trust published its Equality Delivery System in 2012, and this demonstrates how we meet the needs of and wishes of local people, and our staff, and also how we meet the duties of the Equality Act (2010). It also sets out how the Newcastle Hospitals recognises and acknowledges the difference between people, and how we aim to make sure that any gaps and inequalities are identified and addressed.

Having due regard means that we must take account of these three aims as part of our decision making processes in how we act as an employer, how we develop, evaluate and review policy; how we design, deliver and evaluate services; and how we commission and buy services from others.

It also requires the Trust to consider the need to:

- Remove or minimise disadvantages suffered by people due to their protected characteristics
- Meet the needs of people with protected characteristics
- Encourage people with protected characteristics to participate in public life or in other activities where participation is low

Complying with the general duty explicitly recognises that disabled people’s needs are different from those of non disabled people. This may mean making reasonable adjustments for them or providing services in a different way to make sure they achieve the same outcomes from our services.

The general duty is also underpinned by a number of specific duties which place responsibilities on organisations to:

- Publish equality objectives at least every four years
- Publish information to demonstrate we have complied with the general equality duty on an annual basis.
Consideration of Human Rights is an important factor in the production in our Trust’s Strategy and it underpins all our aims, objectives and actions towards addressing inequality and promoting diversity.

**What have we achieved?**

The Trust has been very active in this respect for many years now, and has well established working groups, which include Trust staff, multi agency partners, and partners from a range of communities. This wide ranging membership ensures representation of the protected characteristics, and has supported work across a number of themes. Key strands of work include:

- The development of a range of evidence sheets and fact files to inform staff, and underpin equality analysis, about each of the protected characteristics.
- The regular publication, review and analysis of equality data to ensure that we continue to meet the needs of our staff and patient population.
- A review of Paediatric Cardiology Services has been undertaken, and black and minority ethnic children, families and carers were involved in this review. The review was very positive and resulted in additional training for staff, a check list and resource list that all children’s services can use to review their service.
- Joint working between hospital services and services supporting Homeless people. A Clothing Bank has been set up within the Trust and a resource list is available to help staff meet the needs of homeless people.
- Joint working between Maternity Services and services supporting people seeking refuge and asylum. This resulted in a pregnant woman trafficked into prostitution being able to stay locally and access support services rather than being sent to another area of the Country where the perpetrators of the trafficking lived. A resource list relating to support services for people seeking refuge and asylum has been developed.
- The establishment of a Gender Identify Working Group, who actively promoted the LGB&T History Month
- In light of Age Discrimination legislation, reviewed the Trust’s services to ensure that we meet the needs of older people.

The Trust aims to be a leading organisation for promoting Equality and Diversity in the North East. We believe that any modern organisation has to reflect all the communities and people it serves, in both service delivery and employment, and tackle all forms of discrimination. We need to remove inequality and ensure there are no barriers to health and wellbeing.

The Trust is committed to promoting equality, diversity and human rights in all we do.
We believe that any modern organisation has to reflect all the communities and people it serves, in both service delivery and employment, and tackle all forms of discrimination.
EDUCATION AND WORKFORCE DEVELOPMENT

Supporting our workforce to develop the knowledge, skills and attitudes to ensure that patients are put at the heart of everything we do is at the centre of the education and training strategy and operational activity. With over 13,500 staff from a wide range of professional and occupational backgrounds this means a busy and diverse programme of activities and projects for Education and Training to design deliver and coordinate.

Enhancing the Patient Experience – healthcare at its best with a personal touch

Following design by a multi-disciplinary staff working group, a ‘bespoke’ DVD was filmed in the Trust, by Trust staff. The purpose was to raise awareness of how each member of staff can enhance the patient experience and articulate the Trust expectations regarding how we provide excellent high quality compassionate care. The DVD has been presented, supported by a short awareness programme and to date; over 4,000 staff members and volunteers have seen the film. A copy of the DVD was also provided to the Secretary of State for Health. Comments made by staff include:

‘very emotional and made you feel so proud for being a part of something so very important’

‘Found it an inspirational and thought provoking DVD with an opportunity to reflect on our practice’

‘Motivated me to do more for my patients’

‘Recognition from patients and senior members of the organisation of the good work we do is motivating’

‘Made me stop & think about what we can do for our patients to enhance their experience’

The Trust Professional and Leadership Behaviours Framework (PLBs) was launched in May 2012, and the education team have spent the last 12 months embedding them across the organisation ensuring that they are the ‘golden thread’ that is sewn through all education and training programmes, and related policies including recruitment and appraisal. All staff are now required to have their performance assessed against these core behaviours relevant to their role.

A series of ‘PLB cafes’ were introduced to enable staff without management responsibility to explore what they can do to support the Trust in meetings its objectives and their role in providing ‘compassionate care’. These have been oversubscribed, the feedback extremely positive, with staff really considering their roles, the impact their behaviour has and how they can work with the multi-disciplinary team to enhance the care and service provided to patients and staff whom they serve.

Leadership Development

Further development of the Trust leadership pathway is now well established with a range of programmes available across all levels of the pathway to ensure patient-centred leadership for high quality, compassionate and innovative service delivery is demonstrated through the example of staff leading by example.

A number of bespoke leadership development programmes were designed and delivered to meet organisational and professional needs which included:

• NISR (Nurses in Specialist Roles) Team Lead Programme
• Matron Development Programme (ILM accredited)
• Clinical Academic Fellowship Training Programme
• Team Development sessions
• Junior Doctors Leadership and Service Improvement Programme
• Sisters Leadership Development Programme (ILM accredited)

The overall aim of the NISR programme was to create and sustain ‘effective’ clinical teams. The specialist nurses gained an increased awareness of some available ‘tools’ to support them in their team lead role. It evaluated well and additional pre and post evaluation was carried out through a national research project and partnership working with Aston Organisational Development.

The Matrons’ Development Programme was a new initiative for the Trust with the aim of supporting Matrons to enhance their strategic leadership capacity and capability. The principles and themes link explicitly to the NHS Leadership Framework and the Trust’s Professional and Leadership Behaviours, underpinning the learning at every stage. The programme encourages reflective and evidence based leadership practice, with a focus on ‘leading through others’.

The second year of the CAT (Clinical Academic Training) has been delivered in conjunction with Northumbria and Newcastle Universities with the Trust delivering the ‘leadership’ elements of the Programme. It is acknowledged that clinical academics make a significant difference in the quality of patient care and therefore it is important that they be given the ‘tools’ to support them in this research/practice role.

Support for effective and improved team working continues to be facilitated by the Staff Development Team and a range of facilitated workshops incorporating evidence based tools have been completed.
Welcome to the Great North Children’s Hospital

When your child is in hospital

Children’s Healthcare at its very best - with a personal touch
with several teams throughout the Trust. The workshops are based on the work of Michael West and Aston Organisational Development, which has identified the role of effective team working in improving patient outcomes.

Recognising our role as a major provider of post graduate medical education, we were very pleased to introduce an innovative leadership programme for Junior Doctors, focused around service improvement to enhance patient care. Master classes enabled the Doctors to increase their knowledge and skills in relation to personal and professional leadership and they were supported by the service improvement team to carry out small scale work based project. The programme has evaluated well and the group showcased their work to colleagues and managers at a poster presentation event.

The leadership development programme for Sisters/Charge Nurses continues to be extremely well received providing the opportunity to work with their peers, look at their leadership style and behaviours and question how they can influence and lead changes as front facing operational managers who are pivotal to ensure that first class compassionate care is provided. Feedback includes:

- 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
- I have very high standards and a lot of knowledge and experience, I now feel prepared to take the next step
- Gained a great deal of self awareness and how I need to change to be a better leader.
- Overall an excellent course that I feel all people new to management should take as it helped me develop so much and implement this into practice

A range of staff including Portering Supervisors, Team leaders, Sisters and Consultants have accessed our leadership programmes and have said they have learned:

- ‘better myself as a team leader’
- To accept change and resolve conflict promptly
- My role and how to consider my responsibility, authority and accountability
- Feeling more confident to support my manager to manage the change

The Trust also supported a number of staff to attend the North East Leadership (NELA) development programmes.

Clinical Support Worker Development

Working in partnership with the senior nursing team, the Trust is developing a ‘Health Care Academy’ which will launch in autumn 2013. It will build on the current Health Care Assistant training programme and the at the educational content will be aligned to national occupational standards and the new Minimum Training Standards for Healthcare Support workers, whilst being underpinned by Trust professional behaviours and clinical competencies. A novel event, ‘Lunch with Sim Man’ designed for health care assistants was added to our simulation provision and will be included in our future support worker development programmes.

Dementia Care

A variety of programmes with flexible delivery methods are offered to staff and intended to identify and promote ‘best practice’ in the care of patients with dementia.

The awareness programme for Health Care Assistants has been running since 2011 and has evaluated well, with participants indicating its relevance to care delivery. A new programme for registered nurses and allied health professionals was introduced in 2012. The sessions are designed for staff to identify improvements they can make in their practice to enhance the patient experience. Examples of what staff identified that they will do differently as a result of the training include:

- Adapting the environment to meet the needs of dementia patients
- Involving family carers more when caring for patients living with dementia
- Recognise the difference or overlap with delirium or dementia or depression
- Better prepared to deal with challenging behaviour
- Gained some strategies to support a person with dementia in an acute setting
- Use a person centred care approach involve families more
- Discover patients life experiences and link with ‘forget me not’
- Better at communicating with people with dementia
- Be more aware of nutrition strategies

NVQ Achievements and Developments 2012-13

The Staff Development team has continued to build on its NVQ successes. Our retention and achievement rate for the year stands at 99%, with 135 staff currently on NVQ programmes. Several of our programmes have achieved a 100% success rate in the past year.

Evaluations returned from staff after completing their NVQ showed that 100% were happy with the progress they had made and 91% saying that their ability to improve the patient experience had improved. We have responded to feedback in several ways, such as introducing drop-in sessions with workshops based on NVQ units and developing resources to help candidates produce knowledge evidence. Evaluations also showed that around two thirds of candidates plan to progress to further training after the NVQ. In July 2012, an e-portfolio system for all our NVQs was introduced; it is a web based system, removing the burden of paper portfolios, and significantly reducing the time and costs involved in producing paper documents. Assessment methods are unchanged, but evidence is uploaded into the e-portfolio instead of a paper file. Electronic recording of assessment meetings is the next innovation meaning that a sound file in the e-portfolio will be the evidence.

Initial feedback from candidates and assessors has been very good, and in March 2013, our first candidate achieved their NVQ using e-portfolio.

Our third annual ‘Celebration of Success’ event took place in May
We look forward to evolving our strategy, seek innovation in the provision of education and training, and support our workforce to continue to provide excellent patient care.
A PASSION FOR GREAT PRACTICE

Jo Ledger says her award-winning nutrition network is built on good teamwork

Earlier this year the Northern Nutrition Network, a multidisciplinary collaboration of healthcare professionals dedicated to improving patient nutrition, won joint first place in the SAGE gastrointestinal care awards.

The prize included a grant of £7,500 to improve further the nutritional care of patients in the north of England.

The award was given in recognition of the network’s efforts in sharing guidelines, responding to national reports, undertaking regional practice audits, campaigning for education and promoting research. As one of the nurses involved in the network, my role is to promote nursing priorities and bring specialist nutrition nursing expertise and experience to the group. Nurse representation is seen as vital to the network’s success.

Working in a specialist role can be isolating, so the network’s newly formed nurses’ forum is a welcome addition that will enable nutrition nurse specialists to share best practice and offer peer support. The forum gives us a clearer regional nursing perspective and an all-round view of the strengths and gaps in the nursing service. I believe the network won the award because it is a unique example of team working. It demonstrates exemplary communication across professional boundaries as well as primary and secondary healthcare organisations covering a large geographical area.

Commitment

Network members share a common vision and are committed to delivering excellent nutritional care to patients across the region. We are all hardworking professionals, so regular attendance at meetings can be difficult. We overcome this by keeping topics inclusive and rotating the roles of chair and secretary.

In my work as a nurse specialist in adult clinical nutrition, the network has stimulated new ideas about staff development and how best practice can become routine practice. It has also helped me to get involved in trust-wide policy development. The award money will be used to run a two-day course for up to five nutrition teams. The aim will be to improve team functioning and learn about specific nutritional issues, such as care of Hickman lines.

The award will also enable the network to perform a prospective audit of parenteral nutrition in all hospitals across the northern region.

We were delighted to win the award and invested the prize money back into the network to improve on the work we have done so far. For anyone thinking of applying for the award, we say go for it.

Jo Ledger (pictured) is nutrition nurse specialist at Newcastle Upon Tyne Hospitals NHS Trust and secretary of the Northern Nutrition Network.

2013, to recognise the 206 staff who achieved an accredited qualification in the past year. Due to the success of these events we will be holding two each year, giving every successful candidate the opportunity to be formally presented with their certificate.

Two quality assurance inspections took place during the year, one from Ofsted and the other from Matrix. Both were successful with minimal improvements and recommendations to be made.

IT Training

The IT Training team has been involved in three major training interventions during the past year. Two of these have been the deployment of additional modules in our electronic patient record system ‘eRecord’ - SurgiNet and FirstNet. Rolling out to all theatres, the IT Training team have provided training and support for staff using these new systems. IT Training have also supported the Trust-wide roll-out of the new print strategy.

In October 2012 the team was presented with a ‘Microsoft Centre of Excellence Award’ in recognition of over 100 Microsoft examination passes. This success was repeated in June with the achievement of sufficient exam passes for the 2013-2014 Award. Microsoft exams are recognised the world over and give Trust staff the equivalent of level 3 IT qualifications.

Medical Education

As the largest local education provider in the North East, we continue to offer high quality training to around 700 trainee doctors and over 500 medical students in a wide range of clinical programmes. The medical education team continues to oversee the quality assurance process for 72 specialty programmes but we are very encouraged to see the improvement year on year in the data from the GMC trainee survey. Our Quality Assurance process has been commended by the Northern Deanery.

A major part of the success of our medical training programmes is the clinical and educational supervision provided to trainees and the medical education team continue to provide support to all clinical and educational supervisors and we are developing processes to ensure that we comply with the requirements of the new GMC accreditation of supervisors which will be implemented in 2014.

Our educational programme to support the development of supervisors’ skills continues to be very popular with 171 individuals attending the formal sessions and 186 supervisors completing our online training package. We have developed the programme further in response to feedback and produced a bank of resources to enable participants to practice the practical skills of supervision. Our complete programme has accreditation from the Northern Deanery, Newcastle and Durham universities – the only trust in the region to achieve this.

The Simulation centre continues to be in demand and we were commissioned by the Northern Deanery to provide a Simulation Instructors course to 30 consultants across the region. This was delivered by Jon Hanson in our dedicated Simulation Centre with excellent feedback from participants.

The Undergraduate Away day has become a fixture in the calendar and this year was lead by our new Base-unit Sub Dean Richard Frearson - the highlight of the programme was an inspiring talk by Professor John McLachlan addressing innovative methods of teaching.

Development activity

The medical education team continues to be active in developing and promoting good practice through research presentations and will be presenting 7 posters highlighting our educational activity to the Association of Medical Education conference in July 2013. We have also been invited to give an oral presentation on our work using simulation to help trainees who have had additional learning needs identified. Following the successful publication of previous
modules we were commissioned by BMJ Learning to write an e-learning module to support senior trainees and newly appointed consultants in their consultant role. This module has had excellent feedback for being practical and relevant. We have also had an article describing our work on supporting trainees to develop their learning portfolios published in the “Medical Teacher”.

Innovation in teaching and learning

The Simulation Centre continues to be widely used to provide training on real clinical problems in a realistic setting which is safe for both patients and participants. This year we purchased a wireless 3G sim man which will enable us to further develop our ‘hub and spoke’ approach to delivering simulation training within clinical areas across the Trust. This increases the reality of the experience but also ensures maximum attendance with minimum time away from clinical activity.

A successful bid was made to the Special Trustees for funding to purchase Sim Mom which provides the opportunity for realistic practice of complicated obstetric problems in a risk-free environment allowing participants to optimise their teamworking, communication and leadership skills.

In order to capture the full range of simulation activity across the organisation and share good practice, a Simulation users group has been established and will meet regularly to discuss development of programmes and further innovation.

A practical skills lab has been established on the RVI site in a theatre-based training room which is open at all times for trainees of all levels to practice operative skills in both open and laparoscopic surgery using jigs/laptrainers. A large library of laparoscopic DVD’s is available for viewing anatomy and performing procedures and we plan to establish a similar facility on the Freeman site.

A practical understanding of management and service improvement processes is an essential element of senior medical appointments but currently, many junior doctors have few opportunities to develop this knowledge. This year we gave 20 junior doctors an opportunity to take part in a Service Improvement project with an introduction to leadership and management activity, to raise awareness of business challenges faced by NHS leaders, and to participate in service improvement initiatives. The feedback was excellent and the winning project was a practical attempt to streamline the melanoma clinic by more effective use of medical photography. The second phase of the project will be rolled out this autumn.

Newcastle Surgical Training Centre

The Newcastle Surgical Training Centre is committed to enabling surgeons to achieve and maintain the highest standards of surgical practice. Our mission statement is to be a world-class research-intensive training facility, to deliver teaching of the highest quality and to play a leading role in the economic, social and cultural intensive training facility, to deliver teaching of the highest quality surgeons to achieve and maintain the highest standards of surgical practice using jigs/laptrainers. A large library of laparoscopic DVD’s is available for viewing anatomy and performing procedures and we plan to establish a similar facility on the Freeman site.

A practical understanding of management and service improvement processes is an essential element of senior medical appointments but currently, many junior doctors have few opportunities to develop this knowledge. This year we gave 20 junior doctors an opportunity to take part in a Service Improvement project with an introduction to leadership and management activity, to raise awareness of business challenges faced by NHS leaders, and to participate in service improvement initiatives. The feedback was excellent and the winning project was a practical attempt to streamline the melanoma clinic by more effective use of medical photography. The second phase of the project will be rolled out this autumn.

Newcastle Surgical Training Centre

The Newcastle Surgical Training Centre is committed to enabling surgeons to achieve and maintain the highest standards of surgical practice. Our mission statement is to be a world-class research-intensive training facility, to deliver teaching of the highest quality and to play a leading role in the economic, social and cultural development of the North East of England and be acknowledged as a centre of excellence. We believe that effective working across relevant professional groups is essential to the delivery of high quality healthcare education and training and therefore patient safety.

Our portfolio of courses has continued to expand going from the premise of 20 courses per year (2007) to delivering 140 per annum providing training opportunities for regional, national and international surgeons.

In addition to the provision of multi-specialty courses the NSTC, in collaboration with the Deanery, has developed a cadaveric and simulation programme mapped to curricular requirements for surgical technical skills training. Over 200 trainees of all levels of experience have been enrolled onto the training programme covering Orthopaedics, ENT, General Surgery, Urology with Paediatrics and Plastics commencing in September 2013.

This innovative programme is the only skills programme in the Country to provide fresh frozen cadaveric based skills training and assessment to all surgical trainees in the training region. Although the NSTC is primarily a cadaveric centre further investment has been made in simulation based surgical training providing a safe cost-effective means for practicing techniques prior to their use in the operating room. Simulation has been fully integrated within the training programmes for clinicians at all stages.

We believe this programme will aid recruitment and hopefully attract the best of the national specialty trainees to this Region, as they will identify that their training is supported and encouraged. Recruitment to consultant posts is often heavily influenced by the provision of locally trained individuals and getting this investment right is pivotal for our organisation.

Trainee feedback has been very positive:

- All training very relevant. Use of actual cadavers very realistic
- Seriously good depth of learning
- Mix between practical and lecture based/video demonstrations
- More sessions please
- Excellent Staff
- Very Enthusiastic and patient faculty
- I would recommend this 100% and look forward to next year!
- The most useful for my development as a surgeon, practical simulated aspects and opportunities to highlight my deficiencies and knowledge (ENT)
- Excellent tips from Consultants about what to do if faced with certain scenarios

The centre was awarded full accreditation by the Royal College of Surgeons of England and the NSTC has become the first centre in England to receive full accreditation from the RCS yet another demonstration of the Trust’s excellence and expertise.

The research arm continues to interest several industry partners who wish to expand the didactic practical aspect of the cadaveric unit. Within orthopaedic surgery we have established formal funded research projects in the field of hip and knee surgery to examine the kinetics of implantation and mechanical behaviour of surgical technique using cadaveric material (Stryker Europe, Ceramtec GmbH). The Freeman Hospital is uniquely positioned to expand upon this work given the excellent interaction with established leaders in pioneering joint replacement.

Health Education England (HEE)

2013 saw the implementation of new arrangements nationally and locally for workforce planning and educational commissioning for professional programmes with the establishment of Health Education England and Local Education and Training Boards (LETB).

The Trust has been proactive in its engagement with the new structures and processes for commissioning and quality assurance, and is represented on the Health Education North East Board/LETB. In addition a number of staff actively participate in the new employer led sub groups, shaping and influencing the local priorities for education, workforce development and investment.

In addition to the structure change, national transition arrangements to change the allocation of funding for education (Multi-Professional Education and Training, MPET) have started to be implemented and may impact on future numbers of trainees, particularly in relation to Junior Doctors. These developments will be closely monitored by the Trust.

Overall, this has been another very busy and successful year. We recognise the NHS operating environment is changing, and we will continue to focus on maintaining our reputation for excellence in teaching and learning. We look forward to evolving our strategy, seek innovation in the provision of education and training, and support our workforce to continue to provide excellent patient care.

Karen Giles
Head of Education and Development