In its supervisory role, the CEAGC received reports of audit activity from 22 different clinical directorates/specialties during the year. The majority of directorates appear to have a reasonably well-organised approach to clinical audit, although inevitably some are more robust than others. Recurring areas of concern were the appropriate prioritisation of audit activity (assessment of national guidance should come first), a lack of time, and inadequate IT support – there are no easy answers to the latter two. All of the above ensures a full agenda every month when the CEAGC meets, and occasionally, an extra meeting is required to accommodate the workload.

There is one overriding concern facing the committee. As mentioned in previous reports, by virtue of its size and diversity, practically every guideline issued applies to some area of the Trust, and consequently, its implementation has to be assessed. As the amount of guidance produced continues to increase, monitoring it becomes an ever more complex and demanding task. The problem has been exacerbated by the introduction by NICE in June 2010 of Quality Standards. So far, more than 60 of these have been released, with many more to follow. They tend to be general and wide-ranging, and because of this, usually apply to several different areas/directorates. For a number of reasons, obtaining a reliable baseline assessment of compliance across several different areas is considerably more difficult than dealing with a defined condition affecting a single specialty only. This means that the CEAGC is unable to provide as reliable assurance as it would wish to senior management regarding compliance with guidelines. A related issue is the not infrequent failure of directorates to record non-compliance on the risk register. While these concerns may not seem particularly important, it must be emphasised that without a proper assessment and record of guideline compliance, the Trust can have no clear grasp of its adherence to guidance, nor where significant gaps exist. Furthermore, while guidelines are what they say they are – guidance, not protocols – in reality, deviation from nationally advised courses of treatment or management must be clearly justified to avoid exposing the Trust to criticism, reputational damage, or worse.

Nonetheless, staff in the Clinical Governance and Risk Department have to work with the status quo, and continually strive to improve both the audit and recording of guideline status, although this problem may not be amenable to rapid solution.

I will end, as always, by recording my sincere appreciation of my colleagues on the CEAGC whose advice and support have been invaluable throughout.

Dr Ifti Haq
Chairman, Clinical Effectiveness Audit and Guidelines Committee
June 2015
Improving your care
The PLACE audits were undertaken between May and June of 2014, with 35 areas being assessed over nine separate days, with the involvement of 12 Patient Assessors.

Feedback from the assessment teams during the inspection process was that standards remained high across the Trust, particularly in relation to cleanliness. Issues with cleanliness identified during the assessments were highlighted at the time and appropriate action taken, where possible. It is important to note that these occurrences were few and far between.

The areas of enhanced or “stretch” targets around a dementia friendly environment continue to have challenges for the organisation; however they were not included in the scoring this year.

The purpose of the PLACE assessments is to assess organisations across a range of environmental aspects against predetermined standards. The assessment falls into four broad categories: cleanliness; condition, appearance and maintenance; food and hydration; and privacy, dignity and wellbeing and the scores must reflect only what is seen on the day of the visit, not on previous experiences.

The assessment requires 25% of Wards and a similar number of Departmental areas to be visited by teams of assessors comprising 50% of patient assessors (minimum of two). During the visits 11 food tastings of the patient meals were also undertaken.

Staff Assessors were gathered from a wide range of relevant services which were led by Patient Services but also included representation from Estates, Hotel Services, Infection Prevention and Control and Catering.

The assessment tools have either questions requiring a yes or no answer, or a pass, qualified pass or fail judgment is required. Elements are passed if they meet the required definition. A qualified pass would be awarded if most, but not all items meet the definition and there are no serious issues such as contamination with body fluids. A rough guide is if 20% failed to meet the definition then a qualified pass would be awarded, however this is at the discretion of the assessment team.

An element would be a Fail if greater than 20% did not reach the required standard or there was body fluid contamination on just one item/area.

Trust and site level scores also include organisational level assessments in facilities and food; therefore the total sites scores will not reflect the total Trust scores.

The Trust results for 2013 and 2014 and comparison with the national average can be seen in table 1; table 2 details the results by site, including the full food and hydration results. Table 3 shows comparison of the Trust scores against the Shelford Group, the Trust position for each domain for 2013 and 2014 and comparison with local Trusts.

The scores are an amalgamation of direct observational findings by the Inspection Teams on the day and Trust level information about the services provided. Newcastle Hospitals scored well again this year in contrast to the national average, also achieving the top score.
in cleanliness across comparable leading teaching hospital peers. We came fourth in the domain of food and hydration, third in privacy/dignity and wellbeing seventh in condition/appearance and maintenance. Even though our positions are lower than last year it is fair to say the differentials between many of the scores are really very small.

There is a difference in some of the scores from the Campus for Ageing & Vitality (CAV). The impression from both staff and patient assessors was that a very high standard at CAV, especially considering the age and now relatively isolated infrastructure of the overall environment pending future redevelopment of the facility. However due to the small number of areas requiring assessment the elements which failed, though they were few, amounted to a marked reduction in the scores. The elements which did fail were mainly due to the configuration of the out-patient department not allowing for patients to enter and exit via different routes. However in this department this does not impact on patient’s privacy and dignity.

Scores will also have been reduced across all sites due to the Trust attaining low scores in the elements on car parking payment facilities which demand that there is access to change, debit/credit card machines and ability to use notes, as well as no provision to pay at the main entrances.

The food and hydration results while seemingly low were not due to poor standards identified in food quality or delivery. The scores have been reduced due to the organisational elements scoring low in areas such as choices of sandwiches, meals times and availability of small and large portions, mid-day snacks, and fresh fruit 24/7. However the Nutrition Steering Group is well engaged with PLACE and standards.

Although the dementia friendly environment elements were not scored again this year there are plans in progress to introduce changes to appropriate ward and department environments to ensure they comply with these standards, where possible. This also includes being mindful of these requirements during refurbishment programmes. It must be emphasised however quite how exacting the PLACE dementia standards are.

The training for PLACE includes the requirement for development of a Trust Action Plan. The purpose of this action plan is to focus upon the standards of PLACE which cannot be achieved in the organisation without further actions/expenditure. All stakeholders who have been identified as leads for relevant sections will contribute, and agree to the Action Plan.

Recruitment of Volunteers for PLACE took place again at the beginning of 2015; one of the strengths of the process this year has been the broad representation from relevant patient groups, which included our own Governors. This engagement brought a diverse and challenging aspect to the process and was both collaborative and productive. It is proposed to undertake a similar model for next year and many of this year’s patient assessors have expressed their desire to be involved again. The results of the audits have been circulated to the patient and staff assessors, having been received and approved by the Board of Directors.
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Source: Patient-led Assessments of the Care Environment (2014)
Safe, Effective, Quality Occupational Health Service

Newcastle Occupational Health Service has been recognised as one of the first 150 such Services in the UK to have received Safe, Effective, Quality Occupational Health Service (SEQOHS) accreditation.

Occupational health is a branch of health care that looks after the health and wellbeing of the working age population. The Trust invests heavily in supporting staffs’ health and wellbeing and recognises that a healthy workforce directly results in improved patient care.

NewcastleOHS is the Trusts in-house Occupational health service. It provides independent advice and assistance to staff and managers around work related illness. NewcastleOHS supports staff to take responsibility for their own health which in turn enables staff to
provide the highest quality health care. The service is a fully integrated multidisciplinary team with Doctors, Nurses, Physiotherapists, Psychologists and Counsellors providing support and rehabilitation to staff for both physical and mental health problems.

Newcastle OHS has made the outstanding achievement of gaining SEQOHS status and has been credited as one of the first 150 services in the UK to have achieved SEQOHS accreditation. SEQOHS is the first and only system of independent accreditation for occupational health services accepted in both the public and private sectors as the recognised industry standard. It was developed and supported by government in response to Dame Carol Black’s review of the health of Britain’s working age population.

The achievement has highlighted the high standards of care provided to Newcastle Trust staff by NewcastleOHS and ‘has shown a commendable commitment to quality and has demonstrated that it can meet the required national set of standards’ (SEQOHS Accreditors).

The Service is very proud of its achievement. Our dedicated team will continue to serve the Trust by consistently providing a safe, effective and high quality service.
Proud of Nursing and Midwifery in Newcastle

Delivering Proud of Nursing and Midwifery Strategy

During 2014/15 Nurses and Midwives have demonstrated achievement against the Trust Nursing and Midwifery strategy ‘Proud of Nursing and Midwifery in Newcastle - Compassion, Quality and Excellence in all that we do’.

The Strategy identifies five key themes:

- To put patients first in all that we do
- To deliver safe and effective Harm Free Care
- To deliver high quality care
- To recognise, and maximise, our reputation for Nursing excellence
- To have an empowered and skilled workforce

Work is ongoing against all five themes to ensure that Trust Nurses and Midwives, and all the staff who support them, are delivering safe, compassionate and excellent care which they can be proud of. Part of this work has been to develop the Trust’s definition of compassion (The “Compassion Tree”), this was created by the Nursing, Midwifery and Allied Health Professional Forum and is representative of the views of front line staff.
**Nurses and Midwives Lead the Way Developing Practice**

It's been a busy year for nurse led services across the Trust some examples of developments are:

**Continenve Care**
- The Newcastle Specialist Continence Service worked with patients and other clinical specialties to design two patient information leaflets – Problems with urine leakage after your Prostate Surgery, and Keeping your Bowel Healthy. Both leaflets ensure that patients and their Carers receive appropriate advice and timely information which supports the patient’s bladder and bowel health care needs.
- The Newcastle Specialist Continence Service undertook a review of continence containment products and the Home Delivery Service. This provided the opportunity to align the containment product formulary for acute and community services. This has real benefits for our patients ensuring all Newcastle patients receive the same containment product at home as they would in hospital to allow continuity of care and prevent any anxiety for the patient.

**Public Health School Nursing**
- Developed a ‘pop up’ health concept which is being used to deliver key health messages to young people at local schools. This concept has recently been awarded the Cavell Nurses’ Trust Award for innovation and the Newcastle Hospitals Foundation Trust Nursing Achievement Award 2014.
- Developed and delivered Sex Sense, a six week programme of intensive Sex and Relationship Education which has been developed working in partnership with School Health Improvement service, the Public Health School Nursing Service and the community based outreach team ‘Teenage Kicks’. This programme is delivered to challenging and vulnerable young people attending specialist educational provisions within the City.

**Urogynaecology**
A number of new services have been introduced within Nurse led clinics in Urogynaecology to deliver high quality accessible service, convenient for patients. These include:
- Multidisciplinary Urogynaecology clinic supported by Nurse Practitioner. The clinic has improved patient journey and the use of an electronic personal assessment questionnaire (e-PAQ) an interactive, web-based computerised interview enables women to provide information in advance of the appointment to improve Women’s experience. The team also established a ‘virtual’ clinic, Patients complete a bladder diary and the ePAQ questionnaire which enables a telephone appointment. This reduces the need for her patients to travel and is much easier for those with mobility problems. Patients have expressed high levels of satisfaction with this option and it is particularly popular with those who live outside the Newcastle area.
- Nurse led clinics for post-operative assessment of voiding function have reduced emergency readmission. This clinic assesses progress at 12-14 days post treatment and teaches intermittent self catheterisation if required, thus avoiding an emergency re admission and improving the patient experience.

**Family Nurse Partnership Programme**
- The Family Nurse Partnership (FNP) programme is now one year old. This primary prevention home visiting programme is offered to clients less than 20 years of age expecting their first baby. The purpose of the FNP is to reduce the impact of multiple deprivation and improve the health and well-being outcomes of children born to vulnerable young first time mothers.
- Family Nurses work intensely with clients and their families from early pregnancy until the child is two years old. It uses a strengths based approach informed by the principles and practice of “Motivational Interviewing”.

- The national review of the programme demonstrated, even at this early stage, a number of positive outcomes and successes. The report and feedback from the National unit was extremely positive demonstrating that FNP in Newcastle is providing a quality service that offers a valuable window of opportunity to make a significant difference to young client’s and their babies.

**Specialist Care Home Support Team**
- In April 2014 the Nursing Home Support Team and the Catheter Acquired Urinary Tract Infection Team combined to form the Specialist Care Home Support Team who provide multidisciplinary assessment and support, into a number of Care Homes within the Newcastle upon Tyne area in partnership with the Care Home staff and local GPs. The aim of the team is to prevent unnecessary hospital admissions, therefore improving the care and experience of residents within the Care Homes. Within the last year the teams work has avoided 467 hospital admissions.

**Chemotherapy in the Community**
- In September 2014 The Northern Centre for Cancer Care (NCCC) in partnership with Macmillan Cancer Support launched its ‘Chemotherapy in the Community’ service which offers patients in the North East their cancer care closer to home. This is coupled with offering patients choice and improving overall experience. It allows the Trust to deliver supportive therapies closer to patients home.
- The service currently operates out of 3 separate community health centres with trained Chemotherapy Nurses from the Trust administering the treatment.

I’ve been a regular at the Freeman’s Cancer Centre for a number of months now and come in for my treatment every month. The Centre is an incredible place and the staff are truly wonderful but to be able to just pop to the community setting within ten minutes from home, have my treatment, see the same friendly nurses and be able to get on with the rest of my day is marvelous. I can’t speak highly enough of the new service/approach

*Patient Quote provided as part of early evaluation of service*
Mother’s Day thank you to staff of RVI baby unit

I felt the nurse listened to my needs was reassuring and professional. I felt safe under her care. Care delivered was efficient.

Neonatal Support
Ward 35 Special Care Baby Unit at the RVI strives to find new ways to make the neonatal experience more bearable for parents during their time with us. To encourage and support the Parent and Infant bonding process during their time of separation they have introduced the use of ‘Miniboos’, a Baby Comforter designed for use with preterm babies to stimulate the awareness of parent’s familiar scents. They are ideal for those times when parents cannot be with their baby.

With the support of the ward charity Tiny Lives 2 ‘Miniboos’ are supplied for every baby admitted to the ward. The first ‘Miniboo’ is scented by the parents for use with the baby, and the second ‘Miniboo’ is scented by the baby for use with the parents.

Parents have reported to staff that the ‘Miniboos’ have helped improve the bond they have with their baby. To be able to smell their baby when they were apart was a great comfort and definitely helped with milk expressing, especially at home. They were also comforted to know that their baby felt safe and secure with their familiar scent nearby, when they left the unit.

Immunology & Allergy Unit
- The Immunology & Allergy Unit, a nationally recognised service has a number of nurse led clinics and patient education programmes within the specialist field of Immunology and Allergy. This includes the immunoglobulin infusion clinic, for patients with Primary Immunodeficiency (PID). This service encourages patients to take an active role in their life long treatment of replacement immunoglobulin. Within the past year the Unit has received nationally recognised accreditation for its Primary Immunodeficiency services, and are now working towards achieving accreditation for it’s regional allergy services.

Dementia Care
- Nurses have instigated focus groups with the carers / family members of older people with dementia who are on the Older People’s Medicine wards. There is a programme of monthly dates for focus groups, the aim being to hear about the experiences of carers and identify ways in which we can better support them, and to get suggestions as to how we might improve the experience of patients with dementia. One of the things highlighted by the first focus group discussion, which was held in November 2014, was how important it is for patients to be able to see a clock so they can tell the time, work is ongoing to ensure clocks are visible.

Specialist Palliative Care Rapid Assessment Team
The Specialist Palliative Care Rapid Assessment project has been so successful that in 2014/2015 it has been recurrently funded. The Service provides a rapid (within 1 hour) Specialist Palliative Care assessment to those patients in their own homes, with identified complex, specialist palliative care needs that without such intervention might result in an admission to hospital, the service operates 7 days a week including Bank Holidays.

This assessment facilitates rapid intervention and management of the patients’ uncontrolled symptoms and other specialist palliative care needs, in order to:
- Prevent unnecessary admission to hospital.
- Trigger an appropriate time limited admission for specific treatment / investigation.

For those patients who may require admission, the Specialist Palliative Care Team liaise with the receiving team (Assessment Suite at RVI) in order to facilitate timely intervention and either expedite rapid discharge home, or an appropriate time limited admission.

Performance Indicators at the end of year 1 demonstrated good patient outcomes; out of 126 referrals into the project only 5 required a hospital admission, cost savings were also identified.

The nurse who cared for my daughter was engaging, compassionate and helpful as was the doctor who assessed and referred us to the paeds team. The pediatric registrar was quick and efficient and also approachable and inclusive.
Nutrition Care

Work in support of the Trust’s priority to quickly identify and treat malnutrition has been ongoing in 2014/15. Malnutrition and Dehydration are associated with poor clinical outcomes and are significant patient safety issues, work has included:

- The development and assurance of Nutritional Care across the Trust, in December 2014 Matrons Nutritional Audit showed that: 100% patients across the Trust received the support & assistance they needed to eat and drink. 95% of patients across the Trust were screened for malnutrition within 24 hours of admission, 97% of patients had the appropriate nutritional care plan in place and 96% of our wards have protected mealtimes in place.
- Individualised patient nutritional care plans have been reviewed and improved including food intake charts and the development of additional malnutrition screening (MUST) guidance for staff.
- A collaborative Food Analysis and Consumption Study at Freeman Hospital has resulted in the development of new menus for Older Adults with smaller portion meals with higher protein and energy values as well as additional snack menus in between meals. This has increased calorie intake by patients in these areas.
- The Home Parenteral Nutrition (HPN) service showed a 30% increase in regional referrals in 2014/15 from the previous year, ongoing provision of specialist nurse support and training is key to the care of this complex patient group.
- Trust achieved ongoing low Catheter Blood Stream Infection (CBSI) infection rates in both hospital and home patient groups fed parenterally via central and midline venous catheters. This reflects the impact of the Nutrition Nurse Specialist’s role in the provision and support of safe and effective patient care.
- As part of Nutrition and Hydration week we held ‘Worldwide Afternoon Tea Event’ which took place on Adult and Children’s wards across the Trust. The message to staff, patients and visitors was to not just focus on the 3 meals a day but also to highlight the importance of receiving good nutrition and hydration between meals as well.

Calorie provision: current hospital menu vs new nutritional support menu

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<th>Current hospital menu</th>
<th>New nutritional support menu</th>
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<tbody>
<tr>
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<td>3602</td>
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</tr>
<tr>
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<td>896</td>
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PHOTO: FROM SOURCE
Ebola – “we’re ready!”

The unprecedented epidemic of Ebola Zaire in West Africa, affecting over 27,000 people with over 11,000 deaths, put the UK on high alert in 2014 to ensure readiness for safe management of cases entering the country.

This included the preparation of four surge centres in England to care for confirmed cases, one of which was Newcastle Hospitals Infectious Diseases Unit.

The Practice Development Lead Nurse for Infection Prevention and Control (IPC) was the IPC, training and policy development lead for these preparations, and she has led significant work across the years involving all disciplines.

To attain a state of readiness an abundance of resources, training materials and policy documents had to be developed, through liaison with a plethora of internal and external departments.

230 multidisciplinary multispecialty staff have undergone training appropriate to their role; including 64 staff to manage confirmed Ebola/VHF cases in either a Trexler Isolator or in PPE-based High Level Isolation. The training was delivered by the PDL IPC, four nurses from Infectious Diseases and the three Clinical Educators from Medicine.

The Trust is now able to care for Ebola / VHF cases and a substantial legacy has been left from this work. Readiness will be maintained and built upon to ensure we are able to manage any patients requiring high level isolation, whether adult or paediatric, eventually within a new state of the art facility.

Learning Lessons

• The Senior Nursing team have contributed to Multi Disciplinary Significant Event Reviews alongside the Clinical Directors for Patient Safety and Senior Staff from Clinical Governance and Risk and ensured lessons learnt from these and other review processes have been shared by the successful and now well established Patient Safety Briefings.

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**Briefing in a minute...**

**Summary**

- Careful consideration of the available options for nutrition support is necessary in in-patient with dementia, who lack capacity to make these decisions themselves.
- Where decisions are considered to withhold or withdraw nutritional support in-patients who lack capacity, such that death may ensue, clinicians should proceed with great care. Formal best interests discussions should take place, involving family, as part of a multidisciplinary team and be well documented.

- NEWS Charts are being introduced to NUTH on December 3rd.

- Recent medication prescribing incident involving Clarithromycin. Needs to be widely shared to raise awareness of the risks.

**Key Facts**

- Patients with dementia may present with significant problems which impact on nutrition and fluid intake, which can be challenging to manage in the acute setting.

- Where nutritional screening is difficult to perform due to patient factors, alternative measures can be utilised, supported by dieticians and utilizing clinical judgement.

- Early recognition of the at-risk patient improves care by precipitating early decision making about at-risk patients.

- An out-patient was prescribed Clarithromycin without stopping Simvastatin. Clarithromycin and Simvastatin should not be prescribed together (IFI). Patient developed Rhabdomyolysis, with acute renal failure. Continued to require dialysis.

- Failure to use early warning scores and respond appropriately is associated with increased hospital mortality of acutely ill patients.

- Clarithromycin is widely prescribed. No e-Record in out-patients so Pharmacy cannot check for contraindications as they cannot see the full drug history.

- Insufficient consideration of nutritional care and support in-patients with dementia.

- Increased mortality/morbidity and distress may occur when nutritional care is sub-optimal.

**Risks**

- Action should be taken when patients are not meeting their nutritional needs.

- In-patients who lack capacity and are not meeting their nutritional requirements, best interests decision making, supported by the mental capacity act, should take place in relation to nutritional interventions.

- Trust guidelines have been developed on management of complex feeding problems in patients with cognitive impairment.

- Charts: Change December 3rd. Training and awareness sessions are as follows:
  1. Drop in sessions at RVI & Freeman
  2. Ward-based assistance from Critical Care Outreach Teams
  3. Breeze on-line care and support in-patients with impaired.

- In-patients who lack capacity and are not meeting their nutritional needs.

- Clarithromycin and Simvastatin.

- Clarithromycin is widely prescribed. No e-Record in out-patients so Pharmacy cannot check for contraindications as they cannot see the full drug history.

**What Next?**

- Charts: Change December 3rd. Training and awareness sessions are as follows:
  1. Drop in sessions at RVI & Freeman
  2. Ward-based assistance from Critical Care Outreach Teams
  3. Breeze on-line care and support in-patients with impaired.

**Patient Safety Briefing**

An overview to keep, copy and share

**Date:** 27th October 2014

**Presenters:** FH: Dr Nick Thompson, Dr Joe Cosgrove & Chris Eddy

RVI: Dr Chris Mountford, Dr Alistair Gascoigne & Liz Harris

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Review of the Year 2014/15
A national service provision - the new two room secure suite housing Trexler Isolators at the Royal Victoria Infirmary
Annual Nursing and Midwifery Best Practice Awards

Each year and as part of our Annual Nursing & Midwifery Conference we hold a selection process for all qualified Nurses and Midwives to submit examples of best practice for service improvement, innovation or research. The Hospital Trustees sponsor the awards and provide a £5000 award for innovation and excellence in practice, as well as a £5000 award for research. Awardees are expected to spend the award money on developments to further enhance the project. Short listed applicants are interviewed and provide further information about the project to a judging panel.

As in previous years, we received a number of high quality submissions, this year the submissions were whittled down to three finalists:

- ‘Keep Calm and Carry on’ - Implementing a Therapeutic Group for women experiencing mental health difficulties, Ann Tulip and Michelle Pratt, Health Visitors
- ‘Open the doors and take down the walls’ – ‘Pop-up’ interactive health stalls in the school environment. David Smith, Annette Brooke and team, School Nursing Team
- Development of a nurse led service to treat children and young people with Graft versus Host Disease – Julie Guest, Nurse Specialist.

This year's winners were: School Nursing Team for their ‘Pop-up’ interactive health stalls in the school environment. The panel was very impressed by the way the intervention was developed to effectively engage with young people. By looking at popular culture, research basis and knowledge of child development and the barriers that existed in school environments the team developed an innovative and exciting nursing practice development that has reached significant numbers of young people and is very transferable to many areas of nursing, midwifery and health visiting.

The team also received a national Innovation in School Nursing Award from Her Royal Highness The Princess Royal, at the Cavell Nurses' Trust Awards in London. Team Lead, David Smith, said “Winning these awards means that the enthusiasm and hard work of the team has been recognised and acknowledged. The team have been invigorated by achieving these awards and are enthused about developing the concept further.”

Community Nurse crowned a ‘Queen’s Nurse’

Fiona Cook, a Community Nurse at the Newcastle Hospitals specialising in the care of patients with Tuberculosis (TB), was awarded the title of Queen’s Nurse by The Queen's Nursing Institute (QNI). The QNI is dedicated to improving the care of people in their homes. Fiona, who has been a qualified nurse for 22 years and worked as a Community Nurse in Newcastle for ten years, is one of only 79 Community Nurses, out of some 4,000 nominees, who received this year's honour. She received the much respected accolade in recognition of the dedication and commitment she has shown towards the patients she cares for in the community.

Finalist for ‘Best Dementia Friendly Hospital’

The Trust was one of 5 Finalists for the 5th National Dementia Care Awards under the category ‘Best Dementia Friendly Hospital’, sponsored by the Department of Health.

Dr Clare Abley, Nurse Consultant for Vulnerable Older Adults had also recently been awarded a National Institute for Health Research (NIHR) Post Doctoral Fellowship Award. During the award, Clare will focus on the important topic of Dementia at both a local and national level.

This is a prestigious award and one of only a handful given out at a national level.

RVI’s Special Care Baby Nurse wins ‘Patient Champion’ Award

Sister Claire Campbell, who works in the Neonatal Unit, was awarded ‘Patient Champion of the Year’ award for her work on family-centred care - an important part of Neonatology.

The award was part of this year’s North East NHS Leadership Recognition Awards 2014.

The Patient Champion category recognises and celebrates staff who involve patients, the public and service-users to design and develop services in the NHS. Claire’s work has included setting up a “Buddy Group” for parents, carers and families of sick and premature babies on the unit.
Nurses were very helpful. Nothing was a trouble to them. Good workers. It was the second time I visited the Freeman Hospital.

**Jo’s Cervical Cancer Trust Award**

A partnership between the North East’s Cervical Screening Training team, Sexual Health and community arts organization ‘Them Wifies’, has won a national Jo’s Cervical Cancer Trust Award.

The award was for ‘Josephine Visits the New Croft Centre’ – a campaign designed to improve uptake of cervical screening amongst women with learning disabilities. Research has shown that only 19% of women with learning disabilities go for screening compared to 77% in the general population.

Jill Fozzard, Cervical Screening Training Facilitator said: “We were approached by ‘Them Wifies’ to work collaboratively to raise awareness around cervical screening and sexual health, using Josephine.”

Josephine is a life size cloth woman, used as an interactive learning resource. Women with learning disabilities follow Josephine’s experience of attending cervical screening, from initial invitation, to a live screening consultation and receiving her results.

Jill continues: “What became apparent was the emotional attachment which developed between the women and Josephine – one of care and concern for her wellbeing.

“We’re delighted to have been recognised for our work in targeting this often overlooked group of women. We hope to continue to run this education programme and continue to work alongside ‘Them Wifies’.”

**UNICEF Baby Friendly award for the RVI’s Maternity Unit**

The RVI’s Maternity experts - who deliver over 7,000 babies every year – have been awarded the UNICEF Baby Friendly Initiative Accreditation acknowledging the high standards of feeding and bonding support its midwives provide to women with newborn babies.

Lynne McDonald, Infant Feeding Co-ordinator at the Maternity Unit who has been helping parents to feed their newborns for 15 years said: “We’re thrilled to receive this accreditation. Breastfeeding helps to reduce the risk of babies becoming ill with gastroenteritis and respiratory infections, and lowers the risk of conditions such as asthma, cardiovascular disease and diabetes developing later in childhood. It also helps protect the mother’s health, lowering the risk of certain types of cancer, and helping to develop strong bones in later life so there are lots of physical and emotional benefits for both mother and baby.”
Nurses Achieving Harm Free Care

The Trust consistently delivers safe and effective care as measured by the National ‘Safety Thermometer’ tool which measures patient harm on a monthly basis across the NHS. Work in 2014/15 has continues and includes:

Time to Turn – pressure ulcer prevention

The aim of eliminating all avoidable pressure ulcers for all patients in our care continues. We have achieved a 48% reduction in pressure ulcers, virtually eliminating category IV pressure damage. We are working hard to reduce category II damage and moisture lesions.

- Pressure ulcers are prevented with a regime of regular, frequent and sustained repositioning and intensive skin care.
- The Time2Turn campaign which was launched two years ago continues, with regular updates in educational material to maintain the campaign fresh and exciting.
- 85% of all Wards have received celebratory cookies for achieving their set targets. These were hand-delivered and presented by the Trust’s Senior Nursing Team, which ensured recognition of achievement.

- A study day was held on STOP PRESSURE ULCERS DAY on the 20th November 2014. The audience was addressed by Professor Stansby, chair of the recently launched NICE “Guidance on preventing and managing pressure ulcers”, followed by a series of speakers who expertly discussed ways of caring for patients that assist with preventing pressure damage. A collaborative Regional Pressure Ulcer Prevention study day is set to assist on 19th November 2015.

Educational Resources have been produced to share learning of reviews of incidents when damage has occurred.
No Falls On My Patch

Patient falls remain the most frequently reported patient safety incident to the National Reporting and Learning System (NRLS). Therefore, patient falls prevention has remained a Trust priority for 2014/15. In this respect, there have been some significant achievements within the Trust in relation to patient falls, including:

- The Trust maintained a falls rate below the National Acute Trust average of 6.8 falls/1000 bed days.
- In relation to Safety Thermometer the Trust consistently reports a low rate of harm from falls.

A number of workstreams have been on-going throughout the year to contribute to these achievements:

- Root Cause Analyses for all falls causing serious harm have been regularly analysed to show common themes and key learning.
- Education of clinical staff has been a significant workstream to convey the key message that patient falls are preventable not inevitable.
- ‘No Falls On My Patch’ campaign relaunched with new posters around the Trust, including ‘Call Don’t Fall’ posters at bed spaces and in toilets/bathrooms
- New patient safety information has been developed and launched across the Trust which includes key safety advice on falls prevention, infection control and nutrition and hydration.
- Development of standardised post fall checklist documentation which has been piloted and audited in older persons’ medicine.

Recruiting Proud Nurses and Midwives

The Trust Nursing and Midwifery Recruitment and Retention Group continues to look at ways of maximising the Trust’s brand as a good place to work. Successful advertising campaigns, updated webpages and Careers Days have drawn new recruits to the Trust.

- The recruitment process for band 5 Registered Nurses and Health Care Assistants (HCA) has been streamlined with greater collaboration with the Human Resources Department. Widening access continues through the Health Care Academy, Assistant Practitioner programme and for the first cohort of Pre-Registration HCA participants, this programme enables prospective nurse students to have a year’s experience as a Health Care Assistant prior to commencing training. Welcome events and a reviewed Preceptorship programme support new recruits which leads into continued professional development via Clinical Supervision and the appraisal system.
- The Trust has worked with the Shelford Group of Hospitals to develop and implement ‘Strengths Based Recruitment’ to ensure appointment of great Ward Sisters, ensuring that they have the innate strengths required for these pivotal nurse leader posts. Further work has been undertaken to identify the strengths required of front line Staff Nurses and Health Care Assistants, and Strengths Based Recruitment for these roles will be implemented this year.
- Nurse staffing remains high on the Trust agenda with continued National and local shortages in Registered Nurses (RN). The Trust’s Nurse Staffing Review (Phase Two) is complete and included all areas which were not reviewed in the first phase of the review of In Patient areas. This has been a huge undertaking covering 135 areas across the Trust. This led to a series of recommendations and actions for areas and Nurse staffing investment in Medicine, Care of the Elderly and Midwifery. There is now a regular review process in place which uses NICE endorsed toolkits including the Safer Nursing Care Tool (SNCT) and the Professional Judgement of the Sisters, Matrons and the Senior Nursing Team.
- International Recruitment - the Trust took the decision to recruit a modest number of band 5 nurses from overseas, as the Trust already has a well-established Filipino community, the decision was taken to recruit again from the Philippines. The nurses appointed in February will arrive during 2015.
Sharing Best Practice

Nurses have been busier than ever sharing what they have been doing with colleagues, conferences held by and for Nurses and Midwives in 2014/15 include:

- The Trust’s 17th Annual Nursing Conference was held, in on 12th May 2015, to coincide with International Nurses Day, at the Newcastle Centre Life. This event has gone from strength to strength, and over 300 nurses and midwives attended. The conference was opened by Mrs Helen Lamont, Nursing and Patient Services Director. This year’s keynote speakers were Ray Galloway, Director of the Independent Investigations Into Jimmy Saville at Leeds General Infirmary. His talk about Savile – “Lessons Learnt And How He Was Allowed To Thrive”, painted a stark picture of the scale of abuse and the impact it had upon his victims as well as providing insight into the culture that enabled it to happen within an NHS care environment. Kris Hallenga, Chief Executive Officer of ‘Coppafeel’, a charity which works to raise awareness of breast cancer in young people, shared with the audience her experience of a late diagnosis of breast cancer and the impact of the nursing contribution to her care and treatment. A number of workshops were held over the day before the afternoon session opened with the awards for the Achievement Award and teams who had achieved Your Welcome accreditation in 2014.

Other conferences organised by Trust staff to showcase work for the benefit of Trust Nurses and Midwives and AHPs working alongside them included:

- 1st Continence Conference – “Continence: The 7 C”.
- 4th Trust Cancer Nursing Conference ‘Innovations in Cancer Care’.
- 2nd Practice Education Conference. During the conference Mrs Lamont presented the Practice Education Awards to Student of the Year adult, child, AHP and midwifery Mentor of The Year and Placement of The Year.
- 13th Adult Critical Care Conference.

Excellent service. The nurse & HCA made me feel very comfortable and my privacy & dignity were maintained at all times. All staff were pleasant. An excellent example of patient focussed care delivered with excellence. Thank you.

Supporting the Development of the Current and Next Generation of Nurses and Midwives

Significant work has been undertaken to support the Nursing and Midwifery workforce within the Trust in 2014 some examples include:

Bands 2 – 4 developments

Building on the success of 2013/14, and in collaboration with colleagues in Staff Development, the Healthcare Academy which provides all new Healthcare Assistants with a two week induction programme, underpinned by national minimum training standards has continued. Since the first cohort in October 2013, 246 new Healthcare Assistants have attended this programme. Evaluation from both participants and managers is extremely positive.

The role of Assistant Practitioner has continued into its third year with recruitment recently completed for the fourth cohort of Trainee Assistant Practitioners.

Practice Education

The Practice Education Team has continued to support students and newly registered Nurses and Midwives at all stages of practitioner development from student and new registrant to expert practitioner. Providing support for practitioners throughout their careers the team promote the development of safe, autonomous professionals with the requisite skills and knowledge to deliver appropriate, high quality patient care. Within 2014 they have:

- Review of the Preceptorship programme to reflect changing Trust priorities and the needs of new Registrants
- Delivered 4 Preceptorship Programmes which 148 preceptees attended and 74 submitted and achieved academic accreditation for this (20 credits at degree level).
- Updated 1,587 Mentors
- Supported 82 Practitioners to achieve mentor status.

The Trust received from Health Education North East a RAG rating of Green across all of the Educational Quality Improvement Practice standards and there were eight areas which were identified as good practice.

These included

- The participation of students in mock CQC inspections across the Trust.
- Mentors are made aware of reasonable adjustments (for students with a disability) prior to placement and use this at the initial interview to discuss with students their individual learning needs and preferred learning styles (information used to plan practice learning experience accordingly).
- The panel noted the successful completion of a Root Cause Analysis pilot which has been developed to look for key factors and trends when students fail in practice and that a second phase is to be undertaken in 2015.
- There is ongoing support offered to learners from the Practice Placement Facilitators, this is extended into registration by a structured Preceptorship Programme which is well established within the Trust. The Preceptorship coordinators arrange a meet and greet of new starters to the Trust twice a year to ease this transition to a registrant.

The care and attention and helpfulness of all nurses and staff plus the professional approach to their duties

Friends & Family Test Ward 32
Dear Ward 35 (Red Area),
Shortbread cannot possibly express our gratitude for all you are doing for Maisie and for us. But please enjoy it and celebrate her first beautiful week of life. Thank you for your sensitive, responsive, cautious care to her. Thank you for being gentle and singing to her. Thank you for the years and years of study and work you have put in to develop the skill and experience that we are so blessed by now. Thank you for taking her footprint and photos and writing cards. Hour by hour you are giving us a precious, precious gift which can never be taken from us. We will be thankful for the rest of our lives.

Anon
Learning Disability

The Trust continues to develop its infrastructure and working practice to improve care for people with learning disabilities. This has been led by the Chief Executive, and the Nursing & Patient Services Director, supported by the Learning Disability Steering Group and the Learning Disability Team.

Compliance with the Healthcare for All (2008) standards via Monitor and to further enhance provision.

The Trust proactively contributes in the regional setting, including the North East and Cumbria Learning Disability Network is of an overriding consideration in all that we do.

Mortality Review

- The Trust clinicians have volunteered to support a project to develop a regional process to review Learning Disability mortality data. This is in response to the Confidential Inquiry into the Premature Death of People with a Learning Disability (March 2013) which identified patterns of care including errors and omissions which contributed to premature deaths. This work is to examine whether, by reviewing existing mortality data, similar lessons can be identified in relation to local services.
- A number of deaths of people with a clear diagnosis of a learning disability were identified in a specific time period. Information was gathered via medical notes, an interview conducted with the responsible medical clinician, and evidence from departmental reviews.
- A Trust Learning Disability Review Panel was convened and all cases discussed, with best practice identified shared across the Trust.

Electronic alert and virtual ward

- At present the Trust identifies those people with a clear diagnosis of a learning disability via an alert system within the Trust’s electronic records. Using this information the Trust can ascertain that between 1st April 2014 and 31st March 2015 the Trust provided individuals with a Learning Disability with:
  - 961 spells of inpatient care,
  - 3789 outpatient attendances
  - 756 Emergency Department attendances
- Seventy seven people with learning disabilities attended the Emergency Department on more than 3 occurrences.
- In total the Trust has facilitated 5506 episodes of care for patients with a known learning disability.
- As an outcome of the presence of an electronic alert, the development of a virtual ward has been completed. This enables the Learning Disability Liaison Service to identify all inpatients with an electronic flag, (signifying a clear diagnosis of the presence of a learning disability), their location, length of stay and responsible medical clinician.
Breast Screening Project

- The Trust has been involved in a collaborative pilot with Newcastle and Gateshead CCG and Northumberland, Tyne and Wear NHS Foundation to gain a greater understanding on how women with a learning disability can be supported to access breast screening services.
- The pilot found direct personal contact with women was more successful in the promotion of attendance to breast screening and engagement was reduced when the practice retained exclusive contact. These findings highlighted the consideration of a Liaison Nurse role within Breast Screening services, to identify and support women with additional needs to access mammography. The Liaison Nurse worked closely with the GP practice, to provide appropriate information, and support reasonable adjustments to enable this patient group to make an informed decision regarding their participation in the National Breast Screening Programme.
- The team involved in the pilot has been asked to present the findings at a national conference looking at ways to increase the uptake of cancer screening services by people with learning disability.

Liaison Service Expands

The learning disability liaison service has expanded following investment from the Trust and will now offer a lifespan service to both the community and hospital setting.

Safeguarding

Newcastle Hospitals is committed to protecting vulnerable individuals it cares for or has contact with - this commitment is from Board to frontline staff. Executive Leadership and sponsorship is from Mrs Helen Lamont Nursing and Patient Services Director supported by dedicated Safeguarding Teams for Children, Vulnerable Adults and Women's Services who respond to the concerns raised by vigilant clinical front line staff across the Trust.

Staff from across the Trust come together with the local Designated Medical and Nursing Professionals in the Trust Safeguarding Committee to support the dissemination of learning and development of practice. Operational development is supported by the work of the Safeguarding Operational Management Group which brings together all of the Named Professionals and relevant Trust senior management.

The Trust discharges its statutory duties in relation to:

- Safeguarding children under section 11 of the Children Act (1984, 2004). All hospital staff have a statutory responsibility to safeguard and protect the children and families who access our care. This is in line with the Every Child Matters guidance (The Green Paper, 2003).
- Safeguarding Vulnerable Adults in line with the Care Act 2014 and Department of health Care and Support Statutory Guidance issues under the Care Act 2014 (October 2014) which replaces No Secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (March 2000).
- Contributed to the development of the Multi Agency Safeguarding Hub (MASH) with a continuous nursing presence actively contributing to case management.
- Responded to significant concerns within the city related to sexual exploitation of children, young people and vulnerable individuals.
- Proactively worked with clinical teams to respond to implications of case law in relation to Deprivation of Liberty safeguarding which has led to significant increase in activity.
- Embedded processes to record and report Female Genital Mutilation (FGM) cases.
- Participated in increased number of Domestic Homicide Reviews (9) and other forms of Case Reviews for children's and vulnerable adults.
- Held a Domestic Violence Conference for Trust staff on Intentional Violence Against Women which was attended by staff.
- The Looked after Children's (LAC) Team has assessed and identified, through initial and review health assessments, the physical and emotional health needs of children and young people placed in care from Northumbria.
- Provided paediatric forensic assessments for children and young people up to the age of 16 years, in whom there are allegations or concerns about sexual abuse/assault occurring within the last 7 days. This service is provided for children from Northumbria, Cleveland and Durham Police Force areas.
- Undertaken formal child death reviews to optimise care in Newcastle Hospitals.
- The Trust has published a detailed Safeguarding Annual Report to enable it to share with staff, public and Multiagency Partners a summary of activity, achievements and the strategic priorities for the year ahead.

Key Achievements in 2014-15

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- The Trust has published a detailed Safeguarding Annual Report to enable it to share with staff, public and Multiagency Partners a summary of activity, achievements and the strategic priorities for the year ahead.
Relocation to Regent Point

Autumn 2014 saw the opportunity to underwrite the freehold acquisition and subsequent relocation of a number of corporate support services to a new office building, Regent Point, in Gosforth, Newcastle upon Tyne. Situated in a convenient location, adjacent to the Metro and bus station with increased car and bicycle parking facilities for staff, the move was greatly welcome.

For colleagues in Finance; Supplies and Procurement; IT and Information Services; Human Resources; Joint Research Office and the North East & North Cumbria Clinical Research Network, working in a contemporary and spacious working environment which reflects the quality standards of the Trust has had tangibly positive outcomes on how people work. The benefits of this location have been quickly realised.

For many, it has reinforced the commitment to employee wellbeing through provision of a comfortable and ‘fit for purpose’ workplace, with lots of natural light, and the design of the open plan space has improved levels of engagement, team working, resulting in greater cohesion through better information sharing and exchange. Of particular note is the ease of access to a range of colleagues for face to face discussions which has improved communication and collaboration, and there are a range of spaces and resources to encourage social interaction – from the open plan offices, to formal meeting rooms and informal ‘break out’ spaces. Staff are very appreciative of the investment made.
Regent Point creates a great ‘first impression’ of working for the Trust as a significant proportion of Trust recruitment activity now takes place at this location. It has a high quality catering facility and is very close to local amenities.

Whilst its acknowledged these corporate services are not located at a ‘patient facing’ site, the branding at Regent Point continues to evolve to remind all who work there that they are working with their colleagues to support clinical activity, and patient care remains the priority of the Trust. A further benefit has been the increased capacity for agile working as colleagues ensure they continue to work closely with their operational and clinical ‘customers’ across the Trust, and there are very good transport links to the Freeman Hospital, RVI and Centre for Ageing & Vitality (former Newcastle General Hospital site).

Nadine Bleasby, Chief Operating Officer, NIHR Clinical Research Network commented that the ‘high quality accommodation, open plan design supports collaborative working in teams and proximity with other teams is helpful for day to day business’

Dee Fawcett, Director of Human Resources said ‘it’s great to have HR team members in one location; the move to Regent Point has improved the efficiency and effectiveness of our service, we have been able to establish consistent working practices and reduce duplication of effort, and this ‘common purpose’ has improved performance and responsiveness. We feel very proud of this new site’

‘I love working at Regent Point. The facilities are fantastic and the investment the Trust has made in the building makes me feel highly valued as a member of staff’ Ivan Bradshaw, Fraud Specialist.

“It’s a great place to work, with plenty of parking and access to local amenities” Richard Curry, Assistant Finance Director.
Engaging with young people in schools & colleges

As part of our Workforce Strategy, and our ambition to be ‘the preferred NHS employer’ we are very aware of our responsibility in contributing to our local community, and identifying how to attract, recruit and retain people to work in the NHS.

We are refreshing our approach to careers insight and work experience opportunities to ensure equality of access for applicants, irrespective of their school or personal contacts, and we recognise our obligation to increase employment opportunities for young people, graduates and a range of disadvantaged groups.

Working with schools

In addition, the structure and governance of schools in England has undergone significant change in the last decade, with a reduction in school management from the Local Authority. As a result, many schools are choosing to formalise collaborative partnerships with other schools and external partner organisations to create charitable school Trusts.

The anticipated benefit of these arrangements is that aspirations and attainment will be raised, there is greater school autonomy, a closer working relationship with the local community will be developed, and innovative education-to-employment pathways developed and delivered.

Newcastle Hospitals has agreed to be a partner organisation with two schools Trusts:

- Gosforth Schools Trust – incorporating 9 first schools and 2 middle schools
- Ouseburn Learning Trust – incorporating 9 primary schools and 1 high school.

We have also formalised an arrangement with Studio West, a new school focussed on vocational education and training for young people aged 16 to 19 years. The Trust supports this programme through providing hospital work placement/work experience opportunities which result in students working in hospital departments for a couple of days a week, during term time, for up to two years.

Careers Day

The Trust hosted its inaugural Careers Open day on the Freeman Hospital site, and invited Newcastle schools, universities and colleges to the event. The purpose was to provide young people with an understanding of the wide range of careers and jobs available, provide the opportunity to talk directly to people who already work in the NHS, and promote the quality of services provided by the Trust to its local community.

Interactive displays, demonstrations and guided tours were included, and the day was staffed by volunteers from over 25 departments in the Trust. It was also an opportunity to promote volunteering roles which provide positive experience for young people in making careers choices.

Over 200 people attended the day, and the feedback was very positive. Our staffs were enthusiastic, professional, informative and very welcoming – and showcased a range of jobs and job opportunities within the NHS in general and Newcastle Hospitals in particular.

A second event is planned for later in 2015 and will take place at the RVI.

We recognise our obligation to increase employment opportunities for young people, graduates and a range of disadvantaged groups.
Ouseburn Learning Trust

The Ouseburn Learning Trust (OLT) is a charitable company and an educational partnership involving schools in the east end of Newcastle, and six key partner organisations. It was founded in October 2014 and is governed by a Trust Board which consists of representation from each of the schools and partners.

The vision of the Trust is ‘to empower young people to excel as individuals and contribute to society’, and through the unique collaboration of its members, it will raise aspirations and attainment in our diverse young people, aged 3 to 19 years, by delivering consistently high quality teaching and inspirational life experiences.

As a key partner organisation in the Trust, Newcastle Hospitals has actively participated in the following activities:

• Hosted the first of a series of ‘pupil partner’ visits in which children from all the OLT schools visited the Great North Children’s Hospital (GNCH) to learn about the contribution made to the local area by our healthcare services.

• Contributed to the student school celebration events and the OLT Teachers’ conference to expand on links between the schools and partners.

• The on-going development of a common purpose continuing professional development programme around the topic of ‘health’ to support a productive learning environment, encourage knowledge and understanding of the value of health and health-related careers.

We were also delighted that in its inaugural year the OLT has chosen the GNCH as the focus of its fundraising activity. This has included a retiring collection at the OLT Launch event, and each school nominating Volunteer Teachers to raise funds via the 2015 Great North Run.

An OLT children’s choir was also invited to sing at the GNCH 5th birthday party celebrations.

We anticipate this partnership will evolve and strengthen in the coming months.
Developing the Chaplaincy Service in Newcastle to meet the changing needs with increasing professionalism has seen the Department:

- Ensuring Religious, Spiritual and Cultural needs are taken seriously.
- Providing specialist care that enhances their sense of wellbeing and dignity of patients, their families and staff.
- Providing “safe space” (physically and emotionally) for patients/families/carers while they face the effects of illness, change and crisis on their lives and for staff as they support those patients/families and carers.
- Working closely with the Jewish community to develop closer ways of working together to enable better support for patients, visitors and staff. The work culminated with the appointment of four Honorary Jewish Chaplains from the Newcastle and Gateshead Communities to support the Chaplaincy Team and Ward/Departmental Staff meet the Cultural, Religious and Spiritual needs of patients, carers and staff. The work continues with other Faith and Belief communities from the region.
- Working with the Newcastle Marie Curie Centre to determine a Service Level Agreement for the provision of Chaplaincy by the Trust team at the Centre. This will build on existing relationships and support continuity of care for patients discharged to the Marie Curie Centre.
- Facilitating and delivering the Annual Remembrance and Thanksgiving Services in Paediatrics, Paediatric Cardiology, Maternity, Critical care, Transplantation, Haematology and Motor Neurone Disease. Each Service having an attendance of between 200 and 500 people.

Using the words of Simon Stevens, the Chief Executive, NHS England the new Chaplaincy Guidelines published by NHS England in March 2015 reminds us that:

“At its best, our National Health Service is there when we need it, at the most profound moments in our lives. At the birth of our children. At the deaths of our loved ones. And at every stage in between - as we grapple with hope, fear, loneliness, compassion - some of the most fundamental elements of the human spirit.”

And goes on to say that:

“For as long as there have been hospitals there have been chaplains. In 1948 the employment of chaplains became the responsibility of the NHS. Since then chaplaincy has evolved in response to changing needs with increasing professionalism... Chaplains are professional staff qualified and contracted to supply spiritual, religious or pastoral care to patients, service users, carers and staff. They are one of the smallest professional groups working in the NHS. In many situations chaplains sustain a 24/7 service and respond to requests for care and support across the full range of clinical areas.”
Much of this work is done in terms of informal contacts on the wards, the corridors and in the Chaplaincy areas of the hospitals; however the department received an average of 300 specific patient referrals a month during the year. In a similar way much of the staff support goes unrecorded and is delivered on the wards and in the corridors; however the department followed up specific requests for more formal support on an average of 6 referrals a month.

The role of Chaplaincy in supporting Ward staff in delivering Gold Standard End of life care was highlighted by Katy Frances’s involvement in arranging a wedding for a patient on the Assessment Suite at the RVI at very short notice, which won the Quarter 3 Team Personal Touch Award in 2014.

Over the year Chaplains were involved in arranging 6 weddings, 6 relationship blessings, a Confirmation, and the visit of a dog and a cat to seriously ill or dying patients across the Trust. They also organised a clothing bank for patients with no clothes on discharge.
Healthcare at its very best - with a personal touch

Our partners - Great North Air Ambulance Service and Region’s Blood Bikes
Great North Trauma and Emergency Centre saving more lives

Major trauma is the leading cause of death among children and adults under the age of 45. In fact, every year, around 12,500 people in England and Wales die following an injury.

Yet despite these seemingly high numbers, major trauma is still uncommon. It is not possible for all hospitals to have the medics, specialist services and equipment needed to treat the often life-threatening injuries involved with major trauma. The Royal Victoria Infirmary (RVI) has been a nationally designated Level One Major Trauma Centre – the Great North Trauma and Emergency Centre (GNTEC) – for over three years now. It is one of only 24 specialist centres in the whole of England, and one of only 12 to care for both adults and children. Major Trauma Centres operate 24 hours a day, seven days a week staffed at all times by Consultant-led specialist teams with access to the very best diagnostic and treatment facilities.

At GNTEC, Newcastle’s Emergency Care Specialists look after patients with life-threatening injuries and illnesses brought in by emergency ambulances and helicopters from all over the North East and Cumbria. Serious injuries that could result in death or be life-changing include head injuries, major wounds and multiple fractures.

Since GNTEC was opened three years ago, our Emergency Specialists estimate they have been saving an additional 4 to 5 lives every month. This means around 180 people have survived potentially fatal injuries – injuries they would not have previously been expected to survive.

Mr Bas Sen, Consultant in Emergency Medicine and Director of GNTEC explains: “The introduction of Major Trauma Centres has been one of the greatest success stories in the modern NHS. In just three years, we have seen a reduction in death by some 50% in the biggest killer of under 45 year olds. This is astonishing – Major Trauma Centres have completely changed the face of emergency medicine.”

Mr Sen adds: “Making sure our medics can make the difference for patients with multiple, potentially life-changing injuries like those suffered by Gordon Parratt from Wakefield. Find out more about Gordon over the page.

Every time you read in the news “the patient was airlifted to the RVI by the Great North Air Ambulance Service (GNAAS)”, they will most definitely be dealing with a major trauma case.

These decisions, involving our paramedic colleagues at the North East Ambulance Service and GNAAS, are truly lifesaving.

This is because Newcastle’s RVI is a Level One Trauma Centre.

Level One Trauma Centres are required to have access to a certain number of specialists on duty 24 hours a day including:

• Critical Care Specialists
• Cardiac Surgeons
• Orthopaedic Surgeons
• Neurosurgeons
• Plastic and Reconstructive Surgeons
• Vascular Surgeons
• Anaesthetists and Intensivists
• Radiologists including Neuroradiologists

Key:

Great North Trauma and Emergency Centre
Royal Victoria Infirmary, Newcastle upon Tyne

Emergency and Urgent Care (A&E)
New Northumbria Hospital, Northumbria Way, Cramlington, Queen Elizabeth Hospital, Sheriff Hill, Gateshead, South Tyneside District Hospital, Harton Lane, South Shields, and Sunderland Royal Hospital, Kayll Road, Sunderland.

Minor Injury Units at Alnwick, Berwick, Blyth and Haltwhistle

Walk-in Centres:

1. 24/7 Walk-in Service at Wansbeck General Hospital, Ashington
2. Walk-in Service at Ponteland Road Health Centre, Newcastle
3. Walk-in Service at Battle Hill Health Centre, Wallsend
4. Walk-in Service at Molineux Street Health Centre, Byker, Newcastle
5. 24/7 Walk-in Service at North Tyneside General Hospital, North Shields
6. Walk-in Service at Westgate Road Walk-in Centre, Newcastle
7. 24/7 Walk-in Service at Hexham General Hospital, Hexham
Great North Children’s Hospital Turns Five
MEET Fudge, the new mascot for the Great North Children’s Hospital.

The giraffe’s name was officially unveiled yesterday as hundreds gathered to celebrate the fifth birthday of the hospital.

Based at Newcastle’s Royal Victoria Infirmary, the GNCH is now one of the biggest children’s hospitals in the UK.

Current and former patients joined medics, VIPs and dignitaries to mark the day, which saw guests, young and old, enjoy a range of activities, from face painting to music.

Fudge’s name was picked by Ryan Wood, seven, from Prudhoe, after hospital bosses asked readers of the Sunday Sun and sister publications, the Chronicle and Journal, to come up with a suitable name.

Ryan, a former patient, decided on Fudge because a giraffe’s spots remind him of the tasty treat.

Dr Mike McKean, co-clinical director for the Hospital said: “When we moved into the Great North Children’s Hospital five years ago we knew we were experiencing something really special.

“The move brought together several important services under one roof, making us one of the biggest children’s hospitals in the UK, and means our child health experts work side by side learning and supporting each other towards one common goal - to give the special and extraordinary young people we see every day, the best possible care. To help them get better and return home where they belong with specialist community nursing support if needed.

“Whether you work at or visit the hospital you soon realise it is like a very busy hive run, not only by healthcare professionals like doctors and nurses, but teams of other essential people - our therapists, dieticians, play specialists, pharmacists, radiologists, porters, admin staff - the lists goes on. We couldn’t have such a positive impact on children’s lives without them all.”

The Children’s Hospital, whose name was chosen by the people of the North East and Cumbria, opened its door for the first time in 2010.

Sir Leonard Fenwick, chief executive of Newcastle Hospitals, said: “We’ve always been proud of our children’s services here in Newcastle, which has a long and rich history for providing exceptional healthcare for children.

“We believe there is no better place for a child to be than the hospital and feel very privileged to support children with many types of different illnesses, not only from Newcastle, but from all over the North East and Cumbria, and even occasionally from abroad.”

Firemen from one of the city’s stations also called by for the afternoon in one of their engines, while there was also a superhero and princess dressing up competition. Staff also buried a Great North Children’s Hospital time capsule.

Patients and staff mark hospital’s fifth birthday
The red dots may have been nappy rash - but little Jenson’s mum knew something was very wrong

By Craig Thompson
Health Reporter
craig.thompson01@trinitymirror.com

BACK to his little self - the baby boy diagnosed with killer bug meningitis has made a miracle recovery in just seven days.

Safe in his mum’s arms, no-one would believe that Jenson Baldwin has spent the past week fighting for his life after he contracted meningitis.

The six-month-old is today back at his Tynemouth home after seeing off the bug in record time.

Mum Natalie, 33, said: “It’s a miracle that he’s even here, let alone completely back to his normal self. If there’s one thing the past week has taught me it’s for mums to listen to their maternal instincts. That’s what I did, otherwise it would have been too late.’

Natalie and husband Allen, 35, say they are still in a state of shock after their baby son underwent an emergency blood transfusion at Newcastle’s Royal Victoria Infirmary as medics battled to save his life.

Allen had been working away on an oil rig in the North Sea when Natalie first noticed a few red dots on Jenson as she was changing his nappy.

Her maternal instinct kicking in, the mum took her son to North Tyneside General Hospital where doctors immediately realised the baby was suffering from the life-threatening condition.

It was just in time, as Jenson rapidly starting deteriorating, forcing doctors to pump him full of antibiotics in a bid to stop the condition taking over his tiny body.

Transferred by ambulance to the Great North Children’s Hospital at the RVI, Allen caught two emergency flights to be at his critically ill son’s bedside.

From the family home Natalie said: “We now know that if we hadn’t acted as quickly as we did, Jenson would not be here today.

“The dots could easily have been mistaken for nappy rash or just a viral infection.

“My advice to any parents is that if they are suspicious, they should get things checked out straight away.”

Natalie was told by specialists that her son would have to be sedated and then have a blood transfusion if he was to be saved.

Allen, also dad to Thomas, 14, and Leighton, nine, said his wife’s quick actions had undoubtedly saved their son’s life.

He added: “The doctors have also praised Natalie for following her motherly instincts.

Those few tiny spots could easily have been mistaken for anything, even heat rash, but Natalie, for some reason, thought she should take him to hospital.”

Jenson is now back home and appears completely unaffected by his trauma.

Natalie said: “In some ways it seems like none of this ever happened. Life has returned completely to normal for Jenson. But, to be honest, I don’t think it’s hit either Allen or I yet. I think we’re still in a state of shock.”
Duchess congratulates ‘uplifting’ cancer centre

Michael Marsh
Reporter
michael.marsh@ncjmedia.co.uk

The North East had a royal visitor yesterday as Camilla, the Duchess of Cornwall touched down in Newcastle.

Her Royal Highness stopped at several facilities across the city during a whistle-stop visit.

The Duchess was at Maggie’s at the Freeman Hospital in her role as president of the charity, where she spoke to staff, volunteers and service users.

She was also greeted by Sir Leonard Fennell, chief executive of the Newcastle NHS Foundation Trust, and Lady Elsie Robson, widow of ex-Newcastle United manager Sir Bobby, who lost his battle with cancer in 2009.

The Duchess watched a tai chi session and sat down for a cup of tea while speaking with cancer sufferers who use the centre, which opened in 2013.

She then unveiled a painting donated by Northumbria University.

The Duchess said: “I sort of feel I have been in on this from the very beginning...I’ve come here to see the finished article and it’s wonderful and uplifting. Like every other Maggie’s Centre, it is a happy place.”

Last year, the centre saw more than 16,000 visitors pass through its doors for emotional help, guidance and support.

In 2008, The Journal’s sister paper The Chronicle, launched its biggest ever appeal to raise £500,000 to help build a Maggie’s facility in the region.

The Duchess added: “The centre brings everybody together. It’s the local community who get involved in raising all the money. It’s their centre. I hope to have one of these in every major city.”

One of those the Duchess spoke to was Mike Ridley-Smith, 57, of Jomond, who was diagnosed with prostate cancer and attends the Monday Morning for Men sessions every week after giving up his job as a business development manager.

He said: “I have learnt so much from Maggie’s. It’s not just the help and support you get from the staff, it’s everything else that goes with it.

“I’ve made a lot of friends and it is a great facility.”

The facility was designed with bold masculine colours to specifically appeal to men and encourage them to visit the centre.

The Duchess spoke with architect Ted Cullinan, who explained this thinking behind the building.

He said: “It’s all about the imagination. I explained to the Duchessa that it was designed to be south-facing, to keep it warm and make it feel warm”.

The Duchess also visited Seven Stories – the National Centre for Children’s Books in Byker.

The Duchess was shown round an exhibition titled Moving Stories - Children’s Books from Page to Screen, where she met children taking part in an Alice in Wonderland workshop.

The Duchess, who is said to be a huge fan of the Lewis Carroll book, stopped to wish a little boy from Byker Primary School a happy birthday. Liam McGinley, nine, said: “It was amazing. I was really excited. I didn’t know she was going to do that.”

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The Duchess addressed the crowd, saying: “This is the best thing for children’s literature I’ve ever seen. I can see everyone is passionate about it.

“Everyone who works here loves what they’re doing. Many congratulations and I hope it’ll go on for another 100 years.”

She joked: “If I wanted another job, I would apply”.

The Duchess finished her day in Newcastle on a tour of the Laing Art Gallery with artist Jonathan Yeo, who has painted a portrait of her.

Jonathan, who has painted countless celebrities, including Kevin Spacey, Stephen Fry and Helena Bonham Carter, unveiled the painting in front of Her Royal Highness at the gallery.

EDITORIAL FROM THE JOURNAL
Maggie’s Newcastle opened in May 2013. Located in the grounds of the Freeman Hospital in Newcastle, the Centre has rapidly become very popular having over 42,000 visitors to date.

This is an extraordinary number for such a new centre and is illustrative of the overwhelming demand for Cancer Services in the region.

Cancer care pathways are process driven and people are often left reeling after being told they have cancer. We do acknowledge that only a quarter of what was said can be remembered and many are unable to make sense of the diagnosis and treatment options and struggle to cope. Whilst hospitals can deliver excellent clinical care, people with cancer, their carers and families also need extra emotional and practical support. This is the essence of what Maggie’s Centres provide.

Established in 1996, Maggie’s has pioneered a model of ongoing support which ensures that people can get the calmness they need in a warm, friendly, informal place, full of light and open space. These purpose built centres provide a shelter from the stress of dealing with hospitals, appointments and treatment. They become a refuge, providing a peaceful space to absorb the information that people are inevitably bombarded with and help to relieve some of the distress of having cancer.

People can drop into a Maggie’s Centre and an expert will be on hand to listen to questions or concerns and provide both practical information and emotional support. The Centre often becomes a home from home for people with cancer.

Our programme of cancer care support at Maggie’s Newcastle is free to anyone affected by cancer.
We currently provide

- Drop-in support sessions, 9am-5pm, Monday to Friday, with a Cancer Support Specialist to discuss diagnosis, treatment options, treatment side effects, decision support and anything of concern related to cancer
- Booked appointments for individuals, couples or families
- Monthly Support Groups for many site specific cancers
- A young people’s networking group for people aged 18-30 who have had a cancer diagnosis
- Maggie’s Monday Morning for Men, a support group for men who have or have had cancer
- Courses for those starting treatment, for people who are recovering from cancer or for those caring for someone who has cancer
- Workshops for people experiencing hair loss
- Nutrition and health classes
- Tai Chi, Yoga and Exercise sessions
- Art Therapy, Creative Writing
- Benefits Advice Service, which has secured over £3,000,000 in benefits and grants for people since the Centre opened.

The Team

Centre Head, Karen Verrill, has 35 years experience as a qualified Nurse, the last 20 as a Specialist Nurse in Oncology. Karen was appointed 3 months before the Maggie’s Centre opened. She was involved with the final stages of the build and responsible for recruiting staff, volunteers and Therapists as well as planning and implementing the existing programme of support.

The other members of the team are; Sari Harenwall - Psychologist; Stephanie Howard - Benefits Advisor; Maureen Elliott and Kristy Carlson - Cancer Support Specialists; Kelly Knighting-Wykes – Centre Fundraising Manager and Hayley Revell - Centre Fundraising Organiser.

We have a group of very dedicated Volunteers who help in the Centre on a daily basis and are an invaluable part of the team.

Thanks to the generosity of supporters £3 million was raised to plan, build and open Maggie’s Newcastle. The Centre offers free emotional, practical and social support to people with cancer from across the North East of England, as well as their families and friends.

Maggie’s Newcastle is one of 17 Maggie’s Centres in the UK. It is located directly opposite the Northern Centre for Cancer Care providing people with cancer an opportunity to relax whilst getting support in an informal setting. Maggie’s compliments the essential clinical services provided by the hospital.

Maggie’s Newcastle

An extraordinary building

The building at Maggie’s Newcastle was designed by RIBA Royal Gold Medalist Architect Ted Cullinan, renowned for his commitment to environmentally conscious architecture. Ted has designed a building which includes sustainable, low-carbon materials and technology, helping to minimise the environmental impact throughout the building’s life. The L-shaped design includes all the key spaces in a Maggie’s Centre – kitchen and open plan ‘dining room’, large living room spaces for relaxation and group activities, private rooms for confidential advice and support, reference library and information area.

It encloses a small South facing courtyard garden where centre visitors can also relax as well as two roof gardens. The gardens were designed by Sarah Price, who helped landscape the athletes’ village at the London 2012 Olympic Games. The building has been described by Charles Jencks, husband of founder Maggie Keswick Jencks and Architect, as a giant flower, to mimic nature and help its users to freely move inside and out.

A lasting legacy

We very much hope that this truly extraordinary building will be a lasting legacy of the support given to Maggie’s by our generous donors. The building will be a home to our services for decades to come and will make a considerable difference to those people affected by cancer in the region.
The year has seen the Trust continue to progress and develop its strategic capability in support of the informatics agenda. The Trust has finalised agreement of commercial arrangements with our key supplier for the electronic patient record, Cerner Corporation and this included agreement by the organisations to work jointly on strategic product development. This will see the Trust spearhead the introduction of new and improved functionality not just in the North East but across the UK.

The Clinical Director of Medical Informatics portfolio has embedded in the organisation and has been augmented by the newly formed IM&T Directorate with these jointly performing the key function of linking solution development to medical need thus ensuring excellence in the provision of Patient Care remains central across all initiatives.

The Trust continues to utilise its competency in infrastructure design and provision and has refreshed and expanded its ability to provide virtual services and take advantage of technological advances. The current desktop estate is being refreshed with the user access strategy being considered as part of this rolling upgrade. In addition the Trust continued to support the wider interoperability agenda bringing to the fore its expertise and capability by acting as the “host provider” for a number of systems used across the wider Trust network. This includes the provision and planning for rollout of the ChemoCare solution to Northumbria, North Cumbria, Gateshead and South Tyneside during 2015/16.

A number of strategic projects completed leading to the first clinical areas achieving paper light status.

The efficient management of legacy Case Notes whilst transitioning to a fully digital record remains an import factor, the successful implementation of a new Case Note Tracking system introduced location based filing with the benefits being realised in both administrative efficiency and patient safety.

The rollout of the Theatres Management system, Surginet, completed across all sites and the information being provided is assisting the initiative to improve theatre utilisation. The system has also been in instrumental in providing anaesthetic information to consultants which has resulted in improved patient outcomes.

The Trust is a leader in clinical research and information systems are needed to support this environment for the management of individual initiatives, the recording and reporting of patient recruitment and the identification of patients/cohorts for studies. In the last year the Trust has made significant advances in all these areas and is the host provider for the North East and North Cumbria Clinical Research Network and has procured and implemented a Local Portfolio Management System which will be used by all NHS Trusts within the network.

The demand for complex information continues to grow and the Trust has commenced implementation of a series of measures to provide greater assurance and to develop analytical and modelling capabilities to inform the Trust. With ever increasing demand upon the NHS the Trust continued to develop its capacity modelling tools, used to support operational change, and continues to develop its information services capability.

In summary the year saw an increase in the pace of delivery and some significant IT related benefits being achieved. There remains more to do in order to meet the paper light and interoperability agenda and to this effect a revised strategy and roadmap is being developed to take us forward over the next five years.
The demand for complex information continues to grow and the Trust has commenced implementation of a series of measures to provide greater assurance and to develop analytical and modelling capabilities to inform our healthcare professionals.
Trust Aim: In partnership with Newcastle University Faculty of Medical Sciences and others to be nationally and internationally respected for our successful clinical research and development programme which leads to benefits in healthcare and for patients.

Research
Newcastle tops the league table 2014/15 for the quantity of research at 486 studies, an increase on last year.

Patient Recruitment
Newcastle recruited 14,969 patients to trials in 2014/15. (12,493 Portfolio Studies)

Commercial Research
Newcastle ranks 2nd in the top league of trusts for % of Closed Commercial Trials Recruiting Patients to Time to Target in 2014/15.

Clinical Trial Performance
Performed 82.6% against the 70 day benchmark avoiding a financial penalty of 5% - £100,000.00 of Research Capability Funding (RCF) proposed by Department of Health.

Patient Public Involvement (PPI)
50 Patient/Public Ambassadors have been recruited across four specialties - Cardiovascular, Dental, Musculoskeletal and Paediatrics.

ReDA
The North East and North Cumbria CRN hosted by Newcastle was the first to put out a national tender for an Local Portfolio Management System (LPMS), and the first to announce the winner - ReDA.

Research & Development Income

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<th>Year</th>
<th>£000's</th>
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<td>2009-10</td>
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<tr>
<td>2010-11</td>
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<td>2014-15</td>
<td>34,039</td>
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<td>2015-16</td>
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Clinical Directorate Recruitment into Trials 2014/15

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<tr>
<th>Directorate</th>
<th>Portfolio Commercial</th>
<th>Portfolio Non-Commercial</th>
<th>Commercial Non-Portfolio</th>
<th>Non-Portfolio Commercial</th>
<th>Own Account</th>
<th>Total</th>
<th>Studies</th>
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<tr>
<td>Cancer Services &amp; Clinical Haematology/SBRU</td>
<td>56</td>
<td>858</td>
<td>63</td>
<td>337</td>
<td>55</td>
<td>1369</td>
<td>160</td>
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<tr>
<td>Cardiothoracic: Cardiology/Respiratory Medicine</td>
<td>180</td>
<td>611</td>
<td>75</td>
<td>77</td>
<td>9</td>
<td>952</td>
<td>87</td>
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<td>Cardiothoracic: Surgery/Anaesthesia</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>23</td>
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<td>191</td>
<td>39</td>
<td>943</td>
<td>88</td>
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<td>0</td>
<td>0</td>
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<td>Dental Services/ Dental Research Facility</td>
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<td>651</td>
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<tr>
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<td>598</td>
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<td>Surgical Services</td>
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<td>Urology &amp; Renal Services</td>
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<td><strong>Total</strong></td>
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<td><strong>11575</strong></td>
<td><strong>191</strong></td>
<td><strong>2026</strong></td>
<td><strong>321</strong></td>
<td><strong>14969</strong></td>
<td><strong>765</strong></td>
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</table>

National and local recruitment collections systems will amalgamate in 2016/17. However, until this happens there will always be marginal differences in the Portfolio recruitment compared to published reports.

Portfolio recruitment across the network nationally was below average in 2014/15, reflecting organisational change within the Local Clinical Research Network (LCRN).
The Government wished to see a dramatic and sustained improvement in the performance of providers of NHS service in initiating and delivering clinical research – we are required to submit performance data on a 70-day benchmark to recruit first patients into clinical trials. The Department of Health has linked an element of the research capability funding stream to performance against the 70-day benchmark. Financial consequences would impact on funding from 2015.

As the Trust has in excess of 50% of studies meeting the benchmark (the requirement) and is demonstrating a positive trajectory, we shall not incur any financial penalties.
The Trust has in excess of 50% of studies meeting the benchmark and is demonstrating a positive trajectory.

Portfolio Recruitment Top Twelve Trusts (England) – 2014/15 (Published Results)

### Portfolio Commercial 2014/15

<table>
<thead>
<tr>
<th>Trust Name</th>
<th>Studies</th>
<th>Participants</th>
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<tbody>
<tr>
<td>Barts Health NHS Trust</td>
<td>106</td>
<td>680</td>
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<tr>
<td>The Newcastle upon Tyne Hospitals NHS Foundation Trust</td>
<td>90</td>
<td>740</td>
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<tr>
<td>Leeds Teaching Hospitals NHS Trust</td>
<td>90</td>
<td>669</td>
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<tr>
<td>Guy’s and St Thomas’ NHS Foundation Trust</td>
<td>84</td>
<td>396</td>
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<tr>
<td>University College London Hospitals NHS Foundation Trust</td>
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<tr>
<td>University Hospital Southampton NHS Foundation Trust</td>
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<td>University Hospitals Birmingham NHS Foundation Trust</td>
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<td>University Hospitals of Leicester NHS Trust</td>
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<td>Nottingham University Hospitals NHS Trust</td>
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<td>Kings College Hospitals NHS Foundation Trust</td>
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<td>Oxford University Hospitals NHS Trust</td>
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<td>Central Manchester University Hospitals NHS Foundation Trust</td>
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### Portfolio Non-Commercial 2014/15

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<tr>
<th>Trust Name</th>
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<tr>
<td>The Newcastle upon Tyne Hospitals NHS Foundation Trust</td>
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<td>11,753</td>
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<tr>
<td>Leeds Teaching Hospitals NHS Trust</td>
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<td>Guy’s and St Thomas’ NHS Foundation Trust</td>
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<td>Oxford University Hospitals NHS Trust</td>
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<td>Imperial College Healthcare NHS Trust</td>
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<td>Cambridge University Hospitals NHS Foundation Trust</td>
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### Top 12 Portfolio Commercial/Non-Commercial 2013/14

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### Top 12 Portfolio Commercial/Non-Commercial 2014/15

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North scientists will lead study of killer disease

Scientists at a North East university will lead the largest medical study of its kind into one of the country’s biggest killer diseases.

'It is great Newcastle is leading the way... Without research we would not know what could be done to help people like me’

£750,000 for experts to help cure throat problems
Patient first in world to have unique heart pump

Craig Thompson
Health Reporter
craig.thompson01@trinitymirror.com

A patient at a Newcastle hospital has become the first in the world to receive a unique heart pump that has the potential to save hundreds of thousands of lives.

As part of a groundbreaking operation, Harry Chivers, 63, had a miniaturised circulatory pump implanted in a bid to stop his heart failing and save his life.

The device - called an MVAD pump - enables the blood to continue flowing in patients in the advanced stages of heart failure.

Mr Chivers, who is today recovering at Newcastle’s Freeman Hospital where the operation took place, said: “I feel fantastic. This has saved my life but also has the potential to save many more people like me.

“When they told me I would be the first person to have this pump fitted, it didn’t phase me too much - somebody has to be the first.”

Heart specialists at the hospital can customise the device for each patient, providing four pulse settings designed to enhance aortic valve function and reduce chronic bleeding events.

The device can help patients who are currently on the waiting list for a donor heart, as well as those deemed not suitable for heart transplants.

Professor Stephan Schueler, consultant cardiothoracic Surgeon at Newcastle’s Freeman Hospital, said the potential for the device was huge.

He added: “There are about 900,000 people in the advanced stages of heart failure and their prognosis is worse than that of something like breast cancer.

“This group of heart failure patients face a mortality rate of 70 per cent and only a small number may go on to receive a heart transplant. In the past many of these patients would simply die. But this device has the potential to keep this large group of people alive.

“They can stay on the pump for as long as necessary and if it gives up, it can simply be replaced.”

Grandfather Mr Chivers suffered a heart attack last August and never fully recovered. Doctors became increasingly worried and the father-of-three’s condition, and he was referred to the Newcastle hospital after he slipped into advanced heart failure.

Although he was put on the heart transplant waiting list, Mr Chivers, married to Helen, 58, was not sure if an organ would be found in time.

Medics at the hospital, who had been working on the MVAD pump, decided to carry out the first transplant of the device into the patient.

He said: “I would not have gone ahead with this unless I had total confidence in the team here. They asked me if I’d be willing to take part and I said yes.

“Although I still feel a little bit weak, I’m improving day by day and I’m delighted with the results. I’m working with a physio at the minute so am regaining some strength.”

Medics have told Mr Chivers that should his progress continue he could return home to see children Jody, 38, Steven, 32, and Michael, 31, within the next two weeks.

He added: “Although this type of surgery might be new, people should not be afraid or worry about it. I’m living proof this can save a life and I’m sure it will go on to save many more.”

EDITORIAL FROM THE JOURNAL

The specialist heart pump was fitted at the Freeman Hospital in Newcastle upon Tyne
North East & North Cumbria Genomic Medicine Centre: 100,000 Genomes Project

The Trust achieved status as an NHS Genomic Medicine Centre in Spring 2015 as part of Genomics England and NHS England’s 100,000 Genomes initiative. It is one of 11 Centres currently designated in England creating a new genomic medicine service for the NHS.

The North East and North Cumbria GMC (NENC GMC) is located within the International Centre for Life, Newcastle upon Tyne, and based in the Northern Genetics Service which is the ideal base for the 100,000 Genomes Project with Rare Diseases as one of the key focus areas.

The 100,000 Genomes Project offers access to Whole Genomic Sequencing where clinicians believe that this will potentially offer access to more precise diagnostics for earlier diagnosis, new medical devices, faster clinical trials, new drugs and treatments and potentially, in time, new cures.

Working through established regional networks the NENC GMC is able to harness the collective energy of Cancer and Rare Diseases specialists in the identification of participants who will benefit from the project, and the additional information and value that Whole Genomic Sequencing may offer. During the Period from May 2015 to September 2017 the NENC GMC will offer access to more than 6000 Whole Genomic Sequences for approximately 5000 participants.

100,000 Genomes is already acting as a catalyst for transformation in our region driving forward the use of barcode systems for sample tracking. We have also built on our bespoke Clinical Genetics Patient Information System to provide a seamless and efficient recruitment process supporting healthcare practitioners referring participants to the GMC, and streamlining participant communication.

NENC GMC are the first Centre to have developed the role of Clinical Genomic Practitioner, to provide information and specialist support to participants and recruiting clinicians.

Newcastle Upon Tyne NHS Foundation Trust have developed a ‘flag’ system linked to mainstream medical records, which ensures that all services in the Trust will be aware that the patient is a 100,000 Genomes participant. This will be extended to other clinical trials and other projects.

Working in partnership with other NHS Trusts across the North East and North Cumbria, the footprint for the GMC is imperative to the success of the 100,000 Genomes Project. To succeed in this challenge we will build robust logistics pathways for samples and information capable of supporting other similar activities.
Our geographical spread
DNA testing promises healthcare revolution

Personalised treatment for thousands of patients

Chris Smyth  Health Correspondent

Tens of thousands of patients have been promised faster diagnosis and more personalised treatment as part of a project that aims to make DNA analysis a routine part of NHS care.

Eleven hospitals across England will start recruiting patients in the new year as part of the “100,000 genomes project”, which aims to make the genetic revolution in medicine an everyday reality in the health service.

Ministers want to transform how the NHS treats cancer and many other diseases, with sequencing of patients’ entire genetic code becoming a normal first step in deciding on treatment.

“This is the day when genetic medicine starts to deliver real benefits and mean something for patients,” George Freeman, the life sciences minister, said. “Genomics goes from being something done in specialised laboratories to something that is beginning to be relevant to patients in the NHS, across the country.”

Professor Sir Bruce Keogh, medical director of NHS England, said that the three-year, £300 million plan “positions Britain to unlock longstanding mysteries of disease on behalf of humankind. Embracing genomics will position us at the forefront of science and make the NHS the most scientifically advanced healthcare system in the world.”

Reading a person’s entire genetic code cost more than £1 billion when the Human Genome Project was completed a decade ago, but the cost has now fallen below £1,000. Cancers are caused by DNA mutations and doctors believe that looking at patients’ genes will give them crucial information about the disease and how to tailor treatment, as well as allow analysis of rarer genetic conditions. In the longer term, they hope that genetic testing will reveal patterns that allow smarter drugs to be developed quickly and cheaply.

Hospitals in London, Manchester, Liverpool, Birmingham, Newcastle, Southampton, Oxford, Cambridge and Exeter have been chosen to recruit about 40,000 patients with cancers of breast, prostate, bowel, ovaries and lungs, and 110 rare diseases. The first patients will have to agree to have their DNA placed in a “reference library” for pharmaceutical companies to use when developing targeted drugs. Relatives will also have their DNA analysed, as will the tumours, making a total of 100,000 genomes.

“We hope that by doing whole genome sequencing we will identify the underlying genetic cause for some rare diseases as well as potentially highlighting new treatments for cancer patients through a better understanding of the cause of their disease,” said Lyn Chitty, who will study children with inherited diseases at Great Ormond Street Hospital, London.

“In the longer term this is a project that stands to transform the NHS. Ultimately, if we can make it affordable and efficient, whole genome sequencing could be used as one of the first lines of investigation to help clinicians to diagnose diseases more quickly.”

The volunteers will have their anonymised data made available to researchers looking to develop drugs and also to discover whether compounds shelved by companies might work on patients with a particular genetic profile. Mark Caulfield, chief scientist at Genomics England, which oversees the project, promised that companies using the “reading library” would not be able to take data away.

Mr Freeman said that without genetic data doctors were practising “blind medicine”. He has also promised to rip up the NHS drug payment system. “We can move from practising one-size-fits-all medicine to beginning to do targeted, stratified, and ultimately precision and potentially preventative medicine,” he said.
Revolutionary success of gene-mapping project

Craig Thompson
Reporter
craig.thompson01@trinitymirror.com

HEALTH Secretary Jeremy Hunt has hailed a “historic” DNA breakthrough that could see more jobs brought to the North East.

Mr Hunt was yesterday in Newcastle to meet scientists and families who have been involved with genetic testing considered to be “as significant as the development of the internet” by Prime Minister David Cameron.

Scientists from the city’s university, taking part in an unprecedented ‘genome sequencing’ project have, for the first time in the UK, diagnosed rare diseases in two families after mapping their genes.

The technique uses an individual’s genetic blueprint to enable doctors to personalise medical care.

It means the North East patients involved can now receive specialist treatment for their conditions, as well as helping prevent future generations who share their DNA from suffering a life of uncertainty.

Mr Hunt was introduced to the families taking part in the 100,000 Genomes Project at the Institute of Genetic Medicine at Newcastle University. He said: “This is historic. A huge amount of hard work has gone into this. It’s a very proud day for Newcastle and a very proud day for the NHS. If you said in 1990 that the world was going to change because of this thing called the internet, people would have looked at you sceptically. David Cameron believes that genetic research is going to have that kind of impact on humanity.

“The fact that Newcastle is at the centre of this genetic breakthrough adds to the sense of buzz here and hopefully will secure more jobs.”

Patients taking part in the project had their complete set of genes analysed by medics in a bid to understand the health issues they were experiencing - and what future generations of their family may face.

One of those patients is Leslie Hedley, 57, of Fenham, Newcastle. He has had two kidney transplants and lost his father and a brother to a rare genetic kidney condition.

Speaking at the Institute, he said: “We know we had kidney problems in the family and my daughter Terri and I were invited to take part in the research. It was simple, just a little blood test, really. Now that Terri has been given a diagnosis it means her condition can be monitored every year.”

Leslie’s daughter Terri Parker, 34, also of Fenham, said taking part in the tests also gave her peace of mind about the future for her daughter, Katie, 13. She said: “Katie had a swab and, fortunately, we have been told she does not have any kidney problems. Having that peace of mind is amazing. But if it had come back positive, at least we would have felt capable of being able to manage the condition.”

Nothing on the scale of the 100,000 Genomes Project has ever been attempted. Along with Newcastle, Cambridge and London have also been established as test centres.

Prof Patrick Chinnery is director of the Institute of Genetic Medicine at Newcastle University and is leading the research. He said: “I believe that we are only at the beginning and I’m proud to have been in Newcastle for the first diagnoses for what I believe to be a genetic breakthrough project.”

Mr Hunt said measures were in place to ensure the gene data is never used for commercial purposes. He added: “We have legislation to stop data ever being sold for commercial purposes and we only ever carry this out with the clear consent of the patients.”

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