



After

the

Applause

Newcastle Upon Tyne Hospitals NHS Foundation Trust is one of the busiest and largest NHS hospital trusts in the country, with around 16,000 staff supporting over 6000 patient contacts each day. We are a teaching hospital, providing acute, specialist and local community services to patients from Newcastle, the wider North East, across the UK and internationally. Our specialist services support people with a range of complex and sometimes rare medical, surgical and neurological conditions, cancers and genetic illnesses.

Credits

All of the work in this anthology was created by Newcastle Hospitals NHS Foundation Trust staff.

They were supported by:

Writer in Residence: Laura Lindow

Newcastle Hospitals Charity Arts Programme Manager: Katie Newell

New Writing North Programme Manager: Amy Robson

We would like to extend a special thank you to Sally Ann Norman who captured the photographs included in the anthology.

This programme was run by New Writing North and Newcastle Hospitals Charity and made possible thanks to the generous support of Newcastle Hospitals Charity.

Foreword

by Laura Lindow, Writer In Residence

The Writer In Residence role for Newcastle Hospitals Charity and New Writing North ran from September 2023 to April 2024. From the outset we looked to design a creative writing programme to fit staff's interests and needs. The result comprised: regular writing sessions; short courses on poetry, short form and fantasy fiction; writer-on-call one-to-ones; pen portraits; guest writer sessions. And call-outs for staff's own stories, thoughts and writings, whether fact or fiction, formed or sketchy.

The energy and emotion with which staff embraced the programme was overwhelming. We chatted, wrote, read and chatted some more. In groups and individually. Some dipping in once or twice and some on a weekly basis. Working on screens and notebooks, meeting online and on benches, in cafes and offices. Using writing to share perceptions of the world, aid healing, galvanise spirit and to shape change – the need for story-making feeling ever more urgent, as the echoes of the applause of the pandemic died away and we looked from the past to the present to the up-ahead. With courage. Using every tool at our disposal to armour and protect this essential organisation and those who make it.

The great writer Julia Darling said: "Poetry should be part of every modern hospital, and not just something to keep patients amused. It's a powerful force, which can help us through the darkest times."

What landscape informs you? One of the features I find striking about the Newcastle Hospitals NHS Foundation Trust's settings is how varied they are. The Victorian grandeur of Peacock Hall with the 1970s corridors just around the bend, making way for the aircraft hanger that is the Great North Children's Hospital. The groovy Gosforth-green spaces at Regents Point down the road from the familiar brick of the Freeman. Veritable time travel! It makes me think about those who built this service. Their hopes and fears for the folk who now make the organisation, delivering against all odds with skill, passion, and that hardest working of words: care. Where are we now? And after 75 years, how will we build forward? In these pages you'll find insight, wisdom and treasures told from the busy hands, heads and hearts of Consultants, Surgeons, Nurses, Therapists, Receptionists and more.

Those who know. Every contribution a brushstroke in a sometimes funny, sometimes painful portrait of the here and now.

I am heart-full of awe and respect for each and every person I've had the pleasure of meeting during the residency, and feel exceptionally fortunate to have been trusted to take this journey alongside them. Not every word has been included in the anthology. Space has necessitated editing and, frankly, some work has remained private. Between the lines you will, I hope, feel the many writers, poets and storytellers... all the creative adventurers who have shared time, wisdom, work and inspiration. All *making marks*. All stitched into the fabric of the collection.

In this foreword, somewhere in *these* words I want to communicate the visceral *use* that we've witnessed creativity serve. The absolute worth of writing creatively. The tangible function of expression. It matters.

A consultant writes to process and to reflect. Phrases written from the front line, snatched and stored on a mobile phone between appointments. Their resulting poems speak through a particular and often isolated lens. Passed on and passed on amongst staff on request. Shared between colleagues for courage and comfort. The Virologist at their kitchen table mid-pandemic making careful night-time marks to draw out a new and unimaginable experience in ink. Deliberate. Visible in all its terrible beauty.

We'd like to thank every member of staff who has shared a chat, a memory, a thought, a story or a piece of writing. It's been such a great privilege and pleasure. Your talent, tenacity and wit have shone, whether you have worked with us yourself or pointed someone else in our direction. Logging on before, during or after work, every new face arriving with enthusiasm and risky curiosity and a want to create.

Whether a confident writer or testing new ground. Bringing existing work or creating anew. It has all been medicine to the soul. **It all matters.**

Katie, Amy and I have loved gathering this anthology together. Along with Sally's evocative photographs, we hope you enjoy the collection in all its brave glory. Words to keep in your pocket for that time when your own won't stretch. To keep you going.

Personally, I would like to shout out some great appreciation for Katie Newell, who has been an inspiration and a joy to work alongside. The impact of her generous leadership and vision through the Hospital Charity Arts Programme can't be underestimated. Her insightful, sensitive approach is so wide-reaching, bringing great relief, joy, colour, and creativity, extending horizons far beyond hospital walls.

And Katie's fellow imagineers and residency co-instigators, Amy Robson and Anna Disley at New Writing North, whose calm and creative wisdom along with Katie's have scaffolded and guided the work. And of course, to guest writers Matt Wesolowski, Degna Stone and Carmen Marcus for your doses of expertise.

Thanks also to our partners, family and friends, and all supporters who have lent their strengths or listening ears to the project along the way.





The Ideal Space

'The sheets are arranged on the chestnut desk. The morning breeze slips through the wide-open windows. The bells from the cathedral awaken the city. Radiant light seeps into the office, soaking everything with inspiration and incentive.'

- Albert Batet-Martinez

'My writing space is inside me – leave me alone so I can go in! No chores, no patients, no children, no demands, no questions, no problems... just me and quiet and a cup of tea, and I find in my imagination a myriad of interesting characters, intriguing plots and beautiful scenery – things that never happen in the real world!'

- Anonymous

I write...

'... from the heart not the mind... for the chance to create and communicate ... as a way to express my truth... for time to think, slowly... to escape... to make change.'

- Co-authored

The Morning Journey

by Liz Kime

Orange blossom with lavender,
Peach with honeysuckle,
The strange mix that greets the nose when you walk into the locker room.

There is comfort in the same chat, same greetings, the humdrum.

Bodies being transformed from people
into Healthcare Professionals
and back again.

Brushes and hair slides,
shoes and bags,
combs and tights,
badges, lunchboxes,
and everything else as well.

Pain and joy,
fear and peace,
anticipation and relief

Then the long walk along shiny, empty corridors to the kitchen
to squeeze a lunchbox into the fridge.
Sitting in the kitchen, another friendly face
and a warm smile gives enough fuel
to start the day at least.

Birds' Eye View

by Albert Batet-Martinez



This guy walks so determined. He seems cold, cowering in his coat. Where's he going? Probably to what humans call work. They don't notice the notes of the wind, or the shades of the sky while they travel. I try to tell them, but they don't listen. In their trance. Oblivious to what matters. I wonder sometimes if they remember that they're alive at all. Maybe the beauty of it all is too much for their senses.

I Wish

by Sarah Wood

I wish I had joined earlier, this place, our place. Its thoughts, dreams, sadness and happiness. The way it makes you feel when you walk through the door. The warmth and expectation of a new day. The smell of toast on an early morning start, the smiles and chatter of your beautiful colleagues, the knowledge we are there for loved ones and the belonging feeling that will never leave you, even when you are not there.

My mum encouraged me to join. Her work in mental health inspired me. She's retired now but can't leave entirely. Who can? This world stays with you forever.

I Said They Said

by Jo McCullough

I SAID to my family, "I'm going to be a nurse" and THEY SAID: "Who? You?" (laughter) "Urgh, cleaning up other people's shit!" "Worthy career, job for life."

I SAID to my patients, "Hello, my name is Jo, is there anything you need?" and THEY SAID: "It hurts!" "Thank you so much, you're an angel." "You're not putting that up there!"

I SAID to my friends, "I've qualified!" and THEY SAID: "Never in the world. Never thought you'd stick it." "Congratulations!" "Your whole career ahead of you."

Wherever I went I felt part of a community. "We can do this!" "My back's aching." "Who fancies a drink after work?"

I SAID to the children, "I'm working in paediatrics" and THEY SAID: "I love you." "I want Mammy." "I want to go home."

I SAID, "Pandemic – that'll never happen!" and THEY SAID: "Coronavirus" "Wear masks."

Patients died. Staff cried. Staff died. Families cried. Frightened to go to work. Frightened to go home. Patients lying in intensive care.

The pandemic over, but desolation left in its wake. Burnout, addiction, suicide. Food banks. Free porridge in the staff canteen. Low morale. Increasing numbers of patients. Guilt.

I SAID to the public, "NHS" and THEY SAID: "Saved my granny." "Cured my son." "Can't get an appointment." "Always there."



The Cycle

by Ellis Devine

Nervous new faces line up ready to start.
An air of excitement oozes from the ones that are keen.
Dread from the ones that are scared.
A long day, a long week; ven information overload won't prepare them for
what's to come.

The inbox does not stop, its appetite insatiable.
Hunched over, patiently replying.
Annual brain fog settles in. You sense furious chaos building.
Replying to emails in bed to keep it at bay whilst your partner sleeps.
Waiting for the ones quietly suffering to emerge from the shadows.

The organisation for service provision is endless,
fuelled by coffee, cake, biscuits, and panic.
No one is satisfied.
You wish you could dedicate more time, but the endless invisible fires forbid
it.

The leaves fall outside and cracks start to appear.
Problems under every surface.
Sharp tongues and harsh frustrations.
You've heard and seen them all before:

Sadness, depression, anxiety and loss.
Tears drip from countless eyes behind closed doors.
Trying to give support, feeling like a fraud,
as your own life crumbles around you.

The cold snap comes. Stress manifests in temper.
It shows in those tired faces you look after as well.
Frantic, worried emails sent in a rush and quick-fire questions spat out on
the spot.
Important meetings, frivolous meetings, online meetings,
Resentment builds in the pixelated faces.

You sit in the same room, reply to the same questions.
Your throat hurts from talking.
Told things in confidence that you did not expect.
Conflicting opinions war against each other on-screen and in-ear.


Enthusiasm and willingness summoned from a deep, deep place.
Wearing a mask whilst you drag yourself about, heavy with bereavement.
Giving more of yourself in the hope
That it helps you forget your loss.

A frenzy builds as the spring air transitions into stifling heat.
Hard work is reviewed. Decisions are made.
Tears, stern words, repeated reassurance.

You go into overdrive,
Don't take leave – you know you won't switch off.
Bury the internal scream of frustration.

The last warm kisses of summer close in.
You gather endless paper in the windowless room.
Say goodbye to the relieved faces that are moving on and wish them well,
Trying to loosen secret attachments.

As nervous new faces line up ready to start.



At Work by Anonymous

The office door slams,
Frustrations of a meeting,
Unnecess'ry hell

Speaking with Odeth Richardson on Resilience and Essential Change

Odeth Richardson is Head of Service for Occupational Health in Newcastle Hospitals. She acts as a Cultural Ambassador within the Trust and is also Chair of the Race Equality Staff Network. Additionally, Odeth is Chair of the Angelou Centre's Board of Trustees, and is Chair of the Council for the Royal College for Occupational Therapists.

I was born in Jamaica and one of eleven, our own little football team. Now we live all over the place. Four of us are here in the UK, I had three siblings in the US, one in Canada and then two remained in Jamaica.

My mum is one of my inspirations. She always wanted what was best for us. She said, "Education and manners will take you through the world without a penny." I came to this country because I wanted to do nursing. I was working as a Healthcare Assistant in a hospital in London. I went to fetch a patient from theatre and saw some people in uniform working with a stroke patient. "We're retraining him to use his affected arm," they said. Fascinated, I thought 'What type of profession is that?' I looked into it, and it was Occupational Therapy. (*laughing*) Then I found out that OTs don't work nights or weekends! So... that was it.

I went and I trained at Brunel, and qualified as an OT in 2000. I did six months in older people's medicine, then in neuro, orthopaedics, and mental health. But I knew I wanted to end up in social services. I got a post in Harrow social services, and then in Brent.

After a year or two, a Duty Team Lead post came up. I knew I didn't yet have the skills, but I wanted to give it a try. My Manager said, "Odeth, I didn't think you were interested in leadership. So now that I know, this is what I'm going to do..." She gave me an acting up position for six months. And a lot of support. A lot. And I thank her to this day, because she saw something in me and helped me to grow and develop. So that's what I try to live by. To repay that. If I see something inside someone, I try to help them, because somebody took the time to do that for me. I applied again when the post came out and I was successful.

My daughter was at home then. She's an only child. As I was getting more established my salary started going up. My husband is, is quite... sees it as 'the woman's place is in the home'. He couldn't take the fact that I was starting to earn more than him. I started having some domestic violence.

I knew when my daughter was going off to uni that that was going to be it. When she was in the house that was my... sort of... protection. She didn't want to go. She wanted to stay to protect me, but I said, "You need to go." She was going to Birmingham,

an hour and a half from home. I had a barbecue for her that Sunday evening. I packed a bag, gave it to my friend and said, "Put it in the car for me."

The next day I dropped my daughter at university, then rang my husband and said, "I'm not coming home. The marriage is over." I knew it was something I had to do, because if I didn't, I probably wouldn't be here.

I had spoken to my boss, because I knew my husband was going to be looking for me. True to form, he was camping out at all my friends and kept coming to work looking for me. He never found me. I had arranged to go into a refuge.

I spent six months in the refuge. But I was still able to go to work, so I guess because of that, the team, they nominated me for an award in the category 'Supporting Colleagues'. Because they thought, despite all the challenges I was going through, I was still able to support them. I won that category and went on to win 'Employee of The Year'. That was quite an accolade.

When I came to Newcastle nearly 15 years ago, I don't think anybody had ever seen a black OT before in this place. It was *really* challenging. There was a group of staff who just didn't... because I was different, I think... they put in what they call a collective grievance. And then from a grievance into capability. Then they went from capability into disciplinary. And it was just constant. Constant. I didn't know anybody up here. I didn't know anything about the Union. So it

cost me a fortune to keep my job. I had to go to a solicitor every time I had a letter. The solicitors answered it. And... I... I used to say that... the way I describe it is that... I spent two years being broken. On weekends, I jumped on the train and I went back home and I could fall apart and my friends and family could put me back together. And then I would come back on a Sunday evening to face it all again. Eventually the solicitor said, "What do you want to do, Odeth?" I said, "I want my job." So he wrote to the Chief Executive at the time, who said to the Head of Nursing, "You need to sort this." She sorted it.

There's a poem by poet and activist Maya Angelou which I read many years ago, which says: "You may cut me with your eyes, But still, like air, I'll rise." It resonated with something within me. I don't want anybody else to go through what I did. Hence why I volunteer at the Angelou Centre. And why, when the opportunity came up for the staff networks, I was the first one to volunteer.

It's a big journey and sometimes I do feel... sometimes I get tired and you get despondent. But then you take a step back and look at how far we've come and you rejuvenate yourself. You've got to do it in small chunks, because it's a demanding role. But you've got to be in it for the long haul. You have to be committed to it. You can't do it half-heartedly.

The new regime has brought hope and new faces but the fear remains that, despite this, nothing will change. So I grieve. Grieve the

loss of energy. Grieve the loss of hope. Grieve for the fact that despite my best efforts, there are staff who are still being destroyed by the organisation.

A bone-weary tiredness descends and I withdraw a little more. And I pray. I pray for the organisation. I pray for our leaders that somehow they may recognise that although we are different, we all have something to give. I pray for the day when our organisation will become a more equitable place for all.

I urge those reading, ask yourself:

How do I use my voice?

Do I speak up when I note things going wrong?

Do I do my part in reducing harm to my colleagues?

How do I share my privilege and power?

Do I provide a space at the table for my diverse colleague?

Could I share my platform more equitably?

The Only One

by Odeth Richardson

I remember when I first came, expecting people of the same.

Alas, no one looked like me. It was a lonely place to be.

I struggled to understand the lingo, often asking to repeat. No idea what *canny* or *ganning* meant but knew I needed to pay the rent.

I wrestled with *shall I stay, shall I go*, then decided to go with the flow.

Had to get used to dreary dark colours, alongside dreary dark weather. I needed some sunshine to make my skin glow, but had to be content with being my own rainbow.

I've met some cool folks over the years who inducted me into the Geordie way. On a good day, that was ok, yet there were times when the loneliness hit you, sitting in a room where you are the only one.

Being the only one brought privileges and pain.

I had the privilege of being exposed to so many different things, it left my head in a spin.

Pain was a-plenty, manifested in grievance and despair. I remembered my mother saying, *no pain, no gain*, so used this mantra to refine my armour to ensure I remain.

Fast forward, the passing years, I remember how it felt like to be the only one. Alas, this has not changed, I remain the only one, longing for some company, to talk to someone who looks like me.

To talk without the need for explanation. To find my tribe. To get comfortable. To bring my whole self.

The ache of isolation, a constant companion, leaving me longing for connection, a bittersweet canyon.

The yearning remains. Perhaps this year, I live in hope things will change!



Speaking with Jamie Conway on Learning to Breathe

An Equality, Diversity and Inclusion Manager for the Trust, Jamie remembers her COVID journey.

I was already emotionally and physically in a terrible place. My grandma had just died, and life had been pretty brutal. Then I went into COVID.

I remember distinctly, my partner and kids were out. I was sat outside in the garden in early December with blankets wrapped around me. And it was snowing. I'd rung for an ambulance. They'd said it was a seven-hour wait. It took a long time to be able to say what it was on the phone. I genuinely thought I was going to die. I'd never experienced breathing issues like it. They said to me, "Go into the cold." So I sat in the garden trying to breathe. I'd written a note: *'Don't tell the kids. I'm struggling to breathe,'* and *'Ambulance is coming. Don't make a fuss – don't want to scare them'.* My partner came back and I gave them the note. That's how frightening it got. The ambulance crew came. They gave me some oxygen and they left (at that point, they were still trying to keep COVID patients out of hospital).

I was struggling to breathe for weeks. I had palpitations, vertigo and fatigue. I remember at one point making a future plan for not being here, thinking, 'How can I make sure my kids have the best life?' That that was the level of fear I was operating at.

By early January, I started to feel a bit better. But I got COVID again. The new variant. After that second bout, that was when I really struggled. My partner would have to help bathe me. I could get to the bathroom, but would have to sit on the toilet for significant periods of time to then be able to get back to the bed. I'd count how many stairs I could climb before I would need help. I couldn't watch TV because of my brain fog and confusion. I would become distressed thinking, 'Why can't I understand what is going on?!' I describe it as being like a dementia patient. I couldn't retain information. For my partner and kids it was horrific. I felt like all I said is, "Mammy isn't well enough." I couldn't even listen to my son read his book. I just became a person that slept, got confused and frustrated, and slept. That's pretty much where I was for months.

The criteria at the time to be referred to a Long COVID service was that you had to be three months clear of COVID. My first appointment with them was on 20 September the following year, having had COVID a further two times.

There's lots our body does without us telling it to, like breathing, and our heart pumping,

and blinking. By the time I got to see them, the inflammation that was in the bottom of my lungs had been there for so long my body had learned to breathe another way. And whilst the inflammation was now gone, my body was breathing as though it wasn't.

They cleared me for physio to learn to breathe properly again. I was so fed up of hearing, "It's a new condition. We don't know a lot about it." I wasn't getting what I needed from health professionals, so I realised, you know what? *Try another way.* It became my mantra.

So I read journals, I joined Facebook support groups, I was doing all the research I could with the limited ability to read and process information. In the morning, I was having high protein, high berries, vitamin C. My ability to read increased. I trained myself, reading five minutes on a morning; on a night time watching TV for five minutes. I kept a diary so that I could look back and see progress even if I didn't feel it. That's how I tracked my recovery. But it was crushingly slow. I got in touch with a guy who was a personal trainer and did a lot of rehab with people who were told they would never walk again. People who were told because of an injury they couldn't train in the same way, he would find a way around it. I said, "Do you want another project? I'm here, I'm broken. I can't do this. Please help." And we built up gradually. I started to think, 'I'm doing really well.' And so I came back to work. Totally not understanding the impact of being with people all day, processing emails... and suspected ADHD.

I felt like I was a problem. Not good enough. I'd had huge periods of absence, and to say "I'm struggling" was really difficult. I felt like a fraud. Lots of people were approaching the team saying, "I need help. I've got Long COVID." And underneath I'd be, "I can't deal with that." A lot of that was just coming to terms with the fact I now had a disability, to use that label. I know we talk about labels not being important, but it was important to me. It was a lot to sit with.

I got referred to our own Long COVID service, and they were great. As standard, they refer you to a physio, a nurse, a consultant and a psychologist. I didn't think I needed to see psychologist. But I did one session, and I talked through my COVID journey from start to finish, and she said, "You're so resilient. To have got from there to there." And the way she described it, and the way we talked, I thought, 'Do you know what? If I never physically get any better than where I am now, I'm good with that.' I am so proud of how far I have come.

I've managed to find joy in the simplest of things in life again.

To be able to sit and have snuggles with my child and have conversations I took for granted, to breathe in his smell. To go for a short walk. When my eldest tells me things; he talks to me. I've gone back to being my son's safe person instead of the transactional parenting you can get sucked into when life's busy. And I'm glad. I find immense pleasure in reading again. And I'm so grateful for all the not so small things that

bring me huge amounts of joy now. So I can either sit with my COVID journey and be sad for myself about everything I went through, or I can go, "What did it give me?" It made me kinder to myself. Fatigue has helped me realise that time is a gift. So I'm not wasting time with people who aren't good for me anymore, or doing things that don't give me joy. And I found crochet. My free therapy, I call it. And it reconnected me with my Grandma.

My Grandma was a crocheter. Whenever we were poorly we would go to her house. And we had what we called *the poorly blanket*. It's a blanket that she crocheted from all the clothes that my mum and aunties had worn. It's all mismatched colours, and it's beautiful. And we'd have the poorly blanket on. She'd cuddle us and say, "Give it to me" and I used to think, 'Why do you want to be poorly?' And now oh, my God. Give it all to me. Because that blanket was made-up of all these memories and experiences that my mum and aunties had had. So for me, it was putting that all on, physically but also emotionally. COVID gave me back my poorly blanket.

(standing up) I can get it. It's just through there. Do you want to see it? Give us two seconds. I'll go and grab it. *(she does)*

There you go. It starts off as like a rectangle in the middle. Then there's loads of little rainbows. And there's a hole here, which I love because that's a little mistake, but there's a Japanese proverb where it talks about crochet and it says if there's not a

mistake in your work, then the bad spirits can't get out.

Crochet was the one thing that I could do, because it didn't require a lot of thinking. It gave me that well-being hit of actually being productive, something I hadn't felt for a long time. I'm doing something, albeit it's a cardigan, but I made this flipping cardigan. I was in Tesco and a lady said to me, "I hope you know how loved you are – a lot of work would have gone into that," and I said, "Well actually I made it myself. So yes, I know exactly how loved I am."

My life is still impacted. Fatigue is still a problem. I'm not as active as I'd like to be. But I'm apprehensive to push too far too soon. I'm in a good place with the mental levels of energy; physically, as well. But I'm just being a little bit cautious with how much I take on. It's definitely been a hell of a ride. Six months ago, I would have been a blubbering wreck talking about it. But I think now I'm ready to talk about it. Because I *can* talk about it.

A Recipe for Self-Care by Keep Writing Members

A gathering with old good friends

Belly-laughs in spoonfuls!

A dash of fun, a dose of sleep, and a handful of people you love

Separate and sieve the groups
(you will have more rise and fluffier outcomes with single grains)

Chuck out the rinds of worries

Grease everything well – forget your growing waistline

And serve with a generous helping of time.



Am I Me

by Anna Beattie

Do you see me
Am I me, or a disposable commodity
Is vulnerability my strength or a sign I am weak
Is it ok sometimes to be meek

Is it ok to speak my truth
Will I have to show my proof
Can I say I got that wrong
Or is that perceived as not being strong

Do I do what matters most
Even if I lose my post
Can I stand proud and tall
If I don't feel I can give my all

Do you see the cost to me
That I no longer feel as free
I now have a disability
If I don't make it through
Will that matter at all to you
Can I be me?
I need to be me
Please let me be me

From Existing To Living

by Darren Castle-Beal

Joining Newcastle Hospitals was always going to be a shock to the system. I was joining a very large workforce, and to be shown around the Royal Victoria Infirmary was like being shown around a cruise liner. I was half expecting Jane McDonald to pop over the railings on one of the many floor levels, belting out a show tune. After the first two months I started to find my feet and, more importantly, to find myself. My confidence was growing by the day. I wasn't that guy hiding in the shadows anymore. I was proving myself. One sunny summer day away from home I found myself on a pebbled beach with my fiancé and I suddenly had a feeling that not one single person in this world could have topped my emotion.

Then, like the rest of the country, we found ourselves in the new world of an awful pandemic. The pressures and demands on the NHS were something I would never wish to see again. The level of emotion running through the wards and departments were something I can't describe. It was a daily struggle for everyone. I found myself amongst a second family that was strong and united. My work colleagues. The levels of support for one another was surreal.

Just like driving along the busy motorway, which is what it felt like, the rain stopped and a rainbow was shining. In October 2021 I married my soul mate with all of my family and friends around me, and my career within the NHS is still growing to this day.



Speaking with Ashley Price on COVID and Making Marks

So, my name is Ashley Price. I'm a Consultant in Infectious Diseases. That's my primary clinical job. I've got a lot of roles in research in the Trust and regionally as well. I'm Chair of the HIV Network and I am also Uni-Antimicrobial Steering Group Chair.

I was on call, between Christmas and New Year. There had been a patient who'd been admitted with COVID-like illness in China. We were still not quite sure, but thought something big was coming. We had the very first UK COVID patients here in Newcastle, and by that time we'd already set up a national new framework by how we would deal with patients and so on. But there was this general lack of understanding about how bad this was going to get.

I remember we were having daily meetings with the National Team. Someone had died in one of the hospitals, and there was just silence. I think we all knew that this was the beginning of the end in terms of our role, because at the time we were trying to contain it, but it was never going to be contained.

I was on call when our first patients died here. It was traumatic. On that first night of death, we had four people just die. And you know in infectious diseases we do... you know... people die, but not four in one night, from the same condition. I remember early in the morning phoning... I rang someone's relative. They were elderly and we spoke.

And it hit me when... it's not natural for us to be speaking to people over the phone about very sick relatives, and I broke into tears because I knew that they weren't going to be able to be there at the end. We did manage to get them into the hospital, but it was... you know... Because those conversations were the very first, they formed something of what we did as a Trust. And there was real importance of learning and trying to tell people what it was like and how it would be, and it was horrible. I think people forget just, just the terribleness of it.

I couldn't sleep from shortly after our first patients until the time when we had our first death. And that night I slept so well, and I think because it was just the expectation of what was going to happen. And when that happened... it was finally... here.

People were working from seven 'til whatever time, you know? We were desperate. "What can we give?!" There was a clear need to get people into studies. And that was hard because you were basically saying, "You have no options... but we have this study. We don't know if any of these treatments are going to work." And I remember some people elected not to go into the study. And it was, *of course* it was their right not to go in, *of course* it was. But you've got the bigger picture. And you *know* that this is so important.

We got the treatments from those studies.



We were involved in the very first randomised double-blind controlled trial. It was the one that showed Remdesivir had *an* effect. The problem is that, by the time people got into hospital, it was the inflammation in their lungs, it was the immune system that was causing the problem. The Remdesivir, an antiviral, was useful earlier on. But we used it when they were being admitted, and it showed some ability to reduce the length of stay. Which had some importance probably in those first and second waves. Later on, I don't think it had any real effect. But that randomised control trial in recovery was absolutely the most important trial where you could put different drugs in and see which ones worked.

In terms of coping, there was the busyness of it all. Cycling. Exercise there and back from work when I could, and then drawing. I did drawings. And that helped. It blocks out other things. You're concentrating on what you're doing. And I'm not thinking about work, and I'm not thinking about things. I'd draw various subjects. This is the picture I did in February. I knew something bad was going to happen. This is what the coronavirus looks like, it has these sort of proteins on the outside. This is from a picture on the internet. I remember drawing it. In my house, on the kitchen table. I'd been thinking about it for a couple of weeks by then. This is the internal structure of it. It's an RNA virus, which means it doesn't have to go through the internal cell nucleus to replicate. It just replicates through this RNA. And that is a template for *its* proteins that *it* makes for more virus.

I remember being in one of the meetings and at one point feeling that I might die. Italy had been hit very hard, and we'd been hearing about medical doctors getting ill. And then when they asked us to... you know we were basically wearing a suit. And they said we needed to wear a mask, and then suddenly we were just wearing a mask and an apron. And that was scary, yeah.

As I say, I cycled and I remember there's a little bit of a hill as I go out of Newcastle and I slow down on the incline because I'm not a very fast cyclist. And it hit the time when the applause was happening and it felt like I was doing the Tour de France. *(laughing)* There were millions of people, all applauding me as I cycled up the road. I felt like I was winning. So that was nice, yeah.

So myself and Chris Duncan, we were very involved in the Oxford Vaccine study. And we worked together to deliver that in Newcastle. It was just massive thing on top of massive thing, We recruited over 600 people, in that study. The governance that you have to have for that is immense, but also we had to convert wards into research wards, and it was just a huge, huge amount. Christmas of 2020. I mean, amazing if you think about the rapidity of that development. It was a big team that was doing it.

I remember the day we gave our first vaccines in Newcastle. Some of my colleagues cried when they got the vaccine. But that day was more concentrating that we were getting it right. It needed a combination of workforce planning; facilities; the pharmacists with real knowledge about the

vaccine; clinicians; nurses, of course; and just masses of resource. There was just a massive effort. And sense of purpose. We had a goal to deliver a vaccine and there was no straying off that. I was there at the Centre For Life when we first opened that as a mass vaccination centre. It was emotional.

One thing I would say is that we were reasonably busy beforehand, but I don't think I've stepped back quite as... I've not got back to what it was like before the pandemic. So I've not given myself a lot of time to properly reflect on it. Which is... doing these kind of things *(gestures at the drawings)* has helped. And I have done quite a bit of reflection, like [this interview].

But you know what? I think being part of the studies was really important. Because it just meant that you knew you were doing something of value. And I think that balanced it out.

The Story

by Anonymous

The story I want to tell is a little about my journey working with people living with HIV. I came into this work knowing absolutely nothing about HIV. I was working in palliative care and really enjoying it, but wanting to start a family and finding it hard to be around lots of young dying mums and dads and a lot of loss.

So I thought, 'I'll go for something that has no personal connections to me'. I suppose I saw it as quite 'other' to me, as a white, straight woman. And I have just learned such a lot about what people living with HIV are facing and the diversity of people living with HIV.

I'm thinking about people recently with a new diagnosis who, because of the heavy stigma, have sat with me and said, "Who will want me? What kind of future can I have?"

I'm thinking of a man I'm working with just now who feels that he'll never have sex in a loving relationship again; he'll never have that intimacy again, that connection. And this sense of powerlessness and helplessness because, yes, I can try and provide him, and others, with all the facts and all the reassurance. But actually, I can't tell them that those things can't happen, because there's a reality to the fears they have, given the stigma.

That also brings to mind a gentleman who actually felt that he had no option but to end

his life because he didn't think that there would ever be a future for him. He'll always stay with me, and the brutal way he chose to end his life as he didn't feel he could go on. And a big factor of that was his living with HIV.

And finally I'm thinking about a lady who works locally in health care and doesn't feel that she'll ever be able to share her status with anybody at work because of the way that she hears her colleagues and her managers speaking about the people living with HIV that come through her care setting. So it's not only about how we talk to people who we know are living with HIV, but how we talk to everyone, as we never know who might be living with it or affected by it.

I know that I came into this role naive and holding a lot of stigma myself. I know I used to be part of the problem. So realising that perhaps, had my partner said at a very early stage of the relationship that he was living with HIV, perhaps I wouldn't have progressed that relationship. Prior to this job, I would have maybe assumed he had a drug problem, had an unsafe sex life, or used sex workers. And now I know that curiosity about how HIV came into somebody's life is that burden that's with people all the time.

I think the struggle I have in doing this work and being met with these incredible stories all the time is that it just really does fuel this

sense of helplessness and wanting to do more for people. But knowing that there's real limits to what you can do, and sometimes having to collude with stigma and secrecy and not say I work for the HIV team on voicemails; or spending time helping people think up cover stories for why they're coming to clinic as they're terrified of others knowing, so feeling like you're working to hide that away whilst wanting to make things better for people. And what I've noticed is that this side of the work, managing that sense of not being in control or not being able to help people as much as I'd like, gets harder to bear. Particularly if there's something happening for you personally, like an ill relative, a situation that you can't change for someone that you love, then it's a lot harder.

And that's the times that I find it the trickiest to work well and to keep myself well in this work. But what I've really benefited from is excellent, passionate, motivated colleagues who feel like I do, and by trying to work a bit more systemically to think about how we can challenge stigma. Just knowing that one person, even one service, can't change all of this, but we can all do our bit.



Speaking with Paul Henderson on Taking Heart

Paul Henderson is a Clinical Perfusionist at the Freeman Hospital.

I started here in 2010, trained until 2012 and I've worked at the Freeman since. A Perfusionist's responsibility is to take over the role of the heart and lungs during cardiac operations and some thoracic operations. Just like you wouldn't expect a mechanic to work on a car while it was running, surgeons are often unable to work on a beating heart. That's where my machine can come into use, it re-routes blood around the heart and lungs, allowing the surgeon to work on a still blood free heart. The machine provides oxygenated blood to all the other organ systems of the body, enabling them to maintain function during the operation.

It's the people that make this place special. Especially where I am, the team is so close. I probably spend more time with them than I do with my own family, especially the day-to-day and the weekends and nights on top of that, and so everybody is always there to support each other. The care for the patients is always paramount. You see that in all the staff. Everyone goes above and beyond.

A bypass is somewhere between 90 minutes to 150 minutes. However, this isn't total surgery time, accounting for the patient's being anaesthetised, and then the drains and

all the other things that are done post-bypass. An average adult cardiac operation is 5-6 hours and paediatric 7-8 hours, and I'm usually required for just the middle part of the operation. It's a huge team effort and we all require each other for a successful outcome.

For the Perfusionist the most crucial point of my day (usually the part where I'm most nervous) is as you take over from the heart and lungs: that is when the body's going to start reacting and if any of the equipment is going to fail you're going to find out now. Once you're on and the bypass is in place and well established, then hopefully it'll run quite smoothly, unless the case starts to become complicated, and then the surgeon's thinking on their feet and you're trying to adapt to help out. Altering different parameters to make their job as easy as possible. It's also when your equipment is going to start reaching its limits and you have to start thinking of the what could happen and how do I get ready for that eventuality. Thankfully I'm never alone, I always have a fellow Perfusionist to help me out, two heads and four hands are always better than one... always.

In this kind of role, you'll make great friends. Friends for life. You'll go through



experiences here that you'll never go through with anyone else. No matter what else happens, you'll always have the closeness with the people you've been through these things with.

I have two young daughters, Olivia and Esme. My daughter asks every day, "Who have you been helping today? Whose heart have you been mending?" And, "Who helped you in the team?" She is then always keen to know who is there tonight, "Are they there tonight as well?" She understands we all take our turns to look after the children overnight. She likes to know who it is and asks, "Have they had their tea?" It's like she is looking after us. She wants to know about the patients and when they're going to go home to see their mummies and daddies. She's five. In reception. She talks very highly of my role at Freeman to her school friends and teachers. She is understanding that I'm not at home as much as I'd like and sometimes miss family events and parties because of work. I take a lot of pride in how proud she is of me doing my job.

Who inspires me? My dad. He's a *grafter*. He works so hard, and has done all his life. He used to brew beer in the Federation Brewery over in Gateshead and was there until it closed. He then went off to do many other jobs and is still working now. He's 69 this year. He's the kindest man. He'll go out of his way to help anybody with anything, even if it's a job he hates. He is a fantastic Dad. I hope that I can adopt his qualities and become a lot like him as I get older.

Whose Shoes?

by Balsam Ahmad

My name is Balsam, like the flower, or in my native language, '*a cure to the soul*'. I am a Public Health Consultant, but I also have another hat, as a caregiver for a young person living with a chronic illness and complex medical needs.

More than two years ago, I had no idea when I left work at the hospital on Christmas Eve 2020 that my life and that of my family would change in a heartbeat when my son became paralysed, within an hour, as a result of a rare neurological autoimmune illness. How fragile our lives can be!

For months I was on leave from work, with long periods in hospital for acute care and then rehabilitation. Gradually, my identity as a professional with a name faded away. Here I was known not as *Balsam*; only as '*mother of a sick child*'. It was a lonely time during COVID. Parents on the ward were discouraged to talk to each other and could only use the kitchen on the ward one at a time.

However, I was seeing every day the amazing care delivered by so many in the hospital – many I would not have known or had the opportunity to talk to so freely, had I not been on this side of the fence.

During my son's week stay in Paediatric Intensive Care, one of the nurses made sure he had his first bed and hair wash. Another nurse made him a personalised poster to put

on his bed, which showed him as a young person and not only a name, DOB and MRI/ NHS numbers. The healthcare assistants always made sure he had the healthy options he was keen to have. The physiotherapists and OTs, knowing how much he loved the outdoors, did all they could to ensure he went out at the earliest opportunity. The pharmacy assistant taught him how to swallow pills. My son's consultant neurologist went out of her way to ensure his voice was heard. He was empowered at every step in his care journey, and achieved outcomes referred to as 'miraculous', under her care.

The NHS is the jewel of the crown in this country. Healthcare is first and foremost about the people who deliver it and those who receive it. My story celebrates this partnership. By reflecting on my journey through the NHS both as a professional and a caregiver, I have not only developed a better understanding of health and social care, but have also learnt a lot about myself and about what has helped me heal.

Speaking with Steven Hewitt on Dolly Rocks, Jolly Socks and Adult Diagnosis

Steven Hewitt is a Health Improvement Practitioner Advanced in the Trust. He is also Co-Chair of the Enabled Staff Network.

One of the biggest things for me was, when I went back to do my Masters, I had an adult diagnosis of a neurodiversity. It's referred to as a Specific Learning Difficulty – but in old money it is dyslexia, it's dyspraxia, it's dyscalculia, and a weakened audio-visual short-term memory. Having that when you're in your early 30s after developing loads of good coping strategies was like being hit by a lorry.

Even though I am seven years on from that diagnosis, I'm still very much coming to terms with it. That sounds melodramatic, but it has a massive impact on you, reassessing things, and an immediate imposter syndrome that came on. In a lot of ways, it was like getting to know myself again. Rather than *just being clumsy*, I actually *can't really*... don't have that level of dexterity. But back in the late 80s/early 90s, there wasn't the understanding or focus that we have now. I wouldn't go back and change it, because those experiences, the struggles, they all add up and helped shape who I am.

But I am still learning and navigating this new terrain. It's almost like when you acknowledge your sexuality. Coming out isn't a one-time only event: it happens every single day, and from person to person. It's

like, if I choose to discuss having this neurodiversity, that's my choice, that's my decision. Coming into the Trust, my intention was *not* to say anything, because of the less-than experiences that I'd had. However, early on, hearing some of the Staff Network Chairs talk, representation is so important. If we don't talk about things that generally don't get discussed, if *you* feel able to discuss *your* lived experience, then that is so important because people who don't have those experiences or awareness... well, you don't know what you don't know.

If you are heterosexual, you don't have to second-guess displaying affection to a partner in a public place, whereas if you do that in a same-sex couple... I mean even being 40 years old, you do a risk assessment all the time, wherever you are. But sometimes explaining that to somebody who has never had that experience can be difficult, because they don't have those challenges, those barriers. So for me, being inspired by hearing people speak openly, well, that got me to start speaking openly.

I was a young carer from the age of 10, so I've always had that part of me. This job was a natural progression. Within the health service, we strive to deliver outstanding levels of care to patients, but we sometimes

take staff for granted, and don't look after them the way that we should. I think it's really important that when you do come into a work environment which is stressful, filled with trauma, and is massively challenging, we need to make sure that people are aware of what they can access. Staff need to feel safe. They need to feel secure. And they need to feel respected for the work that they do.

So, walking is one of the things that I use to soothe my soul. It's different for everyone. A really silly one is non-boring socks. No matter what's happening in your day, if you look down and you've got bright-coloured socks on, it lifts you up.

Who inspires me? A lot of peers inspire me with how open and honest they are, how they are gurus in their own areas. My colleagues in the Equality, Diversity and Inclusion team inspire me with their passion, their drive. My parents. And then I think... Dolly Parton, because through multiple decades she has always had that humour, always had openness... and yeah, kindness.



Parky v The Nash

by Michael S. Allen

(Being a tribute to the late, great Michael Parkinson CBE)

TV studio interior. Michael PARKINSON faces the audience, clipboard in hand.

PARKINSON: My next guest has been described as the very definition of a Great British Institution. A feature of our national life for decades; a lifesaver; a hero, loved by all right-thinking people, and now at 75 years of age, still as popular as ever. Ladies and gentlemen, please put your hands together for the National Health Service.

'Parkinson' music. Applause. NHS enters stage left. The two greet each other warmly and take their seats.

PARKINSON: So you heard my introduction; how does it feel to be a bona-fide national treasure?

NHS: I could ask you the same, Parky! Well, it's immensely flattering, but I never let that sort of thing go to my head; that's not what motivates me. I'm very much the sum of my parts and any credit goes to – I know it sounds a bit cheesy, but it's true – people are very much at my heart.

PARKINSON: Speaking of people, you've got quite a mixed background, haven't you?

NHS: I certainly do. I've got roots in the Caribbean, Africa, Asia; you name it. You know, if I was the sporty type, there's not a country I couldn't play for. Maybe even cricket for Yorkshire, eh?

PARKINSON: Ooh, steady on there now, dear me. Tell me, what *do* you do at weekends?

NHS: Work, work, work! Never take a day off. Not even Christmas.

PARKINSON: That must be tiring.

NHS: To keep doing what I do I need to rely on the support of the people. In 1948, the British people made a bold decision to do things differently. They demanded change. For as long as that will is there, I'll be here for them.

Audience applause.

PARKINSON: There's a lot of love, you can hear that. Not even Muhammad Ali got two rounds of applause.

NHS: [laughs] Well, I float like a birthing pool and sting like a hypodermic!

PARKINSON: How do you keep relevant? What's your secret?

NHS: Oh that's easy. You move with the times. I've got a fantastic research department, and couple that with the most committed workforce you'll find anywhere... well, what can I say? We'll take on any challenge.

PARKINSON: Ladies and gentlemen, please give it up for our fantastic National Health Service.

Audience applause. NHS stands and takes a humble bow, clearly moved. Music and roll credits.

ENDS

We beam as I grow
A big beautiful greenhouse
The last brown leaves fall

We ponder gender
We imagine sandcastles
We plan for bullies

A tense Christmas break
Blood-stained sheets strangle our thoughts
Our sweet strawberry

A small waiting room
A stranger shares our relief
We hug in the snow

We share our good news
Our fuzzy blurred photographs
We laugh as they cry

We are not alone
They'll grow up with a cousin
Born one month apart

Their heart beats strongly
Their features are clearer now
Whose nose do they have?

Tired, aching but strong
My waddle home makes us smile
Can't wait to feel kicks

Excited to see?
Find out or sealed envelope?
Her smile all twinkles



The jelly is cold
Her eyes change and her brows knot
She runs from the room

No waters, they say
Less than one percent, they say
Not your fault, they say

Case studies discussed
Neither one can speak the word
Heartbroken defeat

The needle pierces
Intense pain as it searches
Primal drumbeat stops

Tears roll down our cheeks
Sentiments and arm touches
Walking fat coffin

We scheduled the birth
But not the complications
Sweet morphine can't harm

He looks on helpless
Twenty-two weeks end in pain
A small leg comes first

The cannulas itch
Cold tiny fingers and toes
She's silent and still

Cartoons curled in bed
Gas and air and Scooby Doo
Not how we pictured

We leave her behind
Needles, tablets and returns
Service plans to make

We avoid the world
Inappropriate mother
Twists and wears our pain

False tilted head smiles
Songs and casket catalogues
I make noise not words

Blossom petals fall
Callous beauty surrounds us
Ignorant of loss

We mourn your children too

by Vicky Thomas

We mourn your children too.
We do. We cry. We try
To make each touch a loving one –
For short lives should be full of love.
We cry. We do. We try
To keep our grief walled up, not stealing yours.
To meet your eyes steadily. To find the joy wherever it can fall.
We cry. We try. We do.
We're honoured when we help you say goodbye.
The farewells break us too;
The cracks are how the light gets out.
You hate us, love us, hug us, blame us.
You wonder how we do it.
So do we. We try. We cry.
We mourn your children too.

We Mourn Your Children Too was first published in *These are The Hands* anthology (Fair Acre Press 2020) with profits donated to NHS Charities Together.

The Mirror on the Cancer Ward

by Yincen Tse

Every day no one looks at me
Yet I spy those embarrassed glances
Just tucked out of sight
Eyes reddened and deadened
The slow laboured shuffle, then a hurried step across
Pretending to be busy, a dance to go to, an appointment to nowhere

Today a woman looked at me kindly
No longer the accidental glance, but a wonderful gaze
Warm and fiery
The lips upturned, a joyous smile
She rubbed her round stretched belly, stroking, slowly pirouetting
Clutching a new beginning



In My Cat's Dream...

by Audrey Rose Tapang

From Walker, there I was born
With my purrmum Minnie and my cat-lings Socks,
Meemo and who knows who else

My current and forever currents now have me
My human purrdad is my favourite
He sees rainbow and butterfly when he looks at me
I scratch him when I'm too hyper, I'm still lovely
I scratch our carpet when I'm bored, but I'm still lovely
I make a mess when I use my litter tray, he still thinks I'm lovely

Then there's my human purrmum, my nemesis
I love her but she calls my name
MIA... it's a three-letter name but it sounds long every time

I saw a bird out in the window
Licked my chops and jumped onto my hammock
Watch the world go by, watch the rain runs down on the window
Looked back to see my currents

And there they are...
Both of them amazed how beautifully unbothered I am
Photo here, video there
Mia look here! Mia smile! Miaaaaaaaa
They're silly aren't they? but I love them
I purr and purr and purr
And zzzzzzzzz...

Milestone

by Vicky Thomas

As the NHS turned 75
I was confirming a peaceful death.
Listening for breath that wouldn't come,
Feeling for a pulse that wouldn't beat.
People think the cutting edge is what we do:
The scalpel, the adrenaline, the rush.
Inside we know it's something else instead;
The tenderness of saying it's the end.
The gentleness and fierceness of tears.
The tick then tock from breath to death.
The old, the new, the never was or will.
A room at midnight where we laugh and weep.
When all else is gone, the grief, the pain,
The fingerprints, the bones of love remain.

Her Catechism

by Vicky Thomas

How do you learn?
You live.
How do you live?
You love.
How do you love?
You hurt.
How do you hurt?
You ask.
How do you ask?
You dare.
How do you dare?
You do.
You do, you do, you do.

New Writing North is the writing development agency for the north of England based in Newcastle upon Tyne. Writing talent is everywhere. But opportunities are not. That's why New Writing North exists. To identify and nurture talent. To inspire a love for creative writing and reading. To create life-changing chances for people across the North. Through our programmes, events, and activities, we find and support people of all ages and backgrounds to access creative opportunities, to express themselves and to enable them to flourish. Find out more at newwritingnorth.com.

We are delighted to have partnered Newcastle Hospitals Charity on this very special residency which uses creative writing to support staff's self-expression.

As the official charity of Newcastle Hospitals, Newcastle Hospitals Charity (reg. 1057213) aims is to make a positive impact on a daily basis. We proudly support staff, patients and the wider community of the hospitals, and fund a range of initiatives – from cutting edge cancer research, to innovative medical equipment and every-day ward enhancements.

A key part of Newcastle Hospitals Charity, our Arts Programme aims to enhance staff wellbeing and patient experience in Newcastle Hospitals. The programme, supports a range of projects across all mediums, helping to engage patients and communities in the work of the hospitals and support the mental health and wellbeing of NHS staff.

To find out more please visit: charity.newcastle-hospitals.nhs.uk. Contact us by calling the Charity office 0191 213 7235, or by emailing nuth.charity@nhs.net.

Follow us on our social media channels to keep up to date with what is happening in our charity, our hospitals and services.

Twitter/X: [Newcastle_NHS](#)

Facebook: [NewcastleHospitalsCharity](#)

Linked In: [NewcastleHospitalsCharity](#)

Instagram: [Newcastle_NHS](#)



**NEW WRITING
NORTH**



Supported using public funding by
**ARTS COUNCIL
ENGLAND**