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Interview with Andy Gilliam
It is that time of year again when as a Trust we reflect on the past year and bring together a summary of our performance, achievements and financial position in our annual report. The report will be presented formally to the Governing Council at our Annual General Meeting later this year.

2011/12 was another successful year for the Trust, during which we responded well to the demands of meeting the healthcare needs of our communities in a challenging economic environment. The tremendous effort and commitment of our workforce is to be commended in guiding us to this position.

It was also a year of change – we became an integrated hospital and community healthcare provider and witnessed changes in personnel at Trust Board level. We welcomed Sue Jacques as the organisation’s new Chief Executive. Sue has been a successful Executive Director of the Trust for some years; we will benefit greatly from her existing knowledge and wide experience of the organisation and the continuity this will provide.

Looking forward to 2012/13 and beyond we shall be engaging with our membership as we develop the Trust’s clinical strategy for the next few years. Your support will enable us strategically to position ourselves to achieve our vision ‘With you, all the way’ which summarises our commitment to be just that; putting our patients at the centre of all we do.

The Trust is a top performing organisation with a strong record of achievement. Thanks to a dedicated and professional workforce, we have some great services of which our staff and our communities can be proud.

County Durham and Darlington FT is extremely well placed to face the challenges that the next few years will pose for the NHS - and to take advantage of the opportunities that will inevitably arise.

I am privileged to have worked as a director in the organisation since its formation and am deeply committed to the trust, our staff and partners and the people we serve.

When there is a change in leadership in an organisation, there are sometimes concerns that this will result in wholesale changes. My message to staff, members and our community is that the Chairman and I and all the Directors want to ensure continuity with the direction of travel of the last few years. More importantly, we are also committed to the future direction of travel that we have outlined to you over the last few months: more care closer to home, an emphasis on improved health and well-being, and two strong acute hospitals at Darlington and Durham, supported by planned services and rehabilitation at Bishop Auckland.

During 2012-13 we will be holding a series of stakeholder events about how we take forward our plans for the future – and I hope some members will be able to join us at these.

I look forward to sharing more details on our plans in future issues.

With best wishes

Sue Jacques
Chief Executive

chief.exec@cddft.nhs.uk
A new state-of-the-art MRI scanner is improving patient care at Bishop Auckland Hospital with access to faster, higher quality images and a more comprehensive range of scans.

The new equipment has also been designed to deliver a more comfortable patient experience with an option for nearly all examinations to be carried out feet first and the equipment can support larger patients without table movement restrictions.

The upgraded scanner gives Bishop Auckland Hospital the technology to provide new services such as scans of the liver and small bowel; breast and heart imaging and contrast enhanced angiography of blood vessels. As a result, local patients will no longer have to travel to Darlington for these scans.

Dr Robin Mitchell, Medical Director for the Trust said: “We’re delighted that Bishop Auckland Hospital is benefitting from this upgrade to its MRI scanner. It will give us better images, while offering the patient a more comfortable experience. This is great news for the hospital and the community.”

This new service further cements the partnership between Alliance Medical and the Trust, which has been working to improve services to patients in the region since 2009.
Patients seeking emergency treatment in County Durham are among the first in the North East to get faster and safer care thanks to a new electronic patient record.

Summary Care Records (SCRs) are being created for patients across England to enable healthcare staff treating them in emergencies to find vital health information instantly via their ward computers.

In many hospitals, sourcing basic health information from busy GP practices takes time and when surgeries are closed in the evenings and at weekends there is usually no access to a patient’s records for doctors and pharmacists.

Laura Smith, senior clinical pharmacist, explains how the SCR is working on the medical admissions ward at University Hospital of North Durham: “If a patient has an SCR, it’s a big help. With a few clicks of the mouse I can get the information I need on their medications, without waiting around to receive the information from their GP surgery.

“Prescribing insulin for patients with diabetes is a good example of how SCRs improve patient care and support patient safety.

“Patients are often able to say how much insulin they take but cannot be certain which one of the seven or eight different types of insulin they use.

“Getting the brand wrong can be fatal and so the more information we have the better. SCR allows us to provide the most appropriate treatment more quickly.”
Centralised stroke services – 3 months on

Three months after stroke services were centralised in Durham, figures show that more patients are receiving specialist care within twenty four hours and more patients are being given life-saving drugs to quickly restore blood-flow to the brain after a stroke.

Since centralising hyperacute stroke care at University Hospital of North Durham, County Durham and Darlington NHS Foundation Trust has seen:

• More patients being seen by a stroke team within 24 hours
• More patients being admitted to the specialist stroke unit within 4 hours
• More patients being given clot-busting thrombolytic drugs. This treatment is proven to reduce lasting disabilities and could save hundreds of lives every year.

Hyperacute services are one of the most critical components of stroke care that patients need when they are at their most seriously ill.

Since the services were centralised, patients have been receiving high quality care which is meeting the national standards for hyperacute treatment.

Stroke consultant Dr Bernard Esisi says: “When a stroke strikes what matters is getting the right treatment quickly and in the right place. We have seen rapid improvements in standards and the care we are providing over the past three months since we centralised services.

“Patients from across County Durham and Darlington now have rapid access to a stroke specialist and they are admitted directly to the stroke unit without having to be seen in A&E. We are able to provide access to ‘clot-busting’ thrombolysis treatment 24 hours a day, seven days a week. And evidence shows that patients who are treated on a specialist stroke unit with access to thrombolytic drugs are much more likely to make a full recovery. Patients can also access TIA (transient ischaemic attack) “mini-stroke” clinics seven days a week.

“Good progress has been made in the last three months and we know that people are more likely to survive, make a better recovery and spend less time in hospital if they are admitted directly to a high quality stroke unit and receive specialist care from a co-ordinated team.”

Following treatment on the hyperacute unit, patients are transferred to Bishop Auckland Hospital, which provides specialist treatment and rehabilitation.
A new team of doctors, therapists and nurses is working together to enhance the experience of older patients coming into hospital via the emergency departments or the medical admissions units.

CREST - County Durham Rapid Elderly Care Specialist Team - is a team of specialists which assesses the more elderly and frail patients when they come into hospital as an emergency. By having this specialist assessment available at an early stage it means more patients can be supported with a package of care to return home rather than needing to be admitted to hospital.

CREST is running alongside a wider scheme in our hospitals, which is enabling ward staff to work more closely with community colleagues to put in place the right package of care for inpatients to support them returning home earlier or to be treated in their own home.

Paula Wood, Care Closer to Home Practitioner says: “There are times when people need to come into hospital, but we also know that sometimes with the right support and care others could go home sooner or could stay at home instead. By integrating acute and community care we can bring real improvements to patient care, staff are able to share their specialist knowledge of different areas of care and support each other.”

The scheme has been extremely successful and evidence shows that during a 22 week period over 300 unnecessary admissions to hospital were prevented.

Praise for trauma theatre team

During his first weekend on call at UHND, Mr. Muhammad Adil Abbas Khan, Plastic Surgery ST3 Registrar, experienced the trauma theatre team at work and was nothing short of ‘bowled over’ by their energy and efficiency.

He explains: “Undertaking my first ever weekend on-call at UHND, I was impressed by the efficiency of the trauma theatre team and their remarkable energy levels during the course of the weekend. However, their functional kinetics truly bowled me over when I managed to get yet another patient into the trauma theatre around 3 pm on a Sunday afternoon. The surgery in question, under optimal working conditions would take me an hour. However, the patient had specific anaesthetic and special positioning requirements for surgical access, which I was confident would prolong the procedure significantly. I communicated this to the trauma team and what ensued was the most efficient example of team dynamics that I have witnessed in an operating room. Each member of the team happily came up with practical and effective solutions to fulfil the patient’s specific requirements and simultaneously maintained a very pleasant and light hearted theatre atmosphere. The surgery was successfully completed in record time and we managed to do a few more unexpected cases the same day.

“As I was leaving the hospital late that night, the thought of the day brought a smile to my tired face. To date, I attribute that smile to the trauma theatre team of that weekend pictured here. Thank you girls! You have set the standard for others to emulate.”
More staff are being trained and environmental changes made to wards in Durham to help support patients with dementia.

As the number of dementia patients increases, measures are being put in place to meet their needs while in hospital, starting with ward 1 at Durham.

Through training and the introduction of a ‘dementia’ workbook staff are being educated more about dementia and are gaining a greater knowledge and understanding of treating patients with dementia.

One key area making a difference is the close working relationship established with the Older Persons Mental Health Team. This means that patients receive an earlier expert assessment and early diagnosis of mental health problems and implementation of treatment. Working with Mental Health Specialist Nurses, the ward staff have all completed individual assessments and this is now being rolled out to other staff.

On the ward, environmental changes are clear to see. There is new signage which includes visual aids for areas such as the toilets and bathrooms. Door frames have been painted red to help patients distinguish them from the wall areas and coloured toilet seats have been installed.

When it comes to mealtimes, new crockery has been introduced. The use of coloured crockery makes it easier for dementia patients to distinguish the food on their plates and to recognise their cups which hopefully leads to an increased dietary intake.

The work comes after a successful collaborative in Darlington between the Trust, Tees Esk and Wear Valley NHS Foundation Trust and Darlington Borough Council which is resulting in dramatic improvements in care on ward S1 at Darlington Memorial Hospital.
We know that where food is served in the right kind of atmosphere then satisfaction increases, more food is eaten and better nutrition is provided. We also know the very positive impact that the right levels of nutrition can have in helping recovery, which is why we are running a pilot scheme and have appointed a ‘nutritional assistant’.

“We know that patients, for a variety of reasons, sometimes need extra help and support at mealtimes. As a nutritional assistant I’m on the ward working with nursing staff to provide this support,” says Danielle Dove.

“We’ve made some changes to the way we do things at mealtimes which are benefitting patients. We’re very supportive of ‘protected mealtimes’ so each ward has a set time when meals are served and eaten and no visits or interruptions from medical staff take place during this time. We’ve set aside time before meals to help patients get ready, so that they were washed, comfortable and ready for their meal when it arrives and we’ve staggered mealtimes across the different wards to allow staff to move around the wards and provide extra support where it is needed. For example, on ward 12 which is orthopaedic trauma patients sometime need extra physical support with their meal.

“While in hospital patients have their dietary and nutritional needs assessed and we use a nutritional screening tool to identify patients at risk. We’ve also made snacks and meals more readily available out of normal hours for people who may be admitted to the ward late at night or early in the morning.

“While we’ve made a lot of improvements we know there is still more to do and we will continue listening to and acting on feedback received from our patients.”
During your stay in hospital, a specialist stop smoking advisor is available to talk to you about stopping smoking. This might be helping you to give up for good or just to help you manage your craving while you stop smoking during your hospital stay.

Smoking increases the risks of surgery and can mean that it takes you longer to recover after your operation and that a longer stay in hospital is necessary.

The support doesn’t have to stop when you leave hospital – we can refer you to the stop smoking services when you go home to help you continue or start your quit attempt.

Smokers accessing the NHS Stop Smoking Service are four times more likely to succeed in quitting. This was the case for Darlington resident, Lyn Fenton.

When Lyn Fenton’s GP told her she was a heart attack waiting to happen, it was the wake up call she needed to give up smoking.

Sixty six year old Lyn, from Darlington, had been smoking for 40 years when she visited her GP for a routine appointment last December.

Lyn explains: “I had always considered myself healthy. However, at that appointment my GP told me my cholesterol and blood pressure were high and that in fact I was a heart attack waiting to happen. This scared the living daylights out of me. I went away and really thought about it over Christmas.

“Then I saw an advert for the NHS Stop Smoking Service and decided that I would try that. The day before I went to the first session, I cleared out all of the cigarettes from the house so I wouldn’t be tempted.

“It was the 11th January when I went to the first session and met Pearl, the smoking advisor. She said I shouldn’t try to give up cold turnkey and discussed different options to help me. It really is just a habit and trying to break that habit is difficult which is why I would recommend getting support. I felt that I needed help, I couldn’t do it on my own and stick to it, I needed someone there.

“Pearl was lovely and very supportive, it wasn’t just me on my own there was a package of help. Using the service couldn’t have been any easier I was worried what they would say if I slipped up but it didn’t matter, they understood how difficult giving up was.”

Pearl Wolstenholme, Smoking Advisor said: “Smoking is our biggest killer, claiming the lives of over 5,500 people in the North East each year. Seven out of ten smokers say they want to quit and we are here to help. Lyn is a great example of having the right help and support which gives you the best chance of giving up for good. We know it is difficult and it is different for every person so we really work with individuals to see what will be best for them and how to provide the right support for that person.”

To see a specialist stop smoking advisor during your hospital stay just ask your nurse or call the NHS Stop Smoking Service on 0191 333 2516 or 01325 743227.
Andy Gilliam has had a busy few months.

Last Autumn, he realised a long standing professional ambition to set up the first weight loss surgery service for the Trust. He was then swept off to Afghanistan on a ten week tour of duty as part of his commitments with the Territorial Army.

Andy is one of the new generation of consultants who’ve joined the Trust over the last few years. 39 years of age, he became a consultant a little over three years ago, yet he’s already set up an important new service for the organisation.

He joined the Trust as an upper gastro-intestinal surgeon, carrying out most of his surgical work at Darlington Memorial – identified by the Trust as a “Centre of Excellence” for the service.

Upper GI, he explains includes the stomach and downwards as far as the small intestine. “Common procedures for an upper GI surgeon include removing gallstones and gall bladder surgery, dealing with bile duct problems and acid reflux. We do a lot of our work using laparoscopic key hole surgery, so we also carry out other key hole procedures such as hernia repair.”

Most of the work for the small three member Darlington upper GI team is on benign problems, rather than cancer cases, which these days are concentrated in tertiary centres – such as Newcastle and James Cook. “You need to be carrying out 30 plus operations a year in order to get the best results for patients, so these operations need to be carried out in a highly specialised centre.”

It was within a year or so of his appointment that Andy began working on a bid to bring bariatric – weight loss – surgery to County Durham and Darlington.

“That was a huge gap in the service in County Durham and Darlington and worked with commissioners to introduce a local bariatric service. The first attempt was unsuccessful, but, undeterred, he partnered with the two Teesside trusts to have another go, succeeding in Spring 2011, with a remit of having the service up and running before the end of the year.

He was soon joined at the Trust by Mr Akeil Samier who had already been part of a successful bariatric service. Not one for scoring points, Andy has to be pressed to acknowledge that the first weight loss surgery in County Durham and Tees Valley took place at Darlington.

Bariatric surgery is a growth area for upper GI surgeons. “Upper GI cancers tend to be a result of smoking and as levels of smoking decrease, so do the cancers. On current trends there will be no one smoking by 2030, and hopefully far fewer cancers! What we will need to address is the tide of obesity which affects 30% of our local population. Gastric bypass surgery is now the most common operation performed in the United States-it improves longevity and quality of life and reduces healthcare costs by improving conditions like diabetes, high blood pressure, arthritis and high blood cholesterol.”

The plan is to carry out around 100 weight loss procedures during the first year, and Akeil and Andy are on target, having carried out 24 procedures so far.

Half of these have been day case procedures where a balloon is
fitted inside the stomach and then filled with fluid in the endoscopy department – reducing capacity, and appetite. Surgery includes fitting gastric bands – which also restrict eating, and, like balloons, are reversible – as well as gastric sleeves and bypasses, both of which are permanent. Like the balloons, all band procedures have been performed as daycases.

“Patients need to show a real commitment ahead of surgery, including involvement in a successful weight loss programme. They also need to be psychologically prepared, especially when the results of surgery are permanent.”

Not one for letting the grass grow under his feet, Andy admits that the team is already looking to appoint a third permanent upper GI and bariatric surgeon. Service development plans also include an upper GI clinic at University Hospital of North Durham, although this won’t include bariatric work.

So, with such a lot going on in the day job, it must have been frustrating to be called away to Afghanistan in December?

“I said I didn’t want to go until after Christmas – so they flew me out on Boxing Day,” he grins. Was this tough for the family?

“It’s not too bad these days, because I was able to ring home two or three times a week, and you can email.” It was probably more difficult, he says, for wife Emma, an orthopaedic nurse at UHND, and their three children 8 year old James, Oliver, age 6 and Lucy, 3.

Andy joined the Territorial Army at 8, when he started medical school in Dundee “I wanted to do something very different to my medical training,” he says. “When I graduated I joined the 250th Field Ambulance in Hull, and then was in the Parachute Regiment for seven years where I passed airborne selection and learnt to parachute.”

He is currently commander of A Detachment, 201 Field Hospital, based at Newton Aycliffe. He’s been abroad each year on training exercises providing medical cover for paratroopers in Germany, France, Holland, Albania and the USA. But Boxing Day was the first time he’d headed into a real combat zone.

“Actually, as medical teams we are quite a long way from the front line.”

Away from the front line, perhaps – but not far from the realities of conflict-the war is brought to you: “It was like being intensively on call for ten weeks,” he says of his experience at Camp Bastion, the busiest combat trauma hospital in Afghanistan. “But the awful thing is that the patients are so much younger,” he reflects, “and so much more grievously injured.”

Operating in the desert, where it is hot during the day, and freezing...
cold at night, the medical teams work seven days a week and days are very structured. Because you don’t know what will happen tomorrow, you have to treat today’s patients today:

“We had ward rounds at 8, before going into theatre at about 8.30 to operate on existing patients. Trauma patients tended to come in during the late morning, so we operated on new cases in the afternoons.” In the evenings the team would all meet to discuss issues arising from the day’s work, and for more educational sessions—including clinical governance, morbidity and mortality and grand rounds. Probably about once a week, there would be emergencies at night.

“Around half of those we treated were local or NATO forces. But 50% were civilians.”

He recalls one particularly terrible day: “There was a major medical incident following a suicide bombing. The bomber couldn’t get close enough to their planned target, but injured a lot of civilians.”

This kind of experience, says Andy, helps “re-define priorities”: “You don’t get as stressed or worried about ordinary things, you have a different sense of perspective when you see what happens in a conflict like this.”

The military hospital and operating theatres are made of prefabricated units, while most of the staff live in tents or adapted metal transport containers. “If you want to leave someone a note, you stick it to the wall with a magnet.”

To unwind, he read several autobiographies: Michael McIntyre, Peter Kaye, and Paul O’Grady. He also read “In Foreign Fields”: 1a compilation of interviews of men and women who have been awarded medals 1for their service. There was also a decent coffee shop at the camp – “Alcohol was strictly forbidden—but I didn’t really miss it 1as much as I thought I would!”

Andy is keen to emphasise that he wasn’t the only member of Trust staff at Camp Bastion. He is waiting to receive a photo of Team CDDFT: Sharon Gough, who works in Dr Piper House, cardiac secretary Gina Taylor, midwife Marie Richards and acute care practitioner Angela Landells.

They will receive service medals in June – and, this year marking the Queen’s sixtieth year on the throne, special Jubilee medals.

The military, he says, rely heavily on the TA, and this is likely to increase in the future. “So I’m grateful – and so is the TA – for the support we get from organisations like the Trust who release us to go on tours of duty.”

At a personal level, he’s also grateful for the support he receives from wife Emma – and from colleagues: “The orthopaedic nurses sent chocolates and biscuits,” he reveals, as well as a complementary supply of toothbrushes and toiletries, some of which (unlike the chocolates, it would appear) were donated to the hospital welfare department.

The TA and MOD are also grateful for his support and he was commended for his efforts by the 208 Field Hospital Commanding Officer.

“The experience has taught me a lot about the value of a whole team working together – from the high quality first aid provided by the soldier’s friends through to rehabilitation in Birmingham at Headley Court – there is great respect between colleagues. It’s a well-oiled, well trained, experienced team.”

Something he is clearly keen to replicate in the services he and his colleagues provide closer to home.
Meet your Governors

We know that our services are cherished by you, the people we service, and that you have the right to have your say about the services we provide, and who runs them. You are doing this by being a Foundation Trust member.

As a member, you can also stand for election to the Governing Council. Election details appear on our website – www.cddft.nhs.uk

Governors have the important role of representing you on the Trust’s Governing Council and influencing and providing advice to the Trust on how it develops services to meet the needs of our local communities.

Meet Marjorie Dunn, one of the Governors representing the Darlington constituency.

“It is now a year since I was elected a public Governor for Darlington. I had been a public member for several years but it was the proposed changes to the NHS that inspired me to stand for election. I had worked in the NHS in hospital and community all my working life so had lived through a multitude of reorganisation over the years.

“The Governor’s role is important. We work alongside the Board of Directors and appoint the Chairman and non-executive directors and offer advice on how the Trust can meet the needs of the local community. To do that effectively we need to gather the views of members and the wider community about the services the Trust provides.

“We also need to increase the numbers of Foundation Trust members so that the services provided by the Foundation trust are appropriate to the local needs.

“It has been a very busy first year and has presented a steep learning curve. After Induction we were given lots of information to digest on our role and responsibilities.

“It was good to meet with fellow Governors and Board members and to see how management works and how much change was already in progress. Acute and Community services have now been integrated and this has brought us new Staff Governors and a new commissioning system is still evolving.

“I’m determined to find ways to liaise with the public who are so vital to our Foundation Trust and encourage more to take an interest and become members this year.

“I look forward to another busy year with new colleagues and challenges to meet, and lots more to learn in the two years left of my appointment.

How we are developing healthcare services

You’re invited to find out more about how we are responding to current challenges and shaping our services for the future as part of our clinical strategy.

To share information about our plans for how healthcare services will look across County Durham and Darlington in the future we’re hosting three events for Foundation Trust Members.

University Hospital of North Durham
Monday 17 September 2012
Bishop Auckland Hospital
Monday 24 September 2012
Darlington Memorial Hospital
Thursday 27 September 2012

All three events will take place between 5.30pm – 7pm in the lecture theatres at each of the hospitals.

Register your place by emailing foundation@cddft.nhs.uk or by post to: FREEPOST RLZJ-XHJJ-CXLL, Darlington Memorial Hospital, Darlington, DL3 6HX.

Clinical strategy – in a nutshell:

Our core services

Health and wellbeing - Making every patient contact count as an opportunity to improve health

Care closer to home - Streamlining services to provide effective and timely pathways of care by integrating hospital and community services

Quality hospital care – with Darlington Memorial and the University Hospital of North Durham as major providers of acute care, and Bishop Auckland as a centre for planned care. Each hospital will also be home to a range of centres of excellence in key specialist services

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• Being a best employer – because high levels of staff motivation and satisfaction are related to better patient care
NHS Innovations North works with NHS staff in the North East to identify and protect ‘Bright Ideas’ including innovative services and devices that could be commercialised or shared to improve patient care. The team provides guidance and support from the early stages of the idea through to development and final product launch in the marketplace.

This year, NHS Innovation North celebrates its 11th anniversary and over the last 11 years has worked on over 3000 ideas, protected 200 items of intellectual property and seen 80 ideas become fully commercialised.

New ideas from NHS employees are first assessed for their potential to improve care and efficiency within the Trusts, before inventors are given help protecting their intellectual property and finding commercial partners.

The project is run on behalf of the NHS by technology and innovation company RTC North and managed by Dr Nicola Wesley. She explained:

“Two simple but great examples of what can be achieved have come out of County Durham and Darlington NHS Foundation Trust.

“In 2011, Occupational Health Officer, Lynn Pattison, launched a simple ergonomic stool to stop midwives developing bad posture and chronic back pain, while this year ITU nurses, Barbara Jameson and Pat Hogg, launched a cannula dressing that will save time, prevent infection and stop potentially disastrous mistakes occurring when in administering medicine.”

The cannula dressing received 2nd Place in the Innovative Technology and Device Category at the annual ‘Bright Ideas in Health Awards’ in 2008, a competition managed by NHS Innovations North.

If you have an idea that will improve patient care and the way you work please contact the team on 01915164400 or visit www.nhsinnovationsnorth.org.uk
My other life...

Robin Butterfield, SHO in anaesthetics at UHND.

Robin has been appointed as one of only two Starters for the swimming events in this year’s Olympic Games!

Robin explains: “This is a once in a lifetime opportunity to do something that I’ve been so passionate about for the past 20 years. I’m so proud I’m going to be part of the Olympic Games and represent my country.”

Robin had been a competitive swimmer from a young age and helped out at local competitions. He organised his first senior competition aged 17 and by age 19 he’d raised £10k for his swimming club.

He continues: “I used the skills and experience I’d gained there as evidence at my medical school interview, and luckily secured a place at University of Durham (Queens Campus Stockton). Having taken my technical swimming exams, becoming timekeeper judge and starter at 19, I started helping with competition management at national events. This continued for a few years. In 2002 I was asked to be part of BUSA (British Universities Sports Association) Sport Management Group, later becoming Chair of the group when BUSA merged with the further education colleges (and now called BUCS). I’ve been Tournament Director for them since 2005.

“In 2006 I volunteered to go to the British Championships and after being ‘spotted in the north east’ had been listed as the Starter. I was assessed at the event and then completed my FINA - world governing body of swimming – training. This was the year I graduated and was luckily given a job at CDDFT as a Foundation Doctor.

“At the end of 2010 I was incredibly surprised and overjoyed to be asked to apply for a position on the FINA list. Only technical officials who are authorised on one of the lists are eligible for selection and appointment to World Championships/Olympic Games/Commonwealths. This nomination was accepted by FINA and at the beginning of 2011 I was one of the most senior technical swimming officials in the country. Officials are listed as either a Referee or a Starter; every country gets a certain number of referees and starters to nominate. The host nation always has a starter appointed, so at the beginning of 2011 there was a one in four chance of me being appointed.

“I was required to work at the British Swimming Championships at the beginning of March 2012 - it was the test event and held at the Aquatic Centre in London. It was so impressive! Couldn’t believe I’d made it. Though I was terrified before the first session... I’d not ever done a live televised event before!

“I love the work I do for swimming - it makes such a welcome change from the sometimes stressful healthcare environment. I’d encourage everyone to volunteer for something - it has taught me many skills, many of which are transferable to every place I work in.

“I hope I do us all proud and don’t let anyone who has supported me in the last few years down!”
Notice Board

Meeting of the Trust’s Trust Board of Directors and Governing Council

HELD IN PUBLIC - ALL WELCOME!

Thursday 24 May 2012
17:30hrs (5:30pm) – 19:30hrs (7:30pm)
Venue: To be announced.

The above meeting of the County Durham and Darlington NHS Foundation Trust’s Governing Council is held in public. Staff, trust members, members of the press and the general public are ALL WELCOME to attend this meeting as observers.

If you would like more details please feel free to contact:

Tel: 01325 74 3625
Email: foundation@cddft.nhs.uk

Walking Away Day programme

This summer join us on one of our walking away days. A great chance to take some gentle exercise and meet new people – the walks are accessible for all ages and abilities.

For more information on the Walking Away Day programme please contact Lauren Lang (Health Improvement Practitioner) on 0191 5692847 or via email lauren.lang@nhs.net.

Date for your Diary

This year’s Annual General Meeting will take place on Wednesday 12 September at the Dolphin Centre in Darlington.

Check our website or contact the Foundation Trust Office for more details nearer the time.

Foundation Trust Office

The FT Office is on hand, to deal with membership enquiries, Freedom of Information requests or queries regarding Governing Council matters.

FT Office Tel: (01325) 74 3625
Email: foundation@cddft.nhs.uk

Donna Swan
Trust Secretary

Gaye Ferguson-Boyes
Trust Secretariat Coordinator

Vicky Rose
Admin Assistant

Joanna Tyrrell
Freedom of Information Officer

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