‘Making you feel better’
Staff award winners

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Modern Day Florence Nightingale

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Chairman’s Introduction

Dear Foundation Trust Member,

May I welcome you to this winter edition of ‘Your Trust’ magazine by extending my best wishes to all staff and Foundation Trust Members for a happy and healthy New Year.

At the close of last year we celebrated the achievements of our staff at the Trust’s annual awards ceremony. Once again, I had the pleasure, although difficult task, of choosing an overall winner from the evening, to receive the Chairman’s Quality Award.

There were many deserving individuals and teams recognised at the awards. However, the Chairman’s Award this year was presented to the endoscopy team at UHND. The team has made significant changes to the service and is delivering measurable improvements for their patients. (Read more about our staff award winners on pages 3 – 6)

The New Year also brings a new appointment to the Trust Board. Towards the end of last year we welcomed Mike Wright, as the new Executive Director of Nursing, and I am pleased to share that we have now also made an appointment to the role of Executive Medical Director. Professor Chris Gray will join us over the coming months. (Read more about Professor Gray’s appointment below)

We look forward to welcoming Professor Gray, with his extensive medical and educational experience, to the Board. He will be a welcome addition as we drive forward our strategic direction and meet the challenges of 2013.

Medical Director Appointment

The Board is pleased to announce that it has made an appointment to the role of Executive Medical Director.

Professor Chris Gray will join the Trust from the Northern Deanery, where he has been Postgraduate Dean since 2009. Professor Gray’s specialty is care of older people and, following a period of induction, he will join Dr Bernard Essi and his stroke team, delivering one clinical session a week.

The Board is delighted to welcome Professor Gray to the Foundation Trust. His wide experience as a clinician and in education alongside his national profile will be invaluable to the Trust as we drive forward our clinical strategy to provide truly integrated services which deliver on our four clinical touchstones: best outcomes, best experience, best efficiency and best employer.

We look forward to welcoming him to the Board in the early part of 2013.

The Board would also like to thank Dr Robin Mitchell, our current Medical Director. The Board asked him to become Medical Director two years ago, which he intended to do only temporarily, however the Board persuaded him to take the role forward on a longer term basis. We are very grateful for his commitment and support.
Staff shine at annual awards

At the end of last year, the Trust once again took the opportunity to recognise and celebrate the efforts and achievements of our talented workforce.

The annual awards ceremony recognises the achievements of staff at all levels who have undertaken learning in the last 12 months, those who have achieved 20 years service, as well as those who have excelled and won awards for contribution to excellent services. Choosing the winner in each category is always a difficult decision and this year was no different with many nominations coming in from different services and departments across the organisation.

There were eight awards this year and you can read about the winners on pages 4 - 6.
Making a difference behind the scenes award

Awarded to individuals or teams who clearly demonstrate the delivery of a first class service. This will include embracing diversity issues, changing working arrangements to improve patient safety, developing workforce or service through innovative use of resources and demonstrating excellent customer service.

**Winner:** The Endoscopy Team, UHND

The team has really pulled together to develop an “out of hours” endoscopy service. This has involved a dramatic change in the way that they work, from Monday to Friday 8-6 to 24 hour cover. Staff have endeavoured to develop this service because they understand the need to ensure patient safety. They have shown real determination to put the needs of these vulnerable patients before their own and are to be applauded for this commitment to providing an outstanding patient experience.

The Endoscopy Team also received the ‘Chairman’s Award’. This award is chosen by the Chairman from all of the winners on the night.

Shining star award

Presented to an individual who continually goes that extra mile, thinks outside of the box and seeks ways to improve the way things work for others. They are supportive of others and are positive about the organisation.

**Winner:** Elaine Clarkson, Midwife, Ward 10 UHND

There were a large number of nominations in this category. This nomination particularly stood out, however, as it was submitted by a member of staff who was also a patient and felt that this lady was truly an unsung hero.

The nomination, submitted by Sarah Lambert, Project Officer with the North East Leadership Academy, read:

“My experience as a patient on maternity at UHND in December 2010 led me to nominate this person. “She epitomises how we should all treat our patients and colleagues if we are to become a provider of choice and best employer. “Following the traumatic birth of my son, Elaine took us under her wing and provided us with the most exceptional one to one care that we could have wished for. I truly believe I would have been personally worse off emotionally if I hadn’t had such a positive experience thanks to Elaine. It was Boxing Day and the ward was desperately short staffed but she still found time to personally give us very special attention. This demonstrates that the best leaders are not afraid to get their hands dirty. She was visibly very motivated and genuine about her love of her work. She is totally dedicated to her job, our patients and providing excellent care.”
Award for quality & innovation

An individual or team who has challenged the traditional provision of services and delivered a sustainable transformation of a service which embraces the values of the organisation.

Winner: The Acute Stroke Team, Ward 2, UHND

Following public consultation a centralised service was agreed and the Trust has had a single Hyper Acute service since December 2011. The team still saw that further improvements could be made with the introduction of direct admissions to the Unit. Throughout this time the dedication, support, professionalism and tenacity of the staff ensured that the services continued to run smoothly and the transition into a single site and admissions ward happened seamlessly.

The stroke service at UHND is one of the few sites across the country that has taken the challenge of 24/7 direct admissions and seen the real benefit it brings. It is the only unit in the North East to operate in this way and as such has been visited by some of the high performing sites in the region.

Winner: The Acute Stroke Team, Ward 2, UHND

In August 2011, 64% of patients were admitted to a stroke unit within 4 hours of attendance to hospital. This figure is now up to 98%.

In August 2011, 38% of patients received a scan within 1 hour of admission to hospital. Now thanks to the changes and joint working, we are reporting a top performance of 85% of eligible patients receiving a scan within an hour.

Prevention First, Public Health & Health Improvement award

Recognising an individual, team, ward or service which has found innovative and sustainable ways to improve the health of local people, effectively contributing to public health and preventative care.

Winner: The Food & Health Team

Gingell and Lisa Moore, have developed and enhanced the Cook4Life course to meet the specific requirements of patients on the Bariatric pathway of care. Bariatric surgery requires patients to significantly alter their lifestyle risk behaviours in relation to their diet and level of physical activity. The Cook4Life course has been revised into a support programme to enable patients to meet their weight loss challenge and to encourage supportive lifestyle choices post-surgery.

The team provides individual support, encourages whole family involvement and provides open access for patients to join the programme at any time.
I would like to give special thanks to the physiotherapy department at Bishop Auckland Hospital, at 93 this was only my second hospital stay and I have nothing but praise for the NHS.

Leadership for change award
An individual or team who has demonstrated effective engagement, reputation management and positive promotion of change with staff and wider stakeholders.
Winner: Andy Gilliam & the Bariatric Team, DMH
Mr Gilliam worked with Commissioners and GPs to establish the need for a local service and an innovative model of care was agreed across three acute trusts in a collaborative model and the service in Darlington Memorial Hospital became operational in October 2011. So far this service has seen 310 referrals, with 59 patients having procedures ranging from insertion of gastric bands and balloons, to major procedures such as gastric bypass surgery.
This initiative supports the Trust’s strategic direction in developing a centre of excellence and delivering care closer to home.
Clear vision and leadership, multi-disciplinary team work, working with external stakeholders and the dedication and commitment of the staff have led to its success.

Chief Executive Team Award
Recognising a team which shows loyalty and pride in the organisation and actively promotes the Trust as the provider of choice for our patients and the employer of choice for our staff.
Winner: Ward 4, UHND
The winning team was nominated by Dawn Cook, Clinical Standards Matron and her relative, Mrs Patricia Crichton.
Dawn said: “My father was transferred to the Ward in March 2012. The standard of care and professionalism on the ward are to be highly commended. The ward delivered care of the very highest standard to my Dad and his family during a very difficult time. The staff present a ‘professional team’ that always has the best interests of the patients as a focus on delivery.
They deliver a first class service and it’s clear they are proud to be part of the Trust. Ward 4 is a credit to the management and leadership of Alison Todd, the ward sister.”
One year old Dominick Joseph Griffiths-Smith and his mum Katherine Smith thanked the 'miracle workers' at University Hospital of North Durham’s maternity unit for the care they had given to them after a complex pregnancy and birth, by nominating them for a Maternity Unit Miracles award.

Katherine from Brandon in County Durham said: “On 19th April 2011, I was 35 weeks pregnant with my first baby, after a pregnancy with a number of complications, we had found out that my son was going to be born with a condition called gastroschisis (the bowels are outside of the body rather than inside). On the day my son was born, a friendly looking midwife and shy student midwife greeted me.

“For three hours I was monitored on various machines and observed by many different doctors and quite understandably I felt embarrassed and uncomfortable and not sure what to expect. The midwife made me feel very comfortable, encouraging me to ask for anything and explaining everything that was going on, why they were doing it and what things meant.

“I was told that I was going into theatre to have a C-section and would be given an epidural; as I despise needles I started to cry and panic. The student midwife held my hand and reassured me about the epidural explaining what was going to happen and what effect it would have on me. The room was filling up and she continued to explain who everyone was and why they were in there which had the effect of making me feel so much more relaxed.

“The midwife and student midwife made an emotional and scary time so much easier for me and I appreciate it so much. My son is now one and there have been further hurdles but I think back to the day he was born and it couldn’t have been handled better by the staff.”

As a result of this experience Katherine nominated the deserving team of Obstetricians, Anaesthetists and Midwives for a MUM award to recognise the outstanding work of the team.

Allison Metters, Maternity Matron, University Hospital of North Durham said: “We are absolutely delighted to win this award which is made all the more special because it is patient nominated. We strive to deliver the highest standard of care for all the ladies who come through our unit and to have this recognised nationally is a fantastic achievement for the whole team. It has been wonderful to meet up with Katherine and Dominick a year after his birth and see how well he is doing. We are very grateful to Katherine for taking the time to nominate us.”

Dominick and Katherine joined the award winning maternity team for a fun packed lunch together with Cha Cha the resident frog at London’s Rainforest Café in November and the maternity team then also attended a reception at the House of Lords.
Meet Mike Wright, Director of Nursing

Mike Wright joined the Trust as our new Executive Director of Nursing in November. Previously Chief Nurse at Hull and East Yorkshire NHS Trust, coming to County Durham and Darlington is a new challenge – a bigger organisation, a foundation trust, an integrated provider of hospital, community and health and well-being services, and he’s a member of a new top team at the Trust.

YOUR TRUST talked to him about his career to date, and what he believes he will contribute to County Durham and Darlington NHS Foundation Trust.

In December, Mike marked 31 years in nursing: “I’m from a working class family in East Hull,” says Mike. “As a child, I always wanted to be a police officer or a lawyer. I think the analytical side of it appealed to me. “Then a cousin and his wife became nurses in Australia. They came back to Britain with tales of working with aboriginal tribes in the outback. Their joy with their work was very clear and my cousin advised me to think about it. “Nursing was a pretty unusual career choice for men in those days. But there was a national campaign to get more men into nursing at that time, and my cousin’s experiences in Australia struck a chord. So when I left school, I got a job in a pub, got a car, and became a student nurse.”

That was 1981. “Nurse training was a proper apprenticeship then,” he says, describing his early experiences, when student nurses were an important part of the rostered workforce and key to delivering hands on care to patients, whilst learning the requirements of the role.

“When I qualified and was ‘in blue’ for the first time, I was very aware of the nurse’s professional responsibility, of being accountable for everything you do and for one’s omissions.” Mike took further qualifications, including an MBA in general management and this set him on the road to senior leadership and management.

Mike’s nursing experience has included spells in upper GI, colorectal and vascular surgery, neurosurgery, intensive care, theatres recovery, medicine, night charge nurse, site management and A&E. Working in London this involved responding to major incidents and terrorist attacks treating seriously injured casualties.

After 13 years in a series of posts at Guy’s and St Thomas’, he became Deputy Director of Nursing (and for a period acting director) at what is one of the country’s flagship teaching trusts. He moved to Bromley Hospitals NHS Trust in 2003 to be Executive Nurse Director for the first time, before relocating to Hull and East Yorkshire Hospitals NHS Trust in 2005.

So, how have things been since arriving in the North East?

One way and another, he has hit the ground running. Day 3, he was a victim of norovirus, which knocked him literally to the floor in his office, and resulted in an evening in the accident and emergency department at DMH. Now that’s one way to get the measure of services in a new organisation! “The staff were fantastic. It was a rather embarrassing way to meet some of my frontline colleagues, but we’ve had a bit of a laugh about it since!” He was “embarrassed”, but the experience was not “embarrassing”. This is an important distinction he is keen to make: “I felt I was treated with dignity – with respect, courtesy and concern - by the staff involved, even though it was a situation I’d rather not have been in!”

Mike sees this as a similar situation to most other users of the service: “We need the NHS when we are at our most vulnerable, but, on balance, we’d rather not be there. What’s important to me is that a moment of vulnerability will be remembered for a long time so it is essential that we remember this when caring for our patients and do our very best to respect them and their individuality and preserve their privacy and dignity at all times.”

So when people are in need of healthcare, it is important that the experience is a
good one: “When I do presentations about clinical care and service quality, I include a photo of me with my mother, when I was very young. She was a stylish young woman in her heyday, about 27 or 28 years old. She’s now 75, and a regular user of the health service with many problems and challenges, as many of us will be at some stage.

“My Mum is my barometer and, to be honest, her care (not in the North East, he explains) has been variable.”

Some national reports are, he says, eroding some of the public confidence in the NHS – and he highlights MP Ann Clwyd’s emotional speech in Parliament about the poor quality of care her relative received.

“I am an ardent supporter of my profession when it’s right to be, but I also have to be its main critic when things are not as they should be. That’s my job. I won’t accept that we can’t get the fundamentals right – what the new national Chief Nursing Officer calls the six ‘C’s’ – which are the essence of what every patient desires, expects and deserves.

“The Nursing Director and the Medical Director are the clinical conscience of the Board, and I won’t stop representing this or acknowledging, challenging or questioning when care is not being delivered as it should be.”

Overall, however, he is optimistic:

“Most patients do get good care, and staff work tirelessly to do their very best for patients. This is something that I have already recognised at CDDFT and I’d like to pay tribute to my colleagues for that, particularly during the very challenging winter period that we are experiencing currently. That’s the truth about the NHS. My job is to make sure all patients get that all of the time.”

He pays tribute to Diane Murphy, who has been acting director of nursing for most of 2012.

“Diane has done a sterling job in leading the profession, which has been so important during times of such significant challenge and change. Diane and I have very similar values relating to our profession and patient care standards and so I’m delighted to be working with Diane in her new role as Clinical Director of Service Transformation and would like to thank her for her support of me.”

Nationally, critics are concerned that the efficiency drive in the NHS – to save £20 billion – will make providing good quality care more difficult.

“National targets have done a lot of good. You can’t argue that it isn’t better for patients to wait less than four hours in A&E or wait up to a maximum of 18 weeks for surgery, and not 18 months.

“What we need to do is make sure we have the right numbers of staff, the right models of care and the right training and development to make sure we do it all to the highest possible standards. If we can get the quality and safety right whilst offering effective care, and a good patient and carer experience, we can be far more efficient. In turn, this will reduce errors, reduce harm, reduce duplication and get people to the right place and to the right experienced professional(s) and service first time.

“We have to meet the standards people have the right to expect of healthcare in the 21st century. These are the standards of best practice, which mean doing the best by all patients, all of the time whilst using the best evidence where available, and taking advantage of technology to get the best outcomes.

“I’m very pleased to be here and would like to thank everyone for the very generous welcome they have given me. I love what I do – I’m passionate about my work and for the delivery of safe, effective and high quality patient care. I am very proud to be a nurse and my job will be done when every patient gets that, all of the time. My mother included.”

THE SIX “C”s

“Compassion in Practice” has been drawn up by Jane Cummings, the Chief Nursing Officer for England and Viv Bennett, Director of Nursing at the Department of Health. It includes the six “C’s:

Care
Care is our core business and that of our organisations, and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them, consistently, throughout every stage of their life.

Compassion
Compassion is how care is given through relationships based on empathy, respect and dignity - it can also be described as intelligent kindness, and is central to how people perceive their care.

Competence
Competence means all those in caring roles must have the ability to understand an individual’s health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.

Communication
Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say and do and essential for “no decision about me without me”. Communication is the key to a good workplace with benefits for those in our care and staff alike.

Courage
Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working.

Commitment
A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients, to take action to make this vision and strategy a reality for all and meet the health, care and support challenges ahead.

“Compassion in Practice” is available to download at www.commissioningboard.nhs.uk.
Our plans for the future – update

During 2012/13, the Trust is holding a series of events with stakeholders, looking at improving services in four key areas: unscheduled (ie emergency and urgent) care; women’s and children’s services, integrating services between hospital and community, and between agencies, and creating centres of excellence.

Our second “strategic event” took place in September 2012 and focused on the question: “How do we make a life changing difference to the health and wellbeing of our children?”

The workshop focussed on the poorly child and health system responses; aiming to improve outcomes for children and young people through collaboration across boundaries. Discussions focused on the real story of patient “Alex” and his journey through the health system.

Alex’s story showed the complexity of services and relationships across multiple organisations, and how organisations need to work together to improve care.

A third event on Excellence in Maternity, Obstetrics and Gynaecology was held in November. Suggestions from this event included pregnancy assessment being available 24 hours a day, less invasive gynaecology treatment, and better access to midwife led care.

More information on these events can be found on the Trust’s website: www.cddft.nhs.uk/about-us.

Coming in February 2013 – integrating services between hospital and community. Ahead of our next event in February, on integrating services and providing more care closer to home, we asked some of our leading managers and clinicians what ‘better integration’ means to them. You can read their thoughts on the back page.

Integrating services means...

Donation supports falls prevention

New specialist equipment on ward 1 at University Hospital of North Durham is helping to further reduce the number of falls on the ward.

Sensor pads and alarms are now being used on the ward thanks to a donation from the Friends of Durham Hospital.

The equipment consists of two sizes of sensor mats which are placed either on a patient’s bed or on a chair. When a patient stands up or the pressure is removed from the pads, it triggers an alarm. There is also an alarm which clips by a cord to the clothing of a patient, when a patient tries to stand up or move unaided it pulls on the cord which again triggers an alarm.

The Friends of the Hospital donated over £2,000 to the ward to fund the purchase of the equipment. Valerie Richardson, Chairman of the Friends said: “We are pleased to see the equipment working and in use on the ward. It is very rewarding to know that we have helped make a difference.”

More information on these events can be found on the Trust’s website: www.cddft.nhs.uk/about-us.

Friends of the Hospital Valerie Richardson, Wendy Taylor and Jean Forster present the new equipment to ward sister Desiree Burdess.
Trust going ‘paper-light’

Paper-based health records are becoming a thing of the past at the Trust.

The organisation is investing in a new electronic clinical document system which will enable it to start converting from paper to electronic health records’ management.

The electronic clinical document management system will change the way acute health records are used. Staff will have secure access online to health records, allowing the availability of records when and where they are needed, improving the quality of services to patients at the point of care.

Mr Andrew Jennings, Orthopaedic Consultant at the Trust, has championed the introduction of the new system. He said: “This is an extremely important development from a clinical and patient safety point of view. Implementing an electronic management system means we will be able to access patient records instantaneously and concurrently at any of our Trust locations. Being able to access the records at the point of care will support clinical decision making and also ensure that we have key information available immediately which will bring improved patient care.

“Rapid access and improved sharing of information through the new system will also help support a reduction in any appointments or operations which may need to be cancelled because notes are not available. Also, because staff will be able to access the notes from multiple settings it will mean patients won’t have to repeat their history to different professionals or at different sites, leading to an improved patient experience.

“The new system will bring particular improvements in emergency care. Clinicians will be able to access a patient’s medical history including for example their anaesthetic history at the point of care within the emergency departments leading to improved and safer emergency management and surgery.”

The system, which will allow acute health records to be captured and stored as electronic images, and then be viewed on computers across the organisation, is expected to be introduced early this year. Initially being piloted in two areas, it is expected that the project will be rolled out across the organisation by the Autumn.

www.cddft.nhs.uk with you all the way
There are more than 40,000 patients with diabetes in County Durham. In addition there are still a significant number of patients, undiagnosed with diabetes. To mark World Diabetes Day and help raise awareness of the condition, medical teams from the Trust hosted a large scale screening event in Durham City last November.

Nearly 300 members of the public were screened during the day long event. The event was a real ‘team affair’ for the Trust, bringing together a range of services including diabetes consultants and specialist nurses, the weight loss service, the cook4life team who carried out cooking demonstrations, and members of the healthy lifestyles teams.

Dr Paul Peter, consultant diabetologist for the Trust said: "We were keen to reach out to the general public to let them know how vitally important it is to get screened for diabetes. Many people are unaware where they can get this done, and they do not realise how important it is to also screen feet, eyes and kidneys yearly.

"In those patients diagnosed with diabetes, while the general care is good, the rate of lower limb amputations is high across the UK and County Durham. This is mainly due to poor awareness amongst both patients and clinicians on the importance of early detection and appropriate intervention in diabetes patients with active foot ulcers. Also, obesity and type 2 diabetes are closely related. The rates for obesity in the north east are quite high. Lifestyle change and raising public awareness of these two issues are the best ways to prevent and improve the quality of life of those patients living with diabetes."

Debbie Calland, lead diabetes specialist nurse for the Trust said: "This event was just one of the ways we are working to help educate people to recognise the signs and symptoms of diabetes for themselves. In many cases the illness can be prevented through lifestyle changes in diet and exercise."
One of our Nutritional Nurse Specialists is heading ‘down under’ to study in Australia after being awarded a prestigious national scholarship.

Linda Warriner, Enteral Nutrition Nurse Specialist has successfully been awarded the ‘Florence Nightingale Foundation Travel Scholarship 2012-13.

Linda is part of a dynamic and proactive home enteral feeding team consisting of specialist dietitians and nutritional nurse specialists. The service is quite unique as it is community based whereas nationally it is often provided in the hospital setting.

The Florence Nightingale Foundation is a living memorial to Florence Nightingale and raises funds to provide Research, Travel and Leadership Scholarships for nurses and midwives. Linda will be using her funding award for a study in the UK and Australia which will compare the service provision and guideline development for enteral feeding. Enteral feeding is necessary when a person cannot maintain adequate intake of foods and fluids orally but this can be delivered by a tube directly into the stomach or upper bowel.

Linda, 49 from Butterknowle in County Durham has been nursing for over 20 years. She said: “I strongly believe that good quality care should be provided for all our patients and that this is underpinned by robust policies guidelines and protocols that are evidence based.

“Achieving the scholarship was a challenging process and involved preparing submissions and attending an interview at the foundation’s offices in London. I was amazed but delighted to be accepted. It’s fantastic; I can’t wait to find out what they are doing out there.

“I am also very grateful to the Trust in granting me the study time to undertake this project without the Trust’s support the scholarship would not be possible.”

Linda is a pioneer in the field of enteral feeding. She sits on a national committee and has been instrumental in reviewing and implementing new polices and guidelines to bring consistency and improved standards to the delivery of care.

She continued: “I feel that being involved in the national discussions and also now the work I’ll undertake as part of the scholarship with benefit patients locally immensely. I am constantly striving to identify improvements or areas where we could be delivering better care and finding solutions to be able to achieve this.

“I am passionate about sharing knowledge and experience with other health care professionals and feel this study will provide an opportunity to have a more global view of service provision The sharing of knowledge and experience gained within the study could influence service delivery both locally and nationally. Offer more choices, treatment options and services to the patient that may improve the patient’s quality of life."

Over the past six years the number of patients requiring support with enteral feeding in County Durham and Darlington has more than doubled.

Patients like Graham Cummings. Graham is 48 years old and lives in Chilton. Graham was diagnosed with renal failure in May 1996. A consultant referred Graham to the home enteral feeding service as he was originally being treated at the James Cook Hospital in Middlesborough. Graham has a naso-gastric tube placed to allow him to take a liquid feed as he was unable to maintain his weight by eating and drinking.

Linda started to provide care for Graham a year ago. A naso-gastric tube is quite a complex tube to manage in the community and the service supported Graham and his wife to do this independently at home reducing the need for him to travel to Middlesborough to have his tube replaced. Mr Cummings then went on to have a PEG inserted and the home enteral feeding team has ensured that Graham and his wife are fully aware of how to maintain and care for the PEG and Graham has gained the confidence to do this independently but can access the service if he should need advice and support.

Graham said: “Linda is a very good nurse and has been there for me and given me advice whenever I have needed it, providing me with the confidence in using the stomach feeding tube. The service has improved my condition immensely and has made a big difference to me and my wife. We even managed to have a three week holiday in Cyprus this year. This is the best I have ever felt, the enteral feeding is keeping me very content.”

Linda will fly to Australia in April next year and during her month stay will visit Sydney, Melbourne and possibly Adelaide. She is already using Skype to make contact with nursing teams in Australia which have similar interests and who are also developing guidelines.
Further to the implementation of the Health & Social Care Act 2012, the Trust’s governing body will now be known as the “Council of Governors”.

Governors are elected by the Trust members within their constituency. The Council of Governors have a number of statutory duties. It is their responsibility to appoint and annually appraise the Trust Chairman and the Trust’s Non-Executive Directors. The Governors also influence and provide advice to the Trust Board and its high level committees are involved in discussing important issues, such as major new service developments, the Annual Report and Annual Accounts.

The Trust’s annual elections for the Council of Governors start in October/November and the close of poll is usually at the end of December or early January. The winning candidates officially take up their Governor posts on 1st February each year. In addition, from time to time throughout the year a vacancy may occur in a particular constituency. At that point the Trust may hold a bye-election for the vacant Governor post. These elections are carried out in accordance with the “Model Election Rules” and by an independent election campaign company (UK Engage).

Thank you to all those who took part in our recent Council of Governor elections. This year’s Council of Governors annual elections commenced with a Notice of Election on 7 November 2012. The polls closed at 17:00hrs on 7 January 2013. Votes have now been verified by an independent election campaign company (UK Engage) and the 2013 election results are as follows:

- Jed Hillary – Re-elected Staff Governor (3 yrs) – Admin, Clerical & Managers
- Kevin Hull – Re-elected Staff Governor (3 yrs) – Ancillary
- Carole Bailey – Re-elected Staff Governor (3 yrs) – Nursing & Midwifery
- Adele Bone – Re-elected Public Governor Chester-le-Street (2yrs)
- Carmen Martin – Public Governor Chester-le-Street (3yrs)
- Liz Sanderson – Public Governor Darlington (3 yrs)
- Lawrence Welsh – Re-elected Public Governor Derwentside (3 yrs)
- Sue Pringle – Public Governor Durham City (3 yrs)
- Alex Murray – Re-elected Public Governor Easington (3 yrs)
- Bill Davies – Public Governor (3 yrs) – Sedgefield (Re-elected following resignation Nov 2011)
- James Heap – Re-elected Public Governor (3 yrs) – Tees Valley, Hambleton, Richmondshire
- Cate Woolley-Brown – Public Governor Wear Valley & Teesdale (3 yrs)

No nominations were received for two Staff Governor and one Public Governor vacant seats and therefore a bye-election will be held early in 2013 in the following constituencies:

- Staff Governor (3yr seat) - AHPs, Professional and Technical & Pharmacists
- Staff Governor (1yr seat) – Nursing & Midwifery
- Public Governor (3yr seat) - Gateshead, South Tyneside, Sunderland & Beyond

If you’re interested in becoming a Governor of County Durham and Darlington NHS Foundation Trust please check our website regularly for updates or contact the Foundation Trust Office – foundation@cddft.nhs.uk or 01325 74 3625.
At the end of last year, the Council of Governors visited Healthworks in Easington. Healthworks is a healthy living resource centre in Easington Colliery offering easy access to a wide range of services and activities for all ages. Every month they aim to have events, activities and courses which appeal to everyone in the community.

On the day of the visit, the Governors were given a tour to showcase the different activities, services and facilities which are housed there. They were impressed to see the food co-op in action – visitors can purchase locally grown fresh fruit, veg and flowers at low cost – and meet users of the ‘mouse trap’, an IT suite with free access to computers and the internet for the local community.

Feedback from Governors has been very positive, they were all impressed with the centre and felt ‘every community should have one!’ A request has been made to put Healthworks on the agenda for a future meeting of the Council of Governors so those who attended can share news of the visit and the good work going on there with the full Council and wider members of the public.

Governors were shown round the centre by Healthworks Co-ordinator, Fiona Maher. Fiona said: “I really enjoyed showing Healthworks off as I believe what we do here makes a great difference and I want others to know what can be achieved when you have a great team of staff, volunteers and partners working together and when the organisation is behind you and believes in what you are doing.”

Easington Healthworks is open to anyone who lives in the County Durham and Darlington area. You can visit their website on www.health-improvement.cdd.nhs.uk, or like them on Facebook www.facebook.com/HealthworksEasington
Integrating services - putting patients at the heart of everything we do

Shelley Tyson, clinical lead says:
“it removes barriers and creates the opportunity for all health care professionals to ensure that patients move seamlessly through each episode of care ensuring that we are indeed ‘with you all the way’.”

Jeannie Johnston, head of unshaded care, says:
“Integration is the backbone of our services, ensuring our patients are unaware of any seams in their care, it ensures high quality provision and is the least our patients deserve…”

Janet Sudworth, associate chief operating officer says:
“It allows services to be provided to patients which are responsive and meet their particular needs, improving the patient experience and clinical outcomes.”

Ceri Hunte, head of service, acute and long term conditions says:
“Being an Integrated provider means we can deliver a great service for those patients who have an on going health or social care need on transition from hospital to home, to ensure every patient, every time feels supported and safe.”

Carol Badem, head of physiotherapy, says:
“integration enables the patient to have co-ordinated care between teams and organisations that allows the patient journey to glide and not be a bumpy stop start”

Julia Baine, clinical director, surgery and diagnostics says:
“It puts the patient at the centre of the pathway agreed by all members of integrated teams, reducing handovers and saving costs to be reinvested into more patient centred care”

Ken Haggart, clinical director, says:
“Integration of community and hospital services - integration of community and hospital services has enhanced communication between clinicians and other staff in the former organisations, which in turn ups the success rate in treating our patients appropriately in the right place at the right time.”

Dr Stuart Dalnor, Clinical Director says:
“Integration means a seamless pathway breaking down the barriers to efficient, high quality care with the best patient experience possible.”

Linda Temple, group clinical director, says:
“Integration between hospital and community provides excellent opportunities to improve the patient journey, providing a more seamless service with fewer handoffs. It also means working together to provide care for patients outside hospital and closer to home.”

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